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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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 and is the delivery plan of Thurrock Community Strategy priority 'Create a great place for learning and opportunity' as well as contributing to the priority 'Improve Health and Well-Being'. The Plan supports Thurrock's vision of 'A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish'. 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 Health and well-being 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 the delivery of the first aim:

Every child has the best possible start in life

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 life chances of children and young people in Thurrock will 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 'a place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish'.

Our vision for health and well-being is of 'resourceful and resilient people in resourceful and resilient communities' where:

- 1. Every child has the best possible start in life
- 2. People stay healthy longer, adding years to life and life to years;
- 3. Inequalities in health and well-being are reduced; and
- 4. Communities are empowered to take responsibility for their own health and well-being.

The Plan 2013 to 2016 is the vehicle that will deliver the Health and Well-Being Strategy's first aim: '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, responsibility and respect to create safer communities;

- Improve health and well-being; and
- Protect and promote our clean and green environment.

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, voluntary and community sector, and the Council. Key personnel changes in Thurrock Council for Voluntary Services (CVS) have strengthened the Council's strategic relationship with the voluntary and community 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 2010 – 13's Plan and we are undergoing seismic changes in the organisation and commissioning of health services. The Council has new and increased leadership responsibility for health and well being – responsibilities that are recognised in the latest Community Strategy. The Plan fully reflects the deeper partnership with health services and colleagues.

Context

As part of the response to reducing the national debt, spending in Local Government has reduced by 28% and will reduce 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 reduction in funding to Local Government, the welfare benefits system is being transformed. 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

National reforms enhance the autonomy of schools, and define a new role for the Local Authority. Schools are strongly encouraged by central government to become Academies. In Thurrock we have a strong tradition of school autonomy. The school-to-school system is underpinned by a strong and effective partnership between schools and the Local Authority. In the context of increased autonomy 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 market, where good schools flourish and grow and lower performing schools are impacted as a result. There is now a significantly strengthened approach to pupil place planning and school improvement in Thurrock.

Schools of whatever structure can significantly alter the life chances of children, contributing hugely to their quality of life. In a market system, the Local Authority is the system leader and commissioner, and the champion for all children and young people in the Borough, especially the more vulnerable.

Health Reforms

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 includes new public health responsibilities that will transfer as of April 2013. 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 (http://www.dh.gov.uk/health/category/policy-areas/public-health/). 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 (Early Offer of Help – hyperlink). We have been selected as a Munro demonstrator site because we are focused 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 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 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

- Thurrock has a relatively young population, Thurrock has a relatively young population, with 42,038 under 19 in 2011, 34,298 under 16, and 38,415 under 18
- 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's children and young people population continues to become increasingly diverse e.g. in 2012, one in four Thurrock children of school age are of black and minority ethnic background which is an increase of 5% since 2009
- The increase is greatest amongst primary school aged children in 2012 30.6% are of black and minority ethnic background which is an increase of 7% from 2009
- Black/Black British represents the biggest proportion of black and minority ethnic children (12%)
- The largest inward migration (2011) of children and young people to Thurrock comes from the boroughs of Barking and Dagenham, Havering, and Newham

Thurrock has huge resources and resilience on which it can build – including children themselves as role models for healthy lifestyles. 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 form 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 <u>www.shapingthurrock.org.uk/health</u> 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 <u>www.chimat.org.uk</u>):

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 and 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.
- Despite a challenging financial climate, the number of young people not in education, employment or training continues to fall.

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

- The pathway for the implementation of Community Hubs was agreed in November 2012 by Cabinet for the proposals of the Ockendon Community hub providing a range of co-located services from March 2013 that add value and make sense being located together in one place.
- The Troubled Families programme has identified its first 110 families to engage with. Through this exciting opportunity The Troubled Families' team have started to work with a number of the families and volunteers are being recruited to work with families on assisting with day to day living and routines.

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 priorities 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 priority 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 reach our ambition.

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 well-being of children and young people	Ensure progression routes to higher level qualifications and employment
We will:	We will:	We will:
Continue to focus on Foundation Stage (FS), Key Stage 1 (KS1), Key Stage 2 (KS2) and Key Stage 4 (KS4) outcomes with the aim of no schools below the floor standard	Through a Healthy Child Programme, offer every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and health choices	Develop a Raising the Participation Age Plan for 16-19 year olds to ensure high quality opportunities for learning, skills, development and training linked to the regeneration opportunities in the Borough.
Embed strategies to narrow 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	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	The Plan will: • Provide information to inform choice at 14+ and 16+;
Increase our capacity to provide early	Reduce and prevent the avoidable harm	 Identify provision gaps and improvement priorities;
education to two year olds in line with national targets	of children and young people who are engaging in risk-taking behaviour	 Support early intervention for those at risk of becoming NEET;
Increase the percentage of good or better outcomes in Ofsted inspections of primary schools	Appropriate support in place to meet the mental and emotional health needs of children and young people in Thurrock	 Develop vocational learning aligned with regional sk9ills priorities; and Track and re-engage those who drop out.

Increase the delivery of level 2 and level 3 apprenticeship opportunities Reduce the number of young people aged 16-18 who are NEET by 0.5% per annum until we are above the England average Increase the percentage of 17 year olds in education or training in line with Raising Participation Age (RPA) expectations for 2013 and to 18 year olds 2015. Improve the percentage of Level 2 and 3 qualifications by 19 Increase progression to HE and to Level
Increase progression to HE and to Level 4+ qualification levels to regional levels.

Objective	Where are we now?	Where do we want to be?	Key milestones
Raise attainment at the e Stage Two	nd of all Key Stages with a particular focu	us on Early Years Foundation Stage	e, Key Stage One and Key
Continue to focus on Foundation Stage, Key Stage 1, Key Stage 2 and Key Stage 4 outcomes with the aim of no schools below the floor standard	Foundation Stage attainment is in line with national average; Year 1 phonics check is in line with national average. Key Stage 1 attainment is above national average other than at Level 3+. This is not yet fully embedded, however, particularly in the attainment of boys. Key Stage 2 demonstrates a 3 year upward trajectory but	All children and young people at each key stage to make at least expected levels of progress contributing to above national average performance by 2016 and no schools below the floor standard	2013: All schools above floor standard at KS2 and KS4 FS, KS1 above NA KS2 at NA KS4 above NA 2014: KS2 above NA gap narrowed

Objective	Where are we now?	Where do we want to be?	Key milestones
	has yet to reach national averages. At Key Stage 4, performance is similar to national performance but there is wide variation across schools.		between all vulnerable and underperforming groups and the rest 2015: all KS results move into next quartile 2016: all results maintain upward trajectory with gaps minimised
Embed strategies to narrow 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. Thurrock will perform well compared to statistical neighbours and national comparators.	 2013: FS, KS1 above NA KS2 at NA KS4 above NA 2013: Gender gap narrowed year on year from 2012 in all key stages 2014: KS2 above NA gap narrowed between all vulnerable and underperforming groups and the rest 2015: all KS results move into next quartile 2016: all results maintain upward trajectory with gaps minimised between underperforming and vulnerable groups and the rest

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	Clear targeted eligibility criteria in place focused on those most in need of support Sufficient numbers of high quality places available through a range of early education providers Integrated family support available to those most in need of it.	400 places by September 2013800 places by September 2014Sustain capacity in line with demographic change
Increase the percentage of good or better outcomes in Ofsted inspections of primary schools	The percentage of primary schools judged good or better is 49%	By 2016, all schools judged good or better	An increase of 10% primary schools judged good or better year on year from 2013
Promote and improve the	e health and well-being of children and yo	ung people	
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	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 12.2% of pregnant women in Thurrock are still smoking at time of delivery (2010/11), contributing to low birth weight and infant mortality rates. Thurrock has significant challenges to	 Robust systems in place that ensure: Improved vaccination uptake Improved screening uptake Improved breastfeeding prevalence – particularly in under- 25s Performance for women stopping smoking at the time of delivery is 	Strategy Group in place with targets to increase breastfeeding rates and increase breastfeeding prevalence in under-25s by 2015 working with the NHSCB Local Area Team and the NHSCB. Robust partnership working arrangements in place with
	address with regards to breastfeeding initiation, data recording, and continuing prevalence of breastfeeding at the 6 to 8 week check.	maintained and, if possible, bettered. Increased number of breastfeeding- friendly places in the community.	Public Health England and NHS Commissioning Board to ensure delivery of (in particular) by March 2014:

Objective	Where are we now?	Where do we want to be?	Key milestones
	Thurrock performs well on immunisation and screening with some room for improvement. Responsibilities transfer to Public Health England from Primary Care Trusts from 1 st April 2013		Improved Vaccination Uptake Improved Screening update
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	In Thurrock, in the school year 2010/11, 25.4% of children in reception (age 4-5) measured as having excess weight and in year 6 (aged 10-11) 39.7% measured had excess weight 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)	 Families, children and young people choose and are supported and enabled to lead healthier lifestyles: Children and young people are more physically active Children and young people are able to achieve and maintain a healthy weight 	Development of a Thurrock Sports and Physical Activity Action Plan in place June 2013 Healthy Weight Action Plan by March 2014 Delivery of a Healthy Weight Action Plan through a 'whole systems approach' by March 2016
Reduce and prevent the avoidable harm of children and young people engaging in risk-taking behaviour	Trends for under 18s demonstrate the continuing drop in conception rates, with Thurrock performing at a similar rate to England rates, and work continuing to reduce the rates in Thurrock in line with the East of England. Sexually transmitted infections in South West Essex in 2010/11 were 29.3 <15 and 1908.6 15-19 year olds diagnosed rates per 100,000 populations.	 Parents children and young people make positive decisions about risk taking and avoid damaging behaviours: Children and young people do not start smoking Children and young people do not misuse alcohol or drugs Young people make purposeful decisions about their sexual health and 	Undertake a full review of children and young people undertaking risky behaviours: sexual health, drugs and alcohol, and smoking – by September 2013 Work with schools across Thurrock on a proposal for health improvement

Objective	Where are we now?	Where do we want to be?	Key milestones
	For Thurrock, there is a Chlamydia diagnosis rate for young adults aged 15-24 years below the England and East of England diagnosis rates. Increasing the diagnostic rate will reduce the prevalence of infection. The target for numbers of young people aged under 18 in drugs and alcohol treatment is between 90-100 12.4% of young people in Thurrock (pupils in years 6, 8 and 10, aged from 10 years up to and including 15 years old) reporting either frequent misuse of drugs/volatile substances of alcohol, or both. This is worse than the East of England and England Average. A risky behaviours service is currently commissioned alongside services for 5-19 year olds.	 delaying sexual activity. Local authorities should be working towards achieving a Chlamydia diagnosis rate (15-24 year olds) of at least 2,400 per 100,000 population. (provisional). Increasing the diagnosis rate will reduce the prevalence of infection Young People have easy access to health services they trust, for example accredited 'You're Welcome' young people-friendly services. The continued and sustained reduction in the under 18 conception rate (female population aged 15-17) is maintained for Thurrock. 	provision to reduce risk taking behaviours in our schools by March 2014 Development and implementation of action plans following the review – March 2014 Implementation of action plans – from March 2014
Appropriate support in place to meet the mental and emotional health needs of children and young people in Thurrock	Existing approach to CAMHS is in need of further development to ensure it meets both current and future needs Thurrock is a mental health pathfinder to divert young people from arrest and prosecution Specific service for children who are looked after, receiving Child Protection services and/or attending the Pupil Referral Unit	 Children and young people are achieving good mental and emotional health Children and young people showing signs of a mental or emotional health disorder are identified at the earliest opportunity Children and young people with a mental health disorder have 	Development and implementation of CAMHS Strategy including: Care pathway for CAMHS, including for vulnerable groups, established March 2014 and embedded March 2015; and Comprehensive Tier Two and Tier Three CAMHS

Objective	Where are we now?	Where do we want to be?	Key milestones
	Early identification of mental health needs of youth offenders through routine screening	access to appropriate child and adolescent emotional well-being and mental health services	service contracts in place March 2014
Aim: Ensure progression	routes to higher level qualifications and	employment	
Ensure high quality opportunities for learning, skills, development and training linked to the regeneration opportunities in the Borough	85% of 16-18 year olds are in learning Level 2 qualifications at 19 years 77% (2010/11) – below England, regional, and statistical neighbours averages Level 3 qualifications at 19 years 45.8% (2010/11) – below England, regional, and statistical neighbours averages There are developing links with employers and the regeneration agenda – e.g. in logistics	90% of 16-18 year olds in learning Increase in level 2 and 3 qualifications Employment opportunities created by regeneration opportunities are accessed by local people	Raising the Participation Age Plan published by March 2013, providing accurate database of provision and identification of areas for development 2015 revise future projections and identify appropriate opportunities in line with demographic change and regeneration needs To 2016 there are sufficient education and training opportunities for planned numbers –
Increase the delivery of level 2 and level 3 apprenticeship opportunities	A range of apprenticeships are offered in partnership with employers and the Council	More apprenticeships with access to on-going employment opportunities are offered targeted to those most in need of support	Increase of level 2 and 3 apprenticeships by at least 20% year on year.
Reduce the number of young people aged 16-18	31% Care Leavers are NEET	Decrease in those from targeted groups who are NEET	The percentage of Care Leavers that are NEET

Objective	Where are we now?	Where do we want to be?	Key milestones
who are NEET by 0.5% per annum until we are above the national average	6.8% of 16-18 year olds are NEET A targeted offer of NEET reduction programmes are in place linked to employer skills shortages	A targeted programme for those on the edge of care is in place Targeted programmes linked to key employment sectors and regeneration opportunities are in place Performance is better than national levels on NEET	reduces by 5% year on year to March 2016 6.2% 16-18 year olds are NEET by March 2013 5.7% 16-18 year olds are NEET by March 2014 A 0.5% per annum reduction in NEET levels until performance is above national levels from March 2013 onwards

Parental, Family and Community Resilience

Early offer of Help	Reduce and mitigate the impact of child poverty	Strengthened Communities
We will:	We will:	We will:
Implement our Troubled Families Initiative	Increase parental employment and skills by providing access to adult training and skills development	Co-produce community hubs designed to build community resilience
Implement our strategy to support challenge and change parenting in Thurrock	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	Ensure high quality educational outcomes across Thurrock
Ensure the most effective deployment and targeting of resource in the context of anticipated service reductions.	Improve housing for families and for vulnerable young people and prevent homelessness– Barbara Brownlee	

Families InitiativeThe Iroubled Families programme will work with 120 families in 2012//2013Families programme are accessing appropriate support services resulting in behaviour and lifestyle changeswith 180 families 2013/20 Evaluation of initiative Ap 2014Implement our strategy to support challenge and change parenting in ThurrockA range of interventions are in place depending on the level of support needed Some de-escalation processes in place Information sharing processes in place in statutory cases and non-statutory cases are currently using different software programmesIntegrated multi-agency offer in three locality hubs with a targeted outreach programmeIntegrated teams in place April 20130 children's centres in place and support services integrated locally including Education Welfare Services, ParentIntegrated multi-agency offer in three locality hubs with a targeted outreach programmeIntegrated teams in place apropriate support offer linked to commissioned services in placeIntegrated support offer linked to commissioned services in placeCommissioned offer commissioned services and ormunity provided support to enableCommissioned offer commes0 children's centres in place and some services integrated locally including Education Welfare Services, ParentSupport for universal services and community provided support to enableLocality governance structures developed from April 2013 onwards	Objective	Where are we now?	Where do we want to be?	Key milestones
Families InitiativeThe Houbled Families programme will work with 120 families in 2012//2013Families programme are accessing appropriate support services resulting in behaviour and lifestyle changeswith 180 families 2013/20Implement our strategy to support challenge and change parenting in ThurrockA range of interventions are in place depending on the level of support needed Some de-escalation processes in place in statutory cases and non-statutory cases are currently using different software programmesIntegrated multi-agency offer in three locality hubs with a targeted outreach programmeIntegrated teams in place depending on the level of support neededSome de-escalation processes in place information sharing processes in place programmesIntegrated multi-agency offer in three locality hubs with a targeted outreach programmeIntegrated teams in place commissioned services in place commissioned services in placeIntegrated support offer linked to commissioned services in place and some services integrated locally including Education Welfare Services, ParentIntegrated services and community provided support to enableIntegrated feamilies programme services and components of the transition of support as needs deescalate or escalateIntegrated locally including Education Welfare Services, ParentIntegrated support to enable community provided support to enableInclusion of initiative Ap 2014	Aim: Early Offer of Help			
support challenge and change parenting in ThurrockA range of interventions are in place depending on the level of support needed Some de-escalation processes in place Information sharing processes in place in statutory cases and non-statutory cases are currently using different software programmeslocality hubs with a targeted outreach programmeApril 2013Commissioned offer commissioned services in placeCommissioned offer commissioned services in placeCommissioned offer commissioned services in placeApril 2013Support offer programmesInformation sharing processes in place in statutory cases and non-statutory cases are currently using different software programmesClear processes for the transition of support as needs deescalate or escalateReferral and support systems in place and some support as needs deescalate or escalateLocality governance structures developed from April 2013 onwards			Families programme are accessing appropriate support services resulting in	Additional 60 families 2014/2015 Exit Strategy in place by
	support challenge and change parenting in	 depending on the level of support needed Some de-escalation processes in place Information sharing processes in place in statutory cases and non-statutory cases are currently using different software programmes 9 children's centres in place and some services integrated locally including Education Welfare Services, Parent Outreach Support and multi-agency CAF referral process 	locality hubs with a targeted outreach programme Targeted support offer linked to commissioned services in place Clear processes for the transition of support as needs deescalate or escalate Support for universal services and community provided support to enable them to meet the needs of parents in their area	Commissioned offer commences April 2013 Referral and support systems in place and shared with partners by April 2013. Locality governance structures developed from April 2013 onwards Evaluation of Early Offer of Help improved outcomes

Objective	Where are we now?	Where do we want to be?	Key milestones
	services are in place locally	of partnerships in place ensuring that support is available based on community delivery with a clear pathway to specialist services where needed Children's Centres are delivered through a mix of local authority and commissioned services The locality offer is integrated with the development of Community Hubs and is based on ABCD and LAC.	Ensure Early Offer of Help approach incorporates the Troubled Families legacy December 2014
Aim: Mitigate the impact	of child poverty		
Increase parental employment and skills by providing access to adult training and skills development	 64.1% of adults in Thurrock are qualified to level 2 38.2% of adults in Thurrock are qualified to level 3 Access to adult learning programme in place targeted to areas of need and targeted groups ESF Families programme has commenced 	Increase in adults with level 2 and 3 qualifications particularly in areas where there are high levels of poverty. Level 2 increase by 5% per annum (in line with changes over recent years) to reach above England average. Level 3 increase by 2% per annum to reach estimated levels required by Thames Gateway Skills Audit	L2 (adults) 69.1% by October 2013 74.1% by October 2014 L3 (adults) 40.2% by October 2013 42.2% by October 2014 44.2% by October 2015 Access to ESF Families Programme: 100 families by June 2013 200 families by September 2014

Objective	Where are we now?	Where do we want to be?	Key milestones
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	16.8% of families accessing childcare element of working tax credits Areas with high levels of child poverty identified	Access to childcare element of working tax credits at least 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	Systems do not currently allow the collection of data needed for a robust customer profile Homelessness service reorganised with triage system now in place to provide more options for homeless people or people at risk of homelessness	Good standard of private accommodation Ability to identify and record information relating to families at risk Increased stock New housing of good design Sustain low eviction rate upon implementation of changes linked to Welfare Reform	200 new homes by 14/15 Introduce social lettings agency by 14/15 Increased number of accredited landlords – double current numbers of accredited landlords March 2014
Aim: Strengthened Comn	nunities		
Co-produce community hubs designed to build community resilience	Pathfinder in Ockendon due to be launched in March 2013	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	Implementation of pathfinder 2013/14 Evaluation of pathfinder 2014/15 Depending upon outcome of pathfinder, roll-out of community hub programme 2015/16
Ensure high quality	Education is improving rapidly and	Thurrock is recognised as a place	Education Commission

Objective	Where are we now?	Where do we want to be?	Key milestones
educational outcomes across Thurrock	diversification of school structures is taking place leading to better opportunities and outcomes for future generations	where children are able to attend high performing schools at primary and secondary level in any locality.	underway April 2014 Education Commission recommendations published October 2014

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:
Improve the attainment of pupils for all underperforming pupils with a particular focus on narrowing the gap between those and other pupils	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	Target key areas of need in Thurrock for improving the wider determinants of health
	Develop the offer to all pupils accessing pupil support services to significantly improve the outcomes and life chances of pupils in short stay provision	Through the HCP, offer a progressive universal service to all families, with additional services for those with specific needs and risks
	Fully implement a new Special Educational Needs and Disability Strategy	Focus on the most vulnerable children and families by identifying children with high risk and low protective factors, and ensure that these families receive a personalised service
	Implement improved processes for children with complex needs, disability and continuing health care needs	Reduce the health inequalities faced by some families by developing a targeted, integrated approach to local delivery of services

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	Most LAC students at Key Stage 1 (KS1) who are not statemented for SEN should attain a secure level 2 Most LAC students at Primary School (KS2) who are not statemented for SEN to progress by approximately one level every two years Most LAC students at GCSE to achieve their predicted grades or higher	Development of secure systems to analyse attainment data 2013 Contracting a tuition service to provide one to one tuition to all LAC students not achieving to the level of their peers 2013 Providing a behaviour management support service for LAC and schools, to ensure that LAC are achieving their academic potential 2013 Providing a support group for teenage girls so they develop the confidents and security not to be influenced by others and remain in education 2013 Commissioning an Early Years specialist to review PEPs and ensuring progress	

Objective	Where are we now?	Where do we want to be?	Key milestones
			is being made 2013
			Development of improve Personal Education Plan forms and systems 2014
Aim: Promote and suppo	rt 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 and Disability strategy	An Initial Strategy Document for Disabled Children and Young people has been developed. There are a range of services for	A fully implemented integrated SEN / Disability Strategy including improved access to Disabled	Key implementation of Strategy including Transition strand; Parental engagement

Objective	Where are we now?	Where do we want to be?	Key milestones
	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.	Children's services, with strengthened engagement of young people and their parents/carers.	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 inequ	alities for children and young people		
Target key areas of need in Thurrock for improving the wider determinants of health	There is significant child health inequality in Thurrock. 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. Infant mortality and low birth weight babies.	Inequalities narrowed and key indicators of inequality reduced – e.g. low breastfeeding rates, infant mortality, low birth weight babies. Health outcomes improved	Review services to target provision to areas identified as suffering from significant child health inequality (Belhus, Chadwell St. Mary, Ockendon, Tilbury Riverside and Thurrock Park, and Tilbury St. Chads etc.) September 2013 Develop and implement action plan responding to review of services April 2014

Objective	Where are we now?	Where do we want to be?	Key milestones
Through the HCP, offer a progressive universal service to all families, with additional services for those with specific needs and risks	Establish a Paediatric Assessment Unit Implement the five high intensity pathways for acute childhood illnesses Target key low take-up groups (teenage mothers and children living in temporary accommodation)	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 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	A Paediatric Hospital Review Task and Finish Group to develop an action plan by April 2013 Implementation of actions due by March 2015 Alternative community pathways developed to reduce hospital activity by March 2014 Maternity Capacity Plan developed April 2013
		Vulnerable pregnant women are targeted to ensure they are supported and access rolling programme of ante-natal and post- natal care	Capacity Planning programme monitored and delivered over three years up to March 2015
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	Children in care immunisations are significantly lower than the England average	Vulnerable and high-risk pregnant women are identified during early ante-natal assessment with the midwife and health visitor Emotional wellbeing of looked after children improved Children in care access immunisations routinely and uptake is increased.	Improved Immunisations rates year on year for children in care – 2014/15 A Sickle Cell and Thalassemia screening plan in place April 2013 Improved screening services in place through 2014/15

Objective	Where are we now?	Where do we want to be?	Key milestones
Reduce the health inequalities faced by some families by developing a targeted, integrated approach to local delivery of services	Key areas of health inequalities exist (data) Integrated offer developing through children's centres including access to midwifery services and health visiting	Integrated multi-agency local offer in place with evidence of improved health outcomes Close links with GPs and clinical commissioning groups in place	Multi agency integrated locality delivery teams in place from April 2013. Locality governance structures developed from April 2013 onwards including links with local universal services.

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
We will:	We will:	We will:
Fulfil the ambitions in the Munro review of child protection	Divert children and young people from committing offences	Ensure that public care is reserved for those children whom there is no safe and appropriate alternative and that those young people leaving care reach their full potential
Ensure that all agencies deliver high quality child protection services	Prevent re-offending	Achieve the highest possible standard of corporate parenting
Combat violence against women and girls	Develop and deliver a CAMHS strategy	The best possible placement for every child and young person
	Disabled children and their families have a multi-agency service	

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Provide outstandin	g services for children who have been or n	nay be abused	
A child-centred system that protects children from abuse and neglect (Munro Review of Child Protection)	Commenced baseline assessment of current service provision against Munro recommendations Thurrock is a Munro Demonstrator, arranging learning events and participating in learning for others nationwide Recruitment of Munro Principal Social Worker in progress Early Offer of Help Strategy is agreed and ready for implementation Multi-agency Quality Assurance is in place for the Local Safeguarding Children's Board	 Local MASH in place and appropriate assessments organised at every level – CAF, Social Care and Community Based Assessments for the Courts Families receive the help they need when they need it and feedback on services is good and shows improvement Thurrock is seen and known to deliver a child centred service through a coordinated and collaborative learning environment Shift towards a community- based approach where volunteers carry out appropriate support tasks and changes in the community are understood and met 	Gap analysis against Munro Review recommendations 2013/14 Development of an action plan 2013/14 Delivery and implementation of action plan 2014/15 Quality Assurance/testing of new system 2015/16
All agencies deliver high	Most recent Ofsted inspection rated the	All inspection results graded as	Mini-Ofsted to take place by

Objective	Where are we now?	Where do we want to be?	Key milestones
quality child protection services	 majority of areas concerning child protection as 'good', but recognised that there were still areas requiring improvement ('adequate') Recent CQC inspections as part of Looked After Children and Safeguarding identified areas for improvement Multi-agency training group well established Many schools are now academies and therefore liaison is complex. Fundamental review of paediatric services at Basildon and Thurrock University Hospitals 	 'good' or above Inspections of the Youth Offending Service, unannounced Child Protection, and overall Looked After Children are graded as 'outstanding' Children and families are receiving help at the appropriate point from agencies other than social care There is a co-ordinated multi- agency approach to child protection which is supported by excellent multi-agency training The extended health visiting workforce is fully involved in the safeguarding role with children and families Local MASH in place and appropriate assessments organised at every level – CAF, Social Care and Community Based Assessments for the Courts 	 September 2013 Implementation of action plan by April 2014 Full Ofsted during 2014/15 Implementation of action plan during 2015/16 Review of Troubles Families delivery and outcomes in line with the financial framework by July 2013 MASH pathfinder in place September 2013 MASH post implementation review September 2014 Community-based assessment pathfinder in place September 2013 Community-based assessment post implementation review April 2015 Outcome based quality assessment testing 2015/2016

Objective	Where are we now?	Where do we want to be?	Key milestones
Combat violence against women and girls	Launched local Violence Against Women and Girls Strategy with strong support from partnerships Strong contribution from local voluntary organisations offering support and advocacy for women and girls experiencing violence – including sexual violence Good range of community-based resources New national system to gather intelligence on child sexual exploitation Increased diversity of the Borough bringing new child protection challenges	 Strengthen all community responses and attitudes to violence against women and girls and the prevention of violence against women and girls Better understanding of the triggers and influences that lead to child exploitation Reduction in instances of Child Sexual Exploitation There are clear pathways and sign-posting in place for professionals across all agencies when there is a concern about a child or young person at risk of exploitation 	Development of Thurrock VAWG Implementation Plan by June 2013 Delivery of first three years of the Plan by 2016 Child Sexual Exploitation Multi-Agency Strategy in place 2013/14 Development of QA system to assess progress 2014/15 Action plan developed after QA 2014/15 Implementation and testing of actions 2015/16

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Providing outstand	ing services to the most vulnerable childre	n and young people	
Children and young people diverted from committing	Youth offending in Thurrock is low	Best national Youth Offending Service outcomes acheived	Undertake peer review by March 2014
offences	Triage process in place to divert first time	Youth offending rates in	Develop action plan as a result of peer review by June

Objective	Where are we now?	Where do we want to be?	Key milestones
	offenders away from criminal justice system Strong links with Community Safety Partnership	 Thurrock remain low Those most at risk of offending are provided with early help A range of alternative options 	2014 Implementation of action plan by July 2014 Expansion of ISS capacity
	Assessment, Intervention and Moving-On Training completed for appropriate professionals Non-statutory organisations supporting initiatives to prevent children and young people from straying in to offending	 Intervention processes in place that that tackle more serious offenders 	by September 2013 Review of Troubled Families delivery and outcomes in line with the financial framework by July 2013
	Troubled Families project in place	 Joined-up approach with Early Offer of Help and Troubled Families to delivery of diversionary initiatives and consequently minimal custody rates Full application of Troubled Families innovations and learning 	Exit Plan in place by March 2016
Re-offending prevented	Re-offending rates are low in Thurrock and increasing numbers of young people are being diverted from formal sanctions Local communities advocating for restorative justice with opportunities for young people to make reparation for offences which have been committed	 Re-offending rates remain low Wide range of alternatives to custody Range of opportunities to improve the quality of life of those who have already offended 	Improved rage of participation in employment, education and training for young people who have re- offended YOS audit and scrutinise all cases of re-offending by January 2014
			YOS lead a programme to

Objective	Where are we now?	Where do we want to be?	Key milestones
			create realistic and cost conscious alternatives to custody for young offenders by September 2013
Disabled children and their families have a multi- agency service	Separate services work well together and are based on effective working relationships There are a number of effective parent engagement groups in Thurrock that participate on a number of Strategic forums Disabled children and their families have access to a number of short break opportunities	 A fully integrated Education, Health and Social Care Team, where families have access to a single assessment and single plan. Information, advice and guidance via a one-stop-shop Parent groups will fully integrate to gain strength and fully participate in decision-making and strategic planning Disabled Children and their families have the choice to access a wide variety of short break opportunities Seamless transition to adulthood 	 Implementation, monitoring and review of the Strategy in relation to SEN and Disability via LSCB Stay Safe Group by 2014 Launch of the Integrated Parents' Group 'PEG' by April 2013 Recommissioning of Short Break Services October 2013 Service externally evaluated with improvement recommendations March 2016

Objective	Where are we now?	Where do we want to be?	Key milestones
Aim: Provide outstandin	g services for children in care and leaving	care	
Ensure that public care is reserved for those children	Thurrock care numbers are consistent with the national rise in looked after children	The right children are in care and there are suitable services for	Peer review in preparation for Ofsted to take place by

Objective	Where are we now?	Where do we want to be?	Key milestones
for whom there is no safe and appropriate alternative and that those young people leaving care reach their full potential	Recent Ofsted Inspection (2012) rated services for looked after children and care leavers as 'good' and the Adoption inspection as 'good' but there are 'adequate' grades for health outcomes Adoption service has been external evaluated by Coram Family	 children on the edge of care Interventions work effectively to ensure teenage entrants in to care are the exception Disabled Children have a range of local services to prevent them from being in care Progress on the National Adoption Scorecard Achieving 'outstanding' in LAC inspection – including the new challenging standards for care leavers 	September 2013 Implementation of action plan by April 2014 Full Ofsted during 2014/15 Implementation of action plan during 2015/16
Achieve the highest possible standards of Corporate Parenting	Inspection has highlighted participation achievements and ambitions Newly formed Corporate Parenting Committee	Evidence of improved life chances of Looked After Children and those leaving care Top quartile performance on NEET All children in care are fulfilling their potential Effective Corporate Parenting Committee ensuring that children looked after get the best possible service that can be offered.	Review of best practice participation standards September 2013 Peer review in preparation for Ofsted of the new Looked After Children inspection
The best possible	Strong and committed foster carer workforce	Decline year on year of children	Implementation of fostering

Objective	Where are we now?	Where do we want to be?	Key milestones
placement for every child and young person	delivering local placements but more are needed Large numbers of looked after children from other local authorities live in Thurrock and attend local schools	 placed outside Thurrock Increase capacity of in-borough fostering service for Thurrock children Effective interagency commissioning arrangements for placements 	service development plan Review of existing placements Refresh fostering service development plan April 2013 Implementation of development plan Mar 2014 Refresh of sufficiency strategy June 2013 Review and agree panel arrangements Sept 13

Glossary of Terms and Abbreviations

ABCD	Asset Based Community Development
CAF	Common Assessment Framework
CIPFA	Chartered Institute of Public Finance and Accountancy
CQC	Care Quality Commission
CVS	Council for Voluntary Services
CYP	Children and Young People
ESF	European Social Fund
FS	Foundation Stage
FSP	Foundation Stage Points
HCP	Healthy Child Programme
HE	Higher Education
HWB	Health and Well-being Board
ISS	Intensive Support and Supervision
KS 1	Key Stage 1
KS 2	Key Stage 2
KS 4	Key Stage 4
LAC	Local Area Co-ordination
LAC	Looked After Children
LDD	Learning Difficulties and Disabilities
LSCB	Local Safeguarding Children's Board
MASH	Multi Agency Safeguarding Hub
NA	National Average
NHS	National Health Service
NEET	Not in Education, Employment or Training
PEG	Parental Engagement Group
PEP	Personal Education Plan
PRU	Pupil Referral Unit
QA	Quality Assurance
RPA	Raising Participation Age
SEN	Special Education Needs

VAWG	Violence Against Women and Girls
YOS	Youth Offending Service
Appendix 1	

Performance Framework (Hyperlink)

Appendix 2

1-Year Delivery Plans (hyperlink)

Appendix 3

Equality Impact Analysis (hyperlink