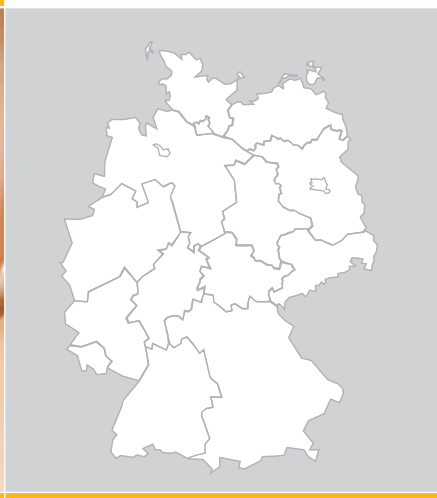
Nationales Zentrum Frühe Hilfen



PILOTPROJECTS IN THE GERMAN FEDERAL STATES

SUMMARY OF RESULTS

Bundesministerium für Familie, Senioren, Frauen und Jugend

BZgA Bundeszentrale für gesundheitliche Aufklärung

DJI Deutsches Jugendinstitut

PILOT PROJECTS IN THE GERMAN FEDERAL STATES

SUMMARY OF RESULTS

Published by:
National Centre on Early Prevention (NZFH) within the Federal Centre for Health Education (BZgA)
Cologne, 2011

Authors: Ilona Renner, Viola Heimeshoff
Editing: Ilona Renner

CONTENTS

4 FOREWORD
Dr Kristina Schröder

6 FOREWORD
Professor Dr Pott (BZgA) and Professor Dr Rauschenbach (DJI)

8 **THE CONTEXT OF EARLY PREVENTION**

9 Data record

12 What is early childhood intervention?

12 Quality standards for early childhood intervention – challenges for research and practical application

13 The National Centre on Early Prevention

15 The early prevention pilot projects:
Diversity in practice and accompanying research

16 Data collection methodology

17 The early childhood intervention target group

20 **SUMMARY OF RESULTS, CONCLUSIONS AND EXPERIENCES ACCORDING TO QUALITY DIMENSIONS**

20 Ensuring systematic and comprehensive access to the target group

23 Systematic and objective identification of risk

25 Motivating families to active participation in support services

26 Adapting support services to the needs of families

27 Monitoring the support provision process

28 Inter-agency networking and compulsory cooperation between actors

29 Embedding support in the regulatory system

31 Results at a glance

34 **PROFILES OF THE PILOT PROJECTS**
IMPLEMENTATION AND SCIENTIFIC MONITORING

MAP OF GERMANY

36 **A GOOD START TO LIFE**
BADEN-WÜRTTEMBERG | BAVARIA | RHINELAND-PALATINATE | THURINGIA

38 **SUCCESSFUL PARENTING (WIEGE – STEEP™)**
BRANDENBURG

40 **SUCCESSFUL PARENTING (WIEGE – STEEP™)**
HAMBURG

42 **EVALUATION OF EARLY PREVENTION AND SOCIAL EARLY WARNING SYSTEMS IN NRW AND SCHLESWIG-HOLSTEIN**
NORTH RHINE-WESTPHALIA | SCHLESWIG-HOLSTEIN

44 **EARLY START: FAMILY MIDWIVES IN THE STATE OF SAXONY-ANHALT**
SAXONY-ANHALT

46 **FAMILY MIDWIVES. EARLY SUPPORT – EARLY STRENGTHENING?**
LOWER SAXONY

48 **EARLY INTERVENTION FOR FAMILIES (PFIFF)**
HESSE | SAARLAND

50 **EVALUATION AND COACHING ON SOCIAL EARLY WARNING SYSTEM IN BERLIN-MITTE**
BERLIN

52 **OPPORTUNITIES FOR CHILDREN OF PARENTS WHO ARE MENTALLY ILL AND/OR ARE ADDICTED**
MECKLENBURG-WESTERN POMERANIA

54 **PRO CHILD**
LOWER SAXONY | BREMEN | SAXONY

56 ADDRESSES AND CONTACTS FOR THE PILOT PROJECTS

58 IMPRINT

LADIES AND GENTLEMEN,

The majority of children grow up in a caring environment that allows them a good start in life. However, some children do not receive attention and care from their family but instead suffer violence and neglect. We need to provide special protection for these children.

The early childhood prevention initiatives make an important preventive contribution towards healthy development of children free from domestic violence. We approach families under stress from the very beginning – during pregnancy and around the time of birth. Thus, early prevention focuses on infants and small children born into a troubled family and social environment. Parents receive the support they need from the very beginning.

The core idea of early childhood prevention is to bring together existing support services. This refers in particular to the Child and Youth Support Service and the Health Service, but also to the Pregnancy and Parenting Advisory Services, women's support institutions, the educational system and other institutions that work with families and children in troubled circumstances.

In order to promote the concept of early childhood prevention in Germany, the federal government set up a governmental programme focusing on early childhood prevention. We supported pilot projects in every federal state in Germany and monitored their effectiveness. The results are summarised in this brochure. It is shown how families under high stress could be reached at an early stage and in an open way. The results also demonstrate that families take advantage of support services that they themselves experience as helpful, and are thus open to further support.

The National Centre on Early Prevention was set up as a central platform in order to learn more effectively from these experiences. The National Centre collates all important information concerning early childhood prevention. It supports everyone in the federal states and local authority areas who has the aim of developing support services and are thus interested in new methods and ideas. This brochure also makes a contribution to this aim.

Dr Kristina Schröder
Federal Minister for Family Affairs, Senior Citizens, Women and Youth

FOREWORD

A diverse range of support services already exist in Germany that provide child-raising support for families with infants and small children in difficult circumstances and so contribute to preventing neglect and abuse. Yet, there is currently very little academic research available on the best ways to access these families and how to motivate them to access support services. Equally, there is little research-based knowledge as to which support services are effective and useful in practice. There is also very little systematic knowledge about the actors required for a functioning support network and how compulsory cooperation between actors from different support systems, especially the healthcare system and services for children and young people, can be established. However, knowledge on these issues is essential for ensuring that families under high stress receive better support from social services.

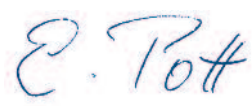
In order to focus on these issues, the National Centre on Early Prevention (NZFH) was set up in 2007 as part of a governmental programme of the Ministry for Family Affairs. The NZFH supports research-based knowledge and the systematic embedding of early prevention into professional practice by generating knowledge and making this available. The goal is to establish early prevention as an effective and sustainable preventive support service for parents-(to-be) and their children. This task covers a range of diverse activities. The promotion and coordination of research to accompany the pilot projects in every federal state is an important element.

Measures and approaches for the early support of families under high stress are tested in the pilot projects, like the use of family midwives and methods that promote mother-child interaction and cooperation and networking between relevant actors in the field of early prevention.

This type of project support from the NZFH creates a platform for examining mutually relevant issues together and for specialist and professional discussions on strategies for the quantitative and qualitative development of early prevention. The NZFH has collated the research results of the projects, making these available to policy-makers and experts in these fields. Practical recommendations are being developed together with the projects and the NZFH advisory committees.

The Federal Centre for Health Education (BZgA) and the German Youth Institute (DJI) are the bodies responsible for the National Centre on Early Prevention. Both institutions have many years of experience in the evaluation of practical projects: the BZgA in the area of health promotion for children, young people and socially disadvantaged persons; the DJI in services for children, youth people and families. Both institutions are well established in their respective areas and fields of activity and so have access to the relevant actors. In this way, different knowledge bases can be accessed by different users to promote interdisciplinary understanding and cooperation. We aim to work with researchers and experts in the field to continue the interdisciplinary development of early prevention.

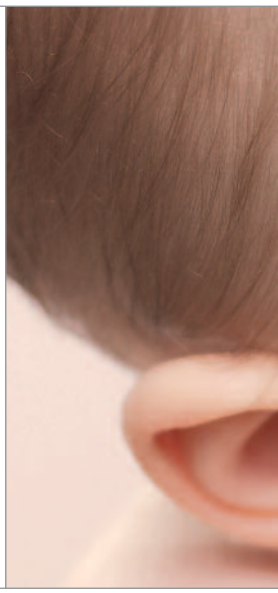
The NZFH presents practical experiences and the accompanying research in a compact form in this brochure; this includes cross-project results according to the quality dimensions of early prevention. We hope to stimulate debate between experts and professionals on early prevention and to support professional practice with these results.



Professor Dr Elisabeth Pott

Professor Dr Thomas Rauschenbach

Nationales Zentrum Frühe Hilfen



THE CONTEXT OF EARLY PREVENTION

The governmental programme »Frühe Hilfen für Eltern und Kinder und Soziale Frühwarnsysteme« (Early Prevention and Intervention for Parents and Children and Social Early Warning Systems) has been carrying out research on a range of diverse approaches to early prevention in Germany since 2007. In many locations, this accompanying research has not yet been concluded. Nevertheless, we can present initial results about the major issues concerning early prevention. This brochure presents a cross-project summary.

We will begin by providing a summary of the issue of early prevention. An assessment of the data available on child abuse and neglect is followed by the definition of the term »early prevention". The main quality standards for practical early prevention are presented in the section »Quality standards for early prevention – challenges for research and practical application". In order to help families successfully, systematic and comprehensive access to families under high stress must be established and support needs must be identified. The challenges for research and practical application were formulated on the basis of these and five further quality dimensions for early prevention.

The pilot projects are taking on these challenges under the aegis of the National Centre on Early Prevention (NZFH). In the central section of the brochure, the main results, conclusions and experiences of the pilot projects with regard to quality standards for early prevention in practice are summarised in a cross-project presentation. This provides initial responses to the issues raised, regarding the quality of different methods of accessing families under high stress, for example, or ways to identify risks systematically.

The presentation of cross-project results is based on the evaluation of an exploratory questionnaire by the NZFH regarding the pilot projects. A selection of specific research results from individual projects will be presented in the anthology »Forschung und Praxisentwicklung Früher Hilfen" (»Research and practical application", Renner et al. 2010).[1]

1 Renner, I., Sann, A., NZFH, (2010), Forschung und Praxisentwicklung Früher Hilfen. Modellprojekte begleitet vom Nationalen Zentrum Frühe Hilfen, Köln. NZFH

Brief descriptions of the individual pilot projects are presented here, listed according to the practical services provided and the accompanying research. Further reading and lists of addresses are available for readers wishing to learn more about individual projects.

Data record

In recent years, public reporting has raised awareness of many individual cases of child neglect and abuse. It is not possible today to adequately answer the question of how many children are at risk, since no reliable representative data is available on the total extent of child neglect and abuse in Germany. The following information is taken from official statistics and studies. The relevant references (sources) are listed separately in boxes on pages 10 and 11.

Neglect

To date, it has not been possible to determine how many neglected children there are in Germany. Non-representative data suggest that child neglect is by far the most common form of risk to children in cases known to services for children and young people. This statement is supported by the fact that the same situation has been noted in all federal states where the frequency of different forms of risk to children has been studied (Galm et al. 2010). This is confirmed in the case of Germany by a questionnaire from the children and youth welfare offices regarding cases where it was necessary to involve family courts (Münder et al. 2000): in 50 percent of the cases, neglect was the main indicator of risk to children.

Violence during child-raising and physical abuse

The majority of parents use less severe forms of physical violence when raising their children, for example, boxing children's ears lightly or smacking them (Bussmann 2005, Pfeiffer et al. 1999, Baier et al. 2009). Around 10 to 15 percent of parents use more forceful forms of physical punishment on a more regular basis (Engfer 2005). In general, the prevalence of physical violence in child-raising is decreasing.

The number of cases of child abuse of children aged less than six reported to the police increased from 600 to 1,756 between 1990 and 2009 (German crime statistics according to article 225 of the Criminal Code, StGB). However these figures represent above all the prevalence of reports to the police. The extent of child abuse or whether or not it is increasing cannot be determined on the basis of these figures.

Deaths

Every year, around 100 children aged under fifteen are victims of infanticide in Germany (UNICEF 2003). However, the cause of death cannot be attributed to child abuse or neglect in every case.

According to recent statistics on cause of death (1998–2008), each year between forty and sixty-six children aged under ten die as a result of assault as classified by the ICD-10. This includes, »neglect and abandonment« as well as »other maltreatment« (Gesundheitsberichterstattung des Bundes, German government health monitoring 2009). This refers mostly to infants and small children, usually before their first birthday. In the period stated above, the number of children is between nineteen and thirty-five (Federal Statistical Office 2009). The number of children aged under ten who die as a result of assault each year has decreased by more than half over the last twenty-five years (source: ICD 9 / ICD 10).

Restrictions of parental custody

Since the introduction of article 8a of the Social Security Code (SGB) VIII in 2005, the number of children up to three years of age taken into care rose between 2005 and 2009 by around 81 percent for children under three years of age (Federal Statistical Office 2010). In 2009, 3,239

Sources:

Baier, D., Pfeiffer, C., Simonson, J., Rabold, S. (2009): Jugendliche in Deutschland als Opfer und Täter von Gewalt. Erster Forschungsbericht zum gemeinsamen Forschungsprojekt des Bundesministeriums des Inneren und des Kriminologischen Forschungsinstituts Niedersachsen. (Forschungsbericht Nr. 107). Hannover.

Bundeskriminalamt (Hrsg.) (2010): Zeitreihen 1987–2009 der Polizeilichen Kriminalstatistik. Wiesbaden.

Bussmann, K.-D. (2005): Report über die Auswirkungen des Gesetzes zur Ächtung der Gewalt in der Erziehung. Vergleich der Studien von 2001/2002 und 2005 – Eltern-, Jugend- und Expertenbefragung. Berlin.

Engfer, A. (2005): Formen der Misshandlung von Kindern – Definitionen, Häufigkeiten, Erklärungsansätze. In: Egle, U. T., Hoffmann, S. O.,

children aged under three were taken into care (Federal Statistical Office 2010). The number of cases of removal of parental custody is highest for children aged three years and below (KOMDAT Jugendhilfe 2009).

Statutory parenting support

Parents have the right to receive statutory parenting support »when parenting that ensures the well-being of the child or young person is not carried out and the specific kind of support for child or youth development is suitable and necessary« (article 27 para. 1 SGB VIII). Statutory parenting support (articles 27 ff. SGB VIII) is also often proposed to families where the situation of children at risk has been identified. Every sixth case of support services concerns children at risk (KOMDAT Jugendhilfe 2009). Since the beginning of the 1990s, there has been a marked increase in family assistance and support measures and fewer measures where children have been taken into care (KOMDAT Jugendhilfe 2006).

Accurate figures on the actual prevalence of abuse and neglect in Germany cannot be determined on the basis of the statistics and studies currently available. Nevertheless the figures listed here provide a general guide for assessing the current situation.

In recent years, in order to take preventative action in cases of children at risk, »early prevention« has been implemented in a number of locations throughout Germany. Families receive support for their everyday parenting tasks from the early prevention services. The meaning of the term »early prevention« was summarised by experts in a document adopted in 2009.

Joraschky, P. (Hrsg.): Sexueller Missbrauch, Misshandlung, Vernachlässigung. Erkennung, Therapie und Prävention der Folgen früher Stresserfahrungen. Stuttgart, 3–19.

Galm, B., Hees, K., Kindler, H. (2010): Kindesvernachlässigung – verstehen, erkennen und helfen. München.

KOMDAT Jugendhilfe (Kommentierte Daten der Jugendhilfe, Informationsdienst der Dortmunder Arbeitsstelle Kinder- und Jugendhilfestatistik), 9. Jg., Sonderausgabe Oktober 2006.

KOMDAT Jugendhilfe (Kommentierte Daten der Jugendhilfe, Informationsdienst der Dortmunder Arbeitsstelle Kinder- und Jugendhilfestatistik), 12. Jg., September 2009

Münder, J., Mutke, B., Schone, R. (2000): Kindeswohl zwischen Jugendhilfe und Justiz. Professionelles Handeln in Kindeswohlverfahren. Münster.

Pfeiffer, C., Wetzels, P., Enzmann, D. (1999): Innerfamiliäre Gewalt gegen Kinder und Jugendliche und ihre Auswirkungen. (Forschungsbericht Nr. 80). Hannover.

Statistisches Bundesamt (Hrsg.) (2009): Statistiken der Kinder- und Jugendhilfe – Vorläufige Schutzmaßnahmen 2008 (www-ec.destatis.de).

Statistisches Bundesamt (Hrsg.) (2009): Sterbefälle nach äußeren Ursachen und ihren Folgen (ab 1998). Gliederungsmerkmale: Jahre, Region, Alter, Geschlecht, Nationalität, ICD-10 (V-Y), ICD-10 (S-T) (www.gbe-bund.de).

Statistisches Bundesamt (Hrsg.) (2010): Statistiken der Kinder- und Jugendhilfe: Vorläufige Schutzmaßnahmen 2009 (www-ec.destatis.de).

Unicef (2003): A League Table of Child Maltreatment Deaths in Rich Nations. Florence.

What is early childhood intervention?

Early prevention support is provided by local and regional support systems with coordinated support services for parents and children from the first months of pregnancy and during the first years of a child's life, with a special focus on the 0-3 age group.

These services aim to improve, at an early stage and sustainably, the development opportunities for children and parents in the family and in society. As well as practical everyday support, early prevention also promotes the relationships and child-raising competence of mothers- and fathers-(to-be). In doing so, they make a significant contribution to the healthy development of children and help to ensure their rights to protection, support and participation.

Early prevention covers a broad range of general and specific services and projects, which relate to and complement each other. The essential services of health promotion (universal/primary prevention) are directed at all parents-(to-be) and their children. Furthermore, early prevention focuses on families in difficult situations (selective/secondary prevention). Early prevention helps families by identifying risk to children and to their development at an early stage and working to reduce this risk. If these support measures are not sufficient to prevent risk to a child, then early prevention ensures that further measures are taken to protect the child.

Multi-professional cooperation is the foundation stone of early prevention, but it also covers active citizenship work and reinforcing families' social networks. Therefore close links and cooperation between institutions and services in the fields of pregnancy counselling, healthcare services, interdisciplinary early support, services for children and young people and other social services are essential for the practical implementation of early prevention. Early prevention has the objective of providing needs-based support nationwide for families, and also of improving the quality of this support.

This was the definition adopted by the NZFH expert advisory committee.

Quality standards for early childhood intervention – challenges for research and practical application

Based on practical experience, the requirements of early prevention were laid out in the governmental programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. These requirements – also called quality dimensions – are strategies for providing the best support for families under stress to help them cope with everyday life and child-raising and thus prevent any risk to children at a later stage.

How can quality standards be successfully implemented in practice of early prevention? There is a great need for research in this area: the following will detail each individual quality dimension

Ensuring systematic and comprehensive access to the target group

Systematic access to families needs to be extended so that families can receive support at an early stage. The practical effectiveness and suitability of various methods of accessing families – via different actors in the healthcare services, services for children and young people and other support systems – need to be studied and compared in order to develop practical recommendations and to improve access for families under high stress

Systematic and objective identification of risk

In the daily work of healthcare services and services for children and young people, psychosocial risk situations that could hinder healthy child development must be identified at an early stage, so that support can be provided at the right time. Using instruments to identify and assess risk must be accompanied by research in order to attain knowledge with regard to relevance, aim and practicability.

Motivating families to active participation in support services

It is essential to advance approaches for activating parents in conditions of serious deprivation, and the dissemination of these approaches must be extended. Which motivational strategies for families have been successful in practical experience?

Adapting support services to the needs of families

Finding the »right« type of support service for families is crucial to its success. Currently there is little practice-based knowledge available for assessing the various different methods of identifying families' specific support needs.

Monitoring the support provision process

Providing families with long-term support constitutes – especially when different services and services providers are involved – a parti-cular challenge for practical work. Strict data protection regulations apply when passing on information to a third party if the level of risk to children is below the defined legal threshold (article 8a of SGB VIII). There is great need for more clarity and support to ensure the correct application of these regulations.

Inter-agency networking and compulsory cooperation between actors

Interdisciplinary cooperation between actors in the field of early prevention can improve referrals between systems. There remains great need for research on the structure and effectiveness of different cooperation models.

Embedding early prevention in the regulatory system

In order to achieve long-term results, early prevention must move from being a pilot project to being embedded in the regulatory system. The extent to which this can occur within existing structures will be discussed in an expert report initiated and commissioned by the National Centre on Early Prevention (NZFH). The experiences of the pilot projects will provide the basis for recommendations for practical implementation.

The quality standards for early prevention represent a challenge for accompanying research: critical analysis must be carried out in order to determine which practical developments are required in order to meet these standards. Which difficulties must be overcome in these situations? Under the aegis of the National Centre on Early Prevention (NZFH), the pilot projects are taking on these challenges. In the main section of this brochure, the research results, conclusions and experiences of the pilot projects with regard to quality standards in practical early prevention are summarised in a cross-project presentation.

The National Centre on Early Prevention

The National Centre on Early Prevention (NZFH) was established by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth as part of the governmental programme

»Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. The task of the NZFH is to develop and extend support systems for services for young people and for healthcare services in Germany. The goal is to use preventative work to improve child protection from neglect and abuse.

The Federal Centre for Health Education (BZgA) and the German Youth Institute (DJI) are the bodies responsible for the National Centre on Early Prevention (NZFH). The head office of the National Centre is located at the Federal Centre for Health Education (BZgA) in Cologne.

Three fundamental areas of responsibility constitute the focus of the NZFH's work: the collection and systematisation of *knowledge* on a *knowledge platform*, the communication of results to the academic community and the general public and the *transfer* of this knowledge to practical work. Furthermore, resulting from resolutions of the Conference of Minister-Presidents of the Federal States (MPK), the NZFH was allocated additional tasks. The NZFH will focus on these tasks via the establishment of the project »Lernen aus problematischen Kinderschutzverläufen« (»Learning from problematic child protection procedures«).

- **Knowledge platform:** the NZFH is developing a theoretical framework for practical work. This knowledge platform on diverse aspects of early prevention enables research results, practical experience and conclusions to be accessed and used by all.

- **Communication:** the informational activities of the NZFH are aimed at research, experts in these areas and the general public. The goal is to increase awareness of early prevention and to create a positive climate for the provision and utilisation of early prevention.

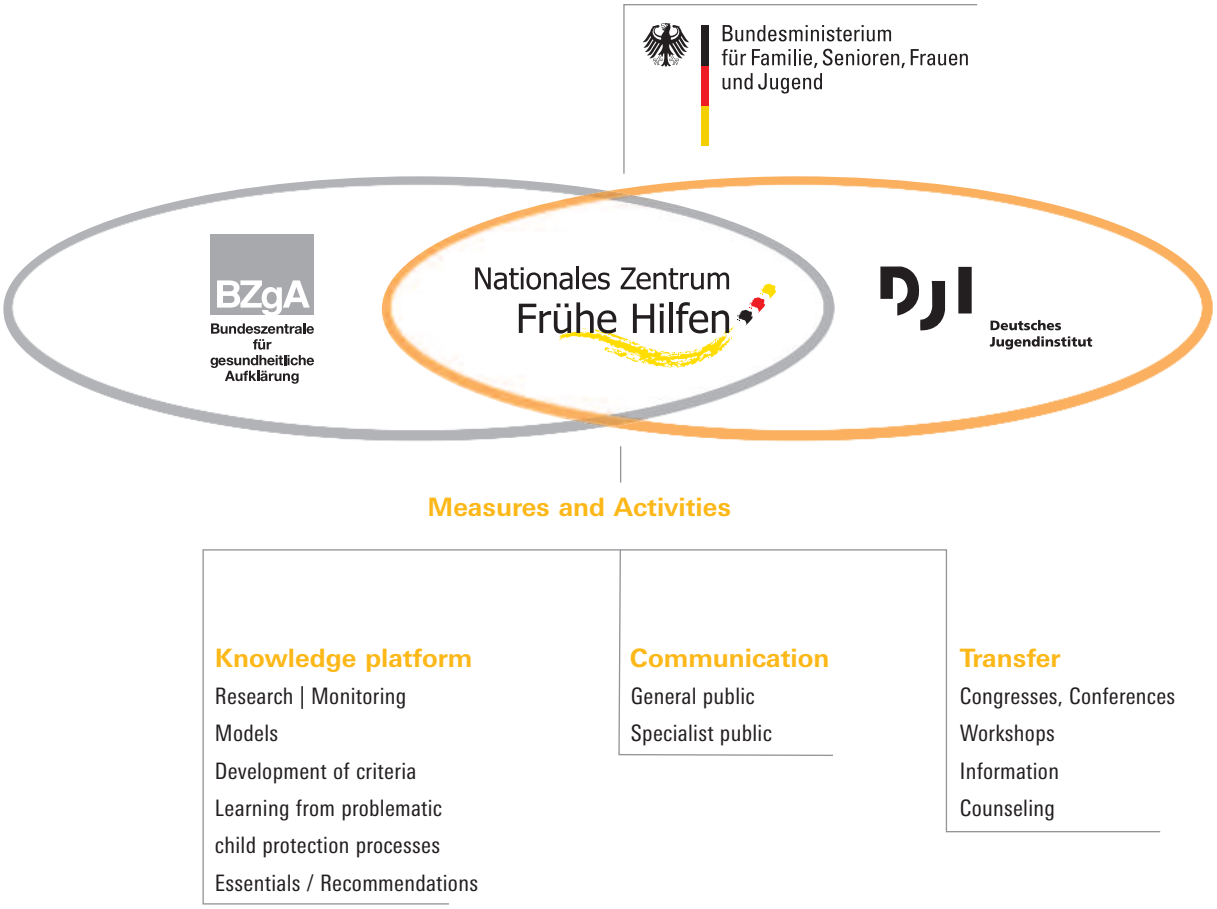
- **Transfer:** in this field of activity, supporting state and non-state actors in the set-up, development and expansion of early prevention services is paramount. The aim is to implement approaches from the pilot projects on a long-term basis in general service provision.

- **Learning from problematic child protection procedures:** this project was established in 2009 as a further task in the NZFH remit. Research and practical project quality development processes in local authorities are being examined and a platform for the regular discussion of problematic child protection procedures is being established.

The monitoring of ten pilot projects is one focus area of the National Centre on Early Prevention. In order to advance the many existing excellent early prevention approaches in Germany, the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) announced the support of the pilot projects in 2007.[2] The federal government and the federal states have selected ten pilot projects within the framework of the governmental programme; these are located in all of the sixteen federal states. Funding has been provided jointly by the respective federal state, local bodies, and, in some cases, also with the support of NGOs, foundations and religious institutions, thus establishing a broad base for these initiatives. Each project consists of two components: the practical provision of early intervention and accompanying research. The federal government is focusing on the promotion of accompanying research, the coordination of knowledge exchange between experts, the development

2 Bundesministerium für Familie, Senioren, Frauen und Jugend (2006), Frühe Hilfen für Eltern und Kinder und soziale Frühwarnsysteme. Bekanntmachung zur Förderung von Modellprojekten sowie deren wissenschaftliche Begleitung und Wirkungsevaluation. www.skf-zentrale.de/Bekanntmachung 0207.pdf

STRUCTURE AND TASKS OF THE NZFH



For more information about NZFH see
www.fruehehilfen.de

of cross-project research areas and the summarising and communication of results, experiences and conclusions. These tasks are being carried out by the NZFH.

The early prevention pilot projects: Diversity in practice and accompanying research

The ten pilot projects reflect the diversity of existing support services in Germany: the different needs of the target groups are met with customised and diverse support services. Within the framework of the governmental programme, the aim is to present as diverse a range of projects as possible.

Several projects focus on the evaluation of the work of family midwives: a low-threshold form of early support that is well accepted by families in stressful situations. A further focus is accompanying research on specific, needs-based support, provided intensively if necessary, as is

the case with STEEP™ (Steps towards effective and enjoyable parenting) counselling. Almost every pilot project examined cooperation and network structures between actors from different support systems, especially from the health-care services and from services for children and young people. One pilot project analysed the activities of existing early prevention services in the federal states of North Rhine-Westphalia and Schleswig-Holstein that are already integrated into regular service provision. In the Appendix, brief descriptions of the individual pilot projects are presented, listed according to the practical services provided and the accompanying research (p. 34).

Major differences exist between the pilot projects, not only with regard to the services provided and the research focus, but also with regard to the design of the research and the sampling procedure. Nevertheless they all have a common goal: to produce knowledge, experience and research results concerning the quality dimensions formulated in the early prevention governmental programme. In order to ensure cross-project reporting on these very diverse projects and procedures, the NZFH asked the pilot projects to fill out exploratory questionnaires. The main conclusions stem from these questionnaires: they are presented with a cross-project focus and within the context of the quality standards.

However, first the data collection methodology will be described in more detail. Finally, the people who are the focus of early prevention services are analysed in order to get an idea of the circumstances and particular pressures faced by this target group.

Data collection methodology

So that the main results, conclusions and experiences of the pilot projects could be summarised, the NZFH requested that project managers fill out questionnaires several times during the funding period. These questionnaires facilitate the assessment and comparison of the conclusions, experiences and results of selected, common research areas.

The following presentation is based on the questionnaires currently available that were filled out by the ten pilot projects. The questionnaires asked for details on project procedure, on training provided within the framework of the project and for descriptions of the target group. Furthermore, six question sets requested an initial assessment of the quality dimensions. These results are provisional since the majority of the projects are still in progress; nevertheless they convey a good overview of the situation. All ten pilot projects returned the questionnaires. The questionnaires – depending on competence – were filled out by the accompanying researchers or by members of the practical staff.

The evaluation of the results of the questionnaire is complemented by information from pilot projects' workshops. These workshops for project members take place at regular intervals and are organised and moderated by the NZFH. They provide a platform for internal information exchange. This is a space where experiences and research results can be communicated, where difficulties concerning research practice can be discussed openly and where solutions and ideas for cross-project measures can be developed.

The early childhood intervention target group

Early prevention support services focus on families under high stress in order to take preventative action to protect children from being at risk at a later stage in life.
Within the framework of a meta-analysis of fifteen international longitudinal studies, stress factors were identified that impair parents' ability to carrying out child-raising and childcare tasks and which increase the risk of child neglect and/or abuse (Meysen et al. 2009).[3] Such stress factors are a result, for example, of social circumstances – like poverty or a low level of education – or other circumstances affecting families. Circumstances are viewed as highly stressful when, for example, a mother is a single parent or is socially isolated, if the partner of the mother is violent or if the mother suffered violence in her own childhood. Parental competence when looking after infants or small children can also be reduced by mental health issues or addiction.

The pilot projects have accessed 1,829 families to date (as of April 2010). This number will increase as more and more families are included in the practical work of the projects. Within the framework of the accompanying research, data was collected using diverse procedures and instruments, providing initial descriptions of families with regard to their circumstances, stress factors and resources. Although the projects are still in progress and some details refer to estimated data results, the data nevertheless provide an initial overview of the people who have received support within the pilot projects to date.

Teenage mothers

A very high percentage (22%) of mothers who accessed the services of the projects were aged less than eighteen (minors). To compare: the percentage of young mothers aged below eighteen in Germany is less than one percent. Minors are greatly over-represented among the users of the support services in the pilot projects.

Social situation

According to various criteria, on average, three-quarters of the families in the projects have »low social status«. The level of education of parents is a constituent aspect of social status. On average, 29 percent of the parents (mothers) who took part in the questionnaires of the pilot projects had left school with no qualifications; a further 35 percent had attended a Hauptschule. Thus the general level of education of the families reached by early prevention services is lower than that of the total population. Yet there are major differences between the different projects: in the project »Evaluation of early prevention and social early warning systems in North Rhine-Westphalia and Schleswig-Holstein«, 11 percent of the respondents stated that they had left school with no qualifications. This group constitutes 60 percent in the Hamburg project »Wie Elternschaft gelingt« (»How parents succeed«). Such major differences are particularly prevalent because the services provided by the projects are extremely diverse: some pilot projects provide (almost) exclusively intensive intervention, while other projects provide primary-preventive measures (e.g. »parent cafés«) for target groups facing comparatively fewer stress factors. Thus, the criteria for accessing the services are also very diverse.

Multiple stress factors

Different aspects of a person's social situation – for example, poverty and a low level of education or having one's first child early in

3 Meysen, T., Schönecker, L., Kindler, H. (2009) Frühe Hilfen im Kinderschutz. Rechtliche Rahmenbedingungen und Risikodiagnostik in der Kooperation von Gesundheits- und Jugendhilfe. Juventa Verlag: Weinheim und München

life – constitute individual stress factors. Studies demonstrate that the probability of a child being at risk at later stage in life are (statistically) especially high in cases where there are multiple, concurrent stress factors: for example, if a family is not only living on a low income with limited job options but also suffers from social isolation or is dealing with addiction (Brown et al. 1998, Wu et al. 2004)[4].

In order to measure multiple stress factors, accompanying research has collated different factors to create a general stress index. The pilot projects noted that, on average, around half of the families they were working with faced especially difficult multiple stress factors. Again, there are major differences between the models. The percentage of families dealing with severe stress factors that use the services of individual pilot projects ranges between 11% and 90%.

The challenge: cross-project description of the target group

The research accompanying the pilot projects will soon be concluded. The distribution of the target group's characteristics, which currently is based on estimated values, will then be based on final data. One challenge for the future is the comparability of data between individual projects. There is currently only limited comparability since the stress factors affecting the families were assessed using different procedures and instruments. The NZFH has distributed a recoding proposal to the pilot projects in order to attain a uniform description of the target group. A cross-project risk index will be developed based on the recoded data for each individual family. The families in the individual projects can then be properly compared with each other with respect to their risks and stress factors.

4 Brown J., Cohen P., Johnson J. G., Salzinger S. (1998). A Longitudinal Analysis of Risk Factors for Child Maltreatment: Findings of a 17-Year Prospective Study of Officially Recorded and Self-Reported Child Abuse and Neglect. Child Abuse & Neglect, 22, 1065–1078.

Wu, S. S., Ma, C.-X., Carter, R. L., Ariet, M., Feaver, E. A., Resnick, M. B., Roth, J. (2004). Risk factors for infant maltreatment. A population-based study. Child Abuse & Neglect, 28, 1253–1264.

SUMMARY OF RESULTS, CONCLUSIONS AND EXPERIENCES ACCORDING TO THE QUALITY DIMENSIONS

Ensuring systematic and comprehensive access to the target group

Currently systematic methods of accessing families occur only sporadically in Germany. One of the challenges faced by early prevention is establishing methods for approaching everyone, including families under high stress, so that needs can be identified in time and targeted support services for families can be provided. Experts expect service providers to provide such access, especially if they fulfil three requirements:

- The services provided are available to all young parents from around the time of the child's birth.
- Accessing the service is highly accepted within the target group and (also) therefore not experienced as stigmatisation.
- Contact is made at an early stage, where possible during pregnancy or directly after the birth of the child.

Many networking activities in the field of early prevention have the aim of systematic cooperation with actors fulfilling these requirements. The pilot projects work with several actors in the healthcare services and services for children and young people as well as with service providers from other support systems in order to access the target group. But how does this cooperation function in practical terms? How suitable are the different actors – from the perspective of the pilot projects, against the background of experience gained from practical work – as methods of accessing families under high stress?

Importance of cooperation partners

In order to determine which methods of access are particularly relevant in the context of early prevention from the perspective of the pilot projects, project managers and staff were asked to assess the importance of twenty potential cooperation partners using a five-step scale (from 1: »very important« to 5: »not important«). One-third of these twenty actors are service providers from the healthcare system (for example, paediatricians in private practice or maternity clinics), one-third are from institutions providing services for young people (for example, children and youth welfare offices

and parenting advice centres) and one-third come from other support systems (for example, pregnancy counselling centres, childcare centres and job centres).

From the perspective of the projects, the most important cooperation partner in the early prevention network are children and youth welfare offices. Nine of the ten respondents selected the »very important« category in this case. Second and third place were shared by paediatricians in private practice and maternity clinics; these were followed by gynaecologists in private practice, midwives and early prevention services, with pregnancy counselling centres in seventh place. These actors make up one-third of a list of twenty service providers who were allocated the highest level of importance as cooperation partners by the early prevention projects. To what extent are these actors suitable »gatekeepers« for support services in the context of preventative child protection? Based on experience gained during practical work, the pilot projects have assessed the quality of the cooperation, the effort made to maintain the cooperation relationship, the probability of sustainability and the »personal interest« of actors cooperating with early prevention networks.

Children and youth welfare offices

From the perspective the projects, children and youth welfare offices are the most important co-operation partner in the early prevention network. The expectations that early prevention services had of children and youth welfare offices were met. Both the quality of cooperation with regard to enabling access to families under high stress as well as the options for establishing sustainable co-operation relationships received very positive evaluations. The pilot projects perceived a very high level of »personal interest« on the part of children and youth welfare offices to cooperate with early prevention service providers, also due to their legal duty of care, a personal interest that significantly contributes to the success of cooperation.

Doctors in private practice

As they are perceived by families as providing non-stigmatising and supportive access to services, doctors in private practice have an especially high importance in the context of early prevention. To what extent are expectations being met? The results of the questionnaires from the pilot projects are sobering: the co-operation with doctors in private practice was – without exception – evaluated negatively. Thus, in the context of early prevention, gynaecologists in private practice (who shared the highest level of importance with maternity clinics) received the worst average evaluation when the actual quality of the cooperation was evaluated. Paediatricians in private practice also failed to meet the high expectations placed upon them: they received the third-worst evaluation of all twenty actors (Renner 2010).[5]

The reason for the low quality of the co-operation is perceived by the pilot projects as being due to low »personal interest«. The often-mentioned pressures on doctors in private practice and the general willingness to work with early prevention networks to promote the well-being of children appear to be at odds with doctors' current working conditions. This is why the time required to maintain cooperation relationships with these especially important partners is of great import to the projects.

The possibility of sustainable cooperation with doctors in private practice in the future is nevertheless viewed more optimistically than the low quality of cooperation during the pilot project phase would lead to suggest. Detailed results, conclusions and experiences about the practicalities of networking initiatives will contribute to overcoming barriers and hindrances to cooperation in the future.

Maternity clinics

There is consensus in the pilot projects about the very high importance of maternity clinics as a method of accessing families under high stress: 98% of all children are born in hospital in Germany (calculated on the basis of data from the Federal Statistical Office). During the important phase around the time of birth, indications that parents-to-be have difficult circumstances can be identified by properly trained staff, in order to provide support to families if needed. However, this very high importance of maternity clinics contrasts with the evaluation of the quality of the experienced cooperation as only average.

This average evaluation reflects the very diverse experiences of the pilot projects with regard to maternity clinics as (potential) cooperation partners in early prevention networks: the evaluation of the quality of the cooperation ranges from »very good« to »not good at all«, thus spanning the entire range of the five-step scale.

There are indications that the cooperation is perceived as (very) satisfactory by the pilot projects when the cooperation is regulated by an agreement. In four projects, cooperation with maternity clinics was regulated by an agreement; in such cases, the quality of the cooperation was evaluated as especially high. Cooperation with maternity clinics thus appears to function well when the cooperation is regulated by an agreement.[6] Nevertheless, this regulated and productive cooperation appears to be linked to a high level of effort. The effort required to maintain cooperation relationships is perceived as being »very high« by the pilot projects. This is why sustainable cooperation in the future is perceived as not being very likely.

5 Renner, I. (2010) Zugangswege über ausgewählte Akteure des Gesundheitssystems. Ergebnisse einer explorativen Befragung von Modellprojekten Früher Hilfen. In: Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz 10/2010

6 Sann, A. (2010), Bestandsaufnahme zur kommunalen Praxis Früher Hilfen in Deutschland. Teiluntersuchung 1: Kooperationsformen. Köln. NZFH

Midwives

The importance of midwives as partners in the early prevention context is perceived as being »very high« by the pilot projects when compared to other service providers in the healthcare services, like doctors in private practice and maternity clinics. A marked difference becomes evident, however, when we look at the actual quality of the cooperation: here, midwives were allocated high scores. This higher result when compared to that of doctors in private practice and maternity clinics is not just due to the work of the projects, which, due to their focus, have a very positive attitude to (family) midwives. Freelance midwives were allocated medium to high scores, also in the other pilot projects. From the perspective of the projects, the effort required to maintain the cooperation was evaluated as being quite low in this case, and given their practical experience, the pilot projects perceived freelance midwives as having the highest level of »personal interest« in involvement in the field of early prevention. Sustainable cooperation was allocated scores between 1 and 2 and perceived as being »very realistic«.

Pregnancy counselling centres

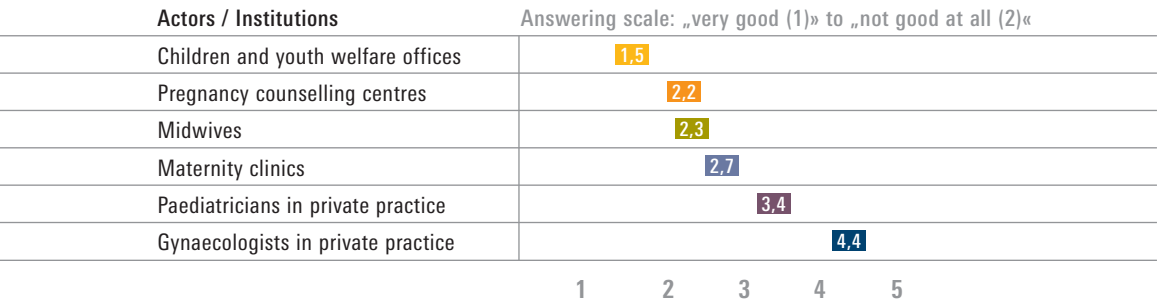
Cooperation with pregnancy counselling centres was evaluated by the pilot projects – with regard to providing early access to families under high stress – as very successful: pregnancy counselling centres were allocated the third-highest average score in the evaluation of cooperation quality. The pilot projects perceive these counselling centres as having an especially high »personal interest« in cooperation. The professional psycho-social services of the counselling centres are increasingly covering early prevention. The effort required to maintain the cooperation relationship – in comparison to all other potential cooperation partners – was perceived by the pilot projects as being low, and for these reasons, sustainable cooperation was perceived as being »very realistic«. In order to support the pregnancy counselling centres in their important function as cooperation partners and to provide direction regarding the opportunities and limitations of embedding them in early prevention networks, the NZFH – supported by the specialist expertise of the leading associations of voluntary welfare services – has produced a report on the current situation (NZFH 2010).[7]

Systematic and objective identification of risk

Once comprehensive, non-stigmatising methods of access to families have been established, early prevention is then faced with a new challenge. Indications of parental stress factors and psycho-social risk factors to healthy child development must be identified so that families receive the services they need. In recent years, different instruments for the systematic and objective identification of risk have been developed; however there has not been adequate research carried out on their effectiveness in practice. The experiences of the pilot projects, which tested several instruments for risk assessment, deliver initial results about the significance, purpose and suitability of these instruments. Which instruments were selected by the pilot projects within the framework of the projects? How is the validity of the risk assessment evaluated in retrospect by the project participants: that is, after the projects have gained a better understanding of the situation of the family during the support process? How useful is the development and use of such procedures in general?

7 NZFH (2010), Die Bedeutung der Schwangerschaftsberatung im Kontext Früher Hilfen – Standortbestimmung. Köln. NZFH

EVALUATION OF THE QUALITY OF COOPERATION WITH RESPECT TO FINDING ACCESS



Base: 10 pilot projects

Question 6.1.2: Please evaluate the cooperation with respect to finding access for each actor / institution
In general: quality of cooperation

Using standardised instruments

Seven of the nine pilot projects stated that they used standardised instruments to assess stress factors and risks when selecting families for participation in their services. Some projects implement instruments that they have used before; some use socio-demographic information about families or use instruments with diverse methodological approaches that they developed themselves to identify major stress and risk factors. Seven projects listed fourteen instruments in the questionnaire; these were at times used in parallel.

Diversity of instruments

It is noticeable that currently there is little consensus about which instruments are suitable for risk assessment. The fourteen instruments used cover eleven different options. Cross-projects instruments in use are »questionnaires for an in-depth discussion«, partial aspects of the risk inventory (Meysen et al. 2009)[8] and the use of socio-demographic information about families. Nine further instruments are used respectively in the pilot projects. This diversity illustrates that the use of standardised procedures for risk assessment is still at the developmental and trial stage. The conclusions and the experiences of the pilot projects will contribute to ensuring that suitable approaches are adapted to and further developed for practical work.

Measuring accuracy

One important aspect here is the level of measuring accuracy of the instruments.
To what extent does the assessment of the family via screening correspond to later practical experience? If the instrument underestimates multiple stress factors, then many families may not receive the support services they need. If stress factors are overestimated, then families will receive services that they actually do not

8 Meysen, T., Schönecker, L., Kindler, H. (2009) Frühe Hilfen im Kinderschutz. Rechtliche Rahmenbedingungen und Risikodiagnostik in der Kooperation von Gesundheits- und Jugendhilfe. Juventa Verlag: Weinheim und München

need. In the questionnaire, the pilot projects commented on the screening instruments used and the percentage of families whose stress factors were overestimated, underestimated or correctly assessed. On average, individual methods of risk screening correctly assessed the risk factors faced by 60 percent of the families. Forty percent of the risk factors were under- or overestimated.

Development required

Six of the seven pilot projects with experience in the use of standardised procedures perceived further development and use of uniform instruments as relevant. There are two main reasons for this attitude:

- Stress and risk screening is an objective basis for selecting a support service together with the family and the support team; joint understanding of stress factors and risks provides direction and security for everyone involved. Screening creates transparency, both for the family and the support team, and with regard to support service funding.
- Uniform procedures facilitate comparability between families using different services with regard to their stress and risk factors. This is the only way of attaining an objective basis for deciding which specific support services are particularly suitable for which target groups to allocate resources adequately.

Several pilot projects have collated experiences on the use of standardised instruments for screening stress factors and risk. The fact that a broad range of diverse procedures, some self-designed, are used reflects the high need for more research and development initiatives. Although the accuracy of the instruments has been evaluated as rather low, there is general agreement that the use of standardised procedures is relevant.

Motivating families to active participation in support services

Once it has been recognised that a family has support needs, the next hurdle is motivating the family to make use of suitable support. The aim is that families will perceive the support as a chance to make positive changes to their situation and will feel happy about using the service.

The data collected from the pilot projects demonstrated that one-quarter of the families contacted chose not to make use of a support service. This result underlines the necessity of not only identifying families who need support, but of also motivating them to make use of support services. In the pilot projects, different strategies and methods were used depending on the target group; these were low-threshold and had the goal of avoiding the stigmatisation of the families. Which strategies and methods were used and which were particularly successful?

Motivation during practical work with the families

In all of the pilot projects, it was emphasised that *trust-building measures* made an important contribution to motivating families. Developing an attitude of sympathy with the parents, repeated invitations and the assurance of confidentiality, also with regard to children and youth welfare offices, all move parents towards actually making use of support services. Participation in the support services should ideally *be voluntary*.

From the perspective of the pilot projects, it is important to make *contact early* to parents during pregnancy and, if families agree, to implement the support service at an early stage. It is essential that the service does *not lead to additional costs* for families, since families under stress often come from the lowest-income

groups. On the contrary, »rewards« can play a role: small motivational presents, for example; in some projects, families received videos or photographs of their children.

Motivation through the use of networks

With regard to motivating families to make use of support services, the pilot projects emphasised the importance of networking, especially with cooperation partners already in contact with the families (for example, counselling services, children and youth welfare offices, support services, gynaecologists in private practice and the job centre).
The people who work in these institutions can make recommendations and thus contribute to families making use of services.

Motivation using informational materials

One supportive measure that is perceived as useful is *the distribution of informational and advertising materials.* Against the background of the experience gained in the pilot projects, informational and advertising materials could be designed with the target group in mind; *positive media coverage* could also help to motivate families.

Adapting support services to the needs of families

Finding the »right« type of support service for families is crucial to its success. How did the pilot projects ensure that support services actually met the families' needs? Were regular checks carried out to evaluate if the support was (still) meeting these needs, and was it made possible to react flexible to any change in need?

Using data collection instruments that accompany the process

An important element of all pilot projects was the use of targeted diagnostic work to correctly record information about the families.
Very different data collection instruments were used to do this, for example: detailing changes in the mother's sensitivity during counselling, measuring the quality of the mother-child interaction and the mother-child bond, and satisfaction surveys, which were filled out by the families, as well as documenting the support procedure. In addition to diagnostic instruments for determining the development of maternal competence, data collection instruments were also used to assess child development. Thus in one project, for example, the intervention goals with regard to children were reviewed constantly. A high level of expertise in the support team is a prerequisite for using diagnostic instruments.

Taking the families' wishes into consideration

The »right« kind of support was also achieved via joint decision-making processes with all persons concerned and by taking the families' wishes into consideration. Thus, in one pilot project, for example, after intensive discussions, the support help team was able to react accordingly to the individual circumstances of the family. The programme recommends flexible use of available support, customised to meet actual support needs. The adaption of the respective concepts to the actual problems of families demands high flexibility on the part of specialist staff when delivering support services, but it also demands flexibility of the support services.

In many projects, the general framework was often adapted to meet the needs families: for example, with regard to the location and frequency of visits or through the presence of specific persons. In some pilot projects, depending on the size of the support team, different staff members take over the support role if there are disagreements between support staff and the family receiving support.

Exchange of expertise

A further level of adaptation to need is assisting the support team through an ongoing self-evaluation process. This evaluation contributes to recognising and reacting to »blind spots« so that the actual needs of families can be identified. Many different paths were taken to facilitate the exchange of expertise: regular case discussions, weekly meetings with colleagues, monthly supervision, quarterly workshops, feedback discussions with midwives and meetings with all specialist staff working with families.

Monitoring the support provision process

Referral to other support providers

If the needs of families cannot be adequately met within the framework of the pilot projects, then the projects refer families to other support providers. There are two options: referral to support providers outside of the project can either run parallel to the pilot project support or families can be referred permanently to other providers.

This additional support is delivered by a broad spectrum of very different institutions. The providers involved were above all children and youth welfare offices (particularly in the case of family support from the social-pedagogical family assistance programme) and mother-child facilities, but other institutions like childcare centres, early support centres, out-patient psychiatry services and midwives also participated. If another provider had to deliver support services, this usually entailed referral to the children and youth welfare offices and to mother-child facilities, as well as to in-patient institutions (for example, addiction therapy) and, on rare occasions, to foster families.

Positive transition to other providers

To ensure positive transition to other providers, the pilot projects often selected ongoing care and assistance for the families via personal contact, joint appointment planning and by inviting specialists to specific discussions as part of support plan discussions. When families worked with several support teams in parallel, the pilot projects recommended that tasks be clearly defined to ensure constant exchange between providers. They viewed it important to deliver support at an early stage and also to identify other care options jointly with the participants. This necessitates good knowledge of local services and good network contacts with other support systems. It also requires appropriate payment for coordination services and networking activity.

The pilot projects emphasised that a trusting relationship with the families is essential for the successful referral of families to other support services as is the willingness and openness of families to make use of additional support services. One comment was that a great deal of time and patience is often required in order to motivate families to make use of further support services. And suitable services have to exist in the first place. It is recommended that several support services be located in one place to avoid travelling time.

Inter-agency networking and compulsory cooperation between actors

The pilot projects are examining very diverse research questions. Even so, almost every project focused on one issue: the analysis of networking activities. The fact that developing and extending stable interdisciplinary cooperation structures is the main challenge for early prevention is also demonstrated by the results of the brief evaluation of early prevention carried out by the German Youth Institute in 2007.
The authors concluded that diverse assistance and support options already exist in Germany; however individual models do not by themselves ensure good provision of support services for families. »This will only occur as part of a comprehensive and diverse network of early prevention services.« (Helming et al. 2007)[9]

Well coordinated and interlinked activity between different actors helps to provide families with suitable support services quickly and without undue bureaucracy. Furthermore, regulated working relations between service providers from different support systems facilitate positive transition when additional support needs are recognised. In the section »methods of accessing (families)«, the co-operation and networking between diverse service providers is examined with particular regard to developing methods of accessing families under high stress. The next section will present results that deal with general aspects of cooperation and networking: frequency of contact, commitment and recommendations for networking.[10]

Frequency of contact

In order to attain information on the actual networking activities of the pilot projects, management and staff were asked to fill out an assessment of the frequency of contact during the course of the projects. On a five-step scale ranging from 5: »often« to 1: »rarely«, the projects listed the frequency of contact to a total of twenty different actors from the services for children and young people, healthcare services and other support systems.

The projects had the most frequent contact with children and youth welfare offices: children and youth welfare offices attained – in contrast to all the other potential cooperation partners – by far the highest average evaluation score. The very high average frequency of contact corresponds to the especially high importance allocated to youth welfare offices as a cooperation partner for early prevention providers.

The pilot projects in Germany rarely had contact with child and youth psychiatric clinics, adult psychiatric clinics, gynaecologists in private practice, addiction counselling centres, parenting advice centres, schools, the police or family courts. Family courts were allocated the lowest rating by far: five of the nine projects that provided data on this point designated the frequency of contact with family courts the lowest score of 1: »rarely«.

In many projects, regular contacts are the result of systematic, highly committed efforts to establish sustainable and reliable cooperation relationships: the frequency of contact to maternity clinics is, for example, higher when the cooperation is regulated by an agreement and the quality is evaluated as »very good« or »good«.

Commitment

Commitment is fundamental for the quality and sustainability of a cooperation relationship.[11]
For this reason, the pilot projects were asked to list the providers from the twenty actors from

9 Helming, E., Sandmeir, G., Sann, A., Walter, M. (2007): Kurzevaluation von Programmen zu Frühen Hilfen für Eltern und Kinder und sozialen Frühwarnsystemen in den Bundesländern. Abschlussbericht. München. DJI

10 Paul, M., Backes, J. (2009): Kinderschutz durch Frühe Hilfen. In: Geene, R., Gold, C. (Hrsg.): Kinderarmut und Kindergesundheit. Bern, Göttingen, Toronto.

Renner, I. (2010): Schutz von Kindern durch Frühe Hilfen und wirksame Vernetzung verbessern. In: Maier u. a. (Hrsg.): Ver-Bindung. Bindung, Trennung und Verlust in der Frauenheilkunde und Geburtshilfe. Frankfurt am Main, S. 245–254

Ziegenhain, U., Schöllhorn, A., Künster, A.-K., Hofer, A., König, C., Fegert, J. M. (2010): Werkbuch Vernetzung. Modellprojekt Guter Start ins Kinderleben. Chancen und Stolpersteine interdisziplinärer Kooperation und Vernetzung im Bereich Frühe Hilfen und im Kinderschutz. Köln. NZFH

11 Landua, D., Arlt, M., Sann, A. (2009): Ergebnisbericht (1. Teiluntersuchung) zum Projekt »Bundesweite Bestandsaufnahme zu Kooperationsformen im Bereich Früher Hilfen«. Deutsches Institut für Urbanistik (difu). Berlin

services for children and young people, healthcare services and other support systems with whom the cooperation was regulated via an agreement.

The evaluation of the responses demonstrates that in six of ten pilot projects the cooperation was regulated via an agreement with at least one partner. The six projects whose cooperation was regulated via an agreement had cooperation agreements with a total of twenty-four actors in the field. Most of the cooperation agreements were with children and youth welfare offices. All six projects commented that they had concluded agreements with children and youth welfare offices.

Four cases of cooperation with maternity clinics were regulated by an agreement; three with public health departments and two with midwives. Nine agreements were concluded with nine further cooperation partners.

Local networks

Every pilot project is part of a local early prevention network. The initiative for creating networks came from the respective pilot projects in five cases; in three further cases, the pilot projects were involved in establishing the networks. The set-up and maintenance of a network requires resources. Resources for maintaining networks were available in seven projects.

All of the respondents in the pilot projects expected the networks to continue after the end of funding phase and that the working relations would be maintained, even if the network could no longer rely on the resources from the initiators. A coordination section was established in seven of the projects.

Recommendations for networking

The pilot projects were asked, against the background of their experience, to provide recommendations for networking. This led to four main recommendations:

- *Networks need not only financial resources for set-up and maintenance, but also time and patience. The goal is establishing a foundation for sustainable, ongoing cooperation between the relevant actors.*

- *Networks need a clearly formulated concept with precisely defined goals. All respondents need to be aware of the network structure and the goals of the cooperation.*

- *A network needs to be active. Therefore regular – especially case-specific – contact between the individual partners is essential for the functioning and continuation of a network.*

- *Local coordinators who take on management and referral functions facilitate cooperation between actors from different disciplines or workplace situations. Training is urgently needed for coordinators so that they can carry out this task to the best of their ability.*

Embedding support in the regulatory system

In order to ensure long-term funding for early prevention, the current model services need to be transferred to core funding.
To what extent has this been successful in practice? Which experiences have the pilot projects made with embedding support services in the regulatory system?

Almost every project was still in progress at the time of questionnaire in February 2010.

Nevertheless, some projects were able to report on the embedding of their practical services or some of their services into the regulatory system in their local area. On the basis of this – using the example of the pilot projects – three approaches for implementing support services were described.

Every pilot project commented in the questionnaire that transferring the entire project or certain successful elements thereof into core funding was ongoing or had already been concluded. It should be noted here that according to the understanding of the projects »core funding« does not necessarily include the legal right of families to receive support: regarding the issue of the type of core funding in the future, forms of funding were listed that are temporary and not regulated by law.

The transfer of successful approaches to core funding is the central challenge for every pilot project. The following will provide examples of three strategies of how these challenges can be faced within the context of early prevention:

Core-funding elements already present during the model phase

During the model phase, some projects integrated explicitly core-funded services into their general service provision. Thus in four federal states, for example, »Guter Start ins Kinderleben« (»A good start to life«) is directly connected to local regulatory structures. Two pilot projects – »WIEGE Brandenburg« and »WIEGE Hamburg« – provide families under (very) high stress who are about to become parents with access to the STEEP™ early intervention programme. Since these families meet the criteria of need for statutory parenting support (HzE), they have the right to funding support according to the SGB VIII.

Transfer of entire projects to core funding

Two projects noted that the transfer of entire projects to core funding has (provisionally) been successful. In both projects, parents and children in difficult circumstances are supported by family midwives. The services of the midwives are currently only temporarily funded by the federal state and local authorities (projects: »Familienhebammen im Land Sachsen-Anhalt«, »Family midwives in the federal state of Saxony-Anhalt« and »Familienhebammen im Landkreis Osnabrück«, »Family midwives in the district of Osnabrück«).

Core funding of individual successful elements of a project

Several projects noted that elements of practical support services will (provisionally) receive core funding. Thus, for example, family midwife support will receive long-term funding as part of the »Keiner fällt durchs Netz« (»No-one falls through the net (KFDN)«) programme. A further example of the – currently temporarily funded – implementation of a successful project element is the ongoing funding of a coordination section by the city of Schwerin (project: »Chancen für Kinder psychisch kranker und/oder suchtbelasteter Eltern«, »Opportunities for children of parents who are mentally ill and/or are addicted«).

Embedding early prevention in the core support system is a particular challenge for two reasons: on the one hand, early prevention represents a new development; on the other, it has a cross-cutting task that unites several areas of social service provision. Current social rights law must be examined to ensure long-term funding for early prevention. Practical experience so far has demonstrated that many interfaces only function thanks to a great deal of effort. This practical work is often dependent on the goodwill of local

authority finance departments and on the funding currently available from the respective federal state government.

Results at a glance

Ensuring systematic and comprehensive access to the target group

In order to make families under high stress aware of support services at an early stage and to motivate them to make use of these services, the pilot projects worked with several, different partners from the healthcare services, services for children and young people and other support systems. Within the framework of the exploratory questionnaire that the NZFH provided for the pilot projects, cooperation quality could be compared. From the perspective of the pilot projects, cooperation with children and youth welfare offices, pregnancy counselling centres and midwives was the most successful. The cooperation with doctors in private practice was difficult. Although paediatric and gynaecological services are of great importance as cooperation partners in the context of early prevention, practical experience has shown that the actual quality of the cooperation was often perceived as low. Cooperation with maternity clinics appears to work very well when this cooperation is regulated by an agreement.

Systematic and objective identification of risk

Once access to a target group has been established, then indicators of psycho-social risk to the healthy child development must be identified at an early stage so that services can be provided in time. Against the background of practical experience, there is broad consensus among the pilot projects that the use of standardised procedures to assess risks is a good idea in principle. Eleven different instruments were tested in seven pilot projects. This broad spectrum reflects today's situation: using procedures to identify risks and stress factors is still at the stage of development and practical testing. The measuring accuracy of diverse instruments is perceived as being rather low. There is great need for more research and development initiatives.

Motivating families to active participation in support services

When families' support needs have been identified, then the next hurdle is motivating families to access support services. Various methods for accessing families were used in the pilot projects. Particular emphasis was placed here on trust-building measures. Accessing the service must be voluntary and not create extra costs for the families. Close collaboration with the cooperation partners in the support systems is also important: the recommendation of a support service from people who know the family well, like a midwife or paediatrician, or a staff member of a counselling service or job centre is especially motivational for families. Informational and advertising materials that are customised to meet the needs of the target group have also proved helpful. Despite these efforts, on average, around one-quarter of the families who have been identified as needing support actually do not make use of a support service.

Adapting support services to the needs of families

Finding the »right« type of support service for families is crucial to its success. Different data collection instruments were used in the pilot projects to precisely determine families' needs. Nevertheless, the necessity of participative procedures was emphasised: the wishes of the family need to be explicitly taken into consideration during any decision-making

processes. In addition to identifying needs through the use of data collection instruments and discussions with the families, expert consultation – in the form of supervision and feedback discussions, for example – is necessary when adapting support services to the actual needs of families.

Monitoring the support provision process

If the needs of families cannot be adequately met in the respective pilot projects, then all projects refer families to other support services. In order to ensure that these referrals function well, the projects favoured ongoing monitoring and care of families, for example, by ensuring maintenance of personal contacts or arranging appointments jointly. Strict data protection regulations apply when passing on information to a third party if the level of risk to children is below the defined legal threshold. In the brochure »Datenschutz bei Frühen Hilfen« (»Data protection and early prevention«) the NZFH provides support and explanations.[12]

Inter-agency networking and compulsory cooperation between actors

Different models of cooperation have experienced different rates of success. The experiences of the pilot projects indicate that when cooperation is regulated by an agreement, there is high frequency of contact and levels of satisfaction. The evaluation of the replies demonstrates that in six of ten pilot projects, cooperation regulated by an agreement existed with at least one partner. The six projects with cooperation regulated by an agreement, had cooperation agreements with a total of fourteen actors in the field. Children and youth welfare offices were most often involved in cooperation agreements.

Embedding early prevention in the regulatory system

In order to achieve long-term results, early prevention must move on from pilot project status and be embedded in the regulatory system. The pilot projects have selected three different strategies for meeting this challenge. During the model phase, some projects integrated explicitly core-funded services into their general services. In the questionnaires, other projects noted that they expect that the entire project will be transferred to middle- or long-term funding. Some of the projects have ensured funding over a longer period of time for individual successful elements. It is not possible to provide conclusive information on further funding since most of the pilot projects are still ongoing. Further information will soon be available on the chances and barriers to ensuring funding for successful early prevention approaches on the basis of experiences from the pilot projects.

12 Deutsches Institut für Jugendhilfe und Familienrecht e. V. (2010) Datenschutz bei Frühen Hilfen. Praxiswissen kompakt. Köln. NZFH

PROFILES OF THE PILOT PROJECTS
IMPLEMENTATION AND SCIENTIFIC MONITORING

The map shows the Federal states in which the implementation and scientific monitoring of the individual pilot projects took place. In the following profiles, the individual projects use key phrases to describe their work, giving information on key issues such as their target group or sample, their cooperation partners and the project locations. Should any questions remain unanswered, then the list of addresses on page 56 will enable you to contact the project managers directly.

Baden-Württemberg | Rhineland-Palatinate | Bavaria | Thuringia
- A Good Start to Life

Brandenburg
- Successful parenting (WIEGE-STEEP™)

Hamburg
- Successful parenting (WIEGE-STEEP™)

North-Rhine Westphalia / Schleswig-Holstein
- »Social Early Warning Systems in North Rhine-Westphalia« and »Guardian Angels for Schleswig-Holstein«
- Evaluation of Early Prevention and Social Early Warning Systems in NRW and Schleswig-Holstein

Saxony-Anhalt
- Family midwives in the State of Saxony-Anhalt
- EarlyStart: Family midwives in the state of Saxony-Anhalt

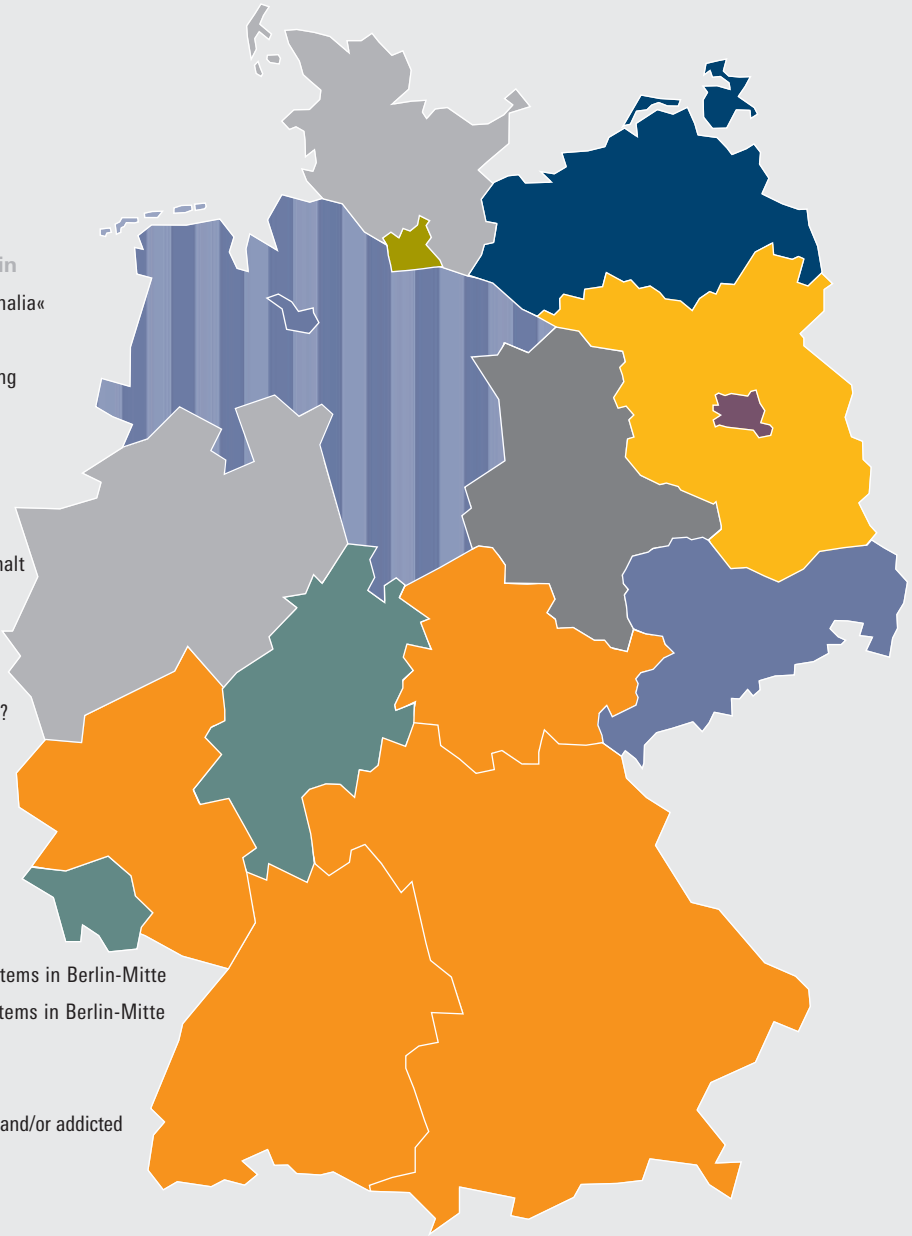
Lower Saxony
- Family midwives in the District of Osnabrück
- Family midwives. Early Support – Early Strengthening?

Hesse | Saarland
- No-one falls through the net (KFDN)
- Early Intervention for Families (PFIFF)

Berlin
- Child Protection Network as Social Early Warning Systems in Berlin-Mitte
- Evaluation and Coaching on Social Early Warning Systems in Berlin-Mitte

Mecklenburg-Western Pomerania
- Opportunities for Children of Parents who are mentally ill and/or addicted

Lower Saxony | Bremen | Saxony
- Pro Child



INTERVENTION AND NETWORKING

BADEN-WÜRTTEMBERG | BAVARIA | RHINELAND-PALATINATE | THURINGIA

A GOOD START TO LIFE

»A good start to life« is a pilot project which helps to promote child care and parenting competences for parents living in unstable circumstances and risk situations. Its main objective is to prevent neglect and risks to child welfare in the early years of life. The aim of the pilot project is to offer support at an early stage to parents in difficulty, such as very young, single mothers. Interdisciplinary forms of cooperation and integrated structures were developed and tested to ensure optimal support and care. These had to build on and be tied into existing standard support structures.

Funding

The project was financed by a joint initiative of the Federal States of Baden-Württemberg, Bavaria, Rhineland-Palatinate and Thuringia.

Project management

Prof. Dr. Jörg M. Fegert, Prof. Dr. Ute Ziegenhain

Responsibility for the project

University Hospital Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy

Locations

Erlangen, Gera, Kyffhäuserkreis, Ludwigshafen, Ostalbkreis, Pforzheim, Traunstein, Trier

Cooperation partners

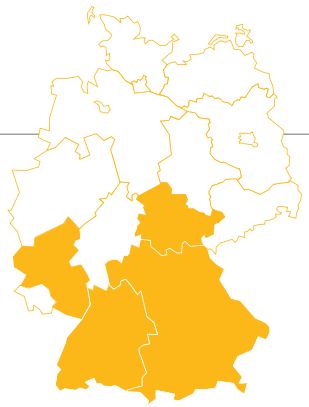
- child welfare services, health care services, police, justice and other institutions
- Dr. Thomas Meysen, Hanne Stürtz, Lydia Schönecker, German Institute for Youth Human Services and Family Law (Deutsches Institut für Jugendhilfe und Familienrecht, DIJuF), Heidelberg
- Prof. Dr. Uta Meier-Gräwe, Inga Evers, Institut für Wirtschaftslehre des Haushalts und Verbrauchsforschung, Justus-Liebig-University, Giessen
- Dr. Heinz Kindler, German Youth Institute (Deutsches Jugendinstitut, DJI), Munich

Target groups

- professionals and institutions (most of them linked to the child welfare and health care systems)
- families with infants and toddlers in unstable circumstances and risk situations

Support Services

- provision of tailored, continuous support by optimising existing support structures
- development and testing of interdisciplinary forms of cooperation and networking structures, including the establishment of procedures and responsibilities associated with child maltreatment (round tables)
- carrying out interdisciplinary training courses in child development counselling (early video-supported attachment training, Entwicklungspsychologische Beratung, EPB)
- workshops for cooperation partners covering the following main topics:
  1. systematic use of screening instruments at the time of birth
  2. information on the subject of data protection issues related to aspects of interdisciplinary networking and child protection
  3. opportunities and problems in interdisciplinary networking in the field of early prevention and intervention and child protection



A GOOD START TO LIFE

Prof. Dr. Jörg M. Fegert
PD Dr. Ute Ziegenhain
Angelika Schöllhorn

Funding

The aim of the accompanying research of the project »A Good Start to Life« was to test the effectiveness of the established and optimized support services for families.

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. Jörg M. Fegert, Prof. Dr. Ute Ziegenhain

Responsibility for the project

Universitätsklinikum Ulm, Klinik für Kinder- und Jugendpsychiatrie/Psychotherapie, Ulm

Objectives/ Research questions

Network analyses: To evaluate networking and integration structures as well as the coordination between institutions and professionals in the child welfare and health care systems.
Case-related evaluation: To test the (long-term) stability of enhanced parenting qualities and interaction patterns between at-risk mothers and their infants and its effects on child development.
Expert interviews: To provide information on the attitudes and applied procedures of specific professional groups and institutions.
Cost-benefit analysis: To analyze the investment outlay (through prevention) and direct and indirect cost reductions (through intervention).

Sample

Network analysis: 3,238 questionnaires were sent out across the eight test locations.
Case-related evaluation: The goal is to evaluate 90 mother-infant pairs.
Expert interviews: 29 participants from the youth support services, the health service, the Police and ARGE will be interviewed.
Cost-benefit analysis: This will take place at two test locations

Research design/method

Network analyses: Administration of questionnaires (pre- and post-analysis) (N=3.238)
Case-related evaluation: Longitudinal, quasi-experimental design (three data-collecting points and three follow-up measurements; N=90).
Expert interviews: Semi-standardized interviews (N=29).
Cost-benefit analysis: Analyzing of investment costs (costs for early prevention) and costs for support services.

INTERVENTION

BRANDENBURG

SUCCESSFUL PARENTING (WIEGE – STEEP™)

The project »WIEGE Brandenburg« aims to reach (expectant) mothers and couples whose living conditions show an accumulation of various risk factors and offer them effective support as they go through the transition to parenthood. To do this, a project called STEEP™ (Steps Towards Effective and Enjoyable Parenting), which is based on attachment theory and has been successfully tested in the USA for years, is used. The goal of STEEP™ intervention is – already starting during pregnancy – to prepare at-risk families for being together with their child and to establish a secure attachment between parent and infant in the first two years of the child's life. A secure attachment is deemed to be an important protection factor for children to grow up healthy. Parent-child-interactions which are videotaped, individual counsellings and group contacts are used to convey and solidify successful, sensitive parenting. Since 2004 STEEP™ is implemented in an interuniversity collaborative project between HAW Hamburg and Fachhochschule Potsdam in practice institutions and evaluated in an elaborate scientific evaluation.

Funding

Federal Ministry of Families, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. Christiane Ludwig-Körner
Dipl. Psych. Bärbel Derksen

Responsibility for the project

IFFE Institut für Forschung, Fortbildung und Entwicklung, Fachhochschule Potsdam, Potsdam

Locations

Landkreis Potsdam Mittelmark (Belzig), Potsdam, Berlin

Cooperation partners

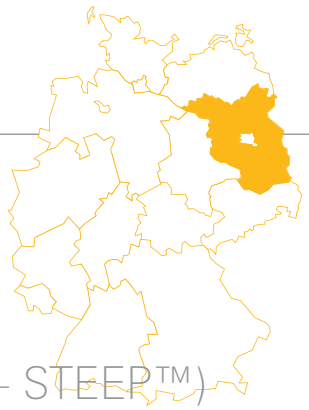
Children and youth welfare offices, health authorities, Potsdam, Netzwerk »Gesunde Kinder«, Havelländische Kliniken, Ernst von Bergmann Klinikum, Sozial Pädiatrisches Zentrum Potsdam, pediatricians, midwives, private institutions e.g. mother-child-rehabilitation, family centre, parent-child-centres, pregnancy advice centres, child guidance centres, information centres for families

Target groups

- At-risk parents-to-be and families with infants and toddlers from 0 to 3 years of age with a need for clearing
- High-risk parent-child couples needing help with child care (Hilfen zur Erziehung, treatment as usual)
- High-risk parent-child couples with STEEP™ counselling

Support Services

STEEP™ is a complex early intervention programme based on attachment theory that works on various levels and focuses on the parent-child relationship during the first two years of life.



SCIENTIFIC MONITORING

SUCCESSFUL PARENTING (WIEGE – STEEP™)

Prof. Dr. Christiane Ludwig-Körner
Dipl. Psych. Bärbel Derksen

The accompanying research of the project »WIEGE Brandenburg« examines how effectively professionals of the children's services and the health care are integrated into a networking and qualificatory process of quality development. In particular, employees of the Allgemeiner sozialer Dienst (ASD), voluntary organisations of the children's services, pregnancy advice centres and professionals from the health care are creating the foundation for early and preventive Hilfe zur Erziehung (STEEP™). The accompanying research examines which instruments already exist for estimating risks, taking into account psycho-social resources, and which can be used for the project. In addition, there will be an examination of the extent to which STEEP™ can produce positive effects for high-risk parents.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. Christiane Ludwig-Körner
Dipl. Psych. Bärbel Derksen

Responsibility for the project

Fachhochschule Potsdam, Fachbereich: Sozialwesen, Familienzentrum der FHP, Potsdam

Research questions

Further development of early warning systems and evaluation of practical use:

- Development and testing of routines within different sectors of child and youth welfare authorities
- Early detection of at-risk parents during pregnancy and risk assessment after birth.
  For this a screening instrument which was developed in the project » a good start to life« shall be tested in practice.
- Establishment of long-lasting strategies to set up and maintain contacts with high-risk families
- Establishment of STEEP™ as an independent form of support in children's services and integration within the framework of normal financial measures in the set of payments related to Hilfen zur Erziehung

Sample

Mothers of the intervention group were recruited by cooperation partners. The planned sample size of the intervention group is N=15-20. The planned sample size of the control group is also N=15-20.

Research design/method

A longitudinal survey with several measuring points is carried out with one intervention and one control group. In the intervention group, the first measuring point is at the beginning of the intervention, the second follows after a year and the third after two years when the intervention has finished. In the control group, data will be collected at two measuring points. The initial survey will be carried out when the child is one year old and the second when the child is two years old.

INTERVENTION

HAMBURG
SUCCESSFUL PARENTING (WIEGE – STEEP™)

STEEP™ (Steps Towards Effective and Enjoyable Parenting) is a programme that has been used successfully for years in the USA. Its main focus is to prepare at-risk families for life with their child by using video recordings (»seeing is believing«) of parent-child interactions to help them to recognise and reinforce successful, empathetic behaviour. Since 2004 STEEP™ has been implemented in several institutions all over Germany.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. Gerhard Suess
Dipl. Soz. Päd. Agnes Mali, Dipl. Psych. Uta Bohlen

Responsibility for the project

HAW Hamburg, Fakultät Wirtschaft und Soziales, Hamburg

Location

Hamburg

Cooperation partners

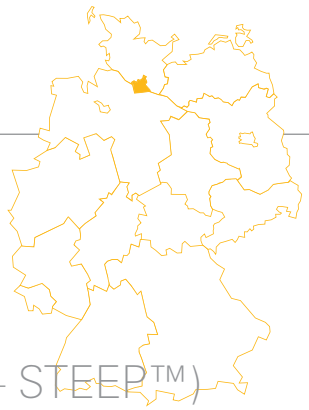
HAW Hamburg; Asklepios Kliniken HH GmbH (Klinik Nord, Heidberg); Dezernat Soziales, Jugend und Gesundheit HH; Gesundheitsförderung HH; Fachamt Sozialraummangement HH; Koordinator Kinderschutz, Frühe Hilfen ASD HH Nord; Beratungsstelle nullbisdrei, HH; Abendroth-Haus, HH; Erziehungshilfe e.V., HH; Zentrum für Alleinerziehende des LEB HH Hohe Liedt; Augenblicke; mamamia e.V.; HH.

Target groups

- At-risk parents-to-be and families with infants and toddlers from 0 to 3 years of age with a need for clearing
- High-risk parent-child couples needing help with child care (Hilfen zur Erziehung)
- High-risk parent-child couples with STEEP™ counselling

Support Services

STEEP™ is a complex early intervention programme that works on various levels and focuses on the parent-child relationship:
Level of behaviour: The parents' behaviour with the child is recorded on video and the result will be watched together (»seeing is believing«).
Level of representation: Parental paradigms, originating usually in the parents' own childhood, are identified in order to observe the effects on the actual behaviour with the child (»looking back, moving forward«).
Social support: Is not only offered by professionals but also by other mothers (group offers).
Advisory relationship: The special difficulty is to find a balance between cordial openness and the necessary professional distance.



SUCCESSFUL PARENTING (WIEGE – STEEP™)

Prof. Dr. Gerhard Suess
Dipl. Soz.päd. Agnes Mali
Dipl. Psych. Uta Bohlen

The evaluation project »how parenting works« aims to optimize strategies of early detection, early prevention and early intervention within integrated structures at the interface between children's services and the health care. Children in high-risk situations in particular should be given systematic access to preventive parent-child services (STEEP™) at an early stage through the organisation of mandatory cooperative links to the health service and cooperation with specialists from the fields of gynaecology/obstetrics, pregnancy advice services and paediatrics. The evaluation study tests which instruments already exist for assessing risks, taking into account psycho-social resources, and which can be used for the project. In addition, there will be an evaluation of the extent to which STEEP™ can achieve positive results with very high-risk parents.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. Gerhard Suess
Dipl. Soz. Päd. Agnes Mali, Dipl. Psych. Uta Bohlen

Responsibility for the project

HAW Hamburg, Fakultät Wirtschaft und Soziales, Hamburg

Research questions

- Further development of early detection systems and assessment of the practical tests
- Development and testing of procedures within the individual sections of the child and youth welfare authorities
- Early detection of high-risk parents during pregnancy and risk assessment after birth. For this purpose, a screening instrument developed in the project »a good start to life« is to be tested in practice.
- Establishment of long-lasting strategies to establish and maintain contact with high-risk families.
- Establishment of STEEP™ as an independent form of support in children's services and integration within the framework of normal financial measures in the set of payments related to Hilfen zur Erziehung
- Examination of the effectiveness of STEEP™ and identifying special factors

Sample

Mothers from the intervention sample were recruited by the cooperation partners. The sample size of the intervention group is N=30. The sample size of the control group is also N=30.

Research design/method

A longitudinal study will be carried out with several measuring points, with one intervention group and one control group. In the intervention group, the first measuring point is at the beginning of the intervention, the second follows after a year and the third after two years when the intervention has finished. In the control group, data will be collected at two measuring-points. The first collection will be carried out when the child is one year old and the second when the child is two years old.

INTERVENTION AND NETWORKING

NORTH RHINE-WESTPHALIA/SCHLESWIG-HOLSTEIN

»SOCIAL EARLY WARNING SYSTEMS IN NRW« AND »GUARDIAN ANGELS FOR SCHLESWIG-HOLSTEIN«

The »Social Early Warning Systems in North Rhine-Westphalia« as well as the »Guardian Angels for Schleswig-Holstein« consist of several projects. The common goal of these projects is to offer children and their families suitable, flexible support at an early stage through effective and binding networking of support systems within the health care system and the child and youth services and thus better protect these children of endangerment.

Funding

NRW: Ministerium für Generationen, Frauen, Familie und Integration
Schleswig-Holstein: Ministerium für Soziales, Gesundheit, Familie, Jugend und Senioren
Caritas-Netzwerk Frühe Hilfen: Erzbistum Köln, Diözesan-Caritasverband für das Erzbistum Köln, Ministerium für Generationen, Frauen, Familie und Integration des Landes NRW, RheinEnergie Stiftung Familie
The projects receive their allowances also within the framework of state programmes, initiatives of individual town councils or as models of one of the voluntary welfare

Project coordination

Social Early Warning Systems in NRW: Dr. Sigrid Bathke, Institut für soziale Arbeit e.V., Münster
Guardian Angels Schleswig-Holstein: Stefanie Sommer, Ministerium für Soziales, Gesundheit, Familie, Jugend und Senioren des Landes Schleswig-Holstein
Caritas Network Early Intervention: Christa Maria Pigulla

Responsibility for the project

Several organisations – depending on the respective institution

Locations

NRW: Bielefeld, Gütersloh, Kreis Mettmann, Rhein-Sieg-Kreis (Sozialdienst kath. Frauen), die Caritasverbände Bonn, Euskirchen, Remscheid, Rheinisch-Bergischer-Kreis
Schleswig-Holstein: Flensburg, Kreis Herzogtum-Lauenburg, Kreis Nordfriesland, Kreis Pinneberg, Kreis Rendsburg-Eckernförde

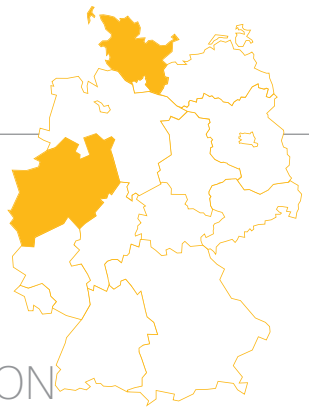
Target groups

- All measures are directed to families with children up to three years of age and are addressed to parents.
- The projects strive for cooperation between several institutions.

Support Services

Social Early Warning Systems in North Rhine-Westphalia:
- Projects of health authorities in Kreis Mettmann
- Project Caritasnetzwerk Frühe Hilfen/Sozialdienst katholischer Frauen
- Project Kinderschutz durch Prävention Elternberatungsstelle der Stadt Gütersloh

Guardian Angels Schleswig-Holstein:
- Project Gut ins Leben Early Intervention for Families, Brücke gGmbH
- Project Hand in Hand, family education centres in Elmshorn
- Project Guardian Angels e.V., Project Gesunde Zukunft



EVALUATION OF EARLY INTERVENTION SERVICES AND SOCIAL EARLY WARNING SYSTEMS IN NRW AND SCHLESWIG-HOLSTEIN

The accompanying research examines the effects of 13 projects of early prevention and social early warning systems in North Rhine-Westphalia and Schleswig-Holstein using a uniform research design. The comparison of models and approaches is meant to provide empiric evidence for general conditions for success and at the same time taking adequate account of context factors. The goal of the evaluation is the creation of an empiric reliable basis for transfer and therefore for further development of children, youth and health services. The focus of this research of impact is a supporting element of the existing evaluation concept, at the same time it is also about process-supportive quality development.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. Wolfgang Böttcher, Prof. Dr. Holger Ziegler
Dipl. Päd. Pascal Bastian, Dipl. Päd.Virginia Lenzmann,
Dipl. Päd. Anne Lohmann, Dipl. Päd. Anna Hentschke

Responsibility for the project

- Westfälische Wilhelms-Universität Münster, Institut für Erziehungswissenschaft, Abteilung II, Qualitätsentwicklung und Evaluation, Münster
- Universität Bielefeld, Fakultät für Pädagogik/AG 8, Bielefeld

Cooperation Partners

NRW: Ministerium für Generationen, Frauen, Familie und Integration; Diözesan-Caritasverband für das Erzbistum Köln
Schleswig-Holstein: Ministerium für Soziales, Gesundheit, Familie, Jugend und Senioren

Research questions

The main question of the evaluation is: Under which circumstances do which concepts from early prevention and social early warning systems work for which target group?

Sample

Impact analysis (Module A): Telephone surveys of 300 to 500 families and professionals
Qualitative case studies (Module B): The selection of the sample will be influenced by the results of the baseline survey. Implementation is developed parallel to the quantitative impact analysis.
Formative Transfer (Module C): Professionals of participating projects.

Research design/method

Impact Analysis (Module A): The research design is based on a quasi-experimental longitudinal study with three measuring points: pre-test, process survey and post-test.
Qualitative Case Studies (Module B): In order to specify the impact evaluation and to analyse the mechanisms of action, qualitative individual case studies in form of expert interviews, field observations and document analysis will be carried out.
Formative Transfer (Module C): The aim is a specific revision of intermediate results by means of regular exchange meetings.

INTERVENTION

SAXONY-ANHALT

FAMILY MIDWIVES IN THE STATE OF SAXONY-ANHALT

This project was initiated at the beginning of 2006 in the context of a state-wide action plan »Alliance for Families in Saxony-Anhalt« of the Ministry for Health and Social Affairs of the state and the Landeshebammenverband Sachsen-Anhalt e.V. (family midwives in the State of Saxony-Anhalt: Responsive family support from qualified midwives with additional qualifications). The overall aim of the project is, on the one hand, the promotion of equal opportunities with regard to health for vulnerable families / families at-risk and, on the other hand, the mobilisation and strengthening of individual and social resources, e.g. through the adoption of preventive measures. The necessary conditions for this are the establishment of a low-threshold support service, an improved continuity of care and regional interdisciplinary networking. This will achieve a sustainable and comprehensive support for the families concerned and improve child health and child development.

Funding

- Landeshebammenverband Sachsen-Anhalt e.V.
- Landesministerium für Gesundheit und Soziales Sachsen-Anhalt

Project management

Manuela Nitschke (Vorsitzende des Landeshebammenverbandes)

Responsibility for the project

- Landeshebammenverband Sachsen-Anhalt e.V.
- Landesministerium für Gesundheit und Soziales Sachsen-Anhalt

Locations

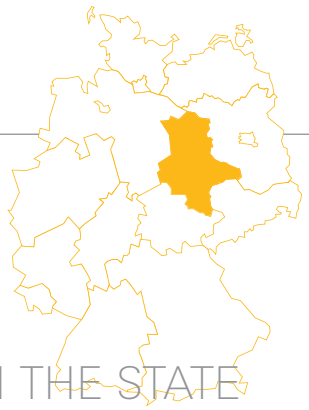
The regional districts of Altmarkkreis/Salzwedel, Börde, Burgenland, Harz, Jerichower Land, Mansfeld-Südharz, Saalekreis, Salzlandkreis, Stendal and Wittenberg, as well as the urban areas of Dessau-Roßlau, Halle and Magdeburg

Cooperation partners

Regional services that offer counselling, care, monitoring and/or therapy for women at-risk who are pregnant and/or who have small children; child and youth welfare services in Halle/Saale

Target groups

1. **Vulnerable families with psycho-social risk factors:**
   Disturbed mother-child (parent-child) relationship; addiction problems; experience of violence/potential for violence in the family, family member with a criminal record; suspicion of child abuse/neglect; being socially disadvantaged or difficulty in accessing support measures (families living in poverty, receiving unemployment benefits, indebtedness, families with a large number of children, illiterate women, migrants, asylum-seekers, women without legal residence status); lack of social support (e.g. single mothers, women who were left by their partners); excessive demands (e.g. minors, mental disability); psychological problems; unwanted pregnancy.
2. **Vulnerable families with health risk factors:**
   Chronic illness (e.g. hepatitis, epilepsy, HIV/AIDS); mental illness; physical disability of the mother/father; children with a chronic illness or disability (mental/physical)



SCIENTIFIC MONITORING

EARLYSTART: FAMILY MIDWIVES IN THE STATE OF SAXONY-ANHALT

Prof. Dr. phil. habil. Johann Behrens
Gertrud M. Ayerle
Dr. rer. medic. Christiane Luderer

The accompanying research project examined the effectiveness of family midwives who have been qualified in Saxony-Anhalt since 2006 and their integration into already existing care structures. The evaluation not only assessed what the family midwives had achieved for women/families with health and psycho-social risk factors, but also the access, interfaces and transitions from and to other participants in the health and social sector in the region.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. phil. habil. Johann Behrens
Dr. rer. medic. Gertrud M. Ayerle, midwife, registered nurse
Dr. rer. medic. Christiane Luderer, registered nurse

Responsibility for the project

Martin-Luther Universität Halle-Wittenberg, Institut für Gesundheits- und Pflegewissenschaft, Halle

Research questions

- Examination of the effectiveness of the commitment of family midwives to promote the health and care of children in vulnerable families as well as to support parental beliefs about their competency and control and the self-efficacy of mothers (helping them to help themselves)
- Examination of the benefit of the qualifying training that family midwives had received regarding their networking with professionals from the health and social services (process orientation)
- Analysis of the subjective experience of clients and their acceptance of, and satisfaction with, family midwives and the early prevention network (client orientation)
- Survey of long-term effects after care by family midwives had ended (client orientation)
- Examination of the access, effectiveness and goal orientation as well as breakages within the client pathways of the early prevention services which were offered by professionals working in the domain of health and social services (process orientation)

Sample

- 734 clients (documentation of care by family midwives), 606 clients (standardised questionnaires)
- 10 clients selected on the basis of theory-guided aspects (partly standardised personal interviews)
- 39 experts (guideline-based interviews on various case vignettes)
- 37 clients (partly standardised telephone interviews)

Research design/method

As part of the accompanying research project, the data on processing and execution of care and events during the care process were collected by the family midwives. Subjective views by the women were assessed through standardised questionnaires. The interviews with the women were carried out through personal conversations and via telephone, the expert interviews were also conducted in person by the researchers. All interviews were based on a set of partly standardised guiding questions and were analysed decriptively and through the use of qualitative hermeneutical procedures.

INTERVENTION

LOWER SAXONY
FAMILY MIDWIVES IN THE DISTRICT OF OSNABRÜCK

Family midwives offer excellent support for families with high strain, because they are met with a distinct willingness of mothers or parents and children to accept help of family midwives. Thus positive impulses with lasting effects can be stabilised and developed further. This helps to minimize the risk of infants and toddlers being harmed by their own parents. Furthermore, the project aims to contribute to help break the circle of so-called inherited poverty and its symptoms.

Funding

- Landkreis Osnabrück
- Stiftung Stahlwerk Georgsmarienhütte
- Stiftung der Sparkassen im Landkreis Osnabrück
- RWE Jugendstiftung gGmbH, Essen

Project management

Sigrid Hus-Halstenberg, Dipl.-Sozialarbeiterin und Familientherapeutin

Responsibility for the project

Deutscher Kinderschutzbund, Osnabrück

Locations

district of Osnabrück: Fürstenau, Quakenbrück, Bersenbrück, Neuenkirchen, Bramsche, Wallenhorst, Ostercappeln, Bohmte, Belm, Bad Essen, Bissendorf, Melle, Hasbergen, Georgsmarienhütte, Hagen, Bad Iburg, Hilter, Bad Laer, Glandorf, Bad Rothenfelde, Dissen

Cooperation partners

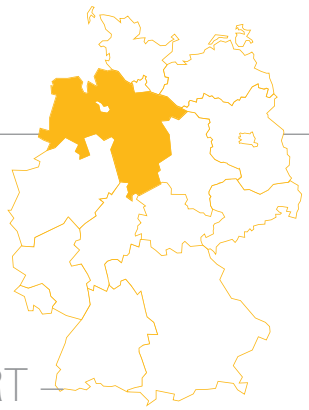
family midwives involved in the project, district of Osnabrück, special service for children, pregnancy advice centres, gynaecologist, paediatricians, maternity hospitals, youth welfare services

Target groups

- Young pregnant women and mothers under 18 years of age with children in their first year of life
- Single pregnant women and mothers with children in their first year of life who live in stressful live-situations and are not able to cope the situation themselves
- Pregnant women and mothers with children in their first year of life who live in a violent environment or with violent men
- Foreign women and mothers with children in their first year of life with access barriers due to a lack of entitlement, as well as cultural or psychological inhibition thresholds to the German health care system.
- Pregnant women and mothers with children in the first year of life with mentally disorders or addiction

Support services

- Bringing together family midwives and needy families
- Continuous support of the work of family midwives through team sessions, supervision, individual advice and if necessary, accompanied visits to the families
- Organisation and support of participation in training courses
- Promotion of interdisciplinary cooperation by establishing contacts
- Recording of statistics on selected aspects of families



SCIENTIFIC MONITORING

Prof. Dr. med. Beate A. Schücking

FAMILY MIDWIVES: EARLY SUPPORT – EARLY STRENGTHENING?

When living conditions are characterised by high strain such as poverty, violence or drug consumption, the intervention of family midwives can have positive effects. The scientific monitoring of the project »family midwives in the district of Osnabrück« collected quantitative and qualitative data in order to estimate whether the deployment of family midwives can reduce the risk of harm of infants and toddlers.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. med. Beate A. Schücking
Prof. Dr. phil. Katja Makowsky, Dipl. Pflegewirtin (FH), and Master of Public Health
Dr. rer. medic. Christine Loytved, MPH; Dr. med. Catrin Halves

Responsibility for the project

Universität Osnabrück, FB 8, Gesundheits- und Krankheitslehre & Psychosomatik, Osnabrück

Research questions

To evaluate the efficiency of the work of the family midwifes in the district of Osnabrück, a combination of qualitative and quantitative research methods was used. . The study aimed to find main factors which influence the efficiency of family midwives. The study focused on details of acceptance, accessibility and integration of family midwives into the early support systems.

- Is the project »family midwives in the district of Osnabrück« accessible to pregnant women and mothers in difficult situations and is it accepted by them?
- How do the users evaluate the intervention and does the intervention lead to the use of already existing resources?
- How does networking of all responsible sectors within the health care system and children's services system affect the work of family midwives and thus the outcome for mother and child?

Sample

67 families, 11 midwives, 8 children's services professionals, 8 professionals of the health care system, about 50 counselling centres

Research design/method

Within the design of a brief longitudinal study with two survey dates, quantitative and qualitative methods were included. The quantitative part of the study focused bio-psycho-social aspects of health and well being and the live situation of protected families at the beginning and the end of support by a family midwife. Additionally sociodemographic data were about the families were collected. Furthermore, the integration of family midwives into the early support system was evaluated. To collect possible reasons why services of family midwives in the district of Osnabrück have not been used, selected counseling centres in the district of Osnabrück were asked to fulfill a standardized questionnaire. The qualitative part of the study focused subjective experiences and expectations from the point of view of the assisted families, to get insight view into the subjective benefit of the support of family midwives they have received. Using qualitative research methods, aspects which characterize good quality of the work of family midwives were collected from the perspective of the family midwives and other professionals within the youth welfare services and health care system.

INTERVENTION

HESSE/SAARLAND
NO-ONE FALLS THROUGH THE NET (KFDN)

The project »No-one falls through the net (KFDN)« is directed at expectant mothers and fathers and parents of new-borns. There is a particular focus on families with high strain. In the obstetrics wards in the eight regional districts participating in the project, parents are selected on the basis of a risk checklist for two forms of intervention, either for parent training (families with few or no strain) and/or for guidance of a family midwife (families with excessive strain). Coordination offices and a »network for families«, in which the representatives of the early prevention systems work together, are established in all regional districts. Furthermore, a team of the Universitätsklinikum Heidelberg offers midwives regular supervision sessions.

Funding

Saarländisches Ministerium für Arbeit, Familie, Prävention, Soziales und Sport, „hessenstiftung» and pilot project locations. In Hessen the health insurance companies pay most of the costs for parenting classes.

Project management and coordination

Prof. Dr. Manfred Cierpka
Dr. Andreas Eickhorst
Local implementation and integration within the project districts is carried out by a coordination office.

Responsibility for the project

- Saarländisches Ministerium für Arbeit, Familie, Prävention, Soziales und Sport
- hessenstiftung – familie hat zukunft
- Universitätsklinikum Heidelberg, Institut für Psychosomatische Kooperationsforschung und Familientherapie

Locations

Regional districts Werra Meissner, Offenbach and Bergstraße (Hessen), regional districts Heidelberg and Neckar-Odenwald (Baden-Württemberg) and all six regional districts of Saarland (St. Wendel, Saarlouis, Merzig-Wadern, Neunkirchen, Saarpfalz-Kreis and Regionalverband Saarbrücken)

Cooperation partners

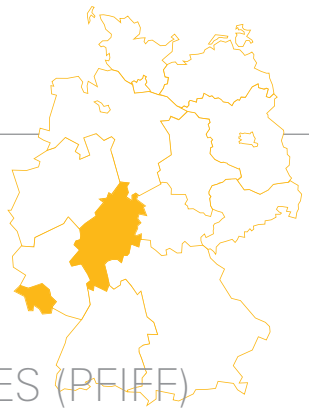
child and youth welfare authorities and health authorities of the participating regional districts, Focus Familie gGmbH, hessensstiftung - familie hat zukunft

Target groups

Families in the project areas with a particular emphasis on very high-risk families.
Time period: Child's first year of life, and after that securing of providing early prevention services

Support services

Step 1: Family midwives are assigned by the teams on the obstetrics wards to those parents who have not yet asked for support from a midwife of their own accord.
Step 2: All parents will be offered the chance of an »understanding your baby« parent training seminar in order to strengthen their confidence as parents. In particular families with excessive strain will receive home visits from a family midwife throughout the whole of the first year of life.
Step 3: In cases where family midwives identify risk constellations on the basis of screening in the course of this year, the families will be assigned to existing support institutions.



EARLY INTERVENTION FOR FAMILIES (PFIFF)

PFIFF Project team

The evaluation study »early intervention for families – PFIFF« evaluates the effectiveness of the intervention with at-risk families which was carried out in the project. The study aims to check if the measures with parenting classes and the additional home visits by family midwives show a significant effect over the course of a year. The controlled study is carried out under naturalistic conditions.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management and coordination

Prof. Dr. Manfred Cierpka, Dr. Anna Sidor
Dr. Andreas Eickhorst

Responsibility for the project

- Saarländisches Ministerium für Bildung, Familie, Frauen und Kultur
- Hessisches Sozialministerium
- Universitätsklinikum Heidelberg, Institut für Psychosomatische Kooperationsforschung und Familientherapie

Research questions

- How many at-risk families can be reached through home visits?
- How successful is the development of cooperation structures in a »network for parents«?
- Is there a significant effect in comparison with a control group in the following fields: greater parental skills, better functioning parent-child interactions, a more reasonable state of development of infants?

Sample

150 high-risk families in the intervention group and the same number of families in the control group

Research design/method

Process evaluation: Participants of the network for parents (social workers of the coordination offices and family midwives) are regularly surveyed in both project locations on the following viewpoints: work content, cooperative structures, suggestions and criticism regarding the project organization etc.. In addition, all sociodemographic data of the supervised families and the organisational data are included in the process evaluation.
Result evaluation: A comparison is carried out between families with high strain who receive intervention and those who do not receive intervention.
The data for the controlled study is collected in two regional districts. It is a quasi-experimental study, i.e. a controlled study under naturalistic conditions.

NETWORKING AND COACHING

BERLIN
CHILD PROTECTION NETWORK AS A SOCIAL EARLY WARNING SYSTEM IN BERLIN-MITTE

The overall concept of the »child protection network Berlin«, approved by the Berlin Senat, aims to protect children from neglect, abuse and violence through an integrated concept of prevention, counselling, early detection, crisis intervention and early support, among others through the network »social early warning system«. The part of the project presented here »coaching for the social early warning system in Berlin-Mitte« aims to bring together institutions and organisations in city districts for prevention and early detection. It aims to offer children and their families in pressure situations adequate solutions and early support services. A preferable effective i.e. binding networking (through dialogue and cooperation agreements) of all regional support sectors (health care and child and youth services, but also education and justice systems) should take place. This project ended in June 2009.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project coordination

Dipl.-Soz.arb. Jens-Uwe Scharf

Responsibility for the project

Caritasverband für das Erzbistum Berlin e.V., Berlin

Location

Berlin-Mitte

Cooperation partners

- Senatsverwaltung für Bildung, Wissenschaft und Forschung, Abteilung Jugend
- Bezirksamt Mitte, Jugend- und Gesundheitsamt Berlin-Mitte
- Sozialpädagogisches Fortbildungsinstitut Berlin-Brandenburg (SFBB)
- ISIS Berlin e.V. – Institut für Sozialforschung, Informatik und soziale Arbeit
- Netzwerk Kinderschutz, Berlin

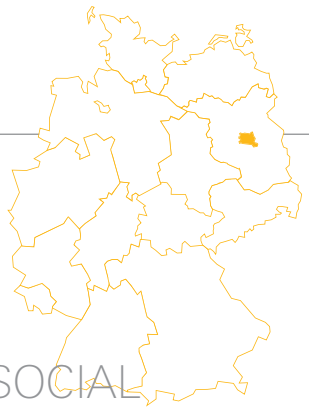
Target groups

Professionals of the district of Berlin-Mitte who are involved in child protection: health care services and children's services, doctors, midwives, sports clubs, children's day care centres, child-minders, schools, police, independent institutions, maternity hospitals, advisory centres, management of districts

Support services

In combination with the following three levels, a balance is sought between the professionals' own activities and those at the coordinating and cooperative steering level. In order to keep the networking activities clearly arranged it is assumed that there is a division into three levels of action:

1. Networking field in consideration of all professionals in the region
2. Strategic process of information, agreement and cooperation
3. Coordination and cooperation as organisational development, moderation of contents and supporting service function.



SCIENTIFIC MONITORING

EVALUATION AND COACHING ON SOCIAL EARLY WARNING SYSTEM IN BERLIN-MITTE

Prof. Dr. Jürgen Gries

The scientific evaluation of the pilot project »social early warning system in Berlin-Mitte«, which is part of the Berlin »child protection network« overall concept, aims to describe the social situation in the region by making a social area analysis and by stock-taking the institutions and professionals which are active in child protection in Berlin-Mitte. Cooperations and networking of all (possible) professionals in this field of investigation which are already existent and which are initiated by professionals from the project Caritasverband für das Erzbistum Berlin e.V are shown and assessed. To do this the accompanying research uses a combination of quantitative and qualitative methods whereas the documentation and tests are meant to get insight into problem areas of child protection with regard to cooperation and networking within the regional area.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH and the Caritasverband für das Erzbistum Berlin e.V.

Project management

Prof. Dr. Jürgen Gries
Dr. Gerhard Wenzke, Vincenz Leuschner

Responsibility for the project

Institut für Sozialforschung, Informatik und Soziale Arbeit (ISIS Berlin e.V.), Berlin

Research questions

- How is the work of the project evaluated with respect to its own goals?
- How might a documentation system look like by means of achievement of objectives and sustainability can be attained?
- Which recommendations for professionals and institutions can be generated from the project?
- Which form of organisation is suitable for the coordination of professionals and measures?
- How might a monitoring system look like so that early detection of problematic situations can be used at a regional level.

Research design/method

The accompanying research has been designed as a process evaluation with institutions performing an advisory function and contains formative (implementation processes) as well as summative (outcomes) evaluation approaches:

1. **Stocktaking and structure evaluation:** Use of an instrument to record the structure of a child protection network
2. **Stocktaking of the regional situation:** Evaluation of quantitative data of the Statistisches Landesamt and the Verwaltungsvollzug as well as a stock survey of institutions and persons involved with child protection in Berlin-Mitte
3. **Expert survey on a regional room level:** Use of an instrument to conduct about 20 expert interviews

INTERVENTION AND NETWORKING

MECKLENBURG-WESTERN POMERANIA

OPPORTUNITIES FOR CHILDREN OF PARENTS WHO ARE MENTALLY ILL AND/OR ARE ADDICTED

The aim of the pilot project is to establish a low-threshold offer for the target group of mentally ill parents with infants and toddlers. The focus is on early support of parents' child-rearing skills and relationship competence and on the prevention of neglect and risk of the child. In this context there is an intention to set up a coordination group for »child welfare«.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Further funds come from the state of Mecklenburg-Western Pomerania and the city of Schwerin.

Project management

Prof. Dr. med. Harald J. Freyberger, Axel Mielke

Responsibility for the project

- Universitätsklinikum Greifswald, Ernst-Moritz-Arndt-Universität, Greifswald
- AWO – Soziale Dienste gGmbH Westmecklenburg, Schwerin

Locations

Schwerin, Greifswald

Cooperation partners

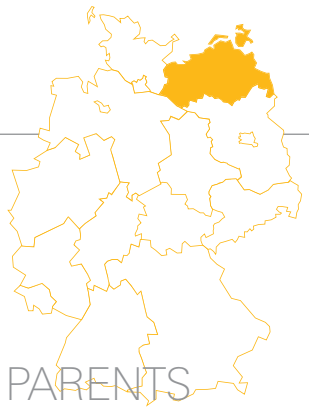
Child and youth welfare authorities, health authorities, private agencies of children's services, paediatricians, midwives, family education centres, Helios-Kliniken Schwerin, Krankenhaus West Stralsund, AWO Kreisverband Schwerin, counselling centre Rückenwind Greifswald

Target groups

- Children of parents with mental illness and alcohol addiction aged 0 to 3 years
- Parents with signs of psychological problems and disorders and/or noticable alcohol/drug consumption
- Teenage parents

Support services

Counselling Center Rückenwind:
Advice by telephone (can be anonymous); visiting advice/home visits; advice by email; individual discussions for parents, children and relatives; family discussions;
arranging contacts/accompany to further support services; development of motivation for therapy; development of new individual support services
AWO – Soziale Dienste gGmbH:
visiting advice; home visits; screening/care-index; individual discussions, parent discussions and family discussions; expert team »early prevention«; arranging contacts/accompany to suitable support services; development of new individual support services



OPPORTUNITIES FOR CHILDREN OF PARENTS WHO ARE MENTALLY ILL AND/OR ARE ADDICTED

Children of parents who are mentally ill and/or are addicted form a high-risk group for neglect and child endangerment. Moreover, there is a serious interface problem for this group within our supply system and counselling system because the medical supply system splits the child and youth sector and the adulthood in different segments. Therefore, the aim of the effectivity evaluation »opportunities for children of parents who are mentally ill and/or are addicted« is the qualitative and quantitative examination of the quality of the networking process and the measurement of intervention effects.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding is channelled through the NZFH.

Project management

Prof. Dr. med. Harald J. Freyberger

Responsibility for the project

- Universitätsklinikum Ulm, Klinik für Kinder- und Jugendpsychiatrie/Psychotherapie, Ulm
- Universitätsklinikum Greifswald, Ernst-Moritz-Arndt-Universität Greifswald

Cooperation partners

Working group Prof. Dr. J. M. Fegert, Universitätsklinikum Ulm, Klinik für Kinder- und Jugendpsychiatrie/Psychotherapie, Ulm

Research questions

- Examination of the networking concept for the systematic coordination of offers of the children's services and health services (qualitative and quantitative with the aim of checking its usefulness in practice and its effectivity)
- Evaluation of the networking concept in view of change in the supply system, the satisfaction of supply of users and other professionals of the supply system
- Examination of the intervention effects with the aid of established measuring instruments for psychological symptoms, quality of life and satisfaction with treatment and examination of stability during a twelve-month period

Sample

1. Assignment of test persons (»problem families«) to the study in close cooperation with supporting institutions and children's services
2. Strengthen parents' self-motivation by offering low-threshold counselling

Research design/method

1. Network analysis
2. Pre-post comparison (before the start of support – twelve months after support) through interviews, questionnaires and video analysis

INTERVENTION AND NETWORKING

LOWER SAXONY | BREMEN | SAXONY
PRO CHILD

»Pro child« is a pilot project for early prevention as well for holistic support of primiparous pregnant mothers and their families in difficult living situations. The participants are continuously monitored within the framework of a home visit programme – from pregnancy up to the second birthday of the child. »Pro child« is based on the concept of the home visit programme »Nurse Family Partnership« (NFP). In addition, a module for dental early health promotion within the framework of home visits is being implemented.

Funding

Lower Saxony: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«; AOK Niedersachsen; Klosterkammer Hannover; Niedersäschsisches Ministerium für Soziales, Frauen, Familie und Gesundheit; Robert Bosch Stiftung; PSD-Bank Braunschweig; die Städte Braunschweig, Garbsen, Göttingen, Hannover, Laatzen, Wolfsburg, Stadt und Landkreis Celle, Region Hannover
Bremen: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth; Land Bremen; Deutsches Rotes Kreuz/Kreisverband Bremen
Saxony: Sächsisches Staatsministerium für Soziales und Verbraucherschutz

Project management

Lower Saxony: Anna Maier-Pfeiffer, Juristin; Susanne Hartmann, Dipl. Soz. Päd., syst. Beraterin
Bremen: Kristin Adamaszek, Hebamme, Dipl. Psych., Familientherapeutin, MPH;
Roswitha Schneider, Dipl. Soz. Päd.
Saxony: Margot Refle, Dipl.-Päd. Univ.; Garnet Helm, Dipl.-Päd. Univ.

Responsibility for the project

Lower Saxony: Stiftung Pro Kind, Hannover
Bremen: Stiftung Pro Kind, in cooperation with DRK Kreisverband Bremen, Bremen
Saxony: Felsenweg-Institut der Karl Kübel Stiftung, Dresden

Locations

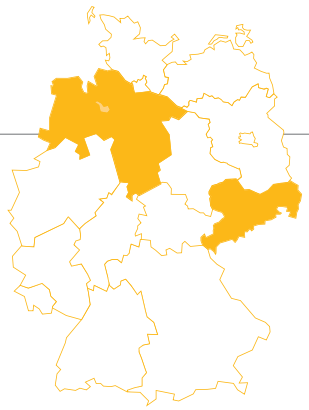
Lower Saxony: Braunschweig, Celle (Stadt und Landkreis), Garbsen, Göttingen, Hannover, Laatzen, Wolfsburg
Bremen: Bremen, Bremerhaven
Saxony: Dresden, Leipzig, the district of Leipzig, Vogtlandkreis

Cooperation partners

Lower Saxony: Child and youth welfare authorities, private agencies, counselling centres, job centre/employment agency, Medizinische Hochschule Hannover, gynaecologists, midwives, dentists, Kassenärztliche Vereinigung as well as other institutions in the area of health, children's services, education and justice.
Bremen: Network through working groups in the area of health, children's services, eduaction and work, child and youth welfare authorities, maternity centres, Häuser der Familie, private institutions, counselling centres, job centre/employment agency, gynaecologists, midwives, dentists, clinics, Kassenärztliche Vereinigung, mother-and-child houses, nursery schools, nursering service for children (child minders), schools
Saxony: Child and youth welfare authorities of the different municipalities, regional specific institutions in the area of health, children's services, education, justice.

Target group

Pregnant women and their families who live in troubled circumstances.



PRO CHILD

Prof. Dr. Tanja Jungmann

The three-part accompanying research of the pilot project »pro child« consists of implementation research (formative evaluation), bio-psycho-social evaluation (summative evaluation) and the cost-benefit analysis. The implementation research should assertain whether the programme has been put into practice in the way it was intended. The aim of the bio-psycho-social evaluation is to answer the question of whether and to what extent the project has achieved the desired results and successes for the children and their parents. In this context the effectiveness of the module „dental early health promotion» is being evaluated. The cost-benefit analysis investigates the social and fiscal return of the pilot project.

Funding

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth within the framework of the action programme »Early Prevention and Intervention for Parents and Children and Social Early Warning Systems«. Funding for pro child Lower Saxony is also channelled through the Dürr Stiftung, the Günter Reimann Dubbers Stiftung and the TUI Stiftung. Furthermore, funding for pro child Saxony is channelled through Sachsisches Staatsministerium für Soziales und Verbraucherschutz.

Project management

Head of implementation research and evaluation research: Prof. Dr. Tanja Jungmann
Head of the module »dental early health promotion«: Prof. Dr. Hüsamettin Günay
Head of cost-benefit analysis: PD Dr. Peter Lutz
Coordination of accompanying research in Saxony: Prof. Dr. Kai von Klitzing

Responsibility for the project

Kriminologisches Forschungsinstitut Niedersachsen (KFN)

Cooperation partners

Lower Saxony and Bremen: Institut für Sonderpädagogische Entwicklungsförderung und Rehabilitation (ISER), Universität Rostock; Institut für öffentliche Finanzen, Leibniz Universität Hannover; Medizinische Hochschule Hannover (MHH)
Saxony: Klinik und Poliklinik für Psychiatrie, Psychotherapie und Psychosomatik des Kindes- und Jugendalters des Universitätsklinikums Leipzig

Research questions

Implementation research: To what extent can the key elements of the NFP programme be implemented within the context of »pro child«?
Evaluation research: Has the project achieved the desired results and success for the children and their parents and to what extent?
Cost-benefit analysis: How efficient is the programme considering the financial aspects?

Sample

In total, N=755 women were integrated in the pilot project in three federal states by the end of 2009. Of these, n= 393 were assigned to the treatment group and n= 362 to the control group.

Research design/method

Longitudinal, multicentric control group study with a random, but stratified assignment to a treatment group and to a control group (stratum: implementation location, age (< 18 years and ≥ 18 years, nationality (German and non-German)). The assignment to the groups of investigation was done by computer by means of a specially developed programming procedure.

ADDRESSES AND CONTACTS FOR THE PILOT PROJECTS

Baden-Württemberg | Rhineland-Palatinate Bavaria | Thuringia
A Good Start to Life
Intervention and Networking
Scientific Monitoring
Prof. Dr. Jörg M. Fegert
PD Dr. Ute Ziegenhain
Universitätsklinikum Ulm, Klinik für Kinder- und Jugendpsychiatrie/Psychotherapie
Steinhövelstraße 5, 89075 Ulm
www.uniklinik-ulm.de
Phone: +49-731-500-61-600
www.uniklinik-ulm.de
joerg.fegert@uniklinik-ulm.de

Brandenburg
Successful parenting WIEGE – STEEP™
Intervention
Scientific Monitoring
Prof. Dr. Christiane Ludwig-Körner
Dipl. Psych. Bärbel Derksen
Fachhochschule Potsdam,
Fachbereich Sozialwesen
Friedrich-Ebert-Straße 4, 14467 Potsdam
Phone: +49-331-270-0574
http://sozialwesen.fh-potsdam.de/ludwig-koerner.html
cludwigkoerner@aol.com
kontakt@familienzentrum-potsdam.de

Hamburg
Successful parenting WIEGE – STEEP™
Intervention
Scientific Monitoring
Prof. Dr. Gerhard Suess
Weitere Projektmitarbeiterinnen:
Dipl. Soz.päd. Agnes Mali
Dipl. Psych. Uta Bohlen
Hochschule für Angewandte Wissenschaften Hamburg, Fakultät Soziale Arbeit & Pflege
Saarlandstraße 30, 22303 Hamburg
Phone: +49-40-42875-7004 and +49-40-42875-7003
www.gerhard-suess.de, info@gerhard-suess.de
steep@sp.haw-hamburg.de

North Rhine-Westphalia | Schleswig-Holstein
»Social Early Warning Systems in North Rhine-Westphalia« and »Guardian Angels for Schleswig-Holstein«
Intervention and Networking

North Rhine-Wesphalia:

Caritasnetzwerk Frühe Hilfen
Christa Maria Pigulla, DiCV Köln
Georgstraße 7, 50676 Köln
Phone: +49-221-2010-143
http://caritas.erzbistum-koeln.de/caritas/fachbereiche/ki_ju_fam/fruehe_hilfen/
Christa-Maria-Pigulla@caritasnet.de

Bielefeld: Kinderschutz durch Prävention
Armin Förster
Fachstelle für Kinderschutz
Amt für Jugend und Familie – Jugendamt
Niederwall 23, 33602 Bielefeld
Phone: +49-521-512-626
armin.foerster@bielefeld.de

Stadt Gütersloh: Elternberatungsstelle der Stadt Gütersloh
Berthold Stuckmann
Stadt Gütersloh, Fachbereich Familie und Soziales
Daltropstraße 7, 33330 Gütersloh
Phone: +49-5241-822-364
Berthold.Stuckmann@gt-net.de

Kreis Mettmann
Frau Till
Kreisverwaltung Amt 53-12
Düsseldorfer Straße 47, 40822 Mettmann
Phone: +49-43-31-132-340
karin.till@kreis-mettmann.de

Schleswig-Holstein:

Elmshorn: Hand in Hand
Frauke Schöffel-Raecke
Lornsenstraße 54a, 25335 Elmshorn
Phone: +49-41-21–491-61-11
schoeffel@fbs-elmshorn.de

Flensburg: Schutzengel e.V.
Christiane Schmitz-Strempel
Leitung Schutzengel e.V.
Lerchenstr. 4–6, 24939 Flensburg
Phone: +49-461-31-336-33
cs@schutzengel-flensburg.de

Herzogtum Lauenburg: Gesunde Zukunft. Netzwerk und Förderung Früher Hilfen im Kreis Herzogtum Lauenburg
Barbara M. Spangemacher
KuK Fachstelle für Kinderschutz und Koordination von Hilfen gegen sexuelle Gewalt, Misshandlung und Vernachlässigung an Mädchen und Jungen
Elbstraße 145, 21481 Lauenburg/Elbe
Phone: +49-4541-888401
spangemacher@kreis-rz.de

Nordfriesland: Gut ins Leben: Eltern – Start – Hilfe
Karin Jacobsen-Jordt
Diakonisches Werk Südtondern gGmbH
Uhlebüller Straße 22, 25899 Niebüll
Phone: +49-4661-900-10-91
fruehe-hilfen@versanet.de

Rendsburg: Frühe Hilfen für Familien
Alexander Klose und Susanne Bücker
Brücke gGmbH
Am Stadtsee 9, 24768 Rendsburg
Phone: +49-4331-132340
susanne.buecker@bruecke.org

Evaluation of Early Prevention and Social Early Warning Systems in NRW and Schleswig-Holstein
Scientific Monitoring
Prof. Dr. Wolfgang Böttcher
Weitere Projektmitarbeiter/-innen:
Dipl. Päd. Pascal Bastian
Dipl. Päd. Virginia Lenzmann
Dipl. Päd. Anne Lohmann
Dipl. Päd. Anna Hentschke
Westfälische Wilhelms-Universität Münster
Institut für Erziehungswissenschaft, Abteilung II, Qualitätsentwicklung und Evaluation
Georgskommende 33, 48143 Münster
Phone: +49-251-83-294-46 and +49-251-83-292-95
http://egora.uni-muenster.de/ew/qe/
wolfgang.boettcher@uni-muenster.de
pascal.bastian@uni-meunster.de

Prof. Dr. Holger Ziegler
Universität Bielefeld,
Fakultät für Pädagogik/ AG 8,
Universitätsstraße 25, 33615 Bielefeld
Phone: +49-521-10-633-23
hziegler@uni-bielefeld.de

Saxony-Anhalt
Family midwives in the State of Saxony-Anhalt
Intervention
Manuela Nitschke, Familienhebamme
1. Vorsitzende des Landeshebammenverbandes Sachsen-Anhalt e.V.
Goethestraße 37, 06114 Halle
Phone: +49-345-51-70-758 (Praxis)
www.familienhebamme.de/sachsen-anhalt.html
http://hebammen-sachsen-anhalt.com/
manuela.nitschke@web.de

EarlyStart: Family midwives in the state of Saxony-Anhalt
Scientific Monitoring
Prof. Dr. phil. habil. Johann Behrens
Dr. rer. medic. Gertrud M. Ayerle MSN
Dr. rer. medic. Christiane Luderer
Institut für Gesundheits- und Pflegewissenschaft, Martin-Luther-Universität Halle-Wittenberg
Magdeburger Straße 8, 06097 Halle
Phone: +49-345-557-5428
and +49-345-557-1822
www.medizin.uni-halle.de/pflegewissenschaft/index.php?id=566
johann.behrens@medizin.uni-halle.de
gertrud.ayerle@medizin.uni-halle.de

Lower Saxony
Family midwives in the District of Osnabrück
Intervention
Sigrid Hus-Halstenberg
Deutscher Kinderschutzbund e.V.
Kolpingstraße 5, 49074 Osnabrück
Phone: +49-5 41-330 36 13
www.kinderschutzbund-osnabrueck.de
hus-halstenberg@kinderschutzbund-osnabrueck.de

Family midwives. Early Support – Early Strengthening?
Scientific Monitoring
Projektleitung:
Prof. Dr. med. Beate A. Schücking
Projektteam: Dr. phil. Katja Makowsky
Dr. rer.medic. Christine Loytved, MPH
Dr. med. Catrin Halves
Universität Osnabrück
FB 8, Gesundheits- und Krankheitslehre & Psychosomatik
Albrechtstraße 28, 49069 Osnabrück
Phone: +49-541-969-2469
www.maternal-health.de
bschueck@uos.de,
kmakowsk@uos.de

Hesse | Saarland
No-one falls through the net (KFDN)
Intervention

Early Intervention for Families (PFIFF)
Scientific Monitoring
Prof. Dr. Manfred Cierpka
Dr. Andreas Eickhorst (Projektkoodinator)
Dr. Anna Sidor (PFIFF-Projektleiterin)
Universitätsklinikum Heidelberg,
Institut für Psychosomatische Kooperationsforschung und Familientherapie
Bergheimer Straße 54, 69115 Heidelberg
Phone: +49-6221-56-4717 and
+49-6221-56-8365
www.keinerfaelltdurchsnetz.de
manfred_cierpka@med.uni-heidelberg.de
andreas.eickhorst@med.uni-heidelberg.de
anna.sidor@uni-heidelberg.de

Berlin
Child Protection Network as Social Early Warning Systems in Berlin-Mitte
Networking and Coaching
Jens-Uwe Scharf
Fachreferent Kinder-, Jugend- und Familienhilfe
Caritasverband für das Erzbistum Berlin e.V.
Residenzstraße 90, 13409 Berlin
Phone: +49-30-6 66 33-10 54
Fax: +49-30-6 66 33-12 47
j.scharf@caritas-berlin.de
www.caritas-berlin.de

Evaluation and Coaching on Social Early Warning Systems in Berlin-Mitte
Scientific Monitoring
Prof. Dr. Jürgen Gries
Vincenz Leuschner
Dr. Gerhard Wenzke
Katholische Hochschule für Sozialwesen Berlin, ISIS Berlin e.V.
Köpenicker Allee 39–57, 10318 Berlin
Phone: +49-30-50-10-10-45
www.khsb-berlin.de
gries@khsb-berlin.de

Mecklenburg-Western Pomerania
Opportunities for Children of Parents who are mentally ill and/or addicted
Intervention and Networking
Scientific monitoring
Prof. Dr. med. Harald J. Freyberger
Direktor der Klinik und Poliklinik für Psychiatrie und Psychotherapie der Ernst-Moritz-Arndt-Universität Greifswald
Ellernholzstraße 1–2, 17475 Greifswald
Phone: +49-3834-86-6900 or
+49-3831-4521-00
www.medizin.uni-greifswald.de
freyberg@uni-greifswald.de

Lower Saxony | Bremen | Saxony
Pro Child
Intervention and Networking
Pro Kind Niedersachsen
Projektleitung: Anna Maier-Pfeiffer, Susanne Hartmann
Ansprechpartnerin: Anna Maier-Pfeiffer
Projektbüro »Pro Kind«
Adolfstraße 7, 30169 Hannover
Phone: +49-511-761-7009-0
www.stiftung-pro-kind.de
a.maier-pfeiffer@stiftung-pro-kind.de

Pro Child Bremen
Projektleitung: Kristin Adamaszek
Roswitha Schneider
Ansprechpartnerin: Kristin Adamaszek
Wachmannstraße 9, 28209 Bremen
Phone: +49-421-3403-211
www.stiftung-pro-kind.de
prokind@drk-bremen.de

Pro Child Sachsen
Projektleitung: Margot Refle, Garnet Helm
Ansprechpartnerin: Margot Refle
Felsenweg-Institut
Straße des 17. Juni 25, 01257 Dresden
Phone: +49-351-21687-0
www.stiftung-pro-kind.de
m.refle@felsenweginstitut.de

Pro Child
Scientific Monitoring
Prof. Dr. Tanja Jungmann
Universität Rostock
Institut für Sonderpädagogische Entwicklungsförderung und Rehabilitation
August-Bebel-Str. 28, 18051 Rostock
Phone: +49-381-498-2672
tanja.jungmann@uni-rostock.de

Kosten-Nutzen-Analyse
PD Dr. Peter Lutz
Leibniz Universität Hannover
Institut für Öffentliche Finanzen
Königsworther Platz 1, 30167 Hannover
Phone: +49-511-762-5644
lutz@fiwi.uni-hannover.de

Praxis- und Forschungsmodul »Zahnärztliche Gesundheitsfrühförderung«
Prof. Dr. Hüsamettin Günay
Medizinische Hochschule Hannover
Klinik für Zahnerhaltung, Parodontologie und Präventive Zahnheilkunde
Carl-Neuberg-Str. 1, 30625 Hannover
Phone: +49-511-532-6670/6671
Guenay.H@mh-hannover.de

IMPRINT

Bibliographical information from the German Library
The German Library lists this publication in the German National Library;
detailed bibliographical data can be found on the internet on
http://dnb.ddb.de

ISBN 978-3-942816-06-9

Publisher:
Nationales Zentrum Frühe Hilfen (NZFH)
in der Bundeszentrale für gesundheitliche Aufklärung
Ostmerheimer Straße 220
51109 Köln
Phone: +49 221 8992 0
www.bzga.de
www.fruehehilfen.de

Authors:
Ilona Renner, Viola Heimeshoff

Editing:
Ilona Renner

Editing and design:
Lübbeke | Naumann | Thoben, Köln

Picture credits:
Umschlag: © Fotolia / Bella; S. 9: Fotolia / Bella
S. 21: © Gettyimages / Image Source

Printed by:
Warlich, Meckenheim

Edition:
1.3.08.11

Addresses for orders:
Fax: +49 221 8992 257
E-Mail: order@bzga.de
Post: BZgA, 51101 Köln

An updated version of our list of publications
and further information material can be found on
www.fruehehilfen.de.

Order number: 16000123