

# Frühe HILFEN

Early childhood interventions –  
cooperation, networking and dialogue  
to support families in need

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Hospitals and Health Services  
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# Austrian Model for Early Childhood Interventions



# Objectives of the Austrian Model

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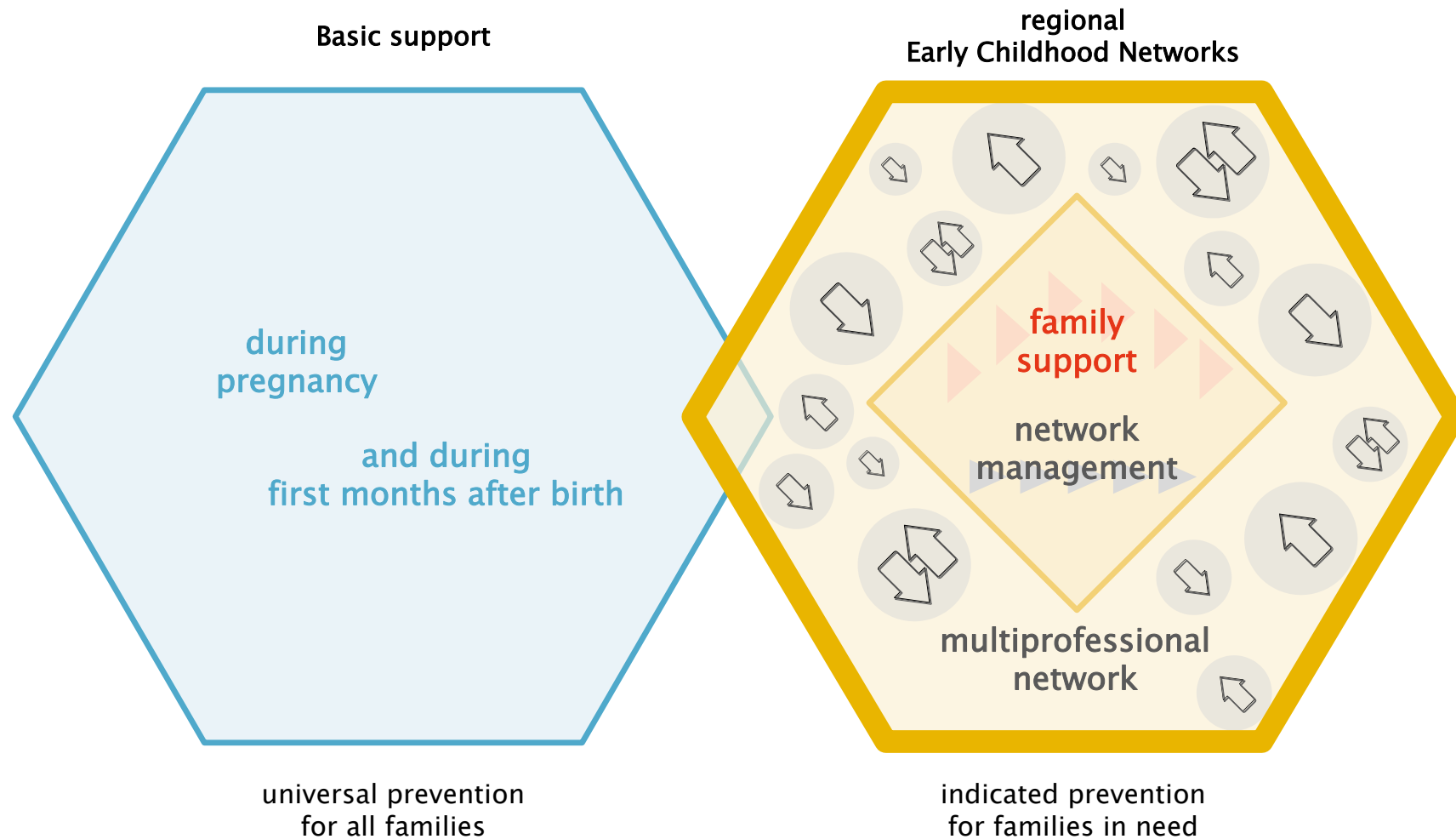
## Specific Objectives:

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

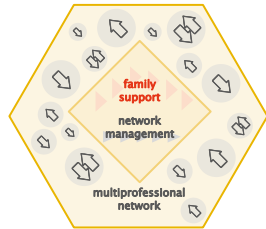
## Guiding principles:

- Non-stigmatising, appreciative, resource-oriented
- Focus on empowerment
- voluntary and free of costs

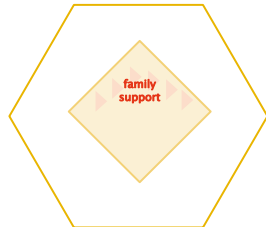
# Austrian Model for Early Childhood Interventions



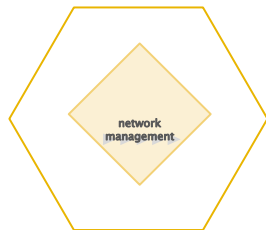
# Characteristics of Early Childhood Networks



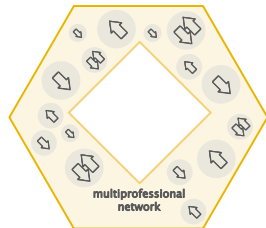
**reach families actively and systematically** = Raising awareness among those who can identify and refer families in need



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



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



which serves as **multiprofessional support system**, offering well coordinated manifold services for parents and children

## Target group: Families in need

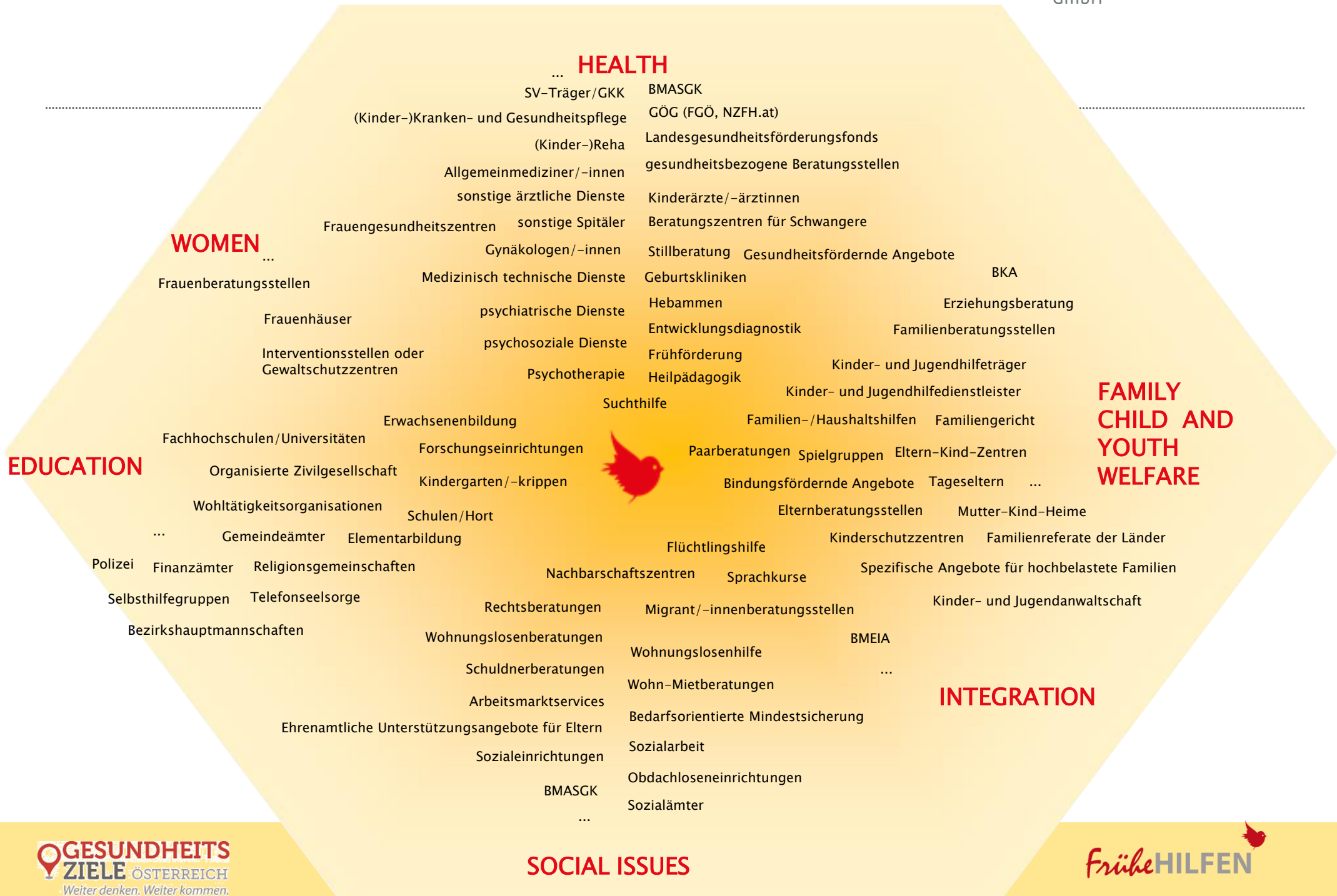
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Families with a **variety of strains/burdens**:

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

But in most cases **several burdens** are present at the same time in combination with a **lack of compensating resources**; 7 % of all births and additional 10 % for short-term support

# Multiprofessional network





## National Centre on Early Childhood Interventions (NZFH.at)

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Austrian Public Health Institute commissioned with work on early childhood interventions since 2011

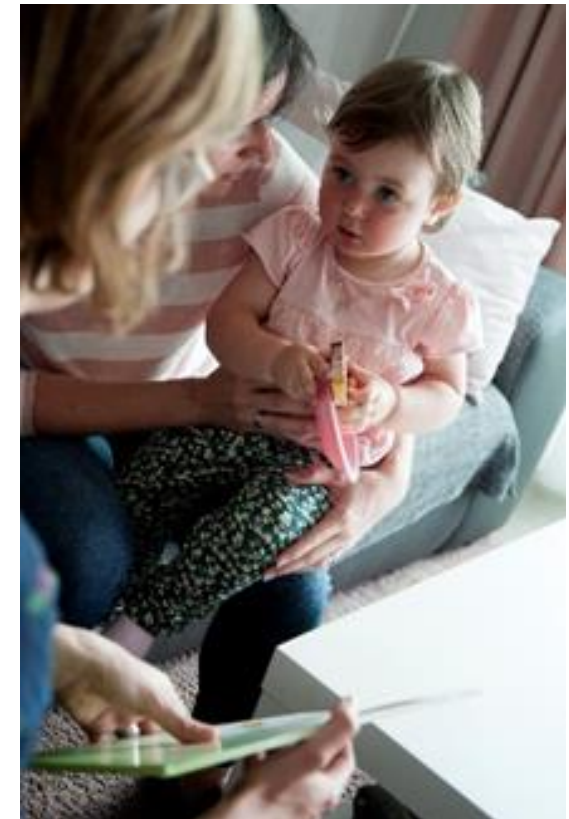
→ officially nominated as National Centre since 2015

### Tasks:

- » Overall co-ordination with all involved regions/stake holders
- » Training, monitoring (unique documentation system) and networking
- » Harmonisation and quality assurance (guidelines, quality standard)
- » Evaluation/Research and further development of concept (e.g. participatory research, ad hoc papers for „burning“ issues)
- » Knowledge transfer (Website, News, conferences, articles ...)
- » Public relations



# State of Implementation



# Implementation of regional Early Childhood Networks

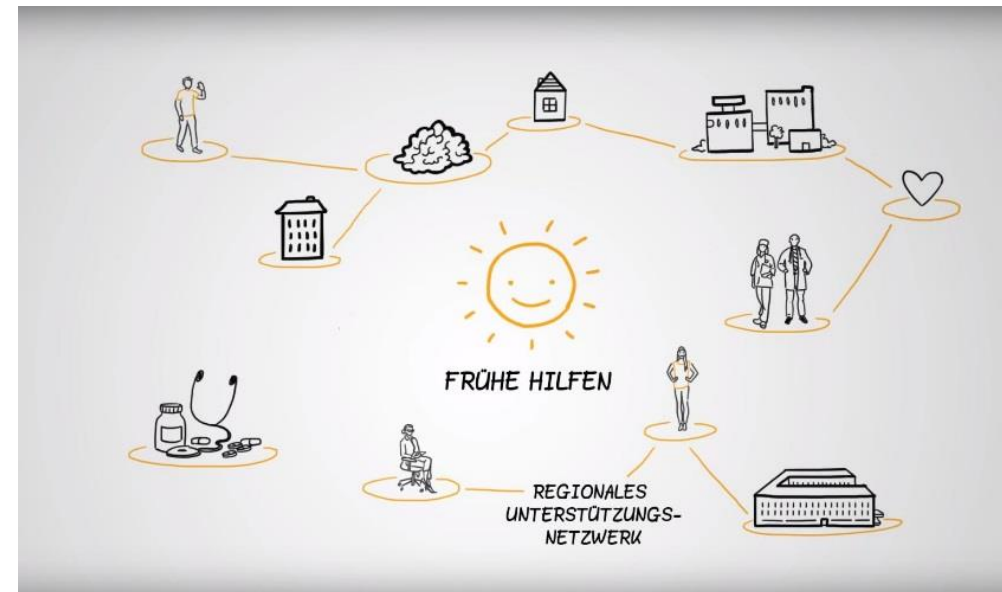
Implementation of the indicated prevention model  
in all **9 Austrian provinces**  
since the beginning of 2015

- » Cooperation of provincial governments and social insurance
- » Financing mainly through health budgets

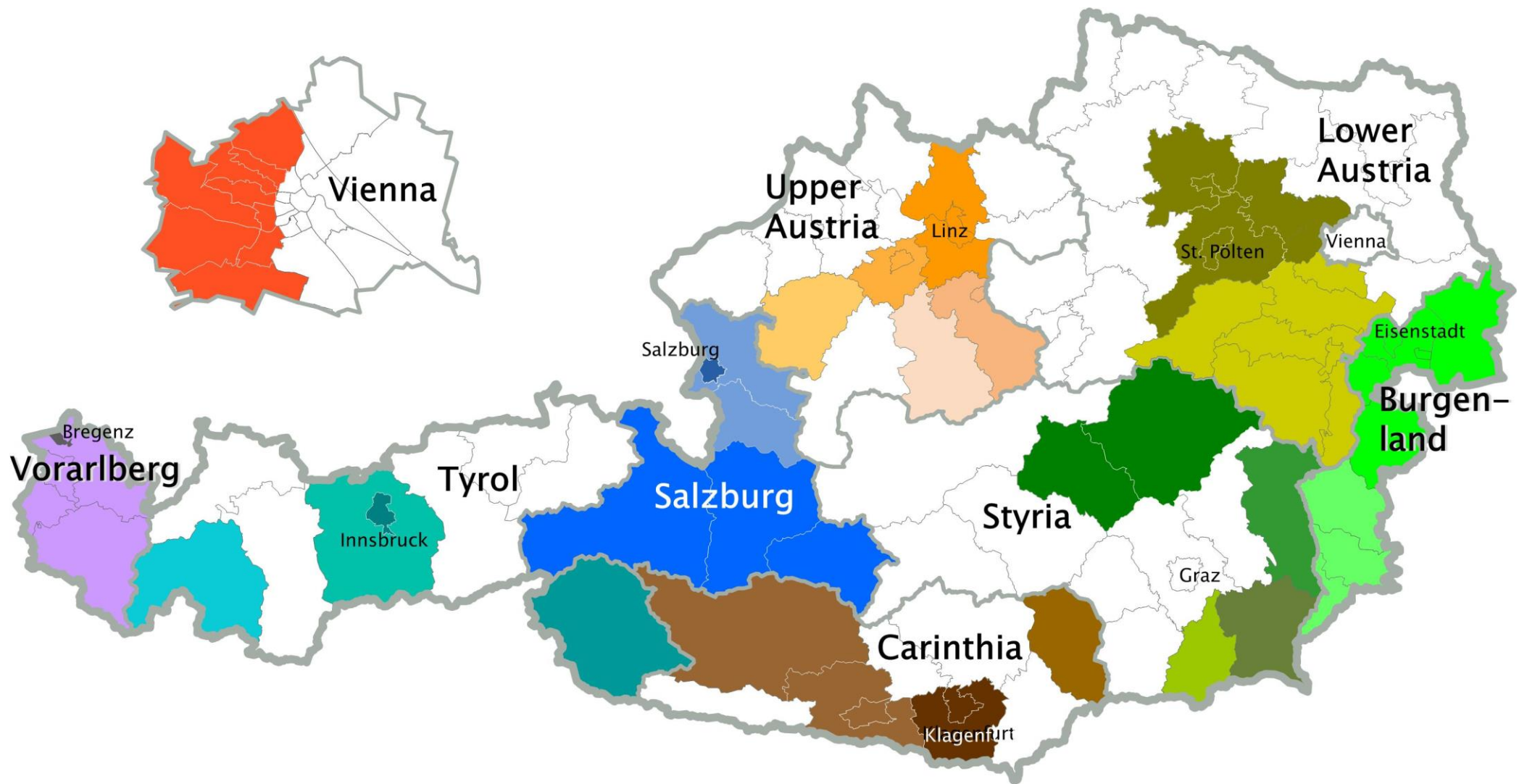
Spring 2019:

**25 regional Early Childhood Networks**, which cover in total **64 districts**

- More than **half of the Austrian population** lives within reach of regional Early Childhood Networks!



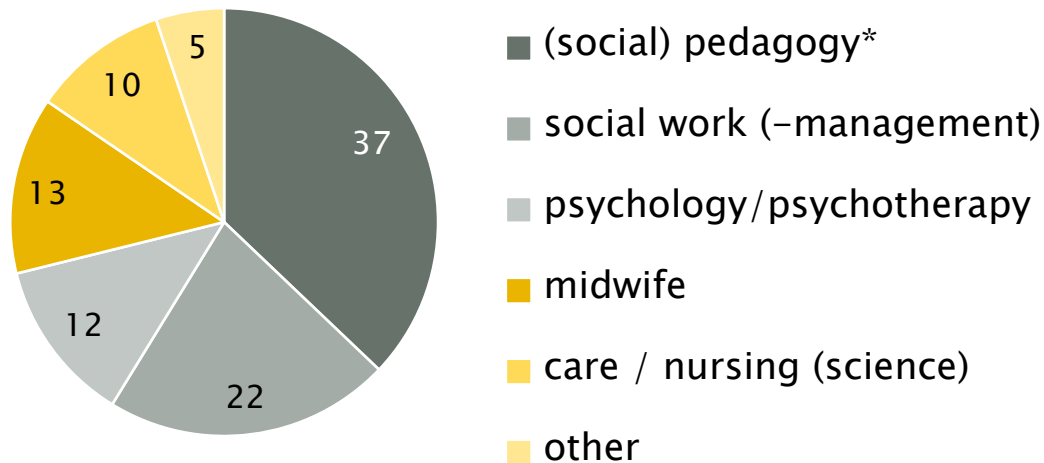
## Regional Early Intervention Networks



Date: March 2019

## Professional background (home visitors + networkmanagers)

Home visitors, 31<sup>th</sup> Dec 2018, in %, n = 86 (97)

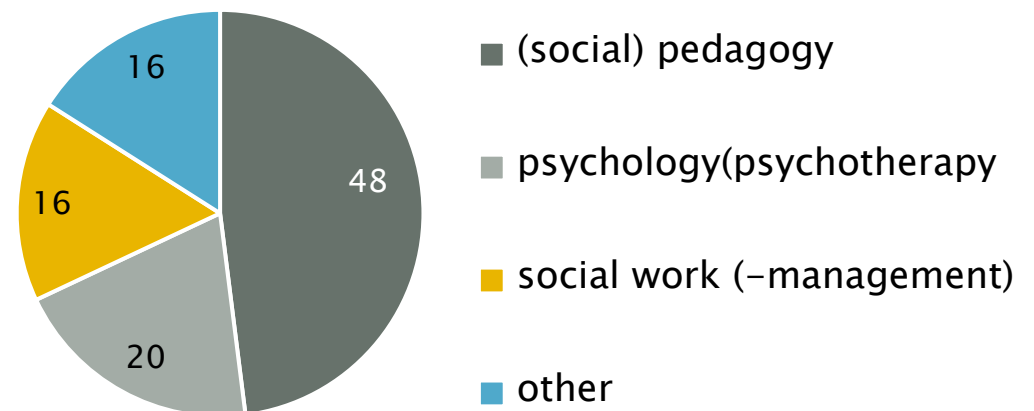


\* incl. (day) nursery pedagogy, educational science

multiple answers possible

Source: NZFH.at, 2017

Networkmanagers, 31<sup>th</sup> Dec 2018,  
in %, n = 23 (25)



## Families reached (2015 – 2018)

~ 5.700 contacts



~ 3.800 families supported



~ 2.750 families already  
left the programme



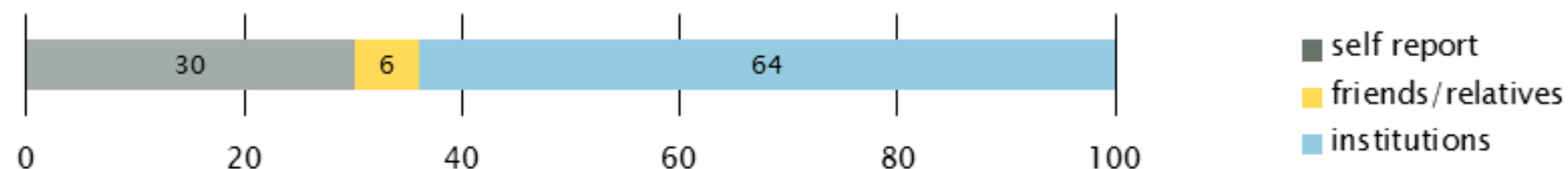
Credits: © NZFH.at, VerVieVas



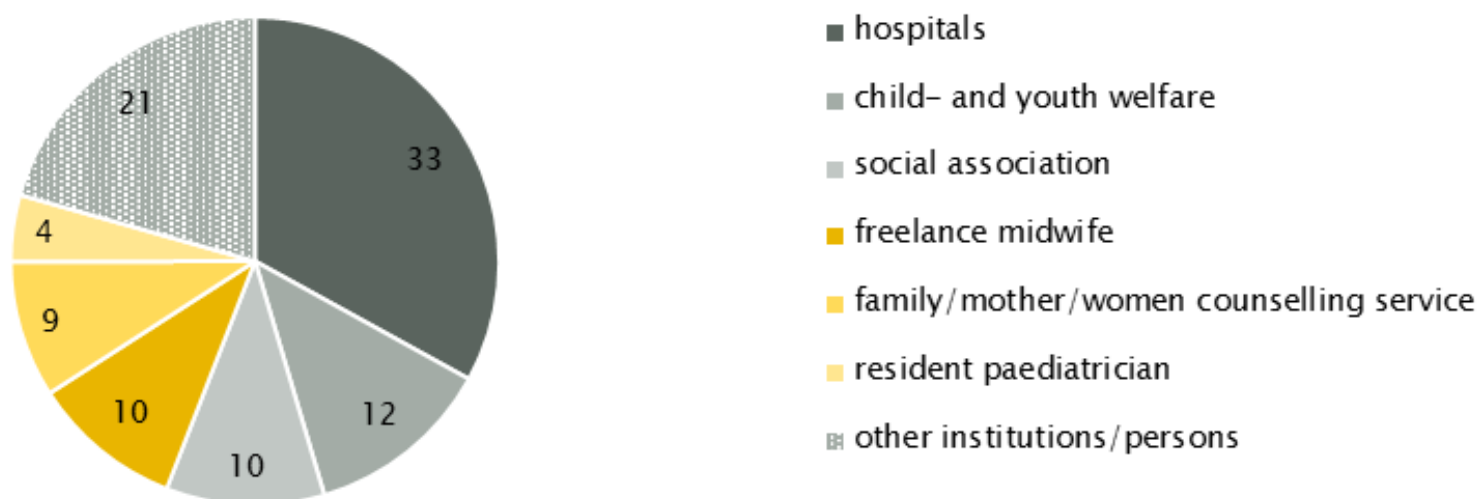
# Experiences and results



## Referrals by...



n = 1.311



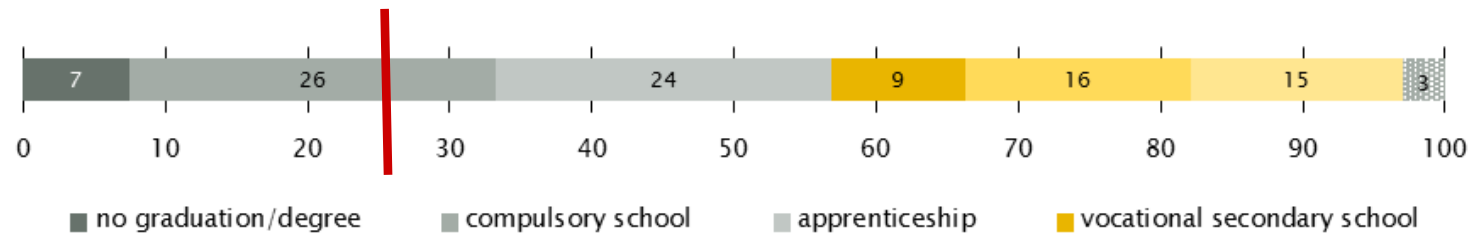
n = 839

Comment: 2017, in %



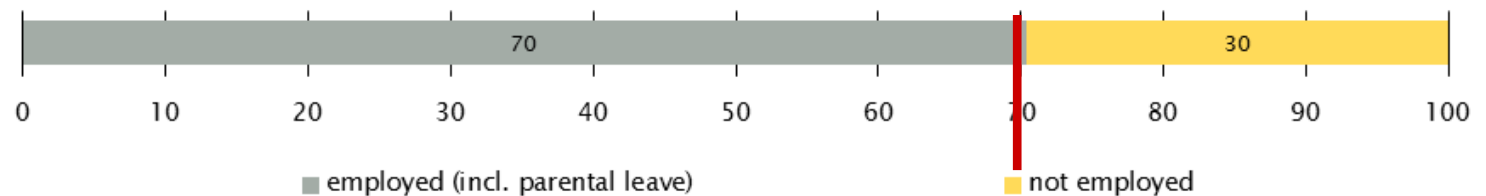
# Characteristics of main caregivers

## Education



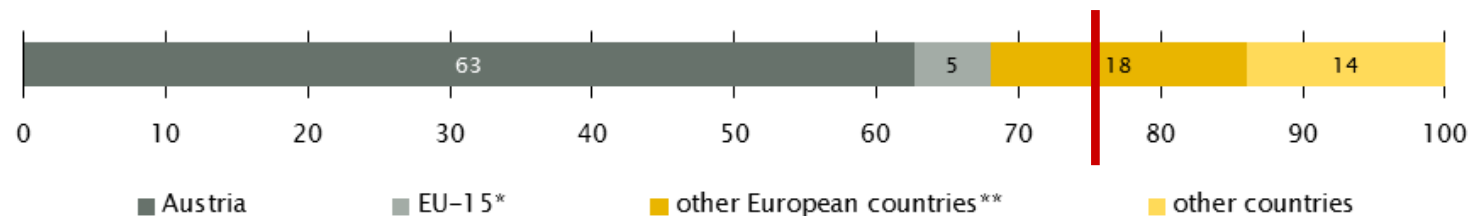
26 %

## Employment



70 %

## Country of birth



76 %

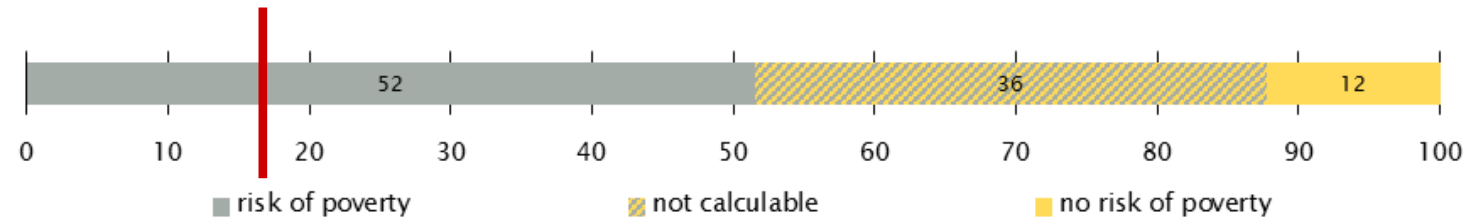
Comments:

2017, n=1.328/1.373/1.365 (main caregiver), in %

\* EU-15 incl. Switzerland, Liechtenstein, Norwegen, Island. \*\* other European countries incl. Turkey, Russia, ...

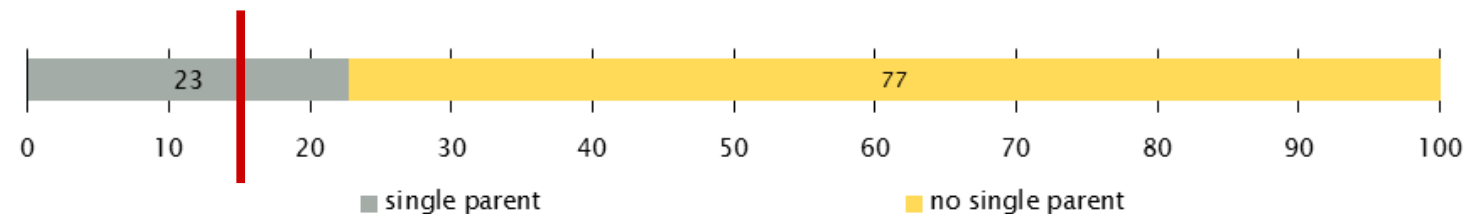
# Socially disadvantaged families are supported

Risk of poverty



17 %

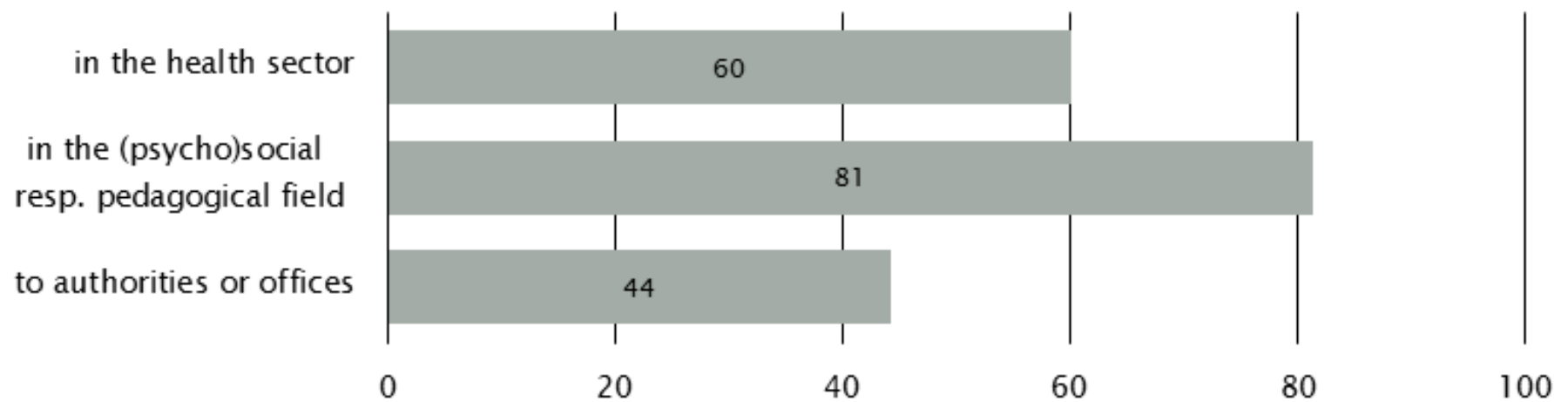
Single parent



14 %

Comment:  
2017, n=1.381/1.377, in %

## 70 % of families were referred to additional services



comment:  
Terminated supports 2017, n=478, in %, multiple answers possible

# EVALUATION: Families do benefit from early childhood intervention networks

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

## resources



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





## strains/burdens

- anxiety and exhaustion
- financial burden/distress



## Dialogue is key

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-  Dialogue in order to **build and maintain the regional network** involving all relevant partners (professional groups, institutions from health and social care ...) → bilateral talks, Round Tables, networking meetings ...
-  Dialogue in order to ensure the **access of families to the programme** → motivational talks with families, direct contact to network by the involved professional groups
-  Dialogue in order to ensure **needs-based support for the families** → assessment of needs of the families, referral to specific services, on-going exchange; consultation of members of multiprofessional team
-  Dialogue in order to ensure **trust and relationship** between the families and the home visitors as well as **empowerment of the families**

## Dialogue is key

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*... the home visitor already  
gave me a lot of strength, simply  
by listening and talking about  
herself ...*



I've become more confident and I  
know that I'm doing the right thing  
with my child and that gives me  
good feedback ... that she also gives  
me courage when I'm not doing well  
at all.

# Thank you for your attention!

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Austrian Centre on  
Early Childhood  
Interventions  
NZFH.at

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