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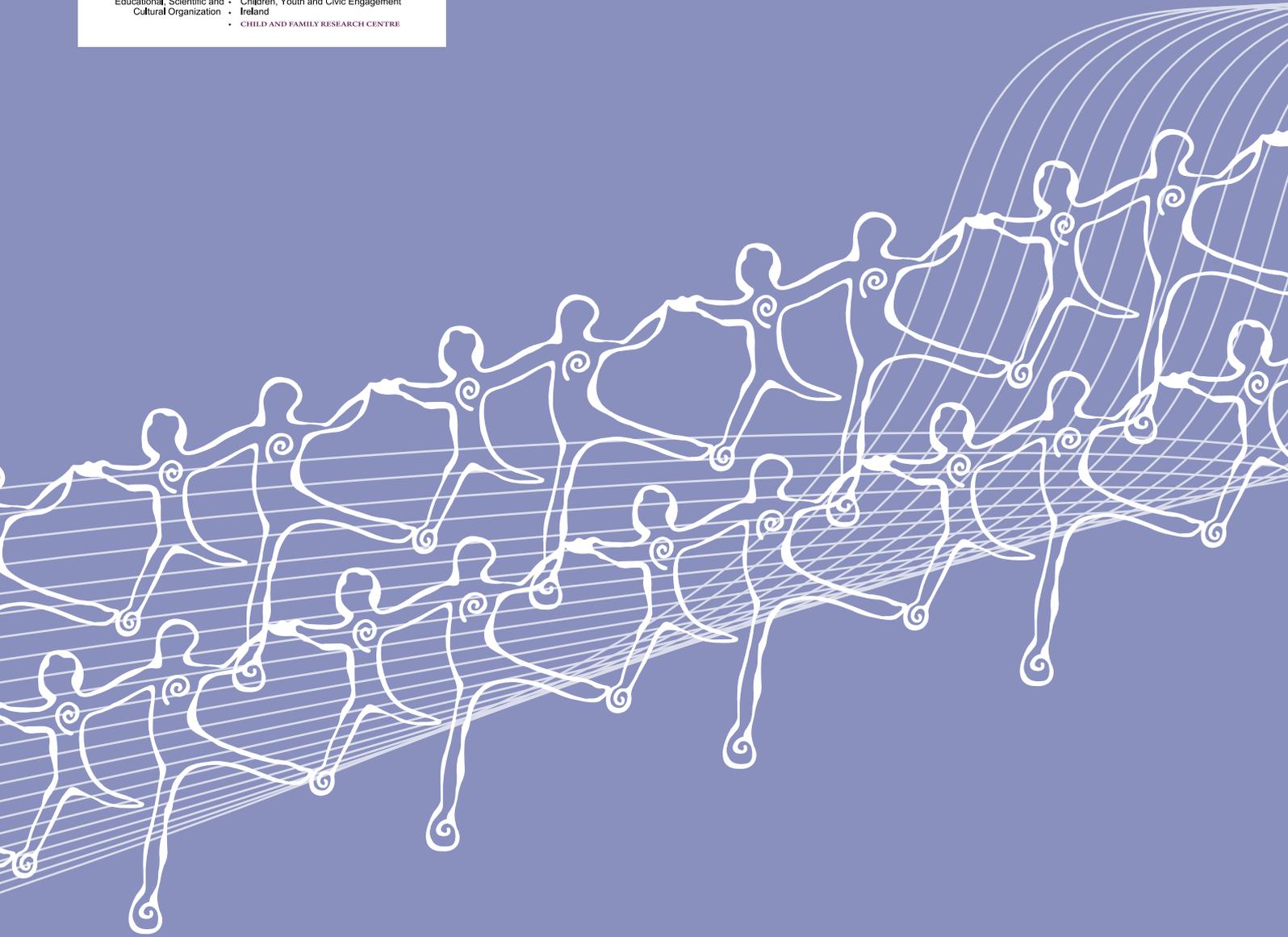


NUI Galway
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CHILD AND FAMILY RESEARCH CENTRE



Institute for
Lifecourse and Society



Meitheal and Child and Family Support Network
Work Package

Meitheal and Child and Family Support Networks Process and Outcomes

Pilot Study

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



The research and evaluation team at the UNESCO Child and Family Research Centre (UCFRC), NUI Galway, provides research, evaluation, and technical support to Tusla's Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by 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 operations of Tusla. The research and evaluation carried out by the UCFRC focuses on the implementation and outcomes of the PPFS Programme and is underpinned by the overarching research question:

Is the organisational culture and practice at Tusla and its partners changing such that services are more integrated, 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 adopts a Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas in Tusla's PPFS Programme. The Work Packages are: Meitheal and Child and Family Support Networks; Children's Participation; Parenting Support and Parental Participation; Public Awareness; and Commissioning.

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

About the UNESCO Child and Family Research Centre

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

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1

Introduction



This document reports on the findings of the Meitheal and Child and Family Support Networks (CFSN) Process and Outcomes Pilot Study. This study was carried out between October and November 2016 to evaluate the appropriateness and ‘ease of use’ of the proposed scales for the overall Process and Outcomes Study. Data was collected from children, young people, and families already engaged in Meitheal. They were asked to provide feedback on the design, content, and comprehension of the tools. Lead Practitioners attended a training session on how to use the scales and were then asked to provide feedback on their overall experience of using the scales with families they were already working with. The research team analysed the scale feedback forms to select the most suitable scales to be included in the overall study.

1.1 Background to the Overall Study

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

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

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

1.2 The Meitheal and Child and Family Support Networks Model

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

The Meitheal model is a process-based system, which is not linked to a physical infrastructure or network but rather revolves around the development of an approach that can be applied by organisations in the community and voluntary sector, by Tusla, and by 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 several principles that Meitheal operates under:

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

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

There are three initiation pathways into Meitheal. The first is the direct or self-initiated Meitheal, where a request is made by a practitioner or by a family themselves. The second avenue is where a case is diverted by the CP 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 CP department. This occurs when child protection concerns have been dealt with by CP 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.

CFSNs were established to support Tusla's aim of developing an 'integrated service delivery' framework (Gillen et al., 2013: 14) for working with families. In each Integrated Service Area, a number of these multi-agency networks (ideally one per 30,000-50,000 inhabitants) were developed with either virtual or physical hubs such as Family Resource Centres. These partnership-based networks are open to any service that has an input into families' lives, including Tusla staff as well as other statutory organisations and community and voluntary agencies. A goal of the Meitheal model is to work with families to ensure that there is 'No Wrong Door'¹ and that services are available to support them as locally as possible. CFSN members' roles include supporting the implementation of a Meitheal by agreeing to act as Lead Practitioners or by participating in a process in other ways and working in a collaborative way with other agencies in their network (Gillen et al., 2013).

¹ This is based on the idea that service providers are able to direct families to the appropriate agency even if they or the sector they operate in do not offer that service themselves (No Wrong Door Partners, 2014).

2



Process and Outcomes Pilot Study

A pilot study is defined as a small-sample study conducted as a prelude to a study on a larger scale and is designed to guide this larger study. The benefit of carrying out a pilot study is to prevent potential problems or downfalls that could not otherwise be anticipated (Connelly, 2008) and to make changes accordingly.

The objective of carrying out this pilot study was to inform the larger Process and Outcomes study to determine the most suitable methodology and data collection process. Specifically, the pilot study determined the ease of use of the scales, clarity of instructions, wording of the questions, appropriateness of the format, and ease of administration (Hertzog, 2008).

2.1 Aim

The aim of this pilot study is to evaluate the appropriateness and ease of use of quantitative tools to be included in the Meitheal and CFSN Process and Outcomes study.

2.2 Methodology

The Meitheal Process and Outcomes pilot study was carried out between October and November 2016. Practitioners nationwide were trained to apply, score, and interpret scales. Practitioners were trained in Waterford, Arklow, Galway, Tuam, and Ballymun, Dublin.

Every trained practitioner was invited to take part in the pilot study. Once they agreed, a packet was sent by post including consent forms, information sheets, and scales. Practitioners completed the scales with a family and completed their own feedback form. They were asked to provide feedback on each of the scales, including ease of understanding, instructions, wording, and format. Both families and practitioners provided feedback on their perception of each of the scales. Feedback forms are included in Appendix 1.

The scales included for evaluation were:

1. Family Star Plus, My Star, Youth Star (Triangle Consulting Social Enterprise, 2014)

The Family Star Plus tool, which is completed with parents, is focused on 10 specific areas: physical health, well-being, meeting emotional needs, keeping children safe, social networks, education and learning, boundaries and behaviour, family routine, home and money, and progress. Each domain is evaluated with a 10-point scale. The five stages are: (1) Stuck, (2) Accepting help, (3) Trying, (4) Finding what works, and (5) Effective Parenting. The Outcomes Star also has a child version called 'My Star' and a version for young people called 'Youth Star'.

2. Malaise Inventory (Rutter et al., 1970)

The Malaise Inventory is a self-completion measure of psychological distress, or depression, emotional disturbance, and physical symptoms. Scores range from 0 to 24.

3. General Health Questionnaire 12 (Goldberg and Williams, 2006)

The General Health Questionnaire (GHQ) is used to assess mental well-being. It is a screening tool that can be used to detect people who are likely to or already suffer from psychiatric disorders and common mental health problems. The 12-item version of the GHQ was selected for this study. The scoring method selected was binary, and the cut-off score was 4.

2.3 Findings

Participants in the pilot study were four practitioners and five families. Results of the pilot study are included in Tables 1 and 2. Table 1 also includes the evaluation of the scales provided by practitioners. Table 2 includes the results of the evaluation provided by parents, children, and young people.

1. General Health Questionnaire (GHQ-12)

This scale was selected for the large study. Participants found it appropriate but felt that the font and format had to be improved. These were duly changed in the final study.

2. Malaise Inventory

This scale was excluded from the larger study, as practitioners had difficulties with the wording, format, and ease of administration. Participants considered that the scale should have a comment box and a 'not applicable' option.

3. Strengths and Difficulties Questionnaire

Participants evaluated this scale as easy to understand, with easy instructions, wording, and format. It was described as appropriate and age-appropriate, both the parental and self-completion versions. This scale was used for the large study.

4. Outcomes Star

The Outcomes Star scales were described as easy to understand, with easy instructions and wording, a clear format, and age-appropriate. Overall, practitioners liked it even if they were aware that training for these scales was necessary and that it required more effort to complete than any other scales. This scale requires 15 minutes to 1 hour to complete. Children and young people also provided positive feedback and liked their versions of the scales.

After the pilot study was completed, the General Health Questionnaires, Strengths and Difficulties Questionnaire, Family Star, Youth Star, and My Star were decided upon as the scales to be used in the large Process and Outcomes Study.

2.4 Conclusion

Pilot studies are a crucial component of any evaluation, as they are carried out in preparation of larger investigations to inform the methods and procedures to be used at the larger scale, inform feasibility, and suggest modifications needed in any stage of the large study, including design, data collection, and data analysis (Kirstin and Silverstein, 2015; Leon et al., 2011; Thabane et al., 2010). This pilot study evaluated the scales to identify those that would better suit the target audience, children, young people, families, and practitioners involved in Meitheal. Scales that were not easily and fully understood were discarded.



Table 1 Practitioners' Feedback

Scale	Time range	Easy understand	Easy instructions	Easy wording	Clear format	Easy administer	Comments
SDQ	5-10 min.	1 (100%)	1 (75%)	1 (75%)	1 (75%)	1 (75%)	Liked it 2 (50%)
			1 (25%)	2 (25%)	3 (25%)	2 (25%)	NA 2 (50%)
Malaise	5 min.	1 (75%)	1 (75%)	1 (33.3%)	1 (50%)	1 (66.7%)	Liked it 1 (25%)
		5 (25%)	5 (25%)	2 (25%)	3 (25%)	2 (25%)	Add comment box 1 (50%)
				5 (25%)	7 (25%)	6 (25%)	NA 1 (25%)
				6 (25%)			
GHQ	5-6 min.	1 (33.3%)	1 (33.3%)	2 (66.7%)	2 (66.7%)	1 (33.3%)	Appropriate (33.3%)
		2 (33.3%)	2 (66.7%)	4 (33.3%)	4 (33.3%)	2 (66.7 %)	Font/space small (33.3%)
		3 (33.3%)					NA (33.3%)
Family Star	15-60 min.	1 (25%)	1 (50%)	1 (25%)	1 (50%)	2 (25%)	Likes it 1 (25%)
		2 (25%)	2 (25%)	3 (50%)	2 (25%)	3 (50%)	Information and effort required (25%)
		3 (50%)	3 (25%)	4 (25%)	3 (25%)	4 (25%)	Comprehensive but requires training (50%)
Youth Star	10 min.	2 (100%)	2 (100%)	3 (100%)	2 (100%)	2 (100%)	Age-appropriate (100%)
My Star	60 min.	4 (100%)	4 (100%)	3 (100%)	3 (100%)	4 (100%)	Information and effort required (100%)

Table 2 Families', Young People's, and Children's Feedback

Scale	Respondent	Easy understand	Easy instructions	Easy wording	Clear format	Comments
SDQ	Child 2 (50%)	1 (75%)	1 (75%)	4 (100%)	1 (75%)	Age-appropriate 1 (25%)
	Parent 2 (50%)	3 (25%)	2 (25%)		1 (25%)	Appropriate 1 (25%)
						Liked it 2 (50%)
Malaise	Parent 3 (100%)	2 (50%)	1 (75%)	1 (25%)	1 (75%)	Appropriate 1 (25%)
		6 (50%)	8 (25%)	3 (25%)	10 (25%)	Difficult to score and missing NA 1 (25%)
				4 (25%)		Add a comment box (25%)
				10 (25%)		Explanation needed for specific questions 1 (25%)
GHQ	Parent (100%)	1 (33.3%)	1 (33.3%)	1 (33.3%)	1 (66.7%)	Appropriate (33.3%)
		2 (33.3%)	2 (66.7%)	3 (66.7%)	4 (33.3%)	Information and effort required (33.3%)
		3 (33.3%)				Font/space small (33.3%)
Family Star	Parent (100%)	1 (25%)	2 (75%)	1 (25%)	2 (25%)	Age-appropriate 1 (25%)
		2 (25%)	NR (25%)	2 (50%)	3 (50%)	Liked it (25%)
		3 (25%)		NR (25%)	NR (25%)	Difficult to score and missing NA 1 (25%)
		NR (25%)				Add a comment box (25%)
Youth Star	Young person (100%)	2 (100%)	1 (100%)	2 (100%)	1 (100%)	Liked it (100%)
My Star	Child (100%)	NR (100%)	NR (100%)	NR (100%)	NR (100%)	Liked it (100%)

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Appendix 1

Feedback Evaluation Forms

Meitheal and Networks (CFSNs)
Pilot Study

PRACTITIONER FEEDBACK

Practitioner: _____
Time to complete: _____
Questionnaire: _____

1. Overall, this questionnaire was:

Very easy to understand Very difficult to understand
1 2 3 4 5 6 7 8 9 10

2. The instructions were:

Very easy to understand Very difficult to understand
1 2 3 4 5 6 7 8 9 10

3. The wording of the questions was:

Very easy to understand Very difficult to understand
1 2 3 4 5 6 7 8 9 10

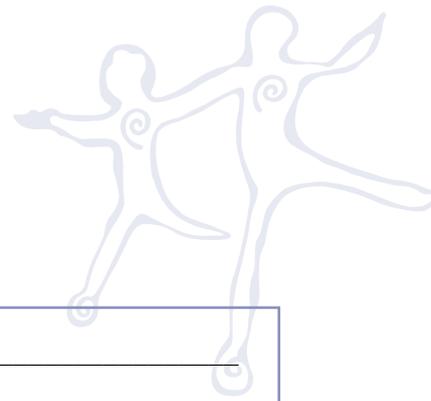
4. The format of this questionnaire was:

Very clear Not clear at all
1 2 3 4 5 6 7 8 9 10

5. This questionnaire was:

Very easy to administer Very hard to administer
1 2 3 4 5 6 7 8 9 10

Comments:



Meitheal and Networks (CFSNs)
Pilot Study
PARTICIPANT FEEDBACK

Participant: _____
() Child/young person

1. Overall, this questionnaire was:

Very easy to understand Very difficult to understand
1 2 3 4 5 6 7 8 9 10

2. The instructions were:

Very easy to understand Very difficult to understand
1 2 3 4 5 6 7 8 9 10

3. The wording of the questions was:

Very easy to understand Very difficult to understand
1 2 3 4 5 6 7 8 9 10

4. The format of this questionnaire was:

Very clear Not clear at all
1 2 3 4 5 6 7 8 9 10

Comments:

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