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Evaluation of the Illawarra Aboriginal medical service safe homes, safe kids program: A home visiting program for Aboriginal families in an urban region

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Evaluation of the Illawarra Aboriginal Medical Service 'Safe Homes, Safe Kids' Program

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Abstract:

Background:

Consistently higher injury rates amongst Aboriginal children reveal that Indigenous children have not benefited from the interventions which have been effective in reducing injury rates for non-Indigenous children. Intervention strategies in Indigenous communities must go beyond traditional approaches and take into account the broader range of social, historical and cultural factors impacting on Indigenous populations but few culturally acceptable Indigenous led interventions have been evaluated. The Illawarra Aboriginal Medical Service (IAMS) developed a home visiting safety program targeting disadvantaged Aboriginal families with young children living in the Illawarra. Aboriginal family workers conduct home visits and provide intensive assistance to vulnerable families utilising a locally produced safety promotion package. Focus is on families with new babies, first time parents and teenage parents. In 2013, researchers at UOW received funding from the NSW Health Aboriginal Injury Prevention and Safety Promotion Demonstration Grants to conduct a program evaluation.

Aims:

This collaborative presentation by UOW researchers and IAMS staff will report on the findings of the evaluation of a home visiting model of early intervention as an injury prevention program, and reflect on the process of undertaking a collaborative evaluation in an Aboriginal community setting.

Methods:

The evaluation was conducted between January 2014 and June 2015 and involved development of a program logic model and evaluation framework, including process, impact and outcomes. Routinely collected program data was collected for all clients between October 2013 and September 2014. Qualitative data were collected using semi-structured interviews with 11 IAMS staff, 10 clients and 14 stakeholders. A family worker survey was also collected and analysed. Data was coded thematically and a framework analysis applied using NVivo software. Collaboration between researchers and the IAMS and capacity building in injury prevention, research and evaluation for the family workers occurred throughout the period.

Results:

Clients greatly valued the relationship with their family worker and the IAMS' holistic model of service. Improvements were recorded for the main participants in line with the expected outcomes in the model. Results included: increased engagement in safety programs; improved child safety knowledge and skills; increased accessibility for families to services; improved attitudes to home and

community safety. Child injuries were also reported to be prevented within the home. Limitations included the small number of clients and the primarily qualitative nature of the evaluation.

Discussion/Conclusions:

The IAMS 'Safe homes Safe kids' program offers a promising program for addressing complex family issues in urban areas.