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Family Home Visiting Service in South Australia -Translating the evidence into practice

A presentation to the 2006 Congress of the Royal Australasian College of Physicians session: *Home Visiting – Current state of the science and the art*

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Abstract:

There continues to accumulate an abundance of evidence demonstrating the importance of the early years of life to a child's development and later adult functioning. More and more evidence demonstrates the value to children, to the lives of the adults those children become and to the wider society of supporting early child development. A growing body of research evidence indicates the programs that have been shown to improve these developmental outcomes, and significantly those programs that have failed to demonstrate similar health and developmental gains.

Disconcertingly, decades after this evidence has become known few children in Australia have received the benefits of these proven programs, while many more children are offered unproven ECD programs and rhetoric and advocacy concerning the importance of the early years continue to grow.

This paper describes the experience of developing, then rolling out of the *Family Home Visiting Service*, which is a sustained nurse home visiting program incorporating the strongest evidence of efficacy.

“Achieving ‘real-world’ success with prevention and early intervention programs is difficult; therefore, close attention must be paid to quality control and adherence to original program designs. Successful prevention strategies require more effort than just picking the right program.” (Aos, S et al. *Benefits and Costs of Prevention and Early Intervention Programs for Youth – Washington State*, www.wsipp.wa.gov/rptfiles/04-07-3901.pdf. Sep 17, 2004).

In South Australia nearly all new mothers receive a Universal Contact from a Child Health nurse, usually between two and four weeks after delivery and most frequently in their own home. At that time they undergo a standardised assessment of needs (*Pathways to Parenting*) and the nurse seeks to identify the most appropriate support services for the new mother. All mothers who might be eligible for Family Home Visiting Service are then considered at a formal Case Review, while non-eligible families are referred to mainstream services.

Family Home Visiting Service 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. Other eligibility criteria include current or past treatment for a mental health issue, a history of domestic violence, the presence of drug and alcohol related issues, a history of intervention

from child protection services, if the child was born with congenital abnormalities, or if the nurse had significant concerns. In these cases, however, there is consideration of the capacity to benefit from a nurse home visiting service, based on available evidence.

The service offers a schedule of 34 home visits by a specially trained nurse over the first two years of the infant's life, offering preventative information, anticipatory developmental advice and assistance with intercurrent issues.

The Family Home Visiting Service was commenced in April 2004 and has been rolled out to suburbs in northern and southern Adelaide, in the Riverland, as well as to Port Augusta and Whyalla. By June 2005 over 750 families had agreed to receive the Family Home Visiting Service, and in July 2005 the service was extended to additional suburbs in Adelaide and to Gawler. In March 2006 Government announced that over the following four years the Family Home Visiting Service would be extended to cover all indicated families in South Australia. By December 2005, over 997 families had accepted the Family Home Visiting Service. Impressively, more than 20% of the families who have accepted the program have an Aboriginal infant and the overall retention rate after 12 months was 81%. For some 6 - 7% of the families seen, the Family Home Visiting Service was not considered appropriate to their needs (on available evidence) and referrals to other more appropriate services were made.

Important lessons about the development and implementation of population-wide early child development initiatives have been learned in this process. If such programs are ever to move beyond the trial or pilot phase, it is clear that successful implementation of evidence into practice will require particular attention to the practitioners, who will be delivering the intervention, to the organisational context within which the service will be delivered, clarity about the strength of the evidence of efficacy (and maintenance of program integrity), and finally high order skills in program design and implementation.

The challenge for proponents of early child development initiatives in Australia is to move beyond mere rhetoric and advocacy, and to acquire the skills necessary to rollout the effective ECD programs across the whole population.

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