

# DRIVERS Case Study: Netzwerk Familie, Austria

Case Study Report

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Commissioned by EuroHealthNet



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Vienna, June 2014

The research leading to these results was done within the framework of the DRIVERS project ([www.health-gradient.eu](http://www.health-gradient.eu)) coordinated by EuroHealthNet, and has received funding from the European Community (FP7 2007–2013) under grant agreement no 278350.



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# Glossary

**Family support** (*Familienbegleitung*): This is the key intervention of the programme Netzwerk Familie and consists of case management (referral to specific interventions according to the needs of a family) and accompanying families through the whole length of the programme with the aim to establish a trusty, continuous relation with them

**Guaranteed minimum income** (*bedarfsorientierte Mindestsicherung*): This is a specific financial support of the provincial government based on national legislation that entitles persons in financial need to such a minimum income. Within the range of activities of Netzwerk Familie to support families in need they also try to ensure stable income and housing.

**Family in need** (*Familie mit Unterstützungsbedarf*): Families that live in strained/adverse conditions resp. life circumstances (like poverty, lack of education, psycho-social crises, mental problems, specific problems or handicaps relating to the children etc.) making that a target group for early child interventions.

**Clearing** (*Erstgespräch*): Assessment whether a family is fitting the early child intervention programme; the (risk) assessment is carried out with use of a standardised questionnaire during a first personal contact between Netzwerk Familie and a family in need.

**Early childhood networks** (*Frühe Hilfen Netzwerke*): Network of all early childhood intervention providers resp. professions or institutions, which are potentially in contact with pregnant women or families with newborns or infants (until 3 years), within a given region. The network partners are systematically contacted by a regional network manager to ensure the cooperation within the networks. With the help of such networks a systematic and structured approach to support families in need is possible.



# 1 Introduction

This case study was commissioned by EuroHealthNet as part of the EU-funded project DRIVERS (Addressing the strategic determinants to reduce health inequality), which focuses on the three different areas „Early Childhood Development“, „Fair Employment“ and „Income and Social Protection“. The Family Network (*Netzwerk Familie*) in Austria was chosen as one example on how health inequity can be reduced by addressing early childhood development. The objective of this case study is to provide information on the experiences from the implementation of *Netzwerk Familie* as well as background data on the province of Vorarlberg, where this intervention is located.

Early childhood networks aim to promote early childhood development especially amongst children from socio-economic disadvantaged families. In the last years, several early childhood networks (so called “Frühe Hilfen-Netzwerke”) have been developed and implemented especially in Germany. They aim to support parents/families with special needs (either resulting from socio-economic status or from psycho-social problems) with the objective to ensure child protection and to promote early childhood development. In Austria, following the German example, since 5 years one region (Vorarlberg) is implementing a similar programme which is also addressing socio-economic needs (income, housing etc.) of the families. In addition, the “Frühe Hilfen” approach has been receiving a lot of attention in whole of Austria since a few years. It is one of the main objectives of the Austrian national strategy on child and adolescents health to ensure broader implementation of early childhood interventions or “Frühe Hilfen” in Austria as a key approach to improve health equity (unlike in Germany, where the programmes have been development with a view on child protection, the main focus in Austria is on health promotion in general as well as promotion of health equity more specifically).

*Netzwerk Familie* in Vorarlberg is a “grass-root” intervention on early childhood development: The programme supports families with children up to three years of age. Families in need are identified mainly at maternity clinics/wards as well as through residential doctors (paediatricians etc.) but increasingly families themselves also get in contact with the network asking for support. The social workers of *Netzwerk Familie* are accompanying the families through the whole period in the programme and are referring them to different services (depending on the respective needs of each family) that are provided by a regional network.

The aim of this case study is to identify success factors of *Netzwerk Familie*, positive impacts of the intervention program on the children and their families and to give some recommendations for the implementation of a similar program in other regions or countries.

## 2 Study design

### Data and data collection

The case study includes a qualitative and a quantitative part of data.

The **qualitative data collection** consists mainly of four interviews, one focus group and one group interview. One interview with a paediatrician took place in Vienna. All the others were carried out during a study visit at the premises of *Netzwerk Familie* in Dornbirn, Vorarlberg, from 28th to 30th of April 2014.

A group interview with 4 mothers/fathers took place at the premises of *Netzwerk Familie* (8 persons were invited, 4 finally participated). The interview persons got 20,- Euros in cash right after the group interview for their participation. Childcare was offered through staff members of *Netzwerk Familie*.

The focus group was carried out with cooperation partners<sup>1</sup> from the network for early childhood interventions, also at the premises of *Netzwerk Familie*. *Netzwerk Familie* provided us with a list of 20 cooperation partners, including those placing families for assistance by *Netzwerk Familie* as well as those carrying out specific support (like therapies) if needed and organised by *Netzwerk Familie*. These cooperation partners were asked in advance, if their contact details can be provided and all of them accepted this. We had a discussion on whether or not staff members from *Netzwerk Familie* should participate in this focus group. As there were other opportunities to collect the view of the staff members (team meeting and interviews) and to ensure an open discussion among the cooperation partners we decided not to include them in the focus group. Our invitation for the focus group was accepted by 13 of the cooperation partners, finally 12 persons participated. Most of those, who were not available on the given date, would have been interested in being involved in another focus group on another day or in another way. One person preferred to complete a questionnaire and provide it by e-mail.

The two interviews with the heads of *Netzwerk Familie* (head of the intervention team and head of the team for research and evaluation) were carried out at the premises of *Netzwerk Familie* during the study visit. The third interview was carried out with the responsible person for child and youth welfare in the provincial government. This interview took place at the premises of the provincial government in Bregenz. The fourth interview was carried out with the chairman of the provincial specialists association of paediatricians (one of three partner organisations in charge of *Netzwerk Familie*), who is also part of the expert group supporting *Netzwerk Familie* if needed

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There are different roles in the programme *Netzwerk Familie*: staff members of *Netzwerk Familie* are responsible either for the coordination and management of the whole network or for the case management concerning individual families (including identification of special needs as well as referring families to special services offering for example counselling on financial support or therapeutic interventions like psychotherapy).

and was involved in the process of implementing *Netzwerk Familie*. This interview took place on 2nd of April 2014 in Vienna, on the side of another meeting.

In the interviews, the focus group as well as the group interview we focused on the experiences with the intervention from different sides, but also on advantages and hurdles they observed as well as recommendations for professionals in other provinces of Austria or EU member states who want to implement a similar project. All interviews and focus groups were recorded with participants' approval and the participants signed the participant consent forms. Data on the participants of the focus group and the group interview was collected anonymously as agreed with UCL before.

In addition to the interviews with staff members of *Netzwerk Familie* we were invited to join the weekly team meeting of *Netzwerk Familie* taking place at their premises. In addition we were able to talk to the staff members in between the different meetings. This enabled us to get an in-depth impression of their routine work.

The **quantitative data** describes the intervention and their activities in number. The data collection is based on public available information about the socio-economic context of the province Vorarlberg and the intervention *Netzwerk Familie* as well as the evaluation of the pilot phase. A first draft of this data collection was sent to the head of the intervention team of *Netzwerk Familie* to check the immediacy and completeness of data. The commentaries given by the head were included in the quantitative description. Additional analysis which were provided by *Netzwerk Familie* and partly carried out specifically for this case study was included afterwards.

On the basis of the collected qualitative and quantitative information and considering our knowledge, which we gained during the last three years while working for a project on early childhood networks, we draw some **conclusions and recommendations**, which are described at the end of this report.

## 3 Description and evaluation

### 3.1 Socioeconomic context of the intervention and background information on the local area

Vorarlberg is with an area of 2.601,12 km<sup>2</sup> the second smallest province of the Federal Republic of Austria. It is situated at the western end of Austria, surrounded by Switzerland, Germany and Italy. The province has four administrative districts (Bludenz, Bregenz, Dornbirn, Feldkirch) which have altogether 96 communities (Statistik Austria, Land Vorarlberg). Only 21,8 % of the area of Vorarlberg is potential area of settlement. The average population number per km<sup>2</sup> was in the year 2011 around 652 persons per km<sup>2</sup>. From this point of view, Vorarlberg has the second highest population density in comparison with the other provinces in Austria (highest density has Vienna). The highest population density in Vorarlberg can be found in the district Dornbirn (1.076 inhabitants per km<sup>2</sup> permanent settlement area in 2011), this makes up around 44,5 % of the population of Vorarlberg (Statistik Austria 2013e: 38). The register of the year 2011 says that Vorarlberg has nine communities (Bregenz, Feldkirch, Bludenz, Lustenau, Dornbirn, Rankweil, Hohenems, Hard und Götzis) with more than 10.000 inhabitants. The cities or rather the communities Bregenz, Dornbirn, Feldkirch and Lustenau registered by October 31st 2011 more than 20.000 inhabitants (Statistik Austria 2013h: 26).

By December 31<sup>st</sup> 2013 376.347 persons were registered with main place of residence in Vorarlberg, 322.122 of these persons were Austrian citizens. The second largest group are German citizens (14.885 persons), followed by Turkish citizens (13.515 persons) (Amt der Vorarlberger Landesregierung, Landesstelle für Statistik 2014: 8). The average life expectancy at birth for men was 79,1 years in the year 2012 in Vorarlberg and 84,6 years for women (Statistik Austria 2013b).

In 2012 3.836 live births were registered. The average age of the mothers was around 30,8 years in 2012, what corresponds with the overall Austrian average with 30,3 years (Statistik Austria 2013c). In the year 2013 47.300 couples with children under the age of 27 were registered in Vorarlberg, out of these around 3.400 were classified as so-called patchwork families (Statistik Austria 2013f). In 2013 altogether around 52.800 couples with children and 12.800 one-parent-families lived in Vorarlberg (Statistik Austria 2013g).

The unemployment rate was 6,1% in December 2013 (Amt der Vorarlberger Landesregierung, Landesstelle für Statistik 2014b: 16). In 2012 166.718 persons were employed. The average net income in that year was about € 20.381,-. Statistic Austria describes a difference between men and women regarding the average net income. While men received an average of € 25.680,- in 2012, the average women received was € 14.789,-. This gap between the sexes is also apparent in analysis for whole of Austria (average net income of men is € 25.067,- and of women € 16.474,-) and results from various factors, for example the fact that more women are part-time employed than men the (Statistik Austria 2013a). The rate of employment in Vorarlberg in the year 2012 was around 70,3 % (women: 67,1 %, men: 73,2 %) - lower than the Austrian average

(74,2 %; women: 71,6 %, men: 76,5 %) (AMS o.J.: 10). The micro-census of Statistic Austria shows that in 2012 in Vorarlberg 118.100 worked in the service sector, 66.500 in industrial business and 5.300 persons in the field of agriculture and forestry and. In 2012 around 18.700 persons were self-employed and 168.700 employed (Statistik Austria 2013d: 201).

In 2011 the highest educational level of 49.495 persons with an age between 25 and 64 years was compulsory school and of 106.356 persons apprenticeship/VET school . 47.786 persons had a high-school diploma or higher education at that time (Statistik Austria 2011).

Based on various statistics Statistic Austria calculated that the rate of families at risk of poverty in 2011 was in Vorarlberg around 14, 7 % (11 % financial deprivation and 4 % manifest poverty). what corresponds with the overall Austrian average. The study shows that especially one-parent-households and households with more than 3 children are at high risk of poverty (Amt der Vorarlberger Landesregierung 2013). The rate of persons in risk of exclusion fall from 17,5 % in 2005 to 14,7 % in 2011. (Amt der Vorarlberger Landesregierung 2013).

In 2012 8.583 received a guaranteed minimum income. Out of these persons 2.000 lived on their own, 392 in a relationship, 2.359 on their own with at minimum one child, 2.180 in a relationship with at minimum one child and 1.652 persons in another form (Statistik Austria 2013e).

## 3.2 Description of the Family Network (*Netzwerk Familie*)

*Netzwerk Familie* was developed and tested in the years 2009/2010 as one of three pilot programmes implemented based on a call for early child interventions published by the regional government. *Netzwerk Familie* is an institutional co-operation of *Vorarlberger Kinderdorf* (social sector), *aks gesundheit GmbH – Gesundheitsbildung* and the provincial specialists association of paediatricians (both health sector). On the basis of the evaluation it was selected for the roll out throughout the whole province of Vorarlberg, which started in 2010. In the year 2014 it was selected as a model project for the implementation of early childhood networks in all nine Austrian provinces.

### Objectives

The general objective of *Netzwerk Familie* is to reduce health inequality by supporting early child development among families in need.

To do so the specific objectives of *Netzwerk Familie* are:

- » systematically identifying families in need with the help of the social and health system,
- » ensuring that families in need receive specific support and
- » supporting families in need by counseling and accompanying them throughout a certain time period.

Additionally, *Netzwerk Familie* raises awareness among relevant professions and institutions about the program and tries to build up and maintain an early childhood network as well as to strengthen the cooperation within this network.

### **Target group**

*Netzwerk Familie's* direct target groups are pregnant women and families in need with children until the age of three. The indirect target groups are more or less all relevant professions and institutions which are in contact with pregnant women and families with small children from the social and health sectors.

### **Staff members (family supporters) of Netzwerk Familie**

At the moment nine persons (7 social workers, 1 pedagogue, 1 assistant) are employed for the implementation of the key intervention. It is planned to add one psychologist to the intervention team. Staff members are requested to complete a further education on early child development.

In addition, two persons are in charge of training, public relations, evaluation etc. Their professions are pedagogue and clinical and health psychologist/Master of Public Health.

The staff members have to do specific further education dealing with early childhood development. On one hand, the family supporters take part in internal trainings at *Netzwerk Familie* as well as in trainings/events which are organized for external experts (mainly cooperation partners) from the province of Vorarlberg on a regular basis. On the other hand, each employee receives five working days and 1 000. – Euro per year for further education.

### **Premises**

The central office of *Netzwerk Familie* is located in a building on the town hall square in Dornbirn. *Netzwerk Familie* has one meeting room which can be entered by the corridor. In a separate wing, there are four office rooms. The rooms are bright as they have many windows. Toilets are separately available. One big table, a couple of chairs for the meeting's participants, changing table for the babies, play area for kids, small kitchen and a desk with personal computer are available in the meeting room. Weekly team meetings and events like "*Mütterhock*" (events for accompanied mothers or fathers – more information below) are organized in this room. Meetings with families are mainly organized as home visits, but occasionally the families come to the premises of *Netzwerk Familie* (e.g. if families don't want home visits), where they meet the responsible staff members in their offices. Due to cooperation with other institutes, *Netzwerk Familie* is able to use two other offices in the districts Bludenz and Bregenz for such meetings. For the selection of these offices the accessibility within the district is an important criterion. From July 2014 on, *Netzwerk Familie* is going to rent additional rooms in the building where the central office of *Netzwerk Familie* is located (personal communication Rinner, Mai 2014).

## Activities

### Description of the key intervention

If a family is (self)referred to *Netzwerk Familie* the first step is a telephone call within 2 working days to arrange the first personal contact – usually at the family’s home. This first home visit is always carried out by two family supporters of *Netzwerk Familie*. Afterwards, a risk assessment via questionnaire (based on an instrument by Kindler, Germany, called “Anhaltsbogen für ein vertiefendes Gespräch” including a decision tree) takes place. The number of points is the basis for the assignment of the families into one of four categories (very low, low to medium, medium, high liability). To carry out this task, more than one appointment with the family might be necessary.

Families with high liability (including danger of child welfare) are forwarded to child and youth welfare. Regarding families with low liability only monitoring is necessary. Concerning low to medium and medium liability, suitable support is identified in mutual agreement with the family. This support is conciliated with the help of the cooperation partners of the early childhood network. For 15 to 20 percent of the supported families a secondary referral to child and youth welfare is necessary.

During the whole stay in the programme, the family supporters keep in touch with the families regularly. If required, they organize further interventions or support for the families. If accepted by the family, the personal contacts take place as home visits. The selection of the family supporter of *Netzwerk Familie* for a special family is based mainly on the location of the family and on the regional responsibility of the staff member. Though, it also depends on their free capacities. Additionally, personal reasons (e.g. because of direct neighborhood) and special interests of the family supporters are taken into account.

In addition *Netzwerk Familie* organizes for the accompanied families meetings with other mothers or fathers (“*Mütterhock*” resp. “*Väterhock*”) as some kind of low threshold meeting points. The “*Mütterhocks*” take place once a month at the premises of *Netzwerk Familie* in Dornbirn, “*Väterhocks*” are organized infrequently, as there seems to be less demand. At these events expert talks on different topics are held for the mothers or fathers, while *Netzwerk Familie* looks after their children during these talks. For example, the issue of one “*Mütterhock*” in April 2014 was “Sleeping through the night has to be learned“, where a participative expert lecture with an informal part for the exchange of experience was done. The lecturers try to fit the way of presenting information to the target group. In the example already mentioned, the parents were provided with material (as tables to keep records of sleeping times) for better reflection. For parents who were not able to take part, short records can be found on the website of *Netzwerk Familie*. The documents, which were distributed among the participants, can also be collected in the office.

### Weekly team meetings

In these meetings general requests dealing with e.g. administrative issues, new developments or interventions in Vorarlberg, questions of networking, plans for meetings to come and feedback

concerning meetings already held (“Mütterhock“ and experts’ lectures) are discussed. Additionally, new assignments/requests are dealt with and distributed. Furthermore, new referrals, current first contacts and the families which are accompanied already for three months are discussed (personal communication Rinner, May 2014)

#### Experts’ support for *Netzwerk Familie*

Every four weeks, meetings of the two regional expert committees of *Netzwerk Familie* are held where current cases are discussed (current family situation and further proceedings). The expert committees consist of diverse experts with in-depth knowledge and practical experiences. These meetings are considered quite valuable by *Netzwerk Familie*. Though, according to *Netzwerk Familie*, psychiatrists for adults are still underrepresented or missing, respectively. The following professions can be found within the committees: paediatrician, midwife, psychologist, expert for child-welfare, social worker, paediatric nurse, psychotherapist, child psychiatrist. Usually a committee consists of 8 to 10 members. It is planned to include one person from the family support program Connexia in the corresponding regional expert committee.

Another sort of counseling takes place through the experts’ council (advisory board). The experts’ council meets three times a year and discusses strategic issues like e.g. how certain target groups can be reached, the needs of families with migrant background or comprehensive medical checks of refugee children. This council consists of the following persons: people being in charge of *Netzwerk Familie*, an employee of *Netzwerk Familie* who is an expert concerning awareness raising, a child welfare agent, a paediatrician, a gynaecologists and a practitioner. Additionally it is planned to include an expert for migration.

#### Raising awareness and networking activities

*Netzwerk Familie* wants to raise awareness among the expert staff in the health and social system through various activities. They are involved in the education for certain professional groups (for professions in the field of social care, nursing schools, day nannies), organize standardized workshops for certain professional groups (like nursery-school teachers, midwives, doctors’assistants, doctors and facilities like hospitals – which are partly mandatory) but also for communities or toddler-care facilities as well as expert sessions and lectures (e.g. covering the issue “relationship-based forms of support for families in incriminating life-situations“ in May 2014).

In addition, it is planned to build upon existing structures and to use meetings of certain professional groups like e.g. regional meetings of doctors or network meetings of communities as platforms, for lectures, respectively. Furthermore, diverse other measures of raising awareness are used, for example annual round tables with experts and network partners are held, focusing on specific topics. There, professional input is given and personal exchange can take place. These events (trainings and round tables) are well received.

In addition, journal articles are published, lectures are given (e.g. at national network meetings of communities) and national expert meetings/conferences are attended (e.g. GHAIM-

conference, FGÖ-Conference). On the other hand, external experts are invited into the team or into the expert's council.

Further instruments were used in the beginning of the implementation phase like a kickoff-event and working groups, to ensure the cooperation in the early childhood network. There was also a network meeting with selected network partners to develop the structure of early childhood interventions in the province (first meeting held, second meeting is planned).

### **Dissemination materials and resources**

*Netzwerk Familie* does a lot of work in public relations. They created various flyers, offer a newsletter, an annual report and a website that has one part for experts and one for intervention users. The staff members also participate in conferences and publish articles and interviews in journals (see above). But until 2013 *Netzwerk Familie* was not supposed to address the general population of Vorarlberg. A campaign addressing the general population with a touring poster exhibition for hospitals and TV-screens in buses was developed in 2013 on the initiative of the provincial government.

*Netzwerk Familie* has developed some give-aways (plush bears) which should remind cooperation partners and people potentially referring families to *Netzwerk Familie* about the program (personal communication Rinner, May 2014).

### **Recruitment strategies and identification of potential users**

There are two ways how families can get to *Netzwerk Familie*. In most cases, families are referred to *Netzwerk Familie* through someone who works in the medical or social sector. That means for example, if a staff member of the obstetrics ward notices that a family is in need, then this person should inform the family about *Netzwerk Familie* and offer to give their contact details (telephone number) to *Netzwerk Familie*. If the family agrees and within two working days after the forwarding of the contact details, a staff member of *Netzwerk Familie* gets in contact with the family. Besides this path, women or families can refer themselves to *Netzwerk Familie* (this is the case in around one-third of all families). This is often the case, if other families recommend the programme or if they need some time to think about it after being informed by some professional about the programme (personal communication Rinner, Mai 2014).

Child and youth welfare does not refer families to *Netzwerk Familie*. When a family doesn't need support from the child and youth welfare anymore, but still some kind of further supportive measures seem to be necessary, the families are informed about *Netzwerk Familie* and provided with information material. If the family accepts support by *Netzwerk Familie* they have to contact *Netzwerk Familie* by themselves (this is documented as self referral). This procedure was chosen because of negative experiences (child and youth welfare tried to "control" families through *Netzwerk Familie*).

To support the identification of potential families in need there is a manual for the staff of health and social services, but it is not used in practice (see below). For child care institutions' staff and

midwives an instrument (called „Wahrnehmungsbogen für den Kinderschutz“) is used, that was developed in Germany (University of Ulm). The instrument is available in two versions (called „Around birth“ and „For infants and preschool children). The one „For infants and preschool children“ was adapted to the Austrian conditions and tested in child care institutions. It is planned to use the instrument in all child care institutions throughout Vorarlberg from 2015 on.

There seem to be a number of families who don't accept support by *Netzwerk Familie*, when this is suggested after childbirth in the hospital. It is suspected that these families are unable to cope with this situation and don't see the need right away. Cooperation partners within hospitals suspect that this might be due to the fact that *Netzwerk Familie* is financed by the provincial government, which is stated on the information material. Experiences of *Netzwerk Familie* show, that some of these families take home this information material and get in contact with them by themselves later on, though. Other people suspect that it depends on the contact persons and how these persons are able to explain the program and the benefits of being supported by *Netzwerk Familie* and to motivate families to participate. Some partners of the *Netzwerk Familie* suspect that the fact, that home visits are conducted by two staff members from *Netzwerk Familie* deters families from participating – because this is similar to the youth and welfare system which might be dreaded by the families.

#### **Funding, resources and costs**

*Netzwerk Familie* is financed by the provincial government of Vorarlberg and by municipalities.

In 2014 11 persons (= 7,9 full time equivalents a year) are employed at *Netzwerk Familie*. 9 persons are in charge of the family support (= 6,9 full time equivalents incl. secretary 60 %). 2 persons (1 full time equivalents) are in charge of training, public relations, evaluation etc.

In 2011 € 620.000 from the social funds was available for *Netzwerk Familie*. There are arrangements about a fixed amount for the program's financing in the following years. € 752.000 is available for *Netzwerk Familie* in 2014.

An expert committee counsels *Netzwerk Familie* concerning institutions or financial payoff of self-employed persons. (personal communication Rinner, Mai 2014)

### **3.3 Socioeconomic data on intervention users and their families**

300 families with 568 children were supported by *Netzwerk Familie* on a routine basis in 2013. Two thirds of these families live together as nuclear families (n = 201, 67 %) and 81 persons (27 %) are single mothers or single fathers respectively. 16 families (5 %) are patch-work families and two families (1 %) live together in another form of social structure. (Netzwerk Familie 2014)

Almost half of the supported mothers have Austrian family background (n = 144, 48 %). The other half of mothers has varying migrant background: Turkish (n = 60 mothers; 20 %), German (n = 20; 7 %), Chechenian (n = 7; 2 %) and „other countries“ (n = 64; 21 %). The country of origin is unknown for five families (2 %). (Netzwerk Familie 2014)

There is a similar picture concerning citizenship of the supported mothers. More than 60 % (n = 193) are Austrian citizens. 28 % (n = 28) are Turkish, 23 (8 %) German, 5 (2 %) Chechenian citizens and 16 % (n = 49) resp. citizens of other countries. The citizenship is unknown for two mothers (1 %). (Netzwerk Familie 2014)

Throughout the year 2013 300 families were supported by Netzwerk Familie. About 60 % of these families (n = 186) faced burdened life circumstances (see table 1). About 11 % showed enhanced needs (see table 2). Main problems with taking care of their own children can be observed within 5 % of the supported families (n = 15). Strong fears of future, feelings about being overburdened or about being refused by the own child, are reported in 15 % (n = 45) of the families. 7 % (n = 21) of the families face other burdened life circumstances. (Netzwerk Familie 2014)

**Table 1:**  
Families with burdened life circumstances, 2013

	<b>Number of families/mothers</b>	<b>Percentage (n=300)</b>
Financial problems	143	48%
Social/language isolation	131	44%
No school leaving certificate	93	31%
Unwanted pregnancy	72	24%
Serious conflicts/violence in partnership	63	21%
Mental health problems	38	13%
Maternal age at time of childbirth $\leq 20$ years	35	12%
Maternal experience of abuse/neglect in childhood	30	10%
Nicotine consumption $> 20$ cigarettes/day	27	9%
Mothers, who have grown up in children's homes or with alternating guardians	23	8%
Alcohol abuse in mothers or life partners	14	5%
Foster parents taking care for at least one child or families, who have given up one child for adoption	10	3%
Drug abuse in mothers or life partners	6	2%
Mothers $\leq 20$ years who have to look after more than one child	5	2%

source: Netzwerk Familie 2014

Table 2:  
Families with enhanced needs, 2013

	Number of families/mothers	Percentage (n=300)
Preterm birth	43	14%
Twins	31	10%
Hereditary/neonatal diseases	29	10%
Other reasons	49	16%

source: Netzwerk Familie 2014

To get an overall impression on the life circumstances of the families, *Netzwerk Familie* uses a specific tool (see description of key intervention). The results indicate a low burden for 41 % (n = 123) of the families (mainly uncertainty of taking care of the children and financial problems), a low to medium burden for 19 % (n = 108) of the families (different risk factors, e.g. twins, preterm birth, overstress etc.), a medium burden for 36 % (n = 57) of the families (different cumulated risk factors, problems with basic requirement, problems with taking care of the children, mental health problems) and a high burden for 4 % (n = 12) of the families (many different cumulated risk factors, mainly involvement of child and youth welfare). (Netzwerk Familie 2013)

### 3.4 Evaluation

Unfortunately no baseline data on the situation in Vorarlberg before the implementation of *Netzwerk Familie* is available. Evaluation data is available for the pilot project run in the districts Dornbirn and Feldkirch 2009/2010 (Evaluation & Co 2010) and for the years 2011, 2012, 2013 (published in the annual reports), focusing mainly on process indicators or qualitative information. The results are presented separately below.

#### Evaluation of the pilot phase

Concerning the coverage of the target group of *Netzwerk Familie*, approximately 3 % of all births in Vorarlberg are registered by *Netzwerk Familie* in the pilot phase 2009/10 (Werner 2010, zitiert in Evaluation & Co 2010, 45).

Concerning the most important referral institutions (institutions sending families to *Netzwerk Familie* – mainly hospitals in Dornbirn und Feldkirch, child und youth doctors outside the hospital), an online survey with doctors shows that *Netzwerk Familie* has the highest awareness level of all three pilot projects run in 2009/2010 (Evaluation & Co, 46).

All activities (e.g. establishment of infrastructure, implementation of trainings, development of information material etc.) could be implemented in the way they were planned (Evaluation & Co, 2010, 56).

*Netzwerk Familie* reaches pregnant women and mothers and their families in highly burdened life circumstances. Multipliers in health and social system as well as child and youth doctors outside the hospital are broadly reached. Gynecologist and general practitioners are not broadly reached in the pilot phase (Evaluation & Co, 2010, 57).

Mothers supported by *Netzwerk Familie* are highly satisfied with *Netzwerk Familie* and the program's offers. People working in the health sector (doctors working inside and outside the hospitals) are mainly satisfied with *Netzwerk Familie* and feel relieved since its existence. The instrument offered for identifying risk factors is refused by the people as its use is not suitable in practice. Instead of that instrument people watch families, make interviews or build on their experience in order to identify families in burdened life circumstances. According to the opinion of the people working in the health sector, *Netzwerk Familie* is responsible to find out in detail which families are in the need of support in a next step (Evaluation & Co, 2010, 57).

There are differences how people are satisfied with *Netzwerk Familie's* activities regarding awareness raising and training activities. According to some hospital wards, activities should not exceed maximum duration of one two hours. Other hospital wards answers that more time should be spent on this topic (Evaluation & Co, 2010, 57).

A lack of information is the reason for organizational problems and problems with accepting the program of *Netzwerk Familie* in the different hospital wards. There are some problems with motivating parents (Evaluation & Co, 2010, 57).

There are differences regarding cooperation in the different wards of the hospital. Main problems are requirements for documentation and lack of information on basic cooperation requirements. There are some problems to differentiate between tasks of *Netzwerk Familie* and a parent support program named Connexia (one of the network partners). It is necessary to differentiate more clearly between the tasks of these two programs (Evaluation & Co 2010, 60)

People ask for further information material which supports successful cooperation. Events organized to inform people about the program are well visited and highly accepted (Evaluation & Co, 2010, 58).

According to people working in the social field, activities of *Netzwerk Familie* are considered to be positive in general but it is necessary to specify possibly interferences and differentiations between the tasks of the different institutions in order to make sure that conflicts and parallel activities are avoided (Evaluation & Co, 2010, 58).

The sustainability of *Netzwerk Familie* is ensured in three impact areas: knowledge, behavior and conditions. The evaluation of each area is described below.

#### Knowledge:

- » Families supported by *Netzwerk Familie* are informed about possibilities to receive support and are able to make use of offers and accept to be sent to the child and youth welfare if necessary.

- » At first, *Netzwerk Familie* always clarifies if the families fit the programme or not. Due to this first clarification it is possible to help families in a targeted way.
- » People working in the health sector are informed about *Netzwerk Familie* and are able to get in contact with the families in need in a resource oriented way.
- » People working in the social and health sector have gained knowledge about potential dysfunction in early childhood and were able to develop helpful interventions based on this. (Evaluation & Co 2010, 58)

#### Behavior:

- » Supported families are highly motivated to reflect and change their behavior of parenting and to accept respective support.
- » Due to the support of *Netzwerk Familie*, mothers describe themselves being more self-confident in dealing with authorities and administrative offices.
- » Due to the continuous support of *Netzwerk Familie*, mothers are able to find solutions for problems independently or actively ask for the help of *Netzwerk Familie*, respectively.
- » Due to the knowledge that the attending persons of *Netzwerk Familie* can be reached by telephone continuously, it is possible to overcome phases of mental liability in a better way. Additionally, the family's contact to its children can take place more relaxed.
- » Expert staff in the health sector motivates parents to accept the support by *Netzwerk Familie* and notices the potential need for support more thoroughly.
- » Pediatric practitioners and practitioners specialized in juvenile problems convey mothers in need to *Netzwerk Familie* to guarantee clarification and support for the family.
- » In some hospital wards, the identification of families in need is an additional task requiring sufficient time; a fact that increases the work load staff during their every day work.
- » The offer of *Netzwerk Familie* – esp. case management and support for families – is considered relevant by expert staff in the social and health field. Though, in some cases overlaps with the activities of "Connexia" are assumed. Potential overlaps should be identified during clarification phase to avoid two-way support.
- » Due to the lacking inclusion of gynecologists and practitioners, time problems occur in supporting overburdened mothers. When the problems are not detected ahead of maternity unit, the inclusion of *Netzwerk Familie* takes place under greater pressure of time. (Evaluation & Co 2010, 58–59)

#### Conditions

- » Families report an improved life situation which would not have been possible without the support of *Netzwerk Familie*.
- » Families were provided with basic information necessary for living with children at high risk. They are able to convey their children to appropriate therapies and can build their lives more independently. Furthermore, it makes it easier for them to accept their children.
- » Because of the continuous support, mothers are able to adequately take care of their children. Every day life (situation at work, child care, private lessons, legal situation) is organized with the help of *Netzwerk Familie*. Due to the continuous contact with *Netzwerk Familie* everyday life becomes less stressful and, thus, there is less risk for crises. (Evaluation & Co 2010, 59)

### Evaluation of the years 2011/2012/2013

In 2013, 4 % of all registered families are seen to be in highly burdened life circumstances, 36 % of the registered families are in medium burdened life circumstances, 19 % are in lightly to medium burdened life circumstances and 41 % are in lowly burdened life-circumstances (Netzwerk Familie 2014).

Altogether 188 families were sent to *Netzwerk Familie* in 2013. 32 % (n = 32) of the families were sent to *Netzwerk Familie* by the hospitals in the different districts and 18 % by doctors outside the hospitals. It is worth mentioning that the number of women who have got in contact with *Netzwerk Familie* by their own has been increased since 2011 (2013: 33 %; 2012: 25 %; 2011: 19 %). In 2013, 17 % (n = 32) of the families were sent to *Netzwerk Familie* by other institutions. (Netzwerk Familie 2014/2013/2012)

Family support on a routine basis received 300 families with 568 children (incl. brothers and sisters) in 2013. The number of supported families on a routine basis has increased since 2011 (2012: 255 families with 503 children; 2011: 194 families and 392 children). In 2013 147 new families were included in the programme *Netzwerk Familie*, of which 20 % were still in the phase of pregnancy. The age of the children at the time of clearing is shown by table 3. (Netzwerk Familie 2014/2013/2012)

Table 3:  
Age of newly supported families' children, 2013

	Percentage (n=147)
<1 month	30%
2-3 months	19%
4-6 months	7%
7-12 months	6%
13-18 months	6%
19-24 months	3%
>24 months	9%

source: Netzwerk Familie 2014

Altogether, 63 % of all supported families were reached not later than the third month of children's life (Auftaktveranstaltung Frühe Hilfen, 6.3.14).

*Netzwerk Familie* had 4.144 contacts with families who received support by *Netzwerk Familie* 2013. On average, there were 13.8 contacts per family in 2013. (personal communication Rinner, Mai 2014)

For 135 families the support by *Netzwerk Familie* came to an end during 2013. The mean duration of family support by *Netzwerk Familie* was eleven to 20 months (46 families, 34 %, one-third). Family support by *Netzwerk Familie* lasted two to six months for 24 % (33 families) of the

families. One fifth of the supported families (27 families, 20 %) was supported by *Netzwerk Familie* between seven and ten months. 17 families (13 %) were supported by *Netzwerk Familie* between 21 und 30 months, 9 families (7 %) were supported between 31 und 34 months. 3 families (2 percent) were supported during one month (Auftaktveranstaltung Frühe Hilfen, 6.3.14). (Netzwerk Familie 2014). On average, families are supported by *Netzwerk Familie* 12,1 months (personal communication Rinner, Mai 2014).

*Netzwerk Familie* referred families to different institutions during family support in 2013 (see Table 4).

Table 4:  
Institutions to which families were referred to by *Netzwerk Familie*, 2013

institutions	Number of families
IfS-Familienarbeit "frühstart" (outreach parent counseling)	25
Familienhilfe (family assistance at home)	22
Connexia Elternberatung aufsuchend (outreach parent counseling)	15
Caritas Existenz & Wohnen (housing programme)	14
VGKK, FAMILIENemPOWERment, Gemeindeamt (family support by volunteers within communities)	13
KIBE/Kindergarten/Spielgruppe (children care)	12
Fremdenpolizei, Bedarfsorientierte Mindestsicherung (support concerning legal/social affairs - e.g. aliens police or guaranteed minimum income)	11
Connexia Elternberatung (parent counseling)	10
Spendengeld, Unterhaltssachwalterschaft (donate money, legal guardian for alimonies)	9
Finanzamt, Verein Tagesbetreuung (tax office, association for day care)	8
Schwanger.li, Land Vorarlberg- Familienzuschuss (pregnancy counseling)	7
Kaplan-Bonetti-Beratungsstelle, IfS-Beratungsstelle, Ehe- und Familienzentrum, Postfach für jeden (counseling and social support like housing and work projects)	6
Verein "Aktion Leben" (pregnancy counseling)	5
Caritas WS für Mutter und Kind, Familienentlastung auf Gutschein (commune/house for mothers and children, support for families with disabled children,)	4
AMS, aks Kinderdienste, Krankenhaus Dornbirn, IfS-Schuldenberatung, Pensionsversicherungsanstalt, Seraphisches Liebeswerk- Spendengeld, Wohnbeihilfe, Wohnungsamt (employment service, hospitals, debt advice, pension insurance fund, housing assistance...)	3
Tischlein Deck Dich, Hebamme, Standesamt, Propstei St. Gerold, niedergelassener Psychiater, Mehrlingselternverein, Mobile Hilfsdienst, Frau Holle, Hospizbewegung, Femail, Eltern-Kind-Zentrum (midwife, food for those in need, psychiatrist, registry office, hospice movement, parent-child centre, parents association for multiple births...)	2

source: Netzwerk Familie 2014

In 2013 19 families were referred by *Netzwerk Familie* to child and youth welfare for clarification. In the case of seven families the objective was general clarification, for 12 families the objective was to reach specific targets like the organization of (ambulant) family assistant programs (in German "Familiendienste" or "Familienhilfe"). In general, families do agree to this referral a priori. In three cases though, *Netzwerk Familie* informed the child and youth welfare without the commitment from the concerned families. (Netzwerk Familie 2014)

## 3.5 Further analysis for the case study

### Family support 2013

Since 2013 parents are invited to fill in a feedback sheet after the support from *Netzwerk Familie* came to an end. In 2013 98 families got this questionnaire and 45 answered it. The questionnaire could be offered to families in German, Turkish or Russian. The answers are used by *Netzwerk Familie* internally to adapt their intervention, but the answers for 2013 and the analysis were provided for this case study.

The questioned families said that they feel good or very good after the family support, that the first contact from *Netzwerk Familie* was at the right time and that the sort of contacts with the staff members matched with the families' expectations. It was easy for the families to trust their family supporters and they had enough time and sympathy for the families. The majority of families experienced the mediated intervention programmes as fitting for their situation; only 12 families said that they were not fitting and some families did not fully understand the question regarding the mediated intervention programmes. Most families experienced the practical help and emotional support (listen and look after someone) – that means relief and finding new solutions – as the most helpful service of *Netzwerk Familie*. Just 2 families said that the family support was not helpful. Most families reported that they felt safer, more self-confident and had more confidence due to the support – with positive effects on the children. Nearly all of the families said that it would be easier for them to accept support in the future, that they will do that and will recommend that to others. At the question for suggestions most said that there are no additional needs regarding the programme. Some suggestions were about the need for work with interpreters, free or reasonable child care (during the day and in the evenings) and a more comprehensible feedback questionnaire. One family said that they did not get any support from *Netzwerk Familie* than the first contact although they would have needed it.

### **“Mütterhock” (events for mothers)**

The participants are invited to fill in a feedback questionnaires at the end of each mothers' event. *Netzwerk Familie* uses these questionnaires internally to adapt their intervention, but the summary of the feedback on the last mothers' event with the focus on sleeping in April 2014 was provided for this case study.

Seven women participated in this mothers' event, one was announced but did not appear. It was taken care for seven children. All mothers were very satisfied or satisfied with the mothers' event and the given information to the theme of sleeping. The participants were also satisfied with the way the lecturer responded to their questions and that the needs of the women were taken seriously. The mothers liked the event and felt that their children were at good care. All of the mothers said that they will come to another mothers' event again. They wrote down the suggestions that the mothers' events should be organized later on the day and that there should be such events for fathers as well. Another point was the wish for more time for the mothers to exchange.

## Post-partum depression

The team of Netzwerk Familie searched the documentation system of all families which entered the programme in 2013 for information on post-partum depression especially for this case study.

30 mothers out of 147 families (that means 1/5) showed signs of a post-partum depression either at the time of referral or later in the work of family support through *Netzwerk Familie*.

## Data on child and youth welfare

Data on different child and youth welfare interventions in Vorarlberg, respectively the whole country, are available for the years 2009 and 2012. Table 5 shows, that there are differences between the development in Vorarlberg and the whole country.

Table 5:  
Child and youth welfare interventions in Vorarlberg and Austria, 2009 and 2012

Region	Supporting parenting competences of the family – ambulant interventions		Full support – child is taken out of previous family		Foster children			Measures due to imminent danger
	Basis: agreement	Basis: injunction	Basis: agreement	Basis: injunction	Number by 31.12.	Basis: agreement	Basis: injunction	
Austria 2009	26.966	295	4.710	1.578	4.371	2.096	2.244	755
Austria 2012	26.541	316	4.818	1.724	4.507	2.425	2.079	569
Vorarlberg 2009	1.186	19	251	35	261	157	105	32
Vorarlberg 2012	1.509	5	257	19	271	176	95	24

source: BMWFJ 2010, BMWFJ 2013

## 4 Summaries of the interviews

For this case study four interviews one focus group and one group interview were carried out (see study design). Further information on the interviewees and summaries of the interviews are provided below. The summaries are structured in thematic paragraphs, which summarize a few answers. On the top of each summary is information on the interviewed person. The summaries of the focus group and the group interview do not differentiate between participants but they provide a general overview on topics covered.

### 4.1 Summary of the interview with the chairman of the provincial specialists association of paediatricians

#### Information on interviewed person

The chairman of the provincial specialists association of paediatricians (one of three partner organisations in charge of *Netzwerk Familie*) (one of three partner organisations in charge of *Netzwerk Familie*) is working as pediatrician in Vorarlberg and has a Master degree of Public Health. Besides being the chairman of the specialists group of pediatricians in Vorarlberg, he is also the medical leader of pediatrics at aks-Gesundheit Bregenz (health promotion and prevention agency of Vorarlberg), Member of the Liga for paediatrics etc. He was very active in the process of implementing early childhood interventions (networks) in Vorarlberg.

#### Target group

*Netzwerk Familie* addresses families in need. These families face different problems, for example financial problems, violence, social isolation or parent's failing in parenting and taking care of children etc. It is important to note all families may face unexpected burdened life circumstances after birth of their child. Therefore, families with high socioeconomic level can also be in the need of early childhood interventions. There are different conditions for implementing early childhood intervention programs in rural and urban areas which should be considered in program planning. It doesn't matter if parents live in rural or urban area, they are usually not able to making use of existing programs by themselves. That is the reason why *Netzwerk Familie* tries to coordinate measures for families in need. Only a few families refuse support by *Netzwerk Familie*. Reasons for non-participating in the program are fear of the youth welfare system, shame of seeking help, bad experience with the social system or primary interest in financial support. Family climate changes well after support by *Netzwerk Familie* which has positive effects on the early childhood development of their children. *Netzwerk Familie* builds a continuous relationship with the family which is the program's main success factor. There are still contacts with the families even if the family support has already been stopped.

## Family support

The crucial point concerning family support is a positive, resource orientated attitude towards families in need of early childhood interventions and not the professional background of the person who is concerned with family support. Topics discussed during family support depend on the skills of the professionals. In general, it is important to distinguish between coordinating interventions for families who are in the need of such interventions and conducting those interventions – the first task is always part of the *Netzwerk Familie's* family support, the second can be part of it but mostly is provided by network partners. Health inequalities are successfully addressed by *Netzwerk Familie* as the program refers to the early life years which are known to be very effective in reducing health inequalities. *Netzwerk Familie* is highly accepted by families and program partners as well. Critical factors for successful family support are trainings for the programs staff (especially for the persons responsible for family support), definition of prerequisites for doing family support and the program's reflection on a regular basis which includes process and outcome evaluation and reporting)

## Cooperation partners

The way how cooperation partners send families to *Netzwerk Familie* and *Netzwerk Familie* coordinates interventions for the families respectively, is very systematic and structured. All relevant partners are involved in the network of *Netzwerk Familie*. It varies locally which professionals are already well integrated in the network of *Netzwerk Familie* and which professionals have not been reached yet. It's challenging to involve local physicians outside the hospitals into the program as they need incentives to cooperate with *Netzwerk Familie*. The program's experience shows that once cooperation partners send families to *Netzwerk Familie*, they will do it again. There is a lack of some interventions which would be useful for families – i.e. because the target group for the intervention is very small, it can not be organised. Sectoral budgets and the competition for them is one crucial barrier for cooperation. The willingness to cooperate with different partners and to try new things supports successful cooperation in early childhood networks. Continuous documentation and trainings (e.g. round tables) ensure to stabilize cooperation in early childhood interventions on the long run.

## General recommendations

To build up early childhood intervention programs like *Netzwerk Familie* it is recommend to look at the evidence for early childhood interventions first, to identify partners for building up early childhood interventions in the local area (ideally partners from different political sectors and different professions), to introduce the program systematically on the basis of the public health action cycle, to look at early childhood best practice models by considering local conditions, and finally, to have politicians who take leadership for the early childhood program.

It is crucial to involve all relevant cooperation partners and organizations right from the beginning in order to prevent jealousy and competition. Therefore, it is recommend not start with a program competition – as it was the case in Vorarlberg with the call from the regional government – at the time of planning or introducing a new childhood intervention program as a

situation of competition might impede cooperation between different partners on the long run. High political leadership is required to introduce an early childhood program. It is a crucial point where to place the central point for networking and cooperation in the early childhood program.

## 4.2 Summary of the interview with the head of the intervention team

### Interviewed person:

The profession of the head of the intervention team is social worker.

### Target group

At the moment *Netzwerk Familie* reaches around 4% of all families in need with children under the age of three. They reach a big range of families from socioeconomic well situated families with multiple birth or premature birth to socioeconomic disadvantaged or poor families. It seems that it is easier to reach families with financial constraints. In addition also migrants can be reached easy by *Netzwerk Familie*. On the other hand, it is harder to reach young pregnant women or mothers which do not fit into the model of mainstream intervention users, i. e. socioeconomic well situated women with postpartum depression. Sometimes the range of the target group depends on the institutions which refer the families to *Netzwerk Familie*.

*Netzwerk Familie* has clients in the urban and in the rural area of Vorarlberg. It is obvious that families in the rural area are harder to reach, because of the taboo status of communication about problems in the family or the need of external help and the fact that the people know each other much better than in urban areas. There is also a lack of intervention programs in the rural area.

There is no knowledge about how much and why families refuse the referral to *Netzwerk Familie*. Maybe people are ashamed of the need for external help. It is also possible that there are some uncertainties about the detailed work of *Netzwerk Familie* (fear about a possible cooperation between *Netzwerk Familie* and the children and youth welfare).

The staff members of *Netzwerk Familie* observe improvements as regard to how the families deal with their children and partners which result from the intervention. Such improvements are also reported by the families themselves.

*Netzwerk Familie* accompanies the families until the third birthday of their child but there are also families which contact the staff members afterwards if they have any questions because of the positive experiences and the lack of other comparable support at this age.

## **Family support**

The staff members of *Netzwerk Familie* must have knowledge about early child development. Interventions in the area of interactive group trainings aiming to promote bonding between parents and children are still missing as well as mother-child-treatments in health clinics (like in Germany).

The staff members of *Netzwerk Familie* do the first contacts and assess the needs of the families or do shorter motivational work. Whenever the family needs goal-oriented support over a longer period in a specific area they will refer them to one of the cooperation partners of *Netzwerk Familie* to take care of this. The only further intervention – beside case management and accompanying the families – the staff members carry out themselves is to organise the guaranteed minimum income (all other interventions are done by other institutions).

The Intervention regarding guarantee minimum income has an important impact on reducing inequalities but also all the other interventions are relevant for reducing inequalities in health resp. for promoting positive early child development.

## **Cooperation partners**

The established feedback procedures are relevant in order to promote sustainable co-operation between the network partners: If a new family is referred to *Netzwerk Familie*, the staff members provide feedback to the person/institution which referred the family regarding clearing and supporting the family through the programme. If a family is already in another intervention programme *Netzwerk Familie* contacts these institutions to clarify further proceedings (only in consultation with the family), when necessary they also organise helper conferences.

The child and youth welfare does not refer families directly to *Netzwerk Familie* (see recruitment strategies). But if they see a need for this sort of help they inform the families about *Netzwerk Familie* and the families can get in contact themselves.

*Netzwerk Familie* has a good status within the social field of Vorarlberg. There were or still are some cooperation difficulties with single persons in the network which result from the competition phase at the beginning of early child interventions in Vorarlberg.

In the network of *Netzwerk Familie* are quite a lot of representatives of the social field of Vorarlberg, but there could be more from the medical sector, like gynaecologists, midwives or medical practitioners. The cooperation is maintained through various events and trainings, invitations to the team, the participation of *Netzwerk Familie* in working groups and the involvement of external experts.

## **General recommendations**

If you want to build up an early childhood network you need enough resources (time, money and staff). It is also important to involve all relevant stakeholders and to have their confidence.

Before you implement the program you need to work out structures. The location of the intervention program should be central and reachable for the users.

The situation of having three parallel pilot projects was not that good for Vorarlberg and the field of early child intervention because the institutions entered into competition with each other and it had negative impact after *Netzwerk Familie* was chosen as best model.

It is also very useful to involve the regional health insurance company into the project (in Vorarlberg it was not the case).

### 4.3 Summary of the Interview with the head of the team for evaluation and research

#### **Interviewed person:**

The profession of the head of the team for evaluation and research is clinical psychologist and Master of Public Health. She is head of *Netzwerk Familie* at aks (regional agency for health promotion and prevention). Her responsibility at *Netzwerk Familie* is also the organisation of further training events.

#### **Target group**

At the moment *Netzwerk Familie* reaches around 5% of all families with children under the age of 3 which have a need for support. *Netzwerk Familie* reaches the target group better than other interventions they could be compared with, because the women and families of the target group get the information about the programme at the places where they have to go anyway, like hospitals, paediatricians, etc.

In Vorarlberg is no difference between the rural and the urban area, because Vorarlberg as a whole is like a big city. But there are some peripheral areas where no or too little intervention programmes are available for the families.

There is no knowledge about how much and why families refuse the referral to *Netzwerk Familie*. It could be the case that the information about *Netzwerk Familie* right after the childbirth is too much for them in this situation, but *Netzwerk Familie* experienced that the families contact them on their own if they need the intervention. Another reason why families refuse the referral to *Netzwerk Familie* could be that accepting external help is a kind of taboo, but this depends on the personal attitude of each person. It is also possible that families refuse the referral because they get too little information about *Netzwerk Familie* and their work.

## **Family support**

In the field of raising awareness about their work and the topic of early childhood intervention they experienced that there are some gaps in the knowledge of the cooperation and network partners about the different states of early child development. *Netzwerk Familie* tries to fill these gaps by providing trainings and events with experts. Especially interventions to support bonding between the parents and their children are missing in Vorarlberg.

*Netzwerk Familie* is well established. Some occupational groups like paediatricians, but especially midwives, are harder to motivate for the work with *Netzwerk Familie*. But raising awareness and motivation of these groups is also part of the work of *Netzwerk Familie*. An important issue is to convince the paediatricians and family doctors that the programme is a gain for their work. Therefore the staff members of *Netzwerk Familie* get in contact with the medical doctors.

There is a potential for improvement in the two districts, where *Netzwerk Familie* was not represented right from the start of the pilot phase. This depends mostly on the persons which work in the field of identification of potential intervention users, especially in the hospitals. It is important to share the idea of the added value of early child intervention with relevant professions in the network.

## **Cooperation partners**

The heart of the outline of *Netzwerk Familie* is the network with the other institutions that have interventions in the field of early child development and family support. There have been some intervention programmes in Vorarlberg before *Netzwerk Familie* was installed, but they did not know much about each other and their specific interventions. So the innovation of *Netzwerk Familie* was the installation of a coordination centre that has all the information about the interventions in the region.

The cooperation with midwives, general practitioners and gynaecologists could be better, this refers also to psychiatrists. In the beginning the focus was on the medical system, but in the last years other groups like child care institutions or local government officials are increasingly addressed resp. included.

*Netzwerk Familie* participates at various regional events where they present their programme or share their experiences and knowledge with other professionals. The trainings and events which are organized by *Netzwerk Familie* are one of the most effective activities to support cooperation with their partners. At these events enough time for communication and sharing experiences between the partners needs to be ensured.

## **General recommendations**

If you want to build up an early child intervention programme you need political support, the best would be political support from more than one political sector. There have to be enough financial and personnel resources and it would be useful to include the regional health insurance company in the foundation of the programme. Before you build up a new programme it is

helpful to analyse what already exists in the region and create a binding structure out of these results. The implementation of a coordination centre is important. The team for family support should be multi-professional. It is a good to start, to implement a pilot project in a region and gain practical experiences. A thorough evaluation should be carried out, too. But if there are more pilot projects than one, a clear decision and clear instructions are needed afterwards.

## 4.4 Summary of the interview with an official at the provincial government of Vorarlberg

### **Interviewed person:**

The official at the provincial government of Vorarlberg is responsible for the private and public child and youth welfare services.

### **Target group**

*Netzwerk Familie* reaches their target group but the child and youth welfare services report that there is a need for an intervention programme that even has a lower threshold. How this should look like was not reported by the services.

In the peripheral areas are less intervention programmes than in urban areas.

No data for Vorarlberg is available that could be used to proof that the work of *Netzwerk Familie* has a positive impact regarding child and youth welfare.

### **Cooperation partners**

There was no negative report from the child and youth services about the cooperation with *Netzwerk Familie*.

### **General Recommendations**

If you want to build up an early child intervention it is important to integrate the communities, because after a woman gives birth to baby the woman/ the family have a lot of contact with the community. In Vorarlberg exists a “welcome package” for the newborns or rather their parents that is filled with coupons, care products for the babies and information sheets. Each community has free choice regarding the things they put in this pack.

Networking with all institutions which are relevant for early child development is the heart of an intervention programme like *Netzwerk Familie* and this should be done regularly.

## 4.5 Summary of the focus group with the parents who were accompanied from *Netzwerk Familie*

### **Interviewed persons:**

Four out of eight invited parents (three mothers, one father) took part in the group interview. These parents represented the variety of family situations and needs.

### **Referral to *Netzwerk Familie***

One person was referred to *Netzwerk Familie* right after the birth in the hospital and another one was referred by a parents counselling programme in the hospital. One referral to *Netzwerk Familie* was done by an institution for social services. The last one referred herself because she has knows the programme from her work in a hospital.

### **Family support through *Netzwerk Familie***

The woman who was referred to *Netzwerk Familie* right after she gave birth to her baby reports that the two staff members of *Netzwerk Familie* came in her home right on the day when she has left the hospital. This day was very stressful for her and she thought that it should have been better to have the first contact a few days later. Another person reports that her first contact with staff members of *Netzwerk Familie* was some time after the birth and she experienced the meeting as nice and helpful. Two women report that the first contact with staff members of *Netzwerk Familie* was already during their pregnancy.

It is good to have a person which you can contact in case of any sort of questions and problems and that the staff members keep in touch with the families (right frequency of contact). The continuity of contact and consultation was experienced as helpful.

### **Interventions arranges through *Netzwerk Familie***

The participants report that most of the interventions they were referred through *Netzwerk Familie* helped the parents and not directly the children.

The consultation regarding legal aspects was experienced as helpful. One participant reports that she had an intervention at home where she was observed and filmed at her situation at home with the baby by a professional. After a few days this person came again and analyzed the video with the mother and told her what works well and what she could do better. This intervention helped her very much (this was done by a staff member of *Netzwerk Familie*, a standardized intervention for this is missing in Vorarlberg).

The father reported that it would have been helpful to have the possibility for an exchange of experiences with other fathers. Once *Netzwerk Familie* organized an event for fathers but the participation was rather low.

### Recommendations for improvement of *Netzwerk Familie*

The first contact should not be too short after the birth of the child (too stressful).

Staff members of *Netzwerk Familie* must find a good balance regarding the frequency of contact the families.

More events for fathers would be fine.

The families would like the programme to continue after the third birthday of the children (*Netzwerk Familie* has to stop the intervention at this moment officially, although they do offer to be contacted by phone in case of questions/needs) or at least have another programme to continue with similar support afterwards.

#### Statistic:

Total number of persons: 4

<u>education</u>	<u>number</u>	<u>age</u>	<u>number</u>
no finished education		under 20	1
compulsory school		21-30	
apprenticeship/ VET school	3	31-40	2
high-school diploma		41-50	1
university or similar	1	51-60	
		over 61	

<u>sex</u>	<u>number</u>
m	1
f	3

## 4.6 Summary of the focus group with the cooperation partners in the early childhood network

#### Interviewed persons:

20 persons were invited to the focus group, 12 accepted and finally 11 participated. The persons are representatives of different services and intervention programmes of the medical and social sector.

## Target group

The participants think that *Netzwerk Familie* reaches their target group in general. Of course there are some families which are not reached (e.g. families, which are in contact with the child and youth welfare, but are not supported as thoroughly as they would need to be; or well established families which have reservations concerning social support interventions). In addition, the interfaces between pregnancy and birth lead to a loss of contacts to families.

The decision if a family should be referred to *Netzwerk Familie* or directly to the child and youth welfare service is difficult, but if the cooperation partners are not sure they prefer to refer the families to *Netzwerk Familie* (where they are assessed and- if needed - referred to the child and youth welfare service).

Some report experiences which - from their point of view - show that some families are afraid that *Netzwerk Familie* might cooperate with the child and youth welfare service. This seems to be assumed when they read the information flyer about the intervention programme, where the provincial government is listed as funding source. It seems that for some families it is difficult to understand the work of *Netzwerk Familie* when informed beforehand. Maybe it is also stressful for the families, when they are informed about *Netzwerk Familie* right after the birth, it could be helpful to inform them a bit later when they come for examinations or something like that. The fact that two staff members of *Netzwerk Familie* visit the family at the first contact is eventually deterrent for them (in all other services only one staff member gets in touch with the family and a second one gets informed at meetings in the office - this seems to be better from the perspective of one participant). But the main reason for families not to accept support by *Netzwerk Familie* is - according to the cooperation partners- due to the local attitude (need to cope with situation themselves) and the negative image of "getting help".

At the routine mother-child-examinations (universal mother-child-programme focussing on medical examination) physicians would have a good chance to talk about stress situations or problems in the family. Then they could refer to *Netzwerk Familie*.

One participant stated that a lot of families refuse the referral to *Netzwerk Familie* (9 out of 10 refuse) when asked after the birth in the hospital. It is assumed, that the reason for this lies in a fear of being judged. Another problem is the increasing number of ambulant births, where families leave the hospital quickly.

The work of *Netzwerk Familie* has a positive impact on the families. It can be observed that family members deal better with each other; daily life in the family becomes more relaxed. Another impact is that the women are more self-confident and structured in their life during or after the participating in the programme *Netzwerk Familie*.

Usually the cooperation partners see the families only during the time of their intervention.

## **Family support**

It is important for the work of *Netzwerk Familie* to prioritize the problems of a family and find the right intervention for solving it.

The challenge for the staff members of *Netzwerk Familie* is on the one hand to have a relationship to the accompanied families and on the other hand to refer them to other intervention programmes. The partners value the work of *Netzwerk Familie* and that they do all the documentation of the families, so that the partners can concentrate on the intervention.

*Netzwerk Familie* is an intervention that should clarify the family's needs. If it is clear that a family needs only one intervention programme like a family counselling it should be possible to refer them to these institutions and not to *Netzwerk Familie* in a first step. But sometimes it is simply not obvious if there are multiple factors that stress a family. For these cases *Netzwerk Familie* is seen as enrichment for the social system.

## **Cooperation partners**

Programmes for mentally ill mothers, post-partum depressions and mother-child-treatments in health clinics (like in Germany) are missing in Vorarlberg. There is also a lack of programmes for pregnant women and group intervention programmes. Specific programmes would also be useful for migrants and women with language problems .

The work of *Netzwerk Familie* is facilitating the physician's work, because they know that the families are taken care of and get the right help for problems outside the medical sector.

The round tables and other events are good for the cooperation between the partners and *Netzwerk Familie*. They are always well organized und interesting.

## **General recommendations**

There should be no competition. To build up an intervention programme needs time and money. Networking with the relevant institutions of the health and social sector is important. The regional politics has to share the principles and see the use of such a programme.

If there are already institutions or structures in a region then should these be used and strengthened.

The medical and psycho-social sectors have to cooperate. It is even difficult to cope with different disciplines in the medical sector, especially at the transition from pregnancy to birth up to medical care of the children.

For the programme itself it is useful to have a multi-professional team what works with the families.

## Statistic

Total number of persons:11

<u>profession</u>	<u>number</u>	<u>age</u>	<u>number</u>
social worker	3	under 20	-
paediatric nurse	1	21-30	1
psychologist	3	31-40	1
psychotherapist	1	41-50	6
paediatrician	1	51-60	3
mid-wife	1	over 61	-
head of family service	1		

<u>sex</u>	<u>number</u>	<u>function</u>	<u>number</u>
m	2	referral	7
f	9	intervention	6

*(with double counting)*

Institutions where participants of the focus group work at:

- » Connexia
- » hospital of Dornbirn
- » hospital of Bregenz
- » hospital of Feldkirch
- » Caritas Familienhilfe
- » Familienverband/Familienhilfe
- » IfS Frühstart
- » Schwanger.li
- » Hebammengremium (midwives plenum)
- » Gemeinde Götzis (Community)
- » Paediatrician's surgery
- » Kaplan Bonetti

## 5 Conclusions

In the context of a project on early childhood networks, we collected existing evidence on and experiences with such interventions and networks in Austria (Vorarlberg) and Germany, but also in some Nordic countries. This project, which started in 2011 and is still ongoing, has led to several publications. In the first phase we did a survey among programme providers and stakeholders (on regional and federal level) to investigate, if there is a common understanding in Austria and which kind of early childhood interventions exist (Haas et al. 2013). In another report we focused on the identification of families in needs and the setting up and maintaining of cooperation within early childhood networks (Knaller 2013). A third report analyzed relevant time points and contents for a universal programme for families during pregnancy, around the birth and during the first year of the child (Antony et al. 2014). In our most current report we drafted – on the basis of all this information – a model for early childhood interventions for Austria (Haas et al. 2014, unpublished), proposing the combination of a universal (focus on psychosocial aspects in order to complement the existing universal programme with medical focus) and an indicated approach (early childhood networks for families in need).

On the basis of this ongoing work as well as the data and information we gathered for the Drivers project we draw the following conclusions:

Universal programmes for the early childhood that target psychosocial aspects among all families, are delivered in other countries mainly by non-medical professional groups (mostly other health professionals like midwives and nurses) entangled with preventive medical services and starting within pregnancy (Antony et al. 2014). A comparative interlinked programme doesn't exist in Austria at the moment, separate specific interventions for the early childhood do exist though. Knaller (2013) describes, that the different strategies to identify the needs of families are purposeful only when the different professionals are involved in an interlinked network, which facilitates the arrangement of accurately selected support. A model for a universal resp. indicated early childhood network for Austria and how this could be interlinked is described by Haas et al. 2014.

In Vorarlberg a comprehensive range of different psychosocial supportive interventions for families were already available before the development of *Netzwerk Familie*. Still, *Netzwerk Familie* is – also from the perspective of the cooperation partners – seen as a useful and necessary supplement to arrange supportive early childhood interventions for families with special needs, in a structured and systematic way. An additional advantage of *Netzwerk Familie* is, that the contact to the families can be kept upright over a longer time period than separate specific measures/interventions are able to. Those professional groups which are involved in the „universal“ preventive medical services (midwives, pediatricians, gynecologists etc.) play an important role as referrers to *Netzwerk Familie* and need therefore corresponding measures to raise their awareness about the programme.

The success can be seen also in the data: while according to experts 5–10 percent of all families have special needs (Fegert 2009, Esser/Weinel 1999), *Netzwerk Familie* reaches at the moment

4–5 percent of all families in Vorarlberg. Among those a broad variety of families is covered (see description of target group). According to all respondents *Netzwerk Familie* therefore contributes considerably to health equality – especially by ensuring stable income and housing (e.g. via the guaranteed minimum income) for families with a risk of poverty.

Knaller (2013) describes also, that it makes sense to use standardised instruments for the identification and assessment of strained/adverse conditions and life circumstances as well as resources. *Netzwerk Familie* uses an instrument for the clearing, which was developed in Germany by Kindler and adapted for Austria and enables the classification in four risk groups. Other instruments were adapted for the referrers: the „Wahrnehmungsbogen für den Kinderschutz“ with two versions (one for the time around the birth and one for infants). While the first version seems not be used in practice, the second version shall be implemented in cribs and kindergardens from 2015 on.

It is difficult to verify a measurable effect concerning the development of the children in those families, which are supported and accompanied by *Netzwerk Familie*. A reduction of the implementation of full support measures of the child and youth welfare (children are taken out of the previous family) as in Dormagen (Germany) can't be seen as clearly for Vorarlberg or argued as an effect of the implementation of *Netzwerk Familie* only. Still, in contrary to the rest of Austria, the amount of ambulant interventions (supporting parenting competences of the families) which are implemented on the basis of agreements (between the child and youth welfare and the family) increased between 2009 and 2012, while those ambulant interventions, which are implemented on the basis of an injunction decreased. This could be the effect of an increased awareness and early reaction as well as an increased organisation of support within the early childhood network. Following from this less injunctions could be needed. *Netzwerk Familie* reports for example, that they organise again and again additional caregivers (often child minders or volunteers) for the children as part of the support for families, but also outreach parent counselling or family assistance at home. More detailed data (e.g. on separate regions in Vorarlberg or the age of the children involved) or reports about experiences, which would support this interpretation, are not available.

Another effect can be verified though: By improving the socioeconomic situation the overall situation of these families can be stabilized. This leads to more relaxed relations within the families and releases energy and time for taking care of the kids and their needs and therefore has an effect on the development of the children in their early years. These effects are confirmed by the experiences of *Netzwerk Familie* (observations made by the staff of *Netzwerk Familie* and the cooperation partners as well as feedback from families).

The experiences of *Netzwerk Familie* show also, that ensuring stable income and housing as well as legal counselling builds a good starting point for working with migrant families. An additional universal programme, which focuses in contrary to the existing system also systematically on socioeconomic and mental factors, could increase the accessibility of families in needs considerably. As a consequence the indicated programme wouldn't depend that much on the motivation of the cooperation partners. To motivate families to consider and accept supporting interventions would be easier, too.

An important issue for the time after birth, which also has an impact on the mother-child-bonding, is postpartum depression. Therefore universal programmes in other countries (The Netherlands, Skandinavia, UK) include around the eighth week of the newborn a screening for postpartum depression of the mother (Antony et al. 2014). Looking at those families, which started with the intervention of *Netzwerk Familie* in the year 2013, 20 percent of the mothers showed signs of a post-partum depression. Therefore *Netzwerk Familie* is able to reach the affected mothers and to prevent negative consequences for the children by organising adequate supporting measures.

Concerning other effects subjective judgements of the cooperation partners and the staff of *Netzwerk Familie* can be considered only. As already mentioned, both groups report positive developments in the form of stabilisation of the family, improvement of the partnership and the family climate, as well as structuring and improvement of the (self)confidence of the mother (in general but also concerning taking care of the children). It has to be considered though, that the cooperation partners themselves don't have further contacts with the families after their specific supporting measure came to an end and therefore can only judge changes which occur within and on the basis of their specific intervention. Mainly pediatrics and gynecologists have continuous contacts throughout the whole time *Netzwerk Familie* can accompany families. At parents events („Mütterhocks“) and home visits the staff members of *Netzwerk Familie* observe an increasing interest of the parents in the children and their development as well as improved parent-child-interactions beobachtet werden. As therapeutic or pedagogic early interventions for handicapped children („Frühförderung“) are organised in most cases independently from *Netzwerk Familie* and directly by the hospitals or specialists, this area can't be looked at to verify an effect of *Netzwerk Familie* on the development of the children.

The families express their thankfulness again and again in personal contacts with the staff members of *Netzwerk Familie* and the cooperation partners (referrers) but also in the feedback questionnaires, which shows that they perceive the intervention of *Netzwerk Familie* as helpful. This thankfulness refers not only to the arrangement of adequate specific measures, but also to how the personal contacts are handled, the regular inquiries and simply to „being there“. Another positive sign is, that most of the families would or have already recommend the support by *Netzwerk Familie* to other families.

Building up and maintaining networks as well as ensuring good cooperation within these networks are a challenge but very important for the success of early childhood networks. Considerable success factors are clear structures and rules, the involvement of cooperation partners right from the start, (written) agreements, regular meetings and collective further educations (Haas et al. 2014). The qualitative survey shows, that meanwhile *Netzwerk Familie* has a very good standing and is accepted within the province of Vorarlberg, mutual trust between the cooperation partners exists. The contribution of *Netzwerk Familie* is appreciated by the cooperation partners (professional exchange, raising awareness within the network and the support of the families). This success is build on positive experiences (with the referral of families - including the feedback from *Netzwerk Familie* on what happens with the family, which is also seen as very positive and helpful) and the role of *Netzwerk Familie* as a knowledge platform resp. the regional coordination unit for the network. But also ongoing personal contacts

(getting in touch repeatedly) with potential referrers was relevant for this success, although it is a big challenge due to the amount of resources necessary. Specific efforts were put in activities to raise the awareness among medical professionals. These activities show, that new paths have to be considered and tested again and again, to keep the interest as well as the understanding of the intervention of *Netzwerk Familie* and its benefit for the families upright.

The preceding pilotphase before the roll-out of *Netzwerk Familie* in the whole province, has been and still is a hindrance for the cooperation. The pilotphase has established competitiveness as well as frustration among those programmes, which were „rejected“ afterwards. As a consequence in those two regions, where other pilotprojects have been tested, more efforts and time needs to be invested to ensure cooperation and to motivate relevant persons to refer families to *Netzwerk Familie*. This can be seen in the numbers and characteristics of families, which are referred in these regions (at the beginning the numbers were considerably lower and the families showed massive multiple problems), but also in the criticism expressed. It was mentioned for example, that the funding of *Netzwerk Familie* through the province and the implementation of the clearing by two persons (following the four eyes principle) is deterrent for families, because it signals closeness to the child and youth welfare. The feedback from the families doesn't confirm this.

The regional coordination unit also has the task of reviewing the available interventions/measures within the network (Haas et al. 2014). This ongoing task is carried out by *Netzwerk Familie* and identified the absence of interventions supporting parent-child-bonding in Vorarlberg. The implementation of a standardised intervention like STEEP or SAFE is planned for the next years. The following interventions are missing too: interventions for mentally ill mothers, for the treatment of postpartum depressions, mother-child-treatment in health resorts, low-threshold interventions for pregnant women, group interventions for families (as kick-off for own initiatives) and interventions for migrants with lacking German language skills (the problem is mainly the missing possibility to choose and acceptance of translators as well as the quality of their training).

Within the first five years *Netzwerk Familie* adapted the programme repeatedly according to the needs of the target group and the cooperation partners. For example the rapid availability of the staff for questions and problems of the families (and the cooperation partners), the attitude towards the families as well as the professional exchange with the cooperation partners is mentioned as very positive and relevant. The existence of *Netzwerk Familie* is perceived as a relief – especially from medical side. Still, the survey showed also some space for further improvements:

Cooperation partners seem to have some difficulties to distinguish between the interventions by the child and youth welfare and the programme of *Netzwerk Familie*, resp. partly also its target group and the benefit for this group. It might help to provide additional information material or other kind of instruments/paths to clarify this (e.g. use more examples, clarify the different roles and tasks, show the different possibilities to organise and provide support). At the same time the impression was mentioned, that the families in the programme of *Netzwerk Familie* do not always know exactly, what they can expect from the different specific interventions.

If mothers and fathers shall be reached likewise, the wording of invitations and the title of events needs to be chosen carefully. *Netzwerk Familie* tried to consider this already (e. g. „Väterhock“, an event for fathers) but the participation of fathers remained low. It might be useful to consider the format of events for fathers and to make them more attractive from their perspective (maybe other topics, times, places or implementation modalities would be more suitable for fathers).

More acceptance among the different professional groups within the network could be gained by using a multidisciplinary team for the key intervention of *Netzwerk Familie*. Another benefit would be the inclusion of different competences and views. *Netzwerk Familie* already works on this issue, it is planned to include a psychologist.

If a family is referred to the child and youth welfare, *Netzwerk Familie* stops the intervention. Cooperation partners criticise this as a termination of the relation between the family and a confidant. The importance of continuous accompaniment through the same confidant has been discussed several times also in the advisory board of our project. This seems to be desirable but in practice not feasible. So it is even more important to arrange the transfer from one confidant to the next in a good and positive way. Criticism is also expressed, mainly from families, about the fact, that the key intervention from *Netzwerk Familie* has to be terminated by the third birthday of the child and there is no similar follow-up programme for the age of 3 years plus. In both cases it remained unclear, how and under which circumstances a further accompaniment would be possible. *Netzwerk Familie* stresses though, that they do invite families to call them in cases of uncertainty or questions also after the third birthday of the child (although the key intervention officially ends with this date).

With ongoing efforts *Netzwerk Familie* tries to motivate and integrate new cooperation partners and to establish contacts with new specific interventions in the province. For example, since recently *Netzwerk Familie* can also provide families with a special culture pass (which ensures socially disadvantaged persons an access to cultural events). Still, there seem to be professional groups, like midwives, general practitioners, gynecologists and psychiatrists, with which the cooperation is not working well. *Netzwerk Familie* tries to invent new ideas to promote this cooperation regularly (see also chapter description of *Netzwerk Familie*), but further efforts are necessary as well as support from professional representatives, politicians etc.. There seems to be also space for improvements in the exchange with health promotion programmes. This could be due to the fact, that the existing problems of the families need completely different support at the beginning, which has priority, and health promotion is perceived as not as important. In addition, health promotion programmes are often organised and implemented in a way, which is not attracting socially disadvantaged persons. An increased exchange could lead to a positive effect in each direction even more. The exchange with communities started, but there is also some potential for strengthening this resp. for cooperating and influencing relevant strategies and measures (e.g. welcome present for newborns, initiatives to establish one-stop-shops for the necessary administrative issues).

On the basis of the feedback from the families and cooperation partners it seems to be useful to consider the following questions:

- » What is the best moment before and after giving birth, to inform families about *Netzwerk Familie* and to motivate them to get in contact? Resp. how can this moment be determined – also in cases of giving birth ambulantly?
- » Is the existing information material useful for this purpose resp. does it explain the key intervention of *Netzwerk Familie* in a way, which is easily understandable for families (not too abstract) or would it make sense to adapt it?
- » How could inquiries and repeatedly offering support by *Netzwerk Familie* be organised for those cases, where families reject or hesitate at first?
- » How flexible can a clearing be organised resp. how can a stressful situation be prevented, which could occur for example because of a delayed discharge from hospital?
- » Is it feasible to organise a low threshold form for the first contact resp. the clearing for families with huge reservations and fears, eventually also with experiences with the child and youth welfare (e. g. informal talks with staff members of *Netzwerk Familie*)?

Another challenge seems to be to guarantee cooperation and networking in those sparsely populated areas, where it is difficult to keep specific interventions upright due to low case numbers. In addition, in these areas the social pressure often is especially high („to make it on your own“). On the one hand innovative concepts are necessary to ensure the provision of necessary supporting interventions – the responsibility for this can't be with *Netzwerk Familie*. The children campus in Högst was mentioned as positive example (where different professions and interventions as well as day care etc. are located within one building). On the other hand measures to raise the awareness among the population and to cause rethinking concerning the acceptance of support resp. to generate a positive image. Such measures could eventually reduce reservations among families in other areas, too.

Finally, we want to summarize the main points of the recommendations, which were explicitly mentioned by the interviewees as basis for implementing an early childhood intervention program like *Netzwerk Familie* in other regions (for details see the summaries of the interviews above). Before starting the intervention program a comprehensive analysis on existing interventions in the region should be done, which enables the identification of potential partners and stakeholders. Political commitment and (financial) support seems to be one of the most important things for the implementation, which should be tried to obtain from different sectors, at least the health and social sector should be involved. The communities and local authorities should be addressed as relevant partners, because they have a lot of formal contact with families after the birth. Sufficient resources (money, time and staff) need to be provided for the implementation. It was also recommended that the implementation process should be planned in advance and done systematically. A regional coordination unit should be installed and the key intervention (accompanying and supporting families) should be carried out by a multi-professional team. To ensure the cooperation in the early childhood network, regular meetings, trainings and other professional events are essential.

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