Developing Well in Thurrock

The Brighter Futures Children's Partnership Strategy 2021 - 2026

Contents

Welcome to Our Children and Young People's Strategy

Welcome to Thurrock's Children and Young People's Strategy, 2021 -2026.

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.

Our young people have great talent and potential, and we want them to have the best start in life and grow up well-equipped to take advantage of the opportunities available to them. We also wish to ensure children transition seamlessly into adulthood and are enabled to achieve their potential. In order to do this, we believe partners need to work in partnership with young people at the heart of all decisions and plans.

We have much to celebrate in Thurrock and are particularly proud of our partnership track record. As a Brighter Futures Children's Partnership we developed our Families Together service in 2019, successful restructured our Early Help Hubs and implemented a Schools Wellbeing Service offer to all local schools. Our good outcomes were highlighted in the December 2019 ILACS report.

This Children and Young People's strategy builds on the successes of our previous plan and focuses on the priority areas which still require further improvement. It also takes into account government priorities and the ambitions of Brighter Future's key strategic partners, with due regard to young people's voice. Implementation of the strategy will need to be taken forward within a context of reset and recovery post pandemic and reduced funding. In the current economic climate it is more important than ever to continue to work in partnership to mitigate some of the effects of spending cuts.

There have been some exciting developments within children's mental health with the introduction and expansion of Mental Health Support Teams and plans in development to strengthen local transition arrangements.

As Corporate 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.

Shelia Murphy, Corporate Director for Children's Services, Thurrock Local Authority

Acknowledgments

Brighter Futures Strategy 2021- 2026

Corporate Priority	PEOPLE	PEOPLE	PEOPLE	PROSPERITY
Brighter Futures Strategic Priority	**SP1: All children are enabled to achieve their potential**	**SP2: Children are able to access the services they need and be healthy, focussing on prevention and early intervention**	**SP3: All children live safely in their communities – with a focus on Youth Justice**	**SP4: Children and their families experience good emotional health and wellbeing**
Priority Lead	**Assistant Director for Education & Skills**	**Assistant Director for Public Health**	**Assistant Director for Children's Social Care**	**Director for CYP, MSE***
Ambitions	Support young people to gain qualifications, skills, and experience to progress into sustained employment Improve educational attainment for all disadvantaged children and young people All children are able to access education	All children start school ready to learn All children achieve a healthy weight. All children are protected from illness and disease All children receive the care they need in the right place.	Further develop surveillance to identify the most at risk children and families and intervene early with tailored intervention packages Deliver targeted and tailored primary prevention for populations with greater need Intervene early with tailored secondary prevention to reduce the harms of exposure to violence and violence risk behaviours Provide tertiary prevention for perpetrators and victims of violence to reduce further harm	Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the support they need Identify and implement solutions which recognise needs early and improve access to targeted and specialist interventions Tackle the social inequalities that put young people at a disadvantage to achieving good mental health **As chair of the SWS Partnership Board*

Chapter 1: Introduction & 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. One of the goals in our Health and Wellbeing Strategy is to make Thurrock a place that offers "Opportunity for all". Central to this goal is making Thurrock a place where children can flourish and achieve their full potential. It is noted that the current Health & Wellbeing Strategy (HWBS) will be refreshed in 2021.
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, breastfeeding and obesity rates are among the worst in Europe, and health inequalities are seen across many indicators. 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.

Children's mental health is a national and local priority. Approximately 1 in 6 CYP have a probable mental health condition (26). 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 that many CYP have to wait long periods for treatment and that this is a major concern for parents, teachers, and others working with CYP.

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, children and young people with a range of disabilities, complex health needs, and severe health problems are living longer than they may have in the past, surviving into later childhood and adulthood.

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

Over the last two years, the Brighter Futures Children's Partnership Board has undergone a journey of considerable significance, characterised by change and transformation. The partnership has experienced change by agreeing to do things differently and transformed by accepting a new way of being. The former has required a shift in behaviours and the latter a shift in values. The partnership has now agreed to:

- Subscribe to a shared vison, with a view to driving strategic decision making and planning
- Create a new future, which strives to achieve the best outcomes for our children and young people
- Be driven by evidence. E.g. decision making, service development and commissioning

To ensure all partners fully subscribed to the above agreed actions, a *"re casting" the vision* workshop was held with stakeholders in April 2019. Outcomes from the workshop included partner agreement to recast the Brighter Futures Vision through:

- The creation of a memorandum of understanding which supports an integrated approach to Children's Partnership Working and Governance across the system
- The refreshing of the Brighter Futures Strategy for children
- The creation of subgroups to support the Board's priorities

The current strategy has therefore been written in response to these agreements.
This strategy comes at a time of unprecedented challenges for all services that work with and for children, young people, and families. Financial pressures coupled with increasing demand mean that all

services are looking at how they remain focused on improving outcomes through working more efficiently and cooperating wherever possible.

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.

Our strategy contains the broad ambitions that we have for our services and their users; and focuses on ensuring that our children thrive.

1.2 Our Approach

This document has been prepared through the collaborative efforts of the Brighter Futures Partnership. Partners include:

The Local Authority
- Thurrock Borough Council (Unitary Authority)

NHS commissioners:
- NHS Thurrock CCG
- Primary Care Networks x 4

NHS service providers:
- North East London NHS Foundation Trust
- Mid & South Essex NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust

Other partners
- Thurrock Council for Voluntary Services, Healthwatch Thurrock, Department for Work and Pensions
- South East Local Economic Partnership (SELEP)
- Schools Forum
- The Essex Community Rehabilitation Company Limited
- Thurrock Adult Community College
- Thurrock Primary Head Teachers Association (TPHA)
- Thurrock Association of Secondary and Special School Head teachers (TASS)
- The 0-11 Strategy Group and the 11-19 Strategy Group

Strategy development took place between October 2020 to August 2021 and was led by Teresa Salami-Oru, Assistant Director for Public Health, supported by a task and finish group chaired by Shelia Murphey, Corporate Director for Children's Services. A process of need identification, narrative explanation and priority synthesis was

adopted. Need was understood through the analysis of high level epidemiological data, stakeholder views and young people's voices. Appreciative enquiries were held with corporate stakeholders to test out ideas and agree the ambitions and road map to achievement. Young people's views on their wellbeing and what was important to them was captured through co-production methods using existing engagement channels and bespoke consultation.

Internal consultation was conducted in order to facilitate engagement, understanding, and agreement amongst partners. This was achieved through updates at key partnership meetings. The agreed strategy governance process was as follows:

The Brighter Futures Board – July 2021 (approval)
The Youth Cabinet –August 2021 (approval)
The Thurrock Integrated Care Partnership- September 2021 (noting)
Health & Well Being Board – July 2021 (delegated approval)
Thurrock CCG Board - September 2021 (approval)
Clinical Professional Forum – August 2021 (noting)
The Growing Well MSE ICS Board – August 2021 (noting)

External consultation Residents were given the opportunity to comment on the appropriateness of priorities through an eight week consultation process, which started in June 2021.

1.3 Our Rationale

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. This Children and Young People's Strategy sets out our vision and priorities for children in the context of, and informed by, the Health and Wellbeing Strategy, Mid and South Essex ICS Transformation Plan, and NHS England's Five Year Forward View.

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. **Drivers** for change include:

National Plans & Frameworks

The NHS Plan, 2019

In 2018, the government announced £20.5bn of additional funding for the NHS in England by 2023/24. The NHS Long Term Plan, launched in January 2019, sets out priorities for how this money will be spent over the next ten years.

Prevention Green Paper: Advancing our health prevention in the 2020s, 2019

This sets out plans to tackle the causes of preventable ill health in England.

Health Equity in England, The Marmot Review 10 years on, 2020

Over the last decade, health inequalities have widened overall and the amount of time people spend in poor health has increased since 2010. The report cites that child poverty has increased, children's and youth centres have closed, and funding for education has been reduced. The report makes six recommendations including giving every child the best start in life and enabling all children, young people, and adults to maximise their capabilities and have control over their lives.

Local Needs Assessments & Annual Reports

- Breast Feeding Needs Assessment, 2019
- The SEND JSNA, 2018
- The Maternal Obesity Needs Assessment, 2021
- The Emotional Mental Health & Wellbeing JSNA, 2018
- The APHR 2017 - A Sustainable Children's Social Care System for the Future
- The APHR, 2019 Violence & Vulnerability

Inspections

- SEND CQC/OFSTED Inspection, 2019
- BTUH CQC Maternity Inspection, 2020
- ILACS Inspection 2019

Challenges

There have been a number of challenges over the last three years, including local area budgets and increased service demand. However, the most prolific challenge of recent times has been the COVID-19 Pandemic. Most of the challenges that have arisen for children have been related to the wider response to the pandemic; these include 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.

Many children are likely to have been impacted by the economic changes resulting from the pandemic response, such as loss or change in parental income, increased negative health behaviours such as more sedentary time, and increased stress of those around them impacting on the child's emotional wellbeing. Children may have suffered from isolation and boredom, with the vast majority of children having missed around 6 months of formal education; this is particularly true of children who face disadvantage. It is likely that there has been an increase in vulnerability, adverse childhood experiences, abuse, and family relationship issues.

1.4 Underpinning principles

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
- a JSNA product has highlighted a need and made recommendations for action that has not yet been taken
- 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 this strategy partners have 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 in order 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

Thurrock is a place with a rich cultural heritage.

There are approximately 59,424 children and young people between the ages of 0 and 25 in Thurrock, which is 34% of the population. This compares with the national average of 31%, indicating that Thurrock's population is slightly younger than that of England. The median population age in Thurrock is 36.9, this is below the England median of 40. There are slightly more males (35%) aged 0 to 25 than females (33%). [*]

Situated on the north side of the River Thames bordering Essex, Kent, and East London, Thurrock is an area of great contrast and unique opportunities. It is a crucial strategic player in the South East Local Enterprise Partnership, South Essex 2050 partnership, and the Thames Estuary plans.

Rural villages and market towns are set within the 70% of the borough that is made up of green belt. Nature reserves, heritage locations, and sites of special scientific interest abound.

Three international ports punctuate 18 miles of riverfront with cranes and gigantic container ships, while industrial parks line the A13, all within driving distance of the major London airports. There are plans for four Integrated Medical Centres in the borough. This is just one of a series of game-changing initiatives being delivered with our health partners.

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[*] ONS Population estimates 2020/ NHS Digital Local Health summary report

2.1 Who are our Children and Young People?

Demography

Population

In 2019 there were **2,464** live births in Thurrock with a total of 13,300 children aged 4 years old and younger, who made up a total of approximately 8% of the total population in Thurrock.

There were **48,200 children aged 0-19 years** making up 28% of the total population. Furthermore, the population of CYP aged 0-25 is estimated at 34% (59,424) of the total Thurrock population.

Figure 1 Number of children in Thurrock
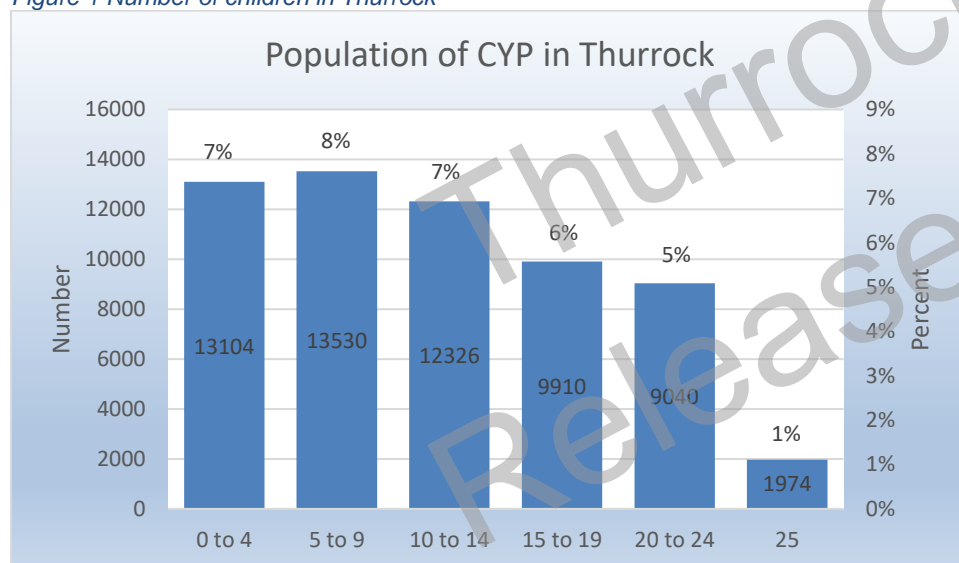
Source: ONS 2020 mid-year population estimates

Figure 2 Proportion of young people
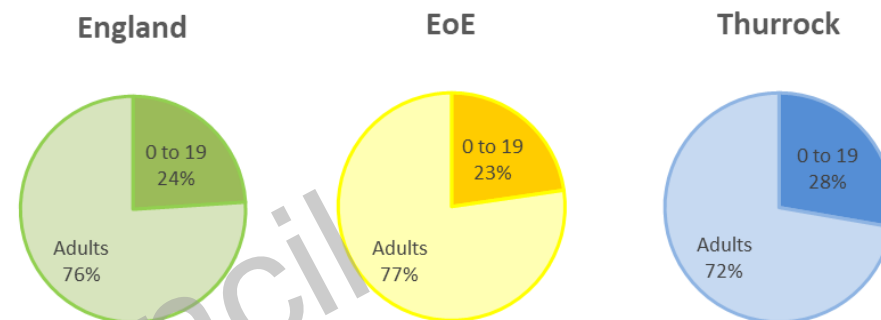
In 2020 Thurrock had a larger proportion of children aged 0-19 years than the East of England region and England. Thurrock has a relatively young population compared with regional and national percentages. This is important as there will be relatively more demand for services for children in the immediate term and increased demand for housing, jobs, and other services as the population ages. The proportion of the dependent population in Thurrock is larger than it is regionally, this knowledge is important when planning services to meet the current and future needs in Thurrock

Table 1 Age breakdown

Age Group	Aged 0-15	Aged 16-24	Aged 25-49	Aged 50-64	Aged 65-69	Aged 70-74	Aged 75-79	Aged 80-84	Aged 85+
Thurrock	23%	10%	36%	17%	4%	4%	2%	2%	2%
England & Wales	19%	11%	33%	19%	5%	5%	3%	3%	2%

Source: ONS 2020 mid-year population estimates

Population projections

Figure 3 0-19 population projections

0-19 year olds, population projection for Thurrock
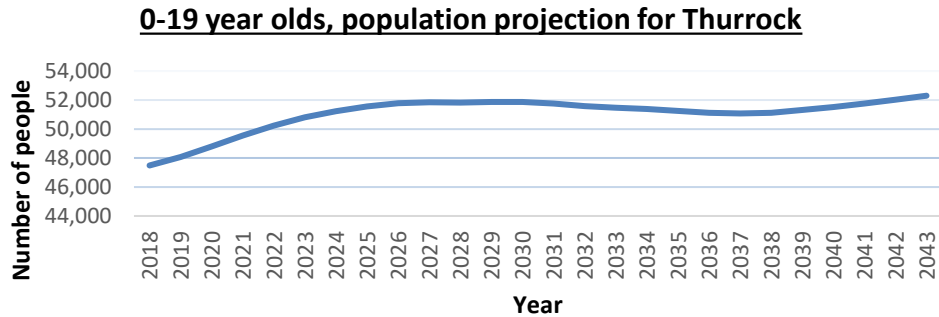
These graphs show the projected increase in the population in Thurrock for all ages (below) and for those aged 0-19 years old (above). The population of those aged 0-19 is projected to rise more steeply than the all age population, with the most rapid increase between 2018 and 2025. Understanding this allows us to plan services accordingly and forecast financial needs and assets to support the growing population.

Figure 5 All age population projections

All age population projection - Thurrock
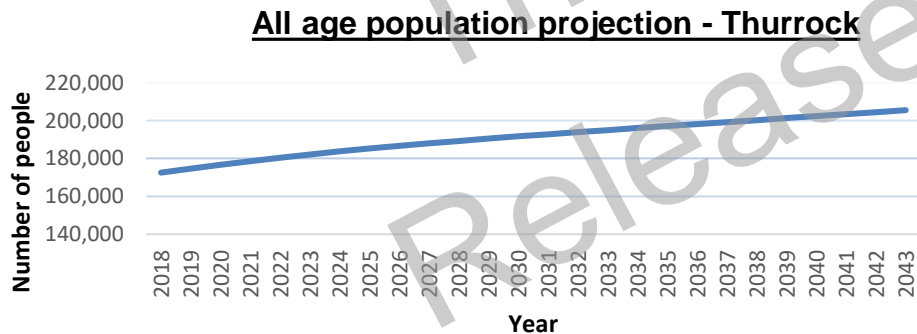
Ethnic Diversity

The map below shows where in the borough children from minority ethnic groups live based on the 2020 School Census data. The darker green colours indicate a higher proportion of children from minority ethnic groups in that area. We can see that the South and West of Thurrock in Grays Riverside and West Thurrock and South Stifford have greater ethnic diversity than the wards in East Thurrock including Orsett, Stanford Le Hope, Corringham and the Homesteads. Understanding the ethnic diversity and makeup of communities in Thurrock is important in order to ensure culturally appropriate services, barriers, and inequalities are addressed.

Figure 4 School children from minority ethnic groups
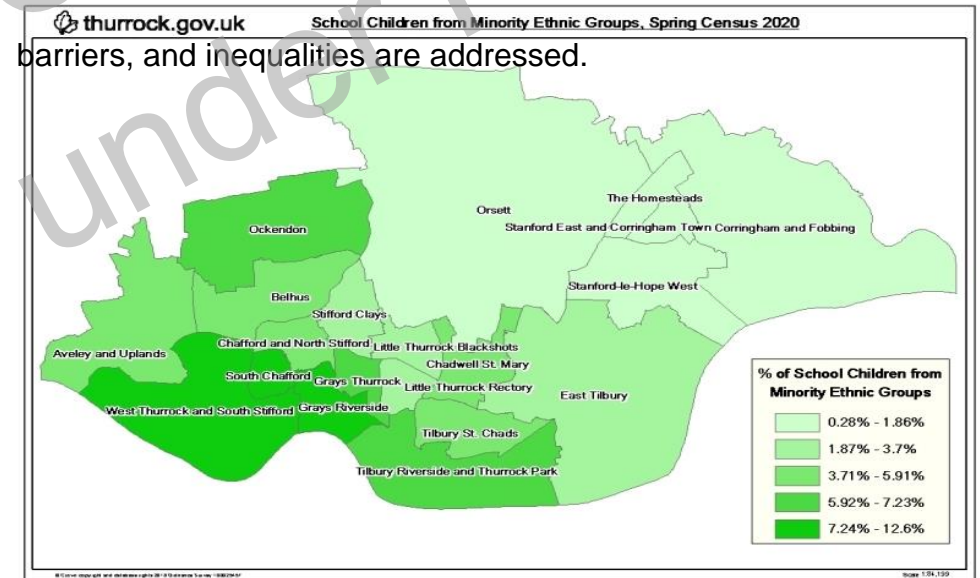
Ethnicity

Thurrock has a diverse ethnic makeup, particularly amongst children and young people. While 14% of adults are from an ethnic minority group[*], 30% of school age children reported being from an ethnic minority group in the 2020 school census.
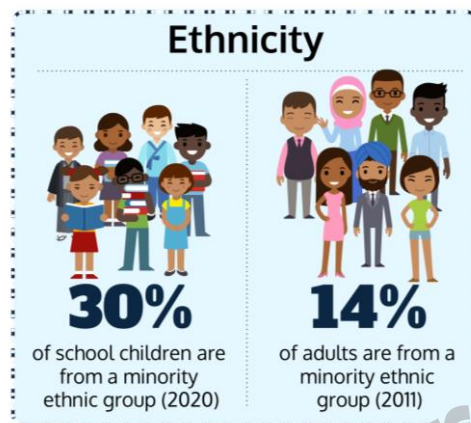
Figure 6 shows the breakdown of the non-White British/Irish population in Thurrock (all ages) from 2020 mid-year estimates. Table 2 shows the numbers of people in each non-white British/Irish group and how each group is represented as a percentage of the total non-white British/Irish population in Thurrock. The majority of the non-white British/Irish population are from a Black African ethnic group, followed by other white and mixed ethnic backgrounds followed by Asian Indian and other Asian groups.

[*] 2020 mid-year estimated based on 2011 Census

Figure 6 Non-White British/Irish population proportions
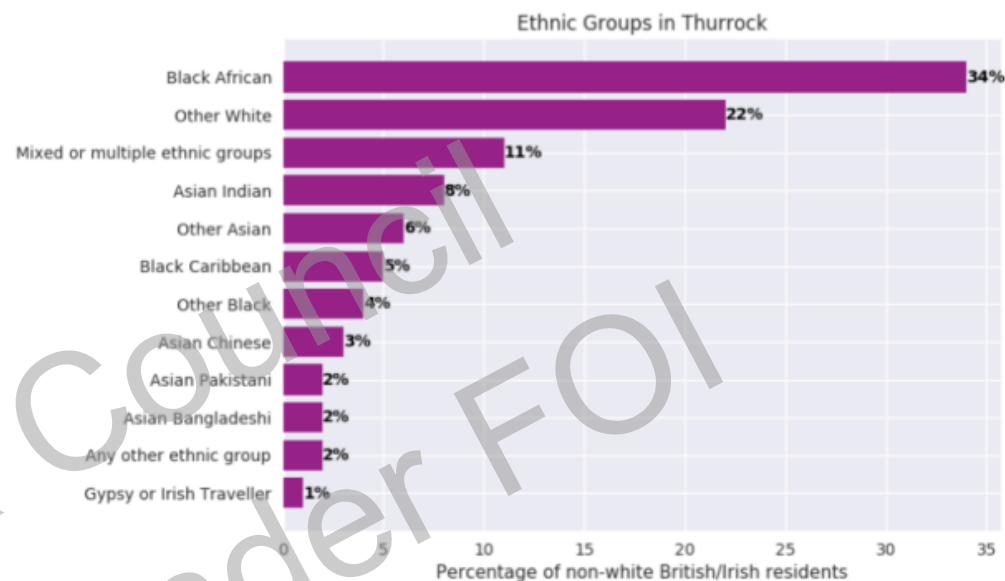
Table 2 Non-White British/Irish population numbers

Ethnic Group	Count	Percentage
Black African	9,742	34%
Other White	6,426	22%
Mixed or multiple ethnic groups	3,099	11%
Asian Indian	2,234	8%
Other Asian	1,649	6%
Black Caribbean	1,336	5%
Other Black	1,245	4%
Asian Chinese	828	3%
Asian Bangladeshi	682	2%
Any other ethnic group	673	2%
Asian Pakistani	534	2%
Gypsy or Irish Traveller	308	1%
Other Arab	254	1%

Source: ONS 2011 Census Table KS201EW

Deprivation and Poverty

Income Deprivation

This map (figure 7) shows levels of deprivation in Thurrock, with the red and orange colours indicating the most deprived areas of Tilbury Riverside, Tilbury St Chads, Ockendedon, Belhus, Aveley and Uplands, and East Thurrock and South Stifford.

This map uses the Income Deprivation Affecting Children Index (**IDACI**) measuring the proportion of all children aged 0 to 15 living in income deprived families. It measures the proportion of the under 16 population in an area experiencing a variety of deprivation indicators related to low income. The number in each ward is the total number of children aged 0-15 in that ward, this gives us a perspective as to the number of children living in low income families.

The data show that those wards with a higher IDACI rating tend to have higher numbers of children living there. The previous map on page 15 when looked at alongside this map shows that these wards are also those with the greatest proportion of minority ethnic children. Given the link between deprivation and poorer health outcomes along with our understanding of the ethnic makeup within these wards allows us to have a greater understanding of population needs in these areas. Consulting with these young people is key to having a strategy that will positively impact on them and their lives.
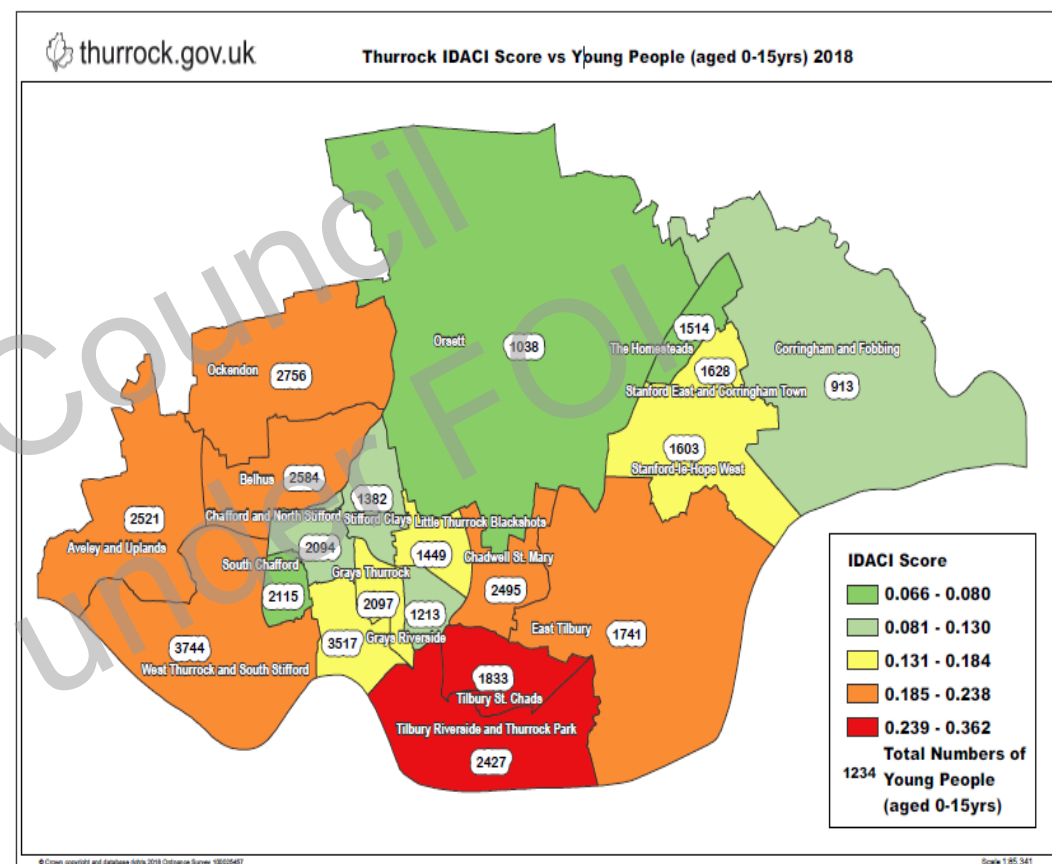
2.2 Health & Wellbeing: Early Years and School Age

A&E Attendance
(aged 0-4yrs)

10,460

attendances for 0 to 4yr old's, (792.7 per 1,000 persons - 2018/19) Increasing trend & significantly worse than -
* East of England 520.5 per 1,000
* England 653 per 1,000

Maternal Obesity
prevalence in 2018/19

23.7%

similar to the national average of 22.1%, but higher than regional average of 21.4%

Child Obesity

11.7%
of Thurrock children in 2019/20 were obese at reception year

25.2%
of Thurrock children in 2019/20 were obese at year 6 (age 10-11)

Significantly higher than England -
* Reception: 9.9%
* Year 6: 21%

Oral Health

24%

of 5yr olds have

visually obvious dental decay (2019/20) - similar to the National Average of 23%

Child Development
- a good level of development

86.6%

at 2/2.5yrs old (2019/20) - similar to the National Average of 83.3%

74%

at the end of reception (2018/19) - similar to the National Average of 72%

MMR Vaccine

86.7%

of 5yr old's have had the 2nd vaccination dose - similar to the National average 86.8% and lower than the EoE with 89.3%

2.3 Education, Health & Social Care

Children in Need

388

per 100,000 children (2019/20)
Decreased from previous year &
significantly higher than -

* Statistical neighbors:
332 per 100,000
* England: 324 per 100,000

Children Looked After

65.8

per 100,000 children (Feb 2021)
Increased from previous year &
similar to -

* Statistical neighbours:
70 per 100,000
* England: 67 per 100,000

Child Protection

38.1

per 100,000 children (2019/20)
Increased from previous year &
significantly lower than -

* Statistical neighbours:
47 per 100,000
* England: 43 per 100,000

Hospital admissions - self harm
(10-24years)

patient

322.4

per 100,000 persons equates to
90 children (2018/2019)
Increasing worsening trend,
significantly better than -
* England 444 per 100,000
And no significant difference to -
* East of England 387.4 per 100,000

NEETs

2%

of children aged 16-17 not in
Education , Employment or
Training (60 children) - below
the National Average of 6%

Family Homelessness

2.6

per 1,000 families equates to 176
families (2017/2018)
Significantly worse than -
* East of England 1.7 per 1,000
* England 1.7 per 1,000

Hospital admissions - unintentional & deliberate injuries
(15-24 years)

188.5

per 10,000 persons equates to 355
incidences (2018/2019)
Increasing worsening trend
* East of England 133 per 10,000
* England 136.9 per 10,000

Children with SEND

15%

of children and young people in
Thurrock are identified as having a
special educational need,
similar to England average (15.6%)

Education, Health and Care Plan
Thurrock: 4.1%
England: 3.4%

KS2 Achievement

70.4%

of Thurrock school children achieved the key stage 2
standards in reading, maths and writing (2019/20)

Increased from previous year & higher than -

* East of England: 63.6%
* England: 64.9%

Youth Justice System

271.6

youth entrants per 100,000
persons (2019)
No change from previous year &
significantly higher than -

* East of England 189.4 per 100,000
* England 239.5 per 100,000

2.4 High Level Summary of Need

- Using data from NHS Fingertips Child Health Profiles we have sought to understand need by comparing ourselves to our statistical neighbours and understanding our trends based on 5 data points.

- We are worse than our comparators and show a worsening trend in hospital admissions for self-harm in 10-24years olds and hospital admissions for unintentional and deliberate injuries (15-24 year), A& E attendances for 0-4s and MMR 2nd dose

- The MMR immunisation level does not meet the recommended coverage of 95%. By age five only 86.7% of children in Thurrock have had both doses. In 2019 England had its measles free status removed and Thurrock experienced two measles outbreaks in vulnerable communities. As part of reset and recovery in 2021 concerted action needs to be galvanised by stakeholders to address this trend

- Year 6 obesity and Breastfeeding initiation are worse than our comparators, trends are however static. Obesity in reception is similar to statistical neighbours, with a static trend. The Whole Systems Obesity Action Plan, Goal A captures actions required to address this, however commitment is required by decision makers to secure a dedicated resource to drive this agenda

- 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

- We are similar to our comparators for Social, Emotional Mental Health needs, but show a worsening trend

- Thurrock is doing statistically significantly better than comparators in the top right two green squares in table 3

Table 3 Trends and comparisons for child health indicators in Thurrock

COMPARED TO STATISTICAL NEIGHBOURS	TREND		
	Worsening	**Static**	**Improving**
Better		-NEET -Hospital admissions for deliberate and unintentional injuries (0-14) -**Breastfeeding continuation** -Good development at 2 ½ years	-**School exclusions** -Free school meals -**KS2 Achievement**
Same	-Social, emotional and mental health needs	-**Entrants into youth justice system** -Children in care -**Obesity at Reception** -Oral Health -**Children on protection plans** -Children in need -**Low birth weight** -Teenage pregnancy	-**SEND**
Worse	-**Hospital admissions for self-harm (10-24)** -A&E attendances 0-4 -**Hospital admissions for deliberate and unintentional injuries (15-24)** -MMR 2nd dose	-**Breastfeeding initiation** -Obesity at year 6	

*Worse/Better=Statistically significantly different from statistical neighbours
**Trend is based on last 5 available data points

Table 4 Indicators by priority area

Strategic Area	Indicators
Education	School exclusions Free school meals NEET KS2 Achievement Teenage pregnancy SEND
Health	Breastfeeding initiation Breastfeeding continuation Good development at 2 ½ years Obesity at Reception Obesity at Year 6 Oral health Low birth weight A&E attendance 0-4 MMR 2nd dose
Safety	Entrants into Youth Justice System Children in care Children on Protection plans Children in need
Mental Health	Social, emotional and mental health Hospital admissions for self-harm Hospital admissions for deliberate and unintentional injuries (0-14) Hospital admissions for deliberate and unintentional injuries (15-24)

2.5 Key Points

- Thurrock has a higher proportion of children and young people compared to East of England and England, and the population is predicted to continue to rise. Stakeholders should assure themselves that consideration in local planning has taken these trends into account. Actions already in train include the implementation of recommendations from the Children's Social Care APHR 2017 and various sufficiency strategies

- There is a higher proportion of school children from minority ethnic groups in Thurrock compared to regional and national levels. According to the IDACI index, wards with higher scores have comparatively larger numbers of children and greater ethnic diversity

- We have analysed high level data to understand need. Addressing local need requires strategic priorities and underlying ambitions. We have matched our needs to four strategic areas and articulated these into strategic priorities. Each priorities ambitions are contained in the relevant chapter

Our Vision

To protect and promote the education, health and wellbeing of all children, young people and their families in Thurrock in a coordinated way, by providing the right support at the right time, by professionals with the right skills to effect change

Our Strategic Priorities

All children are enabled to achieve their potential

All children are able to access the services they need and be healthy

All children live safely in their communities

All children and their families experience good emotional health and wellbeing

Our Children will transition seamlessly into adulthood

Working in Partnership Taking A Whole Family Approach

Chapter 3: Understanding where we want to be

3.1 Our Strategic Priorities: Gaining more insight

Having understood the areas of need in our child population, we have refreshed our vision and identified four strategic priorities, along with a cross cutting theme of transitions. They are as follows:

- All children are enabled to achieve their potential
- All children are able to access the services they need and be healthy, focussing on prevention and early intervention
- All children live safely in their communities
- All children and their families experience good emotional health and wellbeing

Each strategic priority will now be explored in detail taking into consideration the following:

1. **Why is this strategic priority important?**
   - Clarify what is being focused on and why

2. **What do we know?**

   - Health & Wellbeing intelligence
   - Services offered
   - Impact of COVID-19

- Opportunities and Challenges

3. **Understanding local need?**

   - Local products, inspections, reviews
   - Evidence underpinning interventions
   - Gaps (if applicable)

4. **The current position**

5. **Our ambitions**

   - Short, medium, and long term ambitions

6. **The attainment roadmap**

   - What are the things we are going to do or do differently?
   - How place and system partners can help

7. **How will we know we are there?**
   - Agreed success measures

3.2 Strategic Priority 1 (SP1): All children are enabled to achieve their potential

SP1 Why is this strategic priority important?

It is important that all children 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 essential that our schools and educational settings are supported to deliver the best education possible and that education is accessible.

The COVID-19 pandemic led to the closure of schools and education institutions during the lockdown of spring and summer 2020. This led to large losses in school time affecting many young people and their families, particularly those from disadvantaged backgrounds.

 Education and skills has therefore been prioritised because it is likely that there are, some children who are at risk of not achieving their potential because of the indirect impacts of the pandemic, their protected characteristics, socio-economic group, or circumstances.
Addressing inequality is a local priority and aligns with the fundamental principles of this strategy.

SP1: What do we know?

Education improves health and livelihoods, contributes to social stability, and drives long-term economic growth. It benefits the individual, the community, and wider society. Schools are used to

deliver education to young people from the age of 5 to 16 years. Early year's provision is offered to those under five, and skills and further education offered to young people over the age of 16.

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 lose step with their peers, both educationally and socially. Due to the COVID-19 pandemic, education settings have experienced disruption to their normal delivery.
The pause and restart of schooling, attendance at school through national and local health protection measures, and the test trace and isolate system has been disruptive for children and young people in training and education. Disruption to GCSE, AS & A level examinations may make it difficult in the future to quantify the educational attainment gap.

Local young people living in Thurrock have told us how the pandemic has affected them. Many reported missing school friends and feeling lonely. Some reported experiencing strain on their emotional and mental wellbeing as a result of reduced socialisation and disruptions to normal life (see page 144).

Temporary home schooling has been mandatory during lockdown and periods of self-isolation. This may have been particularly challenging for children living in noisy, overcrowded homes without a quiet space to learn as well as those without access to the internet.
Children from disadvantaged[*] backgrounds are likely to have been particularly affected by school closures. We know that without

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[*]*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.*

intervention, school closures early in the pandemic are likely to have further widened the existing disadvantage gap. The annual "learning loss" experienced by pupils each summer demonstrates this issue. The vast majority of children decline academically over the long summer break, but for disadvantaged children the effect is particularly pronounced. Evidence suggests that the summer holidays might account for almost two-thirds of the attainment gap between rich and poor children at age 14yrs (1). Disadvantaged children start school behind their more advantaged peers, with the gap in performance widening as they progress through the education system. While there is evidence to suggest the disadvantage in attainment gap in Thurrock has improved since 2012, there is still opportunity to build on this performance, particularly in light of the negative impacts of the pandemic.

Children and young people who are engaging in the education system have a number of key transition pathways, starting nursery, moving to primary school, moving to secondary school, moving to post 16, moving to higher education eventually leading to employment opportunities. Educational pathways for all children and young people provide both challenges and opportunities – for the vast majority of our children and young people the transition phases go 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 they are prioritised for 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 parent that the transition will go well. 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 strong emphasis on partnership working and the development of our school wellbeing service offers support to children who are struggling with anxiety and other mental health concerns, we have seen an increase in this cohort in part due to Covid 19 we will monitor this closely as we enter the new academic year supporting children/young people who are struggling with transitions by offering an holistic approach working in partnership with both the child/young person, parent/carer and the school to provide focussed solutions and smooth educational transitions.

Scope
SP1 will focus on taking action to address the disadvantage gap in educational attainment and the challenges and opportunities afforded by the pandemic. Strategic Priority 2 (SP2) addresses preschool attainment gap determinants.

Figure 8 Determinants of the education disadvantage gap

Determinants of the education disadvantage gap

EDUCATION POLICY INSTITUTE

This infographic presents the experiences of two children: one comes from a socio-economically disadvantaged family and the other from a more affluent family.

By the end of secondary school, the attainment of disadvantaged pupils is 1.5 years behind that of their non-disadvantaged peers. Throughout the stages of childhood, negative and positive factors act to mediate the relationship between socio-economic position and educational attainment. These factors can accumulate over time to weigh down the attainment of a disadvantaged child and increase the likelihood that they will fall further behind a more affluent child.

Non-disadvantaged

Healthy pregnancy

Prenatal Period

Healthy development; good nutrition; secure attachment; positive family relationships

Early Childhood

Disadvantaged

Stress and ill-health in pregnancy; lower likelihood of accessing prenatal health care

High quality home learning environment; concerted cultivation parenting strategies

Pre-school period

Benefit from a selective education system; private tuition; higher quality teaching

Poorer development; adverse childhood experiences; disrupted family relationships; poor housing conditions; community poverty

Primary School

The gap at GCSEs measures **18.1 months**

Secondary School

Weak home learning environment; less likely to access quality EY provision; lower school readiness

Less experienced teachers; higher mobility; stereotype threat; lower role model visibility

Annual Report 2019

thurrock.gov.uk

Policy and Key Evidence Documents

There is a huge amount of national legislative and policy change affecting Education & Skills services. Key policy areas are:

- National Careers Strategy: Making the most of everyone's talents, 2017

  - Aims to improve social mobility and offer opportunity to all. The document sets out a long-term plan to boost national productivity and the earning power of people throughout the country.
  - **https://www.gov.uk/government/publications/careers-strategy-making-the-most-of-everyones-skills-and-talents**

- Impact of Family Learning on Children's outcomes

  - **http://www.learningandwork.org.uk.gridhosted.co.uk/wp-content/uploads/2017/01/Compilation-evidence-family-learning-final-revised-01092013.pdfrning**

- Impact of Adult Learning – Healthy, Wealthy and Wise

  - **https://learningandwork.org.uk/resources/research-and-reports/healthy-wealthy-and-wise-the-impact-of-adult-learning-across-the-uk/**

- Learning for Life the role of Adult Education in developing thriving communities – a handbook for councillor

  - **https://www.local.gov.uk/learning-life-role-adult-community-education-developing-thriving-local-communities-handbook**

- FE White Paper - Skills for Jobs – Lifelong Learning for Opportunity and Growth

  - **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/953510/skills-for-jobs-lifelong-learning-for-opportunity-and-growth.pdf**

- Key local documents which have informed SP1 include,

  - SELSP Skills Strategy
    - **https://www.southeastlep.com/app/uploads/2020/02/Skills_Strategy_frontcover_screenshot.png**

  - Thurrock Economic Development strategy

    - **https://www.thurrock.gov.uk/sites/default/files/assets/documents/ldf_tech_economic_dev_strat.pdf**

  - Annual Public Health Report 2019/20

    - This report focused on Violence & Vulnerability
    - **https://www.thurrock.gov.uk/sites/default/files/assets/documents/annual-health-report-2019-v01.pdf**

SP1 Understanding Local Need

Throughout their school years, disadvantaged 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 are worse off. 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. (2)

Scale of Need
The following figures give a sense of the potential number of young people at risk of experiencing disadvantage in Thurrock. There are 59,424, 0-25year olds in Thurrock[*]. Of this population group

- 4,661 have special educational needs and/ or disability and attend schools in Thurrock (above England average)
- 1,230 have Education, Health and Care Plans
- 43% of school children are from Black, Asian and minority ethnic groups[*], this is also above the England and regional averages
- 294 children were looked after as of February 2021, the rate is in line with that of benchmark groups

All of the above groups are at risk of experiencing inequality in educational attainment.

The Disadvantage Gap

In Thurrock in 2019 the gap in months between advantaged and disadvantaged children was 4.1 months in early years, 7.3 months in primary schools and 18 months in secondary schools. Thurrock ranks in the lower middle quartile of local authorities across England.

Table 5 English Local Authorities Disadvantage Gap, 2019 [†]

	Bottom 25%	Lower middle 25%	Upper middle 25%	Upper 25%
Early Years	1.1-3.7	3.8-4.5 (Thurrock)	4.6-5.4	5.5-7
Primary School	0.2-7	7.1-9.3 (Thurrock)	9.4-10.7	18.8-13.4
Secondary School	3.9-16.1	16.2-19.8 (Thurrock)	19.9-21.4	21.5-24.4

Since 2012 the disadvantage gap change in Thurrock for Early Years has been -0.3 months, -3.2 months for Primary School, and -1.0 for Secondary School. [‡] This negative change in months shows 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.

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[*] ONS mid-year population estimates, April 2019
[*] January School Census, 2020
[†] https://epi.org.uk/publications-and-research/epi-annual-report-2019-the-education-disadvantage-gap-in-your-area
[‡] Education Policy Institute. Interactive geographical dashboard: education Gap in England

Compared to the overall cohort, children in Thurrock with any or all of the following designations,

- Free School Meals (FSM)
- Children in Need
- Special Educational Needs

Are less likely to achieve a 9-4 pass score in English and Maths GCSEs than those without such designations. While overall, 61% of GCSE pupils in Thurrock achieved 9-4 in 2019, only 10% of pupils with all three disadvantages were able to achieve the same. Of the three categories, SEN has the greatest impact on GCSE achievement while FSM has the least, though there is still a 20% difference between the achievement of the FSM group and the overall cohort.

Figure 9 GCSE achievement

% of Thurrock pupils achieving grades 4 or above in English and Mathematics GCSEs (2019 cohort)

*6 refers to a child having experienced the particular vulnerability anytime within the last 6 years
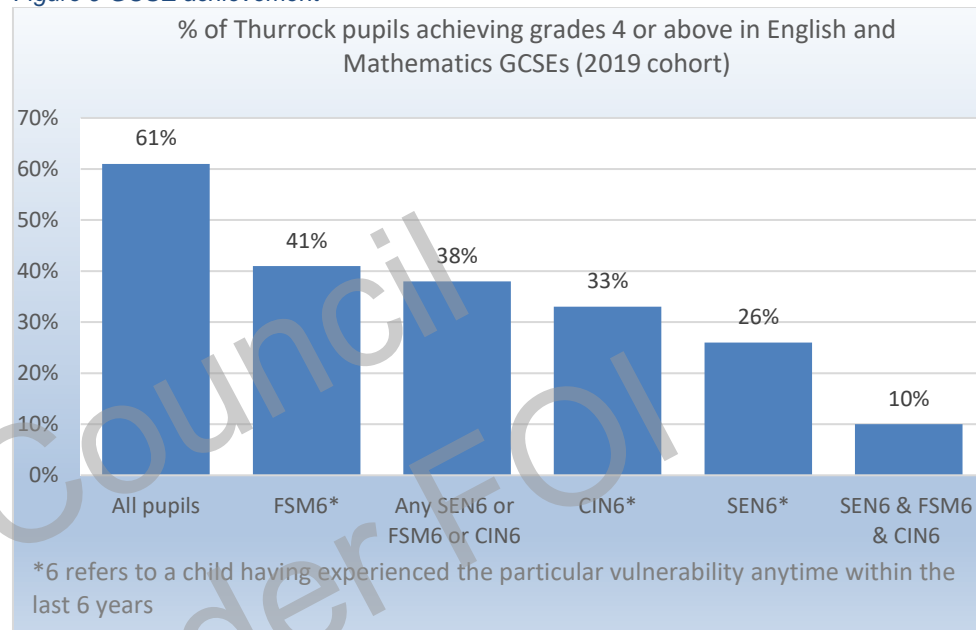
Higher Risk groups

Despite progress in closing the disadvantage gap in attainment, inequalities in educational outcomes remain. Certain groups continue to be at particularly high risk, such as children with SEND, those who are in contact with social services and certain ethnic minority groups including Black Caribbean and Gypsy, Roma, and Traveller children.

Ethnicity & Children with SEND

30% of children in Thurrock are from an Ethnic Minority group. The majority of the non-white British/Irish population are from a Black African ethnic group, followed by other white and mixed ethnic backgrounds followed by Asian Indian and other Asian groups. Black Caribbean young people make up 5% of this cohort and Gypsy/Irish Traveller young people 1%.

Children with SEND

15%

of children and young people in Thurrock are identified as having a special educational need, similar to England average (15.6%)

Education, Health and Care Plan
Thurrock: 4.1%
England: 3.4%

15 % of children and young people in Thurrock have been identified as having a special educational need (national average for English unitary authorities is 15.6%) and 4.1% have an education, health and care plan (compared to national average of 3.4%). There is the need to understand the underlying factors, drivers, and processes that may be inadvertently contributing to the high numbers of Education, Health and Care plans in Thurrock.
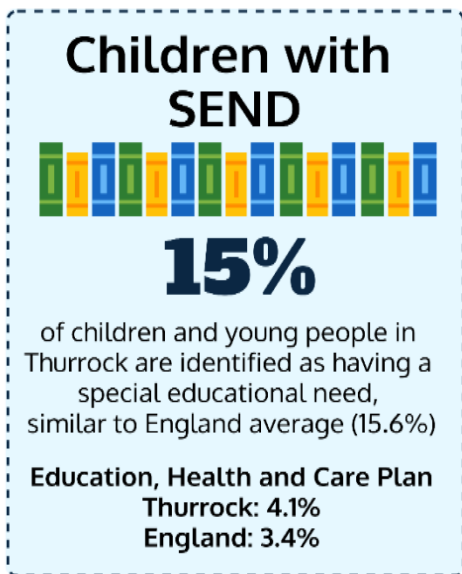
## Young People at Higher Risk

Homeless children

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 2017/18, 176 households with dependent children or pregnant women were regarded as unintentionally homeless and eligible for assistance, a rate of 2.6 per 1,000 households. This is worse than East of England region (1.7 per 1,000) and is worse than England (1.7 per 1,000).

NEETs [*]

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 (3).

NEETs

2%

of children aged 16-17 not in Education , Employment or Training (60 children) - below the National Average of 6%

In Thurrock only 2.4% of children aged 16 and 17 are not engaged in any education, employment or training.

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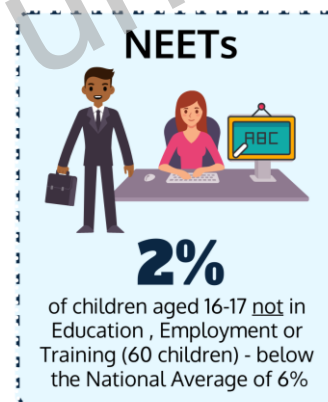
[*] Local Authority Interactive Tool

This is below the national average of 6%, and is 0.7% better than the same time the previous year[*]. In December 2020 Thurrock was ranked as second out of 152 local authorities for the numbers of young people it had not in education or training. Overall this represents a local strength in creating opportunities for young people to fulfil their potential.

NEET: Teenage Parents

Being a teenage parent is a trigger for becoming NEET. NEETs that were unavailable for work locally in 2020 consisted of teenage parents, carers, and pregnant young persons. A reduction of less than five NEET young people from 2019 is noted from the Thurrock Education & Skills Data base 2020. While a reduction is positive, consideration should continue to be made for these groups within local plans.

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. (4) 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 (5)· According to the most recent data from the Office for National Statistics (6) there were 6 conceptions to females aged under 16 years old in Thurrock in 2018, a rate of 1.9 conceptions per 1,000 females aged under 16. This is similar to the East of England rate of 2.0 per 1,000 and slightly lower than the England rate of 2.5 per 1,000. However, caution should be applied when considering this rate due to the small number of conceptions. In 2018, there were 53 conceptions amongst females aged 15-17 in Thurrock, a rate of 18.7 conceptions per 1,000. This rate is slightly higher than those observed in the East of England and England, 14.4 and 16.7 respectively.

Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes (7). Of the under-18 conceptions in 2018, 58.5% resulted in abortion, higher than the regional rate and England rates of 52.4% and 53% respectively, indicating that further prevention activity is required locally.

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 was a small increase (<5) in the number of NEET young carers in 2020 compared to 2019.

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[*] Local Authority Interactive Tool

Children known to social services

Thurrock is similar to its Statistical Neighbours for:

- Children in care (65.8 per 10,000)
- Children on protection plans (38.1 per 10,000)
- Children in need (388 per 10,000)

(Please see page 20– High level summary of need)

Young People with Emerging Education Issues

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 2018/19, 0.05% of primary school pupils in Thurrock were given permanent exclusions compared to 0.02% in England. For secondary pupils, the permanent exclusion rate was 0.25% compared to 0.2% across England.

Exclusion rates vary across Thurrock and there is no clear assurance system in place for monitoring. The APHR 2019/20 recommended that a systematic mechanism is put in place to provide assurance that children and young people who are absent from education are monitored and followed up. (8)

Elective Home Education is a conscious decision by parents or carers to educate their children at home. In Thurrock there was a notable increase in the number of home schooled children in September 2020, there were 301 children on the home schooled register compared to 214 at the same time in the previous year. There are a number of

challenges associated with parents removing a child from the local school register, such as parental teaching confidence, parental teaching capacity, and challenges with getting the child placed back into onsite schooling. Research suggests that more than three-quarters of parents with a postgraduate degree, and just over 60% of those with an undergraduate degree, feel confident directing their child's learning, compared to less than half of parents with A-level or GCSE level qualifications. (2)

Young Peoples' Voice

Young people's voice was captured as part of the development of this strategy (see page 143). Education disruption on account of the pandemic featured as a concern for older children particularly those aged 15 and older. Older children also mentioned the need for opportunities and success later in life.

Academic Performance

Children are assessed throughout their educational journey. SATs are tests that are given to primary pupils twice during their time at primary school. The first is at the end of Key Stage 1 (KS1) which is in year 2, and the second at Key Stage 2 (KS2), which assesses the last 4 years of primary school learning.

Figure 10 Children achieving expected standard at KS2

Percentage of children achieving the expected standard at KS2
(Reading, Maths, Writing)

	2017	2018	2019
England	61.1%	64.4%	64.9%
East of England	60.5%	62.7%	63.6%
Thurrock	62.2%	66.0%	70.4%
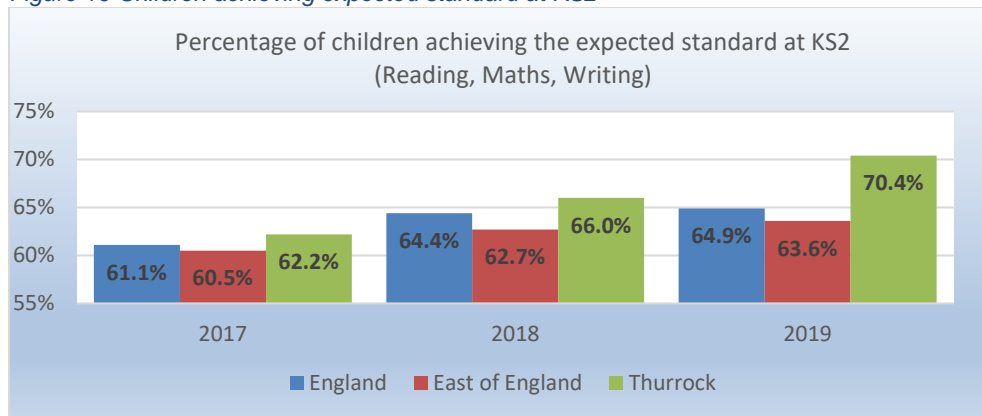
Source: National Pupil Database, DfE

KS2 assessments are taken at the end of Year 6. They are commonly known as SATs but are also referred to as End of Key Stage Tests and Assessments. SATs/KS2 are used to measure and assess pupils' understanding of maths, reading, and grammar and punctuation. *Figure 10 Children achie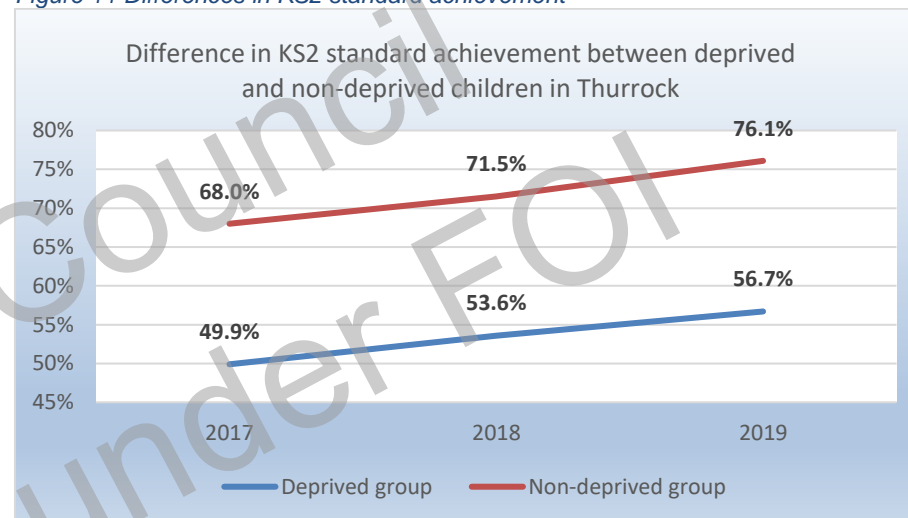ving expected standard at KS2* shows Thurrock's continued improving trend in KS2 results from 2017 to 2019; each year demonstrating a comparatively better performance than England and the EoE.

While Thurrock's overall performance is good, it masks poorer performance in more deprived children and the attainment gap that exists between deprived and non-deprived children.

Figure 11 below compares KS2 scores in deprived and non-deprived children over a three year period.

Figure 11 Differences in KS2 standard achievement

Difference in KS2 standard achievement between deprived and non-deprived children in Thurrock

	2017	2018	2019
Non-deprived group	68.0%	71.5%	76.1%
Deprived group	49.9%	53.6%	56.7%

Source: National Pupil Database which sits with DfE

KS2 scores are important as they assess how well a child is performing in comparison to others, assess progress since KS1 SATs, and offer a predictor for success at GCSE level. GCSE attainment/ average attainment scores in Thurrock were similar to the England average in 2018/19 (45.2% compared to 46.4%). GCSE attainment/ average attainment 8 score of children looked after, in the same time period was considerably lower, 19.7% compared to the England average of 18.9%. This suggests that vulnerability has an impact on educational attainment.

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Key Points

- Young people from deprived backgrounds living in Thurrock are at risk of not achieving their academic potential. While Thurrock's overall academic performance is good, it masks poorer performance in more deprived children. Thurrock's attainment gap at all key stages ranks in the 25% lower-middle of local authorities across England. It is positive to note that the disadvantage attainment gap has improved since 2012

- It may be difficult to quantify the educational attainment gap for KS4 students in the future as the pandemic has disrupted the public exams process

- The education policy institute 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. Table 6 gives an indication of considerations required to close the educational attainment gap

- Effective strategies for addressing the disadvantage gap should consist of holistic life-course approaches, joined-up working to support families from conception onwards, a highly trained and stable workforce capable of addressing individual pupils' barriers to learning, and equal access to educational opportunities

- Certain groups of children are at particular risk for experiencing inequality in educational attainment. These include children who are NEET, have SEND, are CLA, or Black Caribbean and Gypsy, Roma and Traveller children. Having SEND has the greatest impact on GCSE attainment.

- Being a teen parent or being pregnant are triggers for becoming NEET. NEETs that fall into this group are sometimes unavailable for work

Table 6 Considerations

Childhood stage	Characteristics of disadvantaged children	Local Offer	Gaps/opportunities
Prenatal period Early Childhood Preschool Primary School	Stress in pregnancy difficulty in accessing pre-natal care ACES, Poor housing conditions Weak home learning environment Lower School Readiness	Healthy Families 0-19 programme Multiagency Safeguarding Hub Prevention and Support Service PASS Plus Locally commissioned parenting programmes	**Opportunities/gaps** Covered within strategic priority 2 Relevant ambition : *Children start school ready to learn* **Opportunities** Housing is outside scope of this strategy but families with housing needs would be signposted to housing support services. Home schooling Officer in post
Secondary School	Less experienced teachers, High staff mobility Stereotype threat, role model invisibility	Work undertaken independently by academies in Equality & Diversity. Local Authority Education and skills	**Gap** Understanding what works with supporting teachers to understand how to address the disadvantage gap. Role Model invisibility

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		diversity programme	

- Teen conceptions in Thurrock are slightly higher than the East of England and England. It is therefore important that bespoke support plans are prepared for NEETS in these circumstances. Stakeholders must build the knowledge, skills, resilience and aspirations of young people, as well as provide them with easy access to welcoming services in order to help them delay sex until they are ready to enjoy healthy consensual relationships and to use contraception to prevent unplanned pregnancy

- There has been a 40% rise in the number of home schooled children. This may be as a result of the COVID 19 pandemic. There are a number of challenges associated with parents removing a child from the local school register, such as parental teaching confidence, parental teaching capacity, and challenges with getting the child placed back into mainstream schooling. Since 2020 Thurrock has developed a Home Schooling plan and secured extra capacity to address this

- Exclusion rates vary across Thurrock. There is no clear assurance system in place for monitoring. The APHR 2019/20 recommended that a systematic mechanism is put in place to provide assurance so that children and young people who are absent from education are monitored and followed up. This recommendation is supported by the current strategy

- Local young people have voiced concerns about the impact of the pandemic on their education. Many reported missing school friends and feeling lonely. Some reported experiencing strain on their emotional and mental wellbeing. It is imperative that local stakeholders work together to ensure young people gain the education, skills, and experience they need to succeed in adulthood

- Young people's Mental Health is addressed under Strategic Priority 4

SP1: The Current Position

The local universal education offer for 0-18s

Thurrock Council has a statutory responsibility to provide a school place for every child of school age who live in Thurrock. 27.3% of our population are aged 0-19yrs, projected to increase by 27.7% by 2027. There are currently 39 Primary schools, 11 Secondary schools and 2 Special Schools in Thurrock. Each Academy, Free School, and Voluntary Aided-School is its own Admissions Authority. The Council is the Admissions Authority for Community Schools and Voluntary Controlled Schools. In respect to Voluntary Aided Schools, the governing body of the school determines admission arrangements. For Academies and Free Schools, the relevant Academy Trust is the Admission Authority. The rise in the child population is taken into account within the Pupil Place Plan. Please see below for further details.

- Pupil Place Plan, 2020-2024 (PDF 3.90MB)
- Pupil Place Plan, 2019-2023 (PDF 5.35MB)

Figure 12 Settings

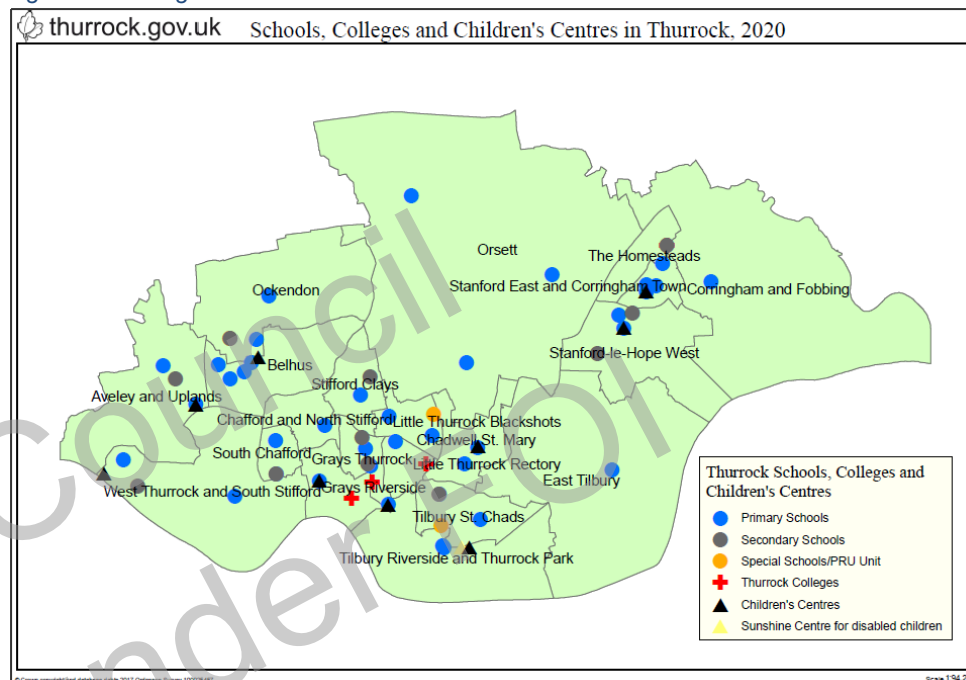*Table 7 Settings assets*

Asset	Number
Primary Schools	40
Secondary Schools	13
Special Schools	2
Pupil Referral Unit	1
Children's Centres	10
Colleges	2

The local education & skills offer
Selective Provision

- *The Healthy Families Service* employ school nursing staff who offer support to students through school/college, at transition points, and work to ensure children are ready for adulthood and receive support with exam stress and managing emotions
- *Thurrock Youth Cabinet* – is designed to support young people to be fully involved in having their say about the issues that affect young people and the services that are provided for them. The programme provides consultation opportunities for services to gain feedback from young people and for the views of young people to be heard. Elected members are part of the British Youth Council, attending conventions throughout the year in addition to the annual youth sitting. The Youth Cabinet deliver an annual youth conference that all schools in the borough attend, offering the opportunity to debate issues that have arisen via the national Make Your Mark campaign
- *Duke of Edinburgh Award Scheme* is a youth award programme supporting schools and colleges to deliver all sections of the Bronze, Silver, and Gold awards including learning a new skill, volunteering, physical challenge, and an expedition, in addition to operating open centres that encourage those who wish to enrol outside of their school
- *INSPIRE Service* Careers advice drop in sessions at Inspire Youth Hub are offered on an open access basis and provide sessions to enhance young people's understanding of the world of work, focusing on identification of strengths and self-assessment, career learning, psychometric testing, understanding emotional intelligence, and skills needed to excel in the modern workplace
- *The Prince's Trust* programme is also offered through INSPIRE and aims to build confidence in young people who are NEET. Evaluation suggests positive outcomes include increased confidence, improved relationships with parents, improved mental health, and a reduction in homelessness risk

Thurrock Council's *INSPIRE* service run a number of programmes available to some young people in the Borough:

Schools based careers advice offer is available for individual schools to purchase, which provides one-to-one assessment and individual careers advice to secondary school pupils, usually to year 9 pupils. The offer varies between schools and is dependent on what each school decides to purchase but includes sessions on aspirations, finances, apprentices, and routes to university and other higher education. Generally the level of provision purchased means only a few pupils from each school receive the offer. The council's *Employability and Skills Team* link closely with *INSPIRE* to work with schools to arrange work experience for young people and to organise employment skills development programmes like *Thurrock's Next Top Boss.*

TCHC (Level 1 and 2) employability and functional skills programme is commissioned by INSPIRE and runs from their Grays hub offering a 24-week course in maths, literacy, and confidence building linked to

careers advice and development of a careers plan. The programme is open to young people who are NEET.

Post-16 education & skills offer

Post 16 years, a young person's situation is tracked on a regular basis using the following procedure:

- **Education** – tracked annually unless an FE provider informs the Local Authority that the young person has left post-16 education
- **Apprenticeships** – tracked every 6 months
- **Employment** – tracked every 3 months without local training, 6 months with training

The Inspire team track participation of young people between the ages of 16 to 19 (the academic year they turn 18); they run three reports a year for the Department for Education, all these reports form the basis of the Local Authority's NEETS prevention plan:

- **Intended Destination Survey – September to May**
Current Yr11 complete this survey to confirm they have a post-16 intended destination; those who reply "undecided" will receive a careers interview from us, if the school buy into our traded service, if not the school will use their own resources
- **September Guarantee May – May to October**
Further Education providers confirm who has received an "offer of learning"; any student who has not received an offer will be contacted to confirm their post-16 destination, this could be an apprenticeship or employment with training. Again the student will receive another careers interview if the school buy into our traded service, if not the school will use their own resources

- **Activity Survey – September to February**

Further Education providers confirm student enrolment, the team track the remaining balance of young people to confirm if they are in education, employment or training. Any young people who confirm they are NEET receive an initial Careers, Education, Information, Advice and Guidance interview with the view to move them into a positive situation such as: Education, employment, training, FE, re-engagement provision – Princes Trust, TCHC or Functional Skills

<u>**Interventions**</u>

The Inspiring Tilbury Project

The Inspiring Tilbury project (ITP) is a three year project started in September 2019 to support all residents of the Tilbury St Chads, Tilbury Riverside & Thurrock Park wards into sustained employment, training or education, delivered by Inspire Thurrock Careers.
During the Covid-19 lockdowns all support was only available by telephone and the services available to the residents included information and advice, regularly reviewed action plans, psychometric testing, mentoring, employability training, current and relevant local market information, job search training, job application training, and youth engagement projects.

The project has made/sent 606 calls, 2030 texts, and 2010 emails, resulting in signing up 15 unemployed and 15 economically inactive residents and moving 3 into employment and 3 into education or training.

Inspire Youth Hub (IYH) Drop-in Service

Prior to the Covid-19 lockdowns the IYH provided a free careers information advice and guidance service for young people aged 13 to 19 and to 25 for those with SEND. The service was available Tuesday to Friday 09.30 – 16.30 and during the two major lockdowns this was replaced by a phone or digital service available Monday to Friday accessed by either telephone or email requests. During the relaxation of lockdown, face-to-face sessions were made available daily Tuesday to Thursday. During the period from February to September 2020 IYH received and serviced 362 requests compared to 419 for the same period in 2019.

Inspire Opportunities Bulletin

A weekly email bulletin is prepared and sent to all NEET YP and interested clients who have provided contact details and opted to receive it, providing current job and apprenticeship opportunities, information on training and support services. Currently the circulation is 2,242 with a 98.8% delivery and 932 confirmed opening the bulletin email.

Inspire Opportunities Club

A series of Google Classroom interactive video sessions has been prepared for NEET young people wishing to sign up to the Opportunities Club but currently there have not been sufficient requests to run the club. Individual requests have been serviced by the IYH duty advisers.

Inspire Virtual Careers Fair

For the past 10 years, Thurrock students have benefitted from participation in a careers fair to speak to colleges and universities about pathways into FE and HE, as well as employers about what it is like to work in their sector and the best routes to begin their working life.

In light of the global pandemic, Inspire continues to modify programmes to support students to prepare for the world of work; the annual careers fair is no different. In 2021 Thurrock will offer a virtual careers fair, which will offer a growing exhibitor library including the full range of sectors operating in the borough, as well as a variety of local and national colleges, universities, and other training providers.

Inspire NEET Team

NEET young people aged 16 to 18, and SEND up to 25, are regularly called and offered support into education, employment or training. NEET unavailable are offered specialist support i.e. Teenage Parent groups and referred to Mental Health support.

Thurrock Opportunities

The website https://www.thurrockopportunities.co.uk/ has been created to support Thurrock residents and businesses with careers advice, employment, and apprenticeship information and news.

Inspire Princes Trust

Inspire Princes Trust Team deliver the twelve week 'Teams' personal development programme for young people 16 to 25 years of age. As a result of the current lockdown the Trust team developed and implemented a four week virtual programme.

Functional Skills Training

Inspire have a dedicated functional skill trainer normally based at the Hub. During lockdown a remote offer was designed to allow young people to gain the qualifications to access apprenticeships, work or further education.

Risk of NEET Project

Local secondary schools identify their year 11 students who are at risk of NEET when leaving school and they are offered careers/education advice and guidance by Inspire careers advisers with follow up sessions during the summer break to reduce the possibility of them becoming year 12 NEET.

Make Happen

'Make Happen' is the regional Uni Connect (formerly NCOP) programme, part of the Office for Students. The programme brings together universities, colleges and local partners to deliver outreach programmes to young people in years 9 to 13, with a particular focus on areas where higher education participation is lower than might be expected given the GCSE results of the young people who live there. In Thurrock we have divided the programme into three phases to cover the school academic year:

Phase 1 – Autumn Term

- We deliver assemblies to raise awareness of apprenticeships and the opportunity for young people to complete higher degree apprenticeships as another way of getting a degree

Phase 2 – Spring Term

- We have created 12 bespoke masterclasses to raise awareness of higher education and to dispel some of the common myths

surrounding University that have a negative impact on young people, these can be delivered face to face or virtually

Phase 3 – Mentoring programme

- We offer every school in Thurrock five places each on our mentoring programme for students living in an NCOP post code, who are at risk of NEET. Over the summer these young people have one to one support to ensure they do not become NEET

ASK

Inspire Thurrock Careers deliver Apprenticeship Skills & Knowledge (ASK) sessions to secondary schools in Thurrock providing information, advice and guidance on apprenticeships to students, teachers, and parents normally via group work and presentations in assemblies but due to the current lockdown they are being delivered digitally.

The Education & Skills Charter

The Thurrock Skills Charter is a new initiative that is being led by the 11-19 years strategy group. It aims to ensure an agreed minimum education and skills offer is provided for all over 16s living in Thurrock.

Figure 13 Thurrock Skills Charter 2021
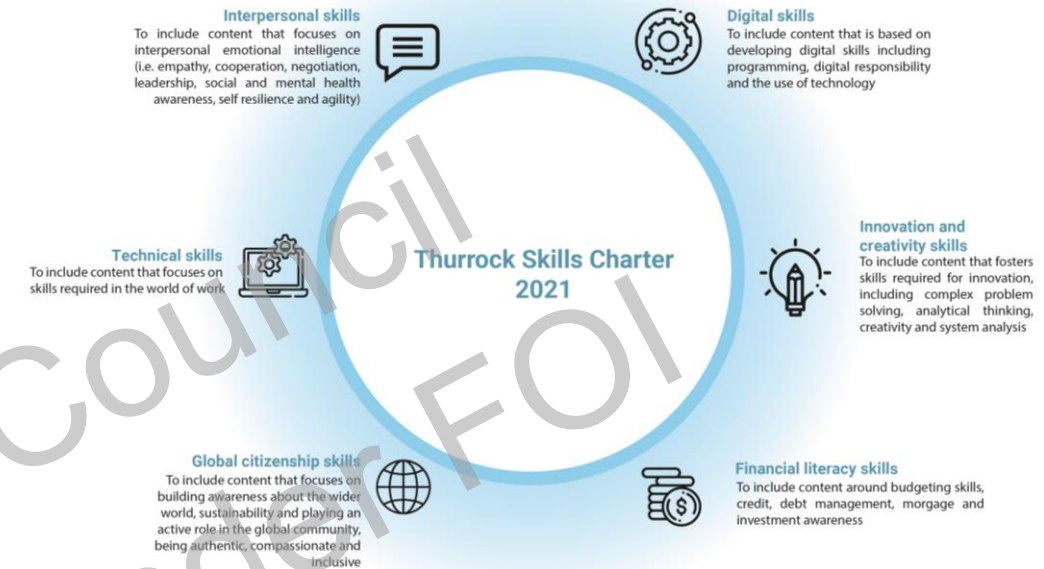
Adult Skills
The Thurrock Opportunities portal is being used as a first port of call for employment and training opportunities in Thurrock, including the post 16 SEND Local Offer
https://www.tacc.ac.uk/thurrockadultskills/
Kick-start – Thurrock Council – 30 placements
Apprenticeship contributions
Apprenticeship levy transfer
Core support
Family Learning - https://www.tacc.ac.uk/getstarted/family-learning/
Community Learning – Digital Exclusion and Digital Skills development https://www.tacc.ac.uk/thurrockdigitalskills/
Learning for Wellbeing - https://www.tacc.ac.uk/getstarted/wellbeing/

Vocational qualifications -
https://www.tacc.ac.uk/getstarted/qualifications-and-skills-for-work/
English and maths - https://www.tacc.ac.uk/getstarted/english-maths/
ESOL - https://www.tacc.ac.uk/getstarted/esol-2/

Details pertaining to the post 16 SEND education offer can be found here
http://www.askthurrock.org.uk/kb5/thurrock/fis/family.page?familychannel=2676p
https://www.thurrockopportunities.co.uk/

Service Case Study

Background

Richard is 19. He has a diagnosis of ADHD but chooses not to take medication. Richard was Looked After from 2013 to 2019, having previously been on a Child Protection Plan. Richard's family were known to social care from 2005 because of concerns around the adequacy of his mother's parenting, failure to prioritise her children's needs, and physical abuse. Richard and his younger siblings were placed with their maternal grandfather and his partner under a connected persons' agreement. After Richard left school in 2018 he began to push boundaries at home. In June 2019 there was a physical altercation between Richard and his grandfather, who ended the placement saying Richard's aggression posed a risk to his carers and siblings. Richard moved to a therapeutic foster care placement where he remained until January 2020 when he moved to independent living at Clarence Road hostel. There were concerns around his lack of independent living skills. Richard was evicted in February 2020 as a result of consistently breaching his licence agreement by allowing his girlfriend to live with him at the hostel. Since then Richard has been living with his mother.

Interventions

- Richard was NEET for almost a year from leaving school in 2018 until he moved to a therapeutic foster care placement in 2019
- Richard is currently studying for his Functional Skills with the Inspire Functional Skills Tutor. At the same time Richard is completing his DofE Bronze with Inspire Personal Advisers
- Richard has applied for an I-learn Forklift training course at South Essex College and will be subsequently applying for a place at Amazon with Barnados

Outcomes

- Richard's mother is now 37 and seems able to meet his needs as a young adult. They have been able to establish a supportive relationship. She frequently speaks with the NEETs team about his progress. Richard is rebuilding his relationship with his grandfather and they have undertaken some DIY and landscaping projects together

- Richard has shared that he is happy living with his mum for the time being, acknowledges that he doesn't yet have all the skills needed to live independently and has decided to prioritise settling into employment

- Richard has an interview at the Co-Op distribution warehouse in West Thurrock. He is optimistic about getting this job and confident about using the skills and understanding he developed through the "Next Steps" course at his interview and to help him stay in employment

- Richard still wants to get his CSCS Card and is hoping to do a Forklift course, to improve his employability in the future

Reflection

- This case study illustrates the value of collaborative working between Thurrock Council employees and outside organisations, and that it can often take time to achieve positive outcomes when outside factors impact on the young person's willingness and ability to engage. Richard states that he finds lockdown boring. However, it may be that restrictions have given him opportunities to work on his relationship with his mother and grandfather, and to engage in support from Inspire and his Aftercare worker. The factors that led to him being Looked After have had a profound impact on Richard as a young person. Richard has grown in insight and maturity during the period he has been supported by Inspire

Service Strengths

Leading through adversity

Schools in Thurrock have worked hard to support families to overcome challenges and will continue to do so over the coming months. Over the last 12 months, tutoring has been in place for students requiring extra support, laptops have been made available, and a Government awarded health and food fund has been made available to Thurrock. This fund is set to support the nutritional requirements of children on free schools meals throughout the academic year.

The Wellbeing Helpline

Parents' experiences of the pandemic have a direct impact on their children. Whether parents and families are resilient and managing; in isolation; or in insecure tenancies that affect their wellbeing; these all influence their children. It is therefore important that parents and care givers are supported, financially and socially, with services and employment so that they can support their children and thereby build resilience. Locally, the Schools Wellbeing Service and Educational Psychology have been providing a Wellbeing helpline for parents and school staff. This service has been operational since July 2020.

Identifying opportunities in difficult circumstances

The pandemic has afforded a number of opportunities. The use of digital technology has escalated and given rise to innovative thinking. Building on the success of the NEETs performance, partners now wish to develop an integrated hybrid Youth and Adult Education Offer subject to corporate partner agreement. This proposal will also cater

to more vulnerable NEETs such as 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. Thurrock Adult Community College delivers education for adults and young people through ESFA contracts including a flexible grant to support vulnerable adults through community learning. Bringing this work under the banner of Inspire Your Future will provide a seamless route for young people and adults to access high quality information, advice, guidance, employability skills, and enterprise opportunities within Thurrock's wider strategic framework.

The vast majority of NEET prevention intervention projects in Thurrock have operated on a virtual basis since the beginning of lockdown. This has enabled services to continue, despite the discontinuation of face-to-face services.

Collaboration

There is appetite locally to develop a school community "think tank" exploring solutions to disadvantage in education in line with the Collaborating Communities framework. This presents an opportunity to address determinants of the disadvantage gap relating to primary and secondary education. Local education CEOs have pledged support to develop this concept.

Education Health & Care Plans

A high level of activity has been undertaken by the local authority to ensure that children and young people have continued access to support in relation to the educational health and care needs identified within their Education Health and Care Plans. There have clearly been impacts on learning and development as a consequence of the arrangements that have been in pace to counter the impact of the Covid-19 pandemic; however the support and engagement of pupils has been carefully monitored and the longer term impact on their learning and development will continue to be a priority for all services across Thurrock.

Service Challenges

Child Population Increase

Planning and action to address increases in school numbers has begun with the opening of two new secondary schools, Orsett Heath and Thomas Park, with strategic action detailed within the Thurrock Pupil Place Plan https://www.thurrock.gov.uk/pupil-place-planning/overview

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The COVID 19 Pandemic

The COVID-19 pandemic led to the closure of education settings in spring and summer 2020. This led to large losses in schooling time, and disruption to the delivery of in-kind benefits, such as free school meals. Local Authority School transportation was also challenged and required careful planning in line with government guidance. Private, voluntary, and independent providers of early years' education and childcare also faced large financial challenges due to a loss of private income.

Deepened Disadvantage

As a result of lockdowns and self-isolation, many families have had to facilitate home learning. Poorer families have found this more difficult to successfully implement than more affluent families. Research conducted by the Sutton Trust reports that at the start of April 2020, 34% of pupils had taken part in live or recorded online lessons, and that pupils from middle class homes were much more likely to have taken part (30% doing so at least once a day compared to 16% of working class pupils). At private schools, 51% of primary and 57% of secondary students accessed online lessons every day, more than twice as likely as their counterparts in state schools. 50% of teachers in private schools reported they were receiving more than three quarters of work back, compared with 27% in the most advantaged state schools, and just 8% in the least advantaged state schools (9).

Skills

Skills development is of paramount importance to Thurrock's economic future. Without a significantly improved skills base, existing businesses will struggle to generate new employment and the area will fail to attract new investment. Economic growth is more likely to be achievable, and to have long lasting benefits, if local communities are fully equipped to take advantage of new opportunities. Consideration must be given to ensuring the most disadvantaged communities gain access to education, skills, and opportunities.

Education

Young people in Thurrock are concerned about their education and career prospects given the impact of the pandemic in 2020. Young people want support with their school work, careers, and achieving their life goals. As part of the year of reset and recovery the local authority will need to work with its partners to plan timely responses to these concerns.

Service Models

Although of high quality, services such as TCHC only work with NEETS and careers advice is only available to a small number of children that each school who purchases the service selects. As such, the reach of these services into the general population of Thurrock young people is limited.

SP1: Our Ambitions

Ambition 1
Short term

- Support young people to gain qualifications, skills and experience to progress into sustained employment

Ambition 2
Short/Medium

- Improved educational attainment for all disadvantaged children and young people

Ambition 3
Medium/Long term

- All children are able to access education

Further information
SP1 Lead: Assistant Director for Education & Skills
Operational Groups: 0-11 and 11-19 working groups.
SP1 Supporting Group - Removing barriers to education in disadvantaged children working group
Opportunities identified: Low numbers of NEETS, transformation
Challenges: selective services, disadvantage gap, SEND, Home schooled children, learning loss
Definitions:
 Short term <18months
 Medium term 18- 36 months.
 Long term = 36 – 60 months.

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SP1: The Attainment Roadmap

Ambition	Process/Action	Rationale
1. Support young people to gain qualifications, skills, and experience to progress into sustained employment	1a Develop and implement a post pandemic training and education plan as part of "Reset and Recovery" 1b Continue to monitor progress of bespoke training and education plans for vulnerable children.	There is a risk that pupils may have experienced "learning loss" due to disruptions in learning over the course of the Pandemic. It is also clear from young people themselves that they are concerned about their academic future and require support to progress to expected levels. A borough wide education and training plan therefore needs to be developed as part of reset and recovery. It is clear that children and young people have been affected differently by the Pandemic. Starting with SEND, bespoke training and education plans need to be developed and monitored. Children with SEND should be prioritised, as having SEND has the greatest impact on GCSE attainment, there are also large numbers of EHCPs. This action will also support the Written Statement of Action.
2. Improve educational attainment for all disadvantaged children and young people	2a Conduct a literature review to understand what works in reducing the educational attainment gap in schools 2b Establish a plan of action with schools to eliminate the disadvantage gap experienced by young people at primary and secondary level. 2c Equip our educators with the tools and skills needed to eradicate cultural prejudice and bias in our schools 2d Establish mentoring services for young people prioritising those at risk for offending/offenders and children with SEND ** Establish a systematic mechanism to provide assurance that children and young people who are absent from education are monitored and followed up. School attendance below 75% should be flagged at a locally established Locality Based Multi-Disciplinary panel (cross reference APHR*	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 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.

	2020 monitored within Prevention strand of Violence and Vulnerability Plan)	
3. All children are able to access education	3a.Develop a model for an integrated Youth & Adults Education & Skills Offer 3b.Develop and implement a Teenage Pregnancy Strategic Plan	Building on the success of the 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 also cater for more vulnerable NEETS such as 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 Being a teen parent or being pregnant are triggers for becoming NEET. Teen conceptions in Thurrock are higher than the East of England and England. A strategic plan of action is therefore recommended to address teenage pregnancies.

What are we going to do?

> **So What?**
> 1. We plan to develop an integrated education and skills youth and adult offer which builds on the opportunities presented by lockdown and potential skills gap caused by lockdown.
> 2. We have reignited action to take robust steps to address the disadvantage gap in educational attainment in local children
>
> **Now what?**
> We have consulted with local teachers and young people and are confident our ambitions are aligned with what stakeholders see as important. We have identified operational groups to initiate and implement our plans and a CEO Academy champion. We have also identified indicators to measure impact.

SP1: How will we know we are there?

- % participants improved parenting skills compared to baseline
- % participants improved confidence to support child's education compared to baseline
- % parents progressed towards a job/better job (better outcomes for children) compared to baseline
- School attendance monitoring system in place – threshold 75%

- % reduction in educational attainment gap KS2
- %reduction in educational attainment gap KS4
- Reduction in NEETS from baseline
- Reduction in SEND NEETs from baseline

- % increase in apprenticeships, kick-start and internships
- reduction in under 18 unplanned conception rates
- Case studies

3.3 Strategic Priority 2 (SP2): Children are able to access the services they need and be healthy, focussing on prevention and early intervention

SP2: Why is this strategic priority important?

What happens during pregnancy and the first few years of life influences physical, cognitive, and emotional development in childhood and may have an effect on health and wellbeing outcomes in later life. Ensuring every child has the best start in life is one of Public Health England's 7 key priorities. Getting a good start in life and throughout childhood includes building resilience and getting maximum benefit from education.

Ensuring that every child has the Best Start in Life: "ready to learn at two and ready for school at five" is a national priority for Public Health England. Delivering this vision is reliant on a wide range of stakeholders working together.

Locally the importance of this priority can be seen through its inclusion in the Thurrock Health and Wellbeing Strategy, additionally our high level analysis of need in section 2.4 identifies a number of indicators that are worse than our comparators with worsening trends that can be aligned to this strategic priority.

SP2: What do we know?

The Healthy Child Programme (10) is an evidence based framework for the delivery of public health services to families with children aged 0-19. It is a universal prevention and early intervention programme aiming to improve outcomes for children and reduce inequalities. High impact areas have been identified within the programme that are linked to policy and driven by evidence to support delivery of the Healthy Child Programme in an integrated way across the 0-19 age range. These areas are where a significant impact on the health and wellbeing of children and young people can be realised. (11)

High Impact Areas for maternity:

- Improving planning and preparation for pregnancy
- Supporting good parental mental health
- Supporting healthy weight before and between pregnancies
- Reducing the incidence of harms caused by alcohol in pregnancy
- Supporting parents to have a smoke-free pregnancy
- Reducing the inequality of outcomes for women from ethnic minority communities and their babies

High Impact Areas for 0-5 years:

- Breast feeding
- Maternal Mental Health
- Parenthood and early weeks
- Healthy Weight
- Minor Illnesses
- Healthy 2 year olds and getting ready for school

High Impact areas for 5-19 years:

- Resilience and wellbeing
- Keeping safe
- Healthy lifestyles

- Maximising learning and achievement
- Supporting complex and additional health needs
- Transition to adulthood
-

Transition and ensuring a good transition to adulthood is threaded throughout strategic priority 2, in terms of service provision and contact with children and young people at key points through their childhood, transition to Primary school and Secondary school as well as when children enter and leave care all contribute to the development of individual children to be prepared for adulthood.
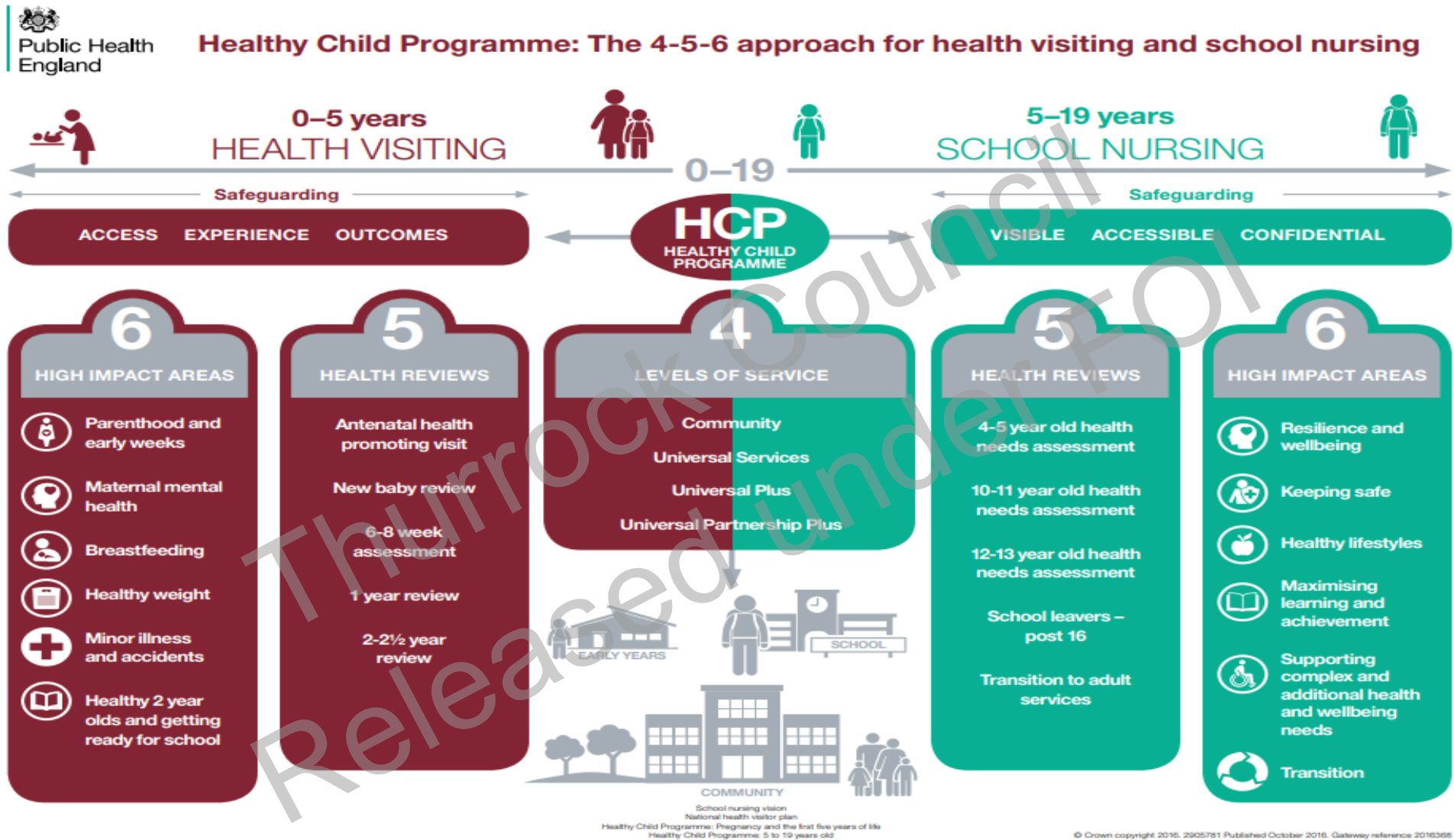
Focussing on what happens in pregnancy and during the first few months of life, ensuring that children have the best start in life all influence transitions later on in childhood such as reaching appropriate developmental stages at 2 ½ and being ready for school at age 5.

The 0-5 element of the Healthy Child Programme is led by health visiting services and the 5-19 element is led by school nursing services, providing place-based services and working in partnership with education and other providers. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The Healthy Child Programme supports a collaborative approach and provides the framework to support integrated delivery within local authorities and with partners using the high impact areas and the mandated health reviews as a structure to achieve the following:

- help parents develop and sustain a strong bond with children

- support parents in keeping children healthy and safe and reaching their full potential

- protect children from serious disease, through screening and immunisation

- reduce childhood obesity by promoting healthy eating and physical activity

- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner

- focus on the health needs of children and young people ensuring they are school ready (SEND code of practice 2017)

- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'.

Figure 14 4-5-6 Approach

Public Health England

Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing

0–5 years HEALTH VISITING

5–19 years SCHOOL NURSING

0–19

Safeguarding

ACCESS   EXPERIENCE   OUTCOMES

HCP HEALTHY CHILD PROGRAMME

VISIBLE   ACCESSIBLE   CONFIDENTIAL

Safeguarding

6 HIGH IMPACT AREAS
- Parenthood and early weeks
- Maternal mental health
- Breastfeeding
- Healthy weight
- Minor illness and accidents
- Healthy 2 year olds and getting ready for school

5 HEALTH REVIEWS
- Antenatal health promoting visit
- New baby review
- 6-8 week assessment
- 1 year review
- 2-2½ year review

4 LEVELS OF SERVICE
- Community
- Universal Services
- Universal Plus
- Universal Partnership Plus

EARLY YEARS

SCHOOL

COMMUNITY

5 HEALTH REVIEWS
- 4-5 year old health needs assessment
- 10-11 year old health needs assessment
- 12-13 year old health needs assessment
- School leavers – post 16
- Transition to adult services

6 HIGH IMPACT AREAS
- Resilience and wellbeing
- Keeping safe
- Healthy lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Transition

School nursing vision
National health visitor plan
Healthy Child Programme: Pregnancy and the first five years of life
Healthy Child Programme: 5 to 19 years old

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Being ready for school (also known as 'School Readiness') follows an assessment in the following areas with the aim to ensure that every child will have reached a level of emotional development enabling them to communicate needs and be independent in dressing and toileting, understand and take turns through listening skills, also allowing them to socialise and form friendships and relationships aside of those with their parents. Having physically good health is also part of the assessment including oral health and of a healthy weight for their height range and have prevention from childhood illness and diseases by up to date vaccine protection.

The programme includes continued support through school age years for every child to be supported to thrive, gain maximum benefit from education, and drive high educational achievement. The programme also identifies and helps children, young people, and families with problems that might affect their chances later in life, including building resilience to cope with the pressures of life.

Scope

SP2 will focus on prevention and early intervention services in relation to children being able to be healthy. The chapter seeks to ensure that the high impact areas selected from the 0-19 Healthy Child Programme (12) (13) are being achieved through access to relevant services and support. Not all of the high impact areas for maternity and the HCP are covered in this chapter, with some included in other areas of the strategy.

For the purposes of Strategic Priority 2 the following definitions will apply:

Services
This section will include preventative services for 0-19s. Antenatal care and maternity services will also be included to cover the health of pregnant women and their unborn children from conception to birth.

Access
Access to healthcare means not only the ability of the child, young person or pregnant woman to attend a service but also the availability and capacity of the service itself e.g. an acceptable time between referral and service delivery.

All patients, regardless of immigration status, have the right to access free primary care, including registering with a GP, urgent care centres, and walk-in centres. NHS 111 is also free to all.

The World Health Organisation (WHO) describes accessibility through the lens of human rights. Health services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups such as children, women, ethnic minorities, people with disabilities etc.

Transition
Strategic priority 2 include looking to facilitate transition points smoothly through engagement with children and young people and working collaboratively and continuing to engage with children and young people about their health and wellbeing; remaining ambitious and optimistic for their future.

Policy and Key Evidence Documents

National Guidance

NHS Long Term Plan 2019

Chapter 3 of the NHS Long Term Plan 2019 includes a section focused on *'a strong start in life for children and young people'*. It sets out a variety of commitments to improving various aspects of care for children and young people; including maternity and neonatal services, learning disability and autism, children and young people with cancer, long term conditions, and mental health services. The Long Term Plan recognises that the needs of children are diverse, complex, and need a higher profile at a national level. Some priorities included improving uptake of immunisations, improving quality of care for children with long-term conditions such as asthma, epilepsy and diabetes, mental health service provision, tackling obesity, and changing the model of transitioning care from children to adult services.

Advancing our health: prevention in the 2020s – consultation document.

In this 2019 green paper the government commits to building upon action within the Childhood Obesity Plan that aims to tackle the causes of obesity. It also highlights that prevention is everyone's responsibility including individuals, the NHS, employers, schools, and local authorities.

Childhood obesity strategy

Chapter 1 of the government's Childhood Obesity plan (2017) includes aims to encourage industry to cut the amount of sugar in food and drinks and for primary school children to eat more healthily and stay active. The goal set out in Chapter 2 is to halve childhood obesity and reduce the gap in obesity between children from the most and least deprived areas by 2030. The 2019 green paper described above commits to publishing a third chapter including action on infant feeding, clear labelling, and ending the sale of energy drinks to children.

The Healthy Child Programme: pregnancy and first 5 years of life, and from 5 to 19 years old

The Healthy Child Programme, published in 2009, plays a key role in improving the health and wellbeing of children and supporting children and families. It focuses on preventative services, providing a programme of screening, immunisation, health and development reviews, and advice around health, wellbeing and, parenting. The roles and responsibilities of commissioners, health, education, local authorities, and other partners are outlined to encourage development of high-quality services.

Best start in life and beyond: Improving public health outcomes for children, young people and families 2018

This guidance document was produced to support the commissioning of the Health Child Programme 0-19 with a focus on the contribution of health visiting and school nursing services to the leadership and delivery of the programme.

The Children and Families Act 2014 brought in new changes to the law to provide greater protection for vulnerable children and support for their families. The act encouraged changes to the adoption system which meant that more children who needed homes were placed faster. Reforms include giving children a choice to stay with their foster families until their 21st birthday, making sure children's residential homes are safe and secure, improving the quality of care vulnerable children receive, and much more.

SEND code of practice: 0 to 25 years

The SEND Code of Practice 2015 is the statutory guidance for SEND used by local authorities, schools, and other providers. It is underpinned by the legislation set out in the Children and Families Act 2014. The code of practice places emphasis on the collaboration of services between education, health, and social care to provide holistic support for children with SEND.

Local Policies and Key Evidence

Children's Social Care Ofsted Report 2019

An inspection of children's social care services in Thurrock in 2019 reported that services for vulnerable children and their families in Thurrock are now 'good'. The previous inspection in 2016 had judged services to 'require improvement' and since then an experienced senior leadership team has driven a sustained pace of improvement in most areas. Some areas that the 2019 report found needed improvement included:

- Planned transitions and closer collaboration with adult services needs to happen earlier for disabled young people and care leavers
- Timeliness of initial health assessments when all children come into care
- Alignment and effectiveness of systems that support children at risk of criminal and sexual exploitation and children missing from home and care, to ensure that children can tell their stories

2019/20 Annual Report of the Director of Public Health for Thurrock: Youth Violence and Vulnerability

This report proposed a new high level single integrated model for treatment of young people involved in violence. The model aims to treat children and young people in the wider context of issues within their family and environment.

SEND Ofsted report 2019 and Thurrock's SEND Priorities

In March 2019 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection on the local area of Thurrock to analyse the implementing of the disability and special educational needs reforms set out in the Children and Families Act 2014. The report highlighted that there were significant areas of weakness in Thurrock's practice and determined that the local authority was responsible for submitting a written statement of action to Ofsted.

Thurrock Council and Thurrock's Clinical Commissioning Group (CCG) produced a written statement of action to address the areas of

concern identified in the SEND Ofsted inspection. A number of strategic priorities were set out:

- Ensure that children and families are at the heart of an effective SEND system
- Ensure every child and young person is making good progress and attends a good place to learn
- Ensure children and families are well supported
- Ensure an effective and responsive approach to assessing and meeting the needs of children and their families
- Ensure the identification and early support for children with SEND
- Ensure young people are well prepared for adulthood

In 2017 Thurrock Council published the **Whole Systems Obesity Joint Strategic Needs Assessment (JSNA)** which led to a strategy for addressing the issue of obesity locally.

Maternal Obesity HNA 2021 – Key findings & Recommendations:
In 2019 over a fifth of pregnant women (23.7%) were obese (BMI ≥ 30 kg/m2) at the time of the antenatal booking appointment in Thurrock.

Recommendations include:

- Implementing NICE guidelines for obesity in pregnancy locally, including providing personalised advice on eating healthily and being physically active
- Working collaboratively at a system level to ensure there is an efficient offer for weight management in pregnancy

Breastfeeding HNA 2020– Key findings and recommendations

A Health Needs Assessment in relation to breastfeeding was developed by the Public Health Team in 2019-20. A series of strategic systems recommendations are made within the needs assessment report based on this findings to be delivered through a strategy and delivery plan. The themes include:

- System wide change
- Digital support offer
- Messaging/Normalising breastfeeding
- Service and support offer
- Involving dads and partners routinely
- Specialist support - C section, tongue tie and maternal mental health

Childhood Immunisation Recovery Plan 2019-2022

Across Thurrock there is a low uptake of childhood immunisations and in response to this a Childhood Immunisation Recovery Plan was developed which aims to improve local trends and uptake. Progress reports were being produced regularly to monitor and evaluate the implementation of this plan. Monitoring was suspended during 2020 due to the Pandemic

Childhood Immunisations Social Marketing Report 2019 findings

Against a WHO target of 95% coverage in childhood immunisations, Thurrock's average uptake ranges by vaccination from 84.2% to 96.1% with an average of 89.9%. At individual surgery level, uptake of boosters can be as low as 10%.

The hierarchy of concerns in Thurrock are:

- Vaccine safety
- Child unwell at the time
- Unconvinced the vaccine was effective
- Felt risks outweighed benefits
- Giving so many vaccines in one go

Children's JSNA product 2017 update

A Joint Strategic Needs Assessment for Children and Young People in Thurrock was published in 2017. The report was comprehensive and covered being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing. Some of the final recommendations include reducing smoking in pregnancy, particularly in more deprived areas, working with children's centres and schools to improve family diets, raising awareness of importance of physical activity, oral health messages, raising the profile of good mental health, focusing on early intervention, and many more.

SP2: Understanding Local Need

Obesity

The obesity rate in Thurrock at reception in 2019/20 was 11.7%, similar to the national average. However, it rises to 25.2%[*] in year 6 (age 10-11), which is significantly higher than both the regional and national averages. The trend for both age groups over the last five years of measuring has remained static, so rates have neither improved nor gotten worse. There is variation between wards in Thurrock with the more deprived wards correlating with higher obesity. We know that if a child is obese at reception year in school, only 2 in 10 return to a healthy weight by year 6.[†] Preventing obesity is a complex challenge requiring system wide change; increasing breastfeeding initiation and duration could play an important part in this.

With less opportunity to exercise outside, home schooling due to lockdown and related diet changes, Covid-19 has had the potential to have a significant impact on child obesity. The measurement of NCMP has been disrupted in 19/20 and 20/21 and so surveillance via these means is likely to be disrupted for an undefined amount of time. The impact on obesity may not be fully visible for a number of years and this presents a significant challenge. The Whole Systems Obesity (Goal A) work stream has a number of actions developed aiming to prevent and reduce already existing high levels of childhood obesity within Thurrock.

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[*] NCMP, NHS digital
[†] PHE, 2019

Figure 15 shows the breakdown of measurement outcomes for Thurrock pupils measured during the 2019/20 NCMP.

Figure 15 Child overweight and obesity
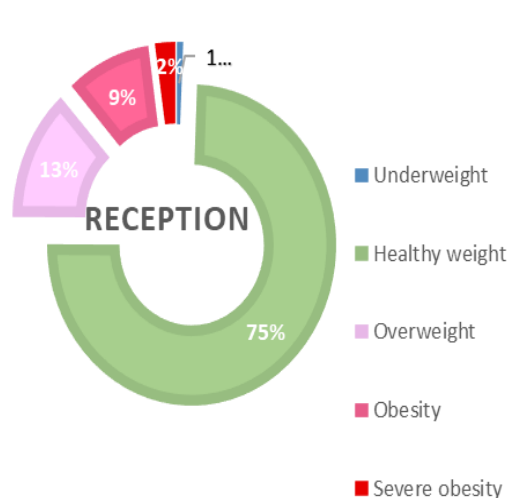
Source: 2019/20 NCMP statistics NHS digital.

Maternal obesity

Maternal obesity increases the risk of pregnancy-related complications, such as gestational diabetes and pre-eclampsia, compared to women with a healthy BMI. Women who are obese during pregnancy are also at increased risk of needing a caesarean section or instrumental delivery. Furthermore, studies have shown that

as women go through multiple pregnancies their BMI gradually increases and does not return to their pre-pregnancy weight (14).

Infants of obese mothers are at increased risk of macrosomia, congenital anomalies, prematurity, stillbirth, and neonatal death. Additionally, intrauterine exposure to maternal obesity is associated with an increased risk of developing obesity and metabolic disorders in childhood (15) In 2020/21 a health needs assessment was completed to explore maternal obesity in Thurrock. The prevalence in Thurrock in 2018/19 was 23.7% which is similar to the prevalence nationally (22.1%) and higher than the regional prevalence (21.4%)[*]. *Statistical neighbour data was unavailable for comparison at the time of reporting.*

Immunisations

The childhood immunisation schedule gives a safe and effective way to protect children and young people from a number of serious diseases. In Thurrock the proportion of 2 year olds that have had the required doses of the 6 in 1 vaccine was 93.6%.[†] This is statistically similar to the national and regional averages. *Statistical neighbour data was unavailable for comparison at the time of reporting.*

Another important vaccine is the MMR vaccine which requires 2 doses to be effective. In Thurrock 86.7% of 5 year olds have had 2 doses of the vaccination (2019/20). Second dose uptake is statistically significantly worse than comparators and the trend is worsening (please see section 2.4) The proportion necessary to achieve herd

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[*] PHE. Public Health Profiles 2020
[†] PHE 2019/20

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%.

Delivery of immunisations is commissioned by the NHS and delivered locally by the Immunisations and Screening Team for school age children, immunisations for babies and children of preschool age are delivered by GP practices. The Healthy Families Service works in partnership, promoting vaccines at contact points and following up with families of unvaccinated children.

Breastfeeding

In 2018/19 59.1% of babies in Thurrock had their first feed as breastmilk, for England as a whole this was 67.4% and for the East of England region, 70%. By the time babies reach 6-8 weeks only 48% are still breastfed,[*] this is similar to regional and national average rates.

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 Infant Death Syndrome (SIDs), 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. Low breastfeeding rates in Thurrock, coupled with the fact that families on low incomes are less likely to breastfeed, has the potential to widen the gap in health inequalities and life expectancy.

Child Development

Good child development is essential for physical and mental health, with education being important in long-term wellbeing and health, ensuring children have the best start in life. The Healthy Child Programme assesses children at key stages throughout childhood. One of the early stages is at the age of 2 -2 ½ years where children's overall development is assessed based on the 'expected level of development' in a number of domains including physical, emotional, gross and fine motor skills, language development, and literacy. In 2019/20 86.6% of children at this age were achieving an overall good level of development expected for their age. This was statistically significantly better than the national average and similar to the region. This trend continues at the end of reception where 73.7% of children were achieving the expected 'good' level of development compared with 71.8% nationally and 72.3% regionally; this is statistically significantly better as well. The proportion of children in Thurrock receiving free school meals who achieved the 'good level of development' 2018/19 was lower at 67%.[†]

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[*] PHE life course intelligence team
[†] PHE *Fingertips* Child Health Profiles

The 2 ½ year check is an opportunity for additional/ special needs and developmental delay to be recognised and further assessment arranged as needed; this is one of the universal opportunities to identify children's needs. Prioritising integration of this check is an important objective for the partnership and for the SEND board. Early identification of needs is paramount in ensuring effective support for children and their families.

Key Points:

- Children achieving their **expected level of development**, sometimes called 'school readiness' when at the preschool and reception age is used as a marker of development in young children and tells us something about the outcomes from a healthy pregnancy, infancy, and early childhood. It can also indicate where more support is needed and if a child has additional needs in order to achieve their potential and be healthy
- 86.6% of children achieve a good level of development expected for their age at the **2 ½ year check** with health visiting. Just under 74% of children are assessed to be 'school ready' at the end of the reception year, significantly greater than the England average and similar to the region for this indicator of child development
- Rates of **breastfeeding** in Thurrock are lower than ideal with many mums choosing to breastfeed but less than half continuing by the time their baby is 8 weeks old. Breastfeeding provides the best possible nutritional start for infants, protecting

from infection and illness and offering important health benefits to both the infant and the mother
- **Maternal obesity** increases the risk of pregnancy-related complications such as gestational diabetes and pre-eclampsia compared to women with a healthy BMI. Just under 24% of pregnant women have maternal obesity, similar to the national but higher than the regional prevalence
- Thurrock is an outlier for **child obesity** with a quarter of reception age children and almost 40% of children in year 6 having a weight that is outside of the healthy range for their height
- Rates of **immunisation** in children and young people in Thurrock are observed to be are lower than necessary to achieve herd immunity against a number of diseases and illnesses with inequality existing within this important protective element to improve health within the population

Overall, child health in Thurrock has continued to improve, with many indicators of health and development outcomes showing sustained improvements in recent years. There has been a reduction in the inequality that exists, notably in the '*good level of development*' indicator for Reception pupils receiving free school meals (FSM) improving at a faster rate than those who do not receive FSM. In 2012/13, the gap between these two groups achieving a '*good level of development*' at the end of Reception was 11.3%, that gap reduced to 6.7% in 2018/19. This strategic priority seeks to focus on continuing to narrow the gap and improve health outcomes for all children and young people.

SP2: The Current Provision

Universal Services

The Brighter Futures group of services comprises a range of preventative, universal, and targeted children's services in Thurrock. These include Children's Centres, the Prevention and Support Services (PASS) previously known as Early Offer of Help (EOH), and Troubled Families now termed Brighter Futures Early Help services, alongside other partners delivering services for Children and Young People as well as the 0-19 Healthy Child Programme provider: The Brighter Futures Healthy Families Service.

Thurrock Healthy Families Service

This service was commissioned through a tender process during 2016 and the contract awarded to North East London Foundation Trust (NELFT) for a duration of three years with possibility for extension of a further two years. The contract started on 1 September 2017.

The service operates incorporating the nationally mandated health reviews focussing on the 6 high impact areas and the 4 levels of service outlined in the 4-5-6 model in the previous section. Health visitors have a crucial leadership, co-ordination, and delivery role within the Healthy Child Programme. The model of service on page 62 shows the levels of the service from universal for all to more intensive partnership plus services as needed. The service works with key partners to deliver a comprehensive offer. Families move through the service delivery levels dependent on assessed need.

The universal service level includes:

- Health Visiting
- School Nursing (School Health Programme including 5 – 15 and 16 – 19 years)
- National Child Measurement Programme

A mixture of professionals deliver services alongside health visitors and schools nurses including health improvement practitioners, nursery nurses, children's nurses, and administrative support staff. The service is offered to all families through a series of mandated contact points, those with higher need may be offered more frequent interaction with the service. Additional contact is available to any family on request through the single point of access.

Mandated Contact points:

Currently the Healthy Families service offers all 5 of the mandated health reviews for 0-5 year olds including the antenatal contact from 28 weeks of pregnancy which is a universal offer, the purpose of which is to offer support in preparation for parenthood, including breastfeeding, linking families to the children's centres, assessment of health and wellbeing, and assessment of risk, as well as to identify any additional needs or support that might be required in a universal plus and universal partnership plus capacity. Parenting classes are not currently universally offered. There are some parenting classes offered in a targeted way through the Early Help Service provided in Thurrock by Coram and also support is offered through parental

outreach workers but these are offered to families with children rather than at the antenatal stage.

The antenatal contact is not currently able to be offered to all pregnant women and relies upon the service being aware of the pregnancy. In 2019/20 there were 573 appointments for pregnant women with the Healthy Families Service equating to just 24% as there were approximately **2400 births**. Resolving this issue of data flow between the midwifery service and the health visiting service could increase this percentage.

The service offers to all and delivers mandated contacts for the vast majority of the families in clinics, in the family home, and children's centres. The uptake and coverage of the other mandated reviews is at the expected level. The Covid-19 pandemic has altered the split of where appointments take place but performance has been largely consistent with families taking up appointment offers at a similar rate, though necessarily virtually in many cases. Identifying families who have not had face-to-face contact with professionals is a priority for services.

Transition

Transition points are key throughout childhood, these are highlighted within the High Impact Areas of the Healthy Child Programme and addressed in part through the mandated contact points. Within the 0-5 age range '*Healthy 2 year olds and getting ready for school'* is the focus of the 2 ½ year review and the educational check delivered by early years settings ensuring children are prepared for school.

Transition is also a focus in the 5-19 Healthy Child Programme with review points and health assessments at 4-5 years and at 10-11 years prior to starting secondary school and coinciding with the healthy weight check as part of the National Childhood Measurement Programme. Health Assessments continue in secondary school at 12-13 years, at 16 years school leaver age, and finally at the review point of transitioning into adulthood. The Brighter Futures Healthy Families Service School Health Team deliver these services in Thurrock. Transition planning early is key, involving Children and Young People and supporting them with the changes in their lives. As well as Health Reviews, often delivered through a survey approach to allow parents to highlight any worries or concerns, the School Health Service have drop ins and social media resources to engage with young people.

Universal and Targeted Service Offer

Healthy Families Service model diagram

Figure 16 Healthy Families service model

Universal Partnership Plus
- Enhanced Safeguarding work
- Presence in the MASH

Universal Plus
- Peer Support Breastfeeding and Parenting programme
- Healthy Weight support
- Support for young or vulnerable parents
- Targeted vision and screening programme
- Enuresis
- Integration with Brighter Futures Prevention adn Support Service
- Health Reviews for Looked After Children

Universal
- Healthy Child Programme - Pregnancy and the first 5 years of Life
- Healthy Child Programme 5-19 years
- NCMP

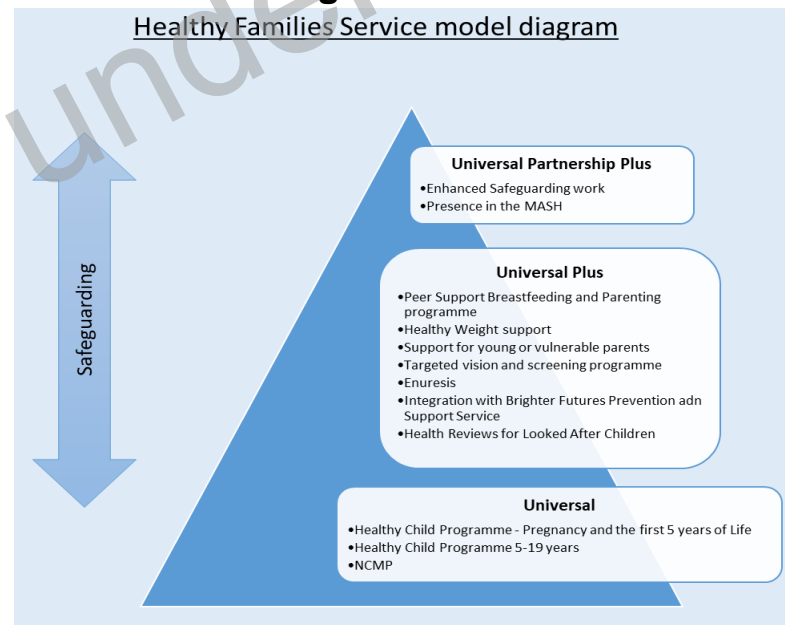Safeguarding

Universal Services - Early Years Performance

Public Health England produce comparator statistics for 'Best Start in Life'. The partnership in Thurrock performs very strongly as a comparator against similar local authorities (IMD 2019 decile comparator group) in almost every area with exception of childhood obesity where Thurrock is a significant outlier with higher than average and comparator rates.

Given the greater levels of deprivation in Thurrock compared to the England average, and associated greater health and education need compared to the England average, working to improve these outcomes is an important measure to address inter-generational health inequalities and improve the life chances of our children and young people.

Despite the strong performance data in the following table, there is room for improvement. There are very few integrated checks that occur between the Health Visiting Team and the Nursery Education Team for those children who are in early education at 2 ½ years. This is a crucial opportunity to be able to offer services such as speech and language therapy to children who may be showing signs of language delay. Ensuring that children receive support with any motor skills that may be delayed and also ensuring social and emotional support can be provided if there are problems identified. Integrating this review universally will allow a more comprehensive review to take place and prevents repetition for the family.

Table 8 Thurrock performance for 'Best Start in Life' statistics compared with IMD 2019 decile comparator local authorities

Early years indicators	Thurrock	Rank compared with similar local authorities	England
Best start in life summary rank (2018/19)	1	1st out of 13	-
Proportion of New birth visits completed within 14 days 2018/19	97.2%	1st out of 15	88.8%
Breastfeeding prevalence at 6-8 weeks after birth 2018/19	48%	4th out of 7	46.2%
Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (2018/19)	98.8%	3rd out of 13	90.3%
School readiness: percentage of children achieving a good level of development at the end of Reception (2018/19)	73.7%	4th out of 15	71.8%

Source: Public Health England: Best Start in Life Dashboard 2018/19

Universal Service- Additional Programmes

Ask Teddi

The Healthy Early Years programme digital offer is in the final stages of launch (March 2021). Co-produced with families and professionals in Thurrock, this service offer is an innovative digital solution to impact on healthy weight in the early years through provision of an artificial intelligence robo-support mechanism. 'Ask Teddi' will support parents with a child 0-5 years in developing healthy eating, weaning, and physical activity habits as well as giving evidence based support on breastfeeding and giving the healthiest start. Evaluating the impact this has on infants and their caregiver is essential in determining effectiveness. The evaluation is planned to complete at the end of December 2021.

Targeted Services

Healthy Start

In the UK, Healthy Start is a statutory scheme that provides a nutritional safety net for low-income pregnant women and families with young children on benefits and tax credits. As well as families on benefits, all pregnant women under the age of 18 are eligible. The scheme provides free vouchers every week to buy fresh, frozen, and tinned fruit and vegetables, pulses, milk, and infant formula. Coupons for free Healthy Start vitamins for pregnant women, breastfeeding women, and children under the age of 4 are also provided.

Through the Healthy Start website, the scheme provides local authority level data on the uptake of the vouchers among eligible beneficiaries. The East of England region consistently has the lowest uptake compared to all other regions in England.

The uptake in Thurrock has decreased from 69% of the 2109 eligible beneficiaries in May 2015 to 45% of the 2180 eligible beneficiaries in November 2020. The uptake has steadily decreased in all regions of the UK from an average of 73.4% in May 2015 to 50.9% in November 2020. The number of eligible beneficiaries has not significantly changed (16).

NICE guidelines recommend that healthy diet, physical activity, and lifestyle advice should be provided to all pregnant women but particularly those with a BMI of 30 or more at the earliest opportunity. This should include advice on how to use Healthy Start vouchers, dispelling myths e.g. eating for 2 and how to exercise safely.

Parenting Programmes

A suite of accredited group parenting programmes are delivered to parents of children with an open early help or social care case. These range from 10-14 weeks in length and run weekly. The remit is to build parental capacity and resilience, ensuring children and young people grow up in supportive families and negate safeguarding concerns. Programmes include:

- **Strengthening Families Strengthening Communities** for parents of children aged 3-18
- **Incredible Years** for parents of children aged 0-12
- **Mellow Parenting** for parents of children aged 0-5
- **Triple P** for parents of children aged 0-16
- **STOP** for parents of children aged 10-16
- **FLASH** for parents of young people aged 11-16 who are self-harming

Between 10 and 15 programmes take place each year.

The programmes are commissioned for 170 parents – during 2019/20 the target was not reached with the places taken at 85% of capacity, this was mainly due to non-engagement.

Between 15 and 30% of referrals do not engage at all with the provision however once a parent attends the first session, 89% of parents go on to complete at least 10 of 13 sessions. It will be important to seek to understand the reasons and any barriers around engagement with the programmes that are on offer to increase the proportion of referrals that engage.

Sexual Violence & Abuse (SVA)

The service delivers support to two distinct groups with an open early help or social care case:

- Parents (female and male) with children who have experienced any form of sexual violence or abuse (SVA) **themselves**
- Parents (female and male) where **their child** has experienced any form of sexual violence or abuse

The service takes a whole family approach by working with all members who require support, regardless of who the victim is. It works to recover parental relationships and capacity where these have been damaged by the impact of the SVA. It also focusses on parents' capability to safeguard children from the harm of SVA and to enable parents to have the skills to speak with their children about staying safe from harm and exploitation.

Domestic Abuse

The service delivers two elements: an 8 week therapeutic and practical support one-to-one response for parents with an open early help or social care case covering the dynamics of abuse and violence; building better understanding of this; the impact on children; safety and support planning; emotional recovery and resilience; practical support in respect to finances, legal matters, housing, training, and employment.

Additionally, a universal drop-in service is available across various locations in the borough as well as by phone. This is open to service users who have experienced, or are currently experiencing, abuse and violence. It offers brief support sessions primarily covering safety and support planning; practical support is offered as per the above 8 week programme.

Targeted Services for Vulnerable Children

Children Looked After (CLA) tend to have greater health needs compared to their peers who have not been in care. The majority of children become looked after due to abuse and neglect[*] with further evidence suggesting that almost fifty-percent of children in care have a diagnosable mental health disorder and two thirds have special educational needs[†]. Health is a key asset for all children as it provides the basis from which they can flourish and achieve their full potential while transitioning into a successful adulthood.

All children and young people who are looked after have access to all services in the same way as other children and young people, in addition to this they have specific access to regular health assessments:

- Initial Health Assessments (IHAs)
- Review Health Assessments (RHA)
- Priority assessment for EWMHS
- Prioritised GP Registrations

Agencies across Thurrock have shared responsibilities to ensure that services to CLA are effective and meet statutory requirements.

Health Assessments for CLA

IHAs and RHAs are holistic assessments that involve the review of health needs, the analysis and assessment of past medical history, missed health problems and missed screening opportunities. The initial assessments are commissioned by Thurrock CCG (this includes children placed in or out of the Thurrock area). The review assessments are commissioned by the Local Authority Public Health Team as part of the Brighter Futures Healthy Families service. The assessments of children and young people placed in Thurrock are completed by NELFT; out of area, assessments are completed by the health provider in that local area.

The health assessments are especially important as they present an opportunity to influence outcomes and reduce inequalities for CLA (for example, the rate of mental health disorders is far higher in looked after children (45%) than the general population aged 5 to 15 years (19%)).

There have been historical difficulties, locally as well as nationally, in IHAs and RHAs being performed against the statutory timescale, which have been linked to:
- Communication and Information sharing between agencies
- Challenges in arranging and completing IHAs
- Challenges associated with Children and Young People placed Out of Area

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[*] NSPCC 2018
[†] DoH, DfE 2018

Following some interventions locality, improvements have been made. Further work is ongoing to ensure these are sustained and further progress made.

Impact of COVID-19 on IHAs

During the on-going pandemic, a high number of IHAs have been conducted virtually. A SET-wide COVID-19 IHA Pathway was produced and shared with SET Health Providers on this matter, which requested that risk assessments are made on individual cases to assess the suitability of assessments being completed virtually (or the need to do those face to face). Despite this, virtual arrangements mean that some of the IHAs completed have not involved physical examinations and children have not been seen face to face.

Assurances have been sought by the CCG from NELFT that there are processes in place to mitigate this risk.

Impact of Covid-19 Safeguarding

Exacerbated vulnerabilities for CYP
With children out of school for long periods of time there is the potential for children to go 'under the radar.' Children that may have become vulnerable during lockdown and not be known to any services.
Surge in CYP Mental Health vulnerabilities and an increase in Mental Health issues becoming visible post lock down and Covid restrictions.

Impact of Covid safe practice
With virtual visits and assessments becoming more common place during the pandemic there are concerns that this may not always be effective at assessing changing risk and need and placed a huge pressure on professionals in establishing risk. The report notes that during the pandemic a number of specialist services were limited or unavailable, thus reducing the scope for, and impact of, coordinated multi-agency support for children and families.

Parental and family stressors
A factor in most cases reviewed concerns were featured across the rapid reviews during to Covid-19. Domestic violence and mental health often with the lack of contact with extended support networks losing the protective factor of these relationships. Changes to family dynamics were also noted where a new partner joined the household to avoid lockdown contact restrictions.

The impact of Covid-19 was looked at in a recent Child Safeguarding Practice Review Panel thematic analysis of rapid reviews relating to child safeguarding incidents during March-September 2020 (9).
The practice briefing sets out key findings and recommendations.
The paper concludes that the pandemic presents a situational risk for vulnerable children and their families with the potential to exacerbate pre – existing safeguarding risks and also bring about new ones.
The paper notes that factors operate in combination to escalate vulnerability and risk.

Harm to babies under 12 months old
This was the most prevalent group notified in the review with a high proportion of non-accidental injury and unexpected sudden infant deaths. In these cases reviewed, parental and family stressors were the most significant factor in escalating risk. In some of the cases, face-to-face visits had been replaced with telephone or video contact. The review recommends that it is important that families with newborns during lockdown have at least one face-to-face visit from a midwife and health visitor.

Increase in stressors
Increased pressure on families included destructed routines, isolation, over crowing and financial pressures, tensions in relationships and escalation of domestic violence.

Adaptations for COVID Safe Practice-
Rapid Reviews highlighted examples of the effective use of 'virtual home visits' by video link. Where these worked well, practitioners were able to observe children and adult-child interaction, assess the home environment, and use focus questions to assess changing risk and need. The review recommends practitioners would benefit from the development of practice guidance and best practice standards for virtual visits and this should be addressed in reset and recovery within the partnership as part of any future blended approach to contact with children and families.

Socialisation

Babies born in 2020 are likely to have missed out on any social interaction with children of the same age and are likely to need more support in ensuring good social and emotional development. Early childhood is an important time for brain development and socialisation plays an important part in this. Good child development is important for physical and emotional health into childhood and later adulthood. There is opportunity to impact upon this through Children's Centres and groups for babies and toddlers following the national lockdown to support development and social skills.

There is potential for there to be some positive impacts of lockdown for some families as well, such as improved family relationships, increased time to spend with family, reduced anxiety and stress from external influences, greater awareness of infection prevention and control, and vaccinations. It is likely however that the national lockdown and pandemic response will have the impact of widening existing health inequalities between the most affluent and most deprived in our communities.

Impact of Covid-19 on CYP services and activity

Since the start of the Covid-19 pandemic A&E attendances for children and young people in Thurrock and nationally have been reduced compared to the year before. Attendances started to increase again in the summer when government restrictions were relaxed, however they reduced again in line with the second wave and introduction of further restrictions. In Thurrock A&E, attendance levels did not exceed the levels of the year before at any point from the start of the pandemic up to the point our local data is available.

These patterns mirror the trend seen nationally as well. There is evidence to show that young people in particular have experienced

Poor mental health during the pandemic. However, A&E visits have still been much lower than the same time period in 2019 (17) (18). It is possible that young people are seeking other routes for help or support or, more worryingly, that they are not seeking help at all, which could lead to more severe cases of mental illnesses in the future. It will be important to monitor the situation closely in the coming months and years to truly understand the impact.
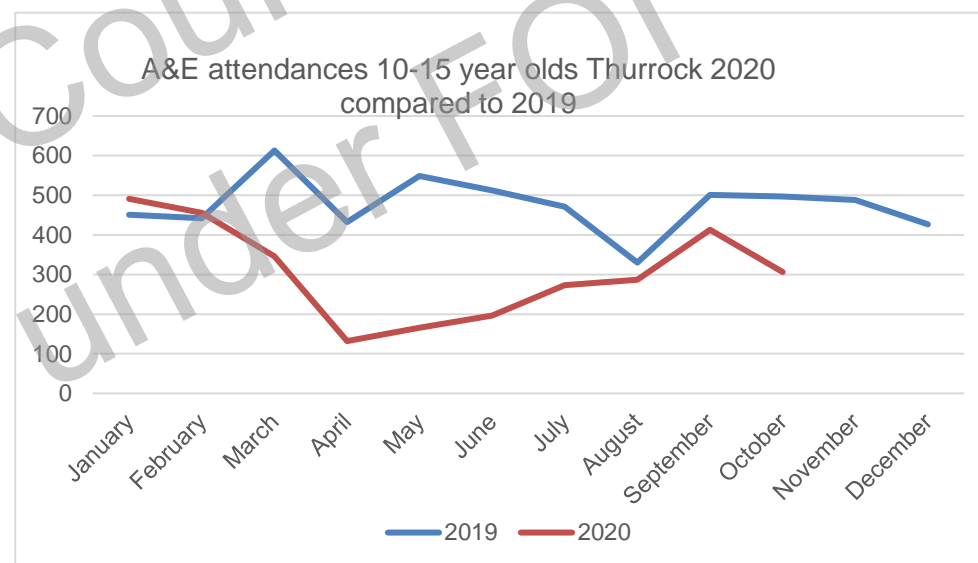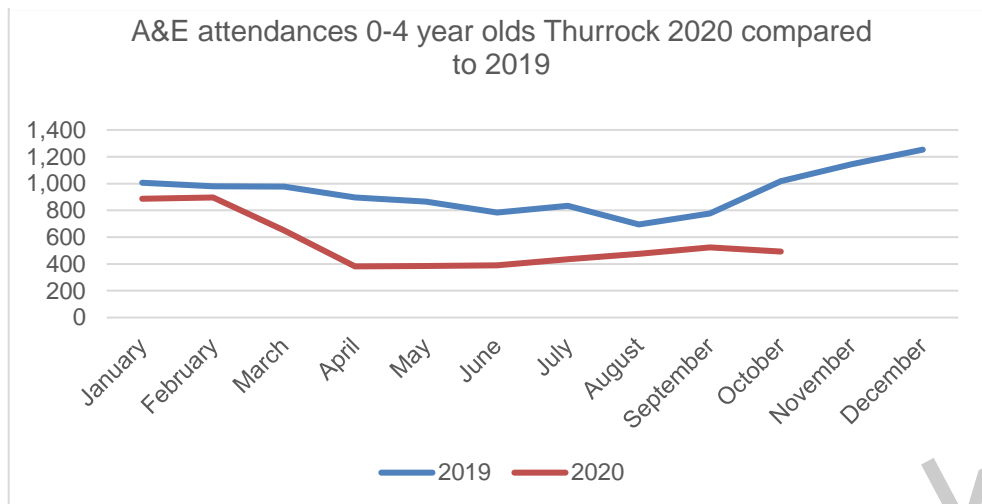
Figure 17 A&E attendances 10-15

Figure 18 A&E attendances 0-4

A&E attendances 0-4 year olds Thurrock 2020 compared to 2019

primary care may be, or appear, less accessible than usual during the pandemic.

Figure 198 Primary diagnoses A&E

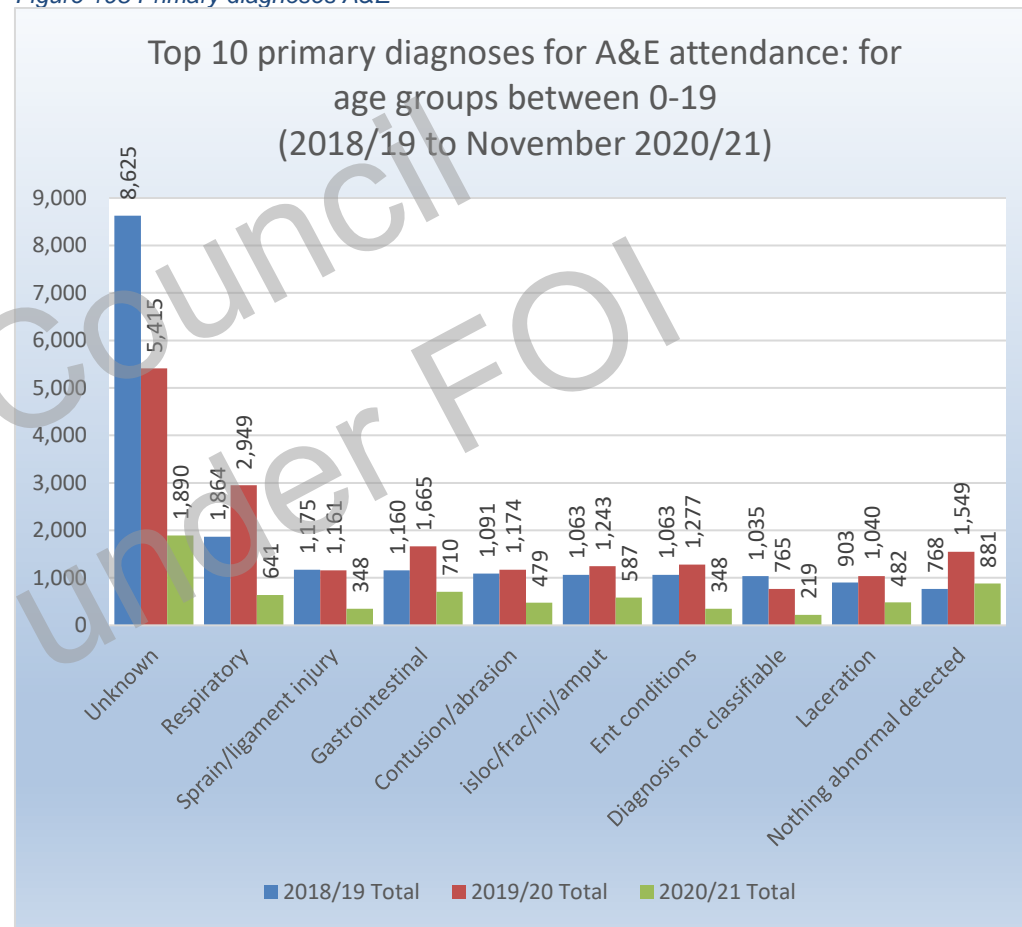Top 10 primary diagnoses for A&E attendance: for age groups between 0-19 (2018/19 to November 2020/21)

A & E Attendances:

Looking further at the reasons for A&E attendance shows that there have been changes in the reasons for attendance between 2018-19 and 2020-21. The most frequent reasons for attending in 2020/21 continue to be '*gastrointestinal*' and '*respiratory*'. A significant coding issue is observed with the highest category being '*unknown*'. The diagnosis '*nothing abnormal detected*' suggests possible inappropriate attendances- although this is hard to be certain about.

Continuing to provide information about the pathways for the conditions that are frequently attended reasons such as '*respiratory*' and '*gastrointestinal*' in an informative way may allow families to access provision in community based settings where this is appropriate. This could have a positive impact on A&E attendances, although it should be noted that other community services such as

Opportunities:

- There is opportunity for scrutiny and partnership working at place level through the Health Protection Board with expansion to include oversight of immunisations and infectious diseases locally
- Covid-19 may be an opportunity to maximise public confidence in vaccination and boost uptake in partnership with Essex Vaccination Committee
- A childhood immunisations strategic plan has been developed to address the low take up of vaccines locally, strengthening and refreshing this plan is a matter of priority to facilitate an increased uptake
- A Health Needs Assessment in relation to breastfeeding has been developed by the Public Health Team in 2019-20; a series of strategic systems recommendations are made within the needs assessment report to be delivered through a strategy and delivery plan
- The opportunity to work further as a system to impact maternal obesity is discussed in detail in the health needs assessment and makes up a key ambition in section 4
- The Teddi app includes detailed information on the healthy start scheme aiming to increase uptake. Targeted action from the Healthy Families has been disrupted due to Covid-19 and is something to revisit during reset and recovery of services coming out of the pandemic
- To harness and develop the Goal A delivery plan into further measurable actions to prevent and reduce child obesity in Thurrock
- To work in partnership to offer integrated reviews between Health Visiting and Early Years Education at 2 ½ years to assess viability and improve integrated working between professionals, earlier intervention for any identified issues for the best achievable outcome
- There is opportunity for early intervention and support at an earlier stage to families who may be at increased risk or vulnerability. Partnership working and data flows between maternity and health visiting has the potential to be improved to increase the uptake and offer of the antenatal contact to women; enabling support at an earlier stage and therefore improving child health outcomes
- Create a more integrated parenting provision offer with social care teams to improve engagement rates
- To improve whole-family approach working for parenting, domestic abuse and sexual violence & abuse programmes through improved outcomes for families participating in programmes
- Explore the value in some service users continuing to receive support through virtual platforms for commissioned parenting programmes
- There are opportunities to bring together fragmented commissioning arrangements across domestic abuse and sexual violence & abuse services

Challenges:

- Whilst it has been recognised by professionals within the partnership as best practice to provide integrated reviews, financial and practical challenges have prevented this effectively being implemented to date. A pilot took place but was not taken forward; with recommendations made to resolve some of those challenges with a further pilot in place towards the end of 2020/21 financial year to progress this. It is

acknowledged to be a key objective for the partnership and that of the SEND strategic board

- Working in partnership to minimise the impact of the delivery of the Covid-19 vaccination programme on other infectious disease vaccination targets to prevent negative impacts

- Delivering sufficient support for families to enable breastfeeding is challenging and needs to be prioritised within the service model as one of the high impact areas in the re procurement of the Healthy Child Programme to ensure families in Thurrock benefit from this and women that choose to breastfeed are supported to continue for longer

- The local service offer for obesity within the Healthy Families Service includes delivery of the NCMP programme, the service offer for healthy weight was remodelled during 2019 to have a preventative rather than treatment focus at school level. This part of the Healthy Families Service has been disrupted by the Covid-19 pandemic and school closures making delivery impractical. Focussing on how this offer can be adapted will be a key part of service redesign moving into the procurement for the next contract

- Delivery of the NCMP in school year 2020/21 has been significantly disrupted, the programme was directed to be paused nationally during the pandemic resulting in a lack of accurate surveillance for obesity and overweight in school age
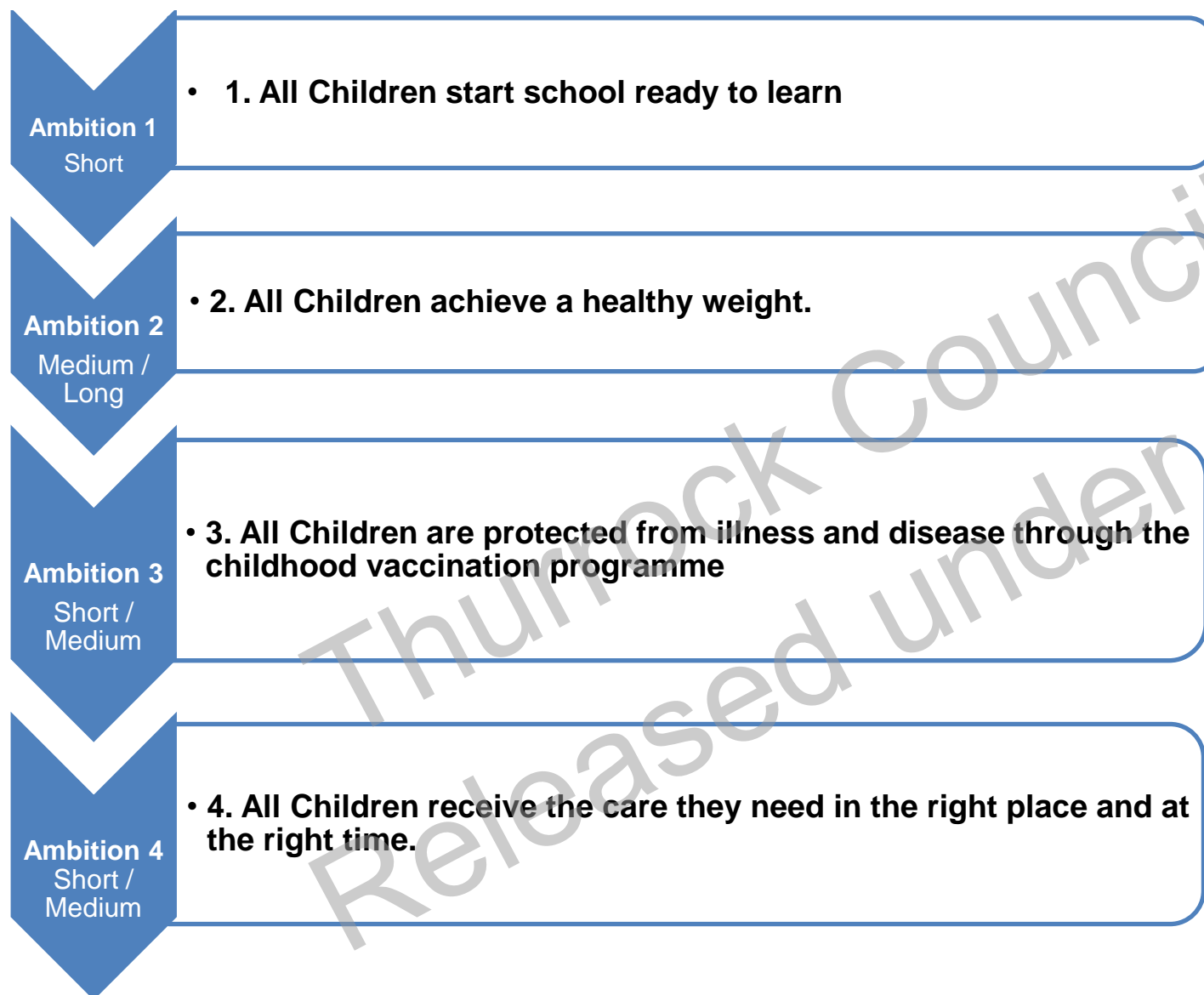
children. The data quality for 2020/21 and 2021/22 will make it difficult to enable comparison

- The Covid-19 pandemic has proved to be an immensely challenging period for the health and care system, services have been innovative and creative as a result to ensure services continue to be offered to families. Whilst virtual service delivery can be a beneficial addition to the service offer, there is also the challenge of ensuring that children are adequately safeguarded when using virtual methods. Learning from recorded serious incidents and safeguarding reviews has challenged the system to ensure there is an effective and stringent process in place and that face-to-face reviews occur to ensure children are adequately protected from harm. Catching up with mandated reviews is a challenge to prioritise as part of the reset and recovery process and building virtual delivery into the routine universal offer in a safe way

- Engagement with some parents referred to parenting programmes as part of targeted provision has been a challenge, particularly where a case is closed to social care following assessment as there is less of a mandate for attendance. Working creatively to overcome this is a key challenge for the system to enable the best outcomes for families

- The Covid-19 pandemic has exacerbated issues for some families, which are likely to be long lasting for many parents already experiencing pressures. For victims of domestic abuse and domestic sexual violence the shift to home working for

many individuals will likely lead to more demand for services, yet some victims will be unable to easily reach support. The Covid 19 pandemic has also likely exacerbated these issues for some Children and Young People and it's full impact is unknown and unquantified

- Delivering IHAs within statutory timeframes has been a national challenge for a number of years. The 2019 Ofsted report highlighted this as an area for improvement in Thurrock which remains a challenge despite progress made

- There have been concerns about IHAs for LAC during the pandemic. A Southend, Essex and Thurrock (SET) protocol was developed to address the concerns raised in the model of delivery and approach during Covid-19. This includes a risk assessment to decide whether a virtual or face-to-face IHA was required. Ensuring adequate safeguarding for these most vulnerable children remains a challenge

- Influencing completion of health assessments for children placed in care outside of Thurrock authority area is a particular priority and an ongoing issue, now even more important due to the pressures on capacity with authorities each able to influence children placed within their own areas more readily.

SP2 Our Ambitions

Ambition 1
Short

- **1. All Children start school ready to learn**

Ambition 2
Medium /
Long

- **2. All Children achieve a healthy weight.**

Ambition 3
Short /
Medium

- **3. All Children are protected from illness and disease through the childhood vaccination programme**

Ambition 4
Short /
Medium

- **4. All Children receive the care they need in the right place and at the right time.**

Further information:
SP2 Lead: Assistant Director for Public Health Collaborative health partners group
Opportunities: Integration of services, Pathway development for maternal healthy weight and childhood obesity prevention, digital services development,
Challenges: Childhood obesity, low uptake of immunisations, responding to the impact of Covid -19, LAC Health assessments
Definitions:
Short term: next 18 months
Med term: 18-36 months
Long term: 36 – 60 months.

SP2: The Attainment Roadmap

Ambition	Process/Action	Rationale
1. All children start school ready to learn.	(i) Deliver integrated developmental checks for 2 ½ year olds to support early identification of SEND and additional needs. Exploring digital technology to enable this.	Good child development is essential for physical and mental health, with education being important in long-term wellbeing and health, ensuring children have the best start in life. The health assessment of children at the age of 2 -2 ½ years assesses children's overall development based on the '*expected level of development'* in a number of domains. Children receiving early education at 2 years also have an EYFS (Early Years Foundation Stage) progress check at this age. Integrating the check allows the creation and sharing of a broad picture of the child's development. The 2 ½ year check is an opportunity for additional/ special needs and developmental delay to be recognised and further assessment arranged as needed; this is one of the universal opportunities to identify children's needs. Prioritising integration of this check is an important objective for the partnership and for the SEND board. Early identification of needs is paramount in ensuring effective support for children and their families. Babies born in 2020 are likely to have missed out on any social interaction with children of the same age and are likely to need more support in ensuring good social and emotional development. Early childhood is an important time for brain development and socialisation plays an important part in this. Good child development is important for physical and emotional health into childhood and later adulthood.
	(ii) Offer socialisation sessions for families with babies born in 2020 at Children's centres in collaboration with healthy families to identify family's needs and offer activities to support early development.	
2. All children achieve a healthy weight	(i) Reducing childhood obesity through a coordinated approach, harnessing and articulating into action goal A of the WSO strategy and delivery plan	Thurrock is an outlier for **child obesity** with a quarter of reception age children and almost 40% of children in year 6 having a weight that is outside of the healthy range for their height
	(ii) Launch a digitally based wellbeing resource for 0-5's to prevent obesity and improve wellbeing	Preventing obesity is a complex challenge requiring system wide change; increasing breastfeeding initiation and duration could play an important part in

	(iii) Evaluate and agree funding to launch a digital Maternal Healthy Weight Service to prevent maternal obesity and impact on childhood obesity.	this. 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. Low breastfeeding rates in Thurrock, coupled with the fact that families on low incomes are less likely to breastfeed, has the potential to widen the gap in health inequalities and life expectancy.
	(iv) Pilot and test a digital maternal healthy weight pathway – to build on the already successful gestational diabetes education sessions.	With less opportunity to exercise outside, home schooling due to lockdown and related diet changes, Covid-19 has had the potential to have a significant impact on child obesity. The impact on obesity may not be fully visible for a number of years and this presents a significant challenge. The Whole Systems Obesity (Goal A) work stream has a number of actions developed aiming to prevent and reduce already existing high levels of childhood obesity within Thurrock.
	(v) Develop and implement a delivery plan from the Breastfeeding HNA product to implement the recommendations	Looking at innovative digital ways to prevent excess weight gain and prevent childhood obesity is important, beginning pre birth by aiming to impact on maternal obesity.
	(vi) Review as a partnership promotion and delivery of healthy start voucher scheme to increase uptake in those eligible	
3. All children are protected from illness and disease through the childhood vaccination programme	(i) Refresh and strengthen the local childhood immunisations strategy and action plan.	Rates of **immunisation** in children and young people in Thurrock are observed to be are lower than necessary to achieve herd immunity against a number of diseases and illnesses with inequality existing within this important protective element to improve health within the population.
	(ii) Deliver the childhood immunisations delivery plan to increase uptake of key immunisations (e.g. MMR) and prevent outbreaks of communicable disease.	Delivery of immunisations is commissioned by the NHS and delivered locally by the Immunisations and Screening Team for school age children (EPUT), immunisations for babies and children of preschool age are delivered by GP practices. The Healthy Families Service works in partnership, promoting vaccines at contact points and following up with families of unvaccinated children. Coordinating actions and strategy between the different partners will be important in increasing coverage of the childhood immunisations schedule.

4. All Children receive the care they need in the right place, at the right time.	(i) Further understand A&E usage in the context of COVID to ensure families are aware of how to access healthcare during reset and recovery; looking for opportunities to harness digital technology and work in different ways	Since the start of the Covid-19 pandemic A&E attendances for children and young people in Thurrock and nationally have fluctuated in line with national restrictions showing decreases and subsequent increases as restrictions are lifted. It is possible that young people are seeking other routes for help or support or, more worryingly, that they are not seeking help at all, which could lead to more severe cases of physical and mental illnesses in the future. It will be important to monitor the situation closely in the coming months and years to truly understand the impact. Establishing how best to offer healthcare services to support children and young people and looking at digital advances could help with mitigating the impact of these changes in presentation at A&E to best support children and young people.
	(ii) Review all families with babies born in 2020/21 and all children open to safeguarding that have not seen professionals face to face during the pandemic to ensure families are supported and children safeguarded.	Safeguarding children is of paramount importance and particularly important to ensure that all families have been supported during the pandemic and children continue to be safeguarded where face to face contact with professionals has been decreased during the pandemic. Developing guidance for professionals to assist in virtual delivery methods will support this aim.
	(iii) Increase the proportion of mothers that receive an antenatal Health Visiting contact in pregnancy to earlier identify family needs; exploring opportunities for children's centre integration as part of this process.	Offering support early for families helps identify needs and prevents escalation of need. Increasing the antenatal contact and removing barriers to information sharing and timeliness of information sharing is a priority for improving early identification and support offered to families.
	(iv) Health assessments for looked after children – Continue to explore and pilot proposals under consideration with the partnership, to support efficient working arrangements to achieve national targets and ensure CLA receive health assessments within target timescales.	Children Looked After (CLA) tend to have greater health needs compared to their peers who have not been in care. The majority of children become looked after due to abuse and neglect[*] with further evidence suggesting that almost fifty-percent of children in care have a diagnosable mental health disorder and two thirds have special educational needs[†]. Ensuring timely completion of statutory health assessments presents an opportunity to influence outcomes and inequalities for CLA. This is of particular challenge for children placed outside of
	(v) Out of area health assessments- continue to work in collaboration with partner local authorities to develop processes of assurance that Thurrock	

	children placed out of areas receive health assessments within statutory timescales.	the borough where influence to complete assessments to statutory timescales is less. Working collaboratively to address this will help to ensure health needs of all CLA are addressed in a timely way.
	(vi) Explore in partnership the availability of health support for young people placed in semi-independent accommodation, often unaccompanied asylum seekers	Thurrock has a relatively large number of CLA that are unaccompanied asylum seekers; ensuring that they are offered health support is important in reducing inequality and ensuring equal access to service provision for this group preventing escalation of need and contributing to positive outcomes for these children and young people. With the knowledge that these young people are often places in semi-independent accommodation partnership working will be essential to ensure services work together in achieving this.
	(vii) Development of guidance to support staff with virtual delivery methods whilst ensuring all children and appropriately safeguarded.	

So What?

These are the principles we will work to in delivering SP2:

1. We will work as a partnership to lead, design, explore, and co-create innovative public health solutions and initiatives for-and with-children, young people, and pregnant women (pre-birth)
2. We will test out ideas, identify what works, and look to scale those up to meet the wider children and young people's population needs whilst maximising available assets and opportunities to integrate more fully as a system
3. We will work to ensure equity exists within service development and delivery and that measuring the impact on reducing health inequalities is central to services operationally and strategically
4. We will commission a sustainable cost effective 0-19 service to deliver the Healthy Child Programme, responsive to local need and integrated at place level to continue the progress made by the existing Healthy Families Service
5. We will work collaboratively to develop guidance to ensure children are appropriately safeguarded with the production of guidance for virtual delivery methods
6. Look to facilitate transition points smoothly through engagement with children and young people and working collaboratively
7. We will continue to engage with children and young people about their health and wellbeing; remaining ambitious and optimistic for their future

Specifically in delivering the ambitions we will:

- Work together to integrate checks for 2-3 year olds to maximise benefits to families and share information between professionals exploring using digital technology to overcome some of the practical challenges
- Explore further opportunities to offer services to families pre-birth and to integrate health visiting and children's centres in their offer to pregnant women
- Seek to work with all partners in addressing the challenge of child obesity including coordination with physical activity opportunities and with acute and paediatric colleagues to not only focus on prevention but treatment and services for older children with obesity as well as pregnant women, also incorporating oral health within the service offer and advice
- Relaunch the Healthy Start Voucher scheme in Thurrock taking a coordinated approach to encourage families that are eligible to take up this offer
- Increase vaccination uptake of the childhood vaccination programme by ensuring consistent messaging from professionals and a coordinated approach beginning with a refreshed strategic plan incorporating the understanding of barriers to children receiving immunisations and parental decision making.
- Take a strategic and joined up approach to communications to ensure Brighter Futures messages reach all parts of the system and community
- Further explore health system usage (A&E attendance in particular) and engage with families to establish how we can support them with receiving care in the right place at the right time using all available assets
- Work as a partnership to deliver the health needs of CLA.

Stakeholder Engagement

An appreciative inquiry meeting took place in April 2021 and was well attended by a wide range of Brighter Futures partners. The purpose of the meeting was to identify local strengths and to consult on SP2 as a priority and its underpinning ambitions and actions.

Of the attendees at the workshop, **88%** felt that the ambitions were comprehensive or about right. Only 2 participants felt the ambitions had important areas missing or were not ambitious enough. Feedback received on this included the following areas participants felt should be included in delivering this priority:
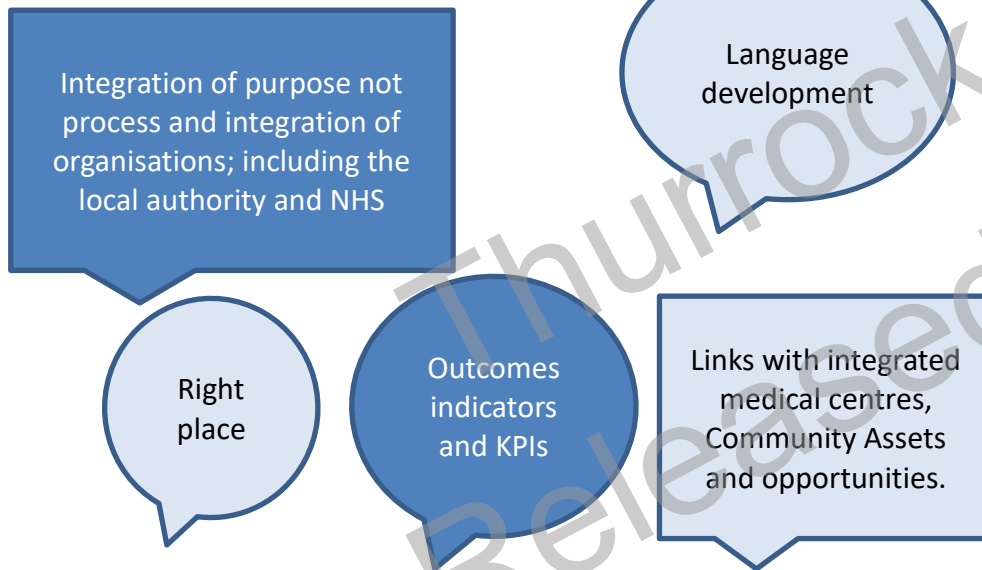
Now what?

- A newly established collaborative health partners group will provide support, delivery and review of the SP2 plan .

Integration of purpose not process and integration of organisations; including the local authority and NHS

Language development

Right place

Outcomes indicators and KPIs

Links with integrated medical centres, Community Assets and opportunities.

SP2 How Will We Know We Are There?

Healthy Families
- Increase in antenatal Health Visiting contacts, from an agreed baseline
- Increase in number of families registered with the Children's Centres, from baseline
- The proportion of families claiming Healthy Start vouchers from those eligible increases compared to target.
- The proportion of women breastfeeding at 6-8 weeks increases compared to national target
- The proportion of integrated checks at 2-3 years increases. (Early education and Health Visiting) compared to target.

Service delivery
- ✓ An audit of families not seen face to face during the pandemic for mandated health reviews is undertaken to assure the partnership that all children are safeguarded.
- ✓ Guidance is developed collaboratively to allow professionals support in virtual delivery methods whilst ensuring children are safeguarded.
- ✓ Audit of A&E data to inform recommendations about service usage at the right time and place for families to enable meaningful measures and outcomes be put in place.
- ✓ A maternal healthy weight service is piloted with acute colleagues to evaluate outcomes for pregnant women
- ✓ Socialisation groups for babies born during the pandemic allow families access to services and support child development outcomes
- ✓ Further integrating parenting provision to increase the proportion of families who complete parenting programmes of those invited.
- ✓ An academic evaluation reports that the digital 'Ask Teddi' 0-5 wellbeing programme is effective in supporting families with their child's wellbeing
- ✓ Partnership exploration of the availability of health services for unaccompanied asylum seekers in semi-independent accommodation, an action and delivery plan is developed to address the recommendations made and ensuring access for this cohort.
- ✓ Children and Young people are systematically engaged in service development and delivery.

Child Outcomes:
- Proportion of children that are at the expected level of development at 2-3 years increases
- There is a reduction in the gap between the most and least deprived groups that achieve school readiness by reception year whilst the overall proportion does not decrease.
- Proportion of children in year R and year 6 that are a healthy weight increases
- The gap between the most and least deprived groups being obese at year 6 reduces.
- Proportion of CLA that receive statutory Health assessments in the recommended timescale increases (IHAs and RHAs)
- Increase the % of children who receive 3 doses of the 6/1 vaccine by the age of 2
- Increase the % of children who receive 2 doses of MMR by the age of 5
- Increase the % of CLA with up to date immunisations

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3.4 SP3: All children live safely in their communities – with a focus on Youth Justice

SP3 Why is this strategic priority important?

The number of violent crimes committed by young people in Thurrock have generally been increasing in recent years. While youth violence accounts for about 1% of all crime, it can have a serious and long-lasting negative impact on health and wellbeing of individuals and communities.

Interventions can prevent individuals from developing a propensity for violence, reduce reoffending, and can improve educational outcomes, employment prospects, and long-term health outcomes.

Thurrock council has a responsibility to ensure children in Thurrock are provided the best possible care and support, including those who have committed a crime.

Youth Offending Services (YOS) were created by the 1998 Crime and Disorder Act to prevent offending and re-offending by young people between the ages of ten and seventeen years old. Interventions include diversion programmes, reparation programmes, restorative justice, and support for families.

Thurrock YOS performs well in reducing re-offending and preventing children entering the criminal justice system in comparison to regional and national figures. At the age of 18, young people that are serving a custodial sentence or a community order are transferred to the Probation Service to complete their sentence or order. There is a clear written policy and processes in place, to ensure that this is a seamless transition for the young person and their family.

Six monthly audits of the effectiveness of transitions are undertaken to ensure compliance with the policy and procedures in place.
The challenges lie in the emergence of organised criminal gangs, a significant increase in knife crime, and over representation of ethnic minority and looked after children within court ordered interventions.

The Youth Justice Board for England Wales (2021) (19) conducted a review on the ethnic over representation in remand and sentencing in the youth justice system across the country. They highlight a number of findings demonstrating disproportionality:

- Black, Asian, and Mixed ethnic groups were more likely to receive harsher sentences compared to white children and more likely to receive custodial remand

- Children from Black and Mixed ethnicity backgrounds received more restrictive remand outcomes

- Offences they are convicted of are more likely to involve a knife, and their cases are more likely to be heard at Crown Court rather than the Youth Court

- Practitioner assessed factors (such as measures of risk, vulnerability, and wellbeing) appears to account for disproportionality in these areas

Since 2019 public bodies, including the police, local authorities, the NHS, education, and youth offending services have a duty to adopt a

Public Health Approach to tackling serious youth violence. A public health approach involves:

- Implementing a whole systems approach that includes multiple stakeholders and datasets
- Viewing violence as a communicable disease that can be treated through prevention, intervention, and recovery.
- Using data and intelligence to monitor and understand the problem
- Identifying the risk and protective factors
- Developing and testing prevention strategies and ensuring widespread adoption of successful strategies through coordinated multi-agency action
- Implementing effective and promising interventions at-scale while continuously monitoring their effects, impacts, and cost-effectiveness

The work of a public health approach can be segmented into four categories (see Figure):

- **Surveillance:** Action to understand and monitor the problem at a population level including the effectiveness of a whole system approach.

- **Primary Prevention**: Action to 'inoculate' the wider community against the risk of becoming either a victim or perpetrator of serious violence.

- **Secondary Prevention**: Intervention with those with existing risk factors to mitigate risk

- **Tertiary Prevention:** 'Treatment' of perpetrators and victims of violence to reduce further harm.

These prevention programmes are designed to improve the health, wellbeing, and safety of all individuals by understanding and addressing the underlying risk factors that increase likelihood that an individual will become a victim or perpetrator of violence.

Figure 19 Public health approach to addressing violence
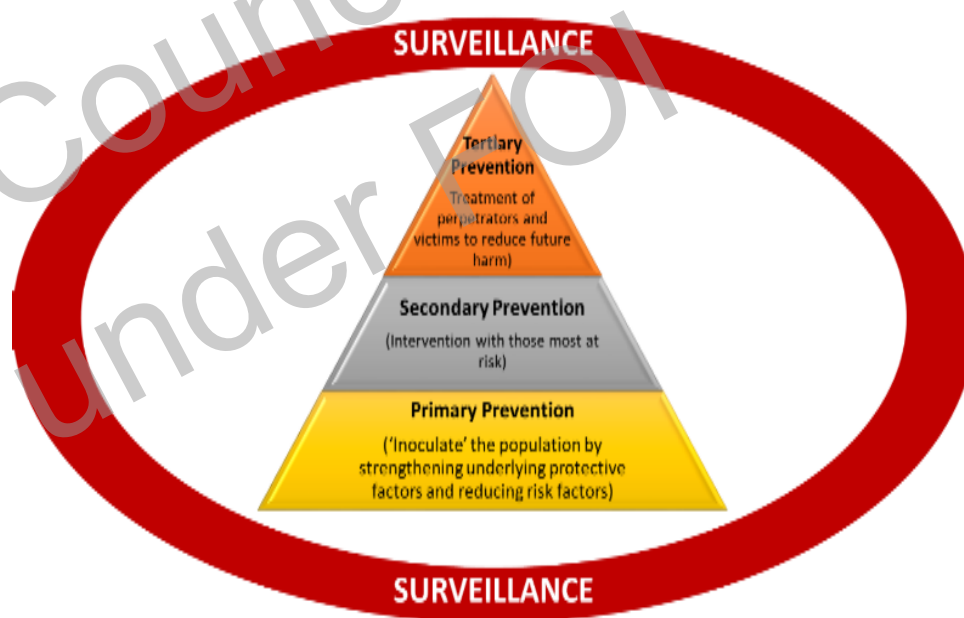
Scope

Surveillance is about understanding and monitoring youth violence and vulnerability at a population level. This work was carried out extensively by the Annual Report of the Director of Public Health

2019/20 on Youth Violence and Vulnerability. Its findings highlight areas of need and inform the strategic priorities of this strategy.

Primary Prevention is about the delivery of a comprehensive, integrated, and high performing *Early Years* and *Family/Parenting Support* offer to promote family environments, healthy development, and quality education in early life.

Secondary Prevention is about intervening early to reduce the harms of exposure to violence and violence risk behaviours. The APHR and subsequent monitoring by the youth offending services have identified areas of need, particularly in addressing disproportionality in the vulnerabilities for ethnic minority and looked after children. The APHR has outlined a number of recommendations which we will explore in this strategy.

We will also explore sticky issues identified by the APHR that can be addressed by tertiary prevention. This includes the increasing trend in knife crimes and the over representation of ethnic minority children and Looked After Children in court ordered interventions in Thurrock.

SP3: Understanding Local Need

Youth Violence

Youth Violence is on the rise. The APHR 19/20 explored the trends and vulnerability to Youth Violence in Thurrock. Here are the key findings:

- The rates of recorded crimes of violence in Thurrock, Southend and Essex have risen sharply since 2013

- Reported crimes of violence with injury and weapons offences where the victim was aged 10-24 in Thurrock rose from 2015/16, peaking in 2016/17 but have since dropped back slightly
- Youth Offending Service Records indicate that 'violence against the person' offences and weapons offences committed by young people in Thurrock have risen sharply since 2013-14 to a peak in 2016-17 and fallen back only slightly since

Figure 20 Ethnicity Analyses, Victims and Suspects of Violent Crime and Weapons Offences, Thurrock Young People, 2015/16 – 2018/19
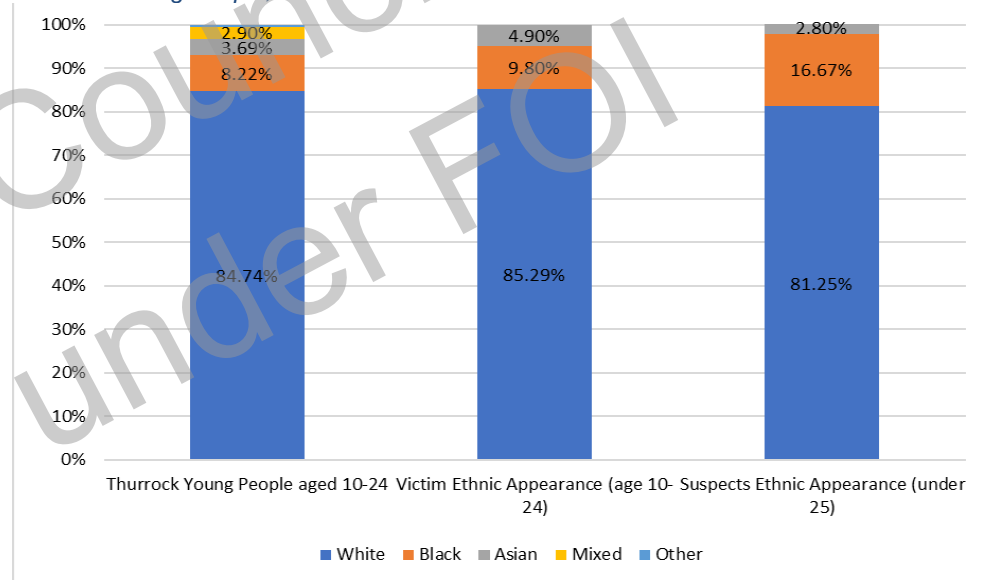
Source: Thurrock Youth Offending Service 2014/15 to 2018/19

Vulnerability within ethnic minority communities

A comparison of the ethnicity of victims and suspects of violence with injury reported in Thurrock between 2015/16 and 2018/19 shows that in the cohort of suspects, black young men are over-represented with

approximately double the proportion of black suspects compared to the general population (see figure 20).

- Young people accessing YOS due to committing Common Assault offences are more likely than the entire YOS cohort of the general population of Thurrock to be of White or Mixed ethnic groups
- Conversely those accessing YOS because of Offensive Weapons offences are disproportionally Asian and, particularly, Black compared to both the entire YOS cohort and general population of Thurrock aged 10-17

Locality

- The majority of suspects lived in the district that the crime was committed in. This suggests a low level of mobility of suspects when committing violent incidents

- Deprivation was a poor predictor of violence whereas previous history of violence at ward level is a very strong predictor of the likelihood of future violence

- Grays Riverside is the ward in Thurrock with the highest number of reported incidents of violence over the last two years. It is ranked 14th highest out of 665 wards in Greater Essex. Thurrock has eight wards with seven or more reported incidents of violence with injury: Grays Riverside, Stanford-le-Hope-West; West Thurrock and South Stifford; Aveley and Uplands; Tilbury St. Chads; Chadwell St. Mary; Tilbury Riverside and Thurrock Park; and Ockendon.

Thurrock has five wards with a predicted risk of 70% of at least one ambulance call out for a knife/stab/gunshot wound in 2019/20. These are East Tilbury, Aveley and Uplands, Chadwell St. Mary, Tilbury St. Chads, and Stamford East and Corringham Town

Gangs

Children and young people involved in gangs are exploited and groomed to commit crimes. The frequency with which someone commits serious and violent acts typically increases whilst they are gang members compared with periods before and after gang involvement (20).

The majority of children being exploited by organised criminal gangs either self-exclude (truant) or have been officially excluded from school (21) and are likely to be spending large amounts of time unsupervised on the streets.

Being exploited by organised criminal gangs encourages more active participation in anti-social behaviour and criminal activity. Research suggests that gang members tend to be engaged in a wide range of criminal activities: drug dealing, robbery, assault, and rape. (22)

Poor mental health makes young people more vulnerable to being exploited by gangs (23) whilst gang membership can have an adverse effect on mental wellbeing. (24) (25)

Figure 21 Changes in Ethnicity Breakdown of Gang Nominals, 2016/17 to 2018/19
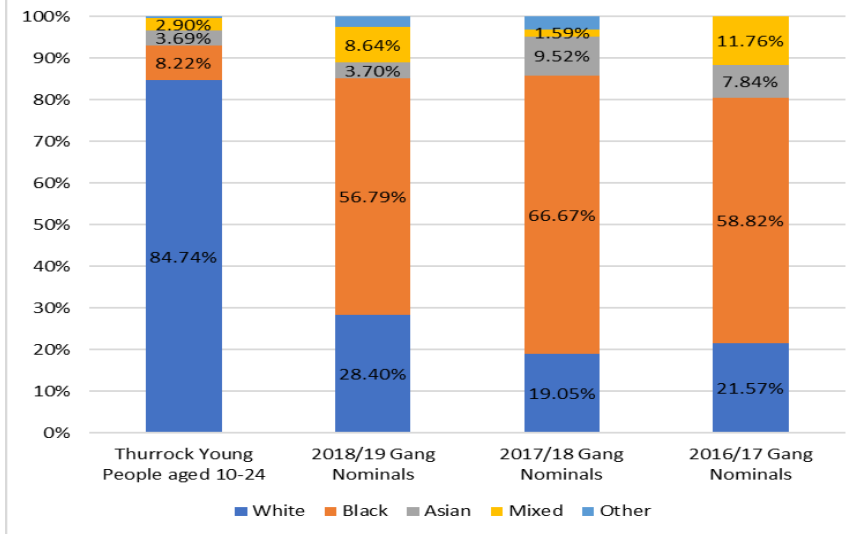
Source: Thurrock Council Gang Related Violence Group data 2016/17 to 2018/19

Black/Black British young people are significantly over represented in the population of gang nominals in Thurrock when compared to the general population of Thurrock young people aged 10-24 (see Figure). One possible explanation could include the migration of black gang involved young people into the borough from London. Overrepresentation of young black men in Thurrock gangs also has implications for how future prevention work may need to be focused.

Numbers of gang nominals under the age of 15 is minimal suggesting that future prevention activity aimed dissuading young people from joining gangs, needs to be targeted at the age group under 16 in Purfleet, Chafford, Grays, and South Ockendon, which are the four areas where the majority gang nominals now reside (see Figure 22).

Figure 21 Locations of Gang Nominals in Thurrock
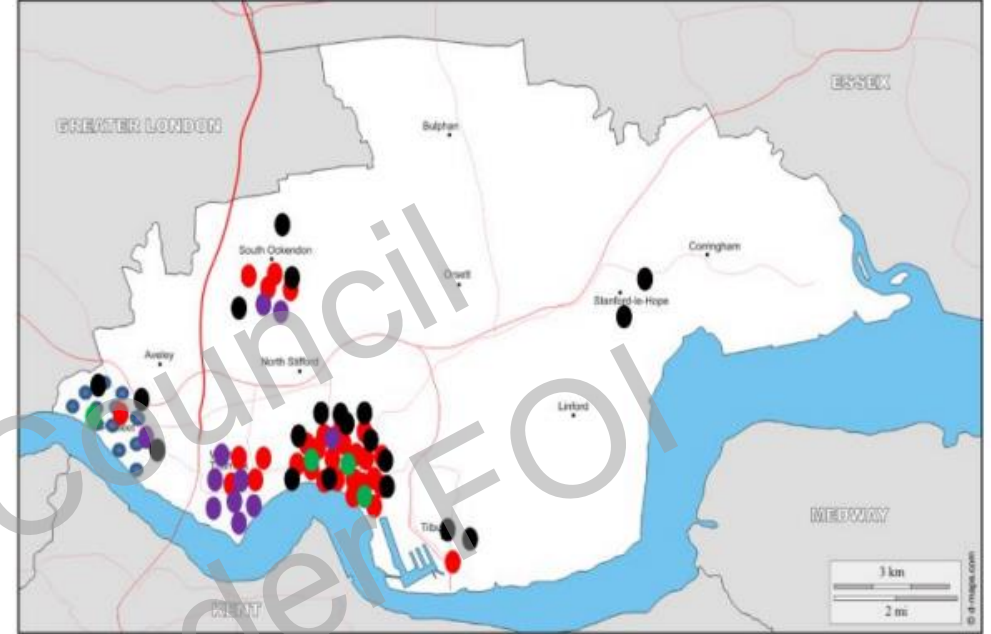
Source: Thurrock Council Gang Related Violence Group data 2016/17 & 2018/19

County Lines

County Lines is a term used to describe gangs and organised criminal networks who export drugs into one or more locations within the UK using a dedicated mobile phone line. They function through the grooming and exploitation of children and vulnerable adults.

Young people exploited through County Lines activity are both perpetrators of serious crime and victims of exploitation. The national referral mechanism support victims of modern day slavery trafficking in the UK. There has been a rapid increase in the number of referrals from children from Thurrock to the national referral mechanism (see

23). The increase indicates a likely local increase in victims of child criminal exploitation through County Lines.

Figure 23 Thurrock referrals (under 18) to the National Referral Mechanism
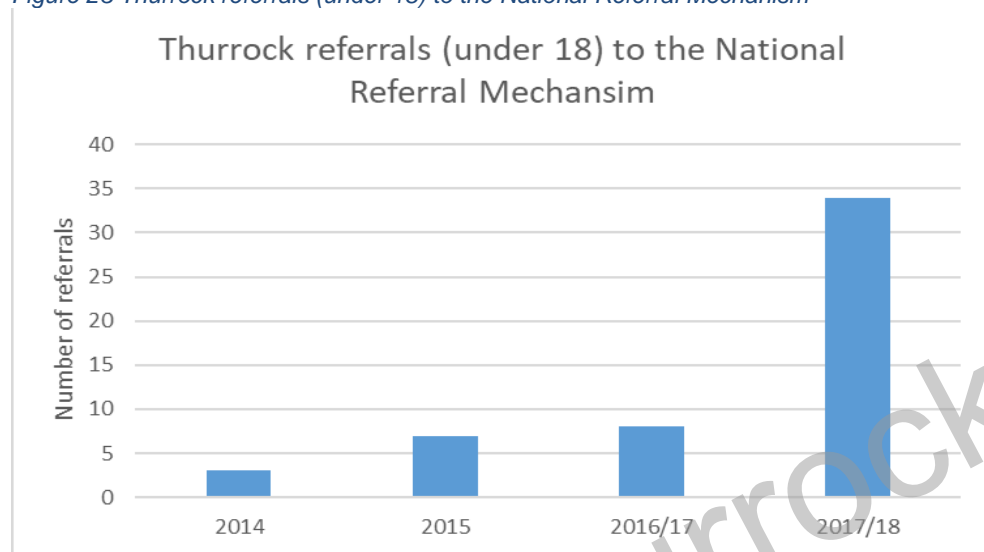
Source: NRM Data

The National Crime Agency identified eight main areas of harm caused to children and vulnerable adults exploited through County Lines gangs (Figure).

Problem with current responses to county lines

A multi-agency approach including the police, probation, youth offending teams, education, adults' and children's social care, adults and children's safeguarding boards, the NHS, and public health is required. Until that is in place the different approaches by service and

service gaps can be exploited by gangs to target vulnerable young people.

Figure 24 Harm associated with county lines
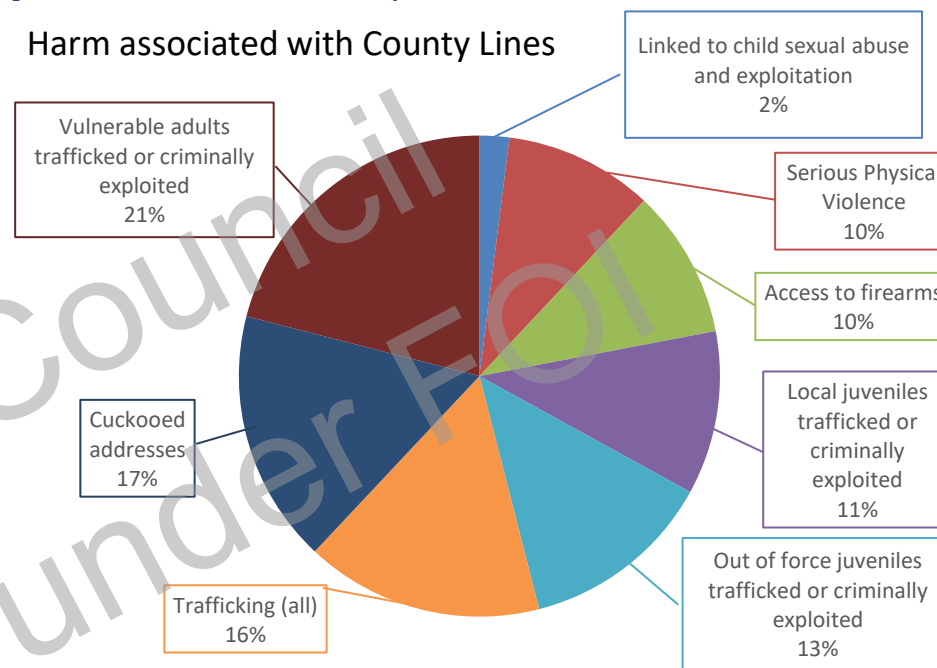
Source: NCA, December 2018

When young people are arrested by police for drugs or possession with intent to supply they are often released back to their home area with a drug debt. Additionally, they often are not receiving adequate support from statutory services.

Children who are excluded from school are often targeted and reintegration measures such as Pupil Referral Units, home schooling,

or reduced timetables can exacerbate their vulnerability and increase their risk of being exploited.

Sometimes children are vulnerable because they are from families who are struggling financially. Programmes designed to divert children away from gangs don't adequately include and support the family and its needs.

Key Points

Recent trends show that youth violence is on the rise locally. Analysis of local violence and gang activity found a number of areas of inequalities to address:

- Young people exploited through gangs and county lines activity can be simultaneously victims and perpetrators of crime. There are a range of factors that can exacerbate their vulnerability to exploitation

- Analysis of violent crime and weapons offences by different age groups show that a high proportion of young offenders are white, yet black young men are over-represented with approximately double the proportion of black suspects compared to the general population

- Some Black/Black British young people also seem to be vulnerable to gangs. They are significantly over represented in the population of gang nominals in Thurrock when compared to the general population of Thurrock young people aged 10-24

- Location is important. A locality ward with a previous history of violence at ward level is a very strong predictor of the likelihood of future violence. Gang nominals are shown to be focused within Purfleet, Chafford, Grays, and South Ockendon

SP3 What Do We Know?

Local products, inspections, reviews:

Thurrock Council Children's Service Ofsted report of 2019

The Thurrock Council Children's Service Ofsted report of 2019 rated the services for vulnerable children and their families as '*good*'. It found strong child-centred practice that was evident across all teams and services, including skilled and committed social workers and other frontline practitioners who listen to children and their parents, take time to understand children's experience, and act swiftly to prevent harm and provide support early. It highlighted stable leadership and strong aspirations to 'get it right' for vulnerable children as key factors in their success.

There are of areas for improvements identified in the report aimed at better supporting vulnerable children. These included:

- Better understanding and addressing the risks to children who are at risk of being exploited or going missing

- Alignment and effectiveness of systems that support children at risk of criminal and sexual exploitation and children missing from home and care, to ensure that children can tell their stories

- Planned transitions and closer collaboration with adult services needs to happen earlier for disabled young people and care leavers

- Timeliness of initial health assessments when all children come into care

Evidence underpinning interventions

<u>Risk factors (vulnerabilities) for and protective factors against violence and gang involvement in young people</u>

Xantura, commissioned by Thurrock Council, created and are maintaining a linked dataset of different data held on young people and their families. It provides the opportunity to understand the impact

of vulnerabilities and risk factors that lead a young person to violence and gang involvement in Thurrock at an individual and population level.

For 15-18 year olds, the most common vulnerabilities present at the time of committing *violence against the person* offences related to school absence:

- Being excluded or expelled from school
- Frequent truancy
- Low school commitment
- Drugs: Availability of, exposure to drugs in the neighbourhood; and Substance Misuse.

For 10-14 year olds, the most common vulnerability present at time of committing *violence against the person* offences were:

- Availability of/exposure to drug use in the neighbourhood.
- Family Violence
- Substance Misuse
- Frequent Truancy/Low school commitment
- Being Expelled or excluded from school
- Running away and truancy

Predictive analysis of this data points to five sets of risk factors that are highly predictive of future serious youth violence:

- Exclusion from education; including permanent or temporary school exclusion and frequent truancy
- Criminality; including previous criminal activity, association with gang related peers, robbery, vehicle theft
- Substance misuse; particularly exposure to drugs in the neighbourhood
- Family dysfunction; including poor parental supervision, broken home, neglect, emotional abuse
- Individual Behaviour or Cognitive issues including troublesome conduct disorders

Strategic Actions

The APHR 2019 outlines 8 evidenced-based strategic actions for preventing and reducing serious youth violence and gang membership these are:

1. Promote family environments that support healthy development
2. Provide quality education early in life
3. Strengthen youths' communication, empathy, problem solving, conflict resolution and emotional intelligence skills

4. Connect youths to adults and activity that role model positive behaviour
5. Intervene early to reduce harms of exposure to violence and violence risk behaviours
6. Address the wider determinants of violence and gangs
7. Prevent gang membership and crime caused by gangs
8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs.

A summary of the evidence base for these eight strategic actions is shown in Figure . The actions can be:

- Universal (*aimed at the entire population*)
- Selective *(provided only to populations with additional need or increased risk)*
- Targeted (*aimed only at individuals with additional needs or risk*)
- Specialist (*programmes that seek to address existing violent or other damaging behaviour in young people*)

Actions 1-4 presented in Figure are about primary prevention and are addressed in universal services. We will explore actions 5-8, which involve secondary and tertiary prevention of youth violence.

Figure 25 Strategic actions for preventing and reducing serious youth violence and gang membership

	1. Promote family environments that support healthy development	2. Provide quality education early in life	3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and Emotional Intelligence	4. Connect youth to adults and activity that role model positive behaviour	5. Address the wider determinants of serious youth violence and gang membership	6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
UNIVERSAL		High quality early years education for children and families • *Perry Pre-school Programme* • *Healthy Child Programme*	Universal based classroom programmes to develop skills • *Incredible years Teacher Classroom Management* • *PATHS Elementary Curriculum* • *Positive Action emotional learning programme* • *The Good Behaviour Game (classroom management)*	Development of universal access meaningful activity for young people out of school hours	Enhance and maintain the built environment including increased lighting, improved accessibility to social spaces, increased security, creation of green space Upskill professionals and parents to better engage young people on the dangers of social media			
SELECTIVE	Early childhood home visiting programmes: • *Family Nurse Partnership* Parenting skill and family relationship programmes • *Family Foundations* • *Incredible School Years* • *Triple P (level 3-4)* • *Strengthening Families Programme 10-14*	Support for children with additional identified development needs • *Doodle Den* • *Let's Play in Tandem*	Skills development programmes targeted at children and young people with additional identified needs. • *Helping the non-compliant child* • *Incredible Years Dinosaur School Child Training* • *Treatment Foster Care Oregon Adolescent (TFCO)*	After-school activity programmes aimed at young people with additional needs • *LA BEST Programme* • *After School Matters (ASM)*	Reduce the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime			
TARGETED				Mentoring Programmes for youth at risk of / engaged in violence/gang related activity • *BBBS*	Community development and street outreach activity with high risk youth, gang members and wider communities affected. Monitoring social media platforms to gain intelligence on youth violence, together with intervention through outreach	Intervention to address high risk abusive behaviour in parents • *Level 5 Pathways Triple P* A&E based assessment and onward referral for young people admitted for injury linked to youth violence/gang activity	Opportunities Provision including tutoring, supplementary education, job training and preparation, job development and other programmes designed to increase economic or educational opportunities available to gang involved youth.	Highly targeted stop and search activity with the purpose of detecting crime
SPECIALIST					Action to disrupt or take down harmful social media content including that which promotes or glamorises violence, drug dealing or gangs. Drug Addiction/treatment	Clinical intervention to reduce harms from violence exposure • *Trauma focused CBT* Screening/support for neuro-disability including traumatic brain injury Specialist support for adolescent violent offenders/those at risk of offending • *Multi-systemic therapy* • *Family functional therapy*	*Pulling Levers* whole system approach to gang disruption. • *Gang Injunctions*	*Gang Injunctions.*

SP3: The Current Position

<u>Services offered for secondary prevention (strategic actions 4-5)</u>

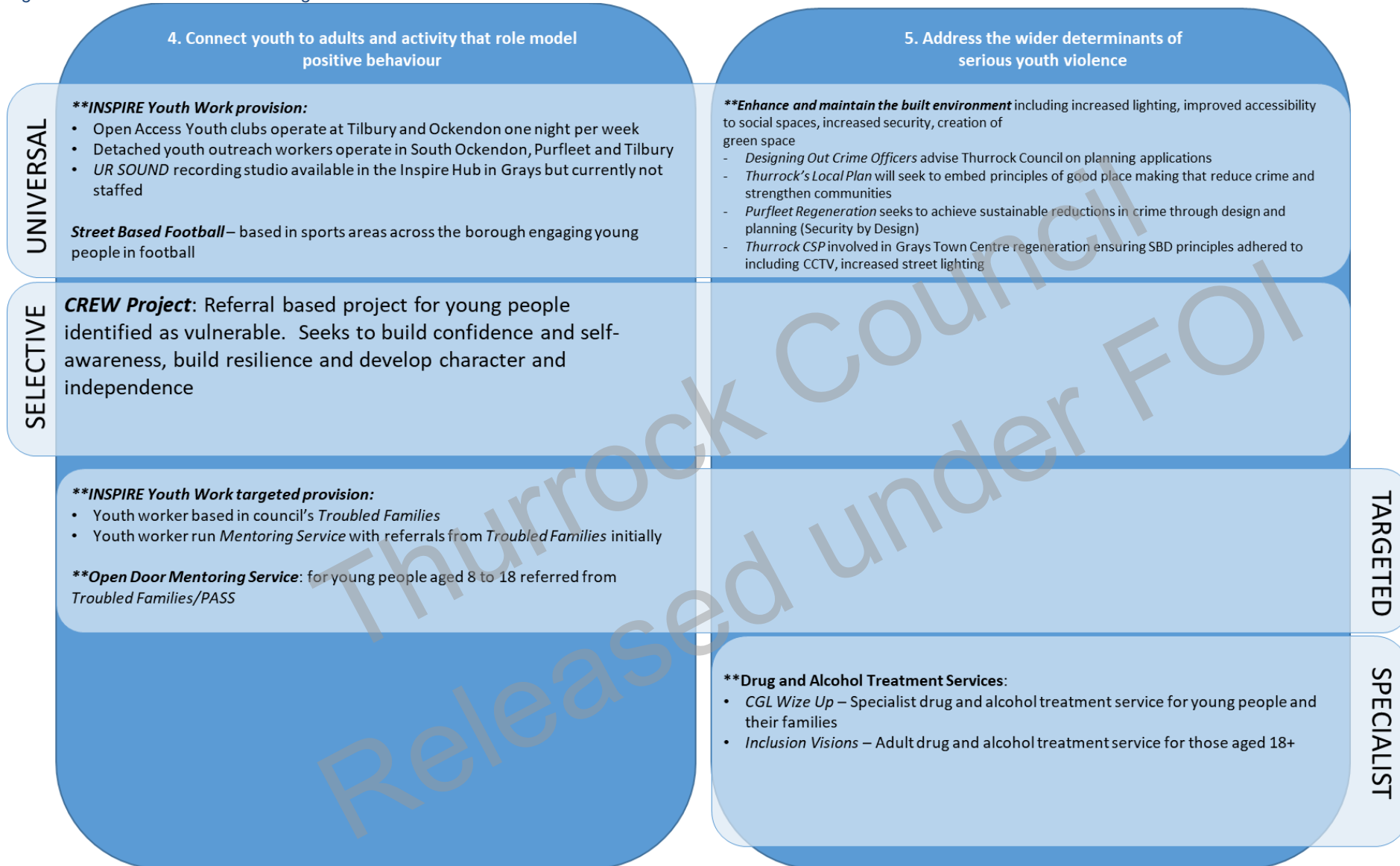Figure gives a summary of current provision against strategic actions:

4. Connect youth to adults and activity that role model positive behaviour
5. Address the wider determinants of serious youth violence

The starred entries outline provision that mirrors evidence of best practice. The non-starred text outlines new and innovative provision for which evidence is not strong but is being evaluated for effectiveness.

Figure 26 Current Provision for strategic actions 4-5 in Thurrock

4. Connect youth to adults and activity that role model positive behaviour

5. Address the wider determinants of serious youth violence

UNIVERSAL

**INSPIRE Youth Work provision:
- Open Access Youth clubs operate at Tilbury and Ockendon one night per week
- Detached youth outreach workers operate in South Ockendon, Purfleet and Tilbury
- *UR SOUND* recording studio available in the Inspire Hub in Grays but currently not staffed

Street Based Football – based in sports areas across the borough engaging young people in football

**Enhance and maintain the built environment including increased lighting, improved accessibility to social spaces, increased security, creation of green space
- *Designing Out Crime Officers* advise Thurrock Council on planning applications
- *Thurrock's Local Plan* will seek to embed principles of good place making that reduce crime and strengthen communities
- *Purfleet Regeneration* seeks to achieve sustainable reductions in crime through design and planning (Security by Design)
- *Thurrock CSP* involved in Grays Town Centre regeneration ensuring SBD principles adhered to including CCTV, increased street lighting

SELECTIVE

CREW Project: Referral based project for young people identified as vulnerable. Seeks to build confidence and self-awareness, build resilience and develop character and independence

TARGETED

**INSPIRE Youth Work targeted provision:
- Youth worker based in council's *Troubled Families*
- Youth worker run *Mentoring Service* with referrals from *Troubled Families* initially

**Open Door Mentoring Service: for young people aged 8 to 18 referred from *Troubled Families/PASS*

SPECIALIST

**Drug and Alcohol Treatment Services:
- *CGL Wize Up* – Specialist drug and alcohol treatment service for young people and their families
- *Inclusion Visions* – Adult drug and alcohol treatment service for those aged 18+

Services offered for tertiary prevention (strategic actions 6-8)

Figure gives a summary of current provision against strategic actions six, seven and eight:

6. Intervene early to reduce harms of exposure to violence and violence risk behaviour
7. Prevent gang membership and crime caused by gangs
8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
Activity supported by the published evidence base is shown in green.

Figure 27 Current Provision for strategic actions 6-8 in Thurrock

6. Intervene early to reduce harms of exposure to violence and violence risk behaviours

7. Prevent gang membership and crime caused by gangs

8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs

SELECTIVE

7. Prevent gang membership and crime caused by gangs

Gang Awareness - Delivered by Essex Fire and Rescue. This programme is universal in its offer to all year 9 pupils through their school and involves a one-hour session exploring gangs and consequences of gang involvement.

SoS+ Programme - offers interactive sessions in schools that aim to prevent disadvantaged YP become involved in gang crime and serious youth violence.

TARGETED

Prevention and Support Service (PASS) –early help services within social care work with based on a strength based approach (Signs of Safety/Signs of Wellbeing) that identifies risk factors whist also highlighting family strengths.
- *Youth @ Risk.* A six week school based programme that addresses violence risk behaviours including internet safety, drugs and alcohol, anti-social behaviour. Schools identify and select young people who would benefit most including those already engaging in anti-social behaviour

Youth Work Service in Basildon Hospital A&E. – Trained youth workers work with young people accessing A&E in crisis including those accessing due to serious youth violence and the range of connected vulnerabilities.

Goodman Project: Five week mentoring programme for boys/young men identified as in or at risk of entering an abusive relationship

POWER – an early intervention programme targeted at 8 – 13 years olds struggling to engage at school, attending irregularly or truanting internally and will have had contact with or be known to the police (perhaps as victims).

Gang Worker within Children's Social Care – a professional employed within children's social care for a fixed term contract with a remit to include upskilling, supporting and enhancing knowledge around gang membership, grooming for this type of criminality with social workers and other children's professionals. Supports social workers with young people awaiting trial for gang related behaviour that don't meet YOS threshold.

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SURGE activity: Coordinated police activity targeting knife crime hotspots across the county identified through intelligence led policing and analytics. Includes:
- Increasing the number of uniformed officers in each area to undertake stop checks
- Stop and Search knife arches placed in visible locations including ones, areas outside colleges and town centres.
- Use of CCTV and plain clothes officers to identify and search individuals acting suspiciously.
- 'Knife sweeps' in high knife crime areas
- Community led policing approaches to increase public knowledge and gather additional intelligence

SPECIALIST

Emotional Health and Wellbeing Offer (EWMHS service) – offers Tier 2 and 3 mental health services following screening and assessment with a range of therapeutic interventions
- Screening/testing and work on neuro-disability/development undertaken only on presentation of concerns
- CPN and speech and language therapist embedded within YOS
- Family therapy offered when families are experiencing mental health problems.

Adult (18+) Mental Health offer
- Core IAPT / IAPT analgesic pilot
- Trauma focussed treatment

Thurrock Youth Offending Service (YOS)– a statutory service following court or pre-court proceedings.
- *Deal or no deal drug intervention* (also fits within priority 7 preventing gang membership) a 6 weeks programme on consequences of drug dealing

- **ASSET plus** - a tool within YOS which works to identify specific factors that drive young people to becoming susceptible to exploitation and gang involvement.

Youth Offending Service – a statutory service following court or pre-court proceedings.
- *Street Wise:* A 6 week intervention for young people accessing YOS due to serious youth violence, weapons offences and gang membership. The programme aims to increase knowledge of dangerous weapons and the intentions behind possession, identify the social, economic and health implications of possessing weapons for young people accessing YOS.

- *Community Resolution Plus* – an informal solution to lower level criminality that prevents a criminal record. Voluntary referred from police to YOS

Gang Injunctions- nine gang injunctions are in place in Thurrock currently, one of which involves a child and links to the C7 and C17 gangs. The model used in the implementation of injunctions is the prevent, disrupt and enforce model.

Gang Injunctions

Crack House Closures – Closure orders on premises where police have a reasonable belief that the premises is being used for the unlawful consumption, production or supply of Class A drugs and is associated with disorder or serious nuisance

Operation RAPTOR: intelligence led policing activity that obtains and executes warrants to search addresses linked to drug dealing/taking, and investigate/detect/prosecute offenders involved in *violence against the person, child criminal exploitation, modern day slavery* and sexual offences.

Service Activity

Between December 2019 and January 2021 Thurrock were working with 76 children assessed as being at risk to exploitation. Of those 76 children, 42% were ethnic minorities (see Figure 22).

Figure 22 Children open to social care that are at risk of exploitation between Dec-2019-Jan-2021 by ethnicity
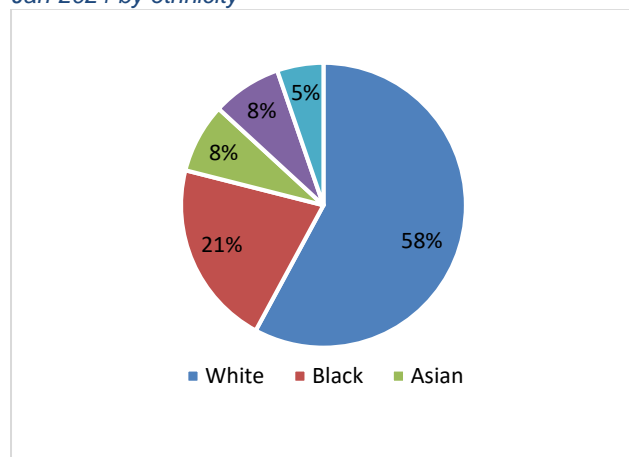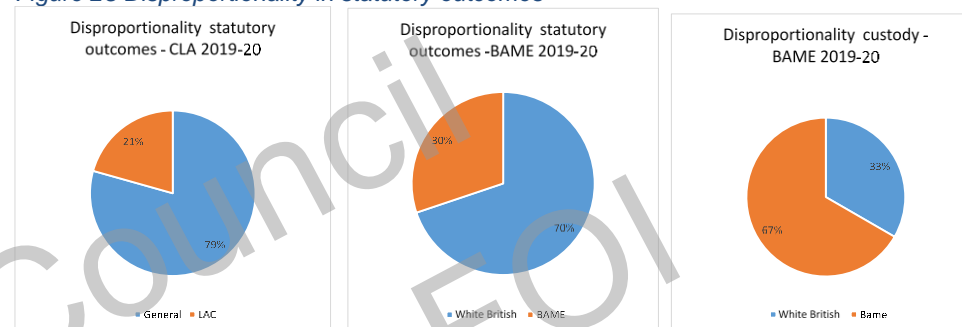

Source: Thurrock Council, 2021

The Youth Justice Board of England & Wales report of 2021 found a national over representation of ethnic minority children in sentencing. The Thurrock YOS works closely with Essex Police and partners to ensure that relevant young people are diverted away from statutory criminal justice outcomes and consequentially the criminal justice system. However, like the national picture there is disproportionality in who are being referred to the Youth Diversion Scheme and who are receiving court-ordered interventions in Thurrock. 30% of children on statutory outcomes were ethnic minority children. Two of the three children currently in custody were young black men.

Children looked after accounted for 21% of statutory outcomes in 2019-20. There is no nationally published comparator for the period but children looked after remain over represented, despite the introduction of a national protocol to reduce the criminalisation of children looked after (see Figure 23).

Figure 23 Disproportionality in statutory outcomes

Source: Thurrock Council, 2021

Impact of Covid-19 on Services

Thurrock's Prevention and Support Service (PASS) supports CYP and families with issues such as domestic abuse, sexual violence, troubled families, crime prevention, and parental physical & mental health. Their objective is to prevent issues escalating and requiring statutory intervention. Figure 24 below details the number of children and young people supported by PASS in statutory interventions or the diversion programme. It shows a trend towards fewer children on statutory interventions in recent years.

The COVID -19 Pandemic has led to delays in the courts and court sentencing. As a result of this it is anticipated that 20/21 data will show even fewer children supported by PASS for statutory and diversion

schemes. 2021/22 is likely to see an increase in activity once the court systems are running again as usual.

Figure 24 PASS activity 2015/16 to 2019-20
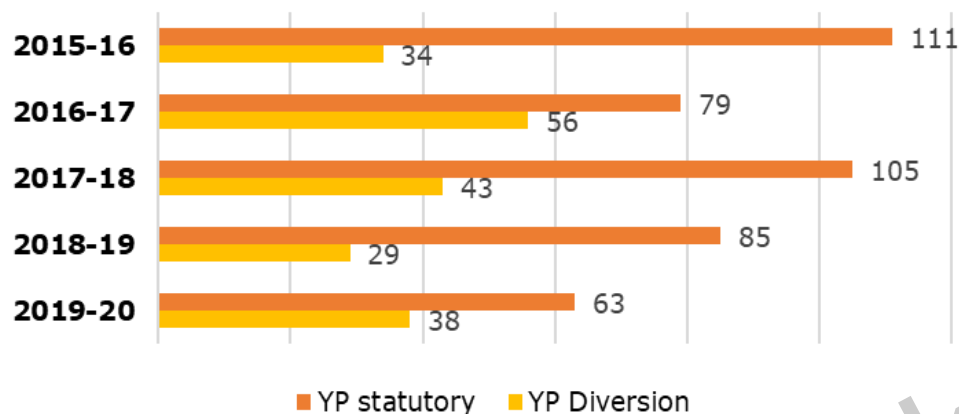
Source: Thurrock Council, 2021

Challenges

What can we do better in surveillance?

Serious youth violence and gang membership have risen significantly in Thurrock since 2013 but remains concentrated within specific wards. A children's linked data set operating through the Xantura system integrates a range of different individual council service data but does not yet include police or ambulance datasets and only has limited health data within it. The system can provide predictive risk modelling capabilities that could allow us to identify the most at risk children and families and intervene earlier with tailored prevention packages. If joined up with a wider range of relevant crime and health datasets it

has the potential to offer a more proactive and holistic response, particularly to young people at risk of becoming victims or perpetrators of violent crime and/or of gang involvement.

What can we do better in primary prevention?

While the Early Years and Family/Parenting Support offer is both evidence based and delivering some of the best outcomes for children and families in the country, there is opportunity to provide better targeted and tailored to populations with greater need.

There is inadequate skills based training that addresses cognitive and behavioural risks including aggression, conduct disorder and lack of empathy prevents future youth violence. There is also a need to develop a more comprehensive classroom based skills offer on improving behaviour, reducing aggression and strengthening emotional intelligence in our young people.

The INSPIRE youth work targeted provision, although of high quality, is not funded at a supply level. It could also be broadened to include skills development on improving communication, problem solving, strengthening emotional intelligence, conflict resolution, and impulse control. It should also include timely 1:1 talking therapy to address mental health problems.

What can we do better in secondary prevention?

There is a need for a larger focus on secondary prevention. The threshold for at-risk children is too high and at times a child does not receive adequate support and intervention until they have been arrested for a violent crime.

When a child does receive help, it is often lacking in a tailored, coordinated multi-agency response. The support weighs heavily towards criminal justice and discrete interventions that are insufficiently coordinated and focused on individual cognitive or behavioural factors. Other wider determinants that can increase a child's vulnerability to violence and gang membership, for example, the family and neighbourhood environment.

Young people at high risk of or beginning their journey of violent offending are likely to have experienced a range of adverse childhood experiences and will likely have a number of vulnerabilities that need addressing in parallel.

In line with findings by Ofsted, the operational coordination of information and alignment of systems to monitor the needs and impact of work with vulnerable adolescents and children needs to be strengthened. This should include wider familial support such as employment, training, education, homelessness advice, drug and alcohol addiction and mental health treatment services.

A Multi-Agency Child Exploitation Panel can be expanded in scope and to be locality based and focussed on evidenced and data-based information sharing that will support all agencies to understand in-depth risk and community-based threats.

What can we do better in Tertiary Prevention?

The Youth Offending Service is successful in reducing reoffending rates overall. However there are a small cohort of young people within YOS who are repeat offenders and for whom the current service is less successful at achieving desistance from crime. This group is characterised by violence, drug supply and weapons offences. The reasons why YOS are less successful at diverting this cohort away from future serious offending is unclear and a robust evaluation is needed to investigate this.

There is a disproportionality in those who are referred to YOS for diversion services and those who are receiving statutory interventions. The national Youth Justice Board review found that practitioner assessed factors accounted for some of the disproportionality at a national level. An equality impact assessment is required to understand the cause of this disproportionality at a local level.

SP3: Our Ambitions

Ambition 1 Short
- Further develop **surveillance** to identify the most at risk children and families and intervene early with tailored intervention packages

Ambition 2 Mudium / Long
- Deliver targeted and tailored **primary** prevention for populations of greater need

Ambition 3 Medium / Long
- Intervene early with tailored **secondary prevention** to reduce the harms of exposure to violence and violence risk behaviours

Ambition 4 Short / Long
- Provide **tertiary prevention** for of perpetrators and victims of violence to reduce further harm

Further information:

SP3 Lead: Assistant Director for Children's Social Care

SP2 supporting board: Youth Justice Governance Board & Violence & Vulnerability Board

Challenges: Disproportionality, surveillance, targeted interventions, high thresholds.

Opportunities, YOS service, Xantura integrated data system, Early Years and Parenting support offer.

Definitions:

Short term= next 18months

Medium term= 18- 36 months.

Long term = 36 – 60 months.

The Attainment Road Map

Ambition	Process/Action	Rationale
1. Further develop surveillance to identify the most at risk children and families and intervene early with tailored intervention packages	• Develop and deliver a single programme of strategic analyses to respond to corporate strategic needs • Further develop analysis on identified risk factors into a predictive risk model for youth violence and gang involvement • Embed multi-agency strategic oversight of trends in youth violence and gang involvement and the impact of future prevention activity • Target and prioritise prevention activity based on Xantura analysis.	A children's linked data set operating through the Xantura system integrates a range of different individual council service data but does not yet include police or ambulance datasets and only has limited health data within it. If joined up with a wider range of relevant crime and health datasets it has the potential to offer a more proactive and holistic response.
2. Deliver targeted and tailored primary prevention for populations of greater need	• Identify those children and families most at risk through Xantura modelling • Build on the success of early years offer by including targeted and tailored parenting programmes and robust evaluations. • Prioritise future new investment in expanding the reach of the generic youth service offer, prioritising areas where there is currently no or inadequate levels of provision and higher prevalence of youth violence • Expand the reach and breadth of INSPIRE to include to include skills development on improving communication, problem solving, strengthening emotional intelligence, conflict resolution and impulse control. • Use locality risk profiles to inform the priorities of the planning and regeneration functions of the local authority and the work of the Violence and Vulnerability Board and ultimately the Joint	While the Early Years and Family/Parenting Support offer is both evidence based and delivering some of the best outcomes for children and families in the country, there is opportunity to provide better targeted and tailored to populations with greater need. There is inadequate skills based training that addresses cognitive and behavioural risks. There is also a need to develop a more comprehensive classroom based skills offer on improving behaviour, reducing aggression and strengthening emotional intelligence in our young people.

	Health and Wellbeing Board, Community Safety Partnership and its subgroups • Develop and expand the reach of the current mentoring provision so that an increased number of young people at risk of violence can benefit. The effectiveness of current and future mentoring will be evaluated robustly using Xantura	
3. Intervene early with tailored secondary prevention to reduce the harms of exposure to violence and violence risk behaviours	• Create locality based multi-disciplinary panels that meet regularly to swiftly address risk factors strongly associated with serious youth violence and gang involvement by: 　• Sharing intelligence across stakeholders from children's social care, health providers, Brighter Futures, drug and alcohol treatment, education, schools, community Safety, housing, the police, local area coordinators and relevant third sector organisations 　• Undertaking rapid operational action to reduce and mitigate risks through enforcement activity, community development and estates management 　• Swiftly addressing identified drug availability/dealing within neighbourhoods • Create a new Integrated Support team to receive referrals from the multi-disciplinary panel for young people with multiple risk factors but below thresold for statutory service. The Integrated Support Team should be based on a strengths/assets approach will be responsible for: 　• Proactively engaging with young people at risk and (where appropriate) their family/peers 　• Agree goals with young people	The threshold for at-risk children is too high and at times a child does not receive adequate support and intervention until they have been arrested for a violent crime. When a child does receive help, it is often lacking in a tailored, coordinated multi-agency response. The support weighs heavily towards criminal justice and discrete interventions that are insufficiently coordinated and focused on individual cognitive or behavioural factors.

	• Connect young people with community assets that help them achieve their goals • Support and divert young people away from crime and gang membership • Broker coordinated care from specialist agencies where necessary to address unmet needs • Commission further work to develop a Thurrock multi-agency strategic response to addressing harms caused by social media	
4. Provide tertiary prevention for of perpetrators and victims of violence to reduce further harm	• Ensure the provision of all integrated prevention programmes are line with evidence of best practice. • Ensure Trauma-focussed CBT is available within the service offer • Evaluate all current and future tertiary prevention programmes including Deal or No Deal, Goodman, Holiday Activity and Youth @ Risk to determine effectiveness of impact, including their impact on disproportionality. • Develop a more integrated a holistic model with a greater focus on addressing familial, school, environment risk • Continue funding for A&E based youth service and undertake and evaluation of impact. • Undertake further evaluation work to understand why there is a cohort of young people accessing YOS who are committing multiple violence / drugs offences and for whom current interventions appear to be unsuccessful in terms of future desistence. Pilot and evaluate new approaches where appropriate	The Youth Offending Service is successful in reducing reoffending rates overall. However there are a small cohort of young people within YOS who are repeat offenders and for whom the current service is less successful at achieving desistance from crime. This group is characterised by violence, drug supply and weapons offences. The reasons why YOS are less successful at diverting this cohort away from future serious offending is unclear and a robust evaluation is needed to investigate this.

SP3: How will we know we are there?

So what?
Youth violence and gang activity is on the rise in Thurrock. Children involved in violence and gang activity are often victims of exploitation. There is opportunity to build on the success of early prevention work to identify children who are at risk and provide better targeted and tailored to populations with greater need.

Now what?
This strategic priority looks at what exacerbates a child's vulnerability to violence and gang activity. We will now focus on what we can do to address vulnerability to serious youth violence where it exists so that every child has an equal chance to succeed.
To that end we will be strengthening our predictive modelling and will create multi-disciplinary panels to identify at risk families and intervene early. We will create an Integrated Support Team to support children who are at risk, but do not quite hit the high thresholds for statutory support services. We will also be conducting evaluations of our secondary and tertiary services to strengthen what is working well and understand where services can be improved.

- Decrease in episodes of children going missing and highly rated child criminal exploitation assessments.
- Reduction of children being convicted of possession with intent to supply and possession of a bladed article.
- Reduction in school exclusions as a result of knife crime.
- Case studies and service inspection evidence

- Increase of identified gang nominals or children being exploited by gangs engaging in identified interventions under the gang related forum prevention key performance indicators (5 prevention KPIs).
- Increase of identified gang nominals or children being exploited by gangs made subject to disruption outcomes under the gang related forum disruption key performance indicators (7 disruption KPIs).
- Reductions in CLA,CIN and YP on CPPs

3.5 Strategic Priority 4 (SP4): Children and their families experience good emotional health and wellbeing

SP4 Why is this Strategic 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 received 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 What Do We Know?

We know that the mental health of our children and young people is a major concern for local young people, parents, teachers and other professionals and a priority within our Health & Wellbeing Strategy 2021-2026; additionally analysis of high level data in section 2.4 shows that for Thurrock self-harm and admission for unintentional injuries in young people is worse than our comparators and worsening in trend. Social Emotional mental Health in young people is similar to our comparators but shows a worsening trend.

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. 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 make a contribution to his or her community[6]. 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 a stable home without conflict influence children's 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 vital 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 increases 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*

- **NEET** - Not being in employment education or training 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*

In July 2020, a large-scale survey commissioned by the NHS Digital found that the prevalence of clinically significant mental health conditions amongst children was 50% higher than in the previous large-scale clinical survey, conducted three years earlier. The headline finding from the 2020 survey was that "one in six children (16%) of children aged 5 to 16 were identified as having a probable mental health disorder, increasing from one in nine (10.8%) in 2017. (26) While this finding needs to be treated with caution as it was conducted during the pandemic it gives a clear heads up, that service demand may increase and the that the gap between children's needs and delivered services may have widened.

The economic cost of mental health in the UK has been estimated at £8 billion per year (70 million working days missed each year, or an average of 2.8 days per year per UK employee). Lost productivity (including presentism, where mental health issues lessen work

*ACES and NEETS are discussed in further detail in SP1, Gang membership is discussed in SP3

performance) costs £15 billion, and replacing staff who leave their posts because of mental illness costs employers £2 billion. (27)

Costs to society and the individual can be reduced if support and treatment are available when needed. It is important that children who require treatment for an established mental health disorder receive the right support, at the right time. It is also 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. Approximately 70 million days are lost from work each year because of mental ill health, making it the leading cause of sickness in the UK (28). Probable mental health disorders are increasing, suggesting that problems for employers and employees are being stored up for the future as half of all mental health problems begin in childhood.

Children account for 27.5% of Thurrock's population, but only 8.2% of total mental health spending. Thurrock has historically successfully achieved economies of scale through the Collaborative Commissioning Forum, however in order to meet the rising demand Thurrock will also need to work with partners to do more with less and identify opportunities for scaling up.

The Brighter Futures survey was commissioned by Thurrock Council in 2016 to improve local data related to the emotional health and well-being of children and young people. A total of 5,132 children and young people attending a Thurrock school completed the survey in 2020-21. A total of 30 schools took part in the survey in 2021: 23 primary schools and 7 secondary schools (one special).

Themes that had emerged from previous reports were reflected in the findings for 2021:

- Most of these young people are neither suffering poor wellbeing nor engaging in health-risky behaviour

- However, a minority of young people do meet a criterion for concern, either because of poor emotional wellbeing or risky behaviour or both

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.

National Guidance/Policy	Local Position
Over the past five years, two key government reports on young people's mental health have been published**: Future in Mind in 2015 (Department of Health, NHS England, 2015) and the Five Year Forward View (FYFV) for Mental Health in 2016 (Department of Health, NHS England, 2016**). Both set out proposals to transform the design and delivery of treatment services for CYP with mental health needs, to make it easier for children, young people, parents and carers to access help and support when needed and to improve how services are organised, commissioned and provided. There is also an emphasis in these documents on working towards preventative, integrated provision of services. The MH in Mind report made recommendations grouped around five themes: 1. Promoting resilience, prevention and early intervention 2. Improving access to effective support – a system without tiers 3. Care of the most vulnerable 4. Accountability and transparency 5. Developing the workforce	**Implications of policy at Place** Local stakeholders continue to work on and build local plans which reflect the five themes. The local system approach to mental health, the whole school approach and the THRIVE model demonstrate a clear framework for articulating policy themes locally. **Implications of this policy for the Brighter Futures Strategy** There is opportunity to strengthen frameworks locally to deliver the five themes.

The NHS Long Term Plan, 2019 the NHS makes a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. It aims to:

- expand access to community-based mental health services to meet the needs of at least an additional 345,000 children and young people aged 0-25 years, to include support that is embedded in schools and colleges
- have at least 70,000 additional children and young people each year receive evidence-based treatment. This represents an increase in access to NHS-funded community services to meet the needs of at least 35% (by 2020/21) of those with diagnosable mental health conditions
- create a new approach to young adult mental health services for people aged 18-25, to support the transition to adulthood
- boost investment in children and young people's eating disorder services to maintain delivery of the 95% standard beyond 2020/21 (95% of children and young people referred receiving NICE-approved treatment within 1 week if urgent, and within 4 weeks if routine or non-urgent).
- NICE have published a range of guidance that is of relevance to Children and Young People's Mental Health and Wellbeing including early years, social and emotional wellbeing in primary education, secondary education, and transition from children's to adults' health or social care services.

Implications of policy at Place

In response to the national vision for children and young people's mental health services a transformation strategy was developed. This strategy 'Open Up, Reach Out' brought together the three local authorities and seven CCG's across Essex, Southend and Thurrock. It moved from traditional tiered services delivered in a fragmented way by multiple providers into a single integrated service. This is developed through a Collaborative Commissioning Forum with representatives from each of the partners.

This strategy set out three key priorities:
- Improve access and equality
- Build capacity and capability in the system
- Build resilience in the community

A commissioning exercise was undertaken that provided one contract across the area along with a single point of access to services. This contract is now coming to an end and the service specification is being developed to build on the transformation that has taken place over the last five years. Funding for services for Thurrock children and young people is predominately from the CCG although the local authority also contribute to the service.

Where additional funding becomes available such as through the Long Term Plan 2019 the CCG and local authority work closely together with the Collaborative Commissioning Forum within the priorities set out to determine how this is best used. Funding to enhance support through the Emotional Wellbeing and Mental Health Service for children with LDD was provided through the Collaborative Commissioning Forum (for mental health services across Essex, Southend and Thurrock) as a part of the current contract. This has now been included in the specification for the next contract as a reflection of the need identified and the success of the enhanced offer. In addition, the School Wellbeing Service provides support to schools at an earlier level of need. The development of the transition

support programme will also provide better opportunities to plan support as young people with LDD move through to adult services.

Implications of policy for the Brighter Futures Strategy

Children across Thurrock will be able to access mild to moderate mental health support though Mental Health Support Teams. School coverage is likely to increase from 25% (2020) to 35% by 2022. There is opportunity to integrate this with the local school wellbeing service to maximise school coverage and integrate and streamline lower level mental health support.

National Guidance/Policy	Local Position
National Green Paper Green Paper 2017, Transforming Children and Young People's Mental Health Provision, which reviews the evidence of what works in the treatment and prevention of ill mental health in young people (DoH & DfE, 2017) and makes specific proposals for how to improve services in future. The three main elements of the approach proposed by the Green Paper are: having a designated mental health lead in all schools by 2025, creating mental health support teams working with schools and colleges, and reducing the waiting time standard for access to mental health services for children and young people.	**Implications of Policy for Place** Both the local SWS and MHSTs deliver the integrated preventative approach detailed in these documents. Waiting time standards for access to mental health services for children and young people continue to be worked upon. **Implications of policy for the Brighter Futures Strategy** MHSTs feature within the lower level mental health support option available to local children. This service however is not available to all local schools. Steps need to be taken to ensure all schools have access to low level mental health support.

Local Evidence	Local Position
The 2017 CYP Mental Health Needs Assessment articulated six prevention focused recommendations: • Focus on building strengths and reducing risks not just treating illness • Promote the protective factors which keep CYP mentally well • Tackle the risk factors which can push people into mental ill health • Develop a new partnership model and create school-based wellbeing teams • Gather and share information on what is already being done • Improve mental health data and track progress by all schools participating in the Brighter Futures Survey	**Local action undertaken in response to local evidence** The School Wellbeing Service was developed in response to the CYP Mental Health HNA and went live in September 2019. The service was developed through a partnership between Thurrock Council, Thurrock CCG and local schools and academies. The service supports schools to develop environments where mental wellbeing can thrive. They also help schools and school staff to identify and tackle risk factors to mental ill-health and promote wellbeing protective factors. A SWS Partnership Board was stood up in 2019 to oversee the service and share good practise. The Brighter Future survey continues to be improved annually based on survey findings and administrative reports. **Implications for Brighter Futures Strategy** The Schools Wellbeing Service forms part of the service structure delivering mental health support to local young people

Brighter Futures Survey: Locally commissioned children's survey. Brighter Futures Survey 2020 . **.**	**Local Action undertaken in response to local evidence** All schools in Thurrock receive a comprehensive report on the findings of the Brighter Futures Survey for their school. They also receive individualised support from their school wellbeing practitioner to help them plan to address any issues that have arisen their report. **Implications for the Brighter Futures Strategy** Survey findings have been included on page 2 to assist in articulating "what we know"
Evaluation of the Southend, Essex & Thurrock Children and Young People's Emotional Wellbeing and Mental Health Service (EWMHS) 2019. The wider context relevant to this evaluation is described in some detail in the full report. It sets out a direction of travel from the policy perspective towards: • Greater collaboration, whole system working • Child or young person being at the centre, with the adoption of iThrive, and greater emphasis on service user shaping services • Greater emphasis on genuine primary prevention/mental health promotion • More opportunity for early intervention before problems exacerbate • Quicker access for diagnosable mental health problems.	**Implications of local evidence at Place** Stakeholders report greater collaboration and whole system working. **Implications for the Brighter Futures Strategy** The evaluation findings support the ambitions identified within the strategy.

SWS Evaluation Report
An evaluation of the SWS has been commissioned by Thurrock Council. The University of East Anglia are leading this evaluation. Completion is anticipated by September 30th 2022.

Implications for the Brighter Futures Strategy
An interim report has been requested to gauge the early impact of the SWS. Initial findings presented within the interim evaluation report show that staff and parents are positive about how health and wellbeing is supported within schools.
It highlights some areas for improvement including:
- A need for training on mental health and wellbeing for support staff
- Ensure training for all school staff should be bespoke or reflect their training needs
- Improve perceptions and communications with parents around how incidences of bullying are managed
-

Implications for the Brighter Futures Strategy
The evaluation findings support the shaping of ambitions within the strategy.

A Gap Analysis of Current Provision in Thurrock against the Published Evidence Base can be found in the **Annual Public Health Report, 2019.**

Implications of local evidence at Place
Thurrock Council have established a Violence and Vulnerability board to action the recommendations from the Annual Public Health Report, 2019. Included within these actions is to establish multi-disciplinary panels and integrated support teams to identify and address risk factors early and to include trauma-focused CBT within the offer for CYP

Implications for the Brighter Futures Strategy
Relevant to SP4 is the report finding that suggests the current EWMHS mental health provision focuses largely on the individual. It does not offer the more holistic specialist support recommended in the evidence base such as multi-systemic therapy or family functional therapy that seeks to address wider problems in the family and environment of the young person. Trauma focused CBT also recommended in the evidence base for victims of serious youth violence is also offered. The service will strengthen the whole family approach by working together /collaboratively with wider partners within adult services. (agreed)

Good Practise	Local response
CQC Report : Review of Children & Young People's Mental Health Services 2017 This document was created through the analysis of a sample of 101 CQC inspection reports of specialist child and adolescent mental health services (CAMHS) that provide inpatient care or care in the community, review of policy and CYPF engagement. The report highlighted some of the ways specialist CAMHS services have delivered good or outstanding care. Such services were characterised as • Involving children, young people, families and carers • Collaboration between different organisations and services • Innovative ways of providing person-centred care • Improving access to services • Education and training for staff, children and young people and their families	**Local Activity at Place reflecting CQC Report** A review of the EWMHS service in 2019 suggests good involvement of CYP and families into the shaping of the service and collaboration with stakeholders across organisations. Training for families and staff is provided through the MHSTs and Schools Wellbeing Service. **Implications for the Brighter Futures Strategy** There is an opportunity to prioritise innovative ways of providing child and family centred care, and service access through strategy ambitions.
CQC Report: Are we listening? A review of children and young people's mental health services,2018 Recommendations from the report: • The Secretary of State for Health and Social Care should make sure there is joint action across government to make children and young people's mental health a national priority, working with ministers in health, social care, education, housing and local government • Local organisations must work together to deliver a clear 'local offer' of the care and support available to children and young people • Government, employers and schools should make sure that everyone that works, volunteers or cares for children and young people are trained to encourage good mental health and offer basic mental health support • Ofsted should look at what schools are doing to support children and young people's mental health when they inspect	**Local Activity at Place reflecting CQC Report** Thurrock has implemented and socialised the THRIVE model and continues to raise awareness of the local offer. The SWS and MHSTs offer training to school stakeholders and parents, however there is opportunity locally to strengthen this offer and skill up the wider workforce. **Implications for the Brighter Futures Strategy** There is an opportunity to prioritise innovative ways of providing child and family centred care, and service access through strategy ambitions.

SP4 Understanding Local Need

Inequalities

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 (29).

The IDACI score for Thurrock suggests the following wards are the most deprived, Tilbury Riverside, Tilbury St. Chads, Ockendon, Belhus, Aveley and Uplands and West Thurrock and South Stifford. Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. It is likely therefore that these areas represent comparatively greater areas of need. Options for a local targeted offer should be considered in alignment with place transformation.

Probable Mental Health Disorders

Children with probable mental health disorders are unlikely to be known to services or be in receipt of an intervention**.** Figure 31 attempts to visualise this concern and shows the number of children

diagnosed with a mental health problem known to services above the iceberg and children not known to services with a probable disorder beneath the iceberg. It is noted that children in this cohort may be receiving some level of support – it is however unknown as to how much, what it is and if sufficient. Identifying this cohort however provides an important link for the workforce who might be supporting some of these children. It is therefore important that Thurrock continues to build its workforce capacity at a universal level to support the identification and low level intervention needs of children not known to services.

The following paragraphs give some quantification of need in this area. There are an estimated 6700[*] children in Thurrock aged between 2 and 18 yrs. who have a probable mental disorder.

The most common types of mental health problems amongst young people 5-16 include conduct disorder (5.8%); anxiety (3.3%), depression (0.9%) and hyperkinetic disorder (1.5%). 1.3% had a less common disorder (made up of 0.9% with autism spectrum disorder, 0.3% with an eating disorder, and 0.1% with mutism) (30). More recent research suggests that self-harm may be increasing amongst certain groups, with a 68% increase in self-harm rates among girls aged 13 to 16 since 2011 (31)

Applying these percentages to the Thurrock population of children aged 5-16 (consistent with the study sample above) would suggest

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[*]*Based on Mental Health of CYP Survey- 5.5% of 2-4yr olds have a probable MHD, 16% of 5-16yr olds have a probable MH disorder & 16.9% of 17-18yr olds have a probable MHD- Population from ONS mid-19 estimates*

that there are at least 1,854 children with a conduct disorder; 1,055 with anxiety, 288 with depression and 480 with hyperkinetic disorder.

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. There is evidence to suggest an upward 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 an upward trend. Both indicators are statistically significantly worse than statistical neighbours. Activity data from the local EWMHS service reflects local need for self-harm intervention and increasing service demand for the period 2017 -2020. The Schools Wellbeing Service currently provide training support to schools on how to manage self-harm. Lower tier integration, increased capacity and early identification could assist with reducing self-harm and the requirement for more specialist services. This information may have implications for the current local children's emotional mental health and wellbeing offer.

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

Children diagnosed with MHD in contact with CYPMHS *

2,395

CYP estimated to have MHD not diagnosed or receiving treatment**

4,305

3,758 (conservative estimate)

CYP in vulnerable households estimated to have pre-diagnosable MHD***
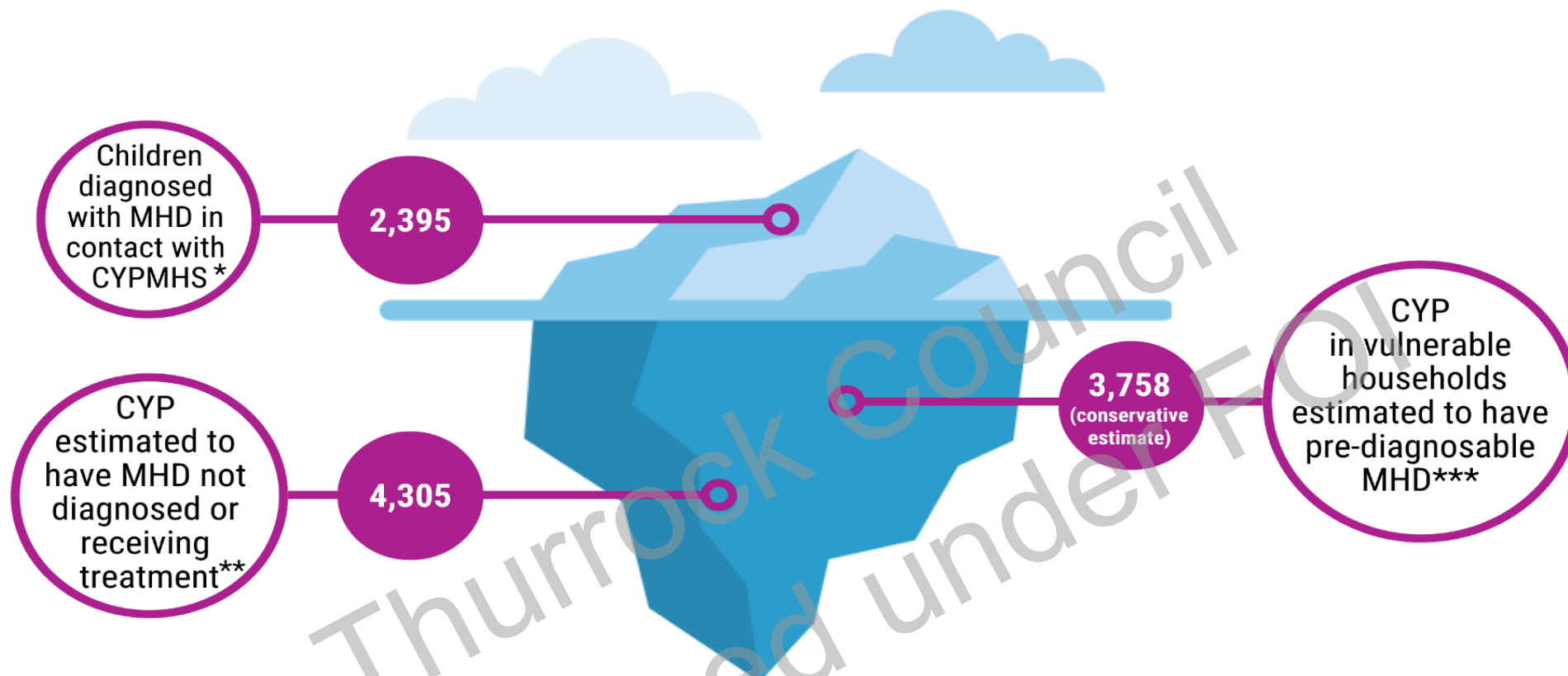
*EWMHS CYP01 - People in contact with children and young people's mental health services, end RP 2020-21

** 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

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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, 17.3% of households in Thurrock experienced 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, 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 2020, 388.1 per 10,000 children in Thurrock were classified as Children in Need due to parental conflict, dysfunctional home life, or disability, compared to 323.7 for England and 321.3 for Thurrock's statistical neighbours.

There is a comprehensive wellbeing offer for CYP in Thurrock as detailed from page 120, which includes universal and targeted support. Children's Services Thurrock also currently offer parental conflict training for Early Help staff and a suite of targeted parenting programmes for parents. Further detail regarding parenting programmes can be elicited in chapter SP2.

The increase in probable mental health disorder 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 SEMH will often feel anxious, scared and misunderstood.

Findings from the Thurrock SEND Deep Dive (32) infer that Moderate Learning Difficulty (MLD), 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 supports schools to put in place the right

support systems to better manage behavioural problems that can prevent exclusions.

Key Points

- Children's mental health is a local and national priority. 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. 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

- 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

- Experiencing disadvantage and being vulnerable can increase the risk of mental health problems. Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. There exists an opportunity locally to identify targeted options in line with place transformation and to better understand the social inequalities that lead to mental ill health in children

- A third of children with SEMH do not have an Educational Health Care plan. 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 EHC plan. The SWS currently provide this training

Scope

Strategic Priority 4 (SP4) will 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.

SP4: The Current Position

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 conceptualises

need into five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More 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.

The following pages depict how current services are aligned to the THRIVE model.

Figure 26 THRIVE model

120
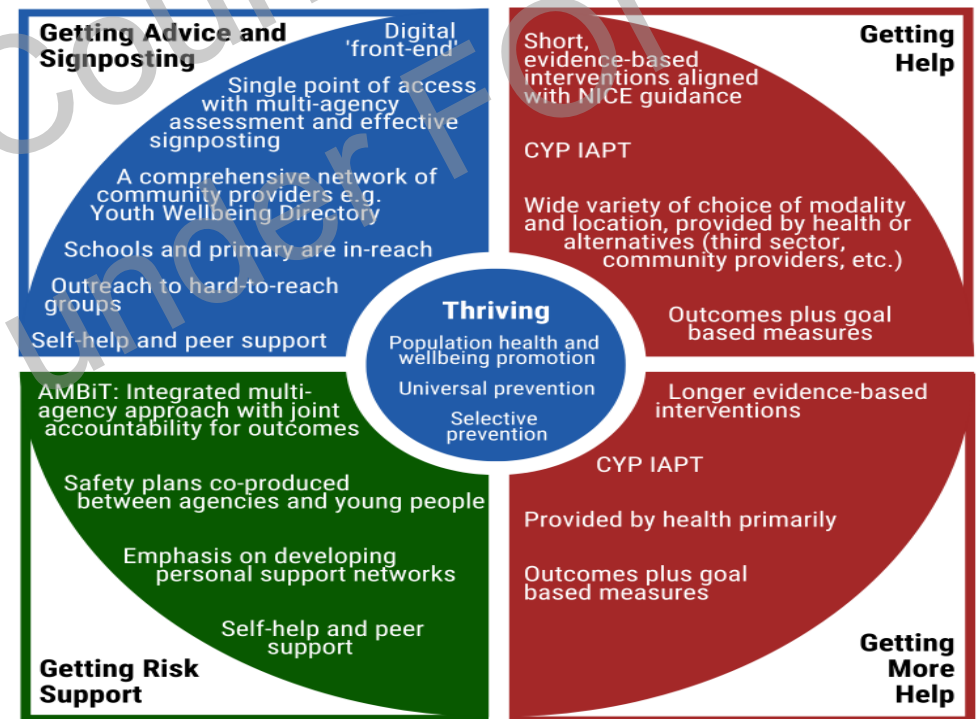
Emotional Wellbeing and Mental Health Offer-Universal Offer

CYP can move up and down as their health and wellbeing needs change

CYP with complex needs

CYP with mental health needs

CYP population

Getting Advice

Getting Help

Thriving

Getting Risk Support

Getting More Help

Interventions

Comprehensive prevention and promotion resources in place. Shared Decision Making, link worker roles, community-based support.

Outcomes

We would expect that across a population of children and young people approx. 80% of the population would be Thriving.

Thriving and Getting Advice - Services

- Schools Wellbeing Service
- Brighter Futures Healthy Families
- Services by NELFT: school nursing, health visiting and other professionals*
- Brighter Futures Children Centres*
- Risk avert survey and follow up classes
- Kooth - online resource fro CYP 11-18
- School based pastoral care
- Personal social and health education classes in school
- Mind - mental health first aid training
- Mental health support teams

* addressed under SP2

Key Universal Services

Mental Health Support Teams in Schools (MHSTs)

In December 2017, the Transforming Children and Young People's Mental Health Provision green paper introduced a new policy to provide additional support through schools and colleges and together with DfE established Mental Health Support Teams (MHSTs). Thurrock are part of the national programme with one team providing support for 14 schools in Thurrock and one team providing support to students attending South Essex College. The teams consist of a newly trained workforce called Education Mental Health Practitioners (EMHPs) and senior mental health practitioners. MHSTs are being delivered by North East London Foundation Trust which will ensure a seamless service with our EWMHs provision. The teams went live in January 2021 and are working closely with schools, colleges, pupils, and families to coproduce service delivery and development. An additional team is anticipated to be in place for Thurrock in 2022.

The MHST service has three core functions:

1. To deliver brief evidence-based interventions to support children and young people with mild-moderate mental health problems
2. To provide timely advice to school staff and liaison with external services, to help children and young people to get the right help and stay in education
3. The NHS has committed to ensuring all area in England have 25% coverage by 2023 and new teams are expected to be

implemented over the coming 3 years. The outcome of the national evaluation will inform future planning and ambition to deliver full coverage for all schools and colleges

Schools Wellbeing Service (SWS)

The Schools Wellbeing Service is jointly funded by partners in Thurrock and was launched in September 2019. The service was developed in response to the recommendations in the CYP Mental Health Needs Assessment 2018 and is currently hosted by Thurrock Children's Services.

The focus of the SWS programme is to strengthen and improve the emotional and mental wellbeing of children and young people, as well as school staff, by reducing risks for poor mental health and promoting protective factors. The SWS is a team of practitioners comprising of a team leader, practitioners, and administrative support. Each SWS practitioner is responsible for working schools to provide facilitation and support in delivering the following activity streams:

Leadership / policy: Each school to have a Mental Health Lead (MHL) and Mental Health Action Plan.

Skills development/training: For staff, pupils, school wellbeing champions and parents

Support: Phone line for staff/parents/carers, reflective sessions for staff, Student Mental Health Champions

Information sharing: Mental Health Network Meeting, Thurrock Thrive model visual aid termly, 5 ways to wellbeing ½ termly bulletin for parents, staff and pupils

The SWS provides a whole school approach rather than direct interventions to enhance the knowledge, skills and confidence in promoting good mental health, supporting those experiencing difficulties and knowing when to provide universal, targeted or refer to specialist services. The SWS has supported individual school needs planning to enable bespoke packages of support and intervention meeting the individual needs of children.

Emotional Wellbeing and Mental Health Offer- Targeted Services

CYP can move up and down as their health and wellbeing needs changes

CYP with complex needs

CYP with mental health needs

Entire CYP population

Thriving

- Getting Advice
- Getting Help
- Getting Risk Support
- Getting More Help

Interventions

Access to health coaching, peer support and self management education.

Those who need focused goals-based input through evidence based interventions.

Outcomes

This is about supporting CYP to build knowledge, skills and confidence and to live well by improving and managing their mental and emotional health and wellbeing.

Getting Help - Services

- School-based counselling services
- Brighter Futures Prevention and Support Service
- Kooth - online counselling for ages 11-18
- Open door counselling services for young people
- Thurrock and Brentwood Mind - Positive Pathways
- Togetherall - online community for ages 16-18
- Children with disabilities social work team
- EWMHS core community services

- Triple P online
- Stepping Stones practitioners
- Silver Cloud
- Power programme
- A&E Youth Worker
- Infant mental health

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Key Targeted Services

Triple P Positive Parenting Programme

This online resource for families went live across Thurrock Southend and Essex in February 2020. Since this time over 1200 families have registered for this service and accessed resource. Pre-intervention data suggests that there has been effective recruitment of parents with children with substantial challenge. Conduct problems and hyperactivity are the most severe with 79% and 74% of parents in the non-typical range. The data regarding outcomes at the end of Triple P online show a higher level of confidence at managing behaviours effectively. Parents who have more confidence with managing their children are more readily able to have more positive interactions with them, enabling positive relationships to evolve leading to better outcomes for children and their own ability to respond appropriately to wider environmental factors they will face in their lifetimes.

This is a test and learn approach with 30 services from across a range of agencies participating in the programme. The Collaborative Commissioning Forum has approved extension of the programme to January 2022 and an additional 30 training places for Stepping Stones Autism Training.

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 Together with Baby provided by 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-judgemental space to help parents understand further the difficulties they are encountering. 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 problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental health illness affects up to 20% of new and expectant Mums and covers a wide range of conditions .If left untreated, mental health issues can have a significant and long lasting effects on the women, the child and wider family members. The NHS has invested in developing Specialist Community Perinatal mental health Services which will ensure 10% of women and their partners will receive the specialist care required by 2023. EPUT provide the service for Thurrock working closely with health Visitors, Midwifery, and GPs.
It is important that all professionals supporting families are aware and have the information available to identify and support those with risks and emerging concerns. Alongside the expansion of the specialist service two supporting programmes are in development:

- A Peer Support Module for couples. This is in partnership with third sector organisations

- A digital online resource to increase awareness, provide information regarding service provision and a resource for practitioners. The underpinning deliverables will be to ensure appropriate care and early intervention and address health inequalities

Emotional Wellbeing and Mental Health Offer: Specialist services

CYP can move up and down as their health and wellbeing needs changes

CYP with complex needs

CYP with mental health needs

Entire CYP population

Getting Advice

Getting Help

Thriving

Getting Risk Support

Getting More Help

Interventions

These needs based groupings align very clearly with the more specialist interventions that might be provided through Personal Health Budgets.

Outcomes

This is about empowering service users, integrating care and reducing the requirement for unplanned service use.

Getting Risk Support - Services

- EWMHS - crisis services, specialist eating service and specialist LD service
- Inpatient Services Tier 4
- SERICC
- Wize-up
- Early Intervention Psychosis
- Care education treatment reviews (CETR) with care worker support

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The Key Specialist Service

Emotional Wellbeing and Mental Health Offer (EWMHS Service)

The joint commissioning arrangements of The 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. There is also a Crisis Response available both within the community and A&E settings. To further enhance access anyone can initiate a referral to the Single Point of Access including CYP and families themselves.

Mental Health & Emotional Wellbeing practitioners are trained in a range of evidence based interventions. The EWMHs model includes a dedicated core team in Thurrock supported by a range of specialist teams including Eating Disorders, Learning Disabilities and Crisis teams. Where there is a requirement for group or individual sessions is to be delivered off site, these happen across locations including family/carers homes, school and jointly with wider professional groups including social care, Youth Offending team and youth services such as Inspire.

The service works holistically with schools and wider family members ensuring all who support the child and young person have a good understanding of their needs and strategies to support. Following triage at the single point of access if there is no clinical need for specialist services families and children will be supported to access alternative community support.

Within the core community service there are four core work streams/pathway to treatment;

- Behavioural/ Conduct pathways
- Complex Cases
- Anxiety and Mood
- Neurodevelopmental (children with a mental health comorbidity)

Once a case is assigned to a work stream, the following is expected:

- Care plan development and identified interventions – these commence within 18 weeks of referral. This is also a national target. If cases get worse there is an avenue to fast track where the need presents

- Appropriate evidenced based Interventions administered aligned with the need and wishes of the child and family- This may be brief or long term depending on need

- Outcomes are tracked based on the intervention administered as well as individual achievements

- Link to other services where appropriate.

Service Strengths

Thriving and Getting Advice

Local Intelligence

The Brighter Futures Annual Survey has been undertaken since 2016. The survey provides place based intelligence concerning children's mental health and wellbeing. The survey is also currently being used to understand the impact of the local Schools Wellbeing Service. This survey is the main local tool for improving understanding of CYP mental health needs, alongside a school self-assessment that highlights the needs of individual schools through the voice of its senior leaders and teachers.

Delivering services using a Whole School Approach

In order to support pupils with a mental health problem it is important to reach all parts of the school community and beyond. The whole school approach is an ideal ways of facilitating this. In Thurrock both the MHSTs and SWS adopt a whole school approach and involve pupils, parents/carers in a number of novel ways. Using schools to deliver mental health intervention and prevention is in itself a local strength. There is clear evidence of the vital role schools, colleges and education providers play in identifying mental health needs at an early stage further supporting inclusion of early intervention and prevention buttressing the role schools and colleges play in reducing inequalities experienced by children and young people.

Getting Help – Services

Essex & Thurrock Children and Young People's Emotional Wellbeing and Mental Health Service (EWMHS)

Feedback from children and young people has shown the service to be enabling, empowering and impactful. Progress has been made to join up services and provide greater continuity of care. There are strong links between EWMHS staff and school counsellors / school nurses in Thurrock, and stronger links with local safeguarding children's boards and youth offending services in some areas. The introduction of an open access policy through the single point of access has gone some way towards helping to foster a greater sense of empowerment among children and young people, and to reduce the stigma associated with mental ill-health.

Vulnerable Young People's Pathways

The Youth Offending Team and integrated post with EWMHs continues to work closely together and with the additional post of the speech and language therapist ensure effective support for the cohort of young people. A EWHMS Community Psychiatric Nurse and speech and language therapist is embedded within the Youth Offending Service (YOS) to work with young offenders with mental health issues and/or neuro-development problems.

Getting Risk Support Services

The Crisis Response

The ISS and Crisis Model for Essex has been recognised as good practice and presented at a number of regional forums. The National requirement to have a 24/7 crisis provision implemented due to Covid was already established as part of business as usual and enhanced last year through the ISS. The ISS offer has been strengthened to reduce A&E attendances and reduce tier 4 admissions. The strengthened offer will allow time to assess and support an immediate crisis as an alternative to admission.

Service Challenges

Thriving and Getting Advice

- **Sustainability**

The current SWS and MHST services are working well, however the MHST intervention is not available to all schools in Thurrock. Funding for the SWS service ends in 2022. A sustainable option allowing all schools access to both services needs to be sought. *Recent correspondence from central government does however suggest funding for an additional MHST for Thurrock*. Partnership board terms of reference (Brighter Futures Board and SWS Partnership) need to be refreshed with a view to strengthening collaboration and overseeing sustainability plans. There is an opportunity within the lifespan of the current strategy to strengthen integration of the current service model and to continue to find ways of building the capacity and capability needed for the whole system to respond earlier to the emotional wellbeing and mental health needs of children and young people.

Education settings CEOs have voiced some dissatisfaction with tier 1 and the overall system model. Specifically,

- The Schools Wellbeing Service has been rolled out too slowly
- The tiers are health driven
- Partnerships needed to be strengthened

The local authority have commissioned University of East Anglia to evaluate the Schools Wellbeing Service. Initial findings presented within the interim report show that staff and parents are positive about how health and wellbeing is supported within schools. It highlights some areas for improvement including:

- A need for training on mental health and wellbeing for support staff
- Ensuring training for all school staff is bespoke or reflect their training needs
- The need to improve perceptions and communications with parents around how incidences of bullying are managed

The final report will be available from September 2022.

Getting Help – Services

• **Vulnerable Young People's Pathways**

There is a need to ensure all vulnerable young people have access to holistic, evidenced-based support when they need it.

Getting Risk Support Services

• **Service Models**

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
- limited use of community assets

Activity data from EWMHS 2017 to 2020 does however show an overall improving position with regards the 12-week referral to assessment targets. In 2019/20 (last full year of data) 73% of referrals were assessed within 4 weeks. While there is a need to provide much greater clarity to stakeholders about the scope of EWMHS as a commissioned service there is an opportunity for local stakeholders to work together to develop a "best fit" model for Thurrock in line local and national CQC identified good and outstanding practise. Partners have developed a test a learn pathway for this purpose. Please see figure 35. It is anticipated that will be implemented from February 2022.

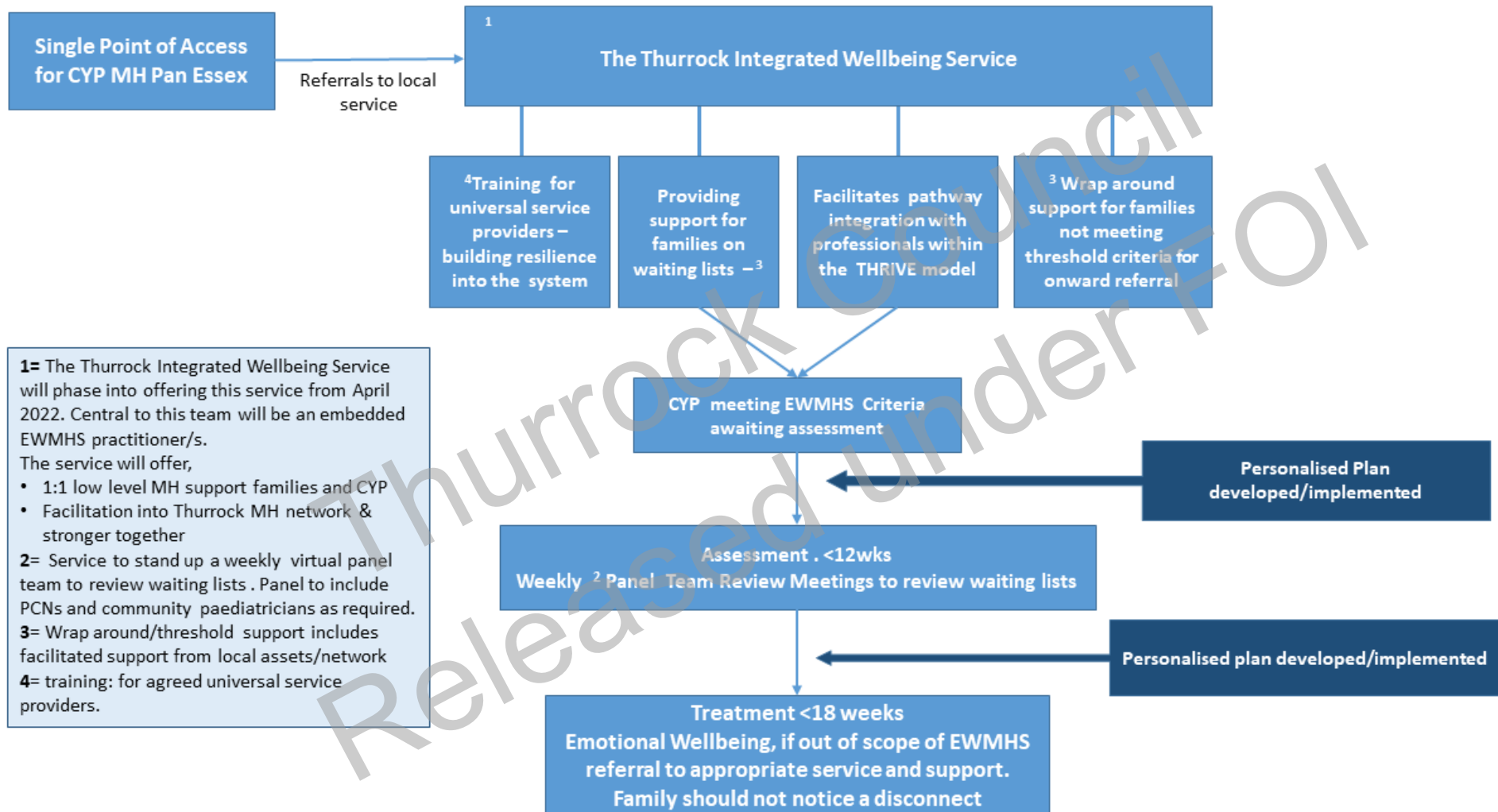### Thriving and Getting Advice/Getting Help – Services/Getting Risk Support Services

• **Finance**

Thurrock's child's population is set to rise by 27% by 2027. Service demand continues to increase year on year, recent estimates suggest 16% of children aged 5 to 16 now have a probable mental health disorder, compared to 10.8% in 2017.   Thurrock spending has increased over the years but spends comparatively less than the England average, £49 compared to £66. Children account for 27.5% of Thurrock's population, but only 8.2% of total mental health spending. Across English CCGs, the highest spend per adult (£404) is significantly more than the highest spend per child (£202). The lowest spend per adult (£129) is five times higher than the lowest spend per child (£25). (33)

Thurrock has historically successfully achieved economies of scale through the Collaborative Commissioning Forum. In order to meet the rising demand Thurrock will need to work with partners to identify opportunities for scaling up (e.g. building up the tier 1 workforce capacity) and identifying opportunities to do more with less (e.g. reviewing DNA policies, maximising community assets). There is also an opportunity to identify those most in need and those unable to access services, preventing escalation to specialist service and preventing unnecessary costs.

Figure 33

Local integrated test & learn wellbeing pathway

Single Point of Access for CYP MH Pan Essex

Referrals to local service →

1

The Thurrock Integrated Wellbeing Service

[4]**Training for universal service providers – building resilience into the system**

Providing support for families on waiting lists –[3]

Facilitates pathway integration with professionals within the THRIVE model

[3] **Wrap around support for families not meeting threshold criteria for onward referral**

1= The Thurrock Integrated Wellbeing Service will phase into offering this service from April 2022. Central to this team will be an embedded EWMHS practitioner/s.
The service will offer,
- 1:1 low level MH support families and CYP
- Facilitation into Thurrock MH network & stronger together

2= Service to stand up a weekly virtual panel team to review waiting lists . Panel to include PCNs and community paediatricians as required.

3= Wrap around/threshold support includes facilitated support from local assets/network

4= training: for agreed universal service providers.

CYP meeting EWMHS Criteria awaiting assessment

Personalised Plan developed/implemented

Assessment . <12wks
Weekly [2] Panel Team Review Meetings to review waiting lists

Personalised plan developed/implemented

Treatment <18 weeks
Emotional Wellbeing, if out of scope of EWMHS referral to appropriate service and support.
Family should not notice a disconnect

Thurrock Council
Released under FOI

Service contracts

There are currently a number of contracts, with a range of private, voluntary, statutory and health care providers. Each have their own individual range of outcome measures and key performance indicators making it difficult to compare and measure any meaningful impact. There exists an opportunity for commissioners to collaborate to establish alignment of outcome and performance measures to better understand impact. Commissioners in the local authority and Clinical Commissioning Group can utilise this data to further analyse and understand which interventions and services have the most significant impact thus insuring future investment is deployed in the most effective way. The Brighter Futures Board can act as the strategic governance mechanism for contractual performance.

The Impact of COVID 19 on Young People

There is data to suggest that young people's mental health has been negatively affected by the pandemic. The Opinions and Lifestyle Survey (OPN) that has been monitoring the social impact of COVD 19 [1] has found that young people are more likely than other age groups to report that lockdown has made their mental health worse.

Employment and its associated economic benefits is an important building block for a healthy life. Work gives many young people a sense of stability, purpose and improved self-esteem. A study from UCL (34) found that unemployed young people are more than twice as likely to suffer from mental health disorders compared to those with jobs. Youth unemployment can have long-term effects, with periods of unemployment affecting future employability and wages.

The period between 12 and 24 years is a critical time for creating and maintaining relationships with family, friends and the wider community. Interacting with the wider world helps young people to strengthen social and emotional skills during this critical developmental time. There is research to suggest that the lack of social contact due to lockdown may be impacting on young people's development and their

ability to develop important social and emotional skills. (35)
There are however some positives that can be attributed to lockdown. Many young people spent most of their time with their families rather than their wider social circle in educational settings. Some young people illustrated how this had brought families closer together as they were more reliant on each other for support. Research has shown that younger people, ages 16 to 29 years, were least likely to be worried about the effect coronavirus was having on their lives (17%)

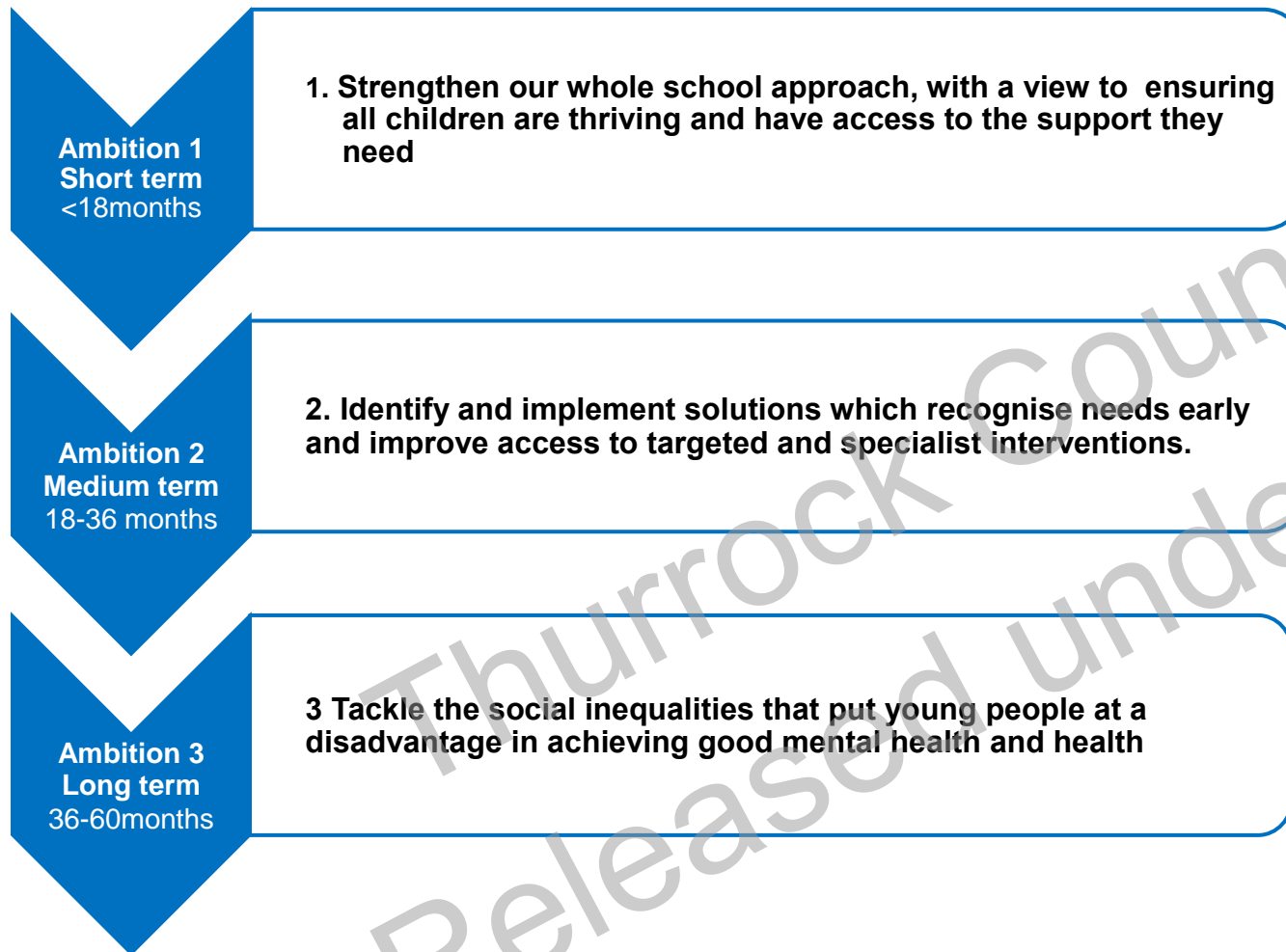compared with those aged 30 to 59 years (27%) or those aged 60 years and over (24%). (36)

Some young people were however disproportionally affected by the pandemic. These include children with SEND, pre exiting mental health needs, ethnic minorities, disadvantaged children and females. (37) According to the COVID-19: mental health and wellbeing surveillance report,

- From May to November 2020, female pupils aged 6 to 18 reported higher anxiety and poorer wellbeing than males

- In January 2021, survey data suggests that a larger proportion of children from households with lower annual incomes were identified as having possible/probable mental disorders, such as emotion and hyperactivity problems, than those children from households with higher annual incomes

- Children and young people (aged 6 to 18) with SEND have shown elevated mental health symptoms and higher levels of behavioural, emotional, and, restless/attentional difficulties throughout the pandemic

- There is evidence to suggest that some young people with pre-existing mental health needs have found access to care and the return to school difficult

- Some evidence suggests that children and young people from ethnic minority backgrounds have experienced a higher rate of mental health and wellbeing concerns (37)

The Local Authority and CCG will seek to address disproportionality through bespoke local plans and the recently awarded Government Recovery Funds.

SP4: Our Ambitions

Ambition 1
Short term
<18months

1. **Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the support they need**

Ambition 2
Medium term
18-36 months

2. **Identify and implement solutions which recognise needs early and improve access to targeted and specialist interventions.**

Ambition 3
Long term
36-60months

3 **Tackle the social inequalities that put young people at a disadvantage in achieving good mental health and health**

Further information

SP4 Lead: Director for Children, MSE and or SWS Partnership Board Chair

SP4 supporting group: SWS Partnership Board

Opportunities identified: collaboration, intelligence, transformation, integration, innovative thinking.

Challenges: increased demand, system fragmentation, sustainability, service models, accessibility, "hidden need"

SP4: The Attainment Roadmap

	Ambition	Rationale
1	Strengthen our whole school approach (WSA) with a view to ensuring all children are thriving and have access to the support they need	A strong WSA could help to stop mental ill health 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. This ambition will also allow partners to facilitate the enhancement of the necessary knowledge, skills and confidence required in promoting good mental health in school communities and families. The WSA will ensure clarity of when to provide universal, targeted or referral to specialist services. Thereby allowing children to receive the support they need at the right time and enabling them to thrive. A key principle of WSA is partnership working. A strengthened approach will solidify existing stakeholder relationships and address partnership fragmentation, training and communication challenges. This consideration is supported by a number of sources including the interim UEA report of the SWS service and the SP4 Appreciative Stakeholder Enquiry. The integration of the Schools Wellbeing Service and the Mental Health Support teams will support the strengthening of the local WSA by increasing low level mental health support coverage of local schools. This proposal supports sustainability and is aligned with national policy and local evidence.
2.	Identify and implement solutions that recognise needs early and improve access to targeted and specialist interventions.	Solutions which address "hidden need" and pathway fragmentation are likely to improve access to services and provide timely intervention. Figure 34 visualises this concern and shows the number of children diagnosed with a mental health problem known to services above the iceberg and children not known to services with a probable disorder beneath the iceberg. Strengthened workforce capacity at a universal level could support the early identification and low level intervention needs of children not known to services. This workforce would also serve to facilitate appropriate access to targeted or specialist services as needed or provide low level support preventing the need for further pathway escalation. Service fragmentation, waiting times, highly set thresholds and the use of a community assets are all challenges identified within this report which affect service access. An evidence based model therefore needs to be agreed with partners to address these challenges and ensure children receive the help they need. In addition to this there are a number of good practise examples identified by the CQC on improving service access that have not been piloted in Thurrock. The Brighter Futures Partnership wish to be bold and

		innovative and consider further solutions for service access over the course of this strategy. *An emerging test and learn model is currently being considered.* There is an opportunity locally to align targeted support to areas of greatest need in line with place transformation, within the context of reduced budgets and increasing demand.
3.	Tackling the social inequalities that put young people at a disadvantage in achieving good mental health and health	Experiencing disadvantage and being vulnerable can increase the risk of mental health problems. Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. There exists an opportunity locally to identify options to better understand the social inequalities that lead to mental ill health in children. Furthermore, the Brighter Futures Survey report 2020 has recommended an analysis of inequalities to better understand the social inequalities driving wellbeing inequalities. This is backed by evidence sources which refer to the unequal distribution of poor mental health.

Ambition	Process/Action	Short/Medium/Long term
1. Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the support they need	• Identify opportunities and implement action's to integrate the Mental Health Support Teams and the SWS • Actively promote the THRIVE model with schools and families • Review findings from the SWS Evaluation to support further action under this ambition	Short term
2. Identify and implement solutions which recognise needs early and improve access to target and specialist interventions.	• Develop a solution for consultation with stakeholders. We will work with stakeholders to develop model to articulate our aspirations on what good looks like. We will also agree a comprehensive set of principles for local services: 1. Holistic – treatment approaches take a whole family approach and treat both the young person and the family and environmental environment in which the young person lives. 2. Responsive – help is available when required and to all who need it. 3. Integrated –service delivery is embedded into a single integrated model of children's emotional health and wellbeing and other community assets including schools and INSPIRE rather than being delivered separately or in parallel. 4. Preventative – will seek to intervene at the earliest possible opportunity to prevent mental ill health issues becoming worse 5. Resilient and capacity building – helps to support a resilient service model by building capacity through training and education. 6. Evidence Based Practice- takes into consideration local & national evidence as part of service development 7. Able to provide a single point of access – offers swift seamless navigation and support for professional and parents throughout the service model and system • Appraise options for a targeted service in areas identified as having greatest need. *Mapping of existing community and primary care provision and skilling up of the work force to support the identification and signposting of higher risk young people*	Short term

3. Tackling the social inequalities that put young people at a disadvantage in achieving good mental health and health	• Undertake an inequalities deep dive into children's mental health. This will be led by the Thurrock Public Health Team in partnership with the Brighter Futures Board and supported by the Brighter Futures Survey	Long term
	• Strengthen existing service provision to provide holistic, evidenced-based support for children most at risk for developing mental health problems – specifically children with SEND, looked after and known to the Youth Offending Service	Medium term
	• Mapping of existing community and primary care provision and skilling up of the work force to support the identification and signposting of higher risk young people	Medium term

So what?

- We are proposing the strengthening of our whole school approach, with a view to ensuring that all our children thrive and have access to the support they need

- We will seek to address "hidden" or below the iceberg mental health problems through our newly skilled workforce, with emphasis on identifying and addressing risk factors for mental ill-health and including the impact of COVID-19 measures on CYP social and emotional skills

- We will Identify and implement solutions which improve access to targeted and specialist interventions

- We are building on practice deemed as good or outstanding

- We intend to make maximum use of local assets to support wellbeing in our young people by linking into the Stronger Together Directory with CVS and working closely with our voluntary sector colleagues (making use of the support listed for adults to benefit families)

- We will tackle social inequalities that affect our children's mental health

- We undertook an appreciative enquiry with stakeholders in April 2020; 81% of stakeholders thought the ambitions for SP4 were right

Themes from **Appreciative Enquiry SP4 include:**

- Putting CYP at the centre of the strategy and using their feedback to guide future services.
- Using a whole school approach for early intervention.
- Working with the whole family.
- Building on the collaboration between services by further integrating the offer.
- Outcome measures should include resilience measures and self- assessment by CYP
- Ensuring timely access to services
- Person centered care planning

Now what?

•   The Schools Wellbeing Partnership will provide operational oversight of and review of SP4 plans.

SP4: How will we know we are there?

Service delivery
*   Partners will assure the Brighter Futures Partnership Board and SWS that Local Child and Adolescent Mental Health Service and multi-agency pathways are in place and incorporate agreed principles and innovation
*   Evaluation of the Schools Wellbeing Service, child self-assessments
*   Audit of Young People's Voice Charter

Child Outcomes:
*   Measurable improvements in children and young people's emotional wellbeing are identified through the Brighter Futures Survey
*   Number of finished admission episodes in children aged between 10 and 24 years where the main cause is intentional self-harm, available in Child Health Profiles and in the Young People's Profiles
*   Number of hospital admissions in children aged between 10 and 14 years where the main cause is intentional self-harm, available in Young People Profiles
*   Hospital admissions in children aged between 15 and 19 years where the main cause is intentional self-harm, available in Young People's Profiles

Measure and compare to a baseline the,

*   number of children with emotional health and wellbeing issues who have access to the school wellbeing service and MHSTs
*   number of children and young people accessing a low level mental health support in targeted areas
*   number of children and young people who show improved mental health following interventions from the school wellbeing service and MHSTs
*   number of referrals to EWMHS services

Chapter 4: Delivering our Vision

4.1 Delivering our Vision

Why is our vision important?

Children and young people's physical, emotional and mental wellbeing are shaped by the social determinants of health into which they are born, live, learn and grow. As a partnership we are aware that there is a complex interrelationship between the experiences an individual child has in a family and those they experience in the wider community. Negative experiences, both at home and in the community can mean that children are at greater risk of experiencing poorer outcomes which can propagate inequality throughout life, from one generation to the next. Our vision and strategic priorities take into account the individual and wider risk factors that need to be addressed in order to achieve the best results for our children.

Transition into adulthood threads through all of our priorities and is implicit within our vision. Early and effective planning for transitioning out of care is key in ensuring challenges are addressed in a timely way and can work to support young people's independent living in ways that benefit their entire wellbeing. Locally there is an opportunity to strengthen existing transition strategies through close collaboration with adult services and service users.

A Themed Approach

Over the life span of this strategy we aim to have an annual theme to mark our focus for the year in line with our plans. Our themes will start in the month of September in the respective year:

2021 – Reset and Recovery

2022 – Our year of levelling up

2023 – The year of Mental & Emotional Wellbeing

2024 - Our year of Safeguarding

2025 -   Reaching our aspirations

Demonstrating impact and measuring success

Impact will be demonstrated through refreshed performance measures in our Brighter Futures Outcomes Framework. **LINK TO OUTCOMES FRAMEWORK**

Our Pledge

Taking a whole family approach, we pledge to continue to strive to move towards a more integrated and collaborative approach with system partners. We will also listen to the views of our young people and hold ourselves to account to deliver on our promises.

4.2 Young people's voice

Importance of Young People's Voice

Co-production is one of the underpinning principles of our strategy. We have therefore sought to engage with local young people to better understand the importance of health and wellbeing from their perspective using creative workshops and semi structured interviews. We have done this to ensure that our strategy reflects the priorities and ambitions of local young people.

As a partnership we appreciate that our views may not be shared by local young people and that many young people recognise their right to participate in matters that affect them. We have therefore embarked on a responsible power sharing journey with local young residents to empower them, increase transparency and create trust.
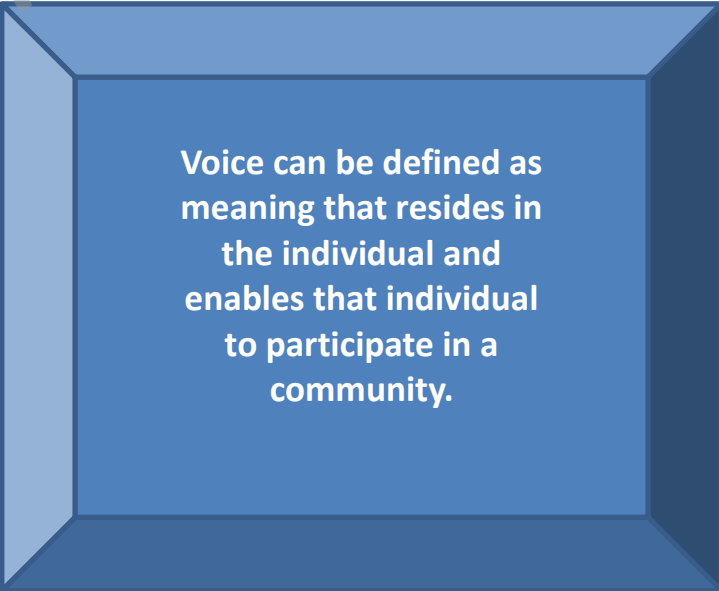
The importance of youth voice cannot be overstated. Transparent strategic planning is about putting the user of a service or intervention at the heart of the development process, to make sure it addresses felt needs and that plans are fit for those who will use them. Listening to young people can improve policy and service delivery.

There is quite a rich national and local policy context to children's voice. A few key examples include:

- The 1989 Children Act for England and Wales 'which opened the way for children to have an increasing influence on the outcome of decision-making'.

- The UN Convention on the Rights of the Child (UNCRC), ratified by the UK Government in 1991, was the first piece of international legislation to acknowledge that 'children are subjects of rights rather than merely recipients of protection'

- Article 12 of the Convention states that children and young people have the right to express their views freely in all areas that they are involved in, and that these views should be listened to

- The Green Paper Every Child Matters, 2003. This emphasised the government's commitment to involving children and young people in planning, delivering and reviewing policies and services that affect them

- Locally children's voice is consistently obtained through our statutory services

Voice can be defined as meaning that resides in the individual and enables that individual to participate in a community.

4.3 Young people's voice - Creative Workshops

"Respect is such a shared thing, if you don't respect other people they are not going to respect you"

*Young Person, Creative **Workshop February 2021***

We invited 30 children across Thurrock to take part in an engagement exercise [*] during the February 2021 half term. The project was advertised on the Youth Services page on the Thurrock Council Website, with a link to sign up to the project. Six online workshops were conducted with young people aged between 11 and 18 (n=29). Workshops were used to explore young people's perceptions of wellbeing using drama, animation and poetry. Two times as many girls took part compared to boys with representation from BME and physical disabilities communities. The sample of children were obtained through convenience and self-selection using existing social care and community networks.

While children's views of health and wellbeing vary, by age, stage of maturity, gender and socio-economic circumstances, there appear to be three main areas of importance quality of relationships, environment and self & freedoms. Workshop findings were consistent with these areas of importance. When asked what was important to them, responses included:

"Friends, family, education, success and doing well in life"
Young people's definitions of health & wellbeing included:
"***Thoughts and feelings, exercise, good nutrition and your mind***"
The findings also suggest that the strategic priorities within the Brighter Futures strategy reflect what local young people deem as important.

Young people were cautiously optimistic about the future and about where they wanted to be later in life.
"Success pie ingredients, patience hard work, self-love, self-confidence and personality.

The workshops also gave some insight into how lock down had impacted upon young people and the added value of the experience. Having taken part in the workshops, young people were asked if there was something they would differently or what would remain the same in their lives. They responded:
"Talk to others more confidently"; "Take time each morning to focus on myself"; "Believe in myself"

*"Listen to everyone else for them to listen to you"*

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[*] *It is noted that the engaged sample were not truly representative of Thurrock and that perceptions of wellbeing would vary depending on gender, age, maturity and socio economic status.*

Figure 34 Creative conversations word cloud

4.4 Young people's voice – Semi structured interviews

A self-selecting group of children and young people were interviewed following the workshop for more detailed discussion on their views on health and wellbeing. Thematic analysis of the post project interviews has therefore been undertaken to draw out the main themes identified and to assess if the Brighter Future's strategy priorities and ambitions are aligned to what young people deem as important.

Sample

Post project interviews were conducted with 12 of original workshop cohort (n=29)

9 **3**
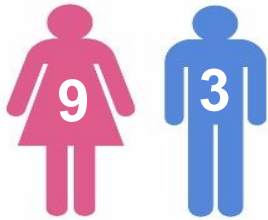
The group consisted of 9 girls and 3 boys between the ages of 11 and 18 years old.

Methods

The interviews were transcribed and grouped according to the questions being asked (see Table 9). Word clouds have been generated using transcripts of the interviews to highlight the main concerns of the interviewees. A coding framework was then devised in order to identify the main themes. These coding groups were then further refined by grouping together common themes. (Table 10).

Table 9 Questions from Boom post project interviews

| Interview Questions |
|---|
| What effect has the pandemic had on you? |
| What does "wellbeing "mean to you? |
| What does "being healthy" mean to you? |
| What are the 3 most important things in life to you? |
| What would help to achieve the things most important to you? |
| Does your involvement in shaping a local authority strategy matter to you? Why? |

Table 10 Example of initial and refined coding framework used for thematic analysis

Initial coding	Refined coding
Low mood Depressed Negative impact on mental health Scared Stressed	Mental health concerns

Nothing to do Need some motivation Bored	Lack of motivation
Lonely Miss friends Social interaction	Socialisation
Stuck indoors School disruption Can't see friends	Disruption to normal life
School disruption Worsening grades	Impact on education

Effect of pandemic on children and young people

The interviewer asked the young people how they had been affected by the COVID pandemic and the impact of lockdown on their lives. The following graph shows the themes that came up most frequently in their responses.

Effect of Lockdown on Children and young people
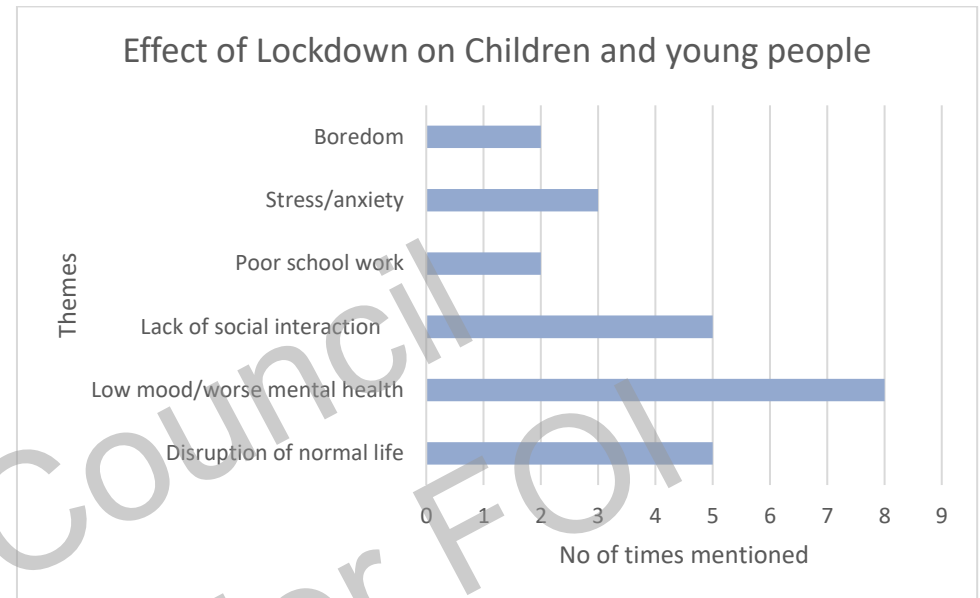
The most frequent responses related to the effect on mental health. Answers included mentions of low mood, anxiety about various issues including school work and also returning to normal school after being at home. The pandemic may have had the effect of increasing awareness of mental health issues amongst children and young people.

The lack of social interaction also featured predominantly in the responses. Words such as "trapped" or "stuck" were often used to describe their experience of lockdown.

What does "being healthy" mean to you?

When asked about what being healthy meant to them, all but two of the children spoke about both mental and physical health. The two youngest children (aged 11 and 12) only discussed physical health. This might perhaps suggest that awareness of mental health is more prevalent in older children and teenagers.

There was an awareness among the young people of the benefits of exercise and physical activity on mental health and the interconnectedness of physical and mental health.

"going for a run makes me feel so much better about myself, and that's not just good for my health physically but also mentally"
"if your mental health is bad then everything else is going to suffer because of that"

One respondent described health as being *"able to do the things you normally do"* showing awareness of the importance of health in leading a productive life.

What does "being healthy" mean to you?
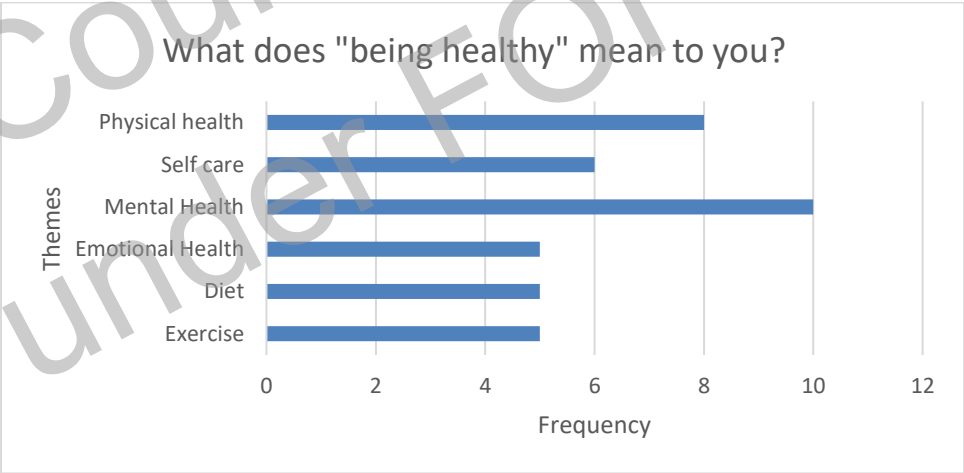
Diet and exercise were mentioned frequently demonstrating that the young people understood their importance in relation to health.

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What are the 3 most important things in life to you?

Family was the most frequently cited aspect of life when the young people were asked what was most important to them. Some of the children elaborated on this and discussed the support they had got from their family during lockdown and how this had been important in helping them through this difficult time.

The next most frequently mentioned category was friends. Again the young people mentioned the support they felt they got from their friendship group. They also discussed feeling the lack of socialisation during the lockdown and missing some of this support.
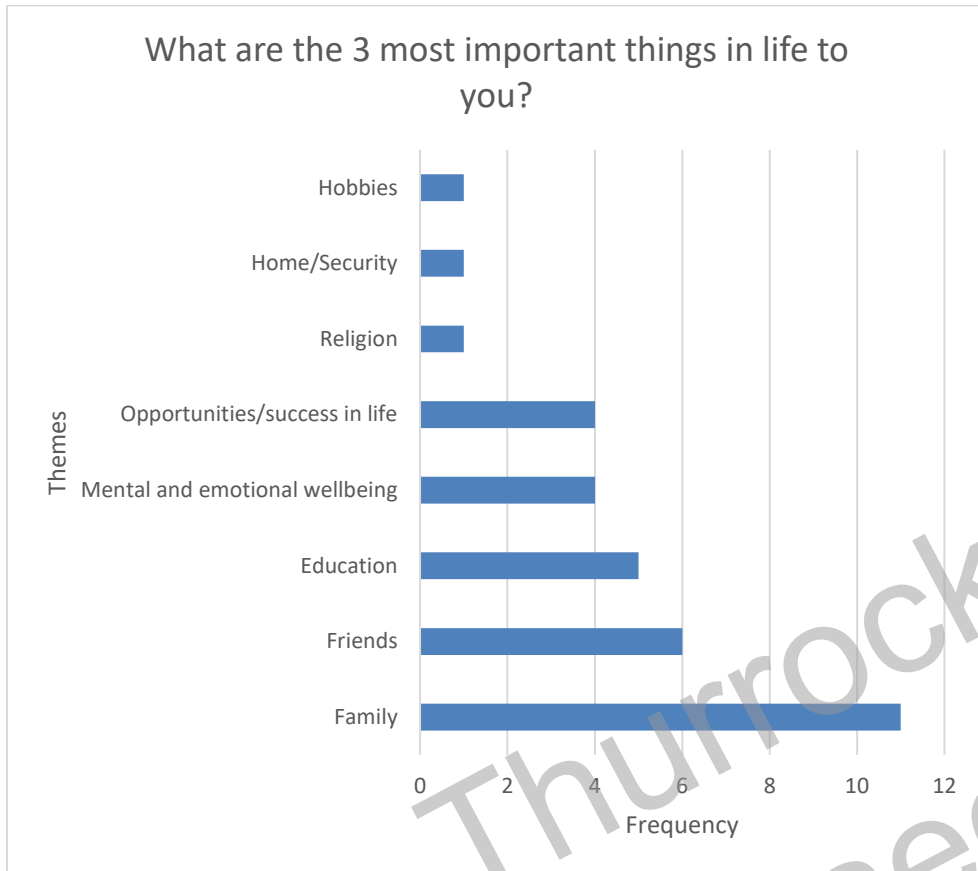
Education featured more predominantly for the older children particularly those age 15 and older who had experienced disruptions to their schooling during a time they would be sitting national exams and preparing for the future. The older children were also more likely to mention the need for opportunities and success later in life.

Mental and emotional wellbeing was again mentioned frequently highlighting how important an issue this is for children and young people.

One child mentioned the heightened awareness the pandemic had given her of the need to be in a secure home and the dangers the pandemic had posed for other people in terms of homelessness and financial difficulty.
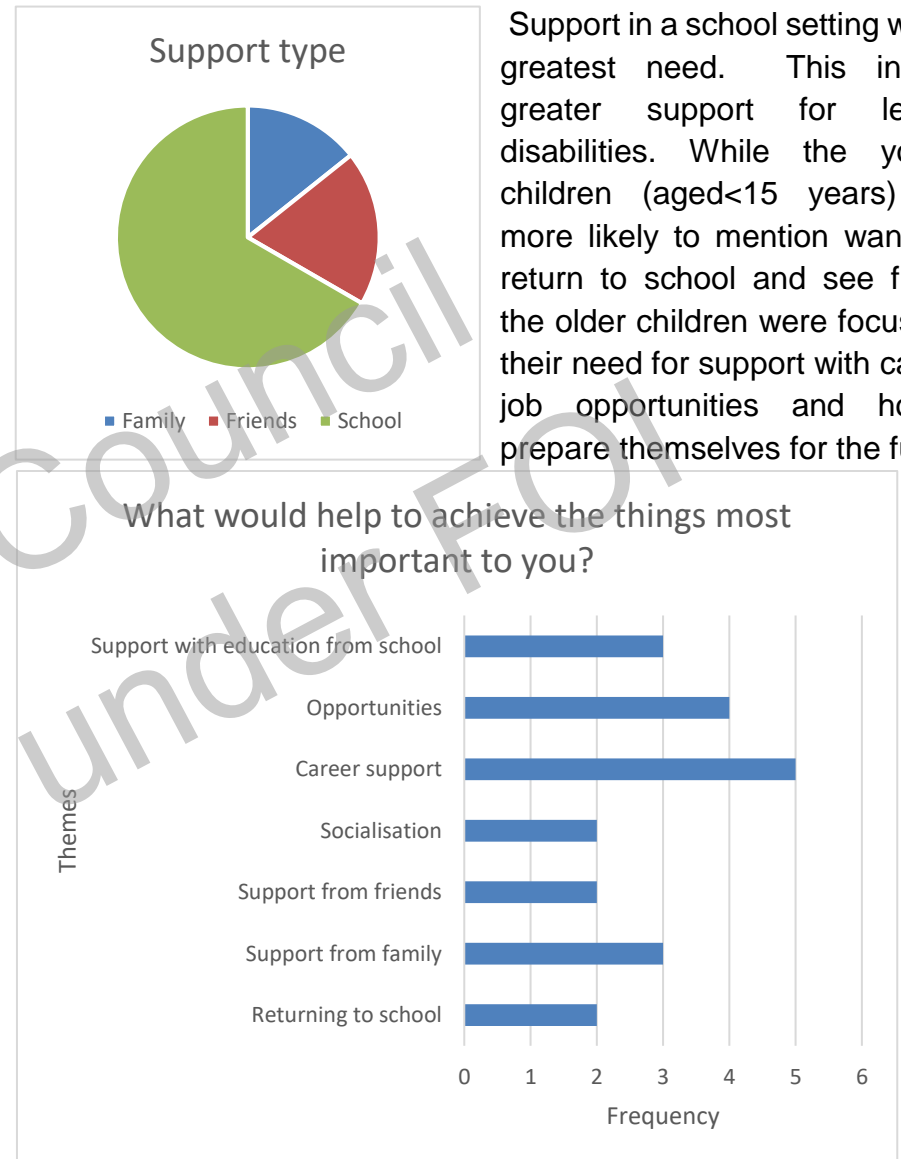
Overall the answers indicated that what the interviewees valued most was their support system, as this enabled them to maintain their health and persevere with education.

There was also a sense of ambition and hopefulness for the future with the importance of education and opportunities being discussed.

What are the 3 most important things in life to you?

Support type

Support in a school setting was the greatest need. This included greater support for learning disabilities. While the younger children (aged<15 years) were more likely to mention wanting to return to school and see friends, the older children were focused on their need for support with careers, job opportunities and how to prepare themselves for the future.

What would help to achieve the things most important to you?

What would help to achieve the things most important to you?

When asked about what would help them achieve their goals the majority of young people discussed needing some type of support. The types of support fell broadly into three categories, school, family and friends.

Does your involvement in shaping a local authority strategy matter to you? Why?

Overall the young people who took part in the Boom project felt that it did matter to them that they had been involved in a project that would help shape local policy.

Reasons why shaping a local authority strategy mattered

The interviews highlighted the importance of young people having their views heard by people in authority. Some of the young people mentioned that they felt as though the council cared about them more now.

There was a desire to be useful to others and a sense of achievement that came with contributing to the project.

There was also mention of being a part of the local community, having been born in Thurrock, and feeling a need to see that community prosper.


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Mapping needs against strategy priorities

Overall, the two areas that the young people highlighted as important were help with their emotional and mental wellbeing and support with education and achieving their future goals. The following two maps look at these areas.

Mapping Young People's needs against strategic priorities.

Need of CYP	Main categories of need	Brighter Futures Strategic Priorities & Services
Health and well being	Emotional and mental wellbeing	Strategic Priority 4 (Services pp 114-120)
	Physical Health	Strategic Priority 2 (Services pp 60-72)

Mapping Young People's needs against strategic priorities

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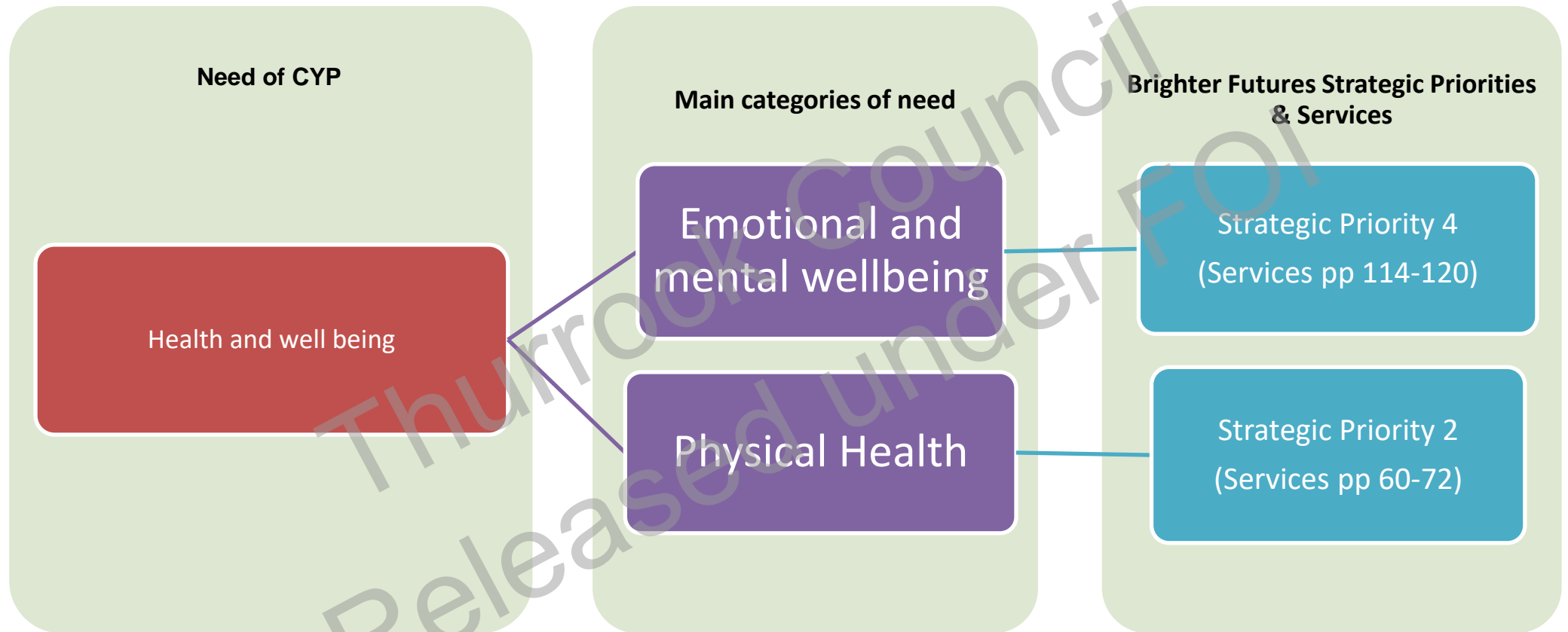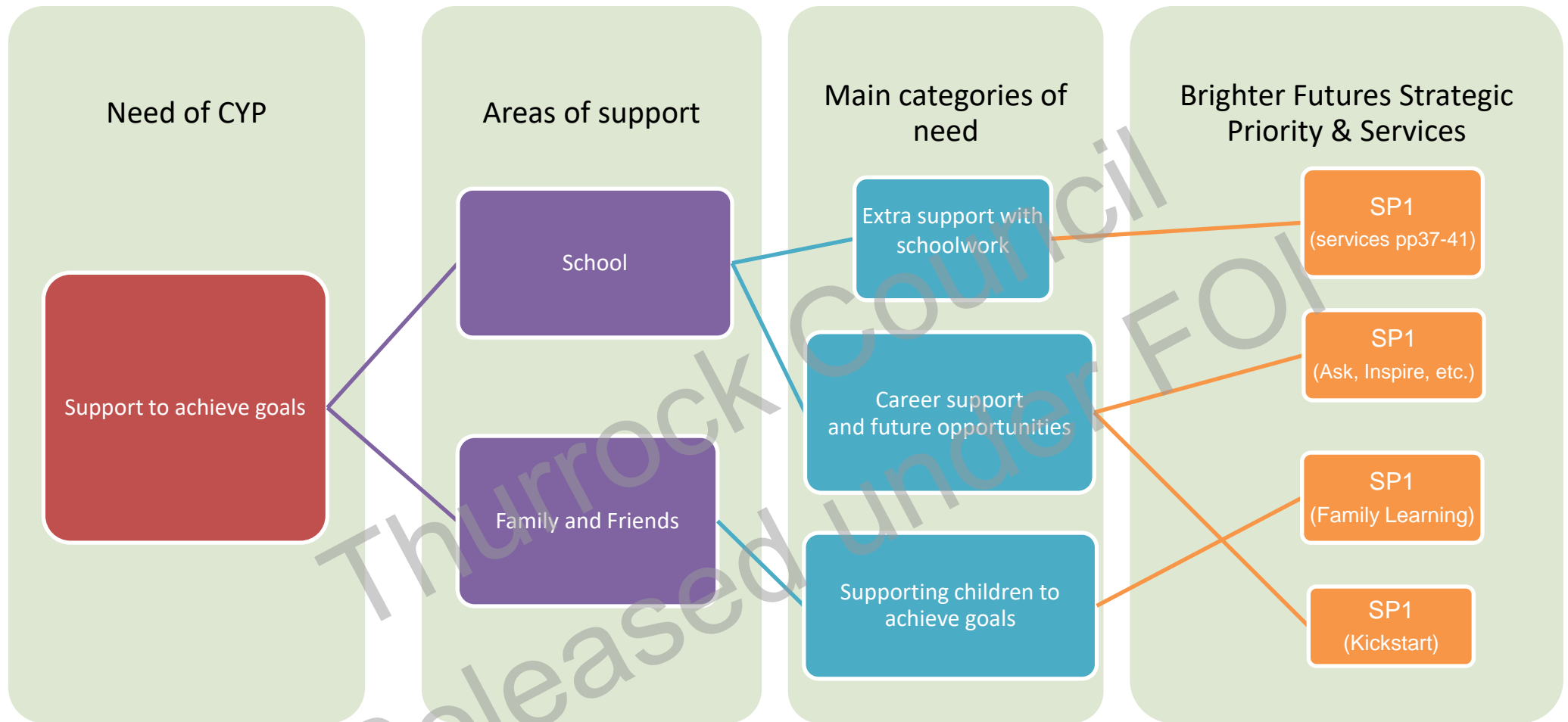
Key points

- The pandemic has had an impact on children and young people. The children interviewed experienced strain on their emotional and mental wellbeing as a result of a lack of socialisation and the disruptions to their normal life

- For the majority of the interviewees, wellbeing as a concept was strongly linked to mental and emotional health. Older children appeared to be more aware of their mental health needs

- For most children "being healthy "meant both physical and mental health. There was also good awareness of the interconnectedness of physical and mental health

- Family and friendships were of high importance to the group interviewed. This reflected a need for a solid support system in order for them to achieve their goals which included a good education and opportunities to succeed in life

- Although their motivation for participating in the project was not to affect local authority strategy, most of the children felt it was an important matter. They highlighted the importance of having **their voices heard** and the **increased trust** some of them had in the council as a result of feeling heard. One child said it was not important to him as he did not understand how things would be changed or influenced. There might therefore be an opportunity to engage more with young people through projects such as this one in order to increase their awareness and confidence in local authority.

- The mapping exercise shows that the Brighter Futures strategy is aligned to what young people deemed as important.

Limitations: the findings represent the views of the 12 young people who took part in the project and cannot be generalised.

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