Meitheal and Child and Family Support Networks

Process and Outcomes Study

By Dr Leonor Rodriguez, Dr Anne Cassidy and Dr Carmel Devaney
UNESCO Child and Family Research Centre, NUI Galway

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About the Development and Mainstreaming Programme for Prevention, Partnership and Family Support

The research and evaluation team at the UNESCO Child and Family Research Centre, NUI Galway provides research, evaluation and technical support to Tusla's Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tulsa – Child and Family Agency as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operations of Tusla. The research and evaluation carried out by the UCFRC focuses on the implementation and the outcomes of the PPFS Programme and is underpinned by the overarching research question:

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

The research and evaluation study adopts a Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas within the Tusla's PPFS Programme. The Work Packages are: Meitheal and Child and Family Support Networks; Children's Participation; Parenting Support and Parental Participation; Public Awareness; and Commissioning.

This publication is part of the Meitheal and Child and Family Support Networks Work Package.

About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland Galway. It was founded in 2007, through support from The Atlantic Philanthropies, Ireland and the Health Services Executive (HSE), 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.

Contact Details:
UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Upper Newcastle Road, National University of Ireland Galway, Ireland.
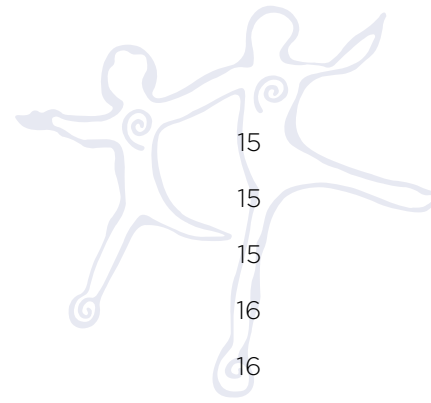T: +353 91 495398
E: cfrc@nuigalway.ie
W: www.nuigalway.ie/childandfamilyresearch
@UNESCO_CFRC
ucfrc.nuig

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Glossary of Terms

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

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

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

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

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

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

Acknowledgements

1

Introduction

1.1 Introduction

This report presents research on the Meitheal and Child and Family Support Network (CFSN) model.[1] The research has three components – (1) the Meitheal Process and Outcomes study, (2) findings on the Child and Family Support Networks and (3) Interviews with Internal and External Stakeholders: Common Data Collection. Data was collected for this report between January 2017 and March 2018.[2]

Firstly, the Meitheal Process and Outcomes study evaluates the impact of the Meitheal model on outcomes for families in Ireland, the process of its implementation and its impact on the child protection and welfare system. Data was collected with parents[3], children and young people[4] and Lead Practitioners. This is a longitudinal mixed method study. The qualitative findings focus on the experience of participating in Meitheal as well as its perceived influence on outcomes and the service provision system in Ireland. The quantitative findings report on the impact of Meitheal on outcomes for children, young people and their parents as well as determining the effect of model fidelity and socio-demographic characteristics and geographical location on outcomes. The second component focuses on findings on the CFSNs[5] and examines their perceived benefits, their links to other components of the service provision system and challenges to their implementation. Data was collected with CFSN members in several focus groups across Ireland. The third component consists of interviews with internal and external stakeholders: Common Data Collection. This explores findings related to key stakeholders' perceptions of the Meitheal and CFSN model's connection with and impact on the service delivery system and its sustainability. It also includes a secondary analysis of Tusla Performance Data to understand the impact of Meitheal and the CFSNs on the overall child protection and welfare system.

This chapter provides an overview of the Programme for Prevention, Partnership and Family Support and the Meitheal and CFSN model. It also describes the overall research aims and questions of the Meitheal and CFSN Work Package.

1.2 The Prevention Partnership and Family Support Programme

The Development and Mainstreaming Programme for Prevention, Partnership and Family Support is the title given to a new programme of action being undertaken by Tusla as part of its National Service Delivery framework. Tusla's Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS) was developed with the intention of placing greater emphasis on early intervention and Family Support principles in the work it carries out with children, young people[6] and their families. Central to this programme are five distinct but complementary and interwoven Work

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[1] For an in-depth exploration of the study's background and underpinning rationale please see found in Systems Change: Final Evaluation Report on Tusla's Prevention, Partnership and Family Support Programme (Malone and Canavan, 2018). Further details are also available on the Tusla website: https://www.tusla.ie/.

[2] Please refer to the UCFRC website for other reports on this package including the Meitheal Retrospective Study and The Child and Family Support Networks Research Study.

[3] For the purposes of this study, the term 'parent' refers to all individuals who are either parents, guardians, or carers of children or young people.

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

[5] This report contains an abridged version of these findings. The full report can be found on the UCFRC website.

[6] Where the term children and young people is used in this report it includes all individuals who are under the age of 18.
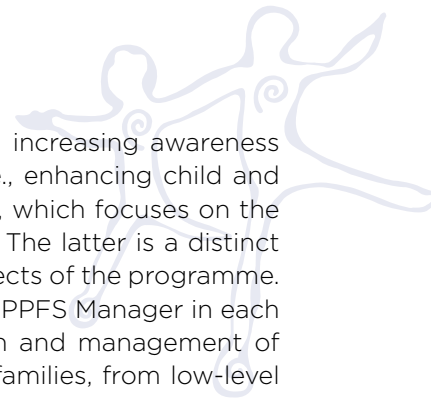
Packages: Parenting Support and Parental Participation; Public Awareness (i.e., increasing awareness of where to access help among the general public); Children's Participation (i.e., enhancing child and youth participation at all levels of their engagement with Tusla); Commissioning, which focuses on the funding of services; and the development of the Meitheal and the CFSN model. The latter is a distinct stream but it also acts as a fulcrum for much of the development of the other aspects of the programme. Implementation of this programme was supported by the creation of the post of PPFS Manager in each Integrated Service Area (ISA), whose role 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.

The PPFS Programme, which is funded by the Atlantic Philanthropies, Ireland, was driven by a series of medium-term and long-term outcomes, as follows:

Medium-Term Outcomes (2015–2017)

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's 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.

Long-Term Outcomes (2018 and beyond)

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 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.

It is hoped that these outcomes will be achieved through an integrated programme of work, spanning the application of a new model of early intervention and support, through to the embedding of evidence-based commissioning in Tusla. It will involve significant workforce development activities covering the implementation of new early-intervention structure and processes, evidence-based commissioning, children's participation and parenting. It will facilitate enhanced cross-sectoral and inter-agency cooperation and collaboration, ensuring services are integrated and coordinated. This will be allied to a public awareness programme geared towards increasing understanding and encouraging service take-up by parents.

1.3 The Meitheal and Child and Family Support Networks Model

As previously outlined, the development of the Meitheal and CFSN model is one of the five Work Packages in the PPFS Programme. This section briefly explains these terms and outlines some of their key components.

The Meitheal and CFSN model is embedded within Tusla's area based approach to working with children, young people and their families (Tusla, 2018). The area based approach aims to provide services at a local community level based on a structured continuum of support for families with unmet needs (Tusla, n.d.). Tusla defines Meitheal as 'a national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and to realise their rights' (Gillen et al., 2013: 1). For the purposes of this research, Meitheal is constituted as such when the preparation stage has been completed, consent has been obtained from a family, and a decision has been made that the discussion stage will be proceeded to. This primarily relates to interventions that require a multi-agency response, but in certain circumstances can also include a single-agency response.

The Meitheal model is a process-based system, which is not linked to a physical infrastructure or network but rather revolves around the development of an approach that can be applied by disparate organisations in the community and voluntary sector, by Tusla and other statutory services.

This is grounded in a set of principles and structures that help to ensure that the type of support a family can expect to receive is similar across the country irrespective of the ISA they live in (Tusla, 2015a). There are several principles that Meitheal operates:

- Parents are made aware at the outset that child protection concerns in relation to their child or children will be referred to Tusla Child Protection and Welfare Services in line with 'Children First: National Guidance' (2017).

- Meitheal is a voluntary process. All aspects are led by the parent/carer and child/young person, from the decision to enter the process, to the nature of information to be shared, the outcomes desired, the support delivered, the agencies to be involved and the end point of the process.

- A Meitheal Review Meeting cannot take place without the involvement of at least one parent.

- The Meitheal model looks at the whole child in a holistic manner, in the context of their family and environment. It considers strengths and resilience, as well as challenges and needs.

- The Meitheal process privileges the voices of the parent/carer and child, recognising them as experts in their own situations and assisting them to identify their own needs and ways of meeting them.

- The Meitheal model is aligned with the wider Tusla National Service Delivery Framework.

- The Meitheal model should be focused on outcomes and implemented through a Lead Practitioner (Tusla, 2015a: 15–16).

This is complemented by two core features. Firstly, the Meitheal model operates outside of the child protection system in that, for instance, families cannot be involved with Meitheal and Child Protection and Welfare (CPW) at the same time. Should child protection concerns be raised during the Meitheal process, a referral will be made to CPW, and the Meitheal process will be closed or concluded. However, support can continue to be provided by individual agencies and practitioners. Secondly, the Lead Practitioner should have a prior relationship with the family and take on the role with the agreement of the family.

There are three initiation pathways into Meitheal. The first is the direct or self-initiated Meitheal, where a request is made by a practitioner or by a family themselves. The second avenue is where a case is diverted by the CPW Intake Team into Meitheal. In this situation, social workers must be satisfied that there are no
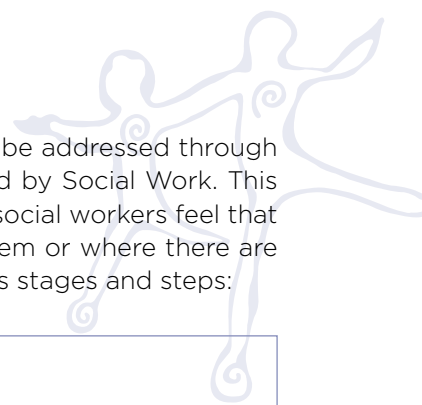
child protection concerns but that there are unmet needs, which can potentially be addressed through this process. The final method is the step-down pathway, which again is initiated by Social Work. This occurs when child protection concerns have been dealt with by CPW but where social workers feel that further support would be beneficial as the family transition out of the CPW system or where there are still some unmet welfare needs (Tusla, 2015Aa). Below is an overview of Meitheal's stages and steps:

Stage 1: Preparation

Step 1: Consider whether a Meitheal is necessary?

Step 2: If at any stage you have child protection concerns follow Children First Guidance

Step 3: Introduce the Meitheal Model to the family

Step 4: Pre-Meitheal checks with CFSN Coordinator

Stage 2: Discussion

Step 5: Identification of needs and strengths

Step 6: Consider appropriate response

Stage 3: Delivery

Step 7: Plan and deliver support

Step 8: Monitor and review progress

Step 9: Ending and closing

Figure 1 Meitheal Stages and Steps

In order to support Tusla's aim of developing an 'integrated service delivery' framework (Gillen et al., 2013: 14) for working with families, CFSNs were established. In each ISA a number of these multi-agency networks (ideally one per 30,000–50,000 inhabitants) were to be developed with either virtual or physical hubs such as Family Resource Centres at their core. These partnership-based networks are open to any service that has an input into families' lives, including Tusla staff as well as other statutory organisations and community and voluntary agencies. The model's goals are to work with families to ensure that there is 'No Wrong Door'[7] and that services are available to support them as locally as possible. Members' roles include supporting the implementation of Meitheal by agreeing to act as Lead Practitioners or participating in a process in other ways and working in a collaborative way with other agencies in their network (Gillen et al., 2013).

1.4 Aim and Research Questions

The overarching research aim of the Meitheal and CFSN model Work Package was to establish whether Meitheal and the CFSNs were established across all 17 management areas with meaningful engagement from a wide spectrum of practitioners and delivering timely, integrated support to children, young people and families with additional needs. The initial research questions[8] were slightly modified over the course of the study to reflect changes in how the model has been implemented, dialogue with Tusla and a broadening of the UCFRC research team's learning on the model.

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

[8] The initial research questions were: To what extent are networks established across all 17 areas? What is the profile of practitioners engaged in these networks? To what extent are these practitioners meaningfully engaged in the networks? To what extent are these practitioners delivering timely, integrated support to children, young people and families with additional needs?

The final research questions are as follows:

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

Following from these main questions are a series of more detailed questions focusing on the establishment of structures, processes, and roles; the value of training and support; and the experience of key interfaces between Meitheal and the CFSNs and other key structures and processes. Attention is paid to the key interface between Meitheal and Tusla CPW and between Tusla PPFS staff and the main stakeholders required to deliver Meitheal. Each of these occurs at the level of the individual family, and between PPFS and Child and Young People's Services Committees (CYPSC) at the steering committee level.

1.5 Structure of the Report

The first component of the report focuses on quantitative and qualitative findings from the Meitheal Process and Outcomes Study, as well as a secondary data analysis of the connection between Meitheal and the Child Protection and Welfare System (CPW) by analysing Tusla Performance Activity Data between 2014 and 2018. The second section examines findings on the Child and Family Support Networks. The third component contains data from the Common Data Collection. Following this is a discussion of the overall findings with conclusions provided. Lastly, recommendations for practice are outlined for the Meitheal process, the wider Tusla system, external partner bodies and the service provision system.

2

Methods

2.1 Introduction

This chapter outlines the methodological approach that underpins the different components of this report. It details each component's research design and the sampling approach taken. The report is a synthesis of three separate research components carried out to evaluate the Meitheal model and CFSNs: Meitheal and CFSNs Process and Outcomes Study, CFSNs Focus Groups and the Common Data Collection.

Table 1 describes the data sources and their relationship with the research objectives. This section also provides details on the ethical considerations, on the collaborative relationship between Tusla and UCFRC researchers in this study and on methodological limitations also described at the end of the methodology section.

Table 1 Summary of Data Sources

Source	Data Type	Research Objective
Meitheal Process and Outcomes Study	Qualitative data consists of interviews carried out with families and Meitheal Lead Practitioners. Quantitative data consists of scales completed by families and Meitheal Lead Practitioners to evaluate outcomes over time. The connection between Meitheal and CFSNs and the CPW system is obtained from the secondary data analysis of Tusla Performance Activity Reports (2014-2018).	1, 2
CFSNs Focus Groups[9]	Nine focus groups were carried out with members of CFSNs randomly selected nationwide.	2, 3, 4
Common Data Collection	Data consists of interviews carried out with key stakeholders in the field of child and family services in Ireland.	2, 3, 4

2.2 The Meitheal Process and Outcomes Study
2.2.1 Research Design

The Meitheal Process and Outcomes Study has an exploratory, mixed method design. This combination can provide answers to complex research questions (Burke Johnson and Onwuegbuzie, 2004; Muncey, 2009). The quantitative and qualitative phases of data collection took place simultaneously. It also has a convergent parallel design (Creswell and Plano Clark, 2011), which involves concurrent timing to implement the qualitative and quantitative phases of the study, prioritising both methods equally. The mixing phase occurs during the overall interpretation of results, where findings complement each other (Muncey, 2009).

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

The study was longitudinal in design. Van Belle et al. (2004: 728) defined longitudinal designs as a type of research 'where participant outcomes and possibly treatments or exposures are collected at multiple follow-up times'. This kind of design is suitable for outcomes evaluations, as it can measure changes in outcomes and is also suitable for observing individual patterns of change (Van Belle et al., 2004). Longitudinal (Waxman et al., 2009; Long et al., 2012; Xue et al., 2015) and mixed method designs (Brady et al., 2008; Waxman et al., 2009; McDonell et al., 2015) are among the most common designs used in outcomes evaluations of family interventions at a national and international level.

The UCFRC research team were supported throughout the development and implementation of this study by a steering group, which included members of the research team, Tusla Regional Implementation Managers, a Tusla Information Officer and a representative from Tusla Workforce Learning and Development. This steering group discussed the design of the study, participant recruitment and possible barriers to the implementation of the study. Meetings were held every two months between September 2016 and September 2017.

A pilot study was carried out between October and November 2016 to determine the most suitable methodology and data collection process. Pilot studies have been shown to highlight potential problems and identify barriers that could not be otherwise anticipated (Connelly, 2008). Specifically, the intention of the pilot study was to determine the ease of use of the Outcome Stars scales, the Strengths and Difficulties Questionnaire (SDQ), the General Health Questionnaire (GHQ) and the Malaise Inventory. This included the clarity of instructions, wording of the questions, and appropriateness of the format and ease of administration (Hertzog, 2008). A total of 8 Lead Practitioners and 9 families took part in this phase of the research who were asked to provide feedback on each of the scales including the ease of understanding, instructions, wording, and format. Both families and practitioners provided feedback on their perception of each of the scales. Based on the analysis of their feedback it was decided to include the Outcome Stars scales, the SDQ, the GHQ and to exclude the Malaise Inventory as this was not deemed suitable by participants. A full report on the pilot study is available on the UCFRC website.

2.2.2 Recruitment Strategy

The recruitment strategy for this study began in September 2016 with the introduction of the study to relevant personnel in Tusla and partner organisations. The study was implemented in each Tusla ISA when agreement was secured with the relevant PPFS Manager. The timing of its introduction depended on how advanced the implementation of Meitheal was, and whether resources such as Coordinators were in place to support the study. The next phase in the recruitment strategy in each ISA focused on creating awareness among relevant individuals involved in implementing the Meitheal model: PPFS managers, CFSN Coordinators and Lead Practitioners (including Tusla employees and individuals from other statutory agencies and the community and voluntary sector). Several briefing sessions were held with PPFS managers to increase awareness of the study and regional PPFS meetings were attended by members of the research team. To support recruitment for the study, UCFRC researchers delivered several training sessions in 15 of the 17 ISAs between September 2016 and April 2017. A breakdown of training sessions by Tusla region and number of participants is outlined in Table 2 below. An outline of the number of briefing sessions and PPFS meetings attended by Tusla region is included in Table 3.

In these two-hour workshops, participants were briefed about the aims of the study and the research design, particularly the data collection process and were trained in how to complete the quantitative scales. Subsequently, Lead Practitioners were requested by local PPFS Managers, CFSN Coordinators and National Management to ask all families who were participating in a Meitheal if they wished to participate in the study.

Table 2 Service Providers Trained by Region and Number of Participants

Tusla Region	Number of Briefing/Training Session [10]	Number of Participants
DML	5	73
DNE	7	82
South	6	115
West	9	118
Total	26	385

Table 3 Briefing Sessions Provided and PPFS Regional Meetings Attended by the Research Team[11]

Tusla Region	Briefing Sessions	Number of Participants	PPFS Regional Meetings	Number of Participants
DML	1	6	1	6
DNE	0	0	1	9
South	3	30	1	5
West	1	5	1	8
Total	5	41	4	28

Active recruitment of participant families began in January 2017 and lasted until October 2017. To protect the anonymity of families who participate in Meitheal, it was decided that either the Lead Practitioner or the CFSN Coordinator would introduce the study to the family and seek their consent. The Lead Practitioners or CFSN Coordinator verbally introduced the study to the family and provided them with participant information sheets. Every effort was made to ensure that it took place as early in the Meitheal as possible however, the exact point when the data was collected at Time 1 depended on factors such as when the study was introduced to the family or when they were available to meet. Further details on the data collection process are included in Section 2.2.6.

2.2.3 Sample Size

This study required a large sample to be able to be representative and provide in-depth information that presented a description of Meitheal nationwide. Previous studies of this kind have included samples of between 601 families (Pancer et al., 2013) and 6,693 children (Brannstrom et al., 2013). Sample sizes in the Irish context have included up to 1,200 participants (McKeown, 2004).

The Meitheal Process and Outcome Study had a sample recruited from all Tusla regions: Dublin Mid Leinster (DML), Dublin North East (DNE), the South, and the West. However, not all Tusla ISAs engaged with the study. This report is a longitudinal account of 85 families and their Lead Practitioners that took part in Meitheal. An a priori power analysis[12] was calculated, which is outlined in Table 4- a total of 1099 people were required for a small effect size, 153 for a medium effect size and 70 were required for a large effect size. Significant efforts were made to achieve the largest sample with a small effect, but this was not possible. Details on the qualitative sample are included in Chapter 3 Section 3.1.1.1. The quantitative participant profile is included in Chapter 3 Section 3.2.2.1.

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[10] These sessions included both briefings about the study and training on the data collection. They were mainly attended by Lead Practitioners.

[11] These were separate standalone briefing sessions held with Tusla management to inform them about the study.

[12] This is used the estimate the sample size required for a research study.

Table 4 A Priori Power Analysis

Input Parameters		Output Parameters	
Effect size	0.02 (small)	Total sample size	1099
Effect size	0.159 (medium)	Total sample size	153
Effect size	0.35 (large)	Total sample size	70

2.2.4 Data Collection

2.2.4.1 The Data Collection Process

Data was collected with families in two ways. In some instances, Lead Practitioners completed the quantitative tools with the families and returned them to the UCFRC research team for inputting and analysis. Meetings were then organised by the research team with families to carry out the face-to-face interviews. In other cases, where both the qualitative and quantitative data was collected by the research team, the Lead Practitioner sought and received permission from the family for the research team to contact them to organise this. A member of the research team then met with the parent(s) and or the child or young person to complete the quantitative scales and carry out the qualitative interview(s). These meetings took place in a location of the family's choice, for example, in their own home or at a local Family Resource Centre. The length of time the meetings took varied depending on how many family members took part but usually lasted between 30 minutes and 1 hour. In addition, Lead Practitioners were asked to complete the Meitheal Fidelity Checklist, which is included in Appendix 1, and an interview (usually by telephone). Interviews with the Lead Practitioners ranged from 10 to 45 minutes. As a token of appreciation, parents who took part in the research were given a €30 One4all voucher, while children and young people were given a small gift. This offer was repeated each time they took part in the data collection.

At Time 2 and Time 3 Lead Practitioners were contacted by email or telephone to check whether families had any significant issues, which might mean that the researchers should refrain from asking them to take part. They were also asked to check with the family about whether they were willing to be contacted by the research team to organise the data collection. Where efforts to contact the Lead Practitioner were unsuccessful the research team made direct contact with the parents to ask them whether they would be willing to take part. Once contact was made and the families stated that they were happy to continue with the research study similar procedures were followed as in Time 1 about how the data was collected with them and the Lead Practitioner. Table 5 below provides details on the data collection time frame.

Table 5 Data Collection Time Frame

	Date Collection Time Frame
Time 1	January 2017 to October 2018
Time 2 (after 6 months)	June 2017 to March 2018
Time 3 (after 12 months)	January 2018 to March 2018
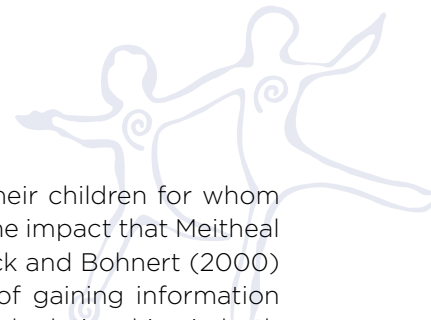
2.2.4.2 Qualitative Data Collection Tools and Analysis

Semi-structured interviews were carried out with parents and where possible their children for whom the Meitheal was initiated. These focused on (1) their perception of Meitheal, (2) the impact that Meitheal had on their lives and (3) whether they received the help they required. Edelbrock and Bohnert (2000) considered face-to-face interviews to be a natural and indispensable method of gaining information about emotional and behavioural functioning, as well as physical health and social relationships in both the past and present. This method of data collection has been very widely used in outcome evaluation research (Brandon, 2011; Hurley et al., 2012; Li et al., 2014; Xue et al., 2015). Lead Practitioners' interviews focused on their general experience of Meitheal, potential barriers and strengths, and the infrastructure in place to support them. They were also asked questions about the experience of supporting the participating families. In Time 2 and Time 3 all interviews included questions on the temporal element such as changes that had taken place for families and in the Meitheal process. All interviews were audiotaped for transcription. Interview scripts and participatory research prompts for all participants are included in Appendix 2.

Data Analysis

All interviews were included in the qualitative data analysis regardless of whether participants took part in subsequent phases of the study. The data was analysed thematically in combination with principles from recurrent cross-sectional and trajectory analysis. Thematic analysis, which is a method to identify, analyse and report patterns (themes) in data and reveal core consistencies and meanings in a text (Braun and Clarke, 2006; Buetow, 2010). Recurrent cross-sectional analysis allows for an exploration of the themes that emerge from the data across the sample. This is employed where comparisons are made between different points in time as was the case for this study. This type of approach is regarded as being useful where some changes are expected in the sample across the different phases of data collection and means that data can be analysed after each time it was gathered (Grossoehme and Lipstein, 2016). This was important in this research study as it allowed for an Interim Report to be published (Rodriguez et al., 2017) and shortened the time frame for the data analysis and write up of the report. Trajectory analysis, which concentrates on what changes for individuals within the timeframe of the data collection was also employed (Grossoehme and Lipstein, 2016). This allowed for participants' experience of the process to be understood and changes in their own contexts such as around the parental relationship with service providers to be focused on.

A challenge to the qualitative data analysis was that families and Lead Practitioners' views did not always match. For example, in one interview a parent stated that someone had spoken on behalf of their child at the Meitheal Review Meetings, but the Lead Practitioner reported that the young person had clearly expressed their views and spoke freely. It should be noted that in some of the sections within the findings Time 1, Time 2 and Time 3 are discussed separately and in others they are combined. This depended on whether there were commonalities or not in the data and the extent to which differences emerged across the phases. Another challenge was data saturation due to the large number of participants. Meitheal emphasises the family's voice and their importance to making decisions so it was felt that it was important to carry out interviews with whoever chose to take part regardless of whether saturation had been reached. In addition, as the study was longitudinal it was important to continue the study with as many participants as possible in order to understand patterns over time in behaviour and experiences.

2.2.4.3 Quantitative Data Collection Tools and Analysis

The scales selected for this research study are outlined in the Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 document which outlines the Irish government's current policy for children and young people between the ages of 0-24 and were therefore relevant in this study. Scales selected for children and young people are the SDQ and the My Star and Youth Star. Parents completed the GHQ, the SDQ and the Family Star Plus. Lead Practitioners completed the Meitheal Fidelity Checklist. The quantitative scales and tools used in the study can be found in Appendix 1. Children, young people and their parent(s) completed the scales face-to-face up to three times (Time 1, 2 and 3) to determine if changes in outcomes were sustainable over time.

The General Health Questionnaire

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

The Outcomes Stars

The Family Star Plus tool, which is completed with parents is focused on 10 specific areas that can be matched onto the five National Outcomes[13]. It was designed to meet the needs of organisations working in the UK as part of the Troubled Families Initiative, but it has also been used as part of the outcomes evaluation of the Children & Young People's Strategic Partnership in Northern Ireland. The areas covered by the Family Star plus are: physical health, well-being, meeting emotional needs, keeping children safe, social networks, education and learning, boundaries and behaviour, family routine, home and money, and progress domains. Each of these domains is evaluated with a 10-point scale to specify any difficulties that parents may be experiencing in this area and where they consider themselves to be in terms of addressing these issues. The five stages are: (1) Stuck, (2) Accepting help, (3) Trying, (4) Finding what works and (5) Effective Parenting. Although specific figures are not provided, the Outcomes Star Briefing (2014) has suggested that it performs well as a reliable outcome measure, demonstrating good internal consistency, low item redundancy and good responsiveness. The Outcomes Star also has a child-friendly version called 'My Star' and a version for young people called 'Youth Star'. All child and youth participants in the study completed an outcomes tool suitable for their age (Triangle Consulting Social Enterprise, 2014).

The Strengths and Difficulties Questionnaire

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

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[13] These outcomes are outlined in the Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 document, which outlines the Irish government's current policy for children and young people between the ages of 0-24. These outcomes are: for children and young people to be active and healthy; achieving full potential in learning and development; safe and protected from harm; economically secure with opportunities and connected, respected and able to make a contribution (Department of Children and Youth Affairs, 2014).
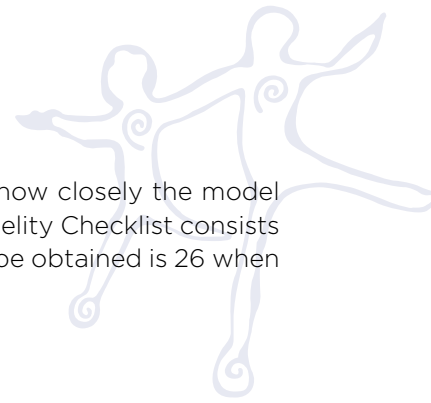
Fidelity Checklist

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

Quantitative Analysis

Data collected from these scales was entered into SPSS Version 20. Data was prepared and screened for normality and reliability. Bivariate analyses were carried out on the data set (independent sample t-test, analysis of variance ANOVA, Pearson correlation coefficient) to determine statistically significant changes over time. Predictors of child, parent and family outcomes were analysed using hierarchical regressions.

The Meitheal Database

Anonymised socio-demographic data (age, gender, location, nationality and number of siblings), the reason for the Meitheal's initiation and referral pathways were obtained from the Meitheal database. The purpose of this was to avoid repetition for research participants. This database is exclusively used to store data related to Meitheal and only contains information included in the Meitheal forms; however not all the information was updated or complete for all research participants at the time of data analysis. The information in this database was provided by parents, children, and young people in conjunction with their Lead Practitioner throughout the Meitheal process. Further details of the anonymisation process are described in Section 2.2.5 of this chapter.

2.2.4.4 Attrition Rate

Within the qualitative data collection there was an attrition rate of 17% among fathers at Time 2 and 16% of mothers. Among male children and young people there was an attrition rate of 62% and among females it was 18%. At Time 3 there was an attrition rate of 7% among mothers and 8% among Lead Practitioners. The Time 3 attrition rate for both sets of data was calculated based on the number of participants that were expected to take part at this Time only, it is not based on all participants.

Attrition rate for the quantitative data at Time 2 was 16.7% for fathers and 17.8% for mothers. The highest attrition rates recorded were for children (65%) and young people (40%). No fathers were involved at Time 3, representing 100% attrition. Children had the highest attrition at Time 3 with 87.5%. The attrition rates for the quantitative and qualitative phases of the research are summarised in Table 6.

Table 6 Attrition Rate

Qualitative	Time 2	Time 3
Fathers	17%	O
Mothers	16%	7%
Children and Young People (male)	62%	O
Children and Young People (female)	18%	NA
Lead Practitioners	-	8%

Quantitative	Time 2	Time 3
Fathers	16.7%	100%
Mothers	17.8%	12.5%
Children	65%	87.5%
Young People[14]	40%	O
Lead Practitioners	2.5%	18.7%

2.2.5 Research Ethics

This study was submitted to NUI Galway's Research Ethics Committee and to Tusla's Research Ethics Committee, and full ethical approval was received from both. Extensive measures were taken to ensure that participants were fully informed about what taking part in the study entailed and their right to decline and withdraw if they so wished. The Lead Practitioner or CFSN Coordinator explained the study and gave families the opportunity to ask questions if they wished. Four separate participant information sheets and informed consent forms were designed[15]: for children and young people in age-appropriate formats, and for parents and Lead Practitioners.

Careful consideration was given to protecting the identity of children, young people and families included in the study. To protect the identity of children and young people, the researchers were provided with the unique identifier that is assigned to each child or young person in Meitheal. An encrypted file with the relevant ID Codes was sent to Tusla's Information Officer to obtain access to the information available in Meitheal databases about that specific child or young person. As their names were never released their identity was protected in the information exchange process. An encrypted excel file was returned to the researcher by Tusla's Information Officer. The unique password was only known by these two people and was never released to other members of the research team. In order to further protect participants' anonymity, a code was assigned to each case. Along with a number, each type of participant was given a letter. So, for example, Lead Practitioners were coded A, mothers B, fathers C, and children and young people D upwards. These codes were used throughout the data management and analysis, so interview transcripts were immediately anonymised by changing individuals' names to the codes they were assigned. For the purposes of this study, parents are identified in quotations as P, children and young people as YP and Lead Practitioners as LP, in addition to the number assigned to the family. Information from Meitheal databases was exchanged by using participant Meitheal IDs and encrypted data files. Passwords were only released between quantitative database managers in Tusla and the UCFRC. Participants' anonymity was further protected by making quotes gender neutral so, for example, where a parent referred to their child as he or she this was changed in the findings to they. This helped to add another level of anonymity to participants' identities especially where they discussed circumstances about their Meitheal.

[14] Children and young people are treated as separate within the quantitative data. This distinction is based on whether they completed the My Star or Youth Star tool.

[15] These are included in Appendix 3.
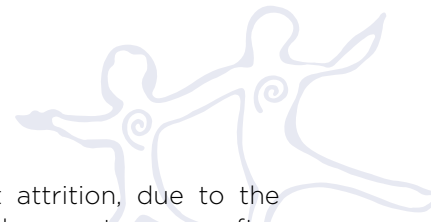
2.2.6 Methodological Limitations

One of the main methodological challenges in this research was participant attrition, due to the longitudinal nature of the study participants were followed for six months and others up to a year after the Meitheal initiated; however not all families agreed to take part in Time 2 or Time 3. Evidence from previous longitudinal studies demonstrates that this is a typical problem for this type of research (see, for example, Young et al., 2006; Gustavson et al., 2012; Hense, et al., 2013). Contact details for some families also changed over time and it was therefore impossible to arrange data collection with them. It was also difficult to engage Lead Practitioners, particularly if Meitheal processes had ended and their contact with families had ceased. Some parents refused to take further part in the research after Time 1. The main reasons for non-participation namely difficulty in making contact or refusal to participate reflect the experiences of other research teams in longitudinal studies (Rogers et al., 2004; Hense, et al., 2013). In addition, some did not take part because they were no longer involved with the Meitheal process. All Lead Practitioners were invited through email to carry out a telephone interview but not all of them replied to the request. Children and young people's participation was also limited at Time 1 and was lower at Time 2. One reason for this attrition was children and young people not wanting to engage in the process and the other was the fact that they would have to be taken out of school for data collection. For ethical and practical reasons this was not encouraged, unless parents and children suggested it themselves. Afternoons and evenings were deemed more suitable for data collection if children and young people wished to be involved. Ginn et al. (2017) described that specific factors in vulnerable families are associated with attrition in longitudinal research, these include unemployment, low income, low education attainment, unstable housing, problems in family functioning and being a single parent. In addition, Young et al., (2004) in an Australian study noted that attrition rates among younger women were higher than among older females largely because they could not be contacted. Attrition can reduce power in statistical analysis; replace random samples with selective samples, which may lead to biased estimates that are not generalisable.

Due to this attrition, the quantitative analysis carried out was restricted by the sample size, which was small. Some analyses, particularly parametric statistics, could not be carried out because there were not enough people in some groups, specifically young people and fathers. A larger sample would allow for the use of parametric statistics throughout and the use of more complex analyses, such as moderation and mediation. In addition, because of the attrition rate it was not possible to develop a complete qualitative understanding of each family's experience of Meitheal across the different phases of the research. There are challenges around understanding children and young people's perspectives on the process. There are also possible difficulties around generalisability as according to Taplin (2005) those who choose not to continue participating in the research study are likely to have had different experiences than those who take part throughout.

Predictors of family outcomes need to be evaluated in more detail. Due to sample size restrictions, only some variables were included in the model, so it is not fully clear at this stage what role child and youth self-reports of well-being (measured with the SDQ) may have on family outcomes. The sample of fathers was also too small to be included in the model, therefore family outcomes are only evaluated from a maternal perspective. Child and youth outcomes need to be evaluated to determine the predictors of family outcomes are the same as for children and young people's outcomes. Sample size restrictions did not allow such analyses to be carried out.

Data available in the Meitheal databases is limited as researchers had no access to the information collected by practitioners for the Meitheal such as the Meitheal Strengths and Needs forms, as these are not uploaded to the Meitheal database. There were also limitations due to the nature and purpose of the Meitheal database. Currently, this does not act as a case management system meaning that there may still be duplication of data input into the overall Tusla databases, which is not ideal in terms of time and resource usage.

2.3 The Connection between the Meitheal and Child and Family Support Networks Model and the Child Protection and Welfare System: Secondary Data Analysis

2.3.1 Data Analysis

In order to fully understand the connection between the Meitheal and CFSN model and the wider child protection and welfare system a descriptive secondary data analysis was also carried out on Tusla activity. Its aim was to explore and evaluate the impact of the Meitheal and CFSN model on the system of help-seeking and help provision by analysing Tusla's Integrated Performance and Activity data between 2014 and 2018, when data was available. This analysis helped determine how the help system has evolved over time and whether any changes have occurred since the introduction of the Meitheal and CFSN model. The methodology selected for this was a longitudinal and descriptive secondary data analysis to identify patterns and determine possible changes over time in this period. The wider CPW context was analysed in detail including the number of children in care, number of foster carers, number of social work referrals (child welfare concerns and child abuse), time waiting for allocation of referrals (high, medium, and low priority), and referrals to Family Support Services. All data was analysed at a national and a regional level to identify any changes since the introduction of the Meitheal and CFSN model.

2.3.2 Limitations

The style and content of the Tusla Performance Activity Reports have been modified over time; therefore, the information and the way it is presented differs during the reporting period and not all the data could be followed with the same level of detail. For example, in 2014 child abuse referrals were divided according to the type of abuse, but this information was no longer available from 2015 onwards. Some of the data available from specific areas was also incomplete, so it had to be excluded from the analysis as changes over time could not be reported accurately.

2.4 Research on the Child and Family Support Networks

2.4.1 Research Design

The study was carried out using a qualitative approach, as it was focused on the perceived benefits, challenges of participating in the CFSNs, and participants' experiences of being a member of the CFSN (Quinn-Patton, 2002). Focus groups were used, which as Krueger and Casey (2015) note allow researchers to collect data on perceptions, attitudes, and opinions. Furthermore, Kitzinger (2004) argues that focus groups are a useful means of exploring the collective experience of 'pre-existing groups' (p. 105), a description that applies to CFSNs.

2.4.2 Recruitment

CFSN Coordinators nationwide were emailed with a request to provide details of the number, location, and membership details of the existing networks in their catchment areas. Information was received about 44 CFSNs[16]. Using the RAND function in Microsoft Excel,[17] a random selection of 20% of these CFSNs was made, which was considered to be an adequate sample. Support was then provided by the relevant CFSN Coordinator to organise the data collection. The CFSN Coordinators sent participant information sheets to the members of the CFSN on behalf of the research team with a request to participate in the research study and arranged a suitable date and location for the focus group.

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[16] As of June 2017, 88 CFSNs were operating, with a further 53 planned (Tusla, 2018).

[17] This function generates random numbers and here was used to randomly generate a sample for the study.
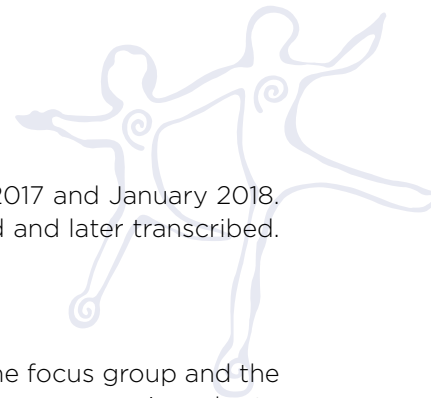
2.4.3 Data Collection

A total of 9 focus groups[18] with 75 participants took place between November 2017 and January 2018. The focus groups lasted from 45 minutes to one hour. They were audio recorded and later transcribed. The data was stored securely and was accessible only to the research team.

2.4.4 Data Analysis

The data was analysed thematically based on the questions that were asked in the focus group and the aims of the research. Participants' perceptions were also compared across the focus groups in order to generate a cohesive set of findings. As the networks were at various stages of development some of the themes in the findings are shorter than others and some focus groups are quoted more extensively than other ones.

2.4.5 Ethics

Ethical approval was applied for and received from NUI Galway's Research Ethics Committee and Tusla's Ethics Committee. All relevant ethical protocols were followed including providing participant information sheets and informed consent forms[19]. Participants were given an opportunity to ask the researcher questions about the research and the data collection process before the focus group began. To protect the anonymity of the participants, they are not directly identified in the findings by job description. The specific network areas where the research was carried out are not named in the report. Codes were created to identify individual focus groups using a numbered sequence: FG1 represents one focus group, FG2 a second one, and so on. The codes were assigned randomly to the focus groups and are therefore not linked to the order in which the data collection took place, nor have they any significance in terms of the findings.

2.4.6 Limitations

As the CFSN model has only been operational since 2015, a limitation of the research is that at the time the data was collected it was difficult to gauge, for example, participants' perceptions of the CFSNs' long-term benefits or challenges.

A limitation of the findings is that they do not include data on issues around the implementation of the CFSNs at a managerial level. This is because the intention was to focus on the members of the CFSNs, and as these had little involvement in the management of the networks, data was not collected on this subject.

2.5 Interviews with Internal and External Stakeholders: Common Data Collection

2.5.1 Research Design

The findings for this component of the research are taken from a common data collection process focused on exploring the PPFS Programme within a systems change context. This evaluation had an exploratory, qualitative, cross-sectional design, which used structured interviews to gather the data.

2.5.2 Recruitment

Researchers from the UCFRC completed a list of relevant Tusla and non-Tusla staff, including details of their role, job description, and contact details. The criteria for inclusion was in-depth knowledge of Tusla at a structural or operational level as well as engagement with the PPFS Programme. For this study, only personnel relevant to the Meitheal and CFSN model were included in the analysis.

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[18] The interview guide is included in Appendix 4.

[19] These documents are included in Appendix 4.

2.5.3 Sampling

Certain research participants were purposefully selected due to the relevance of their positions in Tusla and its partner organisations and their engagement with the PPFS programme. These participants had key roles including in management, policy, or implementation. Random sampling was used to select participants from the categories of Tusla Principal Social Workers and CYPSC Coordinators. Further details are provided on the participant sample in Table 7.

Table 7 Participant Sample

Tusla Staff	Partner agencies
National office personnel Regional Implementation Managers Service Directors PPFS Managers Key functionalist specialists Area Managers Principal Social Workers CFSN Coordinators	Government departments: Children and Youth Affairs, Health, Education, Social Protection Senior officials from Tusla-funded organisations.

2.5.4 Data Collection

The interviews were carried out by a team of UCFRC researchers between October and December 2017. Standard invitation emails were sent to every research participant, including participant information sheets and informed consent forms[20]. Potential interviewees were given two weeks' notice to reply to the email and select a day and time suitable to carry out the interview. Participants could also decline to take part in the research at this stage. Following this, personalised interview schedules[21] were used for each participant as their knowledge of specific PPFS Work Package activity depended on their role. The interviews lasted a maximum of two hours. Face-to-face interviews were carried out with participants at a senior management level and in the interests of time and cost telephone interviews were completed with all other cohorts. Interviews were recorded and professionally transcribed. Participants were then sent a standard email thanking them for their participation and were given access to their transcript to make any pertinent changes if desired. Once the final transcript was returned, these were divided into the different Work Packages, and the relevant data was shared with the different researchers per evaluation package for analysis.

2.5.5 Data Analysis

All qualitative interviews (n = 114) were uploaded and analysed in the qualitative data analysis computer software package NVivo (version 11) for managing and coding the large volumes of interview data. The method selected for data analysis was content analysis. Content analysis is a systematic and objective method to quantify phenomena by turning words into content-related categories to build up a conceptual model or system (Elo and Kyngäs, 2008). This method is focused on the characteristics of language as communication, emphasising the context and meaning of the text (Hsieh and Shannon, 2005). This study applied deductive content analysis specifically, whereby the analysis was operationalised on the basis of previous knowledge; in this case the research aims (Elo and Kyngäs, 2008). Participants were classified according to their job role. Tusla staff were classified into low (practitioners), medium-managerial (for example, regional managers), and high-managerial level (for example, national managers). External

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[20] These are included in Appendix 5.

[21] The interview schedule is included in Appendix 5.
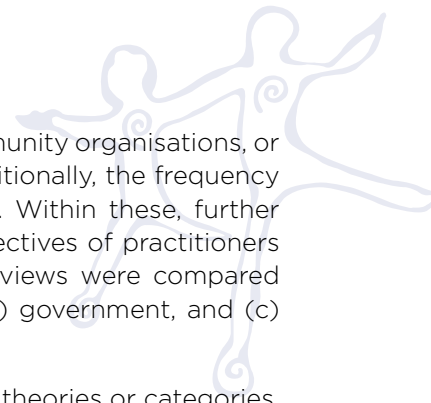
partner agencies were classified into government (government employees), community organisations, or stakeholders-the Health Service Executive (HSE), foundations, and funders. Additionally, the frequency of coded categories was compared between Tusla and non-Tusla participants. Within these, further comparisons provided the specific views of higher managerial levels and perspectives of practitioners who were in contact with service users on a regular basis. Partner agencies' views were compared according to the classification of sectors into (a) community and voluntary, (b) government, and (c) other stakeholders.

Content analysis can be challenged; critics say it can overemphasise pre-existing theories or categories, limiting the understanding of contextual aspects of the phenomenon (Hsieh and Shannon, 2005). With this in mind, the 'trustworthiness' of the analysis was achieved through different processes. Firstly, the analysis was carried out with the original interview transcripts. Secondly, authentic citations were used to support the findings, and thirdly, these findings were shared and discussed with other members of the research team to ensure the analysis was adequate and valid (Elo and Kyngäs, 2008).

2.5.6 Research Ethics

The qualitative element of this component of the research was submitted to NUI Galway's Research Ethics Committee and to Tusla's Research Ethics Committee, and full ethical approval was received from both. Participants were assigned a personal identifier number to protect their anonymity. In addition, participants were offered the opportunity to review, amend or refuse to have their transcript included in the analysis where they believed that their anonymity was at risk.

2.5.7 Limitations

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

2.6 Conclusion

This chapter outlined the methodology that underpinned the different components of this study. It provided an overview of the research design for each component, including the data collection methods, the data analysis and ethical issues. Finally, any methodological challenges and limitations to the research were discussed.

3

Findings

3.1 Introduction

This chapter presents research on the Meitheal and CFSN model. The research has three components-the Meitheal Process and Outcomes study, findings on the Child and Family Support Networks and interviews with internal and external stakeholders: Common Data Collection. The aim of this chapter is to report on the findings of each of these three components separately to facilitate an understanding of the individual contributions they make to the overall evaluation of the Meitheal and CFSN model within the wider support context. These findings, including discrepancies and commonalties will be integrated in the discussion chapter to provide a comprehensive understanding of the Meitheal and CFSN model and Tusla's wider support system.

3.2 Meitheal Process and Outcomes Study

The Meitheal Process and Outcomes study was aimed at evaluating if the Meitheal model improved outcomes for children, young people in Ireland. The study had a mixed method design, including a combination of qualitative interviews with children, young people, parents, and Lead Practitioners to capture their perceptions and experiences engaging in Meitheal and quantitative measures of well-being and fidelity to track outcomes over time. The combination of both methods provides a thorough understanding of the impact of Meitheal on service users' outcomes.

3.2.1 Qualitative Findings

This section focuses on the qualitative findings from the three phases of data collected for this study with parents, children and young people and Lead Practitioners. It provides a profile of the participants who are included in these findings and discusses participants' views on the overall experience of participating in Meitheal. It then focuses on Meitheal's perceived benefits for families including for children and young people, their parents and the wider family as well as challenges around this. The different stages of the Meitheal are explored from its initiation to how it is implemented and finally its closure. Following this parental and child and youth participation in Meitheal are examined. Lastly, Meitheal's relationship with the service provision system is discussed including its influence on practice, the connection between the model and CPW and its sustainability.

3.2.1.1 Profile of Participants

A total of 165 participants took part in Time 1 of the Meitheal Process and Outcomes Study. Of this 87 were in the parents' category 46 were Lead Practitioners and 32 were children or young people In Time 2 there were 138 participants with 73 parents, 48 Lead Practitioners and 17 children or young people. In Time 3, 26 took part, of this 12 were parents,12 were Lead Practitioners and 2 were children or young people. Table 8 provides an overview of the participants in the qualitative strand.

Table 8 Participants in the Qualitative Strand of the Meitheal Process and Outcomes Study

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

Lead Practitioners in a wide variety of sectors took part in the study including Family Support practitioners, representatives from youth services and educational supports. Of these, 45 practitioners worked for Tusla and 38 practitioners were employed by the community and voluntary sector. Further details on the Lead Practitioners' sector or service are included in Table 9 below.

Table 9 Profile of Lead Practitioners by Sector/ Service

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

3.2.1.2 Overall Experience

Across the period of data collection most parents were positive about their experience in Meitheal both as a process and in terms of its benefits to their families. In the Time 1 interviews many parents appeared to have already developed a high level of trust in Meitheal. They expressed optimism about the role it might play in addressing their family's unmet needs in a range of areas including improving their children's behaviour, increasing their own parenting skills, and supporting the wider family. These were one parent's views on the subject:

> Well, what I'd hope to see my family in a year's time is working together in a hell of a lot more harmony than they'd be doing now. Just where they can kind of communicate without shouting and roaring, and my child can be basically, how would you say, all round just a calmer person and less angry and less emotional. And I think with my child being in that mind space I think it would definitely change the dynamics of the house altogether, you know. (P8)

Other parents whose children had complex conditions such as Autism Spectrum Disorder (ASD expressed their relief at the prospect of accessing appropriate supports in a coordinated manner, as shown in the quote below:

> In my situation it would be very good for everybody to be able to sit down together and talk about what's happening and what's going on and to put a plan together rather than running back and forward and he said, she said. Everything gets confused that way. At least this way it'll all be on the one page. (P56)

In the Time 2 interviews most parents (n=46) were satisfied with both the results of the Meitheal and their experience of the process itself. This is shown in the following quote:

> I'm glad I said yes [to taking part in the Meitheal] because if I had said no I'd probably be still fighting. Whereas now I don't have to fight, it's after ending and I don't have to fight again. (P4)

Where not all the family's needs could be met for reasons such as lack of available services some parents still appeared to be pleased with Meitheal. This was largely because of their positive experiences of the process including the relationships they developed with service providers. Others felt listened to and found the experience of participating to be empowering and non-judgmental. Most parents stated that they would recommend the Meitheal process to their friends or families, with many reporting that they had already done so. One parent who had stepped down from CPW services into Meitheal and had appreciated the support they received had recommended Meitheal to a friend:

> I told my friend like they're not there to take your kids off you, they're there to help you. If you hide away that's going to make it look worse but open the door and just take the help. (P84)

A Lead Practitioner believed that a parent they worked with who had very negative experiences of services as a young child would be willing to recommend the process to others:

> If they saw anybody in similar strife [they] would refer somebody in you know? Would encourage them to access and I think that is a huge step for somebody you know? [In the past] If you mentioned social workers [they] would tremble at the knees. (LP4)

However, in some Time 2 interviews parents were unhappy (n=9) with Meitheal or had mixed feelings (n=12) particularly around its capacity to meet their children's needs. An issue here is that as one Lead Practitioner noted initial parental optimism about a process could lead to great disappointment where proposed actions could not be delivered on. Other parents found the experience of participating in Meitheal to be difficult as they did not feel included or felt intimidated in the process. A small number of
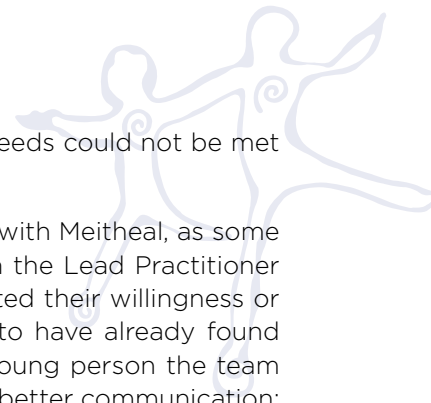
parents who were appreciative of the process were frustrated because certain needs could not be met through Meitheal.

In Time 1 it was difficult to gauge children and young people's satisfaction levels with Meitheal, as some were more focused on the day-to-day experience of, for example, meeting with the Lead Practitioner rather than reflecting on the wider process. For others their age potentially limited their willingness or capacity to engage on this subject. However, several young people appeared to have already found the overall experience of participating in Meitheal to be very helpful. For one young person the team approach seemed to be very important, as it had led to greater coordination and better communication:

> *Everything works out better than going in separate directions, and that makes a difference. I didn't feel threatened or nothing. I went with, like what are you going to lose? Nothing. You're going to gain something from it, take it, go for it.* (YP17)

While children and young people were less vocal about the potential benefits of Meitheal than their parents, some did express hope that it would lead to positive changes in their family's lives including improvements in their own behaviour, school attendance and performance, as well as making their family happier and changing the atmosphere in the household. One young person was looking forward to the Meitheal process because 'we need help and we can't do it by ourselves' (YP42). Of the children and young people who took part in the Time 2 interviews their views of Meitheal were mixed. Some reported that they were happy with their involvement in Meitheal as shown in the quote below:

> *I think it's been a great experience so far. [I'm] looking forward to the rest of the year, been very helpful with me. Getting me at school, help at home, help anywhere I go really. There's nothing they could really do better in my opinion. Did a great job so far.* (YP8)

However, one young person did not feel that there had been many changes in relation to their behaviour in school. In addition, some parents of young people who had taken part in Time 1 but not in Time 2 reported that their children seemed to be disenchanted with the process and were no longer engaging with it. This point is discussed in further detail in Section 3.2.1.4.

The vast majority of Lead Practitioners who took part in the study had positive attitudes towards Meitheal and its potential benefits to families and the service provision system. As one Lead Practitioner noted:

> *You have to do it to see the benefit. You have to see the process, and it does work, like. Even just taking that step and putting the family towards Meitheal, it does work, like. Once you get that first Meitheal over you and you see that process, it's amazing.* (LP5)

Other Lead Practitioners noted that although they had been wary of taking on this role, they found that it was easier to implement than they had anticipated it would be.

These were one Lead Practitioner's views on Meitheal:

> *Well I love the Meitheal process, absolutely love it. I think it is one of the really really good tools, practice tools that we can use because it literally brings everybody around the table and it gives the family some sort of I suppose ownership and control as well.* (LP52)

Lead Practitioners felt that Meitheal was effective in helping to improve children and young people's outcomes and that appropriate strategies could be put in place to resolve a range of issues for families including in the areas of emotional, practical, and developmental needs. One Lead Practitioner argued that Meitheal shifted the focus of actions towards the needs of the family rather than depending on practitioners' personalities, competencies, or skills. Another reported that the process itself was an important element in its success:

> *Any Meitheal I have been involved with has been very productive. [...] The fact that you're getting everyone who are making the decision making at one place around one table, so that it's very clear who is doing what and they all have to come back with their pieces of work done, so that is very, very helpful for the family. So each Meitheal I have been at has been very positive outcomes for the family so on the whole it has been very beneficial.* (LP26)

However, a small number were unhappy with Meitheal largely because services could not be in put in place to support families or because of difficulties when a referral was made to CPW after a Meitheal had been initiated.

3.2.1.3 Capacity to Coordinate Support to Meet Needs

Of the Meitheals included in this study a total of 34 participants[22] believed that their families' needs had been met through the process or were in the process of being met. 21 reported that some of their needs had been met and 11 stated that they had not been. Data was not available on 19 of the families. The following section focuses on Meitheal's perceived capacity to meet children and young people's needs including for previously non-referred individuals.

Meitheal's Capacity to Meet Children and Young People's Needs

It is evident from the data that Meitheal's effectiveness often depends on the type of needs identified, with, for example, fewer challenges where support was required around parenting, social isolation and improving children and young people's behaviour. Where needs were met many participants noted that appropriate and effective supports had been put in place for children and young people for whom the Meitheal was initiated with some noting that they appeared to have more prompt access to services through the process. While the supports that were provided were specific to the circumstances of each child or young person they were largely in the areas of participation in youth services, increasing their involvement in extra-curricular activities such as sports and access to therapeutic interventions such as Child and Adolescent Mental Health Services (CAMHS), art or occupational therapy. Strategies were also developed to support school attendance and performance including access to Special Needs Assistants and alterations in school routines to help reduce children's and young people's anxiety levels. Key professionals involved in their lives such as teachers also gained a greater understanding of the issues they were dealing with. For example, one Lead Practitioner of a Meitheal where domestic violence was an issue noted that the young person's teachers had become more aware of the family's circumstances and had put in place appropriate supports for them.

Participants noted that children and young people's emotional wellbeing appeared to have improved, as demonstrated by decreases in problematic behaviours such as self-harming and better mood regulation as well as greater levels of self-confidence. In addition, some had been discharged from specialist services such as CAMHS. Many parents reported that their children's behaviour had improved both at home and in school, their relationship had improved and that child to parent violence had reduced. Needs were also reported to have been met in relation to children and young people's school attendance and performance, social isolation and the development of healthy peer relationships. For example, one parent whose child had been experiencing bullying, whose educational performance had deteriorated and who had become increasingly socially isolated reported that:

> *[Now] the best thing is for my child being back to them self because this is the child I know; this is the lovely child, shy like; I know that's listening, that behaves, that is smart, that's sensitive to other people feelings.* (P36)

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[22] This was based on their qualitative interviews at either Time 2 or Time 3 depending on which was their last interview. This included 33 parents and one young person.

Their child also noted that they were more confident about their future, that they were engaged in a number of extracurricular activities and had a better relationship with their parent. Other children and young people also reported positive changes including in the areas of self-regulation, improvements in their school attendance and performance and stronger relationships with their parents. As one young person stated:

> *I was struggling at school and I'm getting better at school. [...] At home; I'm after getting a lot of help at home. I'm after getting; I don't know whether it's counselling or what, but it's something. [...] I feel much more; like I don't feel like I'm going to blow a gasket and mill it now, like; if someone annoys me, I'm not going to blow. I'll try to walk away, and sometimes I'll stay there but I feel much better and more relaxed, like.* (YP8)

One participant noted that they now felt less angry and stressed than they had been. Another stated that they felt more in control of their emotions, their attendance and performance in school had improved considerably and their mental health issues had been largely resolved. By Time 3 they were no longer attending CAMHS and were only being supported by one youth worker. Both they and their parent also reported that family relationships had improved. These were the young person's views on Meitheal:

> *I found Meitheal really helpful and it was great to know that I had people like there for me, to help me and it gave me a lot of support and yes it was just good in general to have all these people there for me when I was struggling, and it really helped me a lot. I've come a long way since the first meeting.* (YP79)

Meitheal and Siblings

One small but important cohort that appears to be benefitting from the introduction of Meitheal are children and young people with needs that had not been previously identified. In at least two of the families, Meitheals had been initiated by practitioners for children and young people other than those the parents had originally requested help for. In another a Meitheal was put in place through the diversion pathway where the family were in significant need of support but who had not previously sought help from outside sources. Some Lead Practitioners also reported that through the Strengths and Needs form and the Meitheal Review Meetings they had identified other children in the family with unmet needs for whom supports were put in place.

3.2.1.4 Challenges to Meitheal's Capacity to Meet Needs

The section below explores Meitheals' capacity to meet needs and some of the reasons underpinning this such as access to appropriate services and families' engagement with the process.

In 21 of the Meitheals where data was available some of the needs identified by families were not met. The need most often reported as remaining was the lack of ASD related supports (n=8). Other issues included school attendance (n=3) and ongoing financial difficulties (n=2) as well as other child-specific needs such as waiting lists for the provision of mental health supports and a youth mentor. There were four families where wider needs were not fully met including around housing and access to ongoing Family Support. In 11 families the needs identified at the outset had not been met with young people's refusal to engage emerging as a significant challenge (n=5) followed by a lack of supports for ASD (n=4). In 4 other families, needs could not be met because other services were not available such as CAMHS. Other needs were not met because of delays due to a referral being made into CPW (n=2) and difficulties in securing appropriate housing (n=2).

One fundamental challenge is that some children's and young people's issues were so embedded that it was difficult to address their needs. This is because of resource issues but also because parents' concerns had not always been taken seriously until their child's needs had escalated. For example, one parent,

whose views were echoed by the corresponding Lead Practitioner, reported that they were worried about their child from a very young age. However, professionals dismissed their fears, for more than five years, with some blaming their parenting skills for their child's problems. This meant that by the time the Meitheal was initiated their child's behavioural issues, emotional regulation difficulties and mental health needs had worsened to the point where they had begun to express suicidal ideation and needed acute supports to be in put in place to manage their care.

Considerable issues were identified in meeting needs for children and young people with ASD. In some families Meitheal was quite successful in supporting children and young people with ASD as well as their parents. Where children and young people's needs could not be fully met, some parents reported that they had personally benefitted from the Meitheal because they felt listened to and supported and had developed better coping strategies to deal with their child's needs. Nevertheless, Meitheal's capacity to support some families was severely impeded either because specialist services are not available or due to lengthy waiting lists. This is highlighted in the quote below:

> *We received a letter from the agency that [the parent] was referred to, and it said we are currently doing the intake for January 2011 and your child is on the waiting list. This was in October of 2016. That is scandalous.* (LP10)

As a result, Meitheals had to be closed with parents and Lead Practitioners reporting that the children's problematic behaviours seemed to be increasing in severity and becoming embedded. The views of one Lead Practitioner are highlighted in the quote below:

> *This whole Progressing Disabilities[23] is supposed to be coming in but when? When the child has all these learned behaviours that are going to be harder to unlearn? They are already so rigid in some of their obsessional behaviours; they're going to be so difficult to break. And I think the longer it goes on for the parent, the harder it's going to be for them to put on their concrete wellies in the morning and be consistent with the child rather than give them the can of Coke and give in.* (LP10)

Challenges also emerged around adolescents with school attendance issues. While some children and young people's attendance improved, in others this need was not met and in fact there was a significant deterioration between Time 1 and Time 2 or 3. From the data it seems that this could be at least partially because school attendance is identified as the main need to be resolved rather than the often complex issues that underpin this, for example, around mental health, poor relationships with non-resident parents, lack of familial support networks and low self-esteem. One parent believed that the Meitheal was counter-productive because their child had felt under so much pressure that they had eventually refused to participate in the process and their school attendance had worsened. The parent also noted that both they and the child were disappointed that despite having identified other needs, the main issue focused on was the young person's education with most proposed actions contingent on their return to school. Other families were unsuccessful in obtaining more suitable accommodation or their financial issues represented a significant stressor that often could not be adequately addressed through Meitheal. In these situations, parents often expressed reluctance to request further help to purchase household items that they needed but could not afford or as noted by one parent the help they were being offered was not what suitable for their needs:

> *There's no use me going there [to the service where their Lead Practitioner worked] because whenever I go there you know they offer me help; [but] the help they offer me is not what I need.* (P30)

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[23] This is referring to a programme called 'Progressing Disability Services for Children and Young People' (PDS). It aims to develop a national model where children and young people have access to services at as local a level as possible using a multi-disciplinary approach (HSE, 2017).
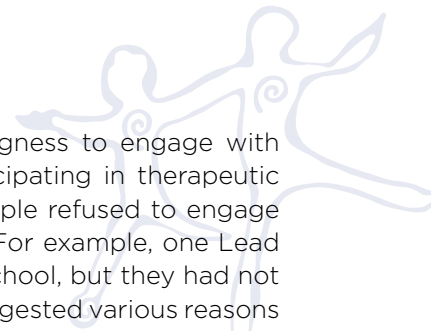
In most interviews participants highlighted children and young people's willingness to engage with Meitheal action plans including, for example, taking up new activities or participating in therapeutic interventions. However, in a small number of Meitheals, children and young people refused to engage with suggested actions, for example, around supporting their return to school. For example, one Lead Practitioner reported that extra supports were arranged for a young person in school, but they had not availed of this despite repeated assurances that they would do so. Participants suggested various reasons for their non-engagement such as mental health issues and unwillingness on their part to take personal responsibility to resolve their difficulties. However, an alternative view put forward by one young person was that more care needed to be taken around the pace of the supports that were being put in place:

> *Definitely try and understand more about what goes on in a young person's head and slowness, just take it slow instead of just dadadadada-there!* (YP83)

A notable feature of the data throughout the study was how many parents actively engaged with and responded to the Lead Practitioners and the wider Meitheal process, as demonstrated in the following quote:

> *The parent's quite friendly, and because they're friendly and they're proactive and they want to know everything, what their children are doing, what they're up to, who they talk to, who they see.* (LP13)

However, a small number of Lead Practitioners reported that parents did not fully engage with the process. This took two forms. Firstly, parents sometimes refused to allow certain issues to be addressed within the Meitheal process. This reduced the potential effectiveness of the Meitheal process as highlighted in the quote below:

> *It's very difficult to proceed with the Meitheal because it's very much led by what the family want and what the family identify as their needs and though you […] can try and guide [the parent] towards a recognition that some of it may also be to do with parenting, if the parent chooses or can't see that or chooses not to see it then it is very difficult to continue on with the Meitheal and to continue to try and meet the needs in that way.* (LP51)

Secondly, parents were not always willing or able to carry out tasks they had agreed to in the Meitheal Review Meetings or engage with the services that were suggested by practitioners.

An implementation challenge that emerged was where there were poor relationships between parents. This led to difficulties in gaining consent for the Meitheal to take place, the degree to which the non-resident parent was involved in the process and how information was shared with them. In some situations, children and young people had not been able to avail of services because it was not possible to obtain consent from the non-resident parents. A small number of parents who had very poor relationships with their ex-partners were acting as an intermediary between them and the Meitheal process. This caused difficulties in the non-resident parent's engagement with the process. Sometimes there were tensions and differences of opinion between the two parents. This led to challenges for the Lead Practitioner in managing the Meitheal and reduced the possibility of developing a cohesive Meitheal action plan.

3.2.1.5 Benefits of Meitheal for Parents

This section focuses on the benefits of Meitheal for parents under two themes. Firstly, changes to their own and their family's well-being in areas such as capacity to cope and improved parenting strategies. Secondly, changes in their relationships with professionals such as increased access to formal support networks and better interactions with service providers. It also discusses specific improvements for parents with previous experience of the CPW system.

Changes in Personal Well-Being and Family Life

Within the Meitheal process parents had benefitted from access to direct supports including enrolment in educational courses, referral to counselling services and increasing their social outlets. However, a small number reported that few changes had occurred in their own circumstances, as, for example, they were still on waiting lists for services such as counselling or their housing remained insecure. One of the key direct supports identified in Time 1 and Time 2 was the Lead Practitioner, who many parents felt was crucial to their experience of Meitheal and to the outcomes achieved. Parents reported significant indirect benefits from the process including positive changes to their mental health, reduced stress levels, greater self-confidence, and more self-assurance in their interactions with professionals. Lead Practitioners also reported that Meitheal seemed to have significant benefits for parents as well. In many of the interviews parents attributed reductions in their anxiety levels to their family's access to coordinated support as demonstrated in the following quote:

> *I just feel that they [the Meitheal practitioners] made it all possible without me running around like a headless chicken asking this guy this and then trying to bring it together, which is extremely difficult and it is very stressful you know? So I just felt they did it and they took that strain away from me you know?* (P8)
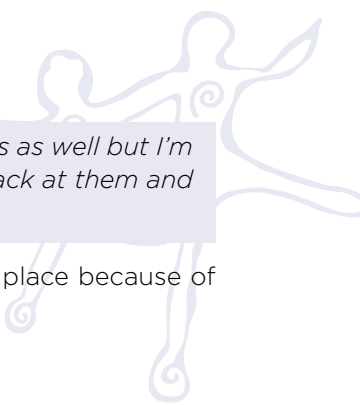
In the Time 1 interviews some parents noted their relief at not having to repeatedly share potentially distressing and intimate details of their family's life, often in non-clinical scenarios, in an effort to secure an appointment with a service. These were one parent's views on the subject:

> *You don't have to meet everybody individually; the fact that we went and, you know, pouring out your heart for an hour and a half and you're going around doing it the whole time. So you can go to one person […], explain everything that's been going on with everybody in the house.* (P16)

In both Time 1 and Time 2 interviews, many participants reported that taking part in Meitheal had led to positive changes in parenting practices. Parents reported that because they felt less emotionally overwhelmed their capacity to effectively parent their children had improved. They also stated that they felt supported to develop and maintain strategies such as establishing consistent behavioural boundaries for their children. Many parents reported improvements in their coping skills and strategies especially where their children's needs were such that they were likely to face ongoing challenges. This was for two main reasons. Firstly, where parents felt more supported and their stress levels had reduced they believed they were in a better position to cope with their children's challenging behaviours. One parent highlighted this:

> *I'm coping better because I know there's people there to support me whereas before you'd be afraid to phone up the social workers because they; I don't get on with some of them so it was just clash, clash, clash. And with the Meitheal programme we're all sitting around and we talk.* (P50)

In one Time 1 interview a parent stated that they were very stressed because of their child's school attendance issues. In the corresponding Time 2 interview while there had been no significant improvements with this, the parent seemed to be less anxious and felt more supported by professionals in how to respond to the situation. Secondly, some parents were able to access specialised training and advice on how to parent children with additional needs such as ASD. In turn this helped to improve their children's emotional regulation as they were better equipped to understand possible triggers and how to manage or avoid these. This is demonstrated in the following quote from a Time 2 interview:

My child still would have some tantrums but that's all to do with their disabilities as well but I'm learning much better how to deal with them. You know? Instead of shouting back at them and you know? So I'm coping much better. (P40)

This was despite the fact that not all the services their child needed had been put in place because of services' waiting lists.

Changes in Parents' Relationships with Professionals

One of the most significant benefits for parents arising from Meitheal are the changes that took place in their relationship with professionals largely because they felt listened to. This was perceived to have improved parents' mental health, reduced their stress levels and ensured that the appropriate supports could be put in place for the family. Some parents felt that this helped to improve their capacity to cope with their child's issues as shown below:

[Being listened to] definitely makes dealing with my child much easier, that sounds a horrible way of saying that but I mean it's because we're frustrated and then when they kick off again you're like what more do we do now like? [...] But whenever somebody is going "look there's definitely something going on" then at least you can say right this is not my child's fault what they're doing and because you offloaded all your crap onto somebody else then it's not coming out on them as well. (P53)

Many described their previous experiences of trying to access help as frustrating, stressful and exhausting. These were one parent's views on these challenges:

Often we'd find in the past is that they say "oh we can't contact them [another service]; you'll have to contact them" or "I'm sorry we can't help you there; you'll have to go here". It's like; you kind of run around in circles sometimes. (P70)

In addition, participants noted that communication with and between services could be poor and that professionals often did not seem to understand the nature or severity of their child's issues. This had contributed to high levels of parental stress, inconsistent help provision strategies, for example, where conflicting advice was given by different practitioners and a chaotic family life. Parents reported that they had a very different experience in Meitheal and that they felt their concerns about their children were taken seriously by professionals for the first time. Some stated that key professionals such as teachers seemed to listen to their views more in Meitheal, as highlighted in the following quote:

They [the school] were like sending me out letters [about their child's poor school attendance] and they were going to report me and [...] I rang them and I was like "do you seriously think that I want my child out of school like? I'm trying to get them to school but they won't go" [...] but then when I got involved [in Meitheal] then they were just like, they never realised what was really happening. And I was like "well I did tell you", but I think it was because I had the Meitheal there that they really listened to me, which was great. (P32)

As parents developed better relationships with professionals their attitude towards help-seeking also began to change. Parents reported that in the past their sense of fear and shame at needing help meant they were less truthful about their family's issues or they did not seek support until a crisis occurred. Many felt that they would be more likely to seek help at an earlier point in time in the future. This is shown in the quote below from a participant who stated that they had been 'terrified' of asking for help previously:

> *If you need help you need help. It's not, what's the word? It's not embarrassing; it don't make me a bad parent. For a while [...] I did think oh I need help but if I ask anyone what are they going to think of me? Are they going to think I'm a bad parent? Are they going to think I can't take care of the kids?* (P4)

This change is demonstrated by the fact that some parents had already requested that the Meitheal be reopened. Lead Practitioners believed that this was a very positive consequence of the Meitheal process, with one stating that:

> *They [parents] are self-referring, once they have been introduced to the Meitheal and someone has worked with them for the Meitheal process and they see how supportive it is [...] they are coming back and asking for the supports themselves.* (LP3)

Generally, parents, who stated that they felt listened to, described their relationship with the practitioners who took part in the Meitheal as positive and were pleased with the process. Parents of children and young people whose needs were not fully met but who stated that they felt listened to, appeared to have a more positive attitude towards Meitheal, seemed to be more optimistic and appeared better able to cope with potential delays in the support their children received. However, parents who reported that they did not feel listened to seemed to be more frustrated with the lack of progress, less trusting of those who were involved in the Meitheal including the Lead Practitioner and felt unsupported. In these situations, parents continued to feel isolated and unsupported, as shown below:

> *I suppose as someone said to me recently like, you know? You're going to have to just ride it out by yourself because you're not going to get help you know?* (P45)

Parents also appeared to have developed more extensive formal support networks based on meaningful relationships with certain key professionals through Meitheal. This was also perceived to have played an important role in reducing their sense of isolation and stress. This is highlighted in the following quote:

> *Oh [it] was very important to me [having access to a support network] and make me feel better and better [...]. These people I don't know them before, but they are just like a brother to me, or like a sister to me, like no believe me it was fantastic.* (P11)

Although most parents noted that they continued to have a strong relationship with their Lead Practitioner they appeared to be less reliant on them by the Time 2 interviews. In one parent's interviews there were clear changes from Time 1 to Time 2, in how they described their formal support network in terms of their level of trust in practitioners and the number of professionals they identified who were working with their family.

Many of the lone parents who took part in the study whose children had complex conditions such as Attention Deficit Hyperactive Disorder stated that the increased support they received was very important. In Time 1 this cohort often described how stressed and alone they had felt in trying to manage the help provision process for their children, as illustrated in the following example:

> *I'd been doing it on my own for so long now, just helping my children and it just kind of got to the stage where I just, I was so burnt out I couldn't do it on my own anymore and that's why I went to this agency and they said no, we'll set up this Meitheal meeting and we'll figure something out for you.* (P32)
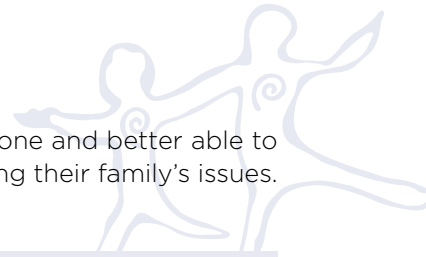
In both Time 1 and Time 2 these parents often reported that they now felt less alone and better able to cope with their child's needs as they no longer had sole responsibility for managing their family's issues. These were one such parent's views on the subject:

> *I found it [Meitheal] very helpful because it kind of opened up lines of communication for myself and with other people, so I kind of, it has been shared, the load now, especially for me because I am a single parent. Do you know? I'm on my own. [...] I suppose I didn't feel as alone as I had done.* (P49)

An important consequence of many parents' engagement with Meitheal that emerged particularly in Time 2 and Time 3 is that their attitude towards professionals and service providers seemed to change. Many reported that they now felt more confident and capable in their interactions with professionals in the service provision system. Several participants also noted that taking part in Meitheal could be empowering for parents as it gave them an opportunity to share their views as respected stakeholders in the help provision process:

> *It's very much led by the parent. The parent is doing the majority of the talking which was great, which is a little bit empowering I think for them to be able to speak in that manner, in a calm way that people could see that they are able to do this.* (LP76)

This is an important shift because parents then seemed to have more capacity to advocate for their children. For example, one Lead Practitioner noted that a parent had gained the confidence to insist that their child be assessed for a learning difficulty. Some parents also stated that they began to discuss their children's issues with professionals in a way that they did not feel they would have done previously. These were one parent's views on the subject:

> *[When I used to meet with my child's teachers] I just felt like I was back in school and they were just, not that they were giving out to me or anything like that but you know? Like you feel really kind of small and like they are telling you what way your child should be and things like that but when you have someone else there supporting you, you can say "well actually no, this is the way it is".* (P32)

Benefits for Parents with Previous Experience of CPW Interventions

Across the data collection almost all of the parents who had previous experiences of CPW services were very positive about their engagement with Meitheal. Many argued that their experience of taking part in Meitheal was very different because of the extent to which they and their children could participate in the process, how their views were listened to and the control they could exert over how their family's issues were to be resolved. They stated that they felt more empowered and supported, their stress levels were reduced, and their parenting confidence had increased. These were the views of one parent whose children had been in care:

> *You feel better in yourself; you don't feel like when you go to a meeting and you know that they're after making a decision from the way they're carrying on; you don't feel like why did you go there then you know. [...] It feels like someone is listening to me again. I felt like a bold child when the social workers weren't listening to me; like they seemed to think they knew everything yet they weren't in the situation and they didn't listen to all the sides of it. So it didn't feel right the way they were doing it.* (P57)

Many stated that they had more trust in the Meitheal process than they had had in CPW services, as shown in the following quote:

> *Meitheal is brilliant because if they say they're going to do something they'll do it. Social workers say they'll do something and then they do it back to front. I mean if you're asked to do something or they tell you they're going to do something; some of them will say yeah we'll do it but then they don't get back to you. The Meitheal always gets back to you; they're always there, there's always a listening ear for you.* (P50)

In one interview a parent noted the change in their attitude towards practitioners involved in the Meitheal process compared to CPW social workers. This is demonstrated below:

> *I wouldn't talk with them [CPW social workers], I'd be aggressive with them but now I'm like no, they're [the Meitheal participants] only there to help me. That's all they want to do is help. [...] I probably will be raging now when it finishes up. I'll probably be looking for a problem to get it back again!* (P19)

For some participants there were noticeable changes from the Time 1 to the Time 2 interviews, in terms of how empowered this cohort had begun to feel. This is reflected below in a quote from a Time 2 interview with a parent who had seemed timid and unsure in Time 1:

> *I've made a lot of the decisions on my own [in the Meitheal] and with Meitheal it's not them making decisions for you it's me kind of telling them the help and support we need. So it's not like normal meetings I think with social workers whereas they're telling you what to do. It's basically me saying well I need help on this or I need help on that. (P78)*

3.2.1.6 The Process of Initiating the Meitheal

This section discusses various factors at this stage of the process including its initial phase, the role of the Lead Practitioner and their relationship with the family. It also focuses on whether it is important to have a known Lead Practitioner, the need for children and young people to have separate advocates in the process, the Strengths and Needs form and the identification of needs.
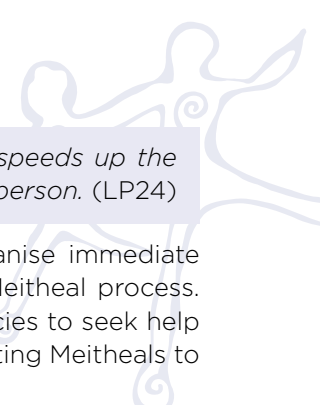
The Initial Stages of the Process

Some participants believed that it was crucial that the Meitheal was a voluntary process. Participants reported that this seemed to reduce families' anxieties about agreeing to take part in the Meitheal. It was also seen as empowering for families as they could withdraw whenever they wished, as commented on by one parent:

> *You could do it [Meitheal], participate or not participate, and it didn't affect you in any way [...]. Yeah I like that it's voluntary, that you can stop it even if you're half way through a process, you can stop it.* (P2)

However, while Lead Practitioners appreciated the importance of the process being voluntary some believed that it could be problematic especially for families that are 'hard to reach' or who were wary of engaging with the service provision system. One Lead Practitioner expressed concern that where parents were unwilling to participate in the Meitheal and the threshold of a CPW intervention was not met that children and young people's unmet needs might not be addressed.

Most parents highlighted how promptly they were contacted by either the Lead Practitioner or the CFSN Coordinator and how quickly the Meitheal was then initiated. Many Lead Practitioners also reported that Meitheal was quick to set up, as highlighted in the following quote:

> *Meitheal is a more immediate intervention; there's no lead in time to it. So it speeds up the process of engagement and bringing services together to work with the young person.* (LP24)

However, a small number of Lead Practitioners reported that their capacity to organise immediate supports for families was inhibited by the formalities associated with initiating the Meitheal process. They felt that sometimes it was more prudent to make direct contact with other agencies to seek help for a family. One reported that in the area they worked this led to agencies only suggesting Meitheals to families who were at a higher level of need:

> *We'd be slow to open a Meitheal; that it really would be a family that would be at the higher, higher level of need that we'd open a Meitheal on because of the slowness of the process and sometimes families that are at a higher level of need maybe need that little bit of a slower process to kind of keep them on track. It definitely is more time consuming, there's no two ways about that.* (LP75)

A clear challenge that emerged in Time 1 was around families' understanding of the Meitheal model. While many parents appeared to be quite clear about the purpose of Meitheal and their role within it, others were not. In some situations, this can be partially attributed to the early stage of the process, but it also points to a lack of clarity in how the Meitheal 'message' is conveyed. A number of parents seemed to have had agreed to participate in Meitheal without fully understanding what it would involve. For example, in one Meitheal, the Strengths and Needs form had already been completed by the Time 1 interview but the parent did not appear to have a clear understanding of the process:

> *I don't really know what's involved yet like! I don't know what's involved quite. Like is it going to be a meeting with like loads of people? Fill out forms or is there like things we have to do at home?* (P58)

Other parents also appeared to be confused as to their role in the Meitheal process, how it would unfold, the extent to which they were to participate, and what information they were entitled to access.

The Role of the Lead Practitioner

One of the most crucial factors in the Meitheal process is the relationship between Lead Practitioners and families. A key characteristic of this relationship that parents identified was how empathetic the Lead Practitioners were, with most reporting that they felt supported and understood by them. Most parents also stated that they felt listened to and that they could trust and confide in the Lead Practitioner. One parent noted this in their interview:

> *The Lead Practitioner's been a great support too; we've had very emotional days and I could pick up the phone and just ring them and they've been a support even emotionally.* (P28)

This seems to have been a positive intervention in how it helped to reduce their stress levels and sense of isolation. In addition, the clear majority of parents found the Lead Practitioner to be very accessible, reliable and responsive, with several mentioning how easy it was to contact them and how immediate the support they provided was. For other parents having access to the Lead Practitioner increased their confidence to engage with service providers in a newly assertive manner or to complete tasks allocated to them in the Meitheal action plan that they would have previously found difficult. In addition, parents reported that throughout the Meitheal the Lead Practitioner acted as a conduit for accessing services they were previously unaware of and understood the system of help provision in a way that they did not. This is illustrated in a quote from one parent:

> *If I say go to the HSE and I ask them a question they're like "oh not our area, get in contact with someone else" and you're left to do it yourself where the Lead Practitioner kind of points me in the right direction where no one else could do that.* (P81)

Many parents in their Time 1 interviews were also relieved that they no longer had to 'chase' appointments with service providers, as Lead Practitioners were either willing to contact with agencies or secured their attendance at Meitheal Review Meetings where arrangements could be made. Lead Practitioners also carried out direct work within their own service's remit that families perceived to be very valuable. In some cases, they acted as advocates for the family in their interactions with, for example, housing services; in others they were valuable sources of advice that could help the family to manage on a day-to-day basis, or they provided practical support, which was specifically tailored to meet the needs of the child or young person, their parents or the whole family.

In general, the children and young people who participated in this study seemed happy with the relationship they had with their Lead Practitioner. Most noted that they felt listened to, agreed that they could trust the Lead Practitioner and were comfortable talking to them. One child, for example, stated that they had a good relationship with their Lead Practitioner because they 'always talk and have fun' (YP13). In one interview a young person noted that the Lead Practitioner would be the first person they would confide in if they had a problem while another reported that they had made direct contact with their Lead Practitioner when they needed help. Some parents whose children did not take part in the research study stated that their child seemed to have a strong and communicative relationship with the Lead Practitioner.

However, over time a small number of parents reported that their relationship with the Lead Practitioner had deteriorated during the Meitheal or that they did not have regular communication with them. For example, one parent reported the following:

> *No, I don't like the Lead Practitioner. I just find that they talk over me the whole time and don't give me a chance to say how I'm feeling or what I think is good for the children.* (P45)

Where parents felt that the relationship had deteriorated there seemed to be a fundamental disconnect in the interviews between the parent(s)' perceptions of their experience of the process compared to how the Lead Practitioner interpreted it. For example, one parent consistently reported over the three phases of data collection that they felt isolated and undermined in the Meitheal Review Meetings but in the corresponding interviews the Lead Practitioner did not identify any problems around this.

A significant issue is where the Lead Practitioner changed because, for example, the original person who held this role was on extended leave. On some occasions, there seemed to be minimal disruption to the process. For example, in one situation where there had been a clear transition between the incumbent and new Lead Practitioner including organising meetings with the family, both the parent and the young person described their relationship with the second Lead Practitioner as strong and trusted. However, in others the transition between the two Lead Practitioners did not seem to be well managed as there was no handover or there were lengthy delays in identifying a replacement. This meant that the incoming Lead Practitioner did not always have a clear understanding of what was happening in the Meitheal or have the time to develop a meaningful relationship with the family. In addition, this could significantly delay the implementation of the Meitheal and its action plans. These were one parent's views on the subject:

> *We were meant to be [handed over to another Lead Practitioner] but we weren't at the time. I think just there was too much stuff going on and we kind of fell in a gap. That's what they say isn't it? We fell through the cracks, yes, so we kind of fell into a gap [...] I was a bit upset now that it was taking as long and that I couldn't get people when I wanted people and stuff.* (P59)
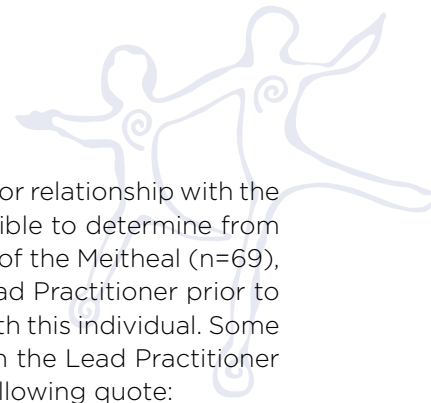
Known versus Unknown Lead Practitioners

In the Time 1 interviews the issue of whether it was important that families had a prior relationship with the Lead Practitioner was discussed with mixed views expressed. Where it was possible to determine from the interviews whether the Lead Practitioner was known to the family in advance of the Meitheal (n=69), only 29 parents said that they did. Among the parents who did not know the Lead Practitioner prior to the Meitheal (n=40) most still seemed to have developed a positive connection with this individual. Some also reported that their children had quickly developed a strong relationship with the Lead Practitioner and seemed to find it easy to communicate with them. This is illustrated in the following quote:

> *The thing about it is my child feels so safe with the Lead Practitioner, like you wouldn't believe like how much, my child is a very shut off person but they talk just so natural with the Lead Practitioner.* (P85)

However, some parents stated that knowing their Lead Practitioner beforehand played a crucial role in their decision to participate in the process and in how honest they were about their family's needs.

One of the issues that can arise if a Lead Practitioner does not have a prior relationship with a family is the timing of completing the Strengths and Needs form. Some Lead Practitioners reported that they spent time building up a relationship with the family before they carried out this task. However, others appeared to have filled out this form in their first or second meeting with the family. In addition, simply because a Lead Practitioner knows a parent previously does not mean that they have a connection with the child or young person as they sometimes only met the child or young person to complete this form and had little contact before or after that. This was demonstrated in one Meitheal where in their interview the Lead Practitioner appeared confident that they had developed a strong relationship with the family including with the young person. However, in the corresponding family interview although the parent appeared relatively well informed and enthusiastic about the process the young person seemed to be slightly disengaged and was wary and unsure of what Meitheal was.

The Use of Advocates for Children and Young People

In a small number of the Meitheals children and young people's participation was supported by a separate advocate. This seemed to be well received and appeared to have increased children and young people's capacity to engage with the process and proposed actions and ensured that their voice was heard, especially if they were very shy or anxious about taking part. In one Time 1 interview a young person who had a separate advocate noted that they would find it very difficult to tell someone involved in the process that they were unhappy or confused about something they said or did as 'I'd be worried in case I would be rude or something', (YP79). However, they stated that they would be willing to discuss this with a trusted adult instead, which points to the importance of having access to a separate advocate. In their Time 2 interview the young person reported that they were very happy with their experience of the process and that they had been able to contribute positively throughout.

Access to a separate advocate could be particularly crucial at the start of the Meitheal as a way of encouraging a child or young person to engage with the process as there was evidence that they were not always fully supported to do so. In some interviews it was clear that the Lead Practitioner was focused on supporting the parent or did not have a deep relationship with the child or young person. In others the parent-child relationship did not seem to be positive or the parent was under so much pressure coping with their own needs and those of their family that they were not in a place to do so. This was evident in one young person's interview where they stated that they were not kept informed about what was happening in the Meitheal:

> *Mum kind of fills me in sometimes with what's happened in the meetings but I don't really know that much.* (YP68)

The Strengths and Needs Form

Opinions on the Meitheal paperwork particularly the Strengths and Needs form varied considerably among participants in Time 1 and Time 2. Some Lead Practitioners felt that the paperwork was quite straightforward and not overly time consuming, but others felt that it took quite a long time to complete. This was exacerbated by a lack of resources such as computers and designated time to carry out associated tasks. Lead Practitioners also found it beneficial for their own work as they gained a better understanding of the family and their circumstances. They also stated that it facilitated conversations with parents about difficult topics and the family's identification of their strengths and needs. However, some parents and Lead Practitioners felt that the format and language of the Strengths and Needs form was not child-friendly. This led to some Lead Practitioners creating their own tools to use with children to support their input into it.

A second concern that was highlighted was the requirement to open a Meitheal for each child in the family particularly around the need to complete separate Strengths and Needs forms. Some Lead Practitioners were concerned that where parents were reluctant to do this that children and young people who might benefit from a Meitheal would not have access to it. These were the views of one Lead Practitioner on the subject:

> *At the time the parent was really stretched and they just went "no", they said "don't go there". They said "I can't look at any more paperwork at the minute". […] I think it's the fact that oh my God, do we have to have two different teams, do we have to fill out two different strengths and needs? Do we have to do this? And they're just no, can't do it, you know.* (LP75)

A significant challenge identified by one Lead Practitioner was that they were now required by local Tusla management to complete a Strengths and Needs form for each child in a family. They were worried about its impact on the time they had available for other families and questioned whether in these circumstances participation could be deemed to be voluntary. They believed that if parents wanted to have a Meitheal initiated for one child then they had little choice but to agree to the completion of the Strengths and Needs form for others. They feared that as a result:

> *They [the parents]'re not getting a choice on how they used this process; we're not making it parent led, we're making it service led. And not even service led but process led.* (LP67)

Identification of Needs

One issue that emerged, especially in the Time 1 interviews, was tension between the presenting needs identified by parents and their children. In some situations, the needs identified by parents appeared to lead to an unfair emphasis being placed on children and young people as the cause of the family's issues. One parent identified their child as being to blame for their family's difficulties, but the young person noted that they had issues with their parents' behaviour, which had contributed to the challenges they faced. Nevertheless, at the Meitheal Review Meeting it was the young person who had been given a list of actions to take, with the Lead Practitioner also commenting that the other participants had 'loaded' blame onto them. In another situation a young person appeared to have been given responsibility for resolving their own needs, with no supports put in place for their parent despite their own underlying issues and difficult living situation. A further challenge to meeting this young person's needs was that both the Lead Practitioner and the parent expressed concern over the parent's capacity to support agreed actions:

> *I feel like a bad parent because I'm not able to [say no]. You know, my child can throw tantrums; I mean they're not exactly a wee child, do you know what I mean? I mean I won't say they'd lash out at me, but they'd hurt themselves. They'd end up punching doors and punching walls and slamming doors.* (P5)
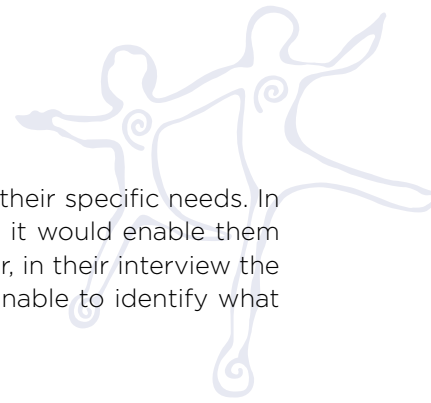
Some families might require support to reach a point where they could identify their specific needs. In one case a parent expressed confidence that Meitheal could help their child, as it would enable them to articulate their own needs and contribute to the Meitheal action plan. However, in their interview the young person stated that they did not fully understand the process and were unable to identify what they wanted to happen in the Meitheal.

3.2.1.7 The Process of Implementing the Meitheal

This section of the report examines the process of implementing Meitheal including services' engagement with Meitheal and challenges related to this, the role of the Meitheal Review Meetings and difficulties encountered herein as well as issues that can emerge in the family's relationship with the Lead Practitioner.

Engagement by Services with Meitheal

Many Lead Practitioners and parents stated that in general key stakeholders engaged with the process including consistent attendance at the Meitheal Review Meetings and completion of allocated tasks. In fact, one of the most common reasons given by parents for their satisfaction with Meitheal was that professionals followed through on commitments they made to families. Many Lead Practitioners reported in Time 2 and Time 3 that it was becoming easier to secure the support of practitioners for Meitheals, as shown in the quote below:

> *I think most other professions that we've linked in with are happy with the process, so they want to be on board. So, I think that makes it easier because you're not convincing them to be part of it; they want to be part of it.* (LP56)

Others stated that despite initial difficulties in securing participants' support that once they began to attend they usually made active contributions to it from then on. In addition, participants mentioned that services and schools were beginning to suggest Meitheal to families. For example, one parent reported that it was a CAMHS psychologist who had recommended that they seek a Meitheal for their child while another said that the child's teacher had suggested it.

Nevertheless, difficulties in securing support from all relevant professionals for a Meitheal was identified by many Lead Practitioners throughout the data collection as one of the most significant challenges to its implementation. Lead Practitioners reported that it was very difficult to secure support from services for the Meitheal where a child or young person has co-morbid issues such as physical and intellectual disabilities. Of note is that there were inconsistencies in engagement by statutory bodies such as local authorities as in some areas they had begun to engage but in others they had not. Others reported that even where frontline staff were willing to attend, management did not always support this. Additionally, participants did not always complete assigned tasks or regularly attend the Meitheal Review Meetings.

Where it was not possible to secure the support of certain key stakeholders three different risks to the Meitheal emerged. Firstly, Meitheal's capacity to meet families' needs was reduced as there was a gap in expertise about how to meet certain needs. Secondly, there was a fear that other professionals would lose interest in attending the meetings if it became clear that progress could not be made around certain key issues. Thirdly, concerns were raised that where services did not engage parents became disillusioned with the help provision process.

Engagement by School Representatives with Meitheal

The role school representatives played in Meitheal was discussed extensively by participants and as such merits specific attention in terms of the positive and sometimes negative role they were perceived to play in the process.

In most cases school representatives were viewed as helpful and willing to engage with Meitheal. They were identified as crucial to the development and implementation of strategies to reduce children and young people's needs. Examples included providing Special Needs Assistants, reducing the number of subjects a student had to take and allowing greater flexibility in their timetables. One parent reported that representatives from the school had played a key role in the Meitheal in securing an appointment with an educational psychologist for their child.

However, difficulties emerged in some of the Meitheals about the involvement of school representatives. Firstly, some Lead Practitioners stated that it was very difficult to secure the participation of this cohort in a Meitheal both initially and for the duration of the process. This did not always seem to be managed very well by teachers, as shown in the quote below:

> *My child had been in school that morning and the principal had told them, no I won't be at the [Meitheal Review] meeting today and that was just it and then they had said at the meeting well, they had asked did the principal contact them and was upset that they didn't. My child said "well where does that leave me like? Do they not care? Why are they not here like?" They wanted a reason.* (P13)

Secondly, issues were identified with how school representatives acted in the Meitheal as a small number of Lead Practitioners reported that parents sometimes asked them to be excluded from the process because they were dissatisfied with how they engaged with it. A difficulty was that teachers did not always seem to fully understand the nature of a child or young person's issues such as anxiety or the impact of bullying. Even after the Meitheal had begun and the child or young person's issues had been outlined they continued to be punished in school for being 'bold' or were placed in stressful trigger situations. In addition, agreed actions were not always consistently implemented by all the teaching staff, as commented on by one parent:

> *The breaks are recommended between classes, [but] they've kind of started going on whether my child's behaviour is good or not in the class beforehand but [...] the rest of the people at the [Meitheal Review Meeting] meeting were trying to say that it should be regardless of [their behaviour].* (P24)

Some parents and Lead Practitioners felt that teachers did not always appear to see children or young people as equal partners in the process, as highlighted by one Lead Practitioner:

> *When the young person's in the Meitheal, it's still very much the teacher – student dynamic. [...] I'd find the teachers would talk to the other professionals and the mother as if they're [the young person] a small child. [...] I do feel the young person has to repeat themselves, the teachers aren't hearing them, they're not open to what they're saying.* (LP74)

The Meitheal Review Meetings

Across both the Time 1 and Time 2 interviews, similar views were shared about the role of the Meitheal Review Meetings in the process, which are outlined below. The themes that are discussed are: collaboration between participants, increased accountability, the development of tailored support plans and perceived challenges.

A significant benefit of the Meitheal Review Meetings, highlighted by participants, was that they provide a forum for all relevant individuals from the family and the service provision community to collaborate in the development of strategies to resolve issues. The consequences of this include:

• reducing parents' stress levels as they had fewer meetings to attend and other individuals now shared responsibility for supporting their children

- improving the coordination of services and the speed at which they could be put in place for families
- allowing positive working relationships to emerge, which create space for constructive dialogue leading to the development of coherent action plans
- improving communication between key stakeholders in the help provision process. Many parents reported that they had better access to practitioners and were more informed about the services their children were receiving. Professionals could communicate directly with each other rather than using the parent as a conduit for this.
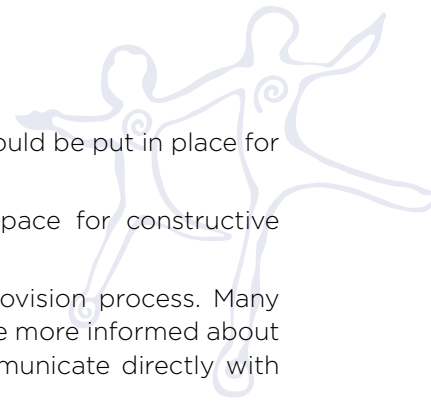
Meitheal Review Meetings were believed to lead to greater accountability among participants including professionals and parents. Participants reported that it was more difficult to avoid carrying out assigned tasks as they would have to explain why they did not do so at the next Meitheal Review Meeting. This point is highlighted in the following quote from a Lead Practitioner:

> *We're all accountable so I really like that because if somebody hasn't followed through on something there has to be a reason why it hasn't happened for the young person. So, I think as a worker it gets rid of those frustrations when people don't follow through.* (LP56)

Both parents and Lead Practitioners reported that the meetings allowed a holistic and contextualised understanding of the family's strengths and needs to emerge. Participants believed that this broad perspective was instrumental in the development of personalised action plans to address inter-related needs within the family. One parent believed that this coordinated and tailored approach was vital:

> *Everybody is in the same room and like you're not going from one person to the other person to the next person another week. It just doesn't work. [...] Everybody has to be in the same room to sit down and everyone point out their opinions and then say oh well blah blah and then they make a list and then they say right, "we'll do this from this month and see how we work with that and if that doesn't work we'll try something else".* (P74)

A small number of parents noted that because practitioners were working together from a shared understanding of a child or young person's needs that their condition was correctly diagnosed for the first time, which greatly improved their outcomes.

However, some challenges were also identified by participants in relation to the Meitheal Review Meetings. In a small number of interviews, parents and Lead Practitioners expressed concern about the usefulness of some of the Meitheal Review Meetings that were held. These participants felt that the meetings were held regardless of whether any progress had been made since the last one. A Lead Practitioner felt that where meetings were held with no clear purpose that professionals could begin to disengage as they might feel that they were not a valuable use of their time.

In some interviews, participants highlighted significant difficulties in relation to children and young people's participation in the Meitheal Review Meetings. Firstly, participants reported that it was not always possible for them to attend because they were held during school time. Secondly, despite efforts being made by practitioners to include them, some spoke very little during the meetings. Reasons given for this included that they were normally quite shy, that the venue was not child-friendly or that they were the only young person present. One Lead Practitioner reported that after the first Meitheal Review Meeting that a child requested that the Meitheal no longer continue because they had felt under so much pressure and overwhelmed at the meeting.

A significant concern, which emerged was that a respectful, child-centred approach did not always seem to be taken by all participants in the Meitheal Review Meetings. In the Time 1 interviews several young participants stated that while they felt listened to, they were also uncomfortable at the meetings because of how they were spoken to. Data is not available from these participants for Time 2 but some of

their parents reported that they had eventually refused to attend the meetings. In one Time 1 interview a young person described feeling frustrated, angry and under pressure during them. Their parent also felt the atmosphere was 'harsh' towards their child and that '[my child] was sliding down the chair as people was talking' (P5). In their later interviews the parent reported that their child had stopped attending the meetings because they found them to be so stressful. Other participants noted that certain aspects of the child's life and behaviour were inappropriately discussed at the Meitheal Review Meetings without their permission or their parents, which they felt was embarrassing and uncomfortable.

Some issues also emerged in Time 2 around how parents were engaged with at the Meitheal Review Meetings and whether their viewpoint was accurately represented. This is illustrated in the following quote:

> *I'm with this child all the time and I feel like all these professionals are telling me how much he's improved when they're not with them 24/7. They'd have no idea what I'm living with so it's absolutely shocking.* (P10)

These parents argued that they did not feel their views had been taken seriously and that they did not feel respected at the Meitheal Review Meetings. They also believed that practitioners blamed them for their family's problems and that they felt powerless to speak up about this or generally express their views. One parent reported in their Time 3 interview that they never felt in control of the process and that:
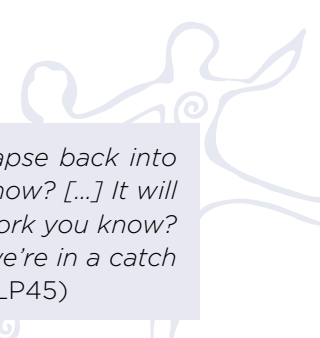
> *I mean I thought it was going to be like; I was part of this team like. Do you know what I mean? But the majority of the times like you felt like you were just being ripped to pieces.* (P5)

3.2.1.8 The Process of Closing the Meitheal

This section explores various aspects of the closing of the Meitheal including parental involvement and the continuation of supports after it has ended.

In many Meitheals that had closed the decision had been made because most or all of the children or young people's identified needs had been met and the parent was confident about their family's ability to cope without it. However, in a small number of cases the decision to close the Meitheal was made because it was not possible to meet the family's needs, the child or young person refused to engage or that the family were unhappy with how they were treated within the process. Other Meitheals remained open for various reasons including that the parent did not feel ready to cope without its support, identified needs had not been fully met or new ones had emerged or because the process had been delayed due to a referral being made to CPW. Lead Practitioners reported that it was sometimes challenging to formally conclude the process. For example, in one set of interviews with a parent and Lead Practitioner both reported that they were no longer in regular contact and that the Meitheal was not active. However, the Lead Practitioner reported that due to time pressures that the Meitheal had yet to be closed officially. Others stated that it was difficult to close the process as it was challenging to get families and other participants to complete the necessary forms.

Challenges were identified by a small number of Lead Practitioners in Time 2 and Time 3 about closing Meitheals where parent(s) might struggle to cope without ongoing support. The Lead Practitioners argued that while a family might not currently require an intensive interagency intervention, without regular low-level supports such as help to maintain routines it was likely that new issues would emerge. Participants feared that this might eventually lead to a re-referral into the child protection system. These were one participant's views on the subject:

> *So it's kind of that on-going sustainability of the family so that they don't relapse back into [difficulties] and I think it will take more than the one year of Meitheal or you know? […] It will be a longer process than that. So it's trying to hope that it stays out of social work you know? That's the idea behind Meitheal, so we don't want it to go down that road but we're in a catch 22 around we can't leave it. We can't leave the family and just pull away either.* (LP45)

In one area, two Lead Practitioners reported that this was further complicated by the fact that long-term Family Support Services were not available outside of the CPW system. A family had made good progress towards reaching their outcomes including developing formal support networks and the parent appeared to be engaged with service providers and willing to accept support. However, a referral had been made into CPW services, which the Lead Practitioner felt would not have been necessary if appropriate resources had been available outside of CPW.

In most of the Meitheals featured in this study it appeared that parents were heavily involved in the decision as to when it should close, with some evidence that the child or young person was also included in the discussion. One Lead Practitioner noted that the closure of the Meitheal was the family's decision:

> *The family made the decision and it would have been just very appropriate; the timing was very appropriate but they made the decision and I think they would look back and say yeah, this was our Meitheal; all of these Meitheals were ours. We had ownership of them, we decided when they finished and we were ready to finish.* (LP17)

However, in some of the Time 2 interviews it was clear that not all parents had played a central role in the decision to close the Meitheal. One parent reported that they only learned of the decision during what proved to be the last Meitheal Review Meeting. Another noted that while they were asked for their opinion on whether the Meitheal should close they felt that the decision had already been made:

> *At the time I felt a bit oh right, ok, like I was a bit taken aback by it [the decision to close the Meitheal] if I'm being completely honest but then I suppose maybe […], they could see that my child was ready to go and I just couldn't.* (P32)

In one Lead Practitioner interview a clear, albeit, provisional timeline for the conclusion of the process was outlined including a proposed phasing out of the direct support they were providing for the family. From the parent's interview it seemed that this had not been discussed with them as they expressed anxiety about when the Meitheal would conclude and seemed to be unaware of the plan that was in place around this.

An important feature of many of the Meitheals that had already been closed is that supports continued to be provided to the family, either as a step-down out of services or because their needs were such that they required ongoing interventions. Many parents were aware that they could access Meitheal again should they need further support. This seemed to considerably boost some parents' confidence and willingness to try to manage without the structured support available through the process. These were one parent's thoughts on the subject in a Time 3 interview:

> *[It] put my mind at ease again, that I know with the work and everything that was put in, if things started kind of slipping again instead of it going back to the very beginning before we started Meitheal that it [the Meitheal] can come back and it can start again.* (P2)

In fact, a small number of the Meitheals featured in this study had already been reopened either because new issues had emerged, or existing ones had worsened. Participants felt that this had helped to ensure that an early intervention took place before a crisis point was reached in the family. One Lead Practitioner reported that families who had previous contact with CPW services had a better experience in Meitheal

as they were able to access support again in the future should they need it. By contrast if families sought assistance from CPW in the future but did not meet their threshold for intervention they would not receive help. The family would have to wait for the situation to deteriorate before supports were put in place or they would not be able to access services. However, in a small number of Meitheals it appeared that the process was closed without a support plan being put in place, which parents were disappointed about. For example, in Time 2 a parent reported that they were happy with the progress made in Meitheal but in Time 3 they were upset because supports were not available once it had been closed:

> [I'm] absolutely heartbroken. It's disgraceful like that there's no services out there for your children. Like anything you want to do you have to go private. Or wait. Or [...] do the best with what you have. Any previous information you were given, just try to work from that and the school my child's in, they're just doing what they can with them at the moment. (P12)

3.2.1.9 Parental Involvement in the Meitheal Process

Parental involvement in Meitheal is discussed in the section below including the nature of their involvement in the process, consequences of this and associated challenges.

Parental Participation in Meitheal

The key role parents played in the Meitheal process was evident throughout the findings. Many participants emphasised how important it was for parents to be able to exert control over the help provision process not only in how they could influence the way services were delivered to their family but also in changing the nature of their engagement with professionals. One parent noted this:

> Because we weren't having meetings [before Meitheal]; it was people, it was other people that was having the meetings for us, on our behalf. Whereas with this we were there, our voices were heard; our voices was made clear what we needed for our family and to support our family. (P4)

The control parents could exert was demonstrated throughout the different stages of the process including in the decision to initiate the Meitheal, attending the Meitheal Review Meetings, completing tasks from the action plan, and deciding when to close it. In addition, parents were entitled to select locations for the Meitheal Review Meetings, which varied widely from the family home to the local Family Resource Centre. Most parents seemed to be aware of their rights to, for example, withdraw from the process or to exclude certain practitioners from the Meitheal Review Meetings. One parent who highlighted their control over the Meitheal process stated that:

> It's just I've never heard or experienced it, an organisation that sits down around a table, all adults and they're all very well educated and they know the ways of the world and they're giving the power back to the child and the parent and I've just never seen that process done before. (P13)

However, at Time 1 it was clear that many of the parents needed to be supported to engage with the process and that Lead Practitioners were heavily involved in facilitating and encouraging this. They did this in several ways including explaining parents' rights and responsibilities within the process and supporting them to actively contribute to the Meitheal Review Meetings. Some Lead Practitioners worked closely with parents prior to Meitheal to build their confidence to engage fully with the process. This appeared to be particularly important where parents had issues with anxiety or had previous negative experiences of services. One Lead Practitioner reported that this was crucial to their work:

> *So there's a lot of, I suppose, almost pre-development work and capacity building to ensure that when they [the parents] do engage it's going to be successful for the family unit because otherwise if we'd started it too soon and it didn't work and then we went back and tried again, especially someone that vulnerable, they'd have very negative kind of I suppose associations with it. (LP65)*

In the Time 2 interviews the need for Lead Practitioners to support parents to participate in Meitheal appeared to have reduced as most seemed to have developed a positive and constructive role in the process. In this phase many parents positioned themselves as central to the Meitheal, as shown in a quote from one participant:

> *There's no one going to overrule like outside myself and my partner that's going to overrule our decisions. At the end of the day we're the parents; I don't mean in control of our child but we're the ones, [...] that are the main carers. We're the ones that are responsible; maybe that's what I should say. (P2)*

Challenges in Parental Participation

Across the data collection some concerns emerged around parental participation in Meitheal. One of these issues was that a small number of parents did not appear to be centrally involved in the process. It appeared that it was the Lead Practitioner who made decisions around who should be invited to take part and set the agenda for the Meitheal Review Meetings. In other situations, parents did not seem to have played proactive roles in the creation of action plans or professionals did not actively engage with them between Meitheal Review Meetings as shown below:

> *I don't know if it's a thing that Meitheal is helping with my child, because we haven't heard from the school. [...] Is there stuff I'm supposed to continue at home? [...] I don't know then am I supposed to be practising those [techniques] with them as well. (P14)*

Challenges also emerged around a small number of parents' understanding of what rights they had in the process. This reduced fidelity to the model's principles and meant that some of the Meitheals were not as effective as they might have been. For example, some parents did not appear to realise that they could decide what needs were to be addressed or what services should be included. Consequently, the issues focused on in the Meitheal appeared to be quite limited and did not address the family's underlying issues. In a Time 1 interview a parent reported that they felt isolated and overwhelmed by the challenges they were facing. While they were hopeful that this could be dealt with through the Meitheal they did not seem to realise in either this interview or Time 2 that they could invite services to take part to support them around this. As a result, the focus of the Meitheal had not expanded to include their own needs and they reported that they continued to feel stressed and alone.

3.2.1.10 Child and Youth Participation in Meitheal

Here child and youth participation in Meitheal is examined including the extent to which they are involved, challenges relating to their involvement and benefits arising from their engagement with Meitheal as a process.

Inclusion in the Meitheal Process

Across the interviews there was evidence of children and young people taking an active part in the process including completing the Strengths and Needs form, helping to decide what services should be invited to participate and attending the Meitheal Review Meetings. One young person felt that it was important that they participated:

> *Actually [it was] really helpful because other people got to understand how I was feeling and like they can help me and benefit me. [...] I got to hear how my parent felt about the way I was acting, the reason I had the Meitheal and all that.* (YP36)

The extent to which children and young people participated in the Meitheal process, in some cases, seemed to depend on how much involvement they wanted themselves. These choices ranged from deciding not to take any part in it, to not actively engaging but wanting to be kept informed of any decisions that were made to full attendance at the Meitheal Review Meetings. Significant efforts appeared to have been made by many Lead Practitioners to include children and young people in the process, for example, by facilitating their participation in the Meitheal Review Meetings. For those who did not attend the Meitheal Review Meetings efforts were made to include them in alternate ways such as symbolically representing the child or young person by having an empty chair at the meeting and the preparation of child-friendly minutes. Where children and young people successfully participated in the Meitheal it appeared that all adults who were involved had a responsibility to encourage and facilitate their engagement, as noted by one young person:
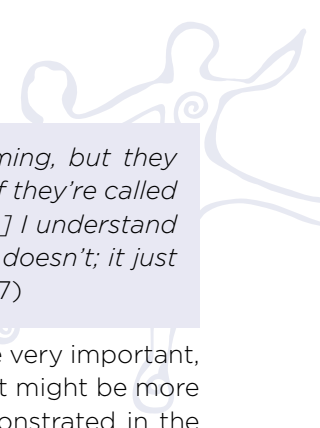
> *Every time they [the other participants] said something they would look at me and they would say "have you got that, do we need to go back on some stuff".* (YP26)

Challenges in Child and Youth Participation

However, a number of issues around child and youth participation in Meitheal emerged in the findings. Generally, children and young people reported in the Time 1 that their questions about Meitheal were answered, but only three were confident in their understanding of what Meitheal was. In some cases, it became clear that Meitheal had not been fully discussed with the child or young person. Furthermore, the purpose and format of the Meitheal Review Meeting did not always seem to be explained to children and young people. For example, one young person stated that they expected it to be like a school meeting where they would be 'roared at'.

One significant challenge is how much control children and young people could exert in the Meitheal process compared to their parent or even the Lead Practitioner. Some children and young people, even where they were of an appropriate age, had not been included in the discussion about whether to participate, were only asked their opinion after their parents had agreed to the Meitheal's initiation or were even unaware that it was taking place. One Lead Practitioner noted that it was the parent who had made the decision as to whether their children attended the Meitheal Review Meetings. This was despite the fact that the Lead Practitioner stated that they were very articulate and willing to engage. In addition, how much information about the Meitheal process the child or young person had access to varied considerably. Underlying this challenge is how Lead Practitioners understand their role in relation to supporting the child or young person's engagement with the process. Sometimes they did not seem to place the same emphasis on facilitating the child or young person's participation as they did the parent with disparities in the supports offered to them and their parent(s) to participate.

In some Meitheals where children and young people had additional needs, challenges were identified about the extent to which they could and should be included in the process. Some parents and Lead Practitioners reported that although they tried to include the child or young person their needs were such that they struggled to understand what was taking place or what role they should play. Others were concerned that attending the Meitheal Review Meetings could be damaging to children or young people's self-confidence. Some parents reported that their children had become more anxious after attending these meetings because they had felt intimidated or isolated. One parent also stated that while their child who had complex needs attended the Meitheal Review Meetings there were issues with this:

Everyone thinks my child's lovely and they are when they're being that charming, but they literally just come in [to the Meitheal Review Meetings] and play the game. [...] If they're called upon to talk they'll say as little as possible and then they'll get up and leave. [...] I understand the importance of it [the Meitheal] and even at their age they should but it just doesn't; it just doesn't click with them. But it's no fault to anybody that's around the table. (P77)

While attendance by children and young people at the Meitheal Review Meetings can be very important, this sometimes seems to be focused on too much at the expense of other methods that might be more appropriate in light of personal preferences or the nature of their issues. This is demonstrated in the quote below:

They [the other Meitheal participants] feel my child should be there; because they say they should be there I feel they should be there even [though] as their parent every bone in my body is going-this is doing them no good sitting there listening. [...] My child felt more guilt [at the Meitheal Review Meeting] that they're letting everyone down, that's an awful thing for a child to say that they feel guilty for letting people down in my opinion. (P43)

Benefits of Child and Youth Participation in the Meitheal Process

The benefits arising for children and young people from the act of participating in Meitheal emerged to some extent across the interviews. Some Lead Practitioners argued that Meitheal enabled children and young people's voice to be included in the delivery of services for the first time, as highlighted by one participant:

What I found over the years now to be honest, in any aspect of this type of work is, it's always the adults talking, you know? The kids are in the background, where it's kind of giving the kids a place now, which is proper. (LP80)

Firstly, in taking an active role in the process practitioners and parents could gain a better understanding of the child or young person's views on their own strengths and needs as well as those of the wider family. Secondly, children and young people who had positive experiences of taking part in the Meitheal Review Meetings seemed to benefit from being listened to and seeing the support that was available to them. This point is demonstrated in the following quote from one young person:

It was actually cool [having the Meitheal Review Meetings in their school]. [My classmates] were going "well why were you in there?" [...] You getting expelled or something?" "No, no, they're just all there to help me out". They're all like "that's lit" and I goes "my physiotherapist and all is in there". I felt like a king. Everyone there around the table to help me you know? (YP8)

Sometimes this also appeared to lead to greater willingness to actively engage in the process. These were one young person's views on this subject:

I said, ah if all these people around me are trying to help me, I should actually do my part of it, because they're all concentrating on me. It would be a waste of time for them for me doing nothing of what they're trying to achieve with me. (YP17)

A number of participants reported that children and young people seemed to be empowered and to have grown in confidence because of their engagement with the process. This was shown by how they had begun to speak out at the Meitheal Review Meetings and had over time become more assertive in their interactions with professionals. Participants also reported that children and young people who were empowered to make decisions seemed to be engaged with the actions that were decided upon. These were the views of one Lead Practitioner on the subject:

We were able to put it to the young person, what can you bring to the table? What changes can you make so we make life better? So instead of being told you need to be off your Xbox at eight o clock at night, they were able to say what they felt was workable and then we were able to I suppose work with that. So, they were fully invested and went with it for the duration. (LP52)

3.2.1.11 Meitheal and the System of Service Provision

In this section Meitheal's perceived influence on the system of service provision is discussed including its influence on practice and its connection to CPW.

Meitheal's Influence on Practice

This section focuses on Meitheal's perceived influence on Lead Practitioners' work, improvements in service provision and interagency relationships.

Across both the Time 1 and Time 2 interviews Lead Practitioners reported that Meitheal had made a difference to the work they personally carried out with families. This was for a number of reasons:

- Some believed that they could make more informed decisions about the supports they offered to families as they had a better understanding of their strengths, needs and circumstances. Through Meitheal they were more likely to be given information by key services such as general practitioners.

- Others reported that they felt less isolated as more services had begun to engage with the family. This also ensured that they could focus on helping families within their own remit and their workload was reduced as it was easier to communicate with other services. Some felt that they could close cases more quickly through the Meitheal process than would otherwise be the case.

- Meitheal's structured approach was believed to improve the service delivery process as there was greater clarity of purpose, clearer allocation of responsibilities and service users were more involved including children and young people.

- Lead Practitioners reported that they had developed greater awareness of and relationships with other professionals in the locality. These contacts could then be drawn on in the future to help other families who were not taking part in Meitheal. One also noted that their service was beginning to receive more referrals as a result of the relationships they built through Meitheal.

In some Time 1 and Time 2 interviews parents and Lead Practitioners reported that professionals taking part in the Meitheal seemed to have gained a better understanding of the family's issues. One Lead Practitioner felt that it changed professionals' perceptions of families in the following way:

I think because the Meitheal process is very strengths based as well and outcomes focused it focuses their [professionals] mind in a different way, whereas before it was all about "oh we've worked with this family, we've done this, it hasn't worked", whereas now there is an onus on them to do something to support the family. So, I think it changes people's perceptions when they're working with the family. (LP74)

Others felt that this led to professionals taking different approaches in how they engaged with families, as highlighted in the following quote:

The school I don't think realised that there were so many issues apart from school going on, so that was really good that they got to see my side of things too. So, they are more understanding now and if there is a problem they know to come to me now. The communication has gotten much better. (P81)
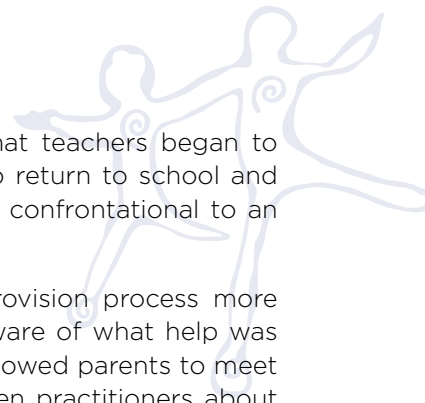
In some instances where school attendance was an issue parents reported that teachers began to appreciate the efforts they were making to try and encourage their children to return to school and the underlying challenges they were faced with. This had led to a shift from a confrontational to an empathetic approach in how they were engaged with.

A key perceived benefit of Meitheal was that it helped to make the help provision process more transparent. This reduced service duplication as professionals became more aware of what help was already being provided to families. Additionally, the Meitheal Review Meetings allowed parents to meet more frequently with professionals and to be present for conversations between practitioners about their family's situation. This is highlighted in the following quote where a Lead Practitioner compared Meitheal to how service provision operated previously:

> *So even for that parent now who could be facing homelessness, rather than me and another stakeholder trying to contact a very busy department in the county council, [a representative] comes to that meeting and they get to have a conversation there and the parent is able to bear witness to that rather than them finding out through a third party maybe what's been said.* (LP79)

Additionally, participants felt that families were more empowered and had a better experience of the service provision process as they had a clear understanding of their rights and responsibilities and better access to information about what services were available and what they were entitled to.

In a very small number of interviews Lead Practitioners believed that agencies were not engaging with the process in a cooperative manner or that participants were willing to share information or work collaboratively. However, most Lead Practitioners reported that Meitheal enabled the development of better interagency working relationships and the creation of structured mechanisms to support families based on a shared sense of responsibility, as outlined below:

> *It's [Meitheal] focused, it's structured, it's towards the needs of the children, you do your strengths and needs, you identify what the issues are, it's everyone is working for the same issue, it takes away from the ad hoc personality.* (LP18)

A Lead Practitioner highlighted the importance of professional collaboration in achieving positive outcomes in a Meitheal:

> *The last Meitheal I was on there was teachers involved and a youth service involved, and I think they worked very well together and very well collaboratively and I think the parent was actually happy with the outcome.* (LP44)

One Lead Practitioner stated that a family they were working with had a range of complex needs around domestic violence, disability and homelessness. They believed that the family had been effectively supported through the Meitheal because professionals from the educational and health sector were in direct communication and had worked together to support the family. In addition, key individuals within the children's lives were more informed about the family's challenges, which gave context to any behavioural issues that might arise in future.

The Interface between Meitheal and CPW Services

The data in this section is drawn from a combination of findings across the three phases.

Evidence emerged in some interviews that the Meitheal - CPW interface was working well as shown, by the fact that a number of families who participated in the research had entered the process via the divert or step-down pathways. One Lead Practitioner in their Time 3 interview noted that the local connection between Meitheal and CPW seemed to be improving. Others believed that CPW social workers were starting to view Meitheal as a viable means of supporting families. For example, one parent noted that a referral had been made to CPW about their family, but they had been informed that a CPW response was not required because they were engaging with Meitheal.

However, in other Lead Practitioner interviews it was clear that at a local level a structured relationship between Meitheal and CPW had yet to fully develop. A small number of participants reported that it was difficult to ascertain whether a family had a case open with CPW due to the length of time it took to contact the relevant social worker. This had led to delays in the initiation of the Meitheal especially when CPW had to formally close a case before they could start the process. A Lead Practitioner also reported that in the area they worked in CPW services did not appear to be suggesting Meitheal to families who could potentially step down into the process. Although the issue of thresholds was not highlighted to a significant degree in the data collection, some Lead Practitioners expressed concern that they were expected to initiate Meitheals with families whose needs would be more appropriately met within the CPW system.

Where a referral was made to CPW during a Meitheal the relationship seemed to be working well in some instances but not so well in others. For example, a Lead Practitioner and a parent in two separate cases stated that when child protection concerns had emerged CPW social workers were quick to respond and the Meitheal quickly resumed. However, in a small number of cases there were lengthy delays in the Initial Assessment Process, which caused significant difficulties for families. One parent in their Time 2 interview reported that after a referral had been made to CPW, they had little contact with social workers. They stated that their child's behaviour was beginning to deteriorate, serious issues with their school attendance and behaviour were emerging and the parent themselves appeared to feel quite overwhelmed:

> *I'm not educated in this [area], I don't know. I'm only a parent that's very concerned about their child, very, very concerned now at this stage about their own child. I don't know where to find the help.* (P6)

By the Time 3 interview the Meitheal had been re-opened. However, both the parent and Lead Practitioner were concerned that the young person's behavioural issues had significantly escalated in the intervening period. These were the parent's thoughts on the subject:

> *The only thing I was disappointed was the fact that Meitheal had to pull out and I don't see why the system works like that as in because of the social services: Tusla [CPW] they weren't actually involved [...]. The case was [eventually] closed and I don't see why I had to and my child had to suffer because we had nobody to go to.* (P6)

This issue is exacerbated by the need to suspend the Meitheal until a decision has been made by CPW. This means that families no longer have access to coordinated supports, as commented on by one parent:

> *It doesn't make sense [to suspend it] because the supports is there in Meitheal and with Meitheal suspended then I hadn't got the supports whereas that was a time I actually needed it more. [In the Meitheal Review Meetings] at least everyone is there together talking around the table and throwing in ideas you know or flagging situations.* (P15)
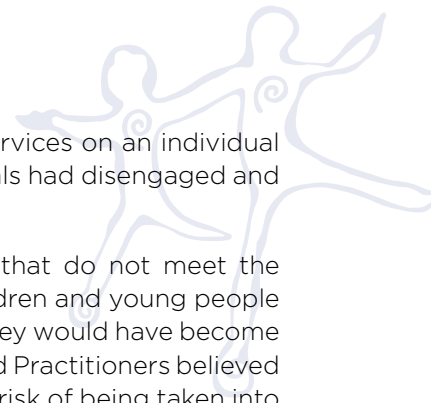
When the Meitheal is closed families should continue to receive support from services on an individual basis but this did not always occur as some participants reported that professionals had disengaged and did not follow through on agreed actions.

As Meitheal provides a systematic framework to support families with needs that do not meet the threshold of a CPW intervention it has the potential to reduce the number of children and young people entering the child protection system. One parent believed that without Meitheal they would have become homeless and their children would have been eventually taken into care. Some Lead Practitioners believed that Meitheal had helped to ensure that children, who were at possible long-term risk of being taken into care, remained with their families. Lead Practitioners reported that Meitheal was effective for families who were stepping down from CPW services:

> *Some families as soon as they're not involved with social work it's literally they are signed off and then they slip through the cracks. [...] I think it's good that you do have Meitheal because it's like a lot of families have been kind of signposted out of child protection and it comes into Meitheal. [...] They are getting the support they need because it's closed to child protection because there mightn't be immediate concern but still, this family there are some needs there. [...] And kind of building those connections for them I think is brilliant and it might prevent them again, going into child protection and all that.* (LP70)

For parents who had previous contact with CPW services, Meitheal was viewed as a crucial protective factor as they developed better coping skills during the process. For example, in one Meitheal initiated for a child who had previously been on the child protection register, the parent noted that:

> *I was kind of glad that I had reached out and agreed to do it [Meitheal] because it actually really did open the doors for us because I was kind of, I was at my wits end you know. I was at my breaking point and if something I think didn't change I'm kind of scared to think where it would have ended up.* (P49)

In a Time 1 interview a parent of a child, who had been in care, stated that a Meitheal had been initiated to help create routines in the family and to reduce their social isolation. In the Time 2 interviews both the parent and Lead Practitioner reported that the child was making good progress and that many of their needs had been met.

3.2.1.12 The Sustainability of the Meitheal Model

The following section explores perceptions about the sustainability of the Meitheal model including structural changes and resources, the issue of public awareness and Lead Practitioners' involvement with the process.

Due to the small sample a broad assessment could not be made at Time 3 about Meitheal's long-term influence on children and young people's outcomes but most of the improvements seemed to have been sustained. For example, one Lead Practitioner reported that a young person was still engaged with education while another stated that the family's needs seemed to have been met. A parent noted that their child continued to be positively socially engaged and was making progress in school. These were their views on the subject:

> *Whereas before my child would have just kind of bottled everything up and not talked about anything or done anything like whereas now they're moving with the times and they're talking more and they're more active in everything they're doing like. [...] I'd probably be still lost [if the Meitheal had not been initiated] because that's the word I'd use. I felt that my child was lost like. So, they'd probably be still just lost if I hadn't had Meitheal because nobody was listening.* (P13)

However, in one Time 3 interview a Lead Practitioner reported that it was sometimes difficult to ensure that positive changes were sustained as parents could not always afford to pay for the extracurricular activities that their children had been enrolled in.

Meitheal's sustainability as a model cannot be fully assessed based on this data but several noteworthy points were raised in the Lead Practitioner interviews. Some noted that infrastructure had been put in place to support the Meitheal's implementation such as administrative resources, increased numbers of CFSN Coordinators and the employment of designated Lead Practitioners. Others believed that there was evidence of Meitheal being incrementally embedded into the local system of service provision. This was demonstrated by higher levels of engagement by key stakeholders such as teachers and specialist service providers who were beginning to suggest Meitheal to families or to agree to take part in processes for the first time. This increase in support was partially attributed to the development of a shared understanding of Meitheal and its value to families and their own work. These were one Lead Practitioner's views on the subject:

> *There is a good buy-in to the services and I think people feel it's covering an area that was badly needed because these aren't child protection cases, but they do need supports.* (LP3)

In addition, some Lead Practitioners reported that their own agency was more engaged with the process and that eligible families were now being offered Meitheal as a matter of course within the service or that the Meitheal paperwork was being used with all families whether a Meitheal was initiated or not.

There was also some indication that Meitheal is evolving in light of learning from practice, which shows that it has the capacity to adapt to new opportunities or threats. For example, in some areas advocates were being used more extensively to support children and young people's engagement with the process. One participant reported that in their area children and young people who choose not to attend the Meitheal Review Meetings now received copies of the minutes. In addition, the Meitheal Chairperson training was highlighted as a positive development, which would support the model's implementation.

However, professionals' engagement with Meitheal was identified as an ongoing risk to the model's sustainability. Participants believed that it was difficult to secure the support of statutory organisations at a local level because of the absence of mandates from government departments such as Health and Education. Another challenge to Meitheal's sustainability is a lack of resources to address identified gaps in local service provision to support individual families. There were also concerns that already under-resourced services would struggle to sustain their involvement in the process due to staff shortages or if no budgetary provision is put in place to support the Lead Practitioner in carrying out Meitheal related activities.

In Time 1 and Time 2 both parents and Lead Practitioners were largely in agreement that to increase the number of Meitheals being initiated the model needed to be more widely promoted. Concern was expressed that while awareness was beginning to spread by word of mouth, that many families who would benefit from participating in the process did not know of its existence, as highlighted below:

> *More people should know about it. One thing I actually have to say about Meitheal […] I actually would change is not enough people know about it. […] Like I didn't know about it and if I had known about it I would have reached out a long time ago. But I think if it was just advertised more or put out there more, then a lot more families like mine that are struggling might get the help they need.* (P29)

Some felt that the Meitheal promotional material was not child or family friendly in terms of its wording and visual appearance. Lead Practitioners also believed that further efforts needed to be made to promote the concept of Meitheal among professionals and equally importantly, its potential benefits to families and to their own practice.
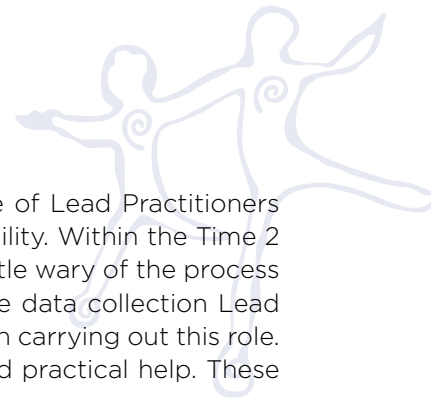
The Sustainability of the Lead Practitioner's Involvement in Meitheal

As a key cohort in the implementation of Meitheal, the largely positive attitude of Lead Practitioners towards the process is a potentially important indicator of the model's sustainability. Within the Time 2 and Time 3 interviews it seemed that some Lead Practitioners who had been a little wary of the process in Time 1 had become more committed to taking part in the interim. Across the data collection Lead Practitioners reported that they felt supported by their managers or supervisors in carrying out this role. The local CFSN Coordinator was also identified as a crucial source of advice and practical help. These were one participant's views on the subject:

> *The CFSN Coordinator is, for me right from the moment I met them at the training and right through, I just know that if I have an issue or a problem I can pick up the phone. I have spoken to them about one or two things and it's been clear from them. I find them very, very good.* (LP17)

Despite their enthusiasm for the process a risk to the sustainability of the model is whether existing Lead Practitioners will be able to maintain the same commitment to the process into the future. This is a concern especially in light of the continued reliance on a relatively small pool of individuals who are prepared to take on this role. Many stated that the main issue with Meitheal was the administrative workload particularly where they had to coordinate Meitheal Review Meetings or complete minutes. Some reported that as it was not part of their designated workload it was very difficult to find time to carry out these tasks. Concerns were expressed that this would eventually reduce Lead Practitioners' willingness to engage:

> *You know people are taking this on [the Lead Practitioner role] along with their, their current workload and I can't see that lasting, do you know, that's fine for a while but, you know… (sic)* (LP39)

Participants who work for Family Resource Centres were concerned that there was too much onus being placed on their services to take on the Lead Practitioner role even where others had a stronger relationship with a family or it was outside their area of expertise. One Lead Practitioner felt that this was placing an unreasonable amount of pressure on this sector without commensurate supports and resources being put in place. This is highlighted in the quote below:

> *There's a real thing around FRCs [Family Resource Centres] in particular are being held to ransom for the number of Meitheals we're doing, and we should be doing them and they should be in place or your funding is under threat and then you have other agencies then that are not buying into it fully.* (LP75)

3.2.2 Quantitative Findings

This quantitative section provides the socio-demographic profile of the children, young people and parents included in the Meitheal Process and Outcomes Study. The aim of this section is to report on the impact of Meitheal on outcomes for children, young people, and their families. This analysis is an evaluation over time, including three time-points of data collection for twelve children and a minimum of two times for all other children, young people, and families involved.

This component evaluated the level of outcomes, parental well-being, child well-being, and model fidelity. Additional analyses were carried out to understand the differences in outcomes per age, gender, region, model fidelity, and reason for Meitheal initiation. This analysis contributed to determine if these were significantly different in the sample, with the objective of gaining a more in-depth understanding of participants' profiles according to their socio-demographic characteristics and geographical locations. The purpose of this was to identify possible patterns in outcomes at the onset of Meitheal and over time,

per region and nationally.

To gain a better understanding of outcomes, an explorative analysis was carried out to identify the main determinants of variance in family outcomes. This analysis provides a deeper understanding of how different family members' well-being impacts on the outcomes of the whole family and how the well-being of one member may influence others and their reported outcomes.

3.2.2.1 Description of the Sample

This sample consists of 85 families; a total of 95 children and young people (including brothers and sisters) who were involved in Meitheal were accounted for in the study overall, although not all of them took active part in it. Most of the sample is made up of young people between 11 and 18 years of age (64.2%), and the majority are male (72.6%). Four areas provided most participants for the study: Dublin South East/Wicklow (20%), Dublin North City (15.8%), Mayo (13.7%), and Carlow/Kilkenny/South Tipperary (12.6%). Regarding regions, most participants are from DML (29.5%), and the smallest number came from DNE (20%). The information above is summarised in Table 10.

Table 10 Socio-Demographic Characteristics of the Sample of Children and Young People

		Participants n (%)
Age	0–5	6 (6.3%)
	6–10	28 (29.5%)
	11–18	61 (64.2%)
Gender	Male	69 (72.6%)
	Female	26 (27.4%)
Tusla ISA	Dublin South Central	3 (3.2%)
	Dublin South-East/Wicklow	19 (20%)
	Dublin South-West/Kildare/West Wicklow	3 (3.2%)
	Midlands	4 (4.2%)
	Dublin North City	15 (15.8%)
	Louth/Meath	4 (4.2%)
	Kerry	2 (2.1%)
	Carlow/Kilkenny/South Tipperary	12 (12.6%)
	Waterford/Wexford	8 (8.4%)
	Mid-West	2 (2.1%)
	Galway/Roscommon	6 (6.3%)
	Mayo	13 (13.7%)
	Donegal	4 (4.2%)
Tusla Region	DML	28 (29.5%)
	DNE	19 (20%)
	South	22 (23.2%)
		26 (27.4%)

As highlighted in Table 11 the most frequent request sources for Meitheal processes in the study are Tusla social work (18.9%) and Community-based-Family Support (18.9%). Direct access (63.2%) is the most common initiation pathway. There is variety in the reasons for Meitheal initiation, but emotional (30.5%) and behavioural (21.1%) are the most frequent. At the final round of data collection (Time 3), 55.8% of all
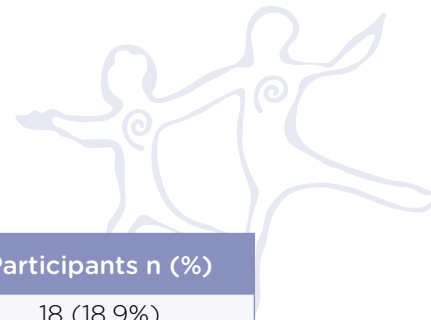
Meitheals were ongoing.

Table 11 Characteristics of the Meitheal Processes

		Participants n (%)
Request Source[24]	Tusla social work	18 (18.9%)
	Adolescent/youth	3 (3.2%)
	Community-based Family Support	18 (18.9%)
	School	6 (6.3%)
	Other	17 (17.9%)
	No information provided	3 (3.2%)
	Tusla Family Support	23 (24.2%)
	Tusla other	7 (7.4%)
Initiation Pathway	Social work diversion	25 (26.3%)
	Direct access	60 (63.2%)
	Social work step-down	9 (9.5%)
	No information provided	1 (1.1%)
Reason for Meitheal (Primary)	Emotional issues	29 (30.5%)
	Behavioural issues	20 (21.1%)
	Educational issues	14 (14.7%)
	Financial/housing difficulties	7 (7.4%)
	Social isolation	6 (6.3%)
	Relationship issues	3 (3.2%)
	Parenting support	10 (10.5%)
	Mental health issue	2 (2.1%)
	Family issue	2 (2.1%)
	Physical illness/disability	1 (1.1%)
	Learning disability	1 (1.1%)
Reasons for Meitheal (Secondary)	Emotional issues	13 (13.7%)
	Behavioural issues	13 (13.7%)
	Educational issues	13 (13.7%)
	Financial/housing difficulties	6 (6.3%)
	Social isolation	9 (9.5%)
	Relationship issue	6 (6.3%)
	Parenting support	9 (9.5%)
	Mental health issue	6 (6.3%)
	History of domestic violence	3 (3.2%)
	Family issue	3 (3.2%)
	Physical illness/disability	2 (2.1%)
	Other	6 (6.3%)
	No information provided	6 (6.3%)
Status of Meitheal at Final Data Collection	Closed	40 (42.1%)
	Open	53 (55.8%)
	Unknown	2 (2.1%)

[24] Request Source refers to the person, practitioner, or organisation that completed and submitted the Meitheal Request form.

3.2.2.2 Descriptive Analyses of Quantitative Measures

Although the baseline (Time 1) sample consists of 95 children and young people, these numbers change over time due to participant attrition. Year follow-ups have the smallest number of scales, as only 15 families took part in the study for 12 months (Time 3). Table 12 below contains a summary of the quantitative scales and tools that were completed by participants in the study.

Table 12 Summary of Quantitative Scales and Tools at Time 1 and Time 2

Scale	Time 1			Time 2		
	N	Mean	SD	N	Mean	SD
My Star	23	32.5	4.3	8	34.1	4.9
Youth Star	20	20.0	4.7	12	22.7	2.3
Family Star Mother[25]	90	67.6	14.0	74	75.9*	13.3
Family Star Father/ other	12	74.7	10	8	73.3	17.9
GHQ[26] Mother	88	5.3	3.7	75	3.4*	3.6
GHQ Father/other	12	3.6	2.9	10	1.1*	1.7
SDQ Mother	76	21.4	6.5	75	19.4*	7.0
SDQ Father/other	14	14.4	8.7	8	17.6*	11.9
SDQ Children and Young people	29	17.0	5.2	22	16.2	5.7

*Significant at ≤0.05

Maternal outcomes between Time 1 and Time 2[27] changed in the desired direction. Mother reports on family outcomes (Family Star) and child/adolescent well-being (SDQ mother) and their well-being (GHQ) showed statistically significant improvements. This change was so significant that mother scores changed from a clinical range to below a clinical range. This suggests that improving maternal well-being can have a positive impact on their families, children and young people.

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

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

Outcomes

Family outcomes over time were measured using the Family Star Plus tool. The maximum score that can be obtained is 100. Mother reports of family outcomes show an increase over time from a mean score of 67.6 at Time 1 to 80.2 at Time 3. A paired sample *t*-test[28] was carried out to identify if the differences in mean scores were statistically significant from Time 1 to Time 2. Time 3 was analysed separately, as the

[25] Mother also includes female carers or guardians

[26] Cut off clinical score is 4. Improvements are shown by reduced scores.

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

[28] Paired sample t-test are used when data is collected from the same group of people on two occasions (pre-test, post-test).

[29] Non-parametric statistics are usually used for samples that are small or not normally distributed (Pallant, 2016; Field, 2018).
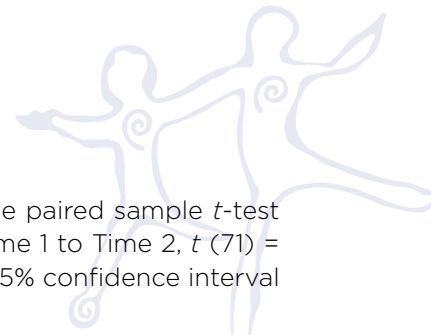
sample is very small and inadequate for parametric statistics.[29] The results of the paired sample *t*-test identified a statistically significant increase in maternal family outcomes from Time 1 to Time 2, *t* (71) = -5.6, *p* <0.000. The mean increase in maternal family outcomes was 8.8, with a 95% confidence interval ranging from -11.9 to -5.6. The eta-squared statistic (0.3) indicated a small effect.

Father reports of family outcomes show a slight decrease, from 74.7 at Time 1 to 73.3 at Time 2. Due to the small sample of fathers, a Wilcoxon Signed Rank Test[30] was used to determine if the difference in mean scores was statistically significant from Time 1 to Time 2. This change was not significant.

Outcomes for young people were measured with the Youth Star. The maximum score for this scale is 30. The mean score at Time 1 was 20, and at Time 2 it was 22.7. A paired sample *t*-test indicated that this increase was not statistically significant.

Children's outcomes were reported using the My Star. The maximum score a child can obtain in this scale is 40. Children had an average score of 32.5 at Time 1 and 34.1 at Time 2. A Wilcoxon Signed Rank Test determined that the difference in mean scores was not statistically significant from Time 1 to Time 2.

Parental Well-Being

Parental well-being was measured using the GHQ. This is a screening scale with a cut-off score of 4, suggesting that people with a score above this may be experiencing additional needs or issues. Maternal mean score at Time 1 was 5.3, which was above this cut-off score. At Time 2 the average score was 3.4, which is below the cut-off score, suggesting an improvement in maternal well-being. The paired sample t-test identified a statistically significant decrease in scores on the GHQ from Time 1 to Time 2, t (71) = 4.1, p <0.000. The mean decrease in maternal well-being was 1.9, with a 95% confidence interval ranging from 1.0 to 2.8. The eta-squared statistic (0.65) indicated a medium effect.

Father reports of well-being also show a decrease, from a mean score of 3.6 at Time 1 to an average of 1.1 at Time 2. A Wilcoxon Signed Rank Test determined that the difference in mean scores was statistically significant from Time 1 to Time 2, z = 2.0, p <0.05, with a large effect size[31] (r = 0.5).

Child and Young Person Well-Being

Child and young person well-being were measured using the SDQ. For the purposes of this study, the total difficulties score is the only score reported. The mean score of maternal SDQ reports at Time 1 is 21.4 and 19.4 at Time 2. The paired sample t-test identified a significant decrease in mean scores from Time 1 to Time 2, t (60) = 2.3, p <0.02. The mean decrease in SDQ scores was 1.6, with a 95% confidence interval ranging from 0.22 and 2.9. The eta-squared statistic (0.1) indicated a very small effect.

Father SDQ reports went from an average of 14.4 at Time 1 to 17.6 at Time 2. A Wilcoxon Signed Rank Test found that this difference in mean scores was statistically significant, z = 2.0, p <0.05, with a medium effect size (r = 0.4).

Children and young people self-reports show a mean score of 17 at Time 1 and 16.2 at Time 2. The paired sample T-test showed a non-significant change in mean scores over time.

Model Fidelity

Model fidelity was measured using the Fidelity Checklist. This checklist determines how closely the principles and stages of the Meitheal and CFSN model were followed. The maximum score that can be obtained is 26. The mean score at Time 1 is 16.8, and at Time 2 it increased to 21.6. The paired sample

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[30] The Wilcoxon Signed Rank Test is the non-parametric equivalent of paired sample t-test.

[31] Effect size refers to the magnitude of the effect.

t-test identified a statistically significant increase in model fidelity from Time 1 to Time 2, t (65) = -9.1, p <0.000. The mean increase in fidelity was 4.8, with a 95% confidence interval ranging from -5.5 to -3.5. The eta-squared statistic (0.56) indicated a large effect.

Outcomes for Time 3 Families

A separate database was created including the 12 families that were followed over Time 1, 2, and 3. Due to the small sample size, non-parametric statistics were used, specifically a Friedman Test to identify statistically significant changes over time, as this test is used when the same sample of people is measured at three or more points in time. No fathers or children are included in this analysis, as only one child and no fathers took part in Time 3 data collection.

Table 13 Summary of Quantitative Scales and Tools at Time 3

Scale	Time 1		
	N	Mean	SD
My Star	1	-	-
Youth Star	2	20.5	9.2
Family Star Mother[32]	14	80.2*	15.7
Family Star Father/ other	0	-	-
GHQ Mother	14	5.9	4.4
GHQ Father/other	0	-	-
SDQ Mother	14	17.8	6
SDQ Father/other	0	-	-
SDQ Children and Young people	3	16.3	1.5

*Significant at ≤0.05

As shown in Table 13, statistically significant differences were only found in family outcomes reported by mothers over time suggesting that for this small group of 14 mothers, their rating of family well-being improved significantly between Time 1 and Time 2 and this improvement was maintained at Time 3. This shows the potential of Meitheal to improve outcomes over time. The Friedman Test result was: x^2 (2, n = 14) = 7.0, p <0.05. Mean score was 68.2 at Time 1 and 80.2 at Time 3. Outcomes reported by mothers significantly increased over time. Friedman Tests identified non-statistically-significant differences for young people's outcomes (Youth Star), maternal well-being (GHQ), child and young person well-being, maternal reports (SDQ), and child and young person well-being self-reports (SDQ).

A Friedman Test indicated a statistically significant difference in fidelity across the three time points: x^2 (2, n = 8) = 12.8, p <0.00. Model fidelity significantly increased over time; the mean score was 16.8 at Time 1 and 23.6 at Time 3.

Correlations between Outcomes

Correlation analyses were used to describe the strength and direction of the linear relationship between study variables. For the purposes of this study, Pearson r correlations[33] were deemed more suitable for Time 1 and Time 2. Father scales and children were excluded from the analyses, as the sample size was very small for a parametric statistical analysis. A detailed summary of correlations can be found on Table

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[32] Mother also includes female carers or guardians

[33] Pearson correlation coefficients can take values from -1 to +1. Direction is determined by the sign in front: positive means that as one variable increases, the also other increases; negative indicates that the increase in one variable means a reduction in the second variable. Values of r between 0.10 and 0.29 are small, 0.30 to 0.49 are medium, and 0.50 to 1.0 are strong (positive and negative).
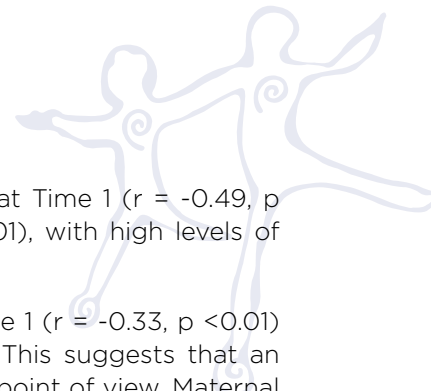
14.

There was a medium positive significant correlation between youth outcomes at Time 1 (r = -0.49, p <0.05) and a large positive significant correlation at Time 2 (r = -0.55, p < 0.01), with high levels of maternal family outcomes associated with higher levels of youth outcomes.

There were medium negative correlations between maternal GHQ scores at Time 1 (r = -0.33, p <0.01) and Time 2 (r = -0.44, p < 0.01) with family outcomes reported by mothers. This suggests that an increase in GHQ scores leads to a decrease in family outcomes from a maternal point of view. Maternal worsening in their well-being leads to worse family outcomes for mothers.

Maternal SDQ scores at Time 1 (r = -0.69, p < 0.01) were significantly and positively correlated with maternal SDQ at Time 2 (r = -0.69, p < 0.01). Maternal SDQ at Time 2 was significantly and negatively correlated with Fidelity at Time 2 (r = -0.31, p < 0.05), with high levels in the maternal SDQ associated with lower levels of fidelity.

At Time 2, maternal outcomes were negatively correlated with maternal GHQ at Time 2 (r = -0.53, p < 0.01) and maternal SDQ at Time 2 (r = -0.23, p < 0.05), with high levels on the GHQ and the SDQ associated with lower levels of family outcomes reported by mothers.

Table 14 Outcome Correlations at Time 1 and Time 2

	Time 1					Time 2				
	Family Star Mother	Youth Star	GHQ Mother	SDQ Mother	Fidelity	Family Star Mother	Youth Star	GHQ Mother	SDQ Mother	Fidelity
Family Star Mother										
Youth Star	0.49*									
GHQ Mother	-0.33**	0.08								
SDQ Mother	-0.11	-0.32	0.09							
Fidelity	0.20	0.19	-0.15	0.00						
Time 2										
Family Star Mother	0.55**	0.08	-0.33**	-0.20	0.17					
Youth Star	-0.22	0.44	0.00	-0.46	-0.07	-0.49				
GHQ Mother	-0.44**	-0.03	0.40**	0.04	-0.24	-0.53**	0.49			
SDQ Mother	-0.06	-0.46	0.01	0.69**	-0.03	-0.23*	-0.16	0.20		
Fidelity	-0.02	-0.13	-0.22	-0.18	0.49**	0.10	-0.16	-0.09	-0.31*	

*Significant at < 0.05
** Significant at < 0.001

3.2.2.3 Exploring Outcome Predictors

Standard multiple regression[34] was used to assess the ability of study variables (time, age, gender, Tusla Region, referral pathway and reason for Meitheal initiation) to predict maternal family outcomes over time (Time 1, Time 2, Time 3).

Fathers, young people, and children were excluded from this analysis as the samples were too small for this type of parametric analysis.

This model was statistically significant and explained 14.6% of the variance in maternal reports of family outcomes. Only one measure was statistically significant, time (*beta* = 0.32, $p < 0.000$). This model suggests that age, gender, region, pathway, and reason for initiation did not have a significant contribution to the variance in maternal family outcomes, but time did have a significant effect. A summary of the model is included in Table 15.

Table 15 Impact of Socio-Demographic Data on Maternal Family Outcomes

Predictors	Family Outcomes (Maternal report)		
	ß	F	R Square
Time	0.32*		
Age	-0.13		
Gender	-0.01	4.89	0.146
Tusla Region	-0.03		
Referral Pathway	-0.14		
Reason for Meitheal Initiation	0.11		

*Significant at < 0.00

To further understand maternal family outcomes a second standard multiple regression was carried out to assess the ability of maternal well-being (GHQ), child and young person well-being (SDQ-maternal reports) and model fidelity to predict variance in maternal family outcomes over time.

The model overall was significant and explained 26.8% of the variance in maternal family outcomes. Two control measures were statistically significant, maternal GHQ (beta = -0.34, $p < 0.000$) with a higher beta value than time (beta = -0.20, $p < 0.000$). This means that maternal well-being was the largest significant predictor of variance in family outcomes and this was significant over time. A summary of this model is included in Table 16.

Table 16 Predictors of Maternal Family Outcomes

Predictors	Family Outcomes (Maternal report)		
	ß	F	R Square
Time	0.20*		
Maternal GHQ	-0.34*	12.34*	0.268
Maternal SDQ	-0.14		
Model Fidelity	0.10		

[34] Standard multiple regression is used to determine the predictive power of each independent (predictor) variable on the dependant variable.
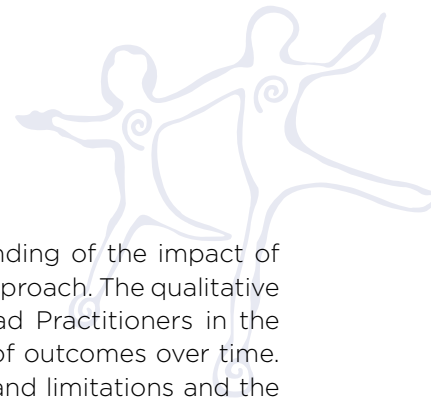
3.2.2.4 Conclusion

The Meitheal Process and Outcomes study has provided an in-depth understanding of the impact of Meitheal on children, young people, and family outcomes, from a mixed method approach. The qualitative section described the experiences of children, young people, parents, and Lead Practitioners in the Meitheal process. The quantitative section provided an objective measurement of outcomes over time. The following component focuses on the CFSNs to understand their strengths and limitations and the connection between it and Meitheal.

3.2.3 The Connection Between Meitheal and the CPW System: Secondary Data

This component aims to provide further understanding of the connection between the Meitheal and CFSN model and the wider child protection and welfare system a descriptive secondary data analysis was also carried out on Tusla activity. Tusla's Integrated Performance and Activity data between 2014 and 2018, were analysed to determine how the help system has evolved over time and whether any changes have occurred since the introduction of the Meitheal and CFSN model. To capture the wider child protection and welfares system, data is provided on the number of children in care, number of foster carers, number of social work referrals (child welfare concerns and child abuse), time waiting for allocation of referrals (high, medium, and low priority), and referrals to Family Support Services. All data was analysed at a national and a regional level.

3.2.3.1 Meitheals Initiated 2015–2017

Meitheal activity nationwide increased between 2015 and 2016. The majority of Meitheals were initiated in the West; however, DNE and South are the regions that have experienced the largest increase in Meitheal numbers over time. Q4 2016 reached the highest level of activity; however, Meitheal activity decreased in 2017 (Table 17 and Figure 2).

Table 17 Meitheals Initiated (National and Regional) 2015-2017

	Q4 2015	Q2 2016	Q4 2016	Q2 2017[35]	Q4 2017
	Initiated	Initiated	Initiated	Initiated	Initiated
DML	81	79	81	98	96
DNE	58	111	100	113	66
South	17	215	293	99	100
West	147	167	170	113	84
National	303	572	644	423	346

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[35] Meitheals counted as initiated are those that reached Stage Two (Discussion Stage).

Meitheals Initiated (Regional) 2015-2017
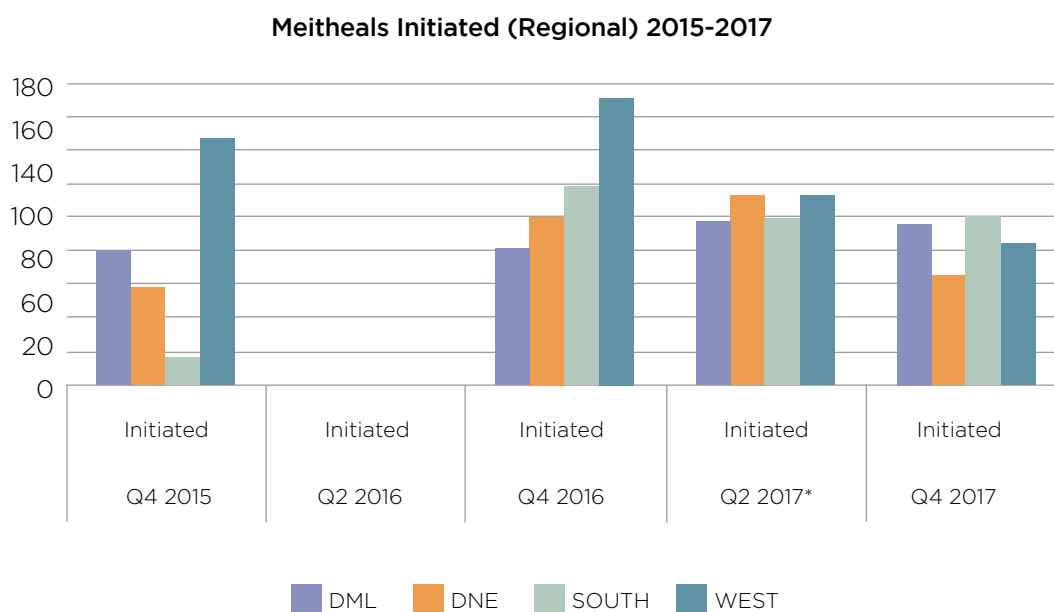
Figure 2 Meitheals Initiated (Regional) 2015-2017

3.2.3.2 Meitheal Activity Compared with Child and Family Support Networks' Activity (Regional)

Detailed information on Meitheals over time is only available from Q2 2017. Before 2017 the number of Meitheals initiated were the only statistic reported; information regarding the pathways (open, meeting, closed) of Meitheal were not previously available, therefore this data is only reporting for Q2 and Q4 2017 (Table 18).

Table 18 Meitheals Initiated and Closed Compared with CFSNs (Regional) 2017

Region	Q2 2017			Q4 2017		
	Initiated[36]	Closed	CFSN Operating	Initiated	Closed	CFSN Operating
DML	98	55	24	96	12	24
DNE	113	78	16	66	14	22
South	99	252	29	100	10	31
West	113	88	19	84	35	22

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[36] Meitheals counted as initiated are those that reached Stage Two (Discussion Stage).

[37] Further details on Meitheal stages completed for 2017 can be found in Appendix 6.

Data available for Q2 2017 identified the South as the region where most Meitheals were closed, reporting more Meitheals closed than the ones that were open in the same period, suggesting that several Meitheals had been previously opened in the area and ended at this time. Overall the number of Meitheals initiated and closed between Q2 and Q4 decreased over time in all regions[37] .

The South also reports the largest number of CFSNs operating in the region. The same number of Meitheals were initiated in DNE and the West; however, DNE reported having fewer operating CFSNs for the same period. Therefore, Meitheal activity is not necessarily linked to the number of CFSNs operating regionally (Figure 3).

Meitheals Initiated and Closed Compared with CFSNs (Regional) 2017
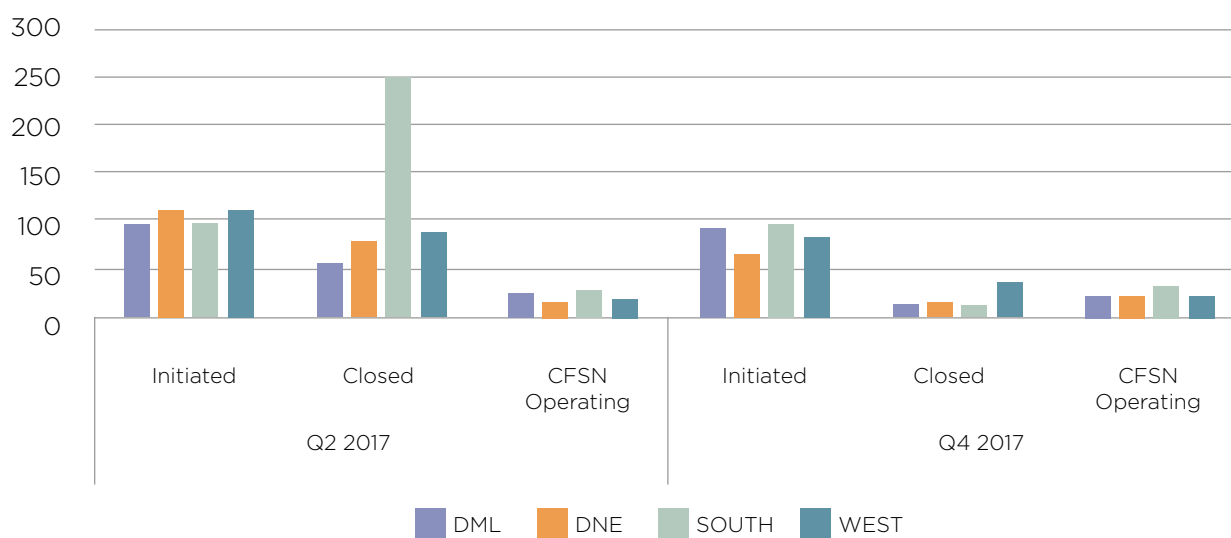
Figure 3 Meitheals Initiated and Closed Compared with CFSNs (Regional)

3.2.3.3 Reasons for the Meitheals' Initiation

The majority of Meitheals initiated in 2017 were due to behavioural difficulties, emotional problems, and parenting support. The least common reasons were addiction, learning disabilities, and physical illness or disability (Table 19).

Table 19 Reasons for Meitheal Initiation (National) 2017

	Q2 2017	Q4 2017	Q2 2017	Q4 2017	Q2 2017	Q4 2017	Q2 2017	Q4 2017
	DML	DML	DNE	DNE	South	South	West	West
Emotional problems	30	30	8	30	32	54	26	44
Behavioural problems	24	20	18	32	56	72	20	27
Physical illness or disability	5	1	8	1	8	5	3	5
Mental health issue	2	8	15	6	5	16	7	12
Learning disability	3	1	3	4	1	2	4	2
Educational issue (e.g. attendance)	15	15	17	13	27	19	10	30
Addiction	2	1	3	0	6	21	0	5
Family issues (e.g. bereavement)	2	1	7	1	9	8	7	8
Social isolation	0	4	6	4	7	10	2	2
Parenting support	9	24	23	23	69	82	4	11
Financial or housing difficulties	2	1	9	8	13	30	10	15
Relationship issues	3	1	13	3	6	17	1	0
History of domestic violence	1	0	4	1	5	12	5	7
Other	6	0	9	4	14	48	0	4
Total	104	107	143	130	258	396	99	172

3.2.3.4 Services Received by Children Referred to Family Support Services (Regional)

In 2017 the West had the highest number of children referred to Family Support Services; of these, the majority who received a service were single-agency Family Support plans. The number of children who received Meitheal in Q2 2017 is the smallest in all regions, particularly in the South. This pattern changed in two areas for Q4. The South had fewer Family Support plans and Children in Care plans than Meitheal. DML had fewer children in care plans than Meitheals (Table 20 and 21).

Table 20 Services Received by Children Referred to Family Support Services (Regional) Q2 2017

Q2 2017	Referrals[38]	Child in Care plan	Child protection plan	Family Support plan	Meitheal	Single agency[39]
DML	2678	60	117	154	78	454
DNE	4070	108	152	166	70	627
South[40]	1852	20	36	153	2	167
West	8963	279	301	324	114	1983

Table 21 Services Received by Children Referred to Family Support Services (Regional) Q4 2017

Q4 2017	Referrals[41]	Child in Care plan	Child protection plan	Family Support plan	Meitheal	Single agency[42]
DML	3191	76	157	141	94	639
DNE	4860	235	195	206	80	668
South[43]	2196	62	131	58	121	447
West	10424	254	293	293	136	2099

3.2.3.5 Meitheal and Child and Family Support Networks Activity Compared with Child Protection and Welfare (Regional)

Meitheal and CFSN activity is still quite small compared to activity in the overall CPW system; children in care and social work referrals are outstandingly more common than Meitheal and CFSNs. As a pattern, it can be noticed that Q4 2016 had the greatest increase in Meitheal and CFSN activity, but this decreased in Q2 2017, and social work referrals activity increased even more particularly for DML and the South. This suggests that prevention and early intervention is still overruled by social work activity within Tusla. Q4 2017 data is incomplete and therefore needs to be analysed carefully (Table 22 and Figure 4).

[38] Total number of children referred to Family Support Services.

[39] Single-agency Family Support plan.

[40] Data for the South is incomplete.

[41] Total number of children referred to Family Support Services.

[42] Single-agency Family Support plan.

[43] Data for the South is incomplete.

Table 22 Meitheal and CFSN Activity compared with CPW Activity (Regional) 2015-2017

	Q4[44] 2015				Q2 2016			
	DML	DNE	South	West	DML	DNE	South	West
Meitheals	81	58	17	147	79	111	215	167
Operating CFSNs	21	20	8	15	13	19	14	16
Children in Care	2578	3487	3729	2967	3077	3035	3730	2955
Social work referrals[47]	6063	4809	6003	4829	6066	5613	6959	4932

Meitheal and CFSN Activity Compared with CPW System Activity (Regional) 2015-2017
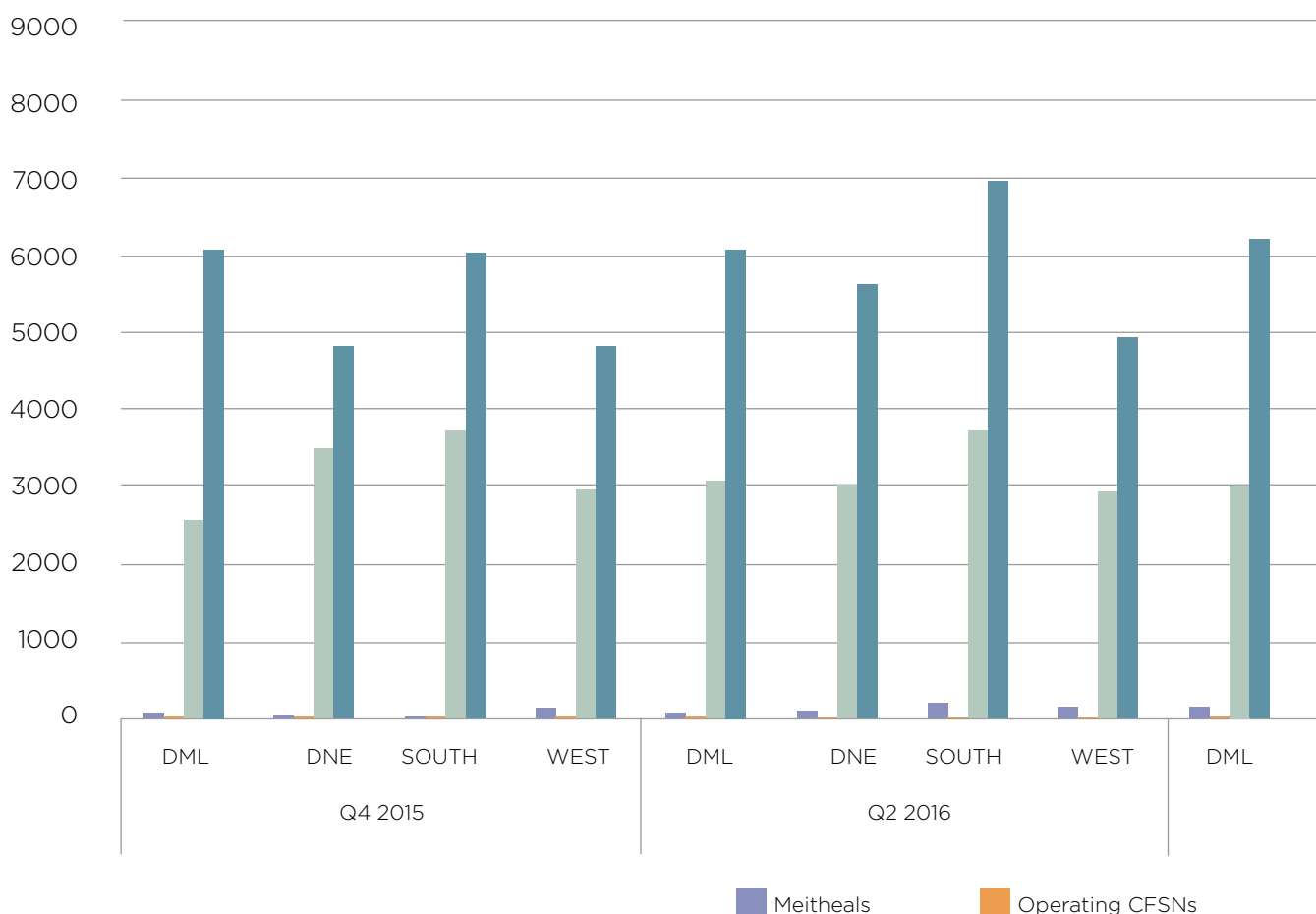
Figure 4 Meitheal and CFSN Activity Compared with CPW System Activity (Regional) 2015-2017

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[44] Data is presented bi-quarterly, as Meitheal data is reported bi-quarterly.

[45] Social work referrals are only for Q3 2017.

[46] Data for the South is incomplete.

[47] Referrals include child welfare concerns and child abuse/neglect concerns.

Q4 2016				Q2 2017				Q4 2017[45]			
DML	DNE	South[46]	West	DML	DNE	South	West	DML	DNE	South	West
160	211	508	337	98	113	99	113	96	66	100	84
20	18	18	20	24	16	29	19	24	22	31	22
3028	2980	3635	2944	3004	2981	3572	2923	2950	2913	3490	2807
6201	5571	7027	5030	7703	5887	8134	6168	3275	2686	3892	2645

Children in care   Social work referrals
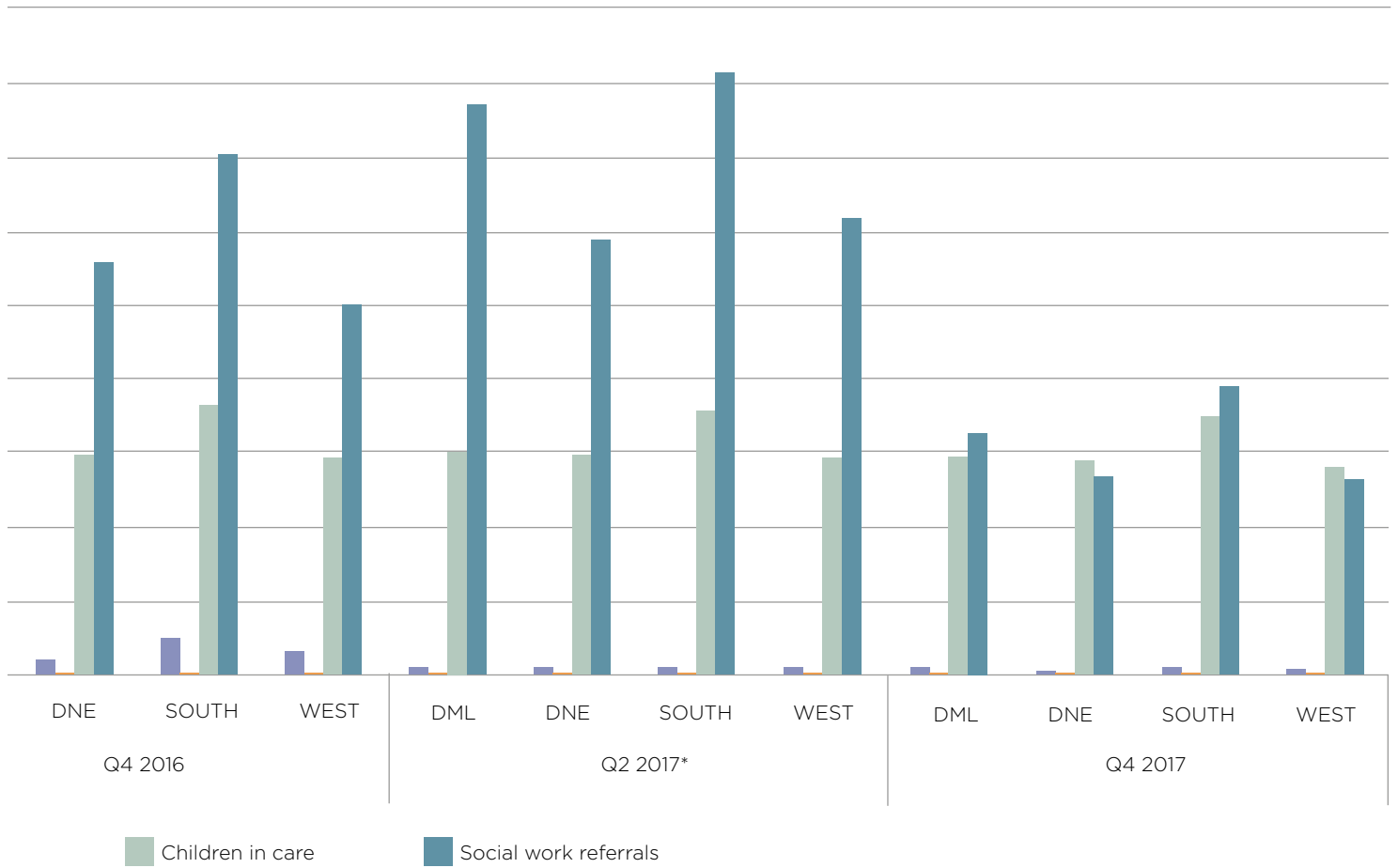
3.2.3.6 Meitheal Trainings and Staff Trained

Seven different trainings related to Meitheal and CFSN were delivered between 2015 and 2017. The number of trainings decreased over time from 322 at Q4 2015 to 22 in Q2 2017. Training in Q4 2017 increased again by 103 sessions compared to the previous quarter. Most staff trained were non-Tusla, the majority of whom were trained in Q4 2017. A total of 14 trainings were carried out in Q1 of 2018. Most attendees (n=156) were non-Tusla staff, 41 were Tusla staff (Table 23 and Figure 5).

Table 23 Meitheal Trainings and Staff Trained (National) 2015-2017

Training	Q4 2015 Trainings	T[48]	N[49]	Q2 2016 Trainings	T	N	Q4 2016 Trainings	T	N	Q2 2017 Trainings	T	N	Q4 2017 Trainings	T	N
Meitheal Briefing	71			39	21	352	9	0	93	7	3	110	40	119	390
Meitheal Facilitators Chairs Meeting	0			0	0	0	6	38	0	3	7	19	17	65	97
Meitheal Record-Keeper Training	0			0	0	0	0	0	0	0	0	0	1	10	3
Meitheal Standardised Refresher Course	0			1	0	6	6	10	6	1	3	14	5	13	44
Meitheal Standardised Train the Trainer	4			0	0	0	0	0	0	0	0	0	1	7	4
Meitheal Standardised Training Course	119			35	69	415	18	37	199	10	23	107	48	118	569
PPFS/ Meitheal Other	128			1	0	6	1	1	19	1	6	1	13	86	102
Total	**322**	**179**	**209**	**76**	**90**	**779**	**40**	**86**	**429**	**22**	**42**	**251**	**125**	**418**	**1209**

[48] T means Tusla staff.
[49] N means non-Tusla staff.

Meitheal Training and Staff Trained (National) 2015-2017
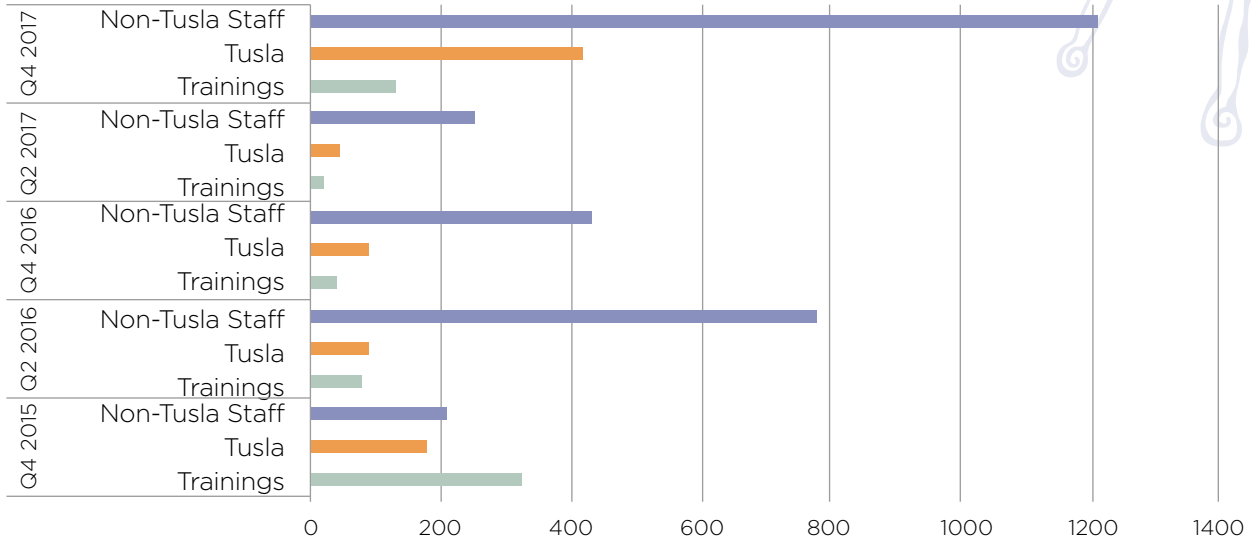
Figure 5 Meitheal Trainings and Staff Trained (National) 2015-2017

3.2.3.7 Number of Meitheals Compared with Number of Staff Trained

Data from Q4 2015 shows that the number of staff trained almost matched the number of Meitheals initiated. However, in Q2 2017 the number of Meitheals initiated was larger than the number of staff trained, suggesting that Meitheal activity is starting to increase over time and that staff who were previously trained are carrying out more Meitheals. Data from Q4 2017 shows the biggest difference between the number of staff trained and Meitheals initiated, evidence to suggest that some trainees have not initiated a Meitheal themselves during this period (Figure 6).

Meitheals Initiated Compared with Number of Staff Trained (National) 2015-2017
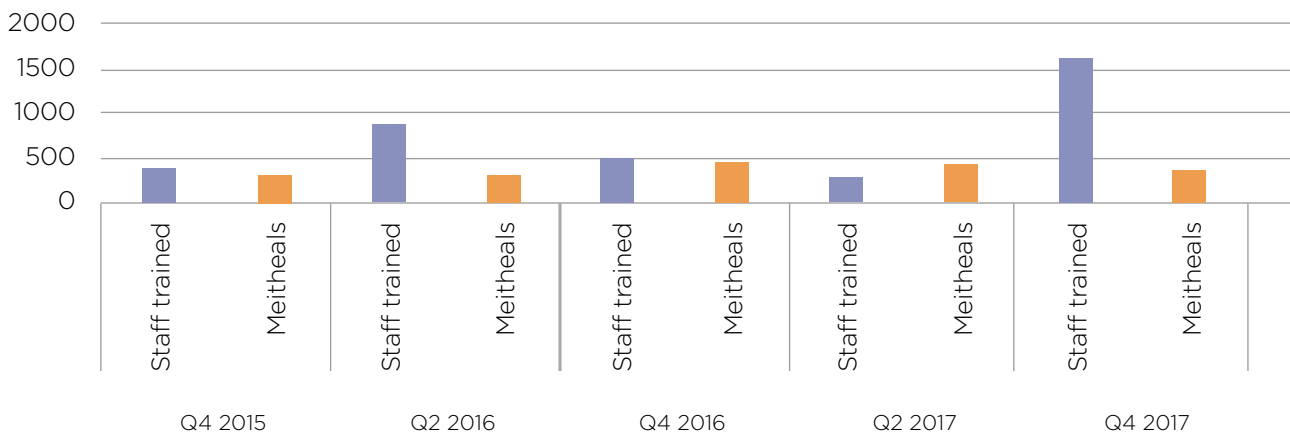
Figure 6 Number of Meitheals Compared with Number of Staff Trained (National) 2015-2017

3.3.3.8 Children in Care (National)[50]

The number of children in care decreased from Q1 2014[51] to Q4 2015[52]. Although there was an increase of 17 cases in Q1 2016, the number of children in care continued to decrease over time. The number of children in care between Q1 2014 and Q4 2016[53] decreased by 246 children. The number of children in care increased in Q1 2017[54] by 50 children but continued to reduce during 2017, reaching a low of 6189 by Q4; this is a difference of 119 children. The number of children in care continued to decrease in Q1 2018[55] (Figure 7).

Children in Care (National) 2014-2018
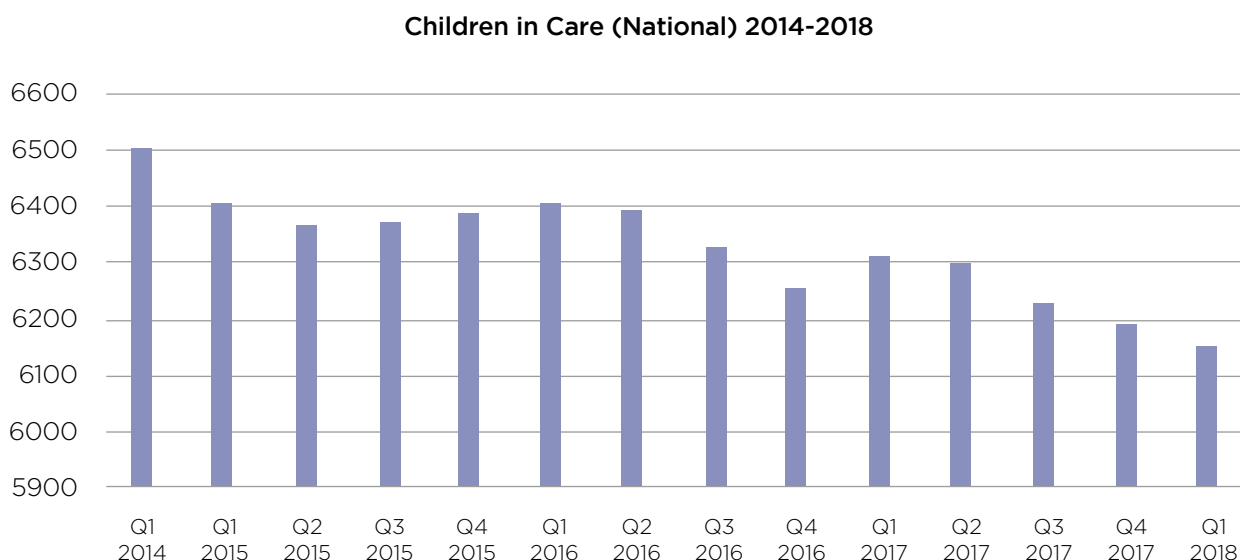
Figure 7 Children in Care (National) 2014-2018

3.2.3.9 Children in Care (Regional)[56]

The general tendency per region is a decrease in the number of children in care over time. All regions show a decrease in the number of children between Q1 2014 and Q4 2016. There is a small increase in Q1 2017 for DML and DNE; however, the number decreased again between Q2 and Q4 of the same year. South and West had a small increase in Q2 2017, but the number of children in care continued to decrease thereafter. The South continues to be the region reporting more children in care than other regions (Table 24 and Figure 8).

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[50] 2017 and 2018 data includes children under the SW Team for Separated Children Seeking Asylum.

[51] All 2014 data in this report was originally cited in the Tusla Performance Reports (Tusla, 2014a; 2014b; 2014c; 2015b).

[52] All 2015 data in this report was originally cited in the Tusla Performance Reports (Tusla, 2015c; 2015d; 2015e; 2016b).

[53] All 2017 data in this report was originally cited in the Tusla Performance Reports (Tusla, 2017d; 2017e; 2017f; 2018a).

[54] All 2018 data in this report was originally cited in the Tusla Performance Report (Tusla, 2018b).

[55] All 2018 data in this report was originally cited in the Tusla Performance Report (Tusla, 2018b).

[56] Data from 2017 excludes children under the SW Team for Separated Children Seeking Asylum.
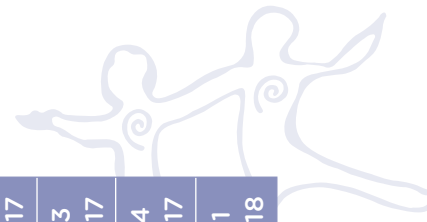
Table 24 Children in Care (Regional) 2014-2018

	Q1 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
DML	1563	1532	1526	1508	1070	1537	1540	1521	1507	1515	1489	1485	1465	1451
DNE	1508	1516	1517	1510	1977	1521	1514	1495	1485	1500	1481	1461	1452	1432
South	1940	1852	1837	1856	1873	1873	1857	1832	1803	1783	1789	1749	1741	1739
West	1493	1503	1484	1499	1468	1474	1481	1481	1463	1452	1471	1356	1451	1455

Children in Care (Regional) 2014-2018
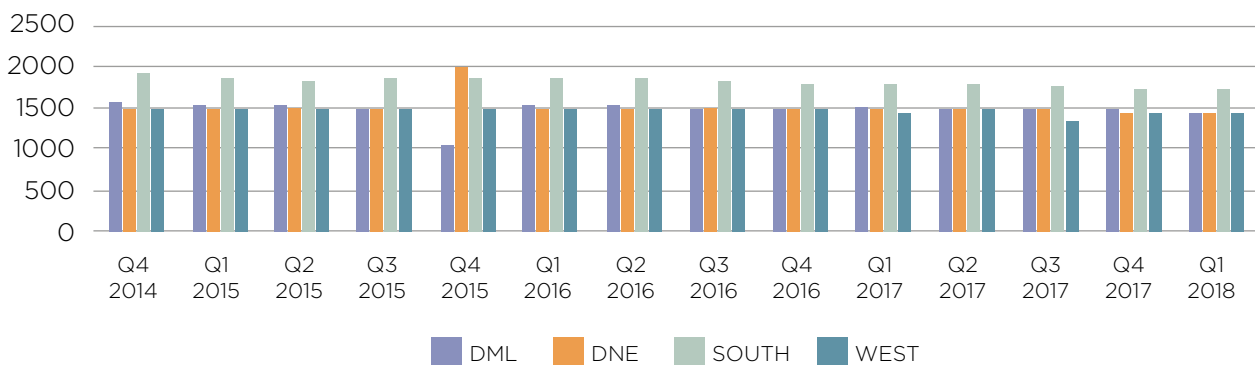
Figure 8 Children in Care (Regional) 2014-2018

3.2.3.10 Types of Care (National)[57, 58]

The number of children in Foster Care increased over time between 2015 and 2017, from 283 in Q1 2015 to reach its highest number in Q1 2017.

The number of children in Residential Care remained between 168 and 188 between 2015 and Q1 2017, but the highest number was reached in Q2 2017. The number of children in Residential Care remained over 200 for that year.

The number of children in other types of care ranged between 10 and 19, except in Q3 2016 when it dropped to 5. In general, 2017 shows an increase in the number of children in Other Care. The number of children in Residential Care increased in Q1 2018, those in Foster Care decreased instead.

Overall, it can be suggested that the number of children in foster care has increased over time. Trends in Foster and Other Care do not follow a specific pattern, as the number increased and decreased from one quarter to the next; however, the number of children in Residential and Other Care was still lower than in Foster Care (Table 25 and Figure 9).

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[57] Other includes supported lodgings; at home under a care order; detention centre/prison; youth homeless facility; and other residential centre (therapeutic; disability; residential assessment; and mother and baby home).

[58] Data from 2017 and 2018 includes children under the SW Team for Separated Children Seeking Asylum.

Table 25 Number of Children in Care and Type of Care (Regional) 2015-2018

	Q1 2015			Q2 2015			Q3 2015			Q4 2015		
	R[59]	F[60]	O[61]	R	F	O	R	F	O	R	F	O
National	177	283	12	171	311	12	179	307	10	175	308	13
DML	61	152	3	65	174	3	68	165	3	66	170	3
DNE	41	91	2	41	93	2	41	98	1	39	99	2
South	49	27	3	53	31	0	54	32	0	59	27	0
West	26	13	4	12	13	7	16	12	6	11	12	8
	Q1 2016			Q2 2016			Q3 2016			Q4 2016		
	R	F	O	R	F	O	R	F	O	R	F	O
National	186	318	12	181	334	12	170	342	5	168	361	10
DML	67	177	3	59	148	2	60	203	2	55	211	5
DNE	44	99	0	41	103	0	42	105	0	40	114	0
South	59	30	0	58	27	0	51	28	0	50	30	1
West	16	12	9	11	13	10	17	6	3	23	6	4
	Q1 2017			Q2 2017			Q3 2017			Q4 2017		
	R	F	O	R	F	O	R	F	O	R	F	O
National	210	384	19	215	384	17	208	402	17	203	395	16
DML	50	221	6	54	213	5	49	235	5	49	214	4
DNE	41	117	1	41	122	1	37	120	1	34	128	0
South	57	31	0	65	31	0	66	30	0	65	30	0
West	31	6	4	26	10	3	27	10	2	27	11	1
	Q1 2018											
	R	F	O									
National	217	387	16									
DML	51	211	4									
DNE	33	130	0									
South	66	29	0									
West	39	9	1									

[59] Residential Care.

[60] Foster Care.

[61] Other Care.

Types of Care (National) 2015-2018
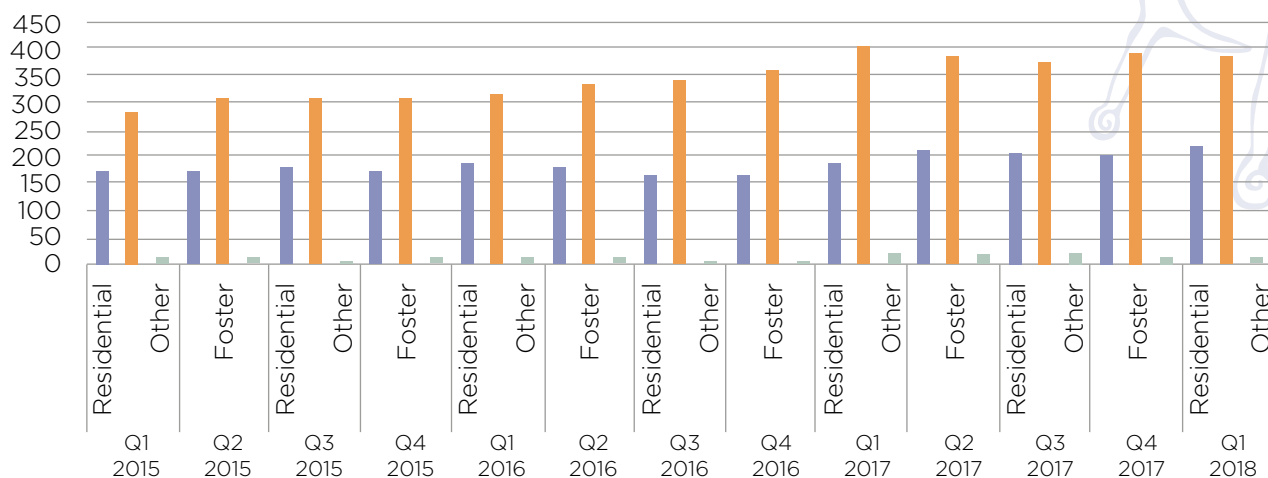
Figure 9 Types of Care (National) 2015-2018

3.2.3.11 Foster Carers (National)

The number of foster carers nationally (including general, relative, and private), increased over time from 4,094 in Q1 2014 to 4,537 in Q4 2016: an increase of 443 foster carers. However, the number of foster carers decreased in Q1 2017 by 49 and continued to decrease over the period, reaching its lowest value in Q4 2017. Recent data from 2018 shows a tendency towards decreasing, however data was incomplete and therefore analyses may not be accurate (Figure 10).

Foster Carers (National) 2014-2018
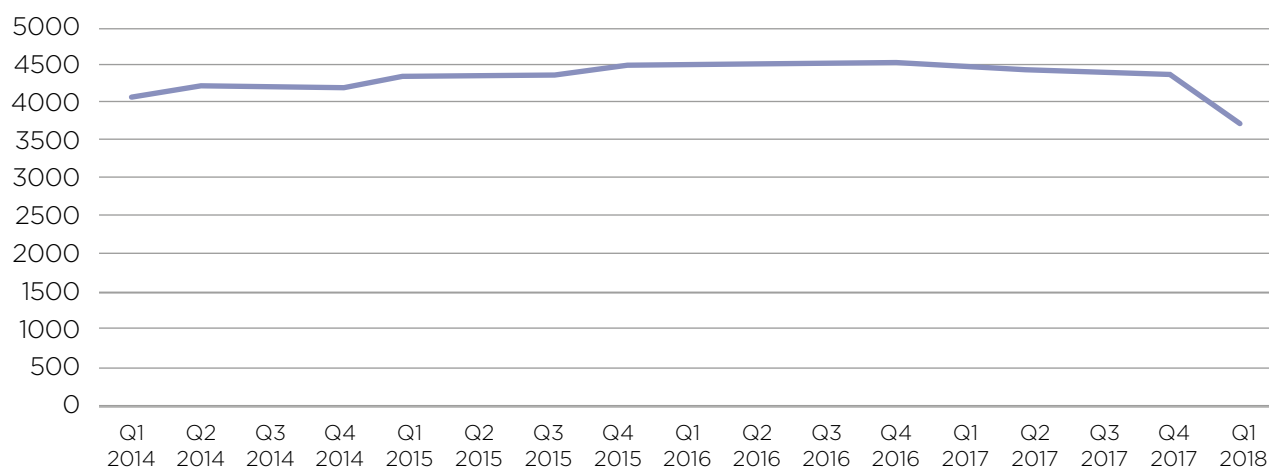
Figure 10 Foster Carers (National) 2014-2018

3.2.3.12 Social Work Referrals (National)[62]

Social work referrals do not follow a definite pattern over time, as there was a combination of sharp increases, deep decreases from one quarter to the next, relative stability, and a steady increase again in 2016. A sharp increase of 596 referrals happened in Q2 2014, but the figure decreased by 1,066 in Q3 2014. Referrals continued to decrease until Q1 2016, when referrals began to increase again; a sharp increase of 958 referrals was registered in Q2 2016, but a decrease was identified again in Q3 2016. Referrals continued to increase in 2017, reaching their highest number in Q2 2017, with 14,263 referrals, but decreasing by 1,765 in Q3 2017. There was however a slight increase in referrals in Q4 2017 compared to the previous quarter (Figure 11).

Social Work Referrals (National) 2014-2017
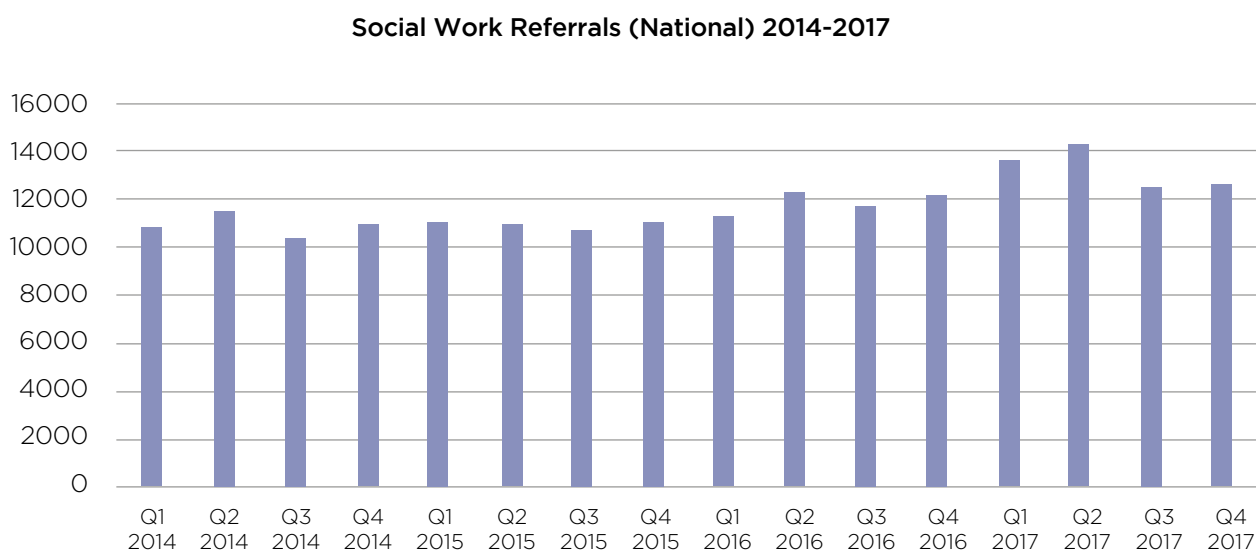
Figure 11 Social Work Referrals (National) 2014-2017

3.2.3.13 Social Work Referrals per Region

Social work referrals per region reflect a similar pattern to the national data. Overall, 2017 is the year with more referrals, particularly in Q1 and Q2. Some regions experienced sharp increases in the number of referrals between Q4 2016 and the first quarter of 2017; DML for example had an increase of 632 referrals. The South is the region with the most referrals, followed by DML. Data from quarter 4 2017 is incomplete from DML, however there is still an emerging pattern showing an increase in all other regions (Table 26, Figure 12).

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[62] The decrease in Q3 2016 could be explained by the appointment of a project team to examine the increase in the number of referrals and the number of unallocated cases in all ISAs.

Social Work Referrals (Regional) 2014-2017
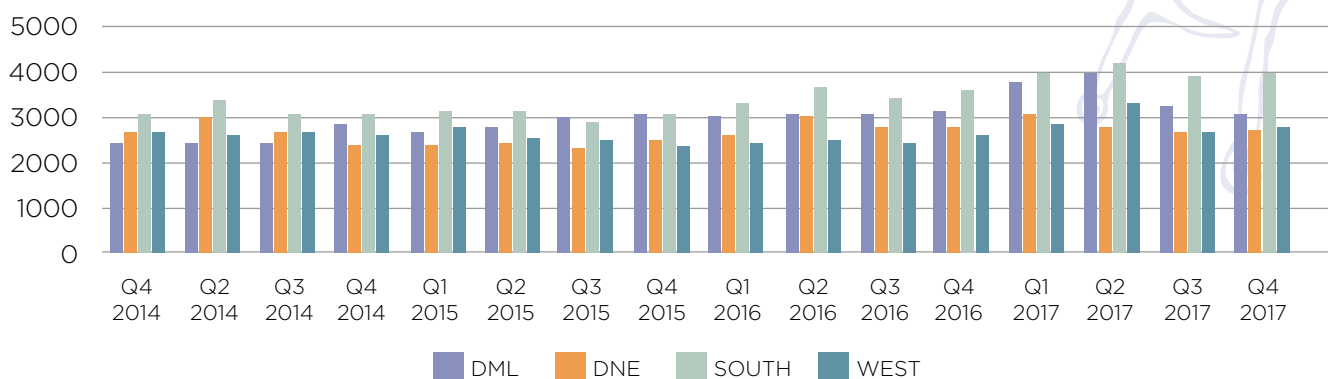
Figure 12 Social Work Referrals (Regional) 2014-2017

Table 26 Referrals (Regional) 2014-2017

	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
DML	2456	2463	2456	2861	2688	2771	3002	3061	3003	3063	3083	3118	3750	3953	3275	3095
DNE	2668	3006	2668	2369	2393	2417	2303	2506	2584	3029	2809	2762	3085	2802	2686	2750
South	3081	3365	3081	3097	3110	3144	2930	3073	3285	3674	3422	3605	3928	4206	3892	3975
West	2648	2616	2648	2616	2802	2567	2476	2353	2434	2498	2418	2612	2866	3302	2645	2780

3.2.3.14 Social Work Referrals as Percentages of the Population of Children and Young People

This section provides a description of data for 2014 until 2016 for the total number of referrals (child protection and welfare concerns) as per 1,000 of the under-18 population based on data from the 2011 and 2016 Population Census, respectively (Figure 13).

Total Referrals per 1,000 under-18 population (Regional) 2014-2017
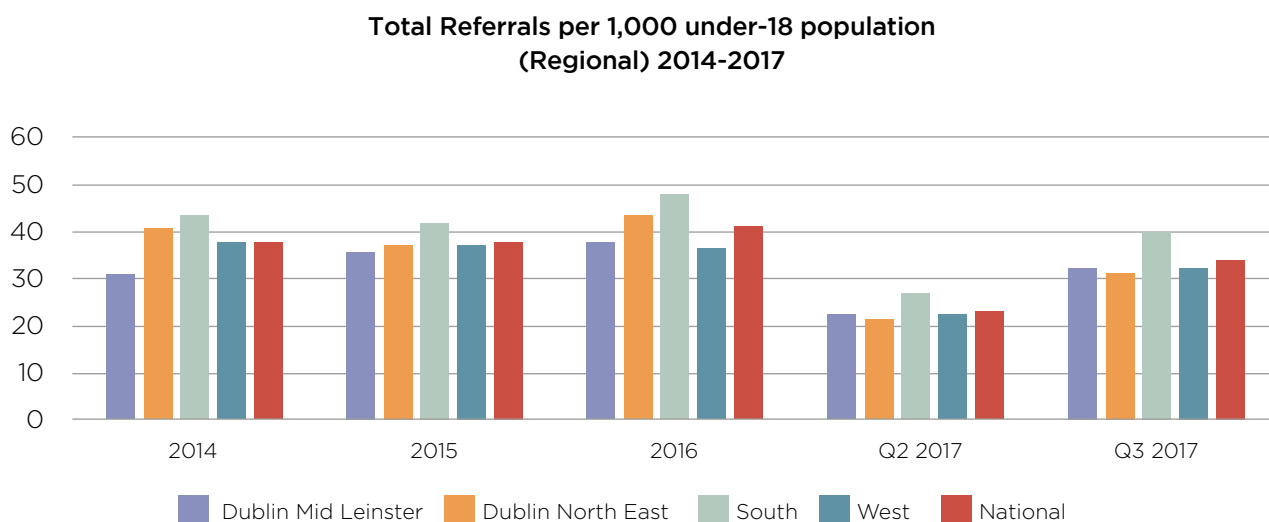
Figure 13 Total Number of Referrals per 1000 under- 18 Population (Regional) 2014-2017

This figure shows that nationally there was an increase in the total number of referrals in the under-18 population between 2014 and 2016. In the West there was a slight increase in 2015, but in 2016 there was a marginal decrease. In DNE and the South the numbers decreased in 2015 but increased in 2016. In DML, there was an increase in both 2015 and 2016. Data from 2017 is incomplete, therefore the graph needs to be analysed with caution. DML had the lowest number of referrals in 2014 and 2015, but the West had the lowest in 2016. Data from 2017 so far shows the South as the area with more referrals per 1000 in the under-18 population.

3.2.3.15 Child Welfare Concerns (National)

Child welfare concern referrals increased over time between Q1 2014 and Q4 2016, by 972. A decrease only happened in Q3 2014. In 2017 there was a constant increase in child welfare concerns, reaching the highest number of 9264 referrals in Q2 2017. Child welfare concerns continued to decrease in Q4 2017 (Table 27 and Figure 14).

Table 27 Child Welfare Concerns (National) 2014-2017

Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
6212	6466	5897	6379	6223	6334	6316	6488	6754	7229	7145	7184	8171	9264	7732	7491
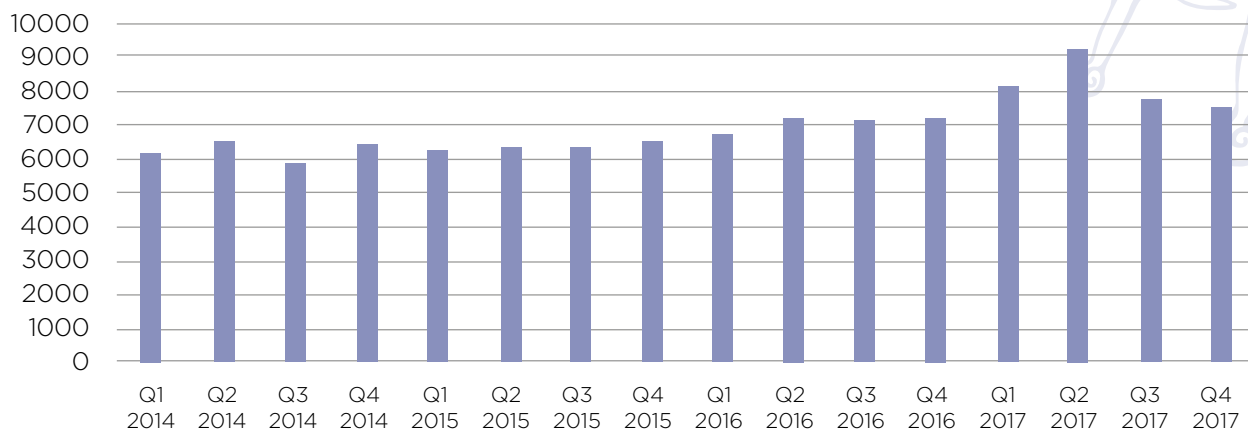
Child Welfare Concerns (National)
2014-2017

3.2.3.16 Child Abuse Concerns (National)

The number of child abuse referrals increased between Q1 and Q2 2014 but then decreased in Q3. Referrals decreased again between Q2 and Q3 2015 but then increased for the following two quarters. The highest number of referrals happened in Q2 2016, when there was an increase of 483. In Q3 2016 the number of referrals decreased but increased again by 326 in Q4 2016. Q1 2017 had the largest number of child abuse concerns in the period; however, a reduction happened in Q2 and Q3 2017. Even though there was a decrease in child welfare concerns, there was an increase of 343 child abuse concerns nationwide in Q4 2017 (Table 28 and Figure 15).

Table 28 Child Abuse Concerns (National) 2014-2017

Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
4641	4984	4487	4564	4770	4565	4395	4505	4552	5035	4587	4913	5458	4999	4766	5109
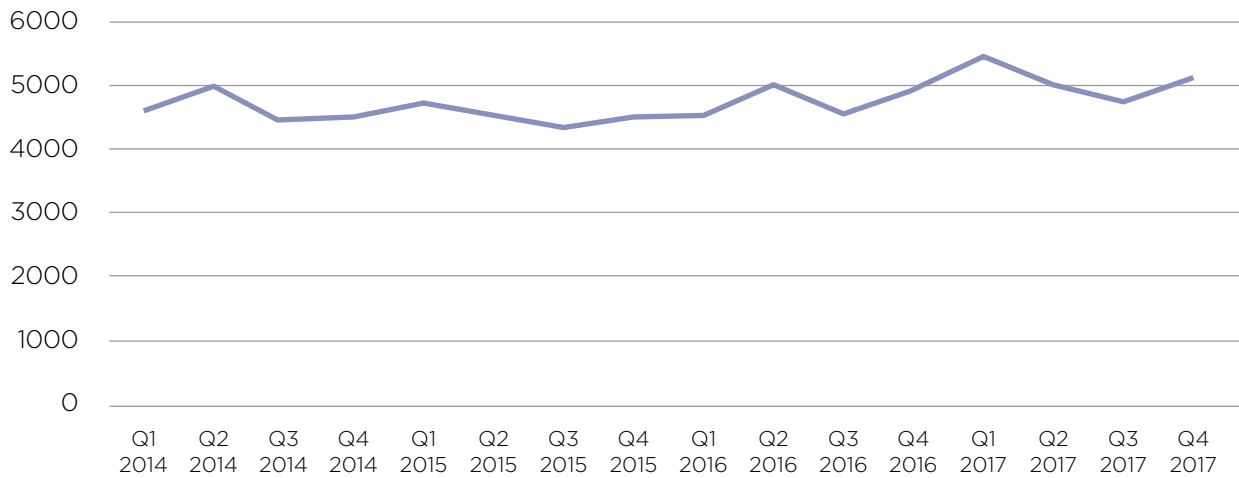
Child Abuse Concerns (National) 2014-2017

3.2.3.17 Open Cases (National)

The number of open cases nationwide generally decreased over time, by 4,429 between Q1 2014 and Q4 2016. An increase of 350 open cases was reported for Q1 2017. There was an increase in open cases in Q2 2017 and Q3 2017, but the number of open cases decreased again in Q4 of the same year. The number of open cases continued to decrease from Q4 2017 to Q1 2018 (Figure 16).

Open Cases (National) 2014-2018
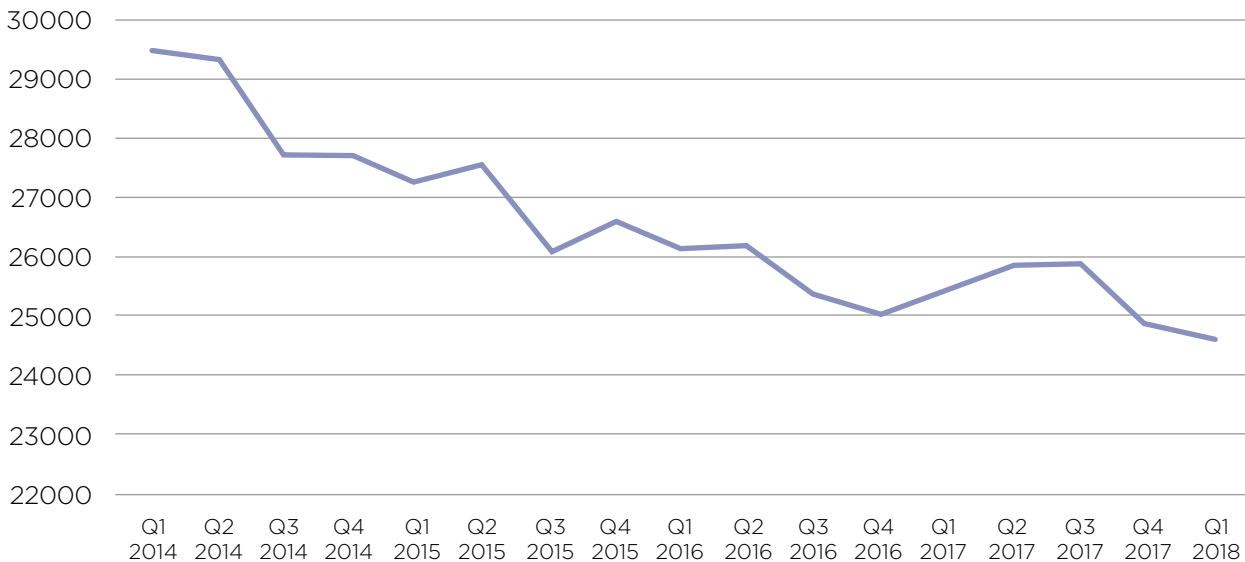
Figure 16 Open Cases (National) 2014-2017
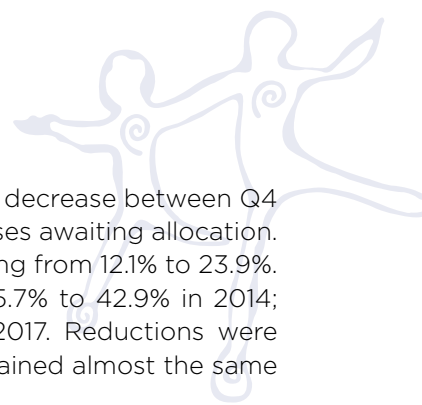
3.2.3.18 Percentage of Open Cases Awaiting Allocation (Regional)

The percentage of open cases[63] awaiting allocation per region followed a general decrease between Q4 2014 and Q3 2016, a period when all areas had the lowest percentage of open cases awaiting allocation. The percentage of open cases awaiting allocation in the West is the lowest, ranging from 12.1% to 23.9%. The highest percentage of cases awaiting allocation is in DML, ranging from 25.7% to 42.9% in 2014; however, no region has reached such a high percentage between 2016 and 2017. Reductions were identified in Q1 2018 for DML and West. DNE has a slight increase and South remained almost the same in this quarter (Table 29 and Figure 17).

Table 29 Percentage of Open Cases Awaiting Allocation (Regional) 2014-2018

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
DML	42.9%	39.5%	31%	36.8%	36.5%	32%	26.2%	25.7%	28.6%	33.3%	31.7%	28%	25.4%	23.4%
DNE	35.6%	29.9%	29.8%	31.7%	25.4%	17.8%	24.7%	17.6%	24.3%	24.2%	19.9%	19.6%	18.6%	19%
South	23.7%	19.4%	22.4%	24.6%	19%	17%	17.4%	14.2%	16.3%	21.7%	20.6%	16.6%	17.3%	17.4%
West	17.6%	20.5%	20.9%	19.3%	21.9%	20.4%	18.2%	12.1%	17.2%	17.3%	19.5%	23.9%	18.6%	17.1%

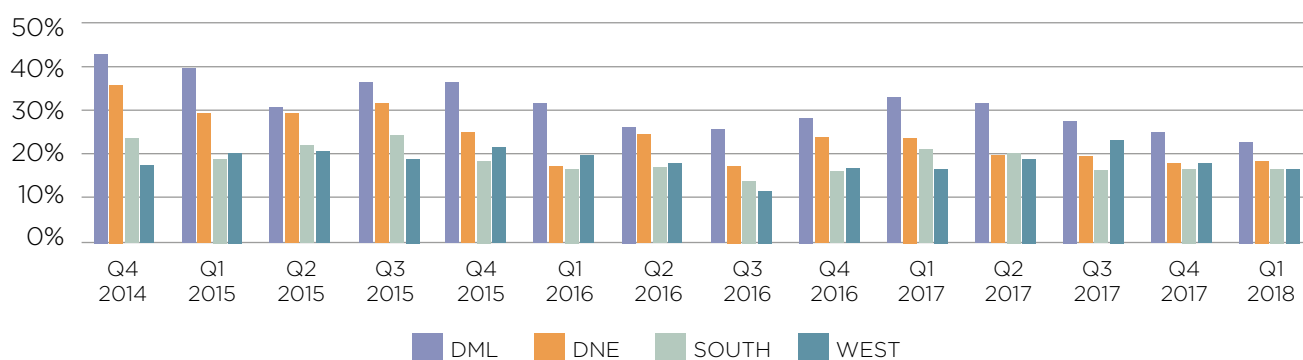Percentage of Open Cases awaiting Allocation
(Regional) 2014-2018

Figure 17 Percentage of Open Cases awaiting Allocation (Regional) 2014-2018

3.2.3.19 Time Awaiting Allocation

Table 30 represents the time which high-priority[64] cases[65] had to wait to be allocated to a social worker. The number of cases awaiting allocation at a high level for more than three months was noticeably reduced in 2016, compared to 2014 and 2015, except for cases that waited one week: these increased from 2014 to 2016. In 2017, the number of cases waiting between 1 and 3 weeks was reduced. Cases between 4 weeks and >3 months increased in this period (Table 30).

Table 30 Waiting Times for High-Priority Cases (National) 2014-2017

High-Priority	2014	2015	2016	2017[66]
1 week	109	421	447	277
1–2 weeks	138	498	357	340
2–3 weeks	112	361	410	262
3–4 weeks	168	393	267	369
1–2 months	320	743	442	552
2–3 months	204	796	338	385
> 3 months	1680	2328	1150	1565

The number of open cases of medium-priority allocation for two or more months increased noticeably from 2014 to 2015 but reduced in 2016. In 2017 the number of cases awaiting one week was reduced; however, all other categories increased, except for those between two and three months (Table 31).

Table 31 Waiting Times for Medium-Priority Cases (National) 2014-2017

Medium-Priority	2014	2015	2016	2017
1 week	65	574	912	815
1–2 weeks	142	743	943	1026
2–3 weeks	143	816	854	869
3–4 weeks	364	787	729	968
1–2 months	499	2030	1929	2128
2–3 months	359	2415	1491	1440
> 3 months	2776	6751	5428	5923

[64] High-priority cases are defined according to whether the child was subject to an Initial Assessment with a child protection concern, further assessment required, child awaiting a Child Protection Conference, child subject to a Child Protection Plan, child subject to court proceedings, child in care with non-approved carers, child in care less than six months, and child in unstable placement.

[65] A case represents one child. A child can have more than one referral simultaneously.

[66] Data from 2017 is incomplete and based on 15/17 areas only.

Table 32 Waiting Times for Low-Priority Cases (National) 2014-2017

Low-Priority Cases	2014	2015	2016	2017
1 week	34	129	324	182
1–2 weeks	21	267	330	213
2–3 weeks	31	264	309	261
3–4 weeks	55	421	327	419
1–2 months	204	1040	888	753
2–3 months	109	1521	693	677
> 3 months	818	4931	2395	2241

3.2.3.20 Referrals to Family Support Services (National)

Referrals from Social Work to Family Support Services[67]

The number of children referred to Family Support Services by social work increased between 2014 and 2016. There was a decrease in Q2 2017, but it increased again by Q4 2017.The highest number of referrals was in Q2 2017 with a total of 4,242 (Table 33 and Figure 18).

Table 33 Children Referred from Social Work to Family Support Services (National) 2014-2017

	Q2 2014	Q4 2014	Q2 2015	Q4 2015	Q2 2016	Q2 2017	Q4 2017
Children	2908	3115	2948	3408	4242	3842	3994

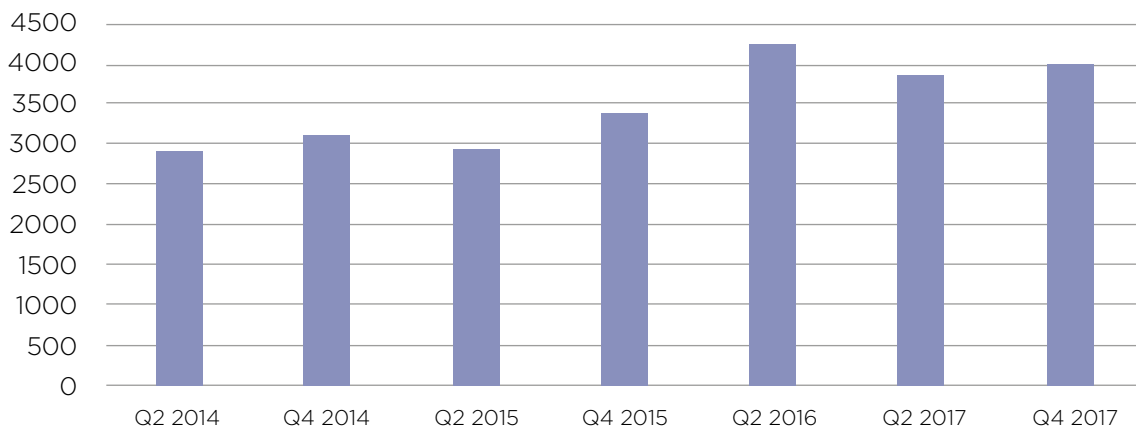**Children Referred by Social Work to Family Support Services (National) 2014-2017**

Figure 18 Children Referred by Social Work to Family Support Services (National) 2014-2017

[67] Data from Q4 2016 is an outlier and was therefore excluded. Data from 2017 is incomplete.

[68] Data from Q2 2017 is incomplete.

Referrals from Other Sources to Family Support Services

Children referred to Family Support Services by other sources decreased between Q2 2014 and Q2 2015. The number of families and children referred to Family Support Services by other sources increased between Q2 2015 and Q2 2016. There was a decrease in Q4 2016. The number of children increased again in 2017, increasing to its highest-ever value in Q4 2017, with 16,677 children referred by other sources into Family Support Services (Table 34 and Figure 19).

Table 34 Children Referred from Other Sources to Family Support Services (National) 2014-2017

	Q2 2014	Q4 2014	Q2 2015	Q4 2015	Q2 2016	Q4 2016	Q2 2017[68]	Q4 2017
Children	9260	8456	7382	9300	10,379	9628	13,738	16,677

Children Referred by Other Sources to Family Support Services (National) 2014-2017
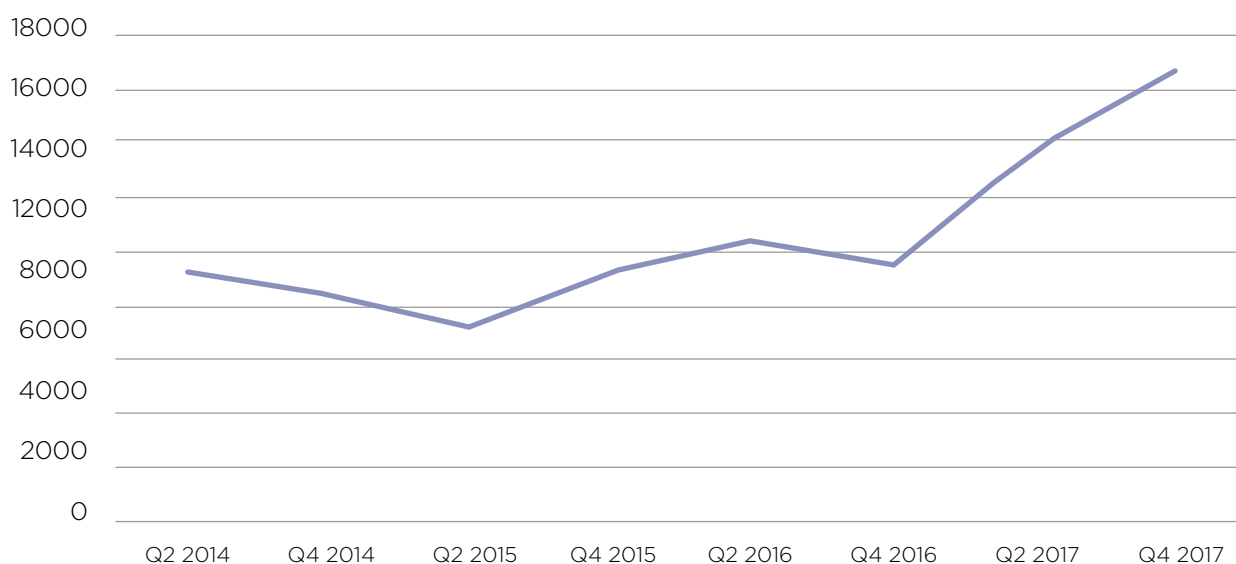
Figure 19 Children Referred by Other Sources to Family Support Services (National) 2014-2017

3.2.3.21 Children in Receipt of Family Support Services (National)

The number of children in receipt of Family Support Services does not follow a single tendency over time as the number of children increased and decreased from one period to the next. The lowest number of children in receipt of Family Support Services was in Q2 2015, with 15,516, and the highest was in Q4 2016, with 24,217 children (Table 35, Figure 20).

Table 35 Children in Receipt of Family Support Services (National) 2014-2017

	Q2 2014	Q4 2014	Q2 2015	Q4 2015	Q2 2016	Q4 2016	Q2 2017[69]	Q4 2017
Children	18,531	20,141	15,516	20,858	20,039	24,217	22,597	21,526

[69] Data from Q2 2017 is incomplete.

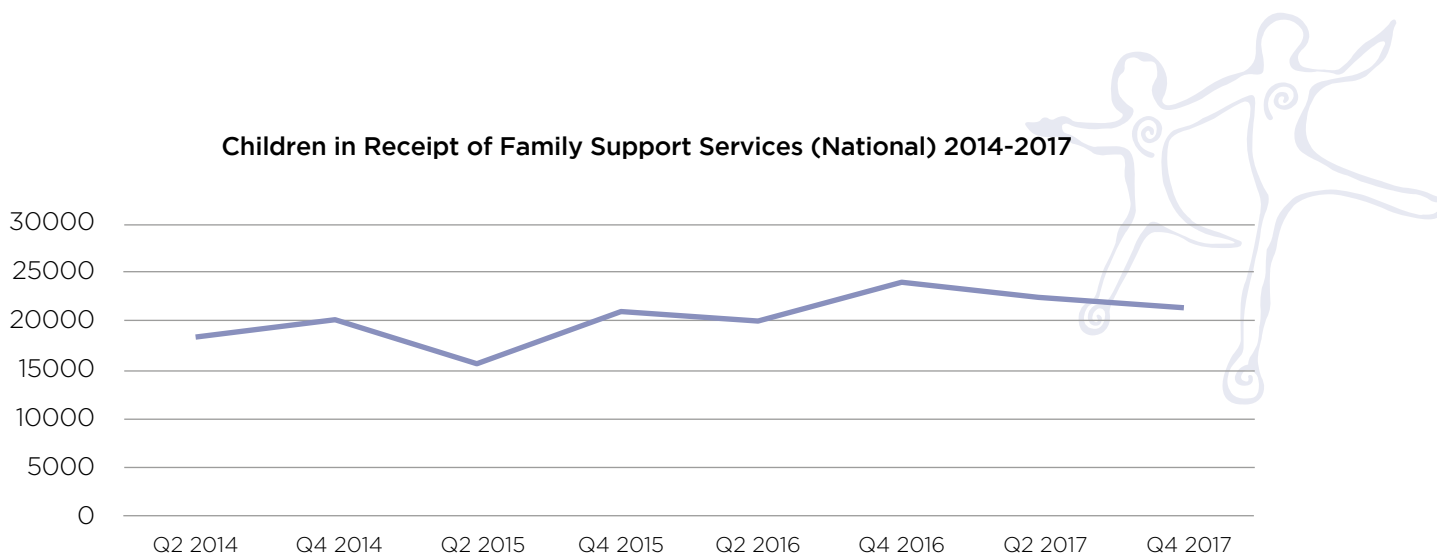**Children in Receipt of Family Support Services (National) 2014-2017**

Figure 20 Children in Receipt of Family Support Services (National) 2014-2017

3.3.2.22 Conclusion

This secondary data analysis provided a description of the wider support system since the introduction of the Meitheal and CFSN model based solely on Tusla's Performance Activity Reports. However, this next section includes the qualitative views and experiences of all parties involved in Meitheal and CFSNs, within Tusla and its partner agencies.

3.3 Findings on the Child and Family Support Networks

A sample of CFSNs nationwide were randomly selected to take part in focus groups, exploring in detail participants' experiences of taking part in the networks, focused on the perceived benefits of interagency collaboration but also any difficulties and challenges they may have experienced. Emphasis was placed on understanding the relationships between Meitheal and the CFSNs and its influence on family outcomes at a local level.

3.3.1 Profile of the Child and Family Support Networks

Three of the CFSNs that took part in the research were established in 2015 and four in 2016. One was created in 2016 but did not become operational until 2017. One had been established as an interagency network in 2007 but had taken on a remit as a CFSN since the PPFS programme had been introduced. Table 36 outlines the number of focus groups per Tusla region.

Table 36 Number of Focus Groups per Tusla Region

Tusla Region	Number of Focus Groups
South	1
West	2
DML	5
DNE	1

To help protect participant anonymity, participants are profiled by sector and profession, as indicated in Table 37 below.

Table 37 Number of Focus Groups per Tusla Region[70]

Agency	Role	Number
Tusla	Family Support Service[71]	7
	Educational Welfare Officer	3
	Social Care	3
	CFSN Coordinator	2
	CYPSC Coordinator	2
	Domestic Violence Service	1
	PPFS Principal Social Worker	1
	Other	3
	Total	**22**
Statutory Partner Agencies	Home School Liaison Teacher	7
	Garda Youth Diversion Project	2
	School Principal	2
	County Childcare Committee	1
	Education Other[72]	5
	Total	**20**
Community and Voluntary Sector	Youth Service	16
	Family Support Service	6
	Childcare	1
	Community Development Project	1
	Counselling Service	1
	Total	**25**
Other[73]	**Total**	**8**

3.3.2 Benefits of the Child and Family Support Networks

This section focuses on the perceived benefits of the CFSNs including the opportunities they provided to build relationships with other service providers, developing awareness of other services, the CFSNs role in supporting service users and in the wider service provision system, their capacity to facilitate the sharing of information and the availability of the CFSN Coordinators.

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[70] Data was missing from some participants.

[71] This includes both management and practitioners.

[72] This includes staff from alternative educational services.

[73] This includes representatives from regional and local drugs task forces, local development companies, and two students.
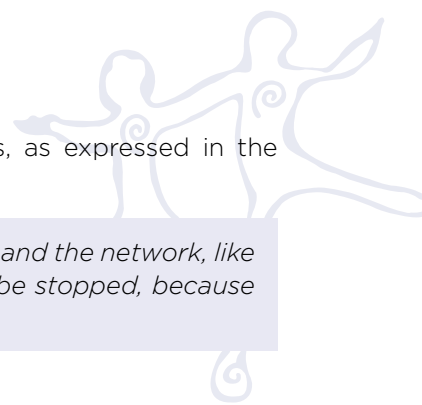
Generally, participants appeared satisfied with their involvement in the CFSNs, as expressed in the following quote:

> *I suppose like for me, access, soldiers on the ground, access to the soldiers and the network, like there's loads of positives in it. It's starting, and it's a snowball that won't be stopped, because we all want it. I haven't met anyone who doesn't want it.* (FG2)

This is also highlighted in the quote below:

> *So even though it is one of the most rurally challenged [networks], people haven't allowed the distance be a barrier. […] But in fairness to people here that would generally work a lot in isolation as being the only services in certain areas, I think this network in particular has really come together in terms of meetings and that.* (FG8)

Most felt that members of the networks were committed to ensuring that they were successful and could be sustained. They also believed that the CFSNs made some difference to the delivery of services to individual families and at a wider service-provision level.

The following benefits were highlighted across the focus groups:

All focus groups reported that participating in the CFSNs provided opportunities to meet other professionals who work with families in the same geographic area. In addition, participants emphasised the importance of the space this created for professionals to develop deeper connections with each other including between Tusla representatives and the community and voluntary sector. Participants reported that the network meetings served as a forum where practitioners from a range of sectors could exchange ideas and collectively advocate for change – not only on the issues that were emerging in the network area but also on what strategies needed to be put in place to help resolve these challenges. This had led to specific actions, such as the expansion of counselling services and the funding of new initiatives, including play therapy in an area.

Taking part in the CFSNs was perceived to help increase awareness among professionals about what services were available in the area in which they worked. In several focus groups, the CFSN was viewed as an efficient vehicle for sharing information across several services about, for example, a parenting programme that was being organised. This occurred in two ways. Firstly, information could be shared during the network meetings, as members had the opportunity to discuss their work and presentations were given on new initiatives, changes to laws, and so on. Secondly, information could be shared between meetings, as practitioners could pass on relevant news to the CFSN Coordinator for circulation among the group – news about upcoming programmes they were organising, for example. Participants felt that this also had a positive effect on service provision in their own agency, as they could share any information they received with colleagues and service users. This could reduce the duplication of service provision, because practitioners were aware of what other agencies offered in an area and could therefore begin to think of other gaps they might address. As members of the CFSN begin to develop better awareness of other services in the locality, the 'No Wrong Door' principle is put into practice. This can help to ensure that where a practitioner recognises that a service user has additional needs that fall outside of their remit, they can direct them to the appropriate agency. This is highlighted in a quote from one participant:

> *So then the domestic violence network, I didn't know they were in this town, so if I meet a family and that's an issue, they'll be the first people I'll be, I'll be straight to the list, what's their number again, you know? And that's how it works, you know? I can't do that; who can do that? They're on the list.* (FG2)

Developing a better knowledge base about local service provision was helpful to participants in specific roles, including:

- practitioners who worked across a large geographic area who previously had inconsistent access to information about services in different localities but who now could easily learn about initiatives that could benefit families
- professionals and practitioners who had recently started working in an area, as it allowed them to quickly develop an understanding of the local service provision landscape and its key stakeholders
- service providers who worked on an outreach basis across several communities who might only operate in locations for short periods of time and who would therefore be unfamiliar with what was available in a locality
- participants who worked in niche services such as home school liaison teachers who potentially have limited contact with other practitioners in their day-to-day roles.

Participants felt taking part in the networks helped to improve service delivery as practitioners could informally draw on the support of other practitioners and professionals whom they had met through the CFSN, as noted in the following quote:

> Where people [other practitioners] are saying, "Can I contact you? Have you information on this, that or the other?" Because they might be doing a piece of work with a child. So I think that's how it has been translating on to the floor. (FG8)

Other benefits arising from these connections were identified such as increases in the number of families being referred between agencies and more work being carried out jointly with service users. Some participants felt that families benefitted because information, ideas, and techniques for working with specific needs could be shared and discussed at the network meetings.

Availability of CFSN Coordinators

In addition to the role the CFSN Coordinator was recognised as playing in the Meitheal model, participants in several focus groups identified them as being key to the implementation of the CFSN model. Firstly, they coordinated network meetings and played a central role in, for example, organising training sessions for the network. Secondly, they were also important conduits of information between services, particularly between meetings because, as already noted, they could share updates on new initiatives or supports for families that were being developed in the area. However, a challenge identified in some focus groups was that there were not enough CFSN Coordinators in place in the ISAs to support the establishment of all the networks. This meant that some parts of the ISA did not have CFSNs in place. These were one participant's views on the subject:

> So that's a very clear gap [lack of CFSN Coordinators], and I know there's plans to do it, it's not happening quick enough. I mean that would, you know? There's plans to fill them, but it's certainly not happening quick enough. (FG1)

3.3.3 Challenges to the Implementation of the Child and Family Support Networks

Challenges to the implementation of the CFSNs are discussed in the next section. These include access to resources, connections to existing structures, membership of multiple networks, securing engagement by relevant stakeholders and the purpose of the CFSNs.
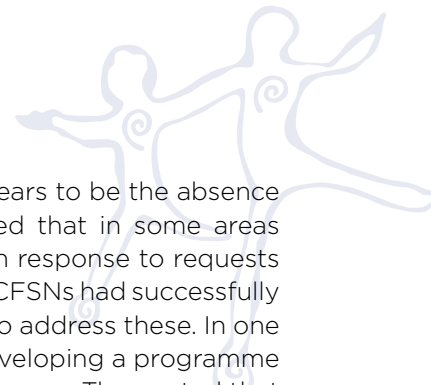
Access to Resources

A clear challenge to the implementation and the sustainability of the CFSNs appears to be the absence of a designated budget to support their activities. However, it should be noted that in some areas participants stated that Tusla had begun to fund services such as play therapy in response to requests from the CFSN. Nevertheless, in other focus groups participants argued that while CFSNs had successfully identified gaps in service provision, they did not seem to have access to funding to address these. In one focus group, participants discussed at length the challenges they had faced in developing a programme that they believed could be a crucial support for children and young people in the area. They noted that they had struggled to secure funding from statutory agencies and had largely relied on the goodwill and personal commitment of network members to ensure that it could be established. In the absence of an allocation of funding by statutory agencies, they remained doubtful as to whether the programme could be sustained into the future. These were the views of one participant on the topic:

> *So we have written to say that this [the programme] needs to be more sustainable. This needs a future, and it needs to be a secure future, and like, I'm hoping we get a comprehensive response or support in going forward in making sure it's sustainable, but you know? In one way unless they [agencies such as Tusla] are going to give a budget to be able to help projects like that, you know, how are they going to move forward?* (FG7)

Furthermore, participants from other networks where training events had been organised stated that no budget was available to cover costs, for example, in relation to refreshments or hiring venues. They believed that funding for these sessions was crucial for building capacity among service providers. In addition, they were concerned about the sustainability of the CFSN, as without this support, members' enthusiasm and willingness to engage and initiate activities would dwindle. This concern is highlighted in the following quote:

> *I think they [the CFSNs] are sustainable with support. I think the motivation, the energy, the commitment will wane if they are not properly resourced and properly supported.* (FG7)

Connections to Existing Structures

While some progress had been made to date in the CFSNs that featured in the research around building connections and pathways with other structures such as CYPSC, these had not yet been formalised or fully developed. In a small number of focus groups, participants noted that there were opportunities to feed information into the relevant CYPSC, for example through the CYPSC Coordinator, who attended both, as noted below:

> *So I have a very definite role in bringing back information to the managers [in the CYPSC] and ensuring that they see it as a possible future role of their project or of their service to support or fund or whatever it is going to be.* (FG4)

However, potentially significant challenges were identified across the focus groups around boundary differences with other structures and the practical implications of this. For example, in one network it was noted that the relevant CYPSC covers the entire county, but within Tusla the county was divided between two different ISAs, and the county was also split between two separate Tusla regions. This could lead to issues, for example, around ensuring that the development of long-term strategies in CFSNs are compatible with other plans in a county, Tusla ISA, or Tusla region. In addition, organising training across an ISA, for instance, or even within a CFSN area could be difficult, due to the number of key stakeholders who would have to be negotiated with and how resource contributions would be balanced. In some focus groups, participants also expressed concerns over the network's geographic configuration, as they believed that service users would be reluctant to access support in towns they did not feel an affinity with but in whose coverage area they were now living.

In some focus groups practitioners and professionals who work over a wide geographical area are often expected to join several networks within a Tusla ISA. Participants feared that this would become too much of a burden on their workload. One participant who was in this situation felt unable to contribute enough to the CFSN that was part of the research study, because of demands on their time caused by their membership of multiple networks.

Securing Engagement by Services

Many participants were keen to emphasise the commitment and willingness of CFSN members to supporting its development, for example by regularly attending meetings. Nevertheless, a challenge identified across most of the focus groups was securing the engagement of all relevant services, particularly from the statutory sector. In some of the longer established networks, concerns were expressed about ensuring that representatives from the statutory sector continued to attend, and in newer ones this was around securing an initial commitment to participate. Some agencies whose commitment appeared to be waning, or who had yet to join the networks, were potentially key stakeholders in the provision of supports to families, which limits the CFSNs' capacity to meet their stated goals.

Participants noted that representatives of statutory agencies were not mandated to attend and that more commitment was needed at a higher level, either in terms of management or at an interdepartmental government level. This is highlighted in the following quote:

> *Getting that kind of interdepartmental buy-in, you know, you can only do so much on the ground; [if] kind of managers aren't encouraging staff and recognising the work that's being done on an interagency level, it's a very hard ask to then go and ask people on the ground to become involved.* (FG5)

Participants also recognised and acknowledged that services and agencies were under pressure due to a lack of resources and time constraints, which also influenced their capacity to attend. Several participants believed that it would be difficult to secure the support of stakeholders who do not have a designated role of working with children, young people, and families around their unmet needs. In addition, because some sectors, such as Early Years Education, employ large numbers of staff, it could be difficult to secure the support of enough practitioners from a field to ensure their views were representative of the wider cohort.

The Focus of the Child and Family Support Networks

A theme that was discussed in most focus groups was confusion about the exact purpose of the CFSN. In some focus groups, participants appeared to be aware of what the CFSN's objective is, but for more recently established ones the collective identity of the networks and their underpinning remit had yet to be fully established. Participants in one focus group noted that its members were still trying to create a discrete identity for the CFSN and to achieve 'full clarity about purpose' – around whether it was oriented towards practice or at a system level, for instance, in working to identify changes that needed to be made in service provision. This confusion over the CFSN's role was highlighted by one participant:

> *What will its focus be on those two monthly meetings? Like whether it's a piece of training, or is it something brought in from outside, you know what I mean?* (FG6)

Some participants felt that this lack of clarity around the role and value of the network could be affecting potential members' willingness to join, as can be seen in the quote below:

> *It's kind of random who goes to networks. Not everyone in my service goes to networks. They wouldn't see that as – they just think that's extra work for them, it wouldn't be part of their [role].* (FG7)
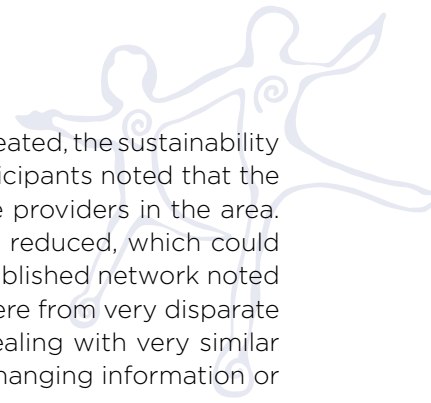
Some participants expressed concern that if clear, long-term objectives were not created, the sustainability of the networks might be put under threat. In one focus group, for example, participants noted that the main purpose of the CFSN seemed to be to build relationships between service providers in the area. If or when this goal was achieved, then the network's perceived value might be reduced, which could lead to members' attendance dropping. However, a participant from a longer established network noted that initially they had been unsure of the network's purpose because members were from very disparate backgrounds. Over time they had begun to recognise that all members were dealing with very similar issues, and they believed that it had begun to evolve into a shared space for exchanging information or organising training.

In a small number of focus groups, concerns were raised that the CFSN might not be sustainable if there was a continued lack of clarity over its purpose or if it did not move beyond its role as a vehicle for developing relationships with other practitioners. In those instances, participants believed that the CFSN might not be viewed as adding value to the work that individuals carried out with families or having an influence on service provision in local communities.

3.3.4 The Link between the Child and Family Support Networks and Meitheal

Under the CFSN model's guiding framework, members' roles in the network should include supporting the implementation of Meitheal by agreeing to act as Lead Practitioners or participating in a process (Gillen et al., 2013). Therefore, if the CFSN principles are being adhered to, there should be strong connections between the network and Meitheal. The following section explores participants' perceptions of the links between these two structures in the CFSN they are members of.

Within the focus groups there appeared to be considerable variation in participants' direct experience of Meitheal in practice. In some groups, all participants had already attended the Meitheal Standardised Training, but in others this was not the case. Furthermore, while some individuals had taken part in Meitheals, most of those who had attended the training did not seem to have been involved in Meitheal either as a Lead Practitioner or as a participant. For example, in one focus group, only two out of ten participants had been involved with a Meitheal. Overall, most participants seemed to have a good understanding of Meitheal as a practice model, for example of its potential benefits, challenges, and when it could or should be used with families. However, it was notable that little data emerged across the focus groups on the connection between Meitheal and the CFSN at a system level. Generally, it appeared that Meitheal was viewed as a practice-oriented model for working with families, while the CFSNs were perceived to have more of a connection to the wider system of service provision and strategic development. In only one focus group did participants report that the CFSNs had been established for the purpose of supporting the development of the Meitheal model and increasing the number of practitioners using it. Where Meitheal was discussed, it was largely in relation to its day-to-day implementation, with clear distinctions drawn between it and the CFSN structure, as highlighted in the following quote:

> *No, there's definitely a differentiation between the practitioner side of the work, the facilitating practitioner [in Meitheal] and then the network meetings.* (FG1)

One participant said they believed there was little overlap between the two:

> *I mean apart from like one person being, say, on my Meitheal team and on the CFSN group, like there's not been an overlap as such, you know? It's not that I come to either [the Meitheal Review Meetings or the CFSN meetings] thinking about the other. I didn't really even consider that they were connected, except for the CFSN Coordinator being the common theme, you know?* (FG7)

In this focus group, the main link that was made between the two structures was that members of

networks were informed about upcoming Meitheal training and that some practitioners who participated in Meitheals were also part of the same network.

Despite this perceived lack of a structural link, several participants did note that there were connections between Meitheal and the CFSNs. This was evident in a number of ways, such as having feedback on members' experience of participating in Meitheal as a regular agenda item, and information being shared about upcoming Standardised Meitheal Training events. In some of the more newly established CFSNs, participants believed that the network could help to support Meitheal by acting as a mechanism for building familiarity with the model, such as the role of the Lead Practitioner and working towards the use of a shared language and model of practice with families. In one focus group, it was pointed out that since the network had begun to organise, training services that had been unwilling to participate in Meitheal were now more willing to contribute in some way, by giving reports or verbal updates prior to Meitheal Review Meetings. The participants believed that this was because services could see the utility in participating because they had access to training. One participant also noted that the CFSN and the Meitheal model were complementary to each other:

> It's been hugely beneficial to each other I suppose really. I think if people are familiar with Meitheal they might be more likely to hear it through the CFSNs to be familiar with it. (FG5)

It should be noted that several participants expressed concerns about possibly negative consequences for the CFSN if too strong a connection was made between it and the Meitheal model. Firstly, this was because potential members who worked with families who were unsuitable for a Meitheal could be deterred from joining the CFSN if they believed that Meitheal was its sole focus. Secondly, some participants believed that the CFSN should also focus on a range of families with either a lower or higher level of needs than usually participated in Meitheal.

3.3.5 The Child and Family Support Networks' Role in Early Intervention and Prevention

The question of the perceived role of the CFSN in improving capacity around early intervention and prevention met with mixed responses across the focus groups. Several participants argued that it had strengthened local capacity in this regard. While beneficial, this appeared to be largely informal in nature rather than based on changes at a structural level as highlighted in the quote below:

> If you found out that anyone here [in the network] was working with them, you'd have a word, you'd say: "Do you know what, I've noticed a problem here. Could you work on that?" So you mightn't even be fully involved or officially involved in any way, so what? [...] So those relationships that you have, from my perspective with the schools, with whoever, you are intervening in very soft ways, and it might only cost you an hour and then you're done, and it might have stopped something. (FG2)

Participants felt that the CFSNs could support early intervention through, for example, increasing awareness of other services and facilitating the development of improved interagency relationships.

However, the CFSNs' capacity to support early intervention is inhibited by factors such as lack of resources and gaps in service provision. Participants believed that there were difficulties in organising programmes at a universal level that could help to prevent issues from escalating. Across the focus groups, participants also highlighted gaps in service provision, such as the lack of appropriate services in a network area, delays caused by the length of waiting lists for specialist supports such as child and adolescent mental health services, and shortages in staff with a preventative remit, such as the area of Family Support.
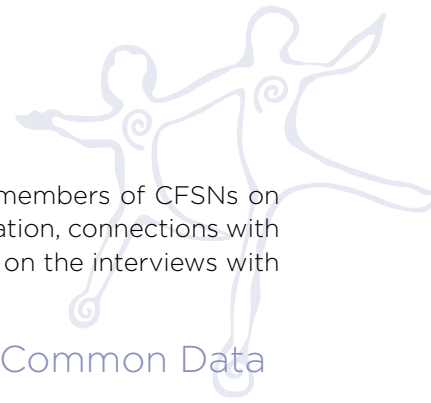
3.3.6 Conclusion

This section of the report explored qualitative findings from focus groups with members of CFSNs on themes including perceived benefits of the CFSNs, challenges to their implementation, connections with other structures and with Meitheal. The next component of the research focuses on the interviews with internal and external stakeholders: Common Data Collection.

3.4 Interviews with Internal and External Stakeholders: Common Data Collection

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

3.4.1 Sample and Recruitment of Respondents

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

- In-depth knowledge of Tusla in terms of structures and operations;
- Knowledge of the PPFS Programme and its components;
- Willingness to participate in an interview.

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

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

Once the list of interview participants was reviewed and finalised by both the research team and Tusla personnel directly involved in the PPFS Programme, 11 researchers from the UNESCO Child and Family Research Centre were assigned a list of respondents to be interviewed. Each interview participant received a standardised invitation email to participate in the study. In the emails respondents were provided with a Participant Information Sheet, Participant Consent Form and the list of interview questions to be asked. Research participants were given a two week period to consider and consent to the interview request and select a suitable date and time for the interview to take place. This timeframe was in line with ethical research practice and allowed participants the opportunity to consider the interview and discuss their participation with their employers/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 participants as part of this study during the period September 2017 to February 2018[74]. Both face-to-face (n=13) and telephone interviews (n=111) were undertaken in this study. As Table 38 outlines, Tusla Participants accounted for 75% of the total sample interviewed, while 25% were non-Tusla participants.

Table 38 Tusla and Non-Tusla Participants

Tusla Participants (75% of total sample interviewed)
• National Office/ Tusla Senior Management (n=18)
• Tusla Operational Management (n=56)
• Tusla key Functionalist Specialists[75] (n=11)
• Tusla Work Package Specific Working Group Members (n=11)
Non-Tusla Participants (25% of total sample interviewed)
• Government Departments (n=7)
• Community and Voluntary Sector (n=10)
• External and Stakeholder Organisations (n=15)

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

Regarding interviews relevant to this Work Package, the interview questions centred on the impact/ influence, embeddedness and sustainability of Meitheal and the CFSNs in Tusla's Service Delivery System. A total of 114 interviews belonging to 118[76] research participants were analysed. These were inputted into the qualitative data analysis package NVivo Version 11. Content analysis (Elo and Kyngäs, 2007) was used to analyse the data. This allowed an understanding of the themes and topics participants found relevant but also the frequency and patterns in the data. Content analysis also allowed for a comparison between Tusla and non-Tusla participants according to their level and role to identify differences and commonalities in the views of Tusla employees and those of their partner agencies.

3.4.2 Findings

The qualitative component provided a detailed description of the views and experiences of key Tusla staff and its partner agencies on the Meitheal and CFSN model and their impact on the CPW system. This analysis explored the strengths and limitations of the model as well as its impact and sustainability of the model in the future.

Additionally, content analysis was used to identify the frequency of references provided by research participants regarding the different themes identified in the analysis, including sustainability, strengths of Meitheal and CFSNS, limitations of the Meitheal and CFSN model, sustainability of the model,

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[74] There were slightly more interview participants than interviews, four interviews were joint interviews. So 124 interviews = 128 participants.

[75] 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.

[76] Some interviews (n=4) were carried out in pairs per request of research participants.
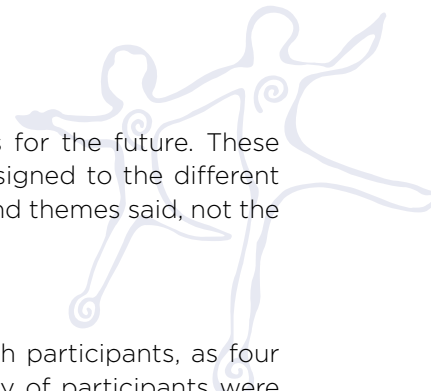
embeddedness of the model in Tusla's delivery system, and recommendations for the future. These values do not represent individuals but rather the frequency of the content assigned to the different themes identified in the analysis; that is, this represents the frequency of topics and themes said, not the frequency of participants who said them.

3.4.2.1 Participant Profile

A total of 114 interviews were included in the analysis, belonging to 118 research participants, as four interviews were carried out in pairs by request of the interviewees. The majority of participants were Tusla employees. The breakdown of research participants can be found in Table 39.

Table 39 Profile of Research Participants

	Level[77]	n
Tusla	Low	28
	Medium	32
	High	28
External Partners	Community and Voluntary Sector	11
	Government	7
	Stakeholders	12

3.4.2.2 Strengths, Challenges, and Limitations of the Meitheal and Child and Family Support Networks Model

This section explores perceived strengths, challenges, and limitations of the Meitheal and CFSN model.

Strengths of Meitheal

Overall, participants identified the strengths, challenges, and limitations of Meitheal and the CFSNs separately, not together as a single model, therefore they are reported on separately in the findings.

The clear majority of participants (n = 92) identified strengths of Meitheal, which overall suggests a positive perception of the model. These strengths were categorised into 14 different groups: voluntary, voices heard, support for practitioners, structured process, single-agency responses, role of the Lead Practitioner, prevention, and early intervention, outcomes-focused, no repetition, needs and strengths, holistic approach, empowering, changing stereotypes, and helping children and families. These are described in detail below.

Firstly, Meitheal is a voluntary process where parents, young people, and children can be actively involved and have their voices heard. Meitheal is also a structured process that consists of three stages. The clarity in this structure helps practitioners and supports them in their role. Meitheal is also described as an effective, supportive, positive, and coordinated way to support children, young people, and families and that is delivering in terms of benefits and outcomes.

Another advantage identified was the role of the Lead Practitioner. This role was described as crucial in supporting families and serving as a single and trustworthy point of contact for families which facilitated their access to services.

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[77] For analysis purposes Tusla staff were classified into low (practitioners), medium managerial (for example, regional managers), and high managerial level (e.g. national managers). Partner agencies were classified into government (government employees), community and voluntary organisation, and stakeholders: the HSE, foundations and funders).

One advantage mentioned was the different types of Meitheal available, including one-agency responses and interagency responses. These different modalities target resources more effectively according to families' specific needs and characteristics. This also avoids repetition and duplication of services, which is a way of using resources efficiently.

Meitheal principles were also categorised as strengths, including being outcomes-focused, being based on strengths and needs, and having a holistic nature. Meitheal is outcomes-focused, which enables a targeted and coordinated intervention that is also measurable. Meitheal has a holistic approach that allows a multidisciplinary understanding and response to the needs and strengths of families while translating into better outcomes for children, young people, and families. Meitheal considers families' needs but also strengths and surrounding networks; these strengths can eventually become part of the support and solution to their needs.

Most references to strengths were given to the Meitheal as being a structured process. Although it is not a completely different way of working, it has become a structured way of way of working that is organised, formalised, structured, consistent, and accountable, and that helps practitioners know exactly how to carry out the process, the steps involved, and the roles and responsibilities, which also saves time:

> *I think the great elements of Meitheal are that they get the relevant people around the table who the family want in the room, and you flesh out a plan; people are given tasks to do in terms of the action plan, so you are given a responsibility or you agree to a responsibility to undertake a certain task […] There is a review, at least one review […] you can check that the task has been completed. There is an element of accountability for everybody in the room as well, and you can measure the progress of all of that going forward.* (44, Tusla, Medium)

Another common strength of Meitheal is its focus on prevention and early intervention. Families at lower levels of the threshold of need are finding the help and support that they need, participants report that decisions are taken faster, and access to services is more coordinated. The benefits of prevention and early intervention are perceived as improvement in outcomes for families and reduced workload for child protection.

> *If these families can get early intervention through the Meitheal process, then they won't escalate and require long-term or even short-term child protection involvement, which will benefit everybody, but just the workload for the child protection, and it's also better outcomes for the family.* (143, External, Community)

Participants found that one of the strengths of Meitheal is the capacity to empower parents and to give parents, young people, and children a voice in the decision-making process. Meitheal is family-led, and the needs of the child are the centre and priority of the process.

> *I'm very, I suppose, struck by how positive parents are. And I'm very struck by the amount of children that have gone to their own Meitheal. I'm very struck about the child who asked for a review, who came up to the Meitheal coordinator and met them and said, 'I'd like a review of my Meitheal.'* (48, Tusla, Medium)

Families and practitioners work in partnership rather than professionals leading the intervention. This empowerment also facilitates access to services for families, as they can obtain the help they need at an earlier stage. It is perceived that families access services more easily and work in partnership with the services, as they have better access to information and are actively involved in the decision-making process.

It was more in partnership; it was more showing due respect and empathy to a parent and actually saying to the parent, You know your child better than me, a stranger, and what is your assessment? (75, Tusla, High)

A minority of participants also said that Meitheal is changing the stigma around families accessing family support, which was perceived as negative, and families were described as afraid to ask for help. Meitheal and its agencies provide alternative supports (not just social work) and facilitate access to services for families.

Another parent, you know, who had previously been involved due to herself being in care when she was small, and I suppose experience of social work and HSE maybe that wasn't so positive, she's delighted that she's after having such a positive experience with Tusla on a different side of it, non-social work involvement. (91, Tusla, Medium)

Regarding the frequency of responses, the majority of Tusla employees at a low level chose the structured process and empowering families. Medium-level employees also chose the structured process and empowering families as the most common strength of Meitheal. High-level Tusla employees selected the prevention and early intervention aspect of Meitheal.

Participants from the government sector mentioned the structured process and the ability to capture the voices of family members as strengths of the model. Community participants mentioned the impact of prevention and early intervention as the most common strength, as did stakeholders. The full breakdown of strengths mentioned can be found in Table 40.

Table 40 Breakdown of Meitheal Strengths According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Voluntary	6	9	2	0	0	0
Voices heard	10	5	0	1	3	0
Support practitioners	9	7	0	0	2	2
Structured process	25	14	8	1	3	3
Single-agency responses	0	1	1	0	0	0
Role of Lead Practitioner	2	2	0	0	2	0
Prevention and early intervention	13	6	11	0	5	7
Outcomes-focused	11	1	0	0	1	0
No repetition	5	5	1	0	1	1
Needs and strengths	7	8	0	0	1	1
Holistic approach	4	0	0	0	0	0
Helping children and families	18	6	5	0	3	1
Empowering	24	14	5	0	3	2
Change stereotypes	1	4	3	0	0	0

Strengths of the Child and Family Support Networks

A number of strengths in the CFSNs were identified. These included: shared responsibility, shared knowledge, interagency collaboration, and the identification of needs and gaps at a local level.

Participants felt very positive towards interagency collaboration as a modality of work, as it improved communication, understanding, connection, and creative solutions for complex needs, and it avoided duplication and overlap in their local areas. An interagency approach also facilitated multidisciplinary working, including education, welfare, mental health, public health nurses, mental health social workers, community guards, and liaison officers; however, this was dependent on the specific area.

> *They would both have a very positive feedback from the networks, because people are getting involved, people are willing to do presentations to get to know the people's services and are willing to look at what is the challenge for their agency to get involved in Meitheal and how can we support that in some way. And a better understanding, a better connection with each other.* (1, Tusla, Low)

Networking also facilitated the organisation of Meitheal meetings, as practitioners were willing to engage in Meitheal once they personally knew other professionals. People were willing to engage, and there was good 'buy-in' from community and voluntary sectors. Tusla-funded but also non-Tusla-funded staff were seeing the value of interagency work to improve outcomes for children, young people, and families:

> *There's no defensiveness around 'one is the expert and one has all the answers'. Understanding that we're all working in this together. Ego's not a part of the process, and we all have the same goal: improving the lives of the children and families with whom we work.* (29, Tusla, Medium)

The involvement of social workers in the networks was described as key to increase awareness of local services and work carried out from a prevention and early intervention approach. Emphasis was placed on the role of CYPSCs in the establishment of CFSNs at the start, as CYPSC networks preceded CFSNs and some of them provided the foundation, structure, and local contacts for the creation of CFSNs. Participants perceived that there was a strong link and exchange of work and information between both:

> *No, what I would say is people who are involved in the networks would be involved in the CYPSC at different levels, and people who would be practitioners on the Meitheals would also feed into the CYPSC in their own aspects, so there is direct links that way.* (27, External, Government)

Another positive aspect of CFSNs was shared responsibility. All agencies involved agreed on the action plan and had a part to play in the achievement of outcomes. This 'shared load' provided more clarity for practitioners but also for parents:

> *And I find [...] the services do like that Meitheal structure – it's positive, it involves participation, and a clear path comes out of the meeting, in terms of what the family need, and who's doing what.* (33, Tusla, Medium)

CFSNs were perceived as platforms to share information at a local level of the different services available to support families. Some areas also shared online platforms to communicate locally about services and activities, events, training, and information sessions that take place in their communities.
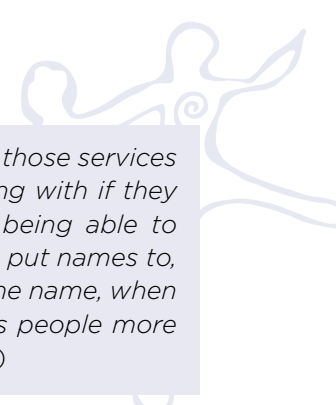
And I think the networks where that information could be shared right up across those services is huge. Because it is only going to benefit the families that services are working with if they have a better understanding of all the supports that are there. Access and being able to access services for families as well. That face-to-face piece as well, being able to put names to, sometimes we are talking to people on the phone, but actually having a face to the name, when you are sitting around the network, I think that is big as well, because it makes people more approachable, it gives you a better understanding of their service. (7, Tusla, Low)

Another strength of CFSNs was the capacity to identify local needs and gaps. This provided clarity on which services were needed to target local needs with useful interventions or programmes. Some of these needs, however, require intervention at a higher level, such as governmental policy shifts.

If you look at the composition of the CFSNs, they can be quite different, which in many ways can be an indication of the availability or the dearth of services in those areas. So already they're giving out good information. (41, Tusla, Medium)

Regarding the frequency of responses, Tusla employees at a lower level selected interagency collaboration and the shared knowledge as the main strengths of CFSNs. Medium-level participants selected interagency collaboration and the engagement of services as the strengths, as did higher-level employees. Government employees mentioned interagency collaboration and the connection with CYPSC as strengths of CFSNs. Community and stakeholders emphasised the interagency collaboration as the most common strength of the networks. The complete breakdown of network strengths mentioned can be found in Table 41.

Table 41 Breakdown of CFSN Strengths According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Shared responsibility	10	2	1	0	1	0
Structured work	2	0	0	0	0	0
Share knowledge	30	13	0	0	2	2
Interagency collaboration	34	19	5	1	3	12
Social workers	3	0	0	0	0	0
Engagement of services	28	14	6	0	1	6
CYPSC	1	3	2	1	0	8
Identify needs and gaps	11	5	0	0	0	1

Limitations of Meitheal

Like the strengths, limitations of Meitheal and CFSNs are reported on separately because participants made a clear separation between them when they answered this question.

Meitheal limitations were divided into 19 different categories. Some of these refer to challenges or difficulties faced by staff: workload, staff limitations, resistance to change. Some areas are still waiting for staff to fill posts in PPFS. This has increased the strain on practitioners and reduced the potential of

Meitheal to be rolled out fully. There is also a concern around staff skills to be able to identify the level of need and refer families appropriately, and there is an issue with staff turnover. Staff who are trained in Meitheal change roles, and training is required for any new staff. These limitations will be explored in more detail in this section.

> *Or the other issue is that you have to have the personnel with the right skill set in position. Very clear role descriptions.* (28, External, Government)

Meitheal is described as a time-consuming, labour-intensive, and role-intensive process. Even though Meitheal forms were modified and shortened, practitioners said that Meitheal paperwork was a workload for them. Time constraints were also challenging, as they limited the engagement of agencies and of practitioners volunteering to take up roles as Lead Practitioners, chairpersons, or minute takers. Some staff had several roles on a part-time basis, which was a big strain on them; CFSN Coordinators in particular seemed to have many responsibilities, including administration, paperwork, and supporting practitioners. There was concern about practitioner burnout and about the effectiveness of the implementation of the model:

> *The skills of CFSN Coordinators should be used in developing Meitheal, supporting Lead Practitioners, supporting chairs, supporting the CFSNs to be effective, not in the day-to-day administration of photocopying, posting out documents, coordinating meetings, booking venues; it is a waste of resources within the system. It is slowing down the implementation of Meitheal at quite a serious level.* (41, Tusla Medium)
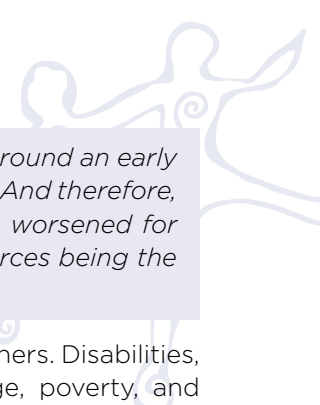
Staff also perceived that they did not have the support from managers in their role as Lead Practitioners or on issues that emerged in the role:

> *And I think the other thing as well is looking at, you know, we're not actually feeling supported. You know we haven't got that support within our management. Even talking about them kind of things and what that looks like, you know, in relation to the challenges around Meitheals or being a Lead Practitioner.* (2, Tusla, Low)

Other limitations identified were related to the model itself, including its voluntary nature. There are serious issues regarding consent from both parents in situations where there is domestic violence or abuse in the families, as this may limit the possibility for a Meitheal if one parent refuses consent as a way to exert power and control. Some families were very aware of their needs and could therefore decide not to get involved in Meitheal, because they were very clear of what they needed and which supports could provide for them.

> *It's a voluntary process; young people and families participate of their own volition, so that's a real positive as well, but I suppose the challenge of that often is that when we are being referred back families and young people from social work or from step-down or from diverting from an IA, often enough they don't want any continued involvement with Tusla, and you have to respect that.* (47, Tusla, Medium)

Meitheal is a model of prevention and early intervention, but there were serious difficulties associated with responding early and promptly due to waiting lists in other services, including disability services, psychology, and counselling services in particular.

I think the fact that some of the requirements to implement the actions agreed around an early intervention, we'll say for a family, maybe not be available and are on a waiting list. And therefore, by the time the child gets counselling or something like that, the situation has worsened for the family or for the child themselves. So I think it does come back to the resources being the shortfall in them, (136, External, Community)

Meitheal was also limited by the support it could provide for certain issues and not for others. Disabilities, health issues, child and adolescent mental health, psychology, speech and language, poverty, and homelessness were issues that Meitheal was not able to respond to. There was also reduced availability of services for early years. Some of these issues were not within the remit of Meitheal or required engagement with services that had long waiting lists that Meitheal did not have an impact on.

I suppose a barrier as well is services like disabilities that are really not in a good place at the minute, and we have Meitheals coming in [...] that families are trying to get support. But when the actual key lead is disabilities, our Meitheals will come back at the end although they will be offered support, and it would have been very clearly explained to them that we can't skip waiting lists and we can't create processes that aren't in our remit. But at the end the Meitheal will come back with some level of unmet need, and we are locally trying to get that information evidence on it so it doesn't look like the Meitheal was unsuccessful. But the Meitheal was never going to be successful if disability is the key issue. So I think disabilities when that gets itself sorted out and mainstreamed for a change, but at the minute we are limited to what we can do with them families. (10, Tusla, Low)

Lack of engagement from families, children, and young people also limited the capacity of Meitheal to support them. Working with families from different cultural backgrounds was a challenge, and Lead Practitioners needed to have cultural awareness when working with Roma families or Travellers. Another challenge highlighted by interviewees was capturing the voice of children and young people in the Meitheal process:

Getting a young person's voice is important. And the strength and needs form I suppose is one method of doing it, but maybe looking at other options of getting the young person's voice, if the young person isn't going to come into the Meitheal. That their voice and their opinion obviously in the Meitheal need. (16, Tusla, Low)

Fidelity issues and availability of resources were other limitations of the Meitheal model. Interviewees said that Meitheal needs additional funding and flexible resources. These resources are needed to allocate posts to achieve a complete implementation of the Meitheal and CFSN model:

The other thing I would say is that we need to sort out the admin support for PPFS in general. Right. And I know that's being looked at, and apparently there's approval for that in 2018. But in effect we've been trying to develop a model without the resources. It's almost like giving a builder, you know, asking a builder to go and build a house but not giving him any tools to do it, you know, in the sense of resources. We've been dealing with existing resources. (49, Tusla, Medium)

> *And it's hard to achieve the kind of preventative effect of Meitheal if it's not doing what it was designed to be doing. And it also has a contamination effect in how it's perceived. Because part of again its design was to be very child- and family-friendly, and being very child- and family-led, and being very non-stigmatising to lead to greater uptake, to lead to even earlier identification of need. If it becomes, which I think [it has] in some individual areas, synonymous with a sort of a diversion from child protection investigations, so it's kind of if you don't meet the threshold for an investigation, Meitheal is an alternative, which is almost confusing Meitheal with the concept of differential response, which is a unique and separate and different type of way of working.* (92, Tusla, Medium)

Participants explained that Meitheal is still at a relatively early stage and there are small numbers of Meitheals happening nationwide. Despite seeing the potential in the model, its adoption was described as slow, particularly in the community and voluntary sectors. However, participants are of the view that the benefits will be seen over time and that Meitheal should be given this time before its effectiveness is judged:

> *A lot of good work has been done in relation to PPFS and Meitheal, but it is still very, very early. I think the fruits of the labour will take about five to ten years to be seen, and maybe longer, based on the history of other areas that have really driven this over long periods of time.* (79, Tusla, High)

Another issue was the lack of uniformity in delivering the model nationwide, because there was a difference in the allocation of resources, differences in people driving the model on the ground, and lack of training.

> *I think, on the not-so-positive side, I think there's no consistency in how it's been, the level of implementation at different areas. So I know that in some areas it looks like they have resources, but [...] in other areas, they have no extra resources and they had very little resources in the area to start off with. So it looks very different.* (72, Tusla, Low)

Participants explained that capturing data for Meitheal was difficult and described limitations of the Meitheal database. Some practitioners expressed concerns about data protection and service users' awareness of how their data is saved and shared. Practitioners said that communication between Meitheal and social work was difficult, as both databases are currently separate, so it is challenging to find out quickly and effectively if a family is open to social work or not before they can engage in Meitheal. Another limitation of the Meitheal database is the limited amount of information that is recorded. Some practitioners believed that they carry out more roles and activities at prevention and early intervention than solely Meitheals; these activities included workshops and courses in their local communities. These activities are currently not accounted for.

> *Well definitely we still don't have Meitheal files in this area. Very basic, three years on, we don't have Meitheal files. They are on order for the last year and a half; we don't have them. It's a fiasco. Admin support very, very poor – we don't have any. The collection of the data, I feel, should look at outcomes and whether or not, at least have been achieved for families and a little bit more on that, seeing as we have the opportunity now to collect data.* (8, Tusla, Low)

Another limitation described was the lack of practitioner knowledge and skill to identify the level of family needs, specifically being able to apply the Hardiker Model[78] skilfully and accurately. This was a limitation to the provision of services for families, as they may have been wrongly allocated to a service

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[78] In general terms, this model consists of four levels of intervention in Family Support. Level one refers to all mainstreamed services, available to all children; level two includes services for children with additional needs; level three refers to chronic or serious problems; and the last level requires the involvement of social services.

level that was not suitable. Families would then have to be referred to a different service, delaying the supports and services that are needed to respond to their needs.

> *I think that there's a bit of work to do around kind of public awareness of the thresholds for Meitheal: What is Meitheal? What is social work? And they are trying, I can see that. I think they just have a, you know, a bit more to do. I think they need to know it themselves what their own thresholds are and then be very clear with the community, because we've referred some stuff to Meitheal before, they've said, 'No, that's social work', we sent it to social work, they say, 'No, it's Meitheal', and that can be very frustrating for families, never mind agencies. So definitely the threshold for Meitheal needs to be looked at, but other than that...* (20, External, Community)

Participants also expressed issues with the ownership and branding of Meitheal. Some interviewees felt that the name Meitheal does not represent the benefits of the model, but others supported it:

> *I think the word Meitheal is a good way, because people do know that word in terms of bringing communities together.* (97, Tusla, Low)

Meitheal should also have an identity of its own and not be associated with Tusla as the owner, if this is a community initiative. This can also discourage families from engaging:

> *There's this issue arising now actually, in terms of the branding of Tusla, and some families being suspicious or cautious about signing up to Meitheal because of Tusla's involvement.* (43, Tusla, Medium)

Another limitation for Meitheal was the engagement of community practitioners, because Lead Practitioners, Tusla staff, and its funded agencies were usually the ones who carried out this role. External agencies were resistant to the role and felt unprepared or insecure in it.

> *No, I think the biggest challenges I see are getting people outside of the hubs to lead out on the Meitheal piece, so other professionals, not Tusla-related or Tusla-funded agencies, to try and broaden it.* (108, Tusla, High)

The last limitation identified by participants is the lack of awareness and public awareness. Participants perceive that there are services, even within Tusla, that have a limited knowledge of the model or are still not aware of Meitheal or the CFSNs and how they are part of a single model. Even some interviewees were not aware themselves at the time of the interviews. Meitheal leaflets are also described as 'not brilliant'.

> *But I also think the fact that there hasn't been a national public awareness campaign; now I know we're going to come to that, but I think that national campaign, it just really needs to roll out, you know, there needs to be more promotion associated with Child and Family Support Networks. They need to become – if we were bringing any new product on to a market in a business setting, we would be – the primary budget would be invested in marketing, not in putting the product on the shelf; we haven't done that here. We're expecting people to buy a new product, to invest in it without any idea of what that product is going to deliver, how it's going to benefit them or their services.* (41, Tusla, Medium)

Tusla participants at a lower level chose the workload and the lack of practitioners taking on the Lead Practitioner role as the main limitations of Meitheal. These same limitations were selected by medium-level respondents. Employees at a higher Tusla level selected the lack of uniformity in implementation nationwide as the main limitation of Meitheal. All external partners selected the lack of uniformity nationwide. The complete breakdown of Meitheal limitations reported can be found in Table 42.

Table 42 Breakdown of Meitheal Limitations According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Workload	21	20	8	0	3	4
Voluntary	2	4	3	0	0	0
Staff limitations	11	11	9	1	2	4
Small numbers	0	1	0	0	0	0
Resistance to change	0	0	1	0	0	0
Prevention and early intervention	4	1	0	0	1	0
Perceived lack of support	1	0	0	0	0	0
Ownership and branding	10	2	4	2	0	8
Not uniform nationwide	12	9	13	4	11	12
Not suitable for all issues	14	7	1	0	1	2
Lead Practitioner role	17	25	6	1	4	2
Lack of resources	5	17	6	1	2	6
Lack of public awareness	11	3	1	1	3	2
Fidelity	3	5	1	0	0	0
Engagement	2	0	1	0	0	2
Early days	9	6	8	2	0	4
Data collection and analysis	5	0	2	1	1	1
Challenges to capture children voice	4	0	0	0	0	0

Limitations of the Child and Family Support Networks

Limitations of CFSNs were grouped into eight categories: time, rural vs urban, resources, ownership, lack of system knowledge, lack of supporting structure, issues with engagement of agencies, and issues with the connection between CFSNs and Meitheal.

As with Meitheal, interviewees perceived that it was still early to evaluate the impact of CFSNs. CFSNs were described as a 'slow burner', but despite this, the feedback was positive. CFSNs were established only recently in some areas, even within the months prior to this evaluation.

Another limitation for CFSNs was the difference between urban and rural areas. Interviewees perceived that resources for rural areas were limited and that the availability and variety of services was less. Resources in general were an issue, as additional resources are needed to implement and maintain the networks.

I think in terms of, perhaps the weaknesses of it is, it's dependent on numbers of volunteer organisations offering services within parts of the country. And I think there are certainly pockets of parts of the country where they wouldn't have a high proliferation of voluntary organisations; there might be one or two small voluntary organisations. Where in the more densely populated areas, you would have a higher number of voluntary agencies working. (139, External, Community)
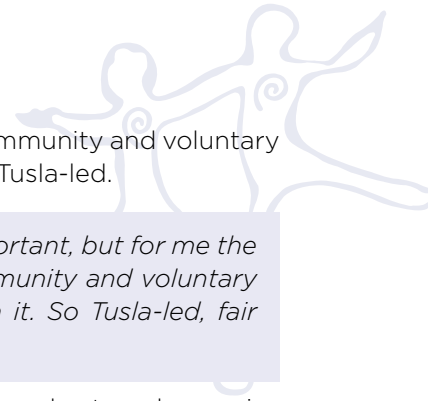
There are also challenges regarding ownership of CFSNs. Participants said that community and voluntary sectors need to take more ownership of the networks and not just perceive it as Tusla-led.

> *I think the idea I see recently, the logo, so I think all of those things are important, but for me the biggest issue really is trying to divest it a bit from Tusla and for the community and voluntary sector as well as other statutory agencies to take a more active role in it. So Tusla-led, fair enough, but not Tusla's baby; it is a shared responsibility. (18, Tusla, Low)*

Some interviewees perceived that there is a lack of awareness in funded agencies and external agencies of the structure supporting the CFSNs and where these fit. There are also limitations regarding the surrounding structures that would support CFSNs.

Another significant limitation mentioned was the engagement of agencies. Participants said that some agencies were sceptical and resistant because they did not consider they had a remit or a role in children's plans, for example adult mental health services or agencies that do not work directly with families. The benefit of taking part in the network was not evident for certain agencies, and this made their engagement more difficult. Some sectors refused to take leading roles in Meitheal if the main reason for referral was not strictly related to their field. Some specific sectors were directed by their unions to refrain from engaging in the Meitheal and CFSN model, including public health nurses, school principals, and teachers. In some areas they also struggled to engage education, the HSE, Family Resource Centres, voluntary organisations, children mental health services, disability services, GPs, and local authorities. There was a lack of awareness about Meitheal and training in these sectors, and this was viewed as a barrier to their engagement in the networks.

> *I suppose it's just it's difficult around Meitheal, because for example the organisations and groups who are core to children's development, such as schools and GPs, you know, your universal services, a lot of them don't know what Meitheals are. (135, Tusla, High)*

Networks needed additional support from managerial levels as, in some areas, engagement was dependent on the good will of individuals or long-term standing relationships that not all areas had.

> *But I think where you have a good relationship with local schools and then that is fine […] and you have a head who's interested, but if you have a head who is not interested, there's no mandate. So that's the challenge. That would be the same with justice. It's the same with adolescent mental health services, I mean that's a challenge, isn't it? (138, External Community)*

> *So I worry that at the highest level; when new policy is being made within the same department and yet there's no joined up thinking, what the hell is going on? (140, External, Community)*

Some organisations also experienced a 'disjointed' approach to their involvement in the CFSNs, as they were invited to some meetings and events and not others. There were issues with attendance: in some areas only, half of the members of the network attended meetings on a regular basis. There was also a concern about the demand on professionals, as they were expected to attend CFSN meetings, but the same people may also be part of other groups, including CYPSCs, and were also expected to attend CFSN meetings on a regular basis.

The last limitation described for CFSNs was the lack of clarity in the connection between Meitheal and CFSNs. Some interviewees felt the remit of CFSNs should go beyond Meitheal, whereas others thought the purpose of CFSNs was to create more Meitheal activity. Some networks were going beyond Meitheal by providing training based on identified gaps and needs in their local areas.

For me, the CFSNs, their vision needs to be scoped out a bit more clearly. At the moment they are just focused on Meitheal and implementing that service delivery model, whereas I think they could have a much broader remit in a local area, and that's not coming through very strongly. (129, External, Government)

Regarding the frequencies of responses, all of Tusla employees at a low, medium and high level identified the lack of engagement of agencies as the most important limitation for the networks. Tusla employees at a lower level also mentioned the lack of resources and the limited remit of agencies as limitations for the CFSNs. All the external partners also identified the lack of agency engagement as the main limitation for the CFSNs. The full breakdown of network limitations included can be found in Table 43.
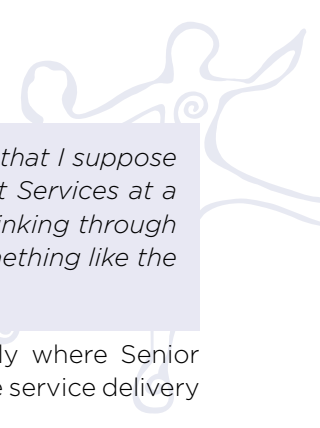
Table 43 Breakdown of CFSN Limitations According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Time	8	3	1	0	0	0
Rural vs urban	2	2	2	0	1	1
Resources	14	4	2	1	3	1
Ownership and branding	4	1	1	0	1	2
Lack of system knowledge	2	0	0	0	0	0
Lack of supporting structure	12	3	0	0	0	0
Engagement of agencies	57	45	14	4	12	17
Remit of agencies	13	5	0	1	0	2
Leadership	3	0	0	1	0	2
Case-dependent	2	2	0	0	1	1
CFSN Meitheal	7	1	0	2	0	0

3.4.2.3 The Impact of the Meitheal and Child and Family Support Networks Model on Tusla's Service Delivery System

This section examines the perceived impact of the Meitheal and CFSN model on Tusla's Service Delivery system including capacity to meet needs, the issue of thresholds and referrals to CPW.

Almost an equal number of interviewees (n = 48) thought Meitheal and CFSNs were connected with Tusla's Service Delivery System, and thought it was not (n = 50). Participants who perceived an appropriate connection between Meitheal and Tusla's Delivery System described having positive experiences where families were referred to social work due to a concern, but these were resolved quickly, and families could return to the Meitheal process and were removed from waiting lists. These participants were connected with PPFS and said they worked closely with the intake team and this allowed an efficient continuum of support and communication between Meitheal and social work. The active participation of Team Leaders in network meetings allowed a better understanding of the service delivery and thresholds of need. Some participants had mechanisms in place in their local areas, such as the 'Red Team', to manage diversions between social work and Meitheal and ensure efficient communication between both; in some areas, however, these teams had only recently been established.

> *Yeah, I think it's a very significant part now of Tusla's service delivery in respect that I suppose we have developed very strong connections with the PPFS and Family Support Services at a local level and a regional level. So I would see that it's very much part of the thinking through from the duty teams right through into child protection in terms of whether something like the Meitheal process is best suited to each particular family.* (116, Tusla, Medium)

At a managerial level it was perceived that proper structures were put in place only where Senior Managers, Principal Social Workers, and Area Managers were involved in coordinating the service delivery framework core operations.

> *So the fact of that actually being in place, those Senior Managers sitting at the same table as the Principal Social Workers, with the core operational pieces on the statutory side and under the area manager means that we have a structure in place that makes this part of the service delivery framework core operations.* (94, Tusla, Medium)

Meitheal was also providing a response for families at a lower level of need; before, that would not have been a priority to the welfare system. Families' needs were being responded to as part of the national service delivery system, as there is an emphasis on prevention and early intervention that was not in place before. This was described as valuable and beneficial, as it prevents families from 'falling out in between' (105, Tusla, High) and saves families from the 'stigma associated by having a referral made to social work; they simply needed some support to help them resolve difficulties' (41, Tusla, Medium). These families are getting appropriate, suitable, and timely responses to their needs.

> *Yeah, well look, I think it's had a really positive impact from the front door in. So in terms of the intake and the duty piece, to be able to I suppose divert some of the lower end, the welfare concerns that would have traditionally sat on waiting lists for the intake team, so that they're now getting a more immediate response. And not just a response, but an actual appropriate one that is of benefit to the family. So I think it's had a huge impact in terms of that, in terms of waiting lists for intake, and in terms of giving an appropriate response to families.* (125, Tusla, Medium)

Several participants (n = 33) mentioned issues with thresholds, and this was a challenge to the connection between Meitheal and Tusla's Service Delivery System – and for Meitheal, as some families were presenting issues at a very high level that Meitheal was not intended to target. There was a concern around the ability of Meitheal to embed as a prevention and early intervention model when they were responding to higher levels of need:

> *Thresholds in my area are very, very high, so a lot of my Meitheals, I can't say they are at that level two, early three, they are probably much more three, sometimes four and back out to three. The thresholds are very high.* (1, Tusla Low)

The opposite issue was also described. Some families were at a very low level of need or were outside the remit of Tusla, presenting issues such as illness or disability that do not require child protection:

> *The other thing we have to watch is that we're not capturing families that don't actually need the services but will come to meetings and have a service for something that maybe isn't in Tusla's remit. It might be a child with disability [...] a health-related issue where parents are much more willing to come along to the table. But in actual fact, in terms of prevention those may not be children who ever would come to the child protection service or the children in care service, so we just need to watch that the level isn't so low.* (112, Tusla, High)

Public awareness needs to be introduced regarding thresholds to avoid families being sent from one service to the other, thus delaying the help and support they need. Participants also said that there may be a different understanding of thresholds in the social work department and community organisations. Differences in understanding of thresholds were also identified by Tusla staff. Due to this identified discrepancy, some areas had already rolled out a contingency plan by organising information sessions and workshops around levels of need in their local communities. The effectiveness of training was also questioned, as participants described a high level of personnel turnaround: trained personnel would change on a regular basis, and new personnel were not yet trained, so the issues with thresholds happened again.

> *I think that there's a bit of work to do around kind of public awareness of the thresholds for Meitheal. [...] I think they need to know it themselves what their own thresholds are and then be very clear with the community, because we've referred some stuff to Meitheal before, they've said, 'No, that's social work', we sent it to social work, they say, 'No, it's Meitheal', and that can be very frustrating for families, never mind agencies.* (20, External Community)

Issues with threshold also limited Meitheal's success in achieving outcomes for children, young people, and families. This was perceived as a possible reason for an increased drop-out rate, if families were not carefully selected for Meitheal.

> *I also think that perhaps the kinds of referrals that go into Meitheal can influence the outcomes. Meitheal works best at very early intervention. It doesn't work best when things are really beginning to escalate out of control. That's when you need strong interventions from social work and other people, you know. But if the referral is appropriate, then chances are, and they're also involved in a really good service, then I think that the opportunities for Meitheal to have an impact are more effective.* (70, External, Community)

Practitioners said that when Meitheal families were referred to social work, they were usually lost. Meitheal cannot be open if social work is involved, and Lead Practitioners lose contact with these families. This can abruptly stop the relationship between families and Lead Practitioners and Meitheal plans that may have been in place. Some families experienced several moves from Meitheal to social work and back to Meitheal, and this delayed the supports, services, and plans put in place for them, leaving them in a vulnerable situation that could eventually lead to a lack of engagement with the services altogether.

> *Well, as I said before, because Meitheal can only be used outside of social work, I see that as a limitation particularly for – because there are a lot of services, yo-yo families that go [to] social work, out again, back in again, out again; there can be quite a few families like that. And it does seem there is a stop–start for them; you'd almost need another process for that.* (6, Tusla, Low)

Step-downs were also described as inappropriate, as families were not tracked successfully. Practitioners usually lost contact with families and were not able to find out if they were allocated to the service they needed or given the support they required. Once families were closed to social work, it was difficult to engage them with Meitheal, as highlighted below:

> *So in a few cases they've been stepped down to Meitheal with very poor success rate, and really once the case is closed to social work and they haven't really engaged in Meitheal, we have had a few of those.* (38, Tusla, Medium)

Some interviewees felt there should be a continuum of work with families that engage with PPFS, as this would allow families to continue to work on their needs and eventually reunite a child with their wider family and local community:

> *If a child or young person has come to our attention, and we've been working with them through the PPFS systems and that has escalated into child protection, and then the child has ended up in care, we still should be working with the family around bringing that child hopefully back into their community and to their wider family.* (84, Tusla, High)

Practitioners in local areas have resorted to creative ways to be able to track families between systems; however, these are not national policies or permanent solutions.

> *And we discovered then it was a gap in between; so we would tell them to refer to Meitheal and then we really didn't know whether they took that up or not. So what we agreed with our principal was that she would, the Duty Social Worker would cc her in on the letter back to the particular referrer saying, 'I have advised that you contact the coordinator directly to make a referral', and they would get a copy of that letter and then they could ring and follow it up.* (117, Tusla Medium)

One of the reasons provided for Meitheal not being connected with Tusla's Delivery System is the lack of awareness and training on Meitheal within Tusla, including social work teams, child protection, foster care, and children in care teams. Interviewees described 'difficulties', 'hiccups', and 'logistical issues' bringing PPFS Managers into meetings with other teams. Some areas were still attempting to achieve this even though participants were uncertain of their success in terms of modifying 'mindsets' (13, Tusla, Low). Meitheal may also have been confused by the different models that are now in place or in the process of being introduced, including Signs of Safety, Creative Communities, and CFSNs.

> *And outside of PPFS as well, certainly within my area, all the activities going on in the PPFS side and trying to make sure that is translating over to all my other teams. So I am pushing that and making sure they are aware of Meitheal and aware of all the positives of it. Because they are in different pillars of service, and they are very focused on their own area of work, whether it is child protection or children in care.* (108, Tusla, High)

The opposite perception was also identified. One interviewee in particular said there should be no connection between Meitheal and other services at all:

> *I suppose my question is, should it connect. I don't think it should connect [...] can Meitheal make social work life in some ways easier, and I think it shouldn't have anything to do with social work, and I think this is the issue, and I understand that they need to reduce the social work waiting list and all that, la la la, but I think that it's been flagged wrong and I think it has been sold inappropriately.* (12, Tusla, Low)

Regarding the frequencies of responses, more Tusla and external participants expressed the view that the CFSNs were not connected, compared to those who expressed the view that it was (Figure 21).

Content Analysis of Meitheal and Tusla's Service Delivery System Connection

Figure data (bar chart), with "Tulsa" and "External" series:

Category	Tulsa	External
Not Connected	~79	~12
Issues with thresholds	~43	~8
Families don't meet threshold	~31	—
Connected	~70	~5
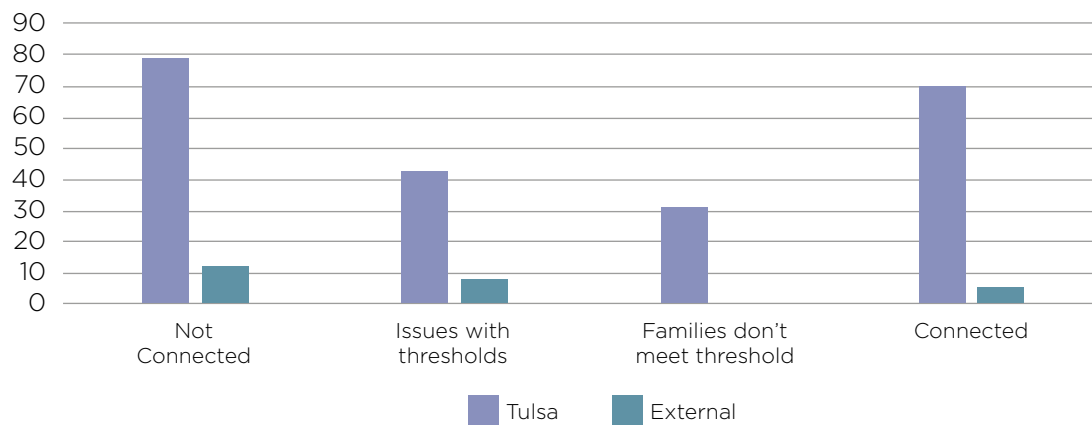
Figure 21 Content Analysis of Meitheal and Tusla's Service Delivery System Connection

The majority of Tusla employees at a lower level said that Meitheal and Tusla's Delivery System are not connected, as did those at a higher level. Most participants at a medium level said that it is connected. Government and community sectors agree that Meitheal and Tusla's Delivery System are not connected. The majority stakeholders said that they are connected. A more detailed breakdown of responses can be found in Table 44.

Table 44 Breakdown of the Connection between Meitheal and Tusla's Service Delivery System According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Not connected	31	32	16	3	6	3
Issues with thresholds	18	16	8	1	6	1
Families don't meet threshold	9	17	5	0	0	0
Connected	13	45	12	0	1	5

3.4.2.4 The Meitheal and Child and Family Support Networks Model's Embeddedness in Tusla's Service Delivery System

The opinions of research participants about embeddedness were divided into three types: those who think it is fully embedded, partially embedded, or not embedded at all.

Those who thought that Meitheal and CFSNs were embedded thought that having all managers and coordinators in place was an indicator of this. Intake teams were very much aware of Meitheal and referred families to Meitheal when they did not meet the threshold for social work. The increasing numbers in Meitheal activity is also an indicator.

> *I think in language it's definitely embedded. It's definitely embedded in, you know, in practice. It is. It's considered, you know, it's part of the language.* (150, External, Government)
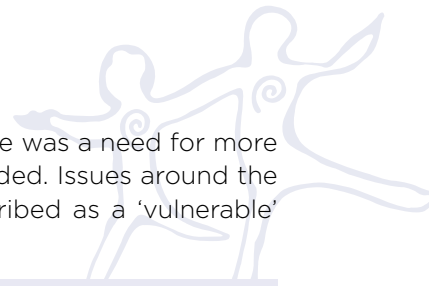
Those who thought that Meitheal and CFSNs were not embedded at all said there was a need for more resources to support it, and that without this, the model would never be embedded. Issues around the foundations of the model were also identified. Meitheal and CFSNs were described as a 'vulnerable' model.

> *No, I wouldn't say embedded yet, because … I will tell you, one of the difficulties with the Meitheal/PPFS structure from my … is that the foundations from Tusla weren't laid strong enough in the beginning.* (33, Tusla, Medium)

Some said that the model is still an initiative and not a national programme embedded in the Delivery System. Meitheal and CFSNs will need more time to become embedded and to achieve a cultural change and change mindsets.

> *Meitheal and the CFSNs are beginning to have an impact, but it isn't across the system, the service delivery system within Tusla.* (144, External, Stakeholders)

The majority of participants (n = 43) considered Meitheal and CFSNs to be partially embedded. It was described as growing and becoming embedded but still fragile and in need of more resources and more time.

> *So I think we have a good, the soil has been appropriately tilled; it might need a little bit of fertiliser yet, but I think the seed has been planted and I hope it will grow well now, you know.* (98, Tusla, High)

Those who described Meitheal and CFSNs as partially embedded perceived differences in implementation nationwide. The model seems to be more successful in areas that were used to interagency collaboration before the model was introduced, and some areas still do not have all the staff required to implement the model fully.

> *So I think it is embedded, but maybe there is probably pockets, like everything there is pockets of probably really good practice where it has taken off, where the staff, not that they have more time than other staff, but they are really committed to it and they are making the time for it. So hopefully that will become uniform practice then, but that would just be my experience of meeting Tusla-funded staff. Sometimes they feel a bit disconnected maybe from the main Tusla service.* (165, Tusla, High)

There are also issues around engaging external agencies into the networks, and this is identified as a barrier to the model becoming embedded:

> *I think it is embedded in the service delivery framework within Tusla; senior staff members are appointed to deliver this aspect of the service delivery framework. There is an infrastructure there supporting the delivery of Meitheals and the establishment of CFSNs, but again I would say while it is embedded in Tusla service delivery framework, there are statutory voluntary and community-based organisations that's a separate part of their work.* (21, External, Government)

Evaluating the frequencies of responses, it was found that the number of references provided by participants from Tusla and external partners who agreed that Meitheal was embedded in Tusla's delivery system was the same as the number from those who perceived that Meitheal is only partially embedded. A smaller number of participants said that Meitheal is not embedded in Tusla's delivery system at all (Figure 22).

Content Analysis of the Meitheal and CFSN Model's Embeddedness in Tusla's Delivery System
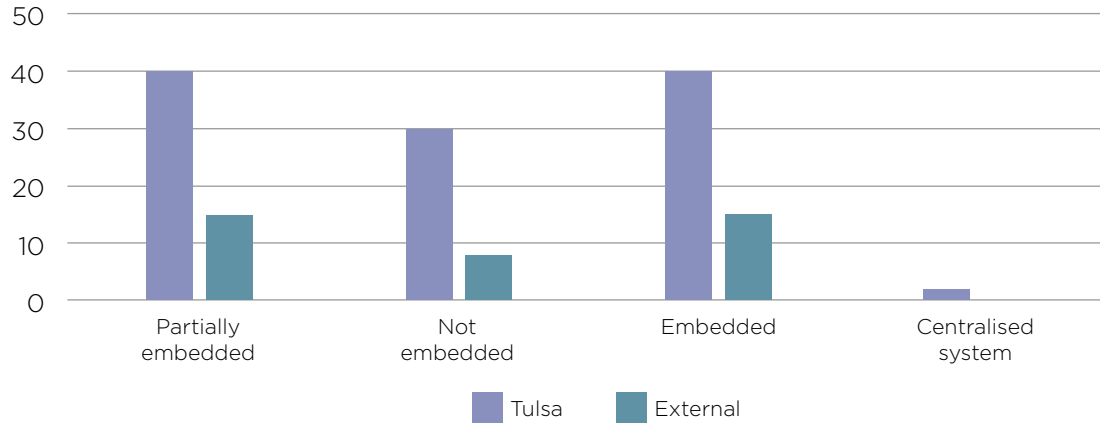
Figure 22 Content Analysis of the Meitheal and CFSN Model's Embeddedness in Tusla's Delivery System

The majority of Tusla participants at a lower level thought that Meitheal and CFSNs were only partially embedded in Tusla's service delivery system, whereas the same number of medium-level participants perceived the model to be partially embedded and not embedded at all. The majority of Tusla employees at a higher level said that the model was fully embedded. The majority in the government sector thought that Meitheal and CFSNs were only partially embedded in Tusla's delivery system. Community participants said that the model was fully embedded. The same number of stakeholders said the model was partially embedded and fully embedded in Tusla's delivery system (see Table 45).

Table 45 Breakdown of Meitheal and CFSN Embeddedness in Tusla's Service Delivery System According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Partially embedded	17	13	10	6	2	7
Not embedded	10	13	7	1	1	6
Embedded	14	11	15	3	5	7
Centralised system	1	0	1	0	0	0
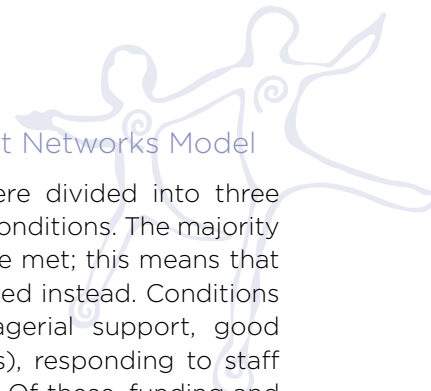
3.4.2.5 The Sustainability of the Meitheal and Child and Family Support Networks Model

Regarding sustainability of Meitheal and CFSNs, participants' perceptions were divided into three categories: (a) sustainable, (b) not sustainable, and (c) sustainable with specific conditions. The majority of participants (n = 69) said that Meitheal is sustainable if specific conditions are met; this means that sustainability of Meitheal over time is not guaranteed but it needs to be supported instead. Conditions mentioned include additional staff, funding, resources, time capacity, managerial support, good leadership, support from government departments (Children and Youth Affairs), responding to staff needs (training), and practitioners wanting to take on the Lead Practitioner role. Of these, funding and resources were emphasised the most.

> *Again, it comes back to staff and resources. Looking at the long-term picture, how is it sustainable? It is sustainable with consistent staff in teams, consistent team leaders and from the top down, from senior managers, principals really to try, in their mini-teams, getting them to think about it, think about Meitheal and the type of families.* (13, Tusla Low)

> *But I've been amazed the voluntary agencies have all taken it on, but really for it to be sustainable, you need other practitioners taking on the lead practitioner role, and I'd have a small concern that let's say the likes of disability services or the likes of CAMHS not doing that.* (38, Tusla, Medium)

Additionally, there was a perceived need to promote Meitheal through public awareness, internal awareness within Tusla, and having 'champions on the ground' to continue to promote Meitheal.

> *Sustainable once we get the staffing that we need; there is no coordinators at the moment [...] one senior coordinator, and I suppose obviously having people on the ground to champion these things makes a big difference.* (108, Tusla, High)

> *We don't have enough information out there about it [...] just talking to people within Tusla and within my day-to-day work, nobody really has any idea what Meitheal is about, really, and I think that's going to be crucial in terms of sustaining it going forward.* (89, Tusla, Low)

There were also concerns about what Meitheal could become if these conditions are not met. For example, this Tusla employee suggested that Meitheal could become a 'mini social work system', thus losing its purpose and identity:

> *If it is resourced and funded appropriately, it could be amazing. If it is not, it is going to be a mini social work system. That is the biggest fear I have had all the time.* (10, Tusla, Low)

Other concerns mentioned had to do with consistency in how Meitheal was implemented across the country. This highlighted a concern about fidelity and integrity of the model.

> *I think it is sustainable if you focus on the early intervention model, but I don't think it should be used as an alternative to social work. I am thinking in particular of step-down cases where really there is pressure to close them, because we don't have social workers to work them, so we will give it to Meitheal. I think we need to be clear about what it is and just make sure that it stays within the early intervention remit, really.* (30, Tusla, Medium)

This is a conflictive issue, as another participant suggested that Meitheal should be adapted to the needs of a specific area instead to make it sustainable:

> *It will only be sustainable if you look at the reality of your geography, your service level, your, you know, size of your area, whatever. And make sure that we either, as I say, have Tusla staff or commission services to make it bed in.* (42, Tusla, Medium)

External stakeholders also mentioned the need for evidence of its impact on effectiveness as a requirement for sustainability of the model:

> *It has got really strong local support in those areas, but I think to be sustainable it needs to demonstrate more widely that it is having an impact. And in particular that it is having an impact in terms of prevention piece.* (145, External, Stakeholder)

A total of 35 research participants said that Meitheal is sustainable. Some were affirmations such as: 'I do think it is sustainable' (116, Tusla Medium); however, some were not certain but could instead reflect people's wishes or thoughts around sustainability: 'I would hope so' (119, Tusla Medium). Participants who perceived Meitheal and CFSNs as a sustainable model also thought that the structures are in place to support the model and should therefore be sustainable:

> *It is highly sustainable. I think that the whole approach is very sustainable in that I think the frameworks that have been developed by Tusla to strengthen and to embed Meitheal and CFSNs are very strong.* (157, External, Government)

Sustainability, however, was also restricted to the CFSNs, excluding Meitheal. This was expressed by three people, all of whom were Tusla practitioners at a low managerial level.

> *For networks, yes, I think it is very sustainable. Networks have been there since day one, really; they have existed before Tusla and will continue with or without them, Tusla or a service system delivery as well. So, the network doesn't necessarily need to be led by Tusla, it can be led by any agency in any given area as well.* (6, Tusla. Low)

Only eight out of a total of 118 participants said that Meitheal is not sustainable as it is currently being rolled out and with the resources it currently has, describing Meitheal as 'fragile' (144, External, Stakeholder). The lack of engagement of crucial services that work with children was another concern around sustainability, particularly focused on the HSE and schools:

> *I think where the crux are that the missing partner, the people who are harder to engage with, and I suppose particularly health services, HSE children's services […] the fact that repeatedly you hear they're often missing or hard to engage with. It seems to be on a grace and favour basis sometimes, a particular interest in an individual and I suppose they're all … the schools and I think there's a question probably for them around sustainability.* (154, Tusla, High)

Regarding the frequency of responses, the majority of Tusla employees and external partners expressed the view that the Meitheal and CFSN model was sustainable only with specific conditions. A minority of Tusla employees and external partners perceived the model to be not sustainable. The full breakdown of answers by level is included in Table 46 and Figure 23.

Content Analysis of Sustainability
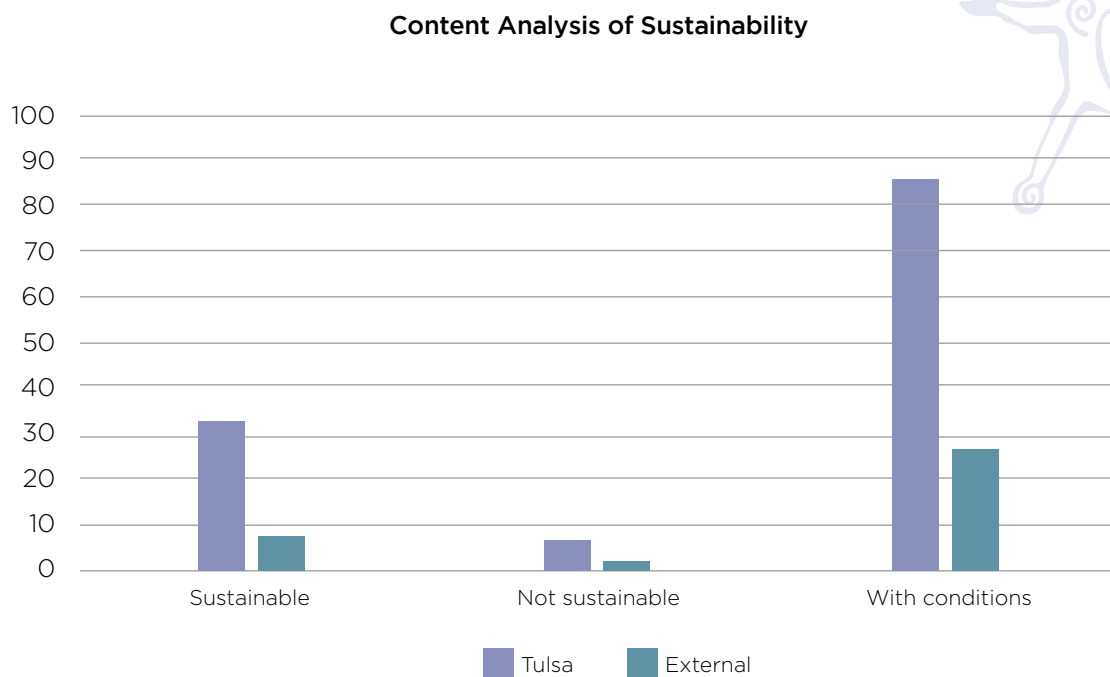
Figure 23 Content Analysis of Sustainability

Table 46 Breakdown of Answers According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Sustainable	15	6	12	3	1	4
Not sustainable	1	2	4	1	0	1
With conditions	35	28	23	1	10	16

3.4.2.6 Recommendations Provided by Research Participants

Participants provided different recommendations for improving Meitheal and CFSNs. These were grouped into six categories: training, share learning, Meitheal model, Meitheal and the Service Delivery System, management, and awareness.

Overall, most of the recommendations provided by Tusla and external partners were related to management, followed by recommendations to improve the Meitheal and CFSN model and a need to increase awareness of the model (Figure 24).

Content Analysis of Recommendations
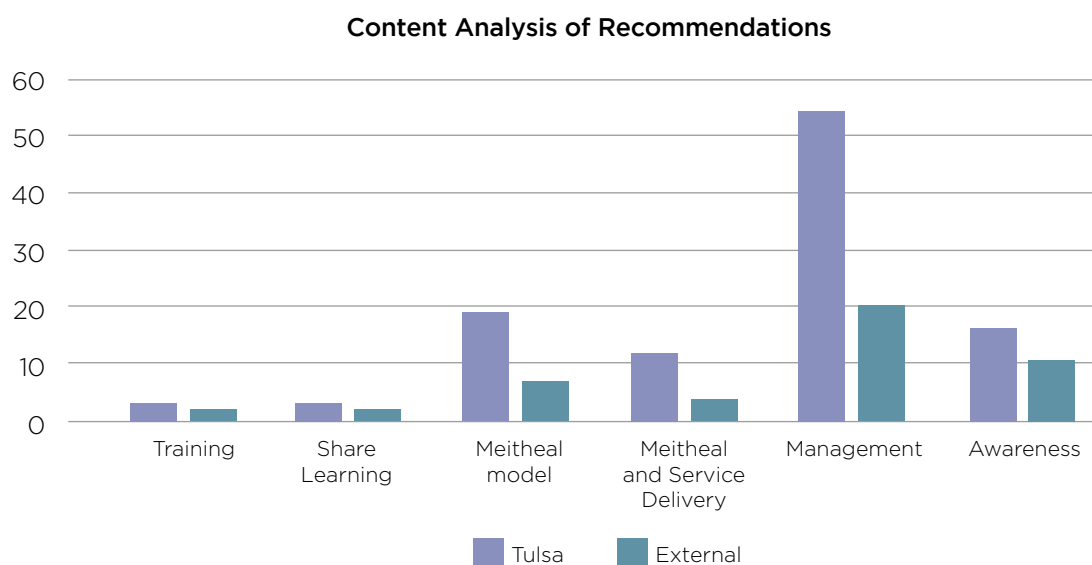
Figure 24 Content Analysis of Recommendations

All Tusla participants at a low, medium and higher level provided a majority of recommendations for management, and so did all types of external partners. The breakdown of recommendations can be found in Table 47.

Table 47 Breakdown of Recommendations According to Tusla Level and External Partner Types

	Tusla			External		
	Low	Medium	High	Government	Community	Stakeholders
Training	3	0	0	1	0	1
Share learning	0	3	0	2	0	0
Meitheal model	5	10	4	0	2	5
Meitheal and service delivery	4	2	6	1	3	0
Management	19	28	7	3	5	12
Awareness	5	8	3	0	5	6

The specific recommendations provide by participant to improve the programme are described in detail

Training

These recommendations were provided to improve Meitheal training and facilitating professionals to access these sessions:

- introduce e-training
- provide training refreshers to include updates on the use of new forms
- allow different sectors (such as Early Years) to have access to days specifically for attending training as part of their training schemes

- provide training for professionals in different skills, such as interviewing techniques with children and young people and people with physical or learning disabilities.

Shared Learning

Participants thought that practitioners with experience in the Meitheal and CFSN model should be able to share their experiences and challenges with less experienced staff as well as with areas that are only starting to implement the model:

- share anonymised experiences that were challenging or even failures and how they were dealt with

- capture positive and less positive experiences

- introduce Parents Advisory Groups to act as ambassadors and feed back into practice and training

- share experiences of Lead Practitioners in their role, including challenges and difficulties and how they overcame them.

The Meitheal and Child and Family Support Networks Model

These recommendations focus on changes that will improve the model to increase its success in achieving outcomes for families, children, and young people:

- fidelity to the model. Keep the model within the intended level of need it was designed to target

- loosen fidelity of the model to fit with the processes already in place in local areas

- improve the accessibility and the speed of integrated services in the front line

- Meitheal evaluations need to be designed to fit or match evaluations that professionals already carry out to reduce the burden on professionals and repetition for families and motivate professionals (such as public health nurses) to engage in Meitheal

- introduce a 'wraparound' service to precede Meitheal

- Meitheal needs administration support to guarantee consistency of minutes, reporting and standards in forms, and consistency in organising meetings

- promote and improve the 'buy-in' from services that are resistant to adhere to the model

- identify the reasons why professionals do not become Lead Practitioners and provide solutions for these

- engage more professionals to carry out crucial roles such as becoming Lead Practitioners, as currently this responsibility might fall on only a few people

- professionals need to be supported in their role as chairperson, particularly if they come from the community sector and have limited experience with the model

- introduce a mentoring or co-working scheme to encourage and support professionals with less experience with the model

- Meitheal should be focused on the needs of a family as a unit and not only on an individual child, as currently this increases the amount of paperwork and bureaucracy. Practitioners would have a good understanding of all the family

- keep Meitheal as an informal type of intervention: 'it is around the kitchen table with the family, with the community' (33, Tusla, Medium)

- address needs at a community level by implementing evidence-informed programmes and practices

- modify the Meitheal process slightly to fill in the strengths and needs forms before, and use this as the basis to evaluate if a Meitheal is needed

- Meitheal teams, not only Coordinators, should be able to direct service providers to provide immediate response to the needs of children, young people, and families

- Tusla should have a bigger (and varied) team of professionals to be able to provide immediate response to the needs of children, young people, and families.

Meitheal and the Service Delivery System

These recommendations are targeted at improving the connection between Meitheal and Tusla's Service Delivery System to speed up processes and respond to needs faster and more effectively:

- all services should be integrated: early response pathway, child protection, and welfare

- including a member of the social work team as part of the CFSNs can speed up interventions and processes

- all social workers need to be trained on Meitheal

- all teams should be working from a similar approach, including strengths and needs.

- Meitheal should be mandatory for all sectors and organisations that work directly with children, young people, and families (i.e. HSE)

- documentation is required to specify the role of Meitheal, PPFS and Signs of Safety in the overall Delivery System, the organisational structure, service structure, and programme structure, as well as how these models can be used in conjunction to improve practice

- build capacity in the community to access services, including child protection and consultation.

Management

Recommendations were given for decisions and policies that need to be carried out at a higher level to improve the Meitheal and CFSN model, its implementation and sustainability:

- more resources and funding are required to engage more families and respond to their needs effectively

- access and availability of small budgets may allow 'buy-in' for projects. Small budgets would also allow faster responses for the needs of children, young people, and families, such as funding programmes, facilitating access to a course, or even smaller things such as buying a bag of coal or paying for childcare so a parent can attend a Meitheal meeting

- commitment and support for PPFS, Meitheal and Networks is required from Department heads and management

- supports need to be in place for practitioners, as they are experiencing a power shift from professionals to the families

- Meitheal and CFSNs should be properly commissioned to guarantee funding. Service agreements should specify that agencies are expected to take the role of Lead Practitioner

- there is a need for more posts and practitioners to occupy dedicated and permanent roles, including independent chairs, coordinators, and Lead Practitioners. Resorting to retired personnel was mentioned as a possible option

- a mapping exercise and needs analysis should be carried out to identify needs according to population density, demographics, and local needs

- mandate support for Meitheal should come from high-level government departments, including the Department of Children and Youth Affairs, to secure Meitheal and CFSN at a national level. The involvement of personnel should be properly negotiated with all statutory

partners, including disabilities, mental health and public health nurses

- prevention and early intervention needs the same level of investment and quality as social work processes. Administration should also be available for this service to be able to deliver a high-quality service
- all parts of the country should be carrying out Meitheals now, otherwise sustainability of the model may be threatened.

Awareness

Interviewees identified a need for more awareness about the Meitheal and CFSNs model among practitioners, both internal and external to Tusla. Another significant strand of awareness is the need for public awareness, to be able to inform service users and facilitate their access to prevention and early intervention services early on. These were the recommendations made in relation to this theme:

- creative methodologies to increase public awareness are needed. Some initiatives that are being used locally are newsletters and local newspapers
- sharing examples of good practice and successful cases is crucial to provide evidence of positive outcomes and benefits for children, young people, and families. Promoting these good stories could also help the profile of Tusla and the good work that is carried out
- Meitheal and CFSNs need people at a community level, on the ground, to increase awareness but also to facilitate access to help for service users and show the community how they can benefit from the model
- a public awareness campaign is needed to increase awareness and understanding of the Meitheal and CFSNs model. This should be a nationwide initiative including mass media such as television
- funding is required to sustain the structures required to sustain Meitheal and CFSNs, but this should also include structures to develop awareness
- Meitheal leaflets need to be updated and re-designed to include more information on the benefits of the model and the empowerment of families
- Tusla needs to increase awareness and understanding of Meitheal with government departments at a national level, including the Department of Education.

3.4.3 Conclusion

The Common Data Collection analysed the experiences and perspectives of all parties involved in Meitheal and CFSN from services users, practitioners on the ground, managers, regional managers, stakeholders, community, and policy makers at a Government level. The study provided a thorough evaluation of the process of implementation and the model's embeddedness and sustainability.

4

Discussion, Conclusions and Recommendations for Practice

4.1 Introduction

This report explored the findings from a research programme on the implementation of the Meitheal and CFSN model. This was separated into three components: the Meitheal Process and Outcomes Study; the findings on the Child and Family Support Networks; and interviews with internal and external stakeholders: Common Data Collection. These components are brought together in this chapter. The first section of the chapter discusses the findings in the context of national and international literature to provide a deeper understanding of the model using the study's research questions as its framework. Secondly, conclusions are outlined and finally recommendations for practice and policy are given.

4.2 Discussion

4.2.1 What impact has the Meitheal and CFSN model had on outcomes for children, young people and families?

Participating in Meitheal significantly improved outcomes for mothers and also improved their perception of outcomes for children, young people and families. Father well-being improved significantly but fathers' ratings of family outcomes and child and adolescent well-being decreased. Child and adolescent self-reports on their well-being and family outcomes improved but this was not statistically significant. The positive impact of Meitheal on most outcomes is a very important finding as currently policy and practice are targeted at outcomes as evidence of best practice, promoting the effectiveness of services, and evidence of accountability for funders and the public (Devaney et al., 2013; Brady et al., 2017). This research followed participants over a relatively short period of time (6 to 12 months), whereas studies have suggested that it may require up to five years for prevention and early interventions to achieve long term and permanent benefits (Norman et al., 2016).

Maternal well-being emerged as a crucial aspect of family functioning and well-being in this study, as this was the only statistically significant contributor of variance in family outcomes. This reflects literature that shows the importance of supporting parents as a way of improving children and young people's outcomes (Okafor et al., 2014; Department of Children and Youth Affairs, 2015b; Devaney, 2017). In this study, maternal outcomes and well-being significantly improved over time, suggesting that Meitheal can improve outcomes more for those that needed more support to begin with. Similar to the findings of this study McKeown et al. (2001) found that children's well-being as measured by the SDQ was determined by the severity of their problems but also the well-being of their parents. Children's well-being also influenced parental well-being. Well-being, therefore, is bound with family processes and experiences; conflict between parents and children had a negative impact on mother-child relationships and children's psychological well-being (McKeown et al. 2003). Maternal well-being and mental health merit consideration as their children may experience more difficulties and limited opportunities to strive and overcome adversity (Hansson et al., 2013). McKeown and Sweeney (2001) stated that 'healthy mothers
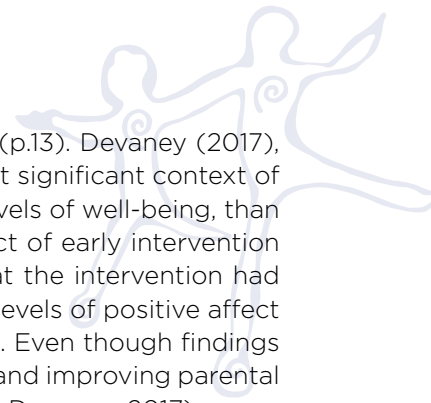
make for healthy children' and 'healthy children tend to become healthy adults' (p.13). Devaney (2017), based on Bronfenbrenner's bio-ecological model emphasised families as the most significant context of children, children that live in families that get along well together report higher levels of well-being, than those who live in conflictive families. Previous research has also found the impact of early intervention programmes on maternal well-being to be limited. Doyle et al. (2017) found that the intervention had no impact on global measures of maternal well-being, but it did generate higher levels of positive affect using a day reconstruction method that captures daily experiences of well-being. Even though findings are conflicting, previous research however has sustained that supporting parents and improving parental capacity can positively impact on family well-being (Connolly and Devaney, 2017; Devaney, 2017).

Overall most participants reported that they were satisfied with the experience of taking part in the Meitheal process and with its capacity to ensure a range of supports are coordinated to meet identified needs. It also appears that Meitheal can lead to improvements in families' experiences of help-seeking by enabling parents to develop better relationships with professionals and take a greater role in decisions about what supports they receive. This empowerment has been identified in the literature as crucial to supporting children and young people's development (Devaney et al., 2013; Connolly and Devaney, 2017).

Meitheal was described as effective, supportive, positive, and coordinated. The CFSNs have also contributed to working in an integrated and multi-disciplinary way which enables a combined approach to family needs. The evidence demonstrates that this holistic approach has scope to address wider contextual stressors such as insecure housing and parents' own needs including access to counselling and improving their parenting skills. This is in keeping with literature that suggests the importance of focusing on a wider set of difficulties beyond the parent-child relationship (see, for example, Sanders et al., 2003; Calheiros, 2014) as a means of preventing child maltreatment and meeting identified needs.

Further highlighting the importance of supporting parents in Meitheal, many parents in this study reported that taking part in Meitheal led to a reduction in their own mental health problems and resulted in the development of better coping skills and greater self-confidence in their role as parents especially where their children have ongoing issues. Parents themselves specifically linked their increased capacity to cope with their children's needs to positive changes in their own mental health such as reduced stress levels. This reflects findings from previous research that demonstrates the connection between parental mental health and child maltreatment (Martin et al., 2012). Meitheal's focus on developing action plans based on needs identified by families seems to fit within Featherstone et al.'s (2014) argument about the benefits of providing practical individualised support to families rather than prescriptive interventions based on what 'experts' believe to be the best course of action.

Fathers' participation in the study was low. Fathers' engagement is a challenge as previous studies in Family Support in Ireland have identified low levels of participation of fathers, stating that of 46% of households that were engaged in the services, only one in ten fathers were involved (McKeown et al., 2001). The current study noted improvements in fathers' well-being however their reports of family outcomes and their children's well-being decreased instead, according to their reports. Due to the small number of fathers involved in the research, few analyses could be carried out with their data and little is known as a way of explanation to the findings of this research. Overall studies agree that services are usually targeted at mothers and not fathers; even if unintentionally (Brandon et al., 2017; Connolly and Devaney, 2017) and therefore fail to engage fathers (Scourfield et al. 2012; 2015) and provide services effectively (Devaney et al., 2013). Another explanation for the change in outcomes over time could be due to an increase in parental trust and comfort engaging in services, although this seems paradoxical. Davis and May (1991) referring to the involvement of fathers in early intervention and Family Support programmes described how men do not express their issues or difficulties in public because they fear losing control, being perceived as weak or incapable of caring for their families, however over time they may reach out to somebody who they feel 'truly understands'. Brandon et al., (2017) stated that practice with men can be improved by developing gender sensitive approaches to practice that are supported

at managerial and organisational levels. Understanding men's lives as fathers, their needs and concerns will improve their engagement with services and as fathers. Featherstone (2003) suggested that service users and practitioners need to engage in thinking, doing, and talking together to develop practice that is sensitive to the lives and relationships of fathers.

Regarding families overall, this study found that one family member's needs and difficulties has an impact on other individuals and the overall family functioning and dynamics. From an ecological perspective (Bronfenbrenner, 1979), multiple factors can influence outcomes for children including the child, the environment and the interaction between them. Children are also described as social actors that influence and are influenced by their circumstances (Coman and Devaney, 2011). Individual, family and contextual factors interact and have an impact on outcomes on the provision of help by family support services (Fisher et al., 2002). Previous studies carried out in Ireland found that maternal well-being was associated with children's temperament, stressful life events, household deprivation and being a single parent (Swords et al., 2013). Parental depression reduced the quality of parental relationships; however close parent-child relationships enhanced it. This supports the need for family focused and holistic interventions in family support particularly at a prevention and early intervention level. Dunst and Trivette (2009) identified that having a family focus, and not just as the child as the unit of intervention, is one of the principles to enable and empower families, as this enables parents to acquire the knowledge and skills to be able to cope with daily living and improve their sense of mastery and control.

Meitheal also had an unexpected impact on the help-seeking behaviours and awareness of support services for families as taking part in Meitheal appears to have potentially significant consequences for families' access to formal support networks. Embedded within some parents' discussion of Meitheal is the contrast between the experience of taking part in the process and their previous interactions with professionals including medical professionals, teachers and CPW social workers, which they described as intimidating, demoralising and disempowering. Therefore, Meitheal's focus on the development of collaborative connections with professionals can re-frame the service-user/provider dynamic thus helping to reduce parents' resistance to seeking and accepting formal support. Others who had had little understanding of how the service provision system worked now had a greater understanding of how to access help. The positive formal support networks families develop with professionals through the Meitheal process could act as a protective factor against future risk, help to ensure that support is sought before issues reach a crisis point or reduce their reliance on continued access to one key service or individual. In addition, many of the parents who had a positive experience of Meitheal began to recommend the process to their own informal social networks, which could have positive consequences for earlier help-seeking in the community. This could be particularly significant in the long-term, as research demonstrates that help-seeking behaviours are strongly influenced by family and community behaviours and attitudes (Amar et al., 2010) and that in the Irish context most individuals rely on their own informal networks for support (McGregor and Nic Gabhainn, 2016). Given that current public awareness of formal services is low (McGregor and Nic Gabhainn, 2016) these parents could be agents of change in the perception of services and help seeking behaviours in their local areas. However, the development of better informal support networks for parents should be emphasised more within Meitheal as there was little evidence of this occurring. This has been identified as an especially crucial form of support for families, which is most likely to be utilised in times of need (Devaney et al., 2013; McGregor and Nic Gabhainn, 2016).
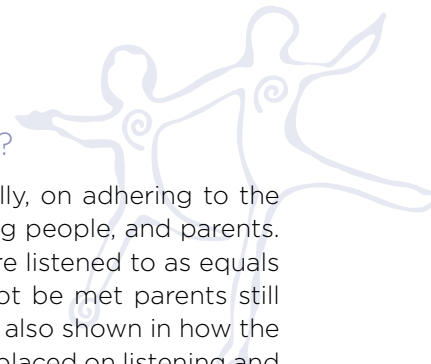
4.2.2 How has the Meitheal and CFSN model been implemented?

The successful implementation of Meitheal appears to be based, at least partially, on adhering to the principles underpinning Meitheal, such as privileging the voices of children, young people, and parents. Many parents in this study described Meitheal as a trusted space where they were listened to as equals and not judged by other participants. In some situations where needs could not be met parents still reported being satisfied with Meitheal in part because they felt listened to. This is also shown in how the Lead Practitioners spoke about the families they worked with, the emphasis they placed on listening and the empathetic manner in which they helped to nurture parents' confidence to take part in the process. These factors have been identified by parents in other research as important to a positive experience of the help provision system (Anderson et al., 2006; Darlington et al., 2012). Listening to parents' voices also enabled them to play a meaningful part in the process as key decision makers. This contrasts with other research including a study from Flanders (van Houte et al., 2015) about parental participation in a Family Support Centre programme, which indicated that their involvement was largely tokenistic and only at the will of professionals. Additionally, Meitheal appears to favourably compare with the Common Assessment Framework model in the UK where an evaluation demonstrated that families were not always centrally involved, for example, in identifying their strengths and needs, giving active consent to the process or contributing to the development of the action plan (Brandon et al., 2006). For parents in this study, Lead Practitioners were essential to their involvement especially in the initial stages in terms of supporting their participation in the process. This reflects findings from Leese (2013) about the important role key workers play in helping to change service-users' perceptions of help-seeking and the nature of their engagement with it. Empathy and responsiveness were described as crucial characteristics of Lead Practitioners. This follows research that suggests that where service users feel their relationship with professionals is based on genuine empathy and responsiveness that this in itself can be of significant therapeutic benefit (Howe, 2008; Mason, 2012). Within the literature empathy is also regarded as particularly crucial for encouraging greater openness on the part of service users as well as higher levels of engagement (Neumann et al., 2009). Certain characteristics of empathy including being listened to, respect and a non-judgemental stance emerged as strong features of many of the Meitheals included in this study.

While there was evidence of progress being made in terms of child and youth participation this remains problematic with obvious distinctions between their levels of involvement compared to their parents. Children and young people did not always have access to enough information about their role within the process, were treated differently than adults in the Meitheal Review Meetings or were peripheral with their participation often mediated through parents or Lead Practitioners' perspectives of their capacity or interest in taking part. Additionally, there seems to be an over-reliance on assumptions about their willingness to participate based on completing the Strengths and Needs forms and attending Meitheal Review Meetings. This does not take into account the potential impact of power dynamics and the kind of strategies children or young people might use such as resistance by not engaging fully with the Meitheal action plan or superficial acquiescence. Furthermore, alternative means of child or youth involvement outside of attendance at the Meitheal Review Meetings do not always seem to be fully explored as a means of ensuring they play a part in the process. As child and youth disengagement emerged as one of the key factors where Meitheals could not meet a family's needs this is an issue that urgently needs to be addressed. The use of separate advocates was perceived to help improve how children and young people took part in Meitheal, which is in accordance with recognised best practice in this area (Kennan et al., 2016). Tusla's Child Protection and Welfare Strategy (2017-2022) advocates for listening to children and taking them seriously in all matters and decisions that affect them; therefore, every effort needs to be made to ensure that children's voices are captured as including children and young people in decision-making can promote their protection and increase their confidence, communication, and negotiation skills (Department of Children and Youth Affairs, 2015; Kennan and Dolan, 2017).

One clear implementation issue identified by the study was the fact that a separate Meitheal needs to be opened for each child in the family, increasing the burden, time and paperwork for Lead Practitioners. In some instances, this reduced the chances of the parents agreeing to the Meitheal as they were wary of

committing to more than one Meitheal. This means that some children and young people might not have access to the supports available through a Meitheal. This issue needs further consideration for Meitheal implementation in the future.

Although Meitheal has the potential and capacity to support children, young people and families, this study found that Meitheal's capacity to address certain needs was limited. An area of concern is around Meitheal's capacity to meet certain types of complex needs such as ASD related difficulties especially where it is co-morbid with other conditions or mental health issues. Within the context of this research it appeared to be particularly problematic at least in some areas of the country to access appropriate supports to meet the needs of certain families. This means that children and young people, for example, who have ASD are not able to access appropriate early intervention strategies, which studies have shown are crucial in reducing the prevalence of disruptive behaviours (see, for example, Dawson et al, 2010; Itzchak and Zachor, 2011; Koegel et al., 2014). Research argues that this cohort requires particular attention in terms of the development of supportive strategies in order to ensure that the best outcome for the child and young person and their family is achieved (Magán-Maganto et al., 2017). This was heightened by the fact that some parents reported that other than the Lead Practitioner, communication with professionals in the Meitheal was poor and their attendance at Meitheal Review Meetings was inconsistent. Not only were the child or young person's needs not met or were increasing but the parent's sense of trust in the help provision process seemed to be eroded even further. The findings also echo previous research that points to poor professional support as being one of the major sources of stress for parents in this situation (Bishop et al., 2007 cited in Magán-Maganto et al., 2017). Furthermore, because of resources and wider macro-economic issues certain underlying needs especially around insecure housing cannot always be addressed within the process. This means that while a Meitheal might appear to be effective at the point of closure its possible impact might not be sustained because of the ongoing impact of underlying environmental issues. Meitheal's capacity to address issues around school attendance is also a concern. While in some instances this need could be addressed successfully in others it was not and the child or young person's issues had escalated. Although the literature argues that school attendance issues are linked to stressors at a personal level such as anxiety and environmental ones including family difficulties (Knollmann et al., 2010) in some of the interviews participants reported that the Meitheal's central concern was to encourage the child or young person to return to school without taking into account other underlying needs that might be preventing their attendance. Within this much of the action plan seemed to be linked to a rewards/punitive approach with access to certain supportive activities contingent on returning to school. However, the issue here is that while these activities might help to improve the young person's attendance they can only be accessed after they have returned to school.

Other challenges to the implementation of the Meitheal and CFSN model were identified in this study. Differences emerged regarding implementation nationwide, which may be a threat to model fidelity and sustainability over time. Research participants felt that additional resources and funding and increased public awareness are needed to ensure implementation and sustainability over time. This would be in line with Tusla's Corporate Plan 2018-2020, specifically Tusla's Resource Allocation Profile. This tool informs the level of resources that should be allocated to areas with greater needs to support them in delivering target outcomes.

Meitheal Fidelity was measured using the Meitheal Fidelity Checklist. As more stages of Meitheal were completed, it was expected that model fidelity would increase over time; the mean score was 16.8 at Time 1 and 23.6 at Time 3. At Time 3, fidelity to the Meitheal and CFSN model increased significantly, suggesting that the model was applied following the guidelines and stages as stated in the model design. Overall the study did not find significant differences in fidelity across the different regions, which may suggest that practitioners are delivering the intervention as it was initially intended (Byrnes et al., 2010). Fidelity did not make a significant contribution to family outcomes, which suggests that the implementation of Meitheal is not the factor contributing significantly to outcomes evaluated and it is another cofounding
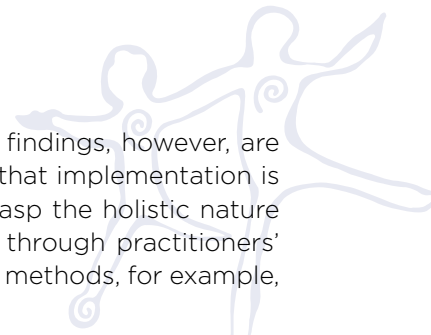
variable leading to changes in outcomes over time (Carroll et al., 2007). These findings, however, are also limited by measuring fidelity with a single scale as research has suggested that implementation is multi-dimensional and therefore requires a mixed method approach to really grasp the holistic nature of implementation processes (Moore et al., 2013b). Fidelity was also measured through practitioners' self-reports and this could have been affected by 'social desirability,' more neutral methods, for example, observation may have been a more accurate measurement of model fidelity.

Meitheal activity seems to be independent of CFSN activity. Although the Meitheal and CFSN model was designed to work together this is not the case in practice; however, family outcomes are still improving over time, which suggests that the model in practice is working even if fidelity to the model has changed. The relevance and importance of partnerships and integrated approaches has long been established to avoid duplication of work and services, improve understanding of service delivery, targeted referrals, improved experiences for service users, reduce assessments and bureaucracy in services. Therefore, even though implementation has not been as consistent and standardized as desired in all areas, the principles underpinning Meitheal and CFSNs need to be continued and promoted (Tusla, 2017b). This may be described as a fidelity issue, but it may also have organically happened in response to local needs. There is an ongoing debate regarding whether programmes should be adapted to fit the local context needs or if these should be delivered with strict fidelity and adherence. This debate is known as the 'fidelity versus adaptation debate' (Moore et al., 2013a). Research has highlighted the need to apply the essence of programmes to ensure that supports are provided as intended (Devaney and Dolan, 2014). However, adapting programmes may be useful to better meet the needs of the community, participants' lifestyles and culture. Nevertheless certain changes such as to the content, duration and delivery style may diminish the effectiveness of programmes (Devaney et al., 2013). The success of Meitheal in improving family outcomes may suggest that Meitheal is effective in the way it is currently implemented.

Some practitioners in this study described Meitheal as time consuming and labour intensive, which discouraged them from engaging with Meitheal. Challenges around the willingness of individuals to take on the Lead Practitioner role were also identified. The pressure some Lead Practitioners felt under possibly militates against its longevity especially where they are expected to take on an administrative role. This could lead to fatigue and detachment unless appropriate resources are provided across the continuum of agencies and sectors involved in the Meitheal to implement the model as a mandate to statutory organisations. These issues of resources and pressure on individuals tasked with implementing Meitheal have been identified as a key influence on sustainability (Stirman et al., 2012).

4.2.3 What impact has the Meitheal and CFSN model had on the child protection and welfare system?

Meitheal appears to have the potential to affect change in the Irish service provision system in terms of improving the continuum of support for families who do not meet CPW thresholds for intervention. It also enables issues to be addressed in a coordinated and prompt fashion based on clear identified needs within a transparent process. It also can lead to the development of stronger inter-agency relationships that are utilised outside of the Meitheal process as well as influencing practice and professionals' understanding of families' issues. Previous literature has highlighted that it is a requirement to respond to the needs of children in a timely manner with an emphasis on partnership, prevention, and early intervention (Devaney and Dolan, 2014). Tusla's Child Protection and Welfare Strategy (2017-2022) claims that Children First Principles inform Tusla's new child protection and welfare strategy. Principle Five states that 'early intervention is key to getting better outcomes'. The introduction of Meitheal in the system has made Tusla's 'continuum of care' a reality by making Tusla's work at a low prevention level accountable in the overall performance reports. Tusla (2017b) defined low prevention services as those which target children and young people that may have additional needs requiring additional support, without which they may not fully achieve their potential. Meitheal is specifically targeted at this low level of need for

families that do not meet CPW thresholds, as well as during and after social work interventions. Overall, the literature has emphasised how crucial it is for vulnerable children, young people, and families to be identified and supported via early intervention before they reach the threshold of child protection services (Devaney and Dolan, 2014).

From the findings it appears that where Meitheal is properly implemented it can act as a preventative measure in terms of reducing the risk of families being referred into child protection system. It can also help to ensure needs are addressed in an effective, coordinated manner that can prevent issues from escalating. In this way Meitheal can help to build early intervention mechanisms for individual families even where it is yet to have an impact at a system level. However, there are challenges around Meitheal's capacity to influence the system. Where there are no services available or families face lengthy waiting lists for access to supports that are urgently needed Meitheal's capacity to act an early intervention response to a child's needs is clearly limited. A striking feature of this study was that many parents reported that they had sought help for their children previously but they felt their concerns had been dismissed or because they lacked institutional knowledge of how to navigate the system it took years to access appropriate help for their children. If parents' capacity to identify their children's needs is supported and acknowledged by professionals, then Meitheal's potential preventative role will improve. The shift in support systems towards prevention and early intervention cannot happen in a vacuum, a system-wide approach is necessary (Devaney, 2017). Long waiting lists in services is currently a threat for prevention and early intervention going forward. Meitheal has no potential to address waiting lists or lack of resources in other relevant services.

Regarding partnership, this study found a willingness among practitioners to engage in Meitheal and CFSNs, however, differences in levels of attendance at network meetings were also identified. There continue to be issues at a system level around engagement with Meitheal by other statutory bodies such as the HSE, the Department of Education and local authorities, which is a considerable barrier to sustainability (Scheirer, 2005). This is an important finding regarding partnership in the Meitheal and CFSNs. Working in partnership can have several benefits such as maximized service responsiveness and facilitate access to services (Blewett et al., 2011) and successfully respond to the complexity of some families' needs (Devaney et al., 2013). Previous research has acknowledged that integrated work can be complex and challenging with difficulties such as reluctance to engage or conflict likely to emerge (Canavan et al., 2009). This may have to be addressed as inter-agency collaboration can be limited by these issues. A crucial aspect of partnership is professional engagement. This study found that professional engagement in Meitheal Review Meetings could be a mechanism to overcome at least some of the challenges identified around interagency collaboration such as issues with communication, identifying common perspectives on needs and goals and difficulties around accountability (Ranade, 1998 cited in Salmon, 2004). There appears to be some shift towards a sense of shared responsibility for supporting children, young people and their families as shown by the fact that Meitheal was suggested to families by professionals outside of the CPW system such as teachers who then agreed to play active roles in the Meitheal.

4.2.4 To what extent is the Meitheal and CFSN model embedded in the Irish child protection and welfare system?

In terms of Meitheal's perceived embeddedness within the system of service provision there were signs that the interface between it and CPW is working- albeit to varying degrees. Secondary data analyses found evidence of Tusla transforming; the study found less children in care and more referrals from social work into family support. These changes cannot be linked to Meitheal as the level of activity is still low; however, the secondary data analysis suggests that a sector of families with lower levels of need that was excluded before is now being supported from a prevention and early intervention perspective. This is early days, but it is expected that the system of help-seeking and help-provision will continue to evolve due to policy and refocus of investment within Tusla. Research studies have suggested that it may require up to five years for prevention and early interventions to achieve long term and permanent benefits (Norman et al., 2016).
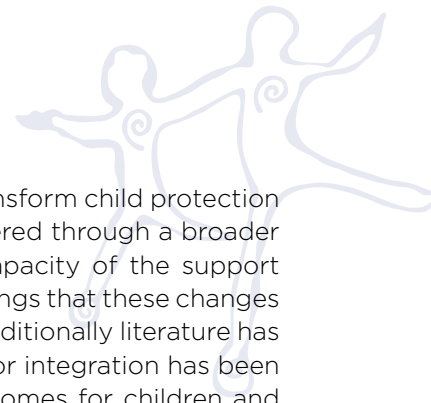
The introduction of a distinct child and family agency (Tusla) was expected to transform child protection and child welfare services in Ireland. This was because services were to be delivered through a broader social and health models, maximising the prevention and early intervention capacity of the support system (Devaney and McGregor, 2016). It can be suggested from the research findings that these changes are underway and already achieving better outcomes for children and families. Traditionally literature has described child protection and welfare services as separate; however, the need for integration has been highlighted as a way to maximise potential of services and achieve better outcomes for children and families (Devaney and Mc Gregor, 2016). However, the connection between Meitheal and CPW needs to be improved. On occasions, where a referral was made to CPW about child protection concerns and the Meitheal was closed there were serious issues about what supports were made available to the family during this period. The lack of coordinated supports meant that at a time of vulnerability, help provision became more fragmented until a decision was made by CPW about the case. In addition, there was little consistency in the Initial Assessment process across the ISAs as some referrals were dealt with quickly while in others there were significant delays, leading to families' difficulties increasing in the interim as little support was made available to them.

There were some indicators that point towards Meitheal being a sustainable model of practice. The degree of commitment shown by most of the Lead Practitioners who took part in this research and the perceived benefits of Meitheal, including its capacity to meet many of the families' identified needs either in part or in full and its positive consequences for practice can help to ensure its sustainability. These have been identified as important influences on any model's sustainability (Scheirer, 2005). Crucial aspects of Meitheal were identified that could guarantee its sustainability over time. Firstly, the centrality of the parents and children and young people in the process needs to be maintained throughout. This is dependent on parents and children and young people being informed about their rights and responsibilities in the process and early and consistent facilitation of their involvement. As part of this it appears to be important that parents' participation and that of their children are considered to be separate and facilitated accordingly. Secondly, the need to provide the family help within a continuum of support should be focused on at all times including after a referral is made to CPW during the Meitheal. Thirdly, a strong and trusting relationship between the parents and the Lead Practitioner seems to be vital especially in the early stages of the Meitheal. Whether the Lead Practitioner is known in advance is perhaps not as important as the former's level of empathy and capacity to support the family to identify their own strengths and needs and to listen. Ideally this relationship should be superseded over the course of the Meitheal by strong, evolving connections between the family and other respectful and interested professionals taking part in the process. Finally, the willingness and capacity of most families to participate in the resolution of their issues should be recognised and utilised as the most significant resource within the Meitheal. Holmes et al. (2012) note in a study of the Common Assessment Framework model in the UK that the initial investment required to support the implementation of a new model of practice brings with it long-term benefits in terms of greater interagency integration, improved ways of working with families and positive impacts on children and young people's outcomes.

A challenge around the embedding of the model into the service provision system is the discrepancy between the number of staff trained and the number of Meitheals initiated. This is relevant as resources being put towards training are not necessarily translating into better outcomes for children, young people and families as effectively as might have been expected, however, it is also important to bear in mind that Meitheal should only be used when deemed appropriate for a specific family and as a need-based model it should be led by these principles. The challenges that practitioners may face to engage in Meitheal should be explored further. Research however has identified this issue previously and it is known as the 'transfer problem' (Saks and Burke, 2011) whereby only a small part of what is learnt in training is applied in the job.

Lead Practitioner attrition was an important limitation for this study as recruitment was very slow at early stages of the research but also some Lead Practitioners disengaged from the study at Time 2 and Time 3. Lack of practitioner engagement may have contributed to participant attrition over time, which can be a threat to the validity of the study and therefore should be prevented as much as possible (Ginn et al., 2017). Tusla's Child Protection and Welfare Strategy (2017-2022) states that the transformation of Ireland's Child Protection and Welfare Services requires a capacity to demonstrate that interventions have a positive impact and lead to better outcomes for children. Based on this principal it is important to create a research and evaluation 'culture' within Tusla, people need a better understanding of the importance of research and engagement over time particularly in longitudinal designs. Additionally, evidence informed practice is one of the key priorities in Tusla's Corporate Plan 2018-2020 therefore improving practitioner engagement in research needs to be a priority for Tusla and its partner agencies.

4.3 Conclusions

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

Overall, the Meitheal Process and Outcomes evaluation study provided a comprehensive understanding of the impact of Meitheal and CFSNs on children, young people and families and Lead Practitioners on the ground. It also provided an in-depth description of Meitheal within the wider local support systems evaluating CFSNs and then provided a thorough evaluation of the place Meitheal and CFSNs have within the wider support system since the introduction of the model in 2015.

Regarding the impact of Meitheal and CFSNs on children, young people and families, overall most participants were satisfied with taking part in Meitheal and felt very positive towards the characteristics of the model itself like its ability to listen to and empower service users of all ages. The holistic approach of Meitheal was highlighted as a way to identify needs and coordinate services to respond to the needs of all family members.

Meitheal improved outcomes over time for families, which supports the potential of Meitheal to improve the well-being of families in need of additional supports. Mothers and families experienced benefits themselves including reduced mental health issues, further coping skills, parenting skills and self- belief. This improvement was also reflected in improved parent-child relationships and overall family functioning and well-being, as it was statistically evidenced in this study that the well-being of one family member impacts on the whole family. Limitations emerged however, as father participation was low and they reported improvement in some outcomes but not all of them. Further exploration of the experiences of fathers in Meitheal is needed.

Meitheal also positively impacted on families' help-seeking behaviours and increased their awareness of supports available. Some parents had negative encounters with professionals and the CPW system previously and were instead very positive towards their experience in Meitheal as they obtained the help they were looking for. This created a positive attitude towards services and could motivate them to seek help at an earlier stage.

Privileging the voice of children, youth and parents was a crucial component of the success of Meitheal as this empowered service users but also facilitated their inclusion in the decision-making process overall. Being listened to in an empathetic and non-judgemental way was essential for the engagement and commitment of children and families in Meitheal. Even though Meitheal was mostly successful in engaging parents in the process meaningfully, challenges remain around the inclusion of children and young people.
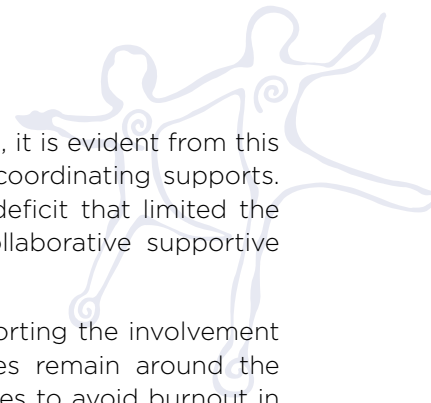
Although the Meitheal was successful is coordinating supports to families overall, it is evident from this evaluation that there are specific needs where Meitheal was less effective in coordinating supports. In relation to disability developmental disorders there were issues of service deficit that limited the effectiveness of the Meitheal process. In relation to school attendance a collaborative supportive approach with the school personnel is required.

The role of the Lead Practitioners in Meitheal was described as crucial in supporting the involvement of families, particularly those that are empathetic and responsive. Challenges remain around the engagement of Lead Practitioners in Meitheal. It is crucial to address these issues to avoid burnout in professionals but also to continue to support children, young people and families through Meitheal. Lead Practitioner involvement in research should also be supported and encouraged as this is a crucial component of 'best practice'.

Meitheal is currently working successfully at a prevention and early intervention level of support providing support for families at lower levels of need timely and in a coordinated manner, avoiding duplication of services. Meitheal has the potential to also work as a preventative model, reducing the risk of families to be referred into the child protection system. Limitations to prevention and early intervention were identified for example lengthy waiting lists in services can lead to issues escalating over time.

Partnership overall is supported by practitioners and external organisations; however crucial statutory bodies have yet to take active and systematic part in Meitheal and the CFSNs. Those partners that have commitment and engaged described the benefits of partnerships such as shared responsibility and better provision of integrated services for families. There is an opportunity to capitalise on this emerging goodwill and embracing of shared responsibility by mainstreaming it through more formal national policy and specific protocols.

This study identified some indication towards Meitheal being a sustainable model of practice as there is evidence of its capacity to effectively provide for the needs and improve outcomes for children, young people and families; however, challenges were identified around the implementation and sustainability of Meitheal over time. There are differences in implementation nationwide but also a need for additional funding and resources in certain areas to be able to implement the model fully as two distinct but related systems. Despite these differences in implementation, no significant differences in fidelity were identified, suggesting that even though there may be differences in implementation, Meitheal processes are carried out in a systematic way according to the principles and stages. Additionally, the success of Meitheal in improving family outcomes may suggest that Meitheal is effective in the way it is currently implemented, responding to local needs effectively even though there may be differences in implementation; however, this needs further exploration particularly its impact on the sustainability of the model going forward.

Evidence from this study regarding the connection between Meitheal and the CPW system is not fully clear. Evidence from Tusla's Performance Activity suggest early signs of a transformation towards more prevention and early intervention activity within Tusla; however, limitations remain around the continuum of support, as both Meitheal and CPW seem to continue to work as two independent systems and this may have a negative impact for families and a delay in the provision of help and services to them.

Even though Meitheal training is ongoing and large numbers of staff within and outside Tusla are trained yearly, this study identified that the level of Meitheal activity does not reflect this level of activity. Potential challenges for staff to engage need to be explored further to increase the effectiveness of training.

4.4 Recommendations

4.4.1 The Meitheal Process

- Efforts should continue to be made to expand the pool of Lead Practitioners through the introduction of Lead Practitioner networks. This would help to build knowledge exchange pathways and increase the dissemination of learning across this cohort. This could also include mentoring for individuals new to the role of Lead Practitioner.

- Resources should be provided to support Lead Practitioners in their implementation of a Meitheal particularly in administrative tasks such as coordinating Meitheal Review Meetings and costs such as postage and stationery. This would also reduce budgetary pressures on individual services and help to improve the sustainability of the model by retaining experienced Lead Practitioners and the services they work for.

- Where a Lead Practitioner is unable to remain in the role for the duration of the Meitheal a transition plan should be put in place to ensure that the family are informed and have a role in choosing the replacement.

- Children and young people should be offered the support of a separate advocate to facilitate their participation in the Meitheal process and to explain their rights and responsibilities within it. Where this is not availed of the parent should be provided with sufficient information to be able to explain Meitheal and their role within the process. If it is not deemed appropriate for children or young people to attend Meitheal Review Meetings or where they choose not to actively engage with the process, alternative methods of including them in the process should be considered. These could include the provision of age appropriate minutes and recording their views in advance of the Meitheal Review Meetings. Within the Meitheal Review Meetings the child or young person needs to engaged with as an equal participant and treated in a respectful and collegial manner by all attendees. Personal information about the child or young person should not be shared by other attendees without the prior permission of the child or young person and their parents. Emphasis needs to be given to the involvement of staff in Child and Youth Participation Training.

- Consideration needs to be given to developing age appropriate formats of Meitheal documentation for children and young people as well as a specific tool to be used by practitioners in completing the Strengths and Needs form with them. The promotional material should be updated so that it is more accessible and appealing for families. An information booklet could also be produced to clearly explain families' rights and responsibilities within the Meitheal with a Frequently Asked Questions section drawing on the expertise of Lead Practitioners and families who have experienced the process already. All documentation needs to be reviewed for accessibility in terms of literacy issues, learning difficulties such as dyslexia and visual impairment. All Meitheal documentation should be translated into Irish and other commonly used languages.

- This study identified that the most frequent need of children and young people engaging in Meitheal are emotional and behavioural difficulties. This highlights the need for services that can support emotional and behavioural difficulties in children and young people within Tusla and its partner agencies.

- Attention needs to be paid to how the Meitheal process is closed. A clear plan should be discussed with the family such as holding formal closure meetings and considering what ongoing supports are needed, if any. This is in keeping with the family's involvement in of the process but will also help to ensure that the family's transition out of the process is smoother. Professionals engaged with the Meitheal should also be mindful of their obligations around the conclusion of the process including completing Meitheal Closure Forms.
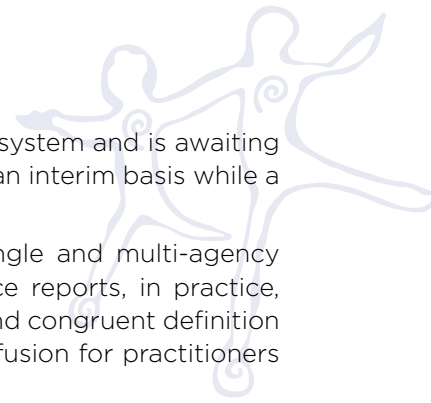
- It is important to ensure that while a Meitheal is referred to the CPW system and is awaiting a response from CPW, services are still provided for families, even on an interim basis while a decision is being made.

- Issues around the definition of Meitheal still remain. While both single and multi-agency response are classified as Meitheal within Tusla activity performance reports, in practice, single agency responses are not viewed as Meitheal. Having a single and congruent definition is important to keep the integrity of the model but also to avoid confusion for practitioners and service users in the future.

4.4.2 The Wider Tusla Organisation

- The relationship between Meitheal and CPW needs to be further developed. Attention should be paid to ensuring that when a referral is made to CPW after a Meitheal has been initiated that the family continues to receive support and that the assessment process is carried out promptly.

- Practitioners will benefit from additional training in working in partnership with families and practitioners in identifying levels of need (thresholds).

- Internal and public awareness should be improved to facilitate access to Meitheal and also increase its level of activity and improve outcomes for children and young people.

- Tusla needs to give careful consideration to the needs and difficulties 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.

4.4.3 External Organisations

- It is important that support from statutory bodies other than Tusla increases for the Meitheal process especially as regards to taking on the Lead Practitioner role. Continued work is needed nationally on securing an inter-departmental mandate to support this process and locally to increase the commitment of managers and frontline professionals within individual ISAs.

- Where representatives from services attend a Meitheal care needs to be taken that, with the consent of the family, agreed strategies are communicated to all relevant personnel within the organisation. This can help to ensure that the action plan is adhered to.

- Care needs to be taken around how school attendance issues are addressed in terms of ensuring that a welfare perspective is taken based on resolving underlying issues rather than focusing on a punitive/rewards-based model solely concentrated on the child or young person returning to school.

- Further training should be considered within the educational system for teachers about how to support students with additional needs such as behavioural disorders, physical disabilities and learning difficulties. There should also be greater emphasis placed on ensuring that teachers understand the full consequences of bullying and how to support students with mental health problems such as anxiety disorders.

4.4.4 The Service Provision System

- Specialist services such as CAMHS and disability services need to be adequately resourced so that families can receive supports at an early point in time. This will help to improve family outcomes and move service provision away from a reactive to a proactive stance. Resources are needed to help ensure that children and young people with conditions such as ASD have access to appropriate services to prevent challenging behaviours from becoming engrained and so that other needs such as Speech and Language are addressed as required. Care

should also be taken to enable children and young people with co-morbid conditions to access appropriate multi-agency supports.

- While awareness about Meitheal is increasing further efforts are needed to ensure that knowledge about the model continues to spread and takes into account changes in staff profiles in organisations. Where Meitheal is known to professionals, attention should turn to increasing engagement by providing mentoring support to facilitate engagement and promoting the benefits of the process to families and to their own practice.

- Greater recognition is needed of the role parents can play in identifying when their child has unmet needs that require an intervention. Professionals should recognise and value the concerns they express and respond to them as appropriate including referring them on to other services if necessary.

4.4.5 Tusla Research and Evaluation

- Further evaluation of Meitheal over time is required to determine the long-term impact of the programme and its impact on the overall help provision system within Tusla and its partner agencies.

- Meitheal activity needs to be monitored over time as this decreased in 2017. Training instead increased in this period, suggesting that the trained personnel are not engaging in Meitheal as is the purpose of the training. Reasons for this are not evident form this research and should be explored further to sustain and increase Meitheal activity over time.

- Research designs that capture the voices of fathers and young children are needed. Children may benefit from feedback of their participation as seeing the value of their participation particularly in longitudinal research, as this can improve their engagement over time. Child friendly and developmentally appropriate methodologies can also contribute to children and young people retention in longitudinal research. Regarding fathers, Tulsa needs to adopt a gender sensitive approach that is open and sensitive to understand men's lives as fathers as well as their needs and concerns.

- Practitioners need additional training in the importance of their participation in research as this may increase their engagement and commitment. Practitioners need further understanding regarding the importance of evidence-based practice to inform their work and to continue to develop and improve it to benefit the outcomes of children, young people and families, as well as new and improved ways to respond to emerging needs, challenges and issues that service users face.

- Limitations with data available and access to information between Meitheal and the CPW system database suggest the need for a centralised Case Management Information System which will facilitate the identification of families in the system and improve the flow of information in the continuum of support services within Tusla. Available data on need, gathered through Meitheal could potentially be used to inform Tuslas's commissioning activity.

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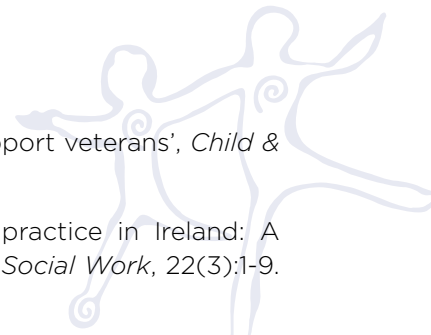
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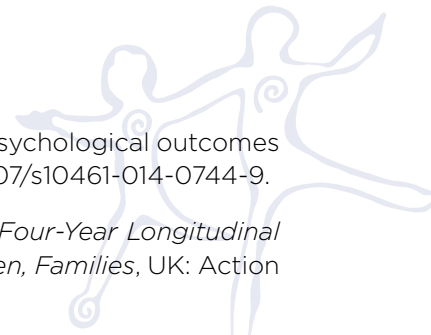
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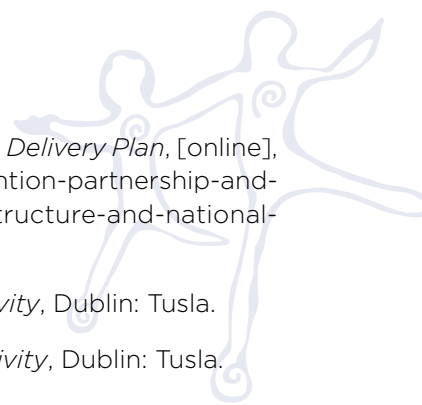
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Appendix 1

Meitheal Process and Outcomes Study Scales and Tools

General Health Questionnaire

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

1 - been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2 - lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3 - felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4 - felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5 - felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6 - felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7 - been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8 - been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
9 - been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10 - been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11 - been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12 - been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

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Meitheal Fidelity Checklist

Date:
Meitheal no:
Area:
Child and Family Support Network Coordinator (CFSNC):
Lead practitioner (LP):

Please tick✓ the most suitable response to the following questions:

Stage One: Planning

	Yes ✓	Partially ✓	No ✓	Comment
1. Is a lead practitioner who has a prior relationship with the family members leading the Meitheal process?	○	○	○	
2. Has the CFSNC determined that no current child protection concerns exist?	○	○	○	
3. Has the LP considered a single response option to meet needs of child/ young person in advance of considering a Meitheal?	○	○	○	
4. Has a decision to hold a Meitheal been discussed & agreed with the parent(s) and child(ren) as appropriate, and with the CFSNC by the LP?	○	○	○	
5. Is the process complying with the guidelines on the interface with the child protection and welfare system?	○	○	○	

Stage Two: Discussion

	Yes ✓	Partially ✓	No ✓	Comment
1. Has a strengths and needs form including desired outcomes been completed with the parent(s) on each identified child / young person by the LP?	○	○	○	
2. Has a response been planned and agreed with parent(s)?	○	○	○	
3. Has a Meitheal Support Meeting been arranged?	○	○	○	

Stage Three: Delivery

	Yes ✓	Partially ✓	No ✓	Comment
1. Did one / more Meitheal Support Meetings take place?	○	○	○	
2. Were the parent(s) and child/ young person present?	○	○	○	
3. Was a need, outcome, indicator and action plan agreed with the parent, child or young person and recorded for each identified child?	○	○	○	
4. Was this plan(s) reviewed on a regular basis in an outcomes focused way until the child's needs are met or the process ended?	○	○	○	
5. Were the Closure and Feedback forms completed and returned to the CFSNC?	○	○	○	
6. Was there an appropriate information sharing procedure followed throughout the process?	○	○	○	

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name .... Male/Female

Date of Birth ....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Signature .... Date ....

Parent/Teacher/Other (please specify:)

Thank you very much for your help

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Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name .... Male/Female

Date of Birth ....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Your signature .... Today's date ....

Outcomes Star-Youth Star

Appendix 2

Meitheal Process and Outcomes Study
Interview Prompt Questions

Meitheal and CFSNs Process and Outcomes Study
Child/ Young Person Interview Prompt Questions

(Adapted from Brandon et al. 2014 and Brady et al., 2008)

Access to Meitheal[79]

How did you find out about Meitheal?

Were you provided enough and clear information about Meitheal?

Did you know your family was involved in Meitheal?

Were you happy to take part, do you think it will help your family?

What did you think of Meitheal before? What did you expect it would be like?

The Meitheal Process

How did you get on with the practitioner/ people of Meitheal that helped you?

Did you feel that they were fair and you could trust them?

Was the practitioner/ Meitheal person easy to talk to?

Did the practitioner/ Meitheal person help you sort out and understand your problems?

Was there anything they could not help you with?

Was the practitioner/ Meitheal person consistent (did what they said)?

Did the practitioner/ Meitheal person listen carefully to what you said?

What did you do with the practitioner/ Meitheal people?

Did the practitioner/ Meitheal person listen to your views and did something about them?

Did the practitioner/ Meitheal people help you or support you and your family in any way?

What happened if you were unhappy or upset about something the practitioner/ Meitheal person said or did?

Did you understand the reasons why decisions were taken?

Perception of the future

What help do you feel you and your family need now?

Do you think you will get the help you need?

How do you imagine things will be for you in a year?

What are the best things about Meitheal? What is not so good?

---

[79] These questions will only be asked at the pre-Meitheal stage of the study (Time 0 data collection).

Meitheal Process and Outcomes Study Interview Prompt Questions

Meitheal and CFSNs Process and Outcomes Study Parent/Guardian Interview Prompt Questions

(Adapted from Brandon et al., 2014 and Brady et al., 2008)

Access to Meitheal[80]

How did you first find out about Meitheal?

Have you been involved with other services before?

Why do you think your family was referred to the service?

What type of help were you looking to obtain? (Was your family having a problem at the time?)

What did you expect of Meitheal before starting, how did you think it would be?

How did you feel about the amount of time you and your family had to spend during the Meitheal process?

How long did you have to wait for the service?

The Meitheal Process

How did you get on with Meitheal practitioners?

Did you feel you could trust Meitheal practitioners?

Do you think practitioners were fair?

Did practitioners explain things clearly?

Were practitioners easy to talk to and listened to you carefully?

How did practitioners help you understand and sort your problems?

Were practitioners consistent (doing what they said they would do)

What sort of help/ support were you provided?

Was there anything Meitheal could not help you with?

What happened if you were unhappy or upset about something the practitioner said or did?

How has Meitheal helped you as a parent/ adult?

How has Meitheal helped your family/ children and young people?

Is your family coping better with problems now than before Meitheal?

Perception of the future

What sort of help do you feel you/ your family need now?

Do you think you will get it?

How do you think things will be for you/ your family in a year's time?

What are the best things about Meitheal? What is not so good?

Would you recommend Meitheal to another family in a similar situation to yours?

---

[80] These questions will only be asked at the pre-Meitheal stage of the study (Time 1 data collection).

Meitheal Process and Outcomes Study
Interview Prompt Questions

Meitheal and CFSNs Process and Outcomes Study
Practitioner Focus Groups Prompt Questions

(Adapted from Brandon et al. 2014 and Brady et al., 2008)

Meitheal General (pre-post-follow up)

1. What is it like to be a practitioner taking part in a Meitheal?
2. How is Meitheal working in practice?
3. How was the Meitheal training process? Did you require or want different trainings?
4. How many Meitheals are you working with? How long are you working with them?
5. What are the issues that Meitheal families you have worked with have?
6. How do you handle families that want to drop out?
7. Who are you working with? How do you find coordinating meetings? What is your experience with Meitheal partners/ other agencies?
8. How does your work impact on you?
9. Who supports you (formally and informally)?
10. How do you find the supervision process?
11. What might threaten/ limit the success of Meitheal?
12. What control do you have over resources available?
13. What is the impact of Meitheal at a local and national level?
14. Are there any recommendations/ suggestions you would like to make for how Meitheal could work better?

Family Specific (pre-post-follow up PER FAMILY)

1. What is your relationship with this family (Process of establishing the relationship, frequency of visits)
2. How are you engaging with this family?
3. How did you obtain family consent?
4. How did you agree an action plan with this family?
5. How do you ensure that the voices of all family members are heard?
6. How can you make sure you are meeting the needs of all family members?
7. What resources are you using/ find helpful?
8. What kind of support do you find easier or harder to deliver successfully? Can you give me an example of work you have done that worked well and an example of what has not worked so well.
9. How is the closing of a Meitheal process with this family? (follow up/ step up/ step down)?

All About Me

	What I like the most	
My Future...		People I love
Meitheal Time	**ME**	My Happiest Time
	My Hardest Time...	

Meitheal Process and Outcomes Study Participatory Research Method Tools

Emotion Faces

Life Ladder

Appendix 3

Meitheal Process and Outcomes Study Participant Information Sheets and Consent Forms

Child Participant Information Sheet

Who are we?

Carmel, Leonor and Anne are researchers from the UNESCO Child and Family Research Centre, at the National University of Ireland, Galway.
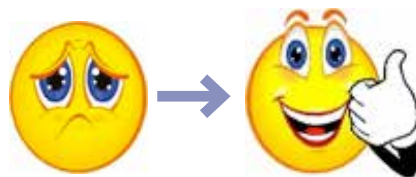
This centre works with children and young people to understand their everyday experiences and how to improve children's lives.

Do you have to take part?

Not at all! It is up to you. You can also say yes and change your mind later on, all you have to do is let us know or your parent/ guardian or another adult know.

We are not going to be angry at you and you and your family will continue to receive the help you need as normal.

What is this study about?

We are trying to understand the experiences of children, young people and families that took part of Meitheal. This will help adults understand what is good about it, what is not so good and how can it be better so we can help children, young people and families even more.

Will anyone know that you are taking part or what you told us?

We are the only ones that will know your name and that you are taking part in the study.

We will never use your real name.

The only time we will have to tell someone what you say is if you tell us that someone is hurting you or **harming you or another person** in any way, as we want this to stop immediately.

What will you have to do if you decide to take part?

We will talk to you about what you felt about being involved in Meitheal.

We will ask you to draw a picture for us called 'All About Me'. And tell us all about you.

We will record you with a voice recorder (only if you agree!) and you can hear yourself on it afterwards.

Is there anything that will upset you if you take part?

Talking about your experiences, particularly difficult ones, can be a bit sad or upsetting.

If you feel like this, please let us know or another adult know immediately. You can stop taking part at this time.

We will also give your parent/carer names of people you can talk to about how you feel and they will help you feel better.

If you have any questions, please ask us any time in person, by phone or by email.
Carmel Phone: 091495733
Email: carmel.devaney@nuigalway.ie

Child Consent Form

	YES	NO
I agree to take part in the study	YES ☺	NO ☹
I am happy to have the researcher in my house 3 times (fewer times is okay too)	YES ☺	NO ☹
I agree to complete the activities and pictures	YES ☺	NO ☹
I am happy to be recorded	YES ☺	NO ☹
I know my name will not be used in the report	YES ☺	NO ☹
I know I can withdraw from the study at any time	YES ☺	NO ☹

My name is: _____   Date: _____

Young Person Information Sheet and Consent Form

Young Person Information Sheet
Meitheal Study

This gives you information about a research study on the experience of children, young people and families involved in Meitheal. You are invited to take part in the research and it is very important that you know what the project is about and what you are asked to do.

What's the study about?

The UNESCO Child and Family Research Centre, at NUI Galway and TUSLA, the Child and Family Agency are doing a study on children and young people and families involved in Meitheal. We want to know more about the lives of children and families and what happened since you were involved in Meitheal. This is important for improving services for children, young people and families in Ireland. We are asking you to participate in this study that will run from January 2017 to February 2018.

What is the benefit of taking part?

This study allows the Child and Family Agency (TUSLA) and researchers to hear your opinions about things that they do that work for children and young people and things that they could be doing better to improve children's lives and how services can be improved.

What do I do?

If you would like to take part, talk to your parent(s)/ guardian(s) who also received information on the study. If would like to be involved in the research and your parent(s)/caregiver(s) are happy for you to take part, you can sign the consent form.

If you agree to take part, you will be asked to talk with the researchers and complete three activities (All about me, Youth Star and Strengths and Difficulties Questionnaire) to get to know you best and tell us about your experience in Meitheal. We will meet in and your practitioner at a day and time that suits you and your parents/ guardians.

If you agree, researchers will also have access to Tusla records about you and your family. These will help us know a bit more about you but we will never use your real name and we will not share that information with anyone.

Do I have to take part?

No you don't have to take part! And even if you decide you'd like to take part in the research and then change your mind, that's okay! Also taking part or not taking part will not make any difference to the services provided for you.

What are the risks of taking part?

During the process, you might have uncomfortable feelings or emotions. If this happens, you should tell the researcher who will ask you if you wish to continue, or decide not to take part anymore. If you tell us something about you or another child that puts you at risk of harm, then we are required to pass this information on as part of our responsibility.

How will the information be collected?

Our conversation about the activity 'All about me' will be recorded with an electronic recording device. Youth Star and the Strengths and Difficulties Questionnaire are completed on paper. All your information will be stored securely and only the researchers will have access to it. This information will be safely kept for five years and then it will be destroyed.

Will anyone know they were my answers?

No. The information is confidential and anonymous. Nobody will be able to identify and we won't share any information with anyone.

Who are the researchers?

The project researchers are Carmel, Leonor, Anne. They have a lot of experience doing research researching with children and families and they work at the UNESCO Child and Family Research Centre, NUI Galway.

You can contact Carmel about the project by telephone at 091 495733 or you can e-mail her at carmel. devaney@nuigalway.ie. You can also ask your parent(s)/caregiver(s) to do this for you.

Thank you for reading this and taking part in this study!

You will receive a copy of this Information Sheet and a signed Consent Form to keep.

Young Person Consent Form

Young Person Consent Form
Meitheal Study

Please read the Participant Information Sheet before you agree/do not agree to take part in the Meitheal Study. If you agree, researchers will work with you and your practitioner to get to know you better and what Meitheal has been like for you.

This research was approved by the Research Ethics Committee of the National University of Ireland Galway. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

If you wish to ask any questions or to discuss any concerns about the research, please contact Carmel, Project Researcher at 091 495733 or via e-mail at carmel.devaney@nuigalway.ie

Please tick to indicate whether you agree to take part, or you do not agree;

I have read the Participant Information Sheet for the study	
I agree to talk with the researcher and complete the three activities she will ask me to do (All about me, Youth Star and Strengths and Difficulties Questionnaire).	
I agree to let the researcher obtain information about me and my family from Meitheal records (date of birth, nationality, sex, address, siblings and services who are or have supported you).	
I understand that my name will never be revealed and my information will always be safe and locked away until destroyed.	
I am happy to be recorded and I understand that this information will always be safely stored away until destroyed.	
I do not agree to be involved in this study	

With researchers for the Meitheal Study,

Please sign your name here: _____

Date: _____

Parent/Guardian Information Sheet and Consent Form

Parental/Guardian Information Sheet
Meitheal Study

Dear Parent/Caregiver,

This gives you information about a research study on the experience of children, young people and families involved in Meitheal. You are invited to take part in the research and it is very important that you know what the project is about and what you are asked to do.

What's the study about?

The UNESCO Child and Family Research Centre, at NUI Galway and TUSLA, the Child and Family Agency are doing a study on children and young people and families involved in Meitheal. We want to know more about the lives of children and families and what happened since you were involved in Meitheal. We also want to hear parent's voices about the impact of Meitheal in Ireland and about your experiences taking part in Meitheal. This is important for improving services for children, young people and families in Ireland. We are asking you and your child/children to participate in this study that will run from January 2017 to February 2018.

What will you do?

If you and your child/young person agree to take part of the case study, researchers from NUI Galway shall meet with you and ask you to complete an interview and two questionnaires, the General Health Questionnaire and the Outcomes Star. Both will help us get to know you and your family even more. This will happen at three times, before Meitheal, six months after and a year later.

We will ask your permission to let your child/ young person to be involved in the study. They will complete creative activities and the child version of the Outcomes Star. If your child is below the age of 11 you will also complete a questionnaire called the Strengths and Difficulties Questionnaire to help us get to know your child more.

If you agree, we will also have access to Tusla databases regarding you and your family. Your name or family name will never be revealed and information will be stored very carefully. Only the researchers will have access to it.

Do you have to take part?

Taking part is voluntary. You and your child/young person can decide to take part or not. You can say 'No' at any time and opt out during the process if you/ they wish. Services for you or your child/ young person won't be affected if you or your child/ young person participates or not.

Are there any risks involved?

You/your child/ young person might experience some uncomfortable feelings or emotions when researchers are observing your interaction at home. If this happens, you should tell the researcher who will ask you if you wish to continue with the process or not. There won't be any negative consequences to you or your child if you do this.

What happens if a concern about risk to a child is talked about during the research process?

As far as possible, all information will be confidential and there will be no way to link what you tell us directly back to you. The data will be fully anonymised. However, if you or your child/ young person tells us about something that has put your child, or another child, at risk of harm or abuse, we will be obliged to pass this information onto TUSLA as part of our responsibility for child protection under Children First 2017 Guidelines. This is the ONLY situation when confidentiality will be broken.

How shall the information be collected and stored?

All information with children and parents are recorded on paper and transferred to the researcher computer. Interview recordings will be safely stored. All information will be stored very safely so only the researchers will have access to it. It will be destroyed after five years.

Will someone be able to identify me or what I say in an interview?

No. Details about you or your child/ young person won't be given to anyone else either and it won't be possible for anyone to recognize you or your child.

Who are the researchers?

The project researchers are Dr Carmel Devaney and Dr Leonor Rodriguez and Dr Anne Cassidy. They have a lot of experience researching with children and families and work at the UNESCO Child and Family Research Centre, NUI Galway.

If you and your child/ young person want to take part, we ask that you sign a consent form. Also, if you have any questions or comments, you can contact Carmel Devaney one of the researcher, by phone at 091 495733 or e-mail at carmel.devaney@nuigalway.ie.

Yours sincerely,

Carmel, Leonor and Anne

Thank you for reading this and taking part in this study!

You will be receive a copy of this Information Sheet and a signed Consent Form to keep.

Parental/Guardian Consent Form
Meitheal Study

If you agree to take part in the Meitheal Study, you must tick the boxes below. Please read the Participant Information Sheet before you agree/do not agree to take part in the research.

This research was approved by the Research Ethics Committee of the National University of Ireland Galway. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

If you wish to ask any questions or to discuss any concerns about the research, please contact Carmel, Project Researcher at 091 495733 or via e-mail at carmel.devaney@nuigalway.ie

Please tick the boxes below if you agree to take part in the study;

I have read the Participant Information Sheet for the study	
I have had the opportunity to ask questions	
My participation in this Study is voluntary	
I understand that I can withdraw from the study at any time	
I agree to let the researchers obtain information about me and my family from Meitheal records (date of birth, nationality, sex, address, siblings and services who are or have supported me or my family currently or in the past)	
I am happy to be recorded and I know this information will be safely stored for five years until destroyed.	

With researchers for the Meitheal Study,

Please sign your name here: _____

Date: _____

Practitioner Information Sheet and Consent Form

Practitioner Information Sheet
Meitheal Study

Dear Participant,

This gives you information about a research study on the experience of children, young people and families involved in Meitheal. You are invited to take part in the research and it is very important that you know what the project is about and what you are asked to do.

What's the study about?

The UNESCO Child and Family Research Centre, at NUI Galway and TUSLA, the Child and Family Agency are doing a study on children and young people and families involved in Meitheal. We want to know more about the lives of children, families and what happened since they were involved in Meitheal, from the point of view of practitioners. We also want to hear practitioner's voices about the impact of Meitheal in Tusla and Ireland and about your experience taking part in Meitheal. This is important for improving services for children, young people and families in Ireland. We are asking you to participate in this study that will run from January 2017 to February 2018.

What will you do?

If you agree to take part of the case study, we will ask you to take part of a focus group with other Meitheal practitioners to discuss your experience in more depth. We will also ask you to complete the Meitheal Fidelity Checklist three times, at the beginning of the study, six months after and then a year later.

Do you have to take part?

Taking part is voluntary. You can decide to take part or not. You can say 'No' at any time and opt out during the process if you wish. Your role in Meitheal won't be affected if you decide not to participate. You don't have to take part and you don't have to talk about anything you don't want to.

Are there any risks involved?

You might experience some uncomfortable feelings or emotions when you share your experience in the Meitheal focus groups, as this may be sensitive information. If this happens, you should tell the researcher who will ask you if you wish to continue with the process or not. There won't be any negative consequences for you if you do this.

How shall the information be collected and stored?

We will coordinate the focus groups at time and place that suits you best. These focus groups will be recorded. You will not be identifiable we will not share any information about you or the family case study with anybody else. If you are concerned about sharing information with other people, you can have a private interview with one of the UCFRC Researchers. All recordings will be safely stored for five years after which they will be destroyed.

Who are the researchers?

The project researchers are Dr Carmel Devaney and Dr Leonor Rodriguez and Dr Anne Cassidy. They have a lot of experience researching with children and families and work at the UNESCO Child and Family Research Centre, NUI Galway.

If you want to take part, we ask that you sign a consent form. Also, if you have any questions or comments, you can contact Carmel Devaney one of the researchers, by phone at 091 495733 or email at carmel. devaney@nuigalway.ie.

Yours sincerely,

Carmel, Leonor and Anne

Thank you for reading this and taking part in this study!
You will be receive a copy of this Information Sheet and a signed Consent Form to keep.

Practitioner Consent Form
Meitheal Study

Please read the Participant Information Sheet before you agree/do not agree to take part in the research. If you agree, researchers will coordinate a focus group with you to talk about your experience of Meitheal and complete the Meitheal Fidelity checklist three times. If you do not agree, this data will not be shared.

This research was approved by the Research Ethics Committee of the National University of Ireland Galway. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

If you wish to ask any questions or to discuss any concerns about the research, please contact Carmel, Project Researcher at 091 495733 or via e-mail at carmel.devaney@nuigalway.ie

Please tick the boxes below if you agree to take part in the study;

I have read the Participant Information Sheet for the study	
I have had the opportunity to ask questions	
My participation in this Study is voluntary	
I understand that I can withdraw from the study at any time,	
I agree to let the researchers obtain information about me and my family from Meitheal records (date of birth, nationality, sex, address, siblings and services who are or have supported me or my family currently or in the past)	
I am happy to be recorded and I know this information will be safely stored for five years until destroyed.	

With researchers for the Meitheal Study,

Please sign your name here: _____

Date: _____

Appendix 4

CFSN Prompt Questions

Meitheal and Child and Family Support Networks (CFSNs) Prompt Questions

(Adapted from Dunn (2016) 'Northern Ireland Family Support Hubs. Core Members Interagency Survey Report Card', Northern Ireland: Children & Young People Strategic Partnership)

Characteristics of the CFSN(s)

1. What is it like to be involved in a CFSN network?
2. How are the CFSNs working in practice?
3. Can you describe the composition of the CFSN(s) in your local area? (number of agencies, name of agencies)
4. How many CFSNs are you involved with?
5. How long have you been involved in the CFSN(s)?
6. Do you have an actual network or is it a virtual network?
7. How regularly do you meet as a network?
8. What is the role of your agency in the CFSN?

Perceived impact of the CFSN(s)

1. What is the impact of the CFSNs in your local area? (Improved access, improved awareness, use of services)
2. What are the gaps in your local area? (lack of services, unmet needs)
3. What is the impact of the CFSNs in prevention and early intervention?
4. What is the impact of becoming part of a CFSN in your own agency? (perception, increased demands)
5. What are the benefits of interagency collaboration? (locally and in your professional practice – knowledge, information exchange, trust)
6. What are the challenges of interagency collaboration? (locally and in your professional practice – engaging agencies, budgets)
7. What is the impact of the CFSN on service users?
8. What are the most common issues you deal with on a regular basis?
9. How do you ensure a holistic approach to the needs of service users?
10. What is the contribution of CFSN to improve outcomes of children, young people and families? (increased understanding of the needs)
11. What is the impact of CFSN in Tusla's 'continuum of support'? (reduce duplication of services, families say their story only once)
12. Do you have any recommendations on how to improve the Meitheal CFSNs?

CFSN Consent Tools

CFSN Participant Information Sheet

Dear Participant,

This gives you information about a research study on the experience of families, practitioners, managers and coordinators in Tusla and its partner agencies involved in the Meitheal and CFSNs model. You are invited to take part in the research, and it is very important that you know what the project is about and what you are asked to do.

What's the study about?

The UNESCO Child and Family Research Centre at NUI Galway, and TUSLA, the Child and Family Agency, are doing a nationwide study on Meitheal and CFSNs including the views of families, practitioners, managers and coordinators in Tusla and its partner agencies. We want to know more about the perception of practitioners involved in Meitheal and the CFSNs about the model and its implementation nationwide, from the perspective of Tusla and also its partner agencies.

What will you do?

If you agree to take part, you will be asked to take part in a focus group with other members of your local Child and Family Support Network (maximum one hour) with one of the researchers. This focus group will be coordinated at a day and time convenient for you between the months of October and November.

Do you have to take part?

Taking part is voluntary. You can decide to take part or not. You can opt out at any time during the process.

How shall the information be collected and stored?

The focus group will be recorded and your name will be removed but not the area or role, as this is very specific.

Who are the researchers?

The project researchers are Dr Carmel Devaney and Dr Leonor Rodriguez and Dr Anne Cassidy.

If you agree to take part, we ask that you sign a consent form. Also, if you have any questions or comments, you can contact Carmel Devaney, one of the researchers, by phone at 091 495733 or email at carmel.devaney@nuigalway.ie.

Yours sincerely,

Carmel, Leonor and Anne

Thank you for reading this and taking part in this study!

You will receive a copy of this Information Sheet and a signed Consent Form to keep.

CFSN Informed Consent Form

Please read the Participant Information Sheet before you agree/do not agree to take part in the research. If you agree, researchers will coordinate a focus group that you will participate in. If you do not agree, this information will not be shared.

This research was approved by the Research Ethics Committee of the National University of Ireland Galway and Tusla Research Ethics Committee. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

If you wish to ask any questions or to discuss any concerns about the research, please contact Carmel, Project Researcher, at 091 495733 or via e-mail at carmel.devaney@nuigalway.ie

Please tick the boxes below if you agree to take part in the study:

I have read the Participant Information Sheet for the study	
I have had the opportunity to ask questions	
My participation in this Study is voluntary	
I understand that I can withdraw from the study at any time,	

With researchers for the Meitheal Study,

Please sign your name here: _____

Date: _____

Appendix 5

Interviews with internal and external stakeholders: Common Data Collection

Participant Information Sheet

> **Development and Mainstreaming Programme for Prevention, Partnership and Family Support: Overall Implementation and Outcomes.**

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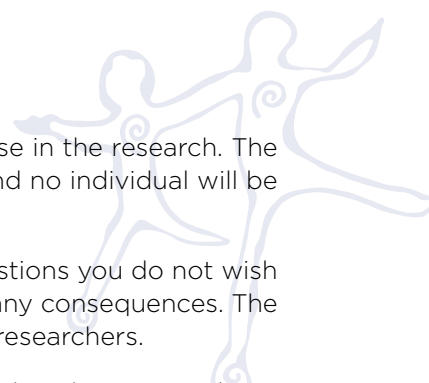
With your permission, the interview will be audio recorded and transcribed for use in the research. The research will lead to a written report. Information provided will be anonymous and no individual will be identifiable in the report.

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

Informed Consent Form

Development and Mainstreaming Programme for Prevention, Partnership and Family Support: Overall Implementation and Outcomes.

PARTICIPANT CONSENT FORM

Please tick:

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

Name:_____

Date: _____

Development and Mainstreaming Programme for Prevention, Partnership and Family Support: Overall Implementation and Outcomes Study.

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. How would you describe the overall programme impact or influence on the interface between child protection and welfare/family support? (Note- This Question is only to be asked when interviewing Principal Social Workers).
5. 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. In your opinion what mechanisms worked best 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. Should Tusla have a 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 6

Meitheal Stages Completed and Types 2016-2017

	Requests	Requests	Stage 2	Stage 2	Complete S2	Complete S2	Complete S2	Complete S2	Delivery	Delivery	SW	SW	Single Agency	Single Agency	Closed	Closed	Closed	Closed	Other	Other
	Q2 2017	Q4 2017	Q2 2017	Q4 2017	Q2 2016	Q4 2016	Q2 2017	Q4 2017	Q2 2017	Q4 2017	Q2 2017	Q4 2017	Q2 2017	Q4 2017	Q2 2016	Q4 2016	Q2 2017	Q4 2017	Q2 2017	Q4 2017
DML	107	104	98	96	63	52	109	71	90	65	6	0	1	0	24	14	11	1	1	5
DNE	130	143	113	66	58	59	96	43	73	47	3	2	10	2	33	41	8	6	2	4
South	395	258	99	100	26	30	61	73	30	44	5	1	23	22	3	234	3	6	0	0
West	172	99	113	84	67	42	114	68	79	46	4	2	3	9	123	122	23	11	4	0