Systemic approach for preventive early childhood interventions: learnings from Austria

Marion Weigl; Gesundheit Österreich, NZFH.at
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Austrian Model for Early Childhood Interventions
Austrian Model for Early Childhood Interventions

Basic support

- during pregnancy
- and during first months after birth

universal prevention for all families

regional Early Childhood Networks

- family support
- network management
- multiprofessional network

indicated prevention for families in need
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 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 shortterm support
EDUCATION and ....

WOMEN

Frauenberatungsstellen
Frauenhäuser
Interventionsstellen oder Gewaltschutzzentren

Erwachsenenbildung
Forschungseinrichtungen
Kindergarten-/krippen

Rechtsberatungen
Wohnungslosenberatungen
Schulnäherberatungen
Arbeitsmarktservices

BMASGK
GÖG (FGÖ, NZFH.at)
Landesgesundheitsförderungsfonds
gesundheitsbezogene Beratungsstellen
Kinderärzte/-ärztinnen
Beratungszentren für Schwangere
Stillberatung Gesundheitsfördernde Angebote
Geburtskliniken
Hebammen
Entwicklungsdagnostik
Frühförderung
Heilpädagogik
Kinder- und Jugendhilfedienstleister
Paarberatungen
Spielgruppen
Tageseltern

Familien-/-Haushaltshilfen
Familienregister
Geburtskliniken
Psychotherapie
Suchthilfe

BMASGK
Migrantenberatungsstellen
BKA
Familienratgeber

Bindungsfördernde Angebote
Elternberatungsstellen
Mutter-Kind-Heime

Kinder- und Jugendhilfsträger
Kindergericht
Kinder- und Jugendhilfestelle

Kinder- und Jugendanwaltschaft
Bedarfsorientierte Mindestsicherung
Sozialarbeit
Obdachlosenunterkünfte

INTEGRATION
Professional background (home visitors + networkmanagers)

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

- 22% pedagogy
- 16% social pedagogy
- 9% social work (-management)
- 9% psychology/psychotherapy
- 7% midwife
- 22% care/nursing (science)
- 9% other/not known

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

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

- 38% pedagogy
- 21% psychology/psychotherapy
- 21% social work (-management)
- 7% midwife
- 14% other/not known

* Source: NZFH.at, 2017
Case study – family M.

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

Problems with mother–child–interaction

Stable financial situation

Signs of postpartal depression of mother

Sleeping and screaming problems/disorder of child

Conflicts with grandparents paternal side

No family or social network

Signs of postpartal depression of mother
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)

2,669 contacts

1,744 families supported
498 already during pregnancy
1,917 children involved

699 families support already terminated
Referrals by...

Comment: 2017, in %

- self report
- friends/relatives
- institutions

n = 1.311

n = 839

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

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

- Yes: 8
- Not clear or not mentioned: 38
- No: 54

Families with approaching or recent separation

- Yes: 20
- Yes, but not a burden: 3
- Not clear or not yet completed: 11
- No: 67

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**
- 0%: no graduation/degree
- 26%: compulsory school
- 24%: apprenticeship
- 9%: 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% at risk of poverty
- 12% no risk of poverty
- 36% not calculable

**Single parent**

- 77% no single parent
- 23% single parent
- 17% not calculable

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
Most frequent referrals per sector/area

- Midwife: 18
- Pediatric practice: 18
- Psychology/Psychiatry: 16
- Parent–Child–Centre resp. Mother–/Parents…: 27
- Playgroup/Parents–Child–Group/Baby club: 27
- Psychotherapy: 18
- Family–/Household help: 18
- Childcare: 18
- Regional health insurance, Social insurance: 19
- Child and youth welfare: 22

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?

Average for Austria: 1,7

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 network managers:
» 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
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

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