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## The evidence is not enough - Translating the evidence about home visiting into practice in South Australia

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## The evidence is not enough - Translating the evidence about home visiting into practice in South Australia

A presentation to the 2006 ASM of the Australian Society for Psychosocial Obstetrics and Gynaecology session: *New Advances* 

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## Abstract:

Research evidence reveals the benefits to children and adults that specific programs supporting early child development can deliver. But decades after this evidence was published few children in Australia receive the benefits of proven programs, while many more children are in unproven ECD programs.

This paper describes the development and roll out of the *Family Home Visiting Service* (*FHV*), which is a sustained nurse home visiting program incorporating the strongest evidence of efficacy.

In South Australia nearly all new mothers receive a Universal Contact from a Child Health nurse, and undergo a standardised assessment of needs (*Pathways to Parenting*) to identify the most appropriate support services for each new mother.

FHV is offered if the new mother is less than 20 years of age, if the new child is identified as Aboriginal or Torres Strait Islander, if the new mother is socially isolated or if the new mother expresses poor attribution towards her child. FHV offers a schedule of 34 home visits by a specially trained nurse over the first two years of the infant's life, providing preventative information, anticipatory developmental advice and assistance with intercurrent issues.

FHV is in northern and southern Adelaide, in the Riverland, as well as in Port Augusta and Whyalla. By June 2005 over 750 families had agreed to receive the service, and in July 2005 the service was extended. In March 2006 Government announced that over four years FHV would be extended to all indicated families in South Australia. By December 2005, over 997 families had accepted the service. Over 20% of families in FHV were Aboriginal and the overall retention after 12 months in FHV was 81%.

If we are to have more than trials or pilots, evidence about ECD must be better translated into practice and then scaled up. Services need to focus on maintaining program integrity, and developing skills in program design and project management.

The challenge for proponents of ECD initiatives in Australia is to move beyond rhetoric and advocacy, and acquire skills necessary to rollout effective ECD programs for whole populations.

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