

Development and Implementation of “*Frühe Hilfen*”, a national Programme of Early Childhood Interventions in Austria

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1. What is “*Frühe Hilfen*”?

Frühe Hilfen is the name for comprehensive models of early childhood interventions used in Austria as well as Germany. In both countries nation-wide programmes have been implemented during the last decade – following the same objectives and basic principles while differing in the specific model of implementation in line with the respective history as well as country specific conditions. The following article focuses on the development and implementation of the Austrian programme.

According to the agreed definition, *Frühe Hilfen* is an overall concept of interventions (especially health promotion measures and targeted early childhood interventions) in early childhood (pregnancy to school entry) that take into account the specific circumstances and resources of families. A central element of this concept is the networking of diverse approaches, services, structures and actors in all relevant policy and practice fields across all areas and occupational groups. In the practical implementation of the concept, it is a home visiting service that aims to promote health for infants and toddlers and their parents. By supporting families with higher burdens to provide their children with good conditions for a healthy upbringing, *Frühe Hilfen* wants to contribute to health equity on the long-term.

The underlying evidence shows not only that with a life-course perspective early childhood is an important phase for long-term health, but also that social determinants have a significant influence in this period of life. In addition, there is evidence that not only the health sector but also other sectors benefit from early preventive interventions. Early response to needs, reaching vulnerable groups and intersectoral as well as multiprofessional cooperation are therefore key elements for the success of early childhood interventions.

But how do early childhood interventions have to be designed to achieve their goal in the best possible way? And how can such a concept be implemented in a federal republic like Austria in a standardised and comprehensive manner? In retrospect, this article describes the processes and success factors that have led to the broad implementation of early childhood interventions in Austria, achieving its goal well so far and now meeting with broad acceptance at all levels and in many specialist areas.

2. Initial situation

In 2011 and 2012, the implementation of early childhood interventions was anchored as an area of action both within the framework of Austria's Health Targets and the Child and Youth Health Strategy:

- » In the Child and Youth Health Strategy (*Kinder- und Jugendgesundheitsstrategie*) as a measure to achieve objective 4 "Laying the foundation for long-term health in early childhood".
- » In the Health Targets Austria (*Gesundheitsziele Österreich*) as a measure to achieve the health targets "Ensure health equity between the sexes and socio-economic groups, irrespective of origin, for all age groups" and "Optimise healthy growing up for children and adolescents".

Both strategies were developed in intersectoral processes with the broad participation of various political and social sectors, professional groups and interest groups. For the first time, the approach of "Health in All Policy" was consistently implemented in the development of national strategies. The experience gained and the anchoring of early childhood interventions in both strategies provided an ideal starting point for the development and subsequent implementation of an Austrian model for early childhood interventions.

As early as 2009, several pilot projects on early childhood interventions were launched in Vorarlberg on the initiative of child and youth welfare. Based on the results of the evaluation, *Netzwerk Familie*¹ was implemented throughout Vorarlberg from 2011. The practical experience gained in Vorarlberg was an important input for the strategic processes mentioned above; the basic concept of the service provided an important orientation for the development of an Austrian model of early childhood interventions.

3. Development of a model

In 2011, Gesundheit Österreich was commissioned by the then Federal Ministry of Health to carry out a scientific project on early childhood interventions in order to analyse the existing evidence and practice as well as to assess the conditions for implementation in Austria. The project was financed from the "prevention funds" of the Federal Health Agency (specific funding for health promotion and prevention; cf. Chapter 7). From the outset, building on the existing structures and integrating all relevant sectors and occupational fields were a major concern.

¹
<https://www.netzwerk-familie.at/>

In this sense

- » a comprehensive field analysis (interviews, focus groups, stakeholder workshops, online survey) was first carried out with broad involvement of stakeholders from the various relevant policy areas, occupational groups and service areas,
- » existing networks (especially the ENCARE network for children from addicted families) were involved from the beginning,
- » representatives from various occupational fields and actors from various political sectors were invited to join the committees set up to support the project.

At the same time, great attention was paid to evidence-based approaches. For this reason, some specific literature analyses were carried out and the results and experiences from other projects (e.g. HTA report on outreach services, Vorarlberg early childhood interventions programme) or countries (above all from Germany, but also from Scandinavia, Great Britain, etc.) were researched and processed.

The field analysis showed that in Austria numerous and varied services and measures for pregnancy and early childhood are available, but that there are important shortcomings: on the one hand they often reported difficulties to reach the target group of (socially/socioeconomically) disadvantaged or burdened families, and on the other hand, there often was a lack of sufficient networking between the services. The field analysis also showed that the by then available services for early childhood were hardly active in outreach work, partly also not available free of charge and regional availability was differing a lot across Austria.

In the health sector, the Austrian Mother and Child Pass (*Mutter-Kind-Pass*) has been available since 1974 as an Austria-wide prevention programme from pregnancy to the fifth birthday of the child. The programme has been continuously adapted, but has so far focused primarily on medical screening. Increased consideration of psychosocial aspects is being considered in the course of the ongoing process for the more comprehensive further development of the Mother and Child Pass. In comparison to Germany, it should be noted that in Austria the range of midwifery services available as health insurance benefits in pregnancy and early childhood is much less comprehensive and the occupational profile of family midwives is not broadly established.

A central result of the field analysis was the desire for a uniform and evidence-based model for the whole country, which was subsequently developed on the basis of the results of the surveys and consultations (cf. Haas et al. 2013b), the processing of available international evidence on networking and the accessibility of the target groups (cf. Knaller 2013) as well as on services/programmes for universal prevention in this period of life (cf. Antony et al. 2014).

This basic model for early childhood interventions (Haas and Weigl 2017) cannot be discussed in detail here. However, it should be mentioned that this Austrian model provides a basic service for all families (universal prevention), which is supplemented by in-depth support for families in stressful life situations (indicated prevention). This approach is in line with the international rec-

ommendations to promote health equity, in particular through universal measures that are combined with graduated further measures in a demand-oriented manner (proportionate universalism; cf. The Marmot Review 2010).

The universal basic service should provide limited support for all families in the sense of health promotion in the form of a first contact during pregnancy and several home visits in the first year of life after birth with a focus on psychosocial aspects. The in-depth long-term support for families in stressful situations (indicated prevention) is to be ensured by regional Early Childhood Intervention Networks (*Frühe-Hilfen-Netzwerke*).

4. Cornerstones and core functionality of Early Childhood Intervention Networks

The implementation of early childhood interventions in Austria so far refers to the programme for indicated prevention. The Early Childhood Intervention Networks provide needs-based support for expecting/young families in stressful situations during pregnancy and the first years of a child's life. The networks are established at regional level, the support services are easily accessible, well networked and available to families on a voluntary basis and free of cost.

The regional networks function as a multi-professional support system with well-coordinated, diverse services for parents and children. Families are reached actively and systematically. Occupational groups and institutions working with (expectant) families and small children recognise the need and, with the consent of the families, establish direct contact with the respective network. Families can also contact the networks themselves; however, access to the service should not depend on the level of information etc. of the families. It is therefore important to sensitise the relevant occupational groups, who must be aware of the programme, inform families with potential needs about the service and motivate them to make use of it.

The families are accompanied over a longer period of time continuously, comprehensively, with a low-threshold approach and according to need. The home visitors² (*Familienbegleiter/innen*) first clarify the living situation, resources and burdens of the families and thus their specific needs. As a result, they support the families over a longer period of time, especially within the framework of home visits, establish trust and a relationship with the families and mediate suitable services from the network. The families are thus not left alone in the search for support and orientation in the system, which in turn reduces the risk of giving up. In particular for families with complex, various needs it is guaranteed thereby that someone has a general idea of the situation and co-ordinates the specific support services well.

2 A core element of any regional network is a multi-professional team (social workers, midwives, pedagogues, psychologists, nurses, etc.; see also 6.) whose members provide the so-called *Familienbegleitung* (family support) in the form of home visits.

In order for all this to work well, a lot is invested in cooperation and networking, both on a case related as well as cross-case basis. A network management takes care of the establishment and ongoing maintenance of the cooperation within the regional network.

5. Implementation of the model

Almost simultaneously with the completion of the Austrian basic model for *Frühe Hilfen*, possibilities arose for financing the implementation of the regional early childhood intervention networks (indicated prevention). In 2014/2015 five regional health insurance funds in cooperation with the Austrian League for Child and Youth Health implemented a project financed by a specific funding line in the health sector³. The experiences of this project as well as of *Netzwerk Familie* in Vorarlberg were used in the development of a guideline for the establishment of regional early childhood intervention networks (Haas et al. 2017). At the same time, *Frühe Hilfen* was defined as an area of intervention of the *Vorsorgemittelstrategie* (prevention strategy) for the years 2015/2016 (and later prolonged until 2021). Due to this, additional funds became available leading to the successive establishment and expansion of regional early childhood intervention networks in more and more districts. Since spring 2016, as a result of the – mostly joint or well-coordinated – commitment of provincial governments and regional social insurance institutions, a corresponding service has been available in all nine federal states. In addition, the *GÖG* – also via the prevention funds – was commissioned as the National Centre for Early childhood interventions (*NZFH.at*) to accompany and support implementation and to further develop the model on an ongoing basis.

The consideration of early childhood interventions in several relevant health strategies and in particular the financing via the prevention funds as well as, in many federal states, the *Landesgesundheitsförderungsfonds* (provincial health promotion funds) means that – in contrast to Germany, for example, where child and youth welfare is central – in Austria the establishment of early childhood interventions has so far primarily been based on the health sector. However, several policy areas (in addition to health and family resp. child and youth welfare, also social affairs, integration and women) are involved in the management and implementation at both national and regional level. The project committees of the scientific project were partly transformed into the new committees of *NZFH.at* in 2015. Since then, the advisory board⁴ has been responsible for providing technical and scientific advice, and the steering group⁵ for strategic advice and support at the level of public administration. In addition, the Early Childhood Interventions Board was established for

3 Funds dedicated to child health and prevention as part of the so-called *Rahmen-Pharmavertrag* (framework pharma agreement) between the *Pharmig* (Association of the Pharmaceutical Industry) and the Federation of Austrian Social Insurance Institutions

4 The following areas are represented in the advisory board: child and youth advocacy, child and youth welfare, child health, child protection centres, educational sciences, gynaecology, health promotion, midwives, migration research, mobile paediatric nursing, paediatrics, parent-child centres, public health, social insurance and social work.

5 The steering group is made up of heads of departments and experts from the federal ministries responsible for health, social affairs, family, women, integration and finance, the federal states (health, child and youth welfare, social affairs and integration), the Federation of Austrian Social Insurance Institutions (*Hauptverband der österreichischen Sozialversicherungsträger*), the Association of Towns and Municipalities and the Healthy Austria Fund (*FGÖ*).

exchange and coordination with the Early Childhood Interventions Coordinators⁶ and the Strategic Steering Committee⁷ for Advice and Support with a view to sustainable anchoring. In most federal states, inter-sectoral steering groups have also been established to support the Early Childhood Interventions Coordination with regard to regional anchoring and coordination.

A balance between nationwide requirements and regional adaptation should ensure the quality, accuracy and sustainability of implementation. The National Centre is responsible for the nationwide guidelines. In this context, the Austrian model and the guidelines for network building were updated, a comprehensive guide for home visitors was developed, various position papers for orientation on specific questions were prepared and various templates were made available.

The *NZFH.at* also ensures supra-regional networking, e.g. by organising regular networking meetings for home visitors and network managers in addition to the Early Childhood Interventions Board. This networking helps to build up a *Frühe Hilfen*-community and to make experiences from individual regions widely accessible through direct exchange between those working in practice. This exchange contributes to a uniform understanding of early childhood interventions and enables or promotes mutual support.

For the purpose of knowledge transfer and awareness raising, presentations on current data and specific topics are held, above all at national conferences, etc. For quality assurance purposes, special training courses have been developed for the home visitors and the network managers, which they attend once starting to work in the programme. Supplementary training courses on specific topics are increasingly being organised. On the basis of a respective concept, evaluations and accompanying research are commissioned externally as well as accompanied or carried out by *NZFH.at*. In addition, the uniform online documentation system *FRÜDOK* was developed and implemented.

6. Successes and results so far

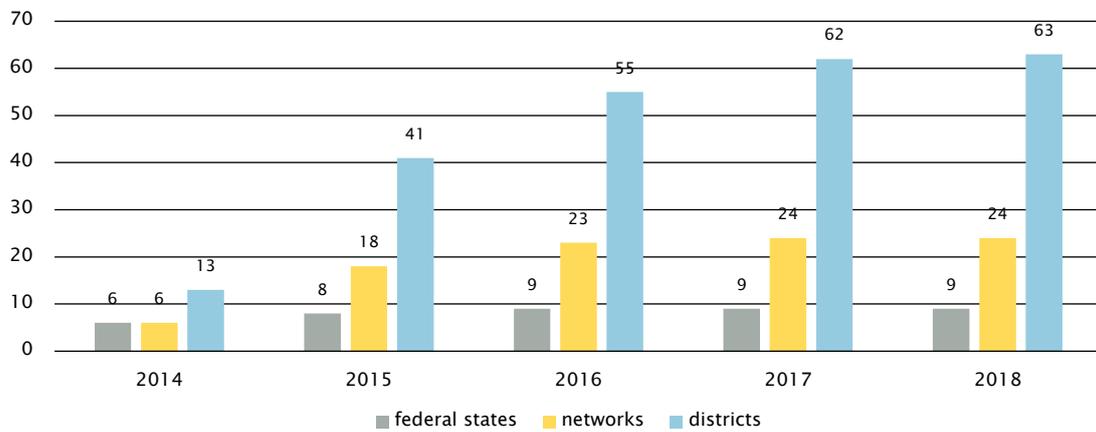
At the end of 2018, there were 24 regional early childhood interventions networks covering more than half of Austria's political districts⁸ (cf. Figures 1 and 2).

6 The Coordinators are responsible for the implementation of early childhood interventions in their federal state; they are available in all 9 federal states.

7 The strategic steering committee is made up of high-ranking representatives (e.g. head of departments) from the federal ministries responsible for health, social affairs, family, women, integration and finance, the federal states (health, child and youth welfare, social affairs and integration), the Federation of Austrian Social Insurance Institutions, the Association of Towns and Municipalities and the Healthy Austria Fund.

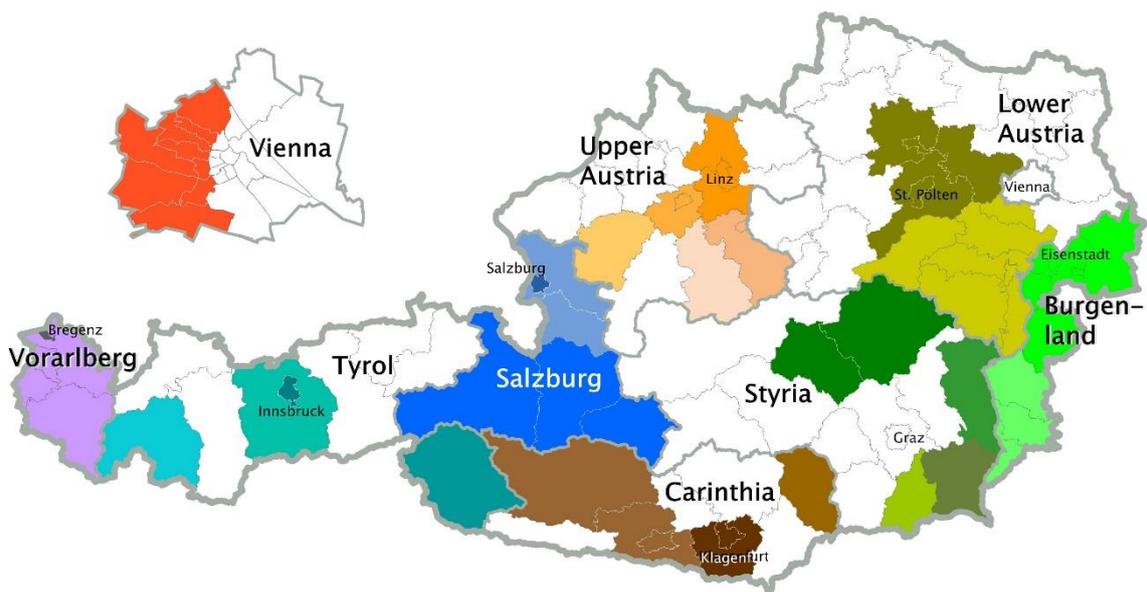
8 A current map can be found at <https://www.fruehehilfen.at/de/Regionale-Netzwerke/Fruehe-Hilfen-Netzwerke.htm>.

Figure 1:
Development of the number of early childhood intervention networks and districts covered in Austria, 2014 to 2018



GÖG - NZFH.at, February 2019

Figure 2:
Map of available early childhood intervention networks; December 2018

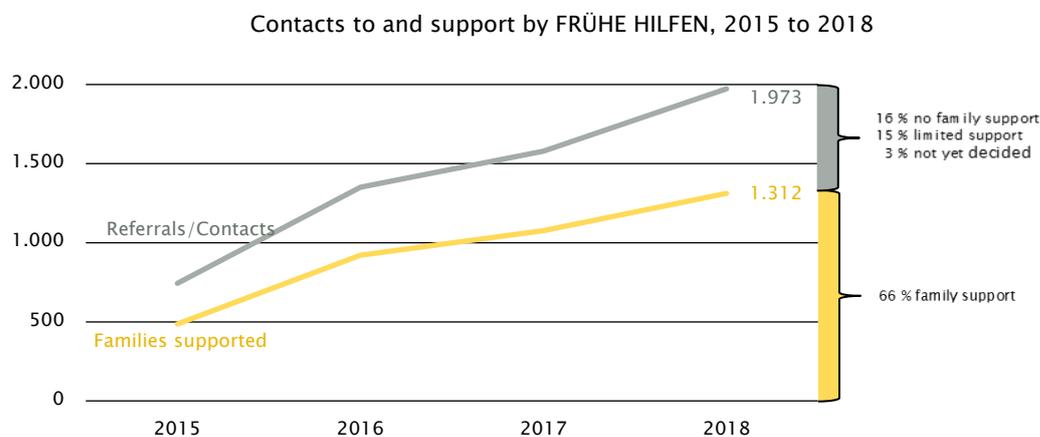


GÖG - NZFH.at, February 2019

The data in the documentation show that the number of supported families is rising sharply (cf. Marbler et al. 2018). In 2018 there were already about 2,000 families throughout Austria (including Vorarlberg) who entered the programme either by being referred by experts or making contact themselves. In 2018 – including transfers from previous years – a total of around 2,280 families were accompanied by the regional networks.

Figure 3:

Development of the number of families referred to/getting in contact with as well supported by early childhood intervention networks in Austria, 2015–2018



Note: Number of contacts according to *FRÜDOK* and *Netzwerk Familie Vorarlberg* with status 18.02.2019

GÖG – NZFH.at, February 2019

At the end of 2018 about 100 home visitors were working in multi-professional teams (mainly social work, pedagogy, midwives, psychology, early support, nurses).

In principle, it should be noted that the database that can be used to review the activities and effects of early childhood interventions in Austria is still limited. Due to the dynamic development of family support (*Familienbegleitung*) and the still relatively small samples, the evaluations of the data from the uniform documentation system *FRÜDOK* can currently only show a tendency; more detailed evaluations of subgroups are not yet possible. However, the documentation of family support also offers an important basis for reflection for the regional early childhood interventions networks, as it shows differences between different sub-groups in terms of (ways of) accessibility, but also differences in terms of burdens and resources as well as specific support services provided and their use. The documentation thus also represents an important basis for the further development of the regional early childhood interventions networks. At the same time, gaps in the health and social care system can be identified so that solutions can be worked out together with regional network partners or the regional steering groups.

The evaluation results (cf. Stoppacher and Endler 2017 and Schachner et al. 2017) have so far provided a primarily qualitative insight, which is very important at this point and represents a valuable basis for the further implementation process in terms of ongoing learning from practice.

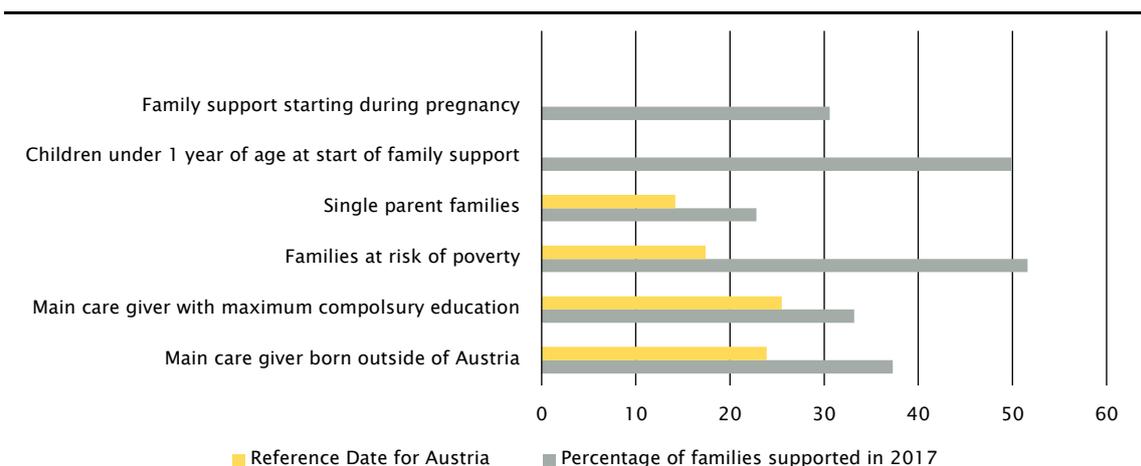
All available data and information (data on structural quality, *FRÜDOK*, evaluation results) show that in recent years it has been possible to establish or expand the indicated prevention part of the regional early childhood interventions networks in all federal states, at least in model regions, according to the Austrian model. In terms of sustainability, the uniform model was indeed adapted

to regional conditions, but the basic components and core functionalities are implemented everywhere.

The possibility of regional adjustments ensures that local conditions (e.g. urban areas versus rural areas, but also different service landscapes, different child and youth welfare structures, etc.) can be taken into account and to build on what already exists (e.g. existing services for families). This, in turn, is a relevant success factor for the best possible design of processes (e.g. referral of families to early child interventions), the acceptance of early childhood interventions in a region, but also for its sustainability. The evaluation shows that, despite all efforts, the implementation of a new inter-sectoral service can initially meet with resistance in various areas, which are mostly related to fears of competition or scarce resources. However, these initial difficulties can be overcome and a good basis for further cooperation can be created through integrative, appreciative and transparent networking.

Frühe Hilfen is explicitly aimed at supporting families in stressful life situations according to their individual needs. The work of early childhood interventions is subject to the principles of working resource-oriented, not stigmatising, and supporting families regardless of special characteristics (e.g. origin). The available data and the results of the evaluation show that, by and large, this is successful. In particular, socially disadvantaged persons are reached (compared to the whole population a higher share of families or main care-givers affected by poverty, with low education and/or a migration background, single-parent households) and thus those families who are frequently not reached by health promotion services or more specific support services. In accordance with the objectives, the families are reached very early – almost one third of the families entered the programme already during pregnancy and almost 60 per cent of the children born at the beginning of the family support were younger than one year (cf. Marbler et al. 2017).

Figure 4:
Key data on the families supported in 2017 including reference data for Austria
(where appropriate)



Note: All family supports included in the online documentation *FRÜDOK*, without Vorarlberg

GÖG – NZFH.at, data of the *FRÜDOK*-documentation system

Within the framework of family support, a wide range of needs is identified and appropriate specific support services from the medical and psychosocial sectors are provided.

The involved persons, supported families as well as professionals, perceive a clear benefit of early childhood interventions. Due to the family support, significant stress factors/burdens can be reduced, the overall situation of the families can be improved and resources as well as parenting skills can be strengthened. The data from *FRÜDOK* also usually show positive changes between the beginning and end of family support.

According to the evaluation, the programme *Frühe Hilfen* is unique because of its outreach and demand-oriented support with a focus on prevention, building relationships and strengthening family resources as well as because of its assistance in a network of different service providers. On the basis of the data and information available to date, it can be concluded that the early childhood intervention services in Austria achieve their central goal and – by addressing a wide range of health determinants – promote a healthy upbringing that in turn contributes to health and social equity in the long term.

7. Lessons learned

The following success factors for early childhood interventions in Austria were identified in the evaluation:

- » Active and systematic access and outreach work
- » Work in multi-professional teams
- » Inter-sectoral cooperation
- » Support by the *NZFH.at*

From National Centre's point of view, the broad involvement of experts from various fields and of decision-makers at various levels, which has been accelerated from the outset, has contributed significantly to the fact that within a few years it was possible to achieve broad approval for the establishment and expansion of early childhood interventions. Another essential factor for acceptance at the regional level was the effort to build on what already existed.

The broad political commitment to early childhood interventions was central to the rapid establishment of the system. The expansion of *Frühe Hilfen* was repeatedly included in the government programme and anchored in various political strategies. Three times in total (2014, 2016 and 2018) the federal ministers involved emphasised their joint responsibility and the common goal of a broad provision of early childhood interventions in Austria in inter-sectoral letters.

The high level of commitment of the participants at all levels and the mutual support, transparency⁹ in all activities as well as ongoing technical support and further development also contribute

⁹ The *NZFH.at*, for example, informs via newsletter about relevant activities of its own or those of its cooperation partners and makes all developed materials available on its website (www.fruehehilfen.at).

to the success. Mutual support does not only mean the willingness to participate in the meetings of the committees and the networking meetings and to report on one's own activities, but also to provide up-to-date information, experience, knowledge and contacts. For example, the National Centre provides slides for presentations which can be used by the responsible persons for regional implementation for their activities. The further development takes place both on the basis of experiences and concrete concerns resulting from daily work in practice and brought to *NZFH.at* by the regional networks and on the basis of observations made by *NZFH.at*.

The results of this in-depth examination of specific aspects and questions, which takes place in a joint process involving stakeholders of regional implementation, are either incorporated into a revision of existing technical material or into the development of supplementary guidelines¹⁰ or position papers¹¹. In this context, it should also be mentioned that the ongoing international exchange of the *NZFH.at* (whether via the German-language network with the German *NZFH* or via other networks and activities¹²) and the impulses and information received from it also represent an important basis for continuous professional engagement and further development.

It must be emphasised that the conditions for the establishment of early childhood interventions in Austria were extremely favourable: The previous processes for developing the Child and Youth Health Strategy and the Health Targets for Austria have well prepared the ground for inter-sectoral cooperation (at federal level). The funding opportunities that arose parallel to the scientific project made it possible to implement the developed model earlier than originally assumed. The willingness of the funding agencies to finance not only the implementation of early childhood interventions, but also a national centre for early childhood interventions as a supporting structure, was and is an important prerequisite for Austria-wide coordination and further development.

The comparatively rapid and broad establishment of early childhood interventions in Austria is therefore also the success of the *Vorsorgemittelstrategie* (prevention strategy) and the *Gesundheitsförderungsstrategie im Rahmen der Zielsteuerung Gesundheit* (health promotion strategy within the framework of the health reform – defining the conditions for the use of the provincial health promotion funds). Both strategies aim, among other things, at promoting a broadly coordinated approach in the field of health promotion and the dissemination of well-developed practical examples. The development of the strategies and the (partly periodically changing) priorities are carried out in close coordination between the Federal Government, the nine federal states and the social insurance institutions. In particular, the *Vorsorgemittelstrategie* (prevention strategy) promotes close cooperation between these three central administrative levels for the health sector – not only at the strategic level, but also in concrete implementation. The responsible administrative levels of the *Vorsorgemittel* (prevention funds) are the initial recipients of funds and then

10 In 2017/2018, a guide to early childhood interventions family support was developed.

11 For example, specific position papers were prepared for case-related cooperation with child and youth welfare, the involvement of interns or volunteers, and the support of refugee families.

12 E.g. cooperation/exchange with WHO or participation in international conferences (cf. www.fruehehilfen.at)

select and commission their implementation partners (e.g. via calls for tenders) or take over implementation themselves. This promotes ownership of measures and willingness at the level of the responsible decision-makers to assume (co-)responsibility for their sustainable provision. These aspects have made a central contribution to the fact that early childhood interventions have been recognised as an important field of health promotion in Austria and regional networks were established in all Austrian federal states in only a few years.

So far, the main focus of the implementation of early childhood interventions in Austria has been on supporting the establishment and expansion of regional early childhood interventions networks. This will continue to be an important issue in the coming years. The aim is to establish early childhood interventions in Austria in the medium term as a nation-wide regular service with sufficient resources to meet the needs of families. The first steps in this direction have been taken, but a lot of time and commitment is still needed before this process can be regarded as completed (see 8.). In line with the evaluation results, work must also be done at the same time to safeguard and ensure the quality of what has been achieved to date.

For example, the evaluators recommend further standardisation in order to ensure that the elements relevant to the desired impact are implemented. With this in mind, the National Centre developed a quality standard for early childhood interventions in 2017/18 in a participatory process (cf. Haas and Weigl 2018). Although this quality standard is merely a recommendation for the time being, it could be coupled with financing in the future. In the coming years, the quality standard will therefore be evaluated in order to check whether it fulfils its purpose and has a supportive effect or whether it may lead to undesirable side effects.

8. Current challenges

The regional early childhood interventions networks are very well used. Some networks are already reaching the limits of their capacity, as the services in most regions are not yet established to a needs-based extent. The reports from the regional early childhood interventions networks also show that the burden on families and thus the need for early childhood interventions is on the increase. At the same time, there are still gaps in valuable regional support systems and services. Therefore, parallel to the long-term provision of early childhood interventions, it is also necessary to emphasise the general relevance of needs-based support in early childhood – and thus also the need for well-functioning comprehensive support systems with a large number of specific services to cover the existing problems.

It should also be mentioned that the many activities to raise awareness and transfer knowledge to various specialist areas have led to an already high level of awareness of *Frühe Hilfen*. At the same time, the interest in becoming active in this field has also grown, which, however, also leads to challenges. For example, coordination processes with new services are always necessary to ensure that these are well interlinked and do not lead to duplication.

A further challenge for the future is the currently still outstanding implementation of a basic service (universal prevention). There are a few efforts, mostly at regional level, to establish this at

least to some extent. However, an Austria-wide uniform approach is not yet planned. In this context, however, the efforts to update or reorient the Mother and Child Pass (*Mutter-Kind-Pass*), which have been ongoing for some time, are also relevant with regard to the recommended stronger consideration of psychosocial issues (see 3.). The implementation of a correspondingly revised preventive mother and child programme would offer the ideal starting point for a basic service.

Both the practical experience and the evaluations of *FRÜDOK* and the first evaluation studies have raised a number of questions which should be answered in the context of future accompanying research: What is the reason for some families to not make use of the voluntary and cost-free early childhood interventions service? How can the resident doctors be brought on board more strongly as cooperation partners? How can families as target group become involved into the further development of the regional early childhood intervention networks in the sense of participation? Answers to these questions are already being sought with the help of additional project funding and in the form of *NZFH.at* cooperation projects with the regional early childhood interventions networks and other experts. First results show that the participation of families is an extremely challenging issue which probably requires a longer period of time and a process of confidence building.

A further challenge is the proof of the long-term effects of early childhood interventions, which is repeatedly requested in connection with the activities to secure long-term funding. Although an impact model has been developed in recent years that has also been used as a basis for the evaluation and research concept and for deriving potential indicators, proof of long-term impact requires not only a longer observation period, but also a creative methodology and complex analyses (cf. Haas et al. 2013a). These are the particular challenges of assessing the effectivity:

- » It is a complex intervention that responds to individual needs and thus sets individually appropriate activities, which limits comparability from the outset.
- » Corresponding routine data for monitoring long-term changes are usually lacking.
- » From *NZFH.at*'s point of view, approaches with comparison groups are neither ethically justifiable nor realistic, because in those regions where early childhood intervention networks are not yet being implemented, the high costs of raising awareness and identifying burdened families would be necessary, without being able to make a corresponding support offer.
- » Any comparative study would deprive families of the necessary early support in stressful life situations.

It has already been possible to convince various sectors/areas of a common approach but there is still a need for action on this point as well. It is also relevant in this context to anchor early childhood interventions in various strategies. This has been particularly successful in the health sector: In addition to the strategies already mentioned, *Frühe Hilfen* is also mentioned in the health reform, the health promotion strategy and the children's health strategy of the social insurance system. With regard to other sectors, the National Action Plan for the Protection of Women against Violence and the current government programme are to be mentioned at the federal level. At the level of the federal states *Frühe Hilfen* is referred to, for example, in the current government programme for Carinthia or the Salzburg Child and Youth Welfare Act.

However, further intensive efforts are needed at all levels in order to secure the provision of early childhood interventions in the long-term. With the involvement of the strategic steering committee and the steering group of the National Centre, a proposal for a legal basis and long-term financing could already be drawn up in 2018 on the basis of a mandate resulting from the health reform. The corresponding concept is to be discussed broadly at political level in 2019 with the aim of adopting a resolution as a prelude to concrete negotiations on legislation and sustainable financing. Since the current financing of *Frühe Hilfen* expires in 2021, it would be very important to achieve such a commitment soon.

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