Vignettes - “High needs” families receiving Family Home Visiting:

- Teenage parents. Did not understand basic child safety. With ongoing relationship mother is now making significant changes in caring for and protecting her child.

- Mother has serious depression and doesn't take medication. Risk of self harm and harm to baby. Father who does most of care has major physical health problems and is in and out of hospital. His ability to care is decreasing. 3 children under 3 years. Baby was premature. No family supports available so respite care organised. Report to CYFS. Shared care being organised.
Home Visiting Evaluation
Pathways to Parenting - preliminary analysis of client survey:

- High response rate (60%) of mothers from a two-week birth cohort across SA, who were invited to complete a survey (371 completed surveys).

Strongly positive acceptance:
- Did not feel pressured to complete the survey (98.1%)
- Happy to complete the questionnaire (99.5%)
- Comfortable with the nurse asking the questions (96%)
- Did not feel that there were too many questions (93.8%)
- Felt positive after completing the survey (93%)
Outcome Evaluation:

- Reduced child injury rate.
- Increased immunisation coverage.
- Reduced hospital admissions.
- Reduced child abuse and neglect.
- Improved primary caregiver-child interaction.
- Increased knowledge of contraception and planning of future pregnancies.
- Improved parent support networks.
Future directions:

- Expansion of Family Home Visiting to include antenatal component.
- Further development of effective services for High Risk Infants.
- Integration of the many early years interventions in South Australia.
- Linkage with *Virtual Village* and other Departments’ initiatives around early childhood.
Lessons learned
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
Issues around application of evidence into health gain:

- Translation of research evidence of efficacy into practice.
- Scaling up of effective practice pilots & models into systems.
Rules for Effective Implementation:

- Do the right thing
  - use the best evidence of efficacy.
- Do the thing right
  - ensure program fidelity.
- Stage rollout to population-level.
- Ensure the right contexts
  - organisational, social, political
Implementation requirements:

- Selection of effective programs
  (evidence base)

- Allocation of sufficient resources
  (healthcare funding mainly for clinical care)

- Ensuring relevant training
  (changing the nature of the interaction)

- Building of systems *not* just projects
  (for equity, sustainability, population health gain)

- Monitoring and evaluation
  (need for "realtime" data to support implementation)
Issues for Healthcare service providers:

- Challenges of “new” evidence of efficacy and of population health approach.
- Most academic expertise is focused on acquiring new knowledge, but is limited in regard to application issues.
- Need to develop systems approaches as compared to multiplicity of local “pilots”.
- Culture of “targeting” services to “high risk” families is at odds with population health approaches and with evidence of efficacy.
- Failure to accept limits of clinical / individual care.
The deeper question is about the failure to translate the knowledge of decades of effective ECD interventions into wider practice across Australia.

In place of evidence-based interventions improving the lives of children, Australia continues to expend its dollars and its energies in more polemic, more research and yet more unproven interventions.