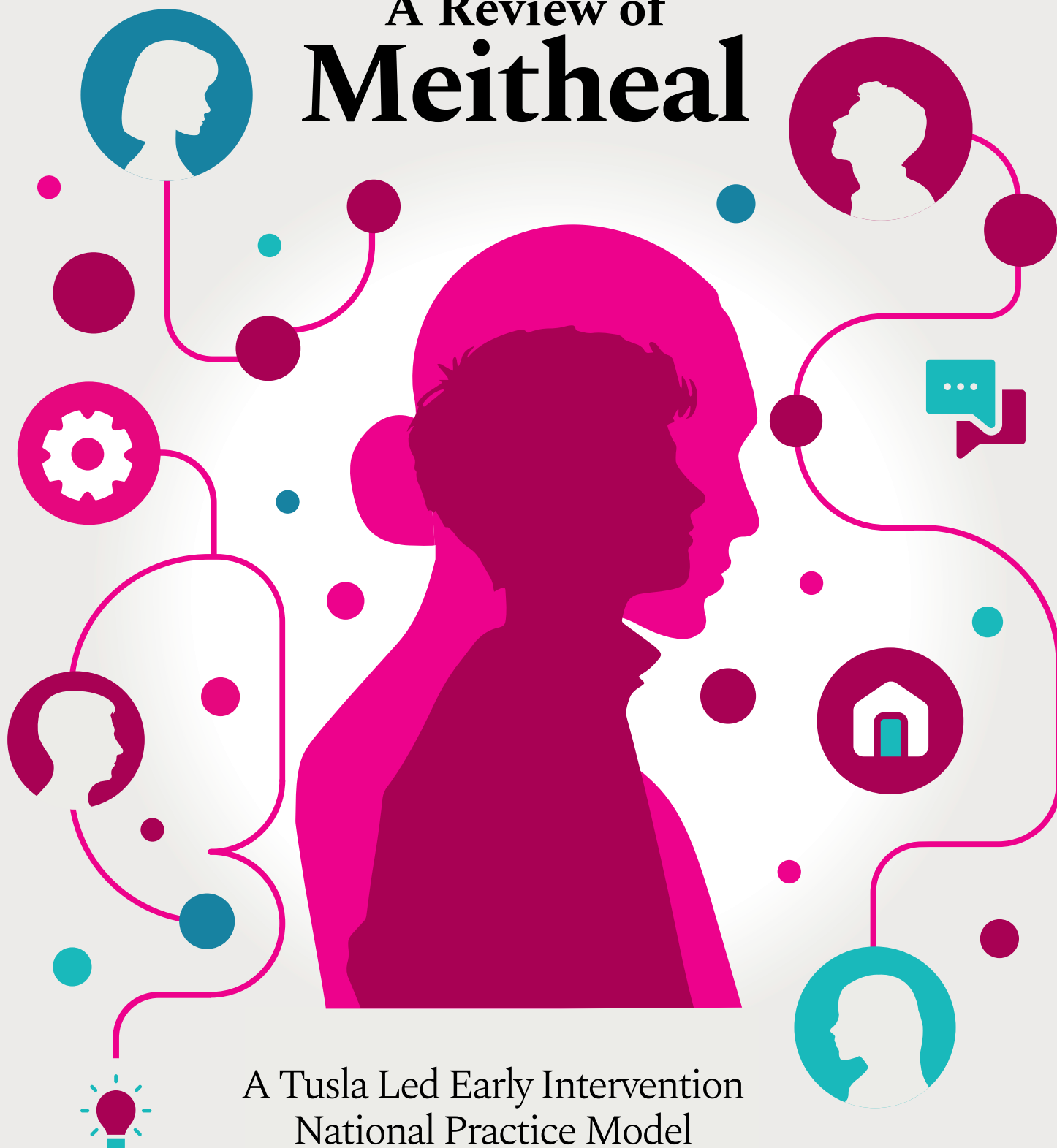


# A Review of Meitheal



A Tusla Led Early Intervention  
National Practice Model

May 2025

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## 01

## The Meitheal Model



Meitheal is a Tusla led early intervention practice model designed to ensure that the strengths and needs of children and their families are effectively identified, understood, and responded to in a timely way so they get the help and support needed to improve children's outcomes and realise their rights. It is a multi-agency response (when necessary), tailored to the needs of the individual child or young person.

Meitheal is voluntary and can only be undertaken when the parent/carer agrees to co-operate, engage with, and actively participate in the process. Meitheal is used in partnership with parents to help them share their own knowledge, expertise, and concerns about their child and to hear the views of practitioners working with them. The goal is to enable parents and practitioners to work together to achieve a better life for the child. The role of the Lead Practitioner (LP) in a Meitheal is instrumental in the delivery of the model. The LP can be any practitioner who is working with the specific child/young person and can be drawn from the statutory or community and voluntary sectors. The LP needs to be someone who has or can develop trusting working relationships with the child or young person and their family.

Child and Family Support Networks (CFSNs) help families experience services as easily as possible in their own Area. CFSNs include a number of agencies and voluntary and community services who are working with and supporting children and families in a particular catchment Area. The CFSN Coordinator has a key role in supporting the development of the Network and also oversees the Meitheal process. Both Meitheal and the CFSNs are part of Tusla - Child and Family Agency's Partnership, Prevention, and Family Support Service (PPFS). PPFS is committed to providing high-quality services to children and families at the earliest opportunity across all levels of need. This forms part of Tusla's integrated response pathway responding to children and families with unmet needs.

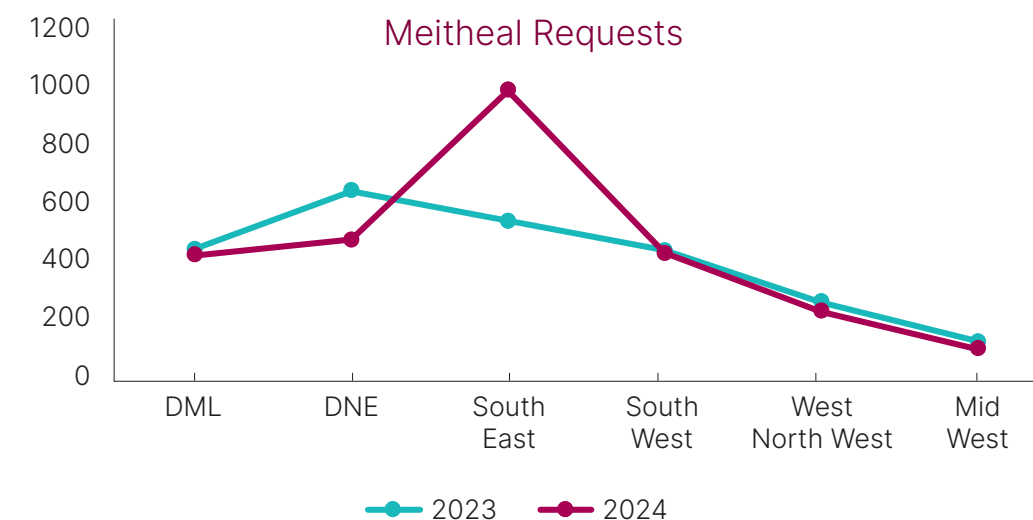


Figure 1: Meitheal Requests

Tusla's published performance data provides Meitheal and CFSN metrics from 2017 to 2024. As seen in Figure 1, the total number of Meitheal requests received in 2022, 2023 and 2024 are set out. Nationwide there was an increase of 172 Meitheal requests between 2022 and 2023 and an increase of 195 Meitheal requests between 2023 and 2024. The largest increase across the 3 years was seen in the South-East (+499), with smaller increases seen in Dublin-Mid-Leinster (+77) and the South -West (+16). There was a large decrease seen in Dublin-North-East (-171) and smaller decreases seen in West-North-West (-50) and the Mid-West (-3). At the end of 2024, there were 114 CFSNs in operation.

# 02

## Research Overview



This research reviewed the implementation and impact of Meitheal, including the role of the CFSNs in supporting its delivery. The objectives of the review included:

1. **Reviewing the implementation and delivery of Meitheal, assessing how Meitheal is promoted and supported;**
2. **Understanding the extent to which the needs of families and the objectives of those working with them are met through the delivery of Meitheal;**
3. **Examining the role of Meitheal in Tusla's response pathways; and**
4. **Exploring the impact of Meitheal on interagency working and its connectivity to the CFSNs; and**
5. **Identifying gaps in service provision.**

### Research Design

A sequential approach to the research was employed using mixed methods. In the first phase, Tusla's published Performance and Activity Reports were analysed with the outcome of this process informing the second phase of the research. This involved a survey and one-to-one interviews with practitioners and managers in statutory and non-statutory agencies, as well as interviews with parents and their LPs.

A purposive sampling approach was used with an invitation to participate in the review issued via Tusla managers to all practitioners and managers who had experience of the Meitheal model. All families who had completed or were about to complete their Meitheal process within a six-month period (July - December 2024) were invited by their LPs to participate in the research. Draft Parent Information Sheets and Consent Forms were reviewed by a parenting forum, with all feedback on their use subsequently incorporated. The children and young people's draft materials were also forwarded to a children and young people's forum, and similarly their feedback was incorporated into those instruments. Each interview was audio recorded and transcribed verbatim. Inductive thematic analysis was then conducted on the qualitative data. Descriptive statistical analysis was conducted on all quantitative data with chi-square analyses conducted where possible. Limitations in this Review includes that there are no children or young people involved and the small number of parents who participated. There is also only a small number of Child Protection Social Workers and Area Managers included in the survey data.

Ethical approval for this Review was granted by Tusla's Research Ethics Committee and by the University of Galway's Research Ethics Committee. No empirical research commenced until both sets of approval were obtained. The research team ensured informed consent, freedom to withdraw, and anonymity for all participants. All processes associated with contacting research participants to obtain and use their personal data was fully compliant with General Data Protection Regulation. A Data Protection Impact Assessment was carried out to identify risks arising out of the processing of personal data and to minimise those risks. The research design, materials and implementation were overseen by a Steering Group comprising representatives from Tusla-Child and Family Agency, the [then] Department of Children, Equality, Disability, Integration and Youth, [now the Department of Children, Disability and Equality], and the University of Galway.

# 03

## Profile of Participants

### Quantitative Participants

A total of 375 respondents completed the online survey. As seen in Figure 2, the majority of participants who took part in the survey were from the West-North-West Region at 23% (86) followed by the South-East at 22% (82). 26.6% (100) of respondents identified as LPs from Community or Partner Services while 10.6% (40) identified as LPs from Tusla. 17.3% (65) CFSN coordinators (including Senior Coordinators) responded, while 27.2% (102) of respondents identified as 'other'. Other included roles such as Youth Worker, Education and Welfare, Home School Completion, Child and Adolescent Mental Health Service (CAMHS), Social Worker, Social Care, Family Support, and Children's Disability Network Team members.

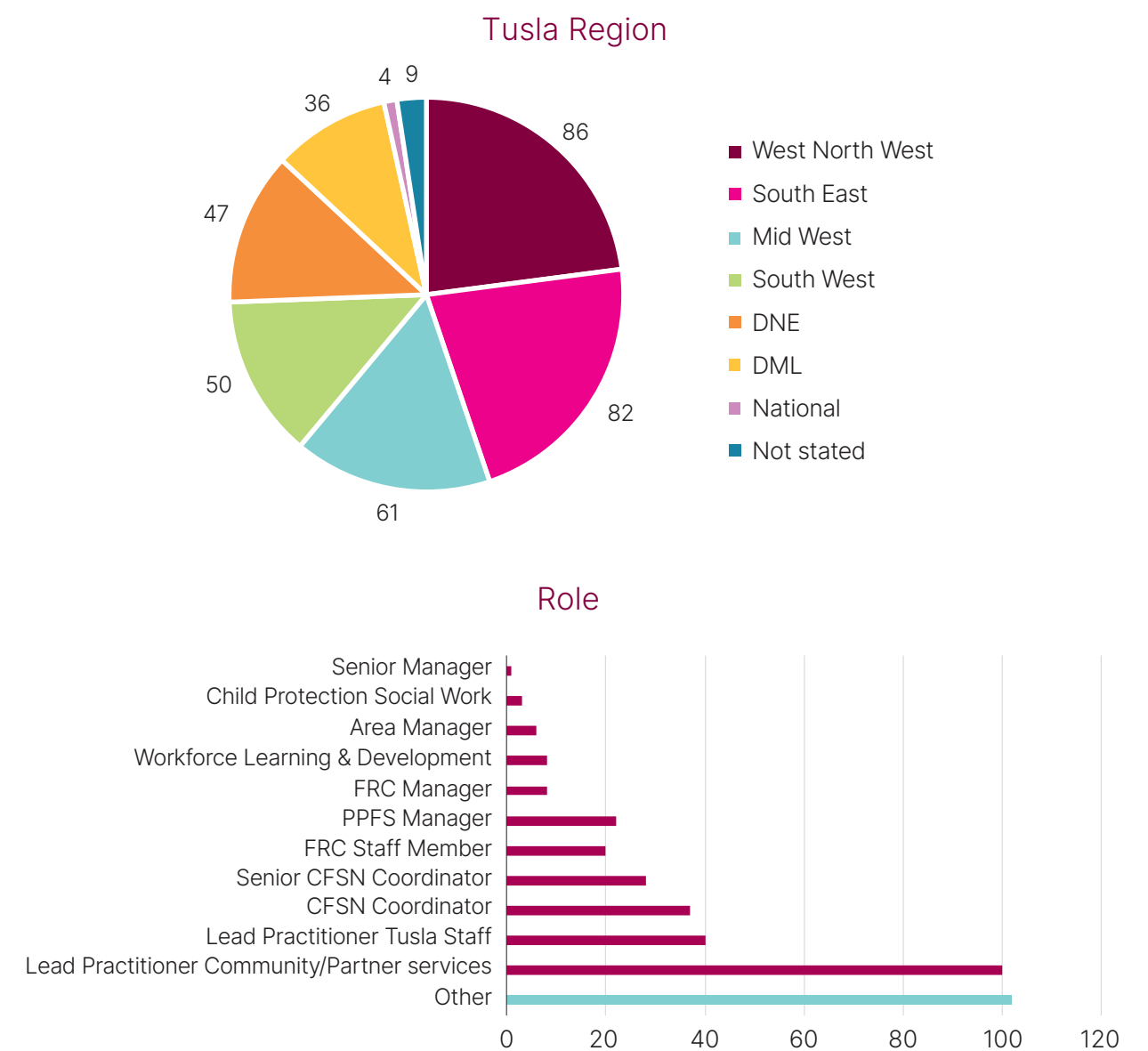


Figure 2: Quantitative Participants Region and Role

Qualitative Participants

Of the 375 respondents who completed the online survey, 99 expressed an interest to take part in a one-to-one interview and provided their contact details. A final total of 62 of those respondents were interviewed via Microsoft Teams online meetings. Figure 3 below details the Tusla Regions in which these respondents were based, with 76% (47) respondents employed by Tusla and 24% (15) non-Tusla employees. The majority of interviewees were CFSN Coordinators including Senior CFSN Coordinators (n=23), followed by 15 Non Tusla Practitioners and 14 PPFS managers (see Figure 3). In addition, six interviews were held with national managers with responsibility for Meitheal within and outside Tusla.

Parents and their Lead Practitioners

A total of 9 parents (all mothers) who had recently completed or were about to complete the Meitheal process were interviewed in a mixture of online and in-person interviews. Their LPs were also interviewed. They had between 2-4 children, and six of the nine mothers were parenting alone. The main reason(s) for their involvement in Meitheal included school avoidance and low school attendance, neurodiversity (both diagnosed and undiagnosed), mental health difficulties, and challenging behaviours. Their Meitheal processes lasted from 6 months to over two years with between 6-10 meetings held.

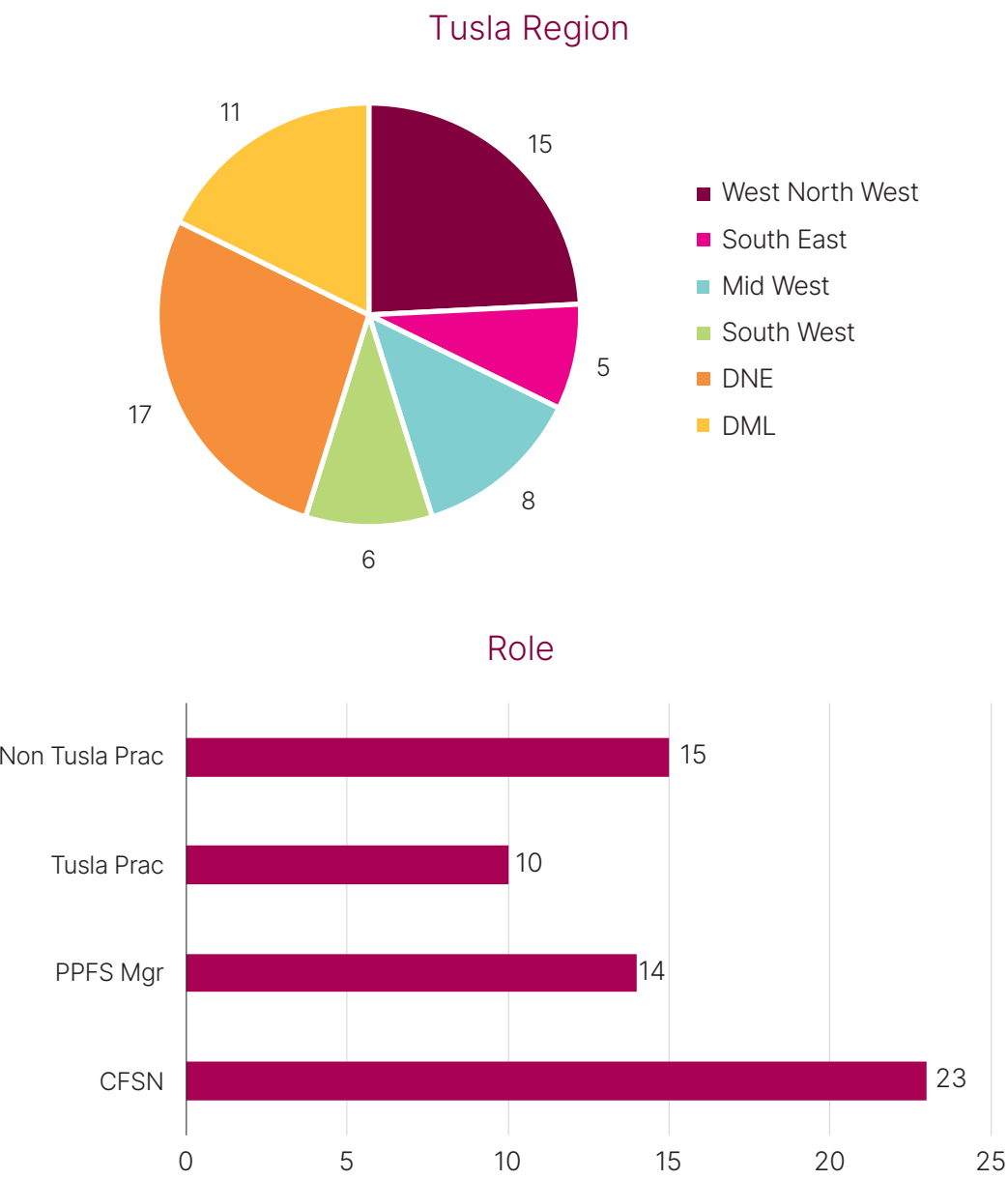


Figure 3: Qualitative Participants Region and Role

## 04

## Promoting and Supporting Meitheal and its Role in Tusla's Response Pathways (Objective One and Three)



All participants emphasised the valued role Meitheal plays as part of the supportive response offered by Tusla and PPFS while also emphasising that it is not suitable for all families or referral types received.

This Review emphasises the significant level of knowledge and skills amongst LPs and CFSN co-ordinators in supporting and delivering the model and their commitment to upholding its principles. The Review finds that Meitheal is well promoted and supported at many Regional and Area levels in Tusla. In these Areas there are well-established structures and processes between the Child Protection Social Work teams and the PPFS teams, with PPFS managers and/or CFSN coordinators attending weekly referral and allocation meetings. There was also consensus amongst participants that nationwide the model is not fully integrated into Tusla's operations as intended, with different local experiences of the extent to which it is integrated with and connected to Child Protection Social Work (CP SW). Many interviewees shared this perspective highlighting the high levels of awareness about Meitheal in particular Areas, whereas for others increased awareness and participation in the model from colleagues in both statutory services and in the community and voluntary sector was required. Concern was noted that the model is not supported consistently across Senior Management levels in Tusla with a view expressed by practitioners and local managers that some National Managers are not familiar with what the model entails and when it can be used.

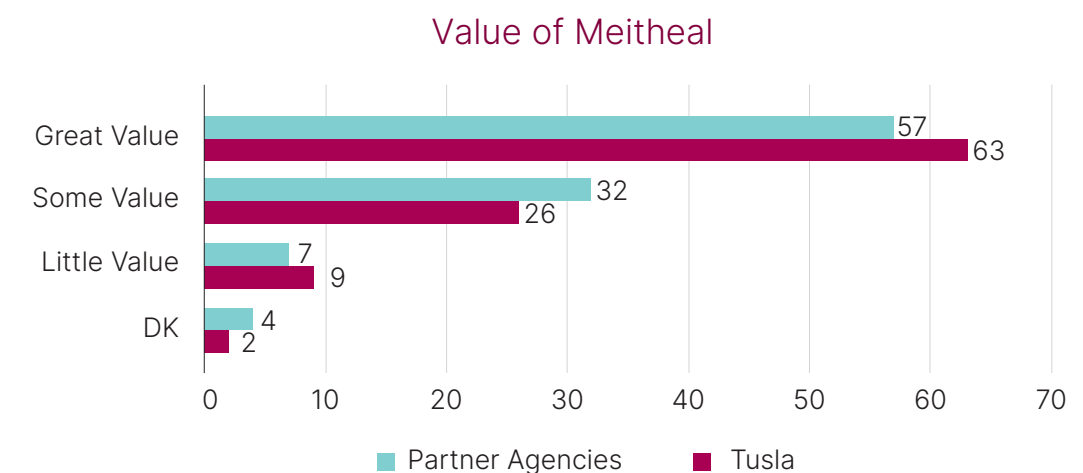


Figure 4: Value to Tusla & Partner Agencies

Nonetheless, Meitheal is described by the vast majority of participants as being a worthwhile model of practice which adds value to the work of both Tusla and its partner agencies.

As seen in Figure 4, 63% of survey respondents described Meitheal as of *great value* to Tusla while 57% described the model as of *great value* to partner agencies.

Discussion about Meitheal's role in the response pathways included a focus on the need for Tusla to respond to children and families where the threshold for CP intervention hasn't been met, but whose needs require more than a prevention and early intervention response. In such circumstances, Meitheal is seen as a useful model of responding to complex cases where there are *high levels of need, but low levels of harm*. This provides the supports required for families while also alleviating pressure on the CP team.



Just over half of survey participants across all Regions (55.5%) reported believing that there was a high level of support from their organisation for Meitheal (i.e. endorsing a score of 4 or 5 on a 5-point scale). However, a sizeable number of participants (31%) across all Regions rated organisational support for the Meitheal role as a 1 or 2 on a 5-point scale. Aligned with this point, 41% of survey participants reported facing barriers in applying the Meitheal model in their work. Results from chi-square analyses indicated that there was a significant difference across Tusla Regions,  $\chi^2(5) = 11.16$ ,  $p = .048$ . In the DML, SE, WNW and MW Regions, most participants indicated that they had not experienced barriers, whereas in the DNE and SW Regions, most participants reported having faced barriers. Noted barriers included a lack of services in their Area (36%), a lack of resources to support Meitheal (31%), challenges in gaining consent from family members (26.6%), and too much other work to do (26.6%). Just over half of participants (50.6%) rated *other* barriers as their reason for not using the Meitheal model. Reasons described as *other* barriers included but were not limited to; waitlists for other services, the amount of paperwork and time involved, a lack of administrative support, communication difficulties, a lack of family engagement, and a lack of involvement from other services or LPs.

A number of interviewees also emphasized that the process can be very time-consuming, especially when there are a number of agencies involved and when key practitioners do not attend or are not prepared for the meeting. Hybrid meetings are noted as being offered to facilitate and increase attendance of clinicians and medical practitioners in particular. Some interviewees and survey respondents noted the need for Meitheal to be financially resourced, highlighting the budgetary requirements that arise in many meetings. Resources required by families often need to be sourced and paid for and there is not always a budget available for this.

Some participants queried whether there should be a formal arrangement between Tusla and its funded partners to ensure regular delivery of the model. Concerns were also expressed by a number of practitioners that there can be confusion amongst colleagues (both internal and external to Tusla) as to what exactly the model is and how it operates. This includes in some Areas, confusion as to whether Meitheal is a separate service that families can be referred to.

All participating parents shared their view that the majority of parents (and the general public) do not know about the model and its potential as a resource to their family. They stressed the need to significantly increase public awareness about Meitheal. Possible difficulty in understanding the name 'Meitheal' was frequently mentioned with a view expressed that this is particularly challenging for those not familiar with the Irish language. It was also suggested that children and young people can be confused by the name.

*"They, I think, sometimes want it to be something that it's not, despite briefings and explanation and meetings...sometimes we feel, like, do they actually want to listen properly to what Meitheal is and isn't..... we are not there to keep eyes on the family once Social Work decides to close out on them but sometimes we're seen as that 'Oh yeah, can you just do a Meitheal....to ensure nothing else is happening? And the children are safe'..."*  
(Practitioner/Service Manager)

*"We sent out letters to all the professionals in the Area, including all the Doctors, Public Health Nurses, HSE, to talk about Meitheal and family support... but pretty much nobody showed up. I think we had 5 people...and we contacted them 3 ways, we e-mailed them, we sent them a physical invite, and we also phoned them...but the uptake was shocking"*  
(Practitioner/Service Manager)

*"When I'm talking to people, like have you heard of Meitheal and they're like, no. And I'm like, its over in our Area. Like its right there for us to use"*  
(Parent A)

*I think even the spelling of it can be hard for parents which is something very simple. Like, I get the Irish meaning of it, but like I think, maybe they've gone away googling 'metal' you know, and not getting the thing"*  
(Practitioner/Service Manager)

*"The name and everything, it's not catchy, it's not explained to people who didn't live back in the 60's and 70's and knew what it was you know? It's not explained in terms of this generation... I think having a name that describes it and some promotion and awareness of it in public would definitely help to pass it on and bring it up the chain of priority"*  
(Practitioner/ Service Manager)

A number of parents also described how they had shared information on Meitheal promoting it to agencies and practitioners they are involved with and were responsible for their participation in the model.

*"Even now when I'm engaging with Psychology or CAMHS, they've said to me, you know, you were one of the first that brought us into the Meitheal process and they were like, it's amazing because now we can talk to each other"*  
(Parent F)

There are mixed views on the association of Tusla with Meitheal, and of Tusla being perceived as the lead agency. The statutory nature of Tusla is seen as a significant strength in the Meitheal process where participants felt it added status and sense of importance to the meetings and encouraged participation and action amongst practitioners. It was also emphasised that Meitheal and PPFS have changed the perception of the role of Tusla with an increased awareness of the supportive nature of the services provided by Tusla



For me, it was just about having everyone around the same table at once and I think the fact that Meitheal is under Tusla, it kind of gets the professionals moving whereas parents then because it's Tusla they're worried but like at that stage I felt like I had nothing to lose"

(Parent B)

"We have people calling Tusla for help. Tusla! For help! This is unheard of...but I think what Meitheal and the CFSN and PPFS in general have done, they have changed this perception"

(Practitioner/Service Manager)

Conversely it is suggested that the association with Tusla is off-putting for families resulting in a reluctance to get involved in Meitheal. There was also a view expressed by Tusla interviewees that many practitioners in partners agencies see the responsibility for leading and coordinating Meitheal as solely Tusla's responsibility and consequently do not tend to initiate or lead a Meitheal.

"I don't think families I worked with really understood what Tusla were trying to deliver to them, you know. I think that stigma that's associated with having a Social Worker involved in your family overrides almost any initiative"

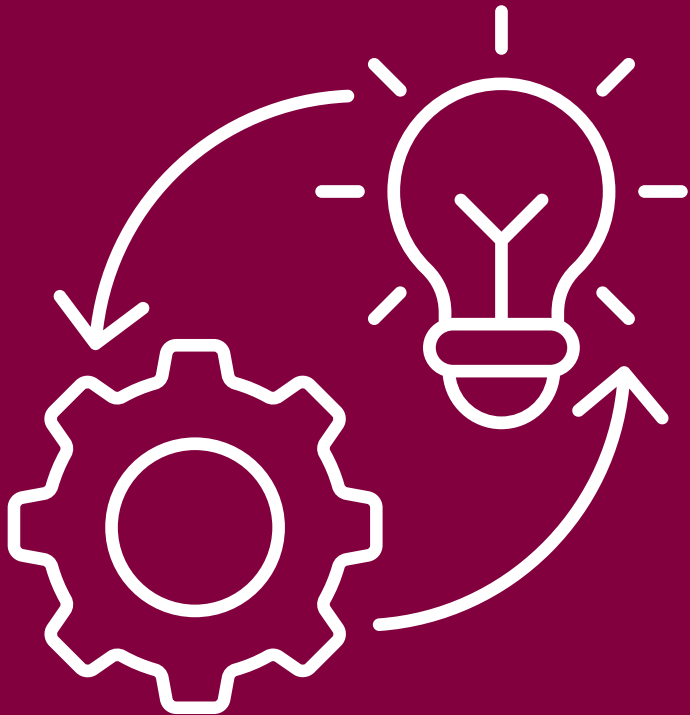
(Practitioner/Service Manager)

"I always felt I should be doing more Meitheals but that would have taken me away from the role that I was in without the resource to fill the need there. I was distracted with Meitheals, you know. So Tusla have loads of staff, they're the ones telling us that we need to do this. That's their model. So let them come in if they feel that there's need or let them tell us when this is needed, otherwise we'll just carry on working the way that we've always worked"

(Practitioner/Service Manager)

# 05

## The Implementation and Delivery of Meitheal (Objective One)



Meitheal Requests

While Meitheal is intended as an early intervention practice model participants in this Review describe typical Meitheal requests as concerning families with a medium to high level of need with a number of multi-faceted issues affecting their family functioning. Notably, participants explained how many families involved in Meitheal have prior engagement with CP, while others are described as being *on the cusp of CP involvement*. This includes families who are experiencing issues such as school refusal or avoidance, lack of school places, emotional and behavioural challenges, social anxiety, poor mental health, disabilities, neurodiversity, bereavement, substance misuse, self-harm, involvement in criminal justice, transitioning from care placements, family conflict and domestic violence, parental separation, poverty, and inadequate or no housing.

Practitioners and service managers interviewed reported that the majority of Meitheal requests are categorised as *Direct Access* and include referrals from parents themselves, from schools or other services. Almost 40% of survey respondents indicated that the amount of *Direct Access* request for Meitheal in their Area was *just right*, while 26% indicated that there were *too few Direct Access* requests. A similar number (24%) of respondents indicated that the number of requests for Meitheal as a *Diversion* from CP was *just right and too few*. In terms of request for Meitheal as a *Step-Down* from CP, 25% reported the level as *just right* while 29% indicated that there were too few.

Participants described how they are actively involved in efforts to increase the number of requests through *Diversion* or *Step-Down* from the CP team. Meitheal is seen as potentially working very well with families in these circumstances. However, there are challenges noted in the *Step-Down* route when requests are received for families who will be ‘closed’ to the CP department on the condition that they get involved in Meitheal. This is viewed as problematic by participants with the involuntary nature of the parent’s participation impacting on the overall success of the Meitheal process and its outcome. The high level of need in families involved in Meitheal is also seen as challenging for the model with families often referred to CP in relation to safety concerns that arise during the process. The Meitheal process is paused while the CP referrals are assessed. Participants emphasised that many of these referrals are assessed as not meeting the threshold for CP intervention and subsequently resume the Meitheal process. In such circumstances the Meitheal model may not adequately meet the level of need, and a re-referral or new referral may be sent to the CP department. This *stop-start approach* is noted by participants as particularly challenging for children, young people and parents with their levels of need and the complexity of their circumstances continuing to increase while referrals are processed.

“We’re dealing with much higher thresholds in Meitheal because of the pressure on Social Work. So, we get cases that are quite concerning. We try and do whatever we can with it. Sometimes it works, other times it doesn’t, and we end up going back into Social Work and you have this revolving door which is not good for families. It’s not good for continuity. It’s not good for children and there’s no set plan being put in place. So, I do think there is a level there that needs to be taken...but at the moment it’s Meitheal that’s taking it, and it was never designed for that”  
(Practitioner /Service Manager).

“Some of the referrals that went into Meitheal, I think were too high. They were too close to Social Work, you know. So I think PPFS now are reviewing all of that to try and make sure that there’s a better pathway and that they’re not just accepting everything that comes in because I think if you do that, you’re building up parents hopes, and we might not be able to support them”  
(Practitioner /Service Manager)

Some participants also highlighted how following an assessment CP teams are diverting referrals to the CFSN coordinators or PPFS team and not necessarily requesting a Meitheal as it is perceived as an administrative burden. Participants also noted instances where PPFS staff are involved in CP SW roles resulting in confusion among families as to the distinctiveness of this role and a consequential lack of trust in the practitioner. The use of different practice models within Tusla is also seen as problematic by practitioners and service managers-both in creating silos in praxis, and when families are moving from one approach to another. A view was expressed that better integration between models, including training for relevant practitioners would allow for a more seamless and fluid transition between teams and ultimately benefit all involved.

Meitheal is also offered to families with lower levels of need, who due to the complexity of these needs require a multi-agency response. Parents who do not agree to participate in Meitheal (or following the completion of Meitheal) are supported by alternative FS services, or by a single agency response by statutory services or community and voluntary sector services if available. Particular challenges are noted by participants in accessing these supports in Areas where there is a dearth of appropriate services and in particular sectors such as disability, psychology and mental health where there are significant gaps in service provision and long waiting times before families are offered a service.

Over half of survey respondents (52%) indicated that the requests for a Meitheal are *always* processed in a timely manner (where timely is viewed as within 6 weeks), while a further 31.5% indicated that the requests are *sometimes* processed in a timely manner.

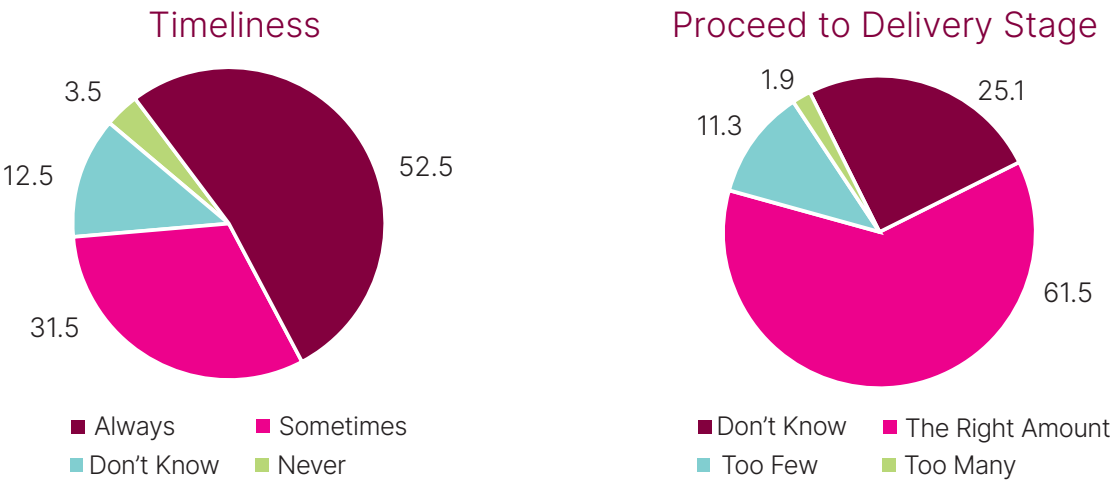


Figure 5: Processing of Meitheal Requests

Interviewed practitioners and service managers however highlighted that some Areas have waiting lists for Meitheal. Wait times range from 3 to 8 months resulting in a less than timely response.

*“What causes me anxiety is the number of children on our waiting list for Meitheal. That was never meant to be the case. It was meant to be a timely response and we can’t do that because we have so many Meitheal requests, which is wonderful because you know what we’re seeing is the value that’s placed on the whole Meitheal process...I’d imagine waiting lists are in the region of 5 months for Meitheal, 5 to 6 months...in the region of 40 children waiting for a Meitheal”*  
(Practitioner /Service Manager)

A significant number of survey respondents (61.5%) indicated that the *right number* of requests for a Meitheal proceed to the delivery stage. Of note, a quarter of respondents (25%) *did not know* if the number of requests proceeding to delivery was adequate, while a small number (11.3%) reported that *too few* requests were proceeding to the next stage (see Figure 5).

Fidelity to the Meitheal Model

This Review finds that the principles of the Meitheal process are consistently applied nationwide with all practitioners in the study familiar with and mindful of implementing the principles in each Meitheal. The majority of survey respondents reported a high level of implementation quality, with 81% of survey respondents rating the quality of implementation as a 4 or 5 on a 5-point scale. All participants interviewed noted variety in the systems and structures within which the model operates at Area level which results in nuanced differences in the operationalisation of Meitheal. National managers cited reasons for this as including the variability in the service landscape and resourcing in different Areas and the level of engagement by senior managers locally. For example, some Areas have strong internal resourcing for prevention, early intervention and family support and weaker community-based provision, with the corollary the case in other Areas. In the main, these variations reflect the intentions of the model which was *designed to create a balance between national standardisation and local responsiveness to need... to work together locally with families to deliver innovative and creative responses to locally identified need*, however at times these differences result in a departure from the expected *consistent approach to service delivery* (see Meitheal Toolkit, p.9). For example, there is Regional and Area level variety in closing the Meitheal process. In most Areas the Meitheal closes when all needs that can be met or addressed are, however in other Areas Meitheal continues as a support to the family even when change cannot be affected (for example where the issues concern housing, or health service waiting lists), or where families request a continuation. The one notable exception in terms of model fidelity relates to the ‘*document closure and feedback*’ stage with participants emphasising the challenge involved in completing the substantial paperwork required at this stage of the process.

Administration of Meitheal

Notably, this Review finds that there is a lack of a consistent, formalised business support for the implementation of Meitheal. Business support is provided in some Areas for scheduling meetings and minute taking while in others the CFSN coordinator or LP takes on these duties. Where it is in place, this administrative support is seen as invaluable for all involved and although practitioners accept aspects of administration as part of their role it can become a burden when there is little or no support with this.

The CFSN coordinators are emphasised as a key resource in the administration of Meitheal. In the majority of Areas, the CFSN coordinators chair the Meitheal meeting, and this is highlighted as essential in ensuring consistency and adherence to the intended process. The depth of skill and range of knowledge the coordinators bring to the Meitheal process is also noted as an immense resource for families and practitioners involved. However, in some Areas this reliance on the coordinators also results in delays in Meitheal requests being processed or the scheduling of meetings.

*I’m really impressed with the Meitheal process, just really impressed at how effective they are. Always very impressed at how sensitive the CFSN coordinators are at meetings and the abundance of information they have at hand. Really beneficial to have them at the meeting just for their oversight, input and knowledge of service provision*  
(Practitioner /Service Manager)

The LPs are also seen as a fundamental support to the parents, children and young people involved in Meitheal and a cornerstone of the whole Meitheal process. All parents interviewed spoke enthusiastically about the extensive efforts their LP had gone to advocating on their behalf and supporting them in every possible way. As illustrated below parents described in detail their commitment, reliability, and kindness among many other positive attributes.

*When I engaged with my LP, he explained it on so many levels which was brilliant. He explained what his role can be and where they’ll come in and where they’ll stop, what support there’ll be for me so that process was very clear... any question I asked he always came back with it, he really and truly was there for everything, but had I not gotten Meitheal I wouldn’t have known anything”*  
(Parent A)

*He is going beyond his responsibilities to help people...I haven’t met someone like that ever in my life... that fights for us and to achieve what we achieved”*  
(Parent C)

*LP is my person. He’s always there. He’s always present and he’ll always ring you back if he has a missed call and it does mean a lot. He’s always there. He always does his best. He doesn’t treat you as a number. He treats you with kindness, respect and your voice is listened to... he actually cares so much about his job, cares about the kids, about their needs and about families”*  
(Parent E)

In most instances the LP supports the parent and/or child and young person through the complete Meitheal process; completing requests, Strengths and Needs assessments and may also be responsible for completing the Request, Closure, and Feedback Forms. For most LPs this is seen as a necessary and accepted part of the role while acknowledging they don't always manage to complete the closure and feedback forms. However, many practitioners referred specifically to the level of administration involved in the Meitheal Request, Strengths and Needs, Closure and Feedback forms and while they appreciate previous changes made, they suggest that there is still room for improvement and recommend more accessible, user-friendly versions. In some instances, LPs also chair meetings and take minutes, and this is seen by many as overly onerous and time-consuming.

Many interviewees expressed a view, that for some practitioners (especially when they carry a lot of the above tasks) the role of LP is seen as involving too much individual responsibility with a consequential reluctance to volunteer for the role. This is seen as a particular issue in the community and voluntary sector. Furthermore, the level and scale of the administration required is seen as potentially off-putting for non-Tusla practitioners in particular resulting in a reluctance in some Areas to act as LPs or participate in a Meitheal.

*"I always found it and I still find it challenging to be the Minute Taker and the Lead Practitioner and to support the family to engage in this process and like not just a mom but maybe the young person as well it's almost like you're held back from fully engaging because you're conscious, I need to get this down, need to make a note of this"*

*(Practitioner /Service Manager)*

*"We trained hundreds and hundreds of people but not everybody becomes a Lead Practitioner...we just are struggling to get people to be Lead Practitioners. That's the biggest challenge really...People say they don't have the capacity to take on the role. Others say it's not their role, it's a Tusla kind of Model so it's for Tusla employees only. Other people have had issues with their Union in terms of being allowed to engage in it or be Lead Practitioner in particular... people don't always feel confident"*

*(Practitioner /Service Manager)*

# 06

## Meeting the Needs of Families and the Objectives of those working with them through the delivery of Meitheal (Objective Two and Five)





All participants agreed that every effort is made through the Meitheal process to respond to and meet the needs of children and young people. Almost all parents (n=8) highlighted how the Meitheal process had helped respond to and meet the needs of their child/children.

*"What made the difference is that they were people that knew what they were talking about...They never backed down from anything I kind of put to them. There was always an answer from one of them to help me to deal with a certain behaviour or a certain situation"*  
(Parent C)

*"Those meetings are great. I can see a huge result and a huge impact and even the people that were involved were fully committed". "It worked for us. It should work for everyone"*  
(Parent H)

*"The whole thing with the Meitheal really just gave me the coping strategies that we really needed at home and how to deal with the situation"*  
(Parent I)

*"I got answers for my daughter. I got the assessment that I was fighting for years to get. They listened. Before it was just me as a parent, nobody was listening. But when we were sitting around the table, everyone was on the same page...I felt they listened, and they only listened because we were in a Meitheal"*  
(Parent G)

Although Meitheal is agreed to be a practice model and case co-ordination process many participants also highlighted how the process is a supportive intervention in itself. The opportunity for family members to discuss their needs and agree a co-ordinated and focused plan of responding to these needs is seen as cathartic and empowering. Parents described how feeling heard and believed with an action plan they can relate to instilled a sense of hope and belief that improvements in their family circumstances are possible and that they can effect positive change.

*" And it was only when I started taking, doing the Meitheals and sitting around the table and actually knowing I had a say as, I don't need to be this overwhelmed. I don't need to be. I can speak, and I think the Meitheal kind of helped more than anything because it helped me to have hope, to advocate for myself, advocate for my kids and feel comfortable in doing it"*  
(Parent E)

*If I didn't have Meitheal and I was still going the way I was going back then, and all the different services, I feel like I wouldn't really be the mother I am today and be able to speak out and advocate for what we need. I feel like we'd be drowning in the appointments. We'd be drowning like"*  
(Parent H)

Although the child or young person is the primary focus of the Meitheal in many instances the needs of parents are also included in the process and responded to. Supporting parents is seen as essential to help improve their parenting capacity and their ability to support and care for their children. Many Meitheals avail of the supports and resources provided by the community agencies for parents as well as for children and young people e.g. parenting support programmes, counselling etc.

*"I don't think you can separate those two because the better the parent is doing the better the child is doing as well....and often we have parents that are so exhausted....if a service gets involved or if an arrangement has been put in place with the school to make life easier for the child, it automatically is also alleviating something for the parents.... It's really hard to separate the family as a unit, as a whole system"*  
(Practitioner/ Service Manager)

In many instances Meitheal is viewed as successfully meeting its intended outcomes however the increasingly high level and complexity of need that families are experiencing result in many Meitheal being able to only partially respond. As seen in Figure 6, only a small percentage of survey respondents (17%) felt that Meitheal was *fully meeting the needs* of children and parents with most (59% and 58% respectively) feeling that the model was *partially* meeting their needs.

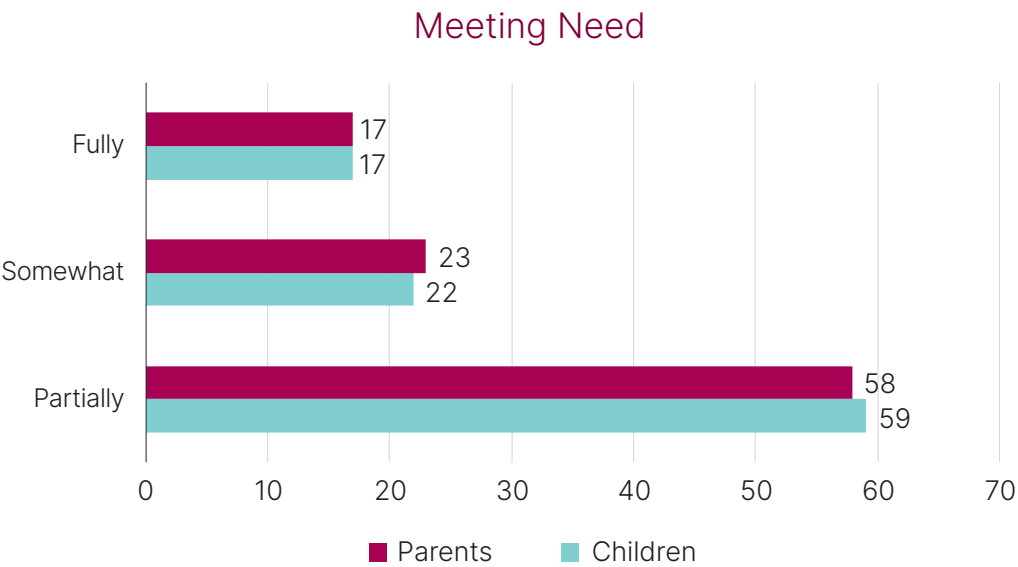


Figure 6: Meeting Need of Children and Parents

This was particularly prevalent when children's needs were in relation to housing, a disability, or mental health. For one parent interview the Meitheal process was not able to respond to the high level of need her children were experiencing. Diagnosed as neurodivergent they required intensive specialist supports which were not available via the Health Service Executive (HSE) and the Meitheal process could not resolve this issue.

It is also emphasised by participants that Meitheal is not suitable for families in acute crisis with extreme levels of need, and that repeated Meitheals for the same family may indicate a need for a different approach.

All parents interviewed emphasised a need to introduce and apply Meitheal earlier highlighting the difference an earlier intervention could potentially have made for their family members. Practitioners and service managers agreed that there is a need to support most families earlier.

*"You don't feel like you're banging your head against the wall and that everyone is out to get you because by the time you get to Meitheal that's how you feel. At that stage you don't know who to believe, you know you've been gaslit the whole way and you've given up"*

(Parent F)

*"There could be like an addiction in the family or mental health of a parent which impacts them on their capacity to maybe, you know, support a child. And then the question is, is the Meitheal appropriate then because we're focussing on the needs of the child... and I find that with Meitheal, and that's why I kind of feel Meitheal is not always the most suitable response...I'm not sure if, how, we can address them, you know, if there's a space in Meitheal for addressing those"*

(Practitioner /Service Manager )

*We could have done with the Meitheal a couple of years before that because 2nd class was when the issues started. 3rd class was all the school avoidance the most of it, so he missed out on a lot. If someone had suggested it to me earlier, I probably would have, and it wasn't until we got to CAMHS and everything was so desperate at that stage I would have tried anything to be honest"*

(Parent D)

*"I wish somebody could have referred this family to me years ago...and it's a lot of the time its firefighting. It's seeing the issues now, the pressures on 6th class moving into secondary... and so that's where the concentration kind of goes whereas I'd really love to see a real push for promoting getting in earlier, you know, much earlier...we put a lot of, I think, responsibility on schools...I think there are other Areas to tap into, maybe even preschools...I think we need to get in and be promoting it more in the early years"*

(Practitioner /Service Manager)

*"Why wasn't someone there to stop it and intervene before it got as far as it did...but why wasn't there an intervention there before it got to that instead of constantly pointing the finger at him and blaming him"*

(Parent I)

*"I would like Meitheal to be identified earlier so in the preschool scenario, I would kind of see that as important going forward to be, having families in the process a lot earlier, yeah. I think, if a child is not feeling any success in education whether that's all through their national school and then, you're kind of onto a sticky wicket I suppose. It's a downward spiral if the supports are not there. So again, I feel there's a bit of a rights thing going on there for the children, the right to an education. To go to their local school and be taught there and to be facilitated"*

(Practitioner/Service Manager)

Practitioners and service managers also acknowledge the high level of need that Meitheal is working at with much of its preventative focus seen as preventing entry to the CP system.

Nonetheless, as seen in Figure 7, the majority of survey participants reported that Meitheal was of *great value* to children (71%) and to parents (73%) with a further quarter of participants (26% and 24%) believing it added *some value*.

All parents emphasised the added value of having all practitioners in one meeting, with a sense of accountability and collective responsibility to deliver on the agreed actions and the inclusion of a formal follow-up and review in the process.

Value of Meitheal

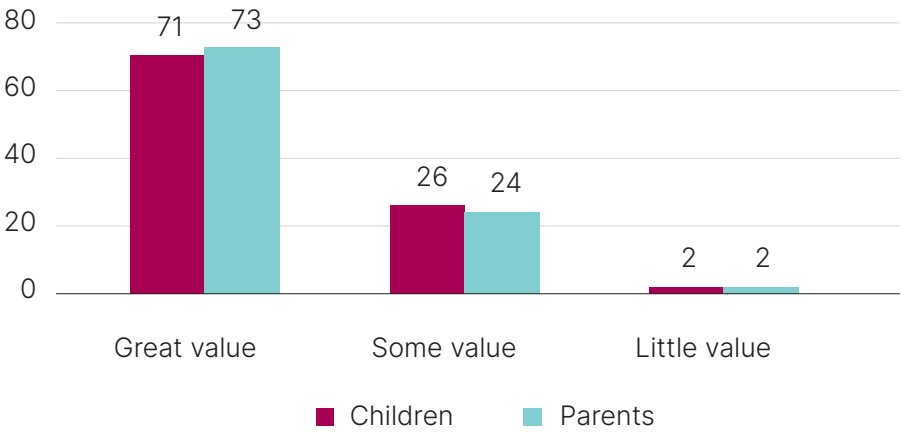


Figure 7: Value of Meitheal

*"My overall experience is just amazing. I was so glad I got to do it, and I knew when the next meeting was coming and any problems that had arisen in the meantime or any questions I had I could keep them for everyone at the table. They always, always, no matter what, took the time to listen to me"*

(Parent A)



Of note, a number of parents and practitioners also highlighted the holistic nature of the Meitheal process with a sense that the model considers the family as a whole. There is a sense that the full scale of a family's complexities and wide-ranging needs and issues are understood and considered by the practitioners involved.

*"I think you see that everyone listens to you. I think the communication and the organisation and even just having, like, my daughter's school let us have the Meitheal in the family room, that helped because it was like familiar. I wasn't having to go to different places. I'm just really appreciative that I went through the Meitheal Programme"*

(Parent E)

*"Cause they don't see the other children. They just see the child they're looking after so they don't take on board that I've other children... having a Meitheal, sitting down with everyone and letting them see what we have, what services, what Paediatricians, what Doctors we have to see, you know. It kind of gives them an insight into us as a family and all that is going on and not just the person they're dealing with"*

(Parent D)

### Participation of Children and Parents in the Meitheal Process

Significant emphasis is placed on parent and child participation, with all practitioners involved in Meitheal acutely aware of the value of ensuring their voices are heard and that they feel ownership of the process. Voluntary engagement by parents and children is seen to contribute to supporting both a positive dynamic in the meetings and positive outcomes from the process. It is noted as a motivating factor for parents to both get involved in the process and to engage fully with the required and agreed actions. The expertise and skill set of both the Meitheal Chair and the LP is seen as crucial in building trusting relationships and supporting meaningful engagement throughout the process. Clarity, honesty, and transparency are key factors in encouraging participation in the Meitheal process. Participants highlighted the varied efforts that are taken to include parents and children in the process where feasible and to represent their voice through alternative media when their attendance is not possible. The vulnerability of family members and the emotional impact of the process was also acknowledged by participants who were all cognisant of the need to support all involved. Participants cautioned that the formality of meetings, especially when there are large numbers of attendees, can be intimidating for family members.

Notably, all **parents** interviewed reported ownership of their meetings with a sense that they were leading the process both in terms of the meeting focus and the inclusion of particular agencies. Parents described how they were listened to and felt in control of the meeting, participating as an equal member.

*"It was great because everybody got listened to and I, Mum, got listened to too because the way it was, I was for years fighting and there was nobody listening to me, but I got my voice in that room, and I was an equal. I felt equal at that table even though I'm sitting with all professionals. I felt equal and I felt this is helping my son"*

(Parent I)

*There was absolutely no problem in speaking out. They would always give you your turn to talk. You're the main person of the meeting so for me I was leading the meeting, and I was the person who was doing most of the talking. I was asking a million questions in the hour. And whoever wants to answer me then, there was always someone to answer you, and they really did leave it in my hands so from the start of the meeting to the finish of the meeting it was always me that was in full control of that"*

(Parent B)

This view aligns with that many of the participants who completed the survey who were of the view that parents had high levels of participation in the Meitheal process with almost 86% of participants rating their involvement as 4 and 5 on a five-point scale (see Figure 8).

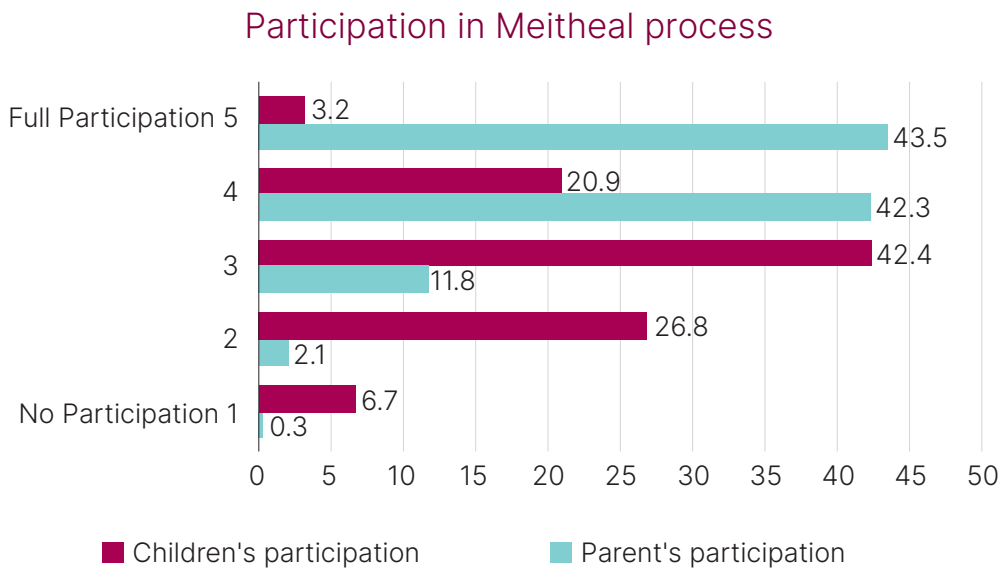


Figure 8: Participation in the Meitheal Process

*"There's no way a family will go for this Meitheal without having a relationship with the LP or CFSN coordinator. I do think that it's having the conversation initially about what Meitheal is, what's the benefits, what's it going to involve, what's it going to be like, before you take out any sort of paperwork to them because if you start taking out paperwork, it just puts them off straight away"*

(Practitioner /Service Manager)

To encourage parental participation, meetings are scheduled at agreed times and in familiar and convenient venues, attendees are chosen by parents, and all aspects of the process is discussed and planned for in advance. Practical steps are also taken with parents supported to enter the meeting room first, sitting next to their LP where they can see and be seen by all attendees, offering lifts to venues, checking to ensure clarity and understanding before changing topic, and reviewing actions plans and agreements after the meeting. Where there is more than one child in a family involved in a Meitheal practitioners will schedule back-to-back meetings in agreement with parents with relevant agencies attending for their designated session only. Comfort breaks are scheduled between meetings with efforts made to ensure a clear and distinguished focus in each session. In particular circumstances the inclusion of both parents in the process can be extremely difficult to facilitate, for example where there are high levels of conflict or partner violence. Where practicable, practitioners make every effort to include both parents' views and wishes in the process and have separate meetings for individual parents if required. A number of participants also noted the challenge in facilitating meetings where parents do not wish for particular practitioners to attend although they may be seen as an essential part of the support plan. In the main these disagreements are resolved; however, parents have the final say on attendees.

*"It's really about 'what is it that you want?'.... That is usually the selling point...and only have to say it once.... We'll always make sure that it is really your meeting and your voice is paramount. Your choice. The parent's voice is paramount"*  
*(Practitioner/Service Manager)*

Most participants who completed the survey were of the view that **children** had low levels of participation in the Meitheal process with just over 69% of participants rating their involvement as 2 and 3 on a five-point scale (see Figure 8). A small number of participants felt that children were more involved in the Meitheal process with approximately 21% of participants rating their involvement as 4 on a five-point scale and just over 3% rating children as being fully involved.

Interviewees described how children and young people are invited to participate in their Meitheal process, with meetings typically held in an environment familiar to them. However, there are many Meitheals where the child or young person does not participate. For example, out of the 9 parents interviewed in this Review only one of their young people attended the Meitheal meetings. Furthermore, children over ten and teenagers are more likely than younger children to attend meetings (in full or in part) with a number of reasons suggested for this. In some instances, parents are of the view that the focus of the meeting is not suitable for younger children, or they wish to protect them from hearing their worries and concerns. Some teenagers like to attend, express their views and be involved in decision-making whereas others find the process too formal and daunting. Young children are also more likely to choose not to attend even when encouraged by parents and practitioners. Significant challenges are noted in efforts to include very young children (under-5), and children with high levels of anxiety or additional needs in the process. Partner agencies are highlighted as having particular skills in relation to supporting young children to participate in the process or to meaningfully represent their views (for example, Barnardos).

While practitioners appreciate the value of children and young people attending Meitheal they also respect the wishes of families in this regard and decisions on attendance are made in accordance with each child and parents' wishes. When children are absent from a meeting their voice is incorporated in a number of ways. This includes recorded voice notes or videos, letters, pictures, or their views are expressed by their LP or other support worker. Photographs, pencil cases, teddy-bears and other visual props are also included in meetings to remind all attendees that the child and his/her needs are the focus of and reason for the meeting. Children and young people are also encouraged to choose a worker they know and trust to complete their Strengths and Needs assessment form. The LP or another support practitioner also meets with all children and young people following the meetings to give feedback and discuss its outcome and the associated action plans.

At an overall level participants emphasized their awareness and concern about the lack of attendance of children and young people at meetings and are open to considering ways to increase this. A dedicated and trusted support worker for children and young people is seen as instrumental in supporting their involvement in the process. Participants also highlighted the time that is required to invest in building trusting relationships to support meaningful participation and described their lack of capacity and increased workloads as a major barrier to this. Additional training on incorporating children's voices was suggested accompanied by the necessary resources (including adequate time) to achieve this.

*"So really we're probably more pushing for the teenage cohort to be in attendance...But it's really challenging because you want to make sure that actually anything you do is really authentic and not just tick box...if I'm really honest, we have such a small resource on our team there isn't the time to be able to dedicate, to be able to do that, development of that piece"*  
*(Practitioner/Service Manager)*

Both participants and parents interviewed emphasised the power parents and children or young people are given in the decision-making process and the impact this can have.

Parents (and children or young people if in attendance) are supported to share their views, sufficient time is allowed for full discussion at the preparatory and meeting stages, and actions are only agreed if family members feel they are both helpful and workable.

As illustrated in Figure 9, parents were noted by survey participants to have a slightly higher level of impact than children on the decision-making process in Meitheal. Most participants described the impact of parents as good (48%) or very good (45%), and the impact of children as good (54%) or very good (29%). Participants also caution against placing inappropriate responsibility or expectations on children and young people in relation to decision making or the outcomes of the Meitheal process. Ensuring children and young people do not perceive they are to blame for the family circumstances or their need to be involved in Meitheal is also seen as crucial.

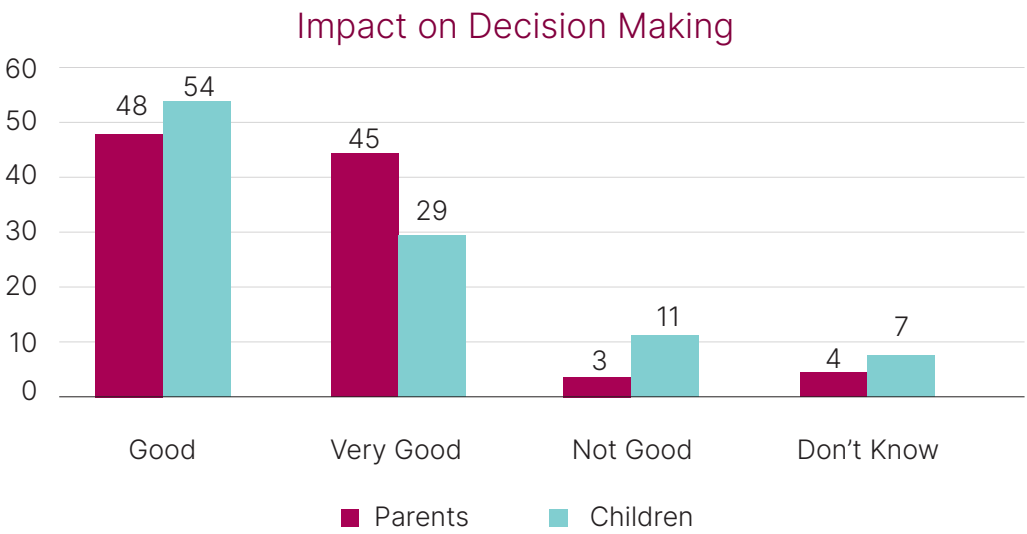
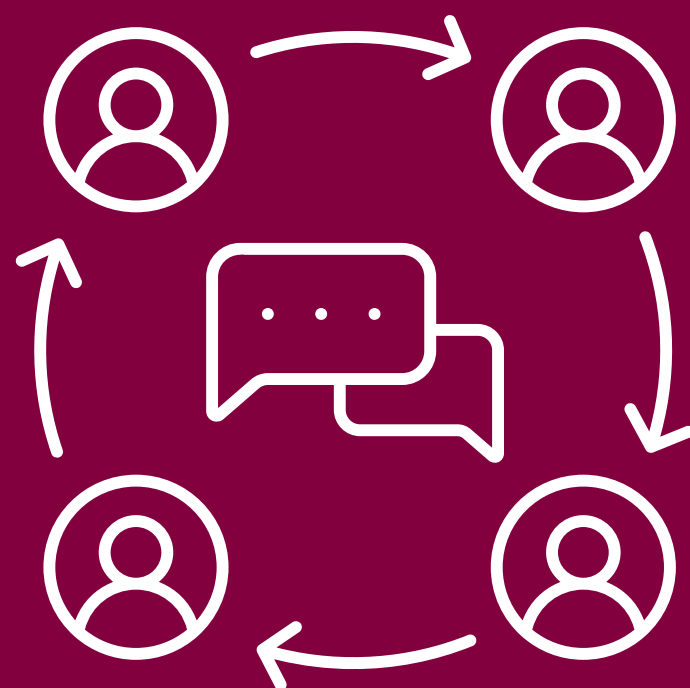


Figure 9: Impact on Decision Making

## 07

## The impact of Meitheal on Interagency Working and its Connectivity to the Child and Family Support Networks (Objective Four and Five)



Meitheal exemplifies the importance of interagency collaboration and the value of creating a community of practice to respond collectively to the increasing complexity and demand in support services required for children, young people and parents.

This Review has emphasised how the model provides a valuable effective framework for this collaboration and acts as a bridge between Tusla and its community and voluntary partner agencies. Additionally, Meitheal provides an opportunity to highlight the current pressure on services while ensuring that no one service is singularly responsible for responding to a family's needs.

However, Meitheal is not a panacea and cannot compensate for the many structural inequalities and lack of resources in the current provision of services. Particular sectors stand out as being severely under-resourced with families who require support in relation to disability, psychology or child psychiatry experiencing unjustifiably long delays in securing any level of response. A number of PPFS managers and National Managers noted their concerns that Meitheal is used as a prop to mitigate against gaps or resource deficits in other state sectors - for example disability, mental health and education with a sense that, by providing Meitheal, Tusla is allowing other agencies and services 'off the hook'. However, an alternative position offered by other interviewees is that the failings of other agencies should not stop Tusla providing early, preventive help to children and families when they need it. A broader perspective was offered on the possibility of Meitheal being a prevention and early intervention model that could operate across all of the children and family services system. A lack of accommodation or inadequate accommodation is also a basic and unresolved need for many families involved in Meitheal. Again, participants were deeply frustrated with the inadequate response by subsequent Government administrations and their Departments in responding to the crisis in housing.

Aligned with this, there also remains a need for better integration and collaboration between different services to effectively address the multi-layered needs of individuals and families. The siloed nature of the health services is noted as particularly problematic when trying to provide an integrated response to children's needs. The CFSNs are however actively working to improve such integration and co-ordination between agencies. Participants highlighted that the CFSNs are now very well established nationwide and working well developing, strengthening and maintaining a solid awareness and understanding of current needs and resources in particular catchment Areas. A wide range of disciplines and statutory and community and voluntary sector services are part of the networks and attend scheduled meetings and events. Most survey participants (69%) believed that there are an *appropriate* amount of CFSNs operating. A large percentage (44%) believed that there was *always adequate* representation from *all* stakeholders in the CFSNs with a further 36.7% believing there was *sometimes adequate* representation.

Although Meitheal was described as operating independently to the CFSNs by interviewees both processes are emphasised as complimenting each other. The CFSNs were described as focussing on the needs of a geographical area, while the Meitheal model focuses on the needs of individual families. This integration was noted as more pronounced in the survey responses with 44.7% of participants believing that Meitheal was *somewhat* integrated into the CFSNs, and 37.9% describing it as *entirely* integrated. Just over half of survey participants (51%) also believed that the CFSNs *entirely* add value to the Meitheal process with a further 36.6% reporting that the Networks *somewhat* added value to Meitheal. In most CFSN meetings Meitheal is a standing agenda item with information and training on the model routinely provided. The relationship building, collaborations and awareness raising which occurs in the CFSNs amongst service providers is emphasised as an important bedrock for the partnership working required for Meitheal. The Networks provide a much-needed platform for discussing common issues and addressing cross-agency and cross-sectoral concerns. Meitheal is seen as a tool within the Network, facilitating this collaboration and information sharing. As noted above, the CFSN co-ordinator is an essential component of the Meitheal model.



## 08

## Tusla Reform Programme 2023-2026



Tusla's reform programme was not an initial focus of this Review. However, the place of Meitheal within the organisation's service delivery pathways was, with the result that the interviewees discussed Meitheal's fit in the proposed reforms, to the extent that these were known when the interviews took place (November 2024–January 2025).

Almost all practitioners and service managers interviewed expressed a general lack of knowledge on, and confusion about the potential plans for the proposed reform. At a personal level practitioners reported feeling unsettled, sidelined, stressed and undervalued and attributed much of this unease to a lack of communication and consequential rumours about possible plans for the reform. At that time, there were outline plans for the development of *local integrated teams* and *integrated Front Door teams*. While there was little detail on the *local integrated teams*, the proposal that Meitheal would be part of the operation of Tusla's *Front Door* generated much discussion, which broadened into wider debate on the role of prevention, early intervention and family support in Tusla.

For those closest to Meitheals' operational level, their 'in principle' support for the involvement of CFSN staff at the *front door* working on Meitheal was tempered by strongly expressed concerns. Many noted their concern that PPFS (and Meitheal) might be dissolved or diluted and that the early intervention, prevention and family support work within Tusla would not be prioritised in its new structures. Participants spoke of the well-publicised lack of capacity in Tusla's CP departments due to staff shortages and the increased referrals to the CP system and how this context compounds their fears for the supportive welfare focussed roles with the Agency. These concerns related to the risks of a reduction in the capacity of the CFSNs coordinators to undertake broader network and prevention and early intervention related activities and their being drawn into more intensive family support work and/or higher-end child protection activity. Over time, this could feed to a more general undermining of Tusla's commitment to prevention, early intervention and family support. These fears are heightened by the perceived lack of appreciation for Meitheal at the Senior management levels in Tusla. Those in senior leadership and management roles and more involved in the reform process rejected this view. However, all agreed that the level of need in families referred to Tusla has increased significantly in recent years. Interestingly, a number of participants did note a perception that there is strong support for PPFS including Meitheal and the CFSNs in the Department of Children, Disability and Equality. Practitioners and service managers strongly recommended a need to 'ringfence' both the resources and commitment to each part of the response pathway with a need for a "two-story *Front Door*" approach to referrals, allowing for both child protection and earlier, preventative, family support pathways.

Others expressed the view that having Meitheal at the 'front-door' would result in a more timely response to families who need support, who don't reach the threshold for a child protection response, but who would be at risk of coming back into Tusla with more serious issues if they didn't receive a response. In this view, the option of Meitheal at this early point is an ideal response to their needs; reference was also made to having a set of integrated expertise at the point of entry in terms of decision-making on appropriate responses to the referral. One dissenting view was that if a request comes via a newly created portal, there will still be significant follow-up work which may not result in as speedy a response as anticipated by other interviewees. That said, there were several positive references to how Meitheal currently functions in many Areas as part of the current approach to processing and managing referrals.

The majority of participants including national managers closest operationally to Meitheal expressed strong concern that the proposed structures will undermine the voluntary nature of Meitheal and the wider Family Support work. They emphasised how the voluntary nature of the engagement and participation of family members in the process motivates them to both identify and implement potential supports and solutions and impacts positively on the outcomes achieved.

The disconnect in the data collection systems between PPFS, Meitheal and CP is emphasised as concerning by Tusla based interviewees. This has resulted in a lack of information on the scale and quality of the work carried out by PPFS. A number of participants noted that despite all the local administration involved in Meitheal, the scale and level of work involved (particularly outside the meeting) is not adequately captured. This disconnect has also led to a void in information informing the proposed reform structures and practices. Findings from interviews with the National Managers and those with operational and leadership responsibility within Tusla revealed agreement that the data systems supporting the operation of Meitheal are not adequate. A weak data system means that the capacity to measure fidelity to the model and outcomes from it are compromised, in turn affecting the capacity to demonstrate its value within the overall organisation. One senior interviewee noted the low priority accorded to the Meitheal vis-à-vis other demands for data system development within the organisation. As noted, earlier Tusla publishes performance data on Meitheal, the CFSNs, and some of its Family Support Services but does not quantify or publish the full metrics on all its PPFS activity, output or outcomes (see <https://data.tusla.ie/>).

One implication of the reform for the operation of Meitheal concerns the role of the community and voluntary agencies funded by Tusla. Some interviewees referred to a potential increased role for the funded agencies in delivering Meitheals as part of the reform process, and in the context of their funding agreements. The corollary of this would be a reduction in involvement in Meitheal by Tusla staff, for example as Chair or LP, with their role involving overall coordination and metrics only. For other interviewees, such an eventuality would be a negative outcome for the operation of the model and aligned with their fears and concerns about the diminution of the place of prevention and early intervention in the work of Tusla. It wasn't clear from interviews if there had been engagement with funded community and voluntary partners on reform proposals about a potential increased role for them in Meitheal provision.

# 09

## Conclusion and Recommendations



**Meitheal is a valued model within the suite of support services offered by PPFS in Tusla - Child and Family Agency. Parents in this Review provided extremely encouraging feedback on their experience of the model and the positive impact it had on their family circumstances.**

Practitioners and most managers view the model and its associated processes as family-centered support, which achieves many of the required outcomes in families. The Review also finds that the CFSNs are well established nationwide and act as a supportive mechanism for members and a connector for Tusla and its partner agencies.

In the main, Meitheal is provided to families with medium - high levels of need. As a result of the increasingly high thresholds in CP departments and levels of need in families, PPFS and Meitheal are viewed as progressively working with families in complex circumstances and with many significant and unmet needs. Overall, Meitheal is seen as complimentary to other support services available to families and as a useful resource in navigating cross-sectoral systems. There are however varying levels of awareness of and support for the model across Tusla Regions and Areas. In particular, there are nuanced differences in the connection and integration between Meitheal and the CP service and in the understanding and use of the model by CP staff and managers. There is also a mixed level of knowledge of and support for the model at Senior National levels in Tusla, yet notably it is perceived as well-recognized and supported by the Department of Children, Disability and Equality..

This Review finds the model is generally implemented according to the intended principles and practices with expected levels of local flexibility and innovation. The knowledge base, skill level and commitment to family-centered practice amongst the Meitheal, CFSN and PPFS practitioners and managers is found to be a key resource in the effective high-quality implementation of the model. Support is provided to both parents and children in order to effect positive change in families through the Meitheal process. There is a high level of participation of parents at Meitheal meetings with much lower attendance by young people and lower still by children (under 10). All practitioners involved in Meitheal are cognizant of the principle of prompting meaningful participation of children in the process, however there are many valid reasons why their participation rates remain low. This includes acceptance that it is not always appropriate for a child or young person to attend formal meetings, and that alternative modes of communication are also acceptable and possibly preferred by the child/young person. The capacity to properly invest in relationship-building with children and young people to support their meaningful participation in formal processes such as Meitheal is also a challenge for practitioners.

There is a low level of public awareness about the model and its applicability, however parents who have been through Meitheal appreciate the help received for their family and feel included and empowered by the process. Meitheal is not a panacea for all families and cannot address the dearth of services and support currently offered by the health, disability, psychology, psychiatry and housing agencies in particular. These cross-sectoral limitations in available resources impact considerably on the effectiveness of the model. A lack of awareness of the model amongst partner agencies in the statutory and community/voluntary sector is also a challenge for Meitheal. Aligned with this is a varied capacity among practitioners in those agencies to deliver or participate in Meitheal. The well-established CFSNs are consistently building awareness and collaboration amongst all relevant services in their Area and are an important bridge between Tusla and the participating member agencies.

The disconnect in the data collection systems between PPFS, Meitheal and CP has resulted in a lack of information on the scale and quality of the work carried out by PPFS. Despite the high level of local administration involved in Meitheal the range and level of work involved (particularly outside meetings)

and its outcomes is not adequately captured in current Tusla systems. This disconnect has led to a lack of evidence on Meitheal and PPFS and a consequent void in available information to inform the proposed reform structures and practices.

Significant concern and unease about the proposed Tusla reform is highlighted in this Review. Alongside a general lack of information and clarity there is a deeply held worry that the PPFS service (and Meitheal within it) will be dissolved or diluted and that the early intervention, prevention, and family support work within Tusla will not be prioritised in its new structures and practices. Despite rhetoric to the contrary, there is a well-informed fear that the capacity of practitioners redeployed to the '*Front Door*' to provide meaningful needs-led family support based on voluntary engagement, and relationships built on respect and trust and at a pace that families require will be eroded. This fear also extends to the broader CFSN, preventative and programmatic work that staff are currently involved in.

## Recommendations

The evidence from this Review strongly supports a continuation of Meitheal by Tusla, as one of its agreed practice models, to attend to families with medium to high levels of need across the response pathways. It also strongly suggests a focused campaign promoting the understanding and use of the model by Tusla staff and partner agencies in statutory and community and voluntary sectors. Likewise, the need for a public awareness campaign directed at parents, children, young people and the general public is recommended.

Although the Meitheal name can, at times, cause some confusion this Review recommends its continued use. However, it is suggested that the tagline 'Tusla-led' is amended to invite and encourage leadership and participation in partner agencies across the statutory, community and voluntary sectors. Similarly, it is suggested to amend the title of the LP role - the term *Lead* is misleading as to the actual nature of this role and implies a level of responsibility that is off-putting for many. Consideration is also needed as to how best to present and describe the process of accessing a Meitheal as confusion remains as to whether it is a practice model, a method of case-coordination or a separate service. Meitheal 'champions' are proposed to help promote this revised approach and build its use amongst a broader base. Significant potential is seen for the Meitheal model to expand in Early Years services and in Alternative Care settings particularly supporting the transition to After Care/ Leaving care. The pause in the Meitheal process when a referral is made to CP is also highlighted as an issue of concern in this Review. This stop-start approach to providing necessary resources and support is unhelpful and it is recommended that alternative arrangements which ensure practitioners continue to provide the necessary assistance to families is implemented while CP referrals are being processed.

The Review recommends continuation and development of the CFSNs. Increased capacity among CFSN coordinators to support both the Networks and Meitheal and the availability of adequate business support for Meitheal is also necessary in order for the model to fulfill its potential.

Significant attention to the meaningful participation of family members and the associated complexities by all involved is strongly evident. The Review highlighted strong parental participation in the model and the positive impact this has on its process and outcomes. This commitment to and implementation of a successful model of meaningful parental participation in a statutory Child Protection and Welfare arena is highly commended. Despite the many and varied efforts of participants to encourage participation among children and young people the Review highlights lower levels of participation in this regard. It is necessary to further consider children and young people's participation in the process and if/how it can be enhanced. Consideration is also required on the use of virtual participation or representation by children and young people and if this also qualifies as meaningful engagement. Active and meaningful participation by children



and young people may be more readily achieved through their virtual participation as opposed to requiring them to be present in the physical formal meeting space.

In terms of the overall approach to Tusla’s reform this Review strongly recommends continued dedicated leadership to the work of early intervention, prevention and family support underpinned by a principle of partnership based on integration and parity with child protection work. The evidence supports meaningful integration between prevention, support, and protection in order to achieve the best possible outcomes for children and young people with family members availing of both supportive and protective services. Similarly, the evidence in this Review strongly argues against diluting the work of PPFS, Meitheal and CFSN in an effort to buffer against the current effects of reduced capacity in CP teams. If, as proposed, the current PPFS staff team are relocated to a Tusla *Front Door* and *Integrated Teams*, a dedicated Senior Manager with responsibility for early intervention, prevention and family support at a Principal Social Work Grade is recommended as an essential part of these structures. This will help ensure the supportive nature of these roles and consequently this work with families is maintained, recognized, valued and developed. Dedicated resources and budgets must also be available and prioritised to support these efforts.

Furthermore, if all referrals for Family Support (including Meitheal) for families with medium to high level of need have to be screened through the Tusla *Front Door* it is extremely likely there will be a reluctance or a delay amongst partner agencies and the general public in making such referrals. This delay will result in later interventions and associated higher levels of need and potential risk of harm to children and young people. A reduced focus on supportive interventions and approaches will also result in increased stigma and later help-seeking for families involved. The voluntary nature of Meitheal and the PPFS work is seen as a motivating factor for family members and encourages their initial consent to be involved in Tusla services and their continued engagement and efforts. This Review recommends ensuring there are accessible pathways for families to access supportive and protective services which preserves their voluntary engagement and promotes early help-seeking and intervention.

Since Tusla’s inception in 2014, there has been a welcome significant investment in Meitheal, CFSNs and the broader PPFS services. Initially funded through philanthropic initiatives and supported by the then DCEDIY [now Department of Children, Disability and Equality] and Tusla this investment has embedded and enhanced a strong focus on early intervention, prevention and support within the statutory CP and Welfare service. This Review provides concrete evidence for the need for ongoing and sustained efforts to continue and further develop this orientation and to promote early and accessible help for all children, young people and their families.

Acknowledgements

Sincere thank you to all who participated in this Review. This includes parents, practitioners, Service Managers and National Managers in statutory, community and voluntary services. Thank you also to all colleagues in the UNESCO Child and Family Research Centre for their support and assistance.

Parent and Young People Advisory Panel

Thank you to the parents and young people who reviewed all data collection material and provided valuable feedback on the schedules, information and consent sheets.

Steering Committee

The Steering Committee overseeing this Review comprised representatives from Tusla – Child and Family Agency, the then DCEDIY [now Department of Children, Disability and Equality], and the University of Galway. Thanks to them all for their advice and support.

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The authors of this report are Dr Carmel Devaney, Dr Patricia O Connor and Professor John Canavan. Report Citation: Devaney, C., O’Connor, P. and Canavan, J. (2025). A Review of Meitheal, a Tusla Led Early Intervention National Practice Model. Galway: UNESCO Child and Family Research Centre, University of Galway.

ISBN: 978-1-911702-14-6

<https://doi.org/10.52516/WUUB5097>

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