

Maternal Early Childhood Sustained Home-visiting (MECSH) is a structured program of sustained nurse home visiting, group work and service integration for families at risk of poorer maternal and child health and development outcomes. MECSH has been classified an effective intervention through US Department of Health and Human Services independent review. MECSH programs are now being implemented with nearly 10,000 families in NSW, Victoria, Tasmania, England and South Korea.

To ensure sustainability MECSH delivery is embedded within the universal child and family health service system. The core of MECSH is the relationship that develops between the nurse and family, commencing in pregnancy and continuing to child age two. As a human relationship-based intervention, adaptation to meet the needs of consumers, nurses and health service delivery organisations in each local context is key to the effective implementation of MECSH programs. A critical challenge for the broad implementation of MECSH world-wide has been achieving an appropriate balance between meeting local user requirements and ensuring that the program is delivered to quality standards to ensure replication of positive results for children and families.

Processes undertaken to successfully adapt the MECSH program worldwide include: engagement with end users to guide adaptation; development of key performance indicators and the mechanisms for ongoing collection and review of those data; and working with implementing organisations to develop sustainable training, supervision and quality management systems that build the capacity of the local service context. This paper will detail these processes and the facilitators and barriers to implementation at scale.