University of Colorado
Anschutz Medical Campus

Department of Paediatrics'
Prevention Research Center for Family and Child Health
Mail Stop 8410
13121 East 17th Avenue
Aurora, Colorado 80045

Nurse-Family Partnership® (NFP) International

Phase Three & Four Annual Report | 2019

Phase Three: Randomized Controlled Trial (RCT)
Consider expansion of the testing and evaluation work by conducting a RCT.

Phase Four: *Continued Refinement and Expansion*
Once the evaluation of the RCT has been completed, the results will be reviewed and if the outcomes are found to be of public health significance, a decision will then be made with the implementing agency regarding the need for further research/refinement and/or expansion of the adapted Nurse-Family Partnership (NFP) Program in their society.

- Some information may not be applicable in which case note it as N/A
- If you don't have the requested information, you may leave the section blank

PART ONE: PROGRAM OVERVIEW

Name of country:	Northern Ireland	Dates report covers:	2018
Report completed by:	Deirdre Webb Emma Larkin Shauna Conway		Phase 3 In progress Phase 4 ☐

The size of our program:

	# Who work exclusively in NFP	# Who have additional assignments in implementing agency	**Total**
Fulltime NFP Nurses	**32 (30 wte)**		**32**
Part time NFP Nurses	**5 (4.2 wte)**		**5.2**
Fulltime NFP Supervisors	**5**		**5**
Part time NFP Supervisors			
Total			**42.2**

- We have 5 teams (supervisor-led groups of NFP Nurses)
- Average Supervisor to NFP nurse (include cultural mediator positions if you have them) ratio: 6:1

Description of our national/ implementation / leadership team capacity and functions

Clinical leadership, support and guidance: The Central team includes a Clinical Lead, Research and Information Manager and a Research and Information Officer

Description of our National implementing capacity and roles:

- Service / implementing agency development
  The implementation of Family Nurse Partnership is led by the Public Health Agency. The Chief Executive is the license holder and Senior Leadership is guided by Mary Hinds, Director of Nursing

- Information system and analysis
  An Information System is in place. Analysis is provided by the Central Team

- Senior Nursing Leadership
  The Family Nurse Partnership programme is supported by Mrs Charlotte McArdle, the Chief Nurse at the Department of Health and Mrs Mary Hinds, the Director of Nursing at Public Health Agency

- Quality improvement

  The focus of our quality improvement programme has been team to complete the introduction of the Intimate Partner Violence Programme Augmentation

- License holder
  The license holder of the Family Nurse Partnership programme in Northern Ireland is Mrs Valerie Watts , Chief Executive of the Public Health Agency

- Other (please describe)

Description of our research partners and capacity to conduct quantitative and qualitative evaluation:

Our capacity

The FNP Research and Information Team, consisting of Dr Emma Larkin and Shauna Conway, have considerable research, training and experience of conducting both quantitative and qualitative research related to, and gained through, previous research focused on early parenting research and evaluation of outcomes for evidence based interventions.

The FNP Research and Information Team are embedded within Health Intelligence at the PHA which provides further access to specialist expertise in quantitative and qualitative evaluation in addition to access to comparative data for the purposes of comparative analysis.

Partners

Dr Susan Jack, Associate Professor of Nursing at McMaster University, Canada is supporting the Northern Ireland Team with a feasibility study looking at the implementation of the Intimate Partner Violence (IPV) pathway.

Burdett Trust, University of Ulster, Queen Margaret University, NHS Lothian SLICC: Strengthening Leadership in the Community Contexts are leading the development of person-centred practice with community nursing through the implementation of person-centred nursing key performance indicators. A study is to explore and test the effectiveness of a core set of 8 key performance

indicators in supporting nurses to lead on the development of person-centred practice in the South Eastern Health and Social Services Trust and NHS Lothian, Scotland
Description of our local and national NFP funding arrangement The funding for the 10 new Family Nurses was secured from the Department of Health's Transformational Fund. This funding is for 18 months. Applications for further funding will required at the end of this period. Funding for all the remaining posts is secured on a permanent basis via Programme for Government Funding.
Current policy/government support for NFP: The current policy is the Transformation Plan 'Health and Wellbeing 2026: Delivering Together'. This sets out a clear road map, which is an ambitious plan based on early intervention and prevention. One of the key ambitions in the draft Programme for Government and, therefore, Delivering Together is to give every child the best start in life.
Other relevant/important information regarding our NFP program: In March 2019, Northern Ireland had their first learning event. Dr David Olds and Ann Rowe attended the successful event.

PART TWO: NFP CORE MODEL ELEMENTS (CMEs)

Core Model Element	Successes (including progress against Benchmarks)	Challenges + suggested actions to address these
1. Client participates voluntarily in the Nurse-Family Partnership (NFP) program	All clients participate voluntarily in the program	
2. Client is a first-time mother	All clients are first time mothers	
3. Client meets socioeconomic disadvantage criteria at intake	Our socioeconomic disadvantage criteria: In NI, socioeconomic disadvantage criteria is not part of the referral criteria to the programme	Over the past few years, there has been a significant reduction in the teenage birth rate. However, whilst the teen birth rate has reduced slightly, it is now 4 times higher in the most deprived areas compared to the least deprived areas
4. Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the 28th week of pregnancy	In 2018, the number of clients enrolled by 28th week of pregnancy is 100%. Only 29.9 % of clients are enrolled by 16th week .The average gestation for enrollment is 19.9 weeks	The FNP Supervisors have reflected on ways to improve enrollment to the programme by 16 weeks. It was agreed to set up face to face meeting with our key referrers to remind them that early referred is preferred
5. Each client is assigned an identified NFP nurse who establishes a therapeutic relationship through individual NFP home visits	FNP is a home visiting service. The Family Nurse establishes a therapeutic relationship with her client. Clients have the same nurse throughout the programme	
6. Client is visited face-to-face in the home, or occasionally in another setting (mutually determined by the NFP nurse and client), when this is not possible	All clients receive a home visiting service. Other mutually agreed settings are used with a small number of clients, mainly because of overcrowding in the home setting	
7. Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current standard NFP visit schedule or an	All clients are visited from early pregnancy to the infant's 2nd birthday with the standard FNP visiting schedule. Attrition rates from the programme are	

Core Model Element	Successes (including progress against Benchmarks)	Challenges + suggested actions to address these
alternative visit schedule agreed upon between the client and nurse	low	
8. NFP nurses and supervisors are registered nurses or registered nurse-midwives with a minimum of a baccalaureate /bachelor's degree	All Supervisors and Family Nurses are registered nurses and hold a bachelor degree in Nursing	
9. NFP nurses and nurse supervisors develop the core NFP competencies by completing the required NFP educational curricula and participating in on-going learning activities	All Supervisors and nurses have developed the core FNP competencies and have attended the required FNP training in Scotland or England. The new Family Nurses also received IPV Training	
10. NFP nurses, using professional knowledge, judgment and skill, utilize the Visit-to-Visit Guidelines; individualizing them to the strengths & risks of each family, and apportioning time appropriately across the five program domains	Family Nurses are using the Visit to Visit Guidelines. The US Guidelines were reviewed and some additional facilitators were identified that the Family Nurses thought would be helpful to include in the UK Guidance. A Group was formed with a representative from each team to review and update the programme for Northern Ireland	Northern Ireland needs to develop a local Visit by Visit Guidelines for the program me. The Professional Advisory Group has been established and reviewed the US guidelines. Further resource needs to be identified to take this work forward
11. NFP nurses and supervisors apply the theoretical framework that underpins the program (self-efficacy, human ecology, and attachment theories) to guide their clinical work and achievement of the three NFP goals	The FNP Nurses and Supervisors apply the theoretical framework that underpins the programme (self-efficacy, human ecology and attachment theories) to guide their clinical work. Their work clearly produces improvements In the three programme aims	
12. Each NFP team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular clinical and reflective supervision	Each FNP team has one Supervisor who provides weekly clinical and reflective supervision for each Family Nurse. The Clinical Lead provided monthly clinical and reflective supervision for the Supervisors	

Core Model Element	Successes (including progress against Benchmarks)	Challenges + suggested actions to address these
13. NFP teams, implementing agencies, and national units collect/and utilize data to: guide programme implementation, inform continuous quality improvement, demonstrate program fidelity, assess indicative client outcomes, and guide clinical practice/reflective supervision	The FNP Information System allows the Central team and the FNP teams to collect and utilize the fidelity and outcome data to guide programme implementation and to improve quality improvement programme	The development of the reporting function of the Information System has been not yet been completed. The PHA in partnership with the Business Services Organization is exploring options to determine how best to proceed
14. High quality NFP implementation is developed and sustained through national and local organized support	The Central team in the Public Health Agency is committed to the development and implementation of a high quality programme which is delivered with excellent fidelity to the FNP Model and to improve the outcomes for the Clients on the Program	

Any requested CME variance(s): No

PART THREE: PROGRAM IMPLEMENTATION

Clients

- **# of NFP clients participating in the program over the last year:**
  127 enrolled in 2018.
  At 31.12.2018, 913 ever enrolled
  On 31.12 2018, there were 53 clients in Pregnancy, 126 in Infancy and 146 in Toddlerhood.
  % of those eligible clients offered the program who have enrolled over the last year: 62.9 %.
  This figure is slightly below the goal of 75%
  - Current clients: Pregnancy phase (No): 53
  - Current clients: Infancy phase (No): 126
  - Current clients: Toddler phase (No): 146

- **Client retention by program phase:**
  Of the 913 clients that were enrolled by 31.12.2018
  - Active Pregnancy Completers - 98.3%
  - Active infancy Completers - 89.9%
  - Active Toddler Completers - 83%

- **Attrition rates are:**
  - Pregnancy phase (%): 1.7%
  - Infancy phase (%): 8.6 %
  - Toddler phase (%): 7%

  All the above figures are within normal limits

- **Average caseload:** 23

- **Our reflections on these figures:**
- There has been a slight reduction in the number of eligible clients enrolled in the programme and programme activity. The Supervisors have reflected on the data results with their teams and they cannot suggest any reasons behind the slight variation in some of the data reports this year
- The well developed skills of the Family Nurses reflect the high retention of clients on the programme

Engagement of fathers/partners/other family members

- **% of home visits, where father/partner is present:** 16.6% Pregnancy; 16.5% Infancy; 12.7 % Toddlerhood

- **% of home visits, where other family members are present:** 18.7% Pregnancy; 17.3 % Infancy; 10.8% Toddlerhood

- **How we engage fathers/partners/other family members in our program:**
  Fathers/Partners/Other Family Members are invited to participate on the programme with the mother's permission

- **The FN/SVs involve fathers/partners/other family members in all aspects of the programme:** Reflections by FNs indicate that sometimes FNs forget to record the father's

involvement as he may only stay for part of the visit. At celebrations and group activities, attendance by partners and family members has been very good and a number of dads have spoken at Family Advisory Boards

- **Our reflections on father/partners/other family members engagement:**
  As the mothers are the clients on the programme, the SV/FNs are unable to record some of the significant outcomes for the child's father. Many of the fathers have stopped smoking, stopped taking drugs, gone back to College and have found employment. THE SV/FNs would like to have a data collection form to record outcomes for fathers and wider family members

Program Fidelity

- **Our assessment of program dosage patterns and length of visits in relation to client strengths and risks:**
  Pregnancy Dosage : Overall 79.5 % of expected visits (based on gestational age) were achieved
  Infancy Dosage : Overall 71.3 % of expected visits were achieved
  Toddlerhood: Overall, 63.7 % of expected visits were achieved
  Results appear to reflect a satisfactory level of programme visits although, a slight reduction in the expected percentage of expected visits in Infancy and Toddlerhood is noted this year for the first time. This issue has been considered at the FNP team's annual reviews

- **Our assessment of program content delivered (domains):**
  Overall, the teams do appear to work within the programme content for each stage. Environmental Health reports slightly higher than normal threshold**s** mainly due to housing issues
  In Toddlerhood, there was slightly more programme content on Personal Health, and slightly less on Life course Development.

- **Our assessment of any other program fidelity**
  The average duration of visits appears to be in line with the fidelity stretch goals for length of visits.
  Overall, the average visit duration for Pregnancy Completers was 70 minutes; for Infancy Completers the average was 66 minutes and, Toddlerhood Completers the average was 66 minutes

- **Our reflections on the issues revealed and actions we are taking /planning in response to these:**
  In 2018, there has been a slight decline in some of the Fidelity Measurements. The Research and Information Team will continue to monitor the data closely and implement some training aimed to improve data completeness

Program Impacts for clients

- **Our reflections and key learning from our data regarding program impact:**
  Mastery - there was a reduction (-2.2%) in the number of clients who had low mastery from intake to 24 months for clients who had mastery recorded at both time points. There was also an increase in the number of clients who had higher mastery scores from intake to 24 months as 45.3 % of clients across all sites had a higher mastery at 24 months than at intake*

  Breastfeeding - 42.2 % of FNP Mothers aged 19 and under who attempted Breastfeeding compared to 35.6% Non FNP Mothers aged 19 years and under

Smoking - 18% change in the proportions smoking in the last 48 hours between intake and 36 weeks

17.7 % clients smoking fewer cigarettes in the last 48 hours at 36 weeks than at intake

Outcomes also positive in the areas of Child Development, Hospital Admission and A&E attendances

- **Our successes/challenges in implementing international program innovations:**
  The FNP teams in Northern Ireland are currently testing and adapting the International Intimate Partner Violence Pathway

- **Work we are currently undertaking to adapt or enhance the program model for our context:**
  The FNP teams have just completed a feasibility testing of the Intimate Partner Violence.

- **Our reflections on what we could do in addition to enhance program impacts for clients:**
  The plan is to adapt and test the STAR Framework.

Nursing Workforce

	Nurses	SVs	Other	Total
# of staff at start of reporting year:				
# of staff who left during reporting period	2	1	0	32.2
% annual turnover	0	0	0	
# of replacement staff hired during reporting period	2	1	0	32.2
# of staff at end of reporting period:				42.2
# of vacant positions	0	0	0	0
# of newly added positions	10	0	0	0
# of positions reduced during reporting period				

- **Reflections on NFP nurse/supervisor turnover/retention during reporting year:**
  The turnover for the FNP teams was low this year

- **Successes/challenges with NFP nurse/supervisor recruitment:**
  Only one position was available due to a Family Nurse leaving to take up an Education post in Queen's University, Belfast. One Supervisor and one Family Nurse retired this year

- **Successes/challenges with delivery of core NFP nurse/supervisor education:**
  At present, education for Nurses and Supervisors is provided by NES FNP Scotland and English National Unit. It is our intention to consider how we can provide our foundation training and education locally. This expansion would require expansion of our central unit function to develop a foundation training programme

- **Successes/challenges with ongoing (integration phase) NFP nurse/supervisor education:**
  Two Communication Trainers were appointed in 2018 to provide ongoing Communication Training and Development for the Family Nurse teams in Northern Ireland. The trainers have worked closely with FNP Scotland to develop the required skills to be a Communication

Trainer. The Communication Trainers have provided Communication Skills training for the Family Nurses and, further training is planned
An additional PIPE trainer has been selected. She will work closely with FNP Scotland and FNP England to provide updates for the family nurses on PIPE activities

- **Successes/challenges with delivery of NFP nurse reflective supervision:**
  FNP Supervisors provide reflective supervision on a weekly basis

- **Successes/challenges with delivery of reflective supervision to our supervisors:**
  The delivery of reflective supervision is key to the success of the programme. Supervisors reflect on the successes and challenges at our monthly Supervisor meeting. The sharing of different methods of supervisions have been tested and consulting with members of Mental health teams and Psychotherapy teams have been beneficial in Group Reflective Supervision. The Clinical Lead is participating in the International team's review of Reflection Supervision

- **Plans to address nursing workforce issues:**
  The main challenge for the FNP Workforce is the emotional challenge of the work. All Supervisor's group sessions help with stress management and self-compassion. The complexity of current caseloads and covering staff absences and vacant caseloads resulted in the Family Nurses having a busy working year. It is noted that programme fidelity and client outcome remained constant with some improvements. The resilience of the current teams is evident.
  The 10 new nurses have all completed the core FNP training programme and are currently consolidated their learning with the help and support of the other team members.
  With the new workforce, it is planned to organise some training on Professional Boundaries and Compassionate self-care to help support the new Family Nurses' emotional intelligence development within their new role

Local Implementing Agencies/Sites

- **Current number of implementing agencies/sites delivering NFP:** 5

- **High level description of our implementing agencies/sites:**
  The Implementing Agencies for all programmes are the local Health and Social Care Trusts. The teams are managed within the Children's Directorate. These directorates provide a range of preventative and social care services. The Family Nurse Partnership teams contribute to the Trust pathway of early intervention and prevention in particular for more vulnerable families. The Trusts work closely with a number of strategic partnerships (e.g. Safeguarding Boards, Early Years Partnerships, Community Strategic Partnerships and the School Aged Mothers Project)

- **How we select and develop new sites:**
  No new sites will be selected. The expansion plans will be to increase existing teams. To achieve full implementation of the programme, 2 additional nurses will be required by 4 teams and one team requires 4 additional nurses and a part time Supervisor

- **Successes/challenges with delivery of NFP through our implementing agencies/sites:**
  The Provider Leads and the Family Advisory Boards for each programme have worked to integrate the programme in the local partnerships and services. The Supervisors are members of local Infant Mental Health networks and Domestic and Sexual Violence Partnerships. All the programmes have active communication plans for all key stakeholders which are reviewed at Family Advisory Board meetings

- **Any plans to address any issues with our implementing agencies/sites:**

- **Our reflections on our information system - what we need to do to improve its functionality, usefulness and quality:**
  DXC Technology, formerly HP, were commissioned to produce an Information System that supported data input and also the ability for each key user group to generation reports for their data within their site. A functioning FNP information system has been developed that currently enables client management and data input. However, the reporting function remains under development and is on hold pending the submission of a DXC proposal to complete this work.
  It is our plan this year to improve the completion of the data forms. It is intended to organise a regional training event for the Quality and Data Improvement Officers. In addition, a half days workshop will be held for all team members to explore any data issues.

Please provide a summary of your annual program data collected through your NFP information system (client referral data, NFP nursing assessment/data collection forms, etc.) or attach a copy of your annual data report:

Sentinel / Significant events that deserve review:

Event	Number	What was the learning?
Child death	**0**	
Maternal death	**0**	
Other		

Continuous Quality Improvement (CQI) Program

- **Brief description of CQI process and program:**
  Supporting Positive Behaviour Change in relation to smoking

- **Successes/challenges with implementing CQI program:**
  Support clients to reflect on their smoking practice and facilitate those making positive changes in their smoking behaviours, whether this is stop smoking, reducing smoking or making changes around second hand smoke in their child environment.
  The -18% change in proportion smoking in the last 48 hours between intake and 36 weeks.
  17.7% of clients smoking fewer cigarettes in the last 48 hours at 36 weeks than intake

- **Any key findings over the last year?**
  The young mothers' tobacco use outcomes have remained consistent over the past few years, although the findings are positive
  The current evidence (NICE) suggest that incentive – based smoking cessation programmes should be made available to socially disadvantaged mothers who smoke. The Central team would like to explore the possibility of testing a scheme for young mothers on the programme

- **Any planned new CQI activities planned for this year?**
  The new Family Nurses need to complete Smoking Cessation Specialist level training
  To introduce the EPDNS and GAD7 Screening Tool and strengthen the Perinatal Care Pathway
  To introduce the STAR Framework

Any other relevant information:

PART FOUR: ASSESSMENT OF PROGRAM TESTING AND EVALUATION

Our NFP research program

Brief description of our research project(s):

Service evaluation of Intimate Partner Violence (IPV) Clinical Pathway

In June 2018, FNP NI commenced a regional feasibility study of the augmentation and integration of an Intimate Partner Violence (IPV) innovation into existing practice into Northern Ireland. The IPV innovation includes nurse and supervisor education and a clinical intervention (including a clinical pathway to guide decision-making) previously developed and tested for use with FNP clients in Canada and the USA by Professor Susan Jack (McMaster University, Ontario, Canada) and colleagues.

The proposed service evaluation will be conducted by the FNP Health Intelligence Manager and FNP Research and Information Officer, in collaboration with Professor Susan Jack, to explore the feasibility, acceptability and application of the IPV Innovation to FNP in Northern Ireland. This will allow for reflection on the feasibility and acceptability of introduction of the IPV innovation into practice into each setting.

Family Nurses will be invited to participate in focus groups to explore issues relating to the integration of the clinical pathway into existing practice from the perspective of the Family Nurses. These will help determine acceptability, integration and nurse knowledge and confidence in identifying and addressing IPV in their practice.

One Trust is participating in a research study: Leading the development of person centred nursing key performance indicators

Preliminary data from randomized controlled trial + any other research projects

Key Findings :

The Revaluation Study provides assurances that FNP in Northern Ireland is providing an effective service to vulnerable young parents. The process highlights value inherent in five key FNP components:

1. International, regional and local governance arrangements
2. Evidence base and continuous data analysis
3. Effective recruitment and intensive training programmes for Family Nurses
4. Comprehensive programme materials delivered with fidelity
5. Professional techniques and approaches

How we will use this data:

A regional communication and dissemination strategy is in place so that the wider system understands the FNP programme and can learn from its theoretical approaches and how these can be implemented in practice

Any key recommendations for program implementation:

Following the recommendations of the Revaluation Report, the FNP programme has been expanded by 10 nurses, offering an additional 230 places on the programme. .

Any other relevant information:

This year, the Clinical Lead presented on the Implementation of the Family Nurse Partnership Programme in Northern Ireland and Key findings from the Revaluation Study at two international conferences, namely :
The Global Network of Public Health Nursing – Kenya
The International Council of Nursing – Singapore
Both presentations received very positive feedback from several Government Nursing leads including Kenya, Italy and Japan

PART FIVE: ACTION PLANNING FOR NEXT YEAR

Our planned priorities for next year:

1. Implementation of the Learning from the intimate Partner Violence (IPV) Clinical Study
2. Implementation of Quality Improvement training for all members of the Family Nurse Partnership teams
3. Explore the options on the way forward with Information System

Any plans/requests for program expansion?

Northern Ireland are interested to be involved with the testing of the Online DANCE training

This is what we think we need to be doing next year to adapt, test and improve the quality of our NFP program in the coming year:

1. The NI FNP teams will implement the learning from the feasibility of the testing and adaption of the Intimate Partner Violence.

2. The FNP teams plan to adapt the Perinatal Mental Health (PNMH) of the programme and to implement EPDNS/GAD 7 to improve the quality of PNMH.

3. Improve Data completion of the forms

4. Develop the process for Reflective Supervision for the Supervision informed by the International project

5. Test and adapt the STAR framework

How we will know if we have been successful in meeting our objectives?

1. A paper on the learning from the Intimate Partner Violence Study

2. An updated Revised Perinatal Mental Health Pathway will be in place.

3. Active participation in the Reflective Supervision initiative

4. Improvements in the Uptake in the Data Completion of forms

5. Star framework in place

This what we would like from UCD through our Support Services Agreement for next year:

- Support with the implementation of the learning and actions from IPV Research Study

- Prepare teams for the implementation of STAR

Our suggestions for how NFP could be developed and improved internationally are:

No suggestions

PART SIX: ANNUAL REPORT FROM UCD

(To be completed by UCD following meeting to review annual report)

Brief summary of services/support provided by UCD over the last year:

- Information and guidance to Clinical lead through regular mentoring and consultation calls
- Responses to ad hoc questions and requests for documents etc
- Support for international collaborative sharing of plans and experiences in adaptation and testing of IPV innovation
- Inclusion in international reflective supervision project, sharing of outcomes and opportunity to join international working group
- Access to NFP International website and resources, Clinical Advisory Group and other International collaborations.
- Dr Olds and A Rowe- contributions to NI FNP conference
- Links with international NFP information and research officers to share experiences

Identified strengths of program:

- Strong PHA support and excellent clinical leadership
- Willingness to continue to adapt and implement new innovations to the program, with a commitment to evaluating the impact of these
- Family nurses and supervisors with significant experience, expertise and commitment
- Excellent data analysis and reporting of findings – enabling reflection and forming the foundation for quality improvement
- Close working relationships between teams and other services within NI

Areas for further work:

- Continue to work on data completeness
- Embedding quality improvement practices, including updating of the smoking cessation quality improvement initiative
- Continue to monitor programme uptake and seek to understand these so that appropriate adjustments necessary for improvement can be made
- Further development of the Information system so that data reports can be obtained by teams
- Creation of additional clinical leadership capacity within the National Unit

Agreed upon priorities for country to focus on during the coming year:

- Agreed as set out in part 5

Any approved Core Model Element Variances: No Variances requested

Agreed upon activities that UCD will provide through Support Services Agreement:

- Continued access to international community and learning and 1:1 consultation for DW
- Support learning from the IPV evaluation to make further adaptations and adjustments as needed
- Support to adapt and test use of the STAR framework
- Support to improve and update the perinatal mental health component of the program
- Support and mentoring for new nurse consultant

