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Early intervention in Germany and in the USA: A comparison of supporting health services. An overview article



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Abstract

The article at hand provides an overview of early childhood prevention and intervention in Germany and in the USA. Presented are nine German and four US-American home-visitation programs, primarily targeting at-risk families. The NZFH and MIECHV government coordinated programs which span federal states in both countries, are introduced. The evidence-based effects of the early prevention programs are briefly presented. Despite similar program approaches, the most important differences are the universality of public health care and social services, general prevention policies and staffing (family midwives in Germany vs. nurses or para-professionals in the USA).

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Introduction

According to the United Nations Convention on the Rights of the Child (UNCRC) the signatory states are obliged to ensure that all children are protected from harm and danger and that their development is actively supported. Regardless of their life circumstances, all children ought to have the same rights to education and health care (Sann & Hilfen, 2012). The individual mental and physical development of children occurs in their relationships with attachment figures. The parental ability to establish and nurture safe relationships is essential for the mentally stable development of a child. Not all families can provide for such “good enough” conditions; today between 7% and 10% of children in industrialized countries grow up in so-called “high-risk” families (UNICEF, 2005).

Early intervention in Germany

In Germany, the healthy development of children is perceived as a mutual responsibility of parents and society. Over the past few years Early Intervention has generated increasing interest in Germany. In 2009, the UN Convention on the Rights of the Child was ratified by Germany without any restrictions. According to the Convention all children are to be guaranteed unrestricted access to developmental and supportive measures. According to German Basic Law it is the parent’s duty to care for the wellbeing of their children. The execution of this basic duty is monitored by the state, which, at the same time, provides parents with the required assistance to do so. In case parents fail to fulfill their duty, the state is authorized and has the obligation to intervene in the interest of the child’s wellbeing (Sann & Hilfen, 2012).

Focusing on the improvement of child protection during the first three years of a child’s life, is related to the specific vulnerability of infants and toddlers, and the increased risk of harm to the child’s wellbeing that results from this vulnerability (Sann & Hilfen, 2012). According to recent statistics on cause of death (1998-2008), each year between 40 and 66 children under the age of 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 Federal Government Health Monitoring, 2009), with infants and toddlers before their first birthday being most at risk (Renner & Heimeshoff, 2011).

Early intervention structures in Germany

Support services for Early Intervention in Germany are mainly supported by the communities. Local structures form network 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 zero to three age group (Renner & Heimeshoff, 2011). Early Intervention services are mainly offered for families in need. The aim of this is to identify risks for the child’s wellbeing at an early stage and to provide the support work in the families (Advisory Council NZFH, 2009).

Support services range from universal support and advisory offers for primary prevention activities like “Welcome letter/information packets at birth” or “Groups for parents with infants and toddlers” to secondary and even tertiary prevention activities such as inpatient treatment interventions. The majority of Early Intervention services (approx. 38%) is aimed at secondary prevention activities, i.e. high-risk families, or integrates elements of secondary and tertiary prevention (41%). Among the most important settings are home visiting services by family midwives and other family helpers (“home based”, about 47%) and combined offers (“home and center-based”, about 37%); center-based only services are offered significantly less often, about 16% (Sann & Hilfen, 2012).

Secondary prevention activities are largely offered on a voluntary basis and are usually free of charge for families. In most cases, families are introduced to these support services via flyer or personally invited to participate.

National Center on Early Prevention (NZFH)

The National Center on Early Prevention (NZFH) was set up in 2007 as part of a governmental program of the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (*Bundesministerium für Familie, Senioren, Frauen und Jugend* (BMFSFJ), 2013). Its goal is to establish early prevention as an effective and sustainable support service for parents and their children. The NZFH supports the systematic embedding of early prevention into professional practice by generating and disseminating research-based knowledge on early intervention.

The BMFSFJ has been supporting pilot projects in every federal state in Germany and monitored their effectiveness (Renner & Heimeshoff, 2011).

Important cooperation partners of early prevention networks

All pilot projects build on local networks with a coordination office in place to manage referrals. The experiences of nine German pilot projects have shown that *child protective services* (*Jugendaemter*) are the most important cooperation partners in the early prevention network system. Both the quality of cooperation in establishing access to high stress families, as well as the opportunities to build sustainable cooperation received very positive evaluations.

The second most important cooperation partners were maternity clinics and pediatricians in private practices. These were followed by gynecologists in private practice, midwives, other early prevention services and pregnancy counseling centers (Renner & Heimeshoff, 2011).

Overview: pilot projects in the German federal states

The pilot programs supported by the NZFH show a quite heterogeneous picture of Early Intervention services.

Three of the programs, “*A good start to life*”, “*Wiege-STEOP-Brandenburg*” and “*Wiege-STEOP-Hamburg*” are largely based on interactional, attachment-oriented, and video-supported interventions:

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