Evaluation of the Women's Aid Maternity Project

Executive Summary

Centre for Effective Services

November 2024

Acknowledgements

The CES evaluation team would like to extend their sincere thanks to everyone who contributed in any way to the evaluation.

We are very grateful to the hospital staff and project stakeholders who collated and shared data, participated in interviews, focus groups and meetings and who shared their knowledge, expertise, experience, and views with us.

Thanks to the members of the Women's Aid project team for their assistance throughout the evaluation, their openness and bravery in commissioning and fully participating in an independent evaluation of their project. This was greatly appreciated.

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Specific thanks to Jeannine Webster, a member of the Maternity Project External Advisory Group, who reviewed the training evaluation survey.

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Finally, to the women who contributed directly and indirectly to this evaluation through sharing their experiences and engaging with the project we thank you.

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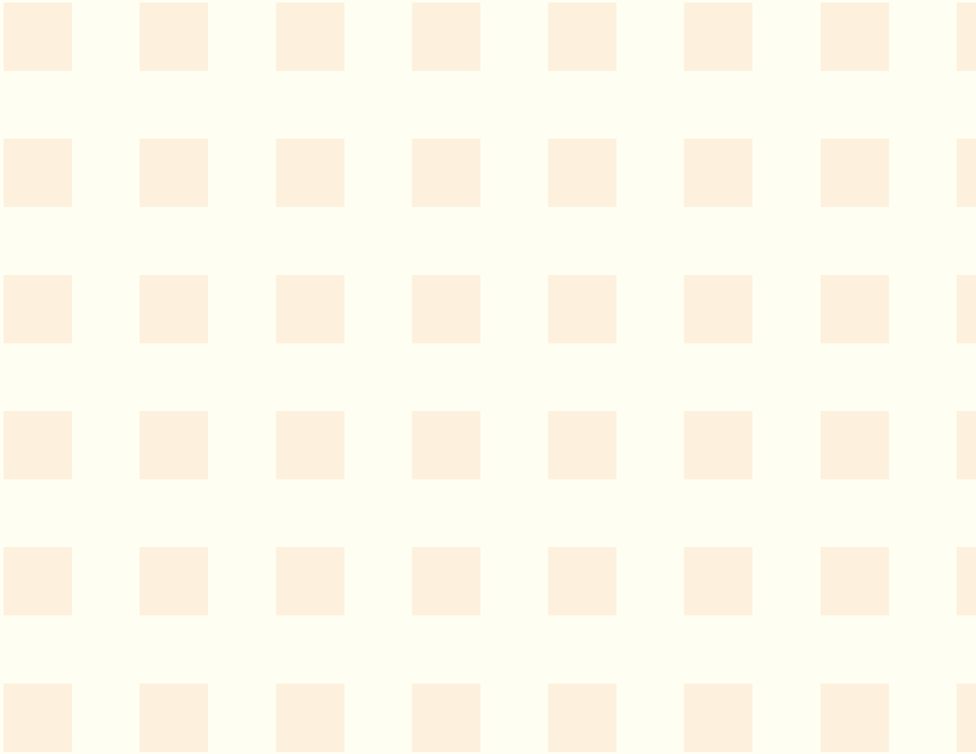

Executive Summary

Pregnant women who are subjected to domestic violence and abuse (DVA) face a range of barriers to help-seeking and disclosure, during a vulnerable and high-risk period. The Maternity Project aimed to enhance the response of the maternity services in Ireland to victims/ survivors of DVA by collaborating with maternity services to implement co-designed awareness raising materials, a specialist outreach worker role, and a bespoke co-designed training course for maternity staff.

DVA in pregnancy is common[1]. There is no current robust data on prevalence of DVA during pregnancy in Ireland, nonetheless the evidence is clear that the physical and emotional impacts of DVA during such a vulnerable period can be profound. International and Irish research evidence and policy recognise that the period when a woman is engaged with maternity services provides a unique opportunity to identify DVA and provide appropriate support. Maternity services need to support women to disclose DVA and ensure women are offered timely referral to specialist support[2],[3].

The goals of the maternity project were to create safe conditions for women to disclose, address some of the known barriers to effective identification of women subjected to DVA in the perinatal period and to strengthen timely access to appropriate supports.

Summary of the objectives of the maternity project

The project was borne out of years of Women's Aid work with maternity hospital staff and with survivors. The idea for the project came from extensive practice-based knowledge on the vulnerability and particular risks to pregnant women who are subjected to abuse combined with insight into midwives and other hospital staff experiences around routine enquiry and their appreciation for further training and support around the complex societal issue of domestic violence and abuse (DVA). A significant body of both international and Irish research reinforced the need to offer a more dedicated and sustainable resource to support the midwives, doctors, nurses and social workers who care for the pregnant women and pregnant people who may be in this situation. Finally, the recommendation from Ireland's first Maternity Strategy 2016-2026 on training and referral pathways underlines the need for this project.

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[1] World Health Organisation. (2011) *Intimate partner violence during pregnancy: Information sheet.*

[2] Centre for Effective Services (2023), *Perinatal Domestic Violence and Abuse, Review of Evidence and Policy for the Women's Aid Maternity Project.* Unpublished.

[3] Webster J, Lawlor S, Kavanagh D, Breen A, Sheil O, McCarthy AM, O'Brien Green S, Kirby F, Leahy M. *National Clinical Practice Guideline: Management of Domestic Violence and Abuse in Pregnancy. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists.* May 2024.

Figure 1: Summary of the objectives of the maternity project

Women's Aid worked with maternity services to develop the three components of the project:

- Co-design of awareness raising materials for hospital staff and women using maternity services. Co-design involved Women's Aid and representatives from multiple services in each of the four partner hospitals. The co-design process did not directly involve women themselves but was informed by Women's Aid's learning from supporting women in the perinatal period.
- Collaborate on the design and implementation of a referral pathway from maternity services to Women's Aid Outreach Support Service.
- Co-design and roll out of evidence informed training for maternity services staff.

Resources have always been the primary barrier to progress in this area. Women's Aid resourced this ambitious pilot project over its duration from May 2021 to December 2024, entirely through generous donations from the public and non-statutory funds. The investment in the project was a total of €536k.

Here we report on the independent evaluation of the project, commissioned by Women's Aid and undertaken by the Centre for Effective Services (CES).

Focus Group with Pavee Point Traveller and Roma Centre

A focus group was conducted with Primary Health Care Workers (PHCWs) for the Traveller community, a Community Development Worker for the Pavee Point Roma Programme, the Pavee Point Violence Against Women Programme Coordinator, and the Pavee Point coordinator for Pavee Mothers - Maternal Health Initiative.

Similar to the survey of women's experiences participants unanimously supported women being asked about DVA more frequently when attending maternity services. They emphasised the importance of trust for women to talk about DVA and discussed the discrimination and poor treatment that women from Traveller and Roma communities often experience when attending maternity services.

Other structural barriers to accessing support for abuse that were discussed in the group included inadequate translation services in healthcare settings, and a lack of alternative accommodation and income for women to live independently of an abuser, particularly those women who are not 'habitually resident'*.

The focus group participants advocated for a specific care pathway for Traveller and Roma women in the maternity service, with staff who are trained to support Traveller and Roma women.

"They're afraid the first time, because they think the baby will be took off them or something. I think it's a very important question to ask. But it's like you say, they have to ask it every time, and if they need help there is help."

- Pavee Point Focus Group

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* Habitually resident: many of the social welfare payments in Ireland can only be claimed by those who are "habitually resident", which means people who can prove they have lived in Ireland and plan to continue living in Ireland for the foreseeable future.

The National Maternity Strategy aims to ensure that:

"Midwives, obstetricians and GPs are alert to the heightened risk of domestic violence during pregnancy and postpartum. Women will be asked about domestic violence at antenatal and postnatal visits, when appropriate. This will be supported by appropriate training for frontline staff to ensure that all such enquiries and disclosures are handled correctly, and that referral pathways and support options for women who disclose domestic violence are clear."[4,5]

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[4] Department of Health. (2016). *Creating a better future together: National Maternity Strategy 2016-2026.*

[5] Department of Health (2021). *National Maternity Strategy: Revised Implementation Plan 2021-2026.*

Women's Experience of Irish Maternity Services

Women's Aid commissioned CES to conduct a survey of women who have experienced DVA while accessing maternity services in Ireland in the last 5 years (May 2022- June 2023, 74 respondents).

- This survey indicated that screening for DVA in pregnancy was not universal.
- Women accessing private care were much less likely to have seen information about DVA and much less likely to have been asked about DVA during their pregnancy.
- The majority of survey respondents reported that they did not disclose DVA to the maternity service they attended. Fear and shame appeared to be key contributing factors (including fear about the involvement of child protection services), along with a belief that the service would not know how to help.
- For the survey respondents who did disclose abuse, the strongest encouraging factor for disclosure was their belief that their information would be kept confidential.
- Over half of the respondents who disclosed abuse felt that the healthcare professional they spoke with did not know how to help them.
- The majority of survey respondents indicated that they had not accessed any other specialist support services for DVA during pregnancy and the majority also indicated that they were not aware of any local support services at that time.
- Survey respondents were strongly in favour of women being asked about DVA frequently at their appointments with maternity services.
- Women called for improved understanding of coercive control and the behaviours that constitute domestic abuse. They recommended that staff in maternity services be trained to ask questions about DVA that relate to controlling relationships, and to recognise signs of psychological abuse.

Evaluation methods

The aim of the evaluation was to analyse data gathered during the pilot (2021-2024), to explore how the Maternity Project was implemented across four pilot sites (The Rotunda, The Coombe, The National Maternity Hospital Holles Street and Cork University Maternity Hospital) and report on any early impact or outcomes achieved.

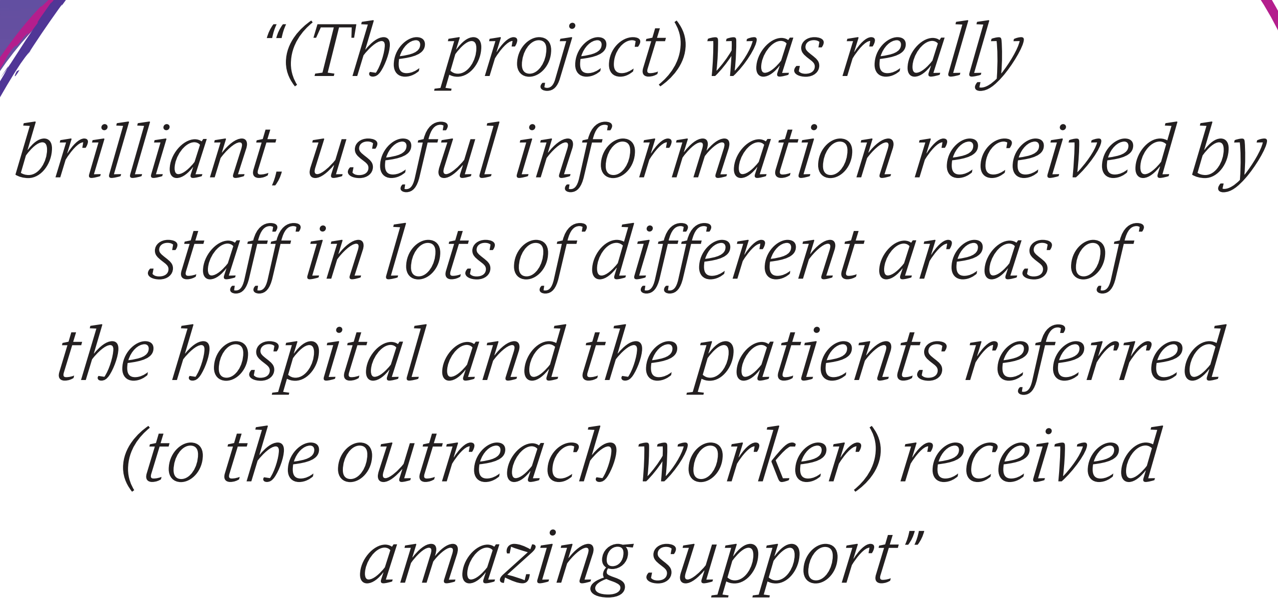
Evaluation of the pilot phase of any new intervention or initiative in healthcare plays a key role in understanding the feasibility of its implementation and how this can be improved. This was a 'formative' evaluation. Formative evaluation is usually conducted in parallel with the early implementation stage of an intervention or initiative, with the view to exploring and identifying factors that may influence the progress and effectiveness of the intervention. The learning from a formative evaluation typically informs future decision-making about the later stages of intervention design and roll-out.

This formative evaluation of the Maternity Project has been guided by Proctor et al.'s Outcomes for Implementation Research[6], a useful framework for conceptualising and evaluating successful implementation of a project within health services. The implementation outcomes from this framework that were selected as most relevant for the evaluation of the Maternity Project were:

- **acceptability,** perceived need and satisfaction with the intervention
- **appropriateness,** the fit between the intervention and the context
- **adoption,** the level of uptake or intended uptake
- **feasibility,** could the intervention practically be implemented?
- **sustainability,** could the intervention be maintained?

The evaluation adopted a mixed-methods approach using a combination of quantitative data (training feedback surveys, routinely collected data from hospitals and from Women's Aid, surveys of staff experience of the project implementation and impact) and qualitative interviews and focus groups with key staff involved in the design and rollout of the project including medical social workers, service leads (including primarily directors and assistant directors of midwifery) and Women's Aid project co-ordinator, training and development manager and outreach workers.

[6] Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). *Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and policy in mental health and mental health services research,* 38, 65-76.


“(The project) was really brilliant, useful information received by staff in lots of different areas of the hospital and the patients referred (to the outreach worker) received amazing support”
- Medical Social Worker, pilot hospital

Findings

Overall, this pilot project was successful in meeting its aims. Implementation of the project was largely successful, with key learning gained on necessary adaptations and considerations to inform any future rollout.

The collaborative approach to the project, was essential to successful implementation. The collaborative approach was vital for designing an offer that was acceptable and implementable. In particular when co-design was adopted to design and implement the project components with services this created the conditions for successful implementation. The majority of those who participated in the evaluation had a positive experience of the collaborative approach, for the small minority who expressed a negative view of the collaboration, the evaluation found that this was associated with slower uptake of the project components.

The presence of a dedicated coordinator for the project was necessary to enable co-design. The project coordinator was also essential to driving the project forward in partnership with maternity services.

Early findings on the impact of the project indicate that it has had a positive effect on awareness of DVA for both staff and women using services. The Outreach Support Service has improved the speed and type of support provided to women referred to the service. Training was largely successful in improving staff awareness of DVA, recognition of the signs of DVA, preparedness to ask women about DVA and confidence in responding appropriately to a disclosure of DVA.

This pilot project demonstrated great potential for improving maternity services response to DVA. The strong co-design approach has generated excellent resources that meet the needs of maternity services in supporting and enhancing their approach to DVA. Barriers remain to its wider rollout that need to be addressed to enable the project to have impact at scale.

Any wider rollout should adopt the successful co-design approach, extend this to include women with lived experience, and be accompanied by an evaluation of implementation and impact, adopting an experimental design to provide more robust evidence on the impact of the project.

Data and monitoring

Our survey exploring the experiences of women who have used maternity services while they were experiencing DVA in the past 5 years[7] indicated that screening was not universal, nor was it effective in identifying all women subjected to DVA. As part of the evaluation we sought data on screening for DVA and rates of referrals to Medical Social Work (MSW) following disclosure. The work involved in liaising with the hospitals about this data has helped identify gaps in what is recorded by maternity hospitals in relation to DVA and informed recommendations about data collection on DVA at maternity hospitals.

[7] Centre for Effective Services (2023), *Survey of Women's experience of maternity services while subjected to DVA*. Interim report for the evaluation of the Women's Aid Maternity Project. Unpublished.

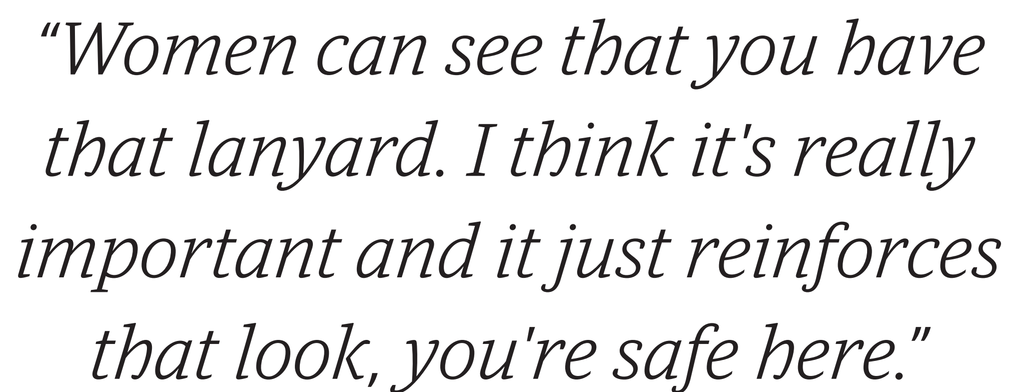
Awareness raising materials

The Third National Strategy on Domestic Sexual and Gender-Based Violence (DSGBV)[8], the National Standards for Maternity Services, and the National Clinical Practice Guideline: Screening and Management of Domestic Violence and Abuse in Pregnancy and the Early Postnatal Period[3] all recommend the availability of information about local, specialist DVA services within maternity service settings. The awareness-raising intervention of the Maternity Project is aligned with these policies. Women find awareness raising materials to be helpful and welcome their presence throughout maternity settings. They can prompt women to self-refer, contribute to a disclosure friendly environment and improve women's recognition of abuse, particularly coercive control.

In this evaluation we found that there was a high level of support from maternity services staff, who agreed that awareness raising materials were needed and welcome in their services. Co-design of materials with Women's Aid and maternity services led to greater adoption and reach of materials with greater impact.

- Awareness raising materials were acceptable and effective in contributing to disclosure friendly environments, improving awareness of DVA and opening conversations.
- Sustaining year-round visibility of materials is important and requires leadership to champion DVA awareness to ensure that materials remain visible and bring focus to DVA.
- The materials were perceived to contribute to improved recognition of DVA. Medical social workers felt that materials and the 16 days campaign led to increased referrals to Medical Social Work services.
- We identified substantial gaps in the distribution of awareness raising materials between public and private care settings, with very low uptake in private settings. This is reflective of a wider pattern of much poorer recording of screening data, screening practices, identification of women subjected to DVA and referral to support in private care settings, as compared to public care settings, found throughout this evaluation.

[8] Department of Justice. (2022). *Third National Strategy on Domestic, Sexual and Gender-Based Violence Implementation Plan.*


"Women can see that you have that lanyard. I think it's really important and it just reinforces that look, you're safe here."
- Medical Social Worker, pilot hospital

The Outreach Support Service

The Outreach Support Service is an initiative in three Dublin maternity hospitals, supported by a dedicated Women's Aid Outreach Worker (OW) who manages referrals from the medical social work teams, operating since May 2021. The service supports women experiencing domestic violence and abuse, with a focus on timely interventions and referrals. The Outreach Support Service's focus on offering same-day responses is crucial, aligning with several key policies. The Istanbul Convention (Article 20) mandates timely access to support services[9]. The Third National Strategy on Domestic, Sexual and Gender-Based Violence (2022-2026)[8] emphasises clear and responsive local pathways. The Health Service Executive (HSE) Policy on Domestic, Sexual and Gender-Based Violence (2010)[10] highlights the need for prompt assistance. The National Maternity Strategy (2016-2026)[4,5] supports timely responses during pregnancy, and the National Clinical Practice Guideline Screening and Management of Domestic Violence in Pregnancy and the Early Postnatal Period (2024)[3] stresses the importance of immediate intervention.

Referrals to the service have increased rapidly over time with 353 referrals received over the study period. The Outreach Support Service has successfully maintained a same-day response and engagement levels with the service have been consistently high. The service primarily supports pregnant women, though it also aids women post-pregnancy or following-pregnancy loss.

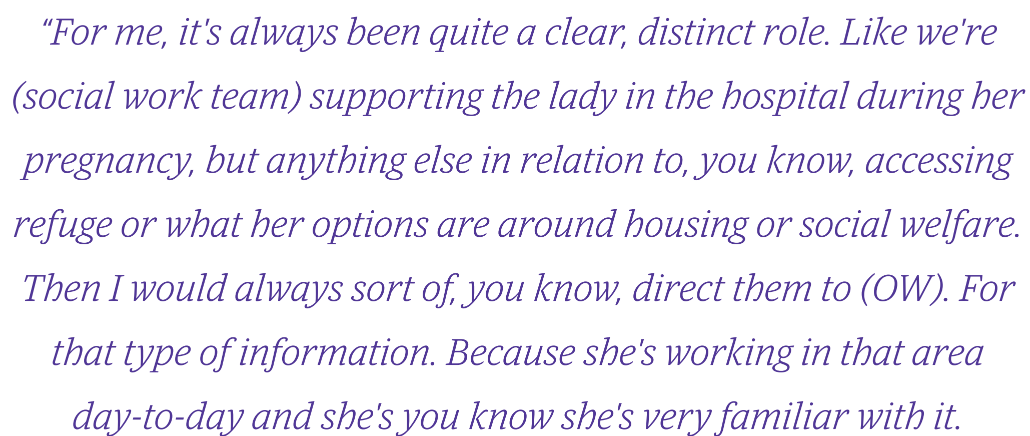
[9] Council of Europe (2011) *Convention on preventing and combating violence against women and domestic violence.*
[10] Health Information and Quality Authority. (2016). *National Standards for Safer Better Maternity Services.*

Learning from implementation:

- There were high levels of acceptability among project partners for the Outreach Support Service. The aspects of the intervention that were particularly valued by project partners included the co-design of the referral pathway, the expertise of the Outreach Worker (OW), the capacity of the OW to support with legal needs including court accompaniment, the services ability to connect women to wider Women's Aid supports, the community-based nature of the work, the continuity of the OW for women and for the maternity social work department and the independence of the project from the hospital and from social work.

- Co-design has proved to be a valuable approach to securing project partner buy-in but was not used as extensively with the implementation of the Outreach Support Service compared to other aspects of the project. This resulted in the Women's Aid project coordinator having to spend a lot of time at the beginning engaging with social work departments to secure buy in for the service. This was largely successful and helped increase project partner perceptions of appropriateness (i.e. fit) and resulted in increased adoption of the service, as evidenced by increased referrals.

- There was strong support for the continuation of the pilot and for wider rollout to other hospital settings. Variation in the context of implementation sites (i.e. hospitals) however has the potential to influence delivery and ultimately outcomes and as such the evaluation has made recommendations for considering wider rollout, particularly in services where there is no maternity social work department.



"For me, it's always been quite a clear, distinct role. Like we're (social work team) supporting the lady in the hospital during her pregnancy, but anything else in relation to, you know, accessing refuge or what her options are around housing or social welfare. Then I would always sort of, you know, direct them to (OW). For that type of information. Because she's working in that area day-to-day and she's you know she's very familiar with it.

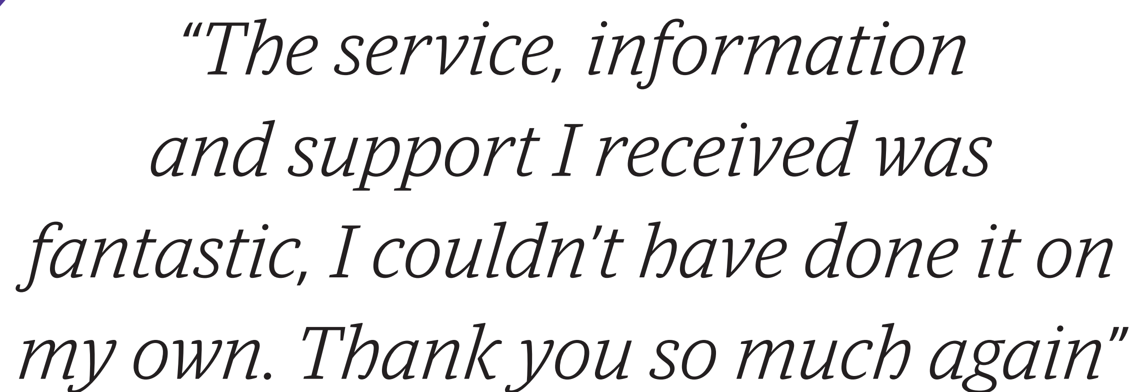
- Medical Social Worker, pilot hospital

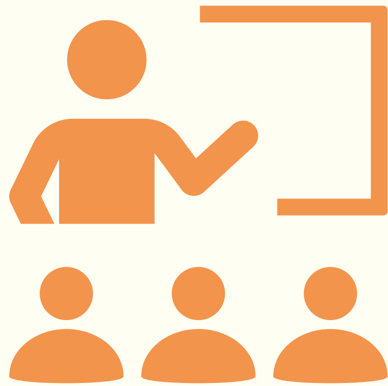
Impact of the Outreach Support Service:

- Feedback from the evaluation of the Outreach Support Service was overwhelmingly positive, with participants advocating for the continuation of the pilot and its extension into other hospital settings.
- Social workers from across all three hospitals and the OWs discussed a number of different ways that the Outreach Support Service was contributing to a broadening of support and greater efficiency in terms of how women engaged with maternity services can be supported with DVA, and how the social work teams also benefit from the Outreach Support Service.
- Overall, findings from the evaluation suggest that the Outreach Support Service contributed to a more 'joined up' approach to supporting the needs of women accessing maternity services and experiencing DVA.

Having a ring-fenced community outreach service for women engaged with maternity services;

- allowed women to access immediate support from the Outreach Support Service during the perinatal and postnatal periods which research has shown is a particularly vulnerable period.
- enabled strong working relationships to be developed and maintained between the Outreach Support Service and the medical social work department which worked to ensure women were well supported throughout their pregnancy.
- Women who accessed the service were overwhelmingly positive about their experience of accessing support from the OW, with the majority agreeing that they received information and support about their rights and options; received emotional support and felt stronger and more confident in managing their situation following engagement with the OW.
- There was also some indication from evaluation participants that the OW's capacity to accompany women to court was resulting in an observable improvement in the number of women who were attending court to secure protection orders.


“The service, information and support I received was fantastic, I couldn’t have done it on my own. Thank you so much again”
- Woman supported by the outreach worker



Training

The Women's Aid Maternity Project Domestic Violence and Abuse Training Programme is designed to enhance the response of maternity hospitals to survivors/ victims of domestic abuse. This pilot programme developed collaboratively with multidisciplinary staff in the four pilot hospitals, offers a blended learning approach, including self-paced eLearning, interactive online sessions, and face-to-face workshops. The training was structured in three levels, with trainees having to complete the previous level in order to be eligible to progress to the next.

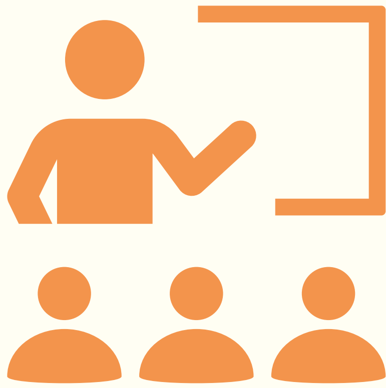
The training levels were:

Bronze Level	Silver Level	Gold Level
Recognising and understanding the impacts of domestic abuse on women	*Enquiring about and responding to women subjected to domestic abuse*	*Skills workshop facilitating and managing disclosures of domestic abuse*
45 minutes self-paced eLearning, focused on recognising domestic abuse and signposting support options available.	1.5 hours, facilitated online multidisciplinary group training, addressing how to enquire about and respond to abuse.	1.5 hours, facilitated in-person multidisciplinary group workshop using case studies and role plays to allow participants to practice skills in managing disclosures.

The course is Accredited for 4 RCPI CPD credits & 5 NMBI CEU's on completion of the 3 levels.

This training is aimed to empower clinical staff to sensitively work with women subjected to DVA during the perinatal period, ensuring appropriate referrals and support for survivors. Training was made available to all clinical staff within the four pilot partner maternity hospitals (The Coombe, The Rotunda, CUMH, NMH) and two additional regional maternity units at University Hospital Kerry and St Lukes General Hospital Kilkenny.

"I feel more confident
enquiring about Domestic Abuse with the
client and am no longer concerned about not
handling a disclosure correctly, also doing the
session with other disciplines allowed me to
build my relationship with other professionals
so I feel confident about approaching
them for help and advice".
- Training participant



Implementation of training

Training was rolled out between November 2023 and July 2024. Across the four pilot partner sites and two regional sites, 345 people availed of bronze training, 166 silver and 67 gold. Uptake was strongest for medical social workers with 4 in 5 availing of training. Uptake was lowest for doctors, with 1 in 20 accessing the training.

- Training was highly acceptable and appropriate, with the training content described as 'excellent and in depth' and highly relevant to trainees professional role, with 99.31% of respondents finding it directly applicable to their work.
- Satisfaction with all three levels of the training was high. For trainees, 92% were very satisfied with the course content describing it as "excellent" and highly relevant.
- Post-training feedback indicated that 97% of respondents felt the training either met or exceeded their expectations and very nearly unanimous agreement that trainees would recommend the course to colleagues at all three levels (99.5%).
- Trainees valued the multidisciplinary approach to training. One hospital was particularly successful in securing multidisciplinary engagement with the project, which resulted in greater uptake across all professional groups.
- The demanding schedules of hospital staff posed significant challenges, with many struggling to make time to participate in training sessions. Despite high satisfaction with the content, logistical issues such as time constraints and resource limitations were significant barriers to greater uptake.
- The co-design work, development of training content and resources and roll out of training was delivered by Women's Aid at no cost to the maternity hospitals who were offered the training. This investment by Women's Aid is wholly unsustainable nor scalable without funding from statutory agencies.

- The training programme was effective in improving trainees' preparedness to recognise, identify signs and ask women about DVA and refer women to specialist support both within and without the hospital setting. This positive impact appeared to be stronger for the group of silver trainees as compared to bronze, and for gold as compared to silver[11].
- Early evidence indicates that this improved preparedness has had a positive impact on trainees' confidence in discussing DVA, with colleagues and with women.
- There was also some evidence, from focus group participants' observation of colleagues and responses to follow-up survey, that training improved trainees' ability to identify and respond to DVA cases in practice.
- Several practical challenges hindered trainees from applying the learning in practice including partner presence during consultations, language barriers, and insufficient private spaces for confidential discussions.

"Silver training was very useful for ***gaining skills*** *on how to approach a difficult conversation with a woman. Gold training was good to* ***apply those skills****"*

- Training participant

[11] The impact appears to be very positive but as trainees are a self-selecting group, there is no control or comparison group and we were unable to track the progress of individual trainees through the three tiers of training, as such we are cautious in our interpretation of this finding.

Summary of Recommendations

A number of recommendations emerged from this work and are summarised here.

Overarching recommendations for the project

Based on our findings on the projects' overall implementation and impact and additional learning from the evaluation process we recommend that:

- The project should continue with adaptations to respond to the learnings from this evaluation.
- Funding to continue the project and build on the resources developed should be made available to Women's Aid and participating hospitals by HSE or relevant state bodies.
- Any continuation of the project should include monitoring of implementation and impact by both Women's Aid and partner hospitals.
- Any further rollout should include a robust evaluation adopting an experimental design.
- We strongly recommend that the Outreach Support Service is funded to continue operating, with sufficient resourcing to maintain a same-day response in the context of increasing referrals.
- We strongly recommend that awareness raising materials should continue to be distributed and displayed throughout all maternity settings, with supports in place to ensure materials are visible in all maternity settings year round and adequate funding provided to support the annual 16 days campaign.
- We recommend that the training programme be continued and extended to other maternity hospitals with adaptations to the structure and delivery to improve the fit with maternity settings needs and constraints on time.
- Wider rollout to other maternity hospitals should continue to utilise a co-design approach in partnership with maternity hospitals.
- Any extension of the project to other health settings (GPs, emergency departments, public health nursing) should build on the resources developed and the learning generated.
- Any extension of the project should first consider the feasibility of implementation in new contexts or services.
- We recommend that funders of any further roll out or extension to other services, acknowledge the value of co-design and provide specific funding to enable this resource intensive approach, including a dedicated coordinator role to lead and manage the process.

The full report, including the full list of recommendations is available here:

Summary of recommendations relating to data and monitoring

We recommend that:

- Hospitals continue to use computer aided data collection systems that provide prompts to support DVA screening and recording of screening.
- All maternity hospitals review their processes for capturing data on screening and referral to MSW and take appropriate action to ensure that:
    - screening at booking is always taking place and recorded correctly
    - prompts for asking about DVA are not limited to booking appointment. Consider adding prompts for asking about DVA throughout pregnancy and in other services (e.g. early pregnancy, termination of pregnancy) and postnatal screening
    - gaps in screening and referral for patients in private/ semi-private compared to public care are closed
    - every woman who makes a disclosure of DVA is offered support.
- All maternity hospitals, led by medical social work, consider implementing a system of reviewing screening data so that all women are asked about DVA and all women who disclose DVA are offered specialist DVA support.
- All maternity hospitals commit to ongoing monitoring of DVA disclosure and referrals.
- All maternity hospitals/MN-CMS[12] review and adjust the IT systems so that ongoing monitoring of DVA disclosure and referral does not require manual review of individual cases.
- MN-CMS to include a way to capture and easily report on the point in pregnancy a referral was made to MSW so that monitoring of progress towards earlier identification of women in need of support can be undertaken more easily.

[12] The Maternal & Newborn Clinical Management System (MN-CMS).

Summary of recommendations for awareness raising materials

We recommend that:

- Women's Aid continue to provide high-quality co-designed awareness-raising materials to maternity services.
- Funding to continue to deliver this annual campaign should be made available to Women's Aid and extended to allow hospitals to work with Women's Aid to create more opportunities to bring focus to DVA in pregnancy, not limited to 16 days campaign.
- That maternity services work to close gaps in uptake of materials;
    - between private, semi-private and public care in maternity hospitals
    - between the full range of services that women have contact with during the perinatal period, taking a multidisciplinary team approach
    - for women whose first language is not English. Costs of translation of existing material to be funded by HSE to provide equity for service users.
- Partner hospitals and Women's Aid identify, train and support champions within services to lead on maintaining year-round visibility of materials and creating more opportunities to focus on DVA, not limited to the 16 days campaign.
- Hospitals commit to regular review of all services that women may be in contact with to ensure that services have the materials, that staff are aware of them, particularly in teams with high turnover of staff, and that materials are consistently on display and visible to women and staff members.

Summary of recommendations for the Outreach Support Service

We recommend that:

- The Outreach Support Service should be continued, and appropriate funding provided to Women's Aid to maintain this service by HSE/ relevant state body. This should include sufficient resources to enable the service to maintain same-day response for women referred, manageable caseloads and the excellent quality of the service for women.
- Women's Aid to work with the MSW departments to analyse trends in rates of detection and referral to inform understanding of resource requirements.
- The OW has continued access to Women's Aid line management as well as monthly clinical supervision.
- Women's Aid to consider the suggestion from a medical social worker to bring the three Dublin hospitals together on a regular basis to share learning and ideas about how they could make best use of the Outreach Support Service.

If wider rollout to other hospital settings is considered, we further recommend:

- An analysis of the feasibility of rolling out the Outreach Support Service to support regional hospitals with maternity units, who may or may not have access to dedicated DV MSW.
- Women's Aid to factor into implementation plans the time required to build relationships and garner support for the Outreach Support Service in any future rollout of the service.
- Ongoing review and evaluation of the implementation of the service in other contexts to inform an understanding of its impact.

Summary of recommendations for training

We recommend that:

- HSE provide funding to support further roll out and evaluation of the training in partnership with Women's Aid, building on the existing resources and insights gained through Women's Aid's and pilot partner hospitals' investment in the co-design and delivery of this high-quality training. This is in line with National Clinical Practice Guidelines that there should be mandatory training for all Midwives, Nurses, Doctors and Health and Social Care Professionals and students working in maternity settings.
- Senior leaders in partner maternity hospitals commit to working with Women's Aid to address the barriers to training uptake and application of learning identified in this evaluation.
- Hospitals identify, resource and support champions to lead the adoption of training across all services, roles/ disciplines and types of care to address the gaps in training uptake.
- Any rollout of training retain the multidisciplinary approach to training different professional groups together, potentially jointly delivered with MSW where feasible.
- Realistic timelines and allocation of resources are adopted for any further rollout of training Those who availed of training to date may represent keen early adopters and more time and effort may be required to support a wider rollout to those with more pressing priorities.
- HSE/ National Women and Infants Health Programme (NWIHP) to consider commissioning the rollout of this training to other health professionals who are in contact with women during pregnancy.
- Any further rollout beyond maternity hospitals should include funding for co-design/ adaptations to training to fit within each new service context/ needs/ constraints.

“It is not just a routine question, this is someone's life.”

- Survivor of DVA in pregnancy

“At an extremely vulnerable time in life, knowing there's a possible avenue for conversation or information regarding DV could be lifesaving.”

- Survivor of DVA in pregnancy

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