Systems Change

Final Evaluation Report on Tusla’s Prevention, Partnership and Family Support Programme

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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 Systems Change: Final Evaluation Report on Tusla’s Prevention, Partnership and Family Support Programme

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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Introduction

1.1 Background Context to Study

In 2015 the Atlantic Philanthropies, Ireland, funded a major programme of investment in parenting, prevention, and family support services which formed part of the overall early development of Tusla, the newly established independent child and family agency. The project is formally referred to as the Development and Mainstreaming Programme (DMP) for Prevention, Partnership and Family Support (hereafter the PPFS Programme). It attracted an investment of over €8 million to Tusla and an additional €2.1 million to the UNESCO Child and Family Research Centre. The central focus of the programme was to strengthen and develop Tusla’s prevention, early intervention, and family support services. In this report, we examine the overall implementation, processes, and outcomes of the PPFS Programme over its lifetime.

1.2 Prevention and Early Intervention and Family Support

Canavan, Devaney, McGregor, and Shaw (2018, forthcoming) outline the meaning of these terms, drawing on the extant literature that has developed in recent decades. They highlight Barlow and Schrader McMillan’s (2010) emphasis on prevention in the form of universal service provision, to prevent problems arising and to maximise protective factors and processes in children’s lives (Allen, 2011; Frost and Parton, 2009). They identify Dunst’s (2000: 99) definition of early intervention as ‘the provision of support and resources to families of young children from members of informal and formal social support networks, that both directly and indirectly influence child, parent and family functioning’. Early intervention has two key meanings: first, the need to intervene early in children’s lives, and second, the need to intervene early in the lifecourse of problems. Following Bronfenbrenner (1979), this definition implies attention to the wider social ecology of the child and the range of supports, influences, and challenges that operate therein. Dunst’s definition also recognises that the strengths, capabilities, and resilience of children and parents offer a basis for intervention. This contrasts with more individualised, deficit-oriented approaches. Relationships within families and between professionals and families are key (Devaney, 2017; Sneddon and Owens, 2012).

Prevention and early intervention can be seen either as connecting to or being part of the broader concept of Family Support. According to Canavan, Pinkerton, and Dolan:

*Family support is both a style of work and a set of activities, which reinforce positive informal social networks through integrated programmes, combining statutory, voluntary, community and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk.* (2016: 20)
These authors also suggest that Family Support shares with prevention and early intervention theoretical foundations in social support, resilience/strengths-based working, social capital, and ecological approaches. While these concepts tend to be used interchangeably in the context of policy, services, and practices, they share service and practice imperatives to:

- start and stay with children’s rights
- prevent the problem from arising
- prevent by intervening in the early years and early in the problem
- focus on the social support networks, sources, and needs of children and parents in intervention
- focus on the strengths of children and parents as a resource for solutions
- understand the child’s ecology and the sources of support, social capital, protection, and risk therein
- build relationships with children, parents and colleagues in other services
- reflect on practice towards its ongoing improvement.

Prevention, early intervention, and Family Support are ideas that resonate for all parts of a Child Protection and Welfare service offering. Clearly, good practice in child protection cases will involve attention to Family Support and will be preventive in aiming to reduce the risks to children’s development. Thus, they are most readily applicable in the prevention and early intervention sense, but the imperatives that they imply are relevant throughout the service system - all the way through to meeting the needs of children in State care.

1.3 Tusla: Prevention, Early Intervention and Family Support

The modern era of child protection and welfare service delivery began with the 1970 Health Act (Government of Ireland, 1970), which established eight regional health boards through which health and social services would be delivered (Curry, 1998). The legislative underpinnings arrived with the Child Care Act, 1991 (replacing the Children Act, 1908), which mandated the boards ‘to promote the welfare of children in its area who are not receiving adequate care and protection’ (Government of Ireland, 1991, II(3.1)). The Act was similar to the UK 1989 Children Act, insofar as it emphasised the provision of family support services with the mix of responses to children’s needs (Devaney and McGregor, 2017; Featherstone, 2004). The Health Services Executive replaced the Health Boards in 2005, but child protection and welfare services remained part of this new organisation. However, after various enquiries on the abuse of children at home, and enquiries on historic and more recent abuse of children in State care, the organisational suitability of the HSE to deliver child protection and welfare services came into question. This led ultimately to the establishment of a stand-alone agency, legislated for by the Child and Family Agency Act, 2013 (Government of Ireland, 2013).

The enactment of the Child and Family Agency Act 2013, which led to the creation of Tusla, the Child and Family Agency, represents a progressive piece of legislation in that it views the family as the foundation of a strong and healthy community that allows children to flourish. Since January 2014, Tusla has been operating as an independent entity responsible for the delivery of child protection, early intervention, and family support services. It has approximately 4,000 staff and an operational budget of €750 million (Tusla, 2018a). Under its remit, the agency holds a number of key functions in child protection and welfare: to support and promote the development, welfare, and protection of children; to support and
encourage the effective functioning of families; and to maintain and develop support services, including support services in local communities (Government of Ireland, 2013: 12). Ultimately, its responsibility as a statutory agency lies in improving the well-being of and outcomes for children (Tusla, 2018a). As described on the agency’s website:

The establishment of the agency represents an opportunity to think differently, where appropriate to behave differently and to seek a wide range of views regarding the most effective way of working together to deliver a wide range of services for children and families. An approach which is responsive, inclusive and outward looking. (Tusla, 2018)

In 2016, 47,399 child protection and welfare referrals were made to Tusla. For the same year, the total number of referrals proceeding to assessment or further investigation stands at 20,117.1 Figures highlight that 6,267 children in the age profile 0–17 years were in care in 2016. Of these, 65.6% of children were in foster care, 27.4% were in relative/kinship foster care, and 5.1% were placed in residential care.


As an overarching policy document, ‘Better Outcomes, Brighter Futures’ is the first national overarching policy framework that incorporates a ‘whole-of-government approach’ to improving the outcomes of children and young people aged 0–24 years. It also sets out key government commitments directed at achieving the aim of making Ireland a ‘good place to be a child’. The report also provides a blueprint: to make Ireland the best small country in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future. (DCYA, 2014: 2)

The commitments contained in the policy document offer a structured, systematic, and outcomes-focused approach to improving the outcomes of children and young people. The development of a shared set of outcomes at an overarching national policy level is significant in that it enables government departments and statutory agencies, statutory services, and the community and voluntary sector to work towards a coherent response in meeting the needs of children and young people. Equally important is the strong focus placed on embedding an integrated and evidence-informed approach to service delivery (DCYA, 2014).

However, the most significant aspect of this policy document lies in how it conceptualises prevention and early intervention and provides a context and means through which the policy aspirations can be implemented. This is particularly apparent when examining the transformative goals which were developed to achieve the five national outcomes for children and young people outlined in the policy document.

In advancing the vision outlined in ‘Better Outcomes, Brighter Futures’, the publication of the ‘High-Level Policy Statement on Supporting Parents and Families’ (2015a) was important in providing a framework to deliver the policy commitments set out. In realising this vision, the strategy statement envisaged establishing a system to support parents and families. The strategy also established that parenting

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1 Figure refers to referrals that have proceeded from preliminary enquiry to an assessment made by social workers.
and family support services would be delivered on a continuum, from universal support to targeted and specialist services, according to level of need. Therefore, a clear orientation is evident in terms of providing a strategic platform for Tusla to carry out its functions and in rebalancing resources towards a greater emphasis on prevention and early intervention.

In terms of the remit of Tusla’s statutory responsibilities, Tulsa has taken responsibility for services previously carried out by: Health Service Executive (HSE) Child and Family Services; National Education and Welfare Board, some psychological services, and a range of other services in the areas of domestic and sexual and gender-based violence (Tusla, 2018a). In the transition from the HSE Child and Family Service, Tulsa brought with it an extensive range of what are generically titled Family Support services that it provides directly or via grant aids. These range from early years services through to those focused on adolescents; from universal services accessible by all children and families, to services targeted at children with specific needs; and across the care continuum, including support to children in state care and their families.

In its 2015 statement of adequacy of its overall services mandated under the Child Care Act, 1991, Tusla lists an extensive set of services. At that time, Tusla estimated that these services worked with approximately 23,000 children and 15,000 families, although the limitations on the quality of data for this part of its services was noted (Tusla, 2016a: 101–2). Key additions to the services portfolio in this area after the transition to Tusla were the Family Resource Centre programme and preventative aspects of the work of the Educational Welfare services.

Tusla is not alone, however, in providing prevention, early intervention, and Family Support services. There already exists a long-established tradition of service development and testing in Ireland, across health, local and community development, education, youth work, and juvenile justice, among other fields. This tradition was reflected in a major programme of investment by the State and the Atlantic Philanthropies, Ireland, which operated between 2006 and 2014. The Programme for Early Intervention and Prevention (PEIP) focused in particular on rigorous service design, implementation, and evaluation in children’s services. This extensive programme of investment focused primarily on community and voluntary sector providers, albeit with most of the interventions assuming state service collaboration and involvement. A key sector-level consequence of the investment has been an increase in the skills in, and commitment to, using evidence in service development. Currently, outside of Tusla, there are ongoing efforts at service innovation in prevention and early intervention. One such programme is the Area-Based Childhood (ABC) programme, where plans are currently being developed for it to come under the remit of the PPFS Programme. The ABC programme builds on the learning from the PEIP programme in 13 sites nationwide.
1.4 Development and Mainstreaming Programme

The Development and Mainstreaming of the PPFS Programme is strongly connected and aligned to the national policy framework developed through ‘Better Outcomes, Brighter Futures’ (2014) – particularly the transformative and national goals in ‘Better Outcomes, Brighter Futures’ and the ‘High-Level Policy Statement on Parenting and Family Support’ (2015). The Development and Mainstreaming Programme is driven off a logic model which contains a series of intended medium-term and long-term outcomes (See Appendix One). The medium-term outcomes during the period 2015–2017 are as follows:

1. Tusla’s prevention and early intervention system is operating effectively, delivering a high-quality standardised and consistent service to children and families in each of the 17 management areas.
2. Tusla service commissioning is increasingly rigorous and evidence-informed and privileges prevention and early intervention.
3. A strategic approach to parenting is increasingly delivering cost-effective better practice and better outcomes for parents and children, thus reducing inequalities.
4. Children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla’s prevention and early intervention system.
5. The participation of children and parents is embedded in Tusla’s culture and operations.

The long-term outcomes (2018–) of the Development and Mainstreaming Programme are as follows:

1. Intensive implementation support has delivered transformative change in Tusla policies and practice in family support, child welfare, and protection, leading to enhanced child and family well-being, less abuse and neglect, and a changed profile of children in care.
2. Improved outcomes for children and parents, and value for money in service provision, achieved through shifting Tusla’s family support budget in favour of evidence-informed prevention and early intervention services.
3. Tusla is recognised as a best practice model nationally and internationally in delivering public-sector-reform objective of the cost-effective achievement of better outcomes for children and families, based on a core commitment to prevention and early intervention.

In achieving these outcomes, the PPFS Programme represents an integrative and comprehensive programme of preventative, early intervention, and Family Support work that builds on and enhances existing provision within Tusla, ultimately leading to greater coherence and standardisation in this part of its service offering. Currently, the PPFS Programme is being implemented collaboratively by Tusla and its partner agencies through five main work streams:

**Meitheal and Child and Family Support Networks** – is an area-based early intervention and prevention practice model that is intended to be used when children and young people need support around, for example, behavioural issues or emotional needs, but do not meet the threshold for an intervention by Tusla’s Child Protection and Welfare (CPW) service. Child and Family Support Networks (CFSNs) operate at a local level to ensure that families receive easily accessible supports.

**Children’s Participation** – incorporates a commitment to ensuring that children and young people are supported in participating in decisions that affect them. In a child-centred paradigm, the participation of children implies that the voice of the child or young person is considered in the decision-making process.
**Parenting Support and Parental Participation** - reflects a commitment to enhancing parental support provision and actively engaging with parents as a means of ensuring that children are supported, safe, and achieving their full potential.

**Commissioning** - through a commissioning strategic framework, this programme of work enshrines a commitment to using resources available for children and families in the most effective and equitable way as a means of improving the outcomes for children, young people, and families. Specific focus is placed on aligning resources and evidence-informed services in addressing the varying needs of children, young people, and families.

**Public Awareness** - this programme of work puts emphasis on ensuring that key information about the range of community and family supports is available to service users directly, that service providers are familiar with the full scope of supports available to them, and that programme managers are empowered to commission services founded on feedback. (Tusla, 2017a)

The UNESCO Child and Family Research Centre (UCFRC) was commissioned to provide technical support to Tusla and lead the evaluation of the Development and Mainstreaming of the PPFS Programme. To that end, the UCFRC developed a Work Package approach which mirrored each of Tusla's five PPFS work streams. In addition to the work packages, an overall implementation and outcomes study, which is the subject of this report, was undertaken to examine specific elements pertaining to systems change, the implementation of the PPFS Programme, and impact and outcomes of the programme for service users.

In parallel to the activities undertaken under each of the PPFS Work Packages, Tusla funded other programmes within the remit of prevention and early intervention services. These included the Creative Community Alternatives (CCA),3 Hidden Harm, Outcomes for Children National Data and Information Hub Project, and the Alternative Care Strategy. The CCA project focuses on providing alternatives to care for children. This high-level prevention approach is aimed at children and young people who are either on the edge of alternative care or who are in alternative care due to complex familial issues. These services are provided by a range of providers who aim to meet the identified needs of children and young people within their family and community context and prevent them from being placed into residential care or facilitate their planned exit from care (Tusla, 2017a). The Hidden Harm project was established collaboratively by the HSE and Tusla with the intent to improve service planning and provide advice and access to services for children living at risk of harm due to parental problems, alcohol and drug use (HSE, 2018). The Outcomes for Children National Data and Information Hub Project focused on building and improving the information base for planning, implementing, and monitoring children services in respect of the five national outcomes of the ‘Better Outcomes, Brighter Futures’ National Policy Framework (DCYA, 2014).

Although these programmes were not subject to the evaluation undertaken by the UCFRC, they are aligned to and have been developed by the PPFS Programme. Furthermore, the development of programmes such as Meitheal and the CCA demonstrates a clear strategic focus aimed at providing help and support to families at any level of need. In this regard, emphasis is placed on coordinating support to help families where the threshold for social work or Child Protection and Welfare intervention has not been met, as well as during and after social work interventions. It also reflects a clear commitment by Tusla to providing integrated, high-quality services to children and families at the earliest opportunity across all levels of need. These services are delivered on the basis of low, medium or high intervention across a continuum of care (Tusla, 2017a).

3 CCA is undergoing a separate research and evaluation study outside of this study.
1.5 Project structures: programme governance and programme team.

1.5.1 Programme Team

The Tusla National Programme Manager holds the overall responsibility for the PPFS Programme, with the support of a national project management team and the four Regional Implementation Managers (RIMs) across the country. RIMs report to the Service Directors of their region and support the implementation of all aspects of the PPFS Programme. At an operational level, the implementation of the PPFS Programme falls under the responsibility of the PPFS senior managers,4 with the support of CFSN Coordinators5 and Participation and Partnership Officers.6 Workforce Learning and Development play a key role in meeting the training and support needs of staff, such as the provision of training and toolkits to enable staff to engage with practices surrounding Meitheal and participation.

1.5.2 Programme Governance

This section provides an outline of the project’s governance structure, which details the roles and functions of key stakeholders during the lifetime of the project. In the governance structure of this project, the Development and Mainstreaming Programme Governance Working Group (hereafter referred to as the Governance Working Group) served an important function in providing a reporting and accountability mechanism for the duration of the project.7 Membership of the Governance Working Group comprised all key stakeholders, who met on a monthly basis. These stakeholders included:

Atlantic Philanthropies

Atlantic Philanthropies (AP) Ireland granted a once-off discretionary payment of €8.7 million, which was aimed at preventing risks to children arising or escalating, through building sustainable intellectual and practice capacity within Tusla and partner organisations to perform prevention and early intervention work. The grant also provided the means through which Tusla could build better intra- and interagency capacity and implement a national practice model for agencies working with children and families. On the Governance Working Group, the interests of AP were represented by Ms Jane Forman and Ms Mary Sutton.

Galway University Foundation

In 2012, AP Ireland began preparing for their eventual exit from Ireland and their involvement in funded projects. In the governance structure of this project, this meant that the Galway University Foundation (GUF), headed by Mr Tom Joyce as Chief Executive, held an important guarantor function and overall responsibility for the funding aspect of the project. As part of the GUF fiscal management responsibilities, a reporting and monitoring structure was established to ensure that the overall vision behind AP’s funding was being reflected through the PPFS Programme. The position of GUF Programme Manager, held by Mr Paddy Austin for over two years, was created to facilitate this process.8 Responsibilities of the Programme Manager included project management, interrogating funding and governance aspects of the programme, and developing progress reports for the GUF and Governance Working Group. The Governance Working Group held a directive role in supporting the Programme Manager and formally signed off on programme reports to release funds.

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4 The role of PPFS Managers includes overseeing the introduction and management of Meitheal and the CFSNs and developing a smoother continuum of support for families, from low-level universal supports through to more acute interventions.

5 CFSN coordinators are responsible for coordinating the implementation of Meitheal and the CFSNs in the area. They also act as a link between CPW and services in the community, work to make the model accessible to as wide a range of services as possible, deal with implementation barriers, liaise with CPW, decide where cases referred in through this pathway will be sent, and link with participants throughout the process.

6 Participation and Partnership Officers support the participatory work on the ground and are key facilitators of change for participation practices across Tusla’s structures, procedures, and practices.

7 See Appendix Two for DMP for Prevention, Partnership and Family Support Governance Structure.

8 Paddy Austin was replaced on a part-time basis by former Atlantic Philanthropies employee Jane Forman.
UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre’s (UCFRC) role was one of evaluation, research, and technical support. The research and evaluation team involved in this project was led by Dr John Canavan and consisted of UCFRC senior management, five postdoctoral researchers, and five PhD students. For quality assurance, an Expert Advisory Committee (EAC) was created in 2015 to advise the UCFRC research team and critically review all aspects of its research and evaluation strategy, methodology, and strategy implementation. The EAC met annually, and its membership comprised international research experts in the domain of child protection and welfare.

Tusla

The PPFS Programme was sponsored by Mr Fred McBride, Tusla’s Chief Executive Officer, and responsibility for its implementation was held by the National Office team, which consisted of Mr Jim Gibson, Chief of Operations, Mr Cormac Quinlan, Director of Transformation and Policy, and Dr Aisling Gillen, Tusla National Programme Manager for the PPFS Programme, with implementation support from Tusla’s Workforce Learning and Development, Regional Implementation Managers, and national implementation team at various levels of the organisation.

Department of Children and Youth Affairs

The Department of Children and Youth Affairs provided support for the PPFS Programme’s implementation and was represented on the Governance Working Group by Mr Dermot Ryan, Assistant Secretary, and Mr Conor Rowley, Principal Officer.

1.5.3 Project working relationships

During the lifetime of the project, there was ongoing contact, both formal and informal, between the UCFRC, the GUF Programme Manager, and the Tusla National Programme Manager for the PPFS Programme. The involvement of the GUF Programme Manager and Tusla National Programme Manager for PPFS was particularly evident at important stages during the research strategy development and implementation - research design, fieldwork planning, analysis, and report write-up. This forum was important for troubleshooting issues that arose and in helping to generate support for the research among key Tusla staff. It was also significant in ensuring that the work was oriented towards the needs of Tusla, both as the programme of work was being implemented and into the future, after the Atlantic Philanthropies funding phase.

The GUF Project Manager played a key ongoing role in supporting the Tusla National Programme Manager for the PPFS, advocating for the programme within Tusla, particularly in the early stages, and with the DCYA and others. The research team had ongoing contact with the GUF Programme Manager.

1.6 Report Focus

This report is about systems change and development in Tusla. It aims to reach a conclusion on the overall study question:

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?

It does so by bringing together findings and learning from the five individual Work Package research and evaluation studies, and combining these with additional qualitative data from a large sample of key informants and documentary analyses focused on Tusla’s internal and operating environments since 2015. Together, these sources build towards conclusions at the overall system level. A full account of the methodology underpinning this report is provided in the next chapter.
The report is intentionally summary in nature – full accounts of the five Work Packages are provided in final summary reports on each, and in various other associated reports and sources, to which the interested reader is referred. Here the key findings, conclusions, and recommendations from the Work Package level are filtered and treated as findings for this overall report. The report is evaluative. It provides an account of the overall implementation of and outcomes from the PPFS Programme, funded by the Atlantic Philanthropies, Ireland, through the offices of the GUF. The evaluation is summative insofar as it focuses on outcomes achieved – for children and young people, practitioners, services, and the organisation. Critically, it is formative, reflecting on progress to date and offering guidance on future actions. In a sense, this report can be read as a baseline for Tusla on key aspects of the organisation’s strategic and operational life, and particularly as this relates to prevention, early intervention, and Family Support.

1.7 Report Structure

Following this introductory chapter, the report has seven more chapters. Next is an outline of the research design and methodology. This is followed by a summary literature review which sets the conceptual context for this report. The following three chapters (4 to 6) present report findings under the headings: The Policy and Organisational Fit for the PPFS Programme; Secondary Analysis of the PPFS Programme Work Packages; and Key Messages from Systems Change Common Data Collection. The findings are discussed in Chapter 7, and the report’s conclusions and recommendations are contained in Chapter 8.

Figure 1 below outlines a conceptual map of the report.
2

Research Design and Methodology

The following sections outline the research design for this study and the methodological approaches adopted across all Work Packages and this current study on the overall implementation and outcomes of the PPFS Programme. The research design and analysis for this study is informed by the theoretical concepts and frameworks derived from systems theory (Latham, 2014; Coffman, 2007), implementation sciences (Walsh et al., 2015; Aarons et al., 2011), organisational culture (Glisson, 2007), organisational climate (Hammelgarn et al., 2006), and leadership (Bernotavicz et al., 2013).

2.1 Research Objectives

The overarching research question for this study is derived from the logic model for the Development and Mainstreaming Programme for Prevention, Partnership and Family Support. In this evaluation, a primary concern was with the question of process and implementation, and outcomes and impact. It will explore if the programme was implemented as intended, and the barriers and enablers to this. For this evaluation to have utility for Tusla and others, a key focus was to generate learning that would inform future policy and practice. This evaluation focused on areas where the programme was expected to have an effect:

1. Tusla’s structures, policies, procedures, roles, and budgets
2. Tusla’s culture and climate
3. The capacity of Tusla and its stakeholders as this relates to prevention, early intervention, and Family Support
4. Parents and children, in the general population and those who use the services of Tusla and of its stakeholders.

Reflecting on the overall question and the set of concerns and orientations, the following are the objectives of the overall evaluation:

1. To investigate the implementation of the PPFS and its outcomes as these relate to:
   a. Tusla’s structures, policies, procedures, roles, and budgets
   b. Tusla’s service delivery framework
   c. Tusla’s culture and climate;
   d. The capacity of Tusla and its stakeholders as this relates to prevention, early intervention, and Family Support
   e. Parents and children.
2. To investigate the effect of Tusla’s external environment on the PPFS
3. To investigate the sustainability of changes achieved by the PPFS
4. To identify any unintended consequences, positive and negative, arising from the programme
5. To identify learning from the experience of building a prevention, early intervention, and family support system for:
   a. Tusla and its stakeholders
   b. DCYA and other Departments of State
   c. International policy and academic audiences.

2.2 Research Design
The conceptual orientation which informs and provides a theoretical frame for the research and evaluation of this study is derived from systems theory and the implementation sciences. Based on this conceptual orientation, a four-pronged methodological approach was applied:

1. Common data collection (CDC) process and analysis
2. Secondary analysis of the five PPFS Programme Work Packages
3. Literature review to inform CDC and framing for the analysis process
4. Documentary analysis which placed a particular focus on: (a) tracing change, (b) Tusla’s internal and external operational environment, (c) understanding the programme.

2.3 Common Data Collection Process and Analysis
In evaluating Tusla’s DMP: Prevention, Partnership and Family Support Programme at an overall level, semi-structured qualitative interviews were undertaken with key stakeholders in child protection and welfare and Family Support services in Ireland. The qualitative interviews sought to explore the overall implementation, embeddedness, and impact and outcomes of the PPFS Programme in the Child Protection and Welfare system. The interview schedule contained questions about each Work Package area: Meitheal and the Child and Family and Support Networks, Children’s Participation, Parenting Support and Parental Participation, Public Awareness, Commissioning, and Systems Change (which relates to this report). Due to the scope of this research study and the number of respondents required to be interviewed across all Work Package areas, a multi-person strategy of common data collection was developed by the UCFRC. This process was adopted to reduce the time burden on participants and enhance efficiency in data collection.

2.3.1 Sample and Recruitment of Participants
In sampling participants, researchers involved in this study compiled a thorough and comprehensive list of relevant Tusla and non-Tusla personnel. The list included details which outlined the roles, job description, and contact details of each potential respondent. 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. Purposive sampling was used to select 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 in the PPFS Programme. An alternate process was also facilitated in the event of selected interview participants being unavailable to take part.
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 process also ensured geographical representation in selection. The RAND function on Microsoft Excel, which allows random numbers to be generated, 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 UCFRC were assigned a list of respondents to interview. Each respondent received a standardised invitation email to participate in the study, including a Participant Information Sheet, Participant Consent Form, and the list of interview questions to be asked.9 Research participants were given two weeks to consider and consent to the request and select a suitable date and time for the interview to take place. This time frame was in line with ethical research practice and allowed participants the opportunity to consider the interview and discuss their participation with their employers or 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 a total of 124 interviews were conducted involving 128 respondents. The interviews were conducted by researchers at the UNESCO Child and Family Research Centre from September 2017 to February 2018.10 Both face-to-face (n = 13) and telephone interviews (n = 111) were undertaken. Figure 2 below outlines a breakdown of the response rate and sectoral background of participants.

9 See Appendix Three for further details on the participant information sheet, consent forms, and interview schedule.

10 There were slightly more interview participants than interviews: four interviews were joint interviews. So 124 interviews = 128 participants.
As outlined in Figure 3, Tusla participants accounted for 75% of the total sampled. The interview categories of these respondents included Tusla Senior and Operational Management levels, Key Functional Specialists, and Working Group Members.

**Figure 3 Tusla Participant Categories**

<table>
<thead>
<tr>
<th>Tusla Participants (75% of total sample of participants interviewed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National Office/Tusla Senior Management (n=18)</td>
</tr>
<tr>
<td>• Tusla Operational Management (n=56)</td>
</tr>
<tr>
<td>• Tusla Key Functional Specialists (n=11)</td>
</tr>
<tr>
<td>• Tusla Work Package Specific Working Group Members (n=11)</td>
</tr>
</tbody>
</table>

**Figure 4 Non-Tusla Participant Categories**

<table>
<thead>
<tr>
<th>Non-Tusla Participants (25% of total sample of participants interviewed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Government departments (n=7)</td>
</tr>
<tr>
<td>• Community and voluntary sector (n=10)</td>
</tr>
<tr>
<td>• Other external stakeholder organisations (n=15)</td>
</tr>
</tbody>
</table>

11 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.
Interview recordings were distributed to transcribers with a track record of working with the UCFRC, and were subject to a standard confidentiality agreement on 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.

2.3.2 Systems Change Primary Data Analysis

From the 124 interviews undertaken as part of the CDC, 106 participants answered questions about Systems Change, centred on the areas of organisational culture and climate (in terms of integration, prevention, evidence, and inclusion), leadership, sustainability, and outcomes of the PPFS Programme.

The data pertinent to Systems Change was analysed using a thematic approach. Thematic analysis is a rigorous approach to data analysis, as the researcher systematically extracts, analyses, and interprets a series of themes and subthemes from their interview materials, which are subsequently examined in the context of the research question and the aims and objectives of the study (Braun and Clarke, 2006). Therefore, the themes that are derived can be defined as emergent concepts that frame or capture the various types of discourses or narratives that appear frequently in the transcripts. In terms of including and excluding themes, this process is dependent on the research question and the prevalence that interviewees attribute to particular concepts and policy practices that are evident in the transcripts.

2.4 Literature Review: Systems Change and the Implementation Sciences

The aim of the literature review was to systematically explore existing knowledge about the concepts of systems change, organisational culture and climate, leadership, and the impact of the external environment in shaping policy. The literature review also focused on examining existing theoretical frameworks in systems theory and the implementation sciences as a means of informing the CDC process and the framing of our analysis. By using Google and online academic databases in the NUI Galway James Hardiman Library, an online search was undertaken on the reform of child protection and welfare systems internationally. The search strategy focused on theories surrounding systems change, the implementation sciences, and child protection and welfare reforms internationally (with a particular emphasis on reforms in the child welfare and family support domain). Sources included international reports, international policy documents and frameworks, and academic journal articles. Examples of search terms used include: ‘systems change in child welfare and protection’, ‘systems theory and human service organisations’, ‘implementation sciences and child protection and welfare reforms’, and ‘child protection and welfare reforms’.

2.5 Secondary Data Collection: Documentary Analysis and Analysis of the five Work Packages

2.5.1 Documentary Analysis

Documentary analysis was used as a method to explore the strategic importance and policy commitment to prevention and early intervention at national government and operational agency levels. In particular, the analysis focused on tracing policy change and the orientation towards prevention and early intervention in strategy terms. The documentary analysis also examined Tusla’s internal and external
operational environment in terms of how it has responded to the strategic objectives of national policy. It sought to develop an understanding of how the PPFS Programme was adopted as an approach to prevention and early intervention in service delivery.

Table 1 below outlines the policy documents reviewed and the search terms and strategy.

**Table 1 Documentary Sources and Search Terms Strategy**

<table>
<thead>
<tr>
<th>Documentary Sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overarching Policy Documents, e.g. ‘Better Outcomes, Brighter Futures’</td>
</tr>
<tr>
<td>• National Strategy Documents</td>
</tr>
<tr>
<td>• Tusla Corporate Plans, 2015 to present</td>
</tr>
<tr>
<td>• Tusla Annual Reports, 2015 to present</td>
</tr>
<tr>
<td>• Guidance documents on prevention and early intervention in service delivery</td>
</tr>
<tr>
<td>• Tusla strategy statements</td>
</tr>
<tr>
<td>• Tusla’s website</td>
</tr>
<tr>
<td>• Miscellaneous, e.g. journal articles and related academic publications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search Terms:</th>
</tr>
</thead>
</table>

2.5.2 Secondary analysis of the five work packages

The secondary data collection process of this project also involved harvesting data from the existing five work packages, which in turn was filtered into and informed our evaluation of the overall implementation and outcomes of the PPFS Programme. To facilitate this process, a review was undertaken of all reports published by each of the five Work Packages. A template was also developed which sought key messages from each Work Package on aspects of: process and implementation (level and quality, factors which supported the implementation, and elements which did not occur during the implementation); impact and outcomes; unintended consequences (positive or negative) that have arisen; embeddedness and sustainability, and learning and recommendations (for policymakers, Tusla as an organisation, and practice).

2.6 Combined Methodological Approaches adopted across all Work Packages

In evaluating the Development and Mainstreaming of the PPFS Programme, a significant volume of data was collected to address the overarching aims and objectives of each Work Package, including our study on systems change. A mixed-methods research design was deployed which included the use of both qualitative and quantitative data collection and analytical approaches. As Table 2 outlines below, this involved: conducting multi-perspectival qualitative interviews (individual face-to-face or telephone, and focus groups); multi-perspectival completion of surveys or questionnaires (baseline and follow-up survey/questionnaire completion); documentary analysis; literature reviews; and desk research.12

12 Desk research was undertaken to map parenting support service provision in Ireland.
<table>
<thead>
<tr>
<th>Work Packages</th>
<th>Data Sources</th>
<th>Quantitative</th>
<th>Literature Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Qualitative Interviews and Documentary Analysis</td>
<td>Surveys and Questionnaires/ Total Respondents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>One-to-One Interviews</td>
<td>Total no: of particip-ants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Focus Group Interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meitheal and CFSN</td>
<td>196</td>
<td>494</td>
<td>2 = 1052 Respondents(^{13})</td>
</tr>
<tr>
<td></td>
<td>213</td>
<td>N</td>
<td>2 (unpublished)</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting Support and Parental Participation</td>
<td>27</td>
<td>167</td>
<td>6 = 637 Respondents(^{14})</td>
</tr>
<tr>
<td></td>
<td>140</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Participation</td>
<td>37</td>
<td>160</td>
<td>3 = 1649 Respondents(^{15})</td>
</tr>
<tr>
<td></td>
<td>95</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioning</td>
<td>25</td>
<td>152</td>
<td>1 = 437</td>
</tr>
<tr>
<td></td>
<td>127</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Public Awareness</td>
<td>11</td>
<td>103</td>
<td>2 = 2000 Respondents(^{16})</td>
</tr>
<tr>
<td></td>
<td>92</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Systems Change</td>
<td>12</td>
<td>106</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>94</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

\(^{13}\) This pertains to three rounds of data collection overtime.
\(^{14}\) This includes a baseline and follow-up survey for parental participation.
\(^{15}\) This pertains to baseline and follow-up surveys. This pertains to a pre, post and follow-up questionnaire.
\(^{16}\) This pertains to baseline and follow-up surveys.
2.7 Ethics

Research ethical approval was granted by the NUI Galway Ethics Committee and Tusla Ethics Review group (upon its establishment) for the individual research activities undertaken by each of the Work Packages.

Ethical approval was also granted by both bodies for this study on systems change and the overall implementation and outcomes evaluation of Tusla’s PPFS Programme. The most significant ethical concern in this study was maintaining the confidentiality and anonymity of participants. To address this, a system was put in place to ensure that participants were not identifiable in the reporting of findings. This involved developing personal identifiers that were not linked to the names or organisational background of respondents. Each participant was assigned a participant number (e.g., IP5) and grouped according to the organisation they worked in and their management level (e.g., Tusla Operational Management). In accordance with best research practice, each participant interviewed was given the opportunity to review, amend, or decline their transcripts from being used in the study if they perceived a risk to their anonymity.

2.8 Research Limitations

While this research is expansive in its overarching aims and its achievements, there were some methodological limitations across all Work Packages and in this study on systems change and the overall implementation and outcomes of the PPFS Programme. When evaluating systems change of this scale and intricacy, everything matters, and there are various system perspectives to explore and interrogate. While there is an extensive body of data underpinning the Work Packages and this report, limitations of resources and timing meant that not everything could be considered, and in some cases the depth of investigation was constrained. Balancing this is a diversity of methods that allows for triangulation within the Work Package studies and in this report.

Although this study aimed to take account of the implementation, outcomes, and impact of the PPFS Programme on service landscape, the context in which this reform was being introduced presented limitations for this research. The study was constrained by the funding period in place, which had two related consequences. First, the research team was in place before Tusla’s implementation was at the desired level. Second, the Work Package and overall study data collection processes ended before the Atlantic Philanthropies Ireland’s funding support to the PPFS ended. This limited our capacity to include all elements of the PPFS programme’s implementation within the scope of assessment. While the PPFS Work Packages are resourced with roles, process, and structures being established, the development of such structures is ongoing at the time of writing. Only tentative conclusions can therefore be drawn on outcomes at this time, and further research will be required.

An extensive mixed-methods approach was adopted in this study, with much qualitative data and a range of quantitative data from various surveys undertaken. For the future, it should be possible to move towards a clear set of quantifiable, feasibly implemented outcomes for each of the areas within the PPFS Programme which will be tracked during the next stage of development.
Literature Review:

Theorising systems change and the implementation of the PPFS Programme

In examining systems change and development in the context of the Child and Family Support Services, a review of the key literature was conducted as part of this study\textsuperscript{17}. What follows in this section is the framing and setting out of central ideas and frameworks from systems theory and the implementation sciences, which provides a context for this overall programme evaluation and offers an interpretive frame or set of tools on which our analysis and discussion is based. Adopting systems theory and implementation sciences as a theoretical framework represents a good fit for this study in that it encapsulates a set of interrelated concepts, definitions and propositions that explain or predict events and interventions by specifying relationships among variables.

3.1 International Trends in Child Protection and Welfare System Reforms

In recent times, child protection and welfare systems are coming under increasing pressure to respond to the maltreatment of children in a fair and equitable environment that is both cognisant of containing fiscal spending and careful not to intrude on the rights of parents. Historically, the orientation of child protection and welfare systems has tended to adopt a child protection or family service ethos. In this child protection orientation, systems tend to treat parents as being culpable, which leads to a systematic emphasis on surveillance of families and child removal. In countries that adopt a family support (child and family support services) orientation, emphasis is placed on the provision of supportive services to prevent maltreatment. With the onset of complex child abuse issues during the mid-1990s, however, this led to increased demand for change in this field. In response, a third approach emerged: a child-focused orientation. Within this child protection and welfare focus, the state adopts a paternalistic role in supporting equal developmental outcomes for all children in society. A greater focus was also placed on embedding early intervention and needs assessment and on promoting the well-being of children through social investment and providing equal opportunities. Central to this process was the development of positive partnerships with parents and promoting the rights of children and parents (Gilbert et al., 2011).

In the Irish case, Buckley et al. (2011) describe the child protection and welfare system as being akin to that in Anglophone countries, as it has been evolving over the past two decades from a criticised investigative orientation to one that focuses upon family support and prevention. Devaney and McGregor (2017) note that this symbolises a gradual transition away from residential care to a greater emphasis on the importance of family and on preventing children from entering the care system. This also reflects the increased importance and recognition attributed to the role of family support and the community

\textsuperscript{17} For more information please see Malone, P. and Canavan, J. (Forthcoming) Systems Change: A literature review on the adoption and implementation of systems theory in child protection and welfare reforms. Tusaí’s Programme for Prevention, Partnership and Family Support. Galway: UNESCO Child and Family Research Centre, NUI Galway.
in children’s lives (Devaney and McGregor, 2017). With the Child Care Act, 1991, through to the more recent developments of ‘Better Outcomes, Brighter Futures’ (2014) and its associated ‘High-Level Policy Statement on Supporting Parents and Families’ (2015), there has been an increased emphasis on preventative and family support approaches to services and practices in legislation and policy guidance.

In reviewing the orientation of child protection and welfare systems internationally, and the issues and challenges experienced by countries such as England; the US, Canada, and Australia (New South Wales and Victoria), it is evident that a clear catalyst for change in these jurisdictions has been the demand to adopt a rights-based approach to reform, in response to complex issues associated with child abuse and neglect. This was particularly the case in New South Wales, where the government has undertaken major child welfare reforms since 2000. The national policy framework established Keeping Them Safe: a shared approach to child well-being 2009–2014, which proved pivotal both in providing the impetus for reform and in building a more effective child protection system. A core objective of this reform agenda centred on creating an integrated system that supported vulnerable children, young people, and their families. The increased focus on integration in service delivery was particularly apparent in its policy focus on sharing responsibility among statutory organisations such as Health, Education and Training and Human Services, Police Forces and Justice in conjunction with non-governmental bodies (e.g., community and voluntary sector). The system reforms pursued are strongly underpinned by an approach that endorses:

- a strong universal service system for all children and support for families
- enhanced early intervention and community-based services to support children and families in the community and prevent children from entering the child protection system
- strengthened partnership through working with the community and voluntary sector
- evidenced-based programmes designed to improve the level of support available to vulnerable families through providing access to a range of services such as quality child care and parenting programmes. (Department of Premier and Cabinet, New South Wales Government, 2009)

Systems change reforms of this magnitude, however, also experience significant problems in the area of implementation. Key issues which arose in the context of the reforms in New South Wales related to defining the thresholds of prevention and early intervention; addressing the challenges associated with meeting the complex needs of families (e.g., indigenous family needs and families with parental drug and alcohol problems); neglect in professional development (e.g., training and working conditions); adopting evidence-based practice; and gaps in service provision (e.g., reforms were considered to be too focused on mothers and young children while neglecting the needs of ethnic minority families, refugees and asylum seekers, fathers, and young people) (Churchill and Fawcett, 2016).

The challenges and positive opportunities associated with reforms, such as those which occurred in New South Wales, enable interesting insights and comparisons to be drawn on the key factors which have enabled or acted as barriers during the implementation process. These factors can also have a significant influence on the impact and sustainability of reforms achieved. The sections that follow outline the theoretical concepts and frameworks contained in systems theory and the implementation sciences which inform this evaluative study.
3.2 Systems Theory

The conceptual ideas and methods contained in the systems-theoretical approach that aimed at improving the performance of high-risk social care areas are well established. Central to this theoretical school of thought is the belief that human error can be reduced more effectively by closely examining the wider organisational factors that influence individuals and by identifying those elements of the system which make it easier or difficult to perform well. In recent years, there has also been a realisation that that the performance of ‘individuals’ in a human service organisational setting needs to be observed in the context of a highly managed organisation whereby reforms, while well-intended, may have unintended outcomes (Munro and Hubbard, 2011).

3.2.1 Defining systems theory and its central elements

The material that follows places a closer focus on how a system is defined, and presents the central components that make up a system. At a foundational level, a system can be defined as being generally nested in other systems (Mizikaci, 2006). Essentially, this implies that services such as child protection and family support tend to be embedded within the boundaries of other elements in the child protection and welfare system (e.g., foster care, child protective services, case management).

The nested and interdependent nature of children, families, and communities is a core element of the ecological perspective advanced by Bronfenbrenner (1979). This conceptual model articulates how a child’s development and behaviour cannot be understood independently of the social environment. The capacity of parents to care for their children is also strongly influenced by the social environment in which they are living, which comprises the extended family, education system, social services available, and community attitudes. Bronfenbrenner’s (1979) model contains four different levels which have an influence on the family:

1. **Microsystem** – is concerned with the family and how the child, parents, and siblings reciprocally influence each other.

2. **Mesosystem** – the microsystem of the family is influenced by the mesosystem in which it is embedded. The mesosystem comprises the range of settings in which the family actively participates and is supported or influenced (e.g., extended family, friends, colleagues, neighbours, other parents).

3. **Exosystem** – the mesosystem is influenced by the exosystem that consists of the social settings which indirectly affect the family.

4. **Macrosystem** – refers to the history, attitudes, beliefs, values, and ideologies inherent in the social institutions of a particular society, which can have an impact on the way a family functions. (Daly et al., 2015; Hornby, 2000: 106–12)

The central actors of the system at each level (i.e. child, family, community, the state) hold a central role in shaping what the system represents. Identifying how each one influences, engages, and is incorporated in the interface of the child protection and welfare system requires a closer examination of how a system is defined and the central features that make up a system.

While there are a variety of perspectives on systems theory, there is a consensus that defines a system as containing:

- certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitations. (Bissel, 2012: 3)
Expanding on this definition, Forbes et al. (2011) point out that each child welfare and protection system is unique and consists of both *formal* and *informal* elements appropriate to its jurisdictional context. The formal elements are those which are established or sanctioned by the government and guided by laws, regulations, and policies. The informal elements (e.g., community and voluntary sector) do not have State or Government mandates for protective functions. Rather they are shaped by attitudes, values, behaviours, social norms, and traditional practices in society. The boundaries that exist between the formal and informal elements of a system depend to a significant extent on the context of a country and the capabilities of the State or community and voluntary sector (e.g., capacity to put in place active services or mechanisms) in the process of delivering social services (Forbes et al., 2011).

Achieving the overarching goals that underpin the delivery of social services is also dependent on the functions, structures, and capacity of the system. The ‘functions’ of a system consist of the organised activities which serve to promote the successful achievement of its goals. In child protection and welfare, a systems function can be placed into two categories: those related to case decision-making (e.g., assessments, investigation, and placement) and those aimed at supporting system performance (e.g., capacity-building, research and evaluation, allocation of resources, cross-sector coordination). The effective and efficient operation of the system in this sense centres on a clear statement of how the functions and system are interrelated (Wulczyn et al., 2010).

By contrast, a systems ‘structure’ encapsulates how the fundamental elements of the system are connected (e.g., the framework or context in which a system functions or by which services are delivered). In the domain of delivering services in child protection and welfare, the structures of a system can be defined as the laws, policies, standards, regulations, and mechanisms that facilitate coordination across social service sectors. Internally, the structures also encapsulate the roles, processes, and procedures that form a crucial part of the system’s functioning (Wulczyn et al., 2010).

The concept of ‘capacity’ depicts the facilities, material resources, skilled personnel, and funding necessary for the effective operation of the system. Equally important in this regard is the ability to make decisions at an organisational level, as decision-making is where capacity is allocated towards meeting the overarching goals of the system (Forbes et al., 2011; Wulczyn et al., 2010).

According to Hargreaves (2010: 2), there are many variants of the term *system* currently in use, including ‘systems of care’, ‘systems of service delivery’ and ‘systemness’. These can be summarised as follows:

- **System of care** depicts the combined networks of structures, processes, and relationships that are embedded in values and principles and provide families with access to services and supports across administrative and funding jurisdictions. More significantly, it also involves collaboration across agencies, families, and youth with the sole purpose of both improving access to care and expanding upon the array of coordinated social services in existence.

- **Systems of service** delivery emphasises the transfer of goods and services from one organisation to another. A focus is also placed on the organisational relationships between distributors of goods and services (e.g., providers and consumers of social welfare benefits in the community).

- **Systemness** refers to the extent to which the attributes of a system are shared (i.e. integration of service providers and their level of coordination, teamwork, shared learning, shared responsibility, and aligned financial incentives.)
While each concept refers to diverging elements of the systems approach, they nonetheless share a significant theme: they all contain boundaries and defined relationships and perspectives. These attributes play an important role in the configuration of interacting, interdependent parts that are connected through a web of relationships, forming a whole that is greater than the sum of its parts (Holland, 1998). This reaffirms the principle that systems tend to be overlapping, nested, and networked. They also have subsystems and operate within broader systems (Barabasi, 2002; von Bertalanffy, 1955).

### 3.2.2 System Integration: coordination, accountability, and process of care

A child protection and welfare system is, to a significant extent, not only multilevel and multidimensional, as depicted above, it is also multisectoral in responding to the needs of children and families. For this reason, integration through cooperation, collaboration, and coordination forms a critical element in the system. In a multisectoral setting, these actors range from the supranational level (e.g., UNICEF) to State levels (e.g., across Government departments), the community and voluntary sector, the family, and individual children. In characterising the relationship between these actors, the literature describes it as cooperative rather than individualised in respect to taking action. This entails that a principle and practice of mutuality exists whereby there is consultation, shared responsibility, and accountability for policy and programme development, planning, implementation, and evaluation regarding the services delivered (Allen Consulting Group / Australian Research Alliance for Children and Youth, 2008).

Achievement of the overarching goals of an organisation also depends on the successful coordination of multiple actors who work at various levels in the system. Coordination, cooperation, and collaboration are therefore perceived to be pivotal in ensuring the successful functioning of the system (Cohen, 2002; Leischow et al., 2008; Ivery, 2007). As Meyer and Rowan (2007) point out, the absence of coordination between and within structures and institutions can result in resistance to change and a reverberating weakness in the overall system. Therefore, the literature encourages increased collaboration among statutory bodies involved in child protection and welfare. Especially important in this regard is the continuous fostering of relationships and building of interpersonal networks with service providers (e.g., community and voluntary sector) (Horwath and Morrison, 2007).

Accountability as both a concept and a practice in a system is also considered to be a pivotal cornerstone in the processes associated with service delivery. Accountability from the outset refers to the mechanisms that are designed to facilitate the achievement of goals in an organisational setting. In this sense, maintaining accountability represents a significant organisational capacity in terms of how information is to be gathered, retained, and subsequently interpreted in both policy and practice (Save the Children, 2006).

In addition to the above core elements contained in an organisational system, the literature on systems theory also emphasises the promotion of an effective and integrative approach to child protection and welfare services (Green and Ellis, 2008). Often, the focus has tended to be on the structural aspects of the system (i.e. the extent to which the necessary infrastructure is in place for actors to perform their specific roles) (Wulczyn et al., 2010). By contrast, the process of care concept which has emerged in the literature extends our understanding further through its emphasis on specific elements of the process (e.g., identification, reporting, referrals, investigation, treatment, and follow-up). These elements effectively underscore the importance of addressing issues of children’s participation and children’s rights in how decisions are framed and enforced (Wulczyn et al., 2010). Attention to processes also forces policy actors to consider how a system functions and is managed at an overall level. In this context, the process refers to the day-to-day practices in an organisation or its operational dynamics. In elaborating further, the Child Protection Programme Strategy Toolkit (UNICEF EAPRO, 2009: 14) pointed out:

*Specific elements of a process might include the organizational culture, guidelines and protocols, workflow and communication and feedback systems as well as the ways in which the different parts of the structure interact together.*
From this, it is apparent that the structural and functional agenda of an organisation is largely determined by the ‘process’ that facilitates the achievement of overarching goals in a child protection and welfare system (Wulczyn et al., 2010).

3.2.3 Interpreting systems change in child protection and welfare

Having established the central elements and features of a ‘system’ in a human service organisational setting, what follows is a discussion on how these elements converge to enable change or transition towards a prevention and early intervention orientation in child protection and welfare. Theories of change represent a central element of mainstream evaluative practice, as they illustrate the pathways by which a system transition is expected to occur and the role that the elements of a system play in developing that change. The processes and pathways also show how system strategies or activities are connected to outcomes, which in turn lays the foundations for achieving long-term impacts (Coffman, 2007).

When contextualising change in a child protection and welfare system, this change normally takes place at a localised level, on the ‘front lines’ of practice, and is focused primarily on improving specific elements of that practice. More specifically, reforms in human service organisational settings, such as child protection and welfare, include positive system change initiatives that may focus on one or more of the following areas:

1. **Context** – improving the political environment that surrounds the system so it produces the policy and funding changes needed to create and sustain it.
   
   *Examples of expected outcomes in this area include: recognition of system need, shared vision, leadership, public engagement, media coverage, public will, and political will.*

2. **Components** – establishing high-performance programmes and services in the system that produce results for system beneficiaries.
   
   *Examples of expected outcomes in this area include: new system programmes or services, expanded programme reach or coverage, improved programme quality, and increased operational efficiency.*

3. **Connections** – creating strong and effective linkages across the system components that further improve results for system beneficiaries.
   
   *Examples of expected outcomes in this area include: shared goals, shared standards, cross-system training, shared competencies or skills standards, shared data systems, referrals or follow-ups, and seamless services.*

4. **Infrastructure** – developing the supports systems need to function effectively and with quality.
   
   *Examples of expected outcomes in this area include: cross-system governance, less categorical and more flexible funding, leveraged use of funding, mechanisms for two-way communication, system-wide use of data, and practitioner supports.*

5. **Scale** – ensuring that a comprehensive system is available to as many people as possible, so that it produces broad and inclusive results for system beneficiaries.
   
   *Examples of expected outcomes in this area include: system spread, system depth, system sustainability, shifts in system ownership, and beneficiary outcomes that precede impacts. (Coffman, 2007: 7)*
The sustainability of positive systems change is also dependent on the existing pathways and institutional structures that are embedded in the system. The pathways in a system comprise a set of programmes and services designed to move clients through a progression of steps and in the process support them to achieve positive outcomes. The institutional structures, as discussed above, encapsulate the policies, laws, resource allocations, cultural norms, and standard operating procedures which enable the pathways to function. More fundamentally, these factors are usually outside the control of actors, and ultimately incentivise, constrain, and enable the methods that actors use to build and sustain pathways. According to Latham (2014), a number of elements can lead to more effective pathways and improved outcomes for clients. One important factor is the development of more conducive institutional structures that create new sets of incentives, constraints, and opportunities, which ultimately enables and encourages actors to build more effective pathways. Examples of more conducive institutional structures can relate to the reduction of structural barriers (e.g., adverse incentives, undesirable constraints, and limited opportunities that lead to ineffective pathways) and new or enhanced structural enablers (e.g., altered incentives, relaxed constraints, and new opportunities that create new possibilities for action). As mentioned above, collaboration is a crucial component in achieving positive systems change, because no single statutory or external organisation has the capacity, jurisdiction, or resources to address intricate issues in society such as those in child protection and welfare. In this regard, there are three elements which contribute to collaborative effectiveness and improved pathways:

- **Member engagement** – the extent to which members (1) prioritise the collaborative's initiative in their own organisations, and (2) commit to a shared path of negotiating common goals and working towards them together with other members
- **Governance structure and process** – the extent to which a structure is ‘hierarchically unified’, and the extent to which the process is formalised
- **Accountability framework** – the use of performance measurement as a management tool for the collaborative. (Latham, 2014: 3)

The achievement of positive systems change and improved individual outcomes in this sense lies in the clear linkages between steps, alignment of pathway outcomes, more conducive institutional structures, and effective cross-system collaboration (Latham, 2014).

### 3.3 Implementation and sustainability of systems change in child protection and welfare systems

A primary focus in the sections above was on characterising the central structural components and elements in a system and how they converge in the process of systems change and transition. What follows is a closer examination of the processes associated with the implementation and sustainability of systems initiatives in human service organisations.

In recent years, it has become increasingly evident that the improvement of services designed to support public sector service delivery is influenced by the ‘processes’ associated with the implementation rather than the ‘practices selected’ for implementation (Aarons et al., 2011). The process of implementing evidence-informed or evidence-based practice in service provision has proven a challenging exercise for most human service organisations. From the literature, it is clear that some implementation frameworks address very specific or focused sets of issues or contexts. Other frameworks operate under the principle of being inclusive or overarching in taking into consideration the complex landscape in which an implementation takes place (Moullin et al., 2015; Aarons et al., 2011; Damschroder et al., 2009; Wandersman et al., 2008). Despite the varying perspectives, there is a consensus on the important role played by ‘organisational context’ in enabling effective implementation. The impact can stem from the inner context of an organisation, which relates to how workers experience the implementation process (e.g., staffing, policies and procedures, funding and mandates, and organisational relationships). It can also be impacted by the outer context, which takes into consideration how the external environment...
defines the organisational system and its inherent functions (e.g., factors that can either support or impede implementation, such as the political sphere, public support, and pre-existing policy practices) (Moullin et al., 2015; Walsh et al., 2015).

In the implementation sciences, practices relating to staff training represent a significant component for practitioners and agency staff in a human service organisational setting. Staff training is a central element in facilitating behavioural change and the implementation of a system reform or intervention. The operational components of effective training in this context include: imparting knowledge on the programme and practices; demonstrating key skills; providing practice sessions to help trainees integrate thinking and doing; and providing guidance on the boundaries of using a technique (e.g. when it may or may not be useful to use it) (Fixsen et al., 2005). Equally significant in this context is the practice of staff coaching. In this regard, the literature suggests that effective implementation and reinforcement of evidence-informed practices and system reforms or interventions closely correlate with the extent to which practitioners are prepared to deliver the practices required. Staff coaching makes a clear contribution in this process through the main roles of a coach, which include: supervision, teaching while involved in practice activities, assessment and feedback, and provision of emotional support (Fixsen et al., 2005; Spouse, 2001).

3.3.1 Implementation of evidence-informed practice in child protection and welfare systems

The use of evidence-informed practice (EIP) and evidence-based practice (EBP) to underpin the strategic objectives and outcomes of services delivered has become well established in child protection and welfare systems internationally. In defining evidence-informed practice, Dodd and Savage (2016) suggest that it represents a model which incorporates the best available research evidence, service user needs, values, and preferences, practitioner wisdom, and theory into the decision-making process, which in turn is filtered through the views and experiences of the service users, agency, and community culture. This is consistent with Roberts-DeGennaro’s (2008: 410) definition of EIP as a process of ‘integrating the concerns and values of the client and the practitioners experience and common sense, along with the best relevant research evidence’. By contrast, evidence-based practice focuses on incorporating rigorous decision-making practices which are transparent, accountable, and based on careful consideration of the most compelling evidence available on the effects which interventions have on the welfare of populations, groups, and communities (Devaney, Canavan & Landy, 2013; MacDonald, 2001). The principles of evidence-informed practice are used for the purposes of this evaluation and as a framework for our analysis.

3.3.2 Stages of the implementation process: exploration, preparation, implementation and sustainment (EPIS) framework

The exploration, preparation, implementation, and sustainment (EPIS) framework drawn from the implementation sciences literature provides a concise understanding of the central organisational elements involved in the process of implementing and sustaining a system change. There are four levels of the transition process:

- **Exploration**: Consideration of what EIPs may solve in a service problem, while also taking into consideration the opportunities or challenges in the inner and outer organisational environment (e.g., forming an implementation team, identifying the problem or priority issue, conducting a needs assessment; and identifying potential solutions that fit an agency’s context.)

- **Preparation**: Planning and integration of EIP into the existing system, which includes a realistic and comprehensive assessment of implementation challenges (e.g., ensuring leadership buy-in, developing and designing an implementation support system; detailed planning for roll-out (timelines, communication strategies, and resource needs), working with stakeholders, and ensuring that the chosen EIP accommodates service user needs).
• **Implementation Phase:** In adopting the programme or practice, implementing this phase seeks to address major issues outlined in the preparation phase (e.g., verifying buy-in, ensuring priority, completing training, confirming referral processes, monitoring fidelity to EIP, and evaluating outcomes).

• **Sustainability Phase:** The intervention or programme is ingrained in the organisation, which includes stable funding and ongoing monitoring or quality assurance processes (e.g., funding and support, ongoing training needs, fidelity and monitoring, making refinements, and reviewing referral processes). (Adapted from Lambert et al., 2016: 141; and Walsh et al., 2015: 8-22).

### 3.4 Central factors that influence the inner and outer organisational context

During the process of implementing and sustaining organisational change in child welfare and protection systems, the factors which influence the organisational context can operate in a variety of ways depending on their determinants and focus. These elements can also differ in importance depending on the stage of the EPIS implementation stage. In drawing from the implementation sciences, key factors impacting the organisational context are culture, climate, and leadership.

#### 3.4.1 Impact of organisational culture and climate

The literature on organisational culture and climate highlights the significant impact they can have on the achievement of real and substantive system change envisaged in child protection and welfare reforms (Rothery, 2007). Glisson (2007) suggests that the stress imposed on a system is significantly linked to the social, economic, religious, and other environmental or societal factors in which a system is embedded. The local social and cultural context, and the national, are also factors to consider when evaluating system change and reforms (Lemke and Sabelli, 2008; Mizikaci, 2006).

A system’s cultural or climatic environment can be defined as a state of ‘constant and discontinuous change’ (Leischow et al., 2008). This implies that it is paramount when responding to organisational transition that the internal structures, functions, and capacities of a system be sufficiently embedded and be equipped to adapt to changing conditions. This enables the identification of where change is needed while also promoting positive and efficient adaptations to the organisational structures when required (Mulroy, 2004). This conceptualisation is advanced further by Begun, Zimmerman, and Dooley (2003), who argue that developing a responsive child welfare and protection system provides ‘multiple and creative pathways for action’. It also reflects a system that is robust and adaptive in its structuration to cope in a changing environment – provided that the structures and capacity for change management exist. Hence, organisations which are more adaptive and supportive (i.e. positive environmental culture and climate) are perceived to be more effective in a general sense (Wilderom et al., 2000; Kotter and Heskett, 1992).

#### 3.4.2 Defining the concept of organisational culture and climate

Most practitioners and academics studying organisations depict the concept of culture as, in essence, the climate and practices that organisations develop for handling people (Schein, 2004). Organisational culture refers to ‘the shared norms, beliefs, and behavioural expectations that drive behaviour and communicate what is valued in organisations’ (Hammelgarn et al., 2006: 75). An organisation’s culture may be shaped by the values and beliefs engrained by its founders and by the organisation’s established path through successes and failures. Moreover, these shared norms and beliefs form the basis for socialising co-workers in how to behave in the organisation, which in turn creates a social environment that shapes the tone, content, and work undertaken there (Hammelgarn et al., 2006). At an organisational level, therefore, a ‘culture’ captures the behavioural expectations and norms that characterise how work is done in an organisation (Glisson and James, 2002).
In contrast to culture, the construct of climate was developed earlier in the organisational literature. While the culture of an organisation reflects the norms, expectations, and the way things are done, climate or psychological climate is defined as the ‘individual employees’ perceptions of the psychological impact of their work environment on their well-being’ (Glinson, 2007: 739). Ehrhart et al. advance this definition by describing organisational climate as ‘the shared meaning organizational members attach to events, policies, practices, and procedures they experience and the behaviours they see being rewarded, supported, and expected’ (2014: 69). The implementation climate in this context forms a crucial element in supporting the strategic goals of implementation. This occurs primarily through improved initiatives aligned across all levels of the organisation between executive, management, mid-management, and first-level leadership. Achieving this strategic goal is significant in that it enables consistent and transparent support structures and processes to be developed and sustained. Therefore, effective messaging is paramount, as it communicates to employees that implementation is a priority (Moullin et al., 2015).

At the outset, an organisational climate is encapsulated through individuals in a work unit or team sharing the same perceptions of how their work environment impacts on them. When members of the same work environment agree on their perceptions, this consensus can be aggregated to reflect the organisational climate of their organisation (e.g., a consensus that their work environment is stressful) (Glisson et al., 2012: 623). In this sense, a positive implementation climate can be fostered through an increased focus on: intervention; selecting staff on the basis of their knowledge or attitudes towards the intervention (e.g., openness to the intervention); and providing educational support, recognition, and rewards (Moulin et al., 2015; Aarons et al., 2014; Ehrhart et al., 2014). Reflecting on the behaviours of leaders, managers, or supervisors across all sectors of the organisation in this manner enables strategic climates to be cultivated (e.g., promoting the importance of prevention and early intervention in child welfare and protection) (Schein, 2004).

3.4.3 Models of organisational culture and climate

In the field of child protection and welfare, developing a model of organisational culture and climate provides an understanding of how a dimension of organisational culture can produce certain environmental climates that explain system variance in outcomes, and provide an understanding of where system change has or has not taken place. In developing a model that encapsulates this process, Glisson et al. (2012) focused on the organisational social context (OSC) of child protection and welfare systems which impacts both service quality and the outcomes produced. The OSC comprises three domains of an organisation’s inner contextual environment: (1) organisational culture, (2) organisational climate, and (3) work attitudes. Table 3 below summarises the positive and negative attributes of each.
Table 3 Organisational Social Context: Culture; Climate and Work Attitudes & Outcomes (adapted from Maksymyk and Caslor, 2014; and Glisson et al., 2012)

<table>
<thead>
<tr>
<th>Organisational Culture</th>
<th>Positive ‘Cultural’ Attributes:</th>
<th>Negative ‘Cultural’ Attributes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective organisational cultures that expect service workers to:</td>
<td>• Place the well-being of each client first; • Be competent and possess up-to-date knowledge;</td>
<td>Rigid organisational cultures that expect service workers will: • have no flexibility in carrying out their jobs • provide limited input into key management decisions • carefully follow a host of bureaucratic rules and regulations (e.g., asking the permission of a supervisor before carrying out tasks).</td>
</tr>
<tr>
<td></td>
<td>Emphasis on investing and supporting intelligence, critical thinking, and depth.</td>
<td>Emphasis on an organisation that is pleased when the ‘conveyor belt’ runs on time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resistant organisational cultures that expect caseworkers: • will show little interest in new ways of providing services • will suppress any change effort (i.e. are expected not to ‘make waves’ and be critical).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emphasis on maintaining the status quo, since it is the way it has always been done.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisational Climate</th>
<th>Positive ‘Climate’ Attributes:</th>
<th>Negative ‘Climate’ Attributes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement organisational climates where service workers:</td>
<td>• perceive that they are able to personally accomplish many things • remain personally involved in their work and are concerned about their clients.</td>
<td>Stressful organisational climates where caseworkers: • perceive they are emotionally exhausted from their work • are overloaded in their work (i.e. the interests of clients are often replaced by bureaucratic concerns – paperwork).</td>
</tr>
<tr>
<td></td>
<td>Emphasis on fostering worker engagement and investment and supporting good work.</td>
<td>Organisations that are characterised by crisis and risk avoidance.</td>
</tr>
<tr>
<td>Functional organisational climate is formed when service workers:</td>
<td>• perceive they have the cooperation and help they need from co-workers and administrators to do a good job • have a clear understanding of how they can work successfully in the organisation.</td>
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</tbody>
</table>
3.4.4 Leadership-focused implementation in Child Welfare and Protection systems

In the organisational culture and climate literature, leadership is depicted as a core prerequisite not only to achieving a successful implementation or intervention, but also to effective organisational change that improves outcomes for children, young people, and families (Maksymyk and Caslor, 2014). The literature also stresses the important role leadership plays in shaping the organisational context experienced by employees (i.e. the implementation climate is evident) (Ehrhart, Schneider and Macey 2014). As such, the emphasis placed on effective leadership is twofold:

- It has the power to establish a culture and climate that exemplifies proficiency.
- It is crucial for an organisation, as without strong and qualified leadership in place, ‘change’ and ‘capacity building’ interventions are likely to fail. (O'Donnell and Boyle, 2008: x)

Due to the turbulence and challenges often associated with the child protection and welfare environment, this reinforces a need to focus on the core aspects of leadership necessary to maintain the overarching goals and for an agency to operate effectively. Bernotavicz et al. (2013), in developing a leadership model for the National Child Welfare Workforce Leadership Model in the US, outline five principled pillars of leadership that reflect the desired qualities for effective leadership to occur in the child protection and welfare domain:

- **Adaptive**: Recognising the necessity to learn new ways of addressing challenges. While technical challenges can be addressed by employing existing knowledge and established procedures, adaptive challenges require innovative thinking and a move towards questioning the traditional approaches.
- **Collaborative**: This principle emphasises engaging with the community and voluntary sector to create opportunities for the exchange of information and sharing of resources. Establishing a common goal in child protection and welfare systems has the effect of uniting stakeholders not only in discussions but also to take action on a shared agenda. Therefore, collaborative leadership stresses the importance of promoting engagement.
- **Distributive**: This principle reinforces the ideal that leadership emanates at all levels of the organisation. As such, it highlights how decision-making and the exercise of leadership responsibilities take place at all levels of the organisation as a means of encouraging purposive and collective action. This form of leadership flourishes in environments that are dynamic and where interdependent interactions among individuals are evident.
- **Inclusive**: This form of leadership actively seeks and values diversity by including all perspective viewpoints throughout the organisation and with stakeholders. It highlights the importance of implementing practices which intensively encourage the engagement of diverse stakeholders as a matter of urgency on issues. This principle also recognises that leadership should develop as a collective process and rectify the authoritarian approaches adopted previously.
- **Outcomes Focused**: This principle entails that child welfare agencies need emphasis on the establishment of organisational and professional goals as a means of achieving outcomes in the areas of safety, permanency, and well-being. (Bernotavicz et al., 2013: 408-9)

While the adaptive leadership principle endorses a flexible approach to executive management, the principles of collaboration, distribution, and inclusivity encourage the practice of involvement across a range of internal and external stakeholders. The outcomes-focused principle is also significant in that it highlights the trust and responsibility placed on child protection and welfare systems to meet the needs of children and families. In outlining the qualities of leadership, this demonstrates the qualities that need to be adopted by child protection and welfare organisations to reorient towards prevention, early intervention, integration, and inclusivity in service delivery.
Figure 5 below outlines a conceptual framework for this study. It presents the key ideas and concepts and how, combined, they relate to answering our overarching research question. Primarily, this study is examining how the reforms occurring in the system are leading change in the organisational culture towards a prevention and early intervention orientation. Cultural change in this context is also underpinned by the prevailing organisational climate. The concepts and practices attributed to leadership and the implementation sciences are a central foundation to driving forward the system reforms and outcomes in organisational culture and climate.

**Figure 5 Conceptual Framework**

### Systems Change attributes and initiatives
- **Context** - political will and public support
- **Components** - structures, functions, process, roles, funding and procedures
- **Capacity** - funding, facilities material resources, skilled personnel, and accountability
- **System integration** - coordination, cross-sector governance, shared goals/training/standards/information
- **Scale** - ensuring a comprehensive service is available to as many people as possible
- **Conductive Institutional Structures**

### Outcomes
- **Change in organisational Culture**
  - Shared norms, values and briefs and behavioural expectations
  - Places the well-being of the client first
- **Change in Organisational Climate**
  - Shared perceptions on the impact of the working environment on staff
  - Staff feeling supported and engaged in their work

### Leadership
- Adaptive
- Collaborative
- Distributive
- Inclusive
- Outcomes-focused

### Implementation, Process and Outcomes
**Inner and outer organisational contexts**
- Embedding of Evidence-Informed Practice
- Ensuring priority, confirming referral procedures, and monitoring fidelity
- Relationships and collaborations with key stakeholders
- Ensuring buy-in from external stakeholders.

**EPIS Framework**
- Exploration
- Preparation
- Implementation
- Sustainability
4.0

Findings:

The Policy and Organisational Fit for the PPFS Programme

The purpose of this section is to explore the system fit of the PPFS Programme, paying particular attention to national policy and legislation and the organisational life of Tusla. This section focuses on the study objectives, and investigates the orientation towards prevention and early intervention through Tusla’s service delivery framework, and the impact of the external environment on the implementation of the PPFS Programme. It is in five sections:

1. Policy fit: this section explores the alignment of the PPFS with national policy for children, particularly as represented in ‘Better Outcomes, Brighter Futures’.
2. Organisational fit: this section addresses the extent to which prevention, early intervention, and Family Support feature in Tusla’s legislative underpinnings, its public representation, and, critically, in its strategic and operational documents.
3. Alignment with Signs of Safety: this section isolates the national Child Protection and Welfare practice model as a central aspect of Tusla’s delivery system and considers its alignment with the PPFS Programme.
4. Operational challenges: this section refers briefly to some of the operational challenges faced by Tusla, which in turn help contextualise the implementation of the PPFS programme over this early phase in the organisation’s life.
5. Wider socioeconomic and policy context: this section briefly characterises the changing wider external environment in which the Tusla system and PPFS subsystem sit.

4.1 Policy fit

‘Better Outcomes, Brighter Futures’ is the first national overarching policy framework that incorporates a ‘whole-of-government approach’ to improving outcomes of children and young people aged 0–24 years in Ireland. The document contains 163 policy commitments that cut across all Government departments and agencies. These policy commitments offer a structured, systematic, and outcomes-focused approach to improving the outcomes for children and young people. They suggest an imperative for government departments and statutory agencies, statutory services, and the community and voluntary sector to work towards a coherent response in meeting the needs of children and young people. Equally important is the strong focus placed on embedding an integrated and evidence-informed approach to service delivery (DCYA, 2014). Significantly, the policy document emphasises prevention and early intervention as a context and means through which the policy aspirations can be implemented. As Figure 6 outlines below, the policy focus on prevention and early intervention is clearly evident in the first two transformative goals. In this regard the government has acknowledged the pivotal role of earlier intervention and prevention as a means to achieving improved outcomes for children and young people.

More specifically, it is evident that the policy emphasis is centred on reorienting away from a crisis-driven approach towards a prevention and early intervention focus. As defined in the policy document:

Prevention and early intervention means intervening at a young age, or early in the onset of difficulties, or at points of known increased vulnerability, such as school transitions, adolescence and parenthood. Universal services are the main providers of prevention and early intervention. Prevention and early intervention is cost effective. The Government is committed to rebalancing resources to place a greater emphasis on prevention and earlier intervention, the aim of which is to gradually transfer resources over time from crisis to earlier points of intervention. (DCYA, 2014: 8)

The policy framework promotes an all-of-government approach, with cross-departmental and interagency coordination as a central theme. As the policy document outlines, the implementation of this policy framework requires:

- leadership, investment in people, cultural change, and workforce development
- connecting infrastructure, organisations, and systems across traditional boundaries
- evidence and data analysis, information sharing, and national tracking of outcomes
- leveraging available resources effectively towards what works, and targeting identified need.

(DCYA, 2014: 9)
During the seven-year course of this policy framework, the government set out key policy commitments that reflect a dedication to driving forward an agenda for prevention and early intervention in the child, youth, and family services domain. Table 4 below summarises the key policy commitments developed at governmental level.

Table 4 Government Policy Commitments to Children and Young People

<table>
<thead>
<tr>
<th>Overarching National Policy Commitments</th>
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<tbody>
<tr>
<td><strong>Prevention and Early Intervention:</strong></td>
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<tr>
<td>• Lift over 70,000 children out of consistent poverty by 2020.</td>
</tr>
<tr>
<td>• Work towards rebalancing resources to place a greater emphasis on prevention and earlier intervention while ensuring an effective crisis intervention at all times.</td>
</tr>
<tr>
<td>• Provide and commission both universal and targeted evidence-informed parenting supports, and ensure early identification of ‘at risk’ children and families to strengthen families and reduce the incidences of children coming into and remaining in care.</td>
</tr>
<tr>
<td>• A focus on health and well-being throughout society and ensuring that positive progress is being made in the areas of childhood obesity and youth mental health.</td>
</tr>
<tr>
<td><strong>Parenting Support:</strong></td>
</tr>
<tr>
<td>• Parents to experience improved support in the important task of parenting and feel more confident, informed, and able.</td>
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<tr>
<td>• Develop high-level policy statement on Parenting and Family Support to guide the provision of evidence-informed parenting supports.</td>
</tr>
<tr>
<td>• Ensure planning and coordination of family supports.</td>
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<tr>
<td><strong>Culture of Participation:</strong></td>
</tr>
<tr>
<td>• A culture that respects, protects, and fulfils the rights of children and young people, and the diversity of children’s experiences, abilities, identities, and cultures will be respected.</td>
</tr>
<tr>
<td>• The views of children and young people will be sought and will influence decisions about their own lives and wellbeing, service delivery and policy priorities.</td>
</tr>
</tbody>
</table>

In advancing the vision outlined in ‘Better Outcomes, Brighter Futures’, the publication of the ‘High-Level Policy Statement on Supporting Parents and Families’ (DCYA, 2015a) was an important document in that it envisaged establishing a system to support parents and families. It is also evident from this document that a clear orientation was occurring in terms of rebalancing resources towards a greater emphasis on prevention and early intervention. This becomes more apparent in the overarching aims set out, in which the strategy statement sought to:

• Provide a policy platform for Tusla, the Child and Family Agency, to discharge its statutory responsibility in supporting and encouraging the effective functioning of families. This involves the formal inclusion in Tusla’s functions of the roles and responsibilities previously held by the former Family Support Agency and National Educational Welfare Board.
• Set out a clear policy context for a cohesive policy approach among statutory bodies, in particular with one another and with non-governmental organisations as a means to achieving greater integration in the provision of parenting and family support services.
• Build a strong evidence base of what works in parenting and family support and to ensure that parents and children are key stakeholders in that process.
• Establish a basis for dialogue, commissioning, and evaluation of family support services as a means to progressing the implementation and the impact of services in this area. (DCYA, 2015a: 2–3).

In the long term, this policy document sought to promote the availability of a coherent continuum of local supports to all parents and families which can be accessed in a timely fashion. Furthermore, the key messages presented in the document promote positive parent–child relationships and family support services as a central objective in Government policy and a pivotal element in the development of child and family services in Ireland (DCYA, 2015a).

Equally significant is the operational and implementation focus of the policy messages set out in the document. Some of the key messages are: greater integration in the planning and delivery of services; interagency working; merits of Tusla, including parenting and family support as part of its National Service Delivery Framework; significance of implementing the Meitheal National Practice Model by Tusla as part of preventative and early intervention service measures; and the importance of working in partnership with the community and voluntary sector in this area of social policy (DCYA, 2015a).

Another integral part of promoting prevention and intervention measures at a national policy level has been the creation of a culture which promotes the participation of children and young people in the decision-making process. The primary impetus in this area has been to enable children and young people to influence decisions about their own lives and well-being, service delivery, and the priorities of policy in this field. Two significant policy documents which have provided a framework in this regard are the ‘National Strategy on Children and Young People’s Participation in Decision Making’ (2015) and the ‘National Youth Strategy, 2015–2020’.

In the ‘National Strategy on Children and Young People’s Participation in Decision Making’ (DCYA, 2015b), a clear strategic focus has been placed on creating a policy environment in which children and young people feel empowered to participate. Accordingly, the key strategic objectives outlined in the document set out to ensure that:

• Children and young people will have a voice in decisions made in their local communities.
• Children and young people will have a voice in decision-making in early education, schools, and the wider formal and non-formal education systems.
• Children and young people will have a voice in decisions that affect their health and well-being, including on the health and social services delivered to them.
• Children and young people will have a voice in the Courts and legal system. (DCYA, 2015b: 12)

The ‘National Youth Strategy, 2015–2020’ also builds on the transformative goals and outcomes developed in ‘Better Outcomes, Brighter Futures’ through a specific focus:

To enable all young people to realise their maximum potential, by respecting their rights and hearing their voices while protecting and supporting them as they transition from childhood to adulthood. (DCYA, 2015c: 22)

Taken together, from the high-level framework to the statements on Parenting and Family Support, on Participation and on Youth Work, it is clear the PPFS programme fits in a fertile and highly supportive policy context. This policy fit is significant in providing a credible platform to advocate for government and policy level support.
4.2 Organisational Fit

The enactment of the Child and Family Act, 2013, led to the creation of Tusla, the Child and Family Agency, in January 2014 as an independent entity comprising services previously carried out by HSE Child and Family Services, the Family Support Agency, National Educational Welfare Board, some psychological services, and a range of other services in the areas of domestic, sexual, and gender-based violence (Tusla, 2018a). Under its remit, the agency holds a number of key functions in child welfare and protection, which are to:

- support and promote the development, welfare, and protection of children
- support and encourage the effective functioning of families
- maintain and develop support services, including support services in local communities.

(Government of Ireland, 2013: 12)

From this, it is evident that the statutory functions of the agency are directed towards improving the well-being and outcomes of children. Moreover, the ethos enshrined in the agency’s enactment indicates that a holistic policy focus is being adopted in addressing the needs of children, young people, and families across all the core service areas (child protection, early intervention and family support services, and alternative care) (Tusla, 2018a). Subsequent sections explore how the remit and responsibilities of Tusla’s statutory functions have oriented towards prevention and early intervention.

4.2.1 Tusla’s corporate image and identity

In the world of business, corporate image and identity are concepts which depict how the public perceives and visualises an organisation. Both are significant in that they lead to the formation of a ‘brand’ which, in the minds of the general public, encapsulates a set of core values and norms which an organisation represents. The image of an organisation is a significant factor, as it has the potential to influence and shape the public, internal staff, and stakeholder perceptions of an organisation’s performance and the quality of services provided, particularly when taking into consideration the impact of negative media coverage (Christensen and Askegaard, 2001).

When applying this framework to child protection and welfare systems, it is clear from the image, identity, and branding created through Tusla’s website that there has been an evident shift or rebalancing of resources away from a solely child-protection policy agenda. As Appendix 4 outlines, with screenshots of pages from Tusla’s website, it is apparent that equal weighting is granted to all core service areas listed: Child Protection and Welfare, Alternative Care, Family Support and Early Years Inspectorate, Education and Welfare Services and Domestic, and Sexual and Gender-Based Violence. In terms of the core service area banner of the ‘Family Support and Early Years Inspectorate’, it is apparent from the suite of services listed, such as Family Resource Centres and PPFS, that prevention and early intervention forms a central part of Tusla’s projected image and identity. From the homepage of the website, the branding of Tusla reflects an all-inclusive approach to child protection and welfare service delivery. As the ‘Let us introduce ourselves’ section outlines, Tusla identifies itself as representing “the most comprehensive reform of child protection, early intervention and family support services” (Tusla, 2018b).

4.2.2 Tusla’s strategic focus: review of corporate and business plans 2014–2018

In outlining the strategic vision of the organisation in the short term, the corporate plan forms a central benchmark in determining the scope of service delivery activities. As Nora Gibbons, Chairperson of Tusla, outlines, the corporate plan ‘sets out not only the values espoused by Tusla but the manner in which those values can be translated into good-quality services for children and families’ (Tusla, 2014: 3). Since the establishment of the agency in 2014, two consecutive three-year corporate plans have been published. In accordance with Section 46 of the Child and Family Act, 2013, five business plans have been published. The following sections review the two corporate plans and consecutive business plans.
Corporate Plan 2015–17

In reviewing the Corporate Plan 2015–17, it is clear that Prevention and Early Intervention forms a central component in this strategic three-year period. As outlined in Table 5 below, the vision, mission, and core values and behaviours of the organisation aspire to a holistic view of child protection and welfare services which also incorporates prevention and early intervention. The emphasis on developing a ‘supportive’, ‘coordinative/collaborative’, and ‘evidence-informed’ ethos also demonstrates a holistic view to the provision of child protection and welfare services. Also significant is the reference to ‘protecting the most vulnerable’ and ‘taking a long-term, whole-system view’ within Tusla’s values and behaviours (Tusla, 2014).

Table 5 Tusla Corporate Plan 2015–2017: Vision, Mission and Values & Behaviours

<table>
<thead>
<tr>
<th>Vision</th>
<th>All children are safe and achieving their full potential.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>With the child at the centre, our mission is to design and deliver supportive, coordinated, and evidence-informed services that strive to ensure positive outcomes for children.</td>
</tr>
</tbody>
</table>
| Values and Behaviours | **Courage and Trust**  
- Reliable, committed, and accountable  
- Professional, ethical, and responsible  
- Willing to stand up for our values.  

**Respect and Compassion - Putting the individual at the heart of Tusla Services**  
- Protecting the most vulnerable  
- Respectful and considerate towards all.  

**Empathy and inclusion**  
- Fair, responsive, and transparent  
- Promoting collaboration and connected thinking  
- Taking a long-term, whole-system view. |
The vision, mission, values, and behaviour outlined by Tusla are underpinned by a set of core strategic objectives:

1. Improve the quality and focus of the delivery of services for children and families.
2. Develop the governance structures, processes, and supporting infrastructure to ensure that Tusla is in a position to carry out its functions in an effective and efficient manner.
3. Establish a new and distinct values-based culture that empowers children and families through high-quality services.
4. Develop an organisation that lives within its means and utilises its resources in an efficient and cost-effective manner.
5. Develop a workforce that is valued and supported within a learning organisation.
6. Position the Agency as a responsive, trustworthy, and respected body with its own unique identity.
7. Build on our research strategy to develop policy and enable evidence-based decision-making and high-quality service delivery.
8. Ensure a strategic approach to quality assurance, information management, and risk management that supports continuous improvement and good governance. (Tusla, 2014: 8)

During the lifetime of this Corporate Plan, these strategic objectives formed the basis of laying the foundation stones for the achievement of the strategic objectives and identified short, medium, and long-term outcomes. Table 6 outlines the short, medium, and long-term projected outputs for the organisation, provided the pathway to achieving prevention and early intervention was given priority in the projected long-term outcomes to be achieved in child and family services.

**Table 6 Pathway to achieving long-term outcomes**

<table>
<thead>
<tr>
<th>Short-term Outputs (1-3 years)</th>
<th>Medium-term Outputs (4-6 years)</th>
<th>Long-term Outputs (7-10 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tusla's child protection processes and systems are responding to children in a timely manner.</td>
<td>1. Revised systems are significantly reducing the numbers of children at risk.</td>
<td>1. All children are safe from abuse, neglect, and exploitation.</td>
</tr>
<tr>
<td>2. All processes and systems underpinning children and family policy and services are evidence-informed.</td>
<td>2. Children and family services are more user friendly, strengths-based, and co-produced.</td>
<td>2. All children and families are capable of making informed decisions about their health and lifestyles.</td>
</tr>
<tr>
<td>3. A targeted range of family and parenting supports</td>
<td>3. Children and family services are properly coordinated and aligned.</td>
<td>3. All parents are providing stable and loving home environments in which</td>
</tr>
<tr>
<td>4. Attendance participation and retention in full-time education are embedded in service delivery for all children.</td>
<td>4. The benefits of increased child and family participation in education are acknowledged across all sectors of society.</td>
<td>4. All children and their families are actively engaged in their education.</td>
</tr>
<tr>
<td>5. A fit-for-purpose organisation to deliver on our strategic intent.</td>
<td>5. The agency is a responsive partner, collaborator, and leader in cross-sectoral and interagency activities.</td>
<td>5. The full support of society and the community to support children in their transition to adult life.</td>
</tr>
</tbody>
</table>
The strategic objectives and outcomes listed above are underpinned by a number of key actions which point to a strong alignment to the embedding of prevention and early intervention principles in the operational structures of Tusla:

- Implement the Meitheal model to enable integrated service delivery through Prevention, Partnership and Family Support.
- Generate evidence to support learning, continuous improvement, service design, and decision-making.
- Develop appropriate mechanisms to engage with children and key partners effectively.
- Develop metrics that demonstrate how Tusla is performing and to measure the impact it is having on children, families, and communities.
- Enhance participation and personalisation of children and families in policy formation and review.
- Support parents through active interventions, cross-sectoral activities, and an integrated service delivery model.
- Develop and implement the Commissioning Strategy.
- Develop and implement a Parenting Support Strategy to ensure accessible and friendly access to services. (Tusla, 2014: 28–29)

**Tusla Business Plans, 2015–2017**

In reviewing Tusla's Business Plans 2015–2017, prevention and early intervention featured as a dominant strategic goal during these consecutive years. It is evident from all business plans reviewed that the core service areas of Child Protection and Alternative Care form a significant part of the Agency’s stated activities in the documents. In the core service area of child and family supports, there has been a clear intent to implement and expand the components of the PPFS Programme, such as Meitheal and CFSNs. There was also a strong strategic emphasis on supporting children and parents through cross-sectoral activities and the integration of the PPFS Programme within existing family support structures: Family Resource Centres, and Children and Young Persons Services Committees. Emphasis was also placed on exploring the interface between Meitheal and Social Work service areas through the development of a protocol (Tusla, 2016b). More notably, it was clear across all business plans that enhancing the agency’s capacity in the area of prevention and early intervention was a central theme. This is particularly evident in the Workforce Learning Development domain, where there were courses developed and linked to the PPFS Programme. In 2016, it was reported that 758 training courses were delivered, with 10,901 attendees across all sectors (Tusla, 2016b: 51).

**Corporate Plan 2018–2020**

The Corporate Plan which oversees Tusla’s strategic focus over the next three years has expanded on the vision, mission, and core values of the organisation. While the previous corporate plan was concerned with ‘keeping children safe and reaching their full potential’, the focus now has been extended towards advancing the well-being of children, young people, and their families. There has also been a transitional shift in the core values of the organisation which demonstrates a more holistic ethos in addressing issues and interactions with children, young people, and families. Equally significant in this regard are the renewed strategic objectives of the organisation, which demonstrate commitments to the further integration of services, enhancement of quality assurance and evidence-informed practice, and development of a values-based culture and learning organisation (Tusla, 2018c). The strategic focus of the organisation has thus expanded greatly from a child protection ethos to a more integrated, participative, power-sharing and preventative service delivery aspiration. Table 7 below provides an overview of the strategic plan:
### Table 7 Tusla Corporate Plan 2018–2020: Vision, Mission, Values & Behaviours and Strategic Objectives

#### Vision
An Ireland that is committed to the safety and well-being of children, young people, and families.

#### Mission
Working together to provide good-quality, supportive services to achieve better outcomes for children, young people, families, and communities.

#### Values
Trust, Respect, Empathy, Working Together, and Integrity.

#### Strategic Objectives

- **Integrated Supports and Services** - To implement integrated, Agency-wide approaches to all Tusla supports and services, with clear responsive pathways to achieve better outcomes.
- **Regulatory Functions** - To regulate services consistently and proportionately, using Quality and Regulatory Frameworks to ensure compliance and drive improvement and services for children.
- **Quality, Evidence-Informed and Measurable** - To ensure that Tusla provided and commissioned services are safe, well-led, evidence-informed, outcomes-focused, and measurable.
- **Relationship, Collaboration, and Communication** - To develop collaborative relationships, participative practices, and effective communications with all key stakeholders to provide a coordinated approach to the delivery of services.
- **Policy and Legislation** - To support and inform government policy and legislation through the development and coordination of Tusla policies, strategies, programmes, and frameworks.
- **Corporate Services** - To ensure corporate services (estates, finance, governance, HR, ICT, Legal) are effective in supporting the delivery of Tusla services.
- **People, Culture, and Learning** - To empower our people by continuing to grow and develop a values-based culture and learning organisation.

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**Tusla’s Clear Response Pathways along the Continuum of Need**

In identifying where prevention and early intervention is located in the wider Child Protection and Welfare System, Tusla’s ‘Clear Response Pathways Along the Continuum of Help/Support’ framework (contained in the current Corporate Plan) describes the remit and context of where family support, child protection, and alternative care responses come into force. As Figure 7 outlines, on the low–medium prevention level of the continuum, family support measures come into force through the structures of Family Resource Centres, PPFS (Meitheal, Parenting Support), and Early Years. The Child Protection and Welfare Strategy and the Signs of Safety practice model comes into force at the medium prevention level. At the higher level of the continuum, where children are at risk of harm, services such as Alternative Care measures take effect. In this framework, Tusla maintains that the principles of participation, partnership, and collaboration in service delivery, formulated by Meitheal and Signs of Safety national practice models, are engrained across all levels (Tusla, 2017a).
The Corporate Plan 2015–2017 outlined an ambition to achieve longer-term outcomes beyond the lifetime of the plan. Key achievements cited by Tusla in the service area of prevention and early intervention include the implementation of the PPFS Programme, the participation of children and young people in the decisions that affect their lives, and the expansion of Education and Welfare Services (Tusla, 2018c). The current Business Plan 2018 seeks to embed further the progress achieved in the previous plans developed. As Tusla’s CEO Mr Fred McBride notes, the primary focus of the Business Plan 2018 is underlined by some central principles:

The 2018 Business Plan is the detail of the first year of the new three-year Corporate Plan for 2018–2020, which incorporates themes of participation, power-sharing and responsibility. It is based on the principles of maximising family’s dignity and self-respect by giving them as much power, choice, control, and responsibility over their own lives as is possible. (Tusla, 2018d: v).

The integration of national approaches to all Tusla services is also considered to be a key strategic objective in the Child Protection and Welfare Strategy. In summarising the strategic focus of the agency, it is evident that there is a clear intent to continue the resourcing and implementation of prevention and early intervention services (e.g., PPFS, FRCs, CYPSCs). Also central in this process is the strategic focus
on integrating and developing existing infrastructures that deliver family support service (e.g., FRCs).

**Summary**

While elaborated in more detail in the documentary analysis report that feed into this section, what is apparent in reviewing the first-period strategy and operation plans is that prevention, early intervention, and Family Support have been presented as commitments from the inception of the organisation. Critically, it is possible to identify a stronger representation of the PPFS programme and its commitments from the strategic through the action level, in the agency’s second Corporate Plan and its business plan for 2018.

### 4.3 Alignment of PPFS with Signs of Safety Child Protection and Welfare National Practice Model

In conjunction with the ongoing development and embedding of the PPFS Programme, the Business Plan 2017 highlights a notable shift in the strategic focus of the organisation towards the safety and well-being of children. The CPW Strategy provides the strategic and objective basis for this area of reform. As Tusla outlines, the vision behind this reform is:

> To provide an appropriate, proportionate, timely response to children ‘at risk/in need’, sharing responsibility and control with families and communities through co-created solutions and interagency collaboration. (Tusla, 2017c: 39)

The key objectives of the programme are outlined in Table 8 below:

#### Table 8 Strategic Objectives of the Child Protection and Welfare Strategy

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. National Approach to Practice</td>
<td>The reform of the Child Protection and Welfare system places children and families at the centre of decision-making. It is also strengths-based, evidence-based, and outcomes-focused.</td>
</tr>
<tr>
<td>2. Clear Response Pathways</td>
<td>Clear thresholds are defined for child protection intervention, which include transfer to/from alternative care, case closure, and diversion to partner organisations.</td>
</tr>
<tr>
<td>3. Positive Learning Environment</td>
<td>Creating and embedding a system-wide learning environment requires the development of learning pathways and learning tools for staff.</td>
</tr>
<tr>
<td>4. Proactive relationships with partners</td>
<td>Involves building and maintaining proactive relationships with internal and external stakeholders at every level of organisations. Building proactive relationships also includes children, families, and their family and extended</td>
</tr>
<tr>
<td>5. Empowering our people</td>
<td>This involves establishing structures and processes to support staff and leaders in using their professional judgement as a means of making risk-sensible decisions and working in a more participative manner with children</td>
</tr>
<tr>
<td>6. Defined measurable outcomes</td>
<td>Development of meaningful measures that allow the assessment of whether or not the CPW strategic objectives are achieved.</td>
</tr>
</tbody>
</table>
The implementation of the CPW Strategy is underpinned by the Signs of Safety practice model. This practice model was initially developed during the 1990s in Western Australia by Andrew Turnell and Steve Edwards in collaboration with over 150 West Australian child protection workers. The model is now being used in jurisdictions in the US, Canada, UK, Sweden, Finland, and other countries. At the outset, the Signs of Safety practice model aims to take a constructive cultural approach to child-protection organisation and practice. An important component is the use of specific practice tools and processes where professionals and family members can engage with each other in partnership in addressing issues of child abuse and neglect. Maintaining a strong constructive working relationships between professionals and family members, and between professionals themselves, is a key precursor to facilitating effective practice in keeping children safe from harm (Turnell and Murphy, 2017).

Reviewing the Signs of Safety and Meitheal national practice models in the child protection and welfare system, it is clear that both models address different levels along Tusla’s continuum of needs framework in terms of preventative family support and child protection services. However, common areas exist (Malone, Canavan, Devaney, and McGregor, 2018). Table 9 below outlines the alignment or overlap and points of distinction between the two practice models and complementarity in their underlying principles.

Table 9 Areas of alignment/overlap and points of distinction between Meitheal and Signs of Safety national practice models.

<table>
<thead>
<tr>
<th>Relationship between parents and practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both models advocate for the growth of positive relationships between practitioners and parents/families through encouraging engagement with parents (e.g., Signs of Safety Assessment and Planning: Social Worker and parent/families; Meitheal: parent and Lead Practitioner). This forms a significant element in advancing towards a partnership and collaborative approach in terms of advancing the well-being and outcomes of children, young people, and families.</td>
</tr>
<tr>
<td>However, what distinguishes both approaches is that while Meitheal stresses parental involvement as voluntary, this is not the case in the Signs of Safety practice model.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emphasis on building a strengths- and needs-based model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through the development of constructive relationships between parents, family, and Practitioner, both the Signs of Safety and Meitheal practice models place a significant emphasis on parental and family strengths and what has been working well. The positive relationship developed also demonstrates how both models approach the creation of a sustained exploration of what the needs are in regard to the child, young person, or family.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusivity of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>The adoption of a child-centred approach to service delivery is clearly apparent in both decision-making processes. Both the Meitheal and Signs of Safety practice models privilege the voice of the child through provision of tools and practice guides. The Meitheal model uses tools such as My World Triangle, while the Signs of Safety model has adopted tools such as My Three Houses. Although they come from a differing viewpoint (Signs of Safety comes from the perspective of Child Protection, Meitheal from the viewpoint of prevention, early intervention, and family support), both share a commonality in their drive towards achieving positive impacts and outcomes for children and young people.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both models place a significant emphasis on building a strong evidence base as a means of helping professionals and child welfare and protection. In Meitheal, there is a clear focus on providing evidence-informed prevention and early intervention services, while Signs of Safety fosters evidence-based practice by documenting constructive practice as described by front-line practitioners, parents, and children. Thus, the focal point is on practitioner- and recipient-defined best practice.</td>
</tr>
</tbody>
</table>
In observing the operation of Meitheal and the Signs of Safety: Assessment and Planning practice models, it is clear there is a strong emphasis on adopting an ecological stance when assessing the needs of children, young people, and families. Under the Signs of Safety model, there is a focus on involving every possible person who has natural connections to the child (kin, friends, neighbours, and professionals (teachers, family, and doctor)). This is similar to the Meitheal process, where the needs of children and young people are identified and supported through a variety of practitioners. However, a distinction between the approaches is that the Social Worker is outside the Meitheal process, and a clear distinction exists between Child Protection and Family Support interfaces in terms of the manner in which the service map is drawn.

When reviewing the adoption of the Munro Maxim: Thinking Critically, Fostering a Stance of Inquiry, another noteworthy commonality exists between the two models. Under this perspective, there is an emphasis on moving away from a paternalistic approach to child protection to a vision which requires all processes that inform practice to foster a questioning approach or spirit of inquiry as the core professional stance of the child protection practitioner. This is similar to the Meitheal approach and the existence of Meitheal Review Meetings, where multi-agency participants become involved in the development of action plans for helping a child, young person, or family reach a shared understanding of what needs to be done to improve outcomes.

As a relatively new organisation, Tusla has had to contend with the usual organisational infrastructure development tasks and challenges, for example creating functions and staffing in Finance, HR, IT, Legal/Corporate, Communications, Quality, Policy and Research. Alongside this work, of course, it has had to deliver on its core business of meeting the needs of children and parents daily. Additionally, Tusla has had to engage with and respond to policy developments. Most significant has been the Children First Act, 2015, which introduces the mandated reporting of abuse and the publication of Child Safeguarding Statements by organisations working with children, among other measures. New child protection guidelines were introduced in 2017, and late in that year the section of the legislation on mandatory report came into force. For Tusla, there has been a huge investment in planning for its response to the Act and guidelines generally, and specifically in preparing for what is an unknown future environment of referral levels to the organisation.

In parallel to its ongoing infrastructural development, the agency was also confronted with significant criticism surrounding system shortcomings (reflecting legacy issues associated with the HSE and some arising during Tusla’s existence) in child protection, residential care, and adoption. These criticisms arose from media reports, Ombudsman reports, and a series of reports published by the Health Information and Quality Authority (HIQA), which has the statutory function to monitor Tusla’s performance in the child protection and welfare domain. The impetus for the most recent report published by HIQA in June 2018 surrounded the false allegation of child sexual abuse against Garda Sergeant Maurice McCabe. This allegation and the poor handling of information in this case indicated possible systematic concerns surrounding the capacity of the agency to adequately address risk to the health and welfare of children (Health Information and Quality Authority, 2018).

One interpretation of the consequence of the public criticisms and scandals encountered is that they have had a cumulative effect of creating a public perception of Tusla being ‘crisis-driven’. In spite of real system failings, with real and painful consequences for some children and parents, the reality of the ongoing work of the organisation in delivering good-quality services: meeting the needs of children and families is the clear counter to any such generalised notions. However, it is likely that the preference of the organisation’s senior management would reflect a focus on proactive, developmental issues – from
prevention, early intervention and Family Support, through to its role as corporate parent – and less on having to react to historical or current poor performance.

4.5 Wider Socioeconomic and Policy Context

While difficult to measure, the social and economic problems experienced externally in society affect Tusla’s service delivery system, particularly in how it responds to complex social and familial issues as they arise. Policy and service challenges in the areas of income distribution and poverty, housing, education, health (including mental health), and disability are key here. The wider Tusla service system response to children and parents, particularly its prevention, early intervention and Family Support services, is often severely constrained by social issues and service limitations outside of the agency. Tusla is only one part of a policy and services mix relating to children, and its preventive and protective responses will succeed only if there is shared commitment to children and families by other public agencies.

For some time, high levels of poverty and income inequality have been the norm in Irish society. At present, 782,034 people are living below the relative income poverty lines in Ireland. Access to affordable housing and homelessness have also continued to worsen in recent years. Social Justice Ireland cite data for December 2017 indicating that 5,508 adults and 3,079 children accessed emergency accommodation in that month. The number of homeless children in Ireland has also increased, exceeding 3,000 for the first time in 2017. According to the latest social housing waiting list figures, 85,799 households are in need of social housing. Notwithstanding the shortage of social housing construction, the precarious situation of many families being in mortgage arrears, along with increasing private rents, has meant that many households are at risk of becoming homeless (Social Justice Ireland, 2018). While the introduction of the DEIS programme has proven to be positive in addressing issues of inequality, children from lower socioeconomic groups continue to underperform in literacy, numeracy, and science (Social Justice Ireland, 2018). This highlights a clear link between income inequality and educational disadvantage.

In the area of health, there is a strong need to address mental health issues. According to the WHO (2001), mental health and behavioural problems affect 20–25 per cent of people at some point during their lives. By the year 2020, it is projected that the burden of mental health issues will have increased by 15 per cent, which has implications for social services in all countries. In the Irish context, it is reported that over a quarter of the population have experienced mental health problems, with three in ten experiencing depression in their family circle or close peer group (Social Justice Ireland, 2018; Pfizer, 2013). In the area of disability policy, it is evident that people with disabilities were cumulatively affected by a range of decisions undertaken as part of successive austerity budgets. These related to cuts in social welfare payments, changes in medical card eligibility, increased prescription charges, and cuts to supports such as respite, home support hours, and housing adaptation grants. These charges have made it more difficult for people with disabilities to live in their communities. At present, 13.5 per cent of the Irish population, 643,121 people, experience a disability (CSO, 2017). Because many disabled people depend on social welfare payments, coupled with the higher costs of everyday living for people with disabilities, this population group is at the greatest risk of poverty in Irish society (Social Justice Ireland, 2018).

In terms of the public services in place to address these significant issues, Social Justice Ireland (2018) reports that there is a significant infrastructural deficit resulting from many years of low public investment. The level of capital spending is also a good indicator of society’s commitment to addressing issues in social policy. That organisation predicted that Ireland’s level of public investment will be 2.1 per cent of GDP in 2018, which is below the spending average of our European counterparts and not sufficient to address shortages across the social service landscape. At the outset, this speaks to the incapacity of the social service landscape to respond to such pressing social issues in society.
4.6 Summary

The documentary analysis focused on the policy context, Tusla’s development as an organisation, and the wider environment, and offers a number of key messages:

• A fertile and supportive policy context of the operation of the PPFS programme exists.
• The PPFS Programme and its practice commitments, while in place from the start of Tusla’s life, have become increasing evident in recent corporate and business plans.
• PPFS Programme implementation occurred during a period when Tusla was facing the challenges of organisational development, dealing with the significant task of managing mandatory report and revised Child Protection and Welfare guidelines, and responding to legacy and current issues of poor performance in service delivery.
• The wider socioeconomic context and social policy and service landscape represent an ongoing challenge to the delivery of effective prevention, early intervention, and Family Support services.
5 Findings:

Secondary Analysis of the PPFS Programme Work Packages

This section summarises the evaluative findings on the implementation of the PPFS Programme along with key recommendations for each of the five individual work packages – Meitheal and the Child and Family Support Networks; Children’s Participation; Parenting Support and Parental Participation; Public Awareness; and Commissioning. This section focuses on study objectives and investigates the implementation of the PPFS Programme and its outcomes. More specifically, key messages surrounding the implementation process are presented in terms of: the level and quality of the implementation; the system elements which supported the implementation; factors and challenges which impacted on the process; and central outcomes. Emphasis is placed on the study objective which examines the sustainability and embeddedness of the changes achieved under the PPFS Programme. This section also includes key recommendations for the continued implementation of the programme as an approach to prevention and early intervention in service delivery.

5.1 Meitheal and Child and Family Support Networks

The findings presented in this section are underpinned by extensive research and an array of methods which are reported on in detail in various reports. The empirical research undertaken and preceding reports for the Meitheal and Child and Family Support Networks Work Package are outlined in Table 10 below.

Table 10 Methods and Reports: Meitheal and Child and Family Support Networks Work Package

<table>
<thead>
<tr>
<th>Methods:</th>
<th>Responses:</th>
<th>Reports:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative Interviews</td>
<td>44319</td>
<td>• Interim Report on the Meitheal Process and Outcomes Study – 2017</td>
</tr>
<tr>
<td>Focus groups</td>
<td>9 (75 participants)</td>
<td>• The Meitheal and Child and Family Support Networks Process and Outcomes Study – 2018</td>
</tr>
<tr>
<td>Quantitative Questionnaires X 4 (Time 1, Time 2 and Time 3)</td>
<td>874 (218 participants at Time 1)</td>
<td>• The Child and Family Support Networks Research Study – 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Meitheal and Child and Family Support Networks Work Package Final Report – 2018</strong></td>
</tr>
</tbody>
</table>

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

The Meitheal and CFSNs programme of work has demonstrated its potential but also revealed current challenges that need to be considered to further support the benefits and sustainability of the model:

- Meitheal is responding at a prevention and early intervention level to the needs of families at lower levels. This valuable work will be further supported if government and statutory organisations meaningfully engage with Meitheal and CFSNs at a local and national level.
- For families participating in the study, there were significant improvements over time, in key areas measured by standardised instruments, especially for mothers. The research demonstrates the potential for the model to affect parents' and children's lives positively, with the caveat that the sample was relatively small and the design was non-experimental.
- The experience of Meitheal was satisfying and helpful for most families, as they felt their needs were met and they were listened to and empowered.
- Meitheal and CFSNs provided interagency collaborative responses to complex needs and built capacity at a local level.
- Meitheal can work effectively at a prevention and early intervention level of support.
- Practitioners believe that Meitheal is a structured process that can facilitate change in family outcomes and the overall service provision system.
- The sustainability of Meitheal can be supported further if the definition of Meitheal is clarified and careful consideration is given to the effective connection between Meitheal and the CPW system in all areas nationwide.
- Despite the success of Meitheal in well-resourced areas, specific areas reported insufficient staff and resources to fully implement the Meitheal and CFSNs model as desired.
- This research is a thorough and comprehensive evaluation of Meitheal and CFSNs, including the views of all service users, practitioners, stakeholders and managers; however, it is still 'early days' to evaluate the sustainability and full implementation of Meitheal in the overall support system. It is envisioned that the model will continue to evolve and develop over time as it consolidates.
- Tusla is in the process of developing a research culture based on evidence-informed practice; however further efforts are needed to ensure that research is seen as an essential component of daily practice and that Tusla as an organisation fully engages and supports ongoing research. Even though this study was methodologically rigorous, the research was limited by a slow uptake and small samples, which may have limited the depth of the knowledge achieved, specifically in quantitative terms.

The process of developing and mainstreaming the Meitheal national practice model has generally been perceived as a positive experience by the stakeholders involved. Meitheal can improve family outcomes over time, particularly from the perspective of mothers, whose well-being improved significantly over time as well as having a positive impact on family outcomes. For families, Meitheal has provided them with a crucial role in decision-making and in carrying out agreed actions. Therefore, a sense of empowerment is experienced through a family’s engagement with professionals and having their voices heard. Meitheal also had a positive impact on parental attitudes towards help-seeking behaviours and accessing services, particularly for families that previously had negative experiences. The level of Meitheal activity increased nationwide during the years 2015–2016. Although there has been a slight decrease in
the evidence suggests that since its introduction there has been an increase in the capacity of local systems to work in the area of prevention and early intervention – with caveats surrounding the availability of resources and levels of engagement.

At an overall level, the implementation of the Meitheal has been supported by its underlying principles. Such principles include: its’ voluntary nature, voices are heard, holistic, needs- and strengths-based, outcomes-focused and empowering for families. The implementation process has also been supported by key roles and functions – the role of Lead Practitioner in particular was seen as paramount in providing support, serving as a point of contact and facilitating access to child and family support services. While in some areas of the country Meitheal operates independently of the Child and Family Support Networks (CFSNs), in other parts it is complemented by them.21 As set out in the CFSN Guidance Document (Tusla, 2016c), it was envisaged that the structures of the CFSNs would enable the coordination of services and sharing of responsibility and partnership between Tusla, the community and voluntary sector, teachers and statutory agencies involved in the delivery of Family Support services. Additionally, the structure of CFSNs also enabled the sharing of information and identification of where gaps exist in services provided at a local level.

While it is too early to evaluate the longer-term impact of this programme of work on the lives of children and families, positive changes have been reported for children and young people in areas such as emotional well-being, mental health, and having access to services, as well as other benefits arising from being listened to and included in the decision-making process. The impact of the programme is however also dependent on the level of engagement by parents in the Meitheal process. Aside from the limited supports directly available for parents, it is believed that there has also been an improvement in parenting practices – through the provision of coping skills, social supports and formal supports (e.g., relationships with service providers and the more extensive role parents have in services delivered to the family). With regard to the delivery of services, improvements are also evident from the practice of cross-sectoral coordination and interagency collaboration.

Notwithstanding the positive experiences of Meitheal among practitioners and families, the overall implementation of the model has been met with some challenges. In particular, issues surrounding the consistent and standardised implementation of the model nationally has been highlighted. Reasons for this include a lack of resources available, failure to reach the necessary staff complement in parts of the country, turnover of personnel, and the differences between rural and urban areas in terms of service provision levels. At a practice level, the role of Lead Practitioner was problematic for some; as a voluntary role it was seen to potentially involve an extensive workload that wasn’t backed by managerial support, with the risk that it could lead to burnout, in turn impacting on overall implementation.

The findings suggest that there are issues around how Meitheal is defined. While both single- and multi-agency responses are classified as Meitheal in 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.

Other challenges highlighted relate to the connections between Meitheal and the CPW system. A particular limitation exists when families involved in the Meitheal process escalate to child protection, as the services provided at this lower level of prevention are closed. This raises issues surrounding what supports are made available to families during this period. Services are meant to continue across the continuum of care, but this is not happening effectively at all times and in all areas, particularly where there is no Red Team in place. Generating awareness of Meitheal in the wider Tusla organisation, and developing the confidence of staff through training in how to assess threshold levels, were also cited as areas which could be improved. At a systems level, limitations were believed to be apparent with the prevalence of waiting lists, particularly in cases that require mainly specialised services such as disability

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20 In the period 2015–2017, 2,288 Meitheals were initiated (Quality Assurance Directorate, 2015, 2016, 2017). There are no figures yet available for the year 2018.

21 In Quarter 4, 2017, 99 Child and Family Support Networks were in operation (Quality Assurance Directorate, 2017).
or mental health for children or young people that Meitheal cannot provide.

5.1.2 Sustainability and Embeddedness

In terms of the sustainability and embeddedness of Meitheal, the majority of stakeholders in this area believed that the national practice model was demonstrating its value at a prevention and early intervention level. Meitheal was perceived to be a sustainable model of practice, as it demonstrated a capacity to improve outcomes for families and to respond to their needs. The sustainability of the Meitheal model can be supported through greater top-down policy support, more public awareness, and financial and human resources. The identity and purpose of the CFSNs in the existing Family Support infrastructure needs to be clarified, as does its connection to the Meitheal process. In some areas, the connections between Meitheal/CFSNs and the Child Protection and Welfare subsystem need strengthening, as do other statutory support infrastructures (e.g., mandates from other government departments and the HSE). At a wider level, the profile and awareness of the Meitheal model needs to be further increased in order for it to become embedded and sustainable in Tusla’s overall service delivery system.

5.2 Children’s Participation

The findings presented in this section are underpinned by extensive research and an array of methods which are reported on in detail in various reports. The empirical research undertaken and preceding reports for the Children’s Participation Work Package are outlined in Table 11 below.

Table 11 Methods and Reports: Children’s Participation Work Package

<table>
<thead>
<tr>
<th>Methods:</th>
<th>Responses:</th>
<th>Reports:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>28</td>
<td>• Children and Young People’s Participation in Decision-Making within Tusla: A Baseline Assessment Prior to the Implementation of the Programme for Prevention, Partnership and Family Support – 2017</td>
</tr>
<tr>
<td>Quantitative Questionnaires</td>
<td>Pre = 411, Post = 416, Follow-up = 225</td>
<td></td>
</tr>
<tr>
<td>Literature Review / Documentary Analysis</td>
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</table>

22 Although this may not be understood, there are guidance documents surrounding the operation of CFSNs, such as the Child and Family Support Networks Guidance Document 2016.
5.2.1 Process, Implementation and Outcomes

The Child and Youth Participation Programme of Work involved a number of activities to embed children and young people’s participation within the agency:

- **National Children’s Charter** – to develop a National Children’s Charter for all of its services which sets out what children can expect from Tusla services and how they can expect to be treated by Tusla staff.
- **Child and Youth Participation Seed Funding Projects** – to make seed funding available to explore and develop participatory practice initiatives.
- **Quality Assurance Process** – to introduce and develop a Quality Assurance process across Tusla to ensure that the collective voice of children and young people is embedded.
- **Child and Youth Participation Training** – to develop and implement a standardised training programme in Child and Youth Participation for Tusla and funded agency staff.
- **Child and Youth Participation Toolkit** – to commission and develop a Child and Youth Participation Toolkit to use in conjunction with training.
- **Child and Youth Participation Conferences X 3** – to host three national conferences on Child and Youth Participation.
- **Child and Youth Participation Strategy** – to develop the Agency’s first participation strategy in collaboration with our stakeholders (including children and young people).
- **Tell Us at Tusla** – develop a new feedback and complaints policy.

There is strong evidence of children and young people’s participation being embedded across Tusla’s structures, procedures, and practices. The PPFS Child and Youth Participation Programme of Work, which included a series of actions at structural, procedural, and practice levels, has supported this. In particular, organisation-wide participation training for staff and its accompanying toolkit had a significant impact on staff perceptions of their own capacity to support participation of children and young people, in line with the Lundy Model of participation. Other elements, including environmental readiness, staff’s personal commitment to participatory practice, and a strong national legal and policy framework supportive of participatory practice, are important factors in children’s participation being embedded in the agency and can help sustain participation across Tusla culture and practice.

Participation at the collective level is less advanced and embedded than at individual level, but it has shown significant improvement over the course of the implementation of the PPFS Child and Youth Participation Programme of Work. The PPFS activities, such as the seed-funding initiatives, Investing in Children Membership Award™, and Agenda Days™, have supported the development of practice on the ground. In addition the Tusla and EPIC fora provide a safe space for children and young people in care to communicate their views to Tusla management, and there is evidence that the work of the fora has influenced service provision at local level.

At a structural level the PPFS Child and Youth Participation Programme of Work contributed to ensuring that key structures were in place across the organisation to support children and young people’s participation. These included the development of National Children’s and Young People’s Charters, the National Child and Youth Participation Strategy, and the establishment of the Tusla and EPIC fora. These structures provide a supportive framework for children and young people’s participation across the
organisation.

At a procedural level there was considerable progress in putting procedures in place to support children and young people to exercise their right to participate safely in administrative proceedings, such as the implementation of Meitheal, a child-centred national practice approach to early intervention, and the ‘Tell Us’ complaints and feedback mechanism. Other mechanisms to promote participation and information about the right to participate were the National Children’s Charter, National Young People’s Charter, National Child and Youth Participation Strategy, Seed Funding, Investing in Children Membership Award™, and Agenda Days™.

There is evidence of participation being embedded in practice. A key facilitator of children’s participation is the presence of a trusted adult to whom children and young people could express their views and who would speak on their behalf. However, the practice of providing children with feedback and having direct communication channels to influence national policy, service planning, and provision requires improvement. Participation practices are not mainstreamed for all children and young people, and there is a lack of resources to support children with additional needs to participate. Children and young people themselves are a key resource who can educate families, foster families, and staff about the real-life experiences of children and young people who are accessing Tusla services.

Barriers to embedding participation include the time for staff to engage in participatory practice and the perception among staff that children and young people don’t want to participate or feel that their voice won’t be heard. Levels of awareness of the PPFS Child and Youth Participation Programme of Work across all Tusla staff were found to be low.

5.2.2 Sustainability

In terms of embeddedness and sustainability, the findings have demonstrated that children’s participatory practices are becoming more embedded in Tusla’s structures, policies, and procedures since the introduction of the PPFS Programme. However, for this to continue and develop, more emphasis is required on: generating awareness internally in Tusla about the PPFS Participation Programme of Work; providing staff with time to engage in participatory practice; and ensuring that information is presented in an accessible format to children and young people regarding their participation and the services provided. Other factors significant to the overall sustainability of the programme are: more resources, and continued training and investment in participatory practices.

5.3 Parenting Support and Parental Participation

The findings presented in this section are underpinned by extensive research and an array of methods which are reported on in detail in various reports. The empirical research undertaken and preceding reports for the Parenting Support and Parental Participation Work Package are outlined in Table 12 below.
Table 12 Methods and Reports: Parenting Support and Parental Participation Work Package

<table>
<thead>
<tr>
<th>Methods:</th>
<th>Responses:</th>
<th>Reports:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative Interviews</td>
<td>167</td>
<td>• Working with Families: A Review of the Literature on Parental Participation – 2016</td>
</tr>
<tr>
<td>Quantitative Surveys x3</td>
<td>507</td>
<td>• Mapping Parenting Support in the Irish Context – 2017</td>
</tr>
<tr>
<td>Quantitative Questionnaires x 3</td>
<td>130</td>
<td>• Parenting Support Champions Questionnaire Report – 2017</td>
</tr>
<tr>
<td>Analysis</td>
<td></td>
<td>• Parental Participation Survey Report – 2017</td>
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<td></td>
<td></td>
<td>• Report of Parental Participation Seed-Funded Projects – 2018</td>
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<td></td>
<td></td>
<td>• Second Report of the Parenting Support Champions Regional Learning Group – 2018</td>
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<td></td>
<td></td>
<td>• Parenting Support Champions Project: Process, Implementation and Outcomes – 2018</td>
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<tr>
<td></td>
<td></td>
<td>• Parental Participation – Overall Survey Findings – 2018</td>
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<tr>
<td></td>
<td></td>
<td>• Parenting Support and Parental Participation: Qualitative Interview Findings – 2018</td>
</tr>
</tbody>
</table>

5.3.1 Process, Implementation, and Outcomes

The Parenting Support and Parental Participation programme of work involved the development of projects that focused on the following key areas:

- developing the Parenting24seven website; publicising parenting information, including 50 Key Messages
- developing the Parenting Support Champions Project; promoting parenting knowledge and key messages in practice
- embedding a practice of parental participation in the structures and culture of Tusla
- using conferences as a means of participation and sharing of information
- developing a National Commissioning Framework (NCF) to guide the commissioning of parenting supports.

In the Parenting Support Champions Project, there are approximately 105 Parenting Support Champions (PSCs) nationwide from a variety of organisational backgrounds, 22 more than anticipated at the inception of the programme. With regard to Parental Participation, Tusla has focused on mainstreaming this through the development of seed-funded projects, parental participation training for PSCs, and
online training for Tusla staff.

Implementation of the overall programme of work is supported by the National Parenting Lead, the Parenting Working Group, the Parenting Conference Working Group, and the National Parenting Commissioning Framework Subgroup. Additionally, the coordination of the PSC project is supported by the National Support Officer for PPFS, PPFS Managers, Regional Implementation Managers, and Workforce Learning and Development. PSCs also identified the Regional Learning Groups and training provided to be significant sources of learning and peer support which have assisted them in the development of their role. With respect to Parental Participation, the findings suggest that the seed funds have demonstrated value in advancing the participation of parents. Additionally, the materials available and received, training for PSC staff, and the general commitment of staff were regarded as instrumental in supporting the implementation of the project. Moreover, the findings suggest that the role of practitioners and the existence of long-standing relationships with community groups, other agencies, and parents in local communities are all key enablers to the implementation of the parental participation project.

With regard to the level and quality of the implementation of the Parenting Support and Parental Participation programme of work, more recognition of the importance of this programme of work for Tusla and its service users is needed. Significantly the findings show that while some managers have fully engaged with this programme of work, others have not seen it as integral to their role (particularly implementation of the PSC project). For this programme of work to be implemented and embedded in the structures and culture of Tusla, a dedicated ‘parenting lead’ in Tusla and parenting coordinators are required in each area or region. It is believed that coordinators liaising with PSCs and feeding in to the national lead would increase recognition and realise the full potential of this programme of work. However, at PPFS Manager level, a dedicated, named, strategic, and operational remit in relation to parenting support and parental participation may achieve this.

For the Parental Participation element of this Work Package, the findings suggest that more work is needed to embed parental participation as part of Tusla’s organisational culture. In particular, there is a view that practitioners need to be supported in implementing participation in practice. This requires increased recognition of the value of participation and an increased allotment of time and training for practitioners in Tusla to engage in parental participation work. In this regard, the findings suggest that the level and quality of implementation was impacted due to Parental Participation training not being rolled out to the same extent as Children’s Participation.

In terms of the outcomes which can be drawn for this programme of work at an overall level, the evidence indicates that the programme is providing the impetus, time and resources to focus on parenting. It has supported and encouraged collaborative working and sharing of information across the organisations, and it has provided good resources and information to improve both parenting support and parental participation practices, which are seen to be very valuable at local level. Additionally, it is anticipated that the National Parenting Commissioning Framework will help Tusla and its partner agencies to commission parenting supports that are based on local need and evidence. It is envisaged that this will promote coherence and effectiveness across the system of parenting support. Furthermore, the focus on prevention and early intervention is anticipated to have an effect on higher-level-of-need cases into the future. In this regard, it is believed that this programme of work has the capacity to position Tusla as an organisation committed to supporting all families irrespective of level of need and not one that only responds to crisis.

Notwithstanding this, only tentative conclusions can be drawn on the impact of this programme of work on Tusla’s service delivery system, given the number of projects, the elements therein, and the different rates of progression, some of which are ongoing at the time of writing. The findings present mixed views on the effect of the overall programme of work on Tusla’s service delivery system. Some believe that the programme is having no effect, which may be attributable to a lack of awareness linked to poor
information. In contrast, others highlighted that the overall programme of work is having an impact in a number of different ways. It has brought about changes in work practices for those in child protection; for those respondents greater priority is being given to the views and wishes of parents in individual cases, enabling staff to deal with identified difficulties. There is also a stronger focus on prevention and early intervention, resulting in clearer information on pathways and services and therefore consequent options for Family Support interventions.

5.3.2 Sustainability

While it is clear there are positive perceptions of the programme, there is also a general sense that there is more to do in this area. The findings have suggested a number of areas to focus on to improve the impact and outcomes of the project. These areas in particular focus on where there are gaps that the programme has yet to address, such as: mapping of services; cultural awareness; children in care; parental engagement and commitment; a focus on universal and one-to-one supports; a need to focus on the familial environment; and clarity, coordination, and joined-up thinking on how all the elements of the programme fit in the wider PPFS Programme and the overarching strategic objectives of the organisation. The findings also indicate that the long-term sustainability of this programme of work requires dedicated staff, time awareness, evidence, resources, and management engagement.

5.4 Public Awareness

The findings presented in this section are underpinned by extensive research and an array of methods which are reported on in detail in various reports. The empirical research undertaken and preceding reports for the Public Awareness Work Package are outlined in Table 13 below.

<table>
<thead>
<tr>
<th>Methods:</th>
<th>Responses:</th>
<th>Reports:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>103</td>
<td>• Newspaper Content Analysis: Print Media Coverage of Ireland’s Child &amp; Family Agency (Tusla) 2014-2017 – 2018</td>
</tr>
</tbody>
</table>
5.4.1 Process, Implementation and Outcomes

In the Public Awareness programme of work, Tusla has developed a three-pronged approach to raising awareness of prevention, partnership, and Family Support:

- **Internal awareness** – to ensure that the ethos and resources of Prevention, Partnership and Family Support are practised by all Tusla staff across the continuum of care.
- **Stakeholder awareness** – to ensure our partners, stakeholders and funded agencies are engaged in all aspects of Prevention, Partnership and Family Support work, and encourage children and their families to avail in the resources available to them.
- **Public awareness** – to ensure the general public are aware of Tulsa’s work to develop an early intervention approach by supporting Prevention, Participation and Family Support services, and the ways in which PPFS can support children and families realising their rights to the fullest. (Tusla website, June 2018: Public Awareness page)

As part of the UCFRC’s evaluation, the Public Awareness Work Package focused on the third element: public awareness.

In terms of process and implementation, it is important to acknowledge that the public awareness programme of work was slow to develop. In the beginning, the unit responsible for this package was not fully staffed. A public awareness campaign was planned, but this did not occur, due to a decision by Tusla to focus on awareness-raising among staff in the organisation and with external stakeholders. A draft communications strategy helped in creating this positioning but was not finalised. Notwithstanding this, the Public Awareness Work Package conducted a baseline and follow-up population survey, which sought to ascertain the public’s knowledge about Tusla; Parenting, Prevention and Family Support Services; and attitudes to support services; and to determine help-seeking behaviours.

With regard to supports for the implementation process, the Public Awareness Work Package provided additional formative support to Tusla’s communications working group during the lifespan of the PPFS Programme. Over this time, there have been changes to the constituent members and personnel involved. However, a strong working group was developed in late 2016 which comprised representatives from the Regional Implementation Managers and Tusla’s communications department. This has proved to be significant in progressing Tusla’s work on public awareness. More specifically, activities are currently underway through the development of information packs for local areas on how to raise awareness, and a ‘Public Awareness Week’ is being planned for September 2018.23 The national communications team and Tusla’s national and regional managers now have clear information available on help-seeking patterns and on strategies and activities that are likely to improve public awareness and understanding of its services. The research has identified strategies that can inform current public awareness activities in the short, medium to long term for Tusla. Tusla is also currently progressing towards a new communications strategy for the organisation, which contains a public awareness dimension.

The central impact and outcomes from this programme of work are that Tusla now has a better understanding of public knowledge about Tusla generally, and about Family Support and the PPFS Programme specifically. While the public are more aware of Tusla and the PPFS in 2018 than in 2015, there is difficulty in differentiating family support from child protection - the findings indicate a difference between public and professional understanding of family support. For instance, public understanding involves a focus on their own family, on generic supports, and child protection.

23 These information packs were developed and distributed in early 2018. They are being used to roll out area public awareness initiatives in the CFSNs throughout the year as well as for Public Awareness Week.
5.4.2 Sustainability

Raising awareness and maintaining public awareness and knowledge about family support services will be an ongoing challenge for Tusla, and this evaluation can inform how Tusla can sustain its approach over the short, medium and long term. In terms of embeddedness and sustainability, the findings suggest that there is a need for ongoing communication and education on the public’s and the media’s understanding of family support. The findings have also demonstrated a need for a differentiated approach to awareness-raising with adults and young people and for urban and rural areas. The findings also indicate that publicity campaigns and awareness activities should be targeting in a way that values diversity and minimises stigmatisation. The need for Tusla to engage in awareness-raising with key stakeholders, including other government departments, was also considered to be important. This programme of work emphasises the need for Tusla to take an advocacy role to encourage greater engagement with and responsibility for family support across the statutory sector especially. Just as the child protection and welfare strategy and Children First emphasise that child protection is everybody’s business, a similar messaging that family support is also everybody’s business is important. Following from this, the findings of this work add impetus to the need for Tusla to develop in its 5-year plan a more detailed outline of the connections between the PPFS and the CPWS, to highlight both their distinctive and complementary features.

5.5 Commissioning

The findings presented in this section are underpinned by extensive research and an array of methods which are reported on in detail in various reports. The empirical research undertaken and preceding reports for the Commissioning Work Package are outlined in Table 14 below.

Table 14 Methods and Reports: Commissioning Work Package

<table>
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<tr>
<th>Methods:</th>
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<tbody>
<tr>
<td>Qualitative Interviews</td>
<td>152</td>
<td>• Commissioning in Ireland: Exploring the Landscape for Child and Family Services: Literature Review - 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Introducing Commissioning in Ireland: Establishing a Baseline - 2017</td>
</tr>
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<td></td>
<td>• Common Data Collection – Commissioning - 2018</td>
</tr>
<tr>
<td>Literature Review / Documentary Analysis</td>
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</table>

5.5.1 Process, Implementation and Outcomes

The commissioning programme of work was underlined by a central premise which was implementing the transition from a grant-based to a standardised system of contractual arrangements. As a new approach in Ireland, the development of the commissioning approach required engaging with specialist knowledge and consultation from other jurisdictions, as well as adapting the expertise to the Irish context. Because of delays in implementing this Work Package, the planning and practices which form the Commissioning Strategy have undergone significant revisions over the period 2015–17. Overall, they demonstrate positive intent on the part of the agency to address the complex nature of working in this new terrain.
The commissioning programme of work to date has focused on building the capacity of commissioning practices at a local level with the support of external consultants. Through the methodology developed in partnership with the Institute of Public Care (IPC), understanding of commissioning as a set of related practices has evolved. Moreover, it has led to the establishment of a standardised and coherent approach to commissioning practice for adoption throughout the country, exemplified in the continuum of activities in the commissioning cycle, with a specific focus on planning, purchasing, and monitoring the quality of services.24

The findings highlight that while the new infrastructure for developing a commissioning model is in place, the practices associated with the process are not fully embedded in the organisation to the degree envisaged in this Work Package. For the most part, the challenges associated with implementation are attributable to the delay in resourcing the Commissioning Unit, which was established in Q4 2017. In the absence of the necessary support and structures, the capacity of Tusla’s operational systems to deliver on a number of key activities has been compromised. The implementation of commissioning was also impacted due to the internal infrastructure and system development occurring within the Tusla organisation, which took longer than anticipated.

Much of the focus was on setting up dedicated commissioning governance mechanisms and structures aligned to Tusla’s operational model and its commissioning priorities. Tusla also prioritised the establishment of a standardised process to support commissioning across the agency. At an overall level, the introduction of reform in this area must be viewed in the context of the culture in which change is difficult to initiate and where the new agency had inherited a portfolio of services from the HSE. While the opportunity to address legacy funding issues was seen as a significant impetus for reform, the prevalence of this practice nonetheless presented challenges for Tusla in seeking to introduce new arrangements.

With regard to the impact and outcomes of the commissioning approach, a significant concentration effort has been on the governance and financial relationships with external organisations. A significant development in this context has been the building of an approach based on collaboration with the community and voluntary sector.

A number of factors indicate a degree of readiness for change. The case for commissioning is clear and founded on well-established principles related to transparency and accountability. In operational terms, achievements include clarity on the principles of effective commissioning; Tusla has identified what will be commissioned at national, regional, local, and individual levels. The terminology of commissioning is embedded in the language and corporate identity of the agency. The approach developed by Tusla to date has engendered a certain amount of goodwill in the community and voluntary sector as regards its intent. In particular, commissioning is accepted as having a distinct, capacity-building approach and is recognised as having differentiated itself from the UK-based procurement model.

5.5.2 Sustainability

In terms of embedding and sustaining the commissioning approach, the findings suggest that more needs to be done to advance capacity. Much of the commissioning work to date has focused on capacity-building particularly within Tusla itself and primarily on the Commissioning process, with some degree of involvement of the community and voluntary sector as stakeholders. There have been some communication and consultation efforts with external providers in Commissioning, but the findings indicate that much remains to be done in developing ‘commissionee capacity’ and in working effectively in partnership. There are also gaps in capacity on data generation, analysis, and dissemination, both within Tulsa and among the provider community.25 The development of a framework for evidence is only

24 It is intended that by the end of 2019, Commissioning Plans will be in place for all Tusla areas. While not within the scope of this evaluation, the Creative Community Alternatives programme also involved the application of commissioning processes

25 While not within the scope of this evaluation, significant progress has been made on the Outcomes for Children National Data and Information Hub Project, which will be a key resource in future commissioning activity.
at the early stages. The findings indicate the need to build capacity in this area, both at the provider level in generating meaningful service outcome data, and in Tusla in analysing and interpreting this data for monitoring and system improvement purposes.

5.6 Recommendations from PPFS Programme Work Packages

Table 15 below outlines the recommendations for each of the Work Packages. These recommendations point to key actions which can be taken at policy, organisational, and practice levels to further the activities of each Work Package as a means of embedding and sustaining prevention and early intervention.

Table 15 Recommendations from PPFS Work Packages

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>MEITHEAL AND THE CHILD AND FAMILY SUPPORT NETWORKS</strong></td>
</tr>
<tr>
<td><strong>Policy Level</strong></td>
</tr>
<tr>
<td>• Need to improve the quantity and accessibility of services for children and young people regarding emotional, behavioural, and disability services.</td>
</tr>
<tr>
<td>• Engagement with Meitheal from government, statutory agencies, and community organisations is needed to achieve proper partnership, interagency collaboration, and holistic interventions at a prevention and early intervention level</td>
</tr>
<tr>
<td><strong>Tusla Organisation</strong></td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Participation of children and young people needs to be encouraged and improved, for example with the introduction of separate advocates or by providing alternative ways for them to participate.</td>
</tr>
<tr>
<td>• Consider the design of Meitheal documentation for children and young people. Meitheal flyers and information needs to be more accessible to families.</td>
</tr>
<tr>
<td>• Clarity is required on the definition of Meitheal, as this is impacting on the consistency of its implementation.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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. Practitioners will benefit from...</td>
</tr>
</tbody>
</table>
**Recommendations:**

additional training in working in partnership with families and practitioners in identifying levels of need (thresholds).

- Public and internal awareness of Meitheal need to be improved to ultimately respond to family needs at early stages.
- Further efforts are needed to create a research culture within Tusla, where evidence-based practice is highly valued and encouraged.

**Practice**

- Continue to expand the pool of Lead Practitioners, and identify the barriers that stop practitioners from engaging in this role.
- Participation of children, young people, parents and guardians needs to be encouraged and valued.
- Families need to be engaged in decision-making processes when Lead Practitioners are changed during Meitheal processes.
- Meitheal closure process needs to be improved to include families in the decision-making process at all stages.

**CHILDREN’S PARTICIPATION**

**Policy Level**

- **Participation – Proof:** Tusla should continue to ensure that all national approaches to practice are child-centred, enabling children and young people to exercise their right to participate safely.
- **National Policy and Service Provision:** There is a need for Tusla to determine how the findings from the PPFS Child and Youth Participation Programme of Work could inform the wider national policy and practice agenda and approaches to service delivery for children and young people.

**Tusla Organisation**

- **National Structures:** The national structures in place under the PPFS Child and Youth Participation Programme of Work should be maintained. There should be a ‘national lead’ for participation in Tusla’s operational programme.
- **Awareness:** Awareness of PPFS participation programme activities needs to be enhanced and staff supported to access the resources and activities available through the PPFS Programme of Work.
- **Investment:** Investing in Children Membership Award™, Agenda Days™, and seed-funding initiatives should be continued.
- **Training:** Continue to deliver training to all Tusla staff. Training should include communication skills and use of non-verbal communication strategies to support children and young people in informal as well as structured settings.
- **Collective Model of Participation:** Continue to support a collective model of participation such as the Tusla and EPIC foster care fora.
**Recommendations:**

- **Direct Communication Channels:** There is a need for further clarity about direct communication channels to Tusla management for children and young people to feed into national policy and service provision decisions.

- **Ongoing evaluation:** Longitudinal research is needed to track ongoing progress and outcomes arising from the PPPS Child and Youth Participation Programme of Work.

**Practice**

- **Children with Additional Needs:** Tusla staff need to address the needs of all children and young people and find ways to include those with additional needs or those deemed ‘hard to reach’ in decision-making processes at both individual and collective levels.

- **Feedback:** There is a need to improve feedback mechanisms to children and young people about Tusla services and feedback about how decisions are made.

- **Advocates:** There is a need for advocates who can support children and young people to have their views heard at individual and collective levels. These are a key catalyst for participation practice.

- **Perceptions:** Training should address the perception among staff that children and young people don’t always want to participate in decision-making, and explore why staff may still feel that this is the case.

- **Time:** Time to ‘do participation’ needs to be prioritised in staff roles. This should be a core requirement or competency in specific job descriptions.

**PARENTING SUPPORT & PARENTAL PARTICIPATION**

**Policy Level**

- **Focus on Participation** – the findings show that there needs to be recognition of the value of parental participation work, and that such work needs to be facilitated through the allotment of time and training.

- **Recognition** – The importance of the Parenting Support and Parental Participation programme of work requires further recognition if it is to be firmly embedded in the structures and culture of Tusla. While acknowledging the substantial amount of work done to date in this area, a dedicated national ‘parenting lead’ in Tusla is needed. While there is a preference for dedicated parenting coordinators at regional level to support the embedding of this programme of work in Tusla and the wider system of service provision, a dedicated, named, strategic, and operational remit in relation to parenting support and parental participation may suffice at a PPFS Manager level. This would increase recognition and realise the full potential of the programme of work, resulting in bigger impacts in the longer term.
<table>
<thead>
<tr>
<th>Recommendations:</th>
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<tbody>
<tr>
<td><strong>Tusla Organisation</strong></td>
</tr>
<tr>
<td>• <strong>Communications</strong> – Awareness is identified as a significant issue of constraint for this programme of work. Recommendations on the need for awareness centre on three areas: public awareness, awareness among Tusla management and staff, and awareness among community, voluntary and statutory organisations and government departments about the programme of work in process. In addition, there is a distinct need for communication on where this programme of work fits and its applicability to employee roles.</td>
</tr>
<tr>
<td>• <strong>Finance</strong> – funding for this programme of work is required to support the implementation of the project and ensure its sustainability in the longer term. In addition, confirmation of funding is required earlier to ensure that the programme of work can be more effectively planned in advance and over a longer term.</td>
</tr>
<tr>
<td>• <strong>Human Resources</strong> – coordination is required for this programme of work, with the view that there is a need for a lead coordinator at national level feeding into dedicated parenting support coordinators at regional and local levels.</td>
</tr>
<tr>
<td>• <strong>Workforce Learning and Development</strong> – training was seen as a significant requirement to support the parenting support and parental participation programme of work. Training in particular is needed across the organisation along with an exploration of effective methods to engage with parents, particularly hard-to-reach parents.</td>
</tr>
<tr>
<td><strong>Practice</strong></td>
</tr>
<tr>
<td>• Tentative indications are that practice is improving as a result of the programme of work being undertaken. However, account needs to be taken of barriers in order for improvements to take effect throughout the organisation as a whole.</td>
</tr>
<tr>
<td><strong>PUBLIC AWARENESS</strong></td>
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<tr>
<td>• There is no formal measure of public awareness built into HIQA Standards for Child Protection and Welfare. There is also no formal measure to capture evidence of early intervention and family support services. Incorporation of both of these elements into the Standards would allow for a measure that would provide evidence going forward that can be tracked to establish progress in raising awareness and in delivering PPFS services.</td>
</tr>
<tr>
<td>• The evidence from this package is strong in showing the extent to which families rely on their own networks for help. This should be emphasised in publicity work by Tusla. It should also be used to advocate strongly for improved general support services to families from other Government departments responsible for family and community support.</td>
</tr>
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</table>
### Recommendations

**Tusla Organisation**

- The findings clearly indicate the need for greater clarification of the relationship between child protection and family support that can be communicated to the public in general as well as to the media and other target groups such as politicians, educators, and policymakers. It is important going forward that a focus be placed on making more clear that while Meitheal and Signs of Safety are two distinct models of practice aimed at preventative and protective work, respectively, they are complementary approaches.

- The media and the general public need to be educated more about what family support is and how it relates to child protection in the context of the overall services of Tusla. Greater partnership working with the media through local and national events is also recommended.

- The findings show that when the public need help outside of their own families, it is more generic than specialist services that are considered. This points to the need to ensure high levels of knowledge and awareness of PPFS services among GPs and PHNs, for example, for adults and among schools and teachers for young people.

- The package has offered clear guidance on how an evaluation of public awareness activity can be designed and carried out. A clear evaluation plan for Public Awareness Week in the short term, and the agency communication and awareness strategy in the medium to long term, should be devised based on this work.

**Practice**

- With reference to young people specifically, the public view is that school is an important source of information for young people. The role of schools in creating and maintaining greater awareness among young people needs to be considered in partnership with teachers and the Department of Education.

- Further research should be considered to inform how Tusla communicates to the public about its overall services in a way that demonstrates its dual role of supporting and protecting children and families in Ireland. Such empirical research has potential to inform international practice in relation to delivering holistic child protection, welfare, and family support services.
<table>
<thead>
<tr>
<th>COMMISSIONING</th>
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<tr>
<td><strong>Tusla Organisation</strong></td>
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<tr>
<td><strong>Principles</strong> – <em>In order to ensure genuine ongoing commitment to the principles of partnership working with the community and voluntary sector, Tusla should enact monitoring processes and associated metrics that:</em></td>
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<tr>
<td>• assess the degree of partnership within commissioning decisions</td>
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<tr>
<td>• assess the impact on the service provision landscape of commissioning decisions, and flag risks to the achievement of its principles</td>
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<tr>
<td>• assess the achievement of a balance: between governance/fiduciary responsibilities and partnership working; between performance monitoring and supporting capacity development; and between value for money and quality services in commissioning decisions.</td>
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<tr>
<td><strong>Building Capacity</strong> – <em>Tusla needs to commit urgently to the following capacity-building priorities:</em></td>
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<tr>
<td>• provide comprehensive training, support and guidance to the community and voluntary sector to become ‘commissioning ready’</td>
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<tr>
<td>• provide training support and guidance internally and to the community and voluntary sector to become ‘governance ready’</td>
</tr>
<tr>
<td>• provide training support and guidance internally and to the community and voluntary sector to become ‘outcomes and evaluation ready’</td>
</tr>
<tr>
<td>• consider developing a dedicated unit:</td>
</tr>
<tr>
<td>i. to support its own staff and the community and voluntary sector in building capacity in data, monitoring, and evaluation</td>
</tr>
<tr>
<td>ii. to support development work with the community and voluntary sector to adapt to the new Commissioning environment (for example, in developing new local service provision partnerships among small-scale providers).</td>
</tr>
<tr>
<td><strong>Outcomes</strong> – The Commissioning Unit needs to be a key stakeholder in development of Tusla’s outcomes framework.</td>
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<tr>
<td>• In turn, it needs to include the external service provision community in the process of agreeing sector-specific, valid, implementable, and measurable outcomes.</td>
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<tr>
<td>• Any development of an outcomes framework must incorporate reasonable attention to ‘softer’, intermediate outcomes, achieved on the journey to safe and developmentally appropriate childhoods.</td>
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### Recommendations

**Infrastructure** – In order to ensure consistency, the Commissioning Unit must have a central role in all Commissioning activities and specifically:

- To ensure adherence to agreed principles and alignment with Tulsa’s strategic goals.
- Whether in the Commissioning Unit or elsewhere, a fully implemented Commissioning Strategy requires a dedicated function for data collection, collation, and dissemination to underpin local-area and national-level needs assessment and service provision decisions.

**Measurement** – Tulsa is at the very early stages of implementing a Commissioning Strategy. Ultimately, like all of the organisation’s efforts, the strategy needs to result in better services and outcomes for children and parents.

- At this point, an evaluation framework is required against which Tulsa can measure its Commissioning ‘performance’ – both in implementing its strategy and achieving its outcomes.
6

Findings:

Key messages from systems change common data collection

As set out earlier, one component of the methodology for this study was the primary data collection on systems change with Tusla staff, the community and voluntary sector, and external stakeholders. This section focuses on the study objectives and investigates the areas where the PPFS Programme was expected to have effect: Tusla’s organisational culture and climate; Tusla’s structures, policies, procedures, roles, and budgets; and the capacity of Tusla and its stakeholders regarding the implementation of prevention, early intervention, and family support. Here we present the findings in a thematic format as follows:

- organisational culture and operational infrastructure of the PPFS Programme
- implementation of key components of the PPFS Programme - participation, partnership and evidence
- enablers and barriers to facilitating systems change towards prevention and early intervention
- sustainability of the systems changes achieved under the PPFS Programme
- improved outcomes and the impact of the PPFS Programme.

The data collected provides insights from key actors in the system on the overall implementation and outcomes of Tusla’s PPFS Programme.26

6.1 Organisational culture and operational infrastructure of the PPFS Programme

This section presents the perceptions of respondents on embedding a culture of prevention and early intervention in service delivery, and on the changes which have occurred in the child protection and welfare landscape under the development of the PPFS Programme.

At an overarching organisational level, some respondents at national management level highlighted that the concept and practice of prevention and early intervention were starting to become increasingly engrained in Tusla’s organisational identity. This was believed to be evident in how Tusla staff were beginning to identify and describe the PPFS Programme in the wider child protection and welfare system. In conjunction with the PPFS Programme, a key development which has helped a culture of prevention and early intervention to become more embedded was the agency’s activities outside of the PPFS Programme, such as Creative Community Alternatives. In particular, respondents believed that the focus on low-, medium-, and high-level prevention across a continuum of care represented a positive development in furthering an understanding of prevention and early intervention values in service delivery. For others, it was perceived that a change in mindset is still needed to fully adopt prevention and early intervention. At an operational level in Tusla, some participants highlighted that while new incoming staff are adopting a prevention and early intervention focus in their daily practice, others see their role as being a statutory one within a narrower child protection focus. Despite this, some senior management participants noted that a cultural and systems change of this magnitude takes time and needs to penetrate

across all areas of Tusla’s work, structures, and functions from the ground upwards. To achieve this, some external stakeholder participants called for more integration and scaling up of the system to ensure that prevention and early intervention become part of day-to-day practice and are embedded across all service areas in the organisation.

The theme of integration was reflected in a rich and diverse range of viewpoints in the data. Particularly notable was the integration of the PPFS Programme and prevention and early intervention in the wider child protection and welfare system. Some participants viewed the integration of the PPFS Programme and the area-based approach to the delivery of family support services as a positive development in facilitating better decision-making and multi-agency collaboration at a community level. In particular, it was believed that greater opportunities now exist for expanding the delivery of family support services by integrating the Meitheal national practice model with CYPSCs and external partners (Local Authorities, schools, and various other networks). For some respondents at an operational management level, the Meitheal national practice model was believed to be working well in their areas due to the support received from Area Managers and because there was a clear understanding of roles and functions of PPFS personnel in the child protection and welfare system. However, other respondents noted that inconsistencies existed across the country, which impeded the seamless delivery of services. Key inconsistencies and challenges highlighted in this context were in relation to the integration of roles and structures regarding area-based child and family support networks; the approach adopted for the delivery of child and family services; and the types of services available.

In terms of Tusla’s external environment, a key theme to emerge in the findings was the need for greater collaboration and structures that link Tusla with other state agencies such as the HSE. According to some respondents, greater collaboration is also required between Tusla and other statutory agencies involved in the domain of family support. It is believed that this would advance the capacity for sharing information between service providers involved in family support (e.g., greater sharing of information between social workers, family support practitioners, GPs, and Public Health Nurses).

In implementing and driving forward the cultural and behavioural change required to embed prevention and early intervention as part of Tusla’s value system, there was a consensus among respondents across all sectors that leadership plays a pivotal role at both national and regional/local levels. In particular, the findings pointed to the important role that leadership at a national level plays in sustaining and enshrining the practices of prevention and early intervention in service delivery. Some respondents at Tusla senior and operational levels believed that the leadership and patronage provided by the CEO, Chief of Operations, and National Lead for the PPFS Programme have been a key driver in advancing cultural and behavioural change at a national level. Equally important in this context was the involvement of the Atlantic Philanthropies as an external stakeholder and its role in instigating change. At a local/regional level, however, respondents noted that there are gaps in terms of maintaining coherence in operational leadership and service delivery. More specifically, the findings have raised concerns about the extent to which leaders at this level are ‘buying in’, integrating, and embedding the PPFS Programme in a consistent way. Leadership at this level is regarded as pivotal in driving and filtering behavioural change down to team leaders and PPFS managers. There is consensus that effective leadership needs to permeate throughout the organisation in embedding cultural, behavioural, and attitudinal change.

**6.2 Implementation of key components of the PPFS Programme - participation, partnership and evidence**

When reflecting on key components of the PPFS Programme, participants across all sectors held varied views. In characterising the significance of participation of parents and children in Tusla’s decision-making practices, the findings reveal a strong view that there has been a cultural shift towards embedding participative practices in the organisational structures. Some participants believed that the practices arising from the Work Packages of children’s participation, parental participation, and the Meitheal national practice model pointed to an increased focus on participation in Tusla’s service delivery system.
However, it is perceived that Tusla encounters challenges in the area of responding to cultural diversity in a way that ensures the needs of people from different cultural backgrounds are being met (e.g., inclusion and participation of members from the travelling community and refugees from other countries). Additionally, participants at a national management level raised concerns about the level of participation and inclusion practices in terms of parents and children involved in other core service areas of the child protection and welfare system, such as alternative care. This corresponds with the viewpoints held by other participants in this sector, who suggested that Tusla needs to explore in more detail the philosophical ethos that underpins participation and how it is defined and practised in the overarching system.

The concept of partnership and engagement with the community and voluntary sector through the Meitheal national practice model was commended by most respondents as being a positive development to arise from the PPFS Programme. Participants across all sectors described how the area-based approach to the provision of prevention and early intervention services has facilitated the development of a culture and values system that fosters strong relationships, interagency collaboration, and joined-up thinking. While this is a dominant theme in the findings, the building of collaborative relationships and partnerships with the community and voluntary sector was believed to have been met with challenges. Some participants at an operational management level noted that the commissioning approach represented new ground for the community and voluntary sector, as a method of service delivery, which in turn required securing more buy-in to the process. Some thought that the theme of partnership adopted under the commissioning approach to service delivery afforded considerable power to Tusla and contractually binds organisations with respect to service delivery. This led to some respondents in the community and voluntary sector arguing the need for a more ‘negotiated partnership approach’ which would allow responsibility for service provision and outcomes to be shared between the funder and service provider.

In the development and mainstreaming of the PPFS Programme, a significant emphasis has been placed on embedding values and behaviours associated with the use of evidence-informed practice as a means of directing positive outcomes in service delivery. Most participants believe there has been a notable cultural shift in organisational values and attitudes regarding the merits to using evidence. In particular, they believe that the use of evidence-informed practice is becoming more integrated and immersed in the daily activities of Tusla staff and the community and voluntary sector. Key activities which are perceived to have enabled this process were the establishment of the research office, the commissioning framework, and the continuous gathering and use of evidence in developing the PPFS Programme. This is thought to have formed part of a wider cultural change in service provision which recognises that implementing approaches and strategies unsupported by evidence is no longer feasible.

While there is a consensus among participants on the merits of using evidence to inform the development and implementation of services, the embedding of these values and behaviours have been met with a number of challenges. Some participants pointed to concerns on the lack of clarity surrounding the definitions and tools used to measure improved outcomes in services provided. In particular, respondents at senior management level highlighted that there was a greater need for cross-sectoral engagement in the development of indicators and tracking of outcomes. This reflects a demand for a more standardised approach to measuring child well-being and outcomes which also takes into consideration wider environmental factors such as social housing and education needs. At a localised level, some community and voluntary sector participants spoke of the opportunities which this sector could provide in gathering data and evidence on the ground, provided that sufficient resources and funding were made available to collect data. This highlighted the need for Tusla to advance its capacity in this domain as a means of informing and directing service delivery. For participants at operational management level, this required more resources, building of systems structures, and reporting requirements.
6.3 Enablers and Barriers to embedding prevention and early intervention

When reflecting on elements which have facilitated system development and the mainstreaming of the PPFS Programme, a vast number of participants referred to the commitment of Tusla staff at all levels of the organisation as a key enabler in facilitating and driving change. As suggested by some Tusla key functionalist specialists, the existence of practice champions across the organisation represented an important enabler, as they encouraged and supported staff to engage in prevention and early intervention work. The findings suggest that a potential enabler to continuing this process lies in the provision of more training and sharing examples of good practice to demonstrate the benefits of this way of working. The focus on training and up-skilling is also believed to be significant in developing a positive energy towards prevention and early intervention and in advancing morale in the organisation.

As mentioned previously, the practice of leadership across the entire organisation represents an important driver in facilitating cultural, behavioural, and attitudinal change in embedding prevention and early intervention. For some participants in senior management, the operation of leadership programmes across all areas of the organisation represented a key enabler. These programmes are believed to encourage the buy-in of leaders into the overarching goals of the organisation (i.e. as stated in the corporate and business plans). At an operational level, respondents highlighted that cultural enablers existed through the organisation’s increased focus on rigorous planning and the strengthening of directorates, which emphasised embedding quality assurance and a strong policy and research evidence base. This was viewed as a significant element in the process of identifying where the benefits are occurring under the PPFS Programme.

For some senior managers, the implementation of prevention and early intervention at a practice level lies in the attitudes of staff towards the management of risks, in terms of moving away from a narrower child protection focus. A potential enabler in this context lies in providing more time, space, and resources to allow staff to adopt community-based solutions at the higher end of the child protection and welfare system. According to some participants at an operational level, the focus on risk management or risk-averse behaviours reflects a wider cultural shift which no longer views the state as being the primary source for family support solutions. Instead, emphasis is now placed on enabling and empowering families to come up with solutions regarding the support required. This sense of shared responsibility or co-production of solutions with families is believed to allow for the provision of services which are appropriate or proportionate to their needs.

When reflecting on the barriers to the implementation of the PPFS Programme, the findings highlight that the main issues relate to staffing and supports, resources, and capacity. Some respondents believed that more time and space were needed for staff to fully engage with practices associated with embedding prevention and early intervention in service delivery. In this context, respondents across all management levels in Tusla argued that there needs to be a greater focus on providing more resources and advancing of staff capacity to embed prevention and early intervention in service delivery. These aspects were viewed to be significant in terms of adequately providing step-down care for children and families who no longer meet the threshold for child protection and welfare.

Across all sectors, there was a consensus which viewed the competing priorities of the child protection and welfare system as a significant barrier to embedding prevention and early intervention in service delivery. More specifically, it was believed that the organisational focus of the system was skewed towards a narrow focus on child protection rather than prevention and early intervention. The perceptions of Tusla as being in a ‘fire-fighting’ and ‘crises-driven’ mode is believed to have created a cultural and attitudinal barrier in terms of reinforcing the relevance of prevention and early intervention for staff in their daily practice. Government department respondents pointed out that there can be no ambivalence about the organisation’s commitment to prevention and early intervention, as this will inhibit its permeation into
Tusla’s organisational culture and values system. In this regard, it was suggested that there is an onus of responsibility on senior management in Tusla to ensure that the work of the PPFS Programme does not become an ‘optional extra’ in the wider child protection and welfare system.

Since the development of the PPFS Programme, the environment of child protection and welfare has undergone significant change through the introduction of mandatory reporting, the Signs of Safety Practice Model, and the National Child Care Information Project. Some respondents thought that the changing nature of the child protection and welfare landscape presents challenges for Tusla’s internal working environment in terms of its capacity to respond to new policy initiatives. With the existence of competing interests, this has raised concerns about the capacity of staff to get fully involved in prevention and early intervention work. It was highlighted by respondents at an operational level in Tusla that the different timelines in implementing the Meitheal and Signs of Safety national practice models have acted as a barrier to both integration and the development of a holistic approach to child protection and welfare. In this regard, it was suggested that there needs to be a greater understanding provided on the intersection of the two models, along with an emphasis on providing joint training programmes for Tusla workers in the service areas of prevention and early intervention, child protection, and alternative care.

6.4 Sustainability of the changes achieved under the PPFS Programme

At an overall level, the PPFS Programme as an approach to prevention and early intervention was believed to be sustainable by most respondents. The findings on sustainability point to where systems change is believed to have taken place and also key areas which need to be developed further. Some respondents at an operational level viewed the programme as an essential component in driving forward prevention and early intervention. However, where challenges are perceived to exist is in relation to the sustainability of the changes achieved under the PPFS Programme in the area of prevention and early intervention. At an overarching systems level, this reinforced the need for a greater focus to be placed on the processes and organisational structures needed to support the implementation of prevention and early intervention in service delivery.

In terms of the individual Work Packages, participants at an operational level believed that the development and operation of the Meitheal national practice model has demonstrated its sustainability as an infrastructural component of Tusla’s service delivery system. It was also suggested that the continued embeddedness of Meitheal and the area-based approach to service delivery rests on the continued strengthening of relationships and interagency collaboration at a local level. For community and voluntary sector participants, the continued embeddedness of the Meitheal national practice model was dependent on the structures, resources, and processes that are put in place and allow for the consistent implementation and coordination of the model across the country.

The individual Work Packages of Parenting Support and Parental Participation and Children’s Participation were viewed by respondents to offer significant opportunities for empowering parents and children in Tusla’s decision-making process. This is particularly relevant in terms of the wider system processes which facilitate the inclusion of children, young people, and families in decisions that impact them. Government department respondents said that parenting support and parental participation needs to be more integrated as part of the system infrastructure. Alignment to the system or infrastructural hub as a ‘parenting service’ would strengthen this programme of work in the organisation.

There was also consensus among participants, both internally and externally to Tusla, in recognising that the system changes to occur under the commissioning Work Package represented a positive and sustainable development. Participants from Tusla operational level and from the community and voluntary sector found positives in the underlying principles of the commissioning approach, which they believed placed greater emphasis on the outcomes for service users, types, and mix of services
required to meet the needs of recipients and to achieve more-efficient service provision. However, for some community and voluntary sector participants, the processes associated with the implementation of the commissioning framework and Service Agreements (SAs) has impeded efficiency and created challenges for the sustainability of the commissioning process in the overarching system. Respondents at an operational level in Tusla suggested that sustaining of commissioning requires greater support at a national level.

The advancement of public awareness and communications, both internally and externally to Tusla, on the central elements of the PPFS Programme and its function in the wider Child Protection and Welfare System was viewed as a significant element in facilitating the long-term sustainability of the programme. Community and voluntary sector participants highlighted the importance of having concise communication on the expectations and roles of partners involved in delivering the PPFS Programme. This is believed to form a central element in sustaining interagency collaboration and coordination of networks and practices surrounding prevention and early intervention in service delivery.

6.5 Improved outcomes and impact of the PPFS Programme

In reflecting on the outcomes and impact of the PPFS Programme, respondents across all sectors viewed the structures and processes established as a positive development in addressing the needs of children and families. Additionally, the child and family support services provided and participative practices were believed to empower families in taking control over their own lives. However, for senior management and Tusla key functional specialists, the evidence currently available reflects on the ‘process outcomes’, which encapsulates the experiences of children and families through their engagement with Meitheal and the enhanced pathways into family support services and social work. For some respondents, while there are case studies and anecdotal evidence to suggest that Meitheal and the other Work Packages are positively impacting on the lives of families, further quantitative evidence is needed to shed light on the impact of the PPFS Programme as an approach to prevention and early intervention nationally. At senior management level, some participants viewed the provision of evidence as necessary to justify the investment to external stakeholders, and to demonstrate that the activities occurring in this space of prevention and early intervention are working. They suggested that a greater emphasis is needed on evaluating ‘individualised outcomes’ for children and young people, particularly in terms of the extent to which they are escalating in the system towards higher-risk child protection responses. The establishment of an ‘outcomes framework’ was viewed as a possible option that would provide more clarity on the impact of programmes such as the PPFS in the domain of prevention and early intervention.
Discussion

The introduction of the PPFS Programme represents a significant attempt to strengthen prevention, early intervention and Family Support in the Irish child protection and welfare system. Based on the data presented in Chapters 4, 5 and 6, this chapter considers the progress made in the overall implementation of and outcomes from the PPFS Programme. Guided by systems change concepts and implementation sciences framework set out in Chapter 3, this discussion considers the systems change arising from the PPFS Programme in relation to: functions, structures, and roles; capacity and scale; context; integration; leadership; evidence; climate; culture; and sustainability.

7.1 Structures, Functions, and Roles

Any systems change process will require new or altered functions: what is to be done; structures: the organisation framework necessary, and roles: the positions through which actions are implemented. In order to achieve the outcomes of the PPFS Programme, new functions, structures, and roles needed to be created for the Meitheal and the CFSNs, Children’s Participation, Parenting Participation and Parental Support, Public Awareness, and Commissioning. However, at a straightforward accounting level it is clear that:

- The area-based approach resulted in the creation of a new organisation-wide structure to support Tusla’s early intervention, prevention and Family Support activities, with specific roles established alongside this. When the main data collection on this research and evaluation study finished, the outstanding issue was that the full complement of posts required to fully implement the area-based approach was not achieved.
- A Commissioning function was established in Tusla with a clear place within the overall structure of the organisation, with specific roles attached to it. This study identified potential new roles in relation to data and supporting external providers in a new commissioning context.
- Tusla’s Communications office has developed as the PPFS Programme has been implemented. While the office has had the function of supporting the Public Awareness work, only latterly has there been consistency in the role associated with this Work Package.
- The children’s participation function has been held within the PPFS structure with the Participation Officers and RIMs, the roles through which the function has been delivered.
- The Parenting Support and Parental Participation has been held within the PPFS structure with the RIMs, the main role through which the actions have been implemented.
- The function of overseeing the delivery of the programme rested with the national-level programme team, comprising the Tusla National Programme Manager, the RIMs and project management, administration, finance, and information roles. During the lifetime of the programme, a key change was that the Tusla National Programme Manager moved into a Regional Director position, one of four regional operational positions, but maintained her National Lead role of the operational implementation of the PPFS Programme.
- Other structures which were created to support the overall function of PPFS delivery function were Working Groups to advise and support implementation. These were particularly active in Parenting Support and Parental Participation, Commissioning, and Children’s Participation.
The creation and, as indicated through the individual Work Package studies, the meaningful and effective operation of these structures, functions, and roles is a clear success of the programme. However, what was not clear at the outset of the programme was the extent to which these operate only during the programme lifetime or if they would last beyond the programme. It was assumed that their sustainability would depend on evidence of their success. This key question is considered under the sustainability section below.

7.2 Capacity and Scale

In any system reform, a key question is whether the new system has the capacity – facilities, material resources, skilled personnel, and funding – to operate. A related question is scale: whether the system is comprehensive, available to and producing outcomes for as many people as possible. Viewed through the lenses of capacity and scale, the PPFS Programme reform can be seen as resulting in significant positive changes in relation to both, but with more work to be done. Taking capacity first, it is evident that there has been clear growth in capacity in the area-based approach. Significant increases in staffing and in the competence to undertake Meitheals (through training provided) are apparent. Similarly, the Children’s Participation programme of work demonstrates an increase in the system capacity to ‘do’ children’s participation, supported by a training programme and through other aspects of this work package. The creation of a Commissioning Unit and the building of internal Tusla capacity to undertake commissioning locally indicate capacity change. Capacity and competence in Parenting Support and Parental Participation have also increased through the creation of the Parenting Support Champion role, its development and support through peer-led and other approaches, and the operation of the seed funds.

Taken as a whole, the PPFS Programme and its work packages have achieved broad national coverage. It is also reasonable to say that the programme overall and the individual work packages have not had a completely universal reach. Neither has implementation been as consistent and standardised as desired. The point here is not that services will look the exact same in each geographical location; the programme should look different in places to reflect demography, geography, socioeconomic conditions, and general levels of service provision. However, the programme should not vary because of differences in the resources, commitment, or adherence to key principles and practices that constitute the overall PPFS approach. To achieve scale in the terms outlined above will require greater numbers of skilled personnel in key areas of front-line practice, management, and leadership and an increase in non-pay budgets. Scale is not simply a resourcing issue; it also relates to the identification and resolution of the various practice and implementation issues identified in the individual work package studies.

7.3 Context

From a systems perspective, the various contexts for change are critical. Over the lifetime of the PPFS programme, there have been some significant changes in the external environment. As the programme started, Ireland was emerging from a prolonged period of austerity, a period of high unemployment and significant poverty and one in which State services had suffered severe cutbacks. Over the lifetime of the project, the wider socioeconomic context has improved significantly in terms of key growth and employment indicators. While the wider context for State investment in services is more positive than it was when the programme started, child poverty levels remain high and there remain significant gaps in service provision across the social policy landscape – for example, in health and mental health, housing and disability, and direct provision. In this context, it remains to be seen if a sustainable commitment to Tusla’s work in prevention, early intervention and Family Support and to a strengthened service landscape can be achieved – in particular, the structural impact of these problems needs to be addressed. These inequalities are strongly apparent in the Meitheal and Networks study findings.

A key context of the PPFS Programme was the fact that Tusla was forming as a new agency. Tusla had to put in place the necessary organisational infrastructure as it moved out of the HSE; this meant developing new functions and, initially in some cases, sharing functions with the HSE. The agency had to embrace
new service streams in Education and Welfare and the Family Resource Centre programme, and take on lead responsibility for the CYPSC programme. Alongside these changes was the requirement to maintain the service response locally while establishing a fit-for-purpose new service delivery structure. De facto, due to their scale in Tusla’s overall system, in the initial period of the transition from the HSE, most attention was on the Child Protection and Care subsystems. This is exemplified in the focus on developing data systems and reporting out monthly and quarterly on Child Protection and Children in Care data. The introduction of Mandatory Reporting was a significant development during the period, requiring detailed planning by the new organisation. The period was one of significant internal policy development, with the publication of the Child Protection and Welfare Strategy and its associated practice model, Signs of Safety, also introduced. As highlighted in the Chapter 4 findings, this was also a period in which the organisation had to manage through responses to various HIQA and other reports, some relating to legacy issues from the HSE, some to more current service and practice failings. It is unarguable that much of the leadership’s time and energy was directed to reacting to issues and challenges. The implementation and outcomes of the PPFS need to be considered with these various contexts in mind. At one level, the PPFS Programme can be viewed as a small-scale, prevention programme operating in a large new organisation whose key priorities were organisational development and defence, with a priority focus on Child Protection and Children in Care service streams. In the wider organisation, it was undoubtedly a challenge to find space in the schedules and minds of service managers and front-line practitioners to think about and act on the intentions of the PPFS Programme. While these points are valid, three other points must be highlighted. First, core programme components, Children’s Participation, Parental Participation, Public Awareness, and Commissioning were system-wide in their orientation and therefore highly relevant to Tusla’s early organisation building. Second, Meitheal and CFSN components required significant reconfiguration of posts within the organisation towards prevention, early intervention and Family Support briefs. Third, while the emphasis on child protection and children in care remains dominant in the overall service delivery framework, the alignment and complementarity of early intervention, prevention, and protection has become more visible during the course of the project. While this was achieved only through significant lobbying and case-making by the PPFS leadership, and while more staff are needed to achieve the ideal level, the programme’s capacity to leverage beyond its scale is notable. As indicated in the section on cultural change below, and particularly in public representations of the organisation in its Corporate Plan, the internal Tusla context has become more supportive of the programme over time.

7.4 Integration

Integration is a key theme in any systems change analysis: how do the various system components or subsystems link and work together towards the achievement of overall system goals, in this case Tusla’s strategic objectives? The PPFS Programme aims to enhance the prevention, early intervention and Family Support infrastructure in Tusla; to develop this subsystem within Tusla’s overall service delivery system. A key question is to what extent the programme and its structures, roles, and practices are integrated into Tusla’s overall delivery system.

Nominally, the Meitheal and CFSNs are mapped into Tusla’s delivery system, originally described at the Local Area Pathway, and latterly, as the area-based approach operating as the part of the service infrastructure focused on what Tusla characterises as Low Prevention. The findings indicate that in practice, in some local areas, this level of integration has been achieved, with good interaction between the Meitheal process, the CFSNs, and the other parts of Tusla’s services. However, it is clear from the findings that more work is needed in some local areas to connect Meitheal to the CFSNs, Meitheal and the Child Protection system, the CFSNs and the existing Family Support service landscape and to the CYPSC infrastructure.\footnote{While it is policy that the PPFS operates as a subgroup of the CYPSCs, work is ongoing to realise more complete and comprehensive links.} This work will be both conceptual in working out suitable new frameworks, and practical in implementing existing frameworks. As indicated in Chapter 4, one clear support to the task of integration is the chosen practice model for Child Protection and Welfare strategy; Signs of Safety
shares key operating principles with Meitheal, in relation to the participation of children and parents and a focus on strengths. This should mean that children and parents moving between the prevention and protection subsystems will receive a similar style of service, even if the focus is different.

Integration is also a significant issue for the other work packages. Findings from the Parenting support and Parental Participation work package suggest that it needs to find a place within the system, both in terms of national leadership and in terms of its fit as part of the day-to-day management and front-line practice. Finding ways for children to have more direct lines of communication and feedback is a key integration message from the children’s participation study, while the need to ensure that all commissioning is integrated in the work of the Commissioning unit was a key recommendation for this study.

Integration also relates to cultural change and overall system capacity insofar as Tusla managers and front-line staff, in their everyday practice, integrate prevention, early intervention, and Family Support into their brief. Findings from the common data collection indicate that this is increasingly the case, yet the research also indicates that across the individual work package studies, a clear message is that significant numbers of Tusla and external provider staff are still unaware of the work of PPFS. To achieve such practice integration on an organisation-wide basis, information provision, awareness-raising and more and ongoing training will be required.

Working out through Tusla’s system boundaries and into the external environment, a strong message from the Meitheal and CFSNs study is that effective prevention requires the participation of professionals in other sectors, for example, health, mental health, disabilities, and education. For Tusla’s prevention efforts to be successful, there also has to be a range of services in place provided by other agencies and Departments of State. Although further on in the development of its capacity, this point also relates to joint Commissioning, where Tusla will partner with other organisations in commissioning services that meet common strategic objectives. The obvious example here is early years’ provision that addresses physical and social health outcomes for young children and their parents.

7.5 Leadership

Leadership is a central concept in the literature on systems change and implementation science. In the methodology for this study, the strongest empirical data was in the common data collection interviews, but leadership echoed throughout the individual work package findings and in the documentary analysis. The most obvious and significant example of leadership is that provided by Tusla’s National Programme Manager for the programme. She was central to designing the programme and advocating within Tusla for the organisation to adopt it, in building the implementation infrastructure (in particular the PPFS national programme team), overseeing implementation, continuously advocating for the programme and its objectives within the organisation, and troubleshooting issues as they arose. Critically, her approach has been to work with opportunities as the programme evolved, for example, in the CCAs and the Outcomes for Children National Data and Information Hub project. The National Programme Manager was well supported by the small national office team in administration, project management, financial, and data/information functions. In the original specification of PPFS, the Programme Manager role operated by GUF was a key source of leadership. While it was geared primarily towards financial and implementation accountability, the GUF Programme Manager took a developmental approach and worked closely with Tusla’s National Programme Manager in keeping the PPFS Programme on the agenda of Tusla’s senior management. Adaptive, collaborative, and outcome-focused dimensions of Bernotavicz et al.’s (2013) view of leadership in the context of Child Welfare were all apparent in the work of the Tusla National Programme Manager and the GUF Programme Manager.

Operationally, there was strong leadership across the work packages in programme implementation. As their title suggests, the Regional Implementation Managers were responsible for programme implementation, and as the work package findings indicate, they had significant success in their roles overall. It is important to note that this group was responsible for supporting the Area Managers and
Senior Managers in PPFS to develop the area-based approach (Meitheal and Networks) as part of Tusla’s service delivery system - a significant undertaking in itself - alongside each of the other work packages. In the context of multiple demands on his time, prior to taking up his full-time position, the Head of Commissioning maintained ongoing attention to this area of work, particularly ensuring the implementation of the area planning process.

Also at regional level, the Participation officers showed strong leadership in supporting the implementation of the multi-stranded Children’s Participation programme. Given the focus on training, from the outset Tusla’s Work Learning and Development section was central to PPFS implementation; and as the data from Meitheal and Children’s Participation training indicates, these programmes were very positively received.

While there is limited specific data on the leadership at local level, the key advocates in the local delivery system were the PPFS senior managers, and in the context of the area-based approach, the CFSN coordinators. Data from the process and outcomes study indicates the key leadership roles that practitioners played in advocating and ensuring its implementation. While it can be expected that those with specific PPFS roles lead implementation, the leadership of the Parent Support Champions is notable. For this group, taking on a ‘champion’ role additional to their main responsibilities reflects a different form of leadership. Thus, while the roles involve practical actions, their key leadership role is through ongoing advocacy of parenting support in day-to-day operating contexts in Tusla, in externally funded organisations, and in various interagency and multidisciplinary settings. Bernotavicz et al.’s (2013) distributive view of leadership is demonstrated in the operation of these national, regional, and local roles.

Undoubtedly, the PPFS Programme implementation required leadership from the most senior officers in the organisation. Support and leadership at this level were demonstrated by the full participation of the CEO in the programme governance structure and process over the life of the programme – starting in his prior role as COO; and by the role played by the current COO and the Director of Transformation and Policy. The CEO support was also indicated fundamentally in key resourcing decisions, and publicly in various contexts, for example the annual PPFS national conference.

7.6 Evidence

As with Child Welfare and Protection reform programmes in other jurisdictions, the idea of evidence-informed practice is central the PPFS Programme. The data generated through common data collection suggests a move toward greater emphasis on the routine use of evidence in planning and service delivery. As a result of the Area Planning process in the Commissioning Work Package, at local area level there is an understanding of and some capacity-building in relation to building evidence on service need and the capacity of existing services to respond to this. In the context of Parenting Support, a commissioning framework is in development that demonstrates a commitment to using evidence in commissioning parenting support programmes. A less obvious but similarly positive development has been the data and analysis generated through the Public Awareness study’s population survey, which is being used in a number of ways to help Tulsa understand how the organisation and its services are viewed by the general public and how it needs to communicate with them.

However, from the findings from the Commissioning Work Package, it is clear that there is significant work required to move the organisation to a more systematic approach to the use of evidence. There are four main area for development for the organisation. First, Tusla does not yet have an outcomes framework to guide its services. Without such a framework, it is difficult to establish a rational basis for Tusla’s overall service mix and specific service funding decisions. Second, while there is a commitment using a levels of evidence framework to judge the suitability of service choices, this needs to be operationalised in a user-friendly fashion, both within Tusla and with external providers, and tested in practice. Third, while there is an increasing and welcome capacity in generating data that tells the service story and indicates overall trends, overall there is a significant gap in meaningful data on prevention, early intervention and
Family Support provision. Finally, data is only useful if it is analysed and presented in ways that help planning and decision-making. Whether through the Commissioning Unit, the Research Office, or the Quality office, creating a function that translates data into intelligence to support national and local service planning is key.

7.7 Climate

Embedding a culture and systems change in service delivery is significantly underpinned by the prevailing climate in an organisation. In this context, achieving organisational goals relies on the shared meaning and perceptions that staff attach to events, policies, practices, and procedures along with the behaviours which they see as being supported and expected in their roles. A positive organisational climate in this regard is one that fosters staff engagement and investment in their work. This requires a working environment where staff feel they are empowered to accomplish many things, to remain personally involved in their work, and to be concerned about their clients. It also reflects a ‘functional organisational climate’ whereby staff feel they are supported through the cooperation and help required from co-workers and administrators to do a good job. In contrast to these attributes, a negative organisational climate is one where staff perceive that they are emotionally exhausted and overloaded in their work, and where the interests of service users are often replaced by bureaucratic concerns. This is characteristic of an organisation that is crisis-driven and adopts a risk-avoidance approach to service delivery.

Since the development of the PPFS Programme, there has been a substantial shift in the organisational climate towards embedding a culture of prevention and early intervention in service delivery. This is evidenced in the creation of new posts, structures, and functions in the Family Support service domain, which recognises Tusla’s work in this area. Notwithstanding these positive developments in Tusla’s organisational climate, the CDC findings at a systems level highlight that there have been barriers to creating a positive and functional organisational climate in Tusla. In the case of Parenting Support and Parental Participation, the findings indicate that more recognition of the value of participation is required, along with an increased allotment of time and training for practitioners to fully engage in participatory work. The findings suggest that a commitment is required from operational management in Tusla as a means of providing flexibility and encouraging staff to engage in participation training. For Meitheal and the CFSNs Work Package, the findings also point to a need for increased support from management in furthering the capacity of practitioners to engage in the Meitheal process. This is prevalent in the Lead Practitioner role, where the findings have reported that the extensive workload, lack of managerial support, and potential for burnout associated with this post have impacted the implementation of this Work Package. To this end, it has been suggested in the findings across all Work Packages that there is a need for an advancement in staffing and supports, resourcing, and time to engage in training.

The enshrining of an organisational climate which emphasises the creation of a shared vision, whereby staff have a clear understanding of their roles and what is expected of them, has been impacted by the risk of ‘competing interests’. Here the CDC findings highlight that new developments such as mandatory reporting and the Signs of Safety national practice model directly affect the capacity of Tusla staff to engage in actions that prevent children from entering the Child Protection system as referrals, or from responding to their needs when they exit the system having not met the threshold for a response, or when they need step-down support. More widely, in the early life of the organisation, Tusla is seen by some as being in a ‘crisis-driven’ and ‘fire-fighting’ mode. However, as the public awareness package work on media reporting shows, this may be the dominant but is not the only narrative in the public and media domain. In turn it is seen to create a behavioural and attitudinal barrier to reinforcing the relevance of prevention and early intervention for staff in their day-to-day practice. In the likely future context of competing interests, continued leadership is required in order to ensure that prevention and early intervention permeates across the organisation and is engrained in Tusla’s culture, values, and attitudes.
7.8 Culture

From an organisational culture perspective, change is encapsulated in how shared norms, beliefs, and behavioural expectations drive behaviour and communicate what is valued within an organisation. Shared norms and values serve an important purpose in that they create a social identity and socialise co-workers in how to behave, which in turn creates a social environment that shapes the tone, content, and work undertaken in an organisation. From Tusla’s projected corporate image (website) and corporate policy documents (Corporate Plans and Business Plans), a cultural shift is beginning to emerge. As such, it is clear that a social environment is being cultivated that values prevention and early intervention and a reorientation away from a solely child protection focus. This is particularly evidenced in the stated strategic objectives and intended outcomes of Tusla’s corporate documents, which seek to embed and integrate prevention and early intervention services (PPFS, CYPCs, FRCs, etc.) into the wider child protection and welfare system. A cultural change to the social environment and identity of an organisation in this regard is strongly linked to the practices and actions that an organisation engages in on a daily basis.

The implementation and outcomes of the PPFS Programme have shown that Tusla has engaged significantly in moving towards a prevention and early intervention focus in service delivery. This is particularly apparent in the actions and activities of the individual Work Packages. Meitheal and the Child and Family Support Networks have demonstrated how prevention and early intervention at the lower level can positively impact on the lives of children and families. It is apparent in its ethos as a strengths-based model, its focus on establishing a coordinated, multiagency approach to supporting families, and its joined-up approach to addressing the development needs of children in their family and community. The practices and actions of the Meitheal and CFSN model point to a significant cultural shift through the overarching objective of the model being to target the needs of children and families early, before issues escalate to a child protection concern or after the child protection issue has been resolved. This cultural transition towards early intervention is also evidenced in Tusla’s Parenting Support and Participation programme of work, where the actions and activities surrounding the participation and support of parents in this Work Package speak to the clear role that parents and parenting practice have in realising better outcomes for children and families. Equally significant in this context is the adoption of a child-centred approach through the Children’s Participation Work Package, which fosters a prevention and early intervention ethos by including children in decisions that impact on them. While relevant to all aspects of Tusla’s service delivery system, children’s participation is a key principle for practice in Family Support.

In terms of enabling cultural change through identity and ethos, the Public Awareness work package has shown the importance of clear messaging about the service to the public and to the media. Newspaper coverage shows that there are multiple ‘stories’ associated with Tusla and that those covering PPFS tend to be more positive overall. The importance of using public awareness strategies to capture the diversity, values, and identity of Tusla in public awareness work is emphasised.

The actions and activities of commissioning have also served an important function in driving a behavioural and cultural change through their focus on aligning resources with the best outcomes for families, children, and young people. In providing a strategic framework for the commissioning of services in the statutory and community and voluntary sector, this has facilitated the incentivising of stakeholders involved and the shaping of a system towards a common goal which, among other things, promotes a culture of prevention and early intervention in service delivery. The Commissioning Strategy Statement favours prevention and early intervention at all levels.

While there remains more to be done in the implementation of these Work Packages, they have shown how prevention and early intervention are valued and are increasingly becoming part of Tusla’s organisational identity. At an overarching systems level, it is clear – through the practice of engaging with the Work Packages of the PPFS Programme – that the concept of prevention and early intervention is becoming more engrained in Tusla’s organisational identity. In particular, the CDC findings on system change indicate that Tusla staff were becoming more socialised towards identifying and describing the
PPFS Programme as a prevention and early intervention component of the wider child protection and welfare system. A key enabler in this process has been the development of the high, medium and low levels of prevention on the continuum of need, in that it promoted and fostered a greater understanding of the shared norms and values surrounding prevention and early intervention. Notwithstanding the significant process of reshaping Tusla’s organisational values and belief system towards prevention and early intervention in service delivery, a change in mindset is still needed for some individuals, who see their role as being solely a statutory one in child protection. This reflects a need to be aware of the historical association and legislative mandate which the child and family agency has with child protection. It also highlights a concern about resources and balancing of high-risk and prevention investment.

7.9 Sustainability

The concept of sustainability in the implementation sciences encapsulates the extent to which a programme or intervention has become engrained in an organisation. Factors which impact and advance sustainability include stable funding, addressing ongoing training needs, addressing fidelity, and monitoring and making refinements when required. At an overall level, the PPFS Programme was regarded by a majority of stakeholders to be a sustainable approach to prevention and early intervention. Its sustainability is particularly evident in the staffing roles established to support the implementation of this programme: the RIMS and the National Project Support, WLD, Participation, Communications, and Information Officers.

Notwithstanding these achievements, the findings reveal that a greater focus needs to be placed on advancing the processes and organisational structures required to support prevention and early intervention in service delivery. With regard to the individual Work Packages, the findings have indicated that the operation of the Meitheal national practice model has demonstrated its value as an infrastructural component of Tusla’s service delivery system. However, there are challenges to the overall sustainability of this programme of work. The findings suggest that more engagement is required from government, statutory agencies, and community organisations as a means of fostering increased partnership, interagency collaboration, and holistic interventions at this level of prevention and early intervention. The need for increased resources has also been cited as a necessity for the sustainability of Meitheal, particularly in areas experiencing difficulties in implementation due to lack of personnel either available or willing to volunteer. In the case of CFSN coordinators, there is an evident staffing deficit due to factors surrounding certain posts being approved and not filled, or required but with no budget available (Accenture, 2018). The sustainability of the model also rests upon a need to expand significant roles required for the effective operation of the model. The findings highlight that this is particularly relevant regarding the role of Lead Practitioner, where there is an evident need to expand the numbers occupying this role and explore barriers that prevent practitioners from engaging in this role.

At an overarching systems level, it is clear from the findings that the pathways between family support services (e.g., Meitheal) and the wider Child Protection and Welfare system need to be revised and improved. For positive systems change to be sustained, it is important that the pathways (e.g., programmes and services) be designed in a way that allows service users to move through a progression of clearly identified steps and in the process enables them to achieve positive outcomes. Equally significant in this context is the need to sustain more conducive institutional structures (e.g., structures that do not contain adverse incentives and undesirable constraints and opportunities), where individual preventative family support practices are encouraged.

Similarly to Meitheal and the CFSNs, the Commissioning Work Package has also demonstrated its sustainability as an infrastructural component of the Child Protection and Welfare system. This is evidenced through the establishment of key structures, such as the commissioning unit and the capacity-building which has occurred within Tusla itself through the involvement of the community and voluntary sector and other stakeholders. Despite these achievements, more needs to be done in developing the ‘commissionees capacity’ and ensuring that the partnership operates effectively. There are also evident gaps in capacity for data generation, analysis, and dissemination, both within Tusla and externally among service providers.
The Children’s Participation Work Package evidenced significant progress across Tusla’s structures, procedures and practices, but also indicated that ongoing efforts are required for a commitment to children and young people’s participation to become fully sustainable. This is reflected in the Meitheal process where some good examples of children and young people’s participation were identified, but with scope for further development and improvement in this area. Ongoing national level leadership will be key to achieving sustainable participatory practice within the organisation.

In the Parenting Support and Parental Participation Work Package, the findings suggest that the actions and activities of this programme of work have demonstrated significant opportunities for the empowerment of parents to achieve better outcomes for children. However, there are sustainability issues for the recognition and the capacity of the system to deliver in terms of terms of the structures, roles, and functions in this programme of work. The findings indicate that a national parenting lead or coordinator role needs to be developed, and area or regional coordinators who would feed into the national level. It is believed that this would facilitate increased engagement of PSCs at a national level. In this context, the provision of funding is necessitated in order to further the implementation and sustainability of this programme of work in the long term.

While this research and evaluation has demonstrated that more needs to be done to sustain the structures, roles, and functions developed under the PPFS Programme, it is important to acknowledge that at the time of writing, Tusla’s National Office has committed to providing operational support for the PPFS Programme into the future. A clear intention has been made to maintain a team in the agency at both national and regional levels. At a national level, the Programme Lead will continue to oversee implementation of the PPFS, with the support of a newly appointed National PPFS Programme Manager. The implementation is also supported by a WLD Lead, Communications Officer, Finance Officer, and Information Officer. Regionally, the RIMs will continue to hold responsibility for supporting the implementation of this programme, with the support of Participation and Partnership Officers. At a local level, priority has been given to maintaining an integrated service delivery team through the roles and functions of Areas Managers, CFSN Coordinators, PPFS Managers, Family Support Practitioners, and Principal Social Workers. Here, a key consideration is on furthering the integration of PPFS into the wider Child Protection and Welfare system (Accenture, 2018).

This indicates a clear recognition of the progress that has been made and a commitment to making the PPFS integral to what the agency does for children and families. After 2018 Tusla has committed to: scaling up the PPFS Programme across all Areas and Work Packages; fully resourcing and supporting PPFS at agency, regional, and area-based level; and rebalancing resources to prevention and early intervention in line with government policy. Some key decisions taken to further this include:

- An intention to secure seed funding for PPFS projects and for national conferences; both are seen as integral drivers of new practice.
- Resourcing additional staff to deliver PPFS at area level.
- Maintaining a dedicated implementation team, similar to what is currently resourced. The team will continue to give focus and structure to scale and embed PPFS in Tusla. New additional appointments will be made at this level: a National PPFS Programme Manager, who will report to PPFS Programme Lead/Service Director West; and two national leads for Participation and Parenting. It is envisaged that these national leads will give impetus to these two Work Packages (Tusla, 2018f).
- Commitment to continue investment in data as a means of bringing more visibility and transparency to the PPFS. A PPFS Information Officer has been put in place. This will involve adding the PPFS Programme to the agency’s performance dashboard as a means of capturing the scale of what is happening on the ground.
- Prioritising the building of relationships with FRCs and the community and voluntary sector as partners in PPFS (Tusla, 2018f).
8.0 Conclusion and Recommendations

At one level, an assessment of a programme of the scale, variety, and depth of the PPFS would not be well served by a reductionist approach involving brief statements on the level and quality of its implementation and on its overall value. Our overall evaluation approach of creating individual work package reports reflects this, with a high level of detailed commentary in each. Yet the programme was designed to aggregate, to ‘add up’ to something by way of change, as reflected in the medium-term logic model outcomes which fall within the time frame of this study. Additionally, a systems-oriented evaluation implies that the system will be more than simply an aggregation of the components. Apart from this more theoretical point, from a simple accountability perspective, there is a need to arrive at some form of conclusion for the programme funders and sponsors. Thus, accepting the risks of reductionism, in this final section of the report we reach some overarching conclusions, focusing first on the overall outcomes from and value of the programme, and then considering implementation.

The first approach to concluding on outcomes is to seek to answer our overall question on system change:

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?

Our strong conclusion is that that the organisational culture of Tusla is changing such that it is becoming more preventative in focus and more inclusive of parents and children. This is demonstrated across the Work Packages, in the findings from our data on systems change, reflecting the views of key actors in Tusla and external to the organisation, and in key organisational documents. While the finding indicates positive developments in relation to services becoming more integrated in the area-based approach, the foregoing discussion highlights integration as an issue requiring serious ongoing attention. The organisation has committed to working in an evidence-informed way and has developed some capacity to do so through the Commissioning and Parenting Support and Parental Participation Work Packages, but much work is required in relation to data, analysis, and outcomes and evidence frameworks.

Our second approach to concluding on programme outcomes is to consider the medium-term outcomes of the programme’s logic model. These are set out in Table 16 below.
<table>
<thead>
<tr>
<th>Medium-term Outcomes</th>
<th>Evaluation Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tusla’s prevention and early intervention system is operating effectively, delivering a high-quality standardised and consistent service to children and families in each of the 17 management areas.</td>
<td>The area-based approach has been implemented across all of Tusla’s areas and is positively perceived by its stakeholders. It is not yet operating at full complement in all areas, and as yet is not fully standardised or consistent (as described in Chapter 7). The core principles are working well, and the positive experience to date represents a strong basis on which to arrive at consistent nationwide implementation.</td>
</tr>
<tr>
<td>2. Tusla service commissioning is increasingly rigorous and evidence-informed and privileges prevention and early intervention</td>
<td>The foundations have been laid for achieving a rigorous and evidence-informed commissioning approach, particularly in the form of organisational infrastructure, strategy, and practice materials, and capacity in Tusla at area level. Much remains to be done in capacity-building generally, and particularly in supporting the community and voluntary sector in this new funding context. Tusla’s capacity in relation to evidence for commissioning is at the early stages of development.</td>
</tr>
<tr>
<td>3. A strategic approach to parenting is increasingly delivering cost-effective better practice and better outcomes for parents and children, thus reducing inequalities</td>
<td>New approaches to parenting support and parental participation have been tested during the programme and have demonstrated potential for operation at a system-wide level. Implementation of the programme has raised the profile of parenting in the organisation. The experience of implementation has demonstrated the need for a specific leadership role for this part of the organisation’s work.</td>
</tr>
<tr>
<td>4. Children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla’s prevention and early intervention system.</td>
<td>The findings demonstrate greater awareness of Tusla and PPFS over the programme time frame, but there is no strong evidence to suggest greater awareness of available supports. Our findings from the area-based approach suggest reduced risk of falling through service gaps, but there is no rigorous data to confirm this.</td>
</tr>
<tr>
<td>5. The participation of children and parents is embedded in Tusla’s culture and operations.</td>
<td>The evaluation has demonstrated significant strides by Tusla in embedding children’s participation in its culture and operations, although more work is required in specific areas.</td>
</tr>
</tbody>
</table>

Both the logic model and our system and culture change question reflect the ambitious nature of the programme, and as is clear from the report so far, culture and systems change takes time. However, Tusla’s stated commitment to continue to support and develop the programme offers grounds for optimism.

As outlined in Table 17, the report conclusions on implementation are built around the EPIS schema, and we present our conclusions in relation to each of the Work Packages as follows:
<table>
<thead>
<tr>
<th>Work Package</th>
<th>Implementation Conclusion</th>
<th>Key Indicators</th>
</tr>
</thead>
</table>
| Meitheal and CFSNs | Work package is at the Implementation phase and moving into Sustainability; the findings suggest good-quality implementation with much learning generated and some key issues identified requiring resolution. | • The research demonstrates potential for the Meitheal model to affect the lives of parents and children positively.  
• Meitheal and CFSNs provide interagency collaborative responses to complex needs and are building capacity at a local level.  
• Practitioners believe that Meitheal is a structured process that can facilitate change in family outcomes and the overall service provision system.  
• Structures: During the period 2015–17, 2,288 Meitheals were initiated. In Q4 2017, 99 CFSNs were in operation.  
• Some overarching issues identified include the need for: careful consideration of the needs and difficulties that specific areas may be experiencing to implement the Meitheal and CFSN Model; clarity around the definition of Meitheal as a single- and multi-agency response; and further development of the relationship between Meitheal and the CPW system. |
| Children’s Participation | Work package is at the Implementation phase and moving into Sustainability; the findings suggest good-quality implementation with key areas for attention identified. | • Based on structural, procedural, and practice indicators derived from the Lundy and Council of Europe models, good implementation identified.  
• Strategic approach to children’s participation through the National Children’s Charter and Child and Youth Participation seed-funding projects.  
• Structural and operational support through the Quality Assurance Process, Participation Training, and Participation Toolkit.  
• Some overarching issues identified include the need for: a national participation lead; greater awareness, continued investment, and training; and time to engage in participation work. |
| Commissioning      | Work package is between Preparation and Implementation phases but set up for Sustainability through the creation of the Commissioning Unit; the findings suggest a lower level of implementation than hoped for but good foundations in place through what was implemented. | • Operationally, achievements include: infrastructure for implementing commissioning model is in place; clarity on the principles of effective commissioning; Tusla has identified what will be commissioned at national, regional, local, and individual levels.  
• Terminology of commissioning has become embedded in the language and corporate identity of the agency.  
• Commissioning is accepted as having a distinct and capacity-building approach.  
• Some overarching issues identified include the need for: practices associated with the commissioning process to be embedded; and greater capacity-building through training and support, particularly for the community and voluntary sector partners. |
## Work Package Implementation Conclusion | Key Indicators

<table>
<thead>
<tr>
<th>Work Package</th>
<th>Implementation Conclusion</th>
<th>Key Indicators</th>
</tr>
</thead>
</table>
| Parenting Support and Parental Participation | Work Package at Implementation phase with potential for future Sustainability through the PPFS structure and dedicated role. Good quality implementation was identified, with much learning. However, it is worth noting that the data collection process was completed before the programme was fully rolled out. | - Strategic approach to Parenting Support and Parental Participation and its implementation are underpinned by the DCYA High-Level Policy Statement on Supporting Parents and Families (2015) and Tusla’s Parenting Support Strategy (Gillen et al., 2013).  
- Clear remit for each of the elements in the project.  
- Structural and operational support for the implementation of the parenting support and parental participation programme of work.  
- Some overarching issues identified include the need for: clarity on how all of the different elements of the programme fit together and it’s applicability to the wider PPFS Programme; increased coordination, dedicated staff, evidence of impact/outcomes and management engagement with the overall programme of work. |
| Public Awareness | Work package mainly at Preparation phase. A significant amount of information and analysis has been generated through the study methods of survey, print media analysis, and HIQA report analysis, which should inform implementation in the next phase. Sustainability will be supported by consolidation of a Communications Office role dedicated to the PPFS area and the implementation of a three-prong public awareness strategy. | - Tusla now has a better understanding of public knowledge about Tusla generally, family support, and the PPFS specifically.  
- The national communications team and Tusla’s national and regional managers now have clear information available on help-seeking patterns and strategies and activities that are likely to lead to greater public awareness and understanding of its services.  
- Some overarching issues identified include the need for: greater clarification of the relationship between child protection and family support that can be communicated to the public generally and target groups (e.g., politicians, educators, policymakers); the media and the public need to be educated more about what family support is and how it relates to child protection and Tusla services generally; and to ensure high levels of knowledge and awareness among GPs, PHNs, and schools. |

Considering this from a systems perspective, there has been an enormous amount of action generated through the programme. Although not all areas were implemented in the way or to the level intended, our data suggests that what was implemented was done well and to a good overall standard. Across all work packages there was much learning generated and many issues identified that will need to be resolved. It is important at this conclusion point to reiterate the significance of the capacity-building efforts for Meitheal and Children’s Participation led out by Tusla’s Workforce Learning and Development section, both in respect of the numbers reached and the high value placed on training.

Based on these conclusions, we make the following system-level recommendations as guides to the next phase of the PPFS Programme.
Recommendations
Our recommendations are offered within the frame of the commitments made by Tusla regarding the continuation of the work of the PPFS Programme.

Culture and Climate

1. We recommend that the DCYA supports Tusla in achieving its prevention, early intervention and Family Support goals elaborated in ‘Better Outcomes, Brighter Futures’:
   a. by committing to protected, ring-fenced resourcing of the prevention, early intervention and family support services
   b. by ensuring ongoing review of Tusla’s actions in prevention, early intervention and family support provision in the context of its performance framework.

2. We recommend that Tusla continues to develop an organisational culture and climate that is inclusive of and supportive of prevention, early intervention and Family Support, by:
   a. meeting the pay and non-pay commitments to sustaining the structures, functions, and roles that create this
   b. addressing the many recommendations for practice summarised in this report and contained in the individual Work Package reports.

3. We recommend that Tusla works systematically in each Local Area to achieve a level of consistency of provision and standardisation of practice that will underpin the system-wide cultural and climate change initiated in the PPFS Programme, accepting that a degree of local flexibility will always be required.

4. We recommend that strong and clear messages are contained in all of Tusla’s public documents, asserting its commitment to prevention, early intervention and Family Support as part of its service delivery mix.

Integration

We recommend that:

5. The DCYA works alongside and supports Tusla to generate commitments from other Departments of State and relevant agencies (Health, Mental Health, Education, Disability sectors, among others) to work with Tusla in its prevention, early intervention and Family Support actions. This should take the form of memoranda of understanding between Tusla and other organisations.

We recommend that the Tusla PPFS national team:

6. Design and implement a simple audit of integration of key PPFS components into the existing infrastructure: the existing set of prevention, early intervention and Family Support services operated by Tusla; the Child Protection and Welfare system; and all other components of its service provision system. From this audit, identify and develop an action plan to remove barriers and enhance the full integration of the work of the PPFS programme, in particular the area-based approach.
Evidence

We recommend that Tusla:

7. Prioritise the development of an outcomes framework that reflects its expectations for children, young people, and parents at all points in its service delivery system. This should involve key Tusla functions, including Quality Assurance, Research, and Commissioning, and be undertaken in consultation with the funded organisations, and with the involvement of the DCYA.

8. Develop an integrated, system-wide framework for generating and using evidence in:
   a. establishing service need
   b. decision-making on service provision in the context of commissioning
   c. assessing the achievement of service outcomes.

This should include the Outcomes for Children National Data and Information Hub Project platform, developed alongside the PPFS.

9. Develop a systematic approach to assessing the performance of its prevention, early intervention and Family Support services, building on this evaluation involving a range of indicators (metrics on, among other things: outputs and outcomes from Meitheal and CFSNs; levels and quality of participation by children and parents within services; provision and uptake of and outcomes from parenting supports; development and implementation of Commissioning plans; and communication actions that promote early help-seeking). Quantitative measures should be supplemented by detailed practice case studies across the PPFS components. This work should be led by the PPFS national team.

10. Include performance data on prevention, early intervention and Family Support services as part of its suite of monthly and quarterly performance reports.
Bibliography


Health Information and Quality Authority (2018) Report of the Investigation into the management of allegations of child sexual abuse against adults of concern by the child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs. Dublin: HIQA.


Save the Children (2006) *Why effective national child protection systems are needed: Save the Children’s key recommendations in response to the UN Secretary General’s Study on Violence Against Children*. UK: Save the Children.


Appendix 1
Programme Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Formal commitment from DCYA to programme</td>
<td>• Workforce Development - training, coaching and mentoring support in the implementation of the Meitheal Model and Child and Family Support Networks</td>
<td>• 4,000 training and coaching sessions provided to 13,000 Tusla and associated staff across Meitheal Model, Commissioning, Participation, Parenting Support</td>
</tr>
<tr>
<td>• Commitment from Tusla in form of Family Support Budget, Strategic and Operational Management Support and Existing Staff (Inclusive of FSA and NEWB)</td>
<td>• Commissioning - develop capacity for evidence informed commissioning via expert-led training and ongoing support</td>
<td>• Tusla’s prevention and early intervention system is operating effectively, delivering a high quality, standardised and consistent service to children and families in each of the 17 management areas</td>
</tr>
<tr>
<td>• Active engagement in and commitment to the programme by the range of external partners both voluntary and statutory</td>
<td>• Parenting - to include training, identification of champions, development of Corporate Parenting Strategy</td>
<td>• Tusla service commissioning is increasingly rigorous and evidence-informed and privileges prevention and early intervention</td>
</tr>
<tr>
<td>• Strategic investment by the Atlantic Philanthropies and Galway University Foundation via MOU</td>
<td>• Participation - support the development of robust participation structures including system for quality assuring participatory practice within Tusla</td>
<td>• A strategic approach to parenting is increasingly delivering cost effective better practice and better outcomes for parents and children, thus reducing inequalities</td>
</tr>
<tr>
<td>• Research and Evaluation Expertise and Technical Support from UCFRC</td>
<td>• Public Education - devise and implement a campaign inclusive of website</td>
<td>• Children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla’s prevention and early intervention system</td>
</tr>
<tr>
<td>• MOU between key partners</td>
<td>• Research and Evaluation - establish info system requirements and embed within NCCIS and deliver agreed programme of research, evaluation and technical support</td>
<td>• The participation of children and parents is embedded in Tusla’s culture and operations</td>
</tr>
</tbody>
</table>

- Intensive omplementation support has delivered transformative change in Tusla policies and practice in family support, child welfare and protection, leading to enhanced child and family wellbeing, less abuse and neglect and a changed profile of children in care
- Improved outcomes for children and parents and value for money in service provision achieved through shifting Tusla’s Family Support Budget in favour of evidence informed, prevention and early intervention services
- Tusla is recognised as a best practice model nationally and internationally in delivering on the public sector reform objective of the cost-effective achievement of better outcomes for children and families, based on a core commitment to prevention and early intervention
<table>
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<th></th>
</tr>
</thead>
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<tr>
<td>• Tusla’s prevention and early intervention system is operating effectively, delivering a high quality, standardised and consistent service to children and families in each of the 17 management areas&lt;br&gt;• Tusla service commissioning is increasingly rigorous and evidence-informed and privileges prevention and early intervention&lt;br&gt;• A strategic approach to parenting is increasingly delivering cost effective better practice and better outcomes for parents and children, thus reducing inequalities&lt;br&gt;• Children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla’s prevention and early intervention system&lt;br&gt;• The participation of children and parents is embedded in Tusla’s culture and operations</td>
<td>• Intensive implementation support has delivered transformative change in Tusla policies and practice in family support, child welfare and protection, leading to enhanced child and family wellbeing, less abuse and neglect and a changed profile of children in care&lt;br&gt;• Improved outcomes for children and parents and value for money in service provision achieved through shifting Tusla’s Family Support Budget in favour of evidence informed, prevention and early intervention services&lt;br&gt;• Tusla is recognised as a best practice model nationally and internationally in delivering on the public sector reform objective of the cost-effective achievement of better outcomes for children and families, based on a core commitment to prevention and early intervention</td>
</tr>
</tbody>
</table>
Appendix Two: DMP for Prevention, Partnership and Family Support Governance Structure

Key: Coordination relationship  Line Management
Appendix Three:
Common Data Collection Interview Materials
Participant Information Sheet


PARTICIPANT INFORMATION SHEET – Internal

The UNESCO Child and Family Research Centre at NUI, Galway are currently undertaking a major research and evaluation study of Tusla’s Programme for Prevention, Partnership and Family Support, part of which focuses on the overall implementation and outcomes of the programme.

As a Tusla employee, your views are very important to us. We are asking you to take part in an interview which will last approximately between 60 - 90 minutes in duration; about your views on the mainstreaming programme for prevention, partnership and family support. By participating, you can help to inform the research and evaluation surrounding the overall implementation and outcomes of the programme. We would be grateful for your support. The interview will cover topics that surround the aims of this research which include:

1. To investigate the implementation of the PPFS and its outcomes as these relate to:
   a. Tusla’s Structures, Policies, Procedures, Roles, and budgets;
   b. Tusla’s Service Delivery Framework;
   c. Tusla’s Culture and Climate;
   d. The capacity of Tusla and its Stakeholders as this relates to prevention, early intervention and Family Support; and
   e. Parents and Children.

2. To investigate the effect of Tusla’s External Environment on the PPFS

3. To investigate the sustainability of changes achieved by the PPFS

4. To identify any unintended consequences, positive and negative, arising from the programme

5. To identify learning from the experience of building a prevention, early intervention and family support system for:
   a. Tusla and its stakeholders;
   b. DCYA and other Departments of State; and
   c. International policy and academic audiences.
The emphasis will be on exploring if the programme was implemented as intended, and the barriers and enablers to this. As well as assessing whether the intended outcomes were achieved, a focus will be placed on identifying unintended outcomes, both positive and negative arising from the programme. To have utility for Tusla and others, a key aim of the research will be to generate learning to inform future policy and practice. Additionally, as this is an organisational development/change programme, a key focus for the research will be the sustainability of its impacts.

With your permission, the interview will be audio recorded and transcribed for use in the research. The research will lead to a written report. Information provided will be anonymous and no individual will be identifiable in the report.

Your participation is entirely voluntary and you can refuse to respond to any questions you do not wish to answer. You are also free to withdraw from this research at any point without any consequences. The information you provide will be stored securely and will only be accessed by the researchers.

If you have any questions about this study please email Dr Patrick Malone at patrick.malone@nuigalway.ie or phone 091-493498.

If you have any concerns about this study and wish to contact someone independent and in confidence, you may contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of the Vice President for Research, NUI Galway, ethics@nuigalway.ie

THANK YOU VERY MUCH

YOUR PARTICIPATION IS GREATLY APPRECIATED

PARTICIPANT INFORMATION SHEET – External

The UNESCO Child and Family Research Centre at NUI, Galway are currently undertaking a major research and evaluation study of Tusla’s Programme for Prevention, Partnership and Family Support, part of which focuses on the overall implementation and outcomes of the programme.

As a stakeholder organisation to Tusla, your views are very important to us. We are asking you to take part in an interview which will last approximately between 60 – 90 minutes; about your views on the mainstreaming programme for prevention, partnership and family support. By participating, you can help to inform the research and evaluation surrounding the overall implementation and outcomes of the programme. We would be grateful for your support. The interview will cover topics that surround the aims of this research which include:

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   a. Tusla’s Structures, Policies, Procedures, Roles, and budgets;
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   d. The capacity of Tusla and its Stakeholders as this relates to prevention, early intervention and Family Support; and
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The emphasis will be on exploring if the programme was implemented as intended, and the barriers and enablers to this. As well as assessing whether the intended outcomes were achieved, a focus will be placed on identifying unintended outcomes, both positive and negative arising from the programme. To have utility for Tusla and others, a key aim of the research will be to generate learning to inform future policy and practice. Additionally, as this is an organisational development/change programme, a key focus for the research will be the sustainability of its impacts.
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THANK YOU VERY MUCH

YOUR PARTICIPATION IS GREATLY APPRECIATED
Participant Consent Form


PARTICIPANT CONSENT FORM

Please tick:

<table>
<thead>
<tr>
<th>I have read the Participant Information Sheet pertaining to the Development and Mainstreaming Programme for Prevention, Partnership and Family Support: Overall Implementation and Outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand the information provided and have had enough time to consider this information</td>
</tr>
<tr>
<td>I know that my participation is voluntary and that I can withdraw at any time</td>
</tr>
<tr>
<td>I agree to take part in an interview</td>
</tr>
<tr>
<td>I agree to the audio recording of this interview</td>
</tr>
<tr>
<td>I agree to the use of anonymous quotations in the reporting of the findings</td>
</tr>
</tbody>
</table>

Name:___________________________________________________________________________________

Date: ______________
Participant Consent Form


PARTICIPANT CONSENT FORM

Telephone Interview

In advance of your telephone interview with our researcher, we will ask you to confirm the information as detailed below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Confirmation</th>
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<tbody>
<tr>
<td>I have read the Participant Information Sheet pertaining to the Development and Mainstreaming Programme for Prevention, Partnership and Family Support: Overall Implementation and Outcomes.</td>
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<td></td>
</tr>
<tr>
<td>I agree to the use of anonymous quotations in the reporting of the findings</td>
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</tbody>
</table>
Interview Schedule


Interview Schedule

Meitheal and Child and Family Support Networks
1. At an overall level, what is your perception of the impact or influence of Meitheal and CFSNs on the Service Delivery System with Tusla?
2. To what extent has Meitheal and the CFSNs become embedded in Tusla’s Service Delivery System?
3. To what extent is it sustainable?
4. Is there anything else you would like to discuss about the Meitheal and CFSNs that has not been asked so far?

Parenting Support and Parental Participation
1. At an overall level, what is your perception of the impact or influence of the parenting support and parental participation programme of work on the Service Delivery System within Tusla?
2. To what extent has parenting support and parental participation become embedded in Tusla’s Service Delivery System?
3. To what extent is it sustainable?
4. Is there anything else you would like to discuss about the parenting support and parental participation that has not been asked so far?

Children’s Participation
1. To what extent do you think that participation has become embedded in Tulsa practices through the implementation of the PPFS programme of work?
2. What worked well, what were the challenges?
3. Do you think that the model pursued in embedding children’s participation in TUSLA thus far is sustainable for the future?
4. Is there anything you would like to add in relation to these questions?

Public Awareness
1. What mechanisms have worked best for your area to create awareness amongst the public about parenting, prevention and family support services? (to follow: Please give me up to 3 examples of local activities that have worked well).
2. Do you have a different strategy to target different groups (on basis of age, ethnicity, location, level of need)? If Yes, can you please tell me about that (maybe add what works / what needs to improve)?
3. What actions should Tusla take in their communications strategy, in your opinion, to improve public awareness about Parenting, prevention and family support services?
4. Is there anything you would like to add in relation to these questions?
**Commissioning**

The PPFS model involved activities towards embedding Commissioning as a new approach to funding organisations delivering services for Tusla.

1. To what extent has it resulted in changes to
   a) how funding decisions are made now?
   b) how you anticipate them being made in the future?
2. To what extent has it resulted in changes to the types or mix of services delivered?
3. Is there anything you would like to add in relation to these questions?

**Systems Change**

We can characterise the Development and Mainstreaming Programme of Prevention, Partnership and Family Support as a set of programme actions in five work packages. At an overall level, the PPFS programme aims to create an organisational culture that is committed to the core elements of: integration, prevention, evidence and inclusion.

1. Are these core elements in place within Tusla as an organisation?
   a) What are the enablers and/or barriers to achieving these core elements?
2. How significant is leadership across Tusla in the development of the PPFS Programme?
3. What have been the unintended consequences to arise from the PPFS programme, both positive and negative?
4. What would you regard as the key learning from the programme at this stage?
5. What parts of the PPFS Programme are sustainable in your view?
6. Have the changes under the PPFS programme led to improved outcomes for children and families?
7. Is there anything you would like to add in relation to these questions?
Appendix 4
Tusla’s Corporate Image and Identity As Represented on its Website
Welcome to the Child and Family Agency website

Who we are

On 1st January 2014, the Child and Family Agency became an independent legal entity, comprising ISS Children and Family Services, the Family Support Agency and the National Educational Welfare Board as well as incorporating some psychological services and a range of services responding to domestic, sexual and probe-based violence.

The Child and Family Agency is now the dedicated State agency responsible for improving well-being and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland.

The Agency operates under the Child and Family Agency Act 2013, a progressive piece of legislation with children at its heart and families viewed as the foundation of a strong healthy community where children can flourish. Partnership and co-operation in the delivery of seamless services to children and families is also central to the Act.

The establishment of the Agency represents an opportunity to think differently, where appropriate to have services delivered to a wide range of views regarding the most effective way of working together to deliver a wide range of services for children and families. An approach which is responsive, inclusive and outward looking.

There are over 4,000 staff working in the Agency, which has an operational budget of over €750 million.

New beginnings

Prior to establishment date, widespread consultation with stakeholders sought to capture the hopes, and indeed fears, regarding the new Child and Family Agency. Many held the view that a mere realignment of services and the amalgamation of a number of bodies would not be enough to deliver on the fresh start called for throughout the sector. It was felt that what was required was a new identity which captured a new sense of purpose shared by all those who together will deliver children and family services going forward.

Considerations was given to the implications for the agency and many themes emerged - a new beginning, an opportunity, a challenge. From debate and contest, the name Tús was chosen as a fitting logo for the Child and Family Agency. While the word borrows from the Irish words “Vos” - “It”, Tús is a completely new word reflecting a shared desire for a new beginning, forging a new identity. A new named, a new way of working.

Our remit

Under the Child and Family Agency Act 2013 the Child and Family Agency is charged with:

Supporting and promoting the development, well-being and protection of children, and the effective functioning of families;

- Offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. In order to discharge these responsibilities, the Agency is required to co-ordinate and develop the services needed to deliver these services to children and their families, and to coordinate services for the psychological welfare of children and their families;
- Responsibility for ensuring that every child in the State attends school or otherwise receives an education, and for providing educational welfare services to support and monitor children’s attendance, participation and retention in education;
- Ensuring that the best interests of the child guide all decisions affecting individual children;
- Consulting children and families so that they help shape the agency’s policies and services;
- Strengthening inter-agency co-operation to ensure seamless services responsive to needs;
- Undertaking research relating to its functions and providing information and advice to the Minister regarding those functions; and
- Commissioning services relating to the provision of child and family services.

Our services

The Child and Family Agency’s services include a range of universal and targeted services:

- Child protection and welfare services;
- Educational welfare services;
- National educational welfare board services;
The Child & Family Agency's services include a range of universal and targeted services. Click on the service strands below to find out more.