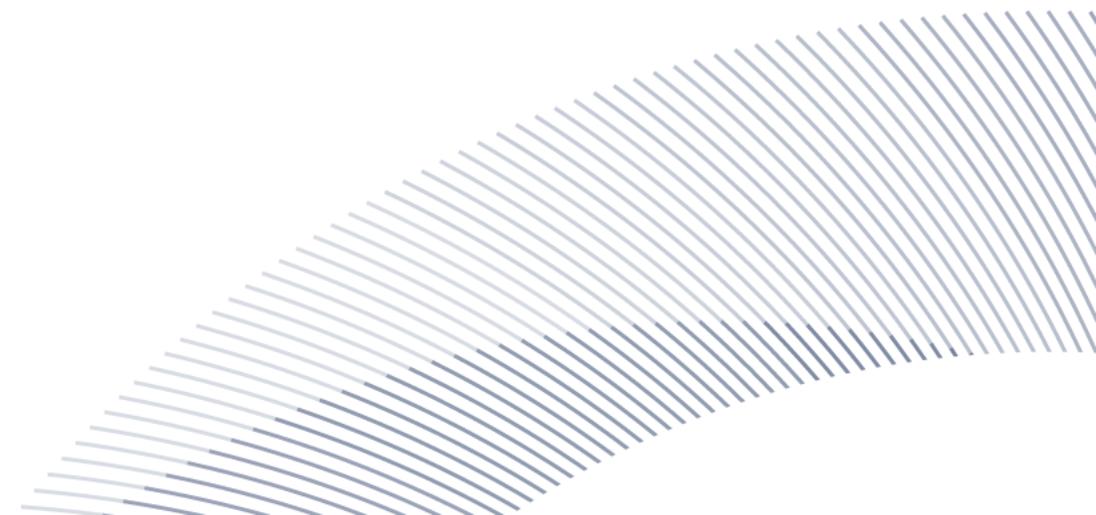


Health and social equity right from the start: the Austrian programme of early childhood interventions

Marion Weigl

Conference in Ljubljana, November 18th, 2025



1. Purpose and design of the Austrian programme
2. Case study
3. Data from our documentation system FRÜDOK
4. Cost-benefit-analysis
5. Results from evaluation and (participatory) research activities

Purpose and design of the programme

The programme is theory driven and evidence-based

Underlying theories/concepts, e.g:

- Model of salutogenesis
- WHO (Ottawa-Charta and conceptual framework on social determinants of health)

Evidence from research, e.g :

- Life Course Approach
- Neurobiological research and epigenetic
- Attachment research
- Equity/Inequality research („universal proportionalism“)
- ACEs (Adverse Childhood Experiences) and PCEs (Positive Childhood Experiences)

Interventions in early childhood have a huge potential to promote health in a sustainable way and to contribute to health equity in the longterm, and they have a high RoI (Return of Investment)

Two-Generation-Programmes

- Children's development unfolds primarily within the context of their relationships with their primary caregivers. Effective interventions for infants and young children from disadvantaged and stressed families therefore need to incorporate intensive support for these caregivers.
- Two-generation programmes focusing on improving living conditions (especially stabilising the family's financial situation) and strengthening the opportunities and abilities of parents and other key caregivers (mental health, parenting skills, self-regulation skills) have great preventive potential and can interrupt or at least mitigate the transgenerational transmission of health inequalities.



Definition of „Frühe Hilfen“

Overall concept of interventions (especially health promotion measures and targeted early intervention) in **early childhood** (pregnancy to school entry), which consider the specific circumstances and resources of families.

A central element is the **cross-sectoral and cross-professional networking** of diverse approaches, services, structures and actors in all relevant policy and practice fields.



Objectives of the Austrian Programme

To reach and support families during pregnancy or within the first years of a child, especially those that live under burdened life circumstances

Specific Objectives:

To strengthen resources and reduce strains/burdens of families with children (0-3 years, maximum 6 years)

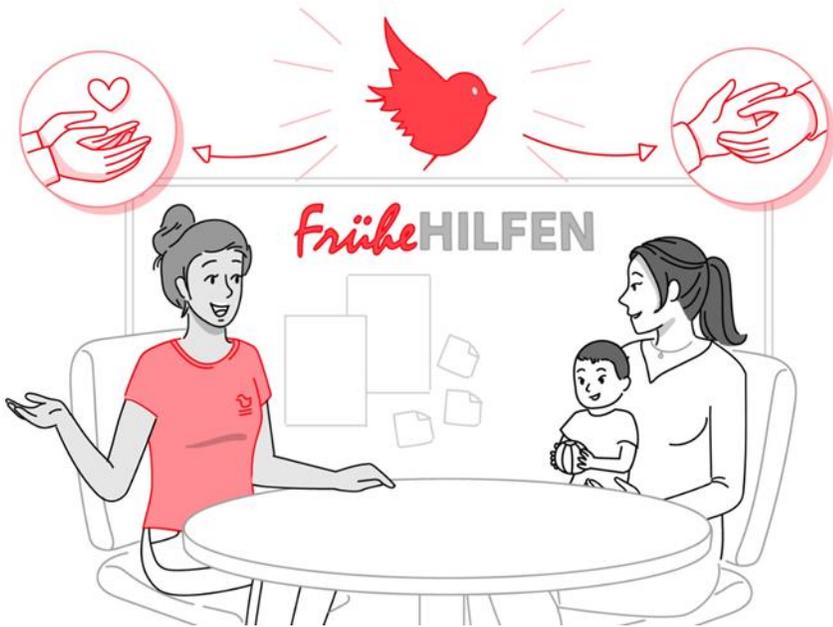
To promote and ensure well-being and development of children at an early stage

To contribute to a healthy upbringing including the right to be protected, supported and to be able to participate

To promote health and social equity



Early Childhood Intervention Networks



Needs-based support for families in stressful situations → established at regional level, **outreach**, **free of charge** and **voluntary**.

Specific goals:

Systematic and early identification and reaching of families in stressful life situations

Promoting a secure **parent-child bond** and a successful **parent-child interaction and relationship**

Promoting the **psychosocial well-being and health of parents/families** in stressful life situations

Strengthening families ("empowerment" in the sense of helping them to help themselves)

Characteristics of Early Childhood Intervention 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



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

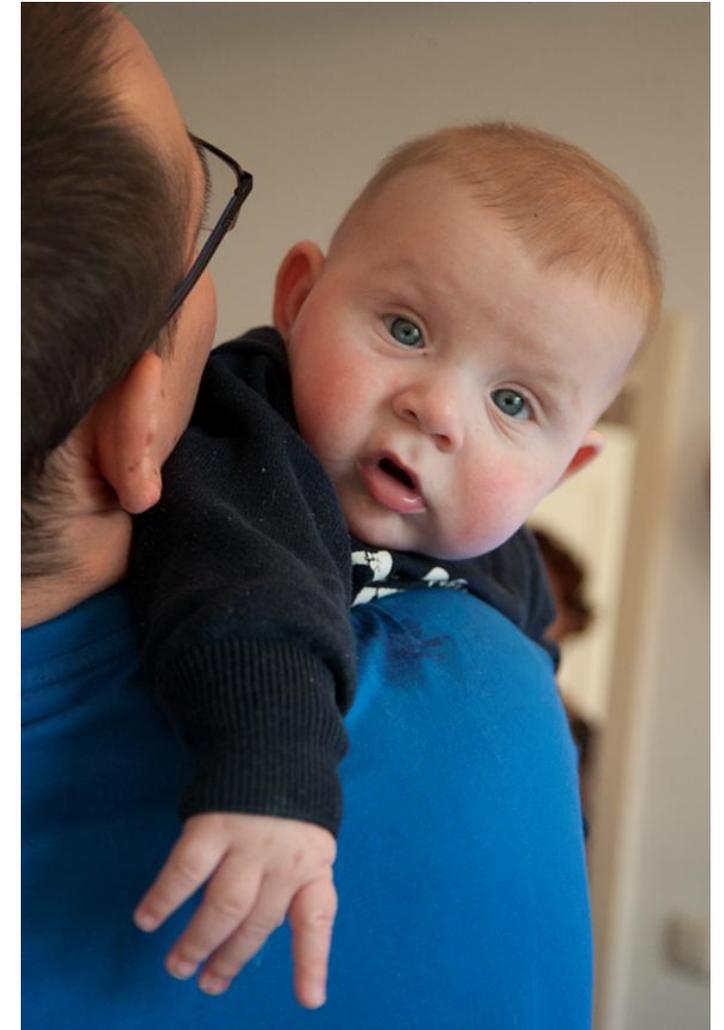
Specific characteristics of the parents, like minor-aged, single parent, disability or somatic chronic illness

Increased need for care of the child, like premature birth, multiple birth, developmental disorders, congenital illness or disability

Strong anxiety concerning future

Difficulties with acceptance of resp. **care for the child**, troubles with **mother-/parent-child-interaction**

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



Ethical basis/principles

- Autonomy and voluntariness: voluntary participation; self-determination of families is respected and encouraged
- Ressource orientation: the skills, knowledge, competencies and life experiences of families are recognised, valued and strengthened
- Equity: access and support for all families in need to be ensured
- No discrimination and stigmatisation: the programme is designed to prevent discrimination and stigmatisation by promoting awareness and appreciative attitude towards families
- Respect diversity: genderspecific and sociocultural backgrounds are accepted, perceived and considered
- Rights, dignity and integrity of the families and the people being active within the programme are considered and maintained

Family supporter ...

- ... recognises and promotes the decision-making abilities of the pregnant women and caregivers
- ... treats caregivers with respect and as equals by listening attentively and maintaining a neutral stance
- ... is patient and reflective with regard to their own beliefs, values and feelings
- ... strives to provide individualised and needs-based support to the entire family
- ... contributes to the relief and empowerment of caregivers
- ... offers stability and reliability in their support
- ... communicates openly, empathetically and non-violently with the family
- ... acts in a solution- and resource-oriented manner
- ... brings a culturally and gender-sensitive attitude to their work
- ... contributes to respectful teamwork

Implementation Partnership



Cornerstones of implementation:

First **pilot project** starting 2009, additional **model regions** from 2014 on; **broader implementation** since 2015

Cooperation at regional level of governments of federal states (often health, social affairs and child welfare) and social insurance providers (esp. health insurance), but lead is different depending on federal state

Professional support by the **National Centre for Early Childhood Interventions (NZFH.at)** at the GÖG (National Public Health Institute)

Nationwide roll-out within the framework of the Austrian Recovery and Resilience Plan (RRF) with financial support of "NextGenerationEU"



 Bundesministerium
Arbeit, Soziales, Gesundheit,
Pflege und Konsumentenschutz

Legal anchoring in force since 1 January 2024 – providing **sustainable financing** in partnership of the federal government, the federal states and the social insurance institutions

National Centre on Early Childhood Interventions (NZFH.at)

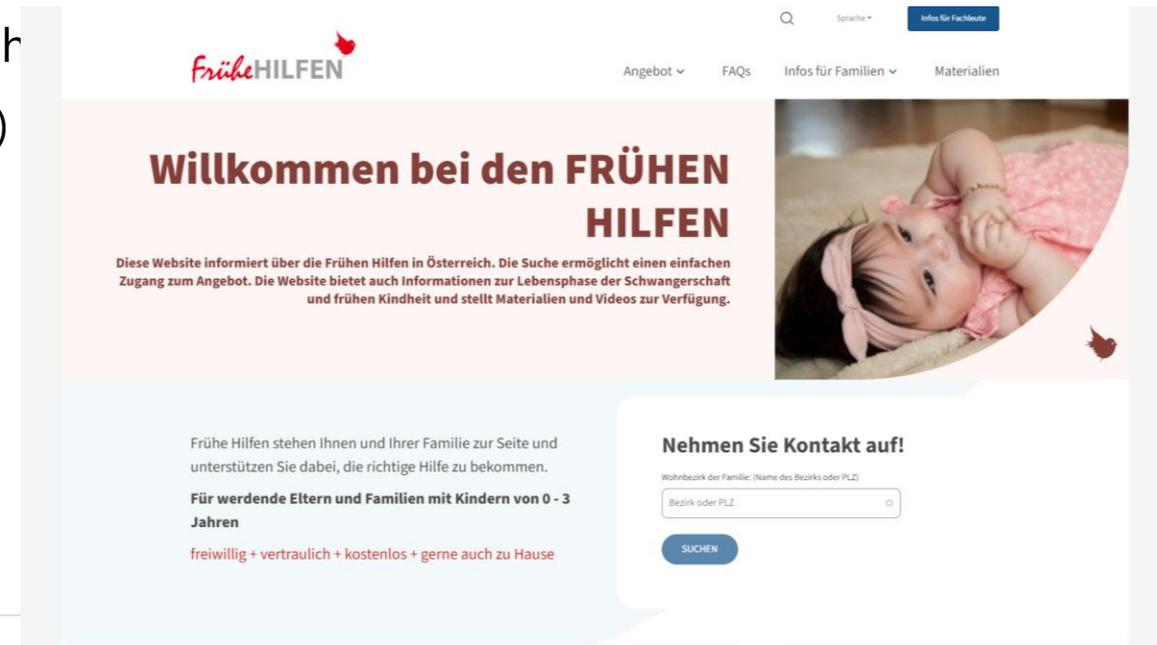


Austrian National Public Health Institute commissioned with work on early childhood interventions since 2011

-> officially nominated as National Centre since 2015

Tasks:

- Overall co-ordination with all involved regions/stakeholders
- Training, monitoring (unique documentation system) and networking
- Harmonisation and quality assurance
- Ensuring evaluation, research and further development of concept
- Knowledge transfer
- Public relations



Parents-Child-Pass (EKP) supports the referral to the programme in the future

- **Psychosocial screenings** support the identification of families in need (questions on mental health issues, PHQ-2 und bei Bedarf EPDS, Screening GAD-2 und bei Bedarf GAD-7, questions on socioeconomic burden, questions on domestic violence, social history interview)
- **Reference to early childhood interventions networks** at different times and during various examinations/screenings
- With the consent of the pregnant women/families, the various professional groups can **refer them directly** to the regional early childhood interventions network via an interface

Case study

Case study - situation

Mother: 31 years old, married

Baby: 5 months old

Father: works in construction

Stable financial situation



Problems in mother-child-interaction

Signs of postpartum depression of mother

Conflicts with paternal grandparents

Sleeping problems and excessive crying of child

No family or social network

Case study - interventions

Conversation to build up trust and relationship with mother

Toddler group

Psychiatric assessment

Mediation

Therapeutic group
„Actually I should be happy“

Talks with father

Outreach parent consultant

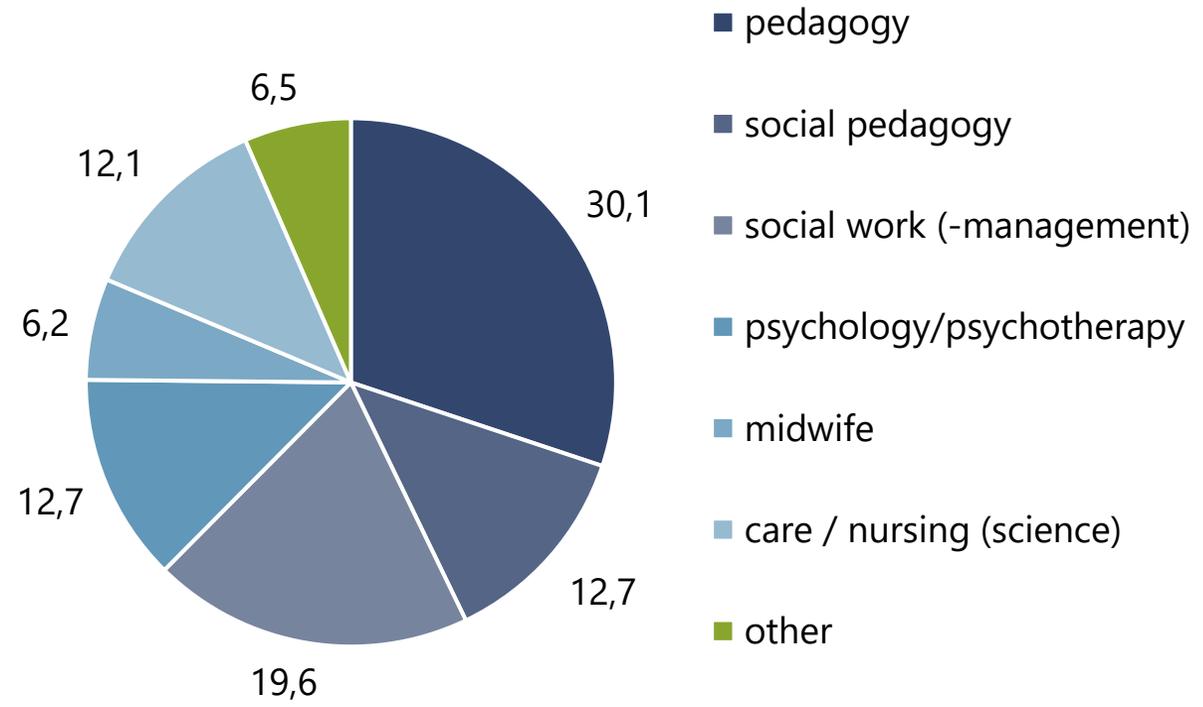
Family assistant



Data from our documentation system FRÜDOK

The family supporters (home visitors)

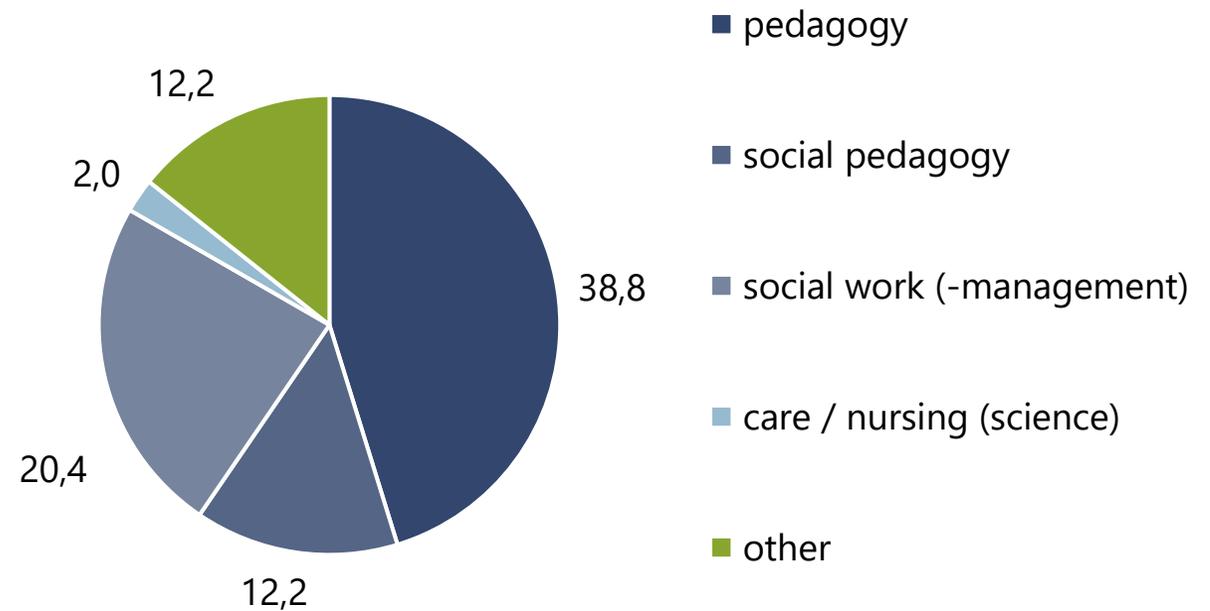
In the course of 2024, a total of 282 family support workers were active in the regional networks



Percentage of all occupations mentioned, n = 322, multiple answers possible
The information refers to all family support workers who were active in 2024.

The network managers

In the course of 2024, a total of 43 network managers were active in the regional networks



Percentage of all occupations mentioned, n = 49, multiple answers possible
The information refers to all network managers who were active in 2024.

Families supported in the years 2015–2024



22.766
contacts



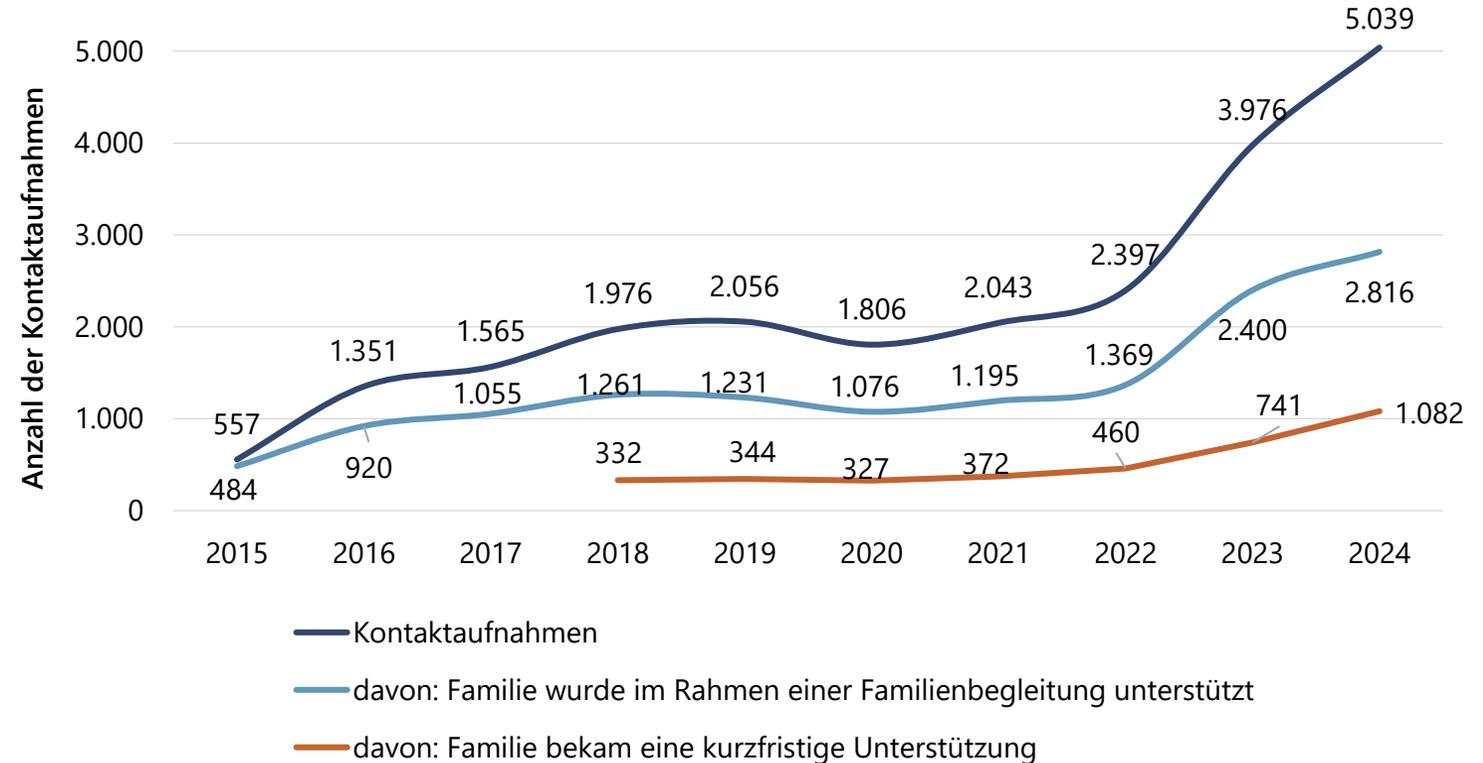
3.658
Shortterm support



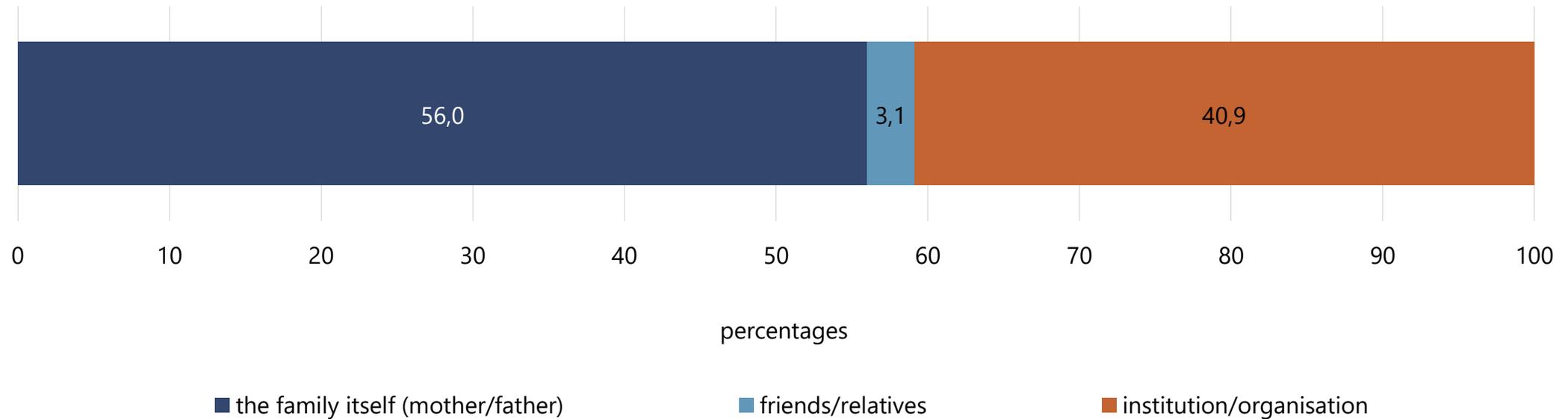
13.807
Longterm support



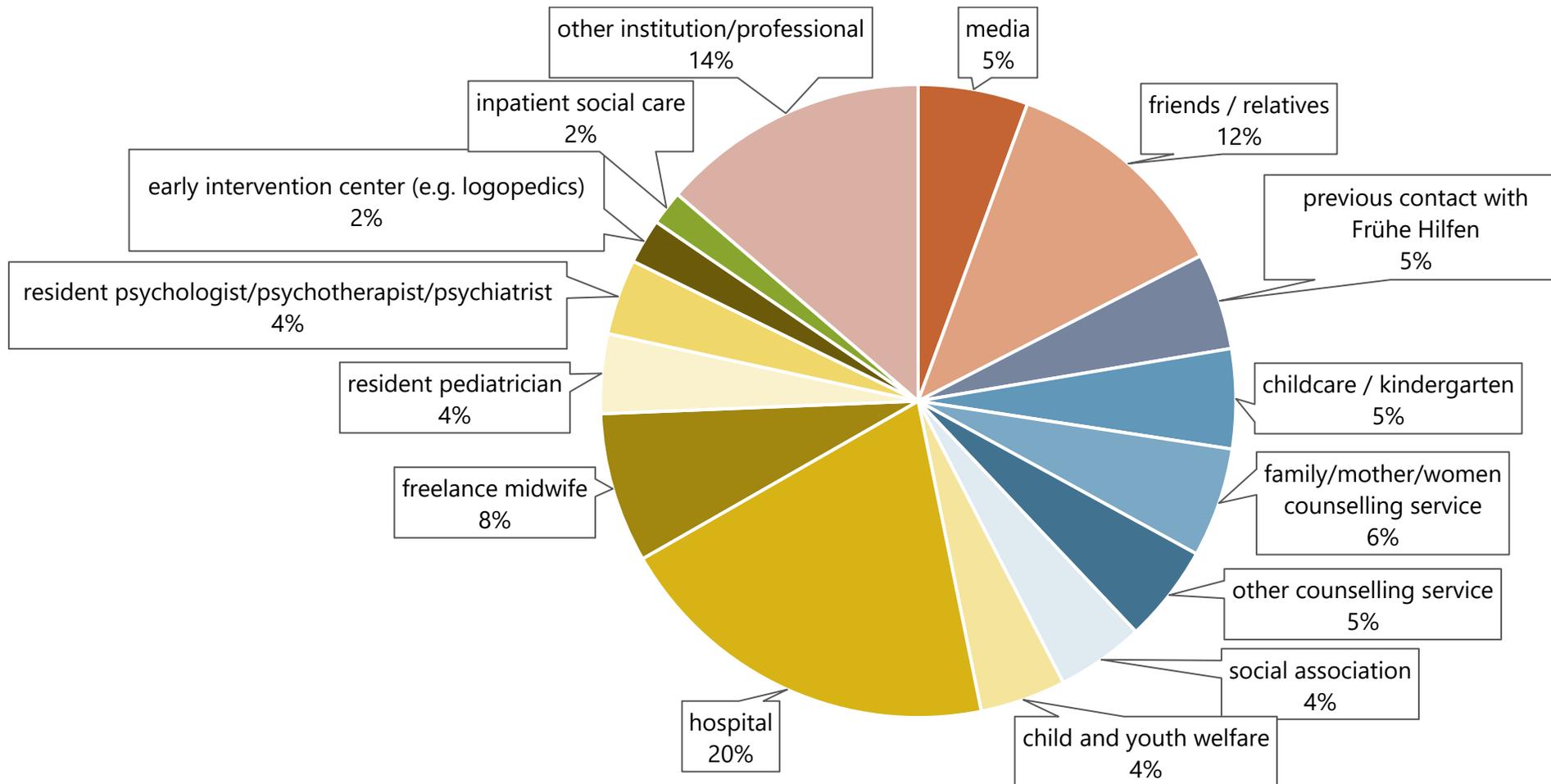
11.217
Family supports already accomplished



Self-referrals and referrals by others, 2024

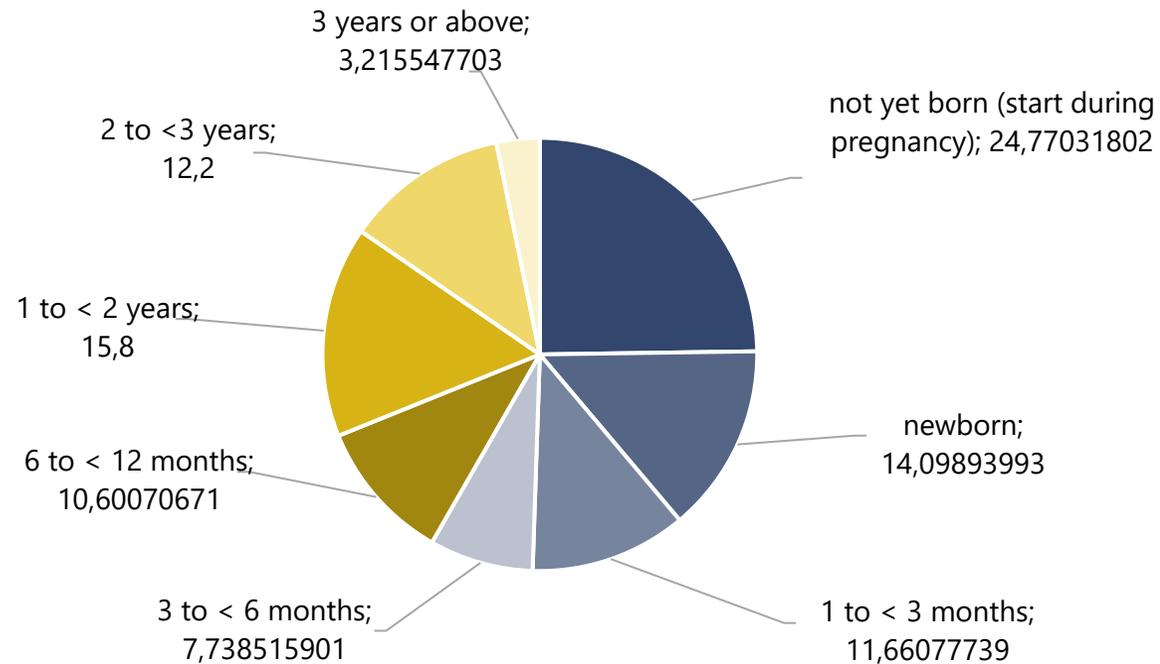


Impulse for (self-)referral, 2024



Quelle: FRÜDOK, Stand 23.03.2025

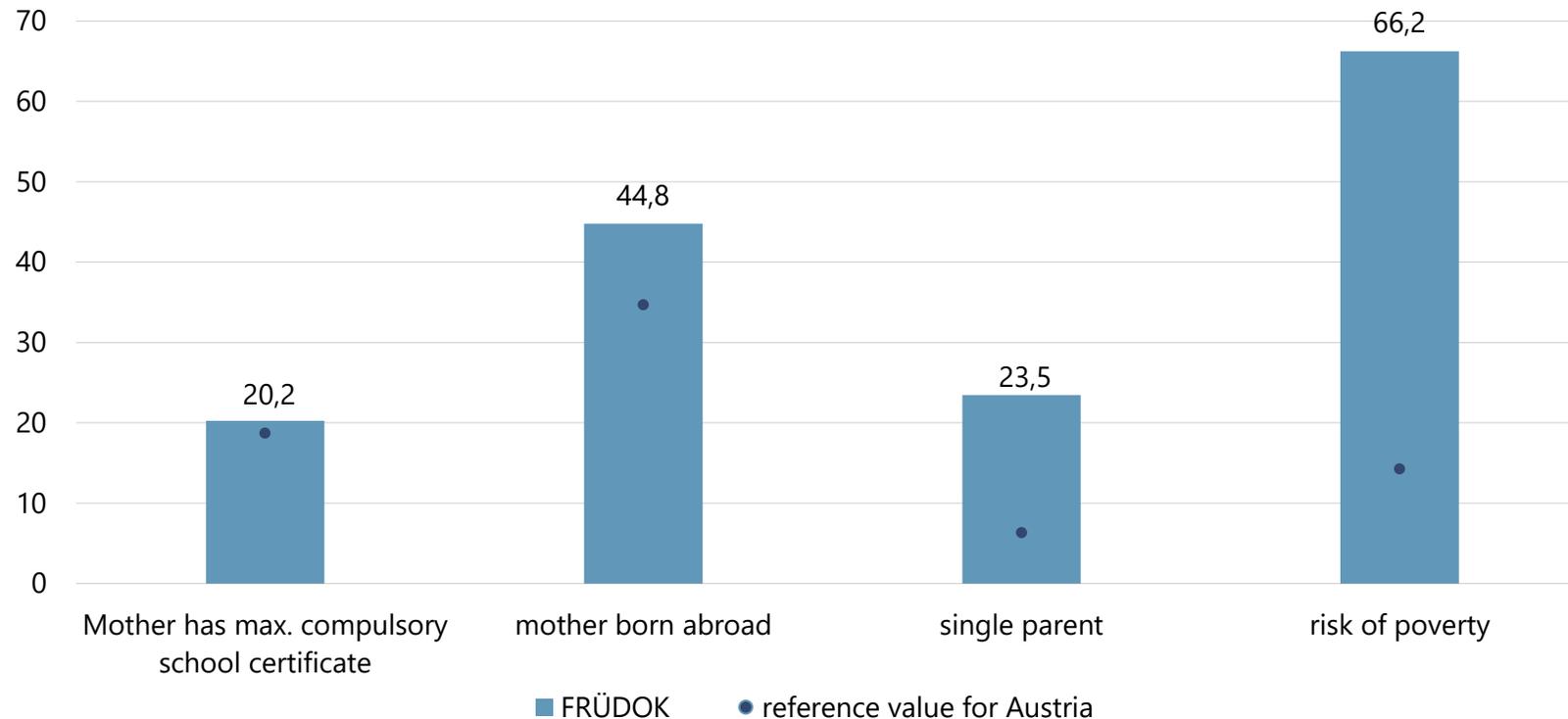
Families are reached early, 2024



51% of newly supported families in 2024 were already reached during pregnancy or in the first three months after birth.

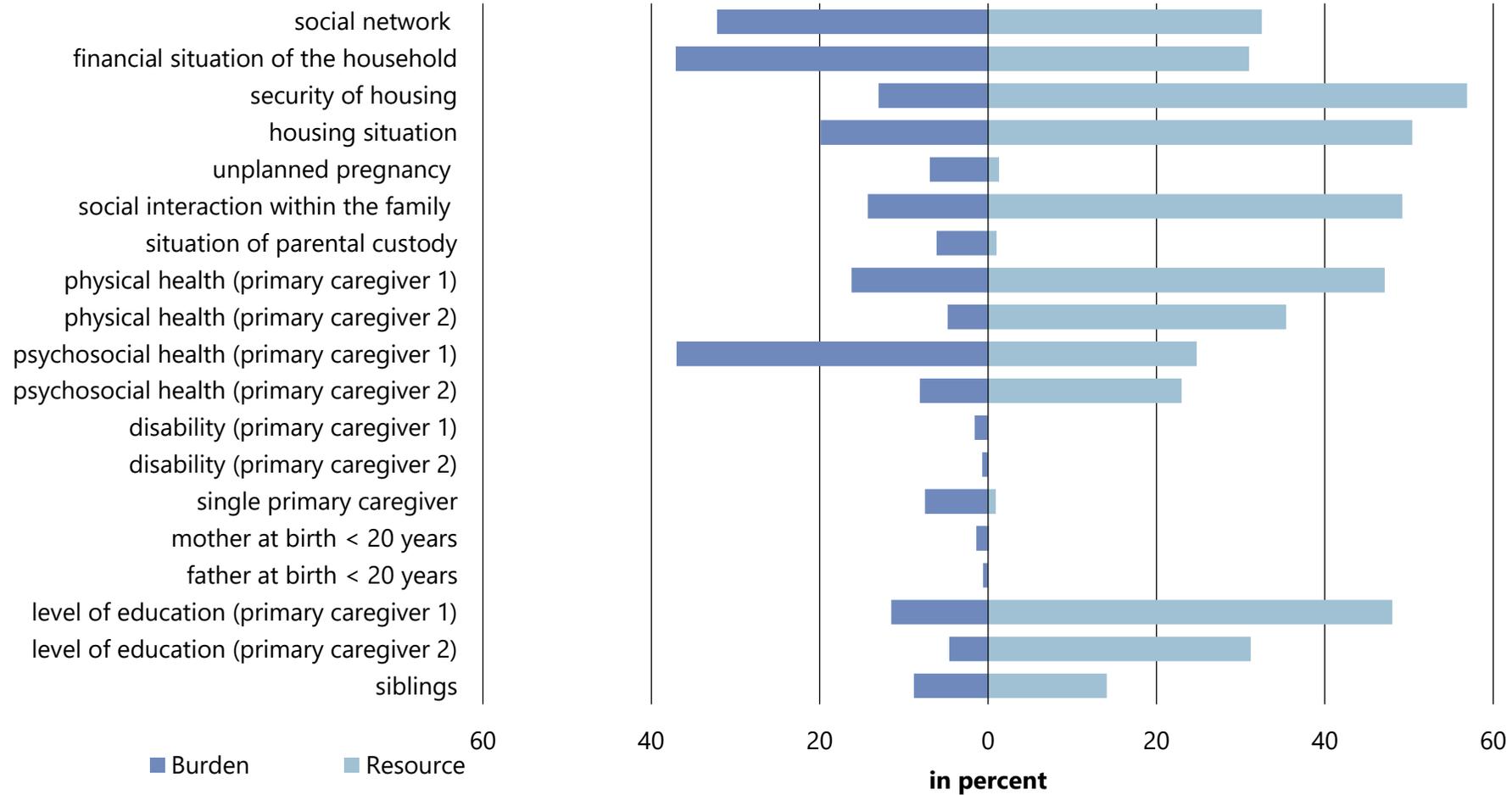
Figures in per cent of new cases in 2024 (with detailed documentation), n = 2,789
This refers to the most recent pregnancy or the youngest child in the family.

Socially disadvantaged families are supported, 2024



Notes: Data in percent of contacts in 2024 that resulted in family support, n = 2,796. The Austrian reference values were taken from the following data sources: Kaendl/Schipfer (2023); Statistik Austria (2023a); Statistik Austria (2024a); mother here refers to the primary main caregivers, who are the biological mothers in most families.

Multiple Resources and Burdens, 2023

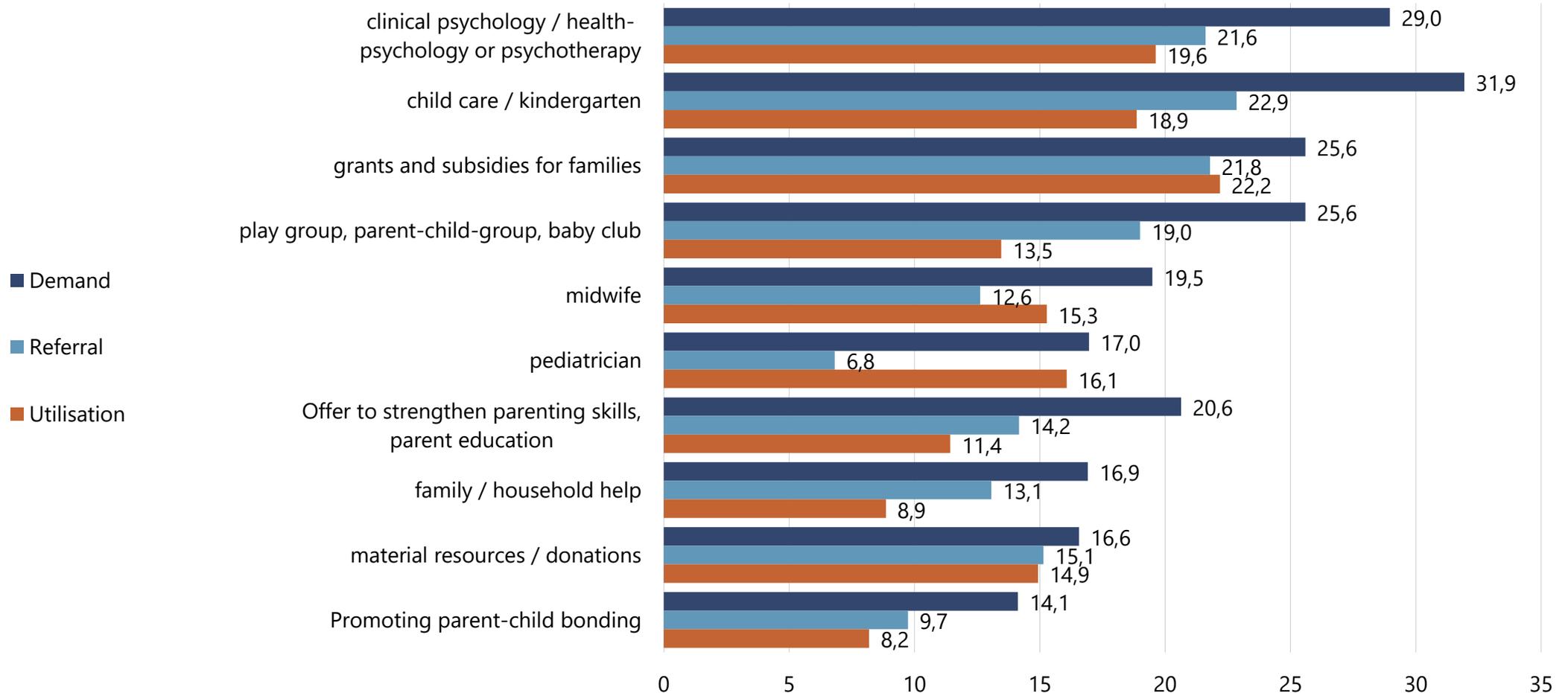


Specific burdens of newly supported families, 2024

Within a minimum of

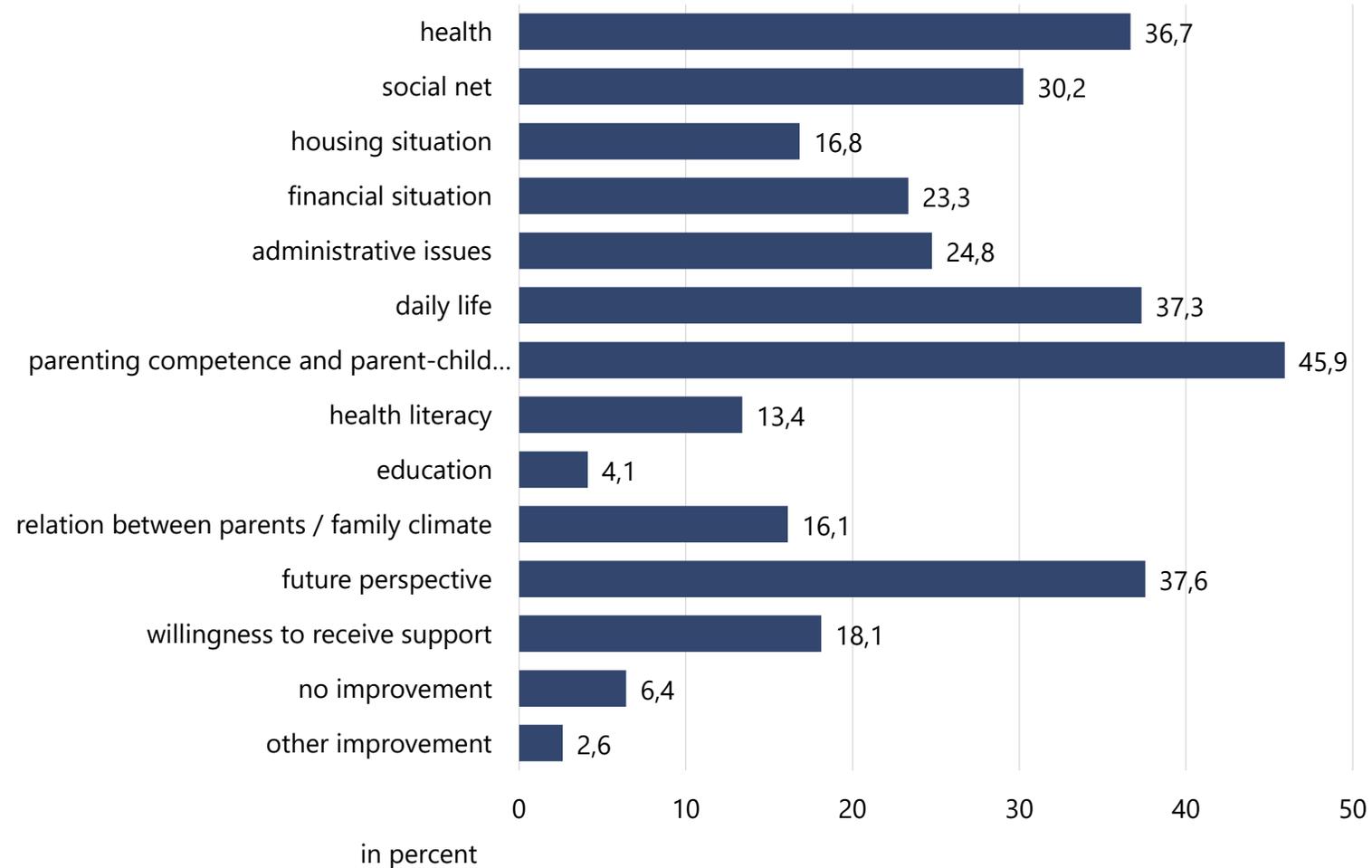
- **39 %** of the families at least one of the primary caregiver had **strong fears about the future**
- **56 %** of the families at least one of the primary caregivers **felt overwhelmed**
- **9 %** of the families the mothers showed **signs of postpartum depression**
- **7 %** of the families **signs of violence** were noticed
- **16 %** of the families a **separation was a stressful issue**

Referrals to specific support



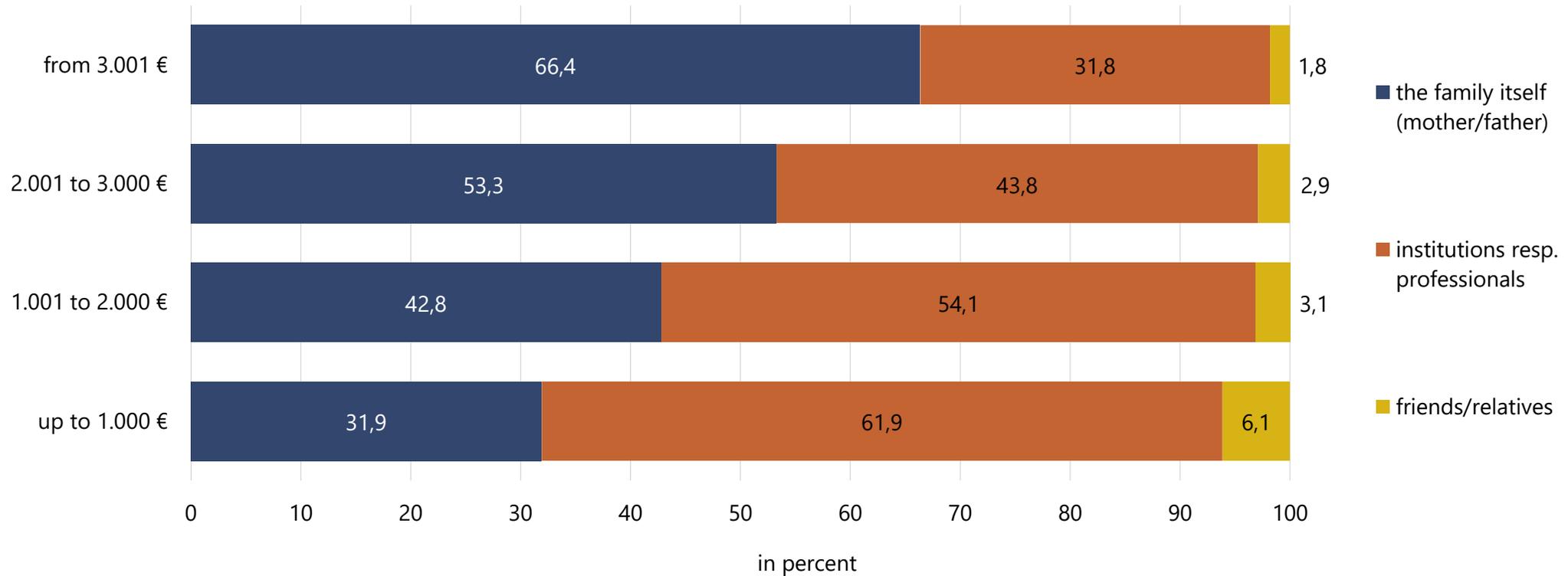
Quelle: FRÜDOK, Stand 23.03.2025

Improvements for different aspects



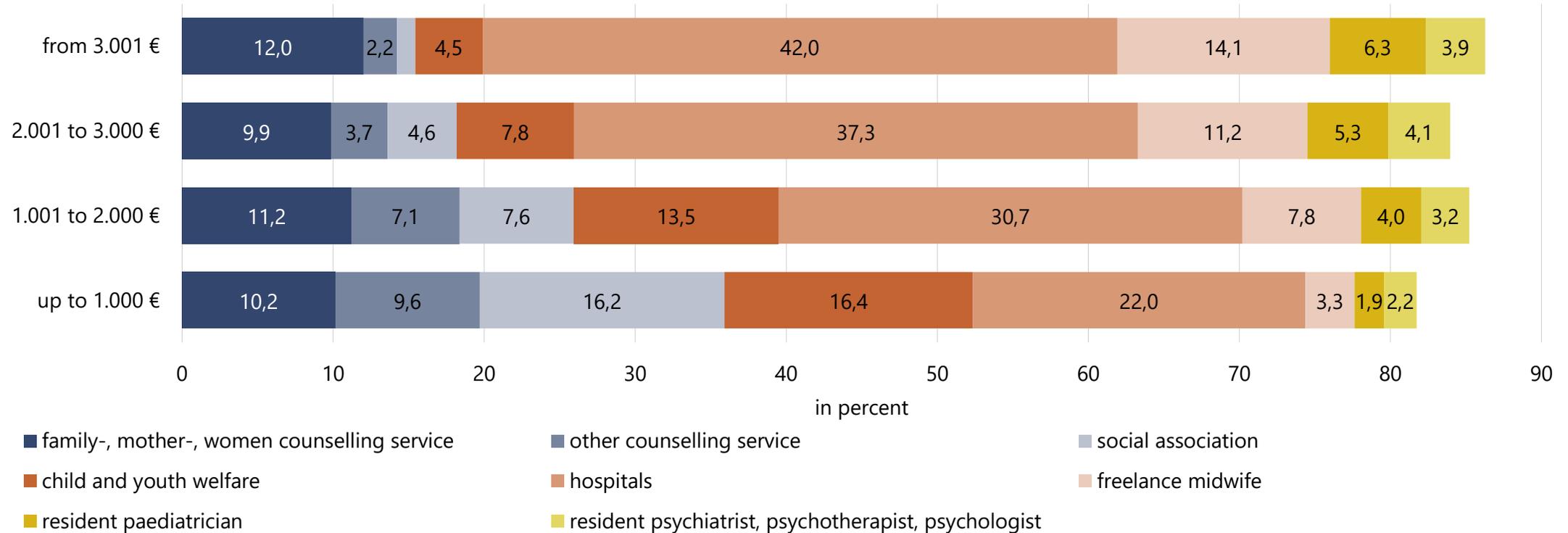
Specific analysis 2025

Contact to the programme by ...



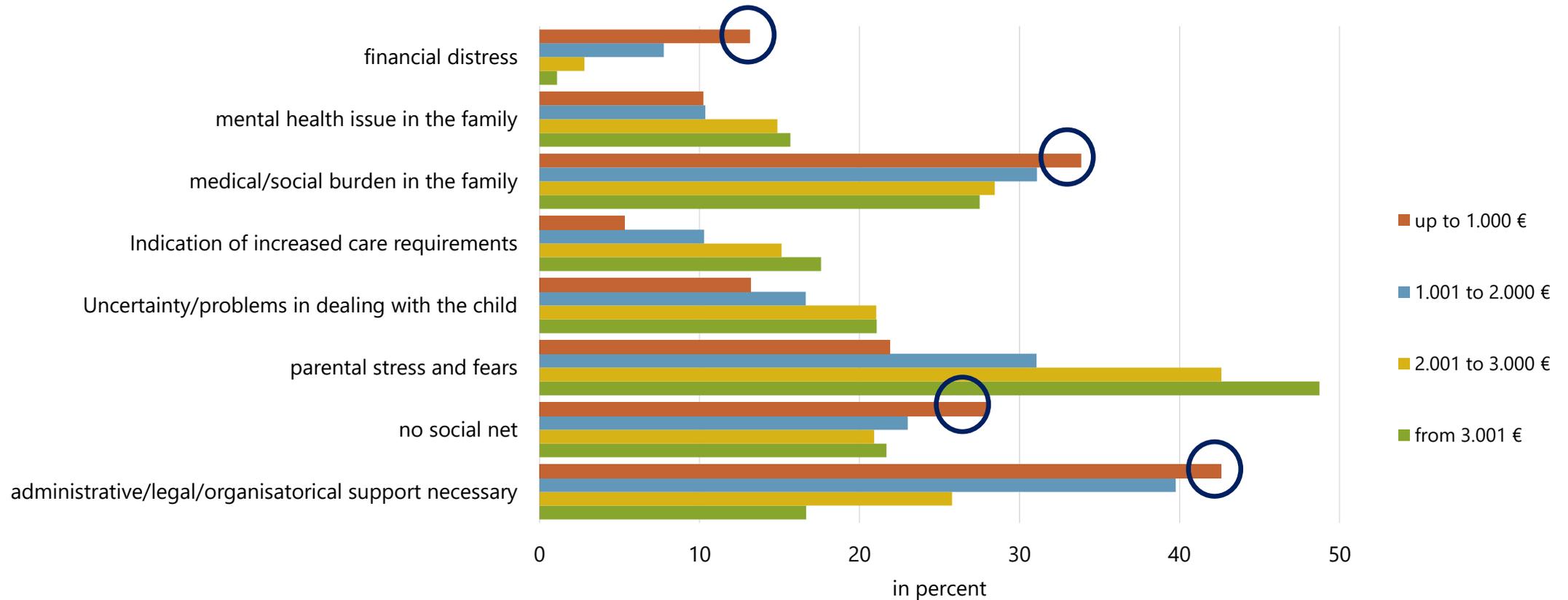
The higher the income, the more likely families get in contact with programme themselves.

Referring institutions/professionals



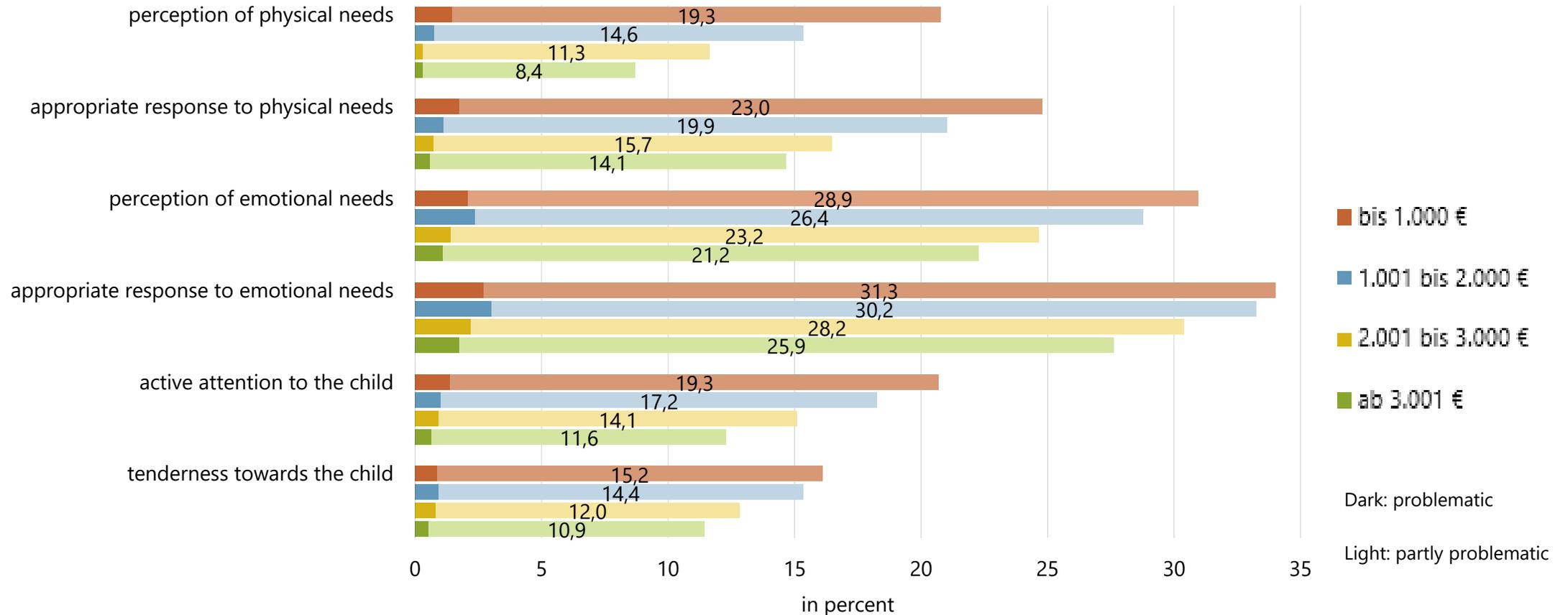
The higher the income, the more likely families are referred to the programme by the health system. The lower the income, the more important are child and youth welfare and divers counselling services.

Reasons for referral



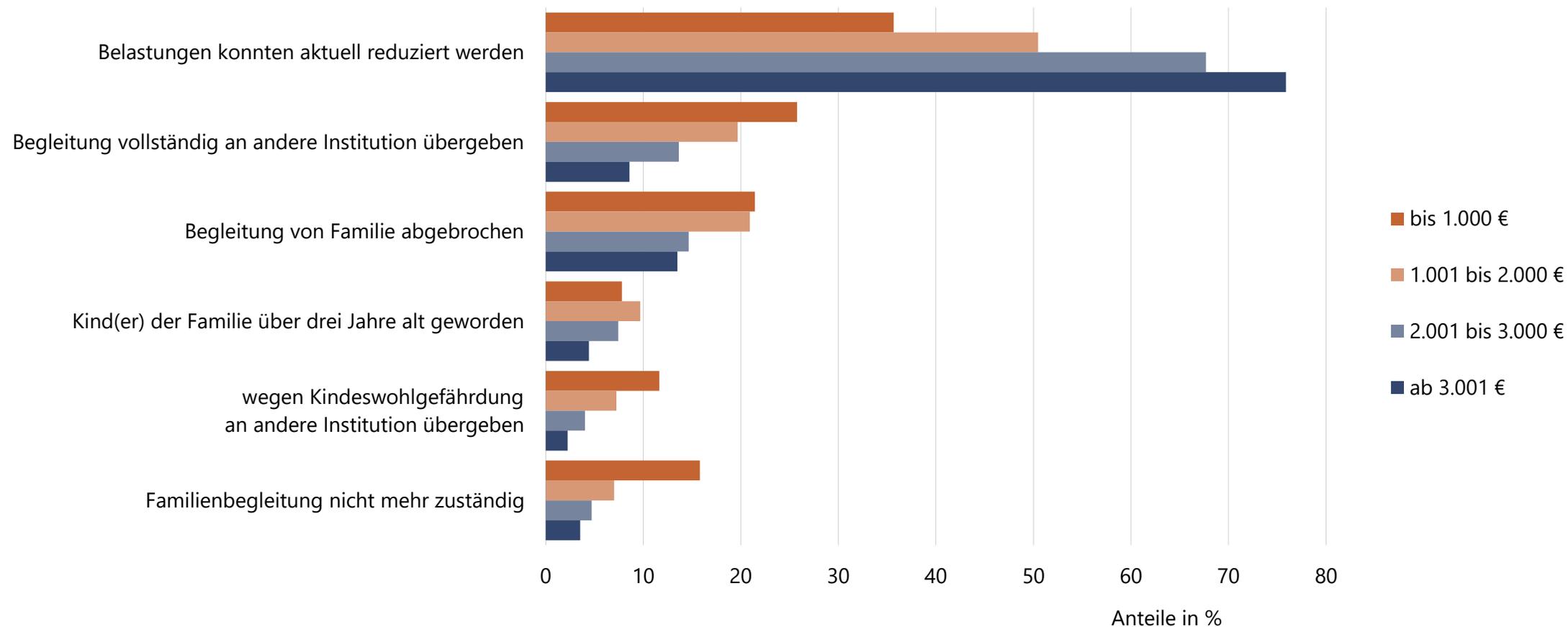
The lower the income, the more likely families are referred due to administrative support, medical and social burdens, as well as financial problems.

Acceptance and care of children



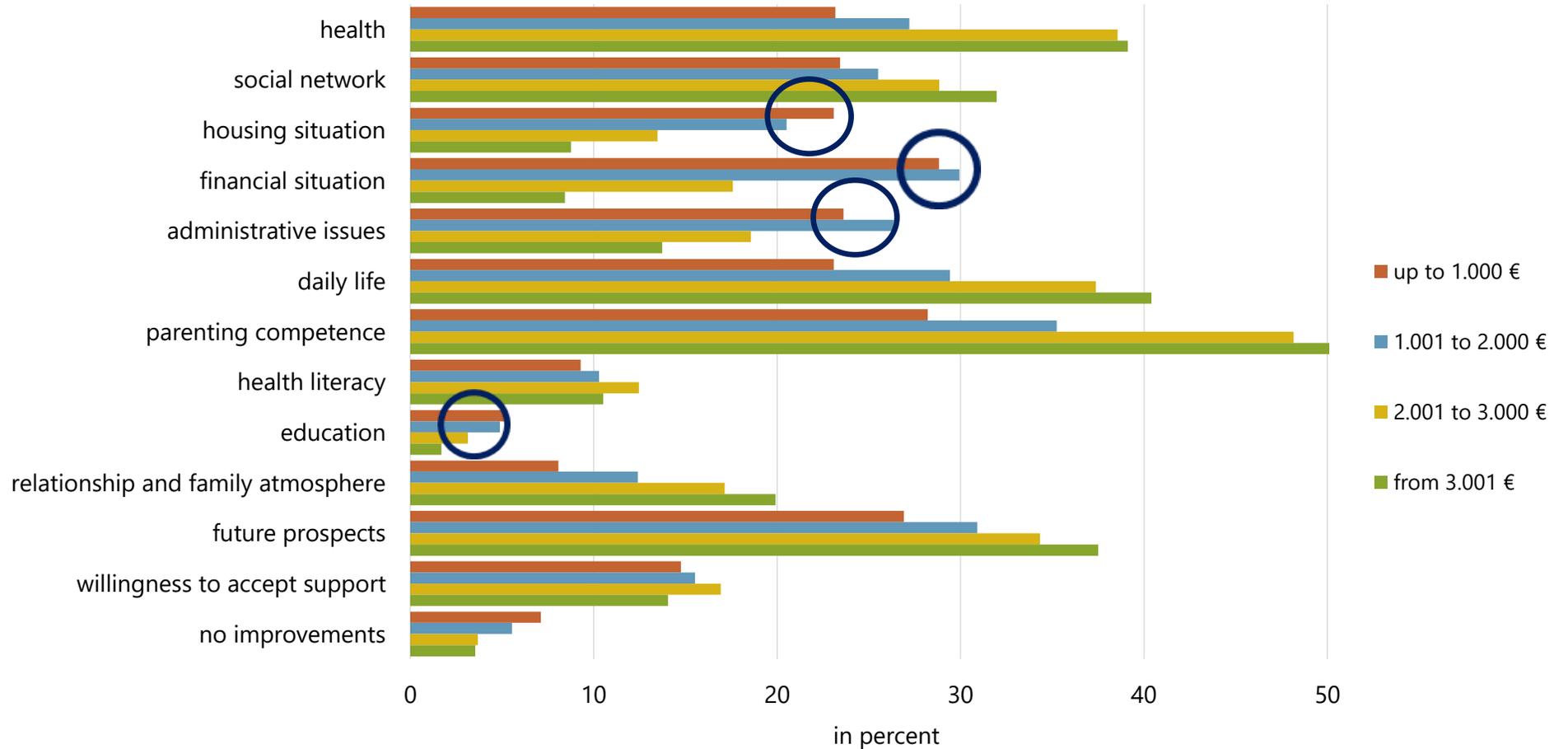
The lower the income, the more likely families have problems with accepting and caring for the child.

Reasons for ending the family support *Frühe*HILFEN



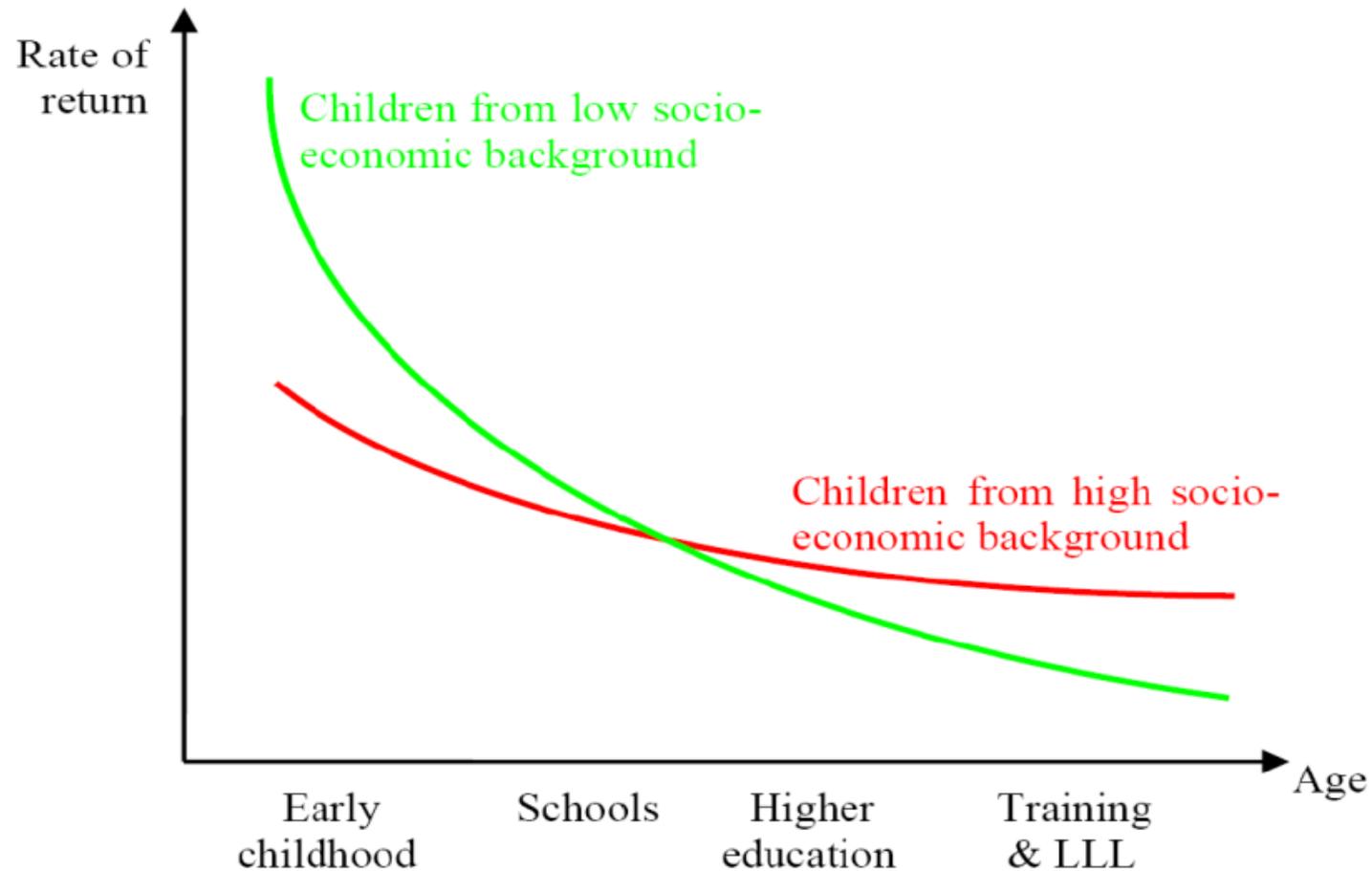
Improvements

The lower the income, the more likely improvements of the financial and housing situation, administrative issues and education can be achieved. But also no improvements are more likely.



Cost-benefit-analysis

Return on Investment (James Heckman)



Quelle: Wößmann ;

Cost-benefit analysis Germany

- On the basis of different scenarios for life circumstances, burdens and resources and support received (support by early childhood intervention network, intervention from kindergarten on; intervention from school on)
- Potential savings from ~ 400.000 to 1,2 Mio. Euro in economic costs (youth welfare, labour market integration, loss of value added, medical treatment, etc.) through the provision of early intervention per case
- Cost benefit ratio of around 1:60 (kindergarden) and 1:159 (school) compared to prevention through early intervention
- Return on investment: Early childhood interventions are particularly efficient because they are effective in the long term – they have the highest ROI, which is particularly pronounced in socio-economically disadvantaged children.

Cost-benefit-analysis Austria

The cost-benefit ratio calculated for the long term (up to 65 years) is **between 1:16 and 1:25.**

The cost-benefit analysis shows that there is a clearly positive return on investment in **all sectors**; the positive impact of the intervention is particularly evident in relation to health, social welfare, education, the labour market and value creation.

Case study	Cost-benefit ratio up to school leaving age (18–20 years)	Life-long cost-benefit ratio (up to the age of 65)	Life-long cost-benefit ratio (up to the age of 65) excluding benefits from higher productivity
Family F	1:1.5	1:16	1:7
Family H	1:1.7	1:23	1:8
Family S	1:10.6	1:25	1:13
Family Y	1:5	1:19	1:4

Results from evaluation and (participatory) research activities

EVALUATION: Families do benefit from early childhood intervention networks

Impact on health determinants (material, social and societal environment) by **increase in 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



EVALUATION: Key elements for success



Success factors:

- Intersectoral cooperation
- Active access and outreach work
- Relationship work and “navigator function”
- Multi-professional teams
- Nationwide coordination - NZFH.at

“USP” – Unique selling points:

- Needs based scope of action
 - outreach support with its focus on relationship building
-
- preventive approach with special attention to the strengthening of family resources
 - integration of family support into a network of different services

Feedback of supported families

Particularly helpful were:

- Talks with the family supporter
- the knowledge that there is someone who can help
- that the families are not alone with their worries and problems
- Tips and advice, pointing out the possibilities for support

"... that my fears, worries and problems were taken seriously, we got help quickly and without complications."

"... she always listened well and was like a strong shoulder for me without judging a person."

"...a lot of understanding and compassion is shown ... we felt we were not let down so we could manage everything well in difficult times and see more hope in life."



Positive changes from the families' perspective

What has changed?

- Greater confidence in dealing with the child
- Greater cohesion and fewer financial worries
- Fewer everyday worries
- Greater patience, understanding and trust
- Development of independence
- Stability/security
- Recognition and appreciation of other perspectives
- Better self-assessment
- Better family life/relationships
- Relaxation/serenity
- Self-confidence/self-awareness
- Better attitude/general mood/positive thinking

Results from a study on the cooperation with the resident medical doctors



Research question: How can referrals by the resident medical sector be improved?

Key messages:

Awareness of medical doctors can be raised if

- relevant professional groups from the various medical fields are addressed directly,
- are supported in communicating the message, and
- see the benefits for themselves (families arrive and receive support, relief for themselves).

Measures undertaken after the study:

- Specific further education developed (2 Versions: Literature study and E-Learning) in cooperation with 3 professional societies (ÖGKJ, ÖGAM, ÖGGG)
- Guiding material for motivational talks with parents developed
- Information material for families revised



Quelle: Haas et al. 2019

Results from a study on: Roma families

Research question: How can we ensure, that Roma families do also benefit from the programme?

Key messages:

Frühe Hilfen in principle very suitable due to concept, but specific challenges identified:

- Mistrust among Roma/Romnja → needs more time to build trust
- Communication problems due to lack of language skills
- Young age of the child's mother -> dominant role of extended family
- Arranged marriages
- Reservations about external support, including/esp. home visits
- Experience with violence as an accepted method of sanction
- Frequent contact to service by child welfare services

Support needed is more or less the same as for other families (Information, raising awareness about chances, provision of translation options, promotion of programme by trusted persons from the communities)

Conclusions: Use the flexibility of the programme, focus on mothers/parents without an extended family, provide quick uncomplicated/unbureaucratic help, allow sufficient time to build trust/relationships, offer alternatives to home visits, refer to additional health promotion services, promote parenting skills

Results from a study on specific psychosocial support services

Research question: What is the need for specific psychosocial support services in early intervention programmes, and what are their benefits?

Key Messages:

Evaluated psychosocial services...

- improve psychosocial well-being of young mothers with mental health issues, reach the target group effectively and reduce barriers for psychosocial support due to the integration in the programme
- are assessed as helpful, especially the group setting – although sometimes more input and therapeutic intervention desired by participants
- Lead to a reduction in psychological stress and increase in disease awareness, stabilisation, self-efficacy, parent-child relationship, partnership, confidence in dealing with children, coping with life changes, self-acceptance, social integration and destigmatisation
- But: families with insufficient German language skills are not reached and capacities limited

Conclusions:

- Expand low-threshold, free and needs-based psychosocial services, promote education on the topic and destigmatisation
- Increase capacities
- Adapt the information about the programme as well as the design
- Intensify exchange between these specific support services and the family supporters

Quelle: Sagerschnig et al. 2023

Thank you for your attention!

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GESUNDHEITS ZIELE ÖSTERREICH

Weiter denken. Weiter kommen.



**KIN:DER
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