

# Early Childhood Interventions

## Figures, Data and Facts 2024

### FRÜDOK Annual Report

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#### Summary

#### Background

Early childhood intervention was established in Austria to provide (expectant) parents and families with young children in stressful life situations with needs-based support and thereby promote health equity. From 2015 to 2022, regional early childhood intervention networks were expanded throughout Austria according to a standardized basic model. This program has been available throughout Austria since 2023. The National Center for Early Childhood Intervention (NZFH.at) is available for professional support and also provides the standardized documentation FRÜDOK.

#### Methods

Information on the contacts made with the early childhood intervention networks, on the short-term and long-term support and, in particular, on the families supported is recorded by family supporters in FRÜDOK. The NZFH.at administers this documentation system, coordinates the content and carries out plausibility checks as well as the annual analysis of the data. The results are processed descriptively in the form of this FRÜDOK annual report, supplemented by structural framework conditions in the regional networks, the feedback from the supported families with regard to satisfaction and the benefits of the service and results from a survey as part of the accompanying research.

#### Findings

In 2024, the number of contacts with early childhood intervention networks increased significantly once again – it was the first year in which regional networks were fully active throughout Austria. Contact was made with a network 5,039 times; more often than ever before (56 percent), the family itself took this first step. 2,816 of these families received support (almost 60 percent), 1,082 families received short-term support (56 percent) and 1,057 families either received very brief advice (less than an hour) and were referred on if necessary or, for various reasons, no further advice or support resulted from the contact (also around one fifth). A total of 5,081 families were supported over the course of the year, reaching 12,659 people – 6,320 children and 6,339 adults – in their households.

Nationales Zentrum Frühe Hilfen, Stubenring 6, 1010 Wien, <http://www.fruehehilfen.at/>



Although the circle of referring institutions and persons is diversifying (presumably due to the increasing level of awareness of early childhood intervention), the hospital remains the central place where (expectant) families are made aware of the service or are referred directly by its staff, accounting for around 20 percent of all contacts. There is a clear correlation with the financial situation of the families: the lower the household income, the more frequently families are referred to early help during pregnancy, especially by (social) advice centers. The higher the family income, the more likely the referral is to take place after the birth and the more important is the role of the healthcare system.

Key characteristics of the socio-economic situation of the families show that the target group is still well reached. In particular, the proportion of families at risk of poverty and single-parent families in the early childhood intervention clientele is many times higher than in the Austrian population as a whole. The proportion of primary caregivers with a migrant background is also significantly higher among the families supported than the Austrian average.

This year's focus, the financial situation of the families, has shown that almost all of the characteristics analyzed follow an income gradient, represented by four household income levels and also valid if other definitions regarding the financial situation of the families are used for the comparison. The reasons for making contact differ and the burdens are correspondingly different.

In families with a very low household income, the primary caregiver (almost always the mother) is on average significantly younger (15 percent are younger than 20 at the start of the support) than in higher income brackets and is predominantly without a partner (almost 70 percent are single-parent families). There is often no main caregiver without a migrant background, often both main caregivers have only a compulsory school leaving certificate and in more than half of these families there is no employed main caregiver. These families have fewer resources to fall back on and have more burdens – not just those directly related to their financial situation (such as housing). For example, families in a precarious financial situation are more likely to have experienced violence, both in the past and in the current situation. Accordingly, the adoption and care of children are often less successful. Although the lower the household income, the more frequently the support is discontinued, most families under great financial strain can also benefit from the support provided by early childhood intervention: improvements can be seen in particular with regard to the financial situation, parenting skills and parent-child relationships as well as future prospects, but also in the areas of health, social network, administration, housing situation and everyday life.

## **Conclusion**

This year's analyses once again confirm that the goals and target groups of early childhood interventions are being successfully achieved. The increasing take-up proves that the service is highly accepted. The great potential of early childhood interventions to promote health and social equity is demonstrated, among other things, by the fact that socio-economically disadvantaged groups receive support (significantly) disproportionate to their share of the population. The benefits in this respect can also be inferred from a more precise analysis of the financial situation of families. There is a clear social gradient according to household income – families with lower incomes are more burdened overall, but can nevertheless (or perhaps precisely because of this) benefit particularly from support through early childhood interventions.

## **Keywords**

Frühe Hilfen, early childhood intervention, documentation