Linking social and health services for families in need: implementation of early childhood intervention networks in Austria

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Austrian Model for Early Childhood Interventions
Austrian Model for Early Childhood Interventions

Basic support
- during pregnancy
- and during first months after birth

universal prevention for all families

regional Early Childhood Networks
- multiprofessional network
- family support
- network management
- indicated prevention for families in need

Basic support regional Early Childhood Networks
Objectives of Austrian Model

Specific Objectives:

» To strengthen resources and reduce strains/burdens of families with children (0–3 years, maximum 6 years)
» To promote and ensure well-being and development of children at an early stage
» To contribute to a healthy growing up including the right on protection, promotion and participation
» To promote health and social equity

Guiding principles:

. Non-stigmatising, appreciative
. Focus on empowerment
. voluntary and free of costs
Characteristics of Early Childhood Networks

- reach families actively and systematically = Raising awareness among those who can identify and refer families in need

- provide continuous and comprehensive support = family support (mostly as home visits) throughout a longer time span; builds up mutual trust; provides model for bonding; refers to specific services within the regional network one by one

- general as well as case-related cooperation and networking = network-management for establishment and continuous maintenance of the regional network,

- which serves as multiprofessional support system, offering well coordinated manifold services for parents and children
Core element: family support
Target group: Families in need

Families with a variety of strains/burdens:

» Social burden, like financial distress, social isolation, inadequate housing, domestic violence
» Mental burden, like mental illness/addiction, unwanted pregnancy
» Specific characteristics of the parents, like minor–aged, single parent, disability or somatic chronic illness
» Increased need for care of the child, like premature birth, multiple birth, mental retardation, congenital illness or disability
» Strong anxiety concerning future of main attachment figure
» Difficulties with acceptance of resp. care for the child, troubles with mother-/parent–child–interaction

But in most cases several burdens are present at the same time in combination with a lack of compensating resources; 7 % of all births and additional 10 % for shortterm support
Professional background of family supporters

Family supporters in the year 2018, in %, n = 119

- (social) pedagogy*: 37
- social work (–management): 13
- psychology/psychotherapy: 12
- midwife: 5
- nurses / nursing science: 10
- other: 10

* incl. (day) nursery pedagogy, educational science
multiple answers possible
Source: NZFH.at, 2018
Regional Early Intervention Networks

Date: March 2018
Exemplary Data for 2018
Families reached in 2018

1,974 contacts
2,222 family supports
1,110 terminated family supports

Source: FRÜDOK, 25. 4. 2019
Referrals by...

- **self report**: 44.1%
- **friends/relatives**: 3.6%
- **institutions**: 52.3%

<table>
<thead>
<tr>
<th>Category</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>family/mother/women counselling service</td>
<td>18.8%</td>
</tr>
<tr>
<td>freelance midwife</td>
<td>10.3%</td>
</tr>
<tr>
<td>child- and youth welfare</td>
<td>9.1%</td>
</tr>
<tr>
<td>hospital</td>
<td>15.0%</td>
</tr>
<tr>
<td>resident paediatrician</td>
<td>3.7%</td>
</tr>
<tr>
<td>social association</td>
<td>33.9%</td>
</tr>
<tr>
<td>other institutions/persons</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

n = 1.693

Source: FRÜDOK, 25. 4. 2019

n = 871
Referrals due to ... 2018

Administrative/legal/organisational support: 23%
Medical and/or social burden within family: 30%
Lack of social network: 18%
Psychological issues within family: 12%
Parents being overstrained or anxious: 39%
Insecurity or issues regarding the interaction with the child: 21%
Other reasons: 22%

In % of all contacts, n=1.697

Source: FRÜDOK, 25. 4. 2019
Family supports 2015–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Family Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>705</td>
</tr>
<tr>
<td>2016</td>
<td>1,283</td>
</tr>
<tr>
<td>2017</td>
<td>1,839</td>
</tr>
<tr>
<td>2018</td>
<td>2,222</td>
</tr>
</tbody>
</table>

n=3,719

Sources: FRÜDOK, 25. 4. 2019; Netzwerk Familie Vorarlberg, 1. 4. 2019
Need for support services 2018

- play group, parents–child–group, baby club: 24%
- child care: 19%
- psychology/psychotherapy: 19%
- midwife: 17%
- family/household help: 15%
- pediatric practice: 13%
- psychiatry and psychosomatics: 12%
- offer to strengthen health literacy and parental…: 12%
- demand-driven minimum guarantee: 11%
- grants and subsidies: 10%

in % of all completed family supports, n=871

Source: FRÜDOK, 25. 4. 2019
Referrals to additional services

- 27% no referral
- 20% one referral
- 16% two referrals
- 15% three referrals
- 11% four to six referrals
- 11% more than six referrals

in % of all completed supports, n=871

Source: FRÜDOK, 25. 4. 2019
EVALUATION: Families do benefit from early childhood intervention networks

Impact on health determinants (material, social and societal environment) by increases in personal/available resources as well as reduction of strains/burdens:

- **resources**
  - self-esteem
  - health, health literacy
  - parenting skills, parent-child-bonding
  - child development
  - familiar relations/atmosphere
  - social net
  - perspectives for parents life/future

- **strains/burdens**
  - anxiety and exhaustion
  - financial burden/distress

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und Konsumentenschutz

**VORSORGMITTEL DER**
BUNDESGESUNDHEITSAGENTUR

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Thank you for your attention!

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Additional slides
Case study – family M.

Mother: 31 years old, married
Baby: 5 months old
Father: works in construction, isn't at home much

Problems with mother–child–interaction
Signs of postpartal depression of mother
Conflicts with grandparents paternal side
No family or social network

Stable financial situation
Sleeping and screaming problems/disorder of child
Interventions for family M.

- Talks to build up trust and relationship with mother
- Toddler group
- Psychiatric assessment
- Mediation
- Therapeutic group
- Talks with father
- Outreach parent counselling
- Family assistance