



Can early childhood intervention networks support health equity?

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Workshop on „Child health and equity“
EPH Conference 2016, Vienna, 12. November 2016

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

Austrian Model for Early Childhood Networks

→ Based on „**proportionate universalism**“

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

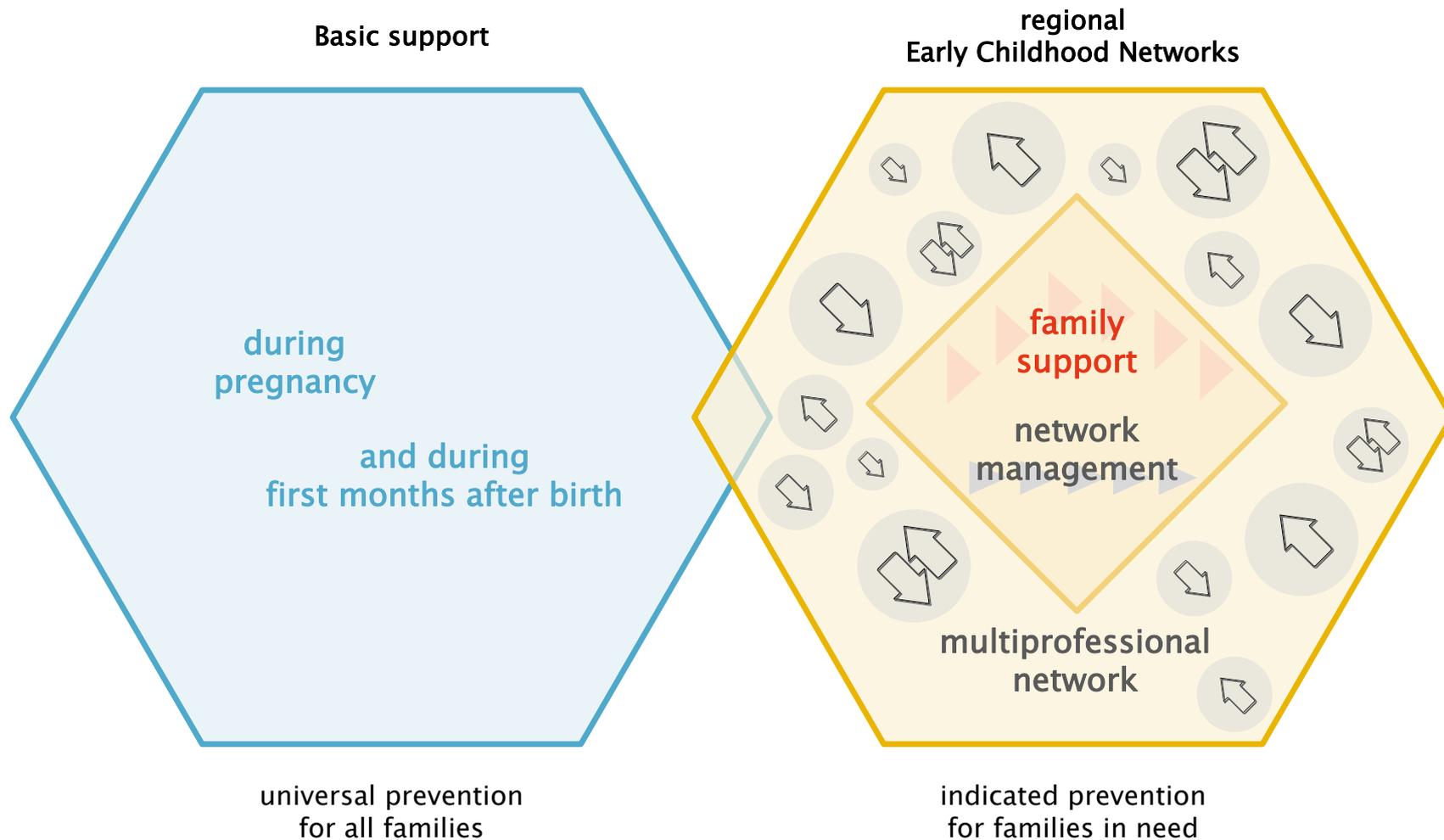
- » In the sense of health promotion as limited support for all „families“
- » First contact with pregnant women and several home visits after the birth within the first months of the child

in combination with

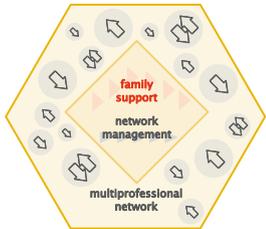
Regional Early Childhood Networks („indicated prevention“)

- » In-depth support for families in need
- » Multiprofessional support systems with coordinated services/interventions for parents and children during the early childhood, which are established on regional level

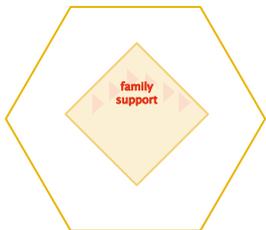
Austrian Model for Early Childhood Networks



Characteristics of Early Childhood Networks



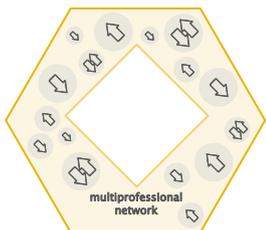
reach families actively and systematically = Raising awareness among those who can identify and refer families in need



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

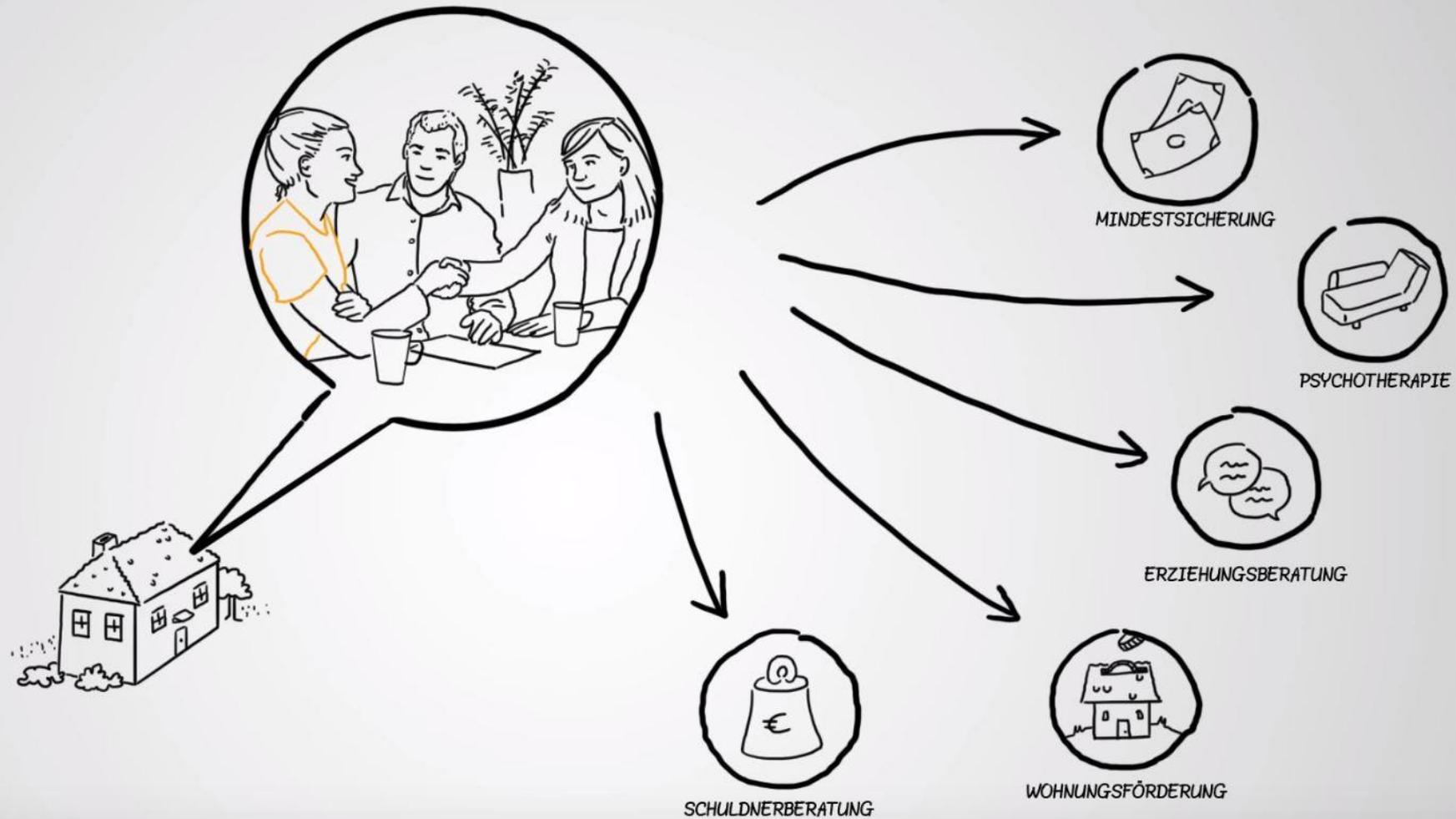


Target group: Families in need

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

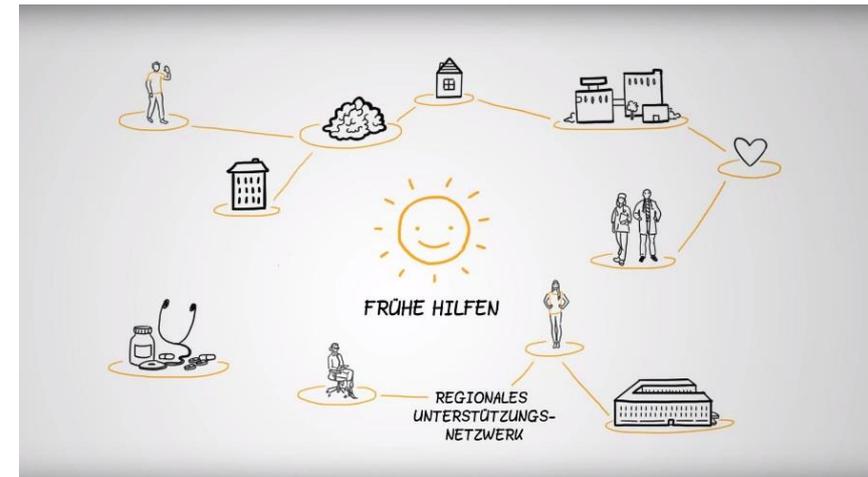
But in most cases **several burdens** are present at the same time in combination with a **lack of compensating resources**; 5 to 7 % of all births



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

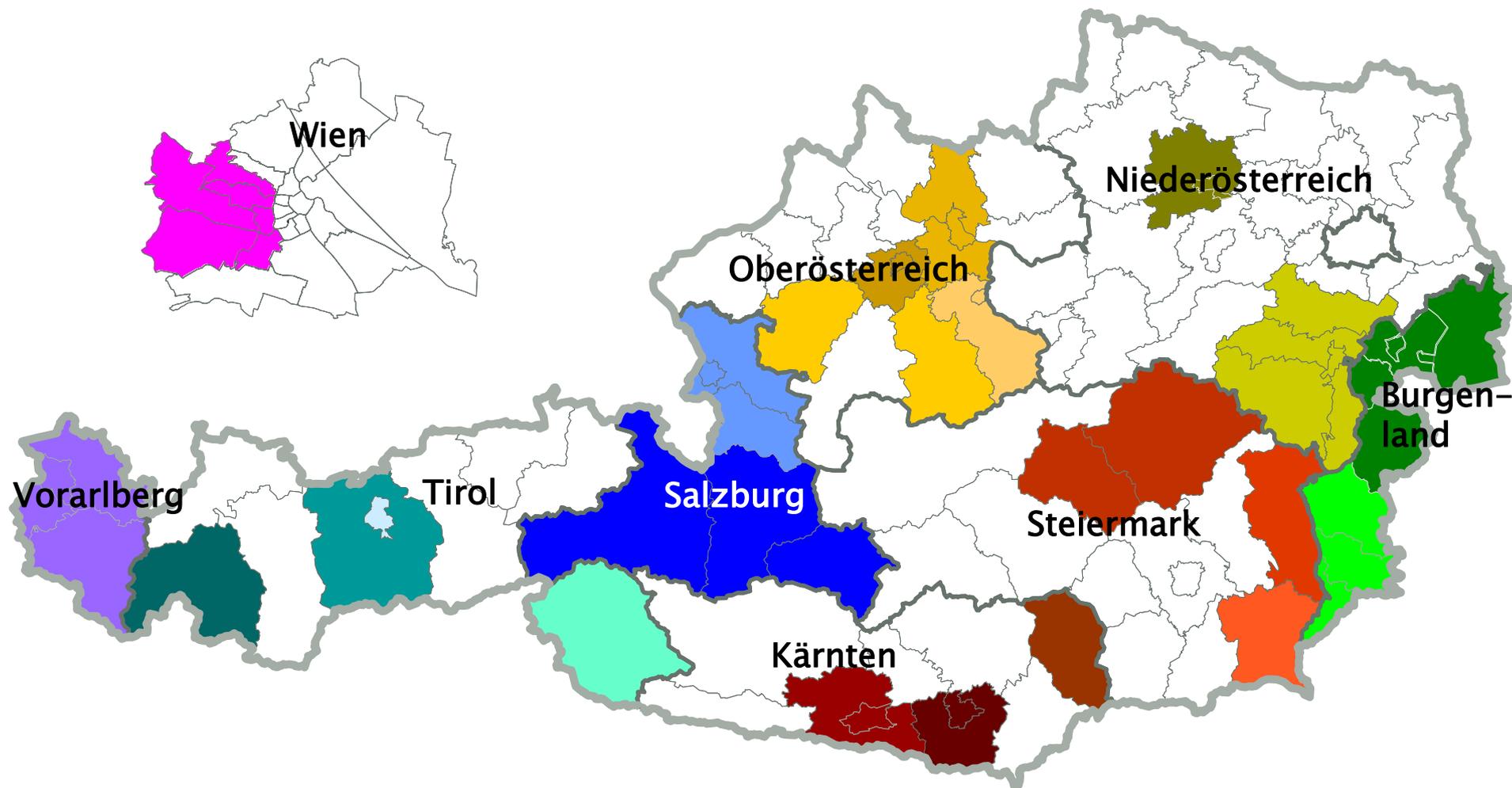


Autumn 2016:

23 regional Early Childhood Networks, which cover in total **52 districts**

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

Availability of regional Early Childhood Networks



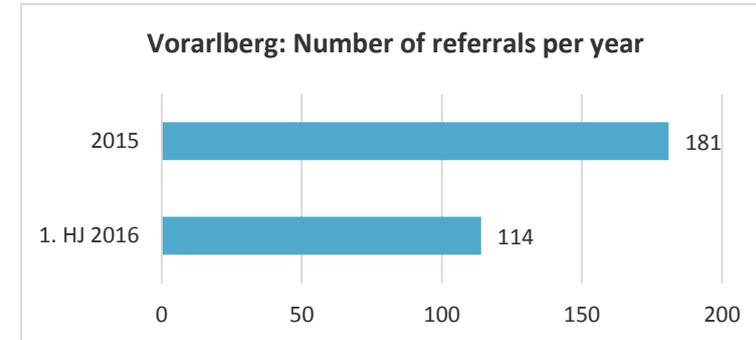
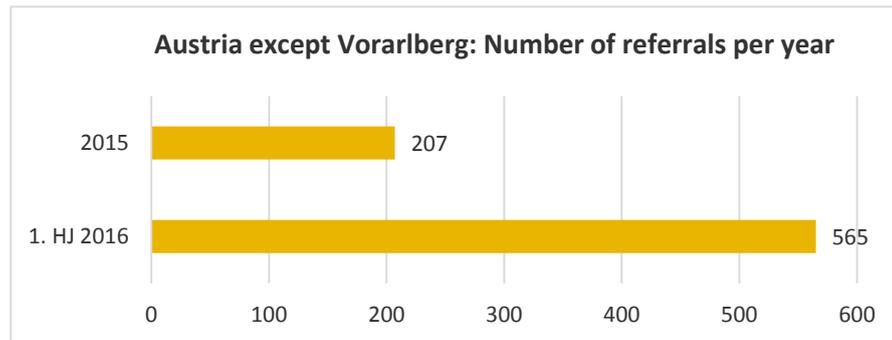
National Centre (NZFH.at)

Coordination by **National Centre on Early Childhood Interventions**:

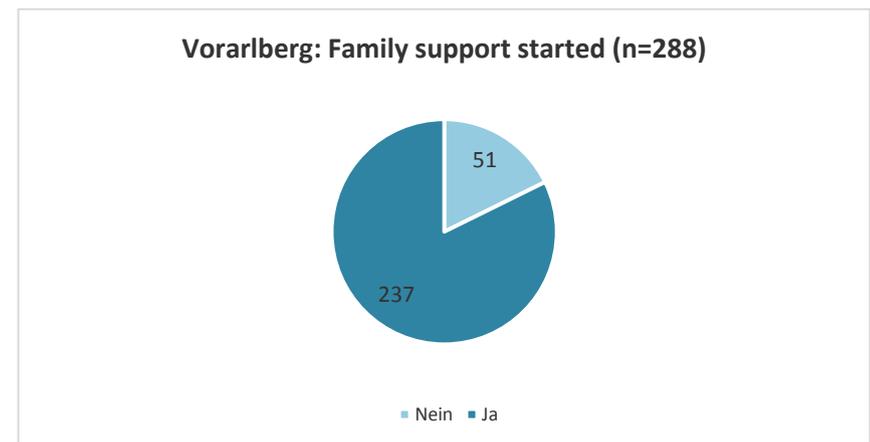
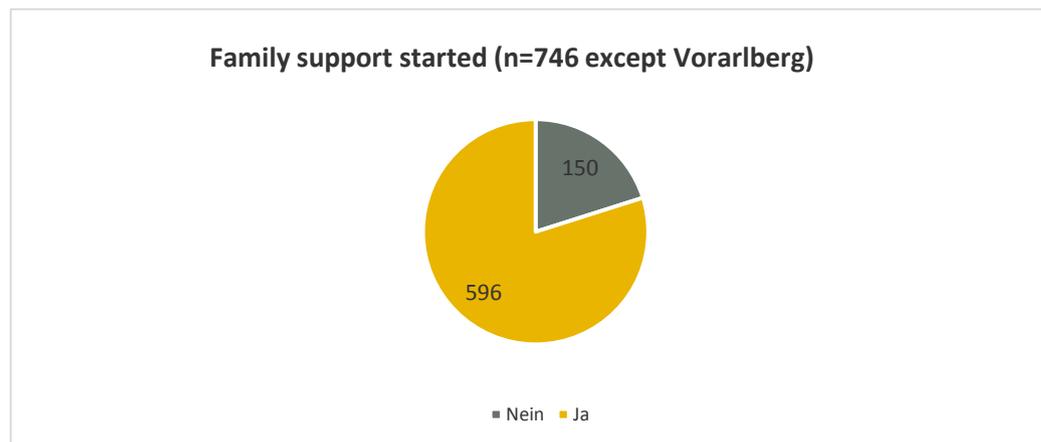
- » National harmonisation: Coordination; counselling; exchange and networking; provision of material and templates; etc
- » Knowledge transfer and public relation: Continuously analysing and providing new research (international) results; (joint) public relation; organising a national conference; providing relevant information via website, newsletter, articles,...
- » Quality assurance for the regional implementation: Development and implementation of trainings, Development and provision of an online-tool for documentation, Conceptualising and organising an evaluation (process and outcome) covering the regional networks as well as the national competence centre,...
- » Ensuring sustainability: Involvement of an intersectoral steering committee, a strategic executive committee as well as a multiprofessional advisory board

Accompanied families since 2015 (= start of broad implementation)

since beginning of 2015 **more than 1.000 referrals**



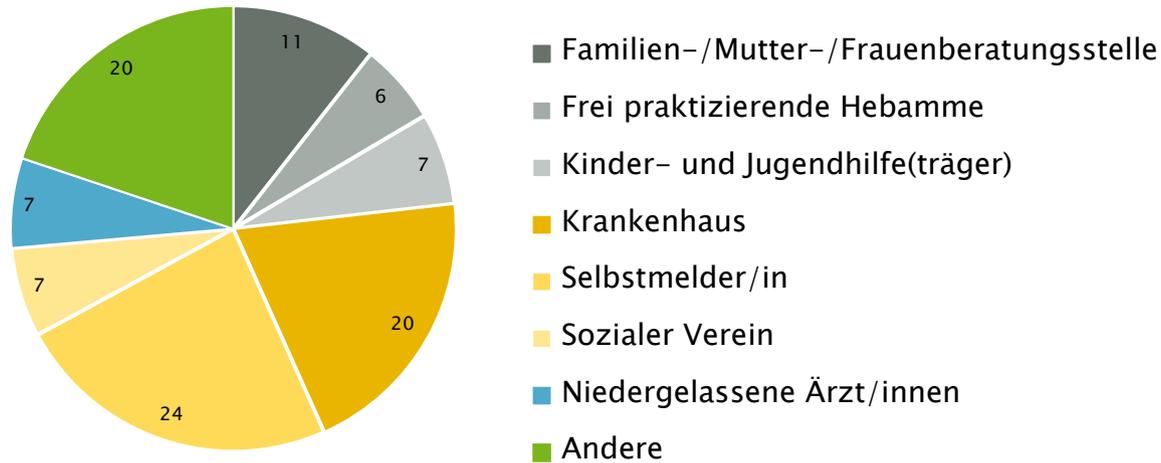
about **850 families taken over in in-depth family support**



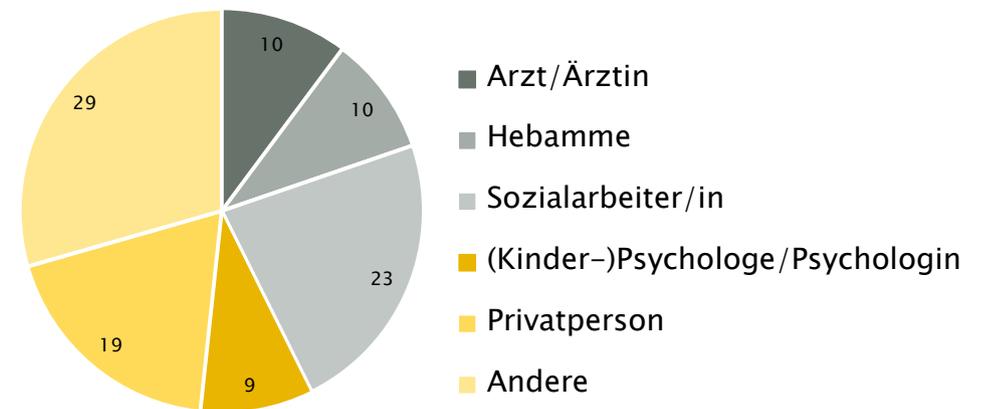
about **750 families are accompanied now (September 2015)**

Referrals by...

Referring institutions (without V)



Referring professions (without V)



... the families accompanied

Women resp. families are identified and referred **quite early**: about a quarter already during pregnancy, many more within the first months after birth of the child

Socially disadvantaged target groups can be effectively reached:



Share of **single parents** (almost only women) is about one quarter



About 30 to 50 percent of the families have a **migrant background**



About 30 percent of the main attachment persons finished **compulsory school** as maximum (about 30 % finished secondary school or more)

Reason for referral from the referring persons point of view (as well as those accompanying families) mostly „**Indication of excessive demands/ anxiety among parents**“, from the families point of view „**Need for adm./org./legal support**“ (existential questions)

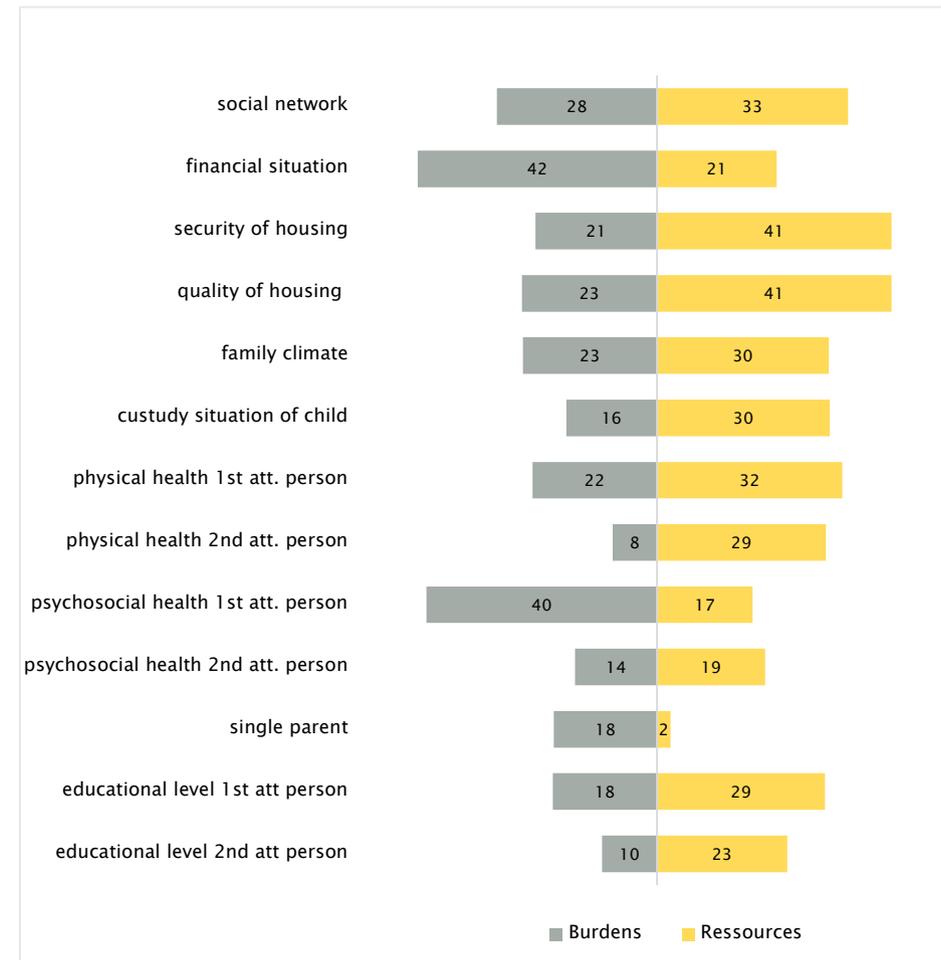
Ressources and strains at start of in-depth family support

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

Central ressources 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



Learnings and Conclusions

-  Early childhood intervention networks are able to **reach socially disadvantaged families**
-  In order to ensure acceptance, efficiency as well as sustainability, it is key to **build on structures, institutions and stakeholders in the region** as well to **involve different sectors, professional groups and intervention fields**
-  The National Centre is important in order to ensure the **compliance with the Austrian model as well as the quality** of the regional implementation
-  Families **benefit** from in-depth support and additional, coordinated services

Preliminary results indicate that **early childhood intervention networks promote health equity** → final results on evaluation will be available in Spring 2017

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