

Thurrock Health and Well-Being Strategy 2013 - 2016

Part Two

'Stronger Together'

**Resourceful and Resilient People in Resourceful and Resilient
Communities**

**Improving the Health and Well Being of Children and Young
People in Thurrock**

**Greatly begin.
Though thou have time, but for a line, be that sublime.
Not failure, but low aim is a crime**

(James Russell Lowell)

**At the age of 6 I wanted to be a cook. At 7 I wanted to be Napoleon.
And my ambition has been growing steadily ever since**

(Salvador Dali)

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Contents

Foreword

Welcome to the Children and Young People's Plan 2013-2016 (The Plan). The Plan is Part Two of the Health and Well-Being Strategy 2013-2016. Part One of the Strategy focuses on Adults ([hyperlink](#)). The purpose of The Plan (and of the partnership) is to ensure that, by working together, all parts of the system are joined in the common cause of improving the life chances and health and well-being of children and young people in Thurrock

Our vision for Thurrock is of:

'Resourceful and resilient people in resourceful and resilient communities'

Achieving this requires radical change and strong leadership from schools, health and the council in partnership with parents and the community, identifying and building on strengths as well as confronting and overcoming some deep rooted challenges.

The Health and Well-Being Strategy has four aims, with The Plan responsible for delivery of the first aim:

Every child has the best possible start in life

The Plan also supports the delivery of Thurrock Community Strategy, especially priority one:

Create a great place for learning and opportunity

This is a very exciting opportunity. I am delighted to have leadership responsibility on behalf of the council for this agenda. The health and well being and the life chances of children and young people in Thurrock could be radically improved if everyone plays their part.

Cllr Oliver Gerrish

Portfolio Holder for Education and Children's Social Care, Chair of Thurrock Children and Young People's Partnership

Introduction and Overview

Thurrock's overarching vision is of resourceful and resilient people in resourceful and resilient communities where

1. Every child has the best possible start in life
2. People make better lifestyle choices and take more responsibility for their health and well being
3. People stay healthy longer, adding years to life and life to years
4. The health and well being of communities in Thurrock are more equal

The Plan 2013 to 2016 is the vehicle to deliver the first aim of the Health and Well-Being Strategy, 'Every child has the best possible start in life'.

The Plan is also the vehicle that will deliver the priorities affecting outcomes for children and young people that are contained within Thurrock's Community Strategy. In particular 'Create a great place for learning and opportunity', but also contributing to the four other priorities of:

- Encourage and promote job creation and economic prosperity;
- Build pride and respect to create safer communities;
- Improve health and well-being; and
- Protect and enjoy our clean and green environments.

Thurrock's last Children and Young People's Plan 2010 – 2013 provided a strategic framework for the achievement of significantly accelerated improvement in all aspects of children's lives in Thurrock. This plan is designed to consolidate the progress that has already been achieved and create a strategic framework within which the journey from good to outstanding can be made in Thurrock. However The Plan also confronts the reality that local government must radically transform as a consequence of national and international

economic and policy change. In Thurrock, we have the community at the heart of that transformation. The council will be less of a service provider and become a stronger system leader galvanising all the resources in our community to meet the challenges we face together, ensuring the best possible future for our children and young people.

The key partners for children are parents, schools, health, third sector providers and the council. Key personnel changes have strengthened the council's strategic relationship with the third sector. Academy conversions have progressed well in Thurrock and the relationship between schools and Local Authority has gone from strength to strength. Health priorities for children were not sufficiently integrated in CYP Plan 2010 – 13 and we are undergoing seismic changes in the organisation and commissioning of health. The council has new and increased leadership responsibility for health and well being. The Plan will fully reflect the deeper partnership with health.

Context

The Government is committed to reducing the national deficit and as a consequence has significantly reduced funding for the public sector. Spending in Local Government has already shrunk by 28% and is expected to shrink further. Profound and fundamental change is inevitable in this context. Maximising existing resources and working in partnership, across the public, private and voluntary and community sectors and with the community, are critical. Thurrock is establishing innovative ways of building community connectedness to ensure statutory duties continue to be met and the outcomes for children and young people continue to improve. In a context of massively reduced resources, the most vulnerable children must continue to be protected.

Welfare Reform

Alongside the unprecedented reduction in funding to Local Government, the government is transforming the welfare benefits system. The changes are designed to simplify the system, and to incentivise work, ensuring that people who claim benefits are not advantaged (either in housing or in income) over people who work, especially those who work in low paid jobs. However the reforms may have very significant perverse consequences. Poorer families are likely to be no longer able to afford to live in London and are expected to be re-located in areas where housing and living costs are lower. Thurrock is likely to be a destination of choice. This is expected to increase service demand while service capacity is radically reducing.

A new relationship with schools (Carmel, please check/amend and add SEN)

The government reforms enhance the independence of schools, and define a new role for the Local Authority. Schools are strongly encouraged by central government to become Academies; good schools are incentivised and weaker schools can be required. In Thurrock we have a strong tradition of school independence; the reforms therefore build upon the strong base of system partnership and system leadership. The self supporting school system is underpinned by strong and effective partnership between schools and between schools and Local Authority. In the context of increased independence of schools and anticipated demographic change, pupil place

planning becomes more important. The Local Authority is sometimes described as a 'commissioner of school places' but it does not have control over resources, central government does. The government's vision is of a free market, where good schools flourish and grow and poor schools wither on the vine. A significantly strengthened approach to pupil place planning and school improvement has been implemented in Thurrock to ensure schools are supported to improve and the children who attend those schools that need to improve, are not disadvantaged by the more free market approach.

Schools, of whatever structure, play a huge part in the lives of children and their families. They can significantly alter the life chances of children, contributing hugely to their well-being. In this system of increased independence with corollary risks of fragmentation, the Local Authority is the system leader, the champion for all children and young people in the borough especially the more vulnerable.

Health Reforms (Ceri please check/amend)

The government has introduced radical health reforms that have huge significance for children. Local Authorities have new responsibilities both for leadership in the system and for the commissioning of services. This is welcomed by all partners. By 2015, the Local Authority in partnership with the Clinical Commissioning Group and the NHS Commissioning Board will be responsible for commissioning many health services, for example school nursing and health visiting. This offers an unprecedented opportunity to integrate health, education and social care services for children and families. More detailed information can be found at [\(hyperlink\)](#). In Thurrock we will work across South Essex to ensure that children's safeguarding arrangements in the new health organisations and systems are secure and effective.

Helping families to help themselves

The Munro review of child protection rightly insists that families, where children are experiencing harm, must be offered help and the help must not come too late. In Thurrock we have a major change programme in place to deliver the help families need to help themselves (EOH – [hyperlink](#)). We have been selected as a Munro demonstrator site because we are focussed on a child's journey, building upon the resource and resilience in our community and in our universal services to be the early help for children and families, while ensuring the most needy receive what they need to prevent escalation into the child protection system or entry into care. The Troubled Families programme was launched in response to the Prime Minister's ambition to turn around the lives of the 120,000 most troubled families in the country. This is a payment by results programme, with funding coming into the council when families achieve the required changes in seeking employment, reducing anti-social behaviour and improving school attendance. In Thurrock, our Troubled Families programme is integrated within early help and it is well underway.

Inspection and regulation

Ofsted inspects and judges services for children and young people (schools, colleges, children's centres, child care, child protection and looked after children). They rightly raise the bar to challenge standards achieved locally. We will continue to use inspection outcomes as

an indicator of how well we're doing in Thurrock. The regulatory framework for the rest of local government has largely been dismantled; for children and young people, it has continued and in child protection it has intensified.

Community Strategy

Thurrock Community Strategy sets out the vision and priorities for Thurrock and its communities. It was refreshed in 2012. Its vision for Thurrock is:

'A place of opportunity, enterprise and excellence, where individuals, communities and businesses are healthy and flourish'.

Thurrock's potential for growth continues to be significant. Thurrock is one of the few areas of the country where inward investment continues, this is critical to resilience for the community, particularly for children and young people. At the heart of the strategy is the imperative to negotiate a new relationship between citizen and state and between council and community. The community hub programme, co-constructed between council and community is an expression of these new relationships.

Our people, their assets and needs (Ceri more needed here, ethnicity profile, inward migration)

- Thurrock under 19s comprise of 25.9% of Thurrock's total population (2010 mid-year estimates)
- Thurrock has a larger group of 0-4 years olds than other comparator authorities
- Numbers of children and young people are greater in the south of the borough
- Thurrock birth rates are higher than England and East of England averages

Thurrock has huge resources and resilience on which it can build. Thurrock benefits from exceptionally strong partnerships across the children's system; with a deeply embedded and thriving third sector. The council has a People's Directorate deliberately designed to ensure the best of Adults Services informs Children's Services (and vice versa). Commissioning, a culture of co-production and personalisation are intended in this plan to build upon the strengths already in place and those derived from closer working with Adult Services.

A review of the outcomes achieved for children and young people in Thurrock show consolidating and emerging strengths locally. There is no room for complacency but recognising and building upon strengths is critical

- Educational attainment

- At Foundation Stage (children aged 4/5), Thurrock's children are on a strong improvement trajectory, currently in line with the national average, with both boys and girls improving. Improvements at Foundation Stage have affected both boys and girls
- At Key Stage 1 (children aged 7) Thurrock's children exceed the national average in both reading and maths and they are on target to exceed national average on the critical indicator at Key Stage 2 (children aged 11)
- Secondary schools in Thurrock are strong (% good or outstanding). Achievement of 5 A*-C GCSE has been above national average for several years
- Skills and employment
 - Three quarters of working age people in Thurrock are in employment
 - Thurrock's young people are successful in apprenticeships, achieving above national average success rates
- Children and Young People at risk and in care
 - Thurrock was judged as 'good' on safeguarding, children in care and capacity to improve in its recent Ofsted inspection of Safeguarding and Looked After Children, placing Thurrock in the top half of all councils inspected
 - Thurrock was judged as 'good' in its 2012 Adoption Inspection – an improvement on the service's previous judgement in 2008 of 'satisfactory'
 - Thurrock's Youth Offending Service was inspected in 2012 and received the 2nd highest of 7 possible grades.

Children's Joint Strategic Needs Assessment

Thurrock's Joint Strategic Needs Assessment www.shapingthurrock.org.uk/health provides an in-depth analysis of the Borough's health and well-being needs. It identifies the key health and well-being issues for Thurrock – including children and young people. A selection of the 'needs' critical for the health and well-being of children and young people are contained below (based on 2012 Thurrock Child Health Profile www.chimat.org.uk):

The following areas are highlighted as areas requiring focus to ensure we are at least as good as national average:

- Breastfeeding initiation
- Children whose weight is unhealthy;
- Low participation in at least three hours of sport or PE;
- Children and Young People starting smoking and drinking alcohol
- Ensuring every young person is either in education, employment or training (NEET);
- First time entrants to the youth justice system;

The structure, governance and work of the CYP Partnership

The purpose of the partnership is to ensure that, by working together, all parts of the system are joined in the common cause of improving the life chances of children and young people in Thurrock

The partnership board meets three times a year, involving all partners in a context, assets & needs analysis (Autumn) to set the broad strategic aims (Spring) and to review performance (Summer). The commissioning executive meets 6 weekly to translate the broad strategic aims into high level plans which are delivered through partnership work-streams.

The CYP Partnership is accountable to the Thurrock Health and Well Being Board (HWB). The HWB has delegated to the CYP Partnership responsibility for improving the life chances of children and young people in Thurrock, in order to strengthen the health and well being of the whole community. The HWB is statutory and must be understood as a whole system, including the CYP Partnership. The Local Safeguarding Children Board (LSCB) is the statutory partnership responsible for ensuring that vulnerable children in Thurrock are properly safeguarded. The LSCB holds each agency and each partnership to account for this purpose.

Successes 2010-2013

The CYP Partnership has demonstrated a very strong track record of success over the last three years. The Plan established in 2010 delivered accelerated progress for children and young people in Thurrock:

Excellent Services

- Educational attainment has improved significantly with children in the early years and foundation stages achieving well, giving them a head start in education.
- Schools, nurseries and early years settings are improving with new examples of outstanding practice in primary and early years settings alongside existing areas of excellence in secondary provision.

Everyone succeeding

- Secondary school exclusions have fallen considerably, with better prospects for pupils able to stay full time in school.
- The number of adults qualified to level 2 and level 3 has improved significantly and closed the gap with the national average.

Protection when needed

- Inspections in Thurrock in 2012 showed services are strong. (Youth Offending Service, Adoption Service and Safeguarding and Looked After Children all graded 'Good').
- Staff training and retention in Thurrock is excellent (86% of Thurrock trained staff as social workers during the past 8 years, have been retained in Thurrock). Ten Children's Services' managers are participating in Aspiring Leaders training with another ten on Masters Level leadership modules through the University of Essex.

Lean and Fit for the future

- Two examples

The 2013-16 Plan builds on the successes of the last three years. The aims have been changed to reflect the changed economic and policy landscape as well as the local context:

Four aims to achieve our ambitions for Children and Young People in Thurrock 2013-2016

- 1. Outstanding universal services and outcomes**
- 2. Parental, Family and Community Resilience**
- 3. Everyone Succeeding**
- 4. Protection When Needed**

Each aim has three objectives, for each we set out where we are now, where we want to be in 2016, and the milestones that we need to achieve in order to achieve our ambition.

The performance management framework is set out at appendix one

Children and Young Peoples Plan 2013-16: Excellent Universal Services

	<p>support parenting and health choices</p> <p>Promote and enable children, parents and families to make positive lifestyle choices to enable children and young people to be physically active and achieve and maintain a healthy weight</p> <p>Reduce and prevent the number of children who are engaging in risk-taking behaviour</p> <p>Promote and offer support for the Emotional Well-Being of all Children and Young People living in Thurrock</p>	<p>Reduce the number of young people aged 16-18 who are NEET to 5.7% (a 0.5% improvement on 2013 target)</p> <p>Develop and increase high quality opportunities for academic courses and learning and skills development and training linked to the regeneration opportunities in the Borough</p> <p>Increase the percentage of 17 year olds in education or training in line with Raising Participation Age (RPA) expectations (2013) and to 18 (2015).</p> <p>Improve the percentage of Level 2 and 3 qualifications by 19</p> <p>Increase progression to HE and to Level 4+ qualification levels to regional levels.</p>
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Objective	Where are we now?	Where do we want to be?	Key milestones
Raise attainment at the end of Early Years Foundation Stage, Key Stage One and Key Stage Two			
Continue to focus on Foundation Stage, Key Stage 1, Key Stage 2 and Key Stage 4 outcomes with	Foundation Stage attainment is in line with national average; Year 1 phonics check is in line with national average. Key Stage	All children and young people at each key stage to make at least expected levels of progress contributing to above national average performance	2013: All schools above floor standard at KS2 and KS4 FS, KS1 above NA KS2 at NA

Children and Young Peoples Plan 2013-16: Excellent Universal Services

Objective	Where are we now?	Where do we want to be?	Key milestones
no schools below the floor standard	1 attainment is above national average other than at Level 3+. However this is not yet fully embedded particularly in the attainment of boys. Key 2 demonstrates a 3 year upward trajectory but has yet to reach national averages. At Key Stage 4, performance is around the national but there is wide variation across schools.	by 2016 and no schools below the floor standard	<p>KS4 above NA</p> <p>2014: KS2 above NA gap narrowed between all vulnerable and underperforming groups and the rest</p> <p>2015: all KS results move into next quartile</p> <p>2016: all results maintain upward trajectory with gaps minimised</p>
Continue to narrowing the gap between boys and girls at all key stages and target resources to ensure all children make expected progress during their primary school years	Clear data on performance in schools and on targeted groups is available and is used forensically to identify priorities for intervention, support and training.	Gaps in performance of vulnerable and underperforming groups against the rest decreasing as per milestones.	<p>2013: FS, KS1 above NA KS2 at NA KS4 above NA</p> <p>2014: KS2 above NA gap narrowed between all vulnerable and underperforming groups and the rest</p> <p>2015: all KS results move into next quartile</p> <p>2016: all results maintain upward trajectory with gaps minimised ???</p> <p>2013: Gender gap narrowed year on year from 2012 in all key stages</p>

Children and Young Peoples Plan 2013-16: Excellent Universal Services

Objective	Where are we now?	Where do we want to be?	Key milestones
Increase our capacity to provide early-education to two-year olds in line with national targets	70 places are offered to eligible families from targeted groups. A National programme is being implemented to increase places and a local project team has been established	<p>Clear targeted eligibility criteria in place focused on those most in need of support</p> <p>Sufficient numbers of high quality places available</p> <p>Integrated family support available to those most in need of it.</p>	<p>400 places by September 2013</p> <p>800 places by September 2014</p>
Promote and improve the health and well-being of children and young people			
Ensure that children live, learn and play in health promoting environments	<p>Thurrock's leisure facilities (including swimming and grass pitches) do not compare well with our nearest neighbour grouping of local authorities.</p> <p>Relatively low levels of provision and satisfaction with local leisure services may be translating into low levels of physical activity amongst our population</p>	<p>Children and young people live and play in areas which support/are designed to improve their health and are educated in settings which promote and enable healthy living</p> <p>The Thurrock environment promotes walking and cycling in the Borough and children and young people use these modes of travel to school, and for leisure</p>	<p>Walking and cycling to school from x to y in 2014/15/16</p> <p>Smoke free workplaces from x to y in 2015/16/17</p> <p>% of smoke free homes identified 2013, increased from x to y</p>
Through the Healthy Child Programme, offer every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices	<p>Thurrock has the lowest prevalence of pregnant women smoking at time of delivery, when compared to its CIPFA comparator local authorities and lower than both the regional and national rates. However 10.79% of pregnant women in Thurrock are still smoking at time of delivery (2009/10), contributing to low birth weight and infant mortality rates.</p> <p>Thurrock has significant challenges to</p>	<p>Families, children and young people access the healthy child programme through integrated locality based teams.</p> <p>Excellent coverage in immunisation and screening services</p> <p>Improvements to breastfeeding initiation and prevalence at 6-8 weeks Pregnant women are supported</p>	<p>Increase breastfeeding prevalence target work with under 25 years from x to y</p> <p>Increase breastfeeding friendly facilities and places in the community</p> <p>Improve screening uptake – specify</p> <p>Improve vaccination uptake</p>

Children and Young Peoples Plan 2013-16: Excellent Universal Services

Objective	Where are we now?	Where do we want to be?	Key milestones
	<p>address with regards to breastfeeding initiation, data recording, and continuing prevalence of breastfeeding at the 6 to 8 week check.</p> <p>Thurrock performs well on immunisation and screening with some room for improvement.</p>	<p>through a jointly owned pathway to quit smoking.</p>	<p>– specify</p> <p>Maintain performance for women stopping smoking at time of delivery</p> <p>Smoking status at intervals in the first year (medium term) - specify</p>
<p>Promote and enable children, parents and families to make positive lifestyle choices, supporting and enabling young people to be physically active and to achieve and maintain a healthy weight</p>	<p>In Thurrock, in the school year 2009-10, 11.5% of children in reception (age 4-5) measured as obese and in year 6 (aged 10-11) just over 20% measured obese</p> <p>47.7% of children participate in at least 3 hours per week or high quality PE and sport at school age (5-18 years) (2009/10)</p>	<p>Families, children and young people choose and are supported and enabled to lead healthier lifestyles:</p> <ul style="list-style-type: none"> • Children and young people are more physically active • Children and young people are able to achieve and maintain a healthy weight 	<p>Quality lifestyle preventative information disseminated</p> <p>Targeted quality weight management programmes to children, parents and their families in Thurrock - specify</p>
<p>Reduce the number of children and young people engaging in damaging behaviour in the areas of:</p> <ul style="list-style-type: none"> • Smoking • Alcohol and drugs • Sexual activity 	<p>Trends for under 18s demonstrate the continuing drop in conception rates, with Thurrock performing below the England rate, and work should continue to bring Thurrock in line with the East of England.</p> <p>Sexually transmitted infections (data on rates needed here)</p> <p>Data on smoking/alcohol & drug use? Am not prepared to use Tell Us 2009</p>	<p>Parents children and young people make positive decisions about risk taking and avoid damaging behaviours:</p> <ul style="list-style-type: none"> • Children and young people don't start smoking • Children and young people don't misuse alcohol or drugs • Young people make purposeful decisions about delaying conception. • Chlamydia rate reduced 	<p>Specific milestones needed</p>
<p>Aim: Ensure progression routes to higher level qualifications and employment</p>			
<p>Ensure high quality</p>	<p>85% of 16-18 year olds are in learning</p>	<p>90% of 16-18 year olds in learning</p>	<p>All courses for 16-19 year</p>

Children and Young Peoples Plan 2013-16: Excellent Universal Services

Objective	Where are we now?	Where do we want to be?	Key milestones
opportunities for learning, skills development and training linked to the regeneration opportunities in the Borough are provided	<p>Data on level 2 and 3 qualifications to be added</p> <p>There are developing links with employers and the regeneration agenda</p>	<p>Increase in level 2 and 3 qualifications</p> <p>Employment opportunities created by regeneration opportunities are accessed by local people</p>	<p>olds mapped and publicised by April 13.</p>
Increase the delivery of level 2 and level 3 apprenticeship opportunities	<p>A range of apprenticeships are offered in partnership with employers (data to be added)</p>	<p>More apprenticeships with access to on-going employment opportunities are offered targeted to those most in need of support</p>	<p>Increase of level 2 and 3 apprenticeships by at least 20% year on year.</p>
Reduce the number of young people aged 16-18 who are NEET to 6.2%	<p>6.8% of 16-18 year olds are NEET</p> <p>A targeted offer of NEET reduction programmes are in place linked to employer skills shortages</p>	<p>Decrease in those from targeted groups who are NEET</p> <p>A targeted programme for those on the edge of care is in place</p> <p>Targeted programmes linked to key employment sectors and regeneration opportunities are in place</p>	<p>(TBC)% care leavers are NEET by March 2013/14/15</p> <p>6.2% 16-18 year olds are NEET by March 2013</p> <p>5.7% 16-18 year olds are NEET by March 2014</p> <p>A 0.5% per annum reduction in NEET levels until performance is above national levels from March 2013 onwards</p>

Parental, Family and Community Resilience

Early offer of Help	Reduce and mitigate the impact of child poverty	Strengthened Communities
<p>We will:</p> <p>Implement our Troubled Families Initiative</p> <p>Implement our strategy to support challenge and change parenting in Thurrock</p> <p>Ensure the most effective deployment and targeting of resource in the context of anticipated service reductions.</p>	<p>We will:</p> <p>Increase parental employment and skills by providing access to adult training and skills development</p> <p>Increase benefit take-up by providing high quality advice and guidance targeted to areas where there is a high prevalence of poverty and workless households</p> <p>Improve housing for families and for vulnerable young people and prevent homelessness– Barbara Brownlee</p>	<p>We will:</p> <p>Co-produce community hubs designed to build community resilience</p> <p>Employ enabling technology to increase self help and personal problem solving</p>

Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Early Offer of Help			
Implement our Troubled Families Initiative			
Implement our strategy to support challenge and change parenting in Thurrock	<p>A range of interventions in place depending on the level of support needed</p> <p>Some de-escalation processes in place</p> <p>Information sharing processes currently using different software programmes</p> <p>9 children’s centres in place and some services integrated locally including Education Welfare Services, Parent Outreach Support and multi-agency CAF referral process</p> <p>A range of universal and community-based services are in place locally</p>	<p>Integrated multi-agency offer in three locality hubs with a targeted outreach programme</p> <p>Targeted support offer linked to commissioned services in place</p> <p>Clear processes for the transition of support as needs deescalate or escalate</p> <p>Support for universal services and community provided support to enable them to meet the needs of parents in their area</p> <p>Co-ordinated delivery through a range of partnerships in place ensuring that support is available based on community delivery with a clear pathway to specialist services where needed</p>	<p>Integrated teams in place April 2013</p> <p>Commissioned offer commences April 2013</p> <p>Commissioned offer commences April 2013</p> <p>Integrated teams in place April 2013</p> <p>Locality governance structures developed from April 2013 onwards</p>
Ensure the most effective deployment and targeting of resource in the context of anticipated service reductions			

Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Mitigate the impact of child poverty			
Increase parental employment and skills by providing access to adult training and skills development	<p>64.1% of adults in Thurrock are qualified to level 2</p> <p>38.2% of adults in Thurrock are qualified to level 3</p> <p>Access to adult learning programme in place targeted to areas of need and targeted groups</p> <p>ESF Families programme has commenced</p>	<p>Increase in adults with level 2 and 3 qualifications particularly in areas where there are high levels of poverty.</p> <p>Level 2 increase by 5% per annum (in line with changes over recent years) to reach above England average.</p> <p>Level 3 increase by 2% per annum to reach estimated levels required by Thames Gateway Skills Audit</p>	<p>L2 (adults) 69.1% by October 2013 74.1% by October 2014</p> <p>L3 (adults) 40.2% by October 2013 42.2% by October 2014 44.2% by October 2015</p> <p>Access to ESF Families Programme: 100 families by June 2013 200 families by September 2014</p>
Increase benefit take up by providing high quality advice and guidance targeted to areas where there is a high prevalence of poverty and workless households	<p>16.8% of families accessing childcare element of working tax credits</p> <p>Areas with high levels of child poverty identified</p>	Access to childcare element of working tax credits in line with national average particularly in areas with high levels of child poverty	An increase of 0.5% per annum of families accessing childcare element of working tax credits until performance is above national levels
Improve housing for families and for vulnerable young people and prevent homelessness– Barbara Brownlee			

Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Strengthened Communities			
Co-produce community hubs designed to build community resilience	Pathfinder in Ockendon in development	Hubs in place and fully operational across the borough High levels of volunteering to support self help Principles of ABCD and LAC fully integrated in Thurrock	
Employ enabling technology to increase self help and personal problem solving			

Everyone Succeeding

Promote the attainment and achievement of under-achieving children	Promote and support inclusion	Narrow health inequalities for children and young people
We will:	We will:	We will:
<p>Improve the attainment of pupils for all underperforming pupils with a particular focus on narrowing the gap between those and other pupils</p>	<p>Meet the needs of children and young people with SEN and Learning Difficulties through the development of enhanced, targeted support, focusing resources on the most vulnerable pupils</p> <p>Develop the offer to all pupils accessing pupil support services to significantly improve the outcomes and life chances of pupils in short stay provision</p> <p>Work with partners to develop and monitor effective and high quality short stay provision</p> <p>Implement improved processes for children with complex needs, disability and continuing health care needs</p>	<p>Target key areas of need in Thurrock for improving the wider determinants of health</p> <p>Through the HCP, offer a progressive universal service to all families, with additional services for those with specific needs and risks</p> <p>Focus on the most vulnerable children and families by identifying children with high risk and low protective factors, and to ensure that these families receive a personalised service</p> <p>Reduce the health inequalities faced by some families by developing a targeted, integrated approach to local delivery of services</p>

Objective	Where are we now?	Where do we want to be?	Key milestones
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Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Promote the attainment and achievement of underachieving children			
Improve the attainment of pupils for all underperforming pupils with a particular focus on narrowing the gap between those and other pupils	Currently 28.4% gap at FSP between lowest 20% and others		
Aim: Promote and support inclusion			
Meet the needs of children and young people with SEN and Learning Difficulties through the development of enhanced, targeted support, focusing resources on the most vulnerable pupils	The statutory targeted support services for children and young people with SEN and learning difficulties and disabilities are delivered through the Educational Psychology Service and the outreach services from special schools and mainstream resource bases. There is partial targeting on the most vulnerable pupils such as LAC and those accessing Youth Offending services.	Access to all statutory targeted support services for pupils with SEN/ LDD will be through clearly identified referral channels with threshold criteria to ensure that there is effective delivery to the most vulnerable pupils thus enabling these pupils improved access to these services and support leading to enhanced outcomes. .	New service offer to vulnerable pupils to be in place by September 2014 including new Service Level Agreements for all targeted services to children and young people with SEN/LDD.
Develop the offer to all pupils accessing pupil support services to significantly improve the outcomes and life chances of pupils in short-stay provision	Thurrock's Pupil Referral Unit for Primary and Secondary school aged pupils has undergone significant development and improvement and offers educational support to all children and young people not in receipt of a full time school placement. There are support arrangements in the Borough to provide additional time out and fixed term exclusion support for pupils commissioned by mainstream schools and academies.	Access to Pupil Referral Units and Alternative Provision will be through the Inclusion Panel ensuring a reduction in the use of exclusions and improved service offers for all Vulnerable pupils accessing these services. An effective range of Alternative Provision and Pupil Referral Units will be delivered through enhanced models of service delivery consulted on with all stakeholders.	Inclusion Panel to provide effective access to Managed Moves , Fair Access School Places by September 2013. New models of Alternative Provision and Pupil Referral Units including delegated budgets for PRU to be in place by April 2014.
Fully implement a new Special Educational Needs	An Initial Strategy Document for Disabled Children and Young people has been	A fully implemented integrated SEN / Disability Strategy including	Key implementation of Strategy including Transition

Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
and Disability strategy	developed. There are a range of services for Children and Young People with SEN/LDD in place in Thurrock including two outstanding special schools and mainstream bases supporting children and young people with a range of needs.	improved access to Disabled Children's services, with strengthened engagement of young people and their parents/carers.	strand; Parental engagement process; Funding process; and integrated working processes to be developed and piloted by July 2013 for statutory implementation by April 2014.
Implement improved processes for children with complex needs, disability and continuing health care needs	There are well developed and effective Early Support Plans for pre-school with SEN/LDD involving EPS , SEN , Health and Disabled Children team and efficient Statutory SEN services for children and young people 0-19 .	A co-ordinated system of Education, Health and Care assessments and Plans based on the new SEN legislation building on the Early Support model.	New system of Education Health and Care Assessment and Plans to be in place to support children and young people aged 0-25 years incorporating changes to post 16 assessments. New system to be in place for April 2014.
Aim: Narrow health inequalities for children and young people			
Target key areas of need in Thurrock for improving the wider determinants of health	<p>There is significant child health inequality in Thurrock.</p> <p>Belhus, Chadwell St. Mary, Ockendon, Tilbury Riverside and Thurrock Park and Tilbury St. Chads are all areas with high child poverty. These areas also have low breastfeeding rates and high child obesity rates.</p> <p>Infant mortality and low birth weight babies.</p>	<p>Early offer of services and outreach work through Children's Centres in the most deprived areas in the Borough.</p> <p>Improved health and well-being outcomes including an increase in Breastfeeding and a reduction in Childhood obesity in the target areas identified.</p> <p>Reduction of low birth weight babies, supporting in reduction of infant mortality.</p> <p>Reduction of smoking at the time of</p>	<p>Improved breastfeeding rates in high need areas by September 2013. specify not just year one</p> <p>Improved smoking cessation rates amongst expectant mothers by September 2014</p>

Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
<p>Through the HCP, offer a progressive universal service to all families, with additional services for those with specific needs and risks</p>	<p>Establish a Paediatric Assessment Unit</p> <p>Implement the five high intensity pathways for acute childhood illnesses</p> <p>Target key low take-up groups (teenage mothers and children living in temporary accommodation)</p>	<p>delivery.</p> <p>A model unit at Basildon and Thurrock University Hospital Foundation Trust to support the reduction in the numbers of acute and unplanned admissions through robust triage and case management</p> <p>Increased utilisation of community services through the development of initiatives responding to fever, respiratory disease, gastro enteritis and asthma through the development of a single point of entry as part of the Early Offer of Help Strategy</p> <p>Vulnerable pregnant women are targeted to ensure they are supported and access rolling programme of ante-natal and post-natal care</p>	
<p>Focus on the most vulnerable children and families by identifying children with high risk and low protective factors, and to ensure that these families receive a personalised service</p>	<p>Children in care immunisations are significantly lower than the England average</p>	<p>Vulnerable and high-risk pregnant women are identified during early ante-natal assessment with the midwife and health visitor</p> <p>Emotional wellbeing of looked after children improved</p> <p>Children in care access immunisations routinely and uptake is increased.</p>	<p>Immunisations rate for children in care – specify 2014/15/16</p> <p>CAMHS strategy?</p>
<p>Reduce the health inequalities faced by some</p>	<p>Key areas of health inequalities exist (data)</p>	<p>Integrated multi-agency local offer in place with evidence of improved</p>	<p>Multi agency integrated locality delivery teams in</p>

Children and Young Peoples Plan 2013-16: Parental Family and Community Resilience

Objective	Where are we now?	Where do we want to be?	Key milestones
<p>families by developing a targeted, integrated approach to local delivery of services</p>	<p>Integrated offer developing through children's centres including access to midwifery services and health visiting</p>	<p>health outcomes</p> <p>Close links with GPs and clinical commissioning groups in place</p>	<p>place from April 2012.</p> <p>Locality governance structures developed from April 2013 onwards including links with local universal services.</p>

Protection When Needed

Provide outstanding services for children who have been or may be abused	Provide outstanding services to children in trouble	Provide outstanding services for children in care
<p>We will:</p> <p>Fulfill the ambitions in the Munro review of child protection</p> <p>Ensure that all agencies deliver high quality child protection services</p> <p>Combat violence against women and girls</p>	<p>We will:</p> <p>Divert children and young people from committing offences</p> <p>Prevent re-offending</p> <p>Develop and deliver a CAMHS strategy</p>	<p>We will:</p> <p>Ensure that public care is reserved for those children whom there is no safe and appropriate alternative</p> <p>Achieve the highest possible standard of corporate parenting</p> <p>Deliver local placements (except where there is good reason not to)</p>

Resources

