# Supporting Document: Evidence, Data and Demographics

## Contents

Headline summary ..... 3

1: Demographics overview ..... 4

2.0 By Strategic Priority ..... 5

2.1 Education (SP1) ..... 5

The Disadvantage Gap ..... 5

Children receiving Free School Meals (FSM) ..... 6

Children known to social services ..... 6

Children with SEND or EHCP ..... 6

Young People at Higher Risk - NEET ..... 7

Young People at Higher Risk – NEET: Young Carers ..... 7

Young people with emerging education issues ..... 7

Housing and homelessness ..... 8

2.2 Children's Health and Well-being (SP2) ..... 8

Infant feeding ..... 9

Healthy Weight ..... 9

Physical activity ..... 10

Protection from illness & disease ..... 10

Sexual health ..... 11

Teenage Parents ..... 11

Oral Health ..... 12

2.3 Safety (social care) (SP3) ..... 14

Substance misuse ..... 14

2.4 Children's mental health/emotional wellbeing (SP4) ..... 16

Inequalities ..... 19

The THRIVE Model ..... 21

Brighter Futures Annual Survey.....22

# Headline summary

- There are approximately 62,000 children and young people between the ages of 0 and 25 in Thurrock, which is a third of the overall population, and a higher proportion than East of England and England, and the population is predicted to continue to rise.
- There is a higher proportion of school children from minority ethnic groups (47.2%) in Thurrock compared to regional and national levels.
- 5,716 children and young people have special educational needs and/ or disability and attend schools in Thurrock (above England average). The current proportion of children with SEND is similar to our statistical neighbours and shows an improving trend. It is possible that SEND numbers may have been influenced by contributory factors such as child immunisation rates and the impact of healthcare advancement where more children are surviving with more complex needs
- Thurrock currently maintains 2,906 Education, Health and Care Plans (EHCP) (Dec 2025)
- 25.1% of pupils are entitled to free school meals, slightly below national average
- 271 children were “looked after” as at October 2025 - a rate below our benchmark groups.
- Recent data suggests a downward trend in hospital admissions for self-harm in Thurrock in residents aged between 10 - 24 years. Hospital admissions for unintentional and deliberate injuries (16-24 years) also show a downward trend.
- MMR immunisation level does not meet recommended coverage of 95%. By age five only 82.9% of children in Thurrock have had both doses. In 2019 England had measles free status removed and Thurrock experienced two measles outbreaks in vulnerable communities.
- Whilst breastfeeding prevalence at 6-8 weeks has been historically lower than average, it has been improving and is now 52.9% (similar to national average)
- Maintaining a healthy weight in children continues to be a priority in Thurrock – whilst a similar proportion of reception aged children are recorded to be a healthy weight (to the national average), by age 11 this prevalence is significantly below the national average (59.4% in Thurrock compared to 62.2% nationally).
- We are similar to our comparators for Social, Emotional Mental Health needs, but show a worsening trend.

# 1.0 Demographics overview

**Population**

- The total population estimate is 180,989 as of the Mid-Year Estimate (MYE) 2024.
- Between 2011 and 2021 (Census), the population increased by 11.2%, a growth rate greater than both the East of England (8.3%) and England (6.6%).
- Thurrock has a relatively larger proportion of young population, with a higher proportion of residents aged 30 to 49 years compared to England. The median age in Thurrock is 37 years.
    - 41,062 people aged 0 to 15 years, (22.7%)
    - 115,411 people aged 16 to 64 years, (63.8%)
    - 24,516 people aged 65 years and over, (13.5%).
- The General Fertility Rate (GFR) is declining but remains higher in Thurrock (54.6 per 1000 in 2024) than the national value (49 per 1,000).
- The population is projected to grow to 189,969 by 2035, a 4.6% increase over 10 years, which is similar to the projected increase for England.
- Projections indicate an ageing population over the next decade, with the highest percentage increases expected in older age groups, notably 45–49 and 65–69 years.

**Population Groups**

- Thurrock is more ethnically diverse than the regional and national averages. The Black, Black British, Caribbean or African groups saw the largest proportional increase, up 4.0 percentage points from 2011 to 2021.
- The unemployment rate for people aged 16–64 (4.3% in 2024-25) is slightly higher than regional (3.7%) and national (4%) averages.
- A higher percentage of the population (11.3%) has a main language that is not English, compared to England (9.2%) and the East of England (7.4%).
- Thurrock is noted as being more overcrowded than England and East of England averages.
- Thurrock has a relatively higher proportion of the population living in housing that is socially rented from the council/Local Authority, more than twice that of the East of England.
- Thurrock shows a slightly higher proportion of residents identifying as heterosexual (91.4%) and lower proportions identifying as gay, lesbian, or bisexual compared with England and the EoE, while non-response rates were also slightly lower (Thurrock – 6.6%).
- Gender identity pattern in Thurrock is very similar to EoE and England, with around 94% identifying with their sex registered at birth and only very small proportions identifying as transgender or another gender identity.

**Deprivation**

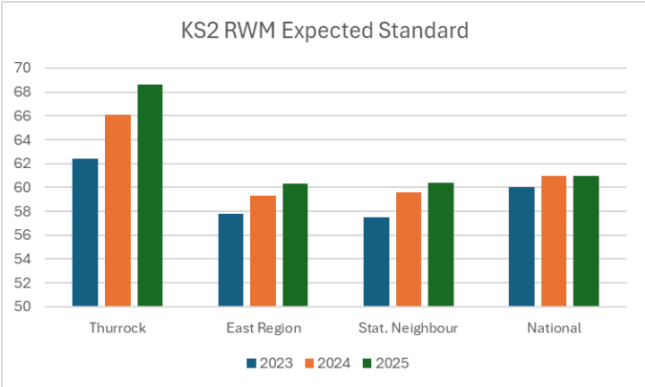
- Thurrock is ranked 78th out of 153 Upper Tier Local Authorities in the 2025 Index of Multiple Deprivation (IMD), placing it around the national median.
- The key domains driving relative deprivation are lower income levels, unemployment, low education and skills, and significant barriers to housing and services.

Detailed analysis informing this summary is available in the **Thurrock Joint Strategic Needs Assessment. Demographics 2026** produced by the Public Health Team.

# 2.0 By Strategic Priority

## 2.1 Education (SP1)

Children are assessed academically throughout their educational journey. Key Stage 2 (KS2) assesses the last 4 years of primary school learning.




KS2 assessments are taken at the end of Year 6. They are commonly known as SATs. KS2 assessments are used to measure and assess pupils' understanding of RWM (Reading, Writing and Maths) and grammar and punctuation.

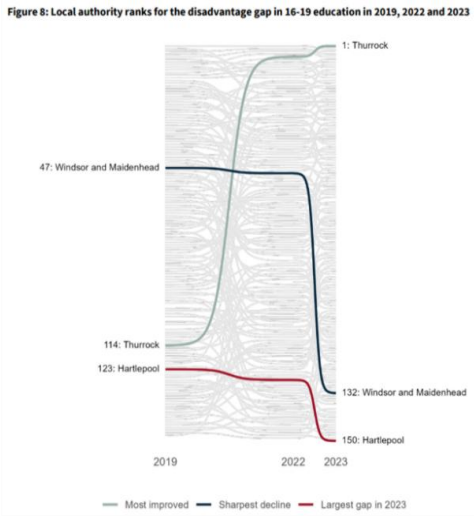
Thurrock's has continued its improving trend in KS2 results from 2023 to 2025; each year demonstrating a comparatively better performance than National, Regional and Statistical Neighbours. KS2 scores are important as they assess how well a child is performing in comparison to others, assess progress since KS1, and offer a predictor for success at KS4 level (GCSE).

The percentage of Thurrock pupils achieving 9 - 4 pass in English and Maths for 2025 (provisional) is 65.5%, compared to 64.5% Nationally.

### The Disadvantage Gap

In Thurrock in 2024, the gap between advantaged and disadvantaged children has increased slightly in Early Years since 2023, however the gap has decreased in Key Stage 2, Key Stage 4 and 16-19.

Thurrock has two phases of education ranked within the top 25 LAs Nationally in 2024, and in 2023 Thurrock was joint top LA for the smallest gap nationally for the 16-19 cohort and was the most improved LA since 2019.




| | Disadvantage gap in months | | | |
|---|---|---|---|---|
| | Early Years | Key Stage 2 | Key Stage 4 | 16-19 |
| 2019 | 1.6 | 7.3 | 18 | 4.2 |
| 2020 (Covid) | | | | |
| 2022 | 3.6 | 8.6 | 18.9 | -1.1 |
| 2023 | 2.8 | 10.2 | 19 | -1.8 |
| 2024 | 3.2 | 8.8 | 15.4 | -0.3 |
| 2024 National | 4.7 | 10 | 19.1 | -0.1 |

The disadvantage gap change in Thurrock between 2023 -2024 is:

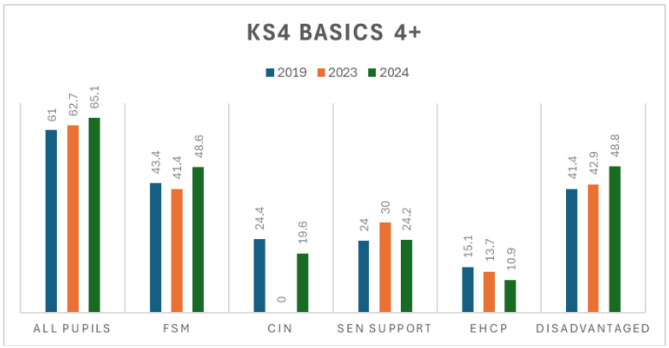
- 0.4 months for Early Years
- -1.2 months for Primary School (KS2)
- -3.7 months for Secondary (KS4)
- -0.2 grades for 16 –19

NB. Negative change in months is an improvement in the gap.

Throughout the stages of childhood (prenatal to secondary school age) negative and positive factors influence educational attainment. These factors can accumulate over time and contribute to the size of the disadvantage gap.

Compared to the overall cohort, children in Thurrock with any of the following designations are less likely to achieve a 9-4 pass score in Basics English and Maths in KS4, than those without such designations:

- Free School Meals (FSM)
- Children in Need (CiN)
- SEN Support
- Education, Health and Care Plans (EHCP)
- Disadvantaged




However, the gap between the overall cohort and disadvantaged pupils, and those receiving Free School Meals is closing. From 2023 – 2024 the gap between these cohorts and the overall cohort of pupils achieving basics 4+ reduced by 4.8% (FSM) and 3.5% (Disadvantaged).

For SEN Support, CIN and EHCP pupils, the gap in attainment remains higher.

## Children receiving Free School Meals (FSM)

There is an attainment gap between all pupils and pupils in Thurrock in receipt of free school meals. However, this gap is reducing over time, with a 11.6% gap in 2025 down from 14.1% in 2024.

## Children known to social services

Thurrock is similar to its Statistical Neighbours (*Oct 2025) for:

- Children Looked After (60 per 10,000)
- Children on Child Protection plans (33.1 per 10,000)

And has a lower rate than our Statistical Neighbours for:

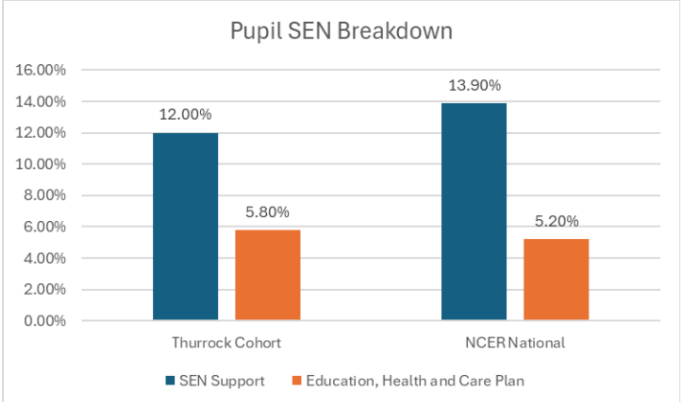
- Children in Need (73 per 10,000)

## Children with SEND or EHCP

17.8% of pupils within Thurrock schools have either an EHCP or SEN Support. This is just under the National figure of 19.1%.

12% of Thurrock pupils have SEN Support, whereas 5.8% have an EHCP. The number of pupils on SEN Support in Thurrock has risen by 0.8% since 2019, and pupils with an EHCP has risen by 2%.

Source: January School Census, 2025



## Young People at Higher Risk - NEET

Young people with fewer qualifications are more likely not to be in education, employment or training (NEET) after leaving school and find it more difficult to secure employment as they get older. The chance of being NEET is affected by area deprivation, socio-economic position, parental factors (such as employment, education, or attitudes), growing up in care, prior academic achievement, and school experiences. Being NEET occurs disproportionately highly among those already experiencing other sources of disadvantage.

| National Context for NEET (Not in Education, Employment or Training) | |
|---|---|
| **16-24** | The latest estimates for England show 948,000 (12.8%) of 16–24-year-olds were NEET between April and June 2025, an increase of 24,000 or 2.7% since the previous quarter. |
| | The latest estimate shows an annual increase of 0.1 percentage points and the continuation of an upward trend in NEET rates since the end of the COVID-19 pandemic in 2021. |
| | England estimates show that young men are more likely be NEET compared to young women. 13.1% of all male 16–24-year-olds were NEET, compared with 12.4% of females. Of the total number of young people who were NEET, 497,000 were young men and 450,000 were young women. |
| | The male rate is down 0.1 percentage points on the quarter, but the female rate is up 0.7 percentage points. |
| **16-17** | NEET: 3.8% in July 25, showing a very slight rise from June 25 (3.7%) and July 24 (3.6%). |
| | NEET/Unknown (combined): 6.0% in July 25, up from June 25 (5.6%) and slightly higher than July 24 (5.8%) |
| **18-24** | The total number of people aged 18-24 who were NEET was 873,000, an increase of 18,000 since the previous quarter. |
| | The percentage of all those aged 18 to 24 years who were NEET was 15.0%, which was up 0.3 percentage points on the quarter and up 0.1 percentage points on the year. |

In Thurrock 3.4% of children aged 16 and 17 are not engaged in any education, employment or training and are not Unknown (July 2025). This is below the national average of 5.8% and Statistical Neighbours at 5.8%. In July 2025 Thurrock was ranked as 42 out of 152 local authorities for the numbers of young people it had not in education or training or Unknown.

## Young People at Higher Risk – NEET: Young Carers

Being a young carer is a trigger for becoming NEET. The Children and Families Act 2014 defines a young carer as, "*someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol*". There were seven NEET young carers in July 2025 in Thurrock.

## Young people with emerging education issues

**Permanent Exclusion** from school is known to impact significantly on young people's life chances and wellbeing. Permanently excluded children are likely to develop mental health difficulties, and many will struggle with poor self-esteem; they may struggle to secure opportunities in employment or studies later in life. In 2023/24, 0.02% of primary school pupils in Thurrock were given permanent exclusions compared to 0.03% in England. For secondary pupils, the permanent exclusion rate was 0.14% compared to 0.25% across England. Thurrock's introduction of an outreach program has seen numbers drop below National and regional levels since 2021.

**Elective Home Education (EHE)** is a conscious decision by parents or carers to educate their children at home. EHE numbers continue to rise, there are currently 572 children recorded as EHE. EHE is managed by the School Attendance Support Team (SAST) who continue to prioritise those cases with EHCP or with open social care involvement, working collaboratively with SEND and social workers respectively.

A growing concern is the number of EHE cases emerging from Thurrock schools. Academies are being supported by the SAST and the Senior Leadership Team to address the earliest indication that EHE is being considered and ensure that parents are fully informed about their responsibilities with EHE before removing their child from roll.

In the last academic year 2025, the SAST returned 110 children to Thurrock Schools and a further 14 to schools out of borough, using statutory powers where necessary. A revision of the School Attendance Order process and the Fair Access Protocol has helped to support this process.

### Housing and homelessness

Adequate housing and feeling safe at home are important for a child's health and wellbeing. Children who experience homelessness are among some of the most vulnerable in society. Homelessness is often associated with extreme poverty and is a social determinant of health and wellbeing. In Thurrock in 2024/25, 182 households with dependent children were regarded as unintentionally homeless and eligible for assistance.

## 2.2 Children's Health and Well-being (SP2)

Nationally we know that despite overall improvements in child health, England lags behind other countries in many key health outcome areas. We know that national infant mortality reductions have stalled[1], breastfeeding and obesity rates are among the worst in Europe[2], and health inequalities are seen across many indicators[3]. Locally, a similar picture presents clear challenges seen with high obesity rates, low levels of breastfeeding, and poor immunisation coverage. More children & young people with special educational needs and disabilities are being identified and we need to ensure our local services can meet their needs so that all children and young people (CYP) achieve the best possible outcomes.

In recent years there has been an ongoing change in the burden of disease from mortality to morbidity. While people are living longer, years lived with disability and ill health are increasing, placing an additional demand on the health and social care system. For example, advances in healthcare mean that more children and young people with a range of disabilities, complex health needs, and severe health problems are surviving into later childhood and adulthood. This is reflected nationally and is mirrored locally in increasing numbers of children requiring ongoing, complex support.

Much of this burden is preventable. The foundations for virtually every aspect of human development are established in the first years of life. Effective interventions, particularly in the first

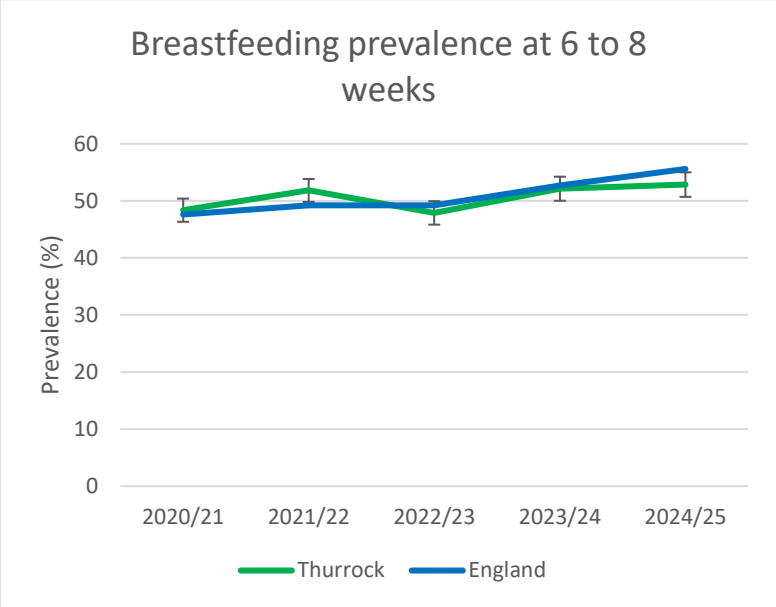
[1] Child and infant mortality in England and Wales - Office for National Statistics
[2] Small area associations between breastfeeding and obesity
[3] Health Inequalities Dashboard: statistical commentary, May 2025 - GOV.UK

1001 days of life have the potential to break intergenerational cycles of transmission for example those posed by adverse childhood experiences and disadvantage.

## Infant feeding

The health benefits of breastfeeding are well established in the evidence base. Infants who are not breastfed may be unable to take advantage of a number of health and wellbeing benefits, such as; positive impact on attachment, a reduction in Sudden Unexpected Death in Infants (SUDI), reduction in childhood illnesses and disease, and nutritional benefits.

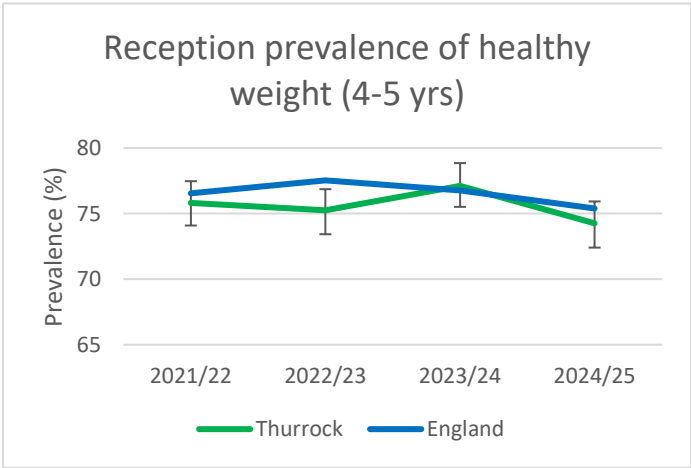
Breastfeeding can impact on future healthy weight. Promotion of healthy diets and early intervention to support families can help to reduce excess weight in children (see information on our service offer around breastfeeding further down).

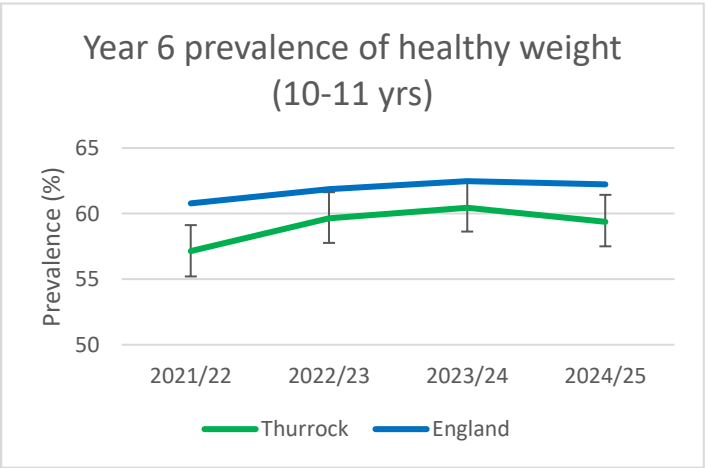



In Thurrock, whilst breastfeeding prevalence at 6-8 weeks after birth has been historically lower than average, it has been improving, with the latest publicly available data showing a prevalence of 52.9% (England is 55.6%). Local data from the Healthy Families Service indicates that this prevalence has continued to increase recently through targeted information and support in Family Hubs and communities.

## Healthy Weight

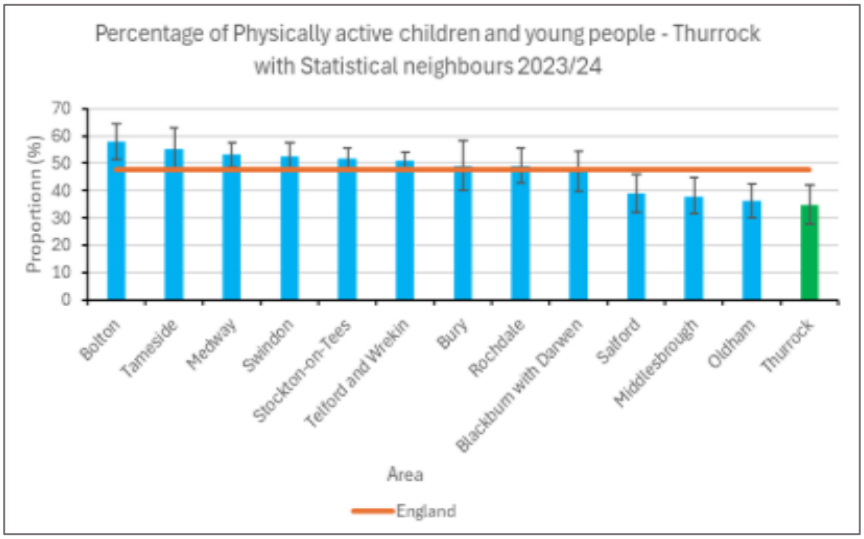
Maintaining a healthy weight in children continues to be a priority in Thurrock. For 2024/25, 74.2% of our reception aged children were recorded to be a healthy weight, which is similar to the national average (75.4%). However by the age of 11, this prevalence is much lower – it was 59.4% in Thurrock which was significantly below the national average of 62.2%.



## Physical activity

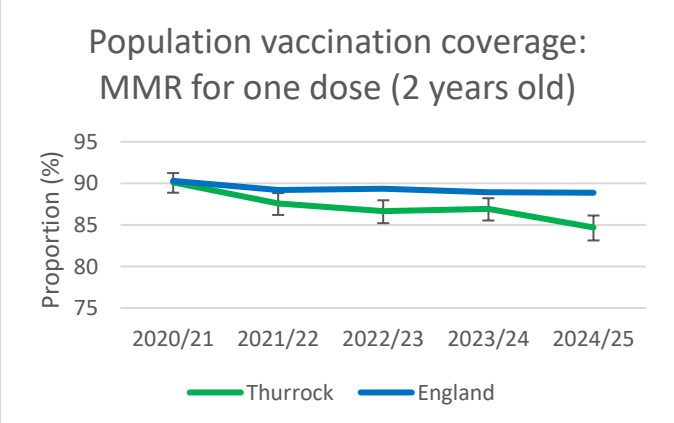
Children who are more active are happier, more resilient and more trusting of others; however in Thurrock only 34.5% of our 5-16 year olds were physically active (defined as those who undertook an average of at least 60 minutes moderate to vigorous intensity activity per day across the week) in 2023/24 which is significantly below the England average of 47.8%. *[It should be noted that the sample size for this survey was quite small]* Thurrock compares poorly to statistical neighbours as shown below.

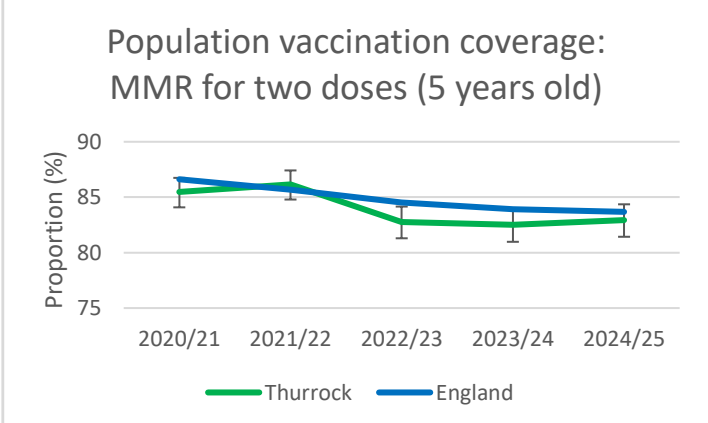



Physical inactivity (those doing less than an average of 30 minutes a day) varies across Thurrock, with some Lower Super Output Areas (LSOAs) in the south and west of the borough having slightly higher levels of inactivity in children. Deprivation also impacts upon inactivity - children who live in areas with highest levels of deprivation are 10.6 times more likely to be inactive compared to those in areas of lowest deprivation.

## Protection from illness & disease

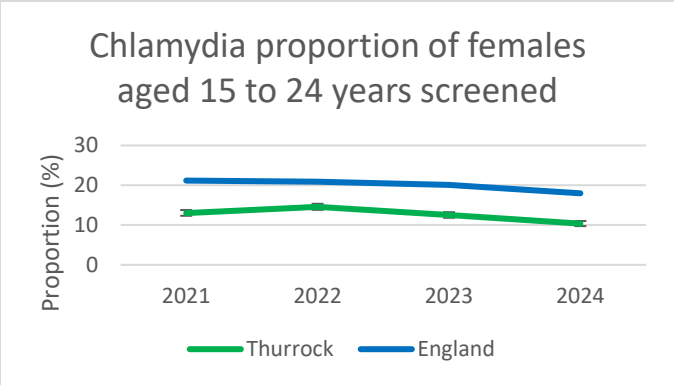
Childhood immunisation rates continue to be another priority area for Thurrock since the last strategy. One important vaccine is the Measles, Mumps and Rubella (MMR) vaccine which requires 2 doses to be effective. In Thurrock, the proportion of children who had received one dose of MMR by the age of 2 has declined in recent years to 84.7% (England average is 88.9%), and for two doses of MMR by age 5 it has declined to 82.9% (England average is 83.7%). The proportion necessary to achieve herd immunity and reduce the MMR diseases spreading in the community is 95%, therefore there is a risk of outbreak of these diseases in Thurrock while coverage remains below 95%. As the Measles, Mumps Rubella and Varicella (MMRV) vaccine was introduced from 1st January 2026 (replacing MMR for eligible cohorts), future indicators to measure this will be different.

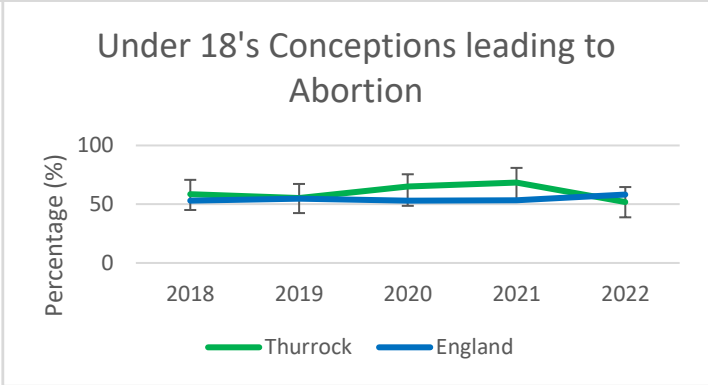


## Sexual health

Chlamydia is the most commonly diagnosed sexually transmitted infection in young people in England, those under the age of 25 experience the highest rates of infection. Early detection is important through screening as most people have no symptoms and so infections often go unnoticed and untreated. If the infection is untreated, it can go on to cause pelvic inflammatory disease (PID), infertility or cause ectopic pregnancy. Unfortunately the rate of chlamydia screening in Thurrock has decreased and remains lower than the national average.




## Teenage Parents

The health and socio-economic outcomes for the majority of teenage parents and their children tend to be poorer than non-teenage parents and their children, with children born to teenage mothers having a 63% higher risk of living in poverty. For many, their health, education and economic outcomes remain disproportionately poor and contribute to inter-generational inequalities and long-term socioeconomic disadvantage. However, it is important to recognise that some teenage pregnancies are planned, and some teenage parents make excellent parents and manage very well.

National estimates suggest that one-third of young people have had sex by the age of 16, increasing to 85% experiencing vaginal intercourse by the age of 20.

According to the most recent data from the Office for National Statistics there were 8 conceptions to females aged under 16 years old in Thurrock in 2022, a rate of 2.2 conceptions per 1,000 females aged under 16. This is slightly higher than the East of England rate of 1.9 per 1,000 and similar to the England rate of 2.2 per 1,000. However, caution should be applied when considering these rates, due to the small number of conceptions. In 2022, there were 54 conceptions amongst females aged 15-17 in Thurrock, a rate of 15.7 conceptions per 1,000. This rate is slightly higher, although statistically similar to those observed in the East of England and England, 12.9 and 13.9 respectively[4].

Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes. Of the under-18 conceptions in Thurrock in 2022, 51.9% resulted in abortion, statistically similar although a lower proportion than the regional rate and England rates of 59.2% and 58.2% respectively, indicating that further prevention activity is required locally.

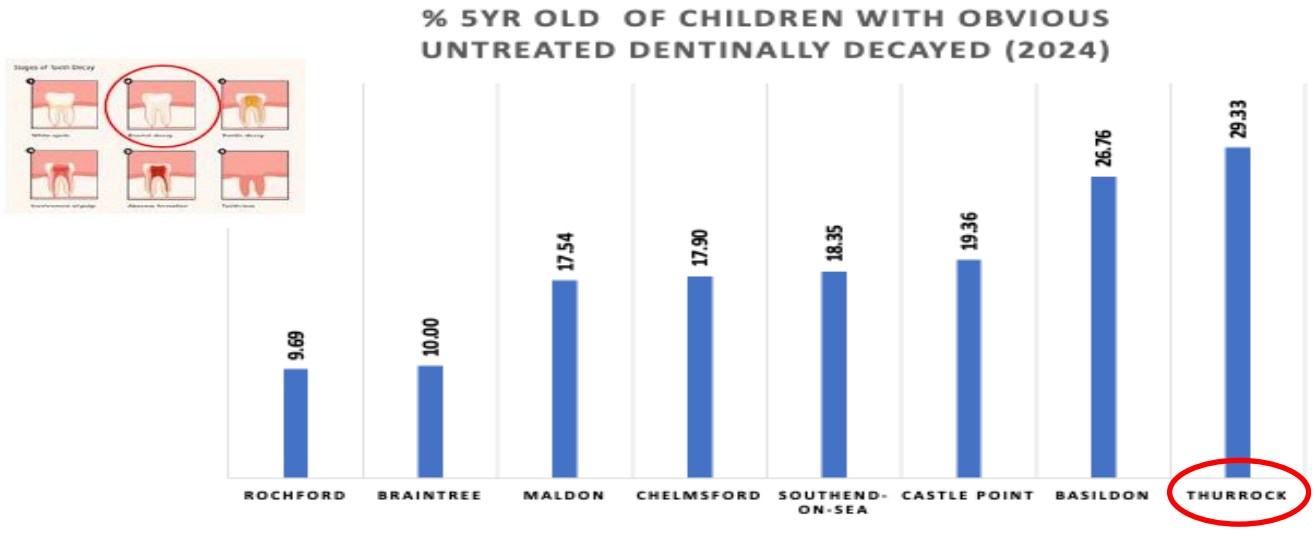
[4] Source: Local Authority Interactive Tool

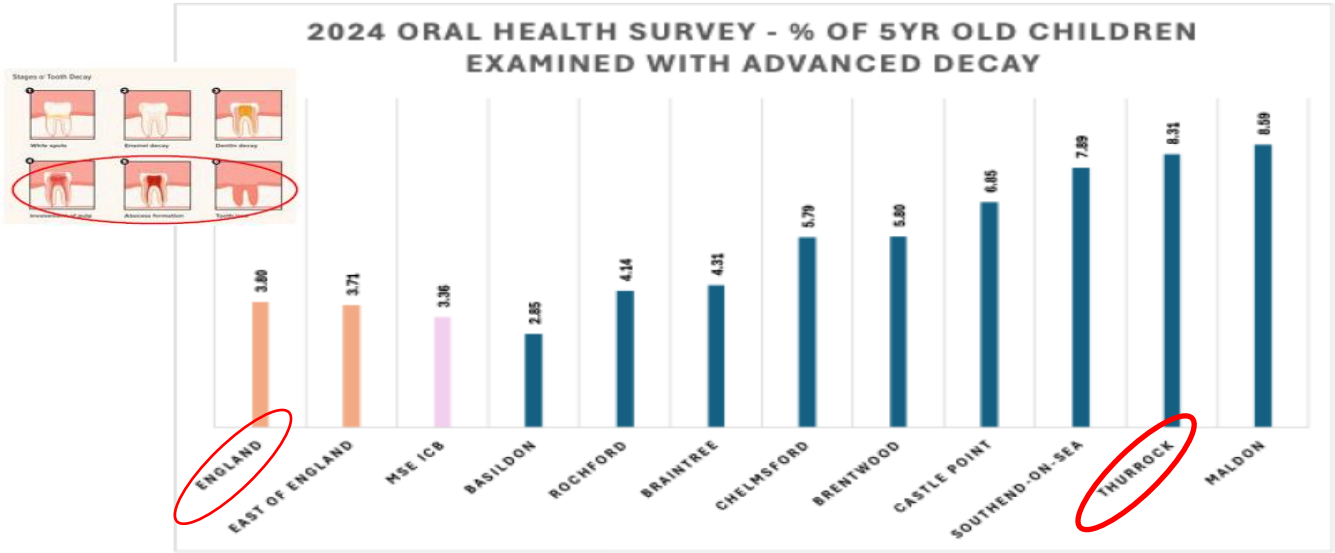
## Oral Health

According to the National Dental Epidemiology Programme (NDEP) Oral Health Survey of 5 year-old School Children 2024, Thurrock has the highest percentage of children with obvious untreated decayed teeth in Mid and South Essex. For children living in deprived areas, they are 2.7 times more likely to experience dentinal decay and 3.5 times more likely to have teeth extracted due to decay compared to those living in the least deprived areas.

Furthermore, Thurrock has the second highest percentage of children examined with advanced decay, over double the national average.

Whilst Thurrock has a significantly lower rate per 100,000 of 5-9 year old children admitted to hospital for tooth extractions due to decay than the national average (187.5 compared to 568.7[5]), this has still increased from 150 in 2021/22 and represents missed opportunities for earlier intervention and prevention. The rate of extracted teeth per 100,00 increases in older age groups (231.9 in 10-14 year olds and 504.3 in 15-19 year olds).

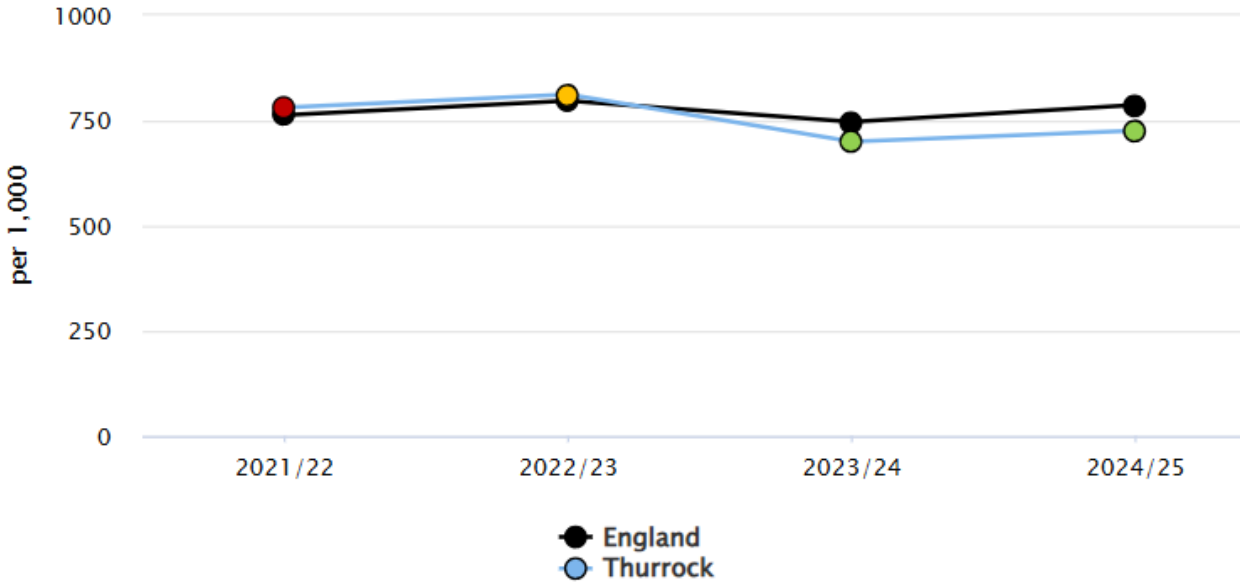



[5] Hospital tooth extractions in 0 to 19 year olds 2025 - GOV.UK

## A & E attendances in 0-4 year olds

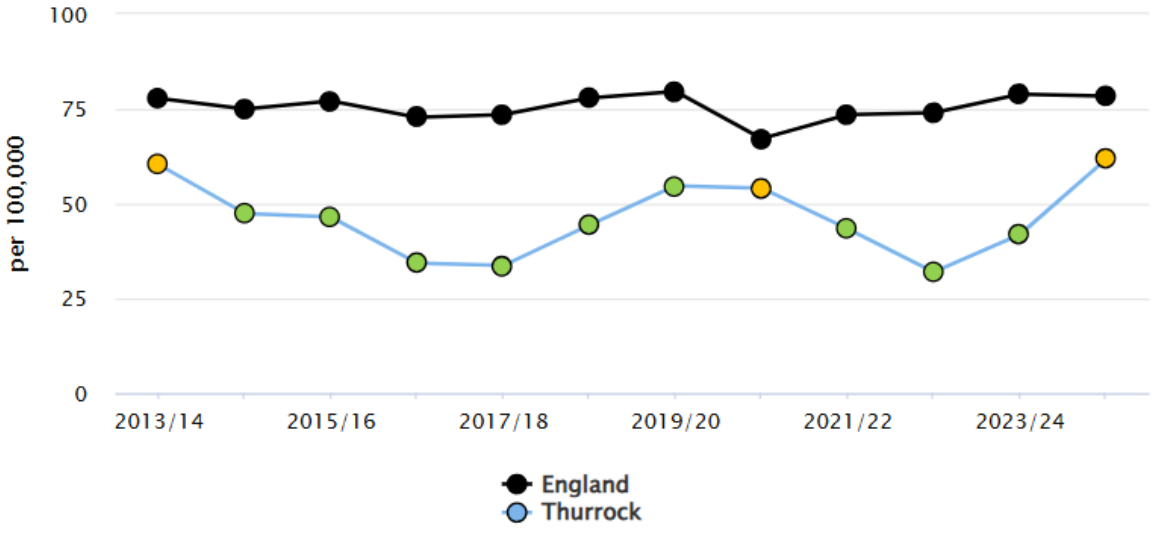
This was identified as a priority area within the last strategy; however review of more recent trend data has shown that the rate of attendances in 0-4 year olds in Thurrock has been decreasing and is now significantly below the national average.




**Epilepsy**

Epilepsy is one of the Core20PLUS5 priorities with complications such as reduced quality of life, mental health comorbidities, cognitive difficulties, status epilepticus, injuries and sudden unexpected death in epilepsy (SUDEP). A number of local and national challenges have been identified, including limited transition pathways, gaps in data collection, pressures on paediatric neurology and SEND services, and inconsistencies in care across systems. Planned actions by the Professional and Clinical Engagement Group focus on improving data quality, strengthening epilepsy safeguarding practice, enhancing access to clinics and specialist nursing support, and ensuring timely medicines reviews.

Whilst hospital admission rates per 100,000 0-19 year olds in Thurrock have historically been significantly below average, they have just begun to increase and are now similar to the national average (61.8 compared to 78.4).



# 2.3 Safety (social care) (SP3)

Child exploitation (CE) is a significant and complex safeguarding issue locally, evidenced through risk assessments, missing patterns and NRM (National Referral Mechanism) data.

The presence of both CCE (Child Criminal Exploitation) and CSE (Child Sexual Exploitation), alongside repeat missing and hidden cohorts outside statutory services, demonstrates the need for a coordinated, whole-system focus on Child Exploitation within the strategy.

The evidence supports a whole system focus on CE because:

- Exploitation presents in multiple forms (CCE and CSE), with overlap in 17% of current cases, requiring a coordinated strategic response rather than a single-issue approach.
- The scale of NRM referrals (33 cases at point of reporting) and repeat missing episodes demonstrates serious harm, including trafficking, coercion and organised exploitation.
- High numbers of children missing who are not open to services (55 over the previous 12 months) indicates hidden and emerging risk outside traditional safeguarding pathways.
- Older adolescents (16+) are disproportionately affected, aligning exploitation risk with transition, independence and contextual safeguarding pressures.
- Patterns of missing, exploitation and youth violence are interconnected, with young people already identified within violence reduction and exploitation forums.
- Strengthened systems (real-time dashboards, improved return home interviews completion and performance oversight) mean we now have greater capability to identify, track and respond proactively.

## Substance misuse

National data from the National Drug Treatment Monitoring System (NDTMS) show that the number of children and young people aged under 18 who were in contact with structured alcohol and drug treatment increased by 16% between 2022-23 and 2023-24, though numbers remain well below historic peaks seen earlier in the decade.

Cannabis is the predominant substance, reported by approximately 87% of young people in treatment, followed by alcohol (around 39%), with smaller but emerging cohorts presenting with problems related to ketamine and solvent or inhalant use. Most young people entering treatment report early onset of substance use, often before the age of 15, which is strongly associated with increased risk of ongoing harm.

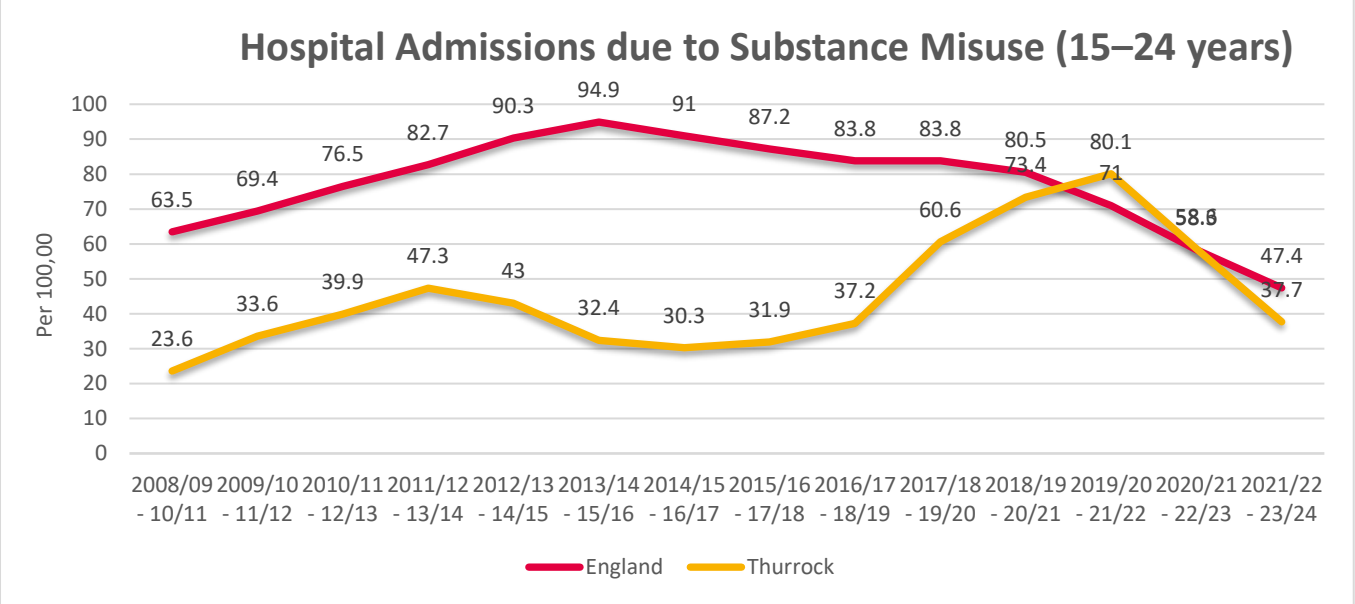
Nearly half of young people in treatment have an identified mental health need, with girls more likely than boys to present with co-occurring mental health issues, reinforcing the importance of integrated and trauma-informed service models (Office for Health Improvement and Disparities (OHID), 2024a; OHID, 2024b).

Although detailed local NDTMS breakdowns for children and young people are not routinely published at local authority level, local intelligence and needs assessment evidence indicate that substance misuse within households remains a significant factor in assessments of children in need in Thurrock, with proportions higher than some regional and national comparators in recent reporting periods. This aligns with national evidence that parental and family substance misuse is a key driver of risk for children and young people (Thurrock Council, 2022; NHS Digital, 2023).

Drawing from national trends and themes reflected locally:

- Early-onset cannabis use continues to be a key area for intervention (OHID, 2024b).
- Alcohol-related harm remains a secondary but significant contributor to treatment need (OHID, 2024b).
- Increase in emerging substances (e.g., nitrous oxide, ketamine) is now more visible in education and youth settings (NHS Digital, 2023; OHID, 2024b).
- Rising complexity among young people, including mental health needs, self-harm risk, exploitation, and polydrug use OHID, 2024b).

***Hospital Admissions due to Substance Misuse (15–24 years) per 100,000 (Fingertips, 2025)***



# 2.4 Children's mental health/emotional wellbeing (SP4)

Children's mental health is a national and local priority. Approximately 1 in 6 CYP have a probable mental health condition. Evidence suggests mental ill health can have a devastating impact on a young person's physical health, relationships, and later life prospects.

The prevalence of self-harm and increasing service demand present as local challenges. Activity data from the local Emotional Wellbeing and Mental Health Service (EWMHS) suggests that there was a 32% increase in referrals from April 2017 to October 2020 and that self-harm was the third primary presenting concern during this time. The Thurrock EWMHS service works to the national target waiting time (from referral to treatment) of 18 weeks. Data from the service show that, in the vast majority of cases, the service meets that target. Nevertheless, it is clear many CYP have to wait long periods for treatment and this is a major concern for parents, teachers, and others working with CYP.

The World Health Organisation (WHO) defines mental health as: a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. Resilience can be defined as the capacity to bounce back from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience.

Mental ill health can be seen as resulting from an imbalance of positive and negative (risk) factors. A range of positive factors are known to keep children and young people mentally well. They not only enhance mental wellbeing but also build resilience (the ability to cope with adversity). The causes of mental health problems are complex and risks to mental health manifest themselves at all life stages. A wide array of inter-related risk and protective factors influence a child's development and mental health. Protective factors which promote good mental health include:

| | |
|---|---|
| Positive coping strategies | When faced by stress, some ways of coping are highly effective while others can be destructive |
| Supportive parents | Parents' mental health and stable home without conflict influence CYP mental well being |
| Healthy Environment | The physical environments, e.g. good housing and green space |
| Social connections | Good social networks of friends and family are vita l for positive mental wellbeing |
| Physical exercise | Exercise is known to promote good mental health and reduce anxiety and depression |

There is strong evidence that certain risk factors have a negative impact on mental health in children and young people. Some characteristics which make people more susceptible to mental ill health cannot be modified by interventions – e.g. age, gender & and genetics. Risk factors for mental ill health that can be modified or prevented include:

| | |
|---|---|
| Being Bullied | One of the strongest risk factors for mental illness with effects which often continue into adulthood |
| Excessive internet use | Growing evidence shows excessive use of internet and social networking sites in creases anxiety and depression |
| Body image | Poor body image is strongly linked to eating disorders and known to be an issue in Thurrock |
| Overweight | Can be a cause and consequence of poor mental health |
| Adverse childhood experiences | Intense sources of stress in childhood such as abuse; neglect; violence between parents, alcohol or substance misuse can have long -term effects on mental health * |
| Not being in employment education or training | NEET is a strong risk factor for mental ill health. Having a mental health problem can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) * |
| Gang membership | Gang members have much higher rates of depression, anxiety and psychotic -like symptoms. This could be both a cause and consequence of involvement in gangs* |

Mental Health is a complex and multifaceted issue, and many people understand different things when they hear and use the term “mental health”. Every person – including practitioners working with families – grows up within communities and cultures that shape their expectations and experiences, including their own understanding of mental health.

| Common misconception | New understanding |
|---|---|
| **1. Mental health is often mistaken to mean mental health problems or diagnosable disorders.** This framing makes it difficult to understand babies' and young children's mental health because generally, it is not possible or appropriate to diagnose the mental health conditions that occur in older children and adults in the same way in infancy and early childhoode. | **Mental health is not just about the presence or lack of diagnosable conditions.** As the framework *Being and becoming mentally healthy in infancy and early childhood* in Part 3 describes, being mentally healthy is a positive state, involving the ability to understand and manage emotions, to function well and to build meaningful relationships. Everyone has mental health that sits somewhere on a complex continuum and can move up and down that scale at different points in their life.<br><br>Adopting a positive model of mental health makes it easier to talk to families about mental health: Whilst it may be difficult to discuss the idea of poor mental health in a baby or young child, the ambition for children to be happy and healthy will resonate with most families. |
| **2. Mental health is often misconstrued as something located in an individual – as an innate strength or deficit.** This framing makes it difficult to understand babies' and young children's mental health, which is usually shaped by their environment and relationships. | **Mental health for all people – especially in infancy and early childhood – is the result of a complex interplay of internal and external factors.** The socio-ecological model of mental health in **Part 4** shows how mental health is shaped by protective and risk factors at many levels including individual characteristics, relationships and wider environmental factors and social circumstances. |
| **3. People can be concerned that suggesting babies and young children may need support to be mentally healthy wrongly labels a child, or that it is deterministic.** | Describing a baby or young child's mental health is not the same as describing a deficit or a problem. Understanding mental health is about what is happening for a child and in their world, and how grown-ups and services can support them.<br><br>Identifying mental health concerns in infancy and early childhood is not the same as diagnosing a child with a life-long condition. While some early regulation, emotional or behavioural problems may indicate an increased risk of mental health problems later in life, many of these issues are transient, reflect normal variations in development, and will resolve, especially with the right support. |

Developmental conditions, developmental delays, neurodivergence, disability and ill health will affect what being mentally healthy looks and feels like for different babies and young children. Some diagnoses and disorders may also make it more difficult for children to be mentally healthy without additional support or adaptations. All babies and young children need acceptance for who they are, with their own different profiles, strengths and needs, regardless of diagnosis, disability, and individual characteristics. Being mentally unhealth should be about being supported to feel and function well in a way that is appropriate to the individual child[6].

[6] Hogg, S. and Moddy, J. (2023) Understanding and supporting mental health in infancy and early childhood – a toolkit to support local action in the UK. UNICEF UK

A report on Children's and Young People's Mental Health Services (CYPMHS)[7] 2023-24, published in May 2025 by the Children's Commissioner for England found the following key findings:

**Demand for mental health support has increased -** Continuing a longer-term trend, the number of children with active referrals to CYPMHS increased from 949,200 in 2022-23 to 958,200 in 2023-24. This means that around 8% of the 12 million children in England had an active referral in 2023-24.

**Investment in CYPMHS has increased but not enough is being spent on children proportionately -** Overall, it is positive that investment in children's mental health services (excluding spending on mental health services for children with learning disabilities) has increased every year from 2018-19 to 2023-24. Even after adjusting for inflation, spending on CYPMHS has grown between 2022-23 and 2023-24 – a 9% increase in cash terms (up from an 8% rise between 2021-22 and 2022-23) and a 2% increase in real terms (up from a 1% rise between 2021-22 and 2022-23). Last year the Children's Commissioner reported that growth of investment in 2022-23 just about exceeded the pace of inflation.4 • Despite this welcome increase, investment in CYPMHS continues to represent a very small proportion of total ICB spending. ICBs spent £1.1 billion on CYPMHS in 2023-24, which is equal to 1.04% of their total spend – an increase of £87 million from £996 million (or 1.02%) in 2022-23

**Top referral reasons are anxiety, neurodevelopmental conditions and being in crisis -** Of the known primary referral reasons, anxiety was the most common (16% - up slightly from 15% in 2022-23), followed by neurodevelopmental conditions excluding autism (11% - up from 9.2%), suspected autism (6.8% - up from 5.3%) and 'in crisis' (6.2% - up from 5.8%). • Since last year, the number of children being referred for neurodevelopmental assessments has increased by almost 30% (increase from 147,600 in 2022-23 to 188,700 in 2023-24). Neurodevelopmental conditions like autism and ADHD are not mental health conditions, however children's neurodevelopment is often assessed in CYPMHS, and neurodevelopmental and mental health conditions do frequently co-occur.

Figures from the NHS and other organisations have also shown a large increase in the number of children suffering from mental health issues in recent years. The NHS estimated that in 2023 approximately 1 in 5 children in England aged 8 to 16 (20.3%) had a probable mental health condition, a stark increase from 1 in 8 (12.5%) in 2017.

Concerningly, some groups of children suffer from especially poor mental health. Rates for children and young people aged 17 to 19 are even higher, with 23.3% estimated to have a probable mental health condition (up from 10.1% in 2017).9 This is particularly true for girls and young women: between the ages of 17 – 19 they were over twice as likely as boys and young men to suffer from probable mental health conditions (32% of girls aged 17 to 19 compared to 15% of boys in the same age group). 10 Mental health services in this report refer to advice and support from a range of professionals, for problems like stress, low mood and depression, anxiety, self-harm, eating disorders or difficulty managing behaviours.

Demand continues to grow for CYPMHS with the number of children with active referrals increasing by nearly 10,000 since last year to 958,200. Compared to last year, there have been some areas of progress: fewer children's referrals are being closed before treatment, and investment in CYPMHS has increased in real terms and when adjusted for inflation.[8]

[7] NHS England refers to children's and young people's mental health services as 'CYPMHS', however many children, families and professionals still refer to 'CAMHS' (Child and Adolescent Mental Health Services). Sometimes CYPMHS is used as an umbrella term which includes CAMHS as well as other mental health services that may be available to children.

[8] www.england.nhs.uk/mental-health/cyp | www.england.nhs.uk/publication/urgent-and-emergency-mental-health-care-for-children-and-young-people-national-implementation-guidance | www.england.nhs.uk/wp-content/uploads/2022/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf | Response to NHS 10-Year Plan www.mind.org.uk | Rethink Mental Illness – Policy Updateswww.rethink.org | Mental Health Foundation – Policy and Research www.mentalhealth.org.uk

# Inequalities

Healthy Life Expectancy (HLE) in Thurrock is low compared to the England average for both males (59.3 years versus 61.5 years) and females (59.4 years vs 61.9 years).

Life Expectancy is also significantly lower in Thurrock than the average across England for both men (78.3 years versus 79.4 years) and women (82.6 years versus 83.1 years).

Healthy Life Expectancy (HLE) is the average number of years a person is expected to live in good health. “Life Expectancy” focuses simply on the number of years a person is expected to live.

Thurrock is ranked 78th out of 153 upper tier local authorities in England in the Indices of Multiple Deprivation (IMD) 2025 analysis, where 1st is the most deprived. Within East of England, Thurrock is 5th our of 11 most deprived. It is ranked 4th most deprived for both income and education and 3rd most deprived for crime and barriers to housing and services. However, the position is different across the borough, with some wards featuring in the 20% most deprived nationally as well as seven being in the 30% least deprived nationally.

In the corresponding Income Deprivation Affecting Children Index (IDACI) 2025 Thurrock is ranked 88th out of 153 upper tier local authorities, with a small number of areas shown in the most deprived 10% nationally for this measure. But again, there is wide disparity between wards with some featuring amongst the least deprived nationally.

*More information regarding this can be found in the **Thurrock Joint Strategic Needs Assessment Deprivation Product 2026** produced by the Public Health Team.*

It is widely accepted that inequalities in health, including mental health arise due to inequalities in society. While mental health does not discriminate against those who experience it, the risks of mental ill - health are not equally distributed. For example, children who experience adverse childhood events (ACEs), are homeless, are of a minority status or have poor education are more likely to experience poor mental health. ACEs have been found to account for 29.8% of mental disorders.

**Probable Mental Health Disorders**

The most recent national figures demonstrate that the overall prevalence of probable mental health disorders among children and young people has surged significantly. Instead of the older 11% to 16% in 2021, the NHS England Mental Health of Children and Young People (MHCYP) survey establishes that 1 in 5 children and young people (20.3% of 8–16 year olds and 23.3% of 17–19 year olds) now have a probable mental health condition

Anxiety and depression are the primary drivers behind the rise to a 20.3% overall prevalence in school-aged children.

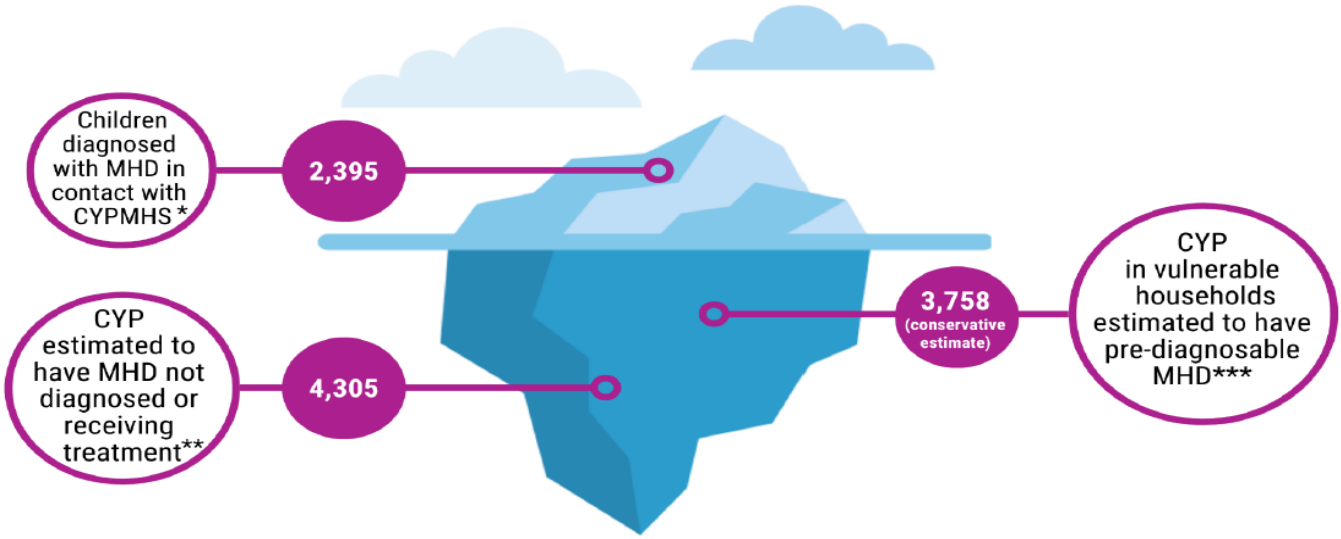
While historical diagnostic data pinned childhood ADHD at around 1.5%, the healthcare landscape has radically shifted. Independent reviews highlight an unprecedented "surge" in demand and referrals specifically for ADHD and Autism services, as observed locally in Thurrock

## Self-harm

Self-harm is not a mental health problem but is linked with mental distress. People with a history of self-harm are a high-risk group and a priority for prevention. Some groups have higher rates of self-harm, including young people, particularly looked after children and care leavers.

Recent data suggests a downward trend in hospital admissions for self-harm in Thurrock in residents aged between 10 - 24 years. Hospital admissions for unintentional and deliberate injuries (16-24 years) also show a downward trend.

*Figure 25 Estimating hidden need: Children not meeting thresholds, not yet identified, awaiting treatment or unable to access support*




*EWMHS CYP01 - People in contact with children and young people's mental health services, end RP 2020-21
** Based on Mental Health of Children and Young People Survey
5.5% 2-4 yr olds have a probable MHD
(Update for 2020) 16% of 5-16 yr olds have a probable MHD
16.9% 17-18 yr olds have a probable MHD
Population from ONS mid-2019 pop estimates.
*** Based on 17.3% of households being vulnerable with pre-diagnosable MH conditions. Households w/ dependent children from ONS

## Vulnerability

Vulnerable children may also be at risk for developing mental health problems and can be classified as having a "pre diagnosable condition". The term vulnerable may apply because of their family background: those children from families experiencing issues such as severe poverty, domestic violence and poor parental mental health. According to the Children's Commissioner Childhood Vulnerability Local Authority Profiles for 2019, a projected 17.3% of children living in households in Thurrock experience toxic trio narrow factors. E.g. children growing up in households where an adult has a clinically diagnosable mental or psychiatric disorder or in a household where an adult has experienced violence or abuse in the last year or in a household where an adult suffers from drug/alcohol dependence. Estimates for Thurrock would suggest that there are 3,758 children living in vulnerable households with a pre diagnosable mental health disorder.

## Parental Conflict

Children exposed to frequent, intense, and poorly resolved inter - parental conflict are at heightened risk of emotional problems such as anxiety and depression as well as behavioural problems such as conduct problems. Children of all ages can be affected by destructive inter-parental conflict, which has effects throughout the life course of the child. In 2024/25 there were 303 per 10,000 children in Thurrock that were classified as Children in Need, compared to 330 for England and 321 for Thurrock's statistical neighbours. As at 31 March 2026, there were 285 per 10,000 Children in Need in Thurrock. Reasons for children being classified as CIN include abuse or neglect, family in acute stress, family dysfunction, absent parenting"

There is a comprehensive wellbeing offer for CYP in Thurrock, which includes universal and targeted support. Children's Services also currently offer parental conflict training for Early Help staff and a suite of targeted parenting programmes for parents. The increase in probable mental health disorders suggests the need to consider intervention capacity, early identification and assurance for adequate accessibility to non-specialist community interventions.

## Special Educational Needs

Special Educational Needs and Disability (SEND) cover a huge range of needs and disabilities and often children with SEND will have multiple needs. Social, emotional and mental health (SEMH) needs are a type of special educational need in which children/young people have severe difficulties in managing their emotions and behaviour. They often show inappropriate responses and feelings to situations. Children with S EMH will often feel anxious, scared and misunderstood.

Analysis shows that Autism/ADHD, Speech, Language and Communication (SLCN) together with Social, Emotional and Mental Health (SEMH) needs are the top three primary needs in children and young people with SEND in Thurrock. The report identified that a third of those with SEMH do not have an Educational Health Care plan. Having appropriate EHC plans support schools to put in place the right support systems to better manage behavioural problems that can prevent exclusions.

## The THRIVE Model

The Thurrock children's mental health offer is aligned to the THRIVE model.

The THRIVE Framework was originally developed by a collaboration of authors from the Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families in 2014.

The THRIVE Framework is an integrated, person centred, needs led approach to delivering mental health services for children, young people and families which conceptualizes need into five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting Mo re Help and Getting Risk Support.

Through this approach, partners have sought to offer help early to children and young people and build resilience, with key emphasis placed on delivering seamless time efficient interventions ensuring adequate support for our most vulnerable children.




## Infant Mental Health - Together with Baby Service

The first 1001 days of life, from conception to age two is a time of unique opportunity and vulnerability. It is a period of rapid growth, when the foundations for later physical and mental health development are laid. Southend, Essex and Thurrock are one of a few areas across the UK to have a dedicated Infant Mental Health Service called `Together with Baby,' provided by Essex Partnership University NHS Trust (EPUT). `Together with Baby' is a service to help parents understand better their baby's emotional responses and communications as well as strengthen their relationship. The service offers a safe non-judgmental space to help parents understand further any difficulties they are encountering and help develop coping solutions and identify assets. It is delivered by highly qualified staff with in-depth knowledge of infant mental health and development. Alongside direct interventions with families, they deliver training and advice and guidance to services working with babies and families.

## Perinatal Mental Health

Perinatal mental health (PNMH) problems occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions.

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist PNMH services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy. The NHS has invested in developing a Specialist Community Perinatal Mental Health Service which since 2023, ensures that 10% of women and their partners will receive the specialist care required. EPUT provides the service for Thurrock, working closely with Health Visitors, Midwifery, and GPs. There is also a Specialist Health Visitor for PNMH employed by NELFT.

The Family Hubs Transformation funding has also enabled additional investment into the Specialist Community Perinatal Mental Health Service alongside investment into the voluntary sector to support prevention and early intervention of PNMH issues. There is a peer support offer in place with Parents 1st and several other voluntary organisations have been awarded grant funding to run smaller programmes in different parts of the borough via Thurrock CVS.

## Brighter Futures Annual Survey

The Brighter Futures Annual Survey has been undertaken since 2016. The latest survey indicates that Children and young people in Thurrock experience high levels of worry, particularly about exams, appearance, friendships, and health. One-third have experienced significant family conflict and many also face online harms, bullying, and sleep deprivation, all strongly associated with poorer wellbeing.

Coping is often avoidant, harmful behaviours appear for a notable minority, and awareness of mental health support—especially in secondary schools—is low. While many pupils report good relationships at home and a sense of belonging, significant groups show vulnerability, particularly girls in secondary school and pupils experiencing adversity at home.

### Growth in Demand

Between 2023 and 2025, Thurrock's CAMHS data shows **significant growth in demand, shifts in modes of contact**, and **changing patterns of clinical activity**, including caseloads, discharges, and eating-disorder-related presentations.

1. Referrals
- CAMHS experienced **a substantial increase in referrals for Thurrock (approx. 65.9%)** in 2024/25 compared with the same period in 2023/24.
- Although there was a **slight dip in referrals from Sept–Dec 2024**, this was outweighed by the **large rise from Jan–Sept 2025**, with **264 more referrals** received than the previous year.

2. Contacts (Modes of Engagement)
- **Face-to-face contacts remained the dominant method** throughout the period.
- From 2023/24 to 2024/25:
    - **Face-to-face contacts increased by 508.**
    - **Telephone contacts decreased by 337.**
    - Video consultations remained a **small proportion** of overall contact.

3. Caseloads and Discharges
- Overall **active caseloads grew modestly (around 4% per quarter)** across the two years.
- However, the period **Sept 2024 to Sept 2025 recorded higher discharge numbers**, suggesting improved throughput or increased service turnover.

4. Did Not Attend (DNA) Rates
- **DNA rates improved overall,** decreasing from 2023/24 to 2025/26.
- The only exception was **Oct–Dec 2024**, where DNA levels were higher compared to the following year.