Currently:

- Over 997 families have accepted Family Home Visiting.
- 20.4% of families who have accepted the program have an Aboriginal infant.
- 6 - 7% of these families the service not appropriate and referrals to other more appropriate services.
- 12% of families chose not to continue (eg moved to another area) leaving an overall retention rate of 87% after 12 months.
Evaluation Framework

Based on Systems Evaluation Model

Family Home Visiting

Family Home Visiting
Felt positive after completing the survey (93%)
Did not feel that there were too many questions (93.8%)
Did not find the questions too personal (91.1%)
Comfortable with the nurse asking the questions (96%)
Happy to complete the questionnaire (99.5%)
Did not feel pressured to complete the survey (98.1%)

Strongly positive acceptance:
Survey (371 completed surveys).

High response rate (60%) of mothers from a two-week analysis of client survey:
Pathways to Parenting – Preliminary
Improved parent support networks.
Increased knowledge of contraception interaction.
Improved primary caregiver-child interaction.
Reduced child abuse and neglect.
Reduced hospital admissions.
Increased immunisation coverage.
Reduced child injury rate.

Outcome Evaluation:
Future Directions:

- Childhood Department initiatives around early
  - Linkage with Virtual Village and other
  - Interventions in South Australia
- Integration of the many early years
  - For high-risk infants
- Further development of effective services
  - Include antenatal component
- Expansion of Family Home Visiting to
(need for "real-time" data to support implementation)

- Monitoring and evaluation
- Building of systems *not* just projects
- Ensuring relevant training
- Allocation of sufficient resources
- Selection of effective programs
- Implementation requirements:
  (for equity, sustainability, population health gain)
  (changing the nature of the interaction)
  (healthcare funding mainly for clinical care)
  (evidence base)
Key lessons for South Australia:

- Recognition of need to build systems to deliver these effective interventions rather than continuing to rely on a plethora of small scale projects.
- Recognition of existence of effective ECD strategies / interventions.
- Recognition of limits of treatment approaches for achieving population-level health gain.
- Recognition of importance of early years.
unproven interventions.
more research and yet more
polemics, more resources and its energies in more
ts of children. Australia continues to expand
interventions improving the lives of
in place of evidence-based
wider practice across Australia.
about effective ECD interventions into
translate the knowledge of decades
The deeper question is about the failure
What are the reasons for preventive medicine's reduced scientific standing, and its apparent impotence ...? Despite the gravy train of committees, summits and taskforces and their guidelines, strategies, action plans and targets, there has been only blunted enthusiasm to "walk the talk".

Ref: Van Der Weyden MB. Obesity – out of control. From the Editor's Desk MJA 2006; 184 (9): 425