

30 November 2016	ITEM: 10
Council	
Cabinet Member Report – CHILDREN’S AND ADULT SOCIAL CARE	
Report of: Councillor Sue Little	
This report is public.	

1. Introduction

This is my first report to Council as Portfolio Holder for Children’s and Adult Social Care and I have taken the time to focus on both areas in some detail. In the short time since becoming Portfolio Holder, I have taken the time to get to know both departments. I have been able to see for myself the highlights but also the challenges that make our ability to deliver care to those who need it increasingly difficult. I will use my report to reflect on what I have seen and importantly, the work being carried out to address the challenges so those who need it can continue to have access to high quality safe services.

2. Adult Social Care

2.1 Context

The challenges faced by Adult Social Care nationally are well documented. These include:

- An ageing population – with people living for more years but with a greater number of years in poorer health;
- Increased complexity of cases for both older people and working age adults;
- Insufficient capacity within the NHS – including GP services and acute care;
- An extremely fragile provider market – particularly domiciliary care;
- A health and care system established to react rather than prevent; and
- Difficulty recruiting and retaining social care staff – in particular carers.

The recent Care Quality Commission ‘State of Care’ report published in October states:

“The fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on the people who rely on these services and on the performance of secondary care. The evidence suggests we may be approaching a tipping point.”

2.2 So what do the challenges mean for us locally?

We have historically responded well to the challenges we face to keep people safe and to ensure that they are able to access and receive good services but we are finding it increasing difficult to manage demand. The impact this is having locally includes:

2.2.1 Delayed Transfer of Care – we have always been very proud of our low ‘Delayed Transfer of Care’ record. A ‘delayed transfer’ is when a person cannot leave a health setting

(mostly a hospital bed) when they are ready to do so because adult social care is not able to respond. Due to a combination of increased demand for care and lack of care staff, we now have a number of people at any one time waiting for care. This also has an impact on local NHS capacity.

2.2.2 Provider Market – over the last year, two of our domiciliary care providers have for different reasons failed meaning that the Department has had to take over 1600 of hours of care a week back in-house. This in itself has created a number of problems and led to an extremely stretched in-house service. The provider market challenge is not limited to domiciliary care. There are now times when beds in a residential setting are at full capacity. There's much we have done over the years to try to stabilise the market, but it is extremely fragile.

2.2.3 Recruitment and Retention – we have significant difficulties in recruiting carers. We compete with the retail industry which always compounds the difficulties we face locally and means we have to use a variety of innovative approaches to attract carers to work in Thurrock. We previously had similar difficulties recruiting and retaining social work staff. I will talk more about how we overcame these difficulties in my 'responding to the challenge' section of this report.

2.2.4 Population health – the challenges faced by Adult Social Care are as a result of a number of complex factors, but the health and wellbeing of the population of the Borough has a direct link to our demand pressures. Doing everything we can across the Council and with our partners to support people to be as healthy and fulfilled as possible through life will help to prevent, reduce and delay the need for care and support services. Our recently refreshed Health and Wellbeing Strategy is designed to do this.

2.2.5 Health and Care System – Adult Social Care is part of a wider health and care 'system'. Each part of the system has interdependencies with other parts of the system. The fact therefore that GP services are lacking in parts of the Borough both in terms of quality and under-doctoring will have a direct impact on demand for Adult Social Care as will the Hospital being at full capacity and more often than not being at 'black alert'. We must respond to the challenges we face as a system if we want to be successful, and we are working closely with NHS partners to look at alternative solutions and system redesign.

2.3 Responding to the challenge

Whilst I don't wish to use my report to scaremonger, it is right that I use it to outline the difficulties we face and highlight our response. I have seen many positive examples of how we are responding to the difficulties I've outlined since May, and I want to use the rest of my report to focus on those examples and to outline the plans we have in place.

As I have already demonstrated, the challenges facing Adult Social Care are extremely complex. As such, we have established a transformation programme. This allows us to use the resource we have available to best effect. Our transformation programme is called 'Living Well in Thurrock' and builds on work started under our 'Building Positive Futures' programme 2012 - 2016. The Programme recognises the needs for a partnership approach and includes other departments within the Council – e.g. Housing and Planning, and also external to the Council – e.g. Voluntary Sector and the NHS.

Our Programme consists of three elements:

- Stronger Communities;
- Built Environment; and
- Adult Social Care and Health infrastructure.

I won't go in to each and every element of the Programme as that would stray in to the remit of other Portfolio Holders, but I will highlight the elements particular to Adult Social Care.

2.3.1 Stronger Communities

We know that if we want to reduce and offset demand for Adult Social Care we need to think differently. We need to be able to provide solutions that enable an individual to meet their outcomes. Solutions are not necessarily services, but a combination of options both formal and informal which best suit the individual and can help to ensure that person has choice and feels in control.

Stronger Communities is all about providing capacity by using the strengths of communities and individuals. This isn't about replacing services, but finding good alternatives and recognising that services are not always the right response. Our approach to developing stronger communities is being taken forward with the Voluntary Sector through the Stronger Together partnership but also includes the Clinical Commissioning Group and representatives from other Council departments – e.g. Children's Services, Community Development.

Our Stronger Communities approach includes the **Local Area Coordination** service. Initially starting with three Local Area Coordinators (LACs), the service now has nine LACs providing coverage across the Borough. I've heard some extremely positive stories about people who have been helped. Those people have been reconnected with their communities and as a result, are less likely to need our services. We have a number of examples where this has happened. A recently commissioned Social Return on Investment report concluded that Thurrock's LAC service could have a £4.88m impact based on £4 for every £1 of social value invested.

More recently, we have been developing **Micro Enterprises**. With five already up and running, micro enterprises are an opportunity for people to set up a small local services that can offer people they support they need to live the life they want to live. Our initiative is directed at helping people who need some extra help – maybe because they are older, disabled or have a long-term health condition. It builds on the skills people have to offer and can also provide an opportunity for people who would have otherwise struggled to find work. Enabling people to get a bit of extra help to retain their independence can help to prevent the decline in health and wellbeing that can often lead to those individuals requiring a service.

The final initiative I want to talk about under the Stronger Communities heading is **Shared Lives**. Shared Lives is an approach that enables adults with complex needs to live in a family setting as opposed to a formal setting – which would ordinarily be a residential home. Shared Lives works by recruiting families and individuals who are prepared to have an adult needing support living with them. The approach not only improves outcomes for individuals in a Shared Lives placement, but also helps to grow the capacity needed to meet the growing demand of this particular cohort. Residential placements are often extremely limited meaning that people can be placed out of the Borough away from their families in very high cost placements. We have just (November) appointed a provider, Ategi, to run our Shared Lives scheme.

2.3.2 Built Environment

We know that how we shape the place we live in has a significant impact on our health and wellbeing. We also know that if we want to manage and reduce the demand for adult social care or provide alternatives to it, we need to influence the built environment so that it can respond accordingly.

Started under our earlier programme 'Building Positive Futures', Living Well in Thurrock continues this work in partnership with Housing, Planning and Regeneration. I want to highlight a few examples below.

Specialised Housing – we recognise that we need to provide additional capacity for adults with specialist needs – particularly for children in receipt of children's social care who will transit in to adult social care. Demand is increasing and we must provide alternatives to high cost residential placements – which can cost up to £7,000 per week for the most complex cases. We have been successful in securing Government funding to provide supported living accommodation within the Borough (Medina Road). We will be working with the existing provider to transform their building. This will provide five adults who would have previously had to be cared for in a residential placement with alternative accommodation. This will not only better meet the outcomes of those five individuals, but will make an impact on the Department's budget. We will continue to bid for funding so that we can provide further capacity in the future and submitted another bid to fund a similar scheme at the end of October.

Homes for people as they grow older – we are actively working with Housing, Planning and Regeneration colleagues to develop attractive housing options for people as they grow older. We recognise that people often live in unsuitable housing which can exacerbate health and care needs, but that they are often reluctant to move due to poor alternatives. We have recently completed a HAPPI standard housing scheme in Derry Avenue, South Ockendon (Bruyn's Court) which is designed to provide good accommodation for people as they grow older and we are now working with Housing colleagues to commence another scheme in Calcutta Road, Tilbury. Housing colleagues are also establishing attractive downsizing schemes. We will continue to work closely with our colleagues to influence development across the Borough as a means of reducing and managing Adult Social Care demand.

Integrated Healthy Living Centres – I am all too keenly aware of the poor GP service offer in some areas of the Borough. We are working alongside Thurrock's Clinical Commissioning Group to develop Integrated Healthy Living Centres in four areas of the Borough that will bring a range of services – including primary care services – together. The offer will depend upon what the local area requires, but will look to include some services currently provided in hospital and also non-health and care services. Healthy Living Centres will ensure that people get the right support and also get coordinated support.

Intermediate Care – I have had the pleasure of visiting our in-house residential care home Collins House. I'm very impressed by what we offer and the quality of the care given to residents. I'm also very supportive of plans to increase intermediate care capacity. This means that people can move out of Hospital to a different setting where they can be properly assessed before either going home or going to an appropriate residential setting. We are developing options to increase capacity, and this includes expanding the current Collins House site. Further work is being carried out to explore the feasibility of such an expansion, but I am extremely keen that we develop and deliver a solution that I feel is very much needed.

2.3.3 Adult Social Care (and Health) Infrastructure

As I have already said, we need to change our approach to how we meet outcomes and this means 'reimagining' how provide health and care services. The Care Act 2014 was very clear about the shift to meeting outcomes rather than needs, and the need for a focus on preventing, reducing and delaying the need for health and social care. I've started to demonstrate through examples under Stronger Communities and Built Environment just how broad our approach is. Whilst we provide alternatives to adult social care, we know that we will always have residents who require an adult social care service. The following looks at what we are doing to reshape services – including how we are working more closely with health partners.

Integrated working – there are significant interdependencies between health and social care. A significant proportion of our social care users will also be users of health services in the community, including mental health services. With this in mind, we have made great strides to work jointly with health colleagues where it is beneficial to do so. This has included the creation of and recent agreement to extend a joint **Director of Integrated Care** across Adult Social Care Fieldwork and Community Health provider NELFT (Tania Sitch) alongside the continued development of the integrated **Rapid Response and Assessment Service (RRAS)**.

Continuing on the theme of integrated working, we're developing a **Single Point of Access (SPA)** which will be the first point of access for Adult Social Care, Mental Health, and Community Health. The service is due to 'go live' in early 2017 and will not only reduce duplication but aim to give users of more than one service a more coordinated response. We're also working closely with health colleagues to develop integrated community teams that will support the Integrated Healthy Living Centres once delivered. This provides the opportunity for teams across community health, mental health and social care to come together and work more seamlessly – this will be of particular benefit for those service users who are users of multiple services and agencies across health and social care.

We have opportunities to further develop a more integrated approach across adult social care and health through our **Better Care Fund** which is now in its second year.

Living Well @ Home – we've been working to find alternative ways to provide care. I've already mentioned the pressures on domiciliary care providers and in response we've been looking at developing a pilot approach which aims to combine formal domiciliary care alongside less formal community-based approaches – dependent upon what is available in the community and the nature of the outcomes the individual wishes to achieve. We're working with a couple of our domiciliary care providers on this approach and will undertake an evaluation once the pilot has been completed. This approach could reduce the amount of formal care required.

Social work practice – I mentioned earlier that recruitment and retention was a significant challenge to our ability to provide Adult Social Care. We have adopted a number of measures designed to secure a permanent and high quality workforce. The measures put in place are working well – for example we had less than 5% turnover of social work staff during the last year. Some of the measures we've put in place include the creation of a principal social worker post, adopting a co-production approach to recruitment, and growing our own through the development of Newly Qualified Social Workers.

Demand for social work remains high with 334 complex cases held by one team alone. The Department currently has 3293 individuals in receipt of a commissioned adult social care service. Additional pressure on social work teams has been created by a court ruling on

Deprivation of Liberty, and also increased referrals to the Safeguarding Team.

Social work practice has had to adapt as a result of the implementation of the Care Act 2014. The Care Act 2014 brought with it requirements for assessments to be outcome focused rather than needs focused. We were already working on implementing this approach prior to the Act, but we've done more to revise our approach and undertake regular case audits to ensure the right decisions are being made. An outcomes-based approach allows social workers to look at a range of options depending upon what's important to the individual being assessed. This means a formal service response is not always the only response considered. It's a real cultural change for both social workers and recipients of care.

2.4 Adult Social Care Financial Information:

Sub Service	15/ 16 Outturn (000s)	16/17 Revised Budget (000s)	16/17 Forecast (000s)	Variance (000s)	Mitigation (000s)	Final Outturn variance (000s)
Appointee and Receivership	95	98	117	19	0	19
Appointee and Receivership Total	95	98	117	19	0	19
Blue Badges	(9)	(19)	(9)	10	0	10
Commissioning Team	290	395	370	(25)	0	(25)
Health Watch	164	124	124	0	0	0
Meals on Wheels	65	178	127	(51)	0	(51)
Service Management & Support	(436)	316	271	(45)	(20)	(65)
Special Equipment	78	79	44	(35)	0	(35)
Supporting People	1,137	914	879	(35)	0	(35)
Thurrock Lifestyle Solutions	1,618	1,381	1,381	0	0	0
Voluntary Sector Contracts	644	512	502	(10)	0	(10)
External Commissioning Total	3,551	3,880	3,689	(191)	(20)	(211)
External Purchasing - Learning Disabilities	9,734	9,801	9,666	(135)	0	(135)
External Purchasing - Mental Health Team	2,616	2,716	3,082	366	(100)	266
External Purchasing - Older People	5,161	4,831	4,853	22	0	22
External Purchasing - Physical Disabilities	2,630	2,698	2,742	44	0	44
External Placements Total	20,141	20,046	20,343	297	(100)	197
Business Administration	107	361	348	(13)	(10)	(23)
Collins House Residential Home	754	638	649	11	0	11
Community Mental Health Team	789	841	823	(18)	0	(18)
Community Solutions	129	453	453	0	(20)	(20)
Core Fieldwork	1,606	1,784	1,748	(36)	(30)	(66)
Customer Finance	124	404	397	(7)	(15)	(22)
Day Care Services	809	736	757	21	0	21
Extra Care Housing	707	545	576	31	0	31
Hospital Team	494	336	336	0	0	0
Joint Reablement Team & Thurrock Care at	496	1,102	1,453	351	0	351

Home						
Local Area Co-ordinators	25	131	124	(7)	0	(7)
Older People's Mental Health	195	246	216	(30)	0	(30)
Provider Service Management & Support	468	549	488	(61)	0	(61)
Provider Services Total	6,703	8,126	8,368	242	(75)	167
Grand Total	30,490	32,150	32,517	367	(195)	172

Whilst we did not overspend, the budget was extremely challenging during 2015-16. We have delivered over £1m of efficiencies during 2016-17, and although the Adult Social Care precept provided additional resources, these were absorbed by pressures created by the introduction of the National Living Wage.

We pay well below the recommended hourly rate for home care and our rates are the lowest in the Eastern Region. With 1600 hours a week of home care already handed back to the department and a real risk of more providers reaching financial instability, pressures on Adult Social Care finances are only going to increase. This compounded by additional National Living Wage increases make delivering a balanced budget increasingly difficult – over 70% of Councils in England are overspending on their Adult Social Care budget this year alone (ADASS annual budget report).

There are in-year pressures of 369k identified at month 6. These are largely attributable to the high cost of external placements for people with mental health issues and the delivery of domiciliary home care.

Senior management have identified actions to mitigate this pressure of 194k through the freeze on all non-essential front line staff, review of mental health care packages, freeze on non-salary related supplies & services purchases, reassessment of client contributions towards care packages and further negotiations with the CCG re Continuing Health Care funding.

It is estimated that ASC will overspend by 172k for 2016-17 my officers are looking at further ways to get this down to zero.

3. Children's Social Care

I have considerable experience and knowledge of children's social care services, have chaired the Corporate Parenting Committee and am a member of the Fostering Panel. I understand the strengths and vulnerabilities of the service well and I am passionate about ensuring that we deliver the best possible services to vulnerable children and their families.

3.1 Context

The recent National Audit Office Report published in October 2016 found that: "The actions taken by the Department for Education since 2010 to improve the quality of help and protection services delivered by local authorities for children have not yet resulted in services being of good enough quality".

Thurrock Children's Social Care Services were inspected by Ofsted under the Single Inspection Framework (SIF) between 22.2.16 and 17.3.16. Services to children, young people and their families were judged to 'Require Improvement'. The inspectors stated in their report 'children and young people were found to be safe in Thurrock during this inspection, with none identified who were at immediate risk of significant harm without plans and services being in place to reduce these risks and meet their needs.'

3.2 What does this mean for us locally?

3.2.1 Ofsted Inspection

Some of the Ofsted findings were disappointing and I remain committed to working with officers to improve the quality of social work practice and improve outcomes for our most vulnerable children. Some key areas of concern highlighted in the report were:

- The instability of the social care workforce. The service was dependent on a high proportion of agency social workers, although it was acknowledged that a range of creative ideas had been implemented to improve recruitment and the vacancy rate had reduced;
- The service for children looked after was inconsistent and too many children became looked after on an emergency basis;
- More needed to be done to increase the number of local in-house foster carers as too many children and young people were placed out of the borough;
- Management oversight needed to be improved and frontline staff had to be effectively supervised to improve the quality of practice; and
- The organisation's use of management information and quality assurance was poor and this impedes improvement.

Key areas of strength (positive practice developments) noted within the inspection included:

- Child Sexual Exploitation being well understood and addressed across the service
- Effective cross party political scrutiny and the keys contributions of the Corporate Parenting and Overview and Scrutiny Committees to service development.
- Reduction in the number of days taken for children to be placed for adoption, with the time taken from court approval to placement being below the England average.
- Support and intervention for teenagers, particularly young people's feedback on how well supported they felt by their aftercare workers.
- The work of the Multi-Agency Safeguarding Hub and within this the partnership with Barnardo's National Centre of Excellence in relation to Female Genital Mutilation.

The service is well placed to drive the improvements needed to deliver a good service to vulnerable children and young people in the community. To address the areas of concern and build on the positive areas of practice the Corporate Director of Children's Services has established an improvement board to oversee the implementation of the action plan, which was approved by Ofsted on 31 August. In addition to this I have set up an additional meeting with the Portfolio Holder for Education and Health to provide oversight and challenge to this and other improvement plans in Children and Adults Social Care and Health.

The National Audit Office Report identified the high demand and costs associated with children's social care services nationally. In Thurrock this has resulted in high number of contacts and referrals. This in turn has resulted in increasing numbers of children with a child protection plan and a higher care population. The latter has been driven by an unprecedented rise in the number of refugee children entering the country and presenting themselves to children's social care. I will address this particular issue later in my report.

3.2.2 Demand Management

We know that we will need to work more effectively with partner agencies to reduce demand and intervene earlier with families. To this end an organisation known as iMPower was commissioned by the Council to review the provision of children's social care in terms of demand and costs. Over 3 months from May 2016, the team undertook a detailed analysis of the service to identify areas of opportunity for managing demand more effectively and then develop an implementation programme. The review identified that the service was responding appropriately to the current levels of demand. However the review identified that a significant proportion of the demand was avoidable if services could be organised more effectively, to focus on prevention. Some of the issues arising from the work included:

- High proportion of assessments which led to no further action and need therefore to work with partners to appropriately respond to needs and risks at the right levels of intervention;
- High levels of spending on Independent Fostering Agency placements, too many of which were out of the authority;
- Current demand leading to high levels of agency staff to meet demand and achieve safe caseloads. Caseloads in some areas of the service remain too high and work is ongoing to reduce these;
- Too many children in care when with more targeted and effective early intervention by all agencies, family breakdown could be prevented.

The increase in unaccompanied asylum seeking children has had a significant impact on the number of children in our care which currently stands at 353 compared to 285 in 2015. In addition there are 285 children with a child protection plan, which is high relative to regional comparators. This has put tremendous pressure on the budget and social work caseloads.

The project has now entered the implementation phase where a number of strands are being pursued in more depth. The work is designed to change the operating model and the behaviour of partner agencies so that demand is reduced. The Corporate Director provides me with regular updates on progress with implementation as this is a key aspect of our work to reduce costs over the next three years.

3.2.3 Unaccompanied Asylum Seeking Children

The last 3 years has seen an unprecedented rise in the number of refugee children arriving in Thurrock and entering care. These children usually enter the UK at Dover often in the back of lorry and are subsequently dropped off at Thurrock services on the M25. Alternatively young people have entered the UK via the Ports at Purfleet and Tilbury. As they present themselves in Thurrock they automatically become the responsibility of the authority. The Home Office has sent out guidance suggesting that local authorities should be able to accept a number of refugee's equivalent to 0.07% of their overall child population. In Thurrock's case, this should be 28 children. However, we are currently supporting over 100 children which is over 3 times the threshold.

I have worked with officers to lobby The Home Office and other local authorities in the Eastern Region to ensure that there is a more equitable distribution of these vulnerable young people. The Home Office has developed a Transfer Protocol to ensure that there is an equal and proportionate distribution of refugees between local authorities. The national transfer protocol is being implemented in the Eastern Region from 1 November. We have also negotiated some transfers outside of the protocol with some authorities willing to accept young people from Thurrock. The LGA (Eastern Region) is helping to co-ordinate our response to the crisis, and has been liaising directly with the Home Office about the need for more placements in the area. It has been acknowledged that some authorities, including Thurrock, Central Bedfordshire, Bedford and Peterborough have now reached or exceeded the 0.07% threshold and are not currently in a position to provide support. We are also currently working with our Eastern Region colleagues to transfer children from Thurrock to those authorities that have spare capacity.

I am pleased that we have been able to negotiate the implementation of the transfer protocol with the Eastern Region group of authorities to ensure wider participation in assisting the plight of this vulnerable group of children. The transfer process has already started with a view to formal implementation across the region on 1 November. We have already seen a slight reduction in the number of UASC from 103 to 96 and I will be monitoring this area closely with officers over the coming weeks and months.

3.2.4 Youth Offending Service

Thurrock has one of the smallest Youth Offending Services (YOS) in the country, but provides good value for money and achieves a lower reoffending rate than the national, regional and family averages. The YOS is continually improving and developing to respond to new challenges and opportunities. It responds quickly to changes in local circumstances and developments in youth crime. It has formed an effective partnership with the Police and has risen to the challenge of emerging gang issues in the borough which are spreading out from London. I have ensured that the service continues to have the resources it needs to deliver a safe and effective service for young people in trouble in the Thurrock.

3.2.5 Troubled Families

The national Troubled Families programme focusses on families with worklessness, poor school attendance and anti-social behaviour. Each family is allocated a lead professional to co-ordinate services and improve outcomes against the performance targets. Thurrock was successful in phase 1 of the programme and an early adopter of phase 2. While there has been national criticism of the programme, I am proud of what we have achieved in Thurrock as the team remains dedicated to turning the lives around of some of the most vulnerable families. Families have told us that they like the programme and it has made a real practical difference to their lives. The Ofsted inspection of children's services judged the Troubled Families Service in Thurrock to be successful and praised the fact that a worker was based in the Multi-Agency Safeguarding Hub and that the programme focussed on families with children in need and children on a child protection plan.

3.2.6 Safeguarding Children Board

The Board has continued to be proactive in the community, raising awareness on safeguarding. The Local Safeguarding Children Board (LSCB) in Thurrock was inspected by Ofsted in February 2016 and judged to be good. It is effective and innovative, and has a clear understanding of the key safeguarding priorities across partner agencies. There is ownership of safeguarding across all partners, who are positively engaged support children, young people and

their families. The board is chaired well by an influential chair who both supports and challenges partners, and accountability is high, and a high degree of challenge and scrutiny. Child sexual exploitation, female genital mutilation and 'Prevent' duty have a high profile, with key leads from relevant agencies working effectively with the board. The 'Walk on line' roadshows were felt to be outstanding, ensuring that over 10,000 schoolchildren received interactive safeguarding workshops of a high quality. The children most at risk of going missing, sexual exploitation, gang involvement and online exploitation were given comprehensive multi-agency consideration.

The board has been effective at listening to the range of experiences for children, young people and their families. The take-up of multi-agency training offered is good, and participants and partners speak positively about the benefits. The current chair will be stepping down from this role in December and I would like to thank him for his drive and commitment to ensuring that all children work together to safeguard children in Thurrock.

3.3 The Challenge Ahead

I remain committed to ensuring that we deliver effective and high quality provision for our most vulnerable children and families and will work with officers to ensure that we continue to drive improvements in the service and manage the demand pressures. I would like to thank our foster carers and staff for their hard work and dedication.

I am under no illusions that we are facing a tough agenda, but we will continue to explore new ways of working and encourage innovation in the workforce to rise to the challenge.

3.4 Children's Social Care Financial Information

Sub service	15-16 Outturn (000s)	16/17 Revised Budget (000s)	Forecast (000s)	Variance (000s)
Social Care - Service Managers	605	431	469	37
Troubled Families	184	(15)	(13)	2
Emergency Duty Team	364	383	409	26
Care and Targeted Outcomes (CATO) Management & Emergency Total	1,152	800	864	65
Early Offer of Help	931	405	406	1
Legal Proceedings	553	595	728	133
Permanency Team	417	407	492	84
Through Care Team 1	684	425	551	68
Through Care Team 2	578	578	512	(66)
Aftercare	494	745	833	134
Unaccompanied Asylum Seeking Children's Team	2,099	1,260	1,263	15
Children & Families Total	5,756	4,415	4,785	370
Disabled Children	1,711	1,668	1,667	(1)
Sunshine Centre	303	348	310	(39)
Family Group Conference Team	125	122	129	7

Disabled Children Total	2,139	2,138	2,105	(33)
Thurrock Access to Resources Panel	62	7	136	129
Child and Family Assessment Team & MASH	1,514	1,096	1,446	350
Family Support Team West	529	358	481	123
Family Support Team North East	445	406	575	169
Family Support Team Central	392	365	505	140
Family Support Team South East	574	376	497	120
Specialist Practitioners	113	137	114	(23)
Multi Agency Safeguarding Hub (MASH)	343	399	319	(80)
Family Support Total	3,973	3,145	4,073	929
Child and Family Consultation Service	56	58	60	3
Child & Adolescent Mental Health Grant	159	263	191	(72)
Placements Marketing and Recruitment	13	47	38	(8)
External Purchasing	8,900	4,392	9,157	4,765
Adoption & Permanence	1,595	1,680	1,791	112
Fostering Team	2,175	2,299	2,363	64
Therapeutic Foster Care	1,097	1,106	838	(267)
Foster Care Assessment & Rec Team	312	350	325	(25)
Oaktree Resource Centre	208	259	161	(99)
Contact Service	38	94	235	141
Placement Support Total	14,553	10,546	15,160	4,614
Safeguarding. Child Protection & Quality Assurance	426	377	439	62
Quality Assurance Child Protection Conferencing	513	352	451	100
Safeguarding and Child Protection & Local Authority Designated Officer Total	939	728	890	162
Targeted And Adolescents Team	524	388	328	(60)
Youth Offending Service	248	355	232	(123)
Accommodation - Young People	163	73	43	(31)
Youth Offending Service and Adolescent Services Total	935	816	603	(213)
Grand total	29,447	22,588	28,482	5,894