There are nineteen Child Care Links pilots currently taking place around Australia. Part of the Stronger Families and Communities Strategy, the pilots support the National Agenda for Early Childhood which is currently in development.

Child Care Links are designed to increase in parents and communities an understanding of the importance of early childhood development and care and its influence on outcomes later in life. It also is designed to build awareness of and capacity to access services, facilities, information and other supports that are available.

The Stronger Families and Communities Strategy (SFCS) was announced by the Prime Minister on 16 April 2000, and emphasises capacity building through early intervention and prevention. Last year, on 16 May 2003 the Prime Minister announced the commitment of $10 million from the SFCS for projects specifically designed for early childhood intervention and prevention initiatives.

These Early Childhood Initiatives (ECI) are the first practical steps under the National Agenda for Early Childhood. Child Care Links, piloting the use of child care centres as neighbourhood hubs, was one of five initiatives intended to build on work already being funded by the government.

Aims of the Child Care Links Pilots

Child Care Links aims to improve the health and well-being of young children and to strengthen the resilience of their caregivers by using child care services to foster the development of child-friendly communities.

Under the initiative, a Child Care Links worker will be funded at each site to facilitate the development of networks and linkages between the child care service and other family and children’s services. It is expected that there will be greater use of child care centres for community activities which promote community connectedness and stronger families. The projects will work towards the establishment of child friendly communities, a key activity area of the National Agenda for Early Childhood.

Child Care Links is proposed as an early-intervention strategy that addresses the importance of the early childhood years in children’s subsequent successful development. Research evidence now demonstrates that improvement in child health, development and well being is likely to impact on adolescents and adults as measured by a number of indicators including
alcohol and drug use, rates of juvenile crime, rates of
teens pregnancy, graduation from high school and
subsequent employment opportunities.

Targeting of Child Care Links

The ultimate target groups expected to benefit from the
Child Care Links initiative are children aged 0-5 years and
their parents/caregivers in communities experiencing
social disadvantage. Notwithstanding this, the service
delivery model of the Child Care Links initiative has a
community development focus—it aims to assist the target
group by strengthening community capacity.

The effective target group for this program thus includes
child and family professionals and community
organisations in selected areas across Australia.

The broad elements of the Child Care Links Initiative are:

- Community development; and,
- Service co-ordination and enhancement.

The model will be implemented using FaCS funded child
care infrastructure. This will be primarily long day care but
in some locations may include family day care and mobile
children’s services. Sites have been chosen to include
metropolitan, rural and remote and Indigenous
communities which can be shown to experience
disadvantage and which have at least one FaCS funded
service in the area.

Role of Community Hubs

The Child Care Links projects will coordinate and integrate
early childhood services in areas of high disadvantage,
using Commonwealth funded child care services as
community hubs. The model features a commitment to a
community development approach to engage communities
and develop and implement service models in keeping
with community identified need and preference.

Each of the Child Care Links projects is supported by a
sponsor organisation that employs a Child Care Links
Worker. The Child Care Links worker will work with
families, community based organisations and services (eg
community centres, child care services, schools, women’s
centres) and government agencies to implement service
responses to identified gaps in the region and to link
services that already exist.

Some Child Care Links workers will be based at the Child
Care sites, some will not. This will depend on local
conditions, the service type and the organisation that has
assumed sponsorship of the project. It is anticipated that
the Child Care Links worker will act as an enabler to
support service integration, and provide a ‘road map’ of
services to help families access what they need, when they
need it.

It is recognised, however, that to develop capacity
building within a community takes time. To this end, it is
anticipated that the model will be developed in three
phases:

- Phase One: Community capacity building within the
  child care service itself.
- Phase Two: Community capacity building external to the
  child care service. The key feature of this
  phase is the identification and linking of
  existing services that will improve and
  strengthen family and children’s resilience.
- Phase Three: Developing the model in terms of
  sustainability, and capacity to maintain the
  network of services delivered to children
  and families.

Child Care Link Worker Activities

The Child Care Links model is expected to vary in
operation from one community to another, to reflect local
conditions and community needs and expectations.
However, it is anticipated that the Child Care Links worker
will engage in the following activities:

- Establish a working relationship and mutual
  understanding of the project with the identified child
  care site. Where appropriate this may include
  professional development concerned with the
  importance of the early years and early childhood
development.
- Identify and approach stakeholders to establish a
  project advisory group.
- Develop networks with other child care services
  including family and children’s services.
- Identify community needs (needs assessment) through a
  mapping exercise. This mapping would not be
  undertaken in circumstances where this information
  was readily available.
- Develop a project work plan and prioritise according to
  need.
- Identify and map local services and resources.
- Develop strategies to disseminate this information to
  community members, agencies and service providers.
- Promote child care services as potential partners and as
  resources for local service providers and agencies to
  engage with parents in the community.
- Develop mechanisms for collaboration and partnership
  within the community to foster the on-going function of
  child care services as a community resource.
- Support child care services to establish links to parents
  in the local community.
- Develop targeted project activities with local
  stakeholders/partners.
- Develop, promote and implement strategies and practices for use in child care services as venues for local agencies to deliver programs and parenting resources eg parenting education, nutrition programs and other relevant activities to the targeted community.

- Develop mechanisms to improve linkages between families and local agencies.

- Develop strategies for families to increase their knowledge and understanding of existing social services and how to access them at their point of need.

Sourced from the Department of Family and Community Services


Evaluation of Child Care Links

The Centre for Community Child Health has been contracted to undertake an evaluation of the Child Care Links initiative.

The purpose of evaluating the Child Care Links initiative is to determine if the activities of the projects have been useful and relevant to the targeted communities; to assess what interventions work; and to build an evidence base to inform future development.

During the evaluation of Child Care Links three levels of data will be collected.

- Project level information that will be collected by each site
- Amalgamation and analysis of the data collected by each site to give an overarching picture of the Child Care Links initiative
- Evaluation and reporting of how this links with the overall National Agenda for Early Childhood.

The objectives of the Child Care Links initiative include:

Objective One:
Child and family professions have increased knowledge of early childhood development and collaborate in providing services to young children and their families.

- Whether local strategies were employed to increase the knowledge and appreciation of child and family professions about early childhood development.
- Whether contact between child care and early childhood services for vulnerable families has improved and how.
- Whether child care staff of the service are also participating in the early childhood network, as opposed to the delivery of child care.

Objective Two:
Caregivers of young children are further supported in their parenting role.

- Whether local strategies were deployed to engage the target population who are not currently using child care services and other social networks and whether they were successful. E.g. playgroups
- Whether families’ knowledge of the importance of early childhood is different from being involved in the Initiative at six, twelve and eighteen months?
- Whether local strategies were employed to increase caregivers’ confidence in their role as parents and which were most successful and why.

Objective Three:
Communities recognise the importance of the early years and support early childhood development.

- Whether there were strategies to increase the awareness of the community and whether they were successful.
- Whether strategies were applied that resulted in increased use of child care resources for community activities and what those resources were.

Objective Four:
To promote best practice in providing services to children and their families.

- Whether the Child Care Links Initiative promoted activities within the child care services and the community that support best practice in providing services to children and their families.
- Whether program performance at some program sites
Case Study

From the Child Care Links Worker at Athol Park

In December I attended a community consultation initiated by Local Government. The site for the consultation was directly adjoining our child care centre. This site was chosen largely because of the connections we have made with the local community and service providers. Whilst the Centre was able to support the community consultation (the Centre provided logistical support - toilets, access to electricity etc), I was also able to use the day to connect, in a different way, with local people and service providers.

In particular I reconnected with a young mother, Julie (not her real name) who had previously used the child care service for her eldest son (now 2 1/2 yrs). She had cancelled her elder son’s care shortly before the birth of her second son (now 7 mth). While talking with Julie she expressed frustration at the lack of suitable activities for young mothers and children in the local area. She had recently begun attending a playgroup with a friend but had to travel a considerable distance that she found difficult due to cost of and time for travel. Julie acknowledged the benefits for her children and herself of attending such a group, and talked about the benefits her eldest son had experienced when he had attended child care. We chatted for a while and I suggested we start a playgroup at the Centre. Perhaps she could come and discuss the idea with me.

In January Julie came and saw me about starting a playgroup. She had not felt confident about running a playgroup because she was young and felt many people would look down on her but she did have lots of ideas and was happy to take a lead with my support.

The playgroup has now been running for 3 months and has gone from strength to strength. Attendance has not been high but the young families who attend provide support for each other. Julie will often bring extra fruit because she knows someone may not bring any, or a particular child has not had breakfast. We have begun inviting workers from local health and welfare services to the group and regularly talk about issues impacting on children’s health and wellbeing. Over the past months Julie has grown in confidence and will now occasionally run the group without me. She is now keen to start a young mother’s group – where the focus can be the mother’s health and wellbeing!

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