



Violence against women is a fundamental violation of human rights and a serious international public health problem, that has irrevocable physical, psychological and sexual cost to women, their family and society in general (WHO, 2013). IPV, affecting up to 1 in 3 women (35%) (WHO, 2017) occurs across a lifespan and can start as soon as a person starts having intimate relationships (Niolon et al., 2017). Incidence of new cases and severity of pre-existing abuse has been found to increase up to 30% during pregnancy (HSE, 2011). Antenatal care is seen an opportunity to enquire routinely about intimate partner violence, because of the dual vulnerability of pregnancy (WHO, 2013).

Routine enquiry for IPV in antenatal care, currently advocated by national policy on domestic, sexual and gender-based violence in the Republic of Ireland, involves asking everywoman accessing antenatal care about their safety with their partner and in their home. As part of a case study exploring the factors that influence IPV screening in antenatal care, interviews were conducted with women accessing antenatal care services (40 persons) and healthcare professionals providing care (30 persons) in three maternity hospitals in Republic of Ireland. The aim of this presentation is to present the finding from these interviews on the preferred role, approach and characteristics of the healthcare professional to screen for IPV as part of antenatal care.

This article gives an account of the results of an examination concentrate on the early execution of a qualities based family-focused model of training in Ireland known as the Meitheal model. The paper expects to decipher the critical messages from this examination to rehearse with families associated with the kid government assistance framework. This is finished by featuring the interaction by which mediation zeroed in on help and avoidance utilizing a qualities viewpoint has started to happen practically speaking. Utilizing information gathered from partners associated with the execution of the training model, the examination gives understanding into the chances and difficulties required at large scale and miniature degrees of training. The conversation interfaces this advancement in Ireland to the more extensive global setting, utilizing three expansive structures educated by the biological model; a system for deciding limits in youngsters' administrations and the continuum of intercession among help and insurance to illuminate framework change pointed toward upgrading family support and better results for kids and families. Supporting this is an accentuation on how Meitheal as qualities based methodology can impact the accomplishment of the standards of early mediation, anticipation and family support in the kid government assistance framework in Ireland.