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Making Prevention Work
Case Study Austria

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In 2011, the state government of North Rhine-Westphalia and the Bertelsmann Stiftung launched the model project, "Kein Kind zurücklassen! Kommunen in NRW beugen vor" ("Leave no child behind! Municipalities in North Rhine-Westphalia providing equal opportunities for all children") (KeKiz). The goal of this initiative remains unchanged: To partner with model municipalities in creating opportunities that enable every child and young person – regardless of background – to benefit from a successful upbringing and participate in society. The initiative has been guided by academic research since its inception. Together with its partners from academia, the Bertelsmann Stiftung oversees the research that accompanies the initiative. In partnership with a range of academic collaborators, we will periodically publish the insights and findings from the accompanying academic research on municipal prevention efforts. The "Materials about prevention" series also aims to communicate findings on related issues and the insights gained from taking a broader academic view of the model project.

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Making Prevention Work

As part of a larger project mapping preventive structures and policies for children, young people and families in 12 European countries, the Making Prevention Work study aims to provide a consistent base for developing preventive policies in Europe. It examines approaches across the EU that demonstrate success with local preventive work. The in-depth case study of Austria presented in this publication is one of three published in the context of the Making Prevention Work study.

Making Prevention Work draws on a concept of prevention that is framed in universalist and integrative terms. The concept is universalist in that it addresses all children and young people, even those not seen as being "at-risk." It is integrative because prevention should be organized from a child's point of view, not in terms of administrative responsibilities. As such, this concept targets the establishment of prevention chains that link different institutions over the life-course.

Making Prevention Work includes summary factsheets of the preventive concepts, structures and practices mapped in 12 EU member states (Austria, Czech Republic, Denmark, England (UK), Finland, France, Germany, Ireland, Lithuania, the Netherlands, Spain and Sweden) as well as three case studies (Austria, France and the Netherlands) featuring data from interviews with experts and implementing actors.

Key findings

Varieties of prevention: Despite widespread awareness of the underlying problems and a common frame of reference provided by the European Commission's recommendation

"Investing in Children. Breaking the Cycle of Disadvantage," existing preventive concepts, interpretations and measures vary greatly across Europe.

Universalist vs. targeted approaches: Most countries take a universalist approach that addresses all children and families. The Scandinavian countries are most consistent in this regard, followed by continental European countries such as the Netherlands, France and Germany. Other countries, such as Ireland and England as liberal welfare states, feature prevention strategies that target those in need more specifically.

Integration vs. fragmentation: Whereas some countries aim to integrate different services both across sectors (i.e., health, education, youth welfare) and throughout the life-course, others maintain rather fragmented structures. We see here the Scandinavian countries pursuing an integrated approach, which contrasts with the rather fragmented departmental structures observed in Ireland and England. Countries in continental, east-central and southern Europe are rather inconsistent in this regard, but generally pursue integrated approaches by establishing cross-institutional networks.

Voluntary offerings vs. incentives vs. obligation: How preventive programs are brought to the public differs from country to country. While in some countries programs are provided as voluntary offerings (e.g., early health examinations), other states try to "nudge" people toward participation through incentives (e.g., early child education), whereas others "urge" them to engage through obligation mechanisms (e.g., compulsory education).

Centralization vs. decentralization: The extent to which services are integrated into an administrative architecture depends on a country's broader administrative setting. The three Scandinavian countries of Denmark, Finland and Sweden each have a long-standing tradition of extensive welfare provision and municipalities that are competent in educational, social – and to varying degrees – health matters. Introducing reforms in 2015, the Netherlands has moved toward bundling all relevant competences (excepting schools) for preventive measures at the municipal level. England and Ireland take a more centralized and single-purpose oriented approach in which local governments play a lesser role. The continental, east-central and southern European countries vary in their approaches, but generally aim to establish networks that include actors in centrally governed policy areas (mostly health and employment) and those areas for which local administration bears responsibility.

Financing: Most programs have distributed liabilities with regard to financing. In many countries, budgets are focused on the main responsibilities of the institutions involved. Prevention and other cross-cutting issues often fall outside of these silos. In some cases – once again the Scandinavian countries stand out in this regard – there are additional lines of funding for preventive offers or strategies but, overall, funding for prevention is insufficient.

Making use of additional funding: Drawing on the European Social Fund (ESF) and other European funds to finance prevention remains an exception. Most projects financed with ESF resources target specific groups (e.g., Roma) or transitions (e.g., from school to employment). The "Leave no child behind!" project in Germany's North-Rhine Westphalia is a good example of a universalist and integrated approach that draws on ESF funding.

Leveraging other governance instruments (information, networking and performance management): In addition to funding, governments have other resources to offer. The countries with the greatest degree of centralization provide more materials (e.g., manuals) and are consistent in applying some forms of performance management. Many continental European states by contrast do not issue national guidelines, with the exception of Germany and Austria, where there are forums for a national exchange on their early intervention programs. While information and guidelines are often discussed in voluntary horizontal networks, no binding structures are implemented and, for the most part, performance management is lacking (with some regional or program-based exceptions). In Austria, Germany, France and, to a certain extent, the east-central and southern European countries, **preventive services are arguably under-governed by central actors.**

Country clusters: On a rather abstract level, three different approaches can be identified that reflect geographical lines and welfare state traditions: **The Scandinavian cluster** (i.e., Denmark, Finland and Sweden), takes a universalist and integrated approach to prevention. Responsibilities are concentrated at the level of functionally and fiscally strong local governments. At the same time, the central government supports local governments by communicating good practices and providing (some) financial support. The **Western European cluster** (i.e., Ireland and England) pursues a targeted and segmented approach. The targeting of measures is strongly related to the tradition of the liberal welfare state, where public action requires a special testable need to get things

started. The segmentation of governance is reflective of public administration in England and Ireland where, since the 1980s, single-purpose agency administration has become the norm and local government has lost several competences to specific agencies, Quangos and the private market. In many ways, the **Continental European cluster** (i.e., Austria, France and Germany) falls somewhere in between these two clusters. This stems from the inertia that is a function of their welfare state architecture, which relies on centrally provided and/or financed services as well as decentralized services financed by local governments. Limited in their constitutionally stipulated powers, local governments in these countries have little fiscal leeway to finance tasks that go beyond the tasks delegated by central (and state) governments. In these states, diverse networks that reach across administrative levels, the public sector and civil societies develop innovative preventive solutions. However, these solutions are rarely scaled up across the country. Spain and Lithuania do not fit a specific model, while the Netherlands falls somewhere between the continental and Scandinavian models. The relative dependence of local Dutch governments on the national government, particularly in fiscal terms, is the main obstacle to achieving a successful reform of prevention.

Consequences for Germany and Europe

First, Germany must reform the **design and character of preventive services** in order to reach more addressees of preventive offerings and convince parents to participate in programs at an early stage. This can be achieved by lowering barriers to such services and increasing obligations or nudges to make use of preventive services.

Second, Germany must **enhance cooperation** through networks to compensate for the status quo of fragmented responsibilities. Although local governments are generally tasked with childcare, youth welfare and social services, the federal states are responsible for schools and job training, and the health sector is governed by a complex network of health insurances (financing), free medical practitioners, medical associations *(Ärztekammern),* and hospitals operated by diverse providers.

Third, given their diverse personnel and financial capacities, local governments – particularly less-wealthy ones – need greater support.

Fourth, given the lack of planning capacities and robust databases for evidence on preventive measures, **more research and data collection are needed to monitor performance and allow for sustainable policy planning.**

The study identifies common **challenges for Europe** as a whole that require stronger EU involvement. Topping the list is the absence of a common understanding of prevention and social investment. Second, there is a lack of a clear will to cooperate calls for greater structural and practical coordination efforts. Third, we need more community-driven, integrated preventive care that brings services closer to people where and when they need it. Fourth, the visibility of such services and general knowledge of them must be strengthened in order to ensure that both professionals and clients are aware of existing services. Fifth, an effort to balance centralized with local adaptation approaches to competences could bring together the best of both worlds. Sixth, budgets for preventive measures follow sectoral lines or are otherwise restricted, which leaves no room for cross-sectoral innovation.

The **European Union** could help strengthen preventive action across Europe. Though a powerful instrument, the ESF is rarely drawn upon for prevention funding in part because the **administrative burden** involved with applying for and managing these funds is too high for many potential users, such as local governments. Lowering these thresholds would mark a step in the right direction.

Within the context of EU discussions already underway regarding "social investment" – also for children (cf. the European Commission's "Investing in Children" recommendation) and the "Child Guarantee" to tackle child poverty, the EU should **promote prevention and preventive measures** as part of this paradigm. This could precipitate the creation of a shared understanding of prevention in Europe while enabling member states to learn more from each other's best practices.

The EU's recently developed **European Pillar of Social Rights,** which includes support for children, is accompanied by a Social Scoreboard that aims to measure member states' performance in different social areas. These instruments should be (and to some extent have already been) included in the process of the **European Semester,** which delivers country-specific recommendations to member states that include possible actions to be taken concerning prevention for children and young people.

Contents

Abbreviations

BoJa	Bundesweites Netzwerk offene Jugendarbeit
BMG	Bundesministeriums für Gesundheit
GÖG	Gesundheit Österreich GmbH
G-ZG	Gesundheits-Zielsteuerungsgesetz
NZFH	Nationales Zentrum Frühe Hilfen
WGF	Wiener Gesundheitsfond
WIG	Wiener Gesundheitsförderung

Preface

Since 2012, the Bertelsmann Stiftung has partnered with the German federal state of North Rhine-Westphalia on the **"Leave no child behind!"** (in German: **"Kein Kind zurücklassen!"**) initiative. Together with 40 participating municipalities, we have been united in aiming to **improve children's prospects for development while providing them equal opportunities.** Each municipality involved is creating local prevention chains, that is, systematic and ongoing collaboration between stakeholders in administration, agencies and civil society to improve the effectiveness and efficiency of local support and intervention practices.

Building on this initiative and its research, the Bertelsmann Stiftung, together with the German Research Institute for Public Administration, decided in 2017 to carry out a cross-national study of prevention activities across the EU, titled **"Making Prevention Work – Preventive structures and policies for children, youth and families"** The case study of Austria, presented here in this publication, is one pillar of the study's research and offers a deep dive into one country's approach.

What is prevention in a policy context?

Most broadly, prevention refers to efforts designed to ensure the well-being of children and youth so that they can make the successful transition to adulthood. As applied here, our definition of prevention involves mitigating risk factors among children and their families – particularly those most vulnerable – as well as strengthening protective factors and resilience.

Driven by the needs of children and youth rather than institutions per se, this concept of prevention, as a policy objective, seeks to have a direct influence on the behavior of a target group (behavioral prevention) and bring about positive change in the group's environment (setting-based prevention). Prevention encompasses universal offerings (e.g., home visitation programs for families with a newborn) that take effect before risks become problems as well as targeted approaches aimed at those families specifically disadvantaged or in need.

As a policy objective, prevention is highly complex because it involves engaging health, education and child/youth welfare systems – at once. This demands effective coordination and cooperation across different sectors and institutions, which is lacking in many countries, including Germany.

Why are we interested in a cross-national comparison of prevention?

The research accompanying the "Leave no child behind" project initiated in 2012 in Germany highlights both the consequences of segregation on disadvantaged children and their families and the positive impact local support and institutions can have on these children.

Our German research shows that the educational opportunities of disadvantaged children can be improved considerably with just a few good preventive measures, such as improving day nursery attendance in the first three years of life and sports club attendance. Because the preventive services utilization rate is much lower among disadvantaged families, increasing their participation in such services is crucial. Many municipalities demonstrating success have developed and implemented services with a low access threshold, some of which are tailored to the needs of disadvantaged families.

However, our research in Germany shows that municipal "child-centered" policies depend strongly on the political will of municipal decision-makers, stakeholders' abilities to cooperate, and the breadth of local resources, all of which vary among municipalities. Consequently, not all children and youth – particularly those from families in need – are provided the support and care needed to ensure a successful transition into adulthood.

What is the goal of the "Making Prevention Work" study?

In an effort to learn from other contexts, we decided in 2016 to look beyond our national borders in order to identify successful facilities and institutional arrangements with potential applicability for the German welfare system. Although Germany's federalist system and other distinctive features of its institutional architecture may prohibit a direct transfer, factors of success in effective arrangements found elsewhere could nonetheless be adapted in one way or another to the German context.

As a product of this desire to learn from other examples, the study presented here examines prevention activities in Austria and maps their goals, contents and legal basis, as well as their information, financing, organizational and cooperation structures. It provides deeper insight into how cooperation structures work and the daily challenges of preventive work.

What are our key findings?

In addition to providing prevention advocates across Europe with examples of good practices, the the cross-national study on 12 European countries clearly shows the importance of EU funding instruments to fostering inclusive prevention in education, health and social welfare, particularly with regard to youth and children in need. Furthermore, the study shows that an effective local implementation of prevention depends on the following:

- an integrated, cross-sectoral approach involving actors and institutions in health, child welfare and education;
- the promotion of such an approach at the EU level;
- the extent to which the EU fosters prevention locally and its influence on prevention policies in federal states and municipalities.

We are strongly aligned with the European Commission's recommendation on child-friendly investment (Recommendation 2013/112/EU; Investing in Children: Breaking the Cycle of Disadvantage). We therefore find the ongoing initiative to introduce a child guarantee scheme throughout Europe a promising approach. Although this scheme focuses on

the basic needs of children, we see a strong link to the objectives outlined in our study and recommend that it be adopted quickly so that implementation can commence.

In addition, we recommend that the EU draw upon its Pillar of Social Rights and the European Semester process to communicate the urgency of joined-up prevention efforts that link local, regional and national measures. In order to ease local municipalities' access to funding for prevention, we recommend that barriers to ESF funding be reduced. We support European efforts to implement the European pillar of social rights through the Structural Funds and hope that the findings presented here help foster a European-wide discussion on ways to create a better future for expanding generations to come.

A study of this nature requires the efforts and cooperation of many people and institutions. We thank **Dr. Falk Ebinger** at the Vienna University of Economics and Business for his authorship of the Austrian case study and, for their contribution to the report, we thank **Dr. Sabine Haas,** Gesundheit Österreich GmbH and Director of the National Centre for Early Prevention (NZFH), **Birgit Kraus** at the Styrian State Governor's Office (A6 Department of Social Affairs, Unit for Family Affairs, Adult Education and Women), **Bernhard Mager,** Director of the Eastern Region at Vienna Child and Youth Support (Municipal Department 11), and **Ursula Berner,** Spokesperson for Social, Family and Children's Affairs for the Green Party in the Vienna parliament and city council. For her tireless support, we owe a special debt of gratitude to **Ingrid Krammer,** head of the Youth and Family Office Graz.

We would like to express our sincere gratitude to **Prof. Dr. Stephan Grohs, Niclas Beinborn** and **Nicolas Ullrich** at the German Research Institute for Public Administration for their outstanding work in conducting the cross-national study.

Christina Wieda and Dr. Anja Langness
Bertelsmann Stiftung
"Leave no child behind!" projekt
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1 Introduction

The application of prevention strategies for children and young people in Austria offers an interesting case study because of the broad spectrum of child and youth welfare policies and programs that are provided in some cases exclusively and in others jointly by differing levels of public administration. While the complexity of governance structures and service provision inhibit an integrated case study with a uniform assessment of strategy, programs and their success, the diversity of approaches offered in Austria – which are designed to address universal problems but are often adapted to local structures and needs – can be examined and compared as a whole.

The four cases presented here feature prevention strategies with entirely different approaches to fostering cross-sector cooperation:

- The Early Prevention *(Frühe Hilfen)* program, which is initiated by the federal government but implemented on a regional basis, targets children (0-3 years) and their families, and has the potential to be implemented nationwide.
- Preventive measures designed for a large urban context (Vienna)
- The integrated approach pursued in Graz, which demonstrates a neighborhood-centered strategy
- A recently initiated pilot project in the state of Styria targeting integrated prevention at the local government level

The case studies address the following questions regarding implementation: How do the institutions and actors involved with preventive policymaking identify problems, and which routines/processes are thus set in motion? What are the overlapping areas of responsibility among (local) actors mandated to implement preventive policies? To

what extent do they cooperate with each other? Is cooperation incentivized? If so, how? How are local programs financed? Do measures focus on specific phases in the course of life or certain groups (e.g., vulnerable groups)?

The study is structured as follows: First, it sheds light on the general structural setting (i.e., the overall government architecture) for prevention, the allocation of responsibilities across levels of government, available resources, and the specific cooperation structures with other actors within the system. Second, the term "prevention" is defined in the Austrian context and existing prevention-related programs are introduced. The third section presents four case studies and discusses the key factors in design, implementation and success. The final section offers a summary of conclusions drawn.

2 Basic information

2.1 Municipalities and local governments: their responsibilities and capacities, and their role in the government architecture and in providing services for children and families

The specifically Austrian model of federalism, which is often described as demonstrating "principle without substance" (Hämmerle 2005), is frequently subject to criticism. While specific competences are clearly assigned to the federal and state levels of governments respectively, there are obvious disparities between the two when it comes to their individual power, resources and responsibilities.

The task areas relevant to child and youth development (e.g., health, child and youth welfare, education) are an exception in this regard. Whereas responsibilities for policymaking in child-welfare issues vary between the two levels, the states bear full responsibility or have at least substantial leeway in designing programs. States are also primarily responsible for ensuring policies are implemented. The legal frameworks presented below therefore have immediate impact on the activities of local government.

2.1.1 Federal responsibilities

Because policies targeting children and youth are cross-sectoral by nature, responsibilities can be found in all departments of the federal government. The Federal Chancellery identifies the following youth policy action areas as the responsibility of the federal government:[1]

1 https://www.women-families-youth.bka.gv.at/youth/youth-policy-in-austria.html

- Legislature and its implementation in this domain
- Basic legislature in the youth welfare sector
- Expert advice function for draft bills
- UN Convention on the Rights of the Child
- International agendas including EU youth programs
- The financial support of youth organizations, youth initiatives, associations and youth projects
- Youth information
- Initiation and promotion of youth research
- Initiating, promoting and dealing with priority themes such as violence against children, health promotion and preventive healthcare, new media, participation, sects, training youth leaders etc.

2.1.2 Responsibilities of the state governments *(Bundesländer)*

The state governments implement all youth policies not related to schools and schooling. According to the Federal Chancellery, their primary tasks include:[2]

- Lobbying measures in the children's and youth sectors
- Promotion and support of children's and youth institutions, particularly in youth outreach work. Youth centers, mobile youth work and youth information bodies of the provinces as well as initiatives at regional and municipal levels belong to the latter category.
- Services for children and young people as well as for working with children and youth work etc.
- The basic training and further training of staff working with children and youth
- Public relations work
- Youth welfare: the tasks of youth welfare include all measures involving maternity-, infant- and youth welfare, which serve the well-being of the child with the aim of strengthening the ability of families to bring up their children
- Youth protection: Risk situations included in youth protection legislature are, for instance: staying in public places, spending the night in hostels or at camp sites, attending public theater or film performances, visiting public houses, consuming alcohol and nicotine, hitch-hiking etc.

2 https://www.women-families-youth.bka.gv.at/youth/youth-policy-in-austria.html

In each state, a *Landesjugendreferent/in* (most often in the rank of a minister's equivalent *(Landesrat/Landesrätin)* is responsible for policies directed at children and youth in areas outside of schools. The most important legal basis for prevention policies derives from the following legislation and frameworks.[3]

2.1.3 Federal Child and Youth Welfare Act

In force since 2013, the Child and Youth Welfare Act *(Bundesgesetz über die Grundsätze für Hilfen für Familien und Erziehungshilfen für Kinder und Jugendliche – Bundes-Kinder- und Jugendhilfegesetz 2013 – B-KJHG 2013)* is Austria's most important piece of legislation targeting the protection of children and youth (from birth to 18 years of age) and provides the legal basis for child and youth welfare authorities' activities. Framework legislation is provided at the federal level. Each state then issues its own legislation *(Ausführungsgesetz)* such as the *Gesetz über die Kinder- und Jugendhilfe* which specifies how the federal government's framework law should be implemented. Paragraph 1 section 6 of the B-KJHG states that child and youth welfare measures are carried out in cooperation with the educational, healthcare and social welfare systems. Paragraph 10 stipulates that the state governments must provide the social services needed for child and youth welfare. In addition, these services must feature preventive measures, including:

- Early Prevention services through parental outreach offices
- Outreach offices for families and youth
- A recreational program targeting children, youth, families and parents
- Streetwork services and shelter for youth (in cooperation with municipalities)
- Counseling and assistance targeting abuse and violence prevention as well as trauma recovery support
- Crisis support for parents during interventions conducted against their will

2.1.4 Federal Youth Promotion Act *(Bundes-Jugendförderungsgesetz)*

Enacted in 2000, this legislation regulates financial support for programs targeting extracurricular youth work.

3 For an overview of fields of action: https://eacea.ec.europa.eu/national-policies/sites/youthwiki/files/gdlaustria_4.pdf

2.1.5 Health Promotion Act (Bundesgesetz über Maßnahmen und Initiativen zur Gesundheitsförderung, -aufklärung und -information – Gesundheitsförderungsgesetz – GfG)

Passed in 1998, this legislation oversees the promotion of health within the healthcare system.

These and a host of other laws and frameworks provide the basis for action at the state and municipal government levels, both of which are central to prevention policies in Austria. However, there is an important distinction to be made with respect to the allocation of responsibilities among them and, therefore, how prevention measures are implemented. Exactly how policies are implemented depends in large part on local conditions and needs. For example, Vienna, which is home to one-fourth of the total Austrian population, must address a variety of social issues associated with a large urban area. According to 2017 figures, 63% of all Austrian residents receiving basic social welfare benefits live in Vienna (Statistik Austria 2018). On the other side of the spectrum are the large number of small municipalities in the county's rural areas. More than two-thirds of the country's 2,096 local municipalities have less than 2,500 residents and are faced with an entirely different set of challenges than their big-city counterparts. For most small(er) communities, the district authority *(Bezirkshauptmannschaft)* is the regional administrative body that implements the Child and Youth Welfare Act. It is also involved in several school or daycare provision-related issues as well as prevention programs. The communities themselves are responsible "only" for the voluntary provision of extracurricular programs *(außerschulische Betreuung)* and the youth outreach programs *(offene Jugendarbeit)*. Local government administration offices are often the main point of contact for all prevention-related issues and for key stakeholders such as NGOs within communities. Recreational activities, extracurricular education, fostering youth development and youth protection fall under local governments' primary responsibilities as stipulated by the Youth Protection Act *(Jugendschutzgesetz)*. As a result, prevention work in rural areas is often fragmented as various aspects thereof fall under multiple administrative jurisdictions. Furthermore, the frequent limits to resources and capacities creates specific coordination challenges in areas where spatially integrated and comprehensive services are needed.

Larger municipalities with the status of statutory city *(Statutarstadt)*, however, are child and youth welfare authorities in their own right and are therefore responsible for several

additional tasks. These communities also develop innovative prevention programs that are tailored to their needs. This is where innovations in coordinating prevention professionals, organizations and programs can be observed.

Partisan preferences and capacities at both the state and local government levels also play a role in the implementation of preventive measures. While prevention is a key aspect of the federal government's "steering by objectives" strategy, exactly how it is carried out by the nine states and the various social insurance providers (c. f. Bund / Länder / Sozialversicherungsträger 2017: 4) varies considerably depending on state and local party politics.

2.2 Recent reforms

In late 2018, the lower house of the Austrian parliament, the National Council, passed legislation transferring the responsibility for child and youth welfare from the federal government to the state governments. Prior to the vote, the shift was the subject of intense debate, as most child-support organizations raised fears of increased fragmentation of responsibilities and an inflation of services and standards.[4] The agreement was therefore amended in order to ensure common standards in child and youth welfare provision while preventing a race to the bottom in the quality of services.

2.3 Financial capacities

The structure of financing for various prevention-related measures targeting children and youth are also quite complex. The federal government administers and disburses financial provisions for families and children that are not based on need. This includes child benefits and parental allowances. The federal government also funds some important policies, such as the incentive-driven "Mother-child pass" health examinations or the mandatory and free year of *Kindergarten.* All in all, the federal government covers 27 % of total social welfare expenditures, while state governments together with municipalities cover 73 % thereof (Biwald / Mitterer 2018: 6).

4 See Kinder- und Jugendanwaltschaften statement: https://kja.at/site/breites-buendnis-gegen-eine-verlaenderung-der-kinder-und-jugendhilfe/#more-1292

Many other areas hence fall under the remit of the nine individual state governments, which are usually responsible for administering social assistance benefits. States are therefore formally responsible for financing these policies. However, due to a system of apportionment, local governments co-finance the states' social welfare costs.[5] In some cases, additional funds (e.g., *Fonds Soziales Wien*) are designated as additional carriers in certain policies and therefore provide financing for specific programs.

For municipalities and local governments, the task of providing universal prevention programs is voluntary. If they choose to implement such measures, they must carry their costs. Given the decentralization of responsibilities both in terms of funding and implementation, the nature of programs as well as their applied standards, costs and political priorities vary across the country.

2.4 Cooperation between public administration and other actors

As detailed above, prevention in the Austrian context requires considerable coordination across various levels of government and stakeholders. Each administrative level and all branches of government are involved in protection issues and promote their individual goals and programs. At the same time, considerable efforts are undertaken to promote coordination, cooperation and integrated prevention programs. A considerable share of the recent reform efforts addressed this issue explicitly. Several goal-alignment processes and action plans were launched to coordinate and facilitate more cohesive policy design and implementation in those areas relevant to prevention policies.

The World Health Organization's Health in all Policies (HiAP) initiative has made established coordination efforts in countries around the globe more visible and helped initiate additional programs (GÖG 2016). It draws on a model provided by Boston/Gill (2011) in order to define the degree of collaboration between health policies. A systematized approach of this nature could prove helpful in assessing the integration of prevention policies in Austria.

5 Local government's contributions to social assistance benefits amounts to anywhere from 35% to 50% of total government spending on the welfare sector as a whole, c.f. Biwald/Mitterer 2018: 8.

FIGURE 1: **Degrees of collaboration**

Coexistence	Communication	Cooperation	Coordination	Collaboration
Informal ←				→ Formal
Not applicable	No suprise	Not get in the way and help where possible	Actively align activities	Actively ensure goal achievement
Self reliance · No formal communication · Policies and services developed in isolation · Autonomy emphasized · May have common concerns	**Shared information** · Informal meetings such as web exchanges · Irregular exchange of practices · Autonomy retained · Getting together on common interests	**Shared ressources** · Formal (face-to-face) meetings · Regular exchange of staff information and practices · Autonomy attenuated · Getting together on common projects	**Shared work** · Sharing on a regular formal basis · Regular exchanges and specific undertaking · Autonomy further attenuated · Working together on shared projects	**Shared responsibility** · Formal partnership · Shared policies and/or practies · Autonomy further attenuated still · Working together to common goals

Source: Boston J., Gill D. 2011, as quoted by WHO 2015

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To date, several initiatives targeting prevention-relevant issues in child and youth work can be identified in Austria:

In 2012, the federal and state governments, together with public health insurance providers, defined together the first common framework on health goals *(Rahmengesundheitsziele)*. This process was renewed in 2018 and transposed into legislation on health care governance *(Gesundheits-Zielsteuerungsgesetz – G-ZG)*.[6] The law requires common governance within the health sector, comprising active cooperation, integrated planning and mutual support in the implementation of the jointly set goals (§ 5. (1)). One of the explicit goals in the framework is the expansion of health promotion programs and preventive approaches (§ 5. (2)).

6 https://gesundheitsziele-oesterreich.at/

In 2011, a strategy targeting child and youth health issues *(Kinder- und Jugendgesundheitsstrategie)* was elaborated that defines a total of 20 goals in five fields of action and proposes several steps to be taken. The strategy is updated on an ongoing basis.

In a similar vein, a new youth strategy *(Österreichische Jugendstrategie)* was introduced in 2019 that is now considered to be a "continuous process for the strengthening and development of youth policy."[7] The strategy's explicit goal is to bundle programs directed at young people while optimizing program impact. In addition to identifying new fields that require action and cooperation, the strategy aims to design policies that address these needs.

Several action plans and prevention strategies have been initiated to boost cross-sectoral awareness and cooperation for specific challenges. These include an action plan for integration *(Aktionsplan Integration)* developed in 2008,[8] an action plan for sports *(Aktionsplan Bewegung)* adopted in 2013, an action plan for the protection of women *(Nationaler Aktionsplan zum Schutz von Frauen vor Gewalt)* that was launched in 2014, one for womens' health *(Aktionsplan Frauengesundheit)* launched in 2015, and the Austrian addiction prevention strategy *(Österreichische Suchtpräventionsstrategie)*, which was launched in 2016.[9]

Beyond these cross-sectoral initiatives, institutional coordination is also targeted at the annual intergovernmental conference of the responsible federal minister(s) and experts *(Landesjugendreferenten/innen).* In addition, experts with youth outreach work are connected through a nationwide network *(Bundesweites Netzwerk offene Jugendarbeit (BoJa))* that fosters exchange within the profession and lobbies the government on relevant issues.[10] There are also a variety of advisory councils that provide support to the federal and state governments on child and youth-welfare related questions. A more remarkable instrument for representing child and youth interests are the publicly funded but independent Child and Youth Advocacies *(Jugendanwaltschaft)* established in each state. In addition to promoting the interests of children and youth, they aim to improve child-friendliness in all areas of daily life and provide youth information on their rights in challenging situations.[11]

7 https://www.frauen-familien-jugend.bka.gv.at/jugend/jugendstrategie.html

8 https://www.bmeia.gv.at/integration/nationaler-aktionsplan/

9 http://www.vivid.at/uploads/suchtpraeventionsstrategie.pdf

10 https://www.boja.at

11 https://www.kija.at/kija

3 Prevention and preventive policies

3.1 Definition and understanding of prevention

All specialists interviewed as part of the qualitative research underlying this report were familiar with the three levels of prevention as developed in the refereed literature (c.f. Caplan 1964; see: Grohs/Reiter 2017). However, the scope of this study and the initiatives covered in the following case studies focused on primary and secondary prevention instruments, with only minor offshoots to tertiary prevention. Special attention was given to inclusive primary prevention services (i.e., services open to and accessible by all children) because of their capacity to generate a high acceptance rate among those social groups with the greatest need. In addition, open and inclusive services are required in order to foster and maintain widespread acceptance among the public, funding bodies and parents. Finally, it is important to target all children in routine prevention programs (e.g., dental health, nutrition education, medical exams) so as to ensure that no child falls through the cracks of the system.

Experts generally predict a significant decrease in the cost per unit for such programs as economies of scale should take effect. Moreover, better-off families with a higher education attainment level are generally better equipped with regards to problem-solving capacity and acquire the information and resources they need by other routes. Experience in the field shows that such families and those without special needs tend to ignore offerings by prevention services. Combined, these two effects should help to keep overall costs for such programs at bay.

The case studies reveal a notable divide among stakeholders in terms of how they perceive their duties. Whereas those involved in education and social welfare see their work as targeting prevention, those active in the field of public health define their activity as promoting health *(Gesundheitsförderung)*. The latter approach, derived from Aaron Antonovsky's concept of salutogenesis (1979) focuses on factors relevant to human health and well-being rather than those that result in disease. In practice, however, the differences between the two approaches seem to be rather negligible.

3.2 Preventive policies / programs

As noted, there is a broad scope of prevention programs in Austria. In examining this variety, it is important to differentiate between the states and municipalities. The four case studies presented in the following feature prevention strategies with entirely different approaches to fostering cross-sector cooperation:

- The Early Prevention program, which is federally organized but regionally implemented. Targeting children (0–3 years) and their families, the program could be implemented nationwide.
- Preventive measures designed for a large urban context (Vienna)
- The integrated approach pursued in Graz, which demonstrates a neighborhood-centered strategy
- A recently initiated pilot project in the state of Styria targeting integrated prevention at the local government level

Our close-up look at these examples addresses the following questions regarding implementation: How do the institutions and actors involved with preventive policy-making identify problems, and which routines / processes are thus set in motion? What are the overlapping areas of responsibility among (local) actors mandated to implement preventive policies? To what extent do they cooperate with each other? Is cooperation incentivized? If so, how? How are local programs financed? Do measures focus on specific phases in the course of life or certain groups (e. g., vulnerable groups)?

3.3 The Early Prevention (*Frühe Hilfen*) program

3.3.1 Short description

The implementation of Austria's Early Prevention *(Frühe Hilfen)* program focuses on secondary and tertiary prevention measures. It has a number of conceptual and organizational features that are central to its success: It is entirely voluntary for the target group and is strictly separated from public child-protection services; it is implemented through regional structures; it bridges fragmented local government structures and draws on a critical mass of potential clients and service providers; it networks existing organizations and offers; and it links special-needs families with relevant specialized services. These features allow the program to overcome problems that are often encountered by institutional frameworks in rural or non-urban areas and those that are subject to strong organizational or functional fragmentation.

3.3.2 General structure

Early Prevention's broad objective is to reduce health inequality in Austrian society by supporting early child development among families in need. It is designed strictly as a preventive program offering consensual support before child welfare or social service authorities become involved. Though developed by a central organization, the program is decentralized in its administrative structure and implemented through regional networks. These early childhood intervention networks, which involve a variety of professional groups, function as contact points for institutions working with pregnant women and families in need with small children (0-3 years). They support families in need by providing counseling and so-called family advocates who provide assistance over a limited period. They also help ensure that families' specific needs are met by social service institutions. To date, 25 networks able to address nearly half of the target group in Austria have been established. The aim is to provide nationwide coverage and potentially extend services to include families with children up to the age of six.

The program is remarkable (at least among German-speaking nations) in three ways: (1) the straightforward professional development and the subsequent implementation strategy including the governance and financing structures, (2) the allocation and design of the operative "street-level" units beyond arms-length of government institutions and (3) the explicitly chosen role as a guiding hand and an intermediator

within an established network of services, not as service provider for specific needs as such.

3.3.3 From research to organizational design to successful implementation

The Early Prevention program is a model example of reflective inner-administrative policy development. Following examples observed in other European countries, the former Ministry of Health *(Bundesministeriums für Gesundheit, BMG)* commissioned in 2010 the state-owned research institute for health issues, Gesundheit Österreich GmbH (GÖG), to conduct fundamental research on early child intervention programs. As part of this research, the GÖG team evaluated pilot projects conducted in the state of Vorarlberg from 2011 to 2014.[12] At the end of the process, the team drew up an ideal model for the Early Prevention program with guidelines to support the rollout of regional networks. This included an outline of the program's necessity, theoretical foundations, anticipated impact and general institutional framework.

Because the project's underlying concept and ideas resonated among policymakers, it was easily transformed into an operational policy. The National Centre for Early Childhood Intervention *(Nationales Zentrum Frühe Hilfen – NZFH)* was established in January 2015 at GÖG in order to ensure that the program be further developed and supported through coordination and knowledge transfer. The Centre is also responsible for public relations, evaluation processes and quality control.

At the same time, the Federal Health Agency *(Bundesgesundheitsagentur)* provided funding for the project via the prevention fund for health promotion and prevention programs' budget *(Vorsorgemittel für Gesundheitsförderungs- und Vorsorgeprogramme)*. This, in turn, made it possible to continue and expand regional networks in the states. This type of funding keeps the program immune to partisan battles and therefore more likely to benefit from continued funding. However, this form of shared governance and financing responsibility increases the complexity of both.

Within the first 30 months of implementation, full coverage in three out of nine states and 1-3 pilot networks in the remaining states have been achieved. At the time of writing, 25 regional networks are in place providing services for nearly 50 % of the target group.

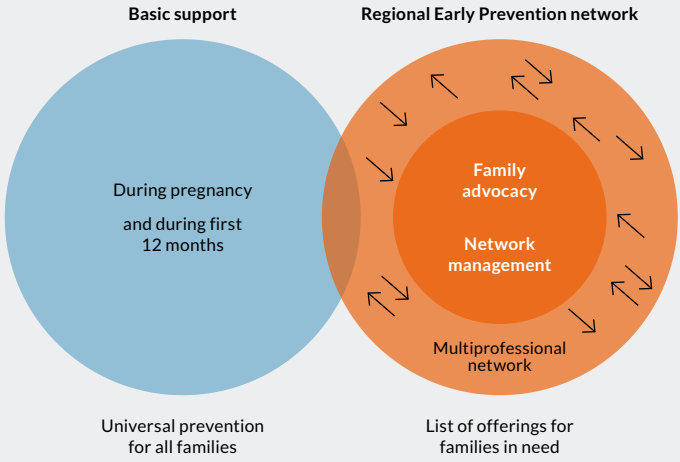
12 For publications and reports see https://www.fruehehilfen.at/de/Service/Materialien.htm

In sum, the evidence-based development of the program and its guided, bottom-up implementation approach have proved extremely effective. Governance of the program is therefore considered to represent a best practice.

3.3.4 The network approach

Designed to provide an entirely new operational framework for early childhood prevention support that serves as a hub for customers and stakeholders alike, the program's main operational units – the networks – stand out in comparison to similar approaches in other countries (particularly the German reference case). These networks are not conceived as an additional structure attached to local government child- and youth welfare administration. Instead, they are standalone units that span across regions of considerable size, often including two or more administrative districts. The networks' larger scale ensures the availability of critical capabilities (particularly those covering a broad range of professions) and cost-effectiveness due to economies of scale.

FIGURE 2: **Early Prevention networks**



Source: www.fruehehilfen.at

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Each region and their respective office maintains in fact three networks that have to be set up and maintained by the network coordinator in charge: a referral network, the Early Prevention network and a social services network. Referral networks consist of those institutions (e. g., hospitals, doctors, midwifes, child welfare administration etc.) that can establish contact with families which, in the view of professionals, show signs of any kind of need and – ideally – refer these families to Early Prevention. The Early Prevention networks consist of network managers and family councilors *(Familienbegleiter*In*nen)* from various professions. Social services networks include a wide variety of social service providers that take on referrals with specific needs from Early Prevention (see Figure 2). Early Prevention's regional networks engage of course as well with the set of basic services *(Basisangebot)* available to all families that have been established throughout Austria.

The NZFH describes the aim of the regional networks as such: "There are a large number of early childhood prevention offerings that remain untapped by those families with the greatest and most urgent needs. These offerings are also far too often fragmented and not subject to comprehensive coordination. The Early Prevention regional networks draw on the available offerings as they systematically and proactively seek out in-need families to provide them longer term support. In addition, a great deal is invested in cross-case and case-related cooperation and networking."[13]

3.3.5 Evaluation of the overall preventive approach and success factors

Target group outreach

The idea behind being present at those facilities and institutions through which families in need will necessarily pass (e. g., hospitals, pediatric facilities, social services) is compelling. However, effective target group outreach involves tackling complex cooperation challenges. First, large numbers of public, private and semi-public administrative organizations and usually separated spheres must be linked up with each other. Second, the regional Early Prevention networks have no right to instruct parents, public authorities or network partners on how to proceed and can offer little in terms of incentives. Third, they must identify and accommodate the full spectrum of potential needs among parents and children who live in very different regional contexts. Finally, all networks run

13 www.fruehehilfen.at, own translation.

the risk of being undermined by their own success: As the awareness and popularity of their services grows, there is less time for each individual family, teambuilding efforts and exchange among stakeholders. As additional resources are difficult to acquire, the number of in-need families that are turned away increases which, in turn, undermines client trust and motivation as well as that of other actors in the referral network.

(How) does cooperation among the various actors work?

Each network faces particular challenges that are associated with the regional design and form of financing: Many regional networks must encompass areas of considerable size that include several municipalities. While this approach reduces costs and allows for operational teams with diverse competences, this of course comes at a price. First, the regions are rather large in territory, some of which include not only several local communities, but two to three administrative districts *(Bezirke)*. It should be noted that administrative districts in most Austrian states are rather small and are often too small to carry out more complex tasks with efficiency. The designers of these networks seem to have expected that districts would be merged in the future. For the networks, this means that overhead costs and the costs of specialization can be more broadly shared. It also results in a larger pool of available service providers. However, the NZFH guidelines emphasize the need for professionals within the network to maintain a dialogue on general matters and to engage in peer training in order to ensure quality of service across all fields of service. The closer inquiry revealed that a large pool of staff requires intensive coordination efforts. As many of the (almost exclusively female) staff work part-time, traveling distances are long and regions are sometimes divided into sub-regions, the necessary exchange among colleagues to reap the benefits of more diverse competences and contacts requires investment in terms of time and effort. Colleagues within larger networks are less likely to exchange their thoughts and experiences with each other on day-to-day issues. At times, they hardly know each other.

In order to maintain professional quality, network guidelines call for the tailored-to-needs allocation of families to coaches and services. However, in practice, available capacities and a family's place of residence play a key role in the assignment. The achievement of the set goals could be facilitated by discussing the size of individual networks, addressing the issue of part-time contracts among employees, ensure weekly meetings among team members and establishing other routines that foster an exchange among the participating professionals.

A related problem concerns the very important network of institutions and facilities that report or refer families in need to the Early Prevention program. Without the constant attention and awareness afforded by these institutions, many cases of families in need could go unnoticed. However, our in-depth review shows that maintaining this network of institutions is both labor and cost-intensive. Larger facilities such as maternity clinics but also individual actors such as pediatricians are difficult to reach and motivate. Personnel at these institutions often fluctuates and the extra investment needed to remain attentive overstretches the capacity of many. Stabilizing the networks will require greater involvement in local professional communities, ongoing marketing efforts, network building and the provision of materials such as leaflets, forms and websites.

Exchange of information?

Providing referral networks with relevant information about services and for particular referrals, and to maintain their support over a prolonged span of time seems to be the major challenge concerning the exchange of information. Due to the design of the networks, network managers regularly confer with higher-level representatives of local institutions on abstract issues, but very little information regarding a specific case is exchanged. Referring institutions either inform Early Prevention representatives of a family in need, or they provide families with Early Prevention contact information. In the former case, they do not pass on the details of a family's situation. Once contact has been made, a family's needs have been identified and matching service providers found, Early Prevention disengages rather swiftly from the case. This process makes sense in the context of strict data-protection policies.

However, as contracted nonprofit entities run most of the regional network offices, it is hard to tell by which standards and internal guidelines the day-to-day operation are actually conducted. While networks are required to report on the number and character of cases dealt with, many details remain unknown as regional network offices have considerable autonomy in service design. This includes deciding which facilities are invited to provide referrals, the standards applied to casework as well as determining the follow-through rate on cases referred and why certain service providers are chosen.

(How) does prevention work? – monitoring success

Early Prevention's declared objective – to ensure supportive environments that enhance a child's development and well-being *("gelingendes Aufwachsen")* – is ambiguous in nature. Reliable performance measures on this issue are rare. As a result, there is no information on case level or broader outcomes. While the NZFH publishes extensive reports every year on cases handled, the "success" of program efforts in terms of alleviating the identified problems and fostering child well-being is based entirely on anecdotal evidence.

3.3.6 Conclusion

Overall opinions / experiences with the approach

The Austrian Early Prevention approach has considerable merits. Challenged families are identified and supported as early as possible by a low-threshold service that helps guide and link them to the established services that match their needs. The program thus features a strong fit of measures and is very effective and cost-efficient. Both treatment costs and follow-up costs are reduced effectively. Substantial improvements to a child's environment can be made, particularly in those cases where limited support in crucial phases can make a profound difference.

By establishing regional structures that are independent from the existing system of administrative structures and nonprofit organizations, Early Prevention can overcome capacity deficits and the problems generally associated with inter-organizational coordination among established actors. Critical to the model is the fact that it does not compete with existing structures and offerings, but rather acknowledges them as it seeks to link otherwise isolated organizations and service providers into a more functional and effective network. The model's blueprint, which was developed and tested by a national organization in a purely advisory capacity, integrates subnational or regional welfare and funding institutions and is designed to allow individual networks to adapt the model to local or regional particularities and exigencies.

This non-competitive approach renders the highest returns in those contexts where few actors try to take on a coordinative role. The model is therefore particularly suited for non-urban contexts, where established structures are weak and fragmented, and more

specialized services are only available outside the home community. Larger or more urban areas have less need for the boundary-spanning capacity of regional networks. This is not because the referral approach is ill-suited to such contexts. The issue is rather that in more urban contexts, (public) welfare actors with larger capacities will generally be able to provide more integrated services. In such contexts, a higher degree of integration into the established welfare structures seems advisable (see section 3.4, "the Graz model").

The model relies entirely on the target group's voluntary consent to take advantage of offerings. No information is exchanged between the network partners without the consent of the parents. The transition from a referral organization or institution to the Early Prevention network in operational terms appears to be the weak link. Many cases are not subject to follow up and simply disappear when parents decline an offer, demonstrate no interest in taking advantage of a service, or are not able to contact the network. As there is explicitly no "shadow of hierarchy" behind the network's offerings, there is little hierarchical leverage to nudge the target group into accepting the service provided.

Transfer potential

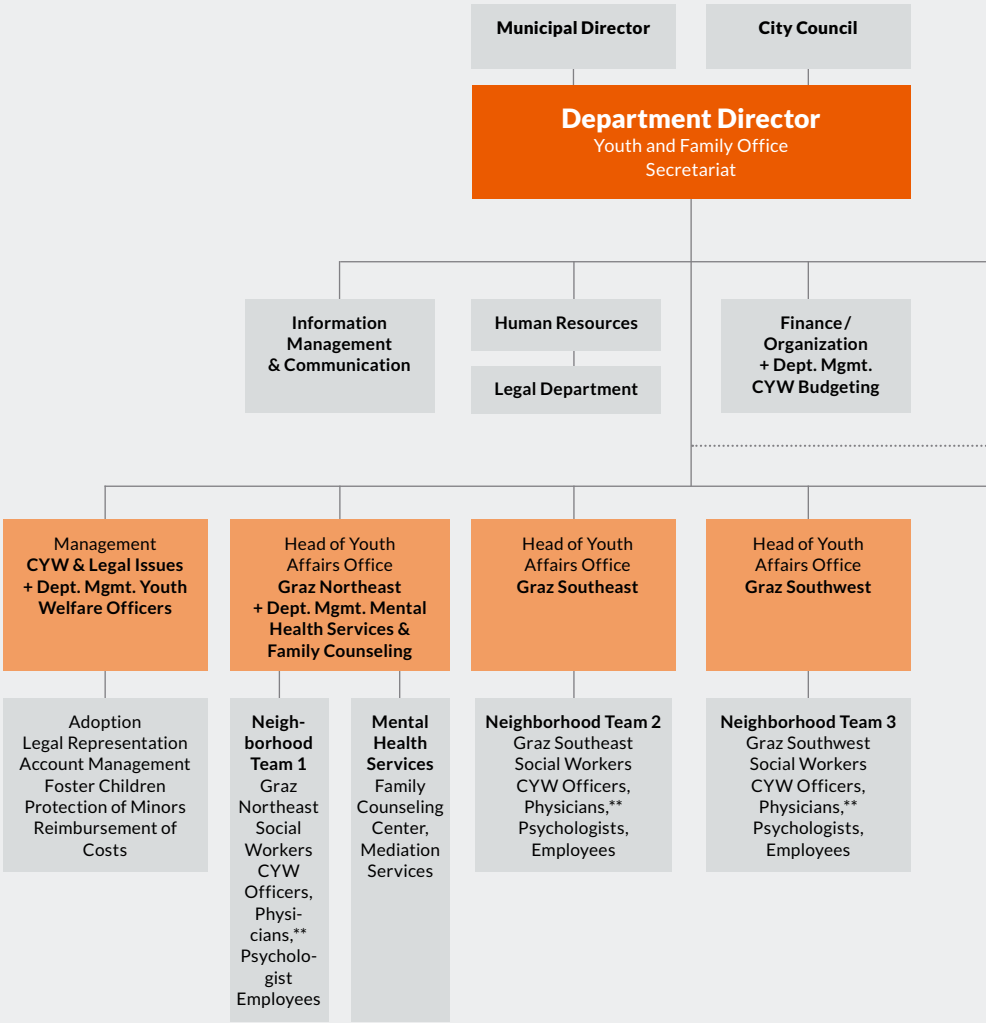
The Early Prevention model bears considerable transferability to other contexts. It features an elaborated and tested organizational design. Its approach is cost-efficient and easy to adopt, regardless of organizational structure already in place. The feature of providing family advocates who accompany families in need over a period of time can be linked to any setup of community workers in a given region.

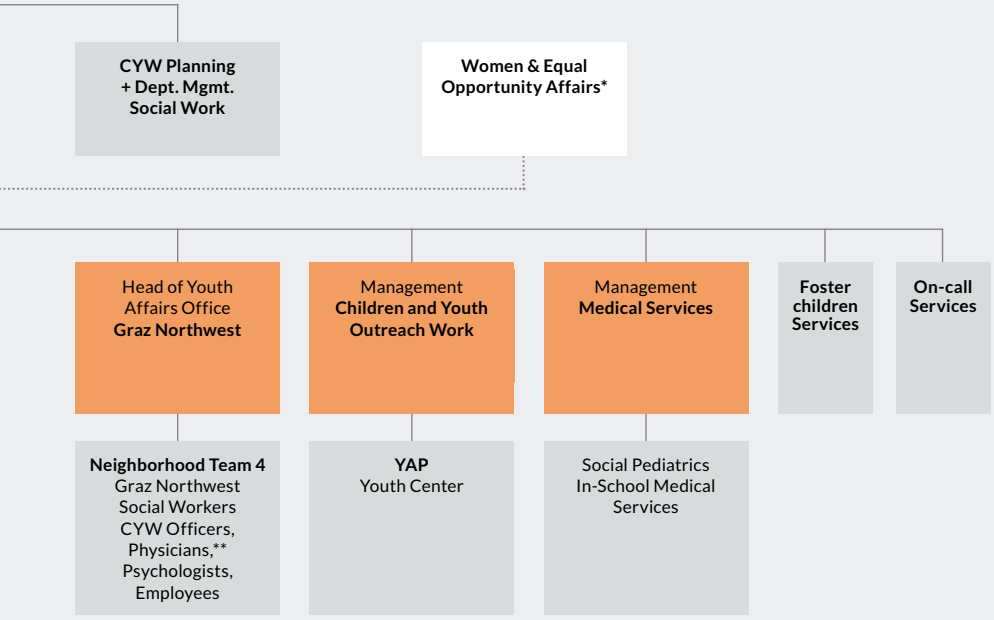
3.4 The neighborhood-centered approach – the Graz model

3.4.1 Short description

The Graz model successfully combines several innovative approaches to child, youth and family services. For more than 15 years, it has used a neighborhood-centered approach *(Sozialraumorientierung)* that relies on a single office combining professionals and activities associated with children's issues. A significant number of outsourced nonprofit contractors are integrated into this multi-function service center. For this reason, the city is truly a highly interesting and instructive case.

FIGURE 3: **Organizational chart, Youth and Family Office, city of Graz**





Dept. Mgmt. = Departmental Management, CYW = Child and Youth Welfare

* The office of Women and Equal Opportunity Affairs is an independent unit under the direct remit of the relevant city councilor but which is assigned to the the Youth and Family Office.

** The multiprofessional team includes female physicians.

Source: Graz, Graz, https://www.graz.at/cms/dokumente/10015960_7751496/d0fd5f7c/Organigramm_170820.png

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3.4.2 General structure

The city of Graz is the capital of the state of Styria and is by far its largest population center. It is home to 282,000 people and is the core of a metropolitan region with 630,000 residents which, in turn, is the fastest-growing region in Austria. A total of 17.62% of Graz's residents are below the age of 20. The city is divided into 28 urban districts *(Katastralgemeinden)*.

Graz is a statutory city (that is, a city with statutory privileges, or *Statutarstadt*). This is an important characteristic, as it implies that the city itself bears full administrative responsibility for all social services. Thus, contrary to the more typical administrative conditions in Austria, no state-level administration is involved in the delivery of services. As a consequence, no problems of aligning policies between administrative levels arise, and it is entirely the city's responsibility to address the usual issues of policy fragmentation and coordination. This makes Graz a particularly interesting case.

The primary administrative body responsible for preventive child- and youth-welfare measures in Graz is the Youth and Family Office *(Amt für Jugend und Familie, YFO)* within the city's core administration *(Magistrat)*. This office has considerable policymaking and administrative capacity and has earned a well-deserved reputation for innovation and capable implementation. The unit is part of a larger department that also oversees the fields of education, integration, social welfare, sports and public libraries (see Figure 3). Those sister branches also serve as partners in the development of programs and the provision of services.

Child-related services in the city have traditionally featured a tight integration between health issues and child and youth welfare. For about the last 100 years, Graz has followed a social-pedagogic approach, bundling child-related issues into a single service unit. Over time, this has led the Youth and Family Office to be tasked with an exceptionally comprehensive set of responsibilities, while also reducing the number of interlinkages with other units within the city's administration. For example, the body contains units responsible for sectoral planning, health services (including within schools), youth-welfare services, the protection of minors, psychological services and family counseling, employment for youth receiving welfare, employment for youth who are not attending school, and equal opportunities (for women).

3.4.3 Neighborhood-centered approach

The overall strategy for child- and youth-welfare services was fundamentally changed in 2004 with the introduction of a neighborhood-centered approach *(Sozialraum-orientierung, SRO).* This concept is multifaceted and has been discussed critically within the academic literature (Stoik 2014: 186 ff.). To implement this general principle, the organizational structure within the relevant public authorities was wholly restructured, and new processes were developed for working with parents, youth, children and other stakeholders.

The decision to shift to a new model was driven in part by the observation that individual casework levels were increasing substantially, and was made after a series of negative outcomes had drawn attention to the old system's weaknesses (Krammer/Sandner-Koller/Sixt 2009: 61ff.). Critics noted that as services had become more specialized, responsibilities had become fragmented across several agencies. Service goals were less frequently being met, and the average period that clients were being kept in the system was lengthening. Public-sector service units and private sector service providers were developing into "silos" that were expert in their own specialties, but which were isolating themselves and pushing their clients to adapt to their own institutional needs instead of customizing their offerings for clients. Moreover, it was becoming increasingly cumbersome to plan and design service provision in an integrated way. The decline in the achievement of goals led to an increasing number of "bed blockers," or families with a constant need for support. In a system in which the resources allotted to private not-for-profit organizations were linked to the number of open cases and total hours of service delivery, this resulted in exploding child- and youth-welfare budgets (as was also true for other social services).

The introduction of the neighborhood-centered strategy was intended to shift administrative incentive structures toward a focus on the clients' actual needs (see Hinte 2007: 72ff.). Instead of simply "treating" people in obvious need, an empowering approach was implemented that aims to provide people with support and guidance, enabling them to master difficult situations before falling into situations in which they need more urgent assistance. In this process, the focus is shifted away from the orientation on individual deficits and individual cases to a "field" defined by a cluster of specific needs. Instead of being compensatory, service-provider actions undertaken within the social-welfare regime are now meant to be oriented toward clearly defined

goals (defined with and by the clients themselves), and specifically toward empowering the individuals themselves to reach these goals. Assessments are made of the clients' own resources and those available within the given neighborhood, and these are then incorporated into problem-solving strategies. Those strategies ideally focus on various target groups simultaneously. Professionals from across relevant disciplines and institutional backgrounds are tasked with working together in an integrated and coordinated way to improve citizens' quality of life. This approach clearly has a strong grounding in prevention, particularly at the primary and secondary levels. The needs of children, youth and families are addressed before they are able to develop into disorders that require much more robust and expensive individual action. That said, it is important to note that the SRO approach still involves individual case work *(Einzelfallarbeit)*, but also emphasizes non-case-specific neighborhood-centered work *(fallunspezifische Arbeit)* and cross-case work *(fallübergreifende Arbeit)* (Fürst / Sandner-Koller / Richardt 2018: 89). Programs can be differentiated between universal offerings open to all children, especially promoted offerings marketed with incentives and finally guided offerings to meet special needs.

To implement this new model, the city of Graz was administratively divided in 2004 into four "neighborhoods" or urban districts *(Sozialräume)*, each with approximately 70,000 residents. These districts are of manageable size, while also allowing for adaptations in capacities and services that reflect local social structures and needs. Each district's child and youth administration is managed by an acting district director, who reports directly to the Youth and Family Office's executive director. The district director oversees the integration of all child- and family-related organizations within the district, and is responsible for all services provided directly within that district. However, not all offers are provided in a decentralized manner. Certain services (e.g., social pediatric services, public health services in schools) are still provided by the head Youth and Family Office unit due to economies of scale.

3.4.4 (How) does prevention actually "reach" the targeted groups?

Within each district, a number of public and contracted nonprofit organizations provide services of various kinds in various locations. The 15 parent counseling centers *(Elternberatungsstellen)* operated by nonprofit organizations serve as key contact points within the districts. These centers serve as easy-to-access contact points for many of the family-related services provided by the city. They offer children-related counseling

services to young parents, while also hosting a full spectrum of social, social-psychological and basic health services for children.[14] More specialized offers are available within individual neighborhoods.

For example, when parents come to seek advice, counselors will always offer to provide medical checkups for the children. The various services in the counseling centers work together closely, for instance with a joint goal to link the provision of counseling for parents with a medical checkup for the children. For the parents, there is meant to be a seamless transition between the services provided by the child-welfare authority and services provided by the nonprofit agency. When special needs are identified in the advisory centers, a referral to more specialized organizations or colleagues is considered. For example, parents with young children might be guided swiftly to the early childhood prevention services (a lightly modified version of the Early Prevention program) provided by separate entities within the network of organizations. In this way, a smooth transition from primary to secondary prevention is assured, and the risk of "losing" clients as they move between organizations is minimized.

To ensure that parents become aware of the services provided at the parent counseling centers as early as possible, the Youth and Family Office conducts a "welcome visit" for all newborn children in Graz. Specially trained employees visit the families in the hospitals' maternity wards (or, if this is not possible, at their homes), and provide them with a packet of information on services and other subjects relevant to parents, designed and sustainably produced in cooperation with nonprofit organizations as Caritas, Heidenspaß and Tagwerk. This program reaches 80 % of families. To encourage the new parents to visit a counseling center, a shopping voucher worth € 40 is included that can only be validated during a first visit to the center. A second, similar voucher can be "earned" by utilizing 15 of the offers or services for children from zero to three years of age provided by the counseling center through its *"Klein hat´s fein"* family pass[15] (this includes sites and services such as playgroups and parents' cafes, counseling sessions providing advice on breast feeding or baby nutrition, and baby massage groups). These monetary incentives work extremely well. Target groups facing multiple risks with regard to successful child-rearing – who may otherwise be difficult to

14 See https://www.graz.at/cms/dokumente/10027228_7752042/9e48bcde/Folder-Elternberatungsstelle_08-2019_Druck.pdf

15 See https://www.graz.at/cms/beitrag/10309479/7751526/Klein_hat%C2%B4s_fein_in_Graz.html

reach with services of this kind – are attracted as well. Once this first contact is established, and a certain level of trust has been established, parents prove very responsive to the services on offer.

Along with the services for young parents and children up to six years of age, a second strand of offers targets children and youth from the age of school enrollment until adulthood. A first instrument provided by the Department for Youth and Family in cooperation with the health service is the family@graz internet directory,[16] which offers an up-to-date listing of more than 300 relevant institutions and services, including short descriptions and contact details. It includes public, private, for-profit and nonprofit organizations. This tool helps guide parents and families to relevant services, but also facilitates networking and referrals among professionals. All providers are invited to an annual networking and coordination event organized by the department.

A second instrument catering to schoolchildren is a kids' calendar that contains listings of recreational and sports activities, which is sent to all parents every six months. All activities on offer here, generally provided by clubs or other initiatives, are subsidized by the local government and can be participated in for a standard price of € 10 per child. This simple program is a key instrument furthering social inclusion across all levels of society, and is quite popular among the city's families.

A third instrument is the holiday activity program supported by the city of Graz. The aim is to provide childcare to parents during the school holidays, and to offer affordable and socially inclusive holiday entertainment to the city's children. This program also uses an outsourcing-based approach. The program is administered through the use of a privately operated online platform, and entails privately run, mostly nonprofit offers subsidized by the local government.[17]

Beyond these programs, 13 youth clubs around the city are open to adolescents in their free time. These clubs offer a variety of activities and counseling services, but young people are also allowed to spend their time here without engaging in structured activities.[18]

16 See https://www.graz.at/cms/beitrag/10293093/7752042/

17 See https://partner.venuzle.at/freizeithits-graz/courses/

18 https://www.graz.at/cms/beitrag/10206682/7752177/Jugendzentren_in_Graz.html

3.4.5 Evaluation of the overall preventive approach and success factors

The Graz model for providing services to children, youth and families is highly interesting due to its innovative conceptual and organizational characteristics. Prevention activities are multifaceted, well designed and integrated. No gaps in services or availability are obvious. Moreover, several factors can be considered crucial to the successful implementation of a rather unique and explicitly prevention-oriented child and family policy.

First, the neighborhood-centered approach challenges many of the assumptions routinely made in case-oriented social work, as it switches the focus from individual problems to be "cured" to the resources available in a neighborhood, and to the ways these resources can be made available to target groups. Independent of the approach's inherent merits, it appears as though this conscious switch in strategy energized the Youth and Family Office, while also mobilizing an entire network of public and nonprofit actors to take part and invest in unorthodox solutions. In addition, the integration of a large number of nonprofit actors into the provision of public services may have increased flexibility and innovativeness in service provision.

Second, this change was complemented by a change in the way the office is funded. In the 2010 –2015 period, a global budget was allotted to the office in a trial run. This mode of financing became the norm as of 2015, with the internal allocation of resources being entirely up to the Youth and Family Office's director. This approach made possible the development of flexible, needs-guided arrangements, as well as profitable "investments" in preventive measures. This strategy was also reflected in the funding provided to nonprofit contractors; as they receive a fixed and guaranteed remuneration for their services, there is no longer any incentive to compete for cases and hours. This allowed for the large upfront investments in networking and the development of the instruments necessary for the neighborhood-centered approach.

3.4.6 (How) does cooperation between actors work?

As a political choice, Graz opted to privatize certain elements of the services offered to children and families. This can help alleviate the occasionally high levels of pressure placed on local administrative resources. However, in a break from typical privatization practices, the public authorities did not withdraw altogether from the areas being

outsourced. Instead, public and nonprofit units successfully work together in the districts in a process of intensive mutual exchange and support. In all the programs cited above, the YFO is the key actor; it identifies needs, designs the organizational regimes to address them and contracts with service providers, which in turn are drawn mostly from the nonprofit sector. Thus, the main agency office has not only remained formally in charge, but has retained a lead role with respect to program development and coordination, as well in the delegated activities themselves. Communication is vital to keeping the system functioning, and constant coordination at both the district and city levels is required to adapt to changing neighborhood problems and needs. The YFO facilitates communication and coordination among partners, oversees program quality, and serves as an advocate for the welfare-services approach with the public and at the political level. This powerful position seems to be facilitated by the traditionally broad spectrum of tasks united in the office. The comprehensive and seamless provision of services appears possible only due to the tight integration between the social-pedagogic and the public-health branches of the administration. Maintaining this approach is not only costly in financial terms, but has proved to be extremely arduous, requiring the full commitment of all stakeholders. Customer surveys are conducted on a regular basis to provide an external evaluation of the services provided.

3.4.7 "(How) does prevention work?" – monitoring success

In the process of getting approval for the global budget, the Youth and Family Office provided data to the city's financial committee that documents a positive return on investment for its prevention policies.

3.5 Prevention policy in rural Styria – *Gemeinsam stark für Kinder*

3.5.1 Short description

The primary focus of the pilot project presented here is to connect established organizations and offers within local communities in rural Styria. The aim is to make existing prevention programs more visible and accessible to all children and youth within the communities served. The key actors on the local level are community coordinators. Their primary tasks are to map all relevant organizational actors and their offers for children and youth, identify gaps in service coverage, mobilize local communities, raise

awareness of children- and youth-related issues, team up with existing networks and, if necessary, initiate new networks, exchanges and services. Initiated in late 2017, the project has funding for three years.

3.5.2 General structure

Despite a recent round of municipal reforms, local government structures in Styria are quite fragmented, serving an average of 3,293 residents. Consequently, with the exception of a few bigger cities, child- and youth-welfare offices and the associated mandatory responsibilities are addressed at the state level, and are executed by the state's regional administrative entities, called district authorities. Local governments provide childcare and recreational activities. Furthermore, local schools and numerous private associations are also important service providers in local communities.

In response to a number of socioeconomic trends (e.g., rural depopulation, challenges in the local provision of medical services and childcare, an increasing number of cases in the children- and youth-welfare services, etc.) the state of Styria initiated a pilot project called United for Children *(Gemeinsam stark für Kinder)* aimed at supporting local governments in their prevention efforts.[19] The goal of the project is to establish a functioning network structure on the local community level that links all institutions dealing with children and the issues relevant to them.

At first glance, the approach chosen differs only slightly from the Early Prevention early-childhood intervention program described above. However, a deeper look reveals major differences with regard to target groups, operational functions, the means of institutionalization and the stakeholders involved.

One driver of the approach chosen was the observation that the level of services provided to children and families showed considerable heterogeneity across the various local communities. While some communities excelled in this area, others showed little awareness of the issue, exhibiting only limited responsiveness toward their citizens' needs and demonstrating difficulties in carrying out even the most basic coordination tasks. It became obvious that service levels and the extent of service integration were to a considerable degree determined by the networking capacities of the

19 https://www.verwaltung.steiermark.at/cms/ziel/143765348/DE/

actors involved. Highly interlinked communities were able to detect and formulate demands, develop program concepts, interlink approaches, mobilize and integrate citizens, and finally persuade local political entities to finance and implement services. At the other end of the spectrum, sub-par services could be linked to coordination deficits within communities. These deficits resulted from the low priority given by policymakers to prevention policies, a lack of understanding for such policies' necessity and mode of functioning, and/or personal conflicts among key actors. The aim of the pilot project is hence to develop an institutionalized approach to helping local governments improve their service levels, mainly by facilitating the expansion of networking capacities within communities. More precisely, concrete steps are to be taken in the selected pilot municipalities to further the idea of local "chains of prevention," with the ultimate goal of facilitating equal opportunities for all children. The project was scheduled to run throughout the 2018 – 2020 period.

According to the goal stated above, the prevention approach to be pursued in the pilot study can be defined as strongly oriented toward primary prevention. That is, contrary to the Early Prevention program, the target group is not families under stress or with specific needs. Rather, the program focuses on all families. This seems to be a prerequisite for the mobilization of political support in the area, but also mirrors the general understanding of how and at what point prevention services should operate. The aim is to provide general support as early as possible, thus reducing the later need for more specialized (and thus expensive and difficult to provide) offerings. The primary focus is on connecting established organizations and offers within the target communities, thus enabling them to use the existing potential for prevention much more efficiently. The expectation is that highly interlinked actors and services provide highly integrated and hence better outcomes for children, families and the community. The approach is intended to provide the same opportunities to all children, no matter what their family background or specific circumstances. Hence, "equality of opportunity" is the program's primary goal. However, functioning prevention networks are seen as a major asset in stemming the exodus of younger people and families from rural and peripheral areas.

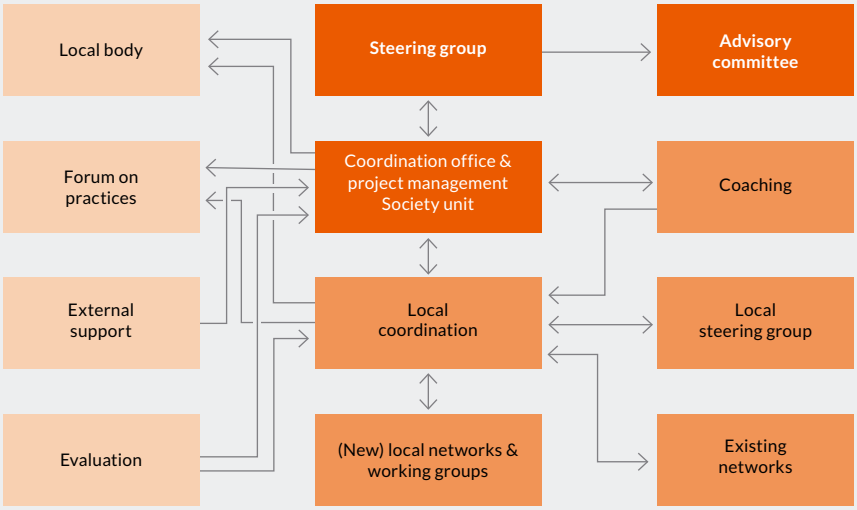
3.5.3 Implementation processes of preventive policies

As the implementation of this program started only in 2018, it is still too early to discuss results. However, the construction of the overall project, along with the design of the implementation-support structures, may still be instructive for other undertakings.

The pilot program was initiated and is financed by the Department of Education and Society *(Bildung und Gesellschaft)*, but is supported by three other departments that handle relevant issue areas, including the departments of Local Government *(Gemeinden)*; Culture, Health, Nursing and Human Resources *(Kultur, Gesundheit, Pflege und Personal)*; and Social Services, Labor and Integration *(Soziales, Arbeit und Integration)*. This cooperative structure must be considered a key element of the project; moreover, overcoming the prevailing departmental "silo" structure is a major achievement. The project's organizational structure is depicted in Figure 4.

A steering group has been set up at the state level and is tasked with institutionalizing the joint effort across administrative divisions and policy fields. This body consists primarily of representatives of the departments involved and meets on a regular basis. The

FIGURE 4: **Organizational structure, United for Children *(Gemeinsam stark für Kinder)***



Source: Office of the Styrian Government, A6 Society Unit, with modifications by the author.

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project-management unit is situated in the Family, Adult Education and Women section of the Department of Education and Society. This unit manages the program-design work, while also leading and coordinating the program as a whole. Local government interests are represented through a municipal committee. Other stakeholders and experts are integrated into the project via an advisory committee *(Resonanzgruppe).*

Five local governments (three cities and two market towns) have been selected as operational-level pilot communities. One additional city serves as a "control unit." The mayors of these communities fully support the project, and the selected communities often have a proven record of accomplishment in youth and prevention work.

The so-called community coordinators are the project's key actors with regard to achieving the goals set within each pilot community. Community coordinators are intended to be well informed about and integrated into the existing social and service-provision structures. The project provides funding for 20 hours per week of work, but these actors sometimes work additional hours on other assignments within the communities. Costs for these positions are shared equally between the state and the local government.

These community coordinators are embedded within an institutional framework. In each community, a local steering group consisting of key actors in the field is established. By design, the community coordinators report directly to the executive level in the local government administrations. This direct link is intended to facilitate the access to decision-makers and increase the visibility of the project. The ministerial project-management group organizes regular external fora on selected topics to stimulate local processes, provides designated external coaches for the coordinators and commissions an external project evaluation.

Local activities follow a work plan generated by the project coordination unit. The project coordinators are assigned to develop a community-focused *(sozialraumorientierte)* strategy, including goals and measures, which aligns all participating actors around a common objective and interlinks existing systems relevant to children, youth and families.

Existing institutions on the district level *(Bezirke)* are to be considered in this process. This includes the district authorities and their formal administrative functions *(hoheitliche Belange)* related to child and youth welfare and other associated issues, as well as

the district coordinators for a) the management of youth services, b) education and vocational orientation, and c) libraries.

The project includes the following steps:

a) A community-oriented analysis of the local community environment is carried out, assessing families' living conditions and identifying existing actors, programs and initiatives. This is intended to identify gaps in service provision.
b) In a second step, the project is to create links between key local services in order to provide the basis for local "chains of prevention," addressing the issues of pregnancy, childhood and youth. Areas covered include:
- Health promotion policies
- Education (all age groups)
- Child- and youth-welfare services
- Social-welfare services
- Recreational offerings of all kinds for children, youth and families
  The approach focuses on creating reliable links between existing networks. New networks are to be created only where gaps are apparent.

c) All actors are to be included in the development of a unique joint strategy for each local community. This integrative bottom-up approach is intended to mobilize creative energies within each participating community, and thus lead to innovate solutions. The local coordinator will work to establish continuous commitment to the strategy and goals.
d) An evaluation of progress will take place within three years after the start of the program.

3.5.4 Evaluation of the overall preventive approach and success factors

(How) does prevention actually "reach" the targeted groups?

The *Gemeinsam stark für Kinder* project differs substantially from the approaches used by the other Austrian cases presented here. It focuses explicitly on identifying and interlinking all offers directed at children and youth, not only those offers with an explicit or implicit supportive or preventive set of goals. This approach is much more fundamental and aims at strengthening the target group by making local actors more aware of the challenges involved in the "successful" upbringing of children. More-

over, it aims to provide parents and local institutions with the knowledge necessary to make civil society more inclusive by facilitating access to existing offers and groups. Several highly instructive takeaways can be drawn from the project. For example, the pilot program is initiated by and financed from within one department but is able to draw on political support from all other departments involved. Cooperation is institutionalized through the establishment of a joint steering group. Ensuring this cross-departmental commitment is possibly the most difficult task in the program but seems vital for its success.

(How) does the cooperation between actors work?

The program's underlying concept and framework for activity are meticulously planned and coordinated by a central unit within the lead department. This unit also provides continuous support to the participating local governments. Moreover, the additional support received by communities and coordinators in the form of coaching, workshops and evaluations seems highly useful with regard to inspiring reflection and innovation, and in keeping the individual projects on track. Such up-front effort can be considered a necessary condition for the project's smooth initiation and subsequent progression.

Unambiguous support by the local mayor and administration is indispensable for the success of the local projects. To ensure that the coordinators have sufficient bureaucratic influence, and are able to direct resources effectively, this position should be established as a staff unit at the executive level of the participating local government.

The local coordinators are provided with goals and a road map of activities, but have substantial freedom with regard to developing the local networks of "relevant" actors and in determining how to proceed. As the central project management only outlines organizational key points and universal goals, the specific targets, strategies and instruments are to be determined in a strategy-development process within the communities. This freedom is necessary in order to adapt the measures employed to local conditions and circumstances. Local processes of this kind tend to be very time consuming but are essential in order to secure the full commitment of all participants.

The local coordinators are tasked with identifying and creating links between existing actors and offerings. Moreover, they are asked to create links between existing issue-oriented networks (instead of creating new ones), and possibly to help shape

such networks to cover and match the existing offers and actors in the field. This is often a time-consuming and even conflict-laden undertaking. To accomplish this task, the coordinators should be established actors within the community, and have deep preexisting knowledge of the field. Experience shows that they should have no additional duties with regard to practical casework, as this separation from operational duties protects them from conflicts of prioritization. This means they cannot play a double role as service provider and coordinator.

Citizens, families and local public institutions are regarded as the core of the newly established, holistic network. Existing (private sector) service providers are equally part of the network, but should not be allowed to dominate the process.

Experience from the field shows that even in mid-sized communities, a very large number of actors may qualify for inclusion in the network. Keeping an up-to-date record of existing offers and relevant actors can become a laborious task, as changes are frequent. The goal of providing parents and families with an easy-to-access inventory of all offers in their community hence requires considerable continuous (financial) commitment.

As is often the case with project-based work, the initial timeframe of three years appears too short to develop and implement all of the envisaged steps. A longer timeframe seems advisable.

In sum, this is a very ambitious and inclusive prevention project, as it integrates all organizational actors with any relevance to children and youth. The resulting inventory of actors and networking efforts seems very suitable with regard to meeting established prevention targets, and even for moving beyond them. However, the project requires considerable resources and commitment from all actors involved.

3.6 Prevention policy in a metropolitan area – The case of Vienna

3.6.1 Short case description

As a fast-growing major metropolitan area, Vienna faces particular challenges in the provision of integrated prevention to children and youth. The city's numerous public

and nonprofit organizations exchange information and coordinate with one another via a host of networking platforms that focus on specific issues, age groups or urban regions. Departments within the city administration play a key role in many of these macro-level networks. A second set of strategies comes into play at the operational level. Here, child-protection services rely strongly on in-house service provision and cooperation with public-sector or professional services, and are supplemented by vigorously maintained small-scale networks that incorporate all child-related actors within each urban district.

3.6.2 General structure

The city of Vienna is the capital of Austria, but also functions as a state in its own right. Vienna is divided into 23 urban districts *(Gemeindebezirke)*. With approximately 1.9 million residents (and with 2.8 million people living in the greater metropolitan region), it is Austria's largest population center by far, home to roughly 21.5 % of the country's residents. About 19.3 % of the city's residents were below the age of 19 in 2017 (Statistik Austria 2018b). Given these circumstances, social challenges materialize at a greater scale and intensity than is true within the country's other communities. In 2017, for example, 63 % of all Austria's recipients of means-tested social-welfare benefits lived in the city of Vienna, comprising a total of 195,000 people. One-third of this group were minors (Statistik Austria 2018a: 3, 12). This circumstance has two consequences for the field of prevention for children and youth. First, the target group for such measures is considerably bigger, and potential activities much more numerous, than is true of other Austrian communities. Second, the number of relevant organizational actors within local government and the nonprofit sector is much higher. Hence, policy fragmentation and coordination issues are potentially more pronounced, and integrated prevention efforts are harder to coordinate than in other contexts. This makes Vienna a highly interesting case.

Administrative preventive measures in the field of child and youth welfare in Vienna are scattered across several local administration departments *(Magistratsabteilungen, MAs)*. A number of key departments are located in the Administrative Group for Education, Integration, Youth and Human Resources, including:

- MA 11 – Vienna Child and Youth Support
- MA 10 – Vienna Kindergartens

- MA 13 – Education and After-School Youth Care
- MA 17 – Integration and Diversity

Several other relevant units are based in the Administrative Group for Social Affairs, Public Health and Sport, including:

- MA 15 – Health Services
- Vienna Health Promotion (*Wiener Gesundheitsförderung,* WIG), a nonprofit subsidiary of MA 15)
- Vienna Health Fund *(Wiener Gesundheitsfond, WGF)* an administrative office located formally within MA24 – Strategic Health Provision
- Early Prevention program *(Frühe Hilfen)*

All of the above (and many more) organizational units lead, conduct or are at least involved in prevention programs of various kinds. A host of coordination efforts on an organizational, non-case level have been created to coordinate these efforts. These will be outlined below.

Coordination for prevention – efforts at the macro level

Prevention programs are often "cooperation games," as no single actor in a specialized and fragmented field can provide a solution for even a single problem without the support of many other actors in the field. This may include political support, the provision of resources, multipliers able to promote and communicate a program, support by organizations with access to the target group, the commitment of individual employees to take on additional tasks, referring organizations, and much more. The bigger the city, the larger the target group, and the higher the number of public and nonprofit organizations involved. For example, within the field of youth outreach work alone, a total of 21 contracted nonprofit associations provide after-school recreational activities in 80 different facilities. The resulting lack of effective oversight of these organizations and their offers reinforces the "silo mentality" problem. In the Viennese case, these problems are addressed by a host of working groups, platforms, coordination meetings and networking initiatives (see Glossary for an outline of the networks addressed by MA 13). Exchange is encouraged within problem fields, across disciplines, across and within urban districts, and within neighborhoods.

A prime example of such a coordination- and networking-based approach to primary prevention is provided by the Vienna Health Promotion (WIG) nonprofit subsidiary of MA 15 (Health Services). WIG addresses all aspects of citizens' lives and tries to facilitate links between all relevant public and nonprofit institutions (including the ones listed above) to help promote healthy lifestyles. Several of these initiatives are children- and youth-focused, including:

- Healthy Districts *(Gesunde Bezirke)* and Healthy Neighborhoods *(Gesundes Grätzel):* WIG teams up with MA 13; district governments; and local kindergartens, schools and recreational facilities to promote a healthier lifestyle among children and youth.
- Healthy Kindergartens *(Gesunder Kindergarten):* A WIG networking initiative that has established several sub-networks related to preschool care, aiming to connect all actors in the fields of dental health, general health and healthy catering.
- Healthy Schools *(Gesunde Schule):* A WIG initiative featuring several sub-networks and joint programs addressing the issue of improved health in schools (e. g., *Netzwerk Gesundheitsfördernde Schulen* (WieNGS), the Vienna School Fruit Program and many others).

While several of WIG's initiatives entail an operational core (e. g., dentists carrying out the dental-health program in kindergartens and schools), many of the initiatives are primarily networking efforts designed to inform and bring together relevant actors (e. g., MA 10, MA 11, MA 13, MA 15, statutory health insurance organizations, district governments, schools, etc.) to act in concert. Addressees of the networking efforts include executives or relevant specialists within the potential partner organizations who represent their organizations and are in a position to make decisions on their behalf. The envisaged goals are several: First, the main goal of many of these undertakings is to increase partners' consciousness regarding certain aspects of prevention and public health, including certain goals in the field.[20] After this awareness has been created, multipliers and other addressees tend to be more ready to participate in and promote individual prevention programs, creating "islands of prevention." Second, the platforms created facilitate exchange between experts on approaches and perspectives within the underlying field of activity. Finally, another aim is to provide relevant actors

20 With the adoption of the WHO Health Goals approach, this process has been formalized for public health in the *Wiener Gesundheitsziele 2025* and corresponding fora.

with an opportunity to get to know one another and to become familiar with the range of offers available in the field. This is a prerequisite for cooperation at the case level, and hence for the establishment of anything like a prevention "chain."

Summing up, these macro-level networks do not represent "chains of prevention" as such, but improve conditions for more general exchanges among relevant actors. Challenges to this approach include the informal nature of the exchange, which often reaches only those actors that are already committed; the project-based nature of certain initiatives, which limits their sustainability; and the limited degree to which evidence-based decision-making styles are utilized in day-to-day politics.

WIG's networking approach is just one example of the activities taking place in Vienna. Indeed, a deeper look reveals that all of the city's organizations are involved in numerous such exchanges or even provide the platforms for such activities themselves. It seems clear that in systems that are as fragmented as those in Austria, with several lead actors and a host of additional participants, initiating voluntary and loose exchanges of this kind is the only feasible approach with regard to bringing organizations together to commit and cooperate on prevention goals.

3.6.3 Coordination for prevention: Efforts at the micro level – the example of MA 11

While the "cooperation game" outlined above prepares the groundwork for joint activities, cooperation at the individual-case level requires engagement at the micro level. MA 11 – Vienna Child and Youth Support is a child-protection service formally responsible for the well-being of minors in Vienna. All actors in contact with children and youth are legally obliged to report any sign of possible threats to the health or well-being of minors to this service. These notifications may lead MA 11 to contact the parents and children involved.

(How) does prevention actually "reach" the targeted groups?

There is a long-standing tradition within the service of engaging in preventive measures as a means of complementing or preventing such interventions. The aim is to establish voluntary contact with parents as early as possible in order to provide information and support. In this regard, four interlinked approaches provide low-threshold entry

points for parents, help to establish networks linking professionals and community initiatives, and provide integrated services.

First, a birth-clinic outreach service *(Klinikverbindungsdienst)* visits the neonatal wards in public hospitals several times a week. Here, MA 11 employees make direct contact with parents and medical staffers, the latter of whom then have an opportunity to identify perceived gaps in support. While this seems a worthwhile approach to secondary prevention, the high turnover rate among clinic personnel and the "outsider" status of the visiting social worker hampers the information exchange. In the western parts of Vienna, this service has been integrated into the Early Prevention program (see 3.3). This joint work in establishing an early childhood intervention program reportedly alleviates some of these communication issues, as participants develop a greater degree of awareness of their joint responsibilities.

The nine Parent-Children Centers *(Eltern-Kind Zentren)* and the smaller Parent Counseling Offices *(Elternberatungszentren)* scattered all over the city represent another key channel for parent outreach. Among parents in Vienna, these are best known for providing expectant parents with a much-sought-after "diaper bag." In 2018, the Parent-Children Centers were restructured with the aim of further improving service levels. All parents with newborn, registered children are actively invited to participate in the centers' offers and services. The following services are offered by each of the centers, generally provided by MA 11 specialists:

- Prenatal informational events for young parents (in cooperation with partner organizations such as midwives, pediatric physicians, breastfeeding-counseling experts, etc.)
- Baby and toddler playgroups for several age groups, operating under professional guidance
- Medical advice and services associated with recommended preventive medical examinations and vaccinations (in cooperation with MA 15 – Health Services)
- Psychological counseling
- Social-worker counseling
- Counseling on basic welfare benefits and legal advice

The Parent-Children Centers have managed to shed the air of being an intervention-focused authority, which has in turn resulted in a very high rate of acceptance of their

services by young families. The primary prevention approach also offers a positive environment for families with a comparatively greater need of support, and possibly even an obligation to consult the center (for secondary and tertiary prevention purposes).

This positive image and high acceptance rate comes with several evident prerequisites, including:

- The establishment of a clear distinction between the Parent-Children Centers and child-protection service facilities, by giving them different names and locating them in different spaces.
- The high quality of the installations (which seem more like kindergartens than public-administration offices), and the employees' high degree of expertise and service orientation toward service.
- The effective marketing of the services, the low threshold for access and the comprehensiveness of the services provided.

3.6.4 (How) does the cooperation between actors work?

Due to the comprehensive set of services provided and the ties to the compulsory child-protection service, the centers provide a kind of "prevention chain" *within* the child-protection service. The fact that the centers remain an integral part of the child-protection service, and that many of the specialized services are provided in-house by colleagues, facilitates the exchange of information between functional units. The service's offers and relevant contact persons are known to all internal actors, no organizational boundaries have to be crossed, and no budgetary considerations come into play (e.g., the prospect of "losing" a case, and hence the associated funding). Search and coordination efforts are minimal, incentives to provide the best possible service are high, and data-protection obligations are less onerous than would be the case with external cooperation. And as there is a high level of external scrutiny and pressure on the child-protection services, evading responsibility is not an option for a public authority. In practice, most individual clients or "cases" are readily forwarded or even accompanied to the services they need, without responsibilities being blurred.

A third approach mimics the "cooperation game" presented above on a micro, urban-district level. MA 11 can fulfill its mission only in cooperation with the other organizations and actors in the urban districts, as it relies on them for information

regarding local developments and for referrals of critical cases and works with them to offer services. However, citizens and organizations dealing with children and families are often reluctant to contact or collaborate with the child-protection services. To overcome this "human hurdle," decentralized MA 11 offices several times a year invite all institutional actors within an urban district (e.g., other relevant local-government departments, heads of schools and kindergartens, representatives of recreational facilities, and medical doctors) to events at which the functions and processes of the child-protection services are explained. At these events, MA 11 employees can also gather information on recent developments, new actors and services. This manner of personal contact is considered essential for successful cooperation within the field and serves as the basis for any kind of networking. It is hence a prerequisite for the provision of integrated secondary and tertiary prevention services and enables the construction of individual "prevention chains" at the case level. The buzzword used to describe the envisaged goal here is "from intersections to gateways."

A last, recently established approach is situated entirely at the operational level and can be considered tertiary prevention. As a result of a heated public debate on "unsteerable" school classes and disruptive juveniles putting too much strain on teachers in difficult schools, a school cooperation unit *(Schulkooperationsteam)* staffed by 20 social workers was set up in 2018. While critical incidents were previously handled internally by social workers and psychologists employed by the schools, the new format brings MA 11 and all other actors available in the community to the table. The underlying reasoning is that while the intra-school approach is able to wield little or no leverage over the teenager's parents and social context, the child-protection service and other external actors do have this leverage. After being contacted by the school, MA 11 experts engage in a "brief clearing routine" with parents, teachers and other stakeholders to discuss the incidents, responsibilities and potential solutions, and subsequently take whatever measures are decided upon. Should this approach fail, the MA 11 child-protection service can immediately step in to take more robust measures.

3.6.5 Evaluation of the overall preventive approach and success factors

With close to two million residents, a strong social-democratic tradition in government, and well-developed public and nonprofit sectors, the city of Vienna accommodates a large universe of organizations providing preventive measures for children and youth. As is evident from the panoply of prevention-related initiatives cited above, the

establishment of "chains of prevention" in metropolitan contexts requires a much more multifaceted approach than is true of smaller communities. Integrating all services into a single network seems impossible. Networking efforts are clearly differentiated into macro- and micro-level approaches, as rapport has to be established between the various "silos" before modes of operational-level interaction can be negotiated. Indeed, it has become clear that such macro-level networks are just potential starting-points for the integrated delivery of preventive services. The provision of services on the individual case level requires complementary approaches.

Somewhat surprisingly, the MA 11 child-protection service in Vienna, a key player in the city's prevention structures, applies a different strategy than that utilized in the Graz case, for example (see above). It ensures integration in the provision of services by handling most of the essential functions in-house and with its own specialists. Especially for the age group ranging from zero to six years of age, a high degree of reliance on the agency's own resources (in addition to cooperation with actors from the medical branches) is warranted. This allows for a tight integration of prevention services, and a seamless referral of clients between mandatory and optional services and back again. However, MA 11 is of course not entirely self-sufficient, but is highly dependent on close cooperation with other actors and service providers in the field. Due to the sheer number of actors and the size of the city, numerous issue-specific and regional networks are indispensable when more complex issues arise. Networking efforts at the micro and case levels are necessary to ensure the flow of information and referrals, and to integrate specialized or community-based services.

Summing up, the most instructive observation from the Viennese case is without doubt that a combination of per se contradictory approaches and strategies – networking on various levels on the one hand, *and* the vertical integration and bundling of indispensable services within a single public agency on the other – seems to be a highly successful approach to providing a rather tightly knit network of prevention measures in a metropolitan context.

4 Conclusion

The four solutions for improved prevention for children and youth presented above offer a rich set of inspirational input and substantial potential for transfer. Moreover, the cases demonstrate how political, structural and actor-related issues frame the goals, strategies and instruments of policymaking and implementation. Each of the presented solutions can therefore be considered to represent the *best possible* response to very specific goals and assignments in the specific context. When examining variations in the approaches presented, it is helpful to differentiate the four cases in terms of the initiating organization and to explore the motives and structures at work.

The cases in Graz and Vienna are implemented and advanced by the local administration in each city. Until recently, youth welfare offices were predominantly concerned with interventions targeting troubled families as a matter of last resort. Expanding their sphere of action and bringing an end to the traditional on/off mode of intervention was inevitable. Ignoring the need to provide a growing number of families information and counseling services was no longer tenable from a functional, fiscal – and moral – point of view.

This shift in policymaking and implementation toward prevention has several implications: First, prevention efforts compete (at least at the outset) directly with resources otherwise earmarked for traditional intervention-oriented measures targeting child protection. Gaining acceptance for non-obligatory and undirected offerings therefore was a long and involved process. Once the cost efficiency of programs targeting prevention programs was acknowledged in both cities, considerable resources were made available to prevention programs. Second, the arrangements in both cities have their roots in intervention-based public youth welfare. While the primary prevention pro-

grams they now feature are established and target all children, youth and families, they attach great importance to their capacity for seamless referrals to secondary or even tertiary prevention measures, particularly when problems emerge. In the end, the youth welfare offices in both cities cannot eschew their responsibility – a fact that fosters sustainable programs. The strong interconnected nature of both cases has proved to be highly functional.

In addition, both cases illustrate the importance of having a unit or office that serves as a key provider or initiator of prevention-related programs and functions as a strong organizational core within the youth welfare services apparatus. These offices have built up substantial operational in-house capacities that draw upon a broad scope of disciplines (e.g., obstetricians, medical services, psychologists, social workers, speech therapists). Both cities also made sure they have direct access to specialized services provided by contractors. These in-house capacities provide the everyday services required for primary and secondary prevention, but also often serve urgent cases in which prevention is no longer relevant. Being able to provide both day-to-day operational services as well as urgent-need services is another instructive takeaway from these cases. Third, in order to complement their in-house or contracted operational services, both offices go to great lengths to cultivate relationships with the countless initiatives and nonprofit organizations providing services to children, youth and families in their cities. From a structural and organizational perspective, maintaining both in-house operations as well as network-sourced solutions has proven effective in providing suitable services for families across a broad spectrum of situations.

The two cases initiated by federal or state level governments have diverging goals: The Early Prevention program set out to close gaps in (secondary) prevention at the regional level by actively facilitating parents' access to services for young children. Conceived and developed by experts at a think tank within the Ministry of Health, the program's design is non-partisan in nature. The compelling idea behind the program is to target the well-being of babies and toddlers by providing families in need with professional guidance for a limited period. The task of such family support specialists is to identify family needs, match them to offerings within the regional network, and to then refer the family to these services. Subject to limited funding and a strict timeframe, the program's initiators, the National Centre for Early Prevention, leveraged its self-created window of opportunity by rolling out the most efficient framework to develop viable networks in several states. The program's organizational and funding structures vary

from state to state to allow for specific needs in adapting the national blueprint to local exigencies. This decentralized but highly structured approach to implementation has proven highly successful, particularly with regard to providing services in rural areas where administrative capacities are often limited and professional services hard to come by. The approach must be adapted to the needs of urban areas where similar preventive services are often already availability.

The pilot project *Gemeinsam stark für Kinder* in rural Styria aims at the more abstract goal of establishing chains of prevention in local communities. Community coordinators are tasked with identifying, linking up and optimizing the local network of actors who provide services to children, youth and families. Their duties thus focus exclusively on networking and facilitating exchange and coordination; no case management is foreseen. The project was initiated and is financed by the Department of Education and Society, while departments tasked with related policy issues in the state government committed themselves to supporting the project. Anchored in several policy fields at once, the project reflects a broad understanding of prevention and targets all families and children as well as the communities they live in. The project therefore focuses on networking as a means of fostering all types of prevention. This approach ensures a high level of acceptance among both policymakers and the communities addressed. The project's central head office provides local community coordinators with effective guidance. Coordinators are embedded in a supportive structure designed to facilitate their work. Both aspects increase the coordinators' capacity for impact. Local communities and the respective networks are granted considerable freedom in defining their community's needs and how best to address them. Although the project started only two years ago and evaluation is ongoing, its participatory approach and flexibility appear to play a key role in the project's success thus far. As is often the case in project work, limited timelines for design and implementation is a major hurdle to sustainable goal achievement.

In sum, the diversity of chosen approaches in Austria make it an interesting case. The country offers a variety of conceptual approaches worthy of close examination as they feature several strategies that can prove transferable to other national, regional and local contexts.

Finally, the issue of gender equality in Austrian prevention services warrants attention. As the case studies featured here show, women by far are the primary providers of services targeting parents and children in the country. The percentage of male employees

in the field – particularly in the frontlines of service provision – is marginal, even among only recently set up organizations boasting large employee numbers. In addition, despite the formal commitment to addressing a broad range of (i.e., open) services, in practice, many services (beyond birth and breastfeeding advice) address mothers primarily. Fathers are mostly ignored, at best. Neither the aspect of gender equality in employment, nor the proven benefit of representative bureaucracy in providing impartial services, or the merits of shared parental care seem to have made noteworthy impact in Austria so far. No efforts to overcome entrenched role models have been reported. There is considerable room for improvement in this regard. Taking action to reduce the institutional factors and practices that perpetuate traditional role models would have a positive impact on both service quality and success in prevention efforts.

Glossary

Bezirkshauptmannschaft (district authority): There are a total of 79 district administrative authorities throughout Austria. District authorities are found in all Austrian Bundesländer, except Vienna.

Elternfit: services Services targeting parents and young families in Vienna.

Eltern-Kind Zentren (parent-child centers) and **Elternberatungszentren** (parent counseling offices): Parental outreach contact and counseling offices.

Gemeindebezirk (districts of Vienna): The city of Vienna has 23 districts. Each district elects a political district head *(Bezirksvorsteher)* and a district assembly (Bezirksvertretung). However, district heads do not head the district offices of the city administration.

Gemeinsam stark für Kinder (United for Children): Pilot project initiated by the Styrian government's Department of Education and Society of the Styrian Government with the goal of building and expanding prevention chains that apply throughout the educational biographies of children and adolescents in five Styrian communities.

Gesunde Bezirke (Healthy Districts) and **Gesundes Grätzel** (Healthy Quarter): WIG teams up with MA 13, district governments and local kindergartens, schools and recreational facilities in efforts to promote a healthier lifestyle among children and youngsters.

Gesunder Kindergarten (Healthy Kindergarten): WIG networking initiative that establishes several sub-networks related to nurseries and aims to connect all actors across dental and general health issues, as well as those involved with healthy catering services.

Gesunde Schule (Healthy School): WIG initiative featuring several sub-networks and joint programs in schools targeting healthier lifestyles (e.g., *Netzwerk Gesundheitsfördernde Schulen* (WieNGS), Fruits Go to School program in Vienna).

Klinikverbindungsdienst (birth-clinic connection service): Vienna Child and Youth Welfare Services (MA 11) employees who regularly visit neonatal wards in public hospitals.

Land (state): As a federal republic, Austria is divided into nine states (*Länder* or *Bundesländer*).

Magistrat (Magistrate): In Austria, the magistrate (lat. Magistratus "authority") is the administrative authority of one of the country's 15 statutory cities (see *Statuturstadt*).

Nationales Zentrum Frühe Hilfen (National Centre for Early Prevention, NZFH): NZFH tasks target promoting nationwide coordination and networking among stakeholders in early childhood intervention efforts. Other tasks include quality assurance, efficient implementation of measures, knowledge transfer and public relations in the field. The NZFH is part of Gesundheit Österreich GmbH – GÖG/ÖBIG

Networks fostered by MA 13

Sozialraumorientierung (neighborhood-centered approach): A conceptual approach in the field of social work that reaches beyond conventional case-by-case approaches to providing aid and aims to create living conditions that allow people to better manage difficult situations in life.

Statutarstadt (statutory city): One of the 15 statutory cities in Austria. These cities possess the right to enact their own statute, as it is referred to in the Austrian Federal Constitutional Law. They function as a municipal government, but implement additional tasks assigned by state and federal government.

Vorsorgemittel für Gesundheitsförderungs- und Vorsorgeprogramme (prevention funds targeting the promotion of health and preventive health programs): Funds provided by the Austrian Federal Health Agency.

Wiener Gesundheitsfond (Vienna Health Fund): One of nine strategic program units for healthcare services in Austria. Tasks include healthcare planning, monitoring, financing and quality assurance in Vienna.

Wiener Gesundheitsförderung (Vienna Health Promotion): A nonprofit subsidiary of MA 15 (public health administration). It is designed as a competence center to promote health issues in Vienna, which includes promoting healthy lifestyles and mental health awareness.

References

Antonovsky, A. (1988). Unraveling The Mystery of Health – How People Manage Stress and Stay Well. Jossey-Bass, London.

Biwald, P., & Mitterer, K. (2018), Fact Sheets: Sozialhilfe- und Pflegeversicherung. Grundlagen der Finanzierung der Sozialhilfe sowie Pflege. Zentrum für Verwaltungsforschung (KDZ), Vienna.

Bund/Länder/Versicherungsträger (2017): Zielsteuerungsvertrag auf Bundesebene. Zielsteuerung-Gesundheit. Accessed: 04.02.2019 via. https://www.sozialministerium.at/cms/site/attachments/2/8/6/CH3973/CMS1501063225561/zielsteuerungsvertrag_2017-2021,_urschrift.pdf

Bundesgesetz, mit dem ein Bundesgesetz zur partnerschaftlichen Zielsteuerung-Gesundheit (Gesundheits-Zielsteuerungsgesetz – G-ZG) erlassen wird. Fassung vom 01.02.2019. StF: BGBl. I Nr. 26/2017 (NR: GP XXV RV 1333 AB 1373 p. 157. BR: 9665 AB 9704 p. 863.). Änderung BGBl. I Nr. 131/2017 (NR: GP XXV IA 2255/A AB 1714 p. 188. BR: AB 9882 p. 871.) BGBl. I Nr. 100/2018 (NR: GP XXVI RV 329 AB 413 p. 57. BR: 10079 AB 10082 p. 888.)

Bundesgesetz über Maßnahmen und Initiativen zur Gesundheitsförderung, -aufklärung und -information (Gesundheitsförderungsgesetz – GfG). StF: BGBl. I Nr. 51/1998 (NR: GP XX RV 1043 AB 1072 p. 109. BR: AB 5643 p. 637.)

Bundesgesetz über die Grundsätze für Hilfen für Familien und Erziehungshilfen für Kinder und Jugendliche (Bundes-Kinder- und Jugendhilfegesetz 2013 – B-KJHG 2013). StF: BGBl. I Nr. 69/2013 (NR: GP XXIV RV 2191 AB 2202 p. 194. BR: AB 8942 p. 819.)

Fürst, R., & Hinte, W. (2017). Sozialraumorientierung. Ein Studienbuch zu fachlichen, institutionellen und finanziellen Aspekten. 2nd ed., UTB/Facultas, Vienna.

Fürst, R., & Hinte, W. (2019). Sozialraumorientierung, Ein Studienbuch zu fachlichen, institutionellen und finanziellen Aspekten. 3rd. Ed., UTB/Facultas, Vienna.

Fürst, R., Sandner-Koller, E., & Richardt, V. (2018). Jenseits vom Fall. Von Sinn und Wirkung fallunspezifischer und fallübergreifender sozialraumorientierter Sozialer Arbeit in der Kinder- und Jugendhilfe. soziales_kapital – wissenschaftliches journal österreichischer fachhochschul-studiengänge soziale arbeit, Nr. 19.

Gesundheit Österreich GmbH (2016). Politikfeldübergreifender Dialog zu Health in all Policies (HiAP). Konzept. Juli 2016. Accessed: 12.02.2019 at https://goeg.at/sites/default/files/2017-07/Konzept_HiAP%20Dialog_Stand_20-7-2016.pdf

Grohs, S., & Reiter, R. (2017). Vorbeugende Leistungen für Kinder und Jugendliche in Zeiten knapper Kassen – Bleibt noch Raum für Leistungen ohne subjektiven Rechtsanspruch? Zeitschrift für Sozialreform (ZSR) 63(2), 87-216, DOI: 10.1515-/zsr-2017-0011.

Hämmerle, W. (2005). Föderalismus in Österreich: Es bleibt beim Prinzip ohne Substanz. In: Khol, Andreas ua. (Hg.): Österreichisches Jahrbuch für Politik 2004, Verlag für Geschichte und Politik, Vienna, pp. 669-682.

Hinte, W., & Treeß, H. (2014). Sozialraumorientierung in der Jugendhilfe. Theoretische Grundlagen, Handlungsprinzipien und Praxisbeispiele einer kooperativintegrativen Pädagogik. Beltz, Weinheim/München.

Hinte, W. (2019). Das Fachkonzept "Sozialraumorientierung" – Grundlage und Herausforderung für professionelles Handeln. In: Roland Fürst und Wolfgang Hinte (Hg.), Sozialraumorientierung. Ein Studienbuch zu fachlichen, institutionellen und finanziellen Aspekten. 2. ed. UTB/Facultas, Vienna, pp. 9-28.

Krammer, I., & Punkenhofer, S. (2019). Sozialräumliche Finanzierung in der Grazer Kinder- und Jugendhilfe. In: Roland Fürst und Wolfgang Hinte (Hg.), Sozialraumorientierung. Ein Studienbuch zu fachlichen, institutionellen und finanziellen Aspekten. 3. Ed. UTB/Facultas, Vienna, pp. 244-253.

Krammer, I., Sandner-Koller, E., & Sixt, H. (2009). Der Grazer Weg: Sozialraumorientierung als Gesamtstrategie für das Jugendamt und mehr? In: Eva Sing und Arno Heimgartner (Eds.), Gemeinwesenarbeit in Österreich. Grazer Universitätsverlag, Graz, pp. 61-76.

Statistik Austria (2018a). Mindestsicherungsstatistik 2017. Accessed: 04.02.2019 at https://www.sozialministerium.at/cms/site/attachments/7/7/1/CH3434/CMS1536151893778/mindestsicherungsstatistik_2017.pdf

Statistik Austria (2018b). Altersstruktur in Wien von 2013 bis 2017 [Chart]. In Statista. Accessed: 11 July 2019, at https://de.statista.com/statistik/daten/studie/685349/umfrage/bevoelkerung-von-wien-nach-alter/

Stoik, Christoph (2014). Sozialraumorientierung zwischen neoliberaler Umprogrammierung und Perspektive für die Disziplinentwicklung. soziales_kapital – wissenschaftliches journal österreichischer fachhochschul-studiengänge soziale arbeit, Nr. 12 (2014). Accessed: 11 July 2019, at http://www.soziales-kapital.at/index.php/sozialeskapital/article/viewFile/347/597.pdf

Making Prevention Work – Comprehensive Report Preventive structures and policies for children, youth and families

This publication features research for use in developing prevention policies. Drawing on a universalist and integrative concept of prevention, the study summarizes and compares prevention structures and practices in 12 EU member states: Austria, Czech Republic, Denmark, England (UK), Finland, France, Germany, Ireland, Lithuania, the Netherlands, Spain and Sweden. It identifies potentially transferable practices as well as the common policy challenges facing all European countries. Making Prevention Work also features case studies of prevention systems in Austria, France and the Netherlands that offer relevant findings for policymakers and prevention professionals across Europe.

Making Prevention Work – Case Study France

As a supplement to the "Preventive structures and policies for children, youth and families" study, the analysis of France featured here offers a close look at prevention chains in France and the competences, institutions, services and networks promoting equal opportunities for children throughout their life course. Two further analyses of prevention are also available for Austria and the Netherlands.

Making Prevention Work – Case Study Netherlands

As a supplement to the "Preventive structures and policies for children, youth and families" study, this publication examines the Dutch system fostering children's well-being and education as well as the opportunities and challenges posed by the 2015 reform shifting all competences regarding family affairs to municipalities. Two further analyses of prevention are also available for Austria and France.

As part of an exhaustive cross-national study of prevention activities across the EU, this publication offers a close analysis of how prevention works in Austria and the structures of cooperation driving it forward. It explores the factors contributing to success through four models of prevention in Austria:

The Early Prevention program *(Frühe Hilfen)*
Graz's neighborhood-centered approach
Rural Styria's prevention policy *(Gemeinsam stark für Kinder)*
Vienna's prevention policy

The examples featured in this close-up look at Austria highlight how preventive measures operate in a federalist system and promote inclusion by targeting equal opportunities for all children and their families.

This publication is one of three case studies featured in the four-part cross-national study "Making Prevention Work" conducted by the Bertelsmann Stiftung in cooperation with the German Research Institute for Public Administration. Designed to identify facilities and institutional arrangements with positive impact in 12 EU countries, the study aims to facilitate an exchange of good practices with potential applicability for welfare systems in various national contexts.

Making Prevention Work draws on research findings associated with the German initiative "Leave no child behind!" ("Kein Kind zurücklassen!") that show how local support mechanisms and institutions can have a positive impact on disadvantaged children and their families. The initiative demonstrates just how effective a few good preventive measures can be in improving the educational opportunities of disadvantaged.

In addition to the close-up look at Austria presented here, Making Prevention Work features two further case studies – France and the Netherlands – as well as the comprehensive report "Preventive Structures and Policies for Children, Youth and Families."

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