



Evaluation of a risk screening project: Early childhood intervention networks

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Workshop on „Risk assessment in maternal and child health:
what, when and how“

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Austrian Model for Early Childhood Intervention Networks

→ Based on „proportionate universalism“

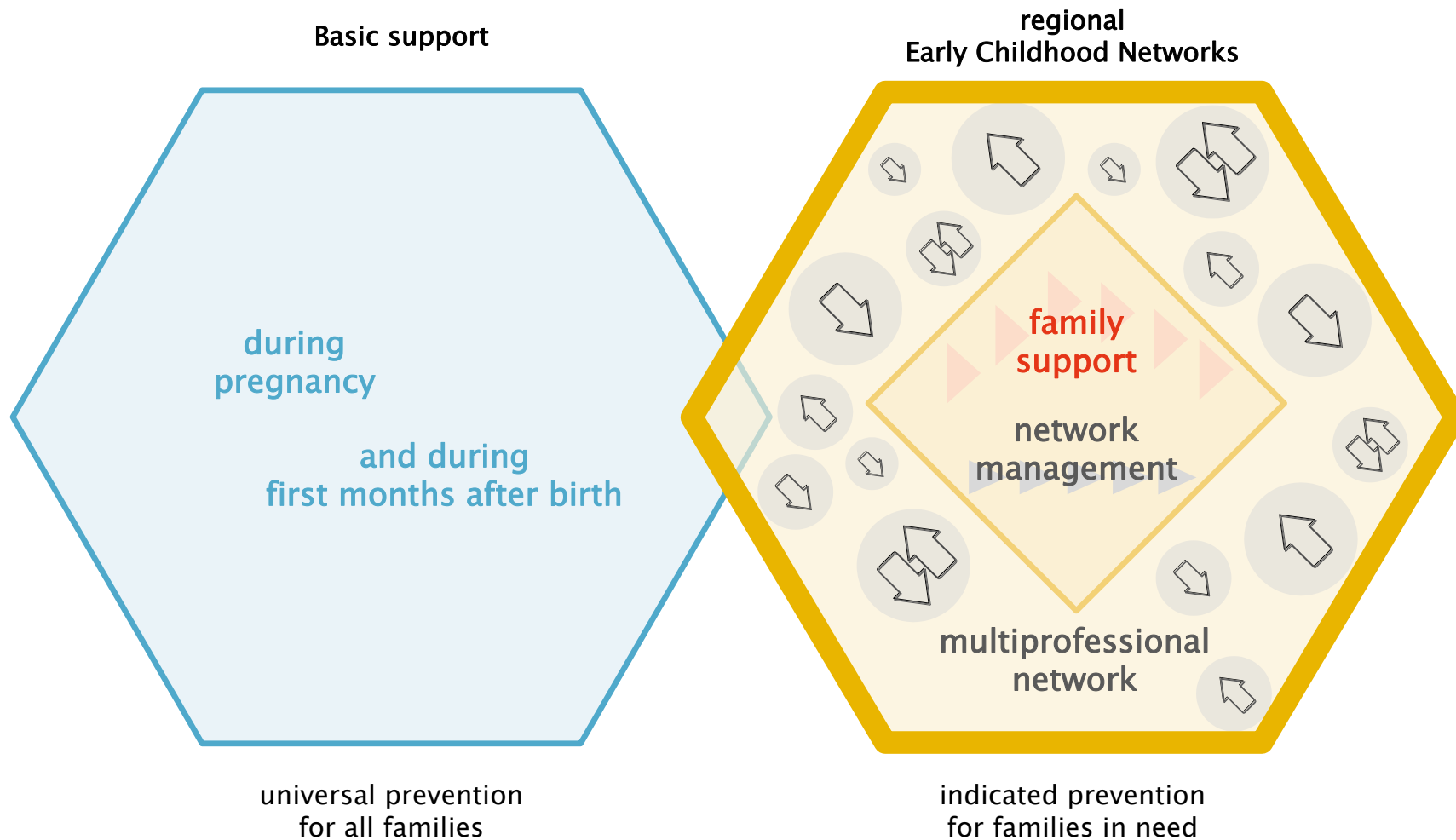
Basic service for all „families“ („universal prevention“)

- » In the sense of health promotion as limited support for all „families“
- » First contact with pregnant women and several home visits after the birth within the first months of the child
in combination with

Regional Early Childhood Intervention Networks („indicated prevention“)

- » In-depth support for **families in need**
→ Families with a variety of strains/burdens
- » Multiprofessional support systems with coordinated services/interventions for parents and children during the early childhood, which are established on regional level

Austrian Model for Early Childhood Networks



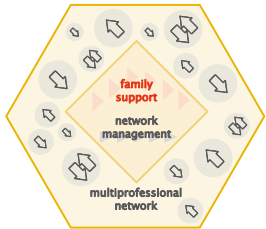
Objectives of Early Childhood Networks

Early Childhood Networks aim to **improve early childhood development** especially amongst children (focus 0–3, max. 6 years) from **socio-economic** and **socially disadvantaged families** as well as **families with specific needs**.

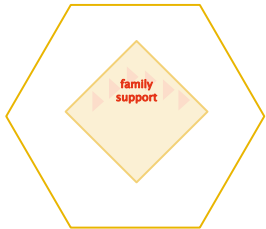
Specific Objectives:

- » To strengthen resources and reduce strains/burdens of families
- » 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

Characteristics of Early Childhood Networks



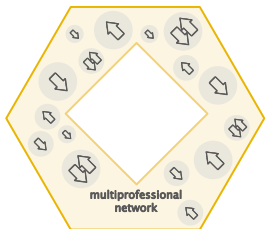
reach families actively and systematically = Raising awareness among those who can identify and refer families in need



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

How do we reach the families?

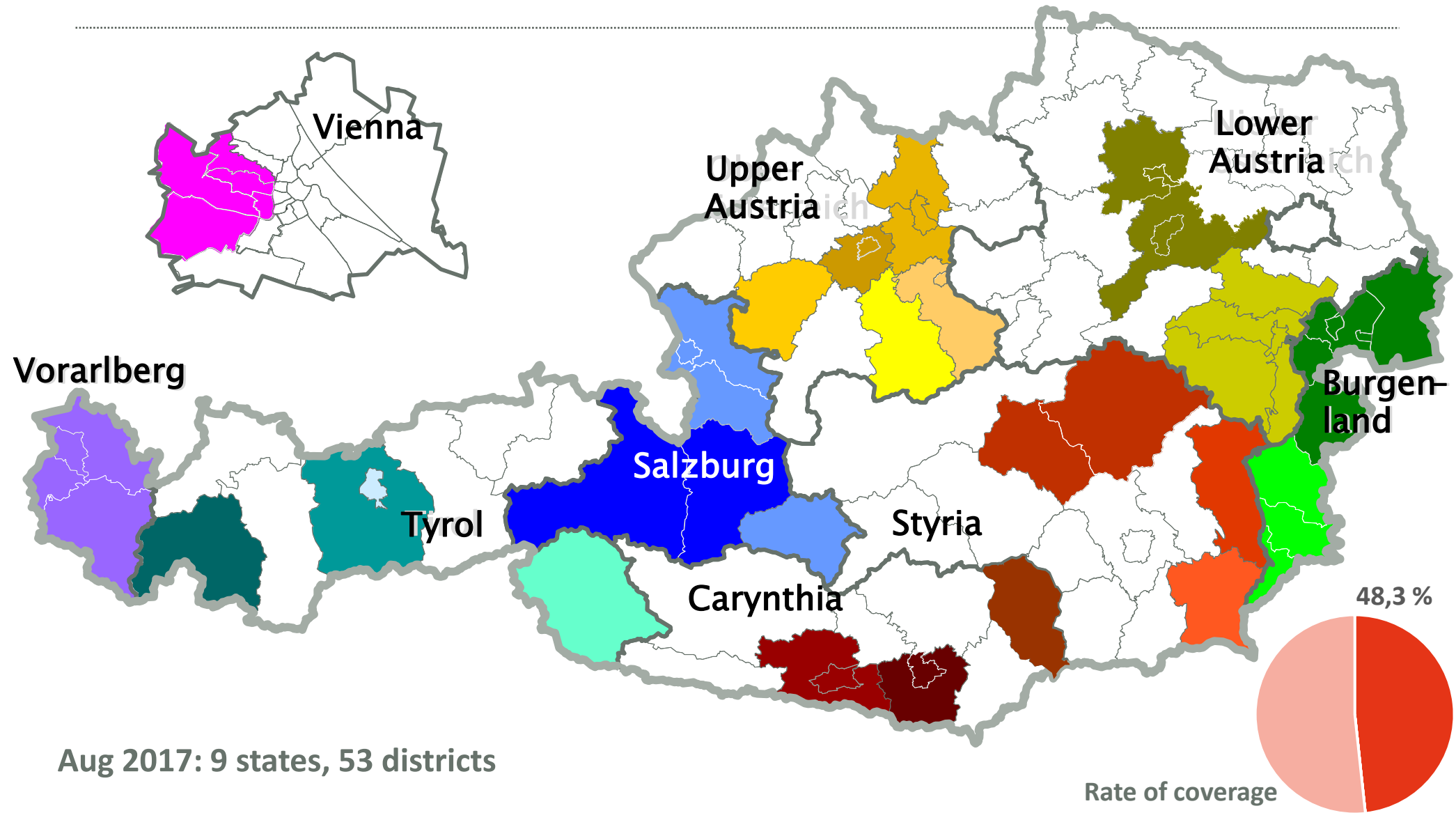
Multiprofessional network:

social workers, medical doctors, health care and nursing, midwives etc

A lot of activities at regional and national level

- 🔴 initial event in the region, later further training events
- 🔴 Individual visits of medical doctors (gynecologists, general practitioners, pediatricists), hospitals and other institutions
- 🔴 Consultation hours regularly e.g in hospitals
- 🔴 Speeches at expert conferences of relevant professions
- 🔴 Articles in professional journals
- 🔴 Reports on TV, radio, newspaper, websites, flyers
- 🔴 Networking at many different levels
- 🔴 Lectures at colleges

Regional Early Childhood Intervention Networks, 2017



Key points: FRÜDOK and Evaluation

FRÜDOK = electronic documentation system used by all Austrian provinces except Vorarlberg



Established in 2015



Administered by the National Centre on Early Childhood Interventions (NZFH.at)

Two sorts of evaluation have been commissioned by the National Centre on Early Childhood Interventions:



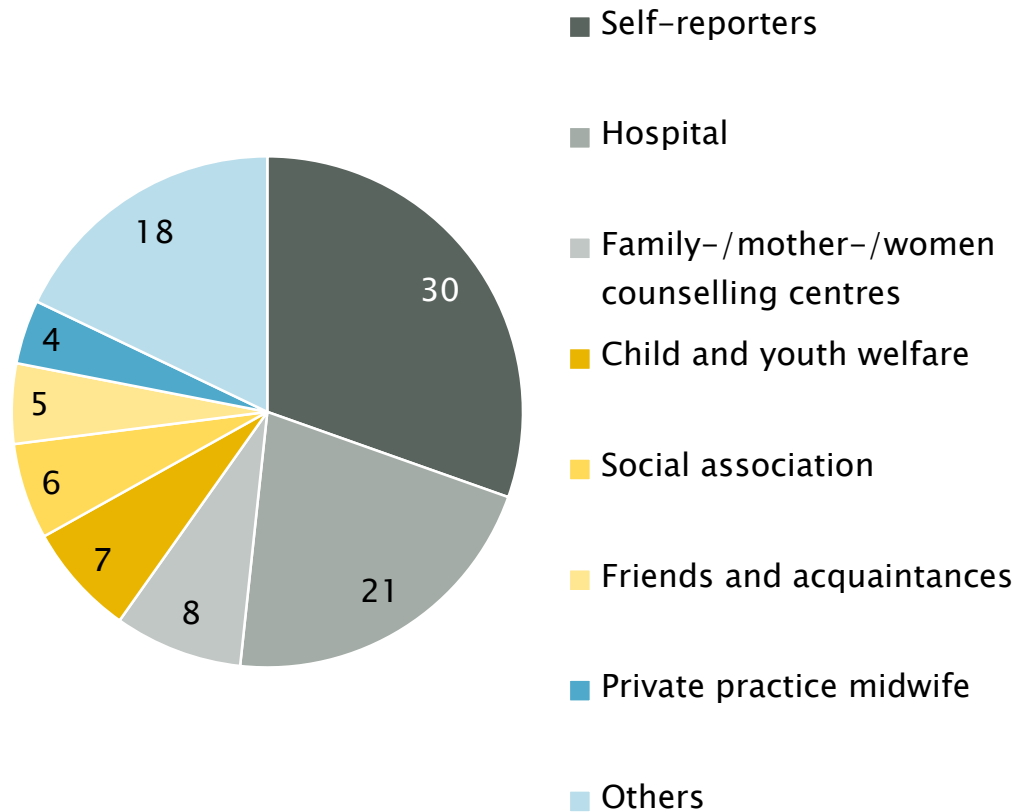
Evaluation on network building



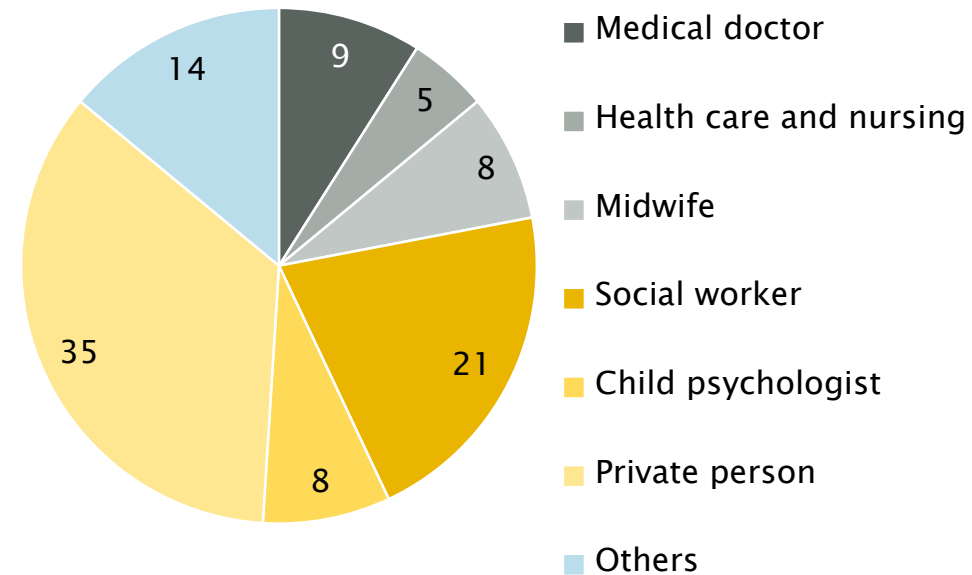
Evaluation on accompanied families

Referrals by... (2016)

Institution



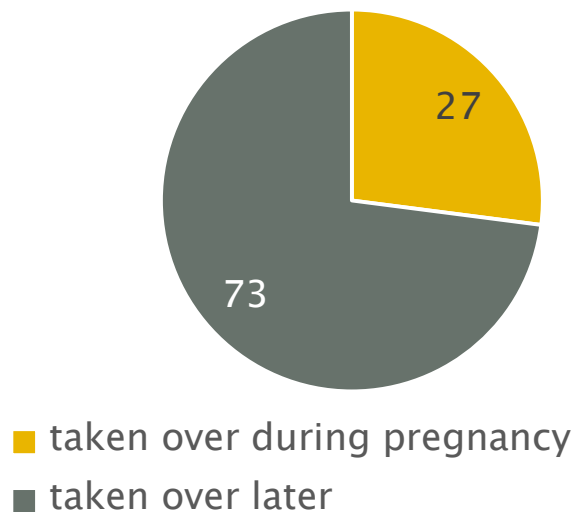
Individual



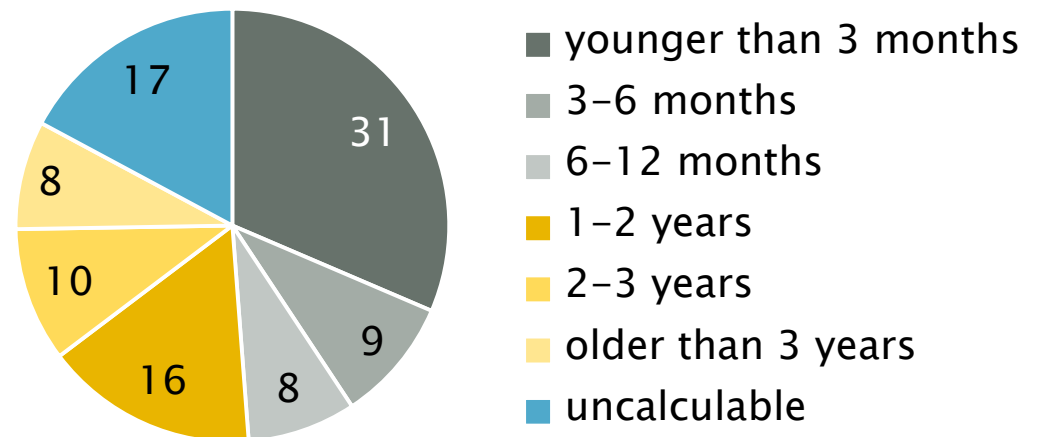
FRÜDOK – taken over in in-depth family support

Austria (excl. Vorarlberg)	Referrals	Taken over	Children from 0–3/6
2015	378	189 (50 %)	205
2016	1,136	768 (68 %)	1,037

Families are identified and referred **quite early**:



Age of children

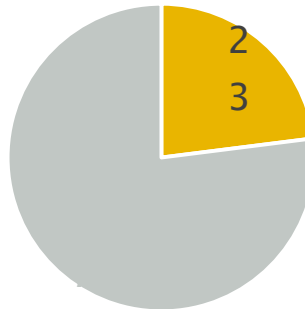


... families supported during 2016 (FRÜDOK)

Socially disadvantaged target groups can be effectively reached:

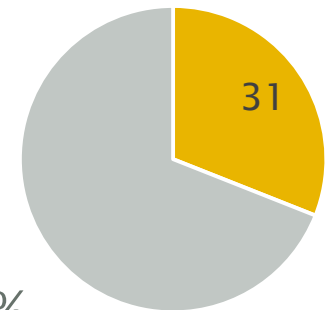


single parents
(almost only women)
Average: 14 %



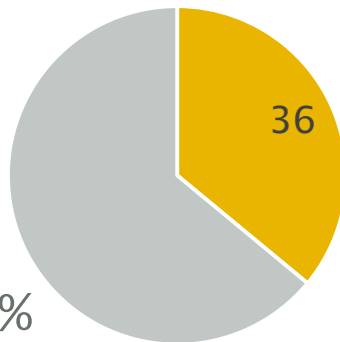
migrant background

Average: 24 %



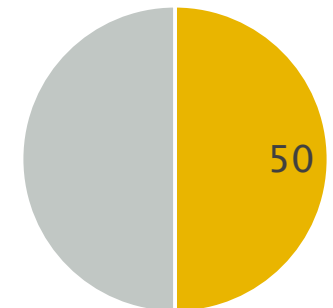
compulsory school
as maximum

Average: 26 %



high risk
of **poverty**

Average: 18 %



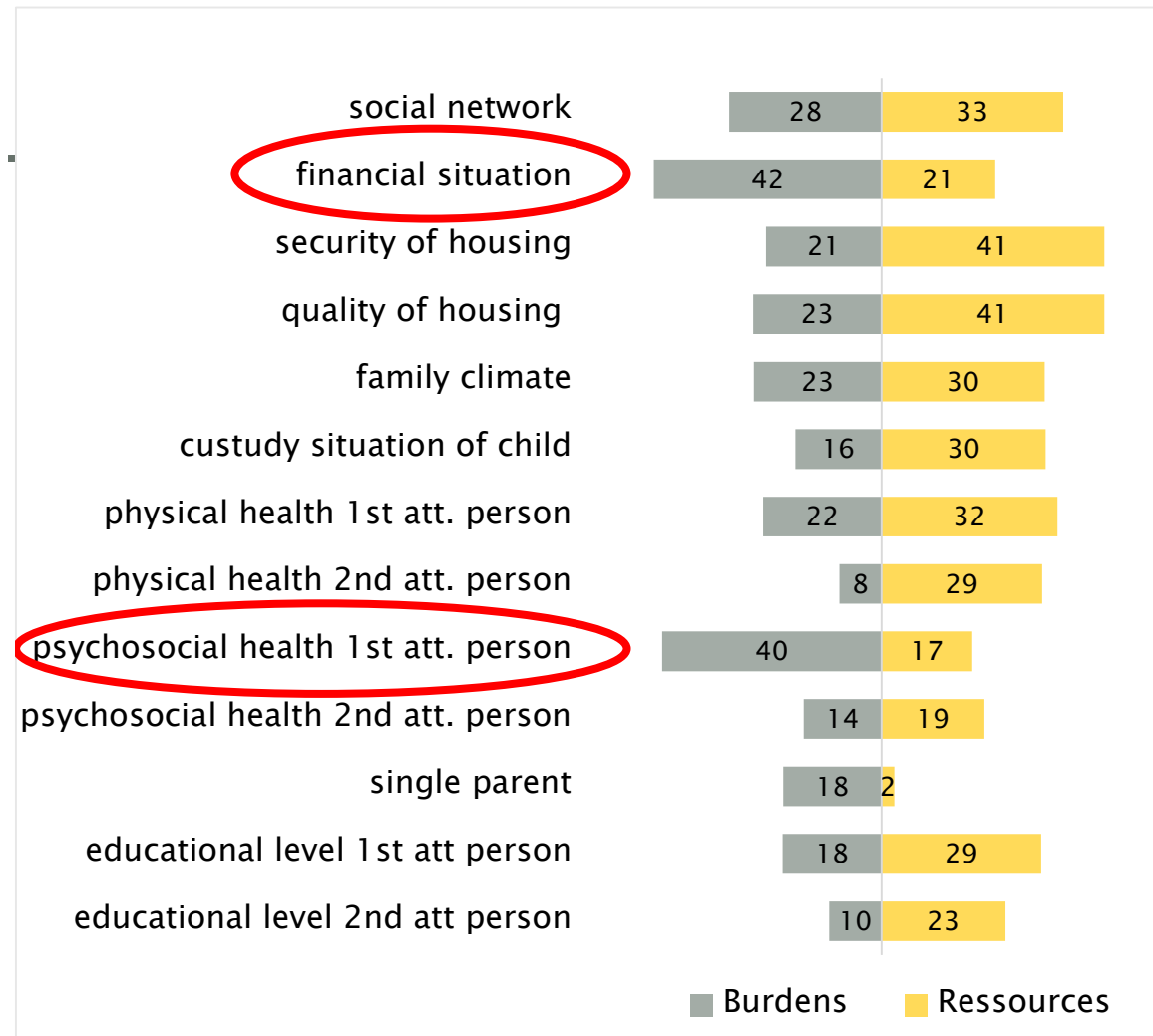
Ressources and strains at start of in-depth family support

Many aspects can be relevant as resource as well as burden (e.g. social network, handling within family, living situation)

Central resources are living situation, social network, education and physical health

Central burdens are financial needs, (missing) psychosocial health and missing social network

30 June 2016, except Vorarlberg, data not yet validated



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



Learnings and Conclusions

-  Families **benefit** from in-depth support and additional, coordinated services
-  By tackling health determinants their **health is improved** on the longterm – contributing to health equity in the future
-  Regional networks were **established quite well**, are very dynamique and **adapted to regional situations**; with satisfaction among those involved about clarity of roles and functionality
-  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 ressources** and **no fulfillment of demand**, yet, –> differences in implementation
-  The **National Centre** is assessed as important part in order to ensure the compliance with the Austrian model as well as the quality of the regional implementation

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