

Meitheal

A **TÚSLA** led national practice model

MEITHEAL TOOLKIT

2015



TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



MEITHEAL TOOLKIT

Tusla - Child and Family Agency
2015

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ACRONYMS USED

ARM	Alternative Response Model
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CFHNAF	Child and Family Health Needs Assessment Framework
CFSN	Child and Family Support Network
CSC	Children's Services Committee
CYPSC	Children and Young People's Services Committee
DP	Data Protection
DRM	Differential Response Model
EWS	Educational Welfare Services
FAQs	Frequently Asked Questions
HSCL	Home School Community Liaison
ION	Identification of Need
LANS	Limerick Assessment of Needs System
LAP	Local Area Pathways
LP	Lead Practitioner
NEPS	National Education Psychological Service
NSDF	National Service Delivery Framework



INTRODUCTION



INTRODUCTION

HOW TO USE THIS TOOLKIT

The Meitheal Toolkit is intended for use by practitioners using **Meitheal – A National Practice Model for all agencies working with children, young people and their families**. It provides direction, guidance and advice on all stages of the Meitheal process and as such can be used as a roadmap for undertaking a Meitheal effectively.

The toolkit is a practical resource that will:

- inform and guide practitioners through the Meitheal process;
- provide direction, advice and guidance on how best to undertake the Meitheal process;
- provide support and guidance to Lead Practitioners to undertake their role effectively in the Meitheal process;
- identify how to store and share information safely as part of the Meitheal process;
- provide Meitheal documentation and guidance on how to complete Meitheal Forms;
- provide guidance on facilitating meetings as part of the Meitheal process.

The Meitheal Toolkit has been developed as a resource that practitioners can use either in its entirety to get an overall understanding of the Meitheal process and how it works in practice, or that practitioners can dip in and out of in accordance with the stage of the Meitheal process they are currently working on. The list of Contents is a useful tool to aid your navigation through the toolkit. The toolkit is also designed in order to be located online on the Tusla website (www.tusla.ie). For this reason, when you are reading it in the form of one complete document, you may find some repetition.

STRUCTURE OF TOOLKIT

The toolkit contains 11 sections as follows:

- **Section 1** provides the background to Tusla's Prevention, Partnership and Family Support programme of work and to the theoretical and policy documents underpinning the development of Meitheal.
- **Section 2** provides a step-by-step guide to the Meitheal process and describes the individual steps that should be followed in preparing, discussing and delivering a Meitheal to a child/young person and their family.
- **Section 3** describes the Meitheal process and deals with issues such as when a Meitheal should or should not be undertaken, the benefits of a Meitheal and the supports available to practitioners to undertake a Meitheal.
- **Section 4** focuses on the issue of Meitheal and multi-agency working, and provides guidance on how to form and support a Meitheal Group within the Meitheal process.
- **Section 5** focuses on the role of the Lead Practitioner in the Meitheal process.
- **Section 6** deals with the issue of information gathered in the Meitheal process and provides guidance and pointers on when and how to share and store it in a safe, secure manner.
- **Section 7** focuses on developing continuity and consistency of support to children, young people and their families through integrating services.
- **Section 8** provides practical guidance on 'How to' undertake the various steps or tasks involved in undertaking a Meitheal.
- **Section 9** explains each Meitheal Form and gives guidance on how to complete it. Word templates are provided for each of the forms.
- **Section 10** provides guidance on the facilitation of the different types of Meitheal Support Meetings – initial Action Plan meeting, Review meeting(s) and final Closure and Feedback meeting.
- **Section 11** contains appendices focusing on the background to Meitheal, useful resources and answers to frequently asked questions.



SECTION 1:

BACKGROUND TO THE PREVENTION, PARTNERSHIP AND FAMILY SUPPORT PROGRAMME OF WORK



SECTION 1: BACKGROUND TO THE PREVENTION, PARTNERSHIP AND FAMILY SUPPORT PROGRAMME OF WORK

This section provides background information on the National Service Delivery Framework of Tusla - Child and Family Agency; the Prevention, Partnership and Family Support programme of work within Tusla; and the role of Meitheal as a national practice model for all agencies working with children, young people and their families.

It focuses specifically on the following areas:

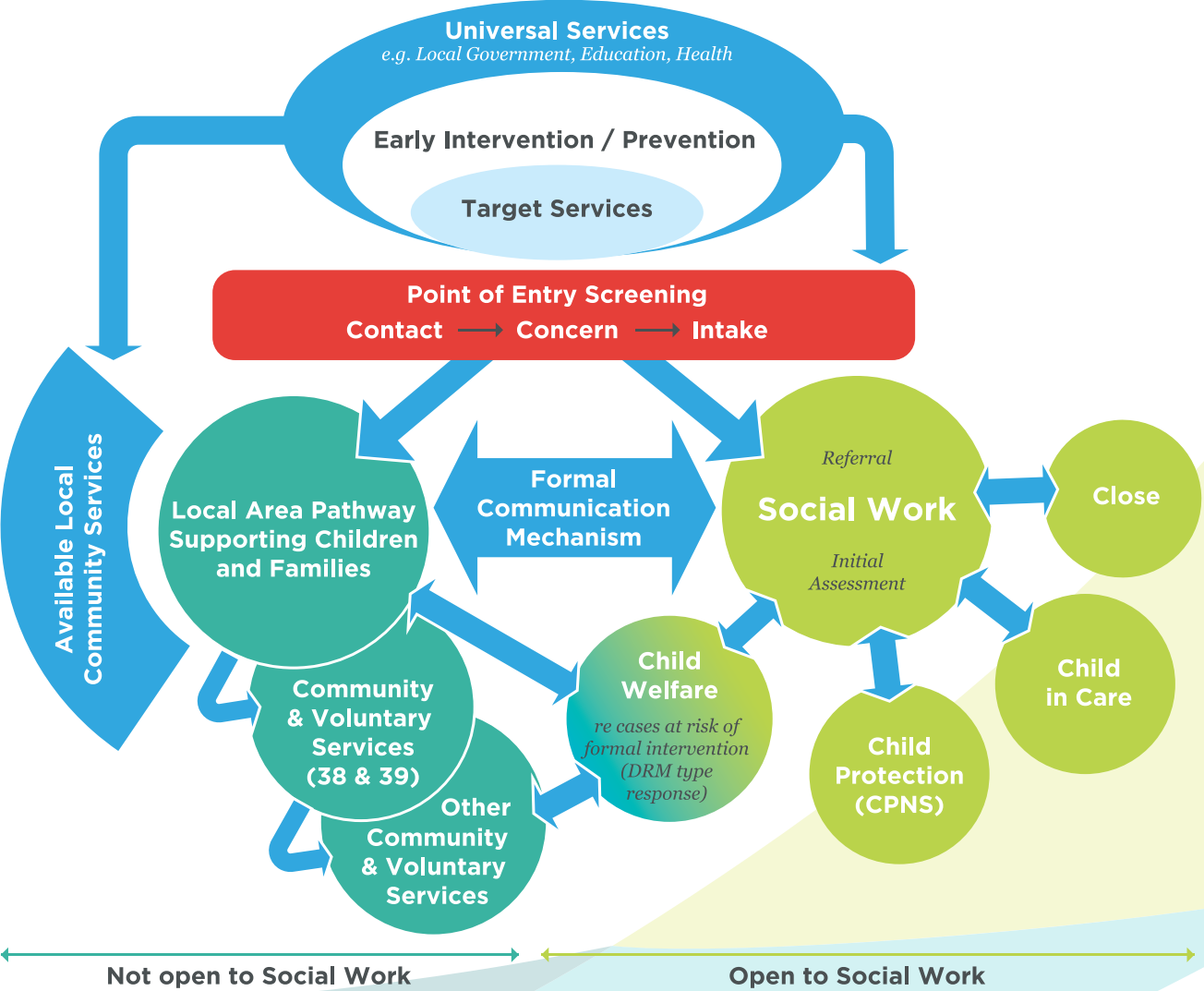
- Overview of the Tusla National Service Delivery Framework.
- Prevention, Partnership and Family Support within the National Service Delivery Framework.
- Thresholds, the Hardiker Model and the Continuum of Need.
- The Meitheal Model.
- Design of the Meitheal Model.
- The Meitheal process.
- My World Triangle.

1.1 TUSLA NATIONAL SERVICE DELIVERY FRAMEWORK

The development and implementation of a single, transparent, consistent and accountable National Service Delivery Framework, focused on improving outcomes for children, is a key component of the remit of Tusla - Child and Family Agency (hereafter called ‘the Agency’). Figure 1 provides an overview of the National Service Delivery Framework.

Providing support to a child or young person and their family is not the exclusive responsibility of the Agency. The statutory services – such as health, education, An Garda Síochána, local authorities and the community/voluntary sector – all have a responsibility and a contribution to make in the protection and welfare of all children. This will be achieved through the development of Local Area Pathways and the implementation of Meitheal – A National Practice Model for all agencies working with children, young people and their families, which will deliver a standard and consistent approach on how we support and intervene with children and families.

Figure 1: An overview of the National Service Delivery Framework



Notes:

CPNS refers to the Child Protection Notification System.

DRM (Differential Response Model) is a twin-track approach whereby accepted referrals to child protection services are differentiated, with high-risk referrals receiving a traditional child protection investigation and low to medium-risk referrals receiving a non-investigative family assessment.

‘38 & 39’ refers to the funding of community and voluntary services under Sections 38 and 39 of the Health Act 2004. This funding will be managed under the Child and Family Agency Act 2013 in the future.

Meitheal – A National Practice Model was developed as part of a wider programme of work involving prevention, partnership and family support. Therefore, this toolkit needs to be understood in conjunction with the initial Meitheal document, published by Tusla in August 2013 and entitled *Meitheal – A National Practice Model for all agencies working with children, young people and their families*, and the accompanying suite of documents published in 2013 under ‘National Guidance and Local Implementation’ on Prevention, Partnership and Family Support. These are:

- Guidance for the Implementation of an Area-based Approach to Prevention, Partnership, and Family Support
- Investing in Families: Supporting parents to improve outcomes for children
- 50 Key Messages to accompany Investing in Families: Supporting parents to improve outcomes for children
- What Works in Family Support?
- Commissioning Guidance for Child and Family Agency

All these documents are available at:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

1.2 PREVENTION, PARTNERSHIP AND FAMILY SUPPORT WITHIN THE NATIONAL SERVICE DELIVERY FRAMEWORK

The ***Guidance for the Implementation of an Area-based Approach to Prevention, Partnership and Family Support*** is a particularly important document because it sets the context within which Meitheal will operate. It specifies the overarching principles for the Prevention, Partnership and Family Support programme of work and the specific principles for the Meitheal Model (*see Section 1.4*) are consistent with these wider principles. These principles are:

- Children, young people and families will be at the heart of everything that we do. There will be a clear focus on the wishes, feelings, safety and well-being of children.
- The *Children First: National Guidance for the Protection and Welfare of Children* (DCYA, 2011) and legislation must always be adhered to.
- Appropriate supports will be provided at the earliest point of engagement, using a strengths-based perspective that is mindful of resilience.

- Service providers will focus on improving outcomes for children and families, and will track progress and results.
- There will be a focus on a progressive universalist approach to providing a continuum of support to all children and families. A balanced approach will be struck between developing primary prevention and early intervention services, whilst also maintaining secondary and tertiary services, with a re-distribution of resources to areas of high need.
- Practice and service delivery will be informed by a consideration of evidence on effectiveness in the planning, monitoring and evaluation of services to meet needs.
- The Agency will work in partnership with children, families, communities, child and family practitioners, and other agencies – both statutory and community and voluntary.
- Services will be cost-effective and will demonstrate value for money.
- Practitioners and services will promote human rights and social inclusion, addressing issues around ethnicity, sexuality, disability and rural/urban communities.

The Guidance also specifies the structure and personnel required to implement a new approach to prevention, partnership and family support. This includes:

- a **Principal for Prevention, Partnership and Family Support** as part of the management team of each Tusla operational area;
- **Child and Family Support Network Coordinators**, reporting to the Principal for Prevention, Partnership and Family Support;
- a **Prevention, Partnership and Family Support Steering Committee**, to be a sub-group of the Children and Young People's Services Committee (CYPSC) where such a committee is in place.

The Guidance also defines **Child and Family Support Networks (CFSNs)** as collaborative networks of community, voluntary and statutory providers, intended to improve access to support services for children and their families. In order to help families access support, there is a need for clusters of such support serving geographical areas that may be smaller than the Agency areas or CYPSC areas. Therefore, it is proposed that CFSNs will be the unit building blocks of the National Service Delivery Framework and the front-line operational structure that will ensure integrated service delivery.

The role of members of the Child and Family Support Networks is:

- To participate in a collaborative network of community, voluntary and statutory providers so as to improve access for children and families to support services at all levels of need.
- To participate in Meitheal – A National Practice Model by operating a common approach to the identification of strengths and needs, and a practice model for coordinating and reviewing supportive interventions, utilising a Lead Practitioner role and a ‘team-around-the-child’ approach.
- Specifically, to be a Lead Practitioner or a member of a Meitheal Group supporting the Lead Practitioner to ensure an integrated intervention that corresponds at all stages to the needs of children and families (as need escalates and also as need decreases and less intensive supports become necessary).

Each local CFSN will consist of all services that play a role in the lives of children and families in a given area and will reflect that the CFSN is **a partnership that recognises that supporting families and keeping children safe is everyone’s business**. So, for example, a CFSN for a given area may include the following: all family support services; Tusla Social Work services; educational welfare services; public health nursing; child and adolescent mental health services; Early Years services; youth work services; primary care services; adult services such as mental health, addiction and homelessness services; local authority services; local development company services; children’s disability services; speech and language services; and psychology services. The concept of ‘core’ and ‘associate’ members of a CFSN can be used to distinguish between those services that are centrally involved in supporting children, young people and families in the area and those that have a role but are more peripheral.

It is essential that membership of the CFSN is not restricted to certain agencies. Any agency or practitioner that self-identifies as being relevant to providing support to children and families in the locality is welcome to be part of the CFSN for that area. Similarly, agencies or practitioners involved in providing services to children and families but for whatever reason do not see the CFSN as relevant to them need to be encouraged to engage. This is essential to ensure that services critical to enhancing child and family well-being (such as adult addiction and mental health services, or local authority services) are encouraged to participate.

A number of CFSNs – consisting of local statutory providers, local voluntary/community children and family services, and the Agency staff – will be clearly defined and listed in each management area, building on existing networks. The concept of CFSNs is influenced by existing multi-agency initiatives (e.g. the Ballymun Network in Dublin or the Southhill Youth Forum in Limerick) and by Family Support Hubs currently being developed in Northern Ireland. It is intended that where such networks exist, they will be built upon. However, it is not specified that CFSNs must meet routinely or, for example, discuss lists of ‘at risk’ families

because this practice is not considered conducive to good data protection practice and information sharing, and multi-agency preventative support is best delivered through the Meitheal Model. However, meetings of CFSN members may be called to develop relationships through networking and for general learning and development.

A CFSN could have a particular service at its hub (e.g. Family Resource Centres or Family Support projects, internal or external to the Agency) to give a very visible presence to the CFSN in an area. Opportunities for the co-location of key services should be considered in order to facilitate ease of access for families. However, in some more dispersed rural locations, the CFSNs could be a virtual network. The CFSN will work in partnership with families to ensure that there is ‘no wrong door’ for families and that all families in their locality receive easily accessible support, appropriate to meet their identified needs. CFSNs will capitalise on families’ own help-seeking networks. Training together as a multi-agency group will be a key method of developing the CFSNs as a unified, cohesive and integrated support system. Child and Family Support Network Coordinators should designate a specific person as the Chairperson of each CFSN. This person can act as a ‘champion’ of integrated working from within the service landscape in their given locality.

CFSNs are **not** about generating another structure or the organisation of meetings because service planning meetings occur through the Steering Committee and multi-agency interventions for individual families are planned and delivered through Meitheal Group meetings. However, the Child and Family Support Network Coordinator may organise once-off events in relation to networking, training and conferences in order to bring members of the CFSNs together from time to time. Rather, the concept of the CFSN is to reflect the fact that there is presently a child and family support workforce in existence nationally and within given localities. Arguably, this workforce does not always work well together in an integrated and cohesive manner. Indeed, this workforce is not presently defined, identified, listed or communicated with in any kind of consistent or systemic way. Also, there is a risk that structural changes could have a regressive effect on integrated working; such changes could include the creation of the Child and Family Agency separate from the HSE; changes in local authority boundaries; and the creation of Education and Training Boards, some with changed boundaries.

CFSNs will cultivate the thinking and organisational culture that – whether you work in the health service, local authority, education, justice, social protection or other relevant arena, whether you are a statutory or voluntary provider, whether you work with infant children, young people or adults – **the other agencies and practitioners working in the same locality are your colleagues and you must work with them to promote positive outcomes for children, young people and families in your locality.**

As a starting point, a Child and Family Support Network Coordinator in partnership with the Steering Committee must identify the geographical areas for Child and Family Support Networks and develop contact lists for the members of each network. Some individuals will be part of more than one CFSN due to the structure of their service. The Child and Family Support Network Coordinator should be able to add together the membership of each CFSN, taking account of practitioners who are part of more than one so that he/she can calculate the total child and family support workforce for each CYPSC area. This will ultimately allow a national picture of the child and family support workforce to be developed.

Factors that should be considered when mapping Child and Family Support Networks are:

- social work catchment areas;
- primary care network areas;
- GP surgeries;
- child population 0-19 years;
- schools;
- Family Resource Centres;
- existing partnerships of non-statutory funded services;
- operational areas of key Tusla staff;
- operational areas of key Health and other statutory partners.

Population number and profile should also be examined, such as number of children and levels of deprivation. A key consideration is that the CFSNs should support local coordination of support to children and families. For example, an area with a population of 160,000 could be broken down into 5-6 CFSNs with a population of up to 30,000 and serviced by 2-4 Coordinators. However, this will vary according to local conditions and specifications.

1.3 THRESHOLDS, THE HARDIKER MODEL AND THE CONTINUUM OF NEED AND SUPPORT

In the 1990s in the UK, building on an ecological perspective, Pauline Hardiker and her colleagues developed a model to categorise preventive activity into four levels of intervention (Hardiker *et al*, 1991). This model is now widely used and has been found to be a useful planning framework by both the UK and Irish Governments.¹ The Hardiker Model also forms the basis of the *Threshold of Need: Guidance for Practitioners in Tusla Social Work Services* (2014), which is also an important document to be used in conjunction with this Meitheal Toolkit as well as with the suite of Prevention, Partnership and Family Support documents outlined in Section 1.1 above.

Figure 2 provides an overview of the Hardiker Model. As illustrated, children's needs may be found on a continuum. At different times in their lives, their needs may be at:

■ Level 1 – Universal

At this level, most children have their needs met through the care of their families and the support of universally provided services (e.g. schools, primary healthcare and leisure facilities). No additional needs are identified and children are achieving expected outcomes.

■ Level 2 – Low level, additional

At this level, a child or young person identified as having additional needs may require some additional support without which they would be at risk of not reaching their full potential. The additional support may relate to health, social or educational issues.

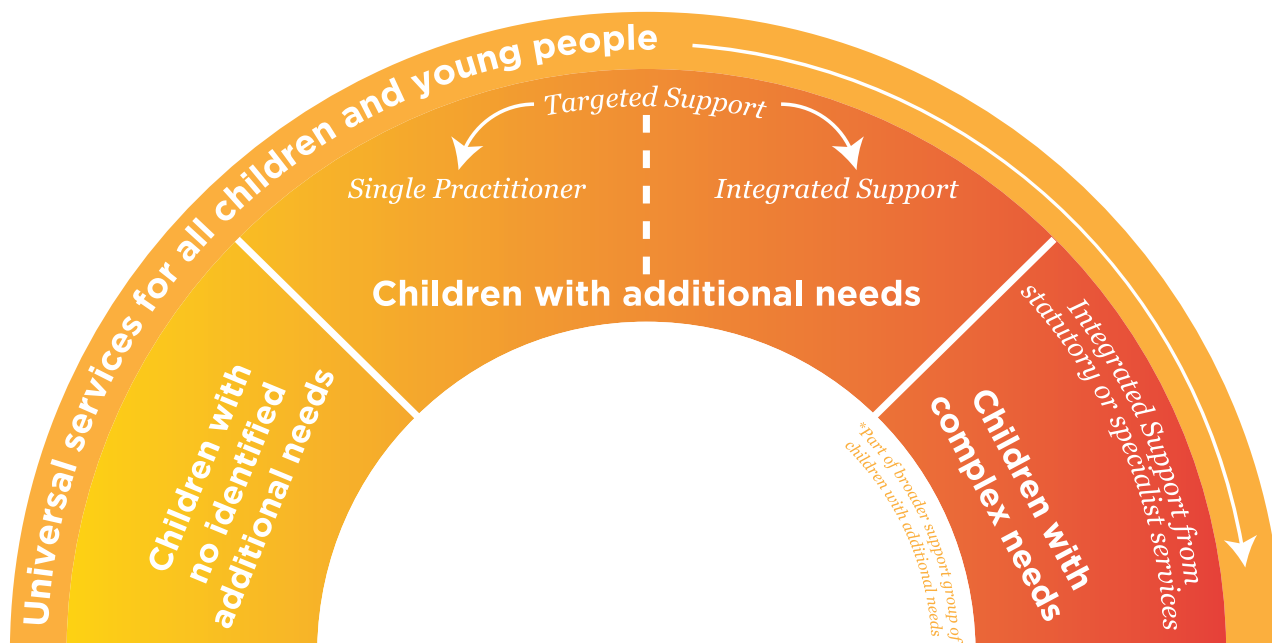
■ Level 3 – Multiple (complex), additional

A child or young person whose needs are not fully met due to the range, depth or significance of their needs and whose life chances will be jeopardised without remedial intervention/support. These children will need a more coordinated multi-agency response through the Meitheal Model or the Initial Assessment process.

■ Level 4 – Highly complex, acute and/or immediate risk of harm

A child or young person who may be at risk of harm will require specialist assessment from Tusla Social Work teams alongside other agencies already working with him or her.

¹ Centre for Effective Services (2010) *An introductory guide to the key terms and interagency initiatives in use in the Children's Services Committees in Ireland*. Dublin: Centre for Effective Services.

Figure 2: The Hardiker Model

The Hardiker Model enables an analysis of needs and services at each level to be undertaken and a strategic approach to needs to be put in place in line with the *Commissioning Guidance*. It also demonstrates the interdependency between the different levels.

There is wide acknowledgement that early intervention (either early in the problem or early in the developmental life course) at Levels 1 and 2 through the provision of basic care, such as Early Years services, produces positive outcomes and prevents the need for children needing specialist services at a later date. The aim of the higher levels of support (Levels 3 and 4) is to change the family circumstances positively, so that the family can once again be supported by Level 1 services (and therefore no longer need specialist services) alongside the mainstream population.

Thus, good generic Level 1 services would be the preferred approach, supported with preventative services at Level 2, whereby all difficulties are dealt with in mainstream education, health and community. The more needs addressed at Levels 1 and 2 the better.

The reason that Meitheal may be utilised at Level 3 of the Hardiker Model is because a child may have needs at this level due to reasons that are not related to abuse or neglect, such as complex health or other developmental needs.

1.4 THE MEITHEAL MODEL

‘Meitheal’ is an old Irish term that describes how neighbours would come together to assist each other in the saving or harvesting of crops or other tasks. In this context, Meitheal is a national practice model designed 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 realise their rights. It is an early intervention, multi-agency (when necessary) response, tailored to the needs of an individual child or young person.

Meitheal is voluntary and can only be undertaken when the parent/carer provides their written consent. Meitheal is used in partnership with parents to help them share their own knowledge, expertise and concerns about their child and to hear the views of practitioners working with them. The ultimate goal is to enable parents and practitioners to work together to achieve a better life for the child.

The word **Meitheal** is the name of the overall model and is used when describing specific components within it. The specific name given to the multi-agency group (inclusive of the parent and the child or young person, where appropriate) is the **Meitheal Group**. The specific name used when this group meets is the **Meitheal Support Meeting**. The first Meitheal Support Meeting should result in the development of a **Meitheal action plan**, which is documented and subsequently reviewed using the **Meitheal Planning and Review Form**. You will also find references in this toolkit to the **Meitheal process**, which refers to the formal, centrally coordinated process for ensuring that needs, strengths and desired outcomes are identified and, where necessary, support is planned, delivered and reviewed in order to meet the identified need, capitalise on the identified strengths and achieve the desired outcomes.

Based on the principle of minimum intervention, there may be some instances where the identification of strengths and needs indicates that the outcomes for a child can be achieved by a single agency without the need for a Meitheal Group to be formed. Because Meitheal is an outcomes-focused process, it is preferable to allow the process to continue in this instance so that robust planning and review continues and the progress towards outcomes for such a child is documented just as when a Meitheal Group is in place.

The underpinning principles of Meitheal are as follows:

- 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.²
- 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 (*see Section 1.1*).
- The Meitheal Model should be outcomes-focused and should be implemented through a Lead Practitioner.

1.5 DESIGN OF THE MEITHEAL MODEL

The Meitheal Model has been designed in order to create a balance between national standardisation and local responsiveness to need. It is envisaged that families and practitioners can expect a consistent approach to service delivery in accordance with the overall National Service Delivery Framework, but also that within parameters practitioners will be able to work together locally with families to deliver innovative and creative responses to locally identified need.

The Meitheal Model is influenced by the Limerick Assessment of Needs System (LANS) and the Identification of Need (ION) Project operated in Sligo, Leitrim, West Cavan and previously in Donegal. These initiatives, in turn, were influenced by the Common Assessment Framework (CAF) in England and Wales, and the My World Triangle and National Practice Model as part of *Getting it Right for Every Child* (GIRFEC) in Scotland.

See Appendices 1 and 2 for further information on these initiatives and also on the national and local policy documents that have shaped the development of Meitheal.

² Throughout the text of this toolkit, for ease of reference we refer to the involvement and participation of ‘the parent’; this, of course, can be ‘the parents’.

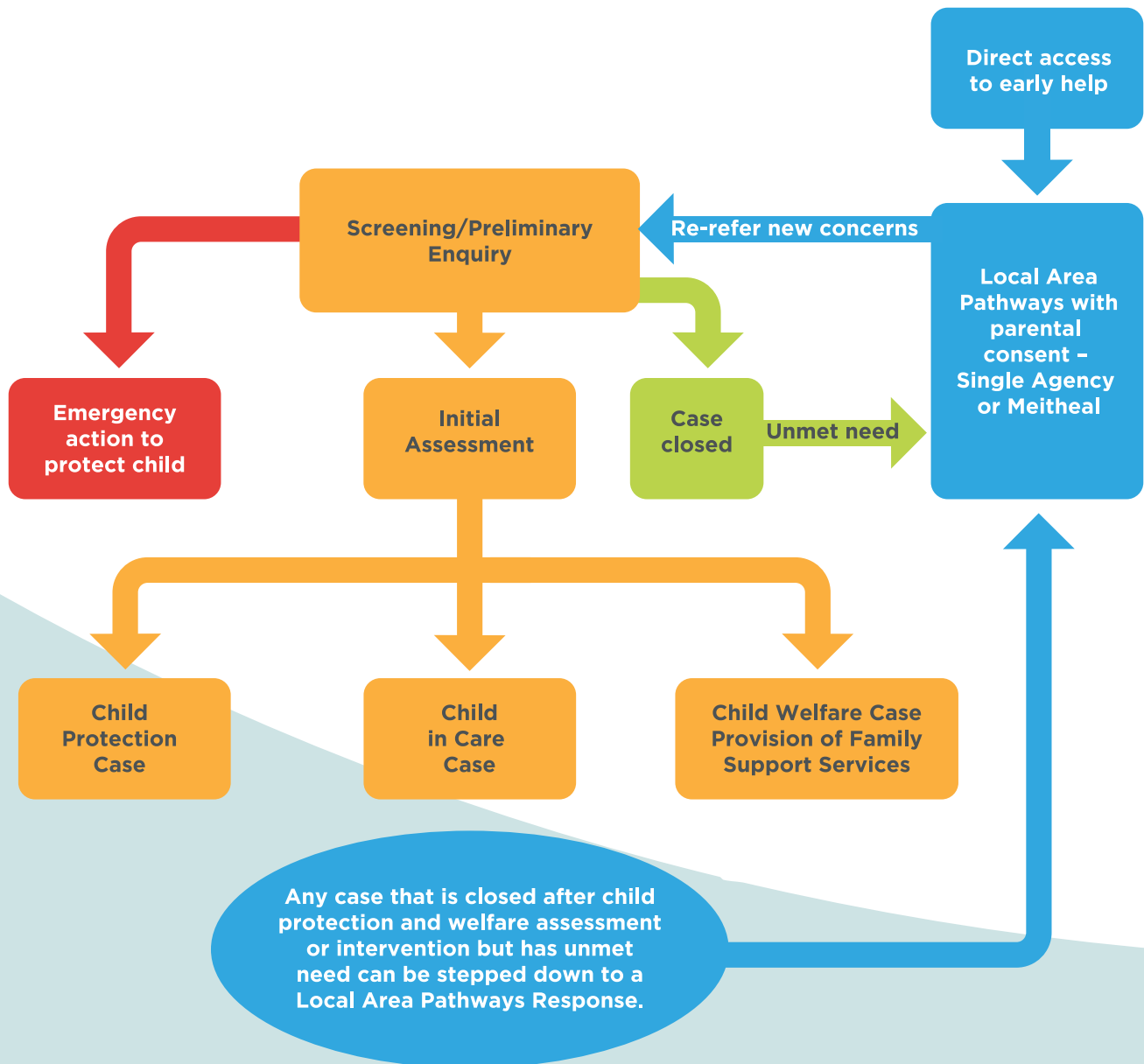
1.6 THE MEITHEAL PROCESS

A family can access support through Meitheal in a number of ways, as illustrated in Figure 3:

- **Directly**, as a result of a discussion between a parent and a practitioner, who initiates a Meitheal by completing the Meitheal Request Form and forwarding it to the Child and Family Support Network Coordinator.
- When a referral under *Children First* is deemed to **not reach the threshold** necessary for the involvement of the Child and Family Agency Social Work Department but due to outstanding unmet need, that requires child and family support services, is **diverted**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.
- When a **referral is accepted** to the Child and Family Agency Social Work Department, assessed by the Social Work Department and is deemed suitable for closure either after assessment or after a period of intervention but has outstanding unmet need, that requires child and family support services, and is **stepped down**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.

The Meitheal process and the process of assessment of child protection and welfare concerns by the Child and Family Agency Social Work Department are distinct processes within the overall National Service Delivery Framework. Therefore, a family must not be subject to both processes at the same time and the Meitheal process is closed once a referral under *Children First* is made. This is to avoid any role confusion or duplication from the perspective of both the practitioner and the family. However, the language and process used in the Meitheal Model is compatible with the process of assessment and intervention applied by the Social Work Department. Ultimately, all practitioners working with children, young people and their families should have a common understanding and common language in relation to children and young people's developmental needs within the context of their family and wider community.

Figure 3: The Meitheal process



Once commenced, the key elements of the Meitheal process are summarised in the following step-by-step guide (*see Section 2 for full descriptions of each step*):

STAGE 1: PREPARATION

- **Step 1:** Consider whether a Meitheal is necessary, use **Pre-Meitheal Checklist** to support this decision.
- **Step 2:** Introduce the Meitheal Model to the family using **Meitheal Information Leaflets**.
- **Step 3:** Secure written consent using the **Meitheal Request Form**.
- **Step 4:** Forward the Pre-Meitheal Checklist and the Meitheal Request Form to the Child and Family Support Network Coordinator.
- **Step 5:** The Child and Family Support Network Coordinator will check if a Meitheal is in place for this family or if the family is open to the Social Work Department.
- **Step 6:** The Child and Family Support Network Coordinator will advise you to proceed.

STAGE 2: DISCUSSION

- **Step 7:** Document needs, strengths and desired outcomes by completing the **Meitheal Strengths and Needs Record Form**.
- **Step 8:** Consider appropriate response in partnership with parents.

STAGE 3: DELIVERY

- **Step 9:** Plan and deliver support using the **Meitheal Planning and Review Form**.
- **Step 10:** Monitor and review progress using the **Meitheal Planning and Review Form**.
- **Step 11:** Document closure and feedback using the **Meitheal Closure and Feedback Form**.

1.7 MY WORLD TRIANGLE

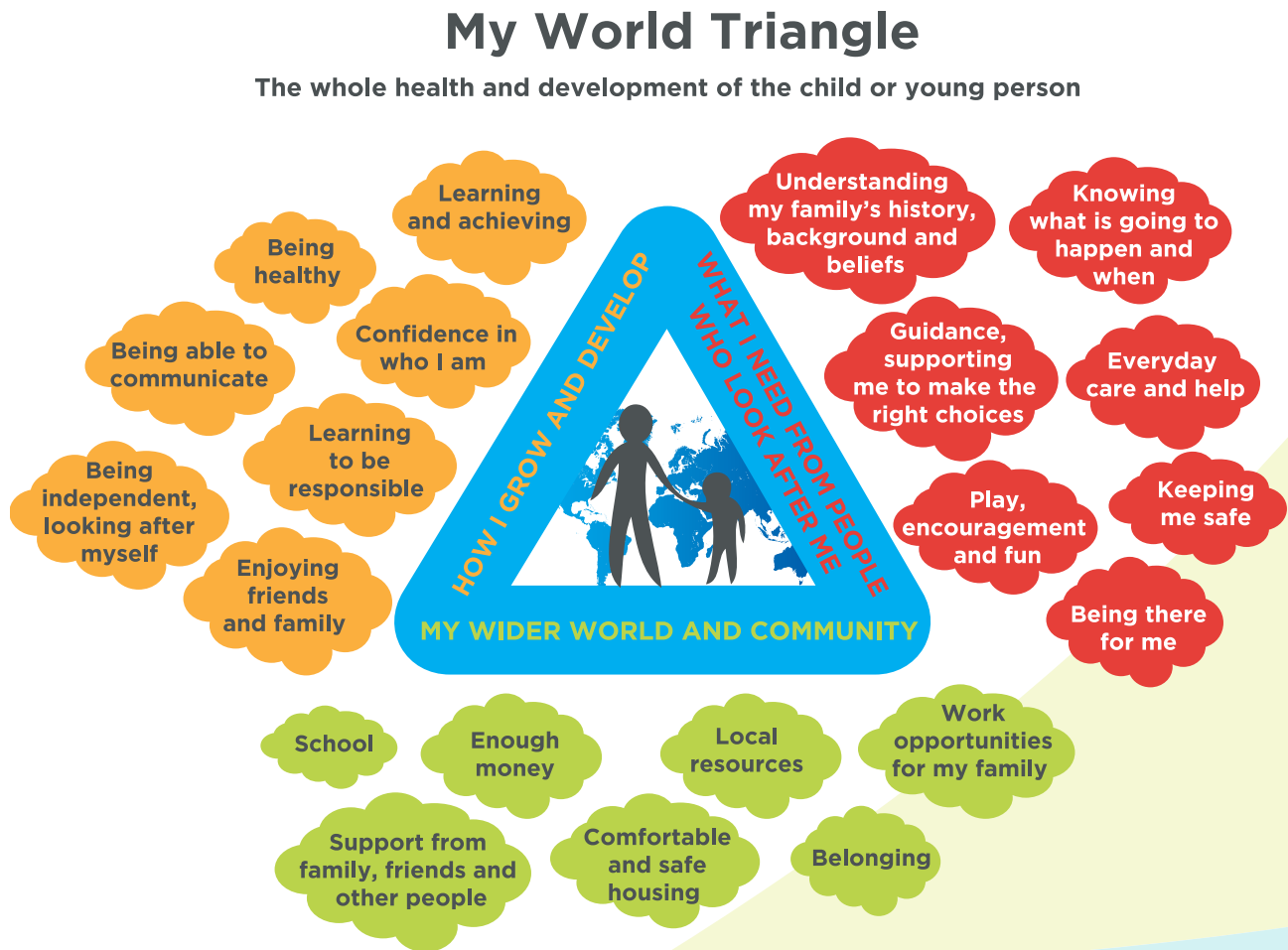
The Meitheal Model has adopted the *My World Triangle* utilised by the Scottish Government in its National Practice Model developed as part of the *Getting it Right for Every Child* (2012) approach.

The *My World Triangle* (see *Figure 4*) is used to guide the discussion with the parents (and children/young people, in accordance with their age and understanding) in the identification of the child/young person's strengths and needs. This is done by examining key areas of the child's circumstances under three domains:

- How I grow and develop.
- What I need from people who look after me.
- My wider world.

By focusing on the child's development, within their family and their wider community, the *My World Triangle* introduces a mental map which helps practitioners explore a child/young person's experience and identify the strengths, needs and challenges to a child's well-being in partnership with their parents/carers. These are recorded as strengths and needs. This should help to plan a more 'whole child, whole system' approach to achieving outcomes for the child/young person. This is in contrast to the more traditional service-led approach, where information on a child's different strengths and needs is recorded in parts across the documents of the different services involved. Whilst different practitioners may have a role in meeting particular needs, all practitioners in a Meitheal can participate in a holistic response to the child's needs.

Figure 4: My World Triangle



Acknowledgement to the Scottish Government

The areas of a child's life that are explored under each of the three domains include:

How I grow and develop

- **Health** – Physical and mental; diet; exercise; immunisations; medical and dental care; developmental milestones; major illnesses or accidents; hospital admissions; impairments/disabilities/conditions impacting on the child's health/development; with teenagers – sexual health and alcohol/substance misuse.
- **Education** – Cognitive development (understanding, reasoning and problem-solving); learning achievements; skills and interests; opportunities for creativity, exploration, experimentation, imagination, play/social interaction; identification of any special education needs; personal learning plans.
- **Emotional and behavioural development** – Being able to communicate (speech and language, conversation, expression); confident in who they are (social presentation, resilience, self-esteem, quality of attachments; enjoying family and friends).
- **Behavioural development** – Becoming independent and looking after themselves; learning to be responsible.

What I need from the people who look after me

- **Everyday care and help** – Providing for the child's physical needs (food, clothing, personal hygiene, access to medical/dental care).
- **Keeping the child safe** – Ensuring the child is kept safe from harm/danger; recognition of hazards both inside and outside the home, and also from unsafe adults/children and self-harm.
- **Emotional warmth and supporting the child** – Ensuring the child's emotional needs are met and that the child has secure, stable and affectionate relationships with significant adults.
- **Stimulation** – Promoting the child's learning and intellectual development through encouragement and cognitive development, and promoting social opportunities.
- **Guidance/boundaries** – Supporting the child to make the right choices; social problem-solving; anger management; consideration for others; effective discipline and shaping of behaviour.

- **Stability** – Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Also ensuring the child has contact with important family members and significant others.

My wider world and community

- **Wider family and friends** – People who are considered members of the wider family by the child/parents; related/non-related and absent members; is there a support network of friends; what support do they provide.
- **Housing** – Comfortable and safe housing; amenities; a sense of belonging.
- **Income and employment** – Is there a regular income/are the family accessing all their entitlements; are there any financial difficulties affecting the child; who is working in the household/pattern of work/impact on the child.
- **Community resources** – Facilities and services in the community; access and availability to the child/family; impact of services on the family.
- **Sense of belonging and inclusion** – Degree of child/family's integration or isolation in the community/with peer groups and other social networks.



SECTION 2:

MEITHEAL STEP-BY-STEP GUIDE



SECTION 2: MEITHEAL STEP-BY-STEP GUIDE

This section provides details on the Meitheal step-by-step process and the approach underpinning it.

2.1 INTRODUCTION

If a Meitheal is being **initiated directly**, as a result of a discussion between a parent and a practitioner, then the process commences at Step 1, as outlined below and in Figure 5.

A Meitheal may also arise:

- When a referral under *Children First* is deemed to **not reach the threshold** necessary for the involvement of the Child and Family Agency Social Work Department but due to outstanding unmet need, that requires child and family support services, is **diverted**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.
OR
- When a **referral is accepted** to the Child and Family Agency Social Work Department, assessed by the Social Work Department and is deemed suitable for closure either after assessment or after a period of intervention but has outstanding unmet need, that requires child and family support services, and is **stepped down**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.

In these instances, there must be parental consent for the diversion or step-down. The Child and Family Support Network Coordinator will decide whether the family can be offered a single agency response without initiating a Meitheal or whether a Meitheal should be considered. If a Meitheal is being considered, a suitable Lead Practitioner will need to be identified who can commence the process below.

References to the Meitheal Forms that need to be completed at each stage of the process are highlighted in **bold** throughout this section. This allows the practitioner to link the step-by-step process with the

documentation and to be aware at what point of the process it is used. However, the process should be *supported*, rather than driven, by the documentation and the practitioner should focus primarily on building and developing a relationship of trust with the parent and child/young person, rather than over-focusing on the completion of forms.

This Step-by-Step Guide focuses specifically on the following areas:

STAGE 1: PREPARATION

- **Step 1:** Consider whether a Meitheal is necessary, use **Pre-Meitheal Checklist** to support this decision.
- **Step 2:** Introduce the Meitheal Model to the family using **Meitheal Information Leaflets**.
- **Step 3:** Secure written consent using the **Meitheal Request Form**.
- **Step 4:** Forward the Pre-Meitheal Checklist and the Meitheal Request Form to the Child and Family Support Network Coordinator.
- **Step 5:** The Child and Family Support Network Coordinator will check if a Meitheal is in place for this family or if the family is open to the Social Work Department.
- **Step 6:** The Child and Family Support Network Coordinator will advise you to proceed.

STAGE 2: DISCUSSION

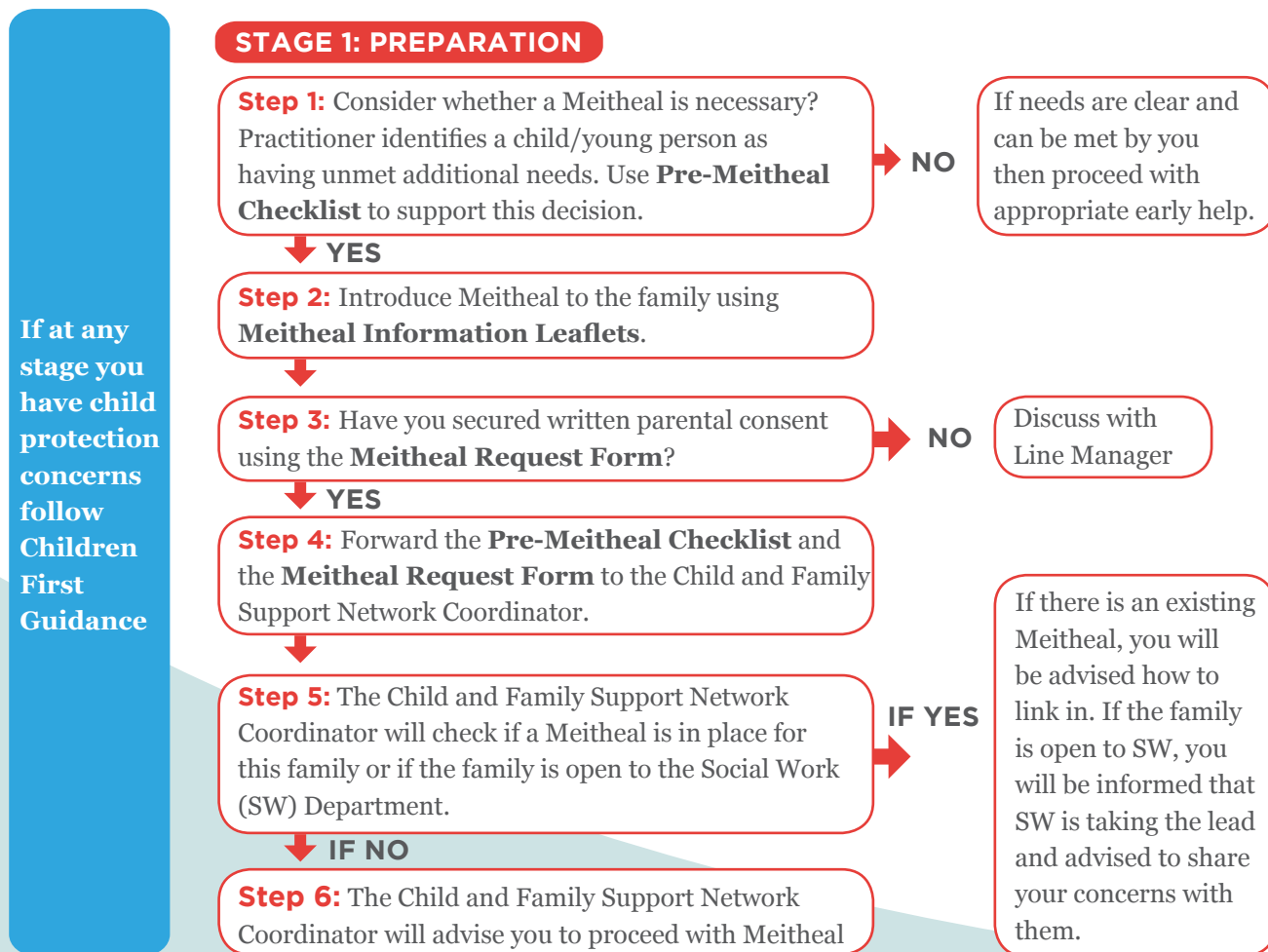
- **Step 7:** Document needs, strengths and desired outcomes by completing the **Meitheal Strengths and Needs Record Form**.
- **Step 8:** Consider appropriate response in partnership with parents.

STAGE 3: DELIVERY

- **Step 9:** Plan and deliver support using the **Meitheal Planning and Review Form**.
- **Step 10:** Monitor and review progress using the **Meitheal Planning and Review Form**.
- **Step 11:** Document closure and feedback using the **Meitheal Closure and Feedback Form**.

2.2 OVERVIEW OF MEITHEAL STEP-BY-STEP PROCESS

Figure 5: Meitheal step-by-step process



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

STAGE 2: DISCUSSION

Step 7: Document needs, strengths and desired outcomes. Complete the **Meitheal Strengths and Needs Record Form**.



Step 8: Consider appropriate response in partnership with parents. Do you need to plan, deliver and review support?

YES

STAGE 3: DELIVERY

Step 9: Plan and Deliver Support

- Secure consent of family for a Meitheal Support Meeting and agree with them agencies to invite.
- Contact Child and Family Support Network Coordinator and agree meeting details (Facilitator, date for meeting, appropriate agencies to be invited).
- At the initial Meitheal Support Meeting, agree an action plan using the **Meitheal Planning and Review Form**.

OR

- Own Agency Response – Agree an action plan using the **Meitheal Planning and Review Form** that can be delivered by your own agency working in partnership with parents through the Meitheal Support Meeting.

Step 10: Monitor and Review progress towards outcomes through the Meitheal Support Meeting, using the **Meitheal Planning and Review Form**.

- Monitor and review action plan in an outcomes-focused manner until the needs are met or the process has to end for another reason.
- The plan should be reviewed on a regular basis. The frequency will depend on the needs of the child.

Step 11: Ending and Closing

- Complete the **Meitheal Closure and Feedback Form** and document the process that has taken place for the child and whether the child's needs are met and the desired outcomes have been achieved.
- Return completed **Meitheal Closure and Feedback Form** to the Child and Family Support Network Coordinator.

NO

2.3 DETAILED DESCRIPTION OF MEITHEAL STEP-BY STEP PROCESS

Keeping children safe is everyone's business. *Children First* (2011) stipulates that society has a duty of care towards children and requires everyone working with children to be alert to the possibility of abuse.

If at any stage throughout the Meitheal process you have child protection concerns, then *Children First: National Guidance* (2011) and legislation should be followed.

Whether or not a referral under *Children First* is required is not always clear and referrers are encouraged, under Section 3.4.2 of *Children First*, to consult the Child and Family Agency Social Work Department in relation to their concerns.

Details are provided below on each step in the Meitheal process.

STAGE 1: PREPARATION

STEP 1: CONSIDER WHETHER A MEITHEAL IS NECESSARY.

- Meitheal is about early help where children have unmet additional and/or complex needs that need to be responded to, but who do not require intervention from the Child and Family Agency Social Work Department.
- You do not need to undertake a Meitheal with every child you are working with – children who are progressing well or have needs that are already being responded to do not require a Meitheal.
- Similarly, you do not need to do a Meitheal where you have identified the child's needs and your service can meet them, or you know how to get the required help from another service, using established procedures. The principle of minimum intervention should be applied and if you can meet need and achieve outcomes without a Meitheal, then you should go ahead quickly and do so.
- You might decide to undertake a Meitheal when you have concerns about how well the child is progressing; when their needs are unclear and/or broader than the remit of a single agency provider; where a range of services are involved, but there is no clear overall plan for the child; or when the child/family raises concerns with you in relation to the child's progress.

The **Pre-Meitheal Checklist** must be completed and will help you make the decision.

- It also guides your conversation with the parent in explaining the reasons why you think a Meitheal would be of benefit to their child.
- It also allows you to establish a baseline measure of where the child or young person is situated relative to the 5 national outcomes set out by the Department of Children and Youth Affairs in *Better Outcomes, Brighter Futures* (2014).³ Briefly, these are for the child to be active and healthy; achieving full potential in learning and development; safe and protected; have economic security and opportunity; and be connected, respected and contributing.
- This exercise can then be repeated when the Meitheal is being closed in order to assist with the measurement of progress towards outcomes.
- Additional guidance on how to complete the Pre-Meitheal Checklist is provided in Section 9.1 of this Meitheal Toolkit and will be covered in Meitheal training.
- If you have been asked to consider initiating a Meitheal by the Child and Family Support Coordinator as a result of a diversion or step-down from the Social Work Department, you still need to consider whether a Meitheal is necessary and complete a Pre-Meitheal Checklist on the 5 national outcomes.

See Sections 3.3 and 3.4 for further guidance on when a Meitheal should/should not be undertaken.

STEP 2: INTRODUCE MEITHEAL TO THE FAMILY.

- Use the **Parents' Information Leaflet** to introduce Meitheal to the parents. Explain that Meitheal is a practice model that it is used to identify their child's strengths and needs, and recognises that parents want what is best for their child to grow, develop and be happy.
- In accordance with age and understanding, you should also explain Meitheal to the child or young person concerned, using the **Children and Young People's Information Leaflet**.
- If you have been asked to consider initiating a Meitheal by the Child and Family Support Coordinator as a result of a diversion or step-down from the Social Work Department, you still need to explain the Meitheal to the parent and child/young person in the same way.

See Section 8.4 for further guidance on introducing Meitheal to the family.

³ Department of Children and Youth Affairs (2014) *Better Outcomes, Brighter Futures: National Policy Framework for Children and Young People, 0-24 years-old*. Dublin: Government Publications. Available at: www.dcyu.ie

STEP 3: SECURE WRITTEN CONSENT USING THE MEITHEAL REQUEST FORM.

- If the parent is interested in Meitheal, you should explain about the checks that need to be undertaken and secure their written consent for the checks to take place. It is essential to secure written parental consent for the checks and their engagement in the overall Meitheal Model before the Meitheal can proceed any further. Use the **Meitheal Request Form**.
- If the parent does not consent to the Meitheal, you should have a discussion with your Line Manager to decide on the appropriate course of action to take. There may be further scope to discuss the parent's fears/concerns about Meitheal with them and to overcome their concerns.
- If you have been asked to consider initiating a Meitheal by the Child and Family Support Coordinator as a result of a diversion or step-down from the Social Work Department, you still need to complete the **Meitheal Request Form**. The form will allow you to identify whether the Meitheal has resulted from diversion or step-down.

STEP 4: FORWARD THE PRE-MEITHEAL CHECKLIST AND THE MEITHEAL REQUEST FORM TO THE CHILD AND FAMILY SUPPORT NETWORK COORDINATOR.

- Once parental consent has been secured, the next step is to forward a copy of the **Pre-Meitheal Checklist** and the **Meitheal Request Form** to the Child and Family Support Network Coordinator to determine whether the Meitheal can proceed.

STEP 5: THE CHILD AND FAMILY SUPPORT NETWORK COORDINATOR WILL CHECK IF A MEITHEAL IS IN PLACE FOR THIS FAMILY OR IF THE FAMILY IS OPEN TO THE SOCIAL WORK DEPARTMENT.

- If an existing Meitheal is in place for the child, the Child and Family Support Network Coordinator will link you to the Lead Practitioner so that you can discuss how best to link with the Meitheal.
- The Child and Family Support Network Coordinator will also check with the Child and Family Agency Social Work Department to see if the family is the subject of assessment or intervention by that service. If this is the case, you will be informed and advised not to proceed with the Meitheal since it is important that families are not involved in parallel processes. The Child and Family Support Network Coordinator will inform you of the Social Worker allocated to the family, so that you can make contact with them to discuss your concerns and/or input into the child's plan. It is likely there will still be a need for supportive interventions from community-based services.

- If the checks determine that the family is not involved with Meitheal or the Child and Family Agency Social Work Department, you will be informed by the Child and Family Support Network Coordinator and can proceed to the next stage in the process, which is completion of the **Meitheal Strengths and Needs Record Form**.
- If you have been asked to consider initiating a Meitheal by the Child and Family Support Coordinator as a result of a diversion or step-down from the Social Work Department, then ordinarily you will be advised to proceed at this point.

STEP 6: THE CHILD AND FAMILY SUPPORT NETWORK COORDINATOR WILL ADVISE YOU TO PROCEED.

STAGE 2: DISCUSSION

STEP 7: DOCUMENT NEEDS, STRENGTHS AND DESIRED OUTCOMES BY COMPLETING THE MEITHEAL STRENGTHS AND NEEDS RECORD FORM.

- **The Meitheal Strengths and Needs Record Form** enables you to develop a snapshot picture of the child's life at a particular moment in time. It is a holistic framework and collects information on the three domains of the *My World Triangle*.
- This information is collected through structured conversations/discussions with the parent that support them to tell their story and to identify any concerns they have in relation to their child.
- It is also important to collect the views of the child/young person in accordance with their age and understanding.
- Once you have collected the information, you should then organise it and record it within the headings contained in the Meitheal Strengths and Needs Record Form.

You should then provide a copy of the draft **Meitheal Strengths and Needs Record Form** to the parent and have a discussion with them to complete/finalise it. The consenting parent signs this form as an accurate record of their family's situation and they also sign consent to the document being shared with named individuals within agencies.

See Section 8.7 for further guidance on undertaking the Meitheal identification of strengths and needs.

See Section 9.3 for further guidance on completing the Meitheal Strengths and Needs Record Form.

STEP 8: CONSIDER APPROPRIATE RESPONSE IN PARTNERSHIP WITH PARENTS.

- Once the Meitheal Strengths and Needs Record Form is finalised, you should then, in consultation with the parent, consider the appropriate response you need to take next.
- If you decide you need to plan, deliver and review support, then you will proceed to Stage 3, Step 9: 'Plan and deliver support'.
- If you are choosing not to proceed with the Meitheal process at this point, and there may be a variety of reasons for this, proceed to Stage 3, Step 11: 'Ending and closing', and complete the **Meitheal Closure and Feedback Form**. This form will document the reason for closure.
- If you are proceeding with the Meitheal process, then discuss and agree with the parent the appropriate services that should be included in the process. You may have agreed this with the parent already during the identification of strengths and needs process.
- Record parental consent to include additional services and to share information with them on the **Meitheal Strengths and Needs Record Form** or the **Meitheal Planning and Review Form**. This can be done by naming the agency and having the parent initial and date their inclusion.
- You may not need to invite other agencies to the Meitheal Support Meeting since it may be possible to meet the identified need and achieve agreed outcomes without having multiple agencies involved. This is described as an '**own agency response**'. The reason this response is allowed for within the Meitheal process is in order to adhere to the principle of minimum intervention, whilst retaining the benefit of planning, delivering and reviewing support and documenting the achievement of outcomes. Although there is no need to invite other agencies to the Meitheal Support Meeting for this option, it should still involve good integrated working and the participation of parents and children/young people. This response may be appropriate for agencies that can offer different types of interventions 'under the one roof', such as Family Resource Centres or Springboard projects.

- If you are proceeding to Stage 3: Delivery, then you must forward a copy of the completed **Meitheal Strengths and Needs Record Form** to the Child and Family Support Network Coordinator within 10 working days. If you are not proceeding to Stage 3: Delivery, then you did not need to forward a copy of the Meitheal Strengths and Needs Record Form to the Child and Family Support Network Coordinator, but you will be forwarding a completed **Meitheal Closure and Feedback Form**. This is because when the Meitheal process is closed after the Stage 2: Discussion phase, it is still important to document this work as a formal Meitheal process, but it is not necessary for the completed Meitheal Strengths and Needs Record Form to be held centrally, thereby sharing information on a need-to-know basis only.

STAGE 3: DELIVERY

STEP 9: PLAN AND DELIVER SUPPORT.

- The Child and Family Support Network Coordinator will work with you to secure a facilitator for the Meitheal Support Meeting (if required).
- The purpose of the Meitheal Support Meeting is to agree an action plan, which is an agreed statement of the desired outcomes for the child and the plan to achieve those outcomes. You need to identify who is doing what, by when and which outcome each action relates to. The actions should be based on the identified strengths and needs of the child through the Meitheal Strengths and Needs Record Form and the discussion that takes place at the Meitheal Support Meeting. The action plan is recorded in the 'Action Plan' section of the **Meitheal Planning and Review Form**.
- Any alternative views held by the Lead Practitioner or other member of the Meitheal Group in relation to the child/young person's needs or strengths that are different from those expressed by the parent or child/young person at Discussion phase should be aired and discussed at the Meitheal Support Meeting.
- The Lead Practitioner will be the person who has initiated the process and completed the Meitheal Strengths and Needs Record Form with the parent. It is possible to agree a different Lead Practitioner at this point if the identification of strengths and needs requires this – e.g. if the Lead Practitioner cannot perform the role for some reason or if the parent would like a different Lead Practitioner. However, continuity of support is important for the family and switching Lead Practitioner should not be encouraged or promoted. It should only take place where absolutely necessary.

- Set the date for the next Meitheal Support Meeting (normally within 4-6 weeks).
- Parental expectations are important. The Lead Practitioner should have ongoing contact with the family to ensure that the action plan remains relevant to the strengths and needs of the child, and that the family (both child and parents) are supported as active participants in the Meitheal.
- A copy of the first completed **Meitheal Planning and Review Form** must be sent to all the agencies involved in the Meitheal, as well as the parent and the Child and Family Support Network Coordinator within 10 working days.

For 'own agency responses'

- Schedule a Meitheal Support Meeting and agree an action plan with the family and any other practitioners from your own service in same way you would if other agencies were involved.
- Maintain engagement with the child and family through Meitheal Support Meetings. The absence of other agencies should not lessen participation by the parent or child/young person.
- A copy of the first completed **Meitheal Planning and Review Form** must be sent to the parent and to the Child and Family Support Network Coordinator within 10 working days.

STEP 10: MONITOR AND REVIEW PROGRESS.

- Implement and review the action plan for the child/young person to check if their needs are being met and/or if changes or additional actions are required, using the **Meitheal Planning and Review Form**.
- There should be at least two Meitheal Support Meetings. The decision on the number and frequency of meetings will depend on the needs of the child/young person/family. However, 4-6 weekly intervals are suggested. Meetings should be held based on the agreed action plan, with the date set for when there is something significant to review. The Meitheal process itself should be reviewed when a Meitheal action plan has been in place for a 12-month period.
- All actions contained within the action plan should be reviewed and revised accordingly at each Meitheal Support Meeting.
- It is important to continue to identify who is responsible for specific actions and the timeframe for their delivery.

For ‘own agency responses’

- Monitor and review progress towards outcomes in ‘own agency responses’ in the same way as you would in a multi-agency intervention. The level of engagement and participation for parents and children/young people should be no less for an ‘own agency response’.

STEP 11: ENDING AND CLOSING.

- A key focus of the Meitheal Model is to identify and meet children’s needs at the earliest opportunity possible. Throughout the process, practitioners should aim to meet needs and plan for the family to be supported through universal service provision, therefore ending the need for Meitheal involvement.
- The Meitheal does not have a defined end stage: this must be decided in terms of the individual child and their situation. It should not, however, be allowed to drift indefinitely and practitioners should consider the viability of continuing the Meitheal engagement beyond a year. Drift can be avoided by adopting an outcomes-focused approach.
- A specific annual review of the process should be undertaken when the Meitheal action plan has been in place for a year and the Meitheal has not yet been closed. This will help to clarify what progress has been made and to inform the decision on whether to close the Meitheal or not. Should the Meitheal continue, it will help to re-focus the work of the Meitheal on the desired outcomes for the child for a further time-limited period.
- It is important to focus on an exit plan for the Meitheal and to move children and families on to relevant universal services, as appropriate.
- Each Meitheal should have a closure and feedback stage, which is recorded on the **Meitheal Closure and Feedback Form**. This should document the reason for closure, where progress towards an outcome has occurred and/or explain if the initial desired outcomes changed or have not been achieved. This form is also crucial for formally recording feedback from practitioners, parents and children/young people. This feedback will be used to improve the Meitheal process and to inform the local commissioning plan in line with the *Commissioning Guidance*.

AT ALL STAGES OF THE MEITHEAL PROCESS, REMEMBER:

- If you have child protection concerns about the child, you should follow *Children First: National Guidance* (2011) and your own organisation's Child Protection policies and procedures.
- Consult your own line manager or designated person for support with decision-making as required.
- Consult with the Child and Family Support Network Coordinator for support with the Meitheal Model and with information sharing.
- If a fundamental change occurs, the strengths and needs identified should be reviewed to ensure the support offered remains appropriate.
- Completed Meitheal documentation should be circulated to all relevant partners, including parents, within 10 working days.

2.4 RECORDING, SHARING AND STORING MEITHEAL INFORMATION

RECORDING MEITHEAL INFORMATION

The Meitheal Forms, available as Word templates in Section 9 of this toolkit, provide a structure for recording information collected throughout the Meitheal process.

SHARING INFORMATION THROUGH THE MEITHEAL PROCESS

Information sharing is vital to the effective implementation of Meitheal and parental consent is key to doing this in a safe manner.

See Section 6.4 for the 8 Golden Rules on the sharing of information within the Meitheal process.

STORING MEITHEAL INFORMATION

All information, whether held as hard copy or electronically, must be kept safe and secure.

See Section 6.5 for more information on the safe sharing and storage of completed Meitheal Forms and information.

Meitheal Forms can be completed electronically, but **should not be transferred electronically unless a standard of encryption and password protection that is in line with Data Protection best practice is attained at both ends of the communication.** If this is not possible, documents should be either hand-delivered or sent by post to a named person and marked '**Private and Confidential**'. You should also include a **return address** on the reverse in case of non-delivery.



SECTION 3:

DESCRIPTION OF MEITHEAL



SECTION 3: DESCRIPTION OF MEITHEAL

This section describes the Meitheal process, focusing specifically on the following areas:

- What is Meitheal?
- Benefits of Meitheal
- When should a Meitheal be undertaken?
- When should a Meitheal *not* be undertaken?
- Who should initiate a Meitheal?
- Who else should be involved in the Meitheal process?
- What are the stages involved in undertaking a Meitheal?
- How do I undertake a number of Meitheals within one family unit?
- What supports are available in carrying out the Meitheal process?

3.1 WHAT IS MEITHEAL?

Meitheal is a national practice model designed 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 realise their rights. It is an early intervention, multi-agency (when necessary) response, tailored to the needs of an individual child or young person.

Meitheal is voluntary and can only be undertaken when the parent/carer provides their written consent. Meitheal is used in partnership with parents to help them share their own knowledge, expertise and concerns about their child and to hear the views of practitioners working with them. The ultimate goal is to enable parents and practitioners to work together to achieve a better life for the child.

The Meitheal Model is designed to look at all aspects of a child's development and it uses the *My World Triangle* to explore three interconnected areas, or domains, of a child's world in a structured way, as follows:

- How the child grows and develops (their **health and development**): This area focuses on a child's health, their progress in learning new skills, their attendance and attainment in school, their emotional well-being and their development of social skills and friendships.

- What the child needs from the people who care for them (**parenting capacity**): This area focuses on the critical influences of others on the child's life – parents, carers, siblings and teachers. It focuses on everyday care and help, keeping the child safe, and providing boundaries, guidance and support.
- What the child needs from the wider world and community (**extended family and the community**): This area focuses on the environment where the family lives, community resources, family income and the extent to which they feel included in their community. It explores how the community can either support or put additional pressures on the child/family.

3.2 BENEFITS OF MEITHEAL

The potential benefits of Meitheal are:

- It reduces the number of times a family is required to repeat its story. A family only has to tell its story once and then the information is shared, with consent, with other agencies who can support that family.
- It encourages practitioners to see the child/young person's needs holistically. It focuses on strengths as well as needs. The *My World Triangle* provides for the child's individual, family and community needs and strengths to be identified and responded to.
- It empowers families because it can only be carried out with their informed written consent. They are centrally involved in the process and they identify actions that they can take to improve their own lives.
- It is about early intervention and supporting children and families before they require a higher level of specialist support.
- It facilitates a shared understanding across service providers and supports the development of a common language on strengths, needs and outcomes, and the support necessary to achieve such outcomes.
- It provides for a robust approach to documenting and reviewing supportive interventions across agencies.
- It supports specialist services to determine whether a child/young person is likely to meet the thresholds for their involvement.

- It expresses children's needs in positive terms and focuses on the outcomes to be achieved for children/young people, rather than focusing on problems or deficits.
- It supports better outcomes, secured through front-line services working together more effectively to meet the needs of children, young people and their families.
- It enables improved information sharing across agencies, with the consent of the families involved.
- It provides a formal mechanism for individual practitioners and families to work collaboratively in developing a collective solution to issues/difficulties.

In addition to the above, other benefits of integrated working have been identified through research, as well as anecdotal evidence from practitioners and service users (children, young people and families). These additional benefits include:

- less duplication of effort;
- improved understanding of service delivery options;
- better quality and more appropriate referrals;
- better service experience for children and families through:
 - a more child and family-centred approach;
 - fewer assessments and less repetition;
 - easier, less bureaucratic access to a range of services.

3.3 WHEN SHOULD A MEITHEAL BE CARRIED OUT?

A Meitheal can be carried out at any time – on unborn babies, newborn babies, children and young people up to 18 years of age. It can be used when:

- There is a concern about how well a child/young person is progressing and their ability to realise the 5 national outcomes set out in *Better Outcomes, Brighter Futures* (DCYA, 2014) (the Pre-Meitheal Checklist is very helpful in clarifying this).
- Their needs are unclear and/or broader than the remit of a single service provider.
- A Meitheal would help identify the child or young person's strengths and needs, and provide a basis for getting other services involved.

- There are a number of agencies already involved and a Meitheal would help to agree desired outcomes, coordinate and review the supportive interventions.
- A child/young person or parent raises concerns with you which may require a Meitheal. Remember, it is important to remind people that if you have a child protection or welfare concern, then *Children First: National Guidance* (2011) needs to be followed.

A Meitheal may also arise:

- When a referral under *Children First* is deemed to not **reach the threshold** necessary for the involvement of the Child and Family Agency Social Work Department, but has outstanding unmet need. The Duty Social Worker completes the **Local Area Pathways Diversion Form** with the consent of the parent and forwards it to the Child and Family Support Network Coordinator.

OR

- When a **referral is accepted** to the Child and Family Agency Social Work Department, assessed by the Social Work Department and is deemed suitable for closure, but has outstanding unmet need. The Allocated Social Worker completes the **Local Area Pathways Step-down Form** with the consent of the parent and forwards it to the Child and Family Support Network Coordinator.

In these instances, the social worker will have got parental consent for the diversion or step-down. The Child and Family Support Network Coordinator will decide whether the family can be offered a single agency response without initiating a Meitheal or whether a Meitheal should be considered. If a Meitheal is being considered, a suitable Lead Practitioner will need to be identified who can commence the process below.

The **Pre-Meitheal Checklist** can be used to help identify if a Meitheal should be carried out or not. It is also useful in explaining to a parent why you think their child could benefit from a Meitheal.

The decision on whether to undertake a Meitheal should be made jointly with the parent and their written informed consent is required for the Meitheal to progress. This informed consent is captured in the **Meitheal Request Form**.

See Section 8.4 for guidance on gaining consent where various parenting arrangements are in place.

3.4 WHEN SHOULD A MEITHEAL *NOT* BE CARRIED OUT?

A Meitheal should *not* be undertaken when:

- A child/young person is progressing satisfactorily towards the 5 national outcomes.
- A child has additional needs and a plan is in place to respond to them and/or your own agency can respond to their needs.
- Parents do not provide informed written consent. Consent is a prerequisite for a Meitheal to proceed.
- There are child protection concerns in relation to the child/young person. In such instances, you should follow *Children First: National Guidance* (2011) and your own organisation's Child Protection policies and procedures immediately.
- It is clear that a specialist service is required and that this service alone can meet the needs of the child. In such instances, support should be provided to link and refer the child to the appropriate service.
- The child's needs are clear and they can be met by a single agency response without the need to initiate a Meitheal.

3.5 WHO SHOULD INITIATE A MEITHEAL?

Front-line practitioners working in education, primary care, youth justice and community-based organisations that work with children/young people and families are best placed to initiate a Meitheal. They are well placed to identify children/young people with additional needs at an early stage.

In most instances, the person who initiates the Meitheal will have a trusting working relationship with the child/young person and their parent, which enables them to discuss the Meitheal process and secure their support for its commencement.

Where a Meitheal is being proposed as result of a diversion or step-down from the Child and Family Agency Social Work Department, then the Child and Family Support Network Coordinator will identify a potential Lead Practitioner.

3.6 WHO ELSE SHOULD BE INVOLVED IN THE MEITHEAL PROCESS?

The identified needs and strengths of the child/young person will inform the necessary responses required and the agencies/services that could be involved to provide them. Agencies already working with the family are also likely to be invited to the Meitheal Support Meeting. The parent must consent to the invitation of all agencies/services.

It is also useful to identify and include any other family members who play a key role in the child's life. This must happen with the agreement of the parent and the child or young person in accordance with their age and understanding.

3.7 WHAT ARE THE STAGES INVOLVED IN UNDERTAKING A MEITHEAL?

As outlined in Section 2.1, there are three key stages in the Meitheal process, as follows:

STAGE 1: PREPARATION

- **Step 1:** Consider whether a Meitheal is necessary, use **Pre-Meitheal Checklist** to support this decision.
- **Step 2:** Introduce the Meitheal Model to the family using **Meitheal Information Leaflets**.
- **Step 3:** Secure written consent using the **Meitheal Request Form**.
- **Step 4:** Forward the Pre-Meitheal Checklist and the Meitheal Request Form to the Child and Family Support Network Coordinator.
- **Step 5:** The Child and Family Support Network Coordinator will check if a Meitheal is in place for this family or if the family is open to the Social Work Department.
- **Step 6:** The Child and Family Support Network Coordinator will advise you to proceed.

STAGE 2: DISCUSSION

- **Step 7:** Document needs, strengths and desired outcomes by completing the **Meitheal Strengths and Needs Record Form**.
- **Step 8:** Consider appropriate response in partnership with parents.

STAGE 3: DELIVERY

- **Step 9:** Plan and deliver support using the **Meitheal Planning and Review Form**.
- **Step 10:** Monitor and review progress using the **Meitheal Planning and Review Form**.
- **Step 11:** Document closure and feedback using the **Meitheal Closure and Feedback Form**.

See Section 2.3 for a detailed description of each step in the Meitheal process.

There is also a series of standardised Meitheal documentation that supports the process, consisting of:

- Meitheal Parents' Information Leaflet
- Meitheal Children and Young People's Information Leaflet
- Pre-Meitheal Checklist
- Meitheal Request Form
- Meitheal Strengths and Needs Record Form (and Guidance Notes)
- Meitheal Planning and Review Form
- Meitheal Closure and Feedback Form

See Section 9 for a full explanation of the Meitheal Forms and how to complete them.

3.8 HOW DO I UNDERTAKE A NUMBER OF MEITHEALS WITHIN ONE FAMILY UNIT?

The Meitheal Model operates on a per child basis and therefore it may be necessary to have multiple Meitheals for one family.

It is important that an individual Meitheal and an action plan is put in place for each child. The needs of individual children within a family unit will vary and the responses they require may be quite different. An individual plan is necessary in order to be specific to the needs, strengths and desired outcomes of each individual child.

Equally, there may be some common needs and responses that could be undertaken and these can be copied between Meitheal Forms to reduce duplication.

It is important to be aware of Meitheals being undertaken with other siblings and to organise Meitheal Support Meetings to facilitate the parents to engage and to reduce duplication for them. For example, if three siblings are subject to the Meitheal process, then the Meitheal Support Meetings could be held in quick succession in the same location with child-specific services relevant to the child (e.g. schools) attending the meetings.

3.9 WHAT SUPPORTS ARE AVAILABLE IN CARRYING OUT THE MEITHEAL PROCESS?

Support is available at 3 levels, namely:

- **Within your own agency** – Support, supervision and line management remain the responsibility of the practitioner's own organisation.
- **Within the Meitheal Group** – Other agencies involved in the Meitheal Group should identify how best they can support the process in order to achieve the best possible outcomes for the child and family.
- **From the Child and Family Support Network Coordinator** – Support and guidance can be provided to carry out the Meitheal process effectively and to problem-solve issues that arise along the way.

If an interpreter is required to support the Meitheal process, then ensure that he or she is Garda-vetted and is not a family member. Use local networks, contacts and resources to provide translation services.



SECTION 4:

MEITHEAL AND MULTI-AGENCY WORKING



SECTION 4: MEITHEAL AND MULTI-AGENCY WORKING

This section focuses on Meitheal and multi-agency working, and details the work of Meitheal Groups. Meitheal is both the overall name for the practice model and specifically the Irish name that equates to the ‘team-around-the-child’ concept.

It focuses specifically on the following areas:

- What are Meitheal Groups?
- What are the elements of a Meitheal Group?
- What is the membership of Meitheal Groups?
- What are the roles and responsibilities of members of Meitheal Groups?
- What is the duration of a Meitheal Group?
- What are the lines of responsibility and accountability in Meitheal Groups?
- How to work effectively as a Meitheal Group.
- Additional considerations for the Meitheal Group.

4.1 WHAT ARE MEITHEAL GROUPS?

Meitheal Groups are a means of delivering integrated multi-agency working. They bring together the parent, the child/young person (where appropriate) and a range of practitioners from the statutory and community/voluntary sectors to provide specific support and interventions to a child/young person and their family. The members of the Meitheal Group develop and deliver a tailored package of support and interventions to meet the needs of the child/young person as identified through the Meitheal discussion and documented on the **Meitheal Strengths and Needs Record Form**.

A Meitheal Group is *not* a multidisciplinary team that works together all the time. Rather, it is comprised of a specifically selected group of practitioners who convene and work together *as needed*, to respond to the identified needs of a particular child/young person at a particular moment in time. The Meitheal Group is a flexible multi-agency team, the composition of which can change depending on the needs of the child/young person. It aims to provide a tailored response to the specific needs and strengths of a specific child/young person.

Each practitioner involved in a Meitheal Group is responsible and accountable to their own agency for the services they deliver to children, young people and families throughout the process. They are also accountable to the Meitheal Group for delivery of agreed actions assigned to them as part of the Meitheal action plan for the child/young person.

4.2 WHAT ARE THE ELEMENTS OF A MEITHEAL GROUP?

The **Meitheal Strengths and Needs Record Form** informs the work of the Meitheal Group. Since parents have given their consent to the Meitheal by signing this form, you may share it with members of the Meitheal Group in advance of the first Meitheal Support Meeting if it is considered beneficial to do so. This will help to ensure that members have a sense of the child's needs and the contribution they can make in responding to those needs as the first meeting commences.

An individualised action plan (recorded as part of the **Meitheal Planning and Review Form**) is put in place in partnership with the parent and child/young person to achieve the desired outcomes for the specific child/young person.

The child/young person and family are at the centre of the Meitheal process. Parental consent is a prerequisite and a meeting of the Meitheal Group cannot proceed in the absence of at least one consenting parent. Additional supports to enable the child and family to be included and participate fully may need to be put in place.

Services are coordinated at the point of delivery to the child/young person/family. This means that:

- an integrated plan is put into practice;
- families hear a consistent message from supportive practitioners;
- duplication of service is reduced;
- unmet needs are responded to by relevant agencies.

Regular meetings, which include the family, are held for a period of time to enable the desired outcomes to be achieved for the child/young person. The Meitheal Group is not time-limited, but should be reviewed after one year.

4.3 WHAT IS THE MEMBERSHIP OF MEITHEAL GROUPS?

The membership of Meitheal Groups varies depending on the needs of the specific child/young person and can also change over the timeframe of the Meitheal process as the needs of the child/young person change.

4.4 WHAT ARE THE ROLES AND RESPONSIBILITIES OF MEMBERS OF MEITHEAL GROUPS?

Broadly speaking, practitioners should be able to practise in line with the principles of the Meitheal Model (see *Section 1.4*). Practitioners should also demonstrate a commitment to child and family-centredness, integrated working, prevention and early intervention, evidence-informed practice and a human rights-based approach. In terms of the accountability and transparency this involves, practitioners are specifically required:

- to engage in the Meitheal Support Meeting process in order to provide more coordinated services to a specific child/young person, based on a holistic understanding of the child's needs;
- to commit their organisation/service to provide specific supports to the child/young person;
- to work with the child/young person/family to implement the specific actions allocated to their agency at the action plan/review meeting;
- to provide updates on progress (or lack of) to the Meitheal Support Meetings and to engage in discussion about this at the meetings;
- to identify other agencies/supports that could be provided to the child/young person/family;
- to offer to facilitate or take minutes at the meeting if required.

Specific tasks to be undertaken at Meitheal Support Meetings include:

- ensure the meeting is planned, timed and located in a manner that facilitates the participation of parents and of children and young people;
- outline the purpose of the meeting;

- facilitate updates on progress since the last meeting and identify what action points have/have not been completed;
- facilitate the young person and parent/carer to participate fully in the meeting and/or identify a support person to undertake this role;
- identify what has improved/not improved in the child/young person's circumstances;
- suggest ways in which new objectives can be achieved in response to newly identified needs;
- ensure the action plan, responsibility for delivery of actions and timeframe for delivery are clearly recorded (a delegated minutes-taker can be appointed in advance);
- outline the summary of the meeting, with particular attention to the agreed actions identified;
- agree details for the next meeting – date, time, venue.

Between Meitheal Support Meetings, members are involved in:

- liaison with the child/young person/family on a regular basis;
- liaison between practitioners in relation to implementing actions to support the child/young person/family;
- liaison with the Child and Family Support Network Coordinator and discuss/resolve issues arising.

4.5 WHAT IS THE DURATION OF A MEITHEAL GROUP?

There should be at least two Meitheal Support Meetings – one to agree an action plan and the other (or others) to review it. The decision on the number and frequency of meetings will depend on the needs of the child/young person and family. However, 4-6 weekly intervals are suggested. Meetings should be held based on the agreed action plan, with the date set for when there is something significant to review. The Meitheal process itself should be reviewed when a Meitheal action plan has been in place for a 12-month period. The Child and Family Support Network Coordinator can provide you with support to undertake the review after 12 months, if required.

4.6 WHAT ARE THE LINES OF RESPONSIBILITY AND ACCOUNTABILITY IN MEITHEAL GROUPS?

Members of a Meitheal Group are accountable to their own individual agencies in relation to the delivery of actions and supports as part of the Meitheal process. They must commit to providing the Meitheal Group with updates on progress and to engaging in discussion to develop and implement high-quality plans to meet the needs of the child/young person. If an agency/service cannot deliver on an agreed action, then they should inform the Lead Practitioner and Meitheal Group of this as early as possible so that alternatives can be explored. If there is non-delivery of agreed actions, then this will be discussed at the next Meitheal Support Meeting.

The Lead Practitioner is not responsible for carrying out all the work or delivering all of the services needed by the child/young person or being accountable for the actions of other practitioners or service providers.

4.7 HOW TO WORK EFFECTIVELY AS A MEITHEAL GROUP

Parental engagement in the Meitheal Group is essential. If the parent cannot attend, then the Meitheal Support Meeting cannot take place. Therefore, it is important that the Lead Practitioner supports the parent to engage fully in the process.

The focus of work of the Meitheal Group is to keep the strengths and the needs of the child/young person to the forefront of its agenda and to identify ways in which all participants (partner agencies, children and parents) can contribute to improved outcomes for the child/family participating through working together. It is important that there is open and transparent communication and that Meitheal Group members come to Meitheal Support Meetings prepared.

It is important that the actions people sign up to, including parents and children/young people, are realistic and achievable, and that unrealistic expectations are not raised. All actions must be agreed with the parent and also with the child/young person in accordance with their age and understanding.

4.8 ADDITIONAL CONSIDERATIONS FOR THE MEITHEAL GROUP

- **To support and facilitate all participants** (partner agencies, children and parents) to act together and to decide together. This supports the implementation of an integrated approach.
- **To support all participants in the Meitheal process** to be strengths-based, solution-focused and to build the resilience of the child and the family.
- **To ensure Meitheal documentation is completed and minutes of meetings are taken**, which helps ensure the quality, accountability and transparency of the whole process. This includes forwarding relevant documentation to the Child and Family Support Network Coordinator.
- **To broker in additional services and supports for the child/young person** as identified through the Meitheal and the Meitheal Support Meetings. In some instances, this may involve bringing the need for such services to the attention of line managers or the Child and Family Support Network Coordinator, who will then broker in the services as required.
- **To continue to support the child/young person and family**, as appropriate, if specialist services need to be carried out.
- **To support the child/young person through key transition points**, such as between universal, targeted and specialist services; in school readiness; in transition from primary to secondary school; or between child and adult services.
- **To ensure that support mechanisms are in place** to resolve any issues (e.g. other services failing to deliver on agreed actions).
- **To ensure that a planned handover takes place** if it is more appropriate for someone else to take on the Lead Practitioner's role.
- **To arrange a date for the next Meitheal Support Meeting** at the current Meitheal Support Meeting and to arrange to send a reminder notice to all members of the Meitheal Group one week before the meeting is due to take place.



SECTION 5:

IDENTIFICATION OF STRENGTHS AND NEEDS AND THE ROLE OF THE LEAD PRACTITIONER



SECTION 5: IDENTIFICATION OF STRENGTHS AND NEEDS AND THE ROLE OF THE LEAD PRACTITIONER

This section focuses on the role of the Lead Practitioner in the Meitheal process.

It focuses specifically on the following areas:

- Meitheal and the Lead Practitioner.
- Who can be the Lead Practitioner?
- How is the Lead Practitioner selected?
- What knowledge and skills does a Lead Practitioner require?
- What are the roles and responsibilities of the Lead Practitioner?
- What are the specific tasks that a Lead Practitioner undertakes to support Meitheal Support Meetings?
- What the Lead Practitioner role *does not* entail.
- How does the Lead Practitioner liaise with partner agencies?
- What contact does the Lead Practitioner have with the Child and Family Support Network Coordinator?
- Lead Practitioner line management.
- Tips for Lead Practitioners.

5.1 MEITHEAL AND THE LEAD PRACTITIONER

Meitheal aims to enable practitioners and parents to identify the needs of children and young people at an early stage and to work alongside other practitioners/agencies and families to meet these needs in a structured and coordinated manner. It also aims to build a common or shared language within and among agencies that work within children and family services, thereby supporting effective, coordinated multi-agency working. Much of this work takes place within the Meitheal Group (*see Section 4*).

The role of the Lead Practitioner in a Meitheal Group is crucial and is necessary to build capacity for the implementation of the Meitheal Model. The role as described here is a description of the fullest range of responsibilities. The experience of the pilot sites has been that the Child and Family Support Network Coordinator must support the Lead Practitioner's role in order to encourage practitioners to take it on.

The Child and Family Support Network Coordinator may need to assist (or arrange for assistance) with coordination, administration, facilitating and minutes-taking in order to ensure that there are minimal obstacles to the take-up of this role. Also, it is ultimately the members of the Meitheal Group through the Meitheal Support Meetings who share responsibility and are accountable for providing an integrated response.

5.2 WHO CAN BE THE LEAD PRACTITIONER?

The Lead Practitioner can be any practitioner who is working with the specific child/young person and can be drawn from the statutory or community/voluntary sectors. The Lead Practitioner needs to be someone who has or can develop trusting working relationships with the child/young person and their family, and also the other practitioners involved in the Meitheal Group. Training on the Lead Practitioner's role will be included in the Meitheal training. It is recommended that the Lead Practitioner should have completed the 2-day Meitheal training and *Children First* training within the last 3 years.

5.3 WHO IS BEST PLACED TO TAKE ON THE ROLE OF LEAD PRACTITIONER?

When taking on the role of a Lead Practitioner, the primary considerations are:

- the person with the most contact/envisaged contact with the family;
- the person with the capacity to take on the role;
- the person preferred by the family/child/young person.

Other criteria include:

- The agency/service with primary responsibility for addressing the needs of the child/young person (e.g. educational welfare services responding to school attendance).
- The agency/service best placed to respond to the predominant needs of the child/young person.

5.4 WHAT KNOWLEDGE, SKILLS OR QUALIFICATIONS DOES A LEAD PRACTITIONER REQUIRE?

There is no specific knowledge, skills or qualifications required by a Lead Practitioner – the most important factor is having a trusting relationship with the family. Broadly speaking, a practitioner should be able to practise in line with the principles of the Meitheal Model (*see Section 1.4*). Lead Practitioners should also demonstrate a commitment to child and family-centredness, integrated working, prevention and early intervention, evidence-informed practice and a human rights-based approach. The Meitheal training will address the Lead Practitioner's role specifically.

5.5 WHAT ARE THE ROLES AND RESPONSIBILITIES OF THE LEAD PRACTITIONER?

There are five core tasks involved in the role of Lead Practitioner:

- To introduce the option of Meitheal to the family and encourage them to initiate the process.
- To facilitate the parent and the child or young person to identify the child/young person's strengths and needs.
- To act as a single point of contact for the child/young person and their family and to build a trusting working relationship with them.
- With the assistance of the Child and Family Support Network Coordinator, to ensure Meitheal Support Meetings are convened and facilitated to enable the coordinated action plan for the child/young person to be developed and to be reviewed on an ongoing basis.
- To attend all Meitheal Support Meetings and to coordinate the delivery of the agreed actions in response to the identified needs of the child/young person in the Meitheal Strengths and Needs Record Form and to focus on achieving the desired outcomes for the child/young person.

5.6 WHAT THE LEAD PRACTITIONER'S ROLE *DOES NOT* ENTAIL

The Lead Practitioner does *not* have to be an 'expert' in everything. It is important that he or she possesses good outline knowledge of a range of services and supports available for children and young people.

In addition, the Lead Practitioner is *not* responsible or accountable for the actions of the other practitioners or services within the Meitheal Group. The Lead Practitioner is responsible and accountable for services provided by their own agency as part of the Meitheal action plan.

5.7 WHAT CONTACT DOES THE LEAD PRACTITIONER HAVE WITH THE CHILD AND FAMILY SUPPORT NETWORK COORDINATOR?

The Child and Family Support Network Coordinator is responsible for coordinating work on Meitheal across all the Child and Family Support Networks that he or she is responsible for and for providing support to all practitioners engaged in undertaking Meitheals. The Lead Practitioner should liaise with the Child and Family Support Network Coordinator to access this support. It is also the responsibility of the Lead Practitioner to ensure that there is contact with the Child and Family Support Network Coordinator in relation to the following:

- **An informal Meitheal enquiry** – When a Lead Practitioner thinks a Meitheal might be a useful process for a child/young person, but would like an opportunity to discuss the case and identify the next steps that need to be taken. The Child and Family Support Network Coordinator can talk you through the process; provide you with support/guidance on introducing the Meitheal to the parent; and give pointers on how to overcome possible fears/concerns they may have about engaging in the process. Not all Meitheals will go through this informal enquiry stage since many will begin the process directly at the Pre-Meitheal Enquiry stage.
- **Pre-Meitheal Enquiry** – This is when the Lead Practitioner formalises the enquiry, having secured written consent from the parent using the **Meitheal Request Form**. The Lead Practitioner will forward the completed Meitheal Request Form, along with the Pre-Meitheal Checklist, to the Child and Family Support Network Coordinator so that they can check if there is already Social Work involvement in the case and then identify if the Meitheal can proceed.
- **A Meitheal may also arise:**
 - When a referral under *Children First* is deemed to not **reach the threshold** necessary for the involvement of the Child and Family Agency Social Work Department but due to outstanding unmet need, that requires child and family support services, is **diverted**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.
 - OR
 - When a **referral is accepted** to the Child and Family Agency Social Work Department, assessed by the Social Work Department and is deemed suitable for closure either after assessment or after a period of intervention but has outstanding unmet need, that requires child and family support services, and is **stepped down**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.

In these instances, there must be parental consent for the diversion or step-down. The Child and Family Support Network Coordinator will decide whether the family can be offered a single agency response without initiating a Meitheal or whether a Meitheal should be considered. If a Meitheal is being considered, a suitable Lead Practitioner will need to be identified who can initiate the process.

- **Meitheal Identification of Strengths and Needs** – Support can be provided in relation to completing the **Meitheal Strengths and Needs Record Form** with the parent. It is the responsibility of the Lead Practitioner to forward a copy of the Strengths and Needs Record Form to the Child and Family Support Network Coordinator within 10 days of its completion.
- **Meitheal Support Meetings** – Support can be provided in relation to planning and facilitating these meetings. The **Meitheal Planning and Review Form** must be forwarded to the Child and Family Support Network Coordinator within 10 days of the meeting.
- **Meitheal Closure Meeting** – Support can be provided by the Child and Family Support Network Coordinator to plan and facilitate the Meitheal Closure Meeting. It is the responsibility of the Lead Practitioner to forward a copy of the **Meitheal Closure and Feedback Form** to the Child and Family Support Network Coordinator within 10 days of its completion.

5.8 LEAD PRACTITIONER LINE MANAGEMENT

The Lead Practitioner is line-managed through their own agency and is accountable to that agency for the delivery of services and supports from that agency to the child/young person/family and also for carrying out the functions of the Lead Practitioner. It is the responsibility of their own agency to provide support, advice and guidance to them in relation to their role as Lead Practitioner and this management role is comprised of three main elements:

- **Managerial:** To ensure that the practitioner is accountable for the delivery of the agency's services and the Lead Practitioner's functions.
- **Support and Supervision:** To provide support, advice and guidance to the Lead Practitioner and to provide opportunities for them to engage in reflective practice.
- **Training and Development:** To assess their strengths and identify their training and development needs, and to link them into appropriate training opportunities.

5.9 TIPS FOR LEAD PRACTITIONERS

- Ensure that the family and other practitioners involved in the Meitheal Group have your contact details. These will be recorded on their copy of the **Meitheal Strengths and Needs Record Form**.
- Ensure you have the contact details of the family and the other practitioners in the Meitheal Group, and that these are shared with all members of the group. These will also be recorded on your copy on the Meitheal Strengths and Needs Record Form.
- Plan your contacts with the child/young person/family so that they know and understand you will be actively involved with them and that their views are taken on board at meetings.
- You are essential to the process and should be in attendance at each Meitheal Support Meeting.
- Check in with the child/young person/family regularly between meetings to see how things are progressing towards desired outcomes.
- You are part of the Meitheal Group working with the family – you are not expected to do everything, only those actions assigned to you.



SECTION 6:

MEITHEAL AND INFORMATION



SECTION 6: MEITHEAL AND INFORMATION

This section focuses on the issue of information within the Meitheal Strengths and Needs Record Form.

It focuses specifically on the following areas:

- How do I record and share Meitheal information?
- What information can and cannot be shared?
- Can any information be shared without consent?
- The 8 Golden Rules for information sharing.
- Organising, storage and distribution of completed Meitheal Forms.

Tusla - Child and Family Agency has a number of roles in relation to Meitheals being undertaken, as follows:

- a quality assurance role;
- a managerial oversight role;
- a coordination role to avoid duplication.

To enable these roles to be carried out effectively, copies of the following documentation need to be submitted and stored centrally in the Child and Family Support Network Coordinator's Project Office: the Pre-Meitheal Checklist; Meitheal Request Form; Meitheal Strengths and Needs Record Form (if proceeding to Stage 3: Delivery); Meitheal Planning and Review Form; and Closure and Feedback Form.

All other Meitheal documentation should be stored securely and appropriately by the Lead Practitioner and must be available to be inspected either by the Agency as part of its quality assurance role or by the Health Information and Quality Authority (HIQA) as part of its independent inspection regime.

Parents should be provided with their own copy of all Meitheal documentation in the same way as all other participants in the Meitheal process.

NOTE: All partner agencies involved in a Meitheal are **data controllers** in their own right and, as such, are responsible for being compliant with all relevant legislation in relation to data protection and information sharing. Meitheal documentation needs to be kept in perpetuity.

6.1 HOW DO I RECORD AND SHARE MEITHEAL INFORMATION?

It is important to record information on the relevant Meitheal Forms. These can be sourced from the Child and Family Support Network Coordinator and are available in hard copy and in electronic format as Word documents (*see Section 9*). It is useful to record information as completely and fully as possible since this will ensure that families are not being asked on a continual basis to repeat their story to a range of agencies. It also supports new agencies that are being brought into the process at a later stage to understand the history of the case and to engage more fully from an early stage, as well as ensuring that a complete information system is kept for the purpose of continuous improvement.

The language used on Meitheal Forms should be kept simple and jargon-free, so that the information is accessible to parents and to a wide range of identified services and agencies.

PRE-MEITHEAL CHECKLIST

The completed Pre-Meitheal Checklist can be used to support your professional decision-making on whether the child/young person could benefit from a Meitheal or not. It should inform your discussion with the parent when you are introducing the Meitheal to them. It can also be used to track progress towards outcomes by repeating the checklist as part of the Meitheal Closure and Feedback Form (*see below*). Completing the Pre-Meitheal Checklist is an important and mandatory part of the Meitheal process. A copy of the Pre-Meitheal Checklist should be kept by the Lead Practitioner and also forwarded to the Child and Family Support Network Coordinator with the Meitheal Request Form.

See Section 9.1 for guidance on completing the Pre-Meitheal Checklist.

MEITHEAL REQUEST FORM

The completed Meitheal Request Form is used to initiate the Meitheal process; to record the identifying information in relation to the particular child/young person and their family; to summarise the reason why a Meitheal is necessary; to secure parental consent; and to notify the Child and Family Support Network Coordinator of the request to initiate the process so that the necessary information checks can be undertaken.

See Section 9.2 for guidance on completing the Meitheal Request Form.

MEITHEAL STRENGTHS AND NEEDS RECORD FORM

The completed **Meitheal Strengths and Needs Record Form** should be provided to the parent by you as the Meitheal Lead Practitioner. With the written consent of the parent, a copy of the Meitheal Strengths and Needs Record Form should be sent to each of the agencies attending the first Meitheal Support Meeting. The parent's consent to share information with each specific agency is recorded in Section 14 of the Meitheal Strengths and Needs Record Form.

See Section 9.3 for guidance on completing the Meitheal Strengths and Needs Form.

MEITHEAL PLANNING AND REVIEW FORM

The completed **Meitheal Planning and Review Form** is used to form an action plan for the child/young person based on the strengths and needs identified (*see above*) and to review this plan over time. It should be circulated to parents and to participating practitioners. A copy also needs to be sent to the Child and Family Support Network Coordinator.

See Section 9.4 for guidance on completing the Meitheal Planning and Review Form.

MEITHEAL CLOSURE AND FEEDBACK FORM

The **Meitheal Closure and Feedback Form**, when completed, is an important tool in gathering data about the Meitheal process. It is used to document the reasons for closure, progress towards desired outcomes and the feedback from all participants (practitioners, parents and children/young people). It should be circulated to parents and to participating practitioners. A copy also needs to be sent to the Child and Family Support Network Coordinator.

See Section 9.5 for guidance on completing the Meitheal Closure and Feedback Form.

6.2 WHAT INFORMATION CAN AND CANNOT BE SHARED?

Meitheal is based on parental consent and therefore information can only be shared with the named individuals within agencies/services identified at the end of the **Meitheal Strengths and Needs Record Form** that the parents have signed. Thus, if a particular agency is not named, then information *cannot* be shared with them until the parent provides their written consent for it to be shared or consent is provided by the parent at a Meitheal Support Meeting and recorded as part of the minutes of that meeting.

The only exception to this is where a child protection concern exists, in which case *Children First: National Guidance* must be followed and parental consent is not required. However, it is good practice to inform the parent that you are making a referral to the Child and Family Agency Social Work Department under *Children First*, unless to do so would put the child/young person at risk.

NOTE OF CAUTION: Meitheal is an entirely voluntary process and can only take place with informed written parental consent. Any information contained within a Meitheal is restricted to information that the family has consented to share and may therefore not fully represent the family's circumstances.

6.3 CAN ANY INFORMATION BE SHARED *WITHOUT* CONSENT?

The only situation where information can be shared *without* parental consent is in relation to child protection concerns you may have. In all other instances, you must have secured written parental consent in order to share information. If you have a child protection concern, then you should follow child protection procedures as outlined in *Children First: National Guidance* (2011) and share information gathered from the Meitheal process to support the child to access appropriate intervention with the Child and Family Agency Social Work Department. If time allows and the child is not in immediate danger, it is good practice to inform the parent that you are making the referral and also to inform the Lead Practitioner.

6.4 8 GOLDEN RULES FOR INFORMATION SHARING

The Meitheal Model has adopted the information sharing protocol developed by the South Dublin Children's Services Committee to guide the manner in which information is shared. It is also important that all practitioners follow their own agency's guidelines in relation to the sharing of information.

There are 8 Golden Rules to be aware of in the sharing of information:

1. **Be open and honest with children and families** from the outset about why, what, how and with whom information will or could be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
2. Always keep the **safety and well-being of the child**, and of other children, central to your considerations.
3. Always be **clear about the purpose** for which you have received the information and the purpose you are using it for – they should be the same.

4. **Know the relevant policies in your agency in relation to confidentiality and information sharing** and consult them as necessary. Seek advice if you are in any doubt, without disclosing the identity of the person.

The HSE's *Child Protection and Welfare Practice Handbook*⁴ (2011, p. 56) has a few pointers in relation to communication and information sharing between agencies:

- Always check that what you said is understood in the way you intended it.
- Always check that you understand information in the way it was intended.
- Do not make any assumptions.

5. Remember that the **Data Protection Acts 1988 and 2003 are not a barrier for sharing information**, but rather provide a framework to ensure that personal information is shared appropriately. The Data Protection Commissioner has confirmed that there is no impediment in law to sharing information between agencies working in the best interests of children and families where there is consent for the sharing of such information. In fact, it is both legal and necessary to do so under the Child Care Act 1991 and the Children Act 2001, and is protected by the Protection for Persons Reporting Child Abuse Act 1998 where such information is provided to the Agency.
6. **Aim to share with consent except where this is not appropriate.** Wherever possible, respect the wishes of those who do not consent to you sharing their confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the vital interests of the child. You will need to base your judgement on the facts of the case.
7. **Necessary, proportionate, relevant, accurate, timely and secure.** Ensure that the information you share is necessary and relevant for the purpose for which you are sharing it; that it is shared only with those people who need it; that it is accurate and up to date; that it is shared in a timely fashion; and that it is shared securely.
8. **Keep a record of your decisions and the reasons for them**, whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

⁴ HSE (2011) *Child Protection and Welfare Practice Handbook*. Dublin: Health Service Executive.

6.5 ORGANISATION, STORAGE AND DISTRIBUTION OF COMPLETED MEITHEAL FORMS

The following are some brief pointers to assist you in managing all of the documentation associated with the Meitheal process.

When it comes to organising the Meitheal documentation that you hold, the principal considerations have to be:

- How do I collect all the relevant documentation together into one place?
- How do I organise it so that I can locate what I need when I need it – quickly if necessary?

ORGANISE A MEITHEAL FILE FOR EACH CHILD

The Lead Practitioner and the Child and Family Support Network Coordinator will hold a full file on each child, while partner agencies will hold a copy of the Meitheal Strengths and Needs Record Form and information on the child from the point at which they joined the Meitheal Group – this may be from Action Plan stage or Review Meeting stage. Meitheal Group members can be provided with more background information if necessary, with the consent of the parent.

This guidance relates to both Lead Practitioners and partner agencies. Whether it is in a manual filing cabinet or a set of folders on your computer's hard drive (C:), gather all the different Meitheal documentation together in one folder for each child, using the naming convention of: code for type of Meitheal documentation (*see below*), child's surname, child's first name, completion date of form. Suggested examples for file names are given in the table below.

Over time, some of these folders, whether manual or electronic or both, can become quite bulky with the volume of documentation and finding what you want quickly, as well as maintaining order within the folder, becomes no easy task.

To assist with this process, we suggest the following:

MANUAL SYSTEM

- When keeping printed records within a filing cabinet, the same principles as for electronic files apply, except that, in addition, it may be useful to devise a master sheet containing the codes and names of the Meitheal standard documentation. This can be attached to the front of the folder.
- Each time the folder is added to, a check or tick can be placed against the type of documentation added, together with the date of completion, so that it is possible to see at a glance what the manual folder contains.
- In addition, within the child's folder, it may be helpful to organise the information based on the order in which the needs and strengths were identified so that the information in each folder is organised according to the same set of principles.
- It is also useful to keep a Communication page; a Distribution of Minutes page; and a Contact List in each child's folder. Templates for each of these pages are provided in Appendix 3 of this toolkit.

ELECTRONIC SYSTEM

- When saving electronic copies of the Meitheal Forms to a folder established for a child, the file names should be in the following format:

Code for type of Meitheal documentation (*see below for list of suggested codes*), followed by **Name of child** (surname, first name), followed by **Completion Date** of Form.

- To illustrate this file-naming system for a child for whom you have completed Meitheal Forms, here are a few examples:

Pre-Meitheal Checklist Bloggs Joe 24-02-2014

Meitheal Record Bloggs Joe 25-03-2014

Meitheal Plan-Review 1 Bloggs Joe 30-04-2014

Meitheal Plan-Review 2 Bloggs Joe 30-05-2014

Meitheal Plan-Review 3 Bloggs Joe 30-06-2014

Meitheal Closure Bloggs Joe 29-07-2014

Suggested list of codes for Meitheal Forms

NAME OF MEITHEAL FORM	ABBREVIATED CODE
Pre-Meitheal Checklist	Pre-Meitheal Checklist
Meitheal Request Form	Meitheal Request
Meitheal Strengths and Needs Record Form	Meitheal Record
Meitheal Planning and Review Form <i>(number the meetings since several meetings are likely to be held)</i>	Meitheal Plan-Review <i>(insert the number of the Planning and Review meeting)</i>
Meitheal Closure and Feedback Form	Meitheal Closure

STORAGE OF MEITHEAL DOCUMENTATION

Remember that information you hold concerning children, young people and their families is of a highly confidential nature and is protected by a number of laws. When storing Meitheal documentation, it is important to ensure that the filing system you use is secure.

- If it is a **manual filing system**, the cabinet should be locked and a register kept of key-holders or those authorised to access such information. The cabinet should not be left open or unlocked indefinitely – only to retrieve or to file information.
- If it is an **electronic filing system**, such as the hard drive on your computer or a shared drive, access should be password-protected.

NOTE OF CAUTION: UNDER NO CIRCUMSTANCES should personal information about a child and their family be copied onto a memory stick or transported on a memory stick.

DISTRIBUTION OF MEITHEAL DOCUMENTATION

Meitheal Forms can be completed electronically, but **should not be transferred electronically unless a standard of encryption and password protection that is in line with Data Protection best practice is attained at both ends of the communication**. If this is not possible, documents should be either hand-delivered or sent by post to a named person and marked '**Private and Confidential**'. You should also include a **return address** on the reverse in case of non-delivery.

The Meitheal Planning and Review Form and minutes of Meitheal Review Meetings should be distributed to all those who attended the meeting within 10 working days. It is advisable to mark both the envelope and the meeting notes '**Private and Confidential**'.

It is also advisable to check with the participating parent/carer if they want their documents posted directly to them or if they want the Lead Practitioner to hold the documents for them.

It is useful to keep a 'Contact List' page' within each child's folder, where you record up-to-date contact details for all participating partner agencies to the Meitheal.

It is also useful to maintain a 'Communications' log for each child/young person, to log and note the contents of **all significant telephone calls** in relation to the child/young person. The log should be printed and added to the hard copy folder on a monthly basis to ensure hard copy files and electronic files mirror each other.

SECTION 7:

MEITHEAL AND INTEGRATING SERVICES



SECTION 7: MEITHEAL AND INTEGRATING SERVICES

This section focuses on using the Meitheal Model to create linkages between the range of assessments and supportive interventions that a child/young person and their family may require.

It focuses specifically on the following areas:

- Introduction to the continuum of need.
- Interface between Meitheal and other key services.
- Self-directed support.
- Types of specialist assessments.
- How does Meitheal link with specialist assessments?
- The role of Meitheal in referrals to specialist services.
- The Continuum of Need and Support.

7.1 INTRODUCTION TO THE CONTINUUM OF NEED

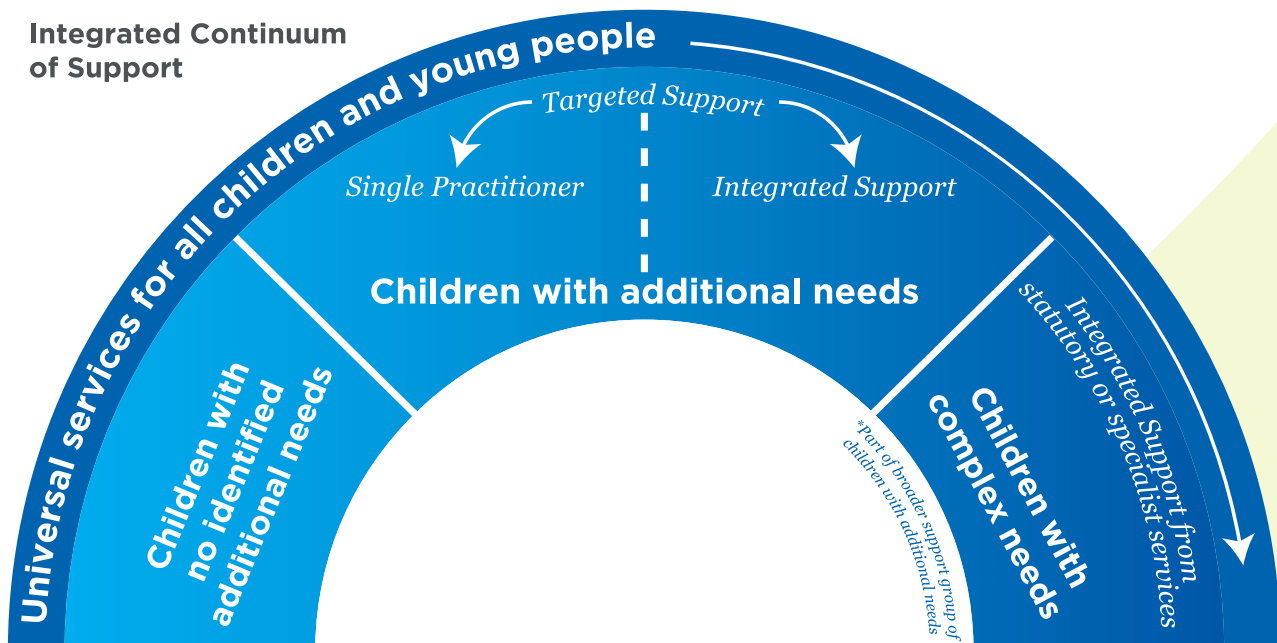
In the 1990s in the UK, building on an ecological perspective, Pauline Hardiker and her colleagues developed a model to categorise preventive activity into four levels of intervention (Hardiker *et al*, 1991). The Hardiker Model (often referred to as the ‘Windscreen wiper’ Model, *see Figure 6*) is now widely used and has been found to be a useful planning framework by both the UK and Irish Governments.⁵ It is used in the *Threshold of Need Guidance for Practitioners in Tusla Social Work and Family Support Services* (2014). It is important that the Hardiker Model is used for its intended purpose of classifying interventions and needs rather than families.

See Section 1.3 for further details of the Hardiker Model.

⁵ Centre for Effective Services (2010) *An introductory guide to the key terms and interagency initiatives in use in the Children’s Services Committees in Ireland*. Dublin: Centre for Effective Services.

Children and young people's needs fall along a fluid continuum and the level of need they have can move across this continuum at different stages of their lives. Meitheal operates at Levels 2-3 of the Hardiker Model (see Figure 6). The reason that Meitheal may be utilised at Level 3 of the Hardiker Model is because a child may have needs at this level due to reasons that are not related to abuse or neglect, such as complex health or other developmental needs. The key aim of a Meitheal should be that children have no identified additional needs and are returned to universal services (Level 1) as soon as possible, thereby reducing the level of intervention required in their lives. Just as children and young people's needs fall along a continuum of need, so too do the services operate on a continuum. In order to be as preventative as possible, the support system available to children, young people and families should be geared to identify and meet their needs early in a manner that is rights-based, outcomes-focused and evidence-informed.

Figure 6: 'Windscreen wiper' representation of the Hardiker Model (CWDC, 2009)



As illustrated in Figure 6, children and young people's needs fall along a continuum. At different times in their lives, their needs may be at Level 1 (universal), Level 2 (low level, additional), Level 3 (multiple (complex), additional) or Level 4 (highly complex, acute and/or immediate risk of harm).

■ **Level 1 – Universal**

At this level, most children have their needs met through the care of their families and the support of universally provided services (e.g. schools, primary healthcare and leisure facilities). No additional needs are identified and children are achieving expected outcomes.

■ **Level 2 – Low level, additional**

At this level, a child or young person identified as having additional needs may require some additional support without which they would be at risk of not reaching their full potential. The additional support may relate to health, social or educational issues.

■ **Level 3 – Multiple (complex), additional**

A child or young person whose needs are not fully met due to the range, depth or significance of their needs and whose life chances will be jeopardised without remedial intervention/support. These children will need a more coordinated multi-agency response through the Meitheal Model or the Initial Assessment process.

■ **Level 4 – Highly complex, acute and/or immediate risk of harm**

A child or young person who may be at risk of harm will require specialist assessment from Tusla Social Work teams alongside other agencies already working with him or her.

7.2 INTERFACE BETWEEN MEITHEAL AND OTHER KEY SERVICES

The interface between the Meitheal process and a variety of services will be important. A key principle to be applied in relation to interface issues is that of minimum intervention. Six services in particular are highlighted below, but this is not an exhaustive list and all services for children, young people and families are relevant.

TUSLA – CHILD AND FAMILY AGENCY SOCIAL WORK DEPARTMENT

The Meitheal National Practice Model and the Child and Family Agency Social Work Department operate distinct processes of support within the overall support system for children and families through the National Service Delivery Framework. Therefore services provided by the Social Work Department represent an important part of the continuum of support available to children and families, and Social Work Department staff are important members of the Child and Family Support Networks. It is essential that Social Work Department staff attend the 2-day standardised Meitheal Training Programme in order to fully understand and contribute to the implementation of Meitheal. Through their knowledge of issues associated with child abuse and neglect, they are in an ideal position to contribute to the overall understanding of these issues among members of the Child and Family Support Networks and to contribute to evidence-informed prevention and early intervention.

The Meitheal and the Social Work Department processes should be coordinated and not operate in parallel; therefore, local procedures must be in place between the Meitheal Model and the Social Work Department to ensure there is no duplication. In order to ensure an integrated continuum of support, all requests for support through Meitheal must be checked with the Social Work Department to ensure they are currently not ‘open’ to Social Work. It is essential that this relationship of partners is guided by a common concern for the well-being and rights of children and by the principle of the best interests of the child. Families should not be ‘bounced’ between the two distinct processes. The role of the Child and Family Support Network Coordinator is central to ensuring the interface between the Meitheal Model and the Social Work Department works effectively. Also critical is the relationship between the Child and Family Support Network Coordinator and the Duty Intake Social Work Team Leader. This is a relationship of equals, reflecting the parity between two functioning parts of the overall system. It is essential that the Child and Family Support Network Coordinator reports directly to the Principal for Prevention, Partnership and Family Support, and not to the Duty Intake Social Work Team Leader.

A family can access support through Meitheal in a number of ways:

- **Directly**, as a result of a discussion between a parent and a practitioner, who initiates a Meitheal by completing the Meitheal Request Form and forwarding it to the Child and Family Support Network Coordinator.
- When a referral under *Children First* is deemed to **not reach the threshold** necessary for the involvement of the Child and Family Agency Social Work Department but due to outstanding unmet need, that requires child and family support services, is **diverted**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.

OR

- When a **referral is accepted** to the Child and Family Agency Social Work Department, assessed by the Social Work Department and is deemed suitable for closure either after assessment or after a period of intervention but has outstanding unmet need, that requires child and family support services, and is **stepped down**, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.

It is intended that operating the Meitheal Model will help to prevent child abuse and neglect and so reduce referrals to the Child and Family Agency Social Work Department. This involves offering support to families *before* they are referred to the Social Work Department, in addition to supporting families who are diverted from, or closed by, the Social Work Department. Therefore, while the first phase of the implementation of Meitheal will involve prioritising families who have been referred to the Social Work Department and are deemed not to have reached the threshold necessary for assessment or intervention, the optimal implementation of the Meitheal Model will involve the process being initiated directly by members of the Child and Family Support Network. Ultimately, the Meitheal Model will be operating at its best when families are aware of it and seek help through it when they consider they need it.

If a family involved in the Meitheal Model is referred and accepted to the Child and Family Agency Social Work Department, then the Meitheal process must be closed. It is intended that relevant documentation from the Meitheal will assist in the Social Work assessment and avoid the family having to retell their story. It is also likely that the practitioners and services involved in the Meitheal will continue their supportive intervention with the Social Worker as Lead Practitioner. This process can be viewed as ‘a smooth passing of the baton’ since it retains continuity for families and thereby assists in providing a continuum of support, which families will experience as seamless and integrated.

If a family is diverted from Duty Intake Social Work because they are deemed not to have reached the threshold necessary for Social Work involvement but have unmet need that can be met by child and family support services, then this process cannot occur without parental consent.

If a family has outstanding unmet need that can be met by child and family services after Social Work involvement, then parental consent is also necessary to provide step-down support. With parental consent, a social worker may share information and/or attend the first Meitheal Support Meeting in order to ensure continuity of care.

TUSLA EDUCATIONAL WELFARE SERVICES

The same principle – minimal, but coordinated intervention to avoid unnecessary duplication of services around children and families – applies in relation to the interface between Meitheal and interventions by Educational Welfare Services (EWS) at school level. Every effort should be made locally to ensure that there is a coordinated approach between the operation of Meitheal and of EWS intervention (*see note below*). Schools and Educational Welfare Services are core members of a Child and Family Support Network and may be key participants in Meitheal where appropriate. In the application of the EWS intervention model in a school setting, it will be necessary for EWS and the school to be aware of, and fully sensitive to a family's actual or potential involvement in a Meitheal process and to calibrate and modify school-based interventions accordingly to accommodate that process.

NOTE: The Educational Welfare Services intervention model, currently being developed, has the working title *One Child, One Team, One Plan* (abbreviated as *One Child*).

PUBLIC HEALTH NURSING SERVICES

Public Health Nursing Services have recently developed the Child and Family Health Needs Assessment Framework (CFHNAF). This allows public health nurses to undertake an assessment of a child's needs where they consider a child to be 'at risk' and requiring a second level of assessment, additional to the universal screening undertaken by nurses with all families. Again, the same principle of reducing duplication applies here. Having completed the CFHNAF, a public health nurse may consider that it is possible to meet additional needs without initiating a Meitheal. However, the completion of the CFHNAF may indicate that there is a need to initiate a Meitheal, in which case the nurse should use the information from the CFHNAF to inform the Meitheal process in order to reduce the need for the family to repeat their story. The CFHNAF documentation has been adapted to reflect the interface with Meitheal.

CHILDREN'S DISABILITY SERVICES

Child and Family Support Networks and the Meitheal Model provide an opportunity for linkages to be developed with Children's Disability Services, specifically Early Intervention and School Age Disability Network Teams. Practitioners within Children's Disability Services are important members of Child and Family Support Networks and there is a natural synergy between the outcomes-focused approach within the Meitheal Model and that advocated by the Standards and Performance Reporting Working Group for 'Progressing Disability Services for Children and Young People' programme in its August 2013 report entitled *Outcomes for Children and their Families: Report on an Outcomes-focused Performance Management and Accountability Framework for Early Intervention and School Age Disability Network Teams*.⁶

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Similarly, Child and Adolescent Mental Health Services are important members of Child and Family Support Networks and the interface between the Meitheal Model and such services is essential. Some children and young people with mental health difficulties may also have wider needs, which may mean that a Meitheal would be helpful in meeting their needs holistically.

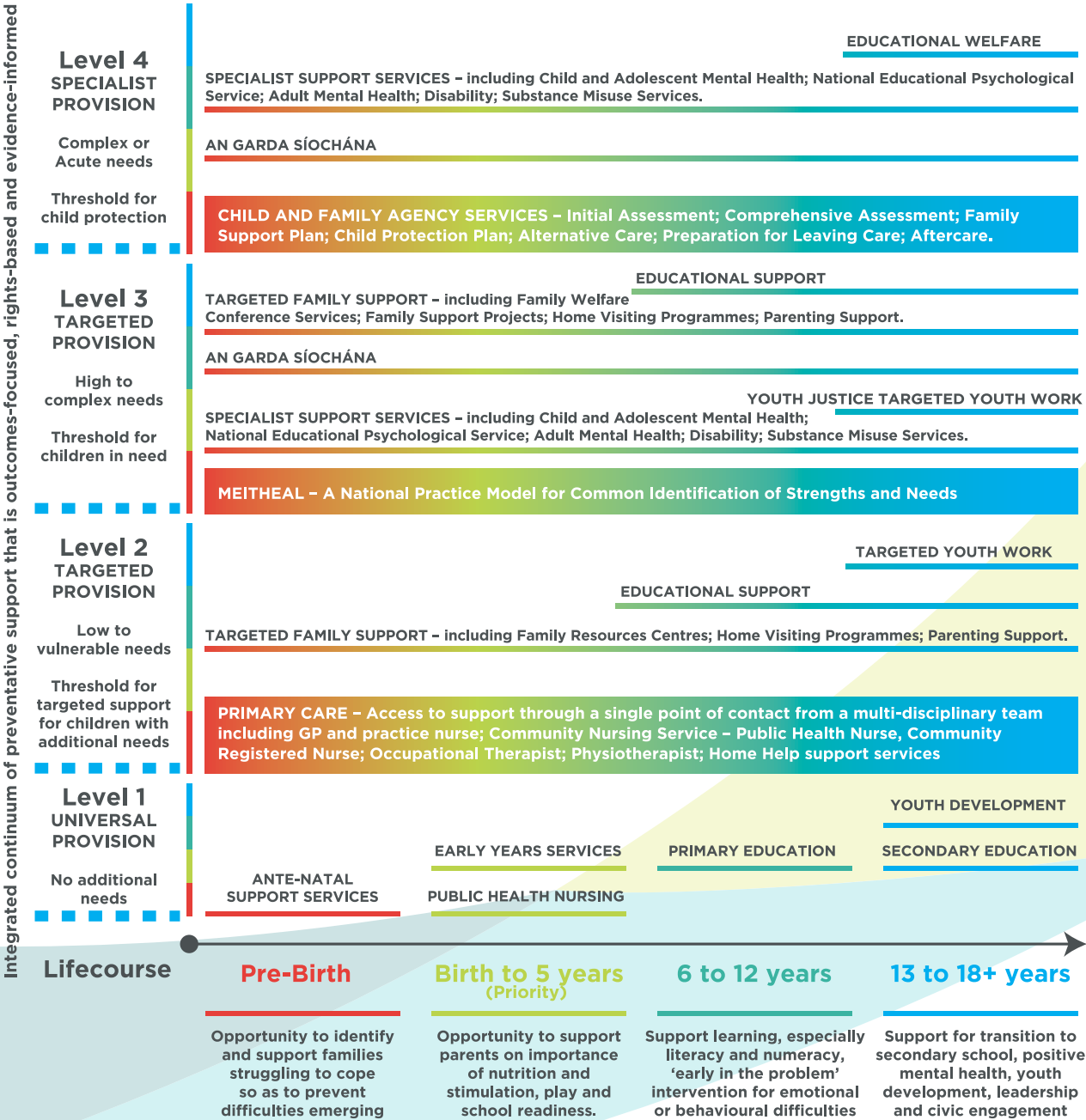
COMMUNITY AND VOLUNTARY SERVICES

Child and Family Support Networks will also have many services that are part of the wider community and voluntary sector. These services already provide a range of services across the continuum of care and receive referrals from a variety of sources and will continue to do so in line with their funding arrangements. These services are likely to be working with families on an ongoing basis that may require a Meitheal and can use the Meitheal process to offer families more integrated support. The services may also be in a position to offer single agency support or initiate a Meitheal with families who have been identified as having outstanding unmet need as part of a diversion or step-down from the Child and Family Agency Social Work Department. It is recognised that for many services, only some of the families worked with will require a Meitheal and some will not be suitable for the Meitheal Model if they are already involved with the Social Work Department.

In summary, Figure 7 illustrates how all services can come together in a locality to form one integrated continuum of preventative support that is outcomes-focused, rights-based and evidence-informed.

⁶ Available at: <http://www.hse.ie/eng/services/list/4/disability/progressingservices/reportsguidancedocs/outcomesforchildren.pdf>

Figure 7: Optimal Child and Family Support system



7.3 PARTICIPATION AND SELF-DIRECTED SUPPORT

One method of ensuring the support provided is appropriate is through facilitating the participation of service users so that their views inform the nature and level of support provided. The principle of participation is a basic principle of human rights – all individuals have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being. In the context of Meitheal, this applies both to parents and to children and young people. Tusla’s *Toward the development of a Participation Strategy for Children and Young People* (2015) details the organisational commitment of the Agency and its partners to ensuring that children and young people participate in all matters affecting them. In relation to parents, it is intended that the application of the Meitheal Model forms a key aspect of the Agency’s Parenting Support Strategy and its approach to parenting support, as set out in *Investing in Families: Supporting parents to improve outcomes for children* (2013). Participation and partnership working are two of the key implementation principles of this strategy.

It is often challenging to translate a principle, such as that of participation, into practice. The Meitheal Model is intended to support practitioners to facilitate the participation of parents, children and young people. The Meitheal training will focus specifically on the practice skills required to support participation. The process of identifying strengths, needs and desired outcomes; of co-creating a support plan to achieve those outcomes; and of monitoring and reviewing that plan – all present a rich opportunity to encourage and facilitate the participation of parents, children and young people. For example, the related practice of self-directed support planning can be introduced via the Meitheal Model.

The Scottish Government (2010) in its *National Strategy for Scotland* defines self-directed support as ‘a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. It includes a range of options for exercising those choices. Through a co-production approach to agreeing individual outcomes, options are considered for ways in which available resources can be used so people can have greater levels of control over how their support needs are met, and by whom’.⁷

7.4 TYPES OF SPECIALIST ASSESSMENTS

In some instances, children will require access to specialist assessments and specialist interventions, based on their needs. Some children accessing these services are also likely to benefit from support delivered through the Meitheal Model. Specialist assessments and interventions can be located in various settings as follows:

⁷ Scottish Government (2010) *Self-Directed Support: A National Strategy for Scotland*. Available at <http://www.scotland.gov.uk/Publications/2010/02/05133942/0>

■ **Health and developmental assessments.** For example:

- Assessment and treatment by specialist practitioners, e.g. community physiotherapy; community occupational therapy; community speech & language therapists.
- Disability assessments, where teams deliver services to children through an interdisciplinary model that supports families, schools and other services in meeting the needs of the child. The teams offer an interdisciplinary assessment of children, with actual or potential developmental difficulties, to determine the nature and extent of a child's problems, through the Assessment of Needs process.⁸

Referral procedure: Referrals can be made by a public health nurse or GP to the local Primary Care Team.

■ **Emotional, social and behavioural assessments.** For example:

- The **Child and Adolescent Mental Health Service (CAMHS)** provides clinical assessment and treatment for children and adolescents presenting with mental health issues or difficulties, e.g. depression/mood disorder; anxiety/obsessive compulsive disorder; Tic disorders; somatoform disorders; post-traumatic disorders; dissociative/conversion disorders; Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD); self-harm; eating disorders; psychoses.

Referral procedure: Referrals can be made through GPs/Area Medical Officers/Paediatricians.

- **The Community Child and Family Psychology Service** provides assessment and long-term therapeutic intervention for children, adolescents and families presenting with a wide variety of difficulties following trauma; abuse/neglect; behavioural and emotional difficulties; psychological support following traumatic experience and abuse; attachment difficulties.

Referral procedure: Referrals can be by any HSE healthcare professional or the Department of Education and Skills (schools). GPs and parents can also self-refer. Priority is given to children who are within the child protection and welfare categories.

⁸ Mid-West Disability Services (2011) *Service Specification: Early Intervention and School Age Child Development Teams*.

■ **Psychology assessments.** For example:

- The **National Educational Psychological Service (NEPS)** aims to support the personal, social and educational development of all children through the application of psychological theory and practice in education, with particular regard for children with special educational needs. NEPS operates a tiered service delivery model that aims to support schools in implementing evidence-based practices to promote positive academic and social–emotional outcomes for all, targeted interventions and programmes for at-risk groups and more intensive and individualised supports for those with complex needs and difficulties.

NEPS psychologists have an assigned list of schools and all of their work is agreed through a flexible and dynamic planning process with the schools. Schools may request the involvement of the NEPS psychologist in helping them to address the learning and/or behavioural needs of an individual pupil. When this is agreed, the NEPS psychologist works collaboratively with those concerned about the problem in a 4-stage process that involves joint exploration, information-gathering and analysis, intervention and review. As a foundation for effective decision-making, intervention planning and evaluation, NEPS psychologists systematically gather data or information from multiple sources, including individual pupil characteristics and classroom, school, family and community environments.

Request for involvement of a NEPS psychologist: NEPS accepts requests for involvement from schools.

■ **Child protection assessments.** For example:

- The **Child and Family Agency Social Work Department** undertakes an Initial Assessment, the purpose of which is to reach a preliminary conclusion about unmet need and risk of harm in order to plan and provide an appropriate response. This assessment is usually concluded within 20 working days. A multidisciplinary approach underpins the assessment process.⁹

Referral procedure: If you identify a child as being at risk of harm, you must act in accordance with *Children First: National Guidance* (2011) and legislation. In the first instance, make telephone contact with the Duty Social Worker or if out-of-hours or in an emergency, make contact with the Gardaí. There is a standard Referral Form that can be used to support your referral and it is important to include as much information as possible on it since this will influence the ability of the Social Work Department to respond.

⁹ HSE (2011) *Child Protection and Welfare Practice Handbook* (p. 45). Dublin: Health Service Executive.

7.5 THE ROLE OF MEITHEAL IN REFERRALS TO SPECIALIST SERVICES

If, through Meitheal, there is an identified need for a referral to specialist services, the Meitheal documentation can be used to support the referral to specialist services with the consent of the parent. The only exception is where there is a child protection concern and consent is not then required.

A number of steps may be needed:

- Identification of the appropriate service that the child should be referred to and the referral route/procedure that needs to be followed (e.g. CAMHS via the GP; NEPS via the school Principal).
- Agreement at the Meitheal Support Meeting about who will make the referral and/or follow up on it.
- Provision of Meitheal information as supporting evidence for requesting the specialist support service (parental consent will be required to share this information, the only exception being information relevant to a referral under *Children First*). This should aid the specialist assessment process and reduce the time spent on collecting the broader based information required as part of the specialist assessment.
- Seeking communication from the specialist service in relation to the referral and requesting their participation in the Meitheal Support Meeting as appropriate, with parental consent.

7.6 HOW DOES MEITHEAL LINK WITH SPECIALIST ASSESSMENTS?

Meitheal is a holistic process that supports **early identification** of children and young people's needs. However, some children and young people may also experience specific needs that require specialist assessment and intervention to respond to them. In some instances, Meitheal may identify the need for a specialist assessment, while at other times specialist services may indicate the need for a Meitheal in order to better understand the broader needs of the child and the family/environment in which they are living.

There are three ways in which Meitheal and specialist assessments may link with each other, as follows:¹⁰

- Where a Meitheal identifies that other specialist assessments need to take place so that a child's specific needs can be identified (e.g. NEPS, CAMHS), a referral can be part of the Meitheal action plan. However, while a Meitheal Strengths and Needs Record Form may be used to inform specialist assessments, it is important that information is accurate and up to date.
- Where a specialist assessment highlights the need for a Meitheal because the child or young person's broader needs are unclear or are not being met by the specialist service.
- Where practitioners recognise the need for both integrated support through a Meitheal and specialist assessment to be in place at the same time. For example, a Meitheal may be ongoing as a child receives a speech and language assessment and the speech and language therapist is likely to be involved in the Meitheal process and part of the Meitheal Group.

¹⁰ CWDC (2010) *Present position and future action – CAF and specialist assessments*. Leeds: Children's Workforce Development Council.

SECTION 8:

HOW DO I ...?



SECTION 8: HOW DO I ...?

This section provides guidance on ‘How to’ undertake the various steps/tasks involved in undertaking a Meitheal.

It focuses specifically on the following areas:

- Meitheal Step-by-Step Guide – Overview.
- How do I decide if a child/young person requires a Meitheal?
- How do I complete the Pre-Meitheal Checklist?
- How do I secure parental consent for the Meitheal and associated information sharing?
- Who can give consent?
- How do we include parents/other family members in the process?
- How do we include the child/young person in the process?
- How do we undertake the Meitheal Strengths and Needs Record?
- How do I decide on the appropriate response to the identification of strengths and needs?
- How do I establish a Meitheal Group?
- How do we develop the Meitheal action plan?
- How do we facilitate the review of the Meitheal process?
- How do I know when to close the Meitheal process?
- How do we record, share and store Meitheal information?
- How do we decide timeframes for the Meitheal process?

8.1 MEITHEAL STEP-BY-STEP GUIDE – OVERVIEW

See Sections 2.2 and 2.3 for description of the Meitheal step-by-step process.

8.2 HOW DO I DECIDE IF A CHILD/YOUNG PERSON REQUIRES A MEITHEAL?

Not every child/young person with whom you work will require a Meitheal – if they are progressing well and their needs can be met by universal services, there is no need for a Meitheal to be carried out. A Meitheal may be useful for the child/young person when:

- There is a concern about how well a child/young person is progressing and their ability to realise the 5 national outcomes set out in *Better Outcomes, Brighter Futures* (DCYA, 2014) (the Pre-Meitheal Checklist is very helpful in clarifying this).
- Their needs are unclear and/or broader than the remit of a single service provider.
- A Meitheal would help identify the strengths and needs of the child and family, and provide a basis for getting other services involved.
- There are a number of agencies already involved and a Meitheal would help to agree desired outcomes, coordinate and review the supportive interventions.
- A child/young person or a parent raises concerns with you and these may require a Meitheal. Remember, it is important to remind parents, children and young people that if you have a child protection or welfare concern, then *Children First: National Guidance* (2011) must be followed.

The **Pre-Meitheal Checklist** can be used to help identify if a Meitheal should be carried out or not, and also helps to guide the conversation with the parent in introducing the Meitheal and securing their consent for the process.

The decision on whether to undertake a Meitheal should be made jointly with the parent and their informed consent is required for the Meitheal to progress. Children and young people should always be encouraged and supported to discuss the Meitheal process with their parents and their views should be taken into account.

You should *not* undertake a Meitheal when:

- A child/young person is progressing satisfactorily towards the 5 national outcomes within universal services (i.e. services available to all children/young people, e.g. school, GP) and has no additional needs.
- Parents do not provide informed consent. Consent is a prerequisite for a Meitheal to proceed.

- There are child protection concerns in relation to the child/young person. In such instances, you should follow *Children First: National Guidance* (2011) and your organisation's Child Protection Policies immediately.
- It is clear that a specialist service only (e.g. speech and language, disability services) is required. In such instances, support should be provided to link and refer the child to the appropriate service (although the need for a specialist service should not preclude a Meitheal from being undertaken and a Meitheal may assist a family with the negotiation of specialist services, especially where multiple specialist services may be involved).
- The child's needs are clear and they can be met by a single agency response.

8.3 HOW DO I COMPLETE THE PRE-MEITHEAL CHECKLIST?

The Pre-Meitheal Checklist is an important part of the Meitheal process. Completion of the checklist (which only takes about 5 minutes) is a useful way of clarifying if a Meitheal is required and preparing for it. It also helps identify the likely areas where the child/young person has unmet additional needs (in line with the 5 national outcomes for children and young people set out in *Better Outcomes, Brighter Futures*) and focuses your thinking for the conversation with the parent when you introduce the Meitheal to them. Completing the Pre-Meitheal Checklist at this point also serves as a baseline measure of where the child/young person is situated relative to the 5 national outcomes. This measurement can then be repeated at the closure stage in order to assist in determining whether or not the Meitheal contributed towards progress in achieving outcomes.

See Section 9.1 for guidance on completing the Pre-Meitheal Checklist.

8.4 HOW DO I SECURE EXPLICIT INFORMED PARENTAL CONSENT FOR THE MEITHEAL AND ASSOCIATED INFORMATION SHARING?

Arrange a meeting with the parent or parents to introduce the idea of undertaking a Meitheal with their child. At this meeting, it is important to:

- Explain what Meitheal is and why it would be beneficial for their child – and also for them.
- Explain how Meitheal works – that Meitheal is consent-based and can only proceed with their informed written consent. It is also their decision to stop the Meitheal at any stage if they wish to do so – they are in the driving seat in relation to the Meitheal. They are involved throughout the process and have full

access to all information and documentation pertaining to their child – indeed, meetings can only take place if the parent is present.

- Explain that Meitheal is about putting the child at the centre of the process and then exploring the three domains of their life by collecting the parent's views and those of services working with the child in order to build a picture of what is going on in the child's world.
- Explain that Meitheal is also about putting a coordinated outcomes-focused action plan in place for the child that will support them to respond to the key issues/challenges they are encountering.
- Explain that Meitheal can operate both pre- or post-social work intervention. At the outset, a Pre-Meitheal Enquiry is undertaken with the Child and Family Agency Social Work Department to ensure that the child is not currently involved in Social Work services. Should there be child protection concerns at any stage throughout the Meitheal process, then information from Meitheal will be shared with Social Work services.

Note: This is the only instance where information can be shared without the parent's consent – it is done in order to protect the child. This sharing of information with Social Work would need to take place whether or not a Meitheal was in place should there be concerns about the safety of the child.

8.5 WHO CAN GIVE CONSENT?

Consent for the Meitheal and associated information sharing relating to a child can be given by any person holding **guardianship rights in respect of the child**. This includes anyone who is deemed a guardian in accordance with the law.

The consent of one legal guardian is sufficient to proceed, although it is preferable to record the consent of both. Where one guardian is refusing consent, then the Meitheal process cannot proceed. However, if the other guardian would like support for his or herself, then it is good practice for agencies to work together to provide such support to that person. A parent/legal guardian is presumed to be the best decision-maker for their children and to act in their best interests. This presumption holds even if the parent/legal guardian is under 16 years of age. See pages 48-61 of the HSE National Consent Policy for detailed guidance on consent when delivering health and social care interventions to children and young people (available at: http://www.hse.ie/eng/services/list/3/nas/news/National_Consent_Policy.pdf).

Generally, a parent needs to give consent for information on a child under the age of 18 to be shared, but good practice is that the child should be consulted in accordance with their age and understanding, particularly if they are in their teenage years (adapted from SDCSC, 2010).

Further guidance on consent and guardianship will be issued following the passing of the forthcoming Child and Family Relationships Bill into law.

The Parents' Information Leaflet can be used to introduce Meitheal to the parent and to explain the idea of the *My World Triangle* to them (*see Section 9.6*).

If the parent is interested in proceeding with Meitheal, it is important to then talk them through the 6 specific consents to different aspects of the Meitheal process detailed in Section 6 of the **Meitheal Request Form**. They will need to sign and date this form to indicate their consent to the following:

1. I confirm that a copy of the Meitheal Parents' Information Leaflet has been provided and fully explained to me.
2. I request that a record form be completed with the support of a Lead Practitioner.
3. I agree that the information used in this form may be stored for the purpose of providing services to the above child/ren, for whom I am the parent/carer, and to myself. I understand how this information may be used.
4. I agree that this information may be shared with the Child and Family Support Network Coordinator and the Child and Family Agency Social Work Department to ensure there is no duplication of service.
5. I understand that my child has the option of participating in this process.
6. I understand that if a concern arises about my child/ren being subject to abuse or neglect that a referral must be made to the Child and Family Agency Social Work Department in line with the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2011) and the *Children First* legislation, and that the information made available during this process may be shared with the Social Work Department.

See Section 9.2 for guidance on completing the Meitheal Request Form.

The Meitheal process can only proceed once the written informed explicit consent of the parent has been secured. If the parent has concerns about the process, find out what their concerns are and try to allay their worries and fears. If you are unable to do so and feel that a Meitheal would be useful for the child, talk to your line manager and/or the Child and Family Support Network Coordinator for further advice and guidance on how to engage the parent.

8.6 HOW DO WE INCLUDE PARENTS/OTHER FAMILY MEMBERS IN THE PROCESS?

Parental participation is key to the success of the Meitheal process. Therefore, it is important to ensure that parents are fully briefed in relation to the Meitheal process and that they are prepared and supported to participate fully in it. The Lead Practitioner is tasked with carrying out this role and with being the key point of contact with the parent/family.

During the Discussion phase of the Meitheal, it is important that the structured conversations with the parent take place in a sensitive, non-threatening manner. Recording the parent's views in their own words on the **Meitheal Strengths and Needs Record Form** is a useful way of showing that you are listening to them and hearing what they are saying.

When developing the Meitheal action plan for delivery, it is useful, in consultation with the parent, to identify other family members or informal support networks that play a role in the child's life and who could be invited to participate in the process.

8.7 HOW DO WE INCLUDE THE CHILD/YOUNG PERSON IN THE PROCESS?

It is important to include the child/young person in accordance with their age and understanding. Both the Child and Family Agency Act 2013 and the Agency's *Toward the development of a Participation Strategy for Children and Young People* (2015) make the participation of children and young people **mandatory**. Consult the Agency's Participation Strategy for guidance.

8.8 HOW DO WE UNDERTAKE THE MEITHEAL STRENGTHS AND NEEDS RECORD?

The Meitheal identification of the child's strengths and needs is basically about having a structured conversation with the parent in which you explore the three domains of the child's life using the *My World Triangle*. The information from these conversations with the parent is then compiled into the **Meitheal Strengths and Needs Record Form**. The form is provided as a support to you to record the information you collect – it does not need to be followed sequentially in your conversation with the parent.

At the outset, it is important to set one or two dates with the parent so that they can tell you what is happening in the child's world. It will take approximately 2 hours to collect all the information, so this can take place in one or two sessions with the parent. It is also important to collect the views of the child/young person – how you do this will vary depending on the child's age, level of maturity and your engagement with them.

Once you have the information collected, you should then organise the information to fit with the headings contained in the Meitheal Strengths and Needs Record Form. It is important to document strengths as well as identifying challenges and to record the views of parents, children and young people.

See Section 9.3 for guidance on completing the Meitheal Strengths and Needs Record Form.

Once you have the Record Form in draft, you should then provide a copy to the parent and have a discussion with them to ensure that the information you have recorded is an accurate reflection of their conversations with you. It also provides them with an opportunity to clarify points and/or provide further details. The next part of this discussion with the parent should include planning for the Meitheal Support Meeting if the identification of strengths and needs has indicated that is necessary to plan, deliver and review support.

8.9 HOW DO WE DECIDE ON THE APPROPRIATE RESPONSE TO THE IDENTIFICATION OF STRENGTHS AND NEEDS?

Once you have the Meitheal Strengths and Needs Record Form completed, it is important to focus on both the strengths and needs for the child. There are two possible options at this point:

- The first is to proceed from Stage 2: Discussion of the Meitheal to Stage 3: Delivery. In most instances this will involve a multi-agency Meitheal Support Meeting, although the process does allow for an 'own agency response' at this point where an agency has the capacity to meet all of the identified needs.

- The second is to close the Meitheal process. This decision should be made in partnership with the parent. If you choose to close the Meitheal process at this point, then you should complete the Meitheal Closure and Feedback Form.

It is important to include the parent in the discussion and decision-making in order to make a joint decision in relation to the action you will take at the end of the Discussion stage.

8.10 HOW DO I ESTABLISH A MEITHEAL GROUP?

Once you have completed the Meitheal Strengths and Needs Record Form and have identified the strengths and challenges the child/young person is facing, your next step is to identify the services/organisations you need to bring around the table to form the Meitheal Group and to name specific individuals within those services/organisations. It is important that this discussion takes place with the parent because their consent is required to invite new or additional services not currently working with the family to be involved and to share with them the information in the completed Record Form. (Name of services and parent's initials and date should be included in Section 14 of the Meitheal Strengths and Needs Record Form.)

Once you have identified the membership of the Meitheal Group, you should then choose a date to meet so that collectively you can develop a Meitheal action plan for the child/young person.

The Lead Practitioner or Child and Family Support Network Coordinator, depending on local arrangements, should make contact with the relevant services and invite them to participate in the Meitheal process for the child/young person. Explain the reason why they are being invited; the specific need or needs you think they might be able to respond to; and that the focus of the Meitheal is to develop an outcomes-focused action plan for the child in response to their identified unmet needs.

You may forward the completed Meitheal Strengths and Needs Record Form to the invited members of the Meitheal Group once you have parental consent to share the information.

8.11 HOW DO WE DEVELOP THE MEITHEAL ACTION PLAN?

The Meitheal action plan is developed collectively by all members of the Meitheal Group. At the outset, the key strengths and needs of the child/young person, identified in the Meitheal Strengths and Needs Record Form, are highlighted. A key focus of the meeting is to utilise and build on the child's strengths while also responding to the needs they have through the development of an outcomes-focused action plan. The steps involved in doing this are as follows:

- Each of the child/young person's needs and strengths are discussed in turn.
- The outcomes you want to achieve for the child in response to each of their needs are identified.
- The actions to be undertaken that will enable you to realise these outcomes are then identified.
- Responsibility for delivery of each action to a named individual/agency is then assigned and a timeframe for delivery is identified.
- The indicators you will use to measure progress in realising the desired outcomes are identified. Indicators provide evidence that improvements are being made or a result has been achieved (e.g. improved school attendance; no further Garda cautions; dental treatment in place/completed).

See Section 10.1 for guidance on facilitating the first Meitheal Support Meeting, focusing on the action plan.

8.12 HOW DO WE FACILITATE THE REVIEW OF THE MEITHEAL PROCESS?

Meitheal Support Meetings provide the forum in which the work of the Meitheal for the child/young person is coordinated. They provide the mechanism to discuss the progress of the Meitheal on a regular basis and the extent to which the Meitheal is moving towards achieving the desired outcomes.

The Lead Practitioner is the key point of contact for the family and services working with the child/family. Parents and partner agencies should contact the Lead Practitioner as issues, concerns or a lack of progress arise so that a timely intervention can be made.

There should be at least two Meitheal Support Meetings. The decision on the number and frequency of meetings will depend on the needs of the child/young person/family. However, 4-6 weekly intervals are suggested. Meetings should be held based on the agreed action plan, with the date set for when there is something significant to review. The Meitheal process itself should be reviewed when a Meitheal action plan has been in place for a 12-month period.

See Section 10 for more details on facilitating Meitheal Support Meetings.

8.13 HOW DO I KNOW WHEN TO CLOSE THE MEITHEAL PROCESS?

One of the overall aims of the Meitheal is to meet children and young people's needs at the earliest opportunity. Throughout the process, practitioners should aim to promote the family's independence, meet needs and plan for the family to be supported through universal service provision, therefore closing the Meitheal process.

The Meitheal process does not have a defined timescale or duration since this will depend on the individual child and their situation. It should not, however, be allowed to drift indefinitely and practitioners should consider the viability of continuing the Meitheal process beyond a year.

A review of the Meitheal process should be undertaken when the Meitheal action plan has been in place for a year and the Meitheal has not yet been closed. This will help to clarify the progress that has been made and inform the decision on whether to close the Meitheal or not. Should the Meitheal continue, the review will help to re-focus the work of the Meitheal for a further time-limited period. It will also assist in identifying whether the complement of agencies in the Meitheal Group needs to change to reflect a change in the child/young person's situation or circumstances.

Each Meitheal should end with formal closure and feedback, which is recorded on the **Meitheal Closure and Feedback Form**.

When the Meitheal process ends, it is the Lead Practitioner's responsibility to inform the Child and Family Support Network Coordinator so that the Meitheal database can be updated accordingly. It is important to ensure that all completed record forms, action plans and review meeting forms are stored securely by the Lead Practitioner and that copies are forwarded to the Child and Family Support Network Coordinator. This will ensure that should the Meitheal process need to be re-opened at a later date, all previous records will be available.

See Section 10.3 for more details on facilitating a Meitheal Closure Meeting.

8.14 HOW DO WE RECORD, SHARE AND STORE MEITHEAL INFORMATION?

RECORDING MEITHEAL INFORMATION

The Meitheal Forms provide a structure for recording information collected throughout the Meitheal process. A Word template for each form is included in **Section 9** of this toolkit, together with guidance on how to complete the details.

SHARING INFORMATION THROUGH THE MEITHEAL PROCESS

Information sharing is vital to the effective implementation of Meitheal and parental consent is key to doing this in a safe manner. Sharing of information within the Meitheal process should take account of the 8 Golden Rules outlined in **Section 6**.

STORING MEITHEAL INFORMATION

All information, whether held as hard copy or electronically, must be kept safe and secure. **Section 6** deals with this issue in more detail.

Meitheal Forms can be completed electronically, but **should not be transferred electronically unless a standard of encryption and password protection that is in line with Data Protection best practice is attained at both ends of the communication**. If this is not possible, documents should be either hand-delivered or sent by post to a named person and marked '**Private and Confidential**'. You should also include a **return address** on the reverse in case of non-delivery.

Tusla - Child and Family Agency has a number of roles in relation to Meitheals being undertaken. These are:

- a quality assurance role;
- a managerial oversight role;
- a coordination role to avoid duplication.

To enable these roles to be carried out effectively, copies of the following documentation need to be submitted and stored centrally in the Child and Family Support Network Coordinator's Project Office: the Pre-Meitheal Checklist; Meitheal Request Form; Meitheal Strengths and Needs Record Form (if proceeding to Stage 3: Delivery); Meitheal Planning and Review Form; and Meitheal Closure and Feedback Form.

All other Meitheal documentation should be stored securely and appropriately by the Lead Practitioner and must be available to be inspected either by the Agency as part of its quality assurance role or by the Health Information and Quality Authority (HIQA) as part of its independent inspection regime.

Parents should be provided with their own copy of all Meitheal documentation in the same way as all other participants in the Meitheal process.

8.15 HOW DO WE DECIDE TIMEFRAMES FOR THE MEITHEAL PROCESS?

As the focus of Meitheal is to respond to a child's additional unmet needs, it is important that the Meitheal process takes place in a timely manner. A sample timeframe is provided below.

STAGE 1: PREPARATION - WEEKS 1-2

- You have concerns in relation to a child/young person.
- Complete the Pre-Meitheal Checklist.
- Introduce Meitheal to the parent/carer.
- Secure explicit written informed parental consent.
- Undertake a Pre-Meitheal Enquiry with the Child and Family Support Network Coordinator to check if the Social Work Department is already involved.
- Decision to proceed or not with the Meitheal.

STAGE 2: DISCUSSION - WEEKS 3-5

- Structured conversations with parent to collect information and identify strengths and needs of child/young person and family.
- Conversation with the child/young person to collect their views.
- Parallel discussions with key services that work with the child/young person to collect their input/views.
- Draft the Meitheal Strengths and Needs Record Form and finalise it with the parent.
- Identify core membership of the Meitheal Group, secure their engagement in the Meitheal process and secure consent from parents for their inclusion.

STAGE 3: DELIVERY – WEEK 5 ONWARDS

- Develop the Meitheal action plan at the first Meitheal Support Meeting.
- Facilitate Meitheal Review Meetings to review progress and identify further actions, if required.
- Close the Meitheal process.

NOTE: It is important to note that if the Meitheal process extends to a 12-month period, then a specific annual review of the Meitheal process should be undertaken. The Child and Family Support Network Coordinator can provide support with this review. The Meitheal process should not continue indefinitely, but families with complex needs may require longer periods of intervention.

SECTION 9:

MEITHEAL FORMS AND GUIDANCE NOTES



SECTION 9: MEITHEAL FORMS AND GUIDANCE NOTES

This section focuses on the Meitheal documentation and the various Meitheal Forms used in carrying out a Meitheal. A Word template is provided in this toolkit for each form and can be downloaded by clicking on the link specified.

The following Meitheal documentation, together with guidance on how to complete the forms, are described below:

- Pre-Meitheal Checklist.
- Meitheal Request Form.
- Meitheal Strengths and Needs Record Form.
- Meitheal Planning and Review Form.
- Meitheal Closure and Feedback Form.
- Meitheal Parents' Information Leaflet.
- Meitheal Children and Young People's Information Leaflet.
- Meitheal Strengths and Needs Record Form – Guidance Notes.
- Meitheal Strengths and Needs Record Form – Supporting Questions.
- My World Triangle poster.
- Guidance on electronic completion of Meitheal Forms.

9.1 PRE-MEITHEAL CHECKLIST

A thumbnail image of the 'Pre-Meitheal Checklist' form. The form is titled 'Meitheal' with a logo and 'The Meitheal Checklist - Confidential'. It includes a section for 'Step 1: Read' and a table with columns for 'Name', 'Address', 'Phone', 'Email', and 'Notes'. Below the table, there is a section for 'Notes' and a footer with logos for 'Meitheal' and 'TUSLA'.

Download this file [here](#) or from:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

GUIDANCE ON COMPLETING PRE-MEITHEAL CHECKLIST

The top part of this form contains the **identifying details for the child/young person** – name; sex; date of birth; address and family telephone number; school/pre-school details; and Child and Family Support Network (CFSN) Area. It also allows you to document whether the checklist is being completed by a practitioner only; a practitioner and a parent; a practitioner and child/young person; or a practitioner, parent and child/young person.

The next part focuses on the **Outcomes Checklist** (based on the 5 national outcomes set out in *Better Outcomes, Brighter Futures*, 2014) and whether you think the child/young person appears to be achieving under each of the 5 outcomes. The checklist has two purposes: (1) to help decide whether a Meitheal is necessary and (2) as a baseline measure to assist with the measurement of progress towards desired outcomes, which can be repeated at the point of closure of the Meitheal. You are asked to give a numerical rating of 1-3 for each of the 5 outcomes. Progress towards long-term outcomes are described as follows:

- 1 Little progress** – This child or young person is not achieving the detailed aim under the named outcome due to significant challenges (*please include details of these challenges in your reason for rating; you may also include identified strengths*).
- 2 Some progress** – This child or young person is partially achieving the detailed aim under the named outcome, but is also experiencing some challenges (*please include details of these challenges in your reason for rating; you may also include strengths*).
- 3 On target** – This child or young person is achieving the detailed aims under the named outcome (*please include details of strengths in your reason for rating*).

If as a practitioner you are completing this checklist alone, then you must apply your understanding of child development and assign a rating to the child/young person based on your view of what you would expect of another child of their age. If you are completing it in partnership with a parent or child/young person or both, then you must explain this to them and through discussion arrive at a consensus rating. If a detailed aim does not apply to a child or young person (for example, some will not apply to infants), then simply rate it as 3.

The Pre-Meitheal Checklist must be forwarded, along with the completed Meitheal Request Form (*see Section 9.2*), to the Child and Family Support Network Coordinator in order to initiate the Meitheal process.

9.2 MEITHEAL REQUEST FORM

Download this file [here](http://www.tusla.ie/services/family-community-support/guidance-documents/) or from:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

GUIDANCE ON COMPLETING MEITHEAL REQUEST FORM

The Meitheal Request Form is centrally important in the Meitheal process because (1) it results in the Meitheal process being formally initiated; (2) it documents the consent of the parent/carer; and (3) it allows checks to be undertaken to ensure that the family is not subject to parallel processes with the Child and Family Agency Social Work Department.

The Meitheal Request Form is *not* a referral form. Rather, it is a request form that allows the Meitheal process to be initiated. This distinction is central to the development of a leadership culture as distinct from a 'refer on' culture in child and family services.

The Lead Practitioner completes this form with the parent/carer. It consists of 6 parts, as follows:

Part 1 records the **identifying details for the child/young person**, including name, sex, date of birth, address; school/pre-school; CFSN Area; and ethnicity.

Part 2 records the **details of the parent/carer**, including name, address, telephone number, relationship to the child, and whether or not the person is a legal guardian. It is important for legal reasons that you establish that the person giving consent is the legal guardian of the child or young person in question.

Part 3 records the **reason for Meitheal request**. Later on in the process, the nature of the child/young person's need will be established. At this point, it is important to record in simple terms and in the parent/carer's own words why support is being requested. This information will be useful in establishing help-seeking patterns.

Part 4 records the **desired outcomes**. As the process proceeds, more detailed desired outcomes will be agreed. However, it is useful at this point to ask the parent/carer to state in simple terms and in their own words ‘*What do you want to be different for your child at the end of this process?*’ This will immediately help to focus the process on the solutions rather than the problems. It will also help when the parent/carer is asked for their feedback on the achievement of outcomes as part of the Meitheal Closure and Feedback Form (see Section 9.5).

Part 5 records the **details of the Lead Practitioner** – name, address and telephone numbers; agency/service; sector; and professional discipline. The Lead Practitioner may change later in the process if necessary and agreed with the parent (see Section 5.1).

Part 6 records **6 specific consents** to be given by the parent/carer to different aspects of the Meitheal process. It is very important for legal and ethical reasons that active and informed parental consent is secured. Use the Parents’ Information Leaflet to ensure that parents/carers fully understand the Meitheal process and are informed in relation to each of the consents listed. Space is provided for both parents’ details to be included and it is important to indicate if both parents are consenting to the Meitheal process or not. The Practitioner completing the Meitheal Request Form with the parent (or parents) should also sign and date the form below where the parent has indicated their written consent.

The Meitheal Request Form, along with the Pre-Meitheal Checklist (see Section 9.1), must be forwarded to the Child and Family Support Network Coordinator.

9.3 MEITHEAL STRENGTHS AND NEEDS RECORD FORM

Download this file [here](#) or from:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

GUIDANCE ON COMPLETING MEITHEAL STRENGTHS AND NEEDS RECORD FORM

The Meitheal Strengths and Needs Record Form consists of 15 parts, each detailed below.

Part 1 includes the **date on which the identification of strengths and needs commenced**, i.e. the first date on which you have a structured conversation with the parent/carer in relation to their child. Part 1 also includes the **identifying details for the child/young person** – name, sex, date of birth, address; school/pre-school; CFSN Area; ethnicity; and first language of child and parent. You can also indicate if an interpreter is required for the process, if the family is already using an interpreter in accessing other services, and if so give details of the interpreter.

Part 2 records the **details of the Lead Practitioner** – name, address and telephone numbers; agency/service; sector; and professional discipline.

Part 3 includes the **details of the principal carers/parents** –name, address, telephone number, relationship to the child, and whether or not the person is the legal guardian. Space is provided for both parents' details to be included.

Part 4 includes the **details of other household members (adults and siblings)** and whether or not they are also the subject of a Meitheal. Space is provided for any additional relevant information on the structure of the family. You should record the details of siblings and/or other people (e.g. cousins/partner/partner's children/others) who are residing in the household. Where siblings are concerned, they should be recorded even if they do not live in the household and this should be indicated on the form.

Part 5 includes the **reason for Meitheal request**. This can include reference to a need you as Lead Practitioner have identified; reference to the reason given in the Pre-Meitheal Checklist, already completed; and reference to the parent's view on why a Meitheal is necessary, already obtained as part of the Meitheal Request Form. Attribute the identified reasons to the person who identified them.

Part 6 asks for details of **any other agencies/organisations/services** currently working with or supporting the child/young person and their family. Tick any agency/service involved and give contact details of the key person providing the support.

Part 7 focuses on the **specialist assessments/services** that the child and siblings may be engaged with. The top part of this section refers to information in relation to the child for whom the Meitheal is being completed, while the bottom section refers to the child's siblings and their engagement with specialist services.

Part 8 focuses on the **identification of strengths and needs of the child/young person**, gathered from qualitative information collected during structured conversations with the parent/carer and taking into account the child's views. The questions are divided into 6 sections (8.1 – 8.6) and centre around the three domains of the *My World Triangle*, i.e. How I grow and develop (physical and mental health; emotional and social development; behavioural development; education); What I need from people who look after me (parents or carers); and My wider world (family and neighbourhood). Having gathered the information, you should plan out and organise it, commenting on all three elements. Be concise and use clear, simple, plain English. Assign comments specifically to those who stated them.

Part 9 relates to **any additional views from the child/young person** on aspects of their life.

Part 10 allows you to **summarise the identified strengths and needs of the child/young person** and the challenges they face.

Part 11 outlines the **desired outcomes** that the child/young person and parent want to achieve for their family from the Meitheal.

Part 12 details **how the identified needs and challenges will be met** (1) by the parent/carer or immediate community; and (2) by statutory, voluntary or community services.

Part 13 is about the **next steps to be taken** – either proceed to Delivery stage or close the Meitheal.

NOTE: Parts 8 and 11-13 need to be undertaken in consultation with the participating parent/carer and the child/young person in accordance with their age and understanding.

Part 14 details the **times/days that parent and child are not available** to attend Meitheal Support Meetings. This information is important since meetings cannot proceed without the presence of the parent.

Section 15 details **5 specific agreements by the parent/carer about information sharing and storage**. It is important to be specific in naming the individuals and their agency/service that the parent is consenting to sharing information with and having involved in the process. This section **MUST BE SIGNED AND DATED BY THE PARENT(S)**.

See also Section 9.8 for Guidance Notes and Section 9.9 for Supporting Questions to assist in completing the Meitheal Strengths and Needs Record Form.

9.4 MEITHEAL PLANNING AND REVIEW FORM

Download this file [here](http://www.tusla.ie/services/family-community-support/guidance-documents/) or from:
<http://www.tusla.ie/services/family-community-support/guidance-documents/>

GUIDANCE ON COMPLETING MEITHEAL PLANNING AND REVIEW FORM

This form is used to record details of the Meitheal Support Meetings held in relation to the Meitheal. These include the initial meeting of the Meitheal Group, held to support the family and determine an action plan for the child/young person; the subsequent meeting (or meetings) held to review the action plan; and the final meeting held to close the Meitheal and get feedback from all participants on the whole process.

See Section 10 for details on facilitating these Meitheal Support Meetings.

During the course of a Meitheal, there should be at least two Meitheal Support Meetings. The decision on the number and frequency of meetings will depend on the needs of the child/young person and their family. However, 4-6 weekly intervals are suggested. Meetings should be held based on the agreed action plan, with the date set for when there is something significant to review. The Meitheal process itself should be reviewed when a Meitheal action plan has been in place for a 12-month period. The Child and Family Support Network Coordinator can provide you with support to undertake the review after 12 months, if required.

The Meitheal Planning and Review Form consists of 6 parts, as follows:

Part 1 records the **identifying details for the child/young person**, including name, sex, date of birth, address; school/pre-school; and CFSN Area.

Part 2 records **meeting details**. This includes date of meeting and whether it is an initial meeting or a review meeting. The details of members present should include Facilitator, Lead Practitioner and Minutes-

taker, as well as all other participants to the Meitheal (partner agencies, parent and child/young person). The details of those absent from the meeting (apologies) should also be recorded.

Part 3 details the **desired outcomes for the child/young person**, analysed under ‘key identified need’, ‘outcome’ and ‘indicator’. Each identified need should specify the desired or expected improved state you want for the child, together with an indicator to show specifically whether or not the outcome is being achieved. Although these outcomes are specific to the child in question, they should relate to each of the 5 national outcomes set out in *Better Outcomes, Brighter Futures* (DCYA, 2014).

Part 4, to be used for Meitheal Review Meetings, outlines a **review of previous actions**, with comments and outcomes specified. This is followed by a **summary of the discussion on progress since the last meeting**, where key points should be included in relation to the strengths and challenges facing the child, any additional information/response to the identified needs and any complicating factors.

Part 5 outlines **the action plan for the child/young person**, developed at the initial Meitheal Action Plan Meeting and reviewed at subsequent Meitheal Review Meetings. Since the purpose of a Meitheal is to provide concrete support to families in order to improve outcomes for children and young people, the action plan includes the action itself; a named individual responsible for implementing it; the timeframe for delivery; and the outcome to which the action relates. Space is provided here to focus on each action individually and for the person responsible for it to provide an outcomes-focused update on progress made and to specify any further action or steps to be taken. Parents and the child/young person can be included here as well as practitioners.

Part 6 records the **date and location for the next Meitheal Review Meeting**.

Finally, the form should be **signed and dated** by the Facilitator of the meeting and the date the minutes are circulated should also be included.

Copies of the Meitheal Planning and Review Form should be circulated to the parent and to partner agencies to the plan within 10 working days.

REMEMBER! Meitheal Forms can be completed electronically, **but should not be transferred electronically unless a standard of encryption and password protection that is in line with Data Protection best practice is attained at both ends of the communication**. If this is not possible, documents should be either hand-delivered or sent by post to a named person and marked ‘**Private and Confidential**’. You should also include a **return address** on the reverse in case of non-delivery.

9.5 MEITHEAL CLOSURE AND FEEDBACK FORM

Download this file [here](http://www.tusla.ie/services/family-community-support/guidance-documents/) or from:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

GUIDANCE ON COMPLETING MEITHEAL CLOSURE AND FEEDBACK FORM

This form is returned to the Child and Family Support Network Coordinator and is an important tool in gathering data about the Meitheal process. It consists of 3 sections: the Meitheal Closure Record; the Meitheal Outcomes Checklist (a follow-up checklist that can be compared with the Pre-Meitheal Checklist undertaken when the Meitheal was first initiated); and the Meitheal Feedback Record (to provide valuable information from the perspectives of the parents, children/young people and practitioners involved in the Meitheal as part of a commitment to learning and improvement).

Section 1: Meitheal Closure Record consists of 5 sub-sections, as follows:

- **Sub-section A** records the **identifying details for the child/young person**, including name, sex, date of birth, address and telephone number.
- **Sub-section B** records the **date of the Meitheal Closure**. This is important to complete since it enables the timeframe of a Meitheal to be captured.
- **Sub-section C** specifies the **duration of the Meitheal** (from the date the Strengths and Needs Record Form was commenced to the date of closure specified on this form).
- **Sub-section D** asks **at what point is the Meitheal process being closed** – post-Discussion or post-Delivery.
- **Sub-section E** records the **reason for closure** from a list supplied. Details of each option on the list are explained below.

- **Needs met/Outcomes achieved** – This indicates that all the needs and desired outcomes identified as part of the Meitheal process have now been addressed and met. If there are any remaining unmet needs that are not being addressed by the Meitheal, these should be recorded on this Closure Form, together with details of the action being taken to address these needs.
- **Moved out of the area** – This indicates that the child no longer resides or receives services in the operational area where the Meitheal was initiated. With the consent of the parent, arrangements should be made to connect the family with support in their new area of residence. Details of this can be included under the ‘Referral’ heading at the end of this sub-section.
- **Withdrawal of parental consent** – This indicates that the parent/carer has withdrawn consent for the Meitheal process to continue to take place. This does not mean that practitioners should cease to provide services where the family are willing to accept them. You should consider the parent’s reasons for withdrawal, the remaining unmet needs for the child and whether you have any child protection or welfare concerns.
- **Child deceased.**
- **Referred to specialist service** – This indicates that the needs of the child/young person have stepped up to a higher level of need (Stage 3 or 4 in the Hardiker Model) and thus the case is referred accordingly. Details on where the case has been referred to, by whom and date of referral should be recorded. Referral to a specialist service does not always mean that a Meitheal should be closed and can happen while a Meitheal is ongoing. Referral to a specialist service will only be noted as a reason for closure when the child’s needs or circumstances have changed to such an extent that it is no longer appropriate or safe for a Meitheal process and a specialist service is now assuming primary responsibility for meeting the child’s needs.
- **No further actions identified** – This indicates that while the needs of the child have not been adequately addressed and a number of interventions and actions have been implemented, no further actions can be identified or put in place to improve the situation. You should link with the Child and Family Support Network Coordinator in relation to service gaps in provision.
- **Support to be delivered by a single agency** – This indicates that the needs of the child/young person can be responded to appropriately by one single agency and support no longer needs to be planned, delivered and reviewed within the Meitheal process. This is in line with the principle of minimum intervention. Please provide details on who will be providing the support.
- **Referral to and accepted by Child and Family Agency Social Work Department** – This indicates that a concern arose during the course of the Meitheal process that constituted reasonable grounds for concern under *Children First*. This does not mean that the supportive interventions of individual services or practitioners cease; these should continue under the leadership of the

Social Work Department. In order to reduce the need for the family to retell their story, to provide continuity for the family and to assist the Social Work assessment process, relevant information from the Meitheal should be forwarded to the Social Work Department. The Meitheal Request Form includes parental consent for this to happen.

- **Needs/outcomes partially, but sufficiently met/achieved** – This reason for closure reflects the reality that it is not always possible to fully meet every need and achieve every outcome through the Meitheal process. In addition, the principle of minimum intervention means that a child/young person should not remain within the Meitheal process unnecessarily. Therefore, once it is agreed that sufficient progress has been made and that the family can be supported through a lower level of support (such as a single agency or universal supports), then the Meitheal should be closed. This also promotes empowerment and independence for families.
- **Sub-section F** records a summary of the following:
 - **Progress made** – Provide details of the progress made in meeting the child's needs through the Meitheal process.
 - **Outcomes achieved** – Provide details on the specific outcomes that have been achieved for the child through the Meitheal process.
 - **Outstanding unmet needs** – Provide details on any outstanding unmet needs for the child that have not been responded to.
- **Sub-section G** records the signatures of the Lead Practitioner and the parent/carer, and the date the Closure Form was completed.

Section 2: Meitheal Outcomes Checklist – This allows for a comparison to be made with the Pre-Meitheal Checklist, which was developed at the outset of the process and based on the 5 national outcomes set in *Better Outcomes, Brighter Futures* (see Section 9.1). The Pre-Meitheal Checklist provided a baseline measure to assist with the measurement of progress towards desired outcomes, which is now being repeated at the point of closure. In other words, did the Meitheal contribute towards progress in achieving the desired outcomes for the child/young person and their family? In addition, the Meitheal Outcomes Checklist also helps to clarify the rationale for closing the Meitheal.

As with the Pre-Meitheal Checklist, you are asked to assess progress towards long-term outcomes by rating each national outcome on a scale of 1-3 based on the following criteria:

- 1 Little progress** – This child or young person is not achieving the detailed aim under the named outcome due to significant challenges (*please include details of these challenges in your reason for rating; you may also include identified strengths*).
- 2 Some progress** – This child or young person is partially achieving the detailed aim under the named outcome, but is also experiencing some challenges (*please include details of these challenges in your reason for rating; you may also include strengths*).
- 3 On target** – This child or young person is achieving the detailed aims under the named outcome (*please include details of strengths in your reason for rating*).

If as a practitioner you are completing this checklist alone, then you must apply your understanding of child development and assign a rating to the child/young person based on your view of what you would expect of another child of their age. If you are completing it in partnership with a parent or child/young person or both, then you must explain this to them and through discussion arrive at a consensus rating. If a detailed aim does not apply to a child or young person (for example, some will not apply to infants), then simply rate it as 3.

Section 3: Meitheal Feedback Record – This provides an opportunity to collect feedback on the Meitheal process from three perspectives – that of the practitioner, the parent/carer and the child/young person. The aim is to learn from the process and make improvements based on this learning. This section consists of 3 sub-sections:

- **Sub-section A** records the **feedback of each of the practitioners** involved in the Meitheal. Question 1 focuses on progress made in improving outcomes. Questions 2-4 focus on the Meitheal process (whether a good approach, more integrated, more coordinated), with space for comments under each. Question 5 asks if the practitioner was satisfied with the Meitheal process. There is then space for 'overall comments' and any 'service gaps' identified. The latter can provide important data for the purposes of applying a commissioning approach to the development of a continuum of support to families in each CFSN Area.
- **Sub-section B** records the **feedback of the parent/carer** of the child/young person. They should be asked to complete this sub-section with the Lead Practitioner in order to assist with measuring the effectiveness of the Meitheal process and to contribute to learning and service improvement. However, they should be informed that they do not have to take part if they do not wish to. Question 1 focuses

on progress made in improving outcomes (Part 4 of the Meitheal Request Form should be revisited at this point to recap on initial desired outcomes). Questions 2-4 focus on the Meitheal process (whether supported effectively, decision-making and views included). Question 5 focuses on the parent's knowledge of how to access support in the future, while Question 6 asks if the parent/carer was satisfied with the Meitheal process, with space for comments under each. There is then space for 'overall comments' and recommendations for services to be developed in their area.

- **Sub-section C** records the **feedback of the child/young person**. Every effort should be made to gather their views and take them into account, not least because this is an important aspect of the Child and Family Agency Act 2013, the Agency's *Toward the development of a Participation Strategy for Children and Young People* (2015) and the Agency's *Commissioning Guidance* (2013). However, it should be made clear to the child/young person that they do not have to take part if they do not wish to. Question 1 asks if they think things have got better for them. Questions 2-4 focus on the Meitheal process (whether it was a good way to help them, were their views taken on board and were they satisfied), with space for comments under each. Finally, they are asked for any 'overall comments' and recommendations for services to be developed in their area.

Finally, the Meitheal Closure and Feedback Form should be **signed and dated** by the Lead Practitioner for the Meitheal.

9.6 MEITHEAL PARENTS' INFORMATION LEAFLET



Download this file [here](http://www.tusla.ie/services/family-community-support/guidance-documents/) or from:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

9.7 MEITHEAL CHILDREN AND YOUNG PEOPLE'S INFORMATION LEAFLET



Download this file [here](#) or from:

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

9.8 MEITHEAL STRENGTHS AND NEEDS RECORD FORM – GUIDANCE NOTES

The Meitheal Strengths and Needs Record Form is a tool designed to look at all aspects of a child's development. Based on the *My World Triangle*, developed by the Scottish Government in 2010 (see Section 1.7), it is used to explore three connected areas, or domains, of a child's world in a structured way:

- How the child grows and develops (their health and development).
- What the child needs from the people who care for them (parenting capacity).
- What the child needs from the wider world and community (extended family and the community).

You can only complete the Meitheal Strengths and Needs Record Form with a parent's direct participation. You should also facilitate the participation of the child/young person. You should use the form and the process of completing it to help parents share their own knowledge, expertise and concerns about their child. The ultimate goal is to enable parents and practitioners to work together to achieve a better life for the child. When you use the form, it is important to identify strengths within the three areas listed above.

Always try to base the identification of strengths and needs on facts. If you are recording opinions, make this clear in your notes. A number of practitioners in the Meitheal Group may be sharing the Meitheal Strengths and Needs Record Form. Remember, you are not expected to be an expert in all areas outlined in the form – just your own field.

Information gathered as part of the Meitheal Strengths and Needs Record Form must only be used for the purpose for which it was gathered. The information must only be used in accordance with the Meitheal training. Agencies must ensure that all information, whether held as hard copy or electronically, must be kept safe and secure.

The domains and aspects of the *My World Triangle* can be explored through the following questions, which are intended to be reflective and are not an exhaustive list of issues, which will vary from child to child and from family to family.

■ **Child's physical and mental health**

- This includes growth and development, as well as physical and mental well-being.
- Is there any significant history of ill health?
- Is there appropriate healthcare, including dental and optical checks?
- Is there an intellectual, physical or sensory disability?
- Is there adequate nutrition and exercise?
- Is the child unhappy or depressed?

■ **Child's emotional and behavioural development**

This covers the responses (in feelings, words and actions) by the child to parents/carers and others, such as teachers, other children and adults in the community.

- What was the nature and quality of early attachments?
- Does the child have an appropriate degree of self-control?
- How does the child respond to appropriate boundaries and authority?
- How does the child respond to stress and change?
- Does the child make lasting, significant relationships?
- Does the child behave responsibly?

■ **Child's social development**

Includes all aspects of the child's interaction with others, including the child's identity (a positive image of self); their ability to relate, empathise and communicate with others; social presentation abilities (e.g. dress, hygiene, behaviour); and self-care skills, ranging from the early practical skills (e.g. dressing and feeding) to the practical, emotional and communication competencies needed for independent living.

- Is the child able to communicate?
- Is the child socially confident, appropriate to age?
- Is the child confident in who she/he is? (This may be affected by social circumstances, race, religion, gender, sexuality or disability.)
- Is the child appropriately growing in confidence and independence?
- Is special help needed because of disability, social circumstances or other issues?

■ Child's education

Covers all aspects of the child's learning or understanding of the world from birth and includes opportunities for play, the development of skills/interests/hobbies, formal education at school and college, and encouragement by adults to learn.

- Is the child experiencing progress and achievements?
- Does the child attend school/college regularly?
- Are the child's educational needs being met by the school?
- Is the child receiving encouragement and praise, at home and at school?

■ Parents and carers

Refers to the parents/carers who look after the child.

- Are the parents/carers providing adequate physical care (e.g. food, warmth, shelter, clean and appropriate clothing, and adequate personal hygiene)?
- Do the parents/carers provide love, emotional warmth, attentiveness and engagement?
- Do the parents/carers spend time stimulating and playing with the child?
- Is there sufficient stability, predictability and security in the child's life?
- Do the parents/carers provide appropriate boundaries and guidance (including not over-protecting children)?
- Is the child protected from harm and danger (inside and outside the home)?

■ Family and neighbourhood

Includes housing, finance, the wider family and neighbourhood.

- Does the housing have the space and amenities (e.g. water, heating, cooking facilities, hygiene, comfort) needed for the child and family?
- Is there sufficient finance?

- Is there a supporting social network, including the wider family?
- How does the child relate to siblings and other people in the home?
- What is their impact on her/his life and development?
- Who works in the household?
- What is the effect of employment, or the lack of it, on the child (including the child's own employment)?
- What local resources are there, such as sports, playgroups, youth clubs, faith groups, projects offering support?
- Are the child and family integrated or isolated in the community?

9.9 MEITHEAL STRENGTHS AND NEEDS RECORD FORM – SUPPORTING QUESTIONS

Practitioners will have their own style of practice and skills for putting parents and children/young people at ease and facilitating them to tell their story and identify their strengths and needs. Training and practice will also allow practitioners to develop these skills. The following questions, again based on the domains of the *My World Triangle*, can be used as prompts to initiate a conversation and help the practitioner to identify strengths and needs in the Meitheal process.

Section 1: How I grow and develop

Health (for parents of younger children, aged 0-5)

- Have you got a personal health record for your child?
- Have you or your public health nurse expressed any concern within the child's health record?
- Are you happy with the child's development, progressing well?
- Have you got good access to medical services, GP, dentist, etc?
- Has your child any major medical condition that impacts on their health and/or development?
- Do you have any concerns around alcohol/drug misuse?
- Do you have any concern about your child's diet, exercise, etc?
- How would you describe your child (happy, sad, outgoing, shy, etc)?
- Has your child any additional needs (disability, speech and language, etc)?

Educational development – Learning and achieving

- Does your child attend pre-school/school?
- How is your child doing at pre-school/school?
- Is your child able to keep up with school work, homework and any other activities?
- Do they attend regularly?
- Do they have any difficulties?
- Are they involved in activities after school (e.g. sports, music, clubs)?
- What is their favourite activity?

Social development – Being able to communicate, enjoying friends and family

- How are your child's language skills?
- Do they have any difficulties with language?
- If so, are there any reasons for this (e.g. hearing difficulties)?
- What language do they use for everyday communication?
- Is your child able to express their thoughts and feelings?
- Is there a particular person they go to to share their worries?
- Does your child make friends easily?
- Do they have many friends?
- Do they have close friends?
- Do you know their friends?
- How do they get on within the family?
- Does your child have a good relationship with you and other members of the family?

Emotional development – ‘Becoming independent, looking after myself’, ‘confidence in who I am’ and ‘learning to be responsible’

- How would you describe your child (e.g. generally happy, sad, outgoing, loner)?
- What makes your child happy?
- Does your child have the appropriate skills for their age (e.g. toilet training)?
- Does your child take pride in how they look (e.g. social presentation)?

- If they have to deal with a difficult situation, how do they deal with it?
- Do you have any concerns around their behaviour (e.g. substance misuse, anti-social behaviour, sexually active)?
- If asked to be home at a given time, does your child generally tend to be home at that time?
- Does your child have a good understanding of right and wrong?
- Would you consider your child responsible?

Section 2: What I need from people who look after me

- If you as the parent have expressed concern about your child, what have you done to try and address the concern?
- What would be your suggestions in meeting your child's needs?
- What do you find most enjoyable about being a parent?
- What do you find the most challenging?
- Are there factors that impact on your ability to parent (e.g. working parent, tired, a lot of other children, partner has different views on parenting, addiction, mental health)?
- If you need support as a parent, who do you turn to?
- What are your ambitions/hopes/dreams for your child?
- How do you support this?

Section 3: My wider world and community

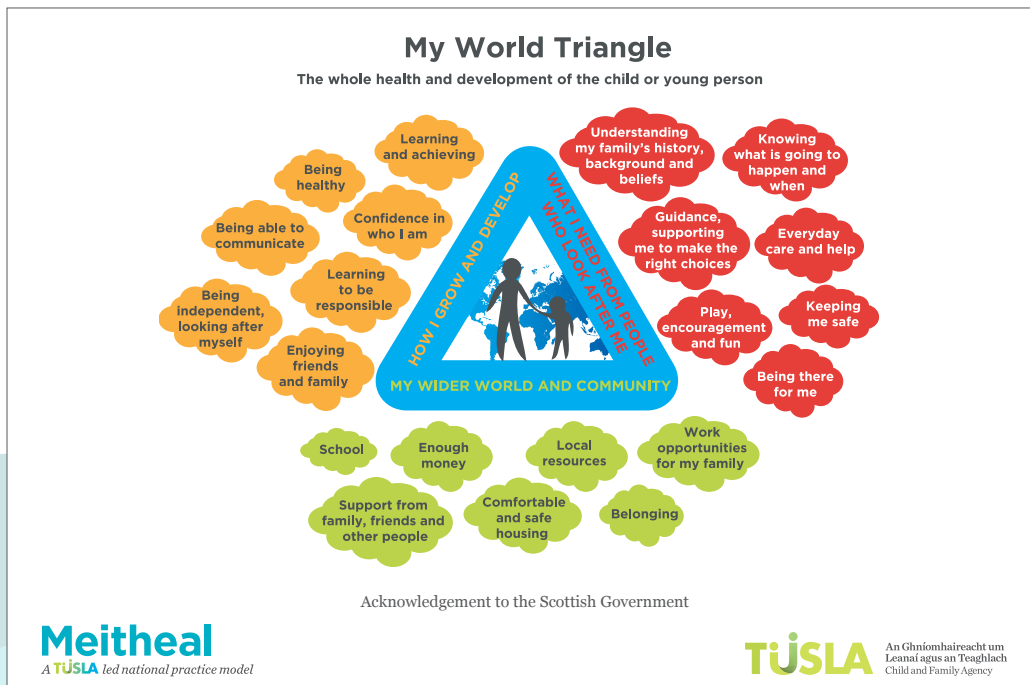
- Do you like where you live?
- What is good/or not so good about your community?
- Do you have many services to support your family?
- Are other members of the extended family living in the community and are supports available from them?
- What services do you find the most useful for you and your family?
- Have you any housing concerns?
- Have you any financial concerns?
- Do you have good family support (i.e. extended family)?

Knowing the child (from Buckley *et al*, 2006)

- Who gets child up in morning and to school/pre-school/minder?
- How does child spend morning?
- Is child adequately supervised?
- What happens at lunch-time – is lunch provided?
- How does child get home?
- How does child spend afternoon?
- Who is present?
- Who arranges child's evening meal?
- How does child spend evening?
- Who puts child to bed?
- Who stays in the house overnight?

9.10 MY WORLD TRIANGLE POSTER

The image below can be downloaded from <http://www.tusla.ie/services/family-community-support/guidance-documents/> and printed for local promotion.



9.11 GUIDANCE ON COMPLETION OF MEITHEAL FORMS ELECTRONICALLY

All the Meitheal Forms have been created in Word format and are available electronically to save to your own computer and complete on screen, making it easier for people to read the information contained in them. The Child and Family Support Network Coordinator will send you the Meitheal Forms as attachments in an e-mail (alternatively, they are available to download from the Tusla website, <http://www.tusla.ie/services/family-communitysupport/guidance-documents/>). When you receive this e-mail, create a new folder on your computer called **Master templates of Meitheal Forms** and 'save the attachments' to this folder. You can then open the form you intend to work on, save it with a unique filename (***important so as to preserve the original template***) and proceed to complete the details on screen. Some suggestions for organising your work are outlined below.

HOW TO COPY MEITHEAL MASTER TEMPLATE FORMS FOR USE

It is important that you keep a master set of the Meitheal Template Forms on your computer. Each time you want to use a Template Form, you need to make a copy of it **BEFORE you start to input information into the form**. This is to ensure you do not overwrite the original template.

METHOD

- Open the template form you require by double-clicking on the filename and it will open in Word.
- Choose 'File' and 'Save as' in order to make a copy of the form.
- Give the new file a unique name to describe its contents. A suggested format is:
Code for type of Meitheal documentation,
 followed by **Name of child** (surname, first name),
 followed by **Completion Date** of Form

So, for example, the file for your Pre-Meitheal Checklist on the child Joe Bloggs that you completed on 24 February 2014 would be named:

Pre-Meitheal Checklist Bloggs Joe 24-02-2014

Or your first Review Meeting in connection with this child on 25 March 2014 would be named:

Meitheal Plan-Review 1 Bloggs Joe 25-04-2014

See Section 6.5 for further information on working with Meitheal Forms electronically.

SAVING AND STORING COMPLETED MEITHEAL FORMS

Similar to the way you organise files within a filing cabinet, it is important to set up a system of folders on your computer in which to store the Meitheal Forms and other files you may have on individual children undertaking Meitheals. We would suggest you call each folder by the name of the child/young person, in the format of 'Surname, First name' (e.g. Bloggs, Joe).

SECURITY OF FILES

To ensure confidentiality and security of information, it is essential that you encrypt and password-protect each Meitheal Form you create. If you are unsure how to do this, seek advice from your line manager.



SECTION 10:

GUIDANCE ON FACILITATING MEITHEAL SUPPORT MEETINGS



SECTION 10: GUIDANCE ON FACILITATING MEITHEAL SUPPORT MEETINGS

This section provides guidance on the facilitation of Meitheal Support Meetings. Three different types of meetings are usually held – the first type is to set the action plan for the child/young person; the second type is to review the plan (of which there may be multiple meetings); and the third type is to close the Meitheal and get feedback on the whole process.

All of the Meitheal Support Meetings can be facilitated by the Lead Practitioner. However, in order to ease the burden on the Lead Practitioner, meetings can be facilitated by Child and Family Support Network Coordinators, another member of the Meitheal Group or other facilitators specifically recruited for this purpose. Similarly, the minutes for all of the meetings can be taken by the Lead Practitioner or the task can be undertaken by another member of the Meitheal Group or a support person identified centrally by the Child and Family Support Network Coordinator.

10.1 GUIDANCE ON FACILITATING THE FIRST MEITHEAL SUPPORT MEETING

WELCOME AND INTRODUCTION

This first meeting of the Meitheal Group is organised with the parent's consent and their views will be important in identifying the actions to be put in place for their child. Meitheal is about partnership working and respect for all views and approaches. The discussion at meetings is confidential and information cannot be shared without the consent of the parent.

PURPOSE OF THE MEETING

The purpose of this meeting is to develop an action plan that will work towards achieving better outcomes for the child/young person. The plan will be put in place in a coordinated manner, ensuring that all involved are clear on what is expected, what is to be done, how it will be done, who will do it and when it will be done. All work is planned and agreed with the child and their parent. The case will be regularly, openly and formally reviewed.

APPROACH TO THE MEETING

- Some suggested groundrules for the meeting are:
 - People to speak one at a time, listen to each other and to different views.
 - Keep the child as our primary concern and focus.
 - Retain confidentiality in relation to the discussion.
- **Round of introductions** – Invite people to state their name and their link/relationship to the child.
- **Agencies working with the family** – Check that all details are correct – any changes, additions, deletions?

MAIN DISCUSSION

- The completed **Meitheal Strengths and Needs Record Form** provides the basis for the discussion and focuses on the following six areas in particular:
 - being healthy;
 - learning and achieving;
 - emotional and social development;
 - behavioural development;
 - parents and carers;
 - community resources.
- Identify the minutes-taker to the rest of the group. Remember, minutes-taking is an important and specific skill, needing timely and accurate work, and the person chosen to do this job should be identified in advance of the meeting.
- Meeting Facilitator (who can be the Lead Practitioner or someone else appointed to the task) to identify key points identified under each heading.
- Meeting Facilitator to identify the key strengths and challenges for the child.
- Allow time for each member of the Meitheal Group to respond.
- Focusing on each challenge in turn, identify the desired outcomes we want to achieve for the child.
- What actions will we take to realise these outcomes and respond to the needs identified?
- What resources will be provided, by whom and the timeframe for delivery?
- How do we intend to measure progress?

SUMMARY AND AGREED ACTIONS

- Re-cap on the main points discussed and the agreed actions identified. Emphasise the need for everyone to work on delivering their part of the plan in a timely manner.
- Set the date and location for the next meeting, which will be a Meitheal Review Meeting, the purpose of which will be to monitor the implementation of the agreed actions.
- Thank people for their time and contribution.

10.2 GUIDANCE ON FACILITATING MEITHEAL SUPPORT MEETING TO REVIEW ACTION PLAN

The decision on the number and frequency of meetings to review the Meitheal will depend on the needs of the child/young person and their family. However, 4-6 weekly intervals are suggested. Meetings should be held based on the agreed action plan, with the date set for when there is something significant to review. The Meitheal process itself should be reviewed when a Meitheal action plan has been in place for a 12-month period. The Child and Family Support Network Coordinator can provide you with support to undertake the review after 12 months, if required.

WELCOME AND INTRODUCTION

PURPOSE OF THE MEETING

- The purpose of this meeting is to review the progress that has taken place on the named agreed actions outlined in the Meitheal action plan to support the child/young person/family by:
 - identifying the progress that has taken place, what has enabled this to work well and how it can be maintained in the future;
 - identifying the barriers and obstacles to progress taking place on other actions and to identify strategies to overcome these obstacles;
 - identifying any new needs/issues that have arisen for the child/young person/family and to put responses in place to deal with these issues.

APPROACH TO THE MEETING

- Some suggested groundrules for the meeting are:
 - People to speak one at a time, listen to each other and to different views.
 - Keep the child as our primary concern and focus.
 - Retain confidentiality in relation to the discussion.
- Identify the minutes-taker to the rest of the group. Remember, minutes-taking is an important and specific skill, needing timely and accurate work, and the person chosen to do this job should be identified in advance of the meeting.

ROUND OF INTRODUCTIONS

- Undertake a round of introductions if there are any new people in attendance by inviting people to state their name and their link to the child/young person.

MAIN DISCUSSION

- **General summary of progress:** At the outset, it can be useful to get an overview update from the parent and the child/young person on how they have been getting on since the last meeting. This will provide a qualitative update on what has been happening in the child/young person's life.
- **Update on agreed actions:** Taking each agreed action in turn:
 - Ask the named person for an update on what has happened to progress the action since the last meeting.
 - It is also important to hear from the parent and/or child/young person on how they have found progress on that action.
 - Identify any further action that needs to be taken or a continuation of the current action, together with the resources that need to be provided.

IDENTIFICATION OF ADDITIONAL NEEDS AND ACTIONS

- If there have been changes in the circumstances of the child/young person and their family that need to be addressed, then it is important to:
 - identify clearly what the needs/issues are;
 - identify how they impact on the child as per the *My World Triangle*;
 - identify what actions need to be put in place to improve the situation, being clear on responsibility for delivery and resources required.

SUMMARY AND AGREED ACTIONS

- Re-cap on the main points discussed and the agreed actions that have been identified.
- Set a date and location for the next Meitheal Review Meeting, which may be a Meitheal Closure Meeting depending on progress.
- Thank people for their time and contribution.
- Circulate minutes of the meeting within 10 working days.

10.3 GUIDANCE ON FACILITATING THE FINAL MEITHEAL SUPPORT MEETING ON CLOSURE AND FEEDBACK

PURPOSE OF THE MEETING

The purpose of this final Meitheal Support Meeting is to formally close the Meitheal process that has been underway to support the child for the past period of time. However, you must remain open to the possibility that a Meitheal process will not close at the time anticipated since the point of closure will depend on the child or young person's situation. This can change at any time and the process must respond accordingly. The meeting should enable you and the Meitheal Group to review what has been achieved to date for the child and their family, to close the Meitheal formally and/or to identify any further action that needs to be taken and how this will take place.

APPROACH TO THE MEETING

- Some suggested groundrules for the meeting are:
 - People to speak one at a time, listen to each other and to different views.
 - Keep the child as our primary concern and focus.
 - Retain confidentiality in relation to the discussion.
- Refer back to the **Meitheal action plan** in the Meitheal Strengths and Needs Record Form for the initial desired outcomes you agreed for the child/young person so that you can assess the progress made, if any.

WELCOME AND INTRODUCTIONS

- Undertake a round of introductions if there are any new people in attendance by inviting people to state their name and their link/relationship to the child. (It is very unlikely that there will be new people in attendance at a closure meeting.)

MAIN DISCUSSION

- Using the **Meitheal Closure and Feedback Form**, explain that there are three sections to this Closure Meeting. It may be useful to focus first on Section 2 (Outcomes checklist), then on Section 3 (feedback) and finally to conclude with Section 1 (record of closure).

Section 2: Meitheal Outcomes Checklist

This section focuses on the 5 national outcomes for children and young people set out in *Better Outcomes, Brighter Futures* (DCYA, 2014) and provides an opportunity for the Group to identify the extent to which the child/young person has progressed in line with these outcomes. Link this section back to the **Pre-Meitheal Checklist** completed at the outset of the process since this will provide a baseline comparison for assessing the effectiveness or otherwise of the Meitheal process for the child. Ask people for their views on how well the child is progressing in line with each of the national outcomes and to provide evidence/comments to back up their views. The views of the parent are important to collect and to inform the overall discussion.

Section 3: Meitheal Feedback Record

This section focuses on the Meitheal process and the extent to which it supported the child/young person to progress or not throughout the process. It is useful to have a time-limited group discussion in relation to this and to seek people's views on how they found the Meitheal process in this particular instance. Then, ask all those present to complete this section individually, focusing on the views of the practitioner, parent and child/young person (space provided on form for each).

Section 1: Meitheal Closure Record

This section provides the overall summary of the Meitheal Closure. As a group, identify the reason or reasons for closure of the Meitheal. If the child is going to receive single agency support or is being referred to a specialist service, provide details of this. Then invite people to provide their views on the progress made for the child, the outcomes that have been achieved and any outstanding needs that have yet to be met.

CONCLUSION

- Provide a summary of the key points from the Closure Meeting.
- Re-cap on any further action to be undertaken.
- Thank people for their time and commitment to the process to date.
- Let the parent know that if they have future concerns in relation to their child's progress, there is the option to re-open the Meitheal to respond to these concerns, if that is appropriate.

SECTION 11:

APPENDICES



APPENDIX 1: BACKGROUND TO CAF IN THE UK AND GIRFEC IN SCOTLAND

The origins of the Common Assessment Framework (CAF) lie in North Lincolnshire in the 1990s. The evaluation of the approach influenced the UK Government's Green Paper *Every Child Matters* (2003). This Paper in turn influenced the Children Act 2004, which provides the legislative foundation for a whole-system reform in the UK.

EVERY CHILD MATTERS

Every Child Matters: Change for Children sets out the UK's national framework for local change programmes to build services around the needs of children and young people so that opportunities are maximised and risks minimised. It aims to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place. It has a clear focus on improving outcomes for children and young people, which was given legal force in the Children Act 2004. It recognises that outcomes are interdependent:

*'They show the important relationship between educational achievement and well-being. Children and young people learn and thrive when they are healthy, safeguarded from harm and engaged. The evidence shows clearly that educational achievement is the most effective way to improve outcomes for poor children and break cycles of deprivation.'*¹¹

The 5 national outcomes for children in the UK (i.e. be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being) are similar to the 5 national outcomes in Ireland as set in the National Policy Framework for Children and Young People (0-24 years-old), *Better Outcomes, Brighter Futures* (DCYA, 2014).

¹¹ HM Government (2004) *Every Child Matters: Change for Children* (p. 8). London: Department for Education and Skills.

Chapter 3 of *Every Child Matters*, ‘Integrated Services and Local Change’, outlines the Government’s commitment to rolling out the Common Assessment Framework (CAF) nationally. They envisage that CAF will provide a national, common process for early assessment to identify more accurately and speedily the additional needs of children and young people, and that it will:¹²

- improve the quality of referrals between agencies by making them more evidence-based;
- help embed a common language about the needs of children and young people;
- promote the appropriate sharing of information;
- reduce the number and duration of different assessment processes which children and young people need to undergo.

CAF in the UK consists of the following:¹³

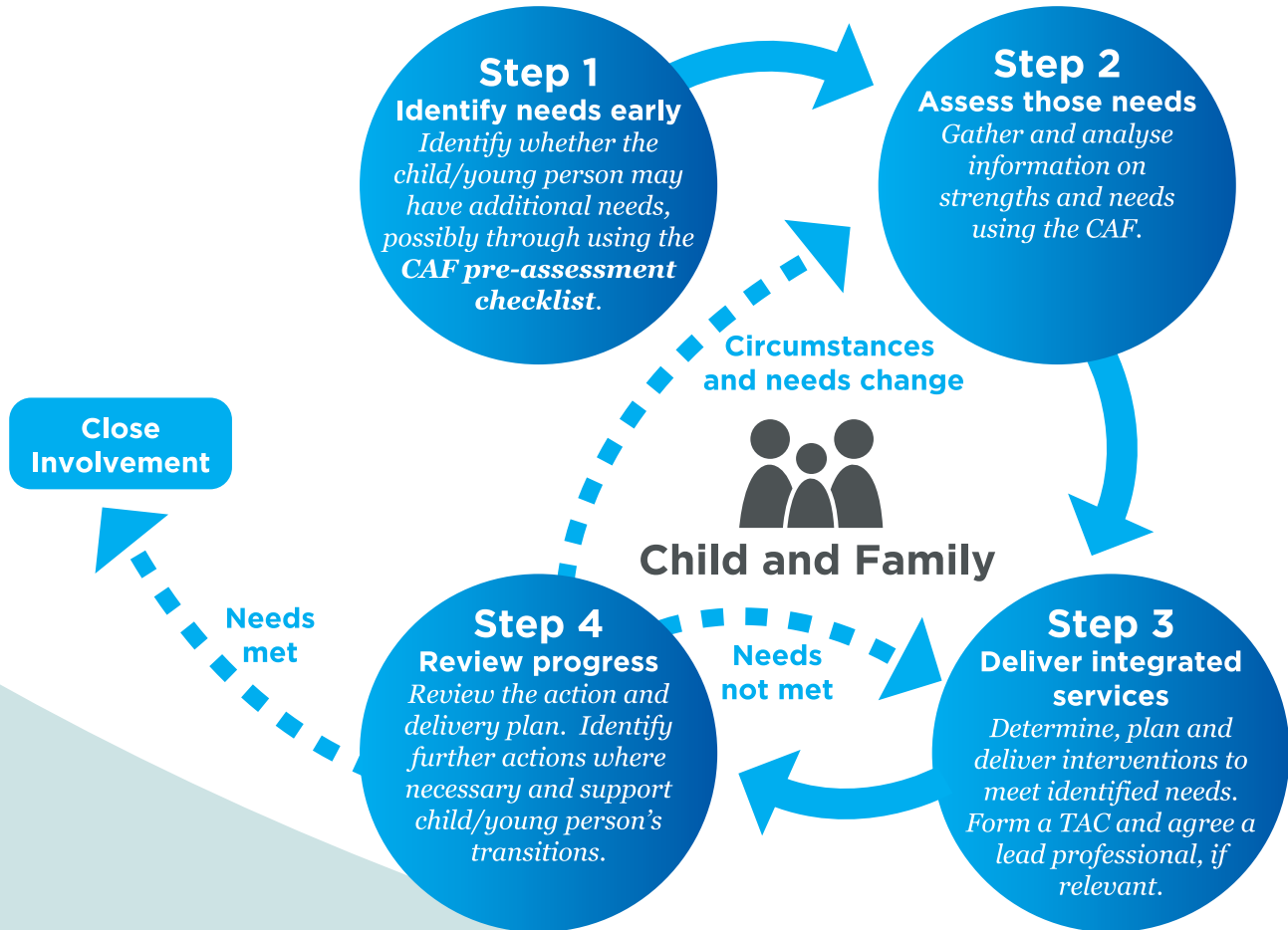
- A pre-assessment checklist to help decide who could benefit from a CAF.
- A process to enable practitioners to undertake a common assessment and to act on the result.
- A standard form to record the assessment.
- A delivery plan and review form.
- A standalone consent statement.

The key elements of CAF are illustrated in Figure A-1.

¹² Ibid (p. 19).

¹³ CWDC (2009) *The Common Assessment Framework for Children and Young People – A Guide for Practitioners* (p. 11). Leeds: Children’s Workforce Development Council.

Figure A-1: The four-step CAF process



Source: Original document available at: http://www.plymouth.gov.uk/caf_for_practitioners_national_guidance.pdf

GETTING IT RIGHT FOR EVERY CHILD

Getting it Right for Every Child (GIRFEC) is Scotland's national programme to improve outcomes for children and young people. It is the foundation for work with all children and it links through all existing policy, practice, strategy and legislation affecting children, young people and families.

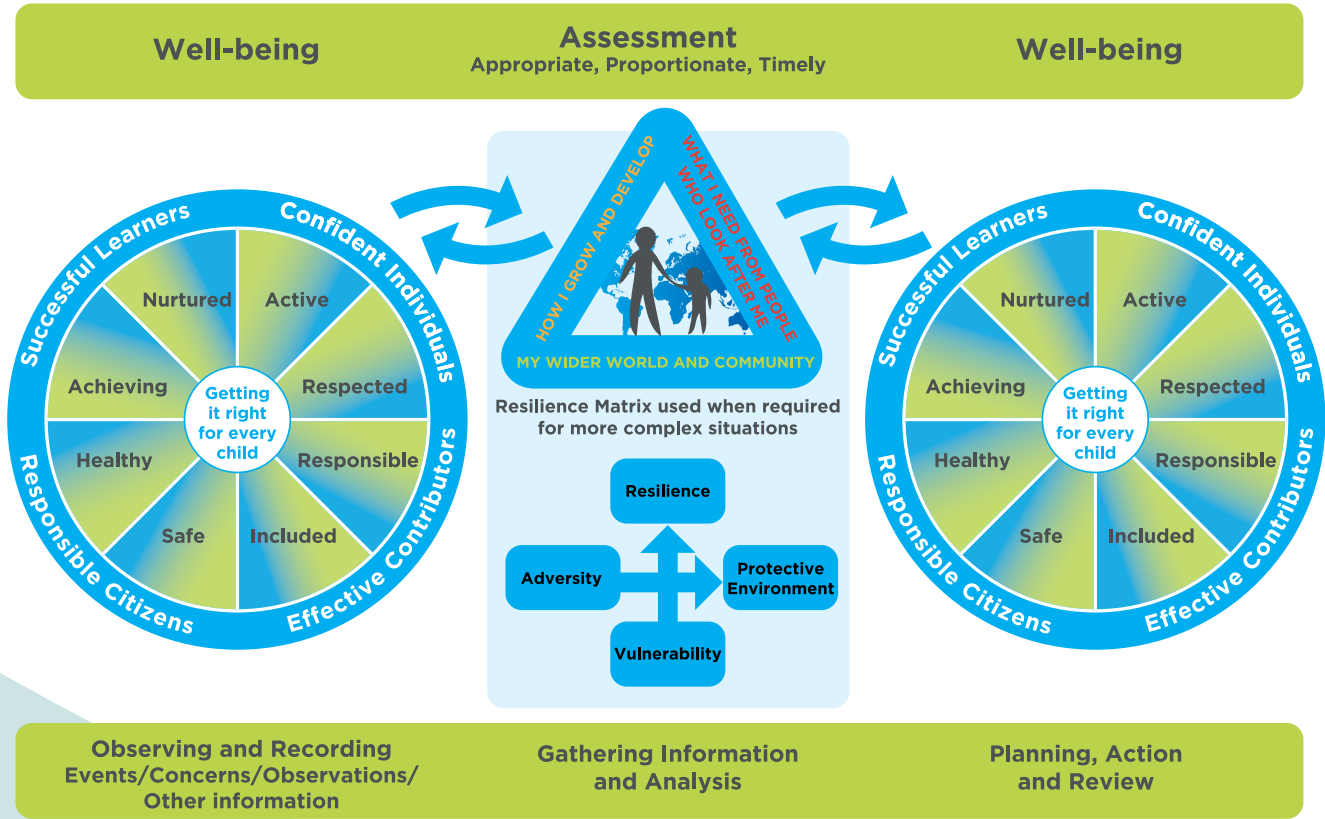
There are three main elements in the GIRFEC Practice Model (*see Figure A-2*):

- The **My World Triangle** supports practitioners to understand a child or young person's whole world. It is used to explore the child's world in each dimension and also the connections between the dimensions in order to explore the needs and risks the child is experiencing.
- The **Well-Being Indicators** have been identified as areas in which children and young people need to progress in order to do well now and in the future. This enables practitioners to structure information which may identify needs and concerns and to structure planning.
- The **Resilience Matrix** can be used in a single or multi-agency environment. It supports practitioners to analyse the more complex information they have gathered using the *My World Triangle*, so that they can weigh up the balance between vulnerability and resilience, and adversity and protective factors.

There are six actions to be taken in the GIRFEC Practice Model, as follows:

- Using the **Well-Being Indicators** to record and share information that may indicate a need or concern.
- Using the **My World Triangle** to explore this information and to gather more information about the child/young person's needs.
- Using the **Resilience Matrix** to help organise and analyse information.
- Summarising needs against the **Well-Being Indicators**.
- Constructing a plan and taking appropriate action.
- Reviewing the plan.

Figure A-2: Main elements of the GIRFEC Practice Model



For more information, see www.scotland.gov.uk/gettingitright

APPENDIX 2: USEFUL RESOURCES FOR SUPPORTING MEITHEAL

NATIONAL LINKS IN IRELAND

Evaluation reports of relevant pilot models are available at:

Identification of Need (ION) Project, Sligo

<http://www.sligosocialservices.ie/images/stories/pdf/Final%20ION%20Report%2030th%20JUNE%202011.pdf>

Differential Response Model (DRM), Dublin

http://childandfamilyresearch.ie/sites/www.childandfamilyresearch.ie/files/north_dublin_drm_early_implementation_report_june_2011_1.pdf

Alternative Response Model (ARM), Dublin

http://www.childandfamilyresearch.ie/sites/www.childandfamilyresearch.ie/files/a_formative_evaluation_of_jobstown_alternative_response_model_2010.pdf

Limerick Assessment of Needs (LANS) initiative

<http://www.limerick.ie/kids/childrensservices>

Department of Children and Youth Affairs: The DCYA website sets out the overarching policy context for child and family services, including important information on the Working Together for Children initiative and Children's Services Committees.

See: <http://www.dcy.gov.ie>

Tusla – Child and Family Agency: The Tusla website is a critical resource for all of the relevant documents in relation to Prevention, Partnership and Family Support, including the Meitheal Toolkit. Information on *Children First* and child protection services is also available there.

See: <http://www.tusla.ie/>

UNESCO Child and Family Research Centre, NUI Galway: The Centre undertakes research, education and training in the area of Family Support and Youth Development, with an emphasis on prevention and early intervention for children and young people experiencing adversity.

See: <http://www.childandfamilyresearch.ie/>

Centre for Effective Services: The CES website has much material available that relates to connecting research, policy and practice to improve outcomes for communities, children and young people across the island of Ireland.

See: <http://www.effectiveservices.org/>

CAF LINKS IN UK AND SCOTLAND

In the UK, the **Common Assessment Framework (CAF)** is a key part of delivering front-line services that are integrated and focused around the needs of children and young people. It is a standardised approach used by practitioners to assess children's additional needs and decide how these should be met. See: <https://www.gov.uk/childrens-services>

In Scotland, the **Getting it Right for Every Child (GIRFEC)** approach is about how practitioners across all services for children and adults meet the needs of children and young people, working together where necessary to ensure they reach their full potential. It promotes a shared approach and accountability. See: <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

APPENDIX 3: TEMPLATES FOR COMMUNICATION, MINUTES AND CONTACT DETAILS

COMMUNICATION SHEET

DATE	UPDATE

DISTRIBUTION OF MINUTES

MEETING TYPE	DATE OF MEETING	DATES MINUTES DISTRIBUTED/ RECEIVED

CONTACT LIST

NAME	ADDRESS	TELEPHONE	E-MAIL

APPENDIX 4: FREQUENTLY ASKED QUESTIONS

PREPARATION

How do I decide which child in the family requires a Meitheal?

A Meitheal should be completed for each individual child in a family that you have concerns about as it is based on the principle of individualised support. If there is more than one child in the family who requires a Meitheal, but you only have capacity to undertake or to complete one Meitheal Strengths and Needs Record Form at the moment, then there are a few options open to you:

- You could identify another practitioner who has involvement with the children and ask them to undertake the Record for the other child/children.
- You could identify which child in the family requires the supportive intervention most and focus on them initially. As the Meitheal action plan puts in place actions around parent and family support, there can be benefits for other children in the family who are not the core focus of the Meitheal process.

See Section 3.8 for guidance on undertaking sibling Meitheals.

Should a Meitheal be completed if it is believed that a child is at risk of abuse or neglect?

No. If you have concerns about the child's safety then you should follow *Children First: National Guidance* (2011) and your own organisation's child protection procedures, and report your concern immediately to the Child and Family Agency Social Work Department.

Similarly, if ***at any stage throughout the Meitheal process***, you have concerns about the child's safety, then you should follow *Children First: National Guidance* (2011) and report your concern immediately to the Child and Family Agency Social Work Department.

What if the parent will not provide consent for the Meitheal and I am still concerned about the child, but have no evidence of abuse or neglect?

You should discuss the case with your line manager and you can also seek advice from the Duty Social Worker.

The Meitheal cannot be progressed without the written explicit consent of a legal guardian. An option is to discuss the situation with the Child and Family Support Network Coordinator to seek advice on ways of introducing the Meitheal and responding to fears/concerns that the parent may have about the process. It may also be useful to encourage the parent to speak with another parent who is involved or has been involved

in the Meitheal process. If consent is still not possible, then you will need to continue working with the parent/child in a less structured manner than the Meitheal affords and to record the work you undertook in relation to the Meitheal and the reasons why it was unable to proceed.

See Section 8.4 for guidance on gaining consent where various parenting arrangements are in place.

Do I need to complete the Pre-Meitheal Checklist before I initiate a Meitheal?

Yes. The Pre-Meitheal Checklist is an important part of the Meitheal process and the Lead Practitioner is required to complete it. Completion of the checklist (which only takes about 5 minutes) is a useful way of clarifying if a Meitheal is required and preparing for it. It also helps identify the likely areas where the child has unmet additional needs (in line with the 5 national outcomes for children) and focuses your thinking for the conversation with the parent when you introduce the Meitheal to them and the areas where you feel the Meitheal could provide support to their child. This measurement can then be repeated at the closure stage in order to assist in determining whether or not the Meitheal contributed towards progress in achieving outcomes. You must forward the completed Pre-Meitheal Checklist to the Child and Family Support Network Coordinator, along with the Meitheal Request Form.

See Section 9.1 for guidance on completing the Pre-Meitheal Checklist.

How do I request a Meitheal from the Child and Family Support Network Coordinator?

Once you have secured written parental consent, then you should forward the Meitheal Request Form and Pre-Meitheal Checklist to the Child and Family Support Network Coordinator, who will undertake a Social Work check and a check for any existing Meitheal and inform you if you can proceed or not with the Meitheal.

I am not yet trained in Meitheal, but there is a child I am working with who I think could benefit from a Meitheal. What should I do?

It is recommended that the Lead Practitioner undergoes the 2-day Meitheal Training Programme. Contact the Child and Family Support Network Coordinator to discuss the reasons why you feel a Meitheal may be of benefit to the child and to check if a Meitheal may already be in place for the child and if so, how you can be involved in it. The Coordinator will also be able to advise you of future dates for the Meitheal 2-day Training Programme, which will provide you with the skills required to undertake a Meitheal yourself.

MEITHEAL PROCESS

What is the difference between the Meitheal Model and the Family Welfare Conference Service?

While there are similarities in some of the characteristics of each in terms of parental empowerment, strengths-based and capitalising on informal supports, there is no duplication between the Meitheal Model and the Family Welfare Conference (FWC) Service. The FWC is a service to which families are referred and await a response; it can be offered to families at all levels of need, but is typically targeted at high levels of need. The Meitheal Model, on the other hand, is a way of working that can be applied by any practitioner without a referral or waiting process, and is specifically for Levels 2 and 3 of need in the Hardiker Model. One potential decision of a Meitheal Support Meeting could be to make a referral to the Family Welfare Conference Service.

If I lead out on the Meitheal, will I remain the Lead Practitioner for its duration?

In many instances, you will remain the Lead Practitioner for the duration of the Meitheal as you will be the person who has a working relationship with the child/family and you may also be the person who has most contact with the child/family.

In other instances, the Lead Practitioner may change, e.g. where the child/family disengages from your service but is still linked in with other services or where the priority needs of the child change and it is more relevant for another agency to take on the lead role. It is important that parental consent is secured for the new Lead Practitioner to take on the role and the process for changing Lead Practitioner will generally take place during a Meitheal Support Meeting.

How long should a Meitheal take?

The duration of a Meitheal will vary depending on the level and complexity of need identified for the child/young person and the relevance of the Meitheal process in responding to the child's needs.

There should be at least two Meitheal Support Meetings. The decision on the number and frequency of meetings will depend on the needs of the child/young person and their family. However, 4-6 weekly intervals are suggested. Meetings should be held based on the agreed action plan, with the date set for when there is something significant to review. The Meitheal process itself should be reviewed when a Meitheal action plan has been in place for a 12-month period. The Child and Family Support Network Coordinator can provide you with support to undertake the review after 12 months, if required.

What do I do if a certain practitioner/agency is not delivering on their action(s) in the plan?

Talk to the practitioner involved and try to identify what the issue is for them. They may need some support to figure out where they fit within the child's plan. If there is still non-delivery, then speak with your own line manager and enlist their support – they may speak to management in the other agency in order to resolve the issue.

If the issue is still not resolved, then contact the Child and Family Support Network Coordinator, providing clear evidence of what has happened and how you have tried to resolve the issue.

Will I still need to fill out referral forms to other services when a Meitheal is in place?

Yes, you will still need to complete referral forms to other services. Meitheal is a holistic identification of a child's strengths and needs and the information contained in the Meitheal Strengths and Needs Record Form can be very useful to share with other services to back up the referral. However, remember that parental consent must be secured in order to share this information.

What do I do when the Meitheal has identified a need for the child and we are unable to identify a service in the child's area that can respond to that need?

It is important to document what steps you have taken to try to meet the child's needs and to identify the obstacles you are encountering. You should then discuss the matter with your line manager and seek their advice on ways of moving forward. If difficulties still persist, then you should make contact with the Child and Family Support Network Coordinator for support. Systemic gaps in capacity to meet need should be clearly identified so that the Principal for Prevention, Partnership and Family Support can include this information in their approach to commissioning.

As the Meitheal process develops for the child, additional needs may be identified. How are the needs incorporated into the Meitheal action plan for the child?

The Meitheal Review Meetings provide an opportunity to focus on the progress being made to achieve identified outcomes for the child/family. They also provide an opportunity to identify additional needs/issues that need to be addressed and these can then be included in the child's action plan. If additional service providers are required to respond to these additional needs, then they can be invited to become part of the Meitheal Group. Remember that parental consent for their inclusion is required.

Can we hold Meitheal Support Meetings without the parent being present?

No. The Meitheal process is based around parental consent and full participation of the parent in the process. If the parent is not present for a scheduled meeting, then the meeting should not proceed. The Lead Practitioner should make contact with the parent to find out the reason for non-attendance and then re-schedule the meeting.

What do I do if, as part of the Meitheal process, I make a referral to Social Work and the referral is not considered to reach the threshold necessary for a Social Work assessment and then the parent will not re-engage with the Meitheal?

It is important that should you have any child protection concerns, you report them to the Child and Family Agency Social Work Department as per *Children First: National Guidance* (2011) and your own organisation's child protection procedures. It is also good practice to inform the parent that you are making the referral and the reasons for doing this (unless to do so would put the child at risk) – this communication will be key in working to maintain a relationship with the parent. Should the Social Work Department decide not to undertake an assessment and the parent decides that they do not want to continue their engagement in the Meitheal process, then you should have a discussion with your line manager for support in relation to your next steps. If you do not agree with the decision of the Social Work Department not to undertake an assessment, you can complain as per *Children First: National Guidance* (2011). Because Meitheal is a voluntary process premised on parental consent, it should be noted that a parent can withdraw from the process at any stage.

What happens if a parent withdraws consent during the Meitheal process?

A parent can withdraw their consent for the Meitheal at any stage and the Meitheal process cannot continue without their involvement. The Lead Practitioner should meet with the parent to discuss their reasons for withdrawal and to identify if there are changes that can be made that would support their involvement in the process. The Lead Practitioner should also discuss the matter with their line manager for advice on how best to proceed. A key issue to address is whether the withdrawal of consent contributes to an escalation of risk for the child.

The Child and Family Support Network Coordinator can provide support and guidance in relation to the Meitheal process itself and how best to involve and include the parent in the process. Ultimately, if the parent does not want to continue with the Meitheal, then the Meitheal is closed – the Meitheal Closure and Feedback Form should be completed with the reason for closure identified as 'withdrawal of parental consent'.

If I require some support and guidance in relation to the Meitheal process itself, who should I contact?

Queries in relation to the Meitheal process can be directed to your local Child and Family Support Network Coordinator, or if they are not available to the Principal for Prevention, Partnership and Family Support.

MEITHEAL DOCUMENTATION AND INFORMATION SHARING AND STORAGE

How much detail do I record on the Meitheal Forms?

In the Meitheal Strengths and Needs Record Form, it is important to collect as much information as possible under the three domains of the *My World Triangle* so that a holistic picture of the child/young person's needs can be identified. It is important to distinguish between facts and opinions, and to provide clarity on the source of the information.

See Section 9 for guidance on the completion of all Meitheal Forms.

Where do I store Meitheal documentation?

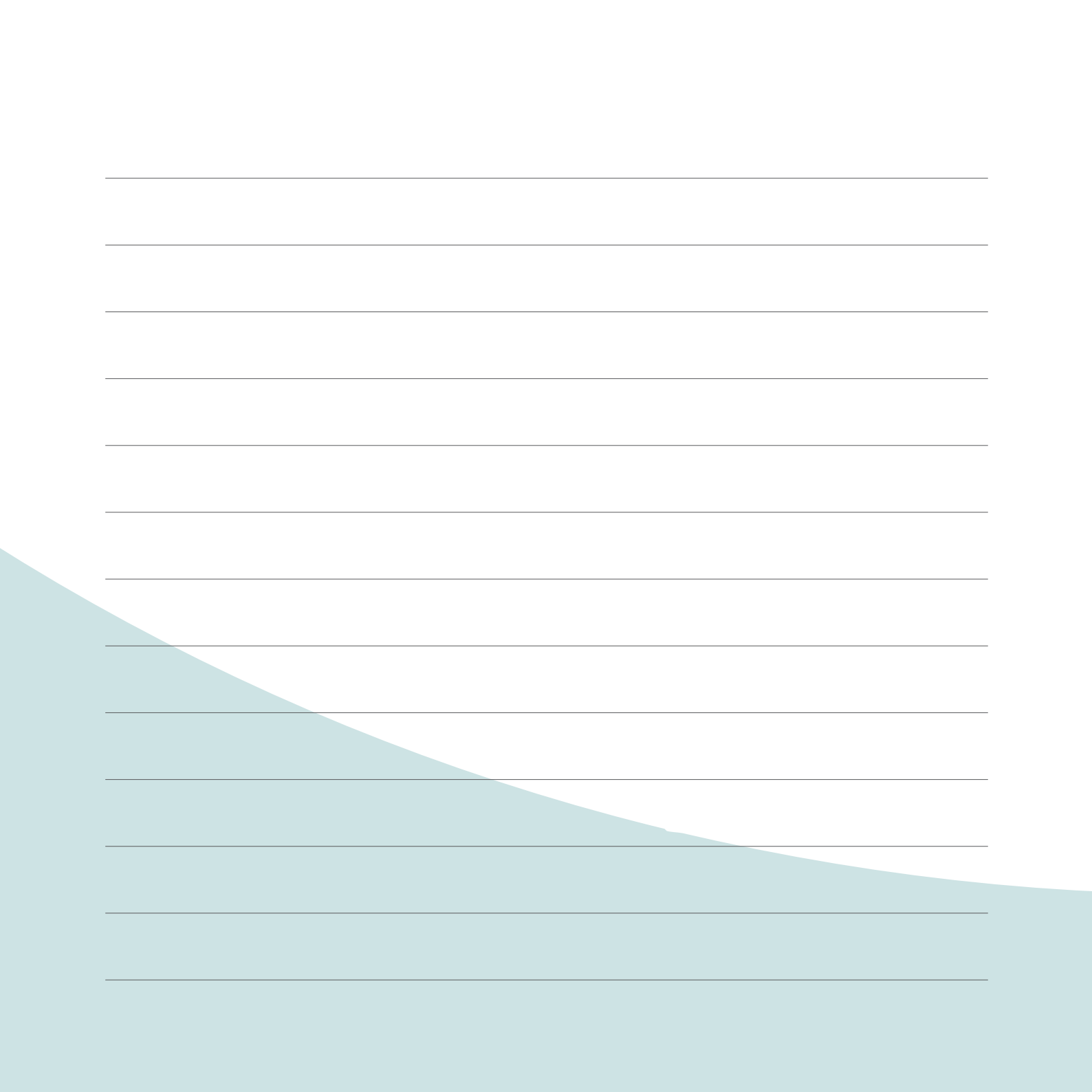
The information you hold concerning children and their families is of a highly confidential nature and is protected by a number of laws. When storing Meitheal documentation, it is important to ensure that the filing system you use is secure.

- If it is a **manual filing system**, the cabinet should be locked and a register kept of key-holders or those authorised to access such information. The cabinet should not be left open or unlocked indefinitely – only to retrieve or to file information.
- If it is an **electronic filing system**, such as the hard drive on your computer or a shared drive, access should be password-protected.

UNDER NO CIRCUMSTANCES should personal information about a child and their family be copied onto a memory stick or transported on a memory stick.

See Section 6 for further guidance on information sharing, storage and distribution.

NOTE: All agencies involved in a Meitheal are data controllers in their own right. Tusla Workforce Development provides training on data protection. If your organisation is interested in finding out more about this training, please contact the Child and Family Support Network Coordinator in the first instance.





An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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