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

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Austrian Model for Early Childhood Interventions
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

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

- regional Early Childhood Networks
  - universal prevention for all families
  - indicated prevention for families in need

- multiprofessional network
- network management
- family support
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

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**

**EDUCATION**
- Frauenberatungsstellen
- Frauenhäuser
- Interventionsstellen oder Gewaltschutzzentren
- Erwachsenenbildung
- Forschungseinrichtungen
- Kindergarten/-krippen
- Schulen/Hort
- Nachbarschaftszentren
- Sprachkurse
- Rechtsberatungen
- Wohnungslösungsberatungen
- Schuldenberatungen
- Arbeitsmarktservices
- Ehrenamtliche Unterstützungsangebote für Eltern
- Sozialeinrichtungen
- BMASGK
- ...
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
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 + network managers)

**Home visitors, 31\(^{\text{th}}\) Dec 2018, in %, n = 86 (97)**

- (social) pedagogy* 37
- social work (-management) 22
- psychology/psychotherapy 13
- midwife 12
- care / nursing (science) 10
- other 5

* incl. (day) nursery pedagogy, educational science
multiple answers possible
Source: NZFH.at, 2017

**Networkmanagers, 31\(^{\text{th}}\) Dec 2018, in %, n = 23 (25)**

- (social) pedagogy 48
- psychology/psychotherapy 16
- social work (-management) 16
- other 20

~ 5,700 contacts

~ 3,800 families supported

~ 2,750 families already left the programme
Experiences and results
Referrals by...

- **n = 1,311**

- **n = 839**

- **Comment: 2017, in %**
Characteristics of main caregivers

**Education**
- 7%: no graduation/degree
- 26%: compulsory school
- 24%: apprenticeship
- 16%: vocational secondary school

**Employment**
- 70%: employed (incl. parental leave)
- 30%: not employed

**Country of birth**
- 63%: Austria
- 18%: EU-15*
- 14%: other European countries**
- 5%: other countries

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

- 52%: Risk of poverty
- 36%: Not calculable
- 12%: No risk of poverty

17%: Single parent

- 23%: Single parent
- 77%: No single parent

14%

Comment: 2017, n=1,381/1,377, in %
70% of families were referred to additional services

- In the health sector: 60%
- In the (psycho)social resp. pedagogical field: 81%
- To authorities or offices: 44%

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 increases in personal/available resources as well as reduction of strains/burdens:

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

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

... 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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