

Developing Well in Thurrock

The Brighter Futures Children's Partnership Strategy

Refresh 2026-2028

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Welcome

Developing Well in Thurrock sets out how the Brighter Futures Children's Partnership intend to bring together all of their energy, enthusiasm and resources to improve health, social care, and wellbeing outcomes for our children.

This refresh builds on the successes of our previous strategy and focuses on the priority areas which still require further improvement. It also gives us the opportunity to reflect on and plan for the changing landscape locally, regionally and nationally.

We have much to celebrate in Thurrock.

I am proud that our Children's Social Care and Early Help Services are officially "Outstanding" following our Ofsted inspection in 2024. I am proud that we have strong relationships with our education partners, they work closely with us to ensure that we provide high quality educational pathways for children and young people across Thurrock. Our early years sector has much to celebrate - this is evidenced by good levels of development - this means our children start school ready to learn.

We have added to our Family Hubs provision and we have been selected as one of only seven local authorities across England to take part in a landmark national pilot bringing new financial support and improved services to kinship carers, which will help to support family members such as grandparents, aunts, uncles and family friends who step in to raise a child when their parents cannot.

Rolling out a new digital system in partnership with Mid and South Essex Integrated Care System (ICS) will make it easier for our teams to access the information they need to support our families, children and young people.

We have worked so hard to ensure over 75% of pupils starting secondary school will be going to their first choice school in September. Over 90% of primary pupils will be going to their first choice school in September.

Hundreds of people of all ages attended our Apprenticeship and Jobs Fair in 2026, building on the success of the inaugural event in 2025.

`Give a Gift' returned for its 10th year in 2025 and donated hundreds of toys and gift cards to help make sure Thurrock's most vulnerable children woke up to a gift on Christmas Day.

Building on these recent successes and more, this two-year strategy refresh articulates how the Partnership will work together to ensure the focus remains on supporting our children, whilst getting ready for the next chapter for the sector.

As Executive Director for Children's Services for Thurrock, my number one priority will continue to be to secure the best possible outcomes for children, young people and their families.

Sheila Murphy
Executive Director for Children's Services, Thurrock Council

Chapter 1: Introduction and Context

1.1 Introduction

“Every child and young person, regardless of the circumstances into which they are born, should have the opportunity to maximise their potential in life”, Brighter Futures Strategy 2021-2026.

Five years on and this is still our fundamental vision. This document has been prepared through the collaborative efforts of the Brighter Futures Partnership including representatives from the council, NHS commissioners and service providers, community and voluntary sector, early years, schools, and colleges. It is no longer a statutory requirement for local areas to have a Children’s Partnership Board (Children's Act 2004) however, in Thurrock, we believe it is important that partners continue to work together to set and deliver shared objectives for children and young people.

Over the last few years, the Brighter Futures Children’s Partnership Board has undergone a journey of considerable significance, characterised by change and transformation. The Brighter Futures Children’s Partnership Board developed its first strategy in 2017. Since this time there have been a number of challenges and drivers for change.

In 2019, the Partnership Board reviewed its behaviours and values and agreed to:

- use Brighter Futures Strategy 2021-2026 to drive a shared vision, strategic decision making and planning, driven by evidence.
- create a new future, which strives to achieve the best outcomes for our children and young people.
- have an integrated approach to children’s partnership working and governance across the system.
- create subgroups to support the Board’s priorities.

In this latest refresh for 2026-2028, the vision, priorities, principles and integrity of the original strategy remain. The detailed and widespread stakeholder and resident engagement, analysis and evidence which took place for the original strategy is still integral to this refresh and can be found in Brighter Futures Children's Partnership Strategy 2021-2026 on the council’s website.

This refresh gives us the opportunity to review and celebrate all that we have achieved in partnership over the last five years, whilst recognising there is still more to do.

1.2 Strategic and Policy Context

This refresh also gives us the opportunity to reflect on and plan for the changing landscape locally, regionally and nationally.

The 2021-2026 strategy was written with the immediate backdrop of COVID 19 which created huge social, educational, and health impacts due to the closure of schools and the refocussing of health services during the pandemic and national lockdowns resulting in missed or delayed health appointments. Whilst the impact of COVID on our children and families has not fully disappeared and will have a lasting effect, there are new challenges for which we need to prepare.

Local government, the NHS and the police are all embarking on structural changes locally. This will alter the geographies, working relationships and the partners and will impact on every part of service delivery. In addition, all partners continue to have financial pressures and transformation efficiencies to achieve, coupled with increasing demand, meaning that all services are looking at how they remain focused on improving outcomes through working more efficiently and cooperating wherever possible.

There are also several government and national policy drivers which impact on the support for and lives of our children.

One of the most significant is the Children's Wellbeing and Schools Act (April 2026) - a wide ranging reform package aiming to strengthen children's social care, safeguard vulnerable children, and raise educational standards across England. It introduces stronger multiagency child protection arrangements, expands family group decision making, improves support for children in care and care leavers, and enhances information sharing and oversight of care providers. In education, it requires universal free breakfast clubs in primary schools, limits costly branded school uniform requirements, mandates a compulsory register for children not in school, tightens regulation of independent educational institutions, strengthens Ofsted powers, and moves towards consistent teacher qualifications and pay frameworks. Overall, the Act seeks to improve child welfare, reduce inequalities, and ensure high quality, safe education for all children.

The recent announcements within the school's white paper: 'Every Child Achieving and Thriving,' (2026) set out some ambitious aims for the delivery of education for children and young people with additional needs. It is a 10-year strategy that will build on the ambition of keeping children and young people wherever possible in mainstream provision with the right support.

This strategy aligns with other key local strategies. Thurrock Council's Corporate and Improvement Plan priorities include:

- Collaborate and innovate with partners and communities
- Focus on early intervention and prevention
- Unlock improved life chances through education, employment and training.

These are all fundamental to how we will work together, and what we are all trying to achieve.

The Health and Wellbeing (HWB) Strategy is being refreshed with a focus on the life stages of Thurrock residents. The "Growing Well" life stage priority within the HWB Strategy includes the strategic priorities of our Brighter Futures strategy to ensure alignment across the system. And the new Best Start in Life Strategy is a key focus and delivery vehicle of SP1 of this strategy.

The Local Plan impacts several areas of this strategy - for example pupil place planning, housing, safe environments, play and leisure spaces - and as that Plan develops further, the partnership will need to ensure that is reflected in future action plans.

The Brighter Future Partnership Board remains committed to making the experience of childhood and early adulthood in Thurrock a good one. Partners want every child to have the opportunity to be confident in their relationships and achieve personal success as they grow into adulthood. We believe that by working together as organisations and with families and communities we will achieve this.

This focussed two-year plan takes the partnership up to the start of the new unitary authority in April 2028, and we will work together to ensure the continuity of our progress, care and commitment to the children and young people of Thurrock continues well into future.

1.3 Underpinning principles

Our underpinning strategic principles have remained the same as in 2021-2026.

Prioritisation	Due to the potential volume of priorities, we have sought to prioritise our efforts based on the following: • issues where Thurrock are outliers compared to statistical comparators and the trend is worsening • an inspection has been undertaken which requires changes in a particular area • there is a desire locally to shape a particular area for the purposes of achieving transformational change
Outcomes focused	The impact of our strategy will be measured by success criteria derived from national and local performance measures. We will take a layered approach to understanding success including case studies, service reviews and young people's voice.
Reducing inequality	If inequalities are not tackled at an early age, it is unlikely that this gap will be narrowed as children get older. Investing in the early years can help to address health inequalities that disadvantage some from the very beginning of their lives. There is also a strong incentive to invest in the early years from an economic perspective, as the long-term savings that can be generated are considerable.
Value driven	In delivering our strategy there are seven wellbeing aspirations we want for all our children and young people. We want them to: • Have the best start in life • Be safe from harm and have the help they need • Have healthy and active lives • Be prepared for adult life • Feel they can have their say and be listened to • Have a good education that enables them to achieve their full potential • Be happy and thriving
Co-production	In developing the 2021-26 strategy partners sought to co-produce with service users. Co-production can help make the best use of resources, deliver better outcomes for people who use services, and build stronger communities. In the writing of this strategy we have put the following critical values in place to meaningfully coproduce: equality, diversity, accessibility, and reciprocity.
Asset focused	We have sought to focus on identifying our strengths and assets, as well as our needs and difficulties.

Chapter 2: Our Children, Our Place

2.1 Our Place

Thurrock is a dynamic part of the UK, with a mixture of urban centres, villages, countryside and heritage, and nationally important economic hubs. It covers 165 square kilometres, of which 70% is greenbelt land, 18 miles of river frontage and a rapidly growing population. With good connectivity via the A13 and C2C railway line, Thurrock is only half an hour's journey from central London.

Thurrock's larger towns are predominantly in the south, including Grays, Corringham, Purfleet-on-Thames and Tilbury, with rural villages in the north (Orsett, Bulphan and Horndon-on-the Hill).

Three international ports bring trade to the area, to London and the rest of the UK (including a Freeport area). Thurrock has 10 Sites of Special Scientific Interest (SSSIs), 14 ancient woodlands and 28 parks and open spaces. It has 2 historic forts, 3 leisure centres, 10 libraries, a museum and a theatre. It is also home to Lakeside, one of the largest, single location retail areas within Europe.

Thurrock has a population of around 176,000 residents which is increasing by over 10% every decade. According to Census 2021, Thurrock is home to more people born outside of the UK than any other area in Essex. 78% of residents were born in England, compared with 87% in the previous Census. 77% of people in Thurrock identify their ethnic group within the "White" category. The median age of a Thurrock resident is 36 years old, lower than the England average.

Overall deprivation in Thurrock is slightly lower than the national average, with a small percentage of areas amongst the 20% most deprived in England. However, there are areas amongst the 20% least deprived, which makes addressing inequality across the borough a current issue. Residents in and around Tilbury, with further areas in South Ockendon, Grays and small areas of Corringham experience more child poverty, debt and financial exclusion, barriers to employment and lower income as well as poorer health outcomes. Addressing these inequalities will partly depend on ensuring that the benefits from the growing local economy reach these communities.

2.2 Our children and young people

This refresh has reviewed the vast amount of research and statistics from national and local sources, used to develop and presented in the original strategy. The key points from that intelligence are as follows:

- 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)
- Thurrock has 39 Primary schools, 13 Secondary schools, 3 Special schools and 2 Pupil Referral Units
- There are 8 Family Hubs spread across the borough
- Thurrock has 4 Colleges, including Thurrock Adult Community College
- 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
- According to the IDACI (Income Deprivation Affecting Children) index, wards with higher scores (i.e. more deprived) have comparatively larger numbers of children and greater ethnic diversity. All of the above groups are at risk of experiencing inequality in educational attainment.
- 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. This follows a similar concerning national trend as in 2026, England had its measles elimination status removed.
- 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

Strategic Area	Indicators	2021	Latest	Latest Regional	Latest National	
Education (see SP1)	Rate of School exclusions	0.04	0.07	0.12	0.13	
	% of children who access free school meals	18.5%	23.1%	21%	26%	
	16-18 year olds not in education training or employment	2.2%	3.5%	5.6%	5.5%	
	KS2 Achievement (% achieving expected standard)	62% (2022)	69%	61%	63%	
	% of pupils in all schools with an EHCP	4.3%	5.9%		5.3%	5.1%
	% of new EHCPs issued that were within the 20 weeks	78.9	28.8		39.6	46.4
	Rate (Number) of EHE (Elective Home Education)	1.0% (326)	1.3% (654)	1.5%	1.4%	
	Rate of permanent exclusions - primary	0.01	0.02	0.04	0.03	
	Rate of permanent exclusions - secondary	0.1	0.14	0.21	0.25	
Health (see SP2)	Breastfeeding prevalence at 6-8 weeks	48.4%	52.9%	57.3%	55.6%	
	% reception-aged children with a healthy weight	74.7%	74.3%	76.8%	75.4%	
	% year 6 children with a healthy weight	59.3%	59.4%	64.5%	62.2%	
	% of physically active children	n/a	34.5%	n/a	47.8%	
	MMR uptake at a) age 2 b) age 5 (2 doses)	87.6% 86.2%	84.7% 82.9%	90.8% 87.7%	88.9% 83.7%	
	Chlamydia screening	13.0%	9.2%	12.2%	16.0%	
	Teenage pregnancy (under 18 rate per 1000)	14.4	15.7	12.9	13.9	
	Rate of 5-9 year olds with tooth extractions due to decay per 100,000	150	187.5	204.8	568.7	
	Hospital admissions for epilepsy (0-19 years) – rate per 100,000	43.4	61.8	73.6	78.4	
	Initial Health Assessments conducted on time	70%	36%	n/a	n/a	
Safety (see SP3)	Rate of Children in care	67	56	52.1	67	
	Rate of Children on Protection plans	25	27	28	41	
	Rate of Children in need	391	285	256	330	
	% of return home interviews accepted	56.7%	95.4%	n/a	n/a	
	Number of referrals to National Referral Mechanism (NRM)	16	27	n/a	n/a	
	Rate of first time entrants into Youth Justice System per 100,000	139	232	111	145	
Emotional health and wellbeing (see SP4)	Children missing education citing social, emotional and mental health reasons	190 (2022/23 Summer)	310 (2025/26 Autumn)	0.4%	34,700	
	No of 2-18 year olds with a probable mental disorder (estimate based on national profile)	6,700	7,416	n/a	n/a	
	Hospital admissions for self-harm (rate per 100,000)	265.1	117.6	250.3	266.6	
	Hospital admissions for deliberate/ unintentional injuries a) 0-14 rate per 10,000 population b) 15-24 rate per 10,000 population	46.6 115.7	33.8 88.7	60.8 82.1	68.5 79.8	
	No of referrals to CAMHS	n/a	1,820	n/a	n/a	
	CAMHS a) caseload and b) discharge rates (2025-26)	n/a	a) 5527 b) 1947	n/a	n/a	
	% of schools and settings with a MHST	39%	76% (Jan 2026)	n/a	n/a	

Chapter 3: Our Strategic Priorities

For the 2021 strategy we analysed the data and determined the strategic priorities and underlying ambitions required to address local need. As part of this refresh, we have reviewed those strategic priorities and ambitions, and whilst most remain, some have a slightly different focus.

Plan on a Page

Strategic Priority	Ambitions
SP1: All children are enabled to achieve their potential	1.1 Improve educational attainment for all disadvantaged children and young people
	1.2 All children are able to access education
	1.3 Support young people to gain qualifications, skills and experience to progress into sustained employment
SP2: Children are able to access the services they need and be healthy, focussing on prevention and early intervention	2.1 All children start school ready to learn
	2.2 All children achieve a healthy weight
	2.3 All children are protected from illness and disease
	2.4 All children receive care at the right place and right time
SP3: All children live safely in their communities – with a focus on child exploitation	3.1 Use intelligence to identify and intervene early with targeted and tailored intervention packages to reduce the harms of exposure to exploitation
	3.2 Work in partnership across agencies and with families to work with vulnerable children and young people to prevent and reduce the risks of exploitation
	3.3 Support young people to access services that tackle substance misuse
SP4: Children and their families experience good emotional health and wellbeing	4.1 Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the support they need
	4.2 Enable parents and carers to model and adopt effective mental health strategies with their children
	4.3 Reduce barriers to education because of poor mental health



SP1: All children and young people are enabled to achieve their potential

Why is this SP1 important?

It is important that all children and young people reach their academic potential through education and training, ensuring that a child's background does not determine his or her future outcomes. It is also important that as a whole system we support our educational settings to deliver strong learning pathways and that these are accessible to all children and young people.

SP1 will focus on taking action to address the disadvantage* gap in educational attainment with a clear focus on vulnerable groups including those looked after and those with special educational needs.

Policy and Key Evidence Documents

SP1 has been written in the context of the following policy drivers:

- Post-16 Education and Skills White Paper (October 2025)
- Skills and Post-16 Education Act 2022
- Education and Skills Act 2008
- Youth Matters: Your National Youth Strategy (December 2025)
- "Giving Every Child the Best Start in Life" (DfE, July 2025)
- SEND Reform: Core Principles of Reform
- Updated Non-Statutory Guidance Review
- New Statutory Attendance Regulations (Aug 2024)
- Data Collection Overhaul (Jan 2025)
- Children's Wellbeing & Schools Act Reforms

SP1: What do we know

Education improves health and future employment opportunities, contributes to social stability, and drives long-term economic growth. It benefits the individual, the community, and wider society. Educational settings deliver education to children and young people from birth to 18 years up to 25 for young people with additional needs. Early years provision is offered to those under five. The introduction of 30 hours free childcare to working parents of 3 and 4 years olds, and 15 hours for parents of children 9 months - two years old has ensured more under-fives are accessing early years learning opportunities. Post 16 is covered by sixth form colleges, post 16 colleges and training providers.

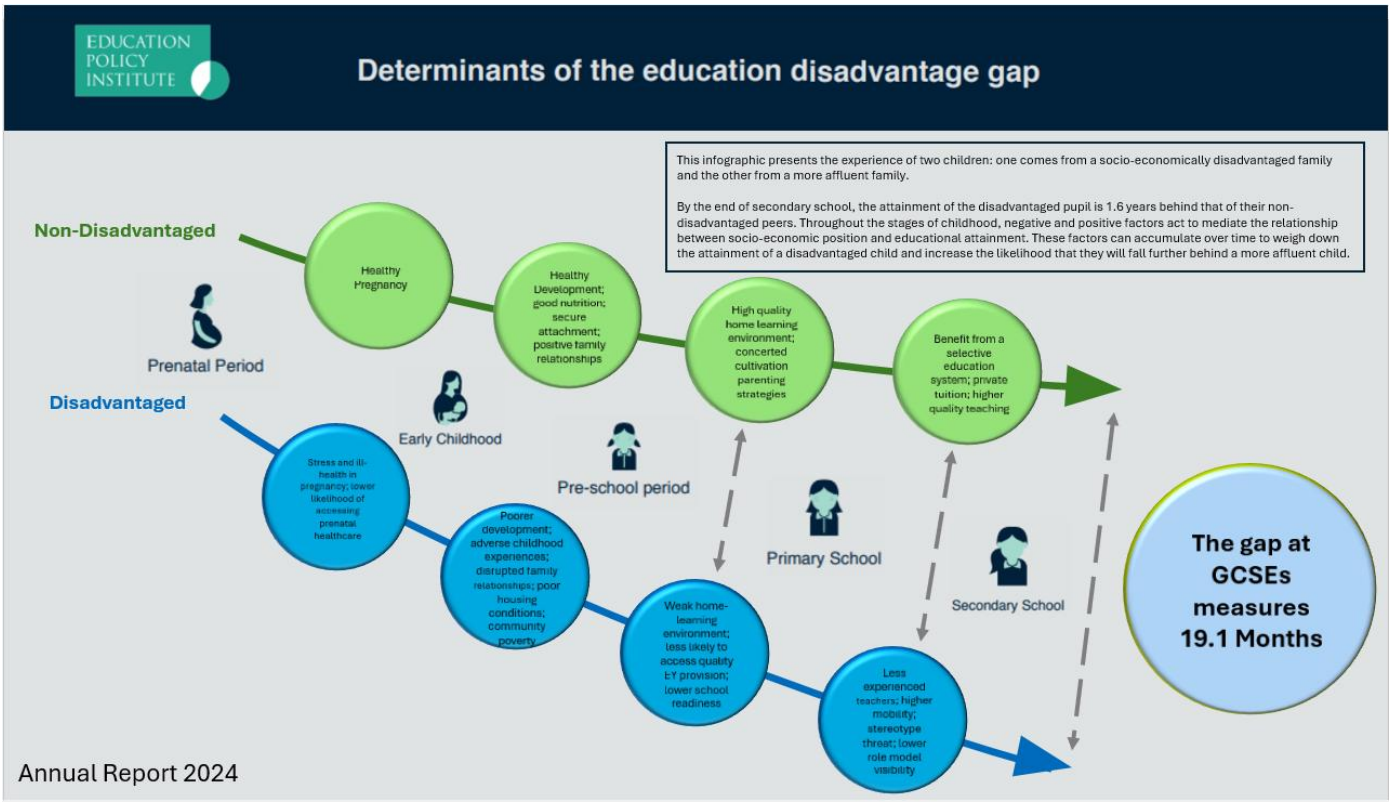
Attending an education setting is a protective factor in the life of most children and young people. When a young person does not attend school regularly, they can quickly fall behind their peers, both educationally and socially.

Young people from deprived backgrounds living in Thurrock are at risk of not achieving their academic potential. There is an academic attainment gap between the wealthy and less wealthy. The Education Policy Institute (EPI) identifies the characteristics of well performing children at each stage of the life course. Applying these considerations to Thurrock would suggest the need to strengthen opportunities to address the gap at the secondary stages. However given that the majority of schools in Thurrock are academies and part of cluster groups, it may be more helpful to look at the disadvantage gap across primary and secondary year groups.

The Disadvantage Gap

The relationship between disadvantage and educational attainment is highly complex; it is noted that disadvantaged children are not a homogenous group, their outcomes and experiences of education vary by many factors, including gender, ethnicity, first language, special educational needs and disability (SEND) status, family history of disadvantage, geography, and the performance measure used.

**Disadvantage can be summarised as encompassing not only income poverty, but also a lack of social and cultural capital and control over decisions that affect life outcomes. A pupil is classed as disadvantaged by the Government if they have been eligible for free school meals within the five years before sitting GCSE exams or if they have been in care or adopted from care.*



Our research shows that 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)
- Special Educational Needs (SEN) Support
- Education, Health and Care Plans (EHCP)
- Disadvantaged

We have seen a significant increase in the number of children who have special educational needs – this follows a national trend of increased requests for educational health care plans. The White Paper has been launched, and we are currently reviewing this to see how we can begin the process of implementation. It should be recognised that the Government see this as a 10-year plan for change and as such a measured and balanced approach will have to be taken by the whole system to address the current position around special educational needs.

Like many local authorities we have seen a significant rise in parents who have decided to electively home educate. In many instances this is due to social or emotional difficulties, and this has formed part of our focused work in the recently developed implementation plan, offering support to families who decide to home educate.

Children and young people who are engaging in the education system have a number of key transition pathways, starting in early years, moving to primary school, moving to secondary school, moving to post 16, moving to higher education eventually leading to employment pathways.

Educational pathways for all children and young people provide both challenges and opportunities: For most of our children and young people, the transition phases work well. A small number of our children and young people struggle with educational transitions and for this cohort we offer a range of support.

For our special educational needs children with an Education Health Care Plan (EHCP), they have an annual review of the plan at key transition points. This allows for the new educational establishment to have the most up to date information about the child/young person – additional transition days are offered to provide assurances to both the child/young person and the parent that the transition will go well.

Transitions have remained a key focus of the Brighter Futures Partnership, and we have undertaken focused work around vulnerable groups. Our strong partnership with schools means we work closely with them to provide additional information and support as necessary for SEND children/young people. Our engagement with schools and the allocation of additional funding from the DfE has enabled us to undertake in depth work around transitions and a number of programmes have been offered to children in year 6 who are transitioning to year 7. This has seen some positive results, and this work has been mainstreamed via our dedicated schools' grant.

Throughout their school years, vulnerable children and young people are disproportionately more likely to lack the necessary foundations – a good level of health and wellbeing, a nutritious diet, a supportive and stimulating home environment - to learn and perform in school. Across nearly every health outcome, disadvantaged children do not do as well. This forms the work of SP2.

Building on the success of the Not in education, employment or training (NEETs) performance, partners now wish to develop an integrated hybrid (virtual and face-to-face) Youth and Adult Education Offer subject to corporate partner agreement. This proposal will cater for more vulnerable NEETs such as care leavers, young offenders, carers, pregnant teenagers, and teenage parents. The integrated offer will also support local economic proposals as it will provide an ideal opportunity to join up and develop the skills, employability and enterprise offer for adults and young people.

Useful service links:

thurrock.gov.uk/education-and-learning	Thurrock Council Education and Learning Home Page
thurrock.gov.uk/schools-and-colleges	39 Primary, 13 Secondary, 3 Special and 2 Pupil Referral Units
thurrock.gov.uk/family-hubs	8 Family Hubs
thurrock.gov.uk/colleges	4 Colleges, including Thurrock Adult Community College
thurrock.gov.uk/youth-cabinet	Thurrock Youth Cabinet
www.thurrock.gov.uk/career-support-for-young-people/thurrock-careers	Inspire Employability and Skills Service – careers information advice and guidance for all.
• www.thurrockopportunities.co.uk	Information on and links to all employment and training opportunities in Thurrock
• www.thurrock.gov.uk/careers-advice/improving-your-skills	
• www.tacc.ac.uk/thurrockadultskills/	Thurrock Adult Community College (TACC)
• www.tacc.ac.uk/getstarted/qualifications-and-skills-for-work/	Includes courses on family learning, community learning, well-being, maths, English, digital skills, ESOL (English for Speakers of Other Languages)
• www.askthurrock.org.uk	details of the post 16 SEND education offer

SP1: Ambitions and Deliverables

Lead: Director, Education & Children's Commissioning (Council)
Delivery Group(s): Best Start in Life Steering Group, 11-25 Partnership, Local Area SEND Partnership

SP1: All children are enabled to achieve their potential	
AMBITION	**Deliverables**
1.1: Improve educational attainment for all vulnerable children and young people	1.1a Develop the Best Start in Life Plan with contributions from education, health and social care, and other key partners
	1.1b Improve quality and timeliness of Education, Health and Care Plans (EHCPs) and annual reviews
	1.1c Increase proportion of children with SEND in mainstream schools through the implementation of the White Paper changes and monitor the use of the HNPCA grants
	1.1d Implement the SEND Reform Plan focusing on the 5 pillars
	1.1e Improved transitions for CYP with SEND - to ensure CYP with SEND and or other vulnerabilities have a well-planned and effective transition to the next stage of the education.
1.2: All children are able to access education	1.2a Increase the proportion of vulnerable children including SEND / EYs accessing Holiday Activity and Food Programme (HAF)
	1.2b Develop a model for an integrated Youth & Adults Education & Skills Offer
	1.2c Develop new provision that addresses the skills gaps in Thurrock
1.3: Support young people to gain qualifications, skills and experience to progress into sustained employment	1.3a Deliver on the Thurrock Employability and Skills Plan which prioritises progression into apprenticeships and Supported Internships whilst focusing on vulnerable cohorts of young people.
	1.3b Deliver on the Thurrock NEET Strategy which identifies support for young people not in education, employment or training by providing wrap around support, focusing on enabling young people to realise their potential through support from a 'trusted adult'.
	1.3c Deliver on the Thurrock Preparing for Adulthood (PfA) Strategy which prioritises educational outcomes of young people through stakeholder engagement, innovative educational and training programmes that are tailored to individual needs.

SP2: Children are able to access the services they need and be healthy, focussing on prevention and early intervention

Why is SP2 priority important?

Prevention and early intervention are important because being healthy at the start of life gives children and young people the best opportunity to thrive in their personal, social, family, educational, and future working lives. Good health in childhood provides the foundation for choices and independence and for a young person to grow into a healthy adult who can enjoy and succeed in their learning, work and family life.

Addressing social and access inequalities to good health for children and young people is central to the prevention and early intervention approach to improving CYP health outcomes across Thurrock.

As part of the refresh process, relevant Brighter Futures partners were asked if they felt the original four ambitions were still relevant. Feedback gained influenced the decision to retain the original four ambitions, whilst strengthening the strategy on specific health areas such as oral health, physical activity, substance misuse, teenage pregnancy and gambling harm, which had minimal or no information in the last strategy.

Policy and Key Evidence Documents

There has been a significant level of new policy and guidance related to this SP area of focus since the original strategy. In summary, SP2 has been written in the context of the following policy drivers:

- Children's Wellbeing and Schools Bill
- NHS 10-Year Plan: Fit for the Future – 10 Year Health Plan for England (2025–2035)
- NHS 10-Year Plan (July 2025): Children and Young People's Mental Health
- Giving Every Child the Best Start in Life / Best Start in Life strategy including Family Hubs Transformation Programme
- Healthy Start scheme
- Supervised Toothbrushing guidance
- Relevant policy to address childhood obesity
- The best start for life: a vision for the 1001 critical days
- Public Health Nursing Commissioning Guidance
- The Youth Matters: Your National Youth Strategy
- Guidance on neighbourhood multi-disciplinary teams for children and young people (NHSE)
- Sexually Transmitted Infection (STI) Prioritisation Framework UKHSA
- Thurrock Sexual Health Needs Assessment and Thurrock Teenage pregnancy strategy
- "All Our Health" Framework
- Childhood immunisation schedule changes and local childhood immunisation plan
- RSHE guidance
- Tobacco and Vapes Bill
- National gambling legislation and local Thurrock Gambling Harm Strategy
- Updates to Maternal Health Care policy
- Thurrock Health and Wellbeing Strategy
- Thurrock Council's Ofsted Inspection Report
- Basildon and Thurrock University Hospital CQC Inspection Report
- Thurrock Healthy Weight Strategy
- Find Your Active Thurrock – Thurrock's Physical Activity Place Partnership Programme "Connecting People to Place through Physical Activity"

SP2: What do we know?

Healthy weight

Maintaining a healthy weight in children continues to be a priority in Thurrock. For 2024/25, 74.2% of 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%.

Thurrock's Healthy Weight Strategy recognises that weight management is shaped by complex factors, requiring collaboration across council services, the NHS, and community partners – and includes a particular workstream focussed on early years and families for which SP2 is aligned.

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 also impact on future healthy weight. Promotion of healthy diets and early intervention to support families can help to reduce excess weight in children.

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.

Physical activity

Children who are more active are happier, more resilient and more trusting of others. However in Thurrock only 34.5% of 5-16 year olds were physically active 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].* Physical inactivity (those doing less than an average of 30 minutes a day) varies across Thurrock, with some areas 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 and disease

Childhood immunisation rates continue to be another priority area for Thurrock since the last strategy. One important vaccine is the 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 MMRV was introduced from 1 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 pregnancy

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. International evidence identifies the provision of high quality comprehensive relationships and sex education (RSE) in primary and secondary education and improved use of a range of contraception as the areas where the strongest evidence exists on impact on teenage pregnancy rates.

Oral Health
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. For children aged 5-9 years who are admitted to hospital for tooth extraction due to decay, Thurrock remains in the top three and well above the national average.

The Thurrock Early Years Oral Health Programme is a borough-wide programme delivered by NHS Mid and South Essex (MSE) Integrated Care Board (ICB). The programme engaged more than 2,000 residents, delivered oral health training to early years professionals, distributed over 11,000 toothbrush packs -including tailored packs for children with SEND - and provided direct dental access support to more than 400 people. Supervised toothbrushing was successfully implemented in 17 early years settings, and co-produced resources helped improve awareness among families and the workforce. Overall, the evaluation indicates strengthened oral health knowledge, improved preventive practices, and early signs of reduced urgent dental treatment need across Thurrock.

The Early Years Oral Health programme and its related activities continue to be in high demand with unabating requests for support and training made by early years frontline professionals and settings. Whilst improvements are beginning to be seen in decay rates across MSE, Thurrock remains comparatively high, both nationally and within MSE. We need to improve oral health practices and therefore reduce decay experience and incidence of hospital extractions.

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.

Children Looked After (CLA)
There is work in train to redesign the way Initial Health Assessments are conducted for Children Looked After across Mid and South Essex. The new model involves increasing paediatrician capacity, streamlining the current process by utilising looked after children nursing workforce to complete initial appointments and thereby improving engagement and experience for CLA. The new model is to be rolled out in stages across the MSE in 2026. In the meantime, additional paediatrician capacity is already in place to increase capacity across the MSE until the new model is fully rolled out.

Useful Service Links:

0-19 Healthy Child Programme (Healthy Families Service)	The Thurrock 0-19 Brighter Futures Healthy Families service | NELFT NHS Foundation Trust provides support to CYP (up to the age of 25 if SEND) and their families across four levels: Community: improve health & wellbeing and resilience of children, young people and families by providing accessible community-based support, strong partnership working and advocating for support improvements, promoting social inclusion and ensuring effective use of resources Universal: deliver Healthy Child Programme from pregnancy to 19 (0-5 school nursing and 5-19 health visiting); National Child Measurement Programme for Reception and Year 6 children; vision and hearing checks for reception children; flexible face-to-face and digital support options; collaborate with public health Targeted: provide timely, personalised early support to prevent escalation of needs through breastfeeding peer support; parenting support; child weight management; support for young or vulnerable parents; perinatal mental health support for mothers, fathers & co-parents; enuresis advice; additional health visiting contacts where need identified; integration with Prevention and Support Service; and review health assessments for children looked-after Specialist: provide timely, personalised support to prevent escalation of needs by delivering enhanced safeguarding work and co-location of specialist public health nurses in Thurrock MASH. The service is well integrated into the Family Hubs Best Start in Life Programme e.g. support with perinatal mental health and infant feeding support. There is joint working in place between the 0-19 service and other providers including substance misuse service and sexual health service. NELFT are also the provider for several community health services for children and young people in Thurrock e.g. the community children nursing, community paediatric service, dietetic, physiotherapy, occupational therapy etc.
Sexual Health support	Brook provide free, confidential sexual health services for everyone, offering universal, targeted and specialist services to young people for contraception, STI testing, emergency contraception and advice around sexual and reproductive health. Clinical services are provided from the Integrated Medical and Wellbeing Centre in Corringham, though service also can offer outreach and appointments in other locations dependent on need. A clinic is run at the substance misuse service and also at some family hubs. The education team offer support to schools and training providers for young people over 16 to support with RSE and to those electively home educated. As well as face to face the integrated service also offers access to online testing and a c-card scheme allowing young people to access condoms from a variety of sites in the borough free of charge.
Child Immunisations offer	Hertfordshire Community Trust are commissioned through NHS England Immunisations and Screening Team to provide community and children's and maternity immunisations, although the offer is primarily delivered in education settings this includes outreach to home educated children, and those that are not accessing school environments. Clinics are provided in various other community settings and there is also a mobile unit available to ensure access for all. The annual flu vaccinations were provided through Vaccination UK in Thurrock for the first time in 2025/26. All vaccinations in the Routine childhood immunisation schedule are offered.
Child health support from Family Hubs	Thurrock Family Hubs Best Start In Life Local Offer | Ask Thurrock provide a comprehensive child health offer that supports families from pregnancy through the early years, bringing together free health, development and parenting services in accessible community settings. This includes Stay and Play sessions that promote early learning and development, Health Exercise, Nutrition in the Really Young (HENRY) programmes that support healthy eating, physical activity and emotional wellbeing, and antenatal and early parenting sessions offering practical guidance on infant care, safe sleep, feeding and developmental play. The Hubs work closely with NELFT Health Visiting to ensure joined up support on growth, development and common childhood health needs, creating a cohesive offer that strengthens children's health and school readiness.
Smoking Cessation support	Thurrock Health Trainer Service provide smoking cessation support to those 12 +. Support is 12 weeks of structured behavioural support and nicotine replacement therapy (NRT) to those aged 12-17 years, and vapes 18+. There is a specific referral pathway in place with the School Health teams (NELFT) and 1:1 behavioural support sessions within school settings. Training is available -a range of resources available for professionals along with various training modules available.
Youth Vaping Campaign	A resource page is available for schools which contains links to the "Don't Smoke? Don't Start to Vape" campaign resources along with NCSCT (National Centre for Smoking Cessation and Training) guidance Young people and stopping vaping and the new young persons' workers employed by Open Road will be producing vaping cessation materials later in 2026.
Youth work in hospital project	Project running in Basildon and Thurrock University Hospital to support young people identified by diabetic teams, epilepsy and sickle-cell teams as needing support with treatment engagement and/or developing independence in managing conditions and link young people with community support. MSE FT have commissioned for the next year to work across all three hospital sites.

SP2: Ambitions and Deliverables

Lead: Public Health Principal (Thurrock Council)
Delivery Group(s): To be established

SP2: Children are able to access the services they need and be healthy, focussing on prevention and early intervention	
AMBITION	**Deliverables**
2.1 All children start school ready to learn	2.1a Delivery of high-quality parenting support
	2.1b Continued delivery of 0-5 services including high performance against the mandated contact points
	2.1c Delivery of a range of wellbeing activities at Family Hubs
	2.1d Deliver Supervised Toothbrushing programmes in 3-5 year olds in eligible settings and promote good oral health in all children
2.2 All children achieve a healthy weight.	2.2a Deliver actions within the Healthy Weight Strategy Delivery Plan to address childhood obesity
	2.2b Improve advice and support during pregnancy and improve uptake of Healthy Start vouchers
	2.2c Increase support and resources to promote breastfeeding as part of the Healthy Babies offer within Family Hubs
	2.2d Deliver initiatives to increase physical activity in children, including activating neighbourhoods and spaces, increasing active travel to school and overcoming barriers to getting active for groups and communities that experience these.
2.3 All children are protected from illness and disease	2.3a In partnership with colleagues, delivery of the local childhood immunisations action plan to improve uptake of maternal and childhood immunisations
	2.3b Increase resources within schools and for those educated elsewhere to support with harmful behaviours such as vaping/smoking and gambling harm
	2.3c Continue to develop sexual health provision for young people in Thurrock in line with the regional STI action plan and the Thurrock Teenage Pregnancy Strategy delivery plan
2.4 All children receive the care they need in the right place.	2.4a Deliver improved health services for children and young people in line with the Population Health Improvement Plan for Essex
	2.4b Improve performance of initial health assessments for children looked after (CLA)
	2.4c Delivery of CORE20+5 work to improve care for children with long term health conditions
	2.4d Increase access to free dental care for all children

SP3: All children live safely in their communities – with a focus on Child Exploitation

Why is SP3 priority important?

Thurrock's Brighter Futures vision is rooted in the belief that every child has the right to grow up safe, nurtured, protected, connected to supportive relationships within their communities, and able to reach their full potential.

Child exploitation - whether sexual, criminal, online, financial, or through abuse of power - represents one of the most severe threats to that vision.

In Thurrock, the aim is to create a system where children are protected well before they reach crisis, where risks are understood in their wider context such as family, peers, county lines, school, community, neighbourhoods, and online spaces, and where intervention is timely, trauma-informed, systemic and meaningfully coordinated.

SP3 sets out how Thurrock Children's Services and partners across the safeguarding system will work together to identify risks early, intervene holistically, and strengthen protective factors so that no child is left vulnerable to exploitation.

Policy and Key Evidence Documents

SP3 has been written in the context of the following policy drivers:

- Thurrock Youth Justice Plan 2025-2028 (refresh is underway)
- The Child Safeguarding Practice Review 2024 'I wanted them to Notice'.
- The Jay Review of Criminally Exploited Children 2023
- NSPCC Child Exploitation Learning from Case Reviews 2023

SP3: What do we know?

Early identification and intervention

Early identification is critical because exploitation does not begin suddenly. It escalates through patterns of vulnerability, grooming, coercion and exposure to unsafe environments. Thurrock will need to adopt a proactive approach, ensuring that children showing the earliest signs of vulnerability - no matter how subtle - receive support that is personalised, timely, and sensitive to their lived experience.

Early identification is most effective when police, health, education, youth workers and community groups contribute to a shared exploitation risk profile. This includes hotspots, patterns of behaviour, emerging groups of concern and cross-border links.

When there are signs of actual or likely exploitation, intervention must be immediate, coordinated across the partnership, and delivered with understanding of trauma and how systems work. The goal is not only to stop immediate harm, but to address long-term impacts and rebuild a sense of safety, belonging and hope.

Prevention is not a single intervention; it is a sustained commitment to equipping young people with the knowledge, resilience and confidence needed to navigate risk and make safe choices. Thurrock will need to focus on building protective factors early in childhood and strengthening community environments where young people feel supported.

Prevention support needs to be easily accessible and therefore delivered in schools, alternative provisions, youth centres and community spaces. These programmes will explore healthy relationships, consent, online safety, grooming processes, gang dynamics, county lines, coercive control, resilience, emotional wellbeing and self-worth. Data will be used to understand emerging themes, patterns and impact of intervention.

Training and awareness of the signs

It is important that all agencies adopt a consistent, multi-agency exploitation risk screening tool. This will help practitioners recognise early indicators - such as unexplained changes in behaviour, disengagement from education, increased missing episodes, association with older peers, or sudden changes in presentation - allowing risks to be seen and addressed quickly.

Staff across Family Help, social work teams, schools, health, police, youth justice, and community organisations will need to be equipped with the skills to spot vulnerability early. This includes understanding trauma responses, controlling behaviours from peers or adults, and the subtle ways exploitation can manifest.

All partners will need to access high-quality training on exploitation, trauma, adolescent safeguarding, risk assessment, cultural humility, and relational practice - ensuring consistent standards across the system.

Tailored interventions

Once risk is identified, it is important that we can offer bespoke support packages based on the child's individual needs, circumstances, identity, culture and preferred method of engagement. Packages may include therapeutic support, safety planning, advocacy, restorative support for families, or practical assistance to improve school engagement, confidence and wellbeing. Ensuring young people's views are captured in all the work undertaken, including thematic feedback (including children and young people with disabilities), and those young people for who English is not their first language).

Young people - especially those with lived or relatable experience – need to be able to shape materials, workshops and messaging. This ensures content feels relevant, accessible and grounded in real issues affecting local young people. Interventions need to take account of trauma responses such

as anger, withdrawal, substance use, risk-taking or avoidance. Young people should never be blamed for behaviours rooted in exploitation, distress or survival.

Thurrock's contextual safeguarding or exploitation specialists will be deployed quickly when concerns escalate, maintaining effective information sharing and joint decision making. This includes direct work with the child, family, carers, school, peers, and the places where risk occurs. Children will be offered specialist counselling, independent advocacy, sexual violence support, gang-exit mentoring or intensive community outreach. These services help them recover identity, rebuild self-esteem and develop future aspirations.

Multi-agency partnerships

Exploitation operates across systems - within schools, online spaces, local neighbourhoods, transport routes and peer networks. A successful response requires the entire partnership working as one coordinated safeguarding system.

The Thurrock Safeguarding Children Partnership (TSCP) will continue to provide strategic leadership, ensuring joined-up planning, accountability, shared priorities and continuous learning. Agencies need to adopt clearer information-sharing pathways to ensure relevant intelligence is shared promptly. This enables swifter action, improved coordination and reduced duplication. Children who are regularly absent, excluded, or disengaged face significantly higher risk. Rapid identification and swift reintegration support will ensure no child becomes increasingly invisible to the system. Data can also help track victims of serious youth violence and other exploitation indicators (eg. missing, police intelligence and National Referral Mechanisms).

Regular exploitation triage meetings (including Health, Education, Police, Social Care and Youth Justice Service) will ensure swift, coordinated decision-making. Children identified early will not wait for statutory thresholds to be crossed; support begins as soon as concerns emerge.

Risk management will involve police, education, community safety, housing, health and children's services working together to implement disruption tactics, improve placement stability and protect children in the places they live, spend time or socialise. The partnership will work to make public spaces safer—parks, shopping areas, transport hubs, homes of concern, community venues, online platforms and residential areas. Contextual safeguarding tools such as location assessments, environmental changes, targeted patrols, or community interventions can be effective as disruption intervention to reduce risk.

Family and community involvement

Recognising that families are protective factors, it is important to involve parents, carers, siblings and extended networks. Support will aim to strengthen relationships, increase protective capacity, and reduce conflict or breakdown - key moments when exploitation risk often intensifies. The Families First Partnership Programme can support the scrutinising of disproportionality, our responses to identified hotspots, resource allocation/ decisions and impact of the multi-agency intervention.

Families' and communities' capacity to problem solve and access support and intervention early is key. In order to build resilience, work should focus not only on reducing risk but also on developing protective peer groups and activities that create positive social connections including sport, arts, volunteering, leadership programmes, or skills-based clubs and ensuring services, support or intervention is proportionate and fair.

Youth services, mentoring programmes and community hubs should be strengthened so all young people have safe, accessible environments where they are listened to, supported and understood. "Return-home" interviews are so important and need to be delivered with sensitivity and skill so children feel safe to disclose concerns. Insights need to be shared quickly with partners to shape ongoing safety plans and operational responses.

Substance Abuse

Substance misuse is often both a cause and consequence of exploitation. Supporting young people to reduce or stop substance misuse plays a crucial role in building safety, resilience and long-term recovery.

Young people need to be able to access substance misuse services quickly through simplified referral pathways. Practitioners should have direct access to named contacts for consultation and joint planning. Services should offer flexible appointment times, drop-in clinics, outreach support, virtual engagement options and work closely with local health services to meet young people where they feel safe and comfortable.

Where possible, specialists need to work alongside social workers, Early Help teams, YOS workers and schools to provide advice, intervention and joint case work. This helps ensure substance use is identified early and addressed proactively.

The most effective support acknowledges the triggers that lead young people to use substances – ie. trauma, peer pressure, exploitation, coercion or coping. Harm-reduction strategies will help keep young people safe while longer-term plans are developed. Many young people using substances also experience mental health challenges therefore joint working between mental health services, substance misuse teams and exploitation specialists also supports holistic planning and safer outcomes.

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.

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.

Drawing from national trends and themes reflected locally:

- early-onset cannabis use continues to be a key area for intervention
- alcohol-related harm remains a secondary but significant contributor to treatment need
- increase in emerging substances (e.g., nitrous oxide, ketamine) is now more visible in education and youth settings
- rising complexity among young people, including mental health needs, self-harm risk, exploitation (see SP3) and polydrug use

Open Road has secured funding for two education workers to be based within Thurrock's local schools. This provision aims to support early intervention, increase awareness and visibility of available support for young people, and provide structured one-to-one interventions for those identified as at risk, in line with both national evidence and local priorities.

Useful Service Links:

www.thurrock.gov.uk/keeping-children-safe	Thurrock Council website links to information and services
www.thurrock.gov.uk/child-sexual-exploitation	
www.thurrock.gov.uk/health-advice-for-young-people/drugs	
www.thurrock.gov.uk/health-advice-for-young-people/alcohol	
www.openroad.org.uk/thurrock-young-person-drug-and-alcohol-service-ypdas	Open Road offer free, confidential support to young people aged 10–17, and transitional age group of 18–29, affected by drug or alcohol use. As an outreach service, they can meet the service user wherever they feel safe and convenient – e.g. school, college, home, a community space. They also offer training and educational sessions for professionals working with young people, designed to build confidence and equip staff with tools to identify and respond to substance-related concerns effectively. They also provide Hidden Harm support for CYP living with family member struggling with drug or alcohol misuse and run groups to help families understand addiction and give support.

SP3: Ambitions and Deliverables

Lead: Director for Children's Social Care and Early Help (Thurrock Council)
Delivery Group(s): Community Safety Partnership, Family First Partnership, Youth Crime Justice Board

SP3: All children live safely in their communities – with a focus on Child Exploitation	
AMBITION	**Deliverables**
3.1 Use intelligence to identify and intervene early with targeted and tailored intervention packages to reduce the harms of exposure to exploitation	3.1a Strengthen early identification frameworks using intelligence-led responses to support rapid, holistic mobilisation of specialist teams
	3.1b Embed training, development and exploitation awareness across the workforce and partners
	3.1c Tailor intervention packages around and co-designed with the child/young person
3.2 Work in partnership across agencies and with families to work with vulnerable children and young people to prevent and reduce the risks of exploitation	3.2a Improve data sharing and joint decision-making to ensure multi-agency oversight and accountability with robust partnership governance and stronger planning: (including Health, Education, Police, Social Care and Youth Justice Service)
	3.2b Embed whole-family and relational approaches with governance and accountability through the Families First Partnership Programme
	3.2c Re-engage children at risk of exclusion or disengagement, embedding contextual safeguarding and building resilience and protective peer networks and increase access to safe spaces and trusted adults
3.3 Support young people to access services that tackle substance misuse	3.3a Improve accessibility with clear pathways to and engagement with specialist support
	3.3b Embed substance misuse specialists in children's services and integrate mental health and substance misuse planning
	3.3c Work with partners to adopt intelligence-led, trauma-informed, harm-reduction approaches

SP4: Children and their families experience good emotional health and wellbeing

Why is SP4 priority important?

Child mental health is both a local and national priority. Happy children with positive relationships with family and friends are more likely to grow into healthy adults, making positive contributions to society. Good mental health allows children to develop resilience they need to deal with the range of life events that come their way. Good mental health throughout childhood into adulthood is therefore beneficial not only to the individual but also their family and wider society.

Timely and safe transitions of care for children and their families to ensure they receive the support they require, at the right place and at the right time, is an area which has been a focus for improvement. Consideration and support for emotional wellbeing and mental health at key transition points from birth and throughout early childhood to adolescence can build resilience and improve outcomes.

SP4 will continue to focus on strengthening the integrated approach to children's mental health provision. This will include not only greater integration of children's services but ensure a whole family response is coordinated with provision and support available for parents. A whole system approach will be embedded to ensure the CYP workforce in Thurrock has the knowledge and skills to design and implement effective transitions that protect and build good mental health. The workstream will also focus on children at greatest risk including those known to mental health services and those with Special Educational Needs and Disabilities.

Policy and Key Evidence Documents

SP4 has been written in the context of the following policy drivers:

Southend, Essex and Thurrock Mental Health Strategy 2023-2028
In 2023, local health and care leaders published an all-age MH strategy. The vision is to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill health, enabling them to recover and live well.

The strategy is focused around three areas:

1. Prevention and Early Intervention
2. Acute and Crisis Services
3. Supporting recovery

NHS 10-Year Plan (July 2025): Children and Young People's Mental Health
1. Core Goals & Prevention Focus
2. Schools & Community-Based Support
3. Crisis & Emergency Care
4. Workforce & Capacity
5. Integrated Care & Targeted Outcomes
6. Advocacy & Sector Responses

Essex ICB (Integrated Care Board) – Key Actions for CYP Mental Health
1. Mental Health Support Team (MHST) Expansion
2. Crisis Response
3. Workforce Planning
4. Digital Integration
5. Early Intervention & Prevention

THRIVE
The THRIVE Framework is an integrated, person-centred, needs-led approach to delivering mental health services for CYP and families which conceptualizes need into five categories:



- Thriving
- Getting Advice and Signposting
- Getting Help
- Getting More Help and
- Getting Risk Support

SP4: What do we know?

We know the mental health of our children and young people continues to be a major concern for local young people, parents, teachers and other professionals and a priority within our Health & Wellbeing Strategy 2026-2031. Additionally, analysis of high level data shows in Thurrock self-harm and admission for unintentional injuries in young people is worse than our comparators and getting worse. Social emotional mental health in young people is like our comparators but shows a worsening trend.

A wide array of inter-related risk and protective factors influence a child's development and mental health. Some characteristics which make people more susceptible to mental ill health cannot be modified by interventions – e.g. age and genetics.

The benefits of promoting wellbeing accrue across the life course, therefore promoting mental wellbeing in children provides more economic benefits than promoting mental wellbeing at other ages.

Findings from the Brighter Future survey 2021 identified that most young people who took part in the survey were neither suffering poor wellbeing nor engaging in health-risky behaviour. There were, however, some areas of concern. Themes that had emerged from previous reports were reflected in the findings including 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. The survey report concluded that the continued promotion of young people's emotional wellbeing and resilience was highly desirable and recommended an analysis of inequalities to better understand the social inequalities driving wellbeing inequalities.

In line with national trends, Children's mental health appears to have worsened over the last three years. In 2020 one in six children (16%) aged 5 to 16 were identified as having a probable mental health disorder, increasing from one in nine (10.8%) in 2017. There are an estimated 6700 children in Thurrock aged between 2 and 18 yrs who have a probable mental disorder. Estimates for Thurrock would suggest there are 3,758 children living in vulnerable households with a pre-diagnosable mental health disorder. Children with probable mental health problems are not likely to be known to services and therefore represent a possible unknown problem or hidden need. The local offer for low level mental health support needs to be clear and accessible with consideration given to scaling up and upskilling the universal workforce.

It is important that stakeholders work together to stop mental illness from developing in the first place by shifting some of the emphasis from treatment to prevention and early intervention, building on existing strengths and minimising risks which tip young people away from mental wellbeing and towards mental ill health. The whole school approach is an ideal way of facilitating this.

Experiencing disadvantage and being vulnerable can increase the risk of mental health problems. Socio-economically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. There is an opportunity locally to identify targeted options in line with place transformation and better understand social inequalities that lead to mental ill health in children. A third of children with social, emotional and mental health (SEMH) do not have an Educational Health Care Plan (EHCP). This signifies importance of all staff in the classroom being well trained in

identifying and supporting those with lower level SEMH who might not qualify for specific support under an EHCP.

Frontline professionals and local evidence sources over the last three years have identified service delivery challenges with the current Emotional Mental Health & Wellbeing Service. Challenges identified include service fragmentation, waiting times, highly set thresholds and limited use of community assets.

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:	**Risk factors** for mental ill health that can be modified or prevented include:
• Positive coping strategies • Supportive parents • Healthy environment • Social connections • Physical exercise • Access to education	• Being bullied • Excessive internet use • Body image • Overweight • Adverse childhood experiences • NEET • Gang membership

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**
Mental health is often mistaken to mean mental health problems or diagnosable disorders	Mental health is not just about the present or lack of diagnosable conditions
Mental health is often misconstrued as something located in an individual – as an innate strength or deficit	Mental health for all people – especially in infancy and early childhood – is the result of a complex interplay of internal and external factors
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.

Source: Taken from UNICEF UK toolkit.

A report on children's mental health services 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
- Investment in CYPMHS has increased but not enough is being spent on children proportionately
- Top referral reasons are anxiety, neurodevelopmental conditions and being in crisis

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.

Useful Service Links:

Family Hubs Start for Life Local Offer - www.askthurrock.org.uk beststartinlife.gov.uk	Best Start in Life and Healthy Babies government programmes. The four funded workstreams are: 1) parenting, 2) home learning environment, 3) perinatal mental health/parent infant relationships (PNMH/PIR) and 4) infant feeding
www.nelft.nhs.uk/set-camhs-who-are-we-how-do-we-help www.nelft.nhs.uk/set-camhs-how-can-i-help-myself	The joint commissioning arrangements of Southend, Essex and Thurrock Emotional Wellbeing and Mental Health Service has delivered the ambition of providing an integrated service for children aged 3-18 with a mental health need. The service is accessed through one single point of contact which provides clinical triage, advice and support. Anyone can initiate a referral.
www.nelft.nhs.uk/essex-mental-health-support-teams	Thurrock are part of the national Mental Health Support Team (MHST) programme providing support for 14 Thurrock schools and South Essex College.
www.nelft.nhs.uk/set-camhs-primary-care-network www.nelft.nhs.uk/set-camhs-hubs-thurrock	Primary Care Network CYP Mental Health Practitioners are fully integrated into response and management pathways to provide a combined consultation, advice, triage and liaison function for those registered with practices in the 11 pilot PCNs. They will also provide access to wider CYP Community Services as appropriate.
www.nelft.nhs.uk/set-camhs-eating-disorder-service	SETCAMHS Eating Disorder Service aims to bring hope and confidence through help and support to 8-18 yr olds to enable them to take back control of their life.
www.nelft.nhs.uk/set-camhs-learning-disability-team	SETCAMHS Learning Disabilities service work with families and those around the child/young person (4-18 years) to offer assessment and treatment/ intervention to help address mental health problems such as anxiety, depression and psychosis.
www.nelft.nhs.uk/set-camhs-crisis-home-treatment	SET CAMHS Crisis & Home Treatment team can provide emergency assessments in the community within 4 hours if the referral is accepted as being appropriate.
www.kooth.com	Kooth is an online support community for young people aged 11 to 18 years with free, safe and secure access to a team of qualified counsellors.
www.beateatingdisorders.org.uk	BEAT eating disorder charity offers a variety of learning and development courses for a range of audiences, covering early intervention and family empowerment.
www.polarischildrensservices.co.uk/project/essex-progressions	Essex Progressions - Polaris provides needs-led intervention to support young adults transitioning from CYP MH services with a follow-up service offer.
thurrockandbrentwoodmind.org.uk/our-support/under-18s	Youth Social Prescribing – Delivered by Thurrock & Brentwood Mind, this service ensures transition support, provides needs led intervention to support transitioning from SET CAMHS mental health service into the community/adult services
www.kidsinspire.org.uk/children-and-young-people	Kids Inspire & Partners delivers a low to moderate evidence based CYP mental health counselling interventions services for 5-18 yr olds (up to 25 yrs for SEND)
www.eput.nhs.uk/services/perinatal-mental-health-service www.nelft.nhs.uk/thurrock-brighter-futures-healthy-families-emotional-wellbeing	Specialist perinatal mental health 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. EPUT provides the service for Thurrock, working closely with health Visitors, Midwifery, and GPs. There is a Specialist Health Visitor for PNMH employed by NELFT.
essexfamilywellbeing.co.uk/services/dsr-keyworker-service	DSR Essex Keyworker Service is run by HCRG Care Group to reduce the number of CYP in an inpatient setting, reduce unnecessary or avoidable admissions and support step-down transition for CYP into the community as early as suitable
amparo.org.uk	Amparo provides free, confidential, practical and emotional support for anyone affected by suicide in Mid and South Essex, including children.
www.barnardos.org.uk/adopt/link-adoption-support-service	Barnardo's LINK Adoption and Family Therapy is based on trauma-informed Attachment Focused Therapy model, shows parents/carers a therapeutic parenting approach, acknowledging and understanding the CYPs emotions and behaviours.
childfirsttrust.com/programmes/the-power-project	The POWER Project is a targeted prevention and early intervention programme working across Southend, Essex and Thurrock offering direct support to CYP aged 8-13, parents/carers and schools to help develop ways of coping with challenging situations at home, school and in local communities.
www.triplep-parenting.uk.net/uk	The Triple P Positive Parenting Programme online resource for families went live across Thurrock, Southend and Essex in February 2020.

SP4: Ambitions and Deliverables

Lead: Associate Director for Strategic Commissioning (CYP/LDA) - (NHS)
Delivery Group(s): Integrated Emotional Wellbeing Partnership

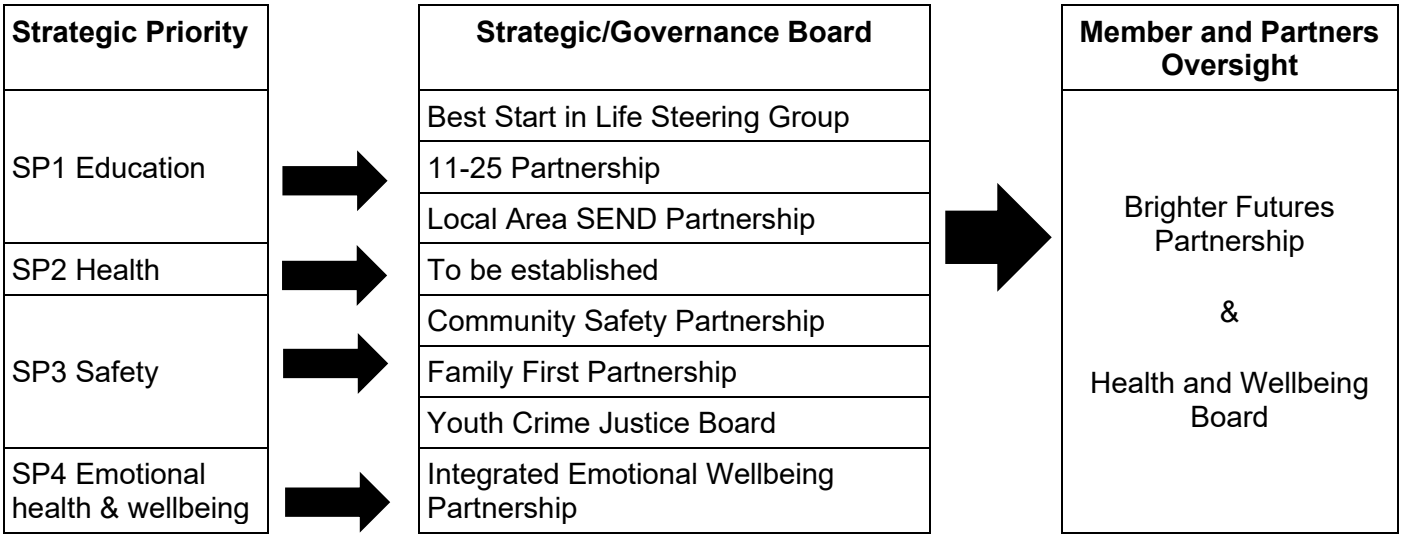
SP4: Children and their families experience good emotional health and wellbeing	
AMBITION	**Deliverables**
4.1 Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the support they need	4.1a Expand Mental Health Support Teams (MHST) across Thurrock
	4.1b Update and promote the THRIVE model with schools and families.
	4.1c Increase access to mental health support for neurodivergent children
4.2 Enable parents and carers to model and adopt effective mental health strategies with their children	4.2a Create effective signposting for parents and carers
	4.2b MHST family element – adopting the learning to inform practice across MHSTs
4.3 Reduce barriers to education because of poor mental health	4.3a ICB and Council work jointly with schools and education settings to communicate how children can access help and know what help is available
	4.3b Embed Trauma informed practice across schools and settings
	4.3c Gather and share intelligence on clinical profile of CYP missing education
	4.3d Through Families First Partnerships and family hubs, further develop integrated neighbourhood models for CYP
	4.3e Neurodivergent children with moderate mental health needs can access support in a timely way

Chapter 4: Delivering Our Vision

In order to ensure the delivery of this strategy, an action plan with associated milestones and metrics has been developed and will be regularly monitored and reported.

Each Strategic Priority has its own governance board(s) which will receive regular updates and monitoring reports throughout the year. The overall delivery of the strategy is the responsibility of the Brighter Futures Partnership, with additional scrutiny by the Health and Well Being Board.

The senior leaders of the two lead organisations – Senior Leadership Team for Thurrock Council and Executive Committee for Essex ICB – will also receive progress updates.



In addition to scrutiny and monitoring by the senior leaders in the leading partnership organisations and political and partner scrutiny, to deliver this strategy with consistency and impact, the partnership has incorporated the following into its governance framework:

- **A skilled, supported workforce** with reflective supervision, development pathways and specialist training.
- **Strong participation and lived-experience voice** so young people influence service design, feedback and continuous improvement.
- **Data and performance oversight** with regular partnership audits, thematic reviews and rapid-learning loops.
- **Community partnerships** where voluntary groups, parents, neighbourhood networks and local organisations contribute to creating safer spaces for young people.