

Frühe HILFEN

Systemic approach for preventive early childhood interventions: learnings from Austria

Marion Weigl; Gesundheit Österreich, NZFH.at
International conference *Effective policy and practices
ensuring early development of children*
23. November 2018, Riga

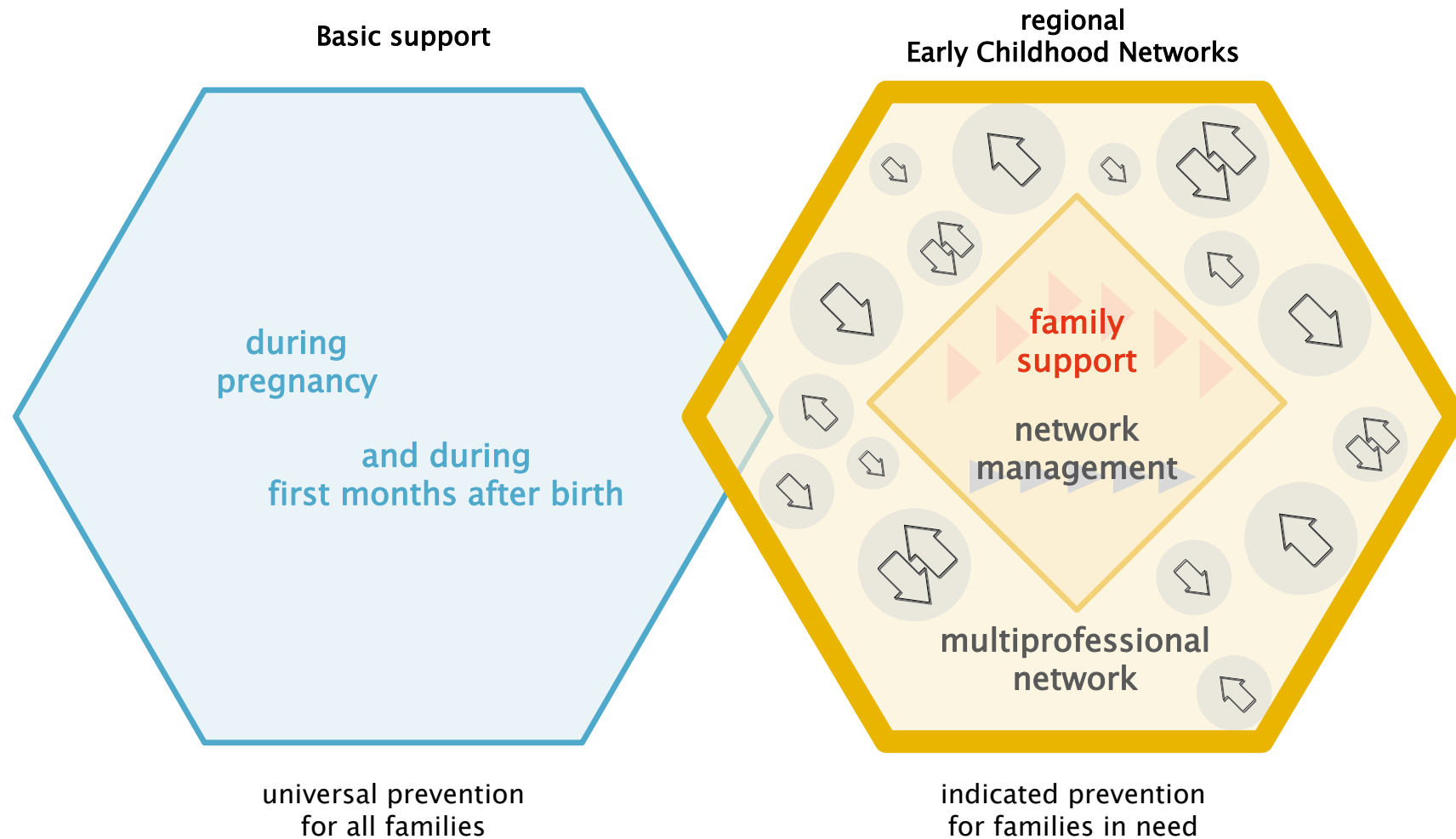


 Bundesministerium
Arbeit, Soziales, Gesundheit
und Konsumentenschutz



Austrian Model for Early Childhood Interventions

Austrian Model for Early Childhood Interventions



Objectives of Austrian Model

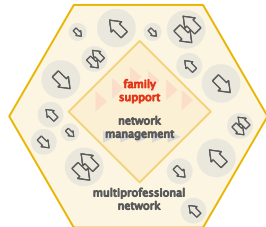
Specific Objectives:

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

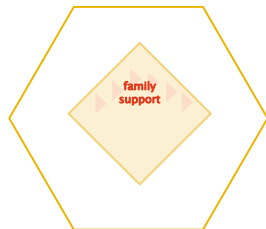
Guiding principles:

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

Characteristics of Early Childhood Networks



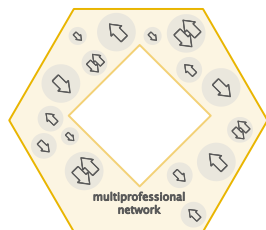
reach families actively and systematically = Raising awareness among those who can identify and refer families in need



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



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



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

Target group: Families in need

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

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

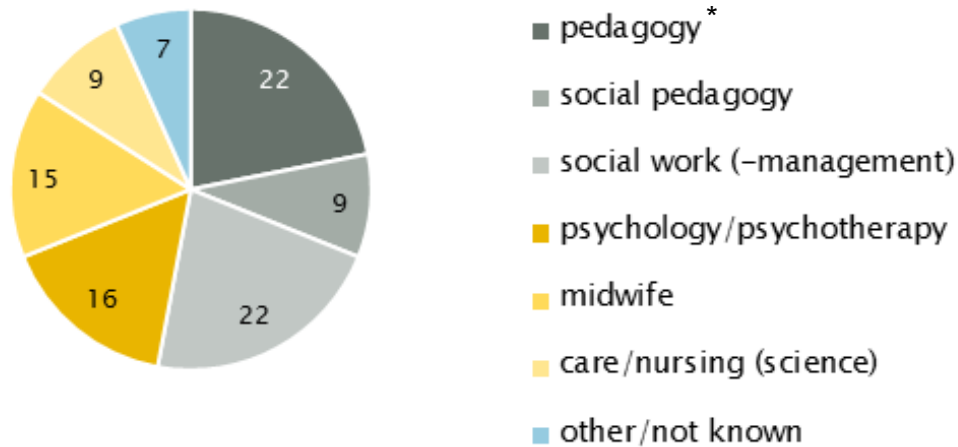
But in most cases **several burdens** are present at the same time in combination with a **lack of compensating resources**; 7 % of all births and additional 10 % for shortterm support

Multiprofessional network



Professional background (home visitors + networkmanagers)

Home visitors in the year 2017, in %, n = 119

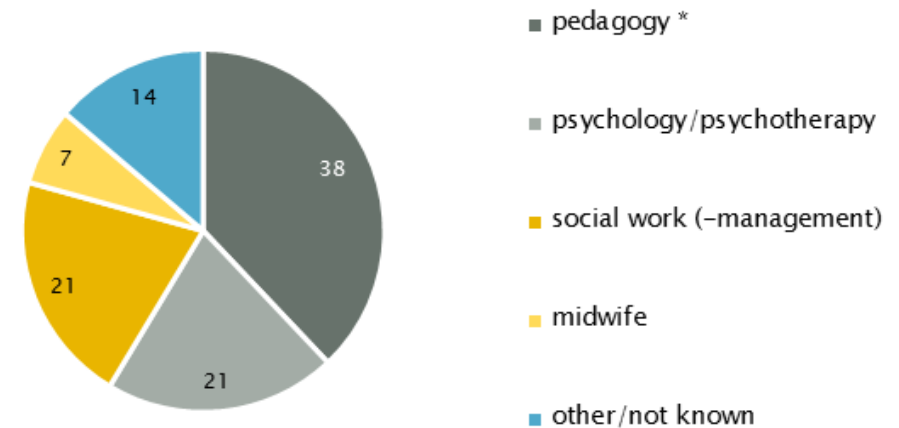


* incl. (day) nursery pedagogy, educational science

multiple answers possible

Source: NZFH.at, 2017

Networkmanagers in the year 2017,
in %, n = 29



Case study – family M.

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

stable financial
situation

sleeping and screaming
problems/disorder of
child



Problems with
mother-child-interaction

Signs of postpartal
depression of mother

conflicts with
gandparents
paternal side

No family or social
network

Interventions for family M.

Talks to build up trust and relationship with mother

Toddler group

Psychiatric assessment

Mediation

Therapeutic group

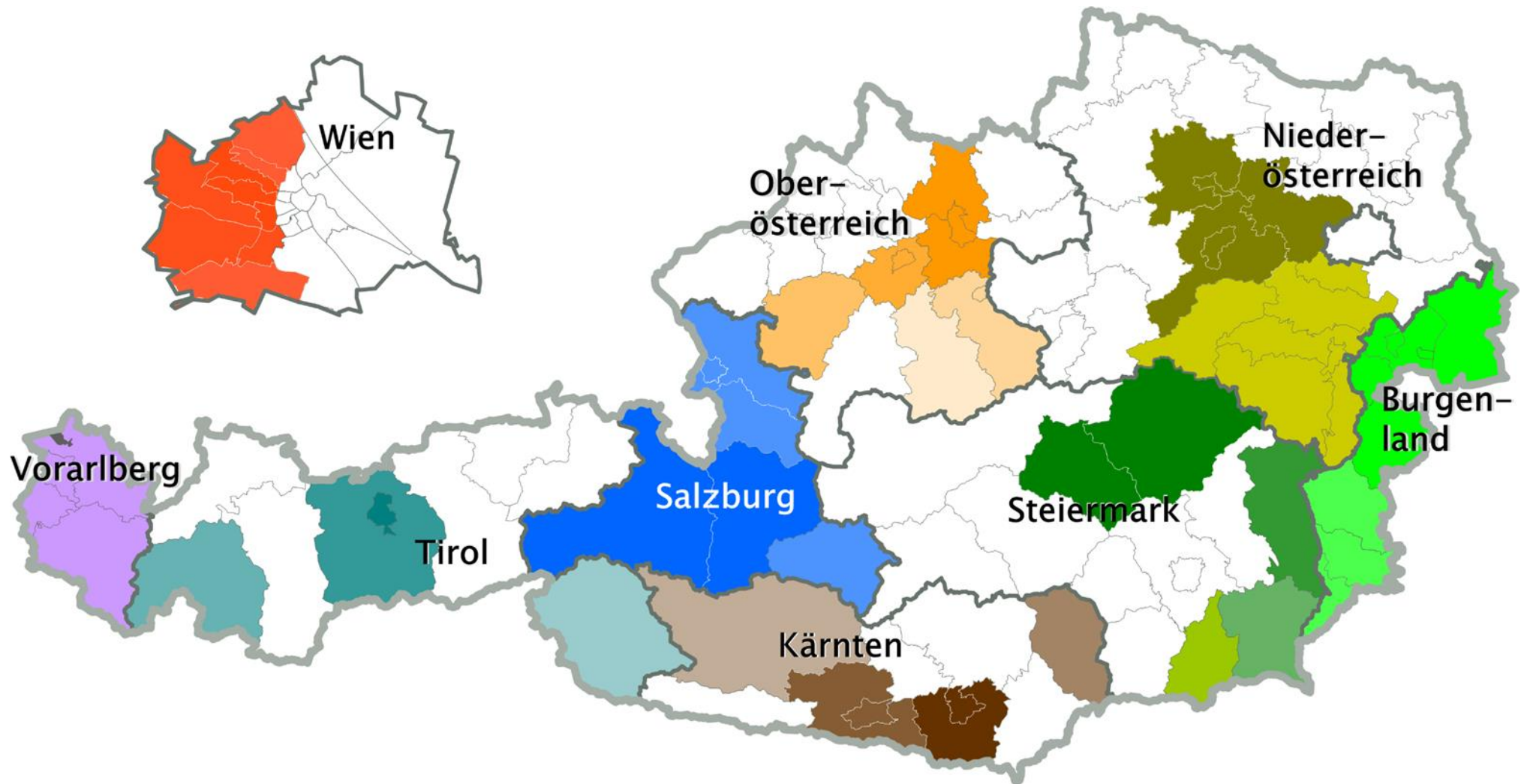
Talks with father

Outreach parent counselling

Family assistance



Regional Early Intervention Networks



Date: March 2018

Data for 2017 (without Vorarlberg)

Families reached (2015 – 2017)

2.669 contacts



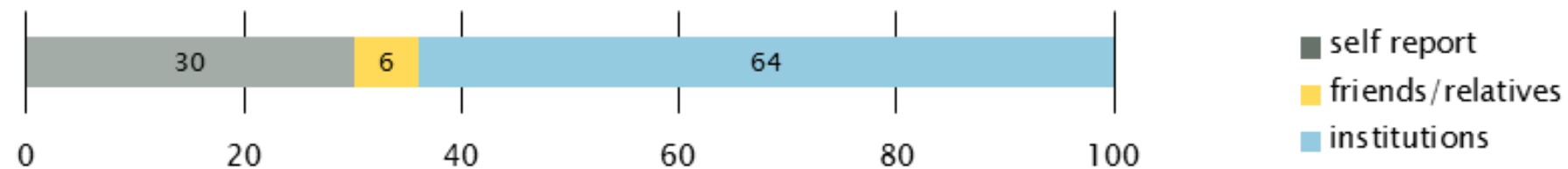
1.744 families supported
498 already during pregnancy
1.917 children involved



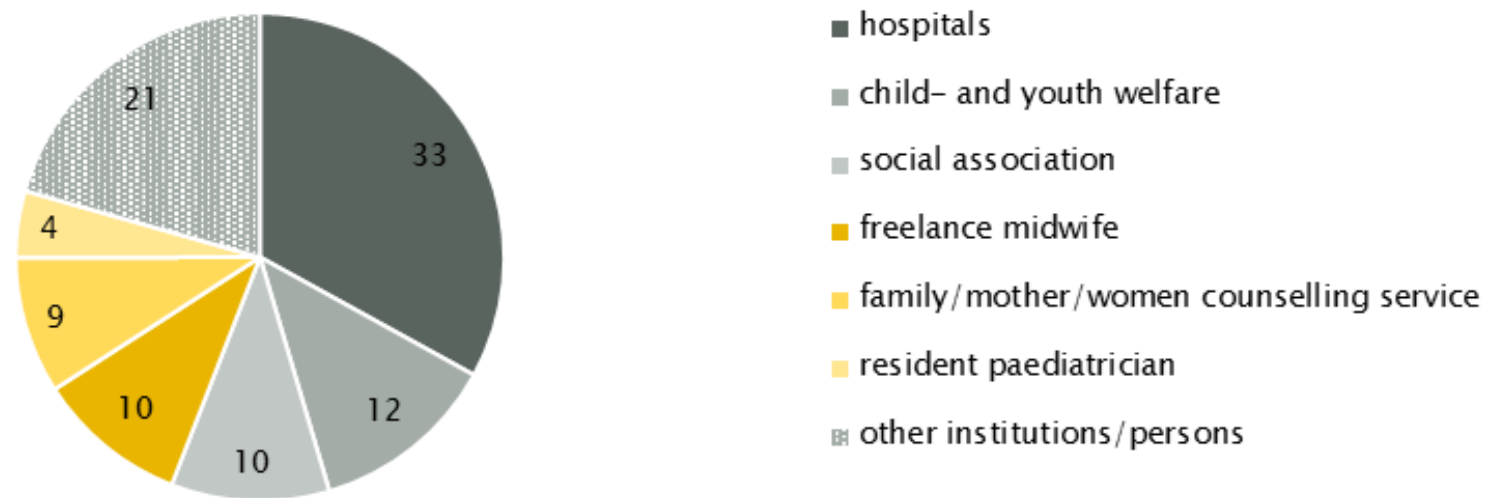
699 families
support already terminated



Referrals by...



n = 1.311

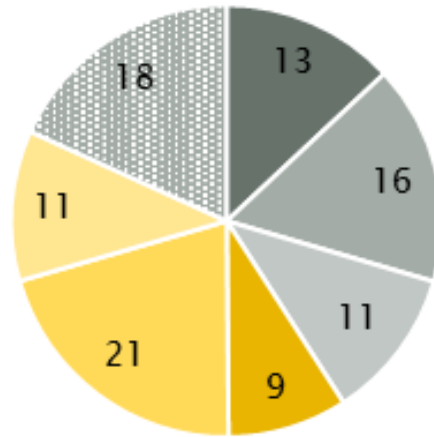


n = 839

Comment: 2017, in %

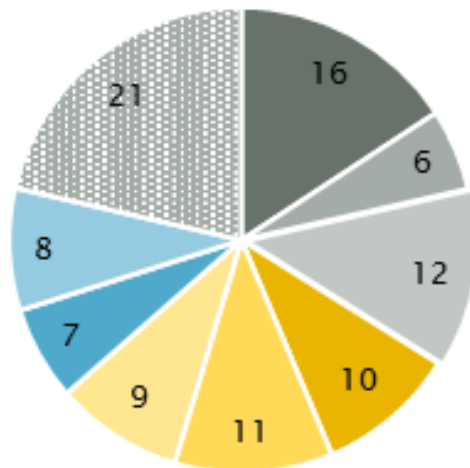
Referrals due to...

referring persons point of view



- Administrative/ legal/ organisational support
- Medical and/ or social burden within family
- Lack of social network
- Psychological issues within family
- Parents being overwhelmed or anxious
- Insecurity or issues regarding the interaction with the child
- Other reasons

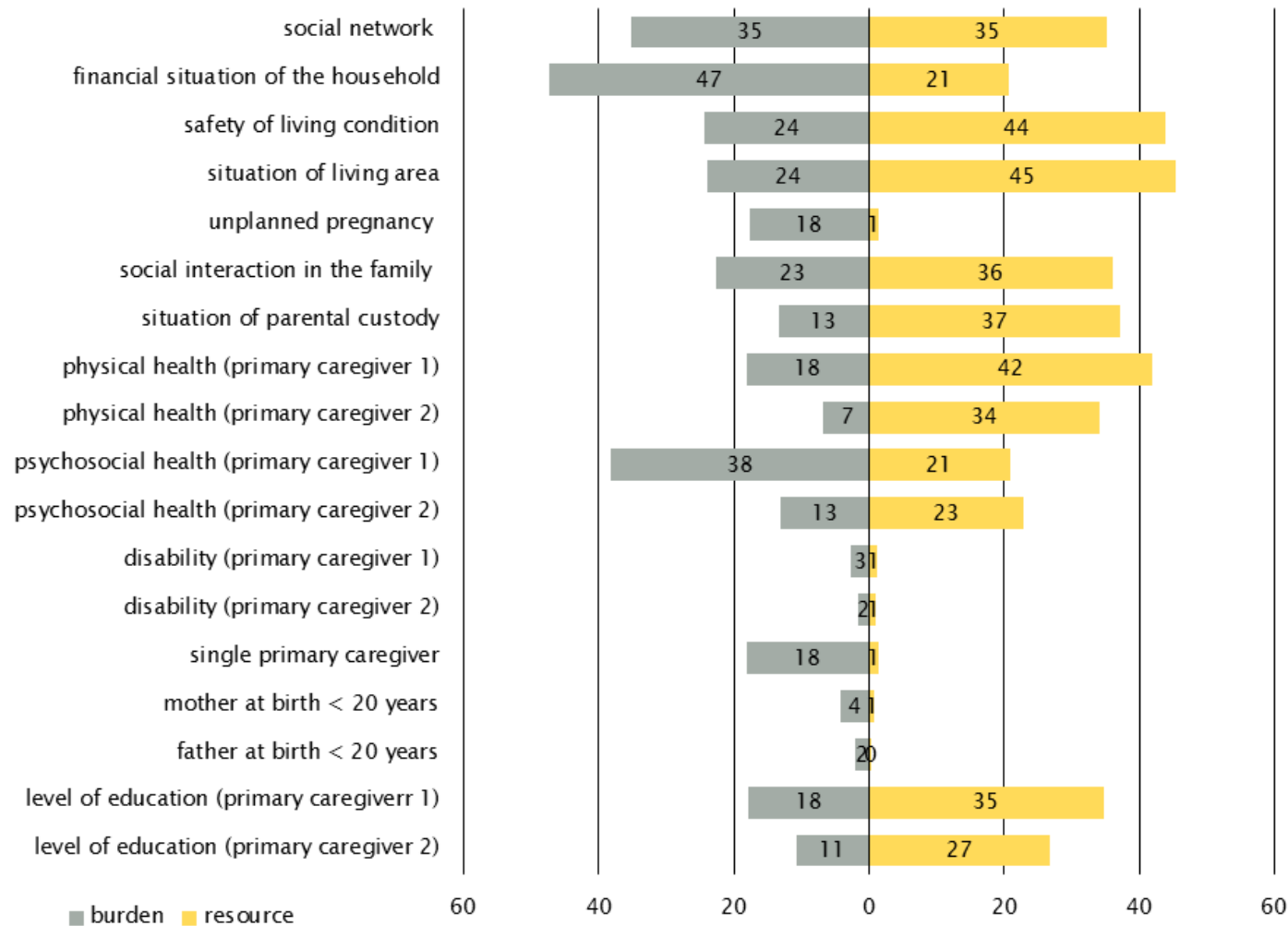
families point of view



- Administrative/ legal/ organisational support
- Needs support during pregnancy
- Support recommended by others
- Generally feels overwhelmed, is afraid
- Feels insecure in dealing with child
- No social net
- Mental health problems in family
- Support needed in everyday life
- Other reasons

Comment: 2017, in %

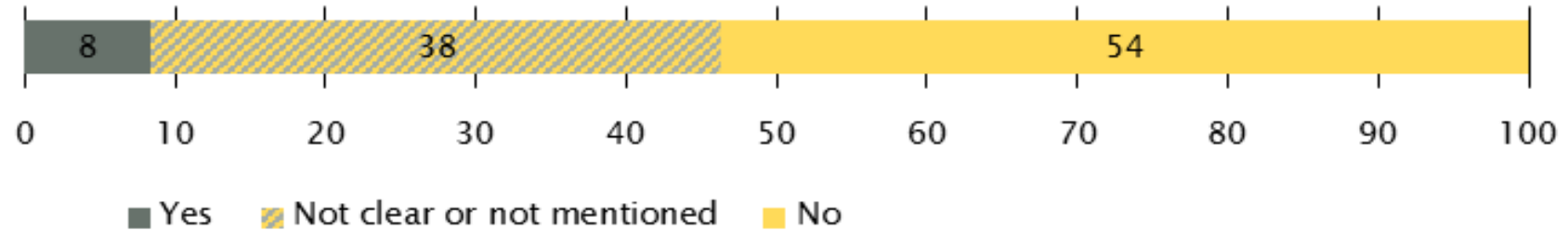
Resources and burdens of families at the beginning



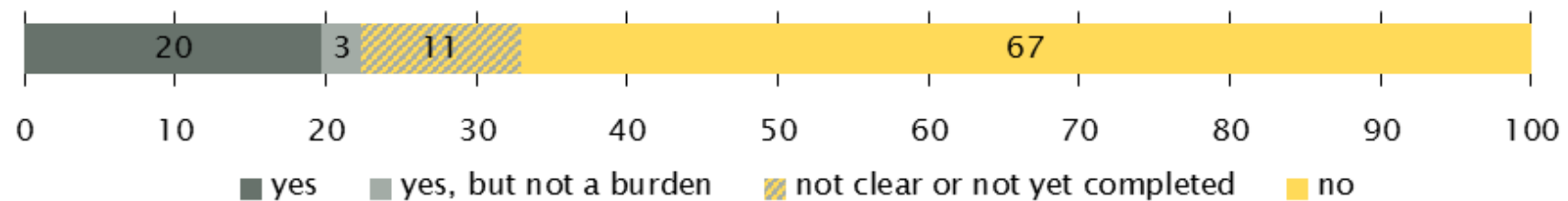
Comment: 2017, n=1.355-1.366, in %,
 The categories „neutral“ as well as „not clear“ are not represented.

Specific burdens of primary caregivers/families

Mothers with signs of postpartal depression



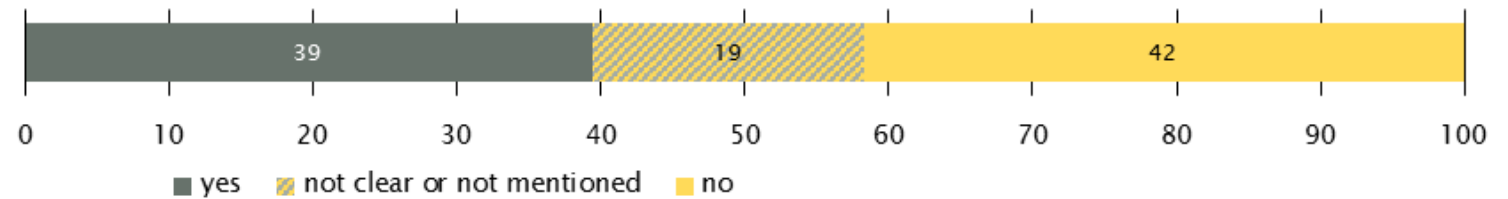
Families with approaching or recent separation



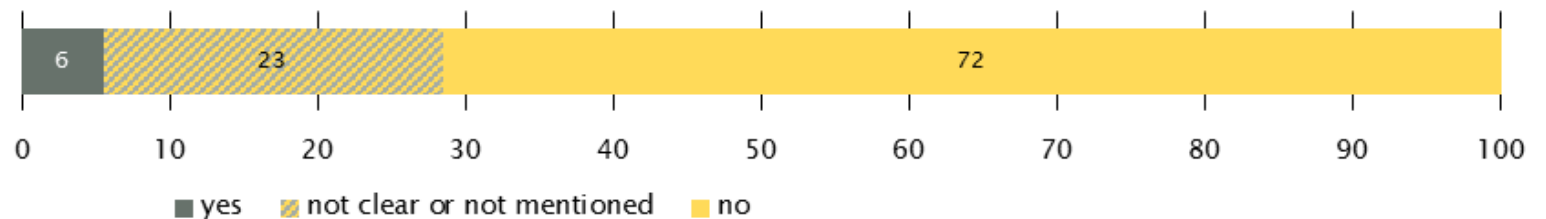
Comment:
 2017, n=1.381, 1.181 / 1.358, in %

Specific burdens of families

At least due to one child the primary caregiver is anxious about future

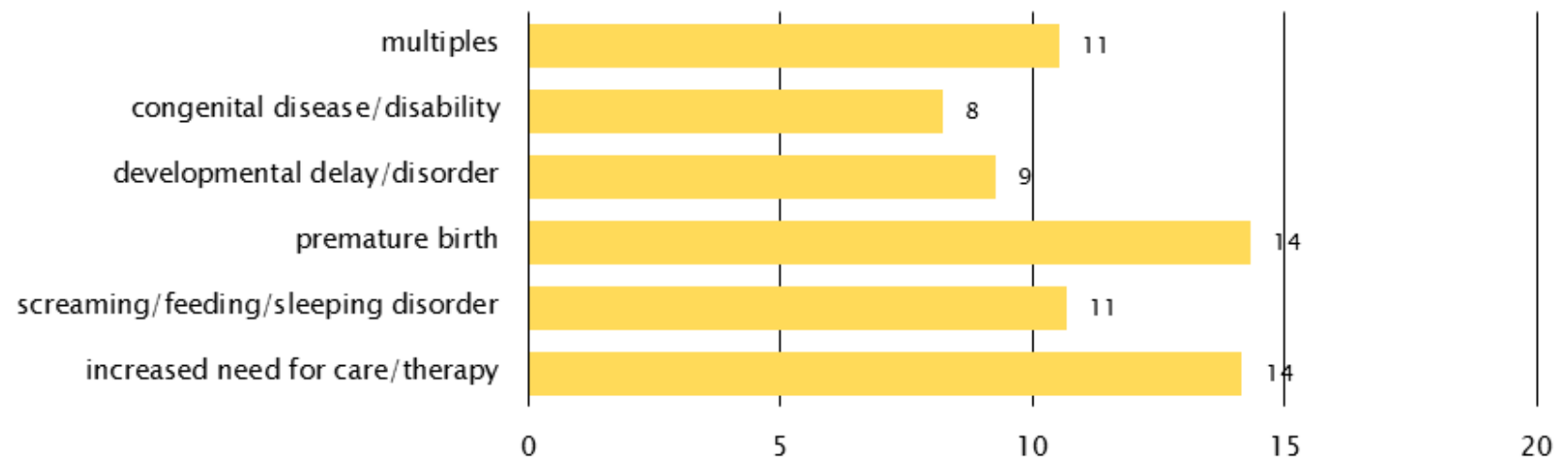
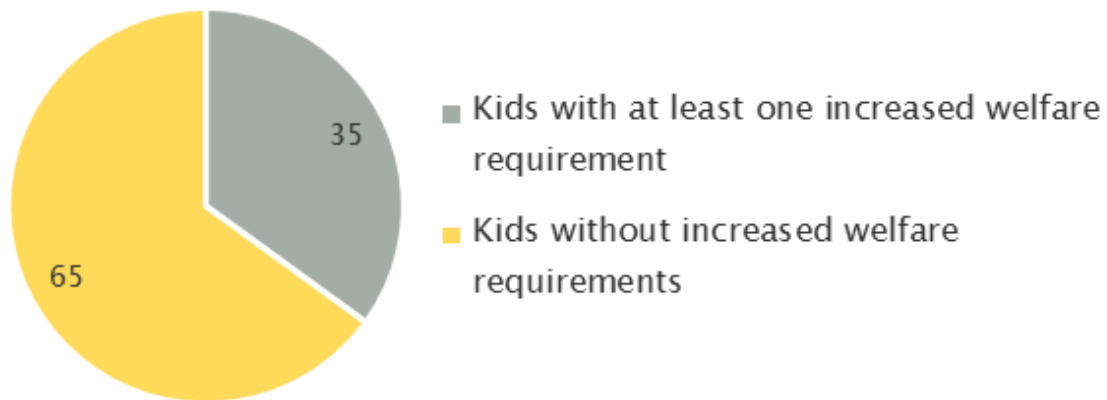


Families with signs for violence



Comment:
 2017, n=1.181/1.381, in %

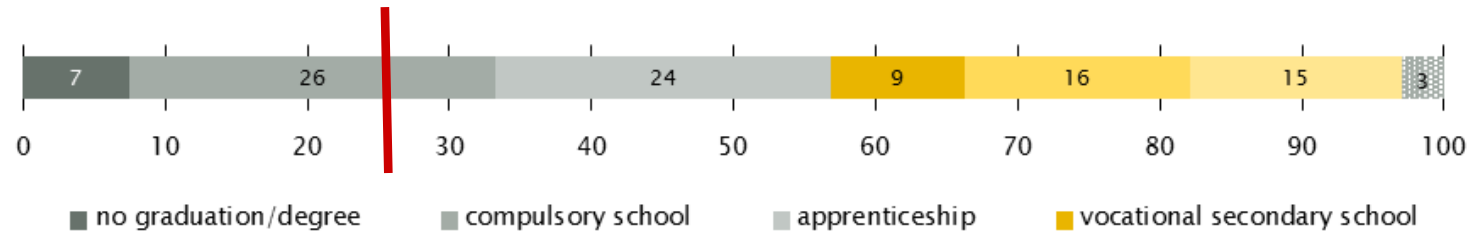
Kids with increased welfare requirements



Comment:
2017, n=1.521/1.509-1.512, in %, multiple answers possible

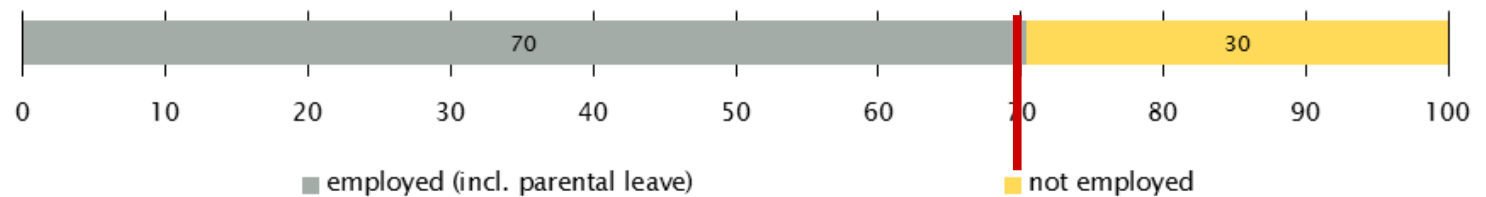
Characteristics of main caregivers

Education



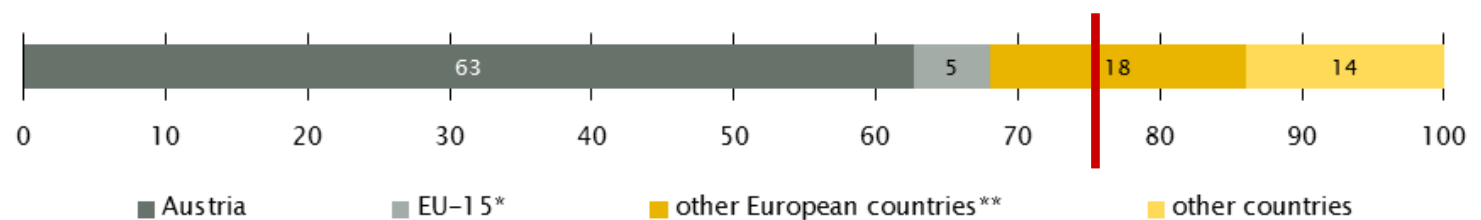
26 %

Employment



70 %

Country of birth



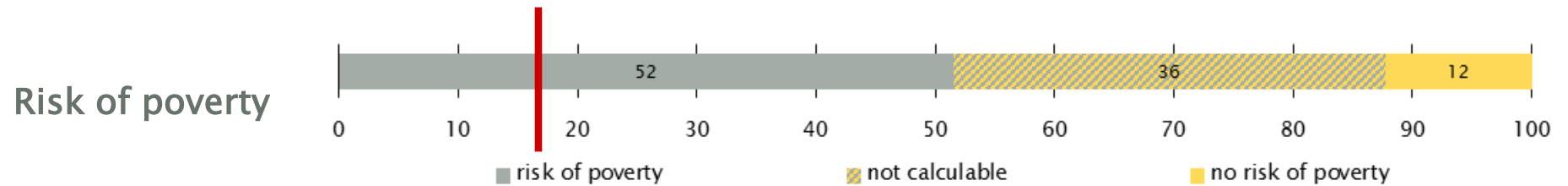
76 %

Comments:

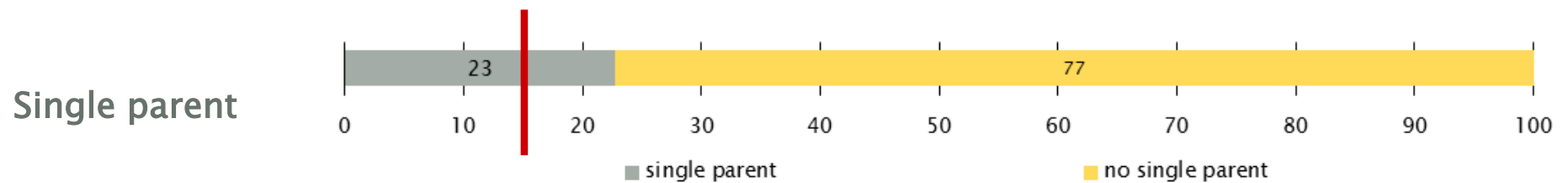
2017, n=1.328/1.373/1.365 (main caregiver), in %

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

Socially disadvantaged families are supported



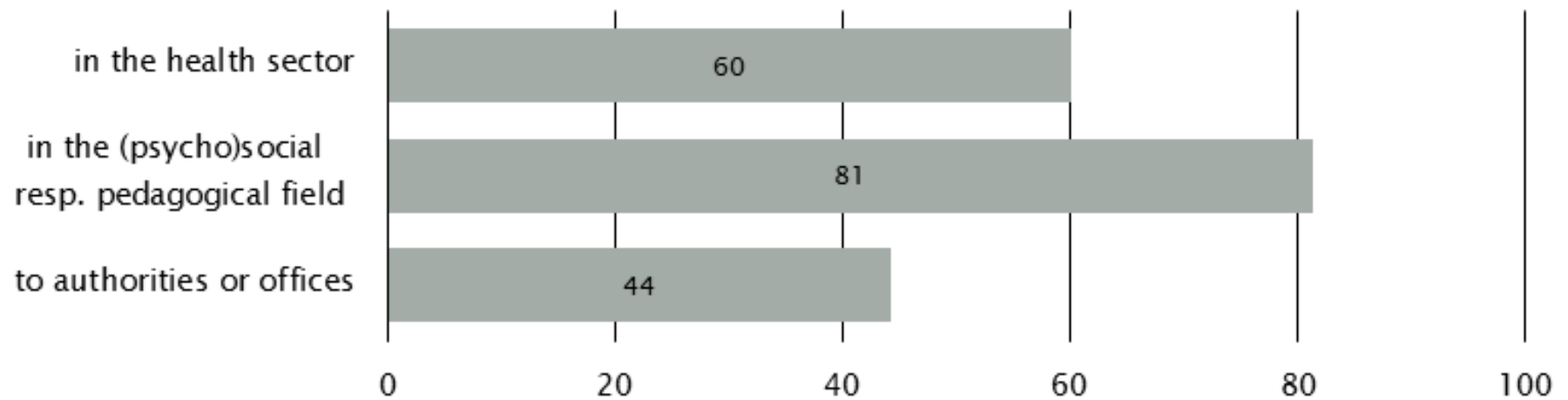
17 %



14 %

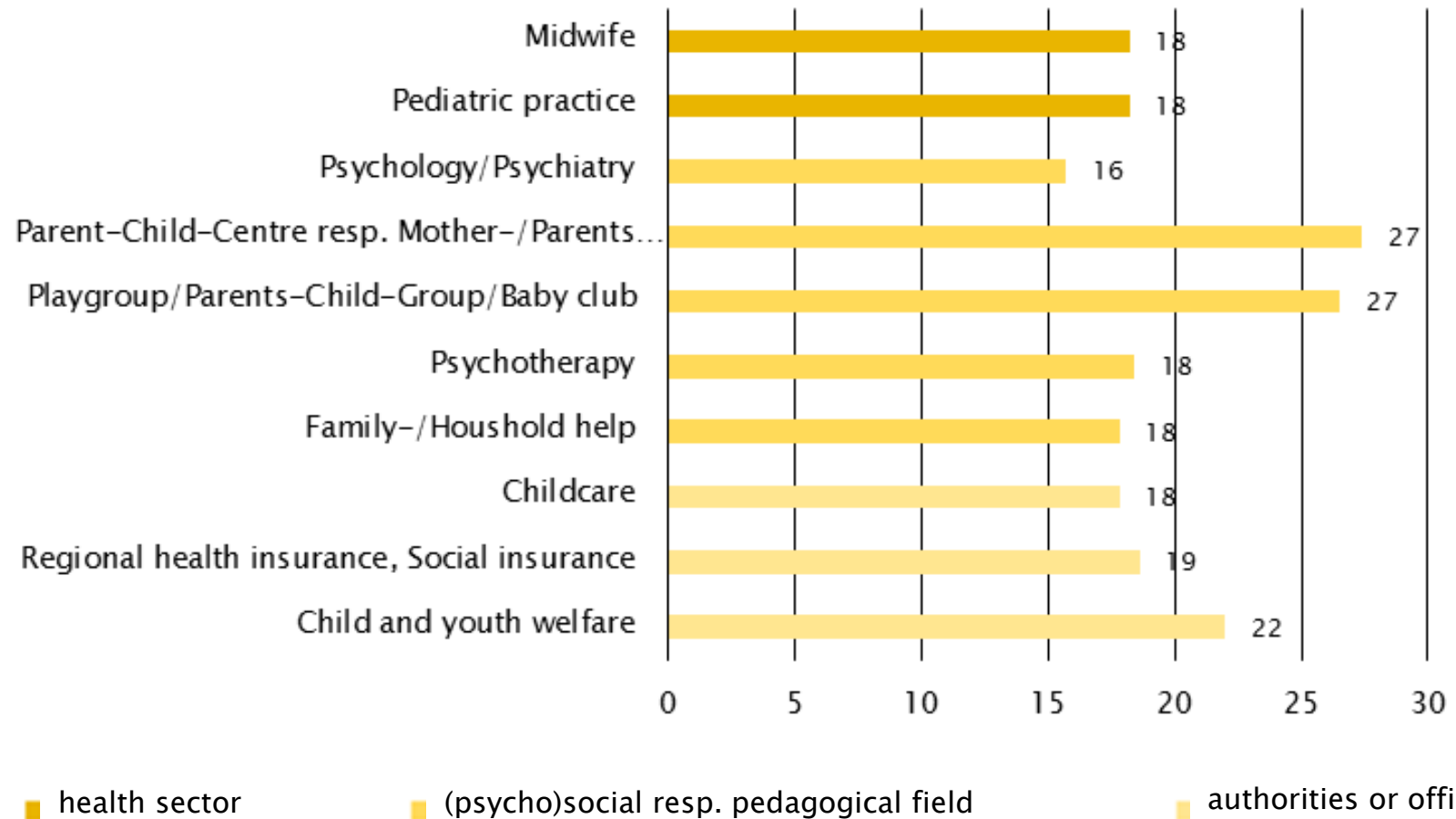
Comment:
 2017, n=1.381/1.377, in %

70 % of families were referred to additional services



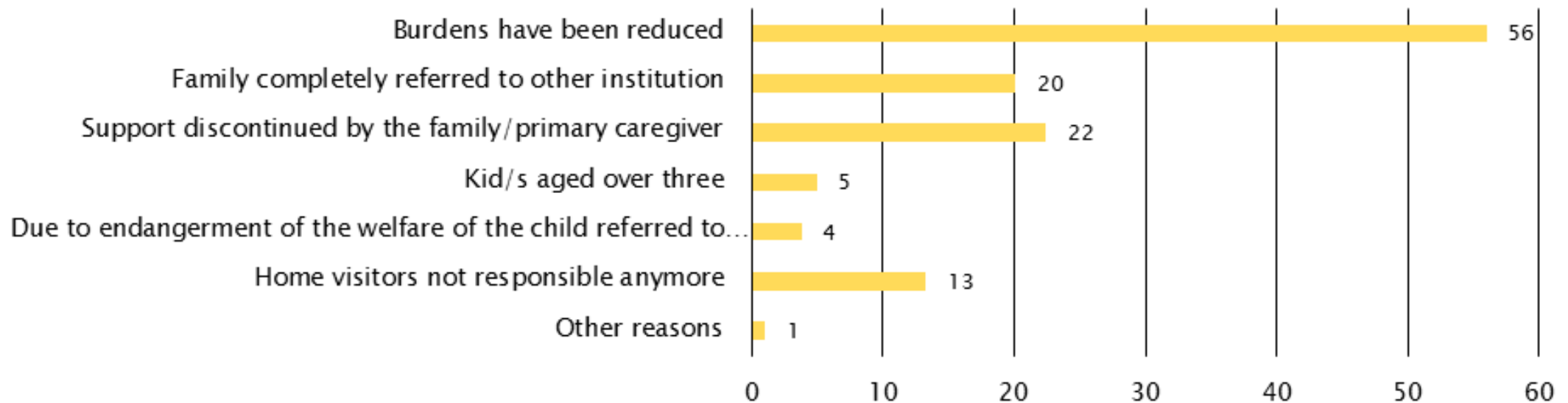
comment:
Terminated supports 2017, n=478, in %, multiple answers possible

Most frequent referrals per sector/area



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

Completion of family support due to reduced burdens



Comment:
2017, n = 686, in %, multiple answers possible

Evaluation results

High satisfaction among families

How are you right now?



Almost all families were informed about the regional early childhood intervention network at the right time

All except 1 person felt well looked after and had enough confidence in their home visitor

Almost all indicated that the home visitors had enough time and showed sufficient understanding

Comment: 2015 – 2017, without Vorarlberg; n = 153, response rate about 22 %; February 2018

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 competencies
- + parenting competence, parent-child-bonding
- + child development
- + familiar relations/atmosphere
- + social net
- + perspectives for parents life/future



strains/burdens

- anxiety and excessive demand
- financial burden/distress



This is what the families say...



*We are on the way ... to a goal!
Bevor there was no way, only despair.*









*Many of our talks have been pointing the way in
probably hopeless situations. This made many things
easier, I was happier and the babies were in a better
mood, when I had a talk with my home visitor.*



*I have learned that although the well-being of my baby
is in the foreground, I must and may also pay attention
to myself and my needs.*

Learnings and Conclusions on regional networks

-  Still missing awareness, esp. for psychosocial issues, among certain professional groups (mainly medical doctors)
-  Regional networks were **established quite well** and adapted to regional situations; with satisfaction among those involved (concerning clarity of roles and functionality)
-  **Dynamic process** during establishment phase as challenge -> many activities carried out, sometimes difficult to keep up with raised expectations
-  **Unintended consequences** -> increasing activities of other stakeholders, not always in line with unique model
-  In order to ensure acceptance, efficiency as well as sustainability, it is **key to build on existing structures**, institutions and stakeholders in the region as well to involve different sectors, professional groups and intervention fields
-  Partly considerable **differences of available resources** and differences in implementation -> can be obstacle to cover demand and keep well-trained staff

Success factors identified



Intersectoral Cooperation



Active access to families and outreach work



Multiprofessional teams



National coordination – NZFH.at

Our role as NZFH.at and way forward

National Centre on Early Childhood Interventions (NZFH.at)

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

-> officially nominated as NZFH.at since 2015

Tasks:

- » Training, monitoring (unique documentation system) and networking
- » Harmonisation and quality assurance (e.g. preparing guidances)
- » Research and further development of concept (e.g. participatory research, ad hoc papers for „burning“ issues)
- » Knowledge transfer (e.g. annual conferences of Austrian associations of different professions)
- » Public relations (e.g. media reports)

Specific activities

Enhance support for networkmanagers:

- » Guidance for building and maintaining networks updated 2017
- » Specific further training and networking activities

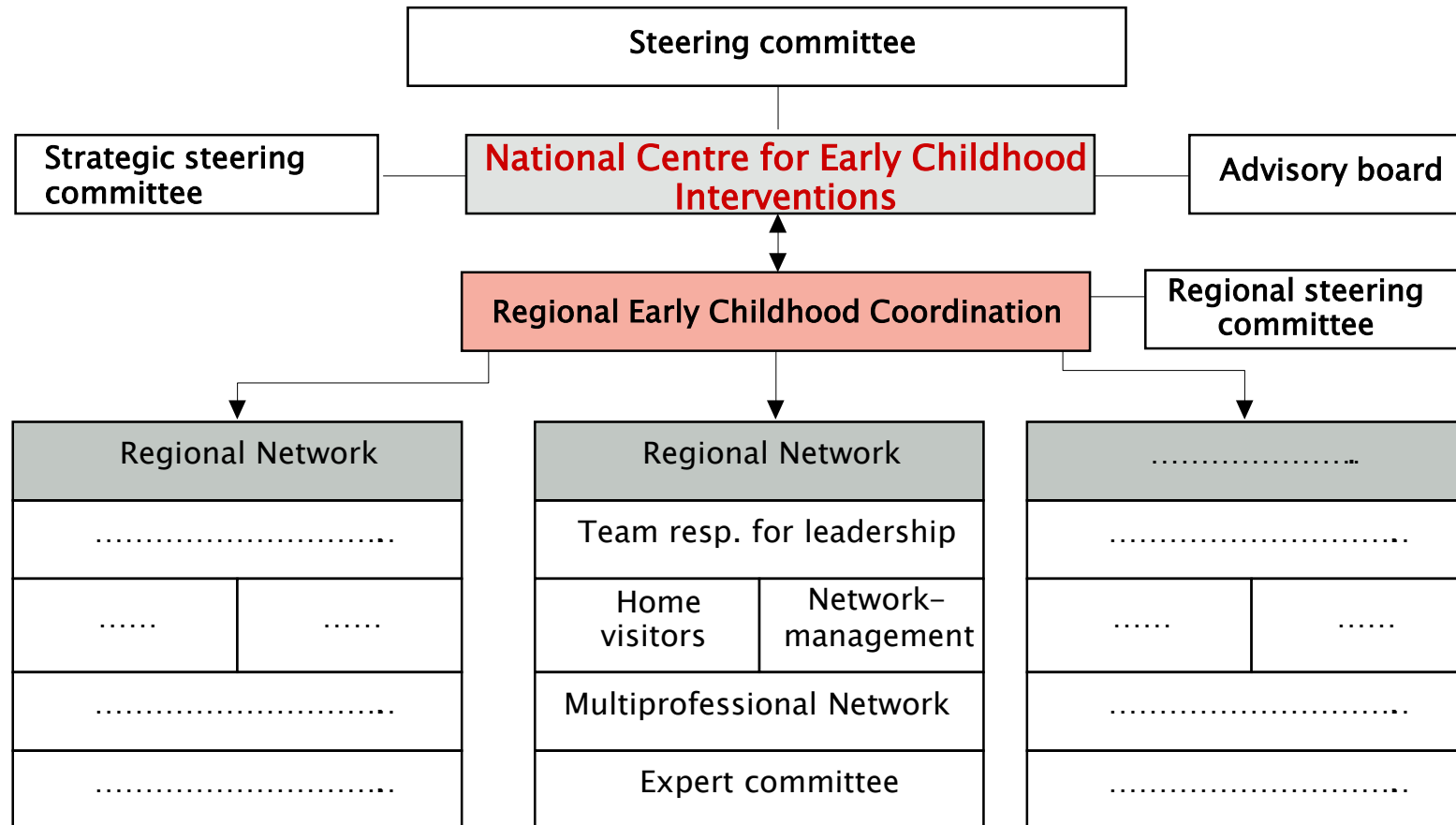
Further quality assurance activities:

- » Guidance for home visitors developed, clarifies role and tasks, contains practical tips for implementation
- » Quality standard developed in a participative process, will be evaluated and adapted if needed

In addition:

- » Developed concept for legal framework of Austrian model and longterm funding -> political process starting now
- » More targeted public relations and knowledge transfer activities
- » Ensure, coordinate and carry out accompanying research

Structures for Early Childhood Interventions in Austria



Thank you for your attention!

Contact details:

Marion Weigl, Gesundheit Österreich,
Stubenring 6, 1010 Vienna

T: +43 1 515 61-182

E: marion.weigl@goeg.at

www.goeg.at resp. www.fruehehilfen.at



Austrian Centre on
Early Childhood
Interventions
NZFH.at

Team NZFH.at:

Sabine Haas (Director), Theresa Bengough,

Gabriele Gruber, Brigitte Juraszovich,

Klaus Kellner, Carina Marbler, Sophie Sagerschnig,

Theresia Unger, Marion Weigl, Petra Winkler, Menekse Yilmaz