

“CORE PURPOSE” OF CHILDREN’S CENTRES IN THURROCK

GOVERNMENT VISION:

The Government has worked with sector leaders to consider evidence and good practice, resulting in a co-produced statement of intent about how the core purpose can be achieved, by:

1. **Improving outcomes for children**
2. **Assessing need across the local community**
3. **Providing access to universal early years services in the local area including high quality and affordable early years education and childcare**
4. **Providing targeted evidence based early interventions for families in greatest need, in the context of integrated services**
5. **Acting as a hub for the local community, building social capital and cohesion.**
6. **Sharing expertise with other early years settings to improve quality.**
7. **Respecting and engaging parents**
8. **Working in partnership across professional/agency boundaries**

1. Improving outcomes for young children and their families and reducing inequalities.

This is the overall aim of children’s centres. The purpose around which children’s centres should frame their activities is to identify, reach and help the families in greatest need to support:

- **Child development and school readiness** - supporting personal, social and emotional development, physical development and communication and language from pre-birth to age 5, so *children* develop as confident and curious learners and are able to take full advantage of the learning opportunities presented to them in school.²
- **Parenting aspirations and parenting skills** - building on strengths and supporting aspirations, so that *parents and carers* are able to give their child the best start in life.
- **Child and family health and life chances** - promoting good physical and mental health for both children and their family; safeguarding; supporting parents to improve the skills that enable them to access education, training and employment; and addressing risk factors⁴ so that *children and their families* are safe, free from poverty and able to improve both their immediate wellbeing and their future life chances.

2. Assessing strengths and need across the area to inform local commissioning of services

This means children's centres influencing local strategic needs assessments, and commissioning decisions taken forward by the local authority, in partnership with the Health and Wellbeing Board.

3. Providing access to high quality universal (available to all families who wish to use them) services in the area

The statutory definition of a children's centre includes making available early childhood services.

Universal services (i.e. available to all families who wish to make use of them) make a difference to children and families, when delivered in an integrated manner:

- **High quality, inclusive, early learning and childcare**, particularly for disadvantaged families or those with particular needs (for example disabled children) or in disadvantaged areas. This includes supporting families to access the offer of free early learning for 2 year olds, support for childminder networks and sessional and crèche facilities appropriate to meet local need. Where early learning and childcare is delivered by the children's centre (or by a third party on behalf of the children's centre), it should be supported by someone with either Qualified Teacher or Early Years Professional status.
- **Information and activities for families**, so that parents can make informed choices. This will include provision of family activities to improve outcomes (for example, learning through play or healthy eating) and could involve access to wider sources of support for example benefit or debt advice.
- **Adult learning and employment support**; this may include language, literacy and numeracy support, family learning, access to apprenticeships and volunteering opportunities as steps toward employment and links to Jobcentre Plus. It is supported by good quality, inclusive childcare.
- **Integrated child and family health services**; to include Health Visitors delivering the Healthy Child programme, engagement with midwives and GPs and use of the Family-Nurse partnership where appropriate.

4. Using evidence-based approaches to deliver targeted, family-centred support

This means children's centres combining evidence with professional expertise – in order to decide which early interventions work best for local families, and help ensure families receive the services they really need and that will make a difference to their lives. The following **targeted services** can make a difference for families with the greatest needs:

- **Parenting and family support**, including outreach work and relationship support (the quality of the relationship between parents is linked to positive parenting and better outcomes for children). Provision of integrated support in response to identified strengths and risk factors within individual families.
- **Targeted evidence-based early intervention programmes** (such as those recommended by Graham Allen MP, the NAPR and C4EO) where published evaluation demonstrates that particular interventions can help families make accelerated progress in improving outcomes where they are at greatest risk of falling furthest behind.
- **Links with specialist services** for families where there are the most complex health or social care needs (e.g. disabled children, children with major health difficulties, or

children likely to be “in need” or where there are safeguarding concerns as in the Children Act 1989)

5. Acting as a hub for the local community, building social capital and cohesion.

This will involve children’s centres capitalising on their role as a welcoming environment for families, for example by welcoming older people’s groups to use the facility for community activities or by supporting siblings or older children’s activities where this is appropriate locally. It is about children’s centres using their facilities creatively so the whole community can benefit and using the skills within the community to the benefit of the children’s centre. (e.g. members of the community volunteering their skills). It links to the Health Visitor Building Community Capacity work and the Health Visitor Early Implementer Sites.

6. Sharing expertise with other early years settings to improve quality.

This is not about taking on the quality improvement role of the Local Authority but could involve sharing expertise, brokering relationships, sharing (and learning from) good practice, support for childminding networks, shared training and joint planning. National College are developing work in this area.

7. Respecting and engaging parents

Respecting the views and wishes of all parents, with local families at the heart of inclusive decision making. This may involve a role for parents in governance. It will involve local families a greater say in how services are delivered (with transparency about what money is being spent on and what difference it is making), actively engaging them in delivery through volunteering opportunities, as well as working with health visitors to build the capacity of local parents to help each other and form informal networks of support.

8. Partnership working

The core purpose puts an onus on a cross-sector approach and effective local partnerships, particularly between social workers, health visitors and children’s centre outreach workers, so that vulnerable families are supported into appropriate interventions. Reducing child poverty and increasing social mobility Centres will also work with a range of other partners to help them deliver this core purpose for example other early years providers, Jobcentre Plus, GP consortia, information and advice organisations, schools and voluntary and community sector organisations.

Acknowledgement:

[www/http://www.shareville.bcu.ac.uk/index.php?.../sure_start_childrens_centres_core_purpose](http://www.shareville.bcu.ac.uk/index.php?.../sure_start_childrens_centres_core_purpose)