

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

Sabine Haas; Gesundheit Österreich, NZFH.at 27th International Conference on Health Promoting Hospitals and Health Services 31 May 2019, Warsaw





Austrian Model for Early Childhood Interventions







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Objectives of the Austrian Model

Specific Objectives:

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

Guiding principles:

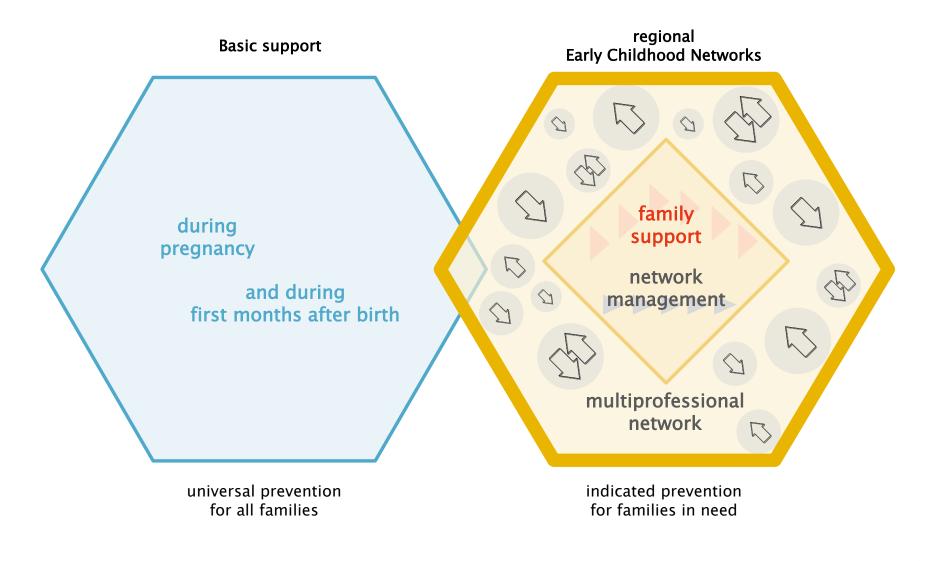
- Non-stigmatising, appreciative, resource-oriented
- · Focus on empowerment
- voluntary and free of costs







Austrian Model for Early Childhood Interventions

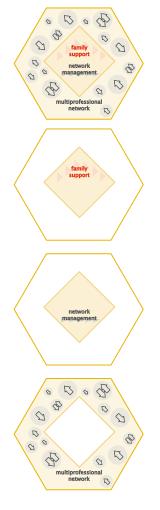




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Characteristics of Early Childhood Networks



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

provide continuous and comprehensive support = <u>family</u> <u>support</u> (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

= <u>network-management</u> for establishment and continuous maintenance of the regional network,

which serves as <u>multiprofessional support system</u>, offering well coordinated manifold services for parents and children







Target group: Families in need

Families with a variety of strains/burdens:

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

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







Multiprofessional network

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	SV–Träger/GKK BMASGK								
	(Kinder-)Kranken- und Gesundheitspfleg (Kinder-)Reh				GÖG (FGÖ, NZFH.at) " Landesgesundheitsförderungsfonds				
				Allgemeinmediziner/-innen	gesundheitsbezogene Beratungsstellen				
				sonstige ärztliche Dienste	Kinderärzte/-ärztinnen				
				dheitszentren sonstige Spitäler	Beratungszentren für Sc	hwangere			
		WOME	N	Gynäkologen/-innen	Stillberatung Gesundhe	eitsfördernde Angebote			
		Frauenberatu	ingsstellen	Medizinisch technische Dienste	Geburtskliniken		BKA		
			Frauenhäuser	Psychotherapie	Hebammen	Erzie	ehungsberatung		
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EDUC		Orga		Kindergarten/-krippen		dernde Angebote Tages		WELFARE	
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				Schuldnerberatungen	Wohn-Mietberatungen		TECRATION		
				Arbeitsmarktservices	Bedarfsorientierte Mindests		TEGRATION		
			Ehrenamtliche Unte	rstützungsangebote für Eltern		arbeit			
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National Centre on Early Childhood Interventions (NZFH.at)

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

-> officially nominated as National Centre since 2015

Tasks:

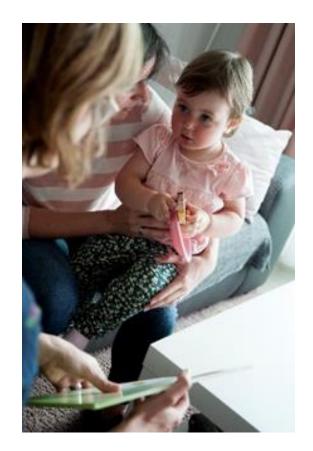
- » Overall co-ordination with all involved regions/stake holders
- » Training, monitoring (unique documentation system) and networking
- » Harmonisation and quality assurance (guidelines, quality standard)
- » Evaluation/Research and further development of concept (e.g. participatory research, ad hoc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





State of Implementation







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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

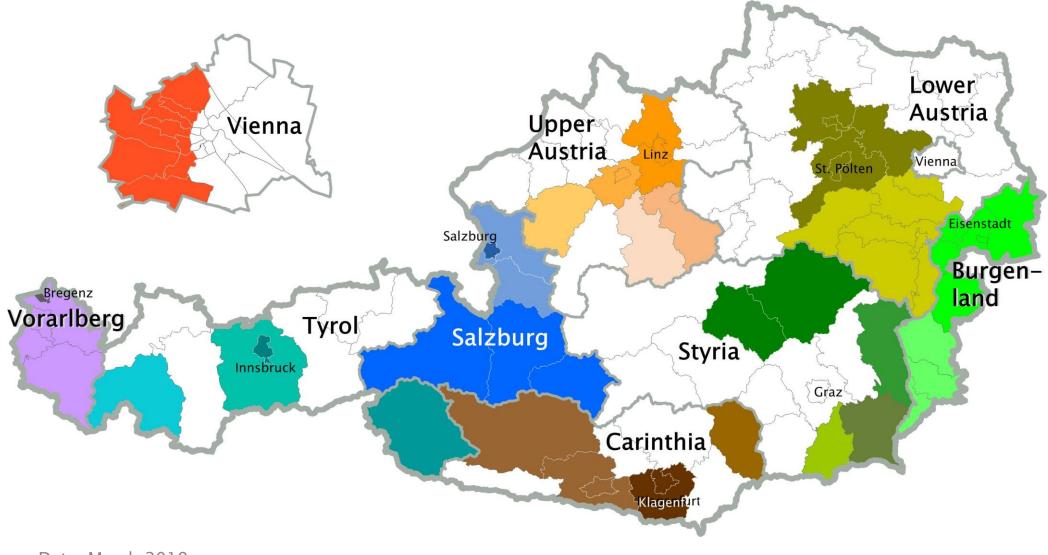
→ More than half of the Austrian population lives within reach of regional Early Childhood Networks!







Regional Early Intervention Networks



Date: March 2019

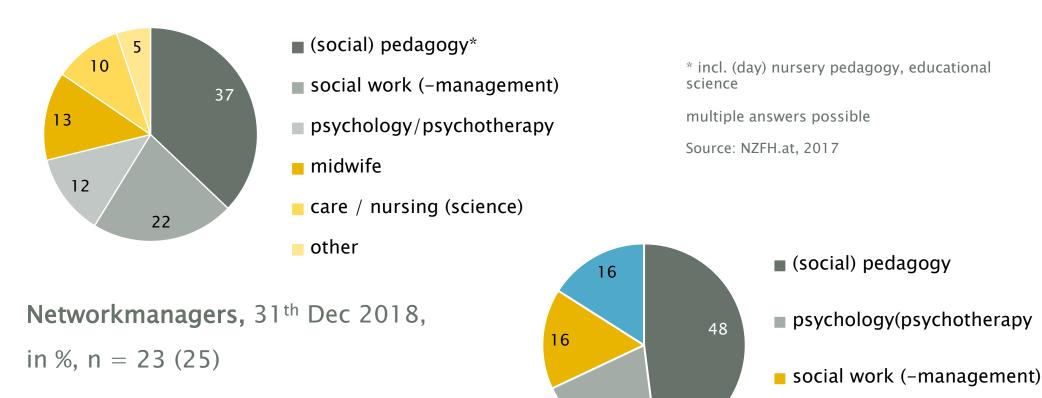


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Professional background (home visitors + networkmanagers)

Home visitors, 31th Dec 2018, in %, n = 86 (97)



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VORSORGEMITTEL DER BUNDESGESUNDHEITSAGENTUR

20



other

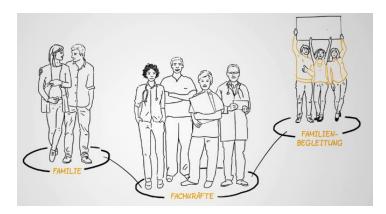
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GmbH •



Families reached (2015 - 2018)

~ 5.700 contacts



~ 3.800 families supported



~ 2.750 families already left the programme



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Experiences and results





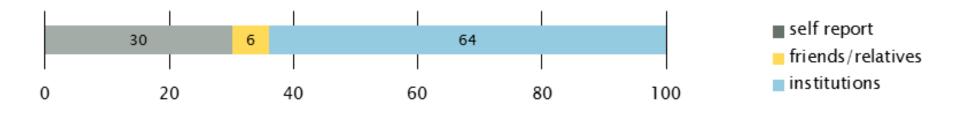


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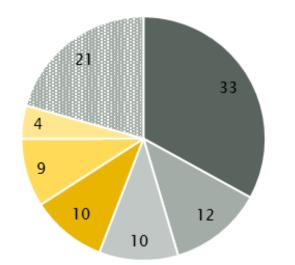




Referrals by...



n = 1.311



- hospitals
- child- and youth welfare
- social association
- freelance midwife
- family/mother/women counselling service
- resident paediatrician
- B other institutions/persons

Comment: 2017, in %

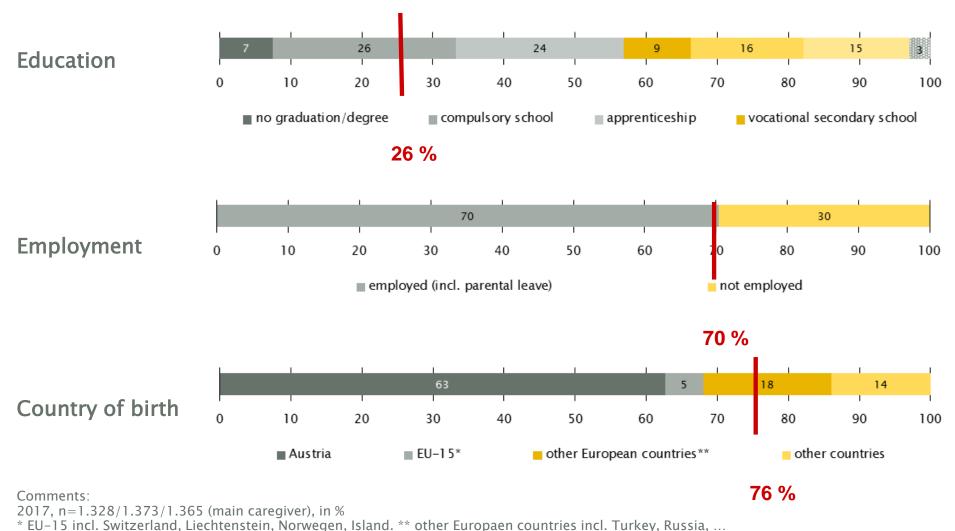
n = 839



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Characteristics of main caregivers



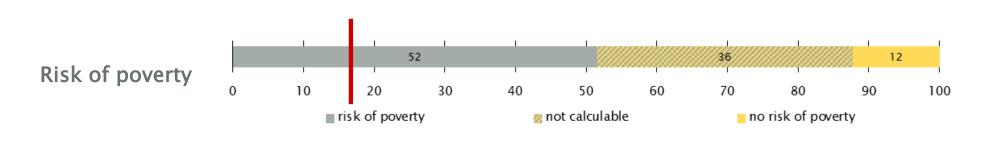
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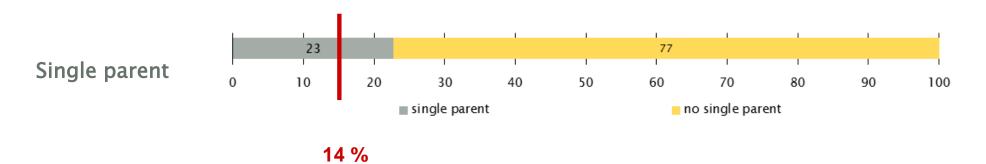
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Socially disadvantaged families are supported



17 %



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

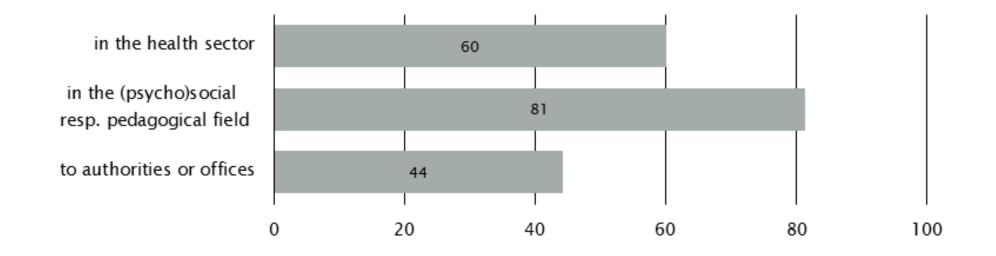






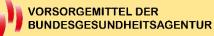


70 % of families were referred to additional services



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

 \checkmark

strains/burdens

- anxiety and exhaustion
- financial burden/distress





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Dialogue is key

- 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 \rightarrow assessment of needs of the families, referral to specific services, ongoing 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

... 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!

Contact details

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