Thurrock Council

Children’s Commissioning Strategy

‘Improving Outcomes, Maximising Resources’

2015 / 2016
Our Vision for Thurrock:

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish. Achieving Our Vision:
To achieve our vision, we have identified five community priorities:

- Create a great place for learning and opportunity
- Encourage and promote job creation and economic prosperity
- Build pride, responsibility and respect
- Improve health and well-being
- Protect and promote our clean and green environment

Our aim:
Our aim is to become a confident, well managed and influential council regarded by residents, peers and partners as ambitious for the people of Thurrock and totally focused on meeting their current and future aspirations.

Four Pillars of the Children and Young Peoples plan

Outstanding Universal Services and Outcomes
Raise attainment at the end of all key stages with a particular focus on early years, Foundation stage, Key Stage One and Key Stage Two
Promote and improve the health and wellbeing of children and young people
Ensure progression to higher level qualifications and employment
Promoting vocational, leisure and recreational activities that provide opportunities for children and young people to experience success and make a positive contribution

Parental, Family and Community Resilience
Early offer of help
Mitigate the impact of poverty
Strengthen communities

Everyone Succeeding
Promote the attainment and achievement of underachieving children
Promote and support inclusion
Narrow health inequalities for children and young people

Protection When Needed
Provide outstanding services for children who have been or may be abused
Provide outstanding services to the most vulnerable children and young people
Provide outstanding services for children in care and leaving care
**About This Document**

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<td><strong>Purpose</strong></td>
<td>To provide a framework for the commissioning of services to support children and young people.</td>
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<td><strong>Data note</strong></td>
<td>This is a live document and the latest benchmarked data has been used, however where it is available and relevant current data has been included as this gives a more recent view of the local needs. It is accepted that some data changes on a daily basis however this document is intended to give a strategic overview to aid planning rather than to be a monitoring tool on data.</td>
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**Introduction**

The effective integrated commissioning of services is essential to ensure that we can continue to meet the needs of children and young people in a period of ongoing financial challenge by transforming how services are delivered. Prevention and early help are at the heart of the outcomes we are looking to achieve for children and young people in Thurrock and this sits alongside the support and services that are needed to meet the needs of the most vulnerable children and young people.

This is a 12 month strategy in recognition of the planning cycle of the Children’s Partnership and the integral delivery of this work as a part of their priorities, it brings together the existing commissioning activity that takes place successfully across the Children’s Partnership and seeks to build on these opportunities to work towards shared commissioning priorities in line with the next Children’s Partnership Plan through the Health and Wellbeing Board.

There are already examples of strong partnership working and joint funding across the local authority and the Thurrock Clinical Commissioning Group including through Early Offer of Help (EOH) services, support for children with special educational needs and disabilities (SEND) and in meeting the needs of children and young people who are looked after. In addition, cross local authority and clinical commissioning funding supports the redesign and commissioning of the Emotional Wellbeing and Mental Health support service (previously CAMHS). The Children’s Partnership is seeking to build on these to provide services for children and young people to support improved outcomes and better value commissioning.

The specialist nature of Children’s Services Commissioning requires a whole system approach that recognises the complex relationships that must exist to both plan for and meet the needs of children and young people along with an understanding of how these different components must come together. This needs to be underpinned by the Joint Strategic Needs Analysis along with a strong outcomes focus to ensure we meet current specialist needs whilst also providing access to prevention and early help services. Such services aim to support children to remain safely in the
family and also continually review the use of resources to target need and improve effectiveness and efficiency.

**Our vision for children, young people and families in Thurrock**

Thurrock is ambitious for its residents, building on the significant changes in recent years to translate these into opportunities for children, young people and families living in the Borough. The significant investment into the local economy has provided opportunities not previously available locally and much work has been undertaken to support access to these opportunities both now and for the future. There is still much to do but across the Children’s Partnership and their partners there is a clear direction of travel that is based on improving outcomes.

This strategy is an integral part of the delivery of the Council and Children’s Partnership Priorities through the local Health and Wellbeing Plan, each of the commissioning priorities shows the link to the relevant Children’s Partnership priority for ease of reference. Close working across the partnership has resulted in partnership delivery and the next phase of this is to integrate the range of strategies in place to continue to build on existing integrated commissioning.

**Commissioning principles**

In commissioning services to meet the Council and Children’s Partnership priorities it is key that these are guided by a set of underlying principles to ensure that services are based on understanding need and on developing new ways of working across Thurrock.

These principles which have been developed through understanding what is working well and where there are opportunities to transform services are as follows:

- Commissioning for outcomes not services.
- Taking a systems led approach that has the child’s needs and voice at the centre.
- Coproduction to support community led solutions.
- Supporting the development of alternative delivery models to support greater partnership working and co-design of services.
- Managing risk whilst encouraging innovation and evidence based practice to develop the best practice that will have the most impact on improving outcomes for children.
- Considering how to narrow the gap and reduce inequalities in all that we do.
- Quality assurance is an integral part of all commissioning.
- Achieving value for money and making every Thurrock £ count through a partnership approach.

Thurrock Profile – Sources of information on need

There are a number of existing documents that outline the data we currently hold on the local area and needs including:

- Joint Strategic Needs Assessment
- Looked After Children Sufficiency Statement
- Early Offer of Help Prevention and Demand Management Commissioning Strategy (including the 2012 Needs Analysis)
- Child Poverty Needs Analysis
- SEND joint planning between the local authority and Thurrock Clinical Commissioning Group
- Joint Emotional Wellbeing and Mental Health needs assessment

In order to effectively commission services we need to understand what this data means, identify key needs and trends and use these to inform the outcomes we are seeking to achieve mapped against the resources available and where necessary prioritising these.

The Early Offer of Help Prevention and Demand Strategy provides an in depth needs analysis that was developed using data from a wide range of sources, this can be added to using the Looked After Children Sufficiency Statement, the joint SEND
planning and the JSNA. This document does not seek to reproduce what is already held but highlights some key indicators of need that will inform the commissioning priorities over the next 12 months. National and local service priorities will emerge throughout the year and whilst these cannot all be referenced in this strategy the key principles used to underpin all commissioning should be applied, in addition understanding these emerging needs is crucial to inform future commissioning and resourcing needs.
Thurrock Profile

The latest national data release (2014) estimate Thurrock’s population at 163,270. The overall population of Thurrock has increased significantly in recent years and is projected to continue to rise in future years at a level higher than the national picture. For Thurrock, the total population is projected to grow to 168,000 by 2017; 177,000 by 2022 and 190,000 by 2030, overall an 18%. By comparison, the national population is projected to grow by 5.7% by 2022 and by 10.8% by 2030.

Thurrock has a higher proportion of children and young people aged 0-19 years (26.84%) than the national average (23.9%). ONS subnational population projections estimate that the number of young people aged 0-19 years in Thurrock is going to increase from 44,000 in 2014 to 50,500 in 2037 with the largest increase predicted to be in the 10-14 year old age group (source: JSNA).

Using ONS projections, the 0-4 population in Thurrock is projected to grow by 0.5% by 2017 (62 children); by 1.6% (200 children) by 2022 and by 2.1% (251 children) by 2030. The 0-17 population in Thurrock is projected to grow by 4.1% by 2017 (1,625 children and young people); by 10.9% (4,308 children and young people) by 2022 and by 14.3% (5,627 children and young people) by 2030. Currently there are 12,372 children aged 0-4 years and 40,093 children aged 0-17 years in Thurrock. The trend in having a greater younger population will continue to exceed national levels. The birth rate in Thurrock continues to be above regional and national levels.

In Thurrock the upward trend of the number of children in the population is also increased by significant migration into the Borough from both within and outside of the United Kingdom and the local regeneration of the area, estimates calculated on ‘in year’ school admissions data show an increase in the child population of approximately 5% per year in recent years. In comparison the projections for national population trends show a longer-term decrease in the proportion of children aged 0-4 and children and young people aged 0-17. By 2030 the national population aged 0-4 is projected to fall by 12.7% and the population aged 0-17 to fall by 1.7%.

Thurrock’s younger population is more ethnically diverse than the all age population with areas to the west of the borough seeing the highest proportion of school aged children from minority ethnic groups.
The areas with the highest proportion of children aged under 15 in Thurrock are heavily clustered around the south and south west of the borough including the wards of Tilbury St Chads, Chafford and North Stifford, South Chafford and South Stifford, where up to 34% of the population fall within this age group.

There is significant economic growth through the development of DP World Deep Water Port, High House Production Park incorporating the Royal Opera House Set Production team and significant investment in the logistics and retail industry.

Appendix One provides data on specific areas of need and the Looked After Children Sufficiency Statement provides data on out looked after children data profile.

**Analysis of need**

A review of the data available on need across the borough identifies a number of key trends which in turn inform the priorities for the Borough.

The reduction of child poverty and inequality remains a priority across Thurrock with key areas identified as having a bigger equality gap both in terms of income and attainment. These factors put families at a greater risk of needing additional support and advice on a range of issues including debt, housing and financial advice.

The need for earlier intervention to support children’s emotional well-being and mental health is evidenced in the CAMHS need analysis, partnership work towards this is well underway. It remains a priority to ensure that intervention is timely and early enough and is a part of a continuum of a care pathway for children and young people.

Breastfeeding and obesity rates remain a priority and close working with Public Health to implement work across the partnership to improve these levels is already underway. This is also linked to the transfer of the 0-5s Healthy Child Programme and the development of a preventative parenting response as a part of a parenting pathway across the partnership. In addition the reduction of teenage conceptions requires a partnership approach being led by Public Health.
Attainment levels continue to improve however there are significant variations between schools and these are a priority to address through partnership working with the Thurrock Education Alliance. In addition, performance at Key Stage 2 remains a concern and the team are working to increase the pace of improvement.

Referral rates are less than the national average and the MASH and EOH work are contributing to low levels of repeat referrals indicating that the commissioned services and partnership delivery based on the needs analysis in 2012 are having a positive impact. However, there are still high levels of children subject to a child protection plan and this in turn links with higher than average numbers of looked after children.

The main causes for children being subject to a child protection plan and becoming looked after are linked to emotional abuse and neglect indicating a need for continuing earlier intervention and support with the aim of preventing statutory intervention.

The number of looked after children remains higher than the national and statistical neighbour average. The need to secure high quality placements that provide stability for children is essential alongside the provision of supported accommodation and specialist support for young people and unaccompanied asylum seeking young people. This in turn should support improved outcomes for looked after children in terms of attainment and entry into employment and training.

There is a need to improve support for families whose children are subject to a child protection plan with the aim of supporting children to remain safely in the family rather than moving to care proceedings. The lower number of referrals and re-referrals indicates that the Early Offer of Help partnership delivery is having a positive impact and alongside this there is a need to expand support to families subject to statutory intervention. This should be completed as a part of a continuum of support for parents from across the partnership that includes the delivery of preventative support through to specialist programmes.
The use of Multi Systemic Therapy is being explored as a means to address the needs identified that are contributing to high numbers of children subject to a Child Protection Plan and high numbers of looked after children.

The information available has been analysed to better understand the priority needs across Thurrock has provided the following commissioning priorities for 2015/16:

**Commissioning Priority 1:** To continue to raise educational standards across the borough, particularly for our 11 year olds in readiness for secondary schooling, whilst narrowing the gap in performance for all children from low income families.

**Commissioning Priority 2:** To support the provision of an integrated pathway for emotional wellbeing and mental health

**Commissioning Priority 3:** To commission services to support children in need of help and protection by intervening early, supporting children to remain safely in the home or providing support to enable them to return safely to the family

**Commissioning Priority 4:** To implement joint commissioning arrangements for SEND changes / provision

**Commissioning Priority 5:** To ensure there is sufficient post 16 residential provision including to meet identified specialist needs.

**Commissioning Priority 6:** To provide and commission high quality placements that meet identified needs and improve stability

**Commissioning Priority 7:** To continue to maximise opportunities by developing shared priorities and joint working across the Children’s Partnership to support integrated partnership commissioning whilst developing new models of working.
Thurrock Strategic Commissioning Priorities

The commissioning model that has been used across the partnership in recent years is derived from national research and recommended models. This model continues to provide a framework for effective commissioning and is as follows:

1. **How to address needs effectively, efficiently, equitably and in a sustainable way**
2. **Make decisions to secure better outcomes**
3. **Monitor service delivery against expected outcomes and report how well it is doing against the plan**
4. **Recognise local outcomes, needs, resources and priorities**

This one year strategy uses the information gathered by key strategies and individual services to bring together the commissioning priorities through to September 2016, alongside this a key activity will be working with partners to develop the three year joint commissioning strategy to underpin the revised Children’s Partnership plan which will cover the period from 2016-2019.
Commissioning Priority 1: To continue to raise educational standards across the borough, particularly for our 11 year olds in readiness for secondary schooling, whilst narrowing the gap in performance for all children from low income families.

‘Outstanding universal services and outcomes’

The Education Commission set out the following 3 principles to ensure services are based on a clear understanding of needs and on developing new ways of working across Thurrock:-

- Ensure that every child has a place of learning which is good or better
- Raise levels of aspiration and attainment.
- Support families to give children the best possible start in life

Cllr John Kent said, “Education is crucial to everything we do, it’s our number one priority”.

Apart from the performance of our 11 year olds (Key Stage2), Thurrock has improved education outcomes so that education standards at the other key stages are either around or ahead of the National Average. This is the case for our 7 year olds, 16 and 18 year olds although there are significant variations in the performance between schools.

Since the Commission reported in 2013 we have developed an overarching vision and strategy focussed on raising standards in every school and setting. We have rebuilt trust and confidence between headteachers and the local authority under the leadership of the Director of Children’s Services, Carmel Littleton and commissioned out the majority of our school improvement services to improve outcomes. As a commissioning body we have been developing peer challenge and support, working with schools across the borough to provide school to school support.

Having established the Thurrock Education Alliance (TEA) projects have been commissioned to focus on improving education across Thurrock. The Alliance receives information in the form of recommendations from various intelligence groups and is charged with the responsibility of commissioning and monitoring its delivery.
Thurrock Excellence Network (TEN) monitors and evaluates the projects commissioned by TEA, brokering support as required. TEN ensures that all work is delivered effectively and efficiently, on time and to a high standard.

There is now considerable evidence that outcomes are improving faster than the national average, and children and young people are benefiting from schools working together. Schools themselves are increasingly taking responsibility for school improvement with a clear focus on leadership and developing good teaching and learning. Good governance is driving up standards. Schools are working hard to enable pupils to reach their potential and we are aiming to ensure effective brokerage and procurement of first class services that support the learning environment and enable every school to reach their goals.

In 2015/16 we will:

- Continue to improve communications with schools and settings whilst promoting a sustainable school-led model of school improvement.
- Build on the good reputation of our performance and data team providing an excellent service to support school self-evaluation.
- Promote more opportunities to use best practice in supporting school improvement, supporting schools and settings in dealing with underperforming staff and poor teaching.
- Continue to provide rigorous challenge and support building on the good work of the Education Alliance (TEA) the Excellence Network (TEN)
- Further develop strategies to recruit and retain good teachers in Thurrock.
- Promote the work of the new Triads to establish inclusive learning communities through the new partnerships.
- Support governors to lead their own school improvement.
- Increase the pace of improvement especially in English and mathematics and narrow the gap in the progress made by different groups of children and young people.
- Work to deliver a cultural entitlement for all through our special relationship with the Royal Opera House.
- Ensure that the Childcare Sufficiency and Pupil Place Planning Assessments continue to underpin access to high quality early education and access to school places.
- We will seek to do the right things and ensure they are done right. The main focus of this work will be to help schools and settings improve the quality of teaching and its impact on learning and progress over time.
Commissioning Priority 2: To support the provision of an integrated pathway for emotional wellbeing and mental health

‘Everyone Succeeding’

The Thurrock Health and Wellbeing Strategy 2013-16 sets out the following key aims:

- Promote mental health and increase resilience in all children and young people
- Ensure earlier identification of children and young people exhibiting emotional problems so that they are able to access appropriate services at the appropriate level
- Ensure the involvement of children and young people in the planning, development and evaluation of services
- Deliver services in community based settings
- Integrate services working in partnership to meet the mental health needs of children and young people and their wider needs
- Deliver services that are appropriate to our diverse borough
- Target services to meet priority needs
- Provide services by staff with an appropriate range of skills and competencies
- Improve access to multi – agency and specialist services for children and young people with established or complex mental health needs

The previous service comprised of three elements:

- Tier 2 Thurrock Targeted Therapeutic Service (TTTS) – commissioned by Thurrock Council
- Tier 3 Child and Family Consultation Service (CFCS) – a specialist service for children and young people with more complex, severe or persistent disorders – commissioned by the Thurrock Clinical Commissioning Group
- Tier 4 In patient specialist mental health beds and emergency intervention service – commissioned by Specialist Commissioning NHS England

The procurement of this service commenced in 2014/15 with completion in July 2015 as a pan Essex service covering Essex County Council and the Unitary Authorities of Thurrock and Southend-on-Sea.
The new service, now commissioned, is an emotional well-being and mental health provision with integrated tiers 2 and 3 and a single point of access via the MASH giving improved crisis support and improved transition to tier 4 support. The integration will create a seamless service pathway thus removing some of the current difficulties. The use of evidence based models of intervention will be paramount to the success of the new service.

In 2015/16 we will:

- Ensure that the commissioning process is completed by end June 2015 and the required Governance is completed
- Work with the outgoing and newly appointed provider on contract mobilisation between July and November 2015 to ensure that delivery meets the needs identified in Thurrock.
- Ensure contract commencement is achieved from November 2015 and builds on the contract mobilisation stage.
- Work with the pan Essex project team to ensure that the required monitoring and evaluation is completed on an ongoing basis as per the contractual arrangements.
- To develop a robust dataset and baseline to measure outcomes, impact and any unmet need to inform future commissioning intentions and ensure this is place from January 2016 onwards.
- Evaluate the 0-5 and 5-19 Health Child Programmes to inform the future commissioning of an integrated 0-19 Healthy Child service to deliver a preventative mental health and wellbeing programme in primary schools.
Commissioning Priority 3: To commission services to support children in need of help and protection by intervening early, supporting children to remain safely in the home or providing support to enable them to return safely to the family.

‘Parental and family resilience’
‘Protection when needed’

Early Offer of Help Joint Commissioned Offer

As part of the original EOH strategy a suite of services were commissioned commencing in April 2013. A needs analysis analysing referrals into Social Care and MAGS and views of children and young people was conducted prior to the commissioning exercise which identified adult behaviours that were having harmful impacts on children and as a result the following services were jointly commissioned:

- Domestic violence – perpetrators service and support for women
- Sexual Violence support services
- Drug and alcohol family programme
- Parenting programmes
- Family Intervention Project (FIP)

The commissioned service element of the original EOH strategy has now been embedded for two years. The associated contracts are being rigorously monitored in order to judge their effectiveness with service user feedback is playing an integral part of the monitoring. Some initial desktop analysis has been undertaken to track the progress of children through the system where a commissioned service was part of the plan. Indications are that where cases are referred at an earlier stage via the EOH process, cases are being de-escalated and not subsequently referred back in the ensuing twelve months, in the overwhelming majority of cases. This is supported by a reduction in re-referral rates overall in Thurrock.

The directorate is committed to continuing support of the Early Offer of Help, including the commissioned offer and can see evidence of the impact both socially
and financially of this earlier targeted investment in services. Joint working with Public Health has expanded the offer to include additional preventative parenting support, Family Nurse Partnership, Drug and Alcohol support and healthy weight services.

The aim is that commissioned services, subject to partnership funding, will continue to operate until March 2018 subject to the continued investment from partners.

In 2015/16 we will:

- Monitor and assess the impact of the services offered including the assessment of cost effectiveness and potential long term savings ensuring that the Thurrock £ is invested where is will have most impact.
- Monitor service delivery to specification and ensure providers comply
- Work with providers to modify the specification of the service where it is not currently delivering the desired outcomes
- Ensure that services are being used to capacity and where this is not the case investigate whether the service requires promoting or, if the identified need is not evident, seeking to alter the focus of services or reduce its capacity and invest elsewhere.
- By December 2015 we will have worked with partners to secure decisions on investment to March 2018.
- Plan a review of the needs analysis to inform future commissioning intentions by March 2016 including plans to review the Children’s Centre provision across the Borough and develop a future delivery and commissioning plan.
- By January 2016 we will have commenced the partnership mapping of 0-5 provision as a part of the 0-5 Healthy Child review and commissioning aiming to ensure there is no duplication and to provide an effective pathway of support.

**Volunteers in Child Protection (VCP)**

The VCP programme is utilises volunteers to support families who have children on child protection plans. The primary aim is to keep families together and de-register
children. The project was developed following the recommendations of the Lord Laming Enquiry and is run in partnership with Children’s Social Care.

The service provides a closely matched volunteer who can listen, advise and give practical help to parents through regular contact. The programme continues past the point where Social Care withdraws and significantly reduces the chances of children coming back into the Social Care system.

Since 2010 the project has worked in eleven areas in England with over 1000 children. Approximately one third of children who were on a plan when referred to the service were subsequently de-registered during the period of the services involvement.

In line with our ambition to deliver early help services, Thurrock will seek to explore the above service and its viability within the borough within the budgetary constraints that the Council faces. The project could be seen as an ‘invest to save’ model.

The Volunteers in Child Protection programme works alongside the offer from qualified Social Workers to provide a targeted package of intervention for families who are becoming known to social care and are in crisis or close to having their child taken into care. The targeted support package is focused on family’s needs by addressing and intervening and providing practical support and reducing the risk of children entering the care system.

In addition to this aspect of support the programme can also support families whose children are already in the care system where there is a possibility of returning the child safely to the family home through targeted intervention at families who have children that are already in the care system. The package of support is focused on preparing the children, young people and their families for reunification with the primary objective of enabling them to exit the care system.

A further aspect regarding placement stability is linked to this programme and is outlined in this strategy.

In 2015/16 we will:
Complete a feasibility study by end December 2015
If applicable, identify a funding source to commence delivery by end December 2015
If applicable commence a pilot programme by end January 2016
Evaluate the pilot programme by end June 2016
Secure long term partnership funding by end June 2016
Plan commencement of a full commissioning programme with a contract start date of January 2017.

Community Based Assessment (CBA)

Where a child is subject to a Child Protection Plan review prior to the Local Authority commencing care proceedings, a series of specialist assessments are commissioned to inform the courts. These are predominantly parenting and psychological assessments and take place in residential settings. These assessments can significantly impact on the child as it adds considerable delays to the process of permanency planning, can add substantial cost to the Local Authority and do not always deliver a consistent, joined up message that the courts are satisfied with.

Assessments usually take place in residential settings and do not replicate a ‘true’ home environment. The CBA is undertaken in a Local Authority house/flat specifically set up to represent as normal a home environment as possible. Sessions take place over many weeks with parents allowed to return to their own home after each session. This approach provides the optimum opportunity for parents to demonstrate their parenting skills in a familiar environment. All emotional and practical aspects of family life are observed in each session without the need for multiple assessments which can sometimes be conflicting when presented to the courts. Where it is necessary additional local professionals are brought in to contribute to the report. One of the primary advantages is that there is one report, not many, at the conclusion of the process.

In order to support the reduction in numbers of children subject to care proceedings in 2015/16 we will:
- Continue with the existing pilot programme and complete a robust evaluation of this towards the end of the pilot (April-October 2015).
- Report on the outcomes for families from the pilot and the acceptance of this model by the Courts by end November 2015.
- Subject to a favourable evaluation and available funding to commence commissioning of this service by end December 2015.

**Multi Systemic Therapy (MST)**

The MST model views parents as the primary agents of change and this approach, delivered in the family’s home, is designed to provide strategies to improve the parents effectiveness and the quality of the relationship with their child. It has a strong focus on the positives and strengths in the family and using these as levers for positive change. In Thurrock we have identified MST as an approach that could support families to enable children subject to a Child Protection Plan to remain safely in the home. It is also seen as a tool to support reunification of looked after children and to support young people who have committed offences.

In 2015/16 we will:

- Complete a feasibility study on the use of MST and the potential impact on improving outcomes in Thurrock by end December 2015.
- Subject to the feasibility study, identify potential funding sources to support an ‘invest to save’ approach to developing the use of MST in Thurrock by end December 2015.
- If applicable develop a project plan to commence implementation from end March 2016 acknowledging this may need to be on a phased approach.

**Child Sexual Exploitation**

During 2015 the Missing Children Interview Service was set up as a pilot in recognition of the significant risk to children who go missing of being sexually exploited, this has proven to be very successful in providing additional protection for children and young people who are returning following being missing from home. This service is a key part of our strategy to reduce the risk of child sexual exploitation and as well as supporting young people it is enabling us to gather intelligence.
around ‘at risk’ groups and is also helping to identify those who exploit young people.

In order to continue this service in 2015/16 we will:

- Commission additional specialist support and expertise with regard to reducing the risk of child sexual exploitation and evaluate the impact of this pilot by end December 2015.
- Analyse the demand and the outcomes achieved following the pilot project to inform future commissioning by end December 2015.
- Undertake a full commissioning exercise to secure this provision on a long term basis with a contract commencement date of 1st April 2016.
Commissioning Priority 4: To implement joint commissioning arrangements for SEND changes / provision.

‘Everyone Succeeding’

Children with disabilities

There is a good range of provision in place through teams across the partnership and a commissioned offer including the provision of short breaks. The Children’s Social Care team work with Adult Social Care and Health to deliver the outcomes of the Thurrock Transition Strategy 2013-2016 for children with disabilities approaching adulthood. The key outcomes of the strategy are:

- To enable choice and control in the services available
- To listen to young people and ensure they own the assessment process
- To share information appropriately in the knowledge of the young person
- To ensure young people know what is available to them in their community as well as through Health and Social Care
- To ensure young people are seen as an individual and involved in the decision making process

It is acknowledged that current demand outstrips supply for services and that the continuation of partnership funding is crucial to maintain current levels of service.

In 2015/15 we will:

- Review the take up and thresholds for access to short breaks by March 2016
- Review the use of Direct Payments and other budgetary options by March 2016
- Commission increased short breaks providers to improve access and choice by July 2016
Young Carers

Thurrock Council commissioned a service for Young Carers in 2009. This provision has been very successful and the number of children registered with the scheme has increased from 20, in 2009 to nearly 500 in 2014 with the provider obtaining additional funding to extend the service and range of activities available to Thurrock young carers. The current service contract has been extended to be co-terminus with the Adult support contract, to 31st January 2016.

In 2015/16 we will:

- Work with young carers, their parents/carers and other stakeholder to co-produce the service design for 2016 onwards by end January 2016
- Work jointly with Adult Services to commence commissioning of ongoing services from January 2016 onwards.

SEND

Strong partnership working is in place with regards to support for children with SEND and the local authority and Thurrock Clinical Commissioning Group with strategic joint commissioning being developed, this strategy will set out the details for commissioning of SEND services in full and the key points have been replicated in this document as a part of closer working between partners. The objectives of this strategy are as follows:

- To ensure that children, and young people with SEND gain maximum life chance benefits from educational, health care and social care.
- To ensure continuity of care as young people move into adulthood.
- To enable children and young people with SEND to have as much choice and control over their lives as possible.
- To ensure that families and carers are supported to fulfil their family and caring roles effectively.
- To enable children and young people with SEND to access services that are designed around their individual needs, with fast and convenient care delivered to a consistently high standard.
- To enable children and young people with SEND to lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships.
- To ensure that the work force is appropriately skilled, trained and qualified, to promote a better understanding of and meet the needs of children and young people with SEND.
- To develop and implement clear joint mechanisms to evidence value for money.
- To supporting and manage the expectations of children, young people & their families with SEND in respect of their packages of care.
- To ensure children and young people have access to a high quality independent advice and information service ensuring they have an independent ‘voice’ particularly with regard to EHC plans.

Working closely with the Thurrock Clinical Commissioning Group and other partners in 2015/16 we will:

- Work closely with the Thurrock Clinical Commissioning Group to identify current and future demand and jointly plan services to meet these by end March 2016
- Complete an analysis of in house and externally commissioned services and the outcomes they achieve, assessing their effectiveness and value for money by end February 2016
- Explore different procurement techniques to improve efficiencies, ensure user involvement and improve outcomes by end March 2016
- Co-produce our plans with children, young people and their families by end March 2016
- Develop a clear strategy for the provider market and publish future joint commissioning intentions by end February 2016
- Co-produce a strategy which includes a commitment to the provision of personal budgets, personalisation, co-production and self-directed support by end April 2016
- Co-develop a resource allocation system which provides transparency and equality in terms of decisions about the allocation of personal budgets by end April 2016
- Procure and reshape services – make investment decisions by end March 2016
- Develop and implement joint monitoring and performance management of delivery against expected outcomes and use this to improve the local offer and delivery by end April 2016
- Commission after school activities for children and young people attending local special schools by end March 2016
- Secure continuation of funding for short breaks by end January 2016
**Commissioning Priority 5:**
*To ensure there is sufficient post 16 residential provision including to meet identified specialist needs.*

**‘Protection when needed’**

The need for post 16 provision is increasing from several sources.

1. Children aged 16 years old and over leaving care or formerly in residential care
2. Young unaccompanied asylum seekers aged 16 and 17 years old
3. Southwark Judgement (Homeless 16 & 17 year olds)
4. Young people aged 16 and 17 years old coming out of or requiring secure accommodation / youth offending institutes
5. Young people with no recourse to public funds

We need to development greater market management strategies, particularly in relation to young people aged 16+. This applies both to new, late entrants to the system, and those who have been with us for some time and may need assistance to prepare for independence post 18. Aligned with this is the need to explore options for young people remanded into the care of the local authority with consideration being given to developing some specific capacity within the in-house fostering service and through links with the housing team. For all young people close links to the relevant teams are essential to ensure that the risk of a young person not being in education, employment or training is reduced.

The Looked After Children Sufficiency Statement provides a full profile of the data we hold on need and the current market.

In 2015/16 we will

- Complete an analysis of the support needs and estimated quantity of placements / provision needed for young people aged 16+ years by end November 2015
- Undertake a market analysis of the sector able to meet the range of needs of young people aged 16+ years by end December 2015.
- Work closely with the local authority housing team to increase the provision of accommodation for care leavers that is of good standard and in the local area where appropriate and have a clear procedure in place for this by end December 2015.
- Increase the availability of accommodation for young people from priority groups through market development strategies commencing in December 2015.
- Increase the availability of supervised accommodation for care leavers who need 24/7 transitional support through improved commissioning by January 2016.
- Undertake a feasibility study of the benefits of a cross regional commissioning arrangement for the provision of semi-independent accommodation for young people and decide on this option by end December 2015.
- Seek to secure continuation funding for the Youth Homelessness Prevention service with clear funding intentions established by end December 2015.
- Prioritise a reduction in the use of out of borough placements by end December 2015 by ensuring the placement team and social work teams have access to details of all provision by distance, cost and type by end December 2015.
- Publish commissioning intentions for 2016 onwards by end December 2015.
- Ensure all young people aged 16+ in accommodation are supported by the NEET reduction team by end October 2015.
**Commissioning Priority 6:**
*To provide and commission high quality placements that meet identified needs and improve stability.*

‘Protection when needed’

There are currently 338 looked after children in Thurrock and this reflects a year on year increase since 2012. There are a number of contributory factors towards this, and Thurrock has shown a higher than average trend against national with an increase of 20% from 2009 – 2013 and a further increase of 5.7% in 2013-15. In comparison, nationally there was an increase of 9% from April 1st 2009 – March 31st 2015 with a further 1% increase in overall numbers in 2013-2015.

Since 2010 the number of LAC in Thurrock has increased from 62.0 per 10,000 child population to 70 per 10,000 child population. This is above both the England average and the average of our statistical neighbours.

Of the 338 looked after children, 243 children (72%), are living in foster placements with 33 (10%) living in residential provision, and 62 (18%) have other arrangements, such as living with someone with parental responsibility or currently placed for adoption or supported accommodation (October 2015).

The Looked After Children Sufficiency Statement provides a full profile of the data we hold on need and the current market.

In order to develop placement provision in 2015/16 we will:

- Complete a needs assessment of the anticipated demand for places, the type of places needed and the support needs of children by the end of December 2015.
- Develop a growth and marketing strategy to increase the number of in house foster carers/ placements, particularly from target groups – strategy in place by end January 2016.
- Undertake a review of the regional commissioning quality assurance mechanisms by end December 2015 to ensure that it supports a high quality stable market for placements.
- Complete a review of specialist high need placements needs and market to develop a framework for purchasing these, moving away from spot purchasing where possible by end January 2016
- Develop a clear framework of costs and additional charges to ensure that a consistent mechanism is in place from December 2015
- Work closely with key officers from Social Work Teams, Finance and the Thurrock Clinical Commissioning Group to ensure robust financial monitoring of placement costs to inform decision making is in place by end November 2015
- Continue to only place children and young people in placements rated as good or better by Ofsted unless there are exceptional circumstances and these are agreed by the Head of Children’s Care and targeted Outcomes.
- Ensure that on an ongoing basis where the Ofsted judgement on a placement reduces then a clear action plan monitored monthly should be put in place and monitored by the Head of Children’s Social Care in partnership with the Strategic Leader Children’s Commissioning & Service Transformation.
- Review the current placement strategy and mechanisms and where possible simplify these to ensure placements are commissioned in a consistent way based on clear outcomes and value for money by end March 2016
- Publish commissioning intentions for placements by end March 2016.
Commissioning Priority 7:
To continue to maximise opportunities by developing shared priorities and joint working across the Children’s Partnership to support integrated partnership commissioning whilst developing new models of working.

Strong partnership working is evidenced across the delivery of services for children and there is evidence of joint funding in place. Good examples of this include the work with the Thurrock Clinical Commissioning Group (CCG) where the shared priorities for the SEND joint commission have been replicated in this strategy. Joint funding with the CCG has supported the provision of a range of Early Offer of Help Services that prevent health, social and emotional needs escalating to needing more costly later interventions.

Close working with the Public Health team through the provision of information included in this strategy from the JSNA and through the development of the review of parenting and other support is in place and continues to develop. The transfer of commissioning responsibility to the Council for the 0-5 Healthy Child Programme presents opportunities to further develop integrated working for the early years through children’s centres and the 2 year integrated review. Across the Children’s Partnership the joint working and shared priorities provide a strong foundation to develop an integrated partnership commissioning model.

Consideration of alternative funding and delivery models provides an opportunity to work more closely with the children, young people and the community. We are currently in the process of investigating the use of social impact bonds to provide upfront funding to pay for additional services to help improve outcomes for service users. Alongside this we are also reviewing different models of delivery for our youth offer.

To continue to develop this in 2015/16 we will:
- Work across the Children’s Partnership to use the information we hold on need to develop the 2016-19 Strategy and aligned Integrated Children’s Commissioning Strategy by the end September 2016.
- Work in partnership to develop a specification for an integrated 0-19 Healthy Child Pathway including Family Nurse Partnership Provision and re-commission this with a contract commencement date of April 2017.
- To develop joint working and integrated pathways of support between Children’s Services, Public Health and the Clinical Commissioning Group across a range of strategies including the reduction of obesity, the reduction of risky behaviours and an increase in services to promote sexual health.
- In partnership with the CCG review the current joint funding and make recommendations on how this can be further developed by December 2015.
- Continue to develop the joint commissioning strategy for SEND provision.
- Work with colleagues across the Children’s Partnership to identify joint funding opportunities on an ongoing basis.
- Complete a feasibility study on the use of Social Impact Bonds (SIB), based on a robust needs analysis of current practice by December 2015.
- Use this information to assess if the SIB model will assist us in meeting the needs identified by December 2015.
- Complete a full business feasibility study on the development of a different delivery model for youth provision with recommendations made and reported on by March 2016.
- Complete an analysis of other services that could be considered for alternative delivery models and present this to the Directorate Management Team by end March 2016.
- Move to a model of co-production when developing a specification to commission any new services where a full tender is needed from January 2016.
- To ensure that consideration is given to de-commissioning services and re-investing funding, if still available, into other services that have been identified as priority based on a clear needs analysis.
Monitoring and evaluating the effectiveness of this strategy

The effectiveness of these services in improving outcomes for children, young people and families will be monitored using the indicators set out in individual service specifications. In recent years these have been enhanced and now provide robust measures on the impact and effectiveness of services. Where appropriate feedback from children, young people, parents and stakeholders is included in evaluation and consideration on the wider impact and any key trends across the Children’s Partnership is given.

Overall we will know that the interventions and support we are putting into place are working by analysing the impact on the key indicators set out below. It is recognised that the work we undertake as a part of this strategy is not a ‘quick fix’ but will take time to have a wider impact. The challenge in the current financial climate with reducing funding levels is to maintain investment in order to achieve better outcomes for children and young people and a more sustainable future funding model.

The main tool for monitoring the impact of this strategy is through the individual commissioned services that are monitored and evaluated regularly. A summary report on the impact of these will be presented to the Directorate Management Team and Children’s Partnership in June each year to align with the monitoring processes, this will commence in 2016, individual reports will continue to be presented as required.
Appendix One: Needs Audit

Diversity - The ethnic make-up of the borough will continue to see growth in ethnic groups which is at a faster pace than seen nationally. Between 2001 and 2009 the non-white population grew from 4.7% to 15.7%. The largest group after White was Asian followed by Black and then mixed background. Currently these groups are generally centred in the areas of the borough with the highest deprivation in parts of Grays, West Thurrock, Tilbury, Chafford Hundred and Ockendon.

Deprivation - Thurrock has more areas (broken down into Lower Super Output Areas) in the first (most deprived) quintile compared to regionally but less than nationally. It has significantly more in the second quintile compared to regional and national figures. There are areas of significant deprivation which mask the overall levels recorded for Thurrock borough.

Child Poverty - A fifth of Thurrock children live in poverty. In 2012, the most recent year for which figures are available 7955 children aged 0-19 lived in low income families, below 60% median income. Child poverty in Thurrock is slightly above the national average (18.6%) and significantly above the level for Eastern region (15.1%).

Breastfeeding – initiation rates in Thurrock remain significantly lower than regional and national averages with only 69.5% of mothers initiating breastfeeding in 2012/13 compared to 73.9% nationally.

Child obesity – In 2013/14 Thurrock had an obesity prevalence in Reception-aged children of 8.8 per cent, which is statistically similar to the East of England average (8.5%), and the England average of 9.5%. Obesity in Year 6-aged children is at a rate of 22.1 per cent, more than double the prevalence at Reception Year. Obesity in Year 6-aged children is significantly higher than the East of England average (17.2%), and the England average of 19.1 per cent. The concentration of both Reception and Year 6 children who are obese is greatest in the more deprived parts of the borough.

Emotional wellbeing and mental health – A needs analysis completed in 2013 showed that estimates of the number of children and young people who may experience mental health problems appropriate for a response from CAMHS at Tier 1, 2, 3 and 4. For the population aged 17 and under in Thurrock 5,855 would need a Tier 1 service, 2,735 would need a Tier 2 service (only 70 are currently actually receiving a service each year), 725 would require a Tier 3 and 30 would need a Tier 4 CAMHS response. These estimations are far in excess of actual numbers receiving an appropriate response. The most common reasons for referrals into CAMHS include: anger, depression, anxiety and self-harm.

Teenage conceptions – The data shows Thurrock to have had 108 conceptions in females aged under 18 years in 2013. This equates to a conception rate of 36.1 per 1,000, which is significantly higher than the England average of 24.3 per 1,000. Thurrock has a higher percentage of conceptions ending in abortion (57.4%) than the England average (51.1%). When comparing the 2013 and 2012 data, Thurrock has 15 more under 18’s conceptions in 2013 than 2012 and the rate is therefore
higher (it was 30.5 per 1,000 in 2012). The percentage of conceptions ending in abortion has increased in Thurrock in 2013 (it was 41.9% in 2012). It should be noted that Thurrock has the highest under 18 conception rates and the highest abortion rate per 1,000 in the East of England.

**Educational Attainment** – Primary schools in Thurrock have shown rapid and widespread improvement in recent years moving from 33% of school inspections rated good or better in 2010 to 71% rated good or better in July 2015.

**Early Years Foundation Stage** - In Thurrock 73% of pupils achieved a good level of development (GLD) in 2015 exceeding the estimated national average by 7%. In 2015 the attainment gap between children eligible for Free School Meals and the rest remained at 16%, 3% lower than the national average from 2014.

There is a significant gender gap – 17 percentage points in 2015. However, this is equal to the national gender gap in 2014. The GLD SEN attainment gap has narrowed from 52 percentage points in 2014 to 47 percentage points this year. This matches the national gap in 2014.

**Early Education and Childcare** - The quality of funded early education and care is crucial for children’s development at the end of the Foundation Stage. Good quality provision is crucial for children in more deprived areas. In 2013, the percentage of settings receiving a Good Ofsted Inspection outcome was 68% and this remains a priority for us.

**Key Stage 1** – Thurrock was at or above national in all Key Stage 1 subjects in 2014. In 2015 performance has dropped slightly and the advantage over the national average last year has been reduced in all subjects at Level 2+ with writing now 1.4% below the national average. Performance at Level 2B+ remains in line or above national but at Level 3+ the gap to national has been closed. Thurrock is now 1% below national for reading (5% below in 2013) and 3% below for speaking and listening (11% below in 2013).

**Key Stage 2** - The picture in Thurrock is of continuously improving results at Key Stage 2, now comparable with the English average. In 2015, for the key measure of Level 4 or above in reading, writing and maths combined, early indications are that Thurrock has closed the gap to the estimated national average to be just 1% behind. In 2014, 65% of disadvantaged pupils achieved Level 4 or above in reading, writing and maths at Key Stage 2, compared with 82% of other pupils.

**Key Stage 4** - Thurrock is one of four higher attaining local authorities in the Eastern Region with strong GCSE outcomes. It is leading the provision of secondary schools which are good or outstanding. In 2014, 58% of pupils in Thurrock achieved GCSEs A* to C including English and Maths compared to 56.6% nationally.

**Level 2 and Level 3 at 19** - Nationally, attainment of a Level 2 or Level 3 qualification by the age of 19 has been rising. In 2014, 85.6% of 19 year olds were qualified to Level 2 or higher, and 57% were qualified to Level 3. In Thurrock, 88% of young people had achieved a Level 2 qualification or higher by the age of 19 and 53.2% were qualified to Level 3 or higher.
NEET - Those who are not in education, training or employment are termed NEET and are subdivided into ‘available’, that is, looking for work available or ‘not available’ for example because of pregnancy, illness or being a young carer. In November 2014, there were 242 young people in Thurrock, identified as NEET and available for work and 67 who were not available. At the close of the 14/15 monitoring period less than 5.5% of Thurrock young people were NEET although we acknowledge that young carers and looked after young people are over represented and have key strategies to address this.

Substance misuse - The main problem substance for young people in Thurrock is cannabis, followed by alcohol. This is consistent with the most common problem substances nationally for this age group. When broken down by gender, girls in treatment tended to cite alcohol as most problematic, whilst boys in treatment tended to cite cannabis. A planned exit from treatment is the preferred option to discharge young people from treatment, and nationally 79% of the exits in 2013/14 were planned. However, whilst Thurrock was in line with this national average previously, in 2013/14 only 47% of exits from treatment were planned. Of those who had a planned exit from treatment, none represented to specialist substance misuse services within 6 months, whereas 7% represented nationally. Hospital admissions due to substance misuse in those aged 15-24 years are significantly lower in Thurrock than the national average 40.2 per 100,000 compared with 75.2 per 100,000.

Drug and alcohol abuse by parents make up for around 20% of referrals into the Multi Agency Groups (MAGS). In a 2012 survey with Thurrock school pupils one of the most prominent areas that young people wanted help with was advice so that they do not start using alcohol or drugs. This was particularly prominent in years 7-9, however by years 10-11 they were asking for support for an addiction that had now formed.

Domestic abuse – This is the single most prominent reason for referral into the EOH services, making up for almost 30% of referrals. Around 40% of referrals to Social care involve domestic abuse. It is a key area for action in Thurrock which is underpinned by a local violence against women and girls strategy (VAWG). Abuse is often hidden in relationships and not disclosed early enough. Victims often lack awareness of the issues requiring a local effort to raise the profile of this issue. This is a priority area for EOH services and forms a part of the multi-agency commissioned offer.

Sexual violence – Referrals into the local specialist young person’s service continue to increase year on year. Police recorded crimes where a sexual offence was committed increased by around 20% between 2012 and 2013. The locally recorded Community Safety partnership recorded an 11% increase in sexual offences over the same period. Whilst reported crimes continue to rise the number of referrals to local services is rising at a faster rate, with a 30% increase in referral to young people’s services between 2012/13 and 2013/14 and a 9% increase in the number of adults referred, potentially showing a widening gap between need and police reporting locally. The age profile of young people accessing services continues to decrease
with young victims becoming more prominent in the referral statistics. The most prominent referral categories for adult women is childhood sexual abuse followed by rape. This picture is mirrored in the under 18 age group with the most common referral reason for the 18-21 age group being rape.

**Parenting support** - there are currently 150 cases open through the EOH assessment process. The overall number of cases open has risen steadily since 2012/13, indicating effective practice at earlier intervention. Parenting programmes alongside the range of specific interventions through the EOH commissioned offer and partnership delivery offer are proving effective and have been accessed well with strong evidence of impact. The commissioned offer is based on needs identified from trend in CP/CIN cases and those progressing to care proceedings.

**CP / CIN Referrals** – the latest benchmarked data shows that Thurrock received 491.2 referrals per 10,000 children this compares with the national average of 573.0 and the statistical neighbour average of 572.3. The prediction is that this will increase due to increased awareness amongst partner agencies but that levels will remain below the national and statistical neighbour averages. Repeat referrals continue to reduce since the introduction of the MASH and EOH assessment processes from 18.9% in 2013/14 to a predicted 15.5% for last year.

**Rate of S47 enquires / Children subject to a CP plan** - Section 47 investigations were undertaken for 208.7 children per 10,000 in 13/14 higher than the national average, 125.1 and the statistical neighbour average, 108.9. This higher than average and upward trend is also reflected in the number of children per 10,000 who are subject to a child protection plan with 72.9 per 10,000 in Thurrock compared to 42.1 national and 45.7 in our statistical neighbours.

Of the children subject to a child protection plan the most prevalent category of abuse is neglect (44.5%) followed by emotional abuse (29.8%). This correlates with the main reason for a child becoming looked after where for 62% this is as a result of abuse of neglect.

**Looked After Children Population** – please see the Looked After Children Sufficiency

**Attainment of looked after children** - In England, in 2014, 12 per cent of looked after children gained 5+ GCSEs A*-C or equivalent including GCSE English and mathematics. The previous year the figure was 5.5% per cent. The attainment gap fluctuates due to the low number of children in the cohort each year. In Thurrock 9.5% of looked after children achieved 5+ GCSEs A*-C or equivalent including GCSE English and mathematics

There has been strong focus on increasing the number of looked after young people who are in employment, education or training including the use of targeted apprenticeship programmes through the Diversity in Apprenticeships programme that identifies opportunities for young people who may need additional support to be able to complete an apprenticeship. As a result out of the 110 young people in Thurrock aged 19, 20 and 21 leaving care in 2013/14, 41% were NEET. 75% of the 110 young people were reported to be in suitable accommodation, which is lower
than the national average of 78% but higher than the statistical neighbour average of 72%.

**Youth offending** - there were 207 offences committed in Thurrock in 2013/14 that were known to the Youth Offending Team of these 84% 174 were committed by males and 16% by females. The most common type of offence committed was violence against a person (26%) followed by theft and handling (19%).

65% of young people completing orders are in full time education, employment and training supported through interventions by the Youth Offending Service

**Special Educational Needs and Disabilities**

**Disabled Children** - Since 1992 1399 disabled children and young people have been known to the Team for Disabled Children with 773 being registered as disabled. The most prevalent type of disabilities recorded are Autism / Asperger’s (338) and Learning Disability (234). Currently there are 233 disabled children open to the Team for Disabled Children and a range of services are on offer through the local authority, health and the third sector. Funding for this support is integrated across the Children’s Partnership and also through the use of Direct Payments and Personal Budgets. Close working with Adult Services through the Transition Team is in places to provide young people with the support they need. The continuation of provision is a priority alongside a review of how they are funded to ensure we are maximising the resources available.

**Children with Special Educational Needs and Disabilities (SEND)** - There are currently 1176 children and young people with Statements of Special Educational Need in Thurrock with the main categories of need identified as Autism, Behavioural, Emotional and Social Difficulties, Moderate Learning Difficulties and Speech, Language and Communication needs.

Thurrock has a higher proportion of pupils with SEN with Statements with 3.6% of children with Statements compared to the national average of 2.8% of children.

A significant number of children with SEND attend mainstream education and are supported through the SEN Service. The transition to the new Education, Health and Care Plans has supported the provision of an integrated offer.

Thurrock also has a well-established Portage Service to support parents of preschool aged children with SEND although it has been noted that there is a significant rise in the number and complexity of medical referrals to the local authority in recent years from 55 per annum in 2006/7 to a 110 in 2014/15. Resourcing this increased demand through integrated funding and support is a priority.

**Young Carers** – The 2011 Census identified that there were 1126 young carers in Thurrock, approximately 2.17% of children compared to the national figure of 2.54%. We are aware that this is likely to be an underestimate.

A Young Carers service is currently in operation and this indicates that there are currently 462 known to them with the majority aged 8-18 years. 305 are currently
attending the service and in addition support for Young Carers aged 4-8 years is offered through the local authority team. The reduction in the number of young carers who are NEET remains a priority.

**Child Sexual Exploitation (CSE)** - Risk assessment and triage tools are in place across the service to assist in making robust judgements regarding the risk of CSE. Independent ‘returning interviews’ for children who go missing are commissioned from ‘Open Door’ and all new commissioned services will have a requirement for workers to be trained in awareness of CSE and report on this. Existing providers have been offered access to training and take up is being monitored with the majority of providers accessing this.