

# Meitheal and Child and Family Support Networks

## Early Implementation of Meitheal and the Child and Family Support Networks: Lessons from the field

BY

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# 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 the Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tusla, the 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 operation of Tusla. The UNESCO Child and Family Research Centres' work focuses on research and evaluation on the implementation and the outcomes of the Tusla Development and Mainstreaming Programme and is underpinned by the overarching research question:

... whether the organisational culture and practice at Tusla and its services are integrated, preventative, 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 is underpinned by the 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 Development and Mainstreaming Programme. The work packages are: Child and Family Support Networks and Meitheal, Children's Participation, Parenting Support and Participation, Public Awareness and Commissioning.

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

## About the UNESCO Child and Family Research Centre

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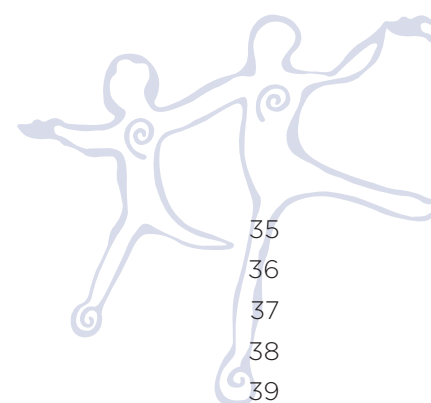
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# Glossary of Terms



**CAMHS (Child and Adolescent Mental Health Service):** This is a Health Service Executive service that assesses and treats young people up to the age of 18 who are experiencing mental health issues.

**CFSN (Child and Family Support Network):** 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. 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.

**CPW (Child Protection and Welfare service):** This is a core component of Tusla, the Child and Family Agency, which is responsible for promoting the safety and well-being of children and young people. CPW has a statutory mandate to protect children and young people who are at risk of harm.

**CYPSC (Children and Young People's Services Committees):** These are core components of the Irish government's strategy to coordinate service delivery for children and young people across the country. Their aim is to improve children and young people's outcomes through an inter-agency approach. Their membership is composed of representatives from the community and voluntary sector as well as statutory bodies.

**Educational Welfare Officers:** These are employed by the Educational Welfare Services. Their main tasks are to promote the welfare of a child or young person and their family, to resolve school attendance issues and to take legal action should parents<sup>1</sup> fail in their duty to make sure that they attend school.

**Educational Welfare Services:** This is a core component of Tusla and has a statutory role to support families and to ensure that all children obtain an education.

**FRC (Family Resource Centre):** These are community-based organisations that provide a number of services at a universal and targeted level to support families and to help address their unmet needs. These services include the provision of information and advice, education and training programmes, individual and group development and assistance to community groups who seek to address social issues.

**HSE (Health Service Executive):** The HSE is responsible for providing public health services in Ireland, including in hospital settings and the community.

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

**Lead Practitioner:** This is a key person in a Meitheal process. Typically, they are expected to have a previous relationship with the family 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:** For the purposes of this research, Meitheal is defined 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.

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<sup>1</sup> The term parent refers to all individuals who are either parents, guardians or carers of children or young people.

**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.

**Tusla, the Child and Family Agency (Tusla):** Tusla is the Irish statutory agency with responsibility for safeguarding children and young people's welfare and supporting families.

**PPFS (Prevention, Partnership and Family Support):** This programme was developed with the intention of placing greater emphasis on early intervention and Family Support principles in the work Tusla carries out with children, young people and their families. Central to this programme are five distinct but complementary and interwoven work packages: parental support; public awareness (i.e. increasing awareness of where to access help among the general public), 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 CFSN model.





# Introduction

## 1.1 Introduction

This report is a case study of four areas where Meitheal and the Child and Family Support Network (CFSN) model are being implemented. It provides a national overview of the implementation process across the four areas; where particular nuances were observed in the study sites, these are highlighted and discussed. The first chapter contains a summary of the literature underpinning the development of Meitheal and the CFSNs, which focuses on intervention, prevention and Family Support as well as current trends in child protection. It also describes the Meitheal and CFSN model in the context of the development and mainstreaming of Tusla's Prevention, Partnership and Family Support (PPFS) programme. Following this there is an outline of the methods used in the report. The findings chapter is divided into six sections: the context and process of implementation in each area; the development of the CFSNs; the interface between Meitheal and CPW (Child Protection and Welfare); model fidelity; the strengths of the Meitheal model; and the barriers and challenges to its implementation. It should be noted that the findings reflect the implementation process at a specific point in time between July and September 2015. This is followed by a concluding chapter that suggests recommendations for the future implementation of Meitheal and the CFSNs. Appendix A provides examples of participants' experiences of Meitheal and the CFSNs.

## 1.2 Summary of the Literature

### 1.2.1 Intervention, Prevention and Family Support<sup>2</sup>

The National Policy Framework for Children and Young People (2014–2020) is targeted at making Ireland 'the best small country in the world for children to grow, where their rights are respected, protected and fulfilled; and where they are supported to realise their maximum potential now and in the future' (Department of Child and Youth Affairs, 2014: 2). This vision brings different structural challenges and changes that are needed in order to be able to achieve such an aim and have a positive impact on the lives of children and young people (Devaney, 2011). In the Irish context specifically, 'Growing Up in Ireland: The National Longitudinal Study of Children' found that between a fifth and a quarter of children experience poor economic, social and educational outcomes that need to be responded to promptly (Harvey 2014; Dishion et al., 2008; Olds, 2006).

Prevention interventions are defined as those targeted at preventing or delaying psychosocial problems by strengthening health and increasing coping mechanisms. These interventions are targeted at reducing the early onset of symptoms and preventing psychological disorders in the future (Liddle and Hogue, 2000). Dunst (2000: 99) defined early intervention as 'the provision of support and resources to families of young children from members of informal and formal social support networks, that both directly and indirectly influence child, parent and family functioning'. This definition highlights the need for a holistic approach that includes the child as the centre but also focuses on their families, communities and environments as potential providers of support and of meeting their needs – as well as the prevention of these needs in the first place.

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<sup>2</sup> A more complete literature review on prevention, early intervention and family support is available in the supporting documents available from Tusla. These include: What Works in Family Support; Meitheal – A National Practice Model for All Agencies Working with Children, Young People and their Families; and the Meitheal Toolkit.

Harvey (2014) highlighted the importance of prevention and early intervention, as these target children's formative experiences, and explained that this period can determine outcomes in later life. Early developmental prevention programmes that are well designed and carefully implemented have a positive impact on the child and the family, minimising the negative effect on future health, education and behaviour and the likelihood of engaging in criminality (Manning et al., 2010). Dekovic et al. (2011) stated that early prevention programmes can place children on positive developmental trajectories that can last into adulthood. However, they found no support for the hypothesis that they can also prevent adult crime, which suggests that current findings may be conflicting but also justifies the need for further research and gaining deeper understanding of how prevention and early intervention programmes can be fully effective and achieve their main goal of improving children and young people's lives.

The Agenda for Children's Services (2007) outlined the role of Family Support in prevention and early intervention in Ireland. Since the publication of this policy document, the focus of Family Support services in Ireland has changed from an intervention approach to one of prevention and promotion focused on achieving better outcomes for children, young people and families. Devaney et al. (2013) defined Family Support as the recognition of and response to the needs of families, particularly when they are facing difficult times. In turn, families are the ones that define their problem and the necessary support that should be supplied to them.

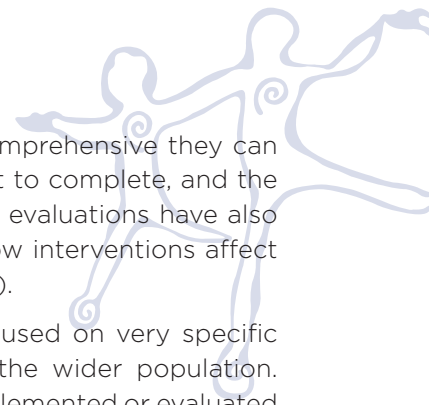
Best practice in Family Support has several principles that are essential to a holistic approach to working with children, young people and families. Family Support requires a clear focus on the wishes, feelings, safety and well-being of children and young people. Support provided should respect the timing, setting and changes needed according to the views of children, young people and families. Family Support services also need to strive for minimum intervention and facilitate access through as many options as possible, including self-referral and multi-access referrals. Planning, delivery and evaluation should happen on a continuous basis and be informed by the views of users and practitioners. Community support is also an important component of Family Support as partnerships and informal support networks should be strengthened and social inclusion should be promoted from a strengths-based perspective (Devaney et al., 2013). Strengths-based practices are those that aim to work with families and communities to counteract the negative effects that social problems, adversity and stress can have on them, by drawing on their positive attributes and skills. Additionally, approaches are targeted towards building stronger and more resilient systems and communities (Walsh and Canavan, 2014).

Emphasising prevention and early intervention has many advantages for children, young people and families, but it can also be challenging, as this framework can be difficult to sustain. This is because certain political, economic and structural requirements need to be in place to make this system possible and appropriate in order to meet the different levels of need for families, children and young people (Devaney, 2011). If these structures are not in place and working together as a synergetic system, the efficacy of prevention and early intervention services can be compromised.

A wide variety of prevention and early intervention programmes have been implemented internationally and Ireland.<sup>3</sup> Harvey (2014) wrote that these programmes and interventions seem to have a wide variety of sample sizes, number of sessions, intensity, duration and comprehensiveness. Therefore, comparisons between programmes can be very challenging. Sanders et al. (2000) added that sample sizes are usually small, follow-up periods are very short and there is a reliance on self-report measures, with very limited possibility of replication. Regarding evaluation methodologies employed, methods and designs need to improve to increase the credibility of findings (McClenaghan, 2012). Some evaluations, for example, have used single measurements (Correia and Da Silva, 2013) to determine the impact

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<sup>3</sup> Some international examples are the SAFE Children Preventive Intervention (Tolan et al., 2004); DARE To Be You Programme (Miller-Heyl et al., 1998); The Nurse-Family Partnership (Olds, 2006); Family Check-Up (Shaw et al., 2006); Turkish Early Enrichment Project (Kagitcibasi et al., 2001); Triple P Positive Parenting Program (Turner & Sanders, 2006a; Turner & Sanders, 2006b); First Step to Success Early Intervention Programme (Çolak et al., 2015); Multidimensional Family Prevention (Liddle & Hogue, 2000). Some examples of prevention and early interventions initiatives in Ireland are the Doodle Den Literacy Programme (Biggart et al., 2012); Speech and Language Therapy Service of the Childhood Development Initiative (Hayes et al., 2012); Lifestart Growing Child Parenting Programme (McClenaghan, 2012); Incredible Years BASIC Preschool Early School Years Parent Training (McGilloway et al., 2009, 2011) and Preparing for Life (PFL Evaluation Team, 2015).



of the intervention, which can limit the scope of these evaluations and how comprehensive they can be. Additionally, people with literacy difficulties may find questionnaires difficult to complete, and the quality of the data captured may be limited (Correia and Da Silva, 2013). Some evaluations have also excluded children's views of the interventions, which limits understanding of how interventions affect children and young people's lives from their own perspectives (Çolak et al., 2015).

Specifically, prevention and early intervention programmes in Ireland have focused on very specific deprived populations; however, their findings have not been generalised to the wider population. Prevention and early interventions with a nationwide approach have not been implemented or evaluated yet, and therefore research needs to focus on these types of interventions to really understand how political, economic and social structural systems can work together to achieve better outcomes for all children, young people and families in Ireland.

### 1.2.2 Current Trends in Child Protection and Family Support

Gilbert et al. (2011) described a current tendency towards child-focused orientations, which concentrate on children and young people as individuals with independent relations to the state. These orientations are focused on promoting the overall well-being of the child or young person rather than a narrow approach of preventing harm and abuse. The State also has an important role in providing and promoting a wide range of prevention and early intervention services. Churchill and Fawcett (2016) described the case of Australia where local governments are now investing in more universal and family-oriented services, with the aims of preventing child maltreatment and promoting child welfare. It has been argued that currently there is a transition 'from discipline and punishment to constructive engagement and restoration' (Young et al., 2014: 137).

Jones et al. (2015) suggest that at present there is an emphasis on child well-being, which demands a focus on social work and child protection that moves beyond child safety and permanency to one of holistic outcomes. Nevertheless, defining and conceptualising well-being is challenging. Pollard and Lee (2003) stated that well-being is a commonly used term but that it is inconsistently defined. There is also little agreement on how best to measure child well-being; however, it is critical that measures of well-being actually capture the multidimensional nature of the concept and evaluate cognitive, physical, psychological and social domains. Hogan and Murphey (2012) defined indicators of outcomes as measures of well-being. Therefore, both outcomes and well-being are relevant outputs to evaluate in the context of prevention and early intervention for children, young people and families. Devaney et al. (2013) wrote that in the Irish and the international context there is a tendency to focus on evidence-based practices to achieve outcomes for children, young people and families. Tunstill and Blewett (2015) suggested that the new focus on outcomes is guided by three aspects: evidence-based practice, the advantages of early intervention compared to late intervention, and the emphasis on inter-agency and cross-sectoral provision of help for children, young people and families.

The focus on outcomes promotes the effectiveness of services and a framework for accountability of results as well as clear standards targeted over time. Outcomes are indicators of the benefits experienced by individuals and families as a result of services received (Hogan and Murphey, 2002; Bailey et al., 1998). Outcome evaluations allow services to understand how children, young people and families are progressing in specific areas and to identify priorities for change. This type of evaluation also includes current services and supports available, how they work and how these should be coordinated to improve children's, young people's and families' outcomes (Children & Young People's Strategic Partnership, Northern Ireland, 2011).

Current trends in child protection and Family Support also advocate for inter-agency and multi-agency responses, which can and will enhance service effectiveness (Churchill and Fawcett, 2016). According to Devaney et al. (2013), the advocated approach has included partnership between families and key agencies. Communication and collaboration between agencies are essential to the promotion of children and young people's well-being; this can be a challenging process where misunderstandings, omissions and duplications are likely to happen, but the focus should be on the advantages and benefits that this can achieve in the short and long term for children, young people and families.

### 1.3 The Prevention, Partnership and Family Support Programme

The Development and Mainstreaming Programme is the title given to a new programme of action being undertaken by Tusla as part of its National Service Delivery Model. 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<sup>4</sup> and their families. Central to this programme are five distinct but complementary and interwoven work packages: parental support, public awareness (i.e., increasing awareness of where to access help among the general public), 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 model and the CFSNs. 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. The 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 as well as the CFSNs and developing a smoother continuum of support for families, from low-level universal supports through to more acute interventions.

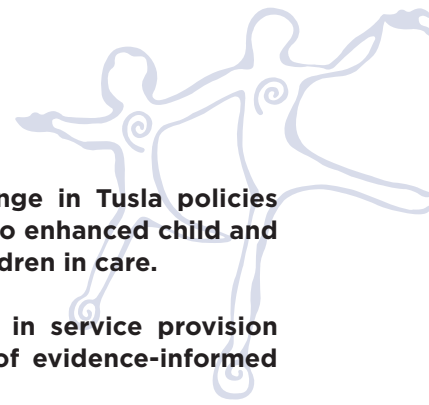
The PPFS programme, which is funded by the Atlantic Philanthropies, Ireland, is driven by a series of medium-term and long-term outcomes, as follows:

#### 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.**

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<sup>4</sup> 'Children and young people' refers to all individuals who are under the age of 18.



### 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.**

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 within 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 education programme geared towards increasing understanding and encouraging service take-up by parents.

## 1.4 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.

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., 2013a: 1). For the purposes of this research, Meitheal is constituted as such when the preparation stage<sup>5</sup> 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 particular 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, 2015). There are a number of principles that Meitheal operates under as set out by Tusla:

- **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' (2011).**
- **Meitheal is a voluntary process. All aspects – 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 to the end point of the process – are led by the parent/carer and child/young person.**

- **A Meitheal Support 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 his or her family and environment. It takes into account 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, 2015: 15-16).**

This is complemented by two core features; firstly, that the Meitheal model operates outside of the child protection system in that, for instance, families cannot be involved with Meitheal and 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 suspended 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 referral pathways into Meitheal. The first is the direct or self-initiated Meitheal where a referral 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 the CPW department. 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 system or where there are still some unmet welfare needs.

In order to support Tusla's aim of developing an 'integrated service delivery' (Gillen et al., 2013a: 14) framework for working with families, CFSNs are being established. In each ISA a number of these multi-agency networks (ideally one per 30,000-50,000 inhabitants) are 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'<sup>6</sup> 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., 2013a). The development of the CFSN initiative is supported by the deployment of coordinators, whose role and contribution is discussed later in this report.

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<sup>6</sup> 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

# 2.0

## Methodology



### 2.1 Aim and Research Questions

The overarching research aim of the Meitheal and CFSN model work package is to establish whether Child and Family Support Networks are established across all 17 management areas with meaningful engagement from a wide spectrum of practitioners and delivering timely, integrated support to children, young people and families with additional needs.

This aim can be broken down into a series of main research questions:

- **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?**

Flowing 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. Particular 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 case level; and between PPFS and Child and Young People's Services Committees (CYPSC) at the steering committee level.

### 2.2 Rationale and Purpose of the Study

The aim of this study was to evaluate the early stages of the implementation of Meitheal and the CFSN model from the perspective of Tusla and external partner organisations. Although the data was collected between June and September 2015, when the model was at an early stage of implementation, with certain aspects of the work (structures, network creation, etc.) at various stages of development, this allowed for early trends and patterns to be highlighted. In turn, this enabled the exploration of barriers and challenges to the successful implementation of Meitheal as well as highlighting the strengths of the initiative and key actions that had been taken in various areas to support the process. It should be noted that this was intended to reflect the implementation of Meitheal and the CFSNs at a particular period of time.



## 2.3 Background to the Study

This study is grounded in the systems theory approach, which allowed for both individual contributions to the implementation of the Meitheal and CFSN model and its overall performance to be evaluated (Wulczyn et al., 2010). This had implications for how the evaluation was framed and the design of the research. It also informed the design of the data collection tools and the type of participants included in the study. A case study approach was used in this study, as the complexity of the Meitheal and CFSN model, and how it is being implemented nationally, required a design that gave space for a holistic perspective to be obtained around its various elements (Yin, 2003). The specific questions that underpinned the research include:

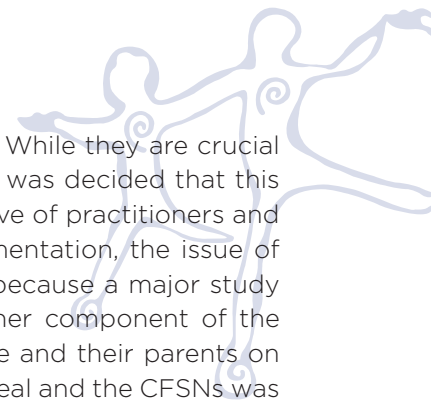
- **How are referral pathways within Meitheal operating? Are they operating as intended? Are there unintended consequences arising from the existence of the Meitheal referral pathway?**
- **Are the relationships/partnerships necessary for the operation of the system in place?**
- **Are the key interface points internally and externally working well (child protection, education and health in particular)?**
- **Is there evidence of enhanced multi-agency working?**

## 2.4 Research Design

As the research study was focused on ascertaining the participants' views and perceptions about the implementation of the Meitheal and the CFSN model, it was decided that a qualitative approach should be taken. In order to collect the data, a series of semi-structured question schedules was developed for each 'type' of participant (for example, area managers, PPFS managers and external stakeholders). While there were some differences in emphasis, overall the data collection focused on the process of implementing Meitheal and the CFSN model, key strengths of the initiative, challenges and barriers to the implementation of the model, fidelity to Meitheal's guiding principles, and the core interfaces underpinning Meitheal. These interfaces were between Meitheal and CPW and between Tusla and other statutory agencies and Tusla and the community and voluntary sector in relation to this model. In keeping with the research team's policy of minimising the research burden where possible, some data was also collected for the other four PPFS work packages.

An important factor in the design of the study was the profile of the research participants. A purposive sampling method was used in this research to select potential participants. It was necessary to capture the views of as wide a range of Tusla staff as possible, including individuals who were directly tasked with the implementation of Meitheal and the CFSN model, along with practitioners who refer into the model, participants and Lead Practitioners. It was also vital to include external stakeholders from other statutory services and the community and voluntary sector, as they have a significant role to play in the implementation of the model in terms of their engagement with it, their interpretation of its effectiveness and its 'ease of use'. To this end, the research team was interested in including practitioners from the broader family support and youth services sector as well as representatives from statutory bodies such as Gardaí, county childcare committee employees and so on. The aim here was to include participants who had been actively involved in Meitheal, or would be in the near future, either as Lead Practitioners or members of a Meitheal team rather than quota sampling from particular sectors. In addition, because of the significance of CYPSC committees in the development of Meitheal and the CFSNs, it was decided to include CYPSC coordinators in each area and, where possible, subcommittees that were directly linked to its implementation.





A decision was taken not to include service users in this phase of the research. While they are crucial informants and contributors overall to the Meitheal and CFSN work package, it was decided that this study should focus only on the implementation of the model from the perspective of practitioners and other professionals. This was for reasons such as the early stage of its implementation, the issue of access to sufficient numbers of families who had experienced a Meitheal, and because a major study on outcomes from the point of view of families is already in design as another component of the research. This study will specifically include the views of children, young people and their parents on their experience of Meitheal. As statistics relating to the implementation of Meitheal and the CFSNs was not available for the specific period of the data collection process, or specifically for three of the four research sites, it was decided not to include statistical information relating to, for example, the number of Meitheals carried out.<sup>7</sup>

### 2.4.1 Sampling

In order to purposively generate a sample for the research, a number of characteristics were used to select the sites included in the study. These included whether areas were early or late adopters of the model, had an initial focus on either the development of the CFSNs or the Meitheal model, and had direct or indirect access routes to the Meitheal model. The aim was to select four sites which had a range of these characteristics at varying stages of implementation.

### 2.4.2 Recruitment Strategy

Permission was granted by the National Manager for PPFS to contact the area managers in the four research sites. Consent was then given by the area managers to contact the PPFS managers to organise data collection. In order to minimise disruption to Tusla operations and reduce the time the data collection would take, it was decided that where possible the data would be gathered over a two-day period during site visits. The PPFS managers in three of the sites and a CFSN coordinator supported the organisation of the interviews. A Participant Information Sheet and Consent Form were forwarded to participants. However, for logistical reasons, in a very small number of cases an email was prepared for participants and sent to them by the Tusla gatekeepers. A number of phone interviews were carried out with participants who were either unavailable during the site visits or who were identified as key sources after initial examination of the data or where gaps were identified, such as Lead Practitioners who had led a Meitheal. In these instances, contact was made by the researcher with these participants, Participant Information Sheets were sent, and verbal and written consent in the form of a signed Informed Consent Form was obtained. It should be noted that no social workers in Area A took part in the research. Efforts were made to secure participants (including sending emails and making telephone calls), but this was unsuccessful. None of the participants withdrew during the research process.

## 2.5 Profile of the Research Participants

In total, 107 participants took part across the four areas, with 43 interviews (25 face-to-face and 18 by telephone) and 13 focus groups carried out. Table 1.1 shows each type of data collection method by area, and the breakdown of Tusla and external participants (community and voluntary sector and statutory sector). There was a significantly higher number of participants in Area C than in the other areas. This reflected the complexity of this ISA in terms of the number of counties it includes (three) and the number of relevant CYPSC committees (four). This in turn led to the use of a higher number of focus groups, as this maximised the number of participants who could be included, and reflected

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<sup>7</sup> At the time the data was collected, the reporting period for PPFS was every six months (January to June and June to September). Only one of the four areas was a complete ISA in itself, which means that statistics provided on the other three areas would not be representative of them.

the need, for example, to include the views of the CYPSC committees. The balance between Tusla employed participants and ones from external organisations in each area depended on a number of factors, including the availability of participants and the particular structural emphasis underpinning Meitheal implementation in each area. For example, in Area A there were more external participants because Meitheal is focused more on direct referrals from the community and voluntary sector.

**Table 1.1 Participant Profile and Methods of Data Collection**

Area	Tusla	External	Total	Face-to-Face	Telephone	Focus Groups
Area A	7	11	18	6	5	1
Area B	18	6	24	6	3	3
Area C	16	28	44	6	7	6
Area D	15	6	21	7	3	3
Total	56	51	107			

In order to help protect participant anonymity, a national profile of the participants by sector and profession is provided in Table 1.2.

Table 1.2 National Profile of Participants

Agency	Role	Number
Tusla	11	1
	Area managers	4
	PPFS managers	4
	PPFS team	7
	CFSN coordinators	9
	Social workers	18
	Educational Welfare Service	5
	FRC	5
	CYPSC coordinators	4
	Total	56
Statutory partner agencies	CAMHS	1
	County Childcare Committee	5
	Garda Síochána	2
	HSE	5
	County Council	3
	Education and Training Boards	2
	University sector	2
	Addiction	1
	School	1
	Rural development	1
	Total	23
Community and voluntary sector	Addiction services	2
	Domestic violence	3
	Family Resource Centre	4
	Foróige	6
	ISPCC <sup>8</sup>	2
	Other family support services	5
	Other youth work services	4
	Springboard	2
	Total	28

8

<sup>8</sup> Irish Society for the Prevention of Cruelty to Children.

## 2.6 Data Collection

The data was collected between June and September 2015, with two days spent on site in each of the four areas. Subsequent interviews were carried out by telephone, depending on the availability of the participant. On average the interviews and focus groups lasted for approximately an hour. They were audio recorded and later transcribed. The data was stored securely and only accessible to the research team.

## 2.7 Data Analysis and Write-Up of the Report

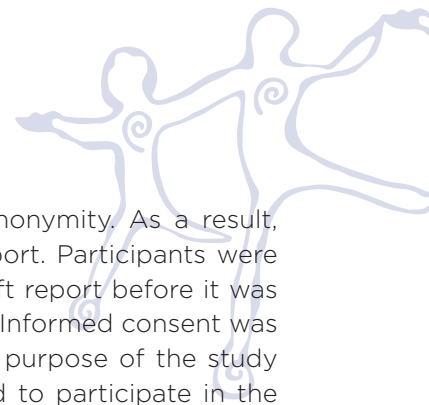
The data analysis was supported by the use of NVivo, which is a qualitative data management software programme. Thematic coding was applied to the data firstly on an area-by-area basis. Subsequently this data was brought together and analysed in order to obtain a national picture of Meitheal and CFSN implementation. The intention during the data collection phase was to gather participants from a number of different sectors and professions as well as both front-line and managerial perceptions of the model. However, during the analysis and subsequent write-up of the findings, the focus was on the significant themes that emerged from the data rather than categorising views by type of participant.

The data was coded according to six major themes, which formed the basis of the findings chapter. These themes are:

- **The process of implementing Meitheal, including how responsibilities were allocated and the stage of implementation in each area.**
- **The development of the CFSNs and their strengths and difficulties.**
- **The interface between Meitheal and CPW as well as the relationships between Meitheal and the community and voluntary and statutory sector.**
- **The issue of model fidelity.**
- **The strengths and achievements of the Meitheal model.**
- **The challenges and barriers to the implementation of Meitheal.**

The reporting of the findings was framed by an intention to provide formative feedback to Tusla on the early implementation of Meitheal and the CFSNs. Therefore, the data was interpreted from the perspective that this was a new initiative and that each case study area was at a different stage of implementation. With this in mind, where possible the report focuses on providing a national overview of the Meitheal and CFSN model, at a specific point in time, with examples given from individual areas that were felt to be appropriate or particularly illuminative of overall patterns or themes that had emerged.

In order to protect the anonymity of the participants and in acknowledgement that the intent was to focus more on formative rather than summative feedback, the report's findings are written in a narrative style based on the views and perceptions of the research cohort. Therefore, quotes from individual participants are not included in the findings section of this report. Findings are attributed collectively to participants except in instances where the point is specifically relevant for a particular discipline or role. The four areas where data was collected are referred to throughout as Areas A-D.



## 2.8 Research Ethics

An issue which needed careful consideration in this study was participant anonymity. As a result, participants are not identified by name or job description in the published report. Participants were also offered the opportunity to review a transcript of their interview or the draft report before it was published by informing the interviewer of this at the time of the data collection. Informed consent was received from all participants through the use of preliminary guidance on the purpose of the study and the provision of a Participant Information Sheet. Participants were invited to participate in the fieldwork in a way that ensured they were aware of the wider context of the research, and it was their choice whether to take part or not. They were reminded that they were free to withdraw their consent in advance of interviews and focus groups. Participant anonymity was further protected by not including quotes from individuals in the findings and by writing the report in such a way that attention was not drawn to specific viewpoints or opinions.

## 2.9 Conclusion

This chapter outlined the methodology that underpinned this study. It described the aims and research question and provided an overview of the research design, including the data collection methods, a profile of the participants and the data analysis and write-up process.

# 3.0

## Findings

### 3.1 Introduction

This chapter provides an overview of the main findings from the case study. There are six sections that cover the main themes of the research: Context and process of the development of Meitheal; CFSN Development; Interface with Child Protection and Welfare; fidelity to the model; main perceived benefits of Meitheal; and finally challenges to the model. Each section opens with a summary of the main transferable points of learning from the study, followed by a narrative that captures the principal messages from participants on each of the themes relating to the four sample areas studied.

### 3.2 Context and Process of Meitheal and CFSN Development

#### 3.2.1 Introduction

Tusla, which was established in January 2014, assumed responsibility for the child protection and welfare system in Ireland, which prior to this was under the auspices of the HSE. Alongside the continued delivery of the child protection and welfare system, the new system also incorporated the implementation of PPFS into its Service Delivery Framework. A central component of this is the Meitheal and CFSN model. This wider context is important to note at the outset of this chapter, as the Meitheal and CFSN model was introduced into a pre-existing system that historically had developed in diverse ways within different areas depending on the specific demographic of the area, the nature of services within it, the particular structure of the CPW system, and the mix of professionals and organisations involved in the delivery of services. This diversity is strongly reflected in the findings reported, especially in this first section, which outlines the context and process of its early development. In light of the specific nature of the model's development in each area, the findings are presented by area in this section.

#### Summary Messages

- **The introduction of Meitheal and CFSNs in each area was influenced greatly by the existing service landscape.**
- **The nature of relationships between the community and voluntary sector and Tusla had a major impact on how the model was first introduced.**
- **In some instances, the model was integrated into existing structures, while in others, a restructuring took place in response to its introduction.**
- **Areas prepared for the introduction of Meitheal in a number of ways, such as by developing a Directory of Services and by organising information and networking opportunities.**
- **All areas aimed to use the introduction of Meitheal as a means of reorienting services towards prevention and earlier intervention.**
- **The resources available to individual areas to invest in the development of services were varied.**



### 3.2.1.1 Area Structure and Context

#### Area A

Area A is a largely rural county with one major urban settlement where many of the services available to children, young people and families are based. The implementation of the Meitheal and CFSN model draws heavily on an earlier inter-agency initiative that shared many of its characteristics and principles and was in operation for more than five years. Evidence of inter-agency working between CPW and outside agencies was found in the form of Service Allocation Meetings.<sup>9</sup> At the research cut-off point, plans were in place for a review of CPW operations, with the expectation that some of the Meitheal tools would be used by social workers in their Family Support planning. Service provision for families at a lower level of need is carried out more by the community and voluntary sector than by Tusla, which is more focused on responding to child protection concerns. A Directory of Services had also been recently developed as a joint collaboration between different agencies in the area.

#### Area B

Area B has a significant urban settlement, with some smaller towns and a large rural hinterland with few services and little infrastructure developed. The development of Meitheal and the overall PPFS initiative in Area B was set against a goal of reducing the number of children and young people entering residential care and increasing the provision of community-based supports. To this end, internal Tusla systems were restructured to facilitate the introduction of Meitheal. This included a move to a more integrated type of service provision, with greater emphasis placed on early intervention. The PPFS manager was appointed to manage both the Intake Team and the PPFS team. In addition, significant resources were invested in the model in terms of personnel and finances, including the reallocation of 17 Tusla staff from a residential unit into other areas, including into early intervention. There has been a significant realignment of Tusla in this area, with the aim of integrating service provision and enabling staff to work in a more collaborative manner. An extensive audit was carried out by the CYPSC committee on the gaps in service provision in the area. In preparation for this systemic reorganisation, a series of briefings were carried out by the Intake Team Leader and the CFSN coordinator for professionals in the community regarding CPW intervention thresholds, who were the key Tusla contacts, and so on.

#### Area C

There are four distinct CYPSC networks connected to this area, which according to a number of participants reflects the geographical and demographic complexity of the ISA. The area includes very disadvantaged urban areas, extremely rural isolated communities, and a county whose population has grown significantly in the past 15 years. Overall, the area has a mixed demographic and income level profile, and access to services varies widely. In some localities there are a number of well-established services available to support the implementation of the model, but in other localities there are very few or none. Within Tusla there has been a reconfiguration of resources to support the implementation of PPFS and Meitheal, with some staff moved from CPW teams into this area of work. The overall aim was to reorient the system towards early intervention, with the model viewed as an opportunity to introduce structures and secure buy-in for this approach. As part of this, a series of coffee mornings were hosted by Tusla to inform community partners about CPW services in some parts of the area.

#### Area D

Area D is one of two counties that were recently amalgamated into one ISA area. Area D has seen rapid population growth in the past decade and has a number of large towns as well as more rural communities. Area D is one of the least funded areas per child, which a number of participants argued has had a discernible impact on the resources available to support the implementation of the model. In addition, some of the participants noted that funding has been cut to the community and voluntary sector by up to a third in the past six years, further reducing capacity. There are issues with service provision coverage, with few supports available, for example, in the fields of mental health, substance misuse and for teenagers in crisis. Concerns were expressed that the agency did not have sufficient numbers of social workers to be able to deal with the volume of cases that were referred into CPW, and that this impacted on its overall ability to deliver services and support the implementation of a new model such as Meitheal.

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<sup>9</sup> In Service Allocation Meetings key agencies meet and take cases from CPW relating to welfare issues.

### 3.2.1.2 Relationships and Roles

#### Summary Messages

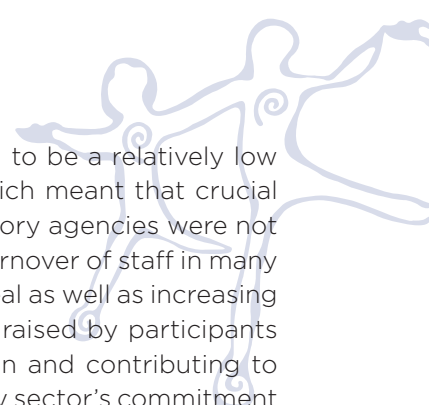
- **Reflecting the unique starting point for each area, there is significant variation in the structures developed to lead and manage the introduction of Meitheal.**
- **Structural arrangements vary across areas and included the development of a specific Meitheal team, the deployment of PPFS managers and CFSN coordinators and the creation of PPFS teams.**
- **There are notable variations in how closely those leading Meitheal work with the CPW teams and how this impacts on the nature of, and response to, referrals.**
- **To a large extent all areas reported strong and functional working relationships between Tusla and local community and voluntary organisations, but these differed in terms of the extent to which these relationships were based on formal structures or more informal relationships.**
- **Factors that impacted on relationships between agencies included the level of staff turnover and its impact on relationship building, the extent of engagement by statutory authorities outside of Tusla, competition for funding, and variation in the pace of reforms indifferent parts of the system.**

#### Area A

According to many of the participants, the introduction of Meitheal was set against a backdrop of historically positive relationships between practitioners in Area A, which continued to the Meitheal initiative. A number of participants noted that a significant factor in the success of Meitheal in Area A was the buy-in from the community and voluntary sector, who were the main source of referrals and provided most of the practitioners in individual processes.

There is a team in place in Area A with a specific remit of supporting the development of Meitheal. This team supports individual processes by communicating with participants and organising Meitheal Review Meetings. They limit the burden on individual practitioners through a rota system that helps to manage their contribution to the initiative. There is a dedicated Meitheal coordinator, separate to the CFSN coordinator, who plays an active part in increasing service provider engagement, such as: delivering briefings and presentations to agencies on the model; providing advice on its implementation; and having general oversight of the initiative. In addition, a Meitheal support worker and a part-time administrator who assists chairpersons and Lead Practitioners are in place. There is also a panel of experienced independent chairpersons to facilitate the Meitheal Review Meetings, and there are separate minute takers. Along with the duties typically associated with this role, chairpersons are tasked with ensuring that the Meitheal principles are adhered to and that the meetings are inclusive of families, for example, by ensuring that accessible language is used. They usually do not have a prior relationship with the family, which helps to maintain their impartiality and independence, but some act as Lead Practitioners in other Meitheal cases. The chairperson is responsible for referring a case to CPW and for deciding if it is no longer suitable for a Meitheal intervention. Where needed, advocates can support a child or young person's engagement through the process and can help where there is tension between a parent and their child. There is a regular formal review, which is supported by Meitheal staff and which examines the efficacy of the process, evaluates the continued relevance of the agencies at the table, and assesses the capacity of parents to engage and deliver on their part of the plan.





Despite the existence of a dedicated team, as described above, there appeared to be a relatively low level of engagement with the Meitheal process by some statutory services, which meant that crucial supports provided by, for example, adult mental health services and other statutory agencies were not immediately accessible to the Meitheal team. This was exacerbated by the high turnover of staff in many of the aforementioned services, which reduced levels of awareness around Meitheal as well as increasing the need to continuously build inter-agency relationships. Questions were also raised by participants about wider Tusla engagement with the Meitheal model in terms of referring in and contributing to individual processes. This placed further pressure on the community and voluntary sector's commitment to Meitheal, since some providers who took part in the research expressed concerns that too much responsibility was placed on them to lead the implementation.

## Area B

Practitioners stated that the history of inter-agency work and positive relationships was instrumental in shaping the nature of practitioners' engagement with Meitheal. Several participants noted that there was a high level of engagement with the model across a number of sectors such as schools, youth services and family support agencies, as well as internally in Tusla. The main vehicle for early intervention and prevention in the area is the PPFS team. This team has six staff from a social care background and is managed by the CFSN coordinator. They carry out direct work with families who have welfare needs, with Meitheal reserved for more complex cases. Much of the PPFS team's focus is directed towards supporting parents, for instance in their engagement with services, such as acting as their intermediary in negotiating appointments. They provide support for professionals in the community regarding working specifically with at-risk children and young people. The CFSN coordinator also has a key role in deciding whether a case needs a PPFS-led (welfare) or CPW (child protection) response, and has weekly meetings with the Intake Team Leader to discuss allocations of referrals. The CFSN coordinator is a member of the Tusla management team, and as such is involved in developing strategic plans for the area and actively works to overcome implementation barriers as well as building the CFSNs. The CFSN coordinator is also responsible for the development of these networks. The PPFS team coordinate Meitheal meetings and have begun to act as Lead Practitioners. Up to the time the data was collected, most of the Meitheals' had been led by the CFSN coordinator. Tusla management appeared to be keen to have outside agencies engage with Meitheal in the Lead Practitioner capacity, and stated that they were willing to support and mentor practitioners if necessary.

## Area C

Although there is a strong background of inter-agency engagement in this area, it is not uniformly widespread. Although there has been competition for funding opportunities, there is a history of inter-agency work in most parts of the area through a number of different initiatives. A relatively high level of engagement in Meitheal by statutory services was noted, including education and local authorities as well as among community and voluntary agencies. In Area C there is an overall PPFS manager and four CFSN coordinators. A community development worker has been appointed in one rural area to support service development there. A PPFS team leader is in place to support the implementation of Meitheal across the area, including a community development brief of ensuring all areas reach a point where Meitheal can be implemented. At the time the data was collected, there was an evolving relationship between Meitheal and CPW, with changes expected in who would be responsible for the Meitheal-CPW interface and what this structure would look like in practice. The CFSN coordinators will have a role in supporting an individual Meitheal by helping Lead Practitioners to organise meetings, but Tusla participants stated that it was not envisaged that they would take over this process in its entirety. It was intended that some of the larger funded organisations in the community and voluntary sector would provide managers who have experience in facilitating meetings to act as chairpersons or facilitators for Meitheal processes.

## Area D

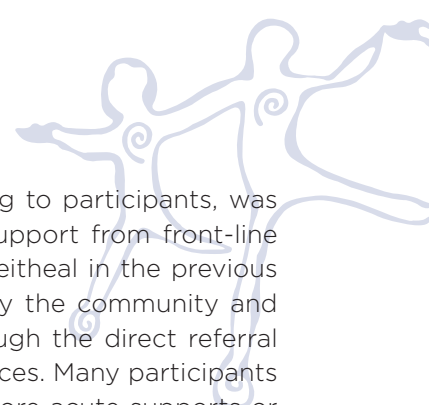
While participants argued that there were informal working relationships in place between services and sectors in this area, there did not appear to be defined structures in place prior to the introduction of Meitheal. In addition, the personal relationships that appear to be key underpinnings of the model's success were not as strong in this area, in part because of the recent establishment of this ISA. This was complicated by the fact that the HSE had also begun to work towards a multi-agency model and were not involved at the outset in the development of Meitheal and the CFSNs. Some participants believed that this had led to a heightened level of wariness and uncertainty about how and whether, at an institutional level, the HSE would engage with Meitheal and the CFSNs. Several participants noted that Meitheal implementation in Area D was supported by a small number of services that were relied on to contribute to individual processes.

Four CFSN coordinators had been appointed who were expected to become full-time in September 2015. An administrative worker had recently been employed to support Meitheal on a short-term basis. Tusla management's intention was that part of the administrative burden around Meitheal was to be taken on by the CFSN coordinators. These tasks included inviting agencies to participate in a process as well as increasing buy-in to the Meitheal model among potential participants in the community, voluntary and statutory sector. The CFSN coordinator is responsible for coordinating the implementation of Meitheal and the CFSNs in the area. In addition, they would act as a link between CPW and services in the community, work to make the model accessible to as wide a range of services as possible, deal with implementation barriers, liaise with CPW, decide where cases referred in through this pathway will be sent, and link with participants throughout the process. They will also join the relevant CYPSC committees. At the research cut-off point, one coordinator had been full-time in the position for 18 months but had recently taken on the (acting) PPFS manager role as well. Up until the time the data was collected, the CFSN coordinator had chaired all the Meitheal meetings and taken minutes.

## 3.2.2 Stage and Nature of Implementation

### Summary Messages

- **There is a notable difference in how Meitheal has been implemented. For instance, in some areas most referrals come through the direct system, whereas in others most referrals come from the CPW system.**
- **The number of Meitheals' completed at the research cut-off point varied across the study sites, with no Meitheal completed in one area.**
- **Factors attributed to delaying the process of implementation in areas included: efforts being put into developing an agreed implementation structure for the model; the impact of changes in management and key personnel; lack of availability of services to support the process; and challenges in the timing of the training.**



## Area A

From the outset, the emphasis in implementing Meitheal in this area, according to participants, was on a community-oriented approach, with a strong focus placed on gaining support from front-line services in the community and voluntary sector. While 44 families had used Meitheal in the previous two years, the intention was that greater use would be made of the model by the community and voluntary sector in the coming years. Most Meitheal cases were initiated through the direct referral pathway from the community, including by a number of schools and youth services. Many participants noted that the focus was on 'early' intervention before there was a need for more acute supports or where a family would come to the attention of CPW. Attempts had been made to establish diversion and step-down pathways from CPW, but very few families had come to Meitheal using this channel – although the numbers had begun to increase slightly in the months prior to the data being collected. A key feature of implementation here is that there was a clear division between Meitheal and CPW, with several participants commenting that there appeared to be few structured or informal relationships or connections between them. Some participants argued that to date, engagement between the Meitheal and CPW teams had been limited. This appeared to be partially caused by the deployment of an external Meitheal coordinator, whose role was described in the previous section, thus reducing communication and relationship-building opportunities. However, some participants felt that it was because CPW social workers were more focused on their statutory responsibilities, although CPW did regularly refer families to family support services in the community and voluntary sector.

## Area B

The number of cases referred into the PPFS system in this area that are defined as Meitheal was quite low, with a total of fourteen Meitheals' having been initiated from the introduction of the model to the research cut-off point. In general, there were fewer referrals from rural parts of the county than from urban areas. This was attributed to the dearth of infrastructure, fewer opportunities for professionals to come together in these areas, and less awareness among practitioners and families of what services were available. Up until the research cut-off point, most Meitheal cases came from CPW, and there was a very limited number of direct initiations from the community. A number of participants noted that significant emphasis had been placed on establishing formal structures to underpin the implementation of this model.

## Area C

There appeared to be a focus on systematic change in this area, as demonstrated by the careful and strategic way that Meitheal was being introduced. While there were possible issues with this approach, such as inhibiting momentum in the development of Meitheal and the CFSNs, some participants felt that the introduction of this model represented an opportunity to assess service provision and to make necessary changes, such as increasing service provision coverage. The slower pace of implementation than in the other three areas was also partially due to complicating factors such as changes in senior Tusla management in the ISA at the outset. While training had been completed in parts of the ISA, no Meitheal had been initiated at the research cut-off point. The focus in Area C was likely to be on the direct referral method rather than a divert or step-down pathway. This was supported internally in Tusla and by external stakeholders, who were adamant that balance was needed in how this system was managed. However, there was a draft system in place for the CPW diversion method, and plans were in place to brief social workers on the model, with some having already received training in it. Due to the disparity of service provision levels and the need to build capacity to support its implementation both technically and in working with families, Tusla management had decided to introduce the model on a phased basis, beginning in areas where there were services in place to support its implementation. This was to be followed by a gradual introduction in other parts of the ISA, based on the expansion of service provision in a locality.

## Area D

The initial implementation of the model in this area was made challenging by the fact that the national Meitheal training programme was not in place at the time it was initiated. Whereas Meitheal was launched in this ISA in November 2013, Meitheal training was not widely available until early 2015. While enthusiasm had been raised by the initial briefings, some participants noted that momentum was somewhat stalled by this delay. In addition, the materials needed to support its implementation, such as forms, were not readily available. It was not clear at the time the data was collected whether there was more of an emphasis on direct or CPW initiations. However, there was significant scope for greater structured engagement between Meitheal and CPW, with much of the interaction depending on the personal relationship between various stakeholders in this process.

## Conclusion

In sum, the way in which Meitheal has been introduced in each area is directly shaped by factors that were in existence at the time of implementation. The most significant of these are the existence of previous models that could be drawn on; the nature and quality of the relationships between organisations, professionals and the different sectors; and the leadership and management arrangements. A number of these themes are expanded on in the sections that follow.

## 3.3 Child and Family Support Network Development

### 3.3.1 Introduction

The development of the CFSNs is crucial to the successful implementation of Meitheal and the PPFS programme. The aim of the CFSNs is to provide a more coordinated response to families that moves away from a disjointed system of service provision. In this section, we report on participants' views about the role of the CFSNs, the CFSN Coordinator and the national implementation challenges. Given the diversity referred to in Chapter 1, the specific developments in each area are reported on individually.

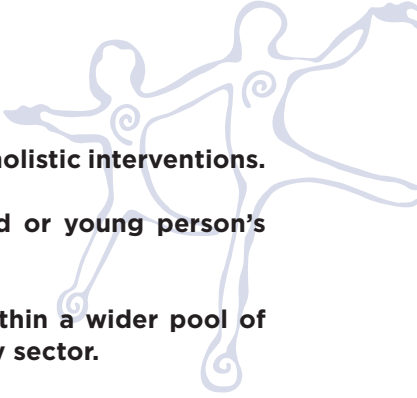
### 3.3.2 Role of the CFSNs

#### Summary Messages

- **The development of the CFSNs was generally welcomed by respondents.**
- **Views on the perceived role of the networks were relatively extensive. They included: an emphasis on the networks as a forum for facilitating partnership working, a way of addressing gaps in services due to boundaries or demographics, opportunities for skills enhancement, and improvement of community-oriented practice within an ecological framework.**

When asked about the role of the CFSNs, the possible opportunities identified by participants that they could offer were varied and expansive. The following is a summary of the opportunities highlighted. The CFSNs were viewed as:

- **A useful means of building on the inter-agency work that is already in place in many communities.**
- **A mechanism for skill development and sharing information as well as underpinning a more coordinated and timely response to families' needs.**

- 
- A facilitator of greater cooperation between agencies, leading to more holistic interventions.
  - A means of facilitating an approach that takes into account the child or young person's ecological context and their existing strengths and needs.
  - A means of providing access to and establishing points of contact within a wider pool of resources in both the community and voluntary sector and the statutory sector.
  - A contributor to the development of more evidence-informed service provision through enabling the collection of data on what services are required to support the needs of local populations.
  - A mechanism for enabling a community development approach to be taken towards service provision.
  - A forum for teasing out challenges in service coverage, such as how to support families living in rural areas with few facilities available locally.
  - A way to overcome boundary issues with, for instance, services expanding their catchment area to reach areas with scant coverage.
  - A source of support for professionals who are worried about a child or young person but who are unsure of what their next step should be.
  - A reference point for concerned parents to be able to access a range of services by contacting any agency in the network.
  - A provider of networking opportunities that allows practitioners to build better relationships, draw on other agencies' resources, build knowledge of what is available in the locality, and increase buy-in to Meitheal by broadening understanding of this process among members.
  - An opportunity to draw together different elements of Tusla by facilitating intra-agency work and offering clearer communication structures and pathways between its various components. For example, Educational Welfare Officers can collaborate more closely with other colleagues in Tusla within individual Meitheal processes.

### 3.3.3 The Role of the CFSN Coordinators

#### Summary Messages

- The CFSN coordinators are viewed as vital intermediaries between Meitheal, PPFS and the CPW system.
- CFSN coordinators are regarded as crucial to PPFS's early intervention focus through their role as internal-external communication links and collecting and disseminating information, for instance about programmes that are being organised by agencies across the service community.
- CFSN coordinators are seen as having great potential for inputting into service design and delivery in the future, based on their experience of leading and coordinating inter-agency working.

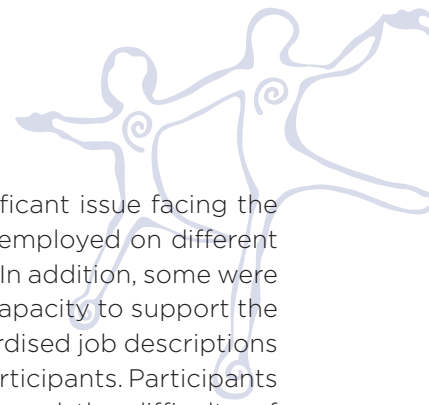
The employment of CFSN coordinators is viewed, particularly by Tusla representatives, as one of the most crucial elements in the successful implementation of Meitheal and the CFSNs. However, there are differences in how the role was interpreted across the areas. In general, coordinators seem to be vital intermediaries in three of the areas between Meitheal, CPW and the overall PPFS programme. Additionally, they had a significant role to play in securing engagement in the service community for the implementation of Meitheal and the CFSNs. Examples of their work in this regard include organising briefing sessions on Meitheal and visiting services to encourage their participation in the model. They were viewed as vital to PPFS's early-intervention focus through their role as internal-external communication links and by collecting and disseminating information about, for instance, programmes that were being organised by agencies across the service community. This sharing of knowledge and building of awareness of services and programmes in communities is crucial for the development of the CFSN model as well as for ensuring that families can access services as locally as possible. CFSN coordinators are seen as having great potential to input into service design and delivery in the future, since part of their role is envisaged as building capacity within the CFSNs as well as collating data on the needs of the community. Their connective role was viewed as also helping to improve and increase inter-agency work, as well as informing relevant personnel about Tusla's strategic plans on the implementation of the PPFS programme.

### 3.3.4 National Implementation Challenges

Participants identified a number of challenges to the implementation of the CFSNs at a national level. The main themes that emerged related to the status of the CFSN coordinator, the level of knowledge nationally, the availability of resources, engagement and boundaries.

#### Summary Messages

- **Disparity in terms and conditions of employment for CFSN coordinators was a source of considerable unease among a number of participants.**
- **The perceived absence of a standardised approach or guidance for the CFSNs is a cause for concern in terms of clarity of purpose and fidelity to the model.**
- **The main concerns around resources centred on: the capacity of existing resources, the number of services available, the particular limits of service provision in rural areas and the absence of an infrastructure for physical 'hubs'.**
- **There was a high level of confidence in the depth of engagement by community and voluntary sector agencies currently delivering child and family-related services.**
- **There was less confidence about the engagement of other agencies who would not consider their core remit to be child and family work. This concern was due to the need for a shift in practices and the demands on services in terms of time and focus.**
- **One of the most significant challenges to the implementation of Meitheal is the lack of co-terminosity between ISA regions and CYPSC boundaries, with some ISAs containing all or part of a number of CYPSCs.**
- **The fact that many ISAs cross county borders and are different to the HSE catchment areas was viewed as highly problematic for families in accessing services.**



### 3.3.5 CFSN Coordinator Status

Disparity in the terms and conditions of employment for coordinators is a significant issue facing the implementation of Meitheal and the CFSNs. In one area, the coordinators were employed on different types of contracts (i.e., administrator or professional) and at different pay grades. In addition, some were not full-time in the role and had other demanding positions, which limited their capacity to support the implementation of the model in the area. The varying pay grades and non-standardised job descriptions for CFSN coordinators was a source of considerable unease among a number of participants. Participants argued that this undermined the position of the CFSN coordinator and increased the difficulty of integrating their position into Tusla and specifically PPFS operations. Concerns were also expressed that this often meant that commitment to the coordinator role was based on goodwill that might not be sustainable into the future, resulting in possible human resource conflicts.

### 3.3.6 Level of Knowledge

While participants generally were well versed on Meitheal, and most had been trained in it, others were not aware of the structure or principles of the CFSNs. Additionally, there was some confusion over the role of the CFSN coordinators and the process of developing the networks. Both internal and external participants, including those who had actively engaged with Meitheal on both a system and individual process level, were unsure of what the CFSNs were. This represents a considerable risk to their successful implementation, since it reduces the likelihood of practitioners engaging with them. Their establishment is made slightly more challenging by the absence of a standardised approach or set of principles underpinning network development, which makes it more difficult for possible members to understand them or for agreement to be reached on what fidelity to the CFSNs should or could look like.

#### 3.3.6.1 Resources

While there is a positive attitude towards the CFSNs, there were perceived challenges regarding the capacity of existing services to take part in them and the number of actual services available to do so in some areas. Additionally, external providers face issues with reduced funding and staffing or have been forced to shut down altogether, while statutory bodies such as schools might not have sufficient time to devote to this initiative or the mandate to do so. Similar to the implementation of Meitheal, this issue could mean that engagement with networks is inconsistent, inhibited by low membership and that membership profiles will not be standardised even within individual ISAs. This is likely to be a particularly prominent obstacle in rural areas where family support agencies are fewer and where less community-based infrastructure has been developed. There is a twofold risk here that firstly, the implementation of the networks will overly depend on voluntary contributions rather than adequately resourced structures, and secondly, that even where agencies do commit to it they will not have the resources to fully engage with it. Some participants also indicated that the CFSNs might increase the pressure they are already under because of the number of networks they could potentially be asked to join. The idea of 'hubs' could be problematic where there is no physical infrastructure such as a Family Resource Centre to host them, with virtual hubs emerging as a potential alternative.

#### 3.3.6.2 Engagement

While buy-in to the CFSNs in the community and voluntary sector was probable, securing broader support for the development of networks was thought to face more difficulties. Several participants referred to the challenge of bringing key organisations or individuals into the CFSNs who do not feel they have a remit or role to play in child protection and welfare. In addition, there was a view that a change in the culture of referral to CPW will be needed. Instead of it being seen as the automatic response to child protection



concerns, practitioners are expected to view themselves as part of a supportive solution to a child or young person's unmet needs. In the case of the HSE, this is further complicated by the establishment of Tusla and its subsequent assumption of responsibilities for children, young people and families. Consequentially, some participants argued that HSE senior management would feel that engaging with these networks was not a priority for their agency. A further complication is that joining these networks might be resisted because agencies or individuals could be wary of the accompanying expectation that they work in new ways, for instance in a more integrated, multi-agency style or with different age cohorts.

### 3.3.6.3 Boundaries/Network Areas

The question of where and how many networks should be set up and who should be involved in each one was raised by a number of participants. All of the ISAs that were included in this research stretched across county boundaries, which created challenges in terms of eligibility for services, help-seeking patterns, and so on. This is compounded by the fact that HSE primary care<sup>10</sup> areas and Tusla-defined CFSNs do not always match. The risk here is that 'boundaries could become borders', whereby families who live in a specific CFSN might not be able to access all services there because the HSE argues that they are not in a particular catchment area. Some participants argued that there were potential conflicts in some locations between families' geographic definitions of a local area they seek help within and the network area they live in. Families may rely more on supportive relationships developed in locations they are historically attached to and feel that they do not 'belong' to the area they are officially identified as living within. This is often compounded by low levels of public transport, especially in rural areas, which could prevent people from accessing services outside their immediate locality. This is exacerbated by the fact that some services operate in certain parts of an ISA but not in others, which means that there is inconsistent support available for families.

One of the most significant challenges to the implementation of Meitheal and the CFSNs is the lack of coterminosity between the ISA region and the CYPSC boundaries, with some ISAs containing all or part of a number of CYPSCs. This impacts on the quality and depth of the preparation carried out before the networks are developed, with a number of participants arguing that this preliminary work was, in fact, crucial to the implementation of this model. This is further complicated by the absence of strategic, formalised relationships between the CYPSC areas, so that plans which are developed in one area do not appear to be seamlessly integrated with others. The membership profile of CYPSC committees can create challenges in securing buy-in from agencies and other professionals, especially in the statutory sector, where potentially key champions are not always affiliated with it.

### 3.3.7 Process of Network Development

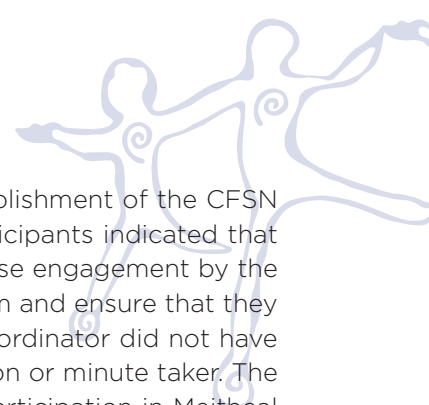
#### Summary Messages

- **The CFSNs have developed in different ways across the four areas, and insights from these experiences can inform implementation in other ISAs.**
- **The development of the networks in each area is intrinsically linked to the wider context of child welfare services, relationships with voluntary, community and other statutory sectors, the history of service delivery and leadership garnered from key personnel, structures and prior models of practice.**
- **The need for ongoing attention to the process of network development at an area level was emphasised by respondents.**

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<sup>10</sup> Primary Care areas refer to all the health and social care services available within a particular locality, outside of hospitals. These include professionals such as Public Health Nurses, general practitioners and physiotherapists (HSE, n.d.).





## Area A

A CYPSC committee was established in 2015, including a subgroup for the establishment of the CFSN areas with the intention of developing three networks within the ISA. Tusla participants indicated that these networks were being created at a deliberately slow pace in order to increase engagement by the service community, by allowing stakeholders to feel a sense of ownership of them and ensure that they were not perceived as solely driven by Tusla. Unlike in other areas, the CFSN coordinator did not have a role in the implementation of Meitheal other than as an independent chairperson or minute taker. The intention was that the CFSN coordinator would use the networks to promote participation in Meitheal in order to facilitate an increase in the number of Meitheals carried out. Within the CFSN framework, services will widen their geographical remit to, for instance, include new catchment areas or to establish outreach services. Tusla management anticipated that the CFSN coordinator would eventually act as a link person between CPW, the Meitheal coordinator and services, and in this way help to embed a more consistent continuum of support for children, young people and families into Area A's structures. This will also help to ensure that there is more throughput of cases from Family Support to CPW and vice versa.

In this area, some participants expressed concern about the disjointedness of the service provision landscape (i.e., the spectrum of services that are available in the area and how they are connected together as a system) and that some key service providers' reluctance to engage could lead to an overreliance on a small number of stakeholders. While this disengagement was seen as often underpinned by restrictions on resourcing and understaffing, there was also a concern about limited involvement by some potentially crucial stakeholders in the earlier iteration of the model and in Meitheal. A related concern, in light of the fact that Meitheal is already embedded within a virtual network of service providers, is that there would be little incentive to participate in the CFSNs or that they will be not have a distinctive enough purpose to become the central fulcrum of service delivery. A few participants were also worried that CPW would favour referring into Service Allocation Meetings rather than into Meitheal or the CFSNs because they are already familiar with that model.

## Area B

There are four networks in Area B, which are seen as the cornerstone of PPFS's implementation. Tusla management focused on their development, which was grounded on careful foundations and carried out slowly, relatively organically and through dialogue. The networks were launched in 2015 but the process began in 2013 with a CYPSC steering group that evolved to include schools, Public Health Nurses, representatives from Tusla and youth services. This two-year period allowed the group to foster greater understanding of PPFS and what they wanted to achieve, as well as developing relationships with, for example, the CFSN coordinator. The networks were based on, for instance, how community Gardaí were allocated, what the HSE primary care areas were, and what localities were historically affiliated. Emphasis was placed on the fluidity of the networks, which allows families who live in one network area but who choose to access services elsewhere to be supported. The PPFS team were assigned networks so they could become familiar with services there and were responsible for organising network meetings, et cetera. Significant efforts were made by the CFSN coordinator to engage as wide an audience as possible, for example by selecting meeting times that would be the most suitable for staff and practitioners.

Despite the intensive work that has been put into the CFSNs, some participants argued that at the research cut-off point the networks had yet to tease out what their function was and how they would move forward. Perhaps to a certain extent because of this slight uncertainty, attendance at some of the first network meetings was relatively poor, especially in comparison with participation in Meitheal training and briefing sessions. The challenge of integrating CPW social workers into the CFSNs was recognised, as although they understood it was important, they consider themselves to be primarily in charge of child protection cases. Interestingly, with the exception of one (rural) network, there was a noteworthy level of engagement from the school's sector in this initiative, which some participants partially attributed to the briefing sessions that had been organised by Tusla around CPW and PPFS.

## Area C

A planned and methodical approach has been taken towards the development of the model in this area. This is demonstrated by the deployment of a community worker to focus on improving service provision capacity in one rural part of the ISA where there were very few services available. The implementation of the CFSNs is grounded in the work carried out within the CYPSC system with, for instance, attention given to inter-agency protocols, case management and information sharing by at least one committee in the ISA before the Meitheal and CFSN model was introduced. At the time the data collection took place, the PPFS team were working towards developing the exact network areas. Although the networks were not yet fully in place, training sessions had already helped to build links between agencies, which drew on prior experience of services working together. In Area C the CFSN coordinator will work with the Lead Practitioner to plan the Meitheal process, for instance, around logistics and the implementation plan. Coordinators will negotiate with CPW around barriers to families coming into Meitheal, such as where a case is open to CPW for 'simple' reasons such as requiring letters of support. They have carried out extensive work around providing Meitheal training, as well as supporting agencies and the provision of services in the local community by providing information on programmes, and so on. However, a few participants argued that stakeholders' perceptions of CFSN coordinators' independence from CPW could be undermined by their location within the department and their backgrounds in Tusla social care.

While almost all of the participants in Area C were enthusiastic about the introduction of Meitheal and the systemic changes that were taking place, there was some scepticism among a section of the research cohort about the introduction of what they perceived to be another potentially short-lived initiative, which could be replaced by a new approach in the coming years. There was also some weariness among a number of participants about the development of another inter-agency process, since there were several multi-agency initiatives already in place in this ISA. Here the challenge will be to integrate the CFSNs into existing practices and to develop protocols that allow them not only to stand on their own but also to work with other models in the most efficient and effective manner possible.

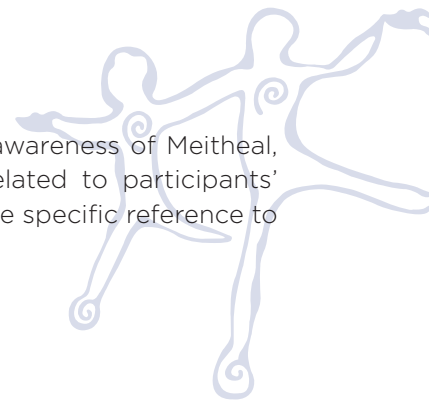
## Area D

It should be noted that at the time the data was collected, the CFSNs had not been established and a number of coordinators were moving into a full-time position in the following months. Although considerable work had been carried out by the CFSN coordinator on the model, for this reason there was less data collected on this topic than in other areas. Four network areas were proposed in this ISA, with a coordinator in charge of each one, and the intention was that the networks would become fully operational in September 2015. These were seen as a crucial ingredient in the development of services in the area, and consequentially in the implementation of PPFS in Area D. Linkages between CYPSC and the CFSNs were demonstrated by the fact that coordinators for both of these initiatives delivered the Meitheal briefings to service providers. All the coordinators were well known in the service provision community in their area, and are expected to act as chairpersons in individual Meitheal meetings (a role that the first coordinator who was put in place had taken on from the outset).

## 3.4 Relationship between Meitheal and the Child Protection and Welfare System

### 3.4.1 Introduction

The interface between Meitheal and the Child Protection and Welfare System was a very significant theme in this research, as reported below. There are five main sections. Firstly, views are reported on the interface between CPW and Meitheal, with a particular focus on the process of referral and the impact of Meitheal on the number of cases coming into CPW. The next related theme looks specifically at the



perceived impact Meitheal will have on CPW. The following three themes are awareness of Meitheal, thresholds, and structural barriers. In this section, most of the points are related to participants' responses across the areas. It is thus mostly reported in general terms, with some specific reference to examples within areas for illustration.

### 3.4.2 CPW - Meitheal Interface

#### Summary Messages

- **Social workers on the Intake Team were very positive about the introduction of Meitheal, as it offered increased options for referral of families who did not reach the threshold for a CPW intervention.**
- **A number of participants argued that Meitheal could help to change the relationship between CPW and community-based services by facilitating opportunities for dialogue, learning and collaboration.**
- **Some concerns were expressed by those external to Tusla about developing new ways of working with the CPW system.**
- **Many participants believed that the introduction of the Meitheal model helped to facilitate the management of risk in the community to a greater extent and was of vital importance in light of the introduction of mandatory reporting.**

Social workers were generally very positive about the introduction of Meitheal and the CFSNs. This was especially the case for social workers on the Intake Teams who felt that it increased the options they had at their disposal for families who did not meet their threshold for intervention, and that it would reduce CPW waiting lists. Meitheal was perceived as a useful resource distinct from what an individual service could offer to a family with complex needs and from when a CPW intervention was necessary. It also reduced their sense of frustration, for instance, at having to make multiple referrals to community services in the hope that one would respond, regardless of whether this was the most appropriate option. Many participants from this sector argued that it relieved some of the pressure on individual social workers, as they knew that they could refer a family on rather than closing a case or adding it to an often already lengthy waiting list. Some participants also noted that Meitheal could become an even more vital resource for CPW should mandatory reporting increase the volume of referrals to the extent that they feared might happen. A number of participants argued that Meitheal could help to change the relationship between CPW and community-based services by facilitating opportunities for dialogue, learning and collaboration. However, external participants seemed to be wary of putting their trust in a process that depended in part on working with CPW departments, because of previous communication issues and conflicts over thresholds of intervention. However, Meitheal, should it be faithfully implemented, provides significant scope and space for rebuilding relationships at this interface. One participant, for instance, noted that their experience with Tusla regarding Meitheal had been very positive in the nature and timeliness of communication and the kind of connection that had already begun to develop as a result of this process.

There have also been some indications that a referral culture – whereby agencies that in the past had automatically referred child protection concerns into CPW – had begun to view themselves as having a proactive part to play in working to resolve issues. This allows for more responsibility to be taken by a range of services and professionals who are in contact with families, thus creating a system with a greater sense of shared ownership underpinning it. This is part of a shift towards sharing responsibility for child protection among the wider community rather than solely relying on CPW departments to

intervene. Many participants believed that the introduction of the Meitheal model helped to facilitate the management of risk in the community to a greater extent since there was greater support available and there was a structured process for people to draw on.

### 3.4.3 Impact on the CPW

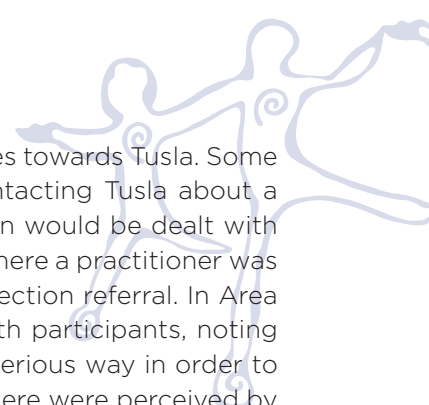
#### Summary Messages

- **Social workers in particular saw Meitheal having a direct impact on the type and nature of referral into the CPW system.**
- **The introduction of Meitheal can help to reduce CPW waiting lists.**
- **Meitheal was seen as having an impact on changing the attitude of external agencies and the public of Tusla as being only a CPW agency.**
- **Meitheal is perceived as offering the potential for social workers to work in a more preventive way.**
- **While the distinction between child protection and the PPFS team is somewhat blurred in certain areas, Meitheal was generally perceived to have the potential to facilitate the introduction of clearer procedures and structures to distinguish between how cases above and below the threshold for CPW interventions are responded to.**

CPW social work participants commented the most on their view of how Meitheal would impact on the CPW system. A number of points were made about the referral process. It was suggested that if Meitheal is implemented effectively on a local and national level, the number of cases on CPW waiting lists could be reduced because of its scope for structured early intervention. Several participants argued that its use enables lower-level cases to be directed elsewhere rather than being added to their waiting list. The step-down referral pathway was also regarded as a means of reducing re-referrals into CPW, as Meitheal allows some support to be offered to families to address unmet welfare needs or to assist them in their transition out of the system. Some social workers also felt that they would be able to close cases that they held onto for longer than strictly necessary because further support was needed but no other structured response was available. A clearer pathway was also noted for cases below the threshold for intervention that were previously held in the system but that could now be closed at an earlier stage to the CPW department. Indeed, according to some participants, waiting lists for Initial Assessment had begun to decrease.<sup>11</sup> In Area B, Tusla participants noted that in tandem with other measures, such as providing more resources and organising information sessions around thresholds, this has helped to reduce waiting lists by up to a third. Furthermore, referrals at a higher level of need, due to situations deteriorating before CPW could intervene, had been reduced. Since the introduction of the PPFS team, there were also fewer instances of referrers making multiple referrals about the same child or young person to CPW, as they were aware that the case was being dealt with and that supportive measures had been put in place.

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<sup>11</sup> An Initial Assessment involves meeting the child or young person and their parents and contacting pertinent professionals, and is initiated following a referral made to CPW. The primary objective of an Initial Assessment is to enable a preliminary decision to be made around risk and unmet need (HSE, 2011).



Another distinct impact that was noted concerned relationships with and attitudes towards Tusla. Some social workers argued that referrers seemed to be more comfortable with contacting Tusla about a concern at a pre-referral stage, as there was now a possibility that their concern would be dealt with outside of the CPW system. This has possibly led to some referrals being made where a practitioner was aware that a parent was struggling but had been reluctant to make a child protection referral. In Area B, social workers noted that there had been a change in the language used with participants, noting that referrers did not seem to feel they had to phrase their concerns in such a serious way in order to attract the attention of social workers. Additionally, referrals to the PPFS team there were perceived by practitioners to be less intimidating for families, as they knew that they were not immediately considered to be a child protection concern. This in turn reduced tensions between the referrer and the family.

A number of social workers also noted that the new system allowed for more preventive work since, for example, vulnerable new mothers can be supported to attend appointments rather than struggling in isolation, which could eventually lead to more serious concerns. For example, the kind of work that social workers take on had changed in Area B, as they now focus on more complex cases with a higher level of need. This gave them a more defined role, as they could deal with a smaller cohort of children and young people who needed intense interventions. It was also noted that even in cases which had to be referred into CPW from Meitheal, agencies had not pulled away from the process. It has also led to a reduction in the number of referrals coming into their department, as other professionals begin, albeit slowly, to make direct contact with the Meitheal system rather than referring a case into them. It had decreased the time spent on tasks such as investigating possible options for families who did not meet the CPW threshold for intervention, as they could be referred on to the CFSN coordinator. Participants argued that this was especially important where social workers were unsure of what services were available in a community. While in certain areas the distinction between CPW and the PPFS team is somewhat blurred, Meitheal can facilitate the introduction of clearer procedures and structures to distinguish between how cases above and below the threshold for CPW interventions are responded to.

### 3.4.4 Awareness Levels

#### Summary Messages

- **Social workers had some conflicting understandings about Meitheal and its relationship with the CPW system.**
- **There is a need for national guidance on the interface between Meitheal and the CPW system.**

Although social workers are an integral element of the implementation of Meitheal, most reported that they had not been briefed fully on the model and appeared to rely on informal information exchanges as their knowledge source. This was exacerbated by a high turnover of staff in some ISAs, which meant it was difficult to ensure there was a continuously adequate level of knowledge about the process among this cohort and for PPFS staff to know who to make contact with in the CPW departments. As a result, there were some discrepancies in social workers' understanding of the Meitheal model's underlying principles and rationale. For instance, some social workers argued that they should have some involvement in Meitheal even at a kind of advisory or consultative level, despite this conflicting with the Meitheal guidelines that a case cannot be simultaneously open to both CPW and Meitheal, and not all were aware that the direct pathway existed. There was also a lack of clarity on referring families to Meitheal when there are child protection concerns. Furthermore, the absence of national guidelines on the interface between CPW and Meitheal meant that social workers and PPFS teams had to rely on the development of local solutions, which may or may not be faithful to the model's principles.

### 3.4.5 Thresholds

#### Summary Messages

- **There is a need for clear guidance on threshold levels for Meitheal and CPW.**
- **The risk of the threshold for Meitheal changing during implementation was of concern for practitioners.**

Participants highlighted two specific issues relating to thresholds that impact on the implementation of Meitheal and the CFSNs. Firstly, there appear to be some discrepancies in how CPW and other stakeholders generally interpret intervention thresholds. This is a particular concern in areas where support structures such as effective formal communication channels had not been fully developed. In part, it appears this can stem from how some social workers view service providers in the community, and vice versa. There seems to be some misunderstanding over the nature of the work that both parties are involved in. There were differences, for example, between social workers' interpretation of the role of the community and voluntary sector and vice versa with regard to thresholds of intervention. Several participants noted that disputes over whether Meitheal or CPW should 'hold' a case had resulted in decisions being delayed. Fundamental to this seems to be the fact that on the one hand CPW workers are focused mostly on the immediate challenges of risk management, while on the other hand, the community and voluntary sector are concerned that their enhanced role through Meitheal and Child and Family Support Networks will result in too much burden being inappropriately placed on them for cases most suited to CPW.

The second issue is around the standardised threshold applied to Meitheal and the CFSNs. Practitioners across all four areas were concerned that the threshold that Meitheal will operate at will rise over the lifetime of the Meitheal model – as this, they suggested, has started to occur. At a national level there were differences in the thresholds applied to Meitheal with, for instance, Area C seemingly focusing on lower welfare cases, while in Area B Meitheal was used for higher-end welfare cases. Participants noted a number of consequences of the lack of standardisation of thresholds:

- **In Area A, rising Meitheal thresholds was a source of concern, as a number of participants argued that the cases CPW referred into Meitheal were at too high a level of need and required a CPW intervention instead.**
- **In Area D, some participants expressed concern that this issue would undermine the reputation of some family support services and see them portrayed as unwilling to move beyond universal service provision, which could impact on their commissioning relationship with Tusla.<sup>12</sup>**
- **In some instances, services' lack of experience in working with this level of need could have negative consequences for families.**
- **A number of practitioners were worried that in taking on a role that could possibly link them to CPW, their carefully constructed relationships with the community would be eroded.**

It should be noted that in Area B the threshold issue does not appear to be as significant as it is elsewhere. This can probably be at least partially attributed to the close working relationship between the CPW Intake Team Leader and the CFSN coordinator. In the opinion of several participants, this was also because care is taken by CPW to avoid referring cases out into the community as a way of temporally relieving pressure on social workers.

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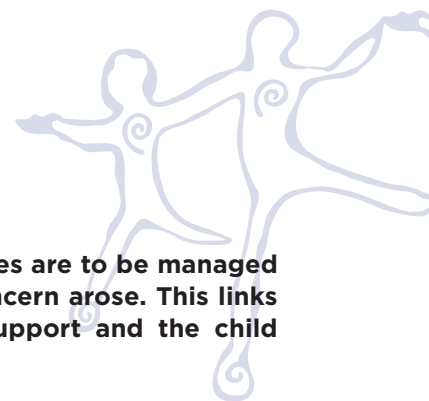
<sup>12</sup> Commissioning is 'the process of deciding how to use the total resources available for children and families in order to improve outcomes in the most efficient, effective, equitable, proportionate and sustainable way' (Gillen et al., 2013b).



### 3.4.6 Structural Barriers

#### Summary Messages

- **Many of the structural barriers that were discussed related to how cases are to be managed between CPW and Meitheal, for example, when a child protection concern arose. This links to wider challenges inherent in the relationship between Family Support and the child protection and welfare system.**
- **A particular concern about sharing of information on families emerged.**
- **The impact of redeployment of staff and the balancing of resources across the system is significant.**
- **Each area has been developing its own approach to managing these challenges at a local level while also seeking wider guidance on this core feature of the system.**
- **In sum, there is a concern that a strong focus on CPW-initiated Meitheals will result in Meitheal becoming a distilled version of the CPW system, and that agencies will resist engaging with the model because they do not want to be perceived as part of this system.**



A concern for many participants in Area is that there is not enough emphasis on the continuum of early intervention through to child protection, nor enough clarity in practice regarding how the different parts of the system should engage with each other. Examples were given of referring inappropriate cases (for instance, families who were not engaging on a voluntary basis or were experiencing chronic levels of need) or not screening referrals into the Meitheal pathway or the community and voluntary sector. It would seem that one particular formal structure called Service Allocation Meetings is thought to generally function well. However, some participants argued that there were still misunderstandings about CPW's relationship with Meitheal and how the two systems could be integrated in terms of communication and strategic developments. As the process of implementation was still relatively new, fears around the CPW and Meitheal interface were a potentially inhibiting factor among the community and voluntary sector as well as statutory bodies. Worries were also raised that in parts of areas with a long history of involvement with CPW, families would refuse to participate because of possible links to social workers or, equally, that they would feel compelled to agree to participate.

Another structural issue concerning participants related to the balance between funding for early intervention and acute service provision. For example, while family support services have been developed in Area A, it was noted that much of their work relates to referrals from CPW, leading to reduced capacity to undertake preventive or early intervention work. Some participants argued that the successful implementation of Meitheal and the CFSNs is hampered by a lack of capacity because of the pressure to prioritise referrals from the CPW. However, it was also noted by some participants that it seemed to be the case that some funded family support services generally had a very low number of referrals from Tusla's CPW department in comparison to the amount they received from other agencies.

A further structural challenge identified was around communication at this interface between Meitheal and CPW, which resulted in a lack of joined-up services for certain children referred between them. For example, a specific concern for the implementation of Meitheal in Area D was the lack of structured communication between the CPW department and the Meitheal team. A concern was raised that much of the responsibility for communication and the implementation of Meitheal appears to lie with the CFSN coordinator as an individual rather than being organised in a formal, structured way. This raises questions about the sustainability of the model if a coordinator leaves their position, as it depends too much on individual relationships in the absence of structured processes. Without such processes the contact and communication between Meitheal and the CPW is likely to remain ad hoc and fragmented, which in turn reduces the long-term sustainability and embeddedness of the model in the system. Communication pathways between Meitheal and front-line staff were also not fully developed, which

meant that while information was shared directly with CPW management, a filtering down of information was relied on that did not always seem to be fully effective.

Where a child protection concern has been raised during a Meitheal process, there is no specific pathway for a response from CPW to this. In Area A, the case is added to the waiting list for assessment in the same way as any other case. Several participants argued that the ensuing delays in the Initial Assessment caused conflict between Meitheal and CPW and created tension over whether or not a child protection referral should be made. During this interim period, where the official Meitheal process is suspended and the Initial Assessment has yet to be carried out, the child and their family might not receive the same kind of support as they had had access to. This not only increases the risk to the child or young person but also means that progress made during the Meitheal could be lost. In addition, some participants appeared to be confused as to what happens to the Meitheal process when a referral is made. Is the process suspended, postponed or cancelled? In Area B the standard operating procedure is that child protection referrals from a Meitheal are automatically prioritised and dealt with immediately. In Area C, the CPW Intake Team will have a role in this. If they find that the agency is dealing with it appropriately, it was suggested that they might attend a meeting with the family and the providers to deal with the issue, so the process can continue without too much disruption.

The recording and ownership of information on the family was also identified as an issue. The principle that in Meitheal, the family control the information that is shared with them, is sometimes difficult to adhere to, as in some cases there is some 'blurring of the lines' between CPW and the PPFS team. Examples were provided where ongoing communication occurred between the teams after they have been 'closed' to CPW. Furthermore, instances were described where care plan reviews were combined with Meitheal meetings. Concerns were also expressed that the sharing of information with Tusla will decrease some families' interest in Meitheal, as they could feel that they are being covertly brought into the CPW system. In some areas this fear could be exacerbated by the fact that the CFSN coordinators are housed in the CPW offices.

Areas have put in place a number of strategies to address the structural factors affecting the interface between CPW and Meitheal. For example, one of the strongest features of Meitheal in Area B is the defined structured relationship between CPW and PPFS, with protocols in place for case management and communication pathways. This is evidenced by the weekly meeting between the CFSN coordinator and the Intake Team Leader to assess and allocate cases. Clarity on threshold levels was linked to the regular allocation meetings, information briefings and clear channels of communication.

Participants reported that the introduction of the new model allowed for more prompt assessments, with the practice of early intervention and prevention embedded in the system. This is not always without its consequences, as, for example, in Area C there was greater short-term pressure placed on CPW as a result of the introduction of Meitheal as a result of the redeployment of staff into the PPFS strand of work.

In sum, concern exists that a strong focus on CPW will result in the outcome that either Meitheal will become a distilled version of the CPW system, and/or that agencies will resist engaging with the model because they do not want to be perceived as part of this system. Furthermore, if it becomes the case that the majority of referrals to Meitheal come from divert or step-down rather than direct referrals from the community, it could be perceived as a pre-or post-CPW intervention. In addition, a number of participants argued that securing engagement from services to participate could be inhibited if it was strongly linked to CPW. The concern was also expressed that Meitheal could be used as a general Family Support mechanism to reduce CPW waiting lists rather than viewing the model as a distinct entity with a specific purpose and set of principles. Examples were provided of cases being counted as a Meitheal, which were based on plans developed without the participation of parents. A challenge to the introduction of the direct initiation pathway into Meitheal is the presence of what several participants described as a referral culture. Several social workers argued that there was a tendency among agencies and professionals to refer cases into CPW as a self-protection measure, rather than taking the initiative and attempting first to work with a child or young person through mechanisms such as Meitheal before they referred it in. This put pressure on the CPW system and resulted in referrals being classified as coming through the CPW system as opposed to through the community.





## 3.5 Fidelity Issues

### 3.5.1 Introduction

The main themes in relation to model fidelity were: voluntary participation in Meitheal; the definition of Meitheal; the Lead Practitioner; participation; and standardisation of processes.

#### Summary Messages

- **The voluntary nature of Meitheal was broadly welcomed, although a number of concerns exist about the challenges this brings, especially when working with families who have had a CPW intervention.**
- **Particular concerns about the meaning of ‘voluntary’ were expressed, with an emphasis on power relations and possible pressure families may feel due to their circumstances.**
- **The definition of Meitheal needs to be clarified to ensure consistency in practice and also for the purposes of data collation.**
- **Participants agreed that it is best practice if the Lead Practitioner is known to the family, but they also acknowledged that in some circumstances this is not always adhered to or possible.**
- **The principle of working in partnership is welcomed, with practitioners having an in-depth awareness of the inherent complexities and challenges involved in achieving this.**
- **There was evidence of early signs of change in practice reported with children, young people and families, although the challenge of focusing on the child or young person’s wishes, as opposed to working via the parents, was also emphasised as an ongoing issue.**
- **It was well recognised that there are significant challenges to achieving national standardisation given the diversity of contexts for each area, the differing levels of participation by other statutory agencies and the geographical configuration of the ISAs.**

### 3.5.2 Voluntary Dimension

There was a strong emphasis on the voluntary nature of participation in Meitheal across the research cohort in all four areas and an appreciation of its benefits and potential impact on the process. However, some participants also questioned whether families should be informed of the potential consequences of being (re-)referred into CPW if they do not engage with Meitheal. Some participants also noted that some families, such as those who were stepping down from CPW, refused to sign up once they were made aware that it was voluntary. However, it was also noted that if families were warned of the consequences, then this could lead to them feeling coerced into taking part in the process, which is against Meitheal’s governing principles. Furthermore, the voluntary nature of Meitheal could be threatened if the threshold for inclusion is raised, as there will be pressure on services to ensure that families do engage because of the seriousness and complexity of their needs. Moreover, families could be informed that their case will only be closed to CPW on condition that they agree to a Meitheal. Concerns were also voiced by several participants as to whether parents truly understood the principle of voluntary participation. In light of the dynamics of power that exist between CPW social workers and families, a number of participants felt that parents might feel they could not refuse to participate. This issue is further heightened where the lead practitioner is unknown to the families, a theme that is discussed below.

### 3.5.3 The Definition of Meitheal

One significant challenge to model fidelity across all four areas concerns the definition of Meitheal. It appears that for most participants, a case was only defined as a Meitheal where a multi-agency process involving Review Meetings was undertaken. This is not in line with Tusla's inclusion of cases that are resolved at an earlier stage or where there is a single agency response. This was true of both internal Tusla staff and external stakeholders, who highlighted that this information was passed to them at training on Meitheal. Some participants argued that Meitheal should not include a single agency response, since it did not fit with the original meaning of the term<sup>13</sup> and was not reflective of the difference in families' experiences of working with one service as opposed to a number of them.

In Area B, for instance, this definition was a source of confusion for front-line practitioners who either were unaware that Meitheal was broader than the inter-agency piece, were unsure why the national model was not being adhered to, or did not know there was a difference. This is further complicated by the fact that some participants in that area referred to Meitheal as a more official, formal and coordinated process, while PPFS was seen as a largely separate service which dealt with welfare cases. Furthermore, at the time the data was collected, most cases in Area B appeared to be filtered out for single agency referrals before they reached the point of considering a Meitheal. The structure that had been put in place in Area B, where a distinction was made between PPFS and Meitheal, appeared to be the source of some confusion in how it was defined and operationalised. Despite the large number of referrals that had been made into the PPFS team in Area B, Meitheal was not perceived to have been implemented fully at this point. PPFS was labelled as a service to coordinate welfare support, but this did not have to be through a structured Meitheal plan. There appeared to be a distinct set of paperwork for PPFS interventions (which was deemed to be a single agency referral) and for Meitheal-related work (which was defined in this area as a team-based approach). This lack of clarity has significant implications for the recording of information on the number of Meitheals held and the process of referring to Meitheal.

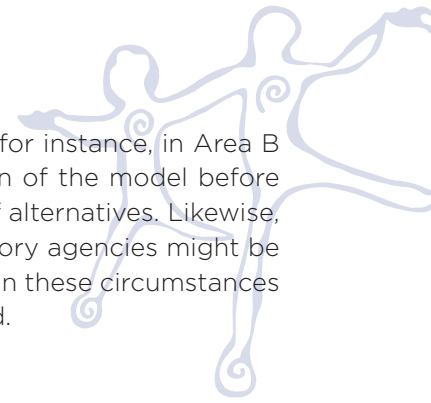
### 3.5.4 The Lead Practitioner

The Lead Practitioners have a central role in Meitheal, with an expectation that they have a prior relationship with families. A number of participants who had taken on this role with families they already knew believed that this was crucial to the progress achieved in reaching the agreed outcomes. On the other hand, participants who acted as Lead Practitioners who did not know the families beforehand acknowledged that this caused communication difficulties, particularly in the completion of the Meitheal documentation. In Area A there was a strong emphasis on adhering to this principle, and participants who had taken the Lead Practitioner role were unanimous that a pre-existing relationship based on trust and understanding was crucial to the part they played in supporting a family through a Meitheal process. However, it appears that this principle of having a Lead Practitioner known to and chosen by the family was not always adhered to. One participant in Area D noted that services in the community and voluntary sector had received referrals from CPW for potential Meitheal cases for families with whom there was no prior relationship. Similarly, in Area B the Meitheals which had been carried out up to that point had been led by Tusla staff who were not previously known to the families concerned. It should be noted that while Tusla management were keen to move away from this policy, at the research cut-off point the practice was still continuing.

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<sup>13</sup> In its original sense, Meitheal represents a traditional Irish farming practice where a group would come together to help each other in their work at busy times of the year (O'Sullivan, 2010).

However, it may not always be possible to faithfully adhere to this principle as, for instance, in Area B this was originally driven, at least partially, by a desire to begin implementation of the model before Meitheal training was widely available, and had continued due to the absence of alternatives. Likewise, in Area C, a number of participants expressed the view that, for example, statutory agencies might be unwilling to take on the role of the Lead Practitioner. Participants predicted that in these circumstances Tusla staff who were unknown to families, might have to take on this role instead.



### 3.5.5 Participation

The Meitheal principle of parental control of the process was welcomed by most of the participants, who felt that it returned power to parents and helped to increase their buy-in to the process as well as enabling changes to the service provider-user dynamic. However, some participants warned that this did not necessarily take into account the ingrained nature of power dynamics between practitioners and families. Similarly, several participants argued that parents might not have the capacity to take a controlling role in the Meitheal process due to language barriers, confidence issues, personal problems or the nature of their previous encounters with services. They noted that for parents who did agree to take part in a full Meitheal process, their control over the process could be inhibited by feelings of intimidation, lack of confidence, and so on. The extent and depth of their participation also partially depended on practitioners' capacity and willingness to understand potential power dynamics underpinning the process and their role in limiting their influence as much as possible. In addition, these participants noted that parents may have problems recognising and articulating their needs. This was not helped by the content and structure of the 'Strengths and Needs' form completed as part of the process, which was described as complex and lengthy. Participants who had acted as Lead Practitioners noted that they often needed to interpret the forms for families, which calls into question the true level of participation and control by parents of the process.

One practitioner also observed, in the Meitheal meetings they attended, that while the parents had a chance to voice their opinions, they did not appear to be participating in them in a meaningful way. Concerns were raised by a participant about whether parents, children and young people would find the nature of their inclusion in the Meitheal Review Meetings really effective. There is concern in Area B that Meitheal implementation was not fully adhering to the principle of participation as set out in the Meitheal guidelines. For instance, several participants mentioned 'helping' families meet their immediate needs rather than working with them in a participatory manner to make longer-lasting changes, such as through including them as action takers in a Meitheal process and ensuring parents were involved in all decisions made about the supports they needed.

There was some evidence that involvement in Meitheal was changing how practitioners work with children and young people and that, for instance, in Area D it has generally improved practices around children and young people's participation. Overall there was strong support among the participants for children and young people's inclusion in Meitheal, but how this should be implemented was not interpreted uniformly. In reality the issue of child and youth participation is quite challenging, since children and young people can be invited but refuse to attend, be perceived as too young or immature to deal with the process in how it is structured or its content, and so on. Their participation appears to often depend on subjective evaluations made by practitioners without discussing this with the child or young person. Undoubtedly there were usually valid reasons for the decisions practitioners made on the degree to which children and young people were included in the process. However, should they be personally reluctant to include them, then they could legitimise this through how they frame their justification for doing so, such as by arguing that they are too young or would be uncomfortable attending Meitheal Review Meetings.

The difficulty of standardising interpretations of child and youth participation was highlighted. Participants argued that children and young people should be included in the meetings from the outset, as this helped to ensure their buy-in to the action plan. However, other participants in the same area were adamant that they should only be brought into the Meitheal Review Meetings at a later stage because of potential tension between participants in earlier ones. In addition, where children and young people did participate concerns were raised by some participants about whether they would feel that their views were taken seriously or whether they would perceive themselves to be at the core of the process. A particular experience was also referred to where practitioners continued to attend Meitheal Review Meetings even when the young person was clearly uncomfortable with this.

In a number of the interviews carried out, child and youth participation seemed to be somewhat overshadowed by a focus on parent-centred support. Practitioners appeared to be very directly supportive of the parent, with emphasis placed on obtaining their views and exploring ways to help their family's situation as well as being made aware of the voluntary nature of the process. However, for instance, in Area B the stated needs of the child or young person appeared to be based on parents' views rather than their own. In that area in most cases, the child or young person's needs were explored using the 'My World Triangle'.<sup>14</sup> This tool does not explicitly facilitate the inclusion of children and young people's views, and it is only when the 'Strengths and Needs' form is completed that there is a designated space for their voice to be heard in Meitheal. In some interviews, participants noted that practitioners checked with parents about whether their child wanted to be or should be engaged in the process, meaning that they had a significant mediating role in the extent of their child's participation. This did not take into account that at times the parent might not have the capacity to make this decision or that they had contributed to their child's issues.

### 3.5.6 Standardisation

There are significant challenges to achieving national standardisation of Meitheal. In particular, these challenges concern the consistency of access for families to the initiative itself and to a comprehensive array of services. For instance, within Area C there are very distinctive communities where the provision of services varies widely. While it was possible to implement Meitheal relatively quickly in some urban parts of Area C, a long process of development work is needed before it can begin in a more isolated, rural locality. Meanwhile Meitheal was available in another part of this county, which is located in a separate ISA because, for instance, there were more services there to support its implementation. The phased introduction of Meitheal also means that families who live outside of certain designated areas will not have access to it.

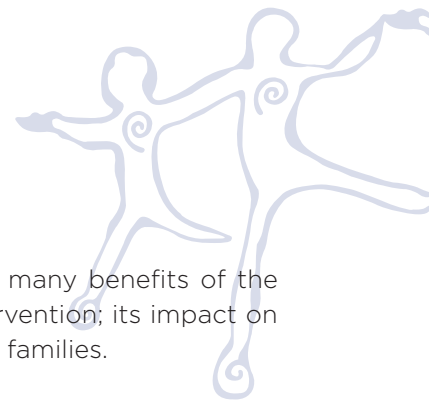
This lack of standardisation was deepened by the differentiated responses of statutory services to the introduction of Meitheal so that, for instance, while CAMHS were willing to engage with the initiative in some parts of the country, in others they had not agreed to participate. Other issues affecting standardisation include the background context of ISAs such as the geographical configuration of one area where the amalgamation of two counties, for instance, might lead to the PPFS team having to build relationships with new colleagues while simultaneously attempting to implement Meitheal and the CFSNs.

## 3.6 Conclusion

This section presented the detailed findings on the specific components of the model and considered the issue of fidelity in relation to these. The next section presents the strengths of the Meitheal model.

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<sup>14</sup> The 'My World Triangle' is a tool used to support a holistic assessment of a child or young person's strengths and needs in a participatory manner (Government of Scotland, 2015).



## 3.7 Strengths of the Meitheal Model

### 3.7.1 Introduction

As already indicated in the findings to date, participants generally recognised many benefits of the Meitheal model. The following themes reflect the main areas covered: early intervention; its impact on the service landscape; the Meitheal brand; inter-agency working; and benefits to families.

#### Summary Messages

- **Most respondents were of the view that Meitheal had increased the likelihood of an early intervention taking place for a child or young person in need.**
- **All areas reported evidence of a change in the service provision landscape, highlighting increased opportunities for engagement and dialogue across the spectrum of Family Support and CPW and the strengthening of an ethos based on Family Support and community development.**
- **A notable observation was how the language and ethos of Meitheal are beginning to influence practice more broadly.**
- **The power of the Meitheal brand was welcomed, as it offers a structured and clear framework for services to operate within.**
- **Many tangible benefits of inter-agency working were identified, including practitioners noticing unintended outcomes in their own skill development, education and networking experience.**
- **Perceived benefits for children and young people included improvements in communication skills, engagement with education, improved self-esteem and better outcomes in general.**

### 3.7.2 Early Intervention

The introduction of Meitheal is perceived to have increased the likelihood of an early intervention taking place for a child or young person with unmet needs. It provides structured access to early intervention pathways at two different stages. Firstly, the direct and self-referral pathways into Meitheal facilitate formalised Family Support responses to needs at an early point in time before they require a CPW response. This ensures that families who might not have a history of engagement with services or who have not come to the attention of CPW services receive support. This pathway could reduce pressure on Family Support services since it enables the appropriate intervention to be identified and provided earlier. Secondly, early intervention pathways are in place, meaning CPW teams now have a structured response to offer to parents whose child does not meet the threshold for a CPW response but who still has unmet needs. With the introduction of the Meitheal model, social workers can offer the family positive options by linking them into this process. This also helps to prevent the escalation of issues and ideally results in a speedier, more economical and less intensive intervention.

However, while Meitheal is focused on early intervention, it is unclear whether it is focused on intervening at an early point in the life of the child, early in the stage of the problem, or both. For instance, in Area D there was a lot of focus on the potential for Meitheal to work with troubled teenagers, but little mention was made of younger age groups. Several participants noted that at that time there was a significant problem with teenagers engaging in risky behaviour such as substance abuse. This would suggest that Meitheal is being interpreted as a pre-CPW resource rather than an early intervention approach. In Area A there was tension over securing a balance between early intervention and acute cases, especially in light of the limited resources available. Part of this difficulty was predicated on the approach Tusla takes to commissioning and towards the level of need that funded services should focus on. While

Tusla-based participants appeared to support early intervention, some argued that universal service provision should be reserved for the most vulnerable families, who require a targeted early intervention. This focus on funding services to provide a response at a higher level of need puts pressure on agencies with limited resources who wish to engage in early intervention as well as working at a more acute level. Concern was expressed by some participants that there is an emphasis on acute service provision rather than preventive work, which is demonstrated by the fact that CPW has priority access to some vital services. This in turn reduces its capacity to engage in preventive work. The national prioritisation of early intervention in Tusla was also questioned by participants, who pointed out that while social workers were being hired, staff who worked in social care were not necessarily being replaced.

### 3.7.3 Impact on the Service Landscape

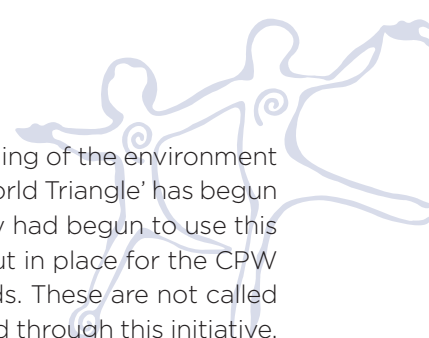
The potential influence of Meitheal on the service provision landscape was apparent in the four research sites, with some evidence emerging that it had already begun to have an impact. Several participants recognised that Meitheal was a potential catalyst for the development of a stronger continuum of service provision from early intervention to child protection. This would allow more space for early intervention, as well as creating a more fluid system of support for families in how they move up or down through the system and in how communication between the various strands is facilitated. This is because it provides a structural mechanism in which cases can flow more smoothly between various dimensions of the system. In Area B Meitheal was a crucial element of senior Tusla management's strategic plan to reduce the number of children and young people entering care. They intended to use the PPFS programme and Meitheal to develop supportive solutions in the community by enabling the resourcing of early intervention financially and personnel-wise. The introduction of PPFS had led to significant changes in the deployment of Tusla staff there, management of referrals into CPW, channels of communication and ways of working with families. It is likely that the service provision landscape in Area C will also be reconfigured because of the introduction of the Meitheal model in how funding is provided and how Tusla staff are allocated. For example, subject to funding, some services will expand their catchment area in order to support its implementation.

The increased opportunities for engagement and dialogue between CPW and Family Support, though, for instance CFSN coordinators' attendance at allocation meetings, can facilitate an improvement in the interface between the two in terms of communication, trust and allowing for more connected relationships. An example of this in Area A is that a service analysis was being conducted in 2015 within the CPW, which was to be combined with work carried out by the CYPSC committee on service provision. In turn these were to be used to support the creation of the CFSN areas. This initiative can also help to facilitate the integration of the Educational Welfare Services into Tusla. Through working together in Meitheal, improved relationships can be fostered and greater synergy brought to work practices and approaches.

As part of this shift in service provision, space is created for systemic change where Family Support and its underpinning principles can be more formally acknowledged within the spectrum of child, youth and family services. This could see a movement away from a 'help'-based approach towards a more supportive, facilitative way of working with families, children and young people. With the introduction of the CFSN coordinators there is also greater scope for a community development approach to be integrated into the provision and utilisation of services across the system. Through the information collected in individual Meitheal forms and in verbal feedback from families and providers, a clearer picture can be created of current service provision and needs. In Area C, Tusla management noted that this data would be used to inform the commissioning of services so that a more dynamic understanding is reached of the prevailing issues, what new services should be funded to address these and, equally, where funding should be adapted as particular needs lessen and/or demographic profiles change.

The impact of the Meitheal model is already evidenced in how its language and concepts have begun to filter out into how other agencies do their work. This is beneficial because it means that service providers





across a range of disciplines can begin to share a lexicon and, therefore, understanding of the environment they operate within. For instance, the outcomes-focused approach using the 'My World Triangle' has begun to filter through the Tusla system in Area B, with one social worker noting that they had begun to use this tool in their work with families. Furthermore, in this area a coordinator had been put in place for the CPW teams, with the intention of utilising the CFSNs to help meet families' welfare needs. These are not called Meitheals but they are similar in style and draw on relationships that have developed through this initiative. It was also noted in Area B that the Garda Síochána had recently launched a group to work with vulnerable persons in the region and that much of the language and ideas behind it appeared to reflect the Meitheal model. In Area D there were also some indications that Meitheal tools such as the 'Strengths and Needs' form was being used by professionals in their own work outside of designated Meitheal processes.

### 3.7.4 The Meitheal Brand

One positive outcome of the introduction of the Meitheal model is that it has created a discernible identity and framework, which can be an extra resource in accessing support for families. Whereas previously a practitioner represented their own agency, now they have a formal, recognisable 'brand' to call upon in their efforts to bring services together to work with a family. This is particularly important in areas where there are a limited number of services available. Its introduction provides a means by which, for instance, schools can access a range of professionals to support a student with unmet needs rather than attempting to deal with the child or young person's issues in isolation. In some areas agencies also draw on the power of the collective to gain access to services earlier, such as YAP Ireland.<sup>15</sup> In other circumstances these services are often only open to referrals for children and young people at a higher level of need. It also gives practitioners such as Educational Welfare Officers a formal support structure to draw on in complex and multi-faceted cases where there are a range of needs including ones that lie outside their area of expertise or remit. This is also important for practitioners who have a networking component in their work, as they have a more concrete structure to utilise when seeking support from other agencies.

However, the Meitheal brand was perceived by some participants to be overly complicated and time-consuming. For example, for some participants in Area B, a multi-agency Meitheal process appeared to be viewed as a last resort rather than an earlier-stage resource. This could result in Meitheal being perceived as an extraordinary measure rather than normal working practice. As a multi-agency Meitheal process can be time-intensive, hence, there is a risk that a loose interpretation of Meitheal will be applied. Within this, certain features of Meitheal might be utilised, but even where useful, a multi-agency response might not be convened.

### 3.7.5 Impact of Inter-Agency Work

The introduction of the Meitheal model has encouraged a more formalised approach to collaborative working. Identified effects of this style of working include:

- **It acts as an acknowledgement that working collaboratively is an effective means of supporting children and young people and reduces the siloes in their work. It is often complementary to work they are already undertaking.**
- **Meitheal allows a more standardised approach to be used at inter-agency meetings; several participants in Area C, for instance, commented that outside of this model, how they were structured and managed typically depended on the service that was hosting it.**
- **The use of action plans to underpin the work carried out by services during Meitheal processes enables clear, identifiable tasks to be developed, which must be completed or their non-completion must be accounted for at the next Meitheal Review Meeting.**

<sup>15</sup> YAP Ireland uses a unique strengths-based, family-focused approach to provide intensive support for six months to children, young people and families with complex needs referred by CPW. Advocates recruited from the local community provide up to 15 hours of one-to-one support per week for a young person and a family (Devlin et al., 2014).

- **Meitheal facilitates the development of a multidisciplinary approach, which brings together different disciplines, perspectives and skills. This increases the range of supports available to families. This works particularly well in cases where families require complex interventions to deal with their unmet needs.**
- **Using the outcome-focused approach supports practitioners to apply an informed and specific approach to their work with families.**
- **In taking part in a Meitheal, practitioners are able to concentrate on their own area of expertise whilst contributing flexibly towards the development of protective factors for the child or young person. One practitioner noted that in comparison to the CPW Case Conferences they had attended, the focused approach taken in the Review Meetings meant that inputs from agencies were more consistent, progress could be measured, and plans could be changed or adapted more fluidly.**
- **The coordinated style of the process means there is less overlapping and duplication of the work that services carry out with families, children and young people, as practitioners are aware of what other supports have been put in place.**
- **It was welcomed by many Family Support providers as a way of quantifying and formalising a style of work that they are already using. This allows often hidden work to be highlighted and quantified within the continuum of support to children, young people and their families.**

There have also been some unintended positive consequences for practitioners who take part in the Meitheal meetings. These include:

- **There is great potential for learning in these meetings about what is available in the community, the kind of work other services do, the approach they take, the context they operate in and the challenges they face.**
- **There is significant educative scope where professionals from a range of backgrounds work collaboratively. Knowledge about useful programmes can be shared between agencies, which in some cases have then been adopted by other practitioners in their own workplace. In Area C, where Meitheal meetings had yet to take place, the value of simply attending the Meitheal training was recognised by some participants, as it had already helped practitioners to make connections as well as build shared meanings of, for example, client confidentiality.**
- **They provide networking opportunities that bring together practitioners and services that previously did not know each other, which helped them to build informal relationships. This has led to a number of agencies beginning to working together outside of Meitheal with individual children and young people and to jointly deliver programmes.**

However, it should be noted that the profusion of initiatives that have been introduced in some locations that have then dwindled away or been replaced by another model means there is a backdrop of some cynicism and wariness around Meitheal. Some providers were concerned that Tusla will use Meitheal as a vehicle for transferring work for which Tusla itself should be responsible out into the community and voluntary sector. This feeling seemed to be higher in areas where there were fewer services available.



### 3.7.6 Benefits of the Meitheal Model for Families

Meitheal was viewed by participants as improving outcomes for children, young people and their families. A number of benefits were described by participants, as outlined below:

- **Children's, young people's and their families' lives were perceived by practitioners to have been enhanced in areas such as communication skills, engagement with education, relationships and self-esteem.**
- **Outcomes for children and young people appeared to be improved because of the inter-agency approach, as it allowed a coordinated and coherent approach to be taken with them.**
- **The outcomes-based approach is useful for dealing with concrete issues. In addition, interventions were more targeted support, with fewer families staying in the system for long periods of time without any real change being achieved.**
- **Meitheal is regarded as helping to prevent families from breaking down by mobilising support for them and dealing with multiple layers of need, especially where they are complex or ingrained.**
- **The specific strengths and needs of each family can be recognised more easily and an appropriate plan put in place to support a successful resolution of the challenges they face. It also enables their individual and collective strengths to be enhanced.**
- **Some participants reported that families began to participate in activities that were not originally envisaged and to deal with issues that had not been highlighted at the beginning of the process.**
- **Improved connections seemed to be developed with children, young people and their families, which can have a positive impact on the service provider-user relationship in the future. It was also helpful for parents who felt isolated or that their worries about their child were not being adequately responded to.**
- **Issues of underlying neglect and unmet need were picked up in Areas B and D that had not emerged in the CPW's Initial Assessment. In these cases, comprehensive efforts were made by the team to address the issues, but the lack of discernible progress highlighted deeper difficulties. The families were then referred back into CPW for assessment and a possible intervention. Some participants noted that if a CPW Initial Assessment was the only tool used, the case would have been either closed or the true level of risk would have been missed.**
- **Chronic cases of neglect were identified more easily through recognising patterns of referrals that might otherwise have gone unnoticed. For some families who refused to engage with Meitheal, this could be a sign of neglect and, for example, in Area B repeated refusal is recorded and referred back to CPW for their consideration.**

The multi-agency response underpinning much of the work carried out in Meitheal appears to have also had an impact. Service providers have access to a more holistic perspective of a family's issues as well as insights into these from different viewpoints, such as medical or Family Support approaches. This allowed a clearer understanding of the problem to be gained, and through this, positive outcomes could be worked towards in a more integrated manner. Families had to tell their story once rather than repeating their initial contact and narrative with a number of service providers at different times. This was said to have helped improve their experience during the intervention process.

The particular focus in the model of including parents in a partnership from the outset is reported as having changed the nature of the service provider-user relationship. Noted changes included:

- **The shift away from the ‘helping’ mentality was perceived by some participants to have allowed parents to have more control over what happened in the process, including greater control over their personal data. Several practitioners noted how it had energised and engaged service users. A number of practitioners reported that parents had stated they felt a greater sense of ownership, more empowered and listened to by agencies. This had helped to improve their overall engagement with the process.**
- **In Area D, Tusla sources mentioned that some of the actions identified in the Meitheal Review Meetings were specifically aimed at parents, such as ensuring their children attend appointments. This meant that where appropriate, parents could be held to account for their role in supporting their child and meeting their needs.**
- **This style of work places families at the core of any solution to their challenges, as they are included as partners in the process. It is more respectful because parents and, where appropriate, the children or young people are present at meetings and should be included in all discussions about the process. In Area A, for example, some participants felt that this had helped to change the dynamic between families and service providers to one that was more balanced and focused on the family as key agents in the process. This shift was bolstered by policies that were put in place, for example, in Area A around using skilled independent chairpersons to ensure that the Meitheal Review Meetings were as inclusive as possible.**
- **Despite the issues with participation that were noted previously in this report, the particular focus on including the views of children and young people was said to ensure that their voice is heard, increase the level and depth of their participation and give greater scope to practitioners to include goal-setting strategies in their work with this cohort. One participant pointed out that the possibility of attaining stated outcomes was increased, since there was greater buy-in from the child or young person. Another noted that the act of asking for a child or young person’s opinions in a meaningful way had been deeply appreciated by them.**
- **The voluntary dimension of the model appeared to help ensure that families remained significantly engaged. In adhering to this principle, a number of participants argued that people felt they could choose whether to get involved or not without the threat of being moved into the CPW. In addition, some participants argued that the voluntary nature of participation could lead to families who were previously involved with CPW viewing Meitheal practitioners as a support team rather than as people who would ‘critically monitor’ their actions and capacities.**

Practitioners felt that the approach was less rigid and allowed for greater emphasis to be placed on relationships that services built with children, young people and their families within local community settings. This community emphasis gave families a wider safety net and potentially integrated them into a more sustainable network of support. Some participants argued that families’ attitudes towards services had changed as a result of their involvement with Meitheal, as they felt more supported by and confident in the system. In fact, the separation of Meitheal from CPW seemed to be crucial for families’ buy-in to the process. For some families who had a long history of engagement with CPW, the element of trust had often dwindled away or disappeared, so the opportunity to work with services in the community could represent a fresh start with a less contentious backdrop. Similarly, there is a possibility that the introduction of the Meitheal model might change help-seeking patterns among families. This is because of the availability of a self-referral mechanism, and that through Meitheal families could access services they were previously unaware of. The fact that Meitheal is not targeted at particular neighbourhoods or communities’ means there is greater scope for a range of families to be drawn into it, which in turn normalises the idea of seeking help on parenting issues, and so on. In addition, some



participants suggested that if a case was referred to CPW during or after a Meitheal, parents might have a better understanding of their needs and what is happening in their own lives. Furthermore, it was argued that if families have a positive experience with the Meitheal process in how they are treated, the speed with which they are provided with a response, the centrality of their voice and the nature of their engagement overall, they could be more likely to seek help if they need it in the future.

## 3.8 Conclusion

A number of benefits were suggested, with participants providing very insightful and detailed responses to evidence this. A number of concerns and challenges are also embedded in their responses, which require attention in the ongoing development of the model. The following section outlines in detail the challenges as perceived by the respondents in Areas A–D.

## 3.9 Challenges to the Meitheal Model

### 3.9.1 Introduction

The challenges that emerged in the study are covered in the following themes of commissioning, Lead Practitioners, the Meitheal documentation, service capacity and engagement with the model.

#### Summary Messages

- **The potential impact of Meitheal on commissioning relationships was causing anxiety for respondents, especially among those from within the community and voluntary sector.**
- **In particular, fears of commissioning changing positive present relationships, favouring of one type of service over others and specific risks for smaller agencies were outlined in detail.**
- **Implementing the Lead Practitioner role was welcomed as very good practice, but it raised a number of concerns for participants around capacity, skills, resources and support and burden on certain individual agencies, without the provision of additional resources.**
- **The Meitheal documentation as it stood at the research cut-off point, while valued, was deemed to be too lengthy and inaccessible for service users.**
- **Concerns were voiced regarding the capacity of services to respond to the additional workload and associated responsibilities.**
- **Concerns were expressed about securing engagement in Meitheal by some statutory agencies who do not consider their core business to be working with children, young people and families; and related to this the reliance on a relatively small number of agencies in the absence of a direct mandate nationally for engagement in the process.**
- **Having ‘champions’ and goodwill towards Meitheal based on existing relationships was valued, but also seen as a risk factor for long-term sustainability.**

### 3.9.2 Commissioning

The potential impact of Meitheal on commissioning relationships was the cause of considerable anxiety among most participants from the community and voluntary sector. It is apparent that Meitheal is likely to play an increasingly important role in the commissioning landscape. It will lead to funding increases or decreases, depending on the depth of a service’s involvement with Meitheal. As a result,

many participants from this sector were confused and worried about the impact of Meitheal on funding decisions. While funded services in Area C appeared to have a relatively good relationship with Tusla management on this issue, they were fearful that this dynamic would change in the future. This could mean that they would be required to take on cases at a more acute level of need than they are used to. A few practitioners also noted that there had been instances where there was pressure put on them to take on certain cases in limited resource situations. If this occurs more systematically in Meitheal, it could mean that divert or step-down cases are given precedence over direct or self-referrals regardless of circumstances. Although attempts were made in Area A to include practitioners in processes such as developing the CFSNs, the funder-funded relationship dynamic featured quite prominently in the views of representatives from the community and voluntary sector. Many participants argued that services were already at full capacity and that their resources were limited. However, it should be noted that some Tusla management participants believed that there was further capacity available in this sector.

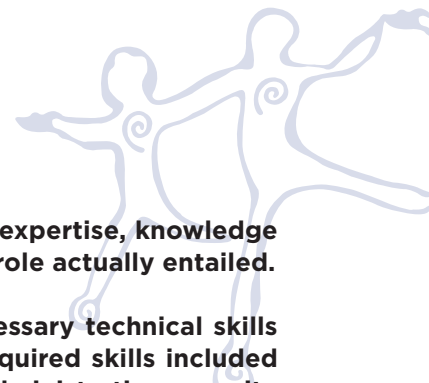
Practitioners were of the view that tying service Level Agreements to participation in Meitheal, as is likely in some locations, will increase its usage in the community and voluntary sector. This could have a positive impact on services, as it was mentioned, for example, in Area B that services which demonstrated high levels of commitment would be ‘nurtured’ by Tusla. Additional points were also made:

- **In focusing on commissioning as a means of securing support for Meitheal, non-Tusla funded services such as private Early Years providers could be overlooked and perceived to be outside the model’s remit. This would reduce the number and type of supports available to families who agree to take part in Meitheal.**
- **There is a danger of a disjuncture between the resources an agency has available to them to support their participation in Meitheal and the CFSNs, and the expectation of delivery regardless of their circumstances. This could cause issues for smaller services that do not have the resources to engage as fully with Meitheal as their larger counterparts.**
- **The voluntary nature of the process makes it difficult for services to commit to taking on a specific number of cases annually. Instead of services’ work with families being client-led and sensitive to their particular needs, some participants were concerned that the suggestion to hold a Meitheal could be driven by the need to meet a specific ‘quota’ per annum.**
- **If pressure is put on the community and voluntary sector to take cases at a higher level of need, practitioners in this field might have to take on cases they are not equipped to deal with, which could have consequences for families.**

### 3.9.3 The Lead Practitioner Role

The Lead Practitioner role was perceived by many participants to be a significant component of the successful implementation of Meitheal. However, securing practitioners to take on this role was identified as one of the most significant barriers to the sustainable development of Meitheal. While, for instance, in Area B there was a high level of engagement across a range of sectors in Meitheal, external professionals had yet to take on the role of Lead Practitioner. Equally, in Area A, where a similar model had been in operation for a number of years, practitioners who were willing to participate in Meitheal were not always prepared to assume this role. A number of contributory factors to this issue emerged in the research. These factors include:

- **Anxiety over taking responsibility for a case where there were potential child protection issues. This was particularly true of participants who were worried that the threshold applied to Meitheal would increase. This was heightened by the concern that Meitheal would not be an ‘early’ early intervention model but would ultimately become an extra tool for CPW to use. This would have implications for services’ relationship with the families they work with and**



the communities they are based in.

- Hesitation over their capacity to take on this role due to lack of time, expertise, knowledge of other services in the community as well as confusion over what the role actually entailed.
- Doubts over whether potential Lead Practitioners possessed the necessary technical skills to support families through a Meitheal process. Examples given of required skills included assisting in the completion of the 'Strengths and Needs' form and the administrative capacity to successfully organise the Meitheal process. In areas where the independent chairing system had not been implemented, fears were raised by some participants about the prospect of chairing inter-agency meetings. Resources were not always in place to support the necessary skill development required for such a role.
- The additional workload placed on Lead Practitioners was a concern for many participants, who argued that it will add significantly to workloads. Concern was expressed that already understaffed and underfunded agencies could not always afford to give adequate time and resources to this role. In Area D, practitioners who had led a Meitheal had found it difficult to fulfil their commitments to it and largely depended on the cooperation of their managers to allow them time to do this work. For the majority of participants this worry was exacerbated by the lack of dedicated administrative support available. As there is a wide range of responsibilities connected to this position, a number of participants argued that possible referrers might opt not to refer in, out of a concern that they would be expected to take on these tasks. Furthermore, questions were asked as to whether certain referrers are actually appropriate for this position. Where practitioners have wide-ranging responsibilities in a very specialised area, a few participants argued that leading a Meitheal and carrying out the administrative tasks associated with this might not be the most efficient use of their time.
- In some communities the low level of service infrastructure will make it difficult to develop a panel of possible Lead Practitioners. A number of participants argued that, for example, in localities where there are few family support services, the pool of Lead Practitioners with the capacity or time to engage with families in the required manner was severely limited. Some participants also felt that it would not be appropriate for their service to take on this role. Educational Welfare Officers, for example, were concerned that their statutory prosecutorial mandate meant they would be unsuitable for this position. They were apprehensive that this would have an adverse effect on the kind of relationship they would develop with a family as their Lead Practitioner.
- Several participants, particularly from the statutory sector, who were keen to participate were limited in their capacity to engage because their employers were not amenable and/or because their job description prevented them from sharing case management or working with individual children, young people or families.
- In some instances, practitioners may be expected to utilise other models or existing ways of working. For example, the Educational Welfare Service has begun to implement the 'One Child, One Team, One Plan' model,<sup>16</sup> which Educational Welfare Officers could be expected to employ instead of Meitheal.

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<sup>16</sup> One Child, One Team, One Plan is an integrated practice model that concentrates on educational performance, including participation and attendance. This is a national initiative provided by the Educational Welfare Services (Tusla, n.d.).

Considerable unease was expressed by participants in Area A about how the Lead Practitioner role is conceptualised in Meitheal. It was argued that one of the key reasons for the successful implementation of the previous model in this area was the appointment of a dedicated coordinator and administrative support. This had ensured that Lead Practitioners were not overburdened with tasks such as organising Meitheal Review Meetings, which take a considerable amount of time to coordinate, or with the need to chair meetings. In spite of these resources, most participants in Area A argued that involvement with Meitheal still represented a considerable commitment. Were the Lead Practitioner role to move towards the national configuration, participants were adamant that this would have a number of negative impacts on their engagement with Meitheal. It would:

- **Limit their capacity to engage because of the increased time commitment.**
- **Take practitioners' attention away from their own particular area of expertise.**
- **Increase the likelihood that practitioners would focus solely on their own input with a family rather than recommending a Meitheal.**
- **Reduce the participation of some agencies who are not funded by Tusla.**

### 3.9.4 Meitheal Documentation

The Meitheal forms were identified as a barrier to the implementation of Meitheal and especially to securing buy-in from Lead Practitioners and from families. At the research cut-off point, most participants noted that there were structural issues with how the forms were laid out and their ease of use. There were also some tensions where services already had forms they used with client families prior to the introduction of Meitheal. In addition, many participants felt that the forms were too lengthy and that their language and complexity made them inaccessible to most service users. They also often disliked the forms for the image they projected of them to families, especially where they were not known to them previously.

### 3.9.5 Service Capacity

While the research cohort expressed satisfaction at the overall quality of service provision across the four areas, there are issues that act as barriers to the implementation of the model. These are outlined below:

- **Austerity measures and funding cuts in the last number of years have had a negative impact on the community and voluntary sector, leading to reductions in staff numbers or the closure of services entirely. This has particularly impacted front-line services' capacity to deliver on their commitment to initiatives such as Meitheal. Lengthy waiting lists and a lack of resources to run suitable programmes for families reduce what practitioners can offer to families with unmet needs.**
- **Some services were faced with difficult decisions in terms of prioritising their workload.**
- **It was noted that it can also be challenging to successfully implement a Meitheal where there are long delays in, for instance, obtaining referrals to specialised services such as CAMHS.**
- **Agencies often cover large geographic areas and have insufficient numbers of staff to adequately support all their clients.**
- **Unequal distribution of resources and services between urban and rural areas influences children, young people and families' experiences of Meitheal as well as the services available to support them. In rural areas, despite a high level of need, it was noted that there are few services such as Family Resource Centres and limited access to early school leaver projects, and so on.**



- **In some areas it can be difficult to engage in preventive work with certain age groups, as there are not enough services available for particular age cohorts such as 8–12 year olds.**
- **There were also fears that non-DEIS<sup>17</sup> schools might not be able to fully support its implementation, since they do not always have sufficient staff resources to do so.**
- **Unease was expressed by some participants about the resources allocated to the implementation of the PPFS programme, with particular concern raised around the availability of funding to hire and remunerate CFSN coordinators at a local level. In addition, these participants argued that while the PPFS programme had received a significant sum of money to support its delivery and evaluation, this had not filtered down to the agencies responsible for its delivery. The establishment of Meitheal and the CFSNs was based almost exclusively on goodwill, which puts pressure on services and also potentially acts as a disincentive to engage with the model. Several participants noted that while the model was framed as ‘resource neutral’, in reality this appeared to be based on an expectation that services and practitioners would contribute more with the same or less funding as they had previously.**

### 3.9.6 Engaging with Meitheal

As the Meitheal model is premised on the idea of a holistic approach to meeting unmet needs in a family, all relevant services should be potentially available for involvement. However, a challenge identified by a number of participants was that it could be difficult to convince statutory services to agree to engage. According to these participants, many did not feel they had a remit to engage, even if in reality they were potentially vital to the success of the overall model and at an individual process level. The point was repeatedly made that there was a higher level of engagement by the community and voluntary sector than by statutory agencies or staff internal to Tusla. Some agencies did not regard themselves as having a mandate for involvement with Meitheal because it was outside of their operational scope, and instead took a compartmentalised approach focused on, for instance, one area of need or a particular age cohort. For example, several participants noted that services that primarily worked with adults usually did not perceive themselves as having a role in working with children and young people. Similarly, the HSE was identified as critical to the success of Meitheal but its engagement was somewhat limited.

A number of reasons were given for the lack of engagement by statutory services such as the HSE, for instance, the public sector recruitment embargo, which meant that key positions were unfilled, as well as general staff shortages and a considerable turnover of staff. When combined with the changes that were taking place within HSE structures and management, this meant it was difficult to secure commitment to engage with the Meitheal model. However, several participants noted that among front-line staff there were increasing levels of awareness of the model and its potential benefits. They argued that this had not filtered up to senior levels of HSE management, who were still unaware of what it was and why the organisation should engage with it. Similarly, there was inconsistency in how other statutory services engaged with it, such as county councils, so that within one area where there were two local authorities, one had committed to it but the other had not. Participants from the Early Years sector, which is another potentially key group of stakeholders, were unsure what role they could play and how to overcome dilemmas such as their lack of financial resources and the short duration of their contact with a child. Furthermore, Early Years’ services that are funded by Pobal<sup>18</sup> may not be sanctioned to take part in Meitheal under their funding agreements.

<sup>17</sup> DEIS (Delivering Equality of Opportunity in Schools) is a Department of Education programme designed to reduce educational disadvantage in the school system. Within these schools extra supports are in place for students such as Home-School Liaison Teachers (Department of Education and Science, 2005).

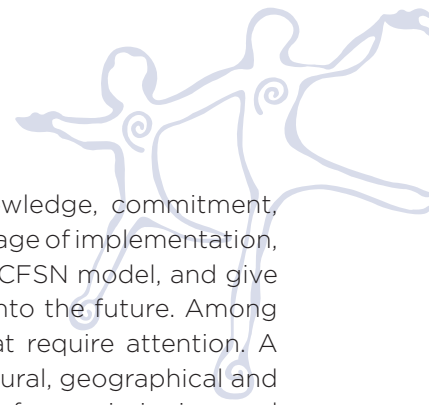
<sup>18</sup> Pobal manages programmes on behalf of the Irish government and the EU. It aims to assist local communities and agencies in working towards social inclusion and equality through managing and providing funding to them (Pobal, n.d.).

The lack of widespread engagement has two potential areas of impact. For the individual provider there is a risk that if engagement with Meitheal remains low, those who do participate will be overwhelmed by what is expected of them, and their capacity to carry out other tasks will be reduced. One participant pointed out that in their area a service had seen their waiting list quadruple because of referrals from the PPFS team, who had few alternatives available. For families this could mean they will not have access to as wide a range of services as they might need to ensure that their potentially complex unmet needs are resolved. In addition, if, for instance, crucial services that might be expected to interact regularly with families, such as general practitioners, do not engage, then opportunities for intervening at an early stage in a situation might be lost. In addition, potential referrals will not come into Meitheal and sources of information and support for the Meitheal Review Meetings will be missed out upon, as well as possible trusted relationships that could help to ensure the successful conclusion of the process.

The absence of national mandates within the statutory sector has an impact on the prospect of securing high levels of engagement with this process. The lack of a mandate, for instance, from the Department of Education means that it was more difficult for schools to release staff for training. Similarly, if a school refuses to participate then there is little recourse for PPFS teams. Although Public Health Nurses do participate in Meitheal in some areas, this is in an individual capacity and is against the directives of their trade union. This is exacerbated by national protocols that currently limit professionals in their engagement with Meitheal, such as the Garda Síochána, who must report suspected welfare cases to CPW rather than referring into the Meitheal model. While individual practitioners from, for instance, the Educational Welfare Service are willing to participate, this has not been supported by a national agreement governing their participation. This is in spite of the fact that this agency is now part of Tusla. While at a local level Educational Welfare Officers were committed to participating, this was not based on a defined nationwide agreement but rather individual willingness to take part. The challenge with this is that it is overly dependent on the individual to participate, relies on management allowing a person to take on this work, and reduces the possibility of introducing a standardised service across the country. This lack of a national mandate means that each area must build a relationship with branches of a service such as CAMHS, which depends on the acquiescence of individual consultants. In some areas CAMHS is willing to participate in the process and has referred cases into Meitheal and taken on the Lead Practitioner role. However, in one part of another area, staff were not released for training because management did not think it was appropriate to be involved, yet their colleagues elsewhere in the ISA had begun to engage. However, this CAMHS service did participate in other multi-agency initiatives.

In the absence of national or institutional mandates, Meitheal relies heavily on individual champions at all levels of the system to support its introduction. The dependence on 'champions' emerging in particular sectors to support the introduction of Meitheal was apparent across the four study sites. These individual champions move beyond enthusiasm into action and help to drive the integration of the model into the system. While individual champions are important, overall buy-in from agencies is crucial for the long-term sustainability of the model. In effect, without this, participation in Meitheal can rest on individual managerial decisions and willingness to cooperate rather than being embedded at a structural or strategic level within an organisation. While an individual might act as a champion for Meitheal in an agency, they will not necessarily be in a position to influence engagement at a systematic level with the model. In addition, their capacity to participate might depend on the view of an individual manager rather than being systematically and structurally facilitated, and if they leave their position, support for the initiative in the agency might disappear.





### 3.10 Conclusion

This chapter has provided in-depth findings which show a deep level of knowledge, commitment, awareness and critical reflection on the part of the participants. Even at this early stage of implementation, the findings show the positive benefits of the development of the Meitheal and CFSN model, and give very detailed and instructive insight into what can be learnt and improved on into the future. Among the optimism and commitment, there are also serious concerns expressed that require attention. A partnership approach is required to address these as far as possible within structural, geographical and political constraints. These barriers centre in particular on resources, the impact of commissioning, and an ongoing need for clarification on managing the interface with CPW. It also requires critical reflection and learning from practice around the possibilities and limitations of a reorientation of child welfare services, as is intended by the introduction of Meitheal and the CFSNs. On this basis, the following chapter outlines suggestions and recommendations arising from these findings.

# 4.0

## Conclusion

### 4.1 Introduction

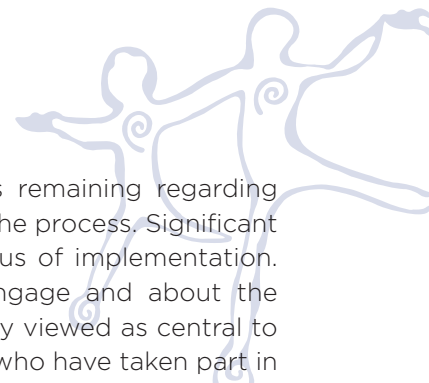
The purpose of this study was to explore the early implementation of the Meitheal and CFSN model in the context of Tusla's overall Programme for Prevention, Partnership and Family Support. To this end, a case study approach was taken that focused on four sites, which were at various stages of implementation of the initiative. Through this it was intended to gather data to create a formative understanding of the Meitheal and CFSN model at both a national and local level. The focus of the research project was on the perceptions of participants about how the process of implementation was proceeding, its key strengths, the challenges to its successful development, fidelity to the model, the nature of the engagement between various partners such as the CPW and Meitheal, and the key learning that can be absorbed from the research sites as the development of Meitheal and the CFSNs proceeds.

In this qualitative research study, data in the form of face-to-face and telephone interviews and focus groups was collected from a range of participants who were stakeholders in the implementation process (but not any of those who had used these services). As the model has the potential to engage partners from a wide variety of professional backgrounds outside of Tusla, a number of external participants who had a role to play in the model's implementation were included in each area from the community and voluntary sector as well as other statutory agencies. Similarly, since Meitheal calls for the participation of different services in Tusla and impacts both managerial and front-line processes and actions, it was decided to include PPFS staff who were directly charged with the implementation of the Meitheal and CFSN model as well as senior area management, CPW social workers and Educational Welfare Officers. In total 107 participants took part in the research, with 56 of these internal to Tusla and the remainder coming from the community and voluntary sector and other statutory agencies.

### 4.2 Summary Response to the Research Questions

#### **How are referral pathways within Meitheal operating?**

The findings show that referral pathways (i.e., the direct or CPW-initiated pathways) reflect the particular structure and system of relations in each area, meaning that there is variation in how closely connected are the pathways into and out of Meitheal and the CPW system more generally. Overall, referral pathways appear to be operating relatively well from the point of view of practitioners from the community and voluntary sector who have engaged with Meitheal. However, a number of issues were identified with regard to encouraging wider participation and managing relations and workloads between the statutory and the community and voluntary sectors. Some progress has been made regarding divert and step-down referrals from child protection and welfare, though there is a clear need for further guidance in this area. The central question of whether the divert and step-down approach or the direct initiation from the community is emphasised in an area has important consequences for the nature of Meitheal implementation and the type of cases that Meitheal is used for.



### **Are referral pathways within Meitheal operating as intended?**

They appear to be beginning to operate as intended, with some challenges remaining regarding interpretations of thresholds and communication between different partners in the process. Significant variation exists between areas with regard to the stage of operations and focus of implementation. Concerns have been expressed about the capacity of some agencies to engage and about the resources available to support their participation. The Lead Practitioner is widely viewed as central to the successful operation of Meitheal. It was reported that outcomes for families who have taken part in a Meitheal appear to be enhanced, with improvements noted in overall well-being, relationships and the resolution of specific needs.

### **Are there unintended consequences arising from the existence of the Meitheal referral pathway?**

The report demonstrates a number of unintended consequences as perceived by the participants. For example, many Tusla-based participants noted that closer relationships have begun to develop between PPFS teams and other colleagues in Tusla due to the process. The introduction of the model has been used in some areas as a catalyst for systematic changes in how the continuum of support for children, young people and families from low-level interventions to more acute interventions operates. An example of this is that in Area B a number of Tusla staff were redeployed from acute level services into a PPFS team. These changes include the deployment of Tusla staff and the commissioning of funded services in the community and voluntary sector.

### **Are the relationships/partnerships necessary for the operation of the system in place?**

In most areas strong informal relationships are in place that can support the operation of Meitheal. In some cases, these have been augmented by structured relationships that are drawn on to facilitate communication between different partners as well as efficient and timely decision-making. In others, some work remains to be done on these connections, particularly on the use of the CFSNs at a local level as a mechanism to support the implementation of Meitheal.

### **Are the key interface points internally and externally working well (child protection, education and health in particular)?**

In general, the interface between Meitheal and CPW is working and supporting the delivery of the model differently depending on where the areas started out. However, there were many challenges highlighted regarding the interface, and there was a view that the resolution of these issues would be enhanced by the dissemination of further guidance. Although there was evidence that individuals in the fields of education and health were engaging in Meitheal and viewed it as effective, at an institutional level stronger linkages could be developed that would support wider engagement with the model.

### **Is there evidence of enhanced multi-agency working?**

There was strong evidence of enhanced multi-agency working among those who had actively participated in a Meitheal process. This was true of the individual processes, where participants felt it had enabled practitioners to work together in a more collaborative manner. In addition, there was evidence that Meitheal processes provided opportunities for participants to build relationships that had begun to be drawn on in other situations outside of Meitheal. While the CFSNs were positively perceived, they were at an earlier stage of their development, so it is too soon to address their impact at a system-wide level.

## 4.3 Recommendations

### Process of Meitheal and CFSN Development

- **Consideration should be given to providing a mandate to engage in Meitheal and the CFSNs at senior management levels in relevant government departments and statutory agencies to maximise participation. This could be supported through emphasising the benefits from participation in the model.**
- **Awareness needs to be continually raised in the service provision community about Meitheal and the CFSNs and the possibility the initiative offers to professionals and practitioners in the work they do with families.**
- **Clear bilateral communication strategies should be developed that incorporate the national PPFS implementation team and Tusla management at the ISA level to ensure that information is disseminated to all relevant personnel, including management and front-line practitioners.**
- **Strategies should be put in place internally in ISAs to facilitate and enable knowledge sharing, for instance about model fidelity, changes in practices and experiential learning from individual processes.**

### Child and Family Support Networks

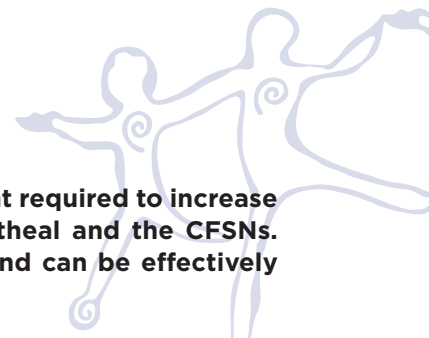
- **Clearer guidance needs to be given on the CFSNs, for example on the definitive principles underpinning their planning and development. Incentives to participate, such as accessing training and linking this to CPD, should be provided. The use of CFSNs at a local level as a forum for sharing experiential learning from individual Meitheal processes could be embedded within the system.**
- **The CFSN coordinator position needs to be standardised across the ISAs in order to build on their existing commitment to the role, prevent conflict and increase consistency across the implementation of the initiative.**

### Relationships between Meitheal and CPW system

- **The Meitheal-CPW interface guidelines should be finalised and disseminated widely. This should be framed as an organic document that has scope for change according to new issues or patterns that emerge at a local or national level over the course of the implementation process. Training on managing the interface could be considered.**
- **Careful attention needs to be paid to monitoring the thresholds at which Meitheal is expected to operate. At an individual ISA level, strategies should be put in place to enhance mutual understanding and interpretations of thresholds between the CPW and external practitioners as well as to building more sustainable, positive relationships between stakeholders in the child protection system.**
- **Structured communication and information-sharing pathways between Meitheal and CPW should be developed. This interface should be based on defined and organised methods of communication, interactions, and so on. This would reduce the influence of personal relationships at this interface. This could help to ensure continuity of practices, decrease tensions and increase the sustainability of the model.**

### Model Fidelity

- **Specific emphasis should be placed on a common national approach towards fidelity to Meitheal. Decisions need to be taken and adhered to on what are acceptable deviations from the national model at a local level and what components need to be adhered to fully. Particular attention should be paid to the definition of Meitheal and to developing a national understanding of this.**



### Challenges to the Meitheal model

- **Further consideration is needed of the significant systematic investment required to increase the community and voluntary sector's capacity to participate in Meitheal and the CFSNs. It needs to be recognised that participation is not resource-neutral and can be effectively enhanced by targeted commissioning strategies.**
- **Training should be provided to relevant Tusla staff and partner organisations on non-Meitheal-specific skills such as facilitating and chairing meetings. This is especially important where the system of independent chairpersons is not expected to be introduced and Lead Practitioners are asked to chair meetings.**
- **Care needs to be taken to ensure that services that agree to support Meitheal are not overburdened. Coordination is needed at a central ISA level to balance expectations of participation in individual Meitheals among Tusla staff and partner organisations. To this end, the pool of active Lead Practitioners needs to be substantially increased.**

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# Appendix 1



## Meitheal Case Studies

**Case study A:** A child was referred into CPW because they had experienced family bereavements and subsequently became very withdrawn and isolated. Their parents and friends were extremely concerned but were unable to make any progress with the child. It was decided that the case should be taken on by the PPFS team. The CFSN coordinator visited, and using the My World Triangle was able to work with the parents to identify the problems that needed to be addressed. This helped to build their engagement with and participation in the process. The child began to attend school again, was playing sports with his friends, and their parents were less stressed and had a better relationship with them.

**Case study B:** In a case that was managed by a member of the PPFS team, the family was quite chaotic and missed an appointment with psychology services. The worker was able to follow up with the service because they had already been in contact about the referral. The worker was able to secure another appointment for the family, which the worker supported them in attending. The worker had spent considerable time building a relationship with the family to engage with services, which, allied with the early stage of the support being provided, was perceived to have helped prevent the child from developing acute difficulties that would have required a more intensive intervention, such as from CPW.

**Case study C:** A number of different services had been working separately in one family with the children and the parent. In the case of the teenage son, a Meitheal process was initiated and at a meeting that he, his mother and a number of agencies attended it was decided that he would enrol in an alternative education programme. Meitheal had enabled a more coordinated approach to be taken to the case, which also made it easier for the parent, as the agencies were brought together simultaneously at a meeting where a joint decision could be taken.

**Case study D:** An Educational Welfare Officer described a family they were involved with where there was a young child with serious behavioural issues in school. The school was struggling to support the child, as it was a non-DEIS school and so did not have resources such as Home School Liaison Officers to draw on. It was also challenging to engage the child's (non-Irish) parents, who rarely attended meetings and were reluctant to get involved with statutory services. They eventually agreed to a Meitheal and the situation improved considerably for the child, who now attended school almost full-time whereas previously they only attended a couple of hours a day. The parents were supported not only during the Meitheal Review Meetings but also afterwards by the services involved in the case. The parents' engagement in the process increased because they were active participants who felt listened to.

**Case study E:** A Meitheal was initiated for one child in a family, but as the process unfolded it became clear that there were wider family issues that needed to be dealt with around relationships and social isolation in the immediate and extended family. By the end of the Meitheal process, supports had been put in place for the father (counselling), mother (a parent and toddler group and a women's group), other children (after-school club) and the whole family (working together on an allotment). This short Meitheal was very successful and quickly helped to rebuild family relationships and improve individual well-being in a holistic manner.

**Case study F:** A Meitheal was initiated for a migrant family with poor English who had mental health difficulties and other issues. As a result of the Meitheal there were significant changes in the family's life, including moving house and marked improvements in their confidence levels and overall well-being. They also gained a greater sense of security from their involvement in the process. Many of the eventual outcomes which were successfully attained had not been identified in the initial outcomes piece but instead emerged during the Meitheal.

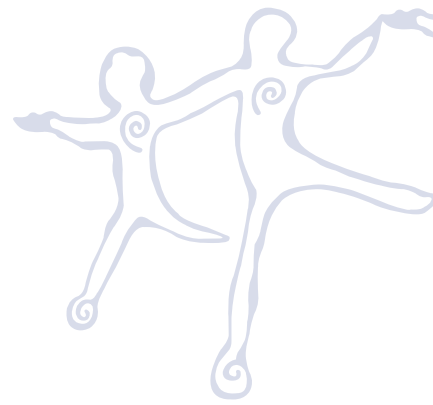
**Case study G:** In one situation a CFSN coordinator was contacted by a school about a situation where a parent had a significant physical issue that prevented them from bringing their child to school. The school did not know what to do or what services they could access for help, as it was below the threshold for a CPW intervention. The coordinator contacted an agency that was able to organise transport for the child through a service they were already running. The coordinator also helped to put in place relationships between the school and this service, which was located nearby, to enable the latter to do some Family Support work with the parent to ensure the identified plan was operationalised.

**Case study H:** An Educational Welfare Officer worked with a family where a child did not attend school for a number of years due to agoraphobia. The child was described as being very quiet, not in any trouble with the Garda Síochána, had no child protection concerns and had not come to the attention of any other service. Through Meitheal, a Family Support plan was put in place to ensure they attended all their hospital appointments, a YAP Ireland worker was secured and they were given access to home tuition. Subsequently, the child began to engage with their psychologist, and their agoraphobia lessened to a point where they could leave their house again. This case had only a small number of services involved, but the practitioners wrote a joint letter requesting support from YAP Ireland and were successful in this. The Educational Welfare Officer was adamant that without Meitheal a YAP Ireland worker would not have been available, because the child did not meet its usual intervention threshold. It had also made a significant difference to the Educational Welfare Officer's work, because they had better access to resources and services that were needed to support the child.

**Case study I:** A young person and their parent presented with an intellectual disability. The parent was struggling to keep their child (who was easily influenced) engaged and attending school, which was made more challenging because several members of the young person's extended family had already dropped out of school. A HSE practitioner wanted to use the Meitheal process to build on the strengths of the family, which had a large social network, and connect them into supports in the community. The Meitheal process facilitated the development of a more professional connection and a stronger informal relationship between the practitioner and the parent. This helped the practitioner to provide the parent with more support, and the family could develop better communication strategies such as organising family meetings to discuss issues. An example was given where the young person's siblings had taken them out of school for a day without permission. Consequently, a meeting was held where the practitioner challenged this behaviour and through this helped to ensure that the parent received support from the family in parenting their child. Interestingly, this Meitheal led to the establishment of a social club in a community centre, in partnership with another local service, for the child and others with special needs to attend. While the number of participants was small, the intention was that it would develop organically based on multidisciplinary inputs. The practitioner recalled that they had previously approached this service to do a joint piece of work, but they had refused, saying that they did not have the funds to do so. However, when a Meitheal was mentioned as a possible option, the service was willing to participate, as they were familiar with this style of work. It is also likely that the Tusla dimension helped here because of possible funding relationships that the service had with them, which the practitioner would not be able to draw on.









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