

Development and testing of a family based support program for young carers and their families in Austria

Martin Nagl-Cupal
Julia Hauprich
Department of Nursing Science
University of Vienna

In cooperation with





Background

Austrian Kontext

- Young Carers research and awareness in Austria since 2012
- Qualitative, quantitative studies and guideline development

Professional support

- Development of some support for young carers (Camp, Online Tool, ...)
- No specific support for families with young carers in Austria





Level 4 country!



Family based approaches as a major preventive approach (Purcal et al. 2012)

- Achieve a level of caring that is not associated with negative outcomes
- Prevent children and adolescent from an inappropriate caring role and negative effects of caring
- Combination of formal and informal support reflecting the individual family needs

Aim



Development, piloting and testing of a support program for families with young cares

Project "No Secrecy" (April 15 – March 17)

- Project university staff: Julia Hauprich, Natasa Prajo, Martin Nagl-Cupal
- Collaboration with the Austrian Red Cross
- Financial support: "Gemeinsame Gesundheitsziele"

Intervention development

Utrecht model for development of evidence-based interventions (Van Meijel et al. 2004)

Step 1: Problem and Need analysis

Family interviews

"To live a life in accordance with their inherent logic"

Step 2: Current practice analysis

Step 3: Intervention design

Step 4: Pilot phase and testing

Intervention development

Utrecht model for development of evidence-based interventions (Van Meijel et al. 2004)

Step 1: Problem and Need analysis

Family interviews

To live a life in accordance with their inherent logic

Literature review

Formal family support:

- · Based on trust and empathy
- "Family Group Conference" (FGC) a suitable frame for family interventions
 - Applicable for family care (Nagl-Cupal, Hauprich 2016)
 - · Addresses the study aims

Step 2: Current practice analysis

Step 3: Intervention design

Step 4: Pilot phase and testing

Family Group Conference



- 1989 New Zealand
- Context of application: Child welfare
- Framework for family decision- and problem solving processes
- Increase self-determination and empowerment
- Family takes on their responsibility and control of their own support
- Non-directive approach, open outcome
- Care providers as informants and extended network

(Clewett et al. 2010, Burford & Hudson 2000)

Intervention development

Utrecht model for development of evidence-based interventions (Van Meijel et al. 2004)

Step 1: Problem and Need analysis

Family interviews

To live a life in accordance with their inherent logic

Literature review

Formal family support:

Based on trust and empathy

"Family Group Conference" (FGC) as a suitable frame for family interventions

Applicable for family care (Nagl-Cupal, Hauprich 2016)

Addresses the study aims

Step 2: Current practice analysis

Workshop with practitioners of health care and social care providers

Case work



- Reflection FGC
- Skills needed

Step 3: Intervention design

Concept development (based on FGC) and how to gain access to the families ("reporting system")

Reflection Advisory Board

Adaptation

Family Conference – Care (Familienkonferenz Pflege)

Ethical approval

Training of the "coordinators"

Experienced nurses in home care

Step 4: Pilot phase and testing

Family Conference – Care - the concept





First meeting: Preparation	Second meeting: Family Conference			Plan implement ation	Third meeting: Evaluation
	Information giving	Private family time	Agreeing the plan		
First information/ informed Consent Assess the families' situation Identification of family network and invitation	Present and discuss family situation Strenghts of family + formal support	Plan development	Plan presentation and signing		Evaluation of the plan Agree into another FKP if needed
Family +coordinator	Family+coordinato r+extended network	Family+extende d network	Family+coordina tor+extended network		Family +coordinator

Piloting



4 federal states 12 coordinators Oberösterreich Vienna Steiermark Burgenland



Unterstützungsangebot für Familien mit pflegenden Kindem und Jugendlichen

Familienkonferenz - Pflege



··· Mehr w









Startseite





Mo 13 Mo 14 Mo 15 Mo 16 Mo 17

← Gefällt mir
 ← Nachricht senden
 ← Teilen

Mon 18

Phase 4

Mon 19 Mon 20

Mon 21

und Jugendlichen

(Young Carers)

Mo 22

Phase 3 Intervention design

Schweißausbrüche

ten Beschwerden auf. Typisch sind etwa beklemmende Schmerzen im Brustbereich,

und auch Herzrasen. Herzenge oder Infarkt?

Besonders alarmiert sollte man sein, wenn eines oder mehrere dieser Anzeichen beim Treppensteigen auftreten, schließlich zeigen sie sich hierbei sehr häufig. In späteren Stadien ist die körner-

zeitlichen Belastung oder der zu sozial isoliert, sie reden nicht Sie in Österreich wohl

in den meisten rahen korpenion - lastet. Sehr schwierig wird in den - beklagen - mocine , anstrengend und kann auch zu meisten Fällen auch die Organi- Martin Nagl-Cupal von seelischen Problemen führen, sation rund um die Pflege erlebt, tut für Pflegewissense was mit der Ungewissheit, der "Durch die Pflege werden vielle der Universität Wien.

Jugendliche pflegen Verwan

40.000 Minderjährige helfen bei der Pflege eines Familienmiter (ch). Viele lugendliche und In dessen Rahmen wurde die millen in Wien, die dieses kos-Kinder unterstützen die Pfle- "Familienkonferenz - Pflege" tenlose Angebot in Anspruch ge ihrer Angehörigen. In Wien entwickelt. Ziel ist es, Familien nehmen möchten und auch wird derzeit das Angebot Fa- mit nflegenden Kindern dabei für eine anschließende Bewer-





Results after 6 months recruitment



- No family in the invention
- No piloting
- No testing

Instead:

What were the reasons for access or recruit no families for the intervention?



Evaluation of "no-success"



- Theoretical framework: Social Marketing Framework (Andreasen 1995)
- Qualitative Interviews with
 - 12 coordinators
 - 4 regional directors
 - Head of co-operation partner
 - 2 families
- Process description

Evaluation of "no-success" - some results



"Excellent addition" to existing services Unfamiliar approach

Inappropriate Language
Matter of priorities
No link to the phenomena



No Awareness of significant partners Suboptimal exchange

"We have a problem!"
Prejudgement
Additional effort – outcome?

Lessons learned ...?



- Expectations to high?
- Right time for the right intervention?
- To much time for academic work, to less time for "real life"?
- Time for recruitment
- Cooperation with significant partners
- Awareness: knowing ≠ recognizing



