

To all Members of the

CABINET

AGENDA

Notice is given that a Meeting of the Cabinet is to be held as follows:

VENUE 007a and b - Civic Office, Waterdale, Doncaster
DATE: Tuesday, 28th March, 2017
TIME: 10.00 am

ITEMS

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting
3. Public Questions and Statements

(A period not exceeding 20 minutes for questions and statements from members of the public and Elected Members to the Mayor of Doncaster, Ros Jones. Questions/Statements should relate specifically to an item of business on the agenda and be limited to a maximum of 100 words. As stated within Executive Procedure Rule 3.3 each person will be allowed to submit one question/statement per meeting. A question may only be asked if notice has been given by delivering it in writing or by e-mail to the Governance Team no later than 5.00 p.m. on Thursday, 23rd March, 2017. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team, Floor 2, Civic Office, Waterdale, Doncaster, DN1 3BU, or by email to Democratic.Services@doncaster.gov.uk)

Jo Miller
Chief Executive

Issued on: Monday, 20 March 2017

Governance Officer for this meeting:

Amber Torrington
Tel: 01302 737462

4. Declarations of Interest, if any.
5. Decision Record Forms from the meeting held on 14 March 2017 for noting (previously circulated)

A. Reports where the public and press may not be excluded

Key Decisions

- | | | |
|----|---|-----------|
| 6. | Children and Young People Plan 2017-2020. | 1 - 156 |
| 7. | Endorsement of the Children's Inclusion Commissioning Programme (February 2017 to August 2018). | 157 - 192 |

Cabinet Members

Cabinet Responsibility For:

Chair – Ros Jones, Mayor of Doncaster	Budget and Policy Framework
Vice-Chair – Deputy Mayor Councillor Glyn Jones	Adult Social Care and Equalities
Councillor Joe Blackham	Regeneration and Transportation
Councillor Tony Corden	Customer, Corporate and Trading Services
Councillor Nuala Fennelly	Children, Young People and Schools
Councillor Pat Knight	Public Health and Wellbeing
Councillor Chris McGuinness	Communities, the Voluntary Sector and Environment
Councillor Bill Mordue	Business, Skills, Tourism and Culture
Councillor Jane Nightingale	Housing

To the Mayor and Members of the CABINET

Children and Young People's Plan 2017-20

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nuala Fennelly Lead Member for Children, Young People and Schools	All	Yes

EXECUTIVE SUMMARY

1. The interim Children and Young People's (CYP) Plan will expire at the end of 2016-17. The Children and Families Partnership Board established an Interim Executive Group in the summer of 2016 to deliver the JSNA, the updated CYP Plan, and an outcomes framework. An updated CYP Plan is attached in Appendix 1.
2. This plan sets out how the overall ambition for children and young people translates into action and how we can assess the impact we are having. It sets out who is doing what and the priorities for the next 3 years and acts as the overarching document that directs strategic commissioning across the partnership.
3. The Plan sets out 12 priorities for improving the lives of children and young people in the borough. The priorities are set out under four key themes: safety, health, achievement and equality. These are drawn from the intelligence gathered from the JSNA, and using insight from the direct participation of children and young people.
4. There are a number of issues that were raised both from JSNA evidence and from engagement with children and young people. In terms of evidence led priorities, there is a need to reduce levels of childhood obesity, implement the LTP, and work to ensure alignment early help cohort of the Place Plan. In terms of Voice driven priorities, the most prominent issue was access to emotional wellbeing and mental health support. This was consistently raised by children and young people.

EXEMPT REPORT

5. This report is not exempt.

RECOMMENDATIONS

6. It is recommended that Cabinet consider and endorse the Children and Young People's Plan and the overarching ambition therein.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. The Children and Young People's Plan is established to ensure that those institutions

with a responsibility for children work and plan together, agree on a collective set of priorities and take collective responsibility for improving children’s outcomes.

BACKGROUND

8. The Council and its partners will be clearly seeking to deliver on our ambition to become the most child friendly borough in the country. Central to this is a fundamental shift in our approach – moving from simply trying to respond to national directives to seeking to shape the narrative and become an example of best practice. In a time of constrained finances, this is absolutely essential, and is a clear indication of determination to see the children and young people of Doncaster consistently achieve their full potential.
9. Collectively, the partnership in Doncaster spent £364m on children and young people in 2015/16. There are approximately 65,000 children and young people under the age of 18 in Doncaster. This amounts to an average of £5,600 spent per child. Out of this money children are schooled, kept healthy, supported in their early years, kept safe and secure and the most vulnerable children and young people properly cared for.
10. The Council and its partners have identified four priority themes to frame the collective effort to improve the lives of children and young people:

THEMES	KEY PRIORITIES			
Safe	Children have access to the right services at the earliest opportunity	Domestic abuse practice is transformed across Doncaster	No child suffers significant harm as a result of neglect	Keeping teenagers and young people safe
Healthy and happy	Children and young people are healthy, have a sense of wellbeing and are resilient	Children have the best start in life	Children and young people’s development is underpinned through a healthy lifestyle	
Achievement	Ensure all children are school ready	All children attend a good or better setting and aspirations are raised to ensure they reach their full potential	Young people are equipped to access education, employment or training in a way that supports future social mobility	
Equality	Diminish the difference between disadvantaged and non-disadvantaged children and young people		Fewer children live in poverty	

11. The Plan sets out a three key actions to deliver improved outcomes across each of these priority areas. Full details of these actions, which member of the partnership is responsible for delivering them, and the governance group that will hold the partnership to account, can be found on page 12 of the CYP Plan.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

12. There is strong correlation between the four identified priority areas of the CYP Plan, and the council's key outcomes. The implications for these are set out below.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Young people are equipped to access education, employment or training</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Ensure no child suffers significant harm resulting from neglect</p> <p>Domestic abuse practice is transformed</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Fewer children live in poverty</p> <p>Diminish the difference between disadvantaged and non-disadvantaged children and young people</p>
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

13. The refreshed CYP Plan mitigates the risk of not having a commissionable plan in place to improve outcomes for children and young people. The performance against the agreed outcomes will be regularly reported on and monitored through a revised governance structure, details of which can be found in Appendix 5 of the Plan.
14. The CYP Plan will be supplemented by 4 area plans that will set out in greater detail the actions that will take place at a local level. These will be delivered by the end of summer 2017. These will ensure that there is specific action to tackle specific issues based on local needs.

LEGAL IMPLICATIONS

15. A Local Authority has a number of specific statutory duties to children and young people. Two general duties are within the Children Act and Education Act. S17 of the Children Act 1989 provides that it shall be the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs. S436A of the Education Act 1996 gives Local Authority's a duty to make arrangements to establish the identities of children in their area who are not registered pupils at a school and are not receiving suitable education otherwise. The programs of activity which will deliver the Plan will require specific and detailed legal advice as they develop further.
16. The decision maker must be aware of their obligations under the public sector equality duty (PSED) in s149 of the Equality Act 2010. It requires public authorities when exercising their functions to have due regard to the need to: eliminate discrimination, harassment and victimization; advance equality of opportunity; and foster good relations between people who share relevant protected characteristics and those who do not. The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

FINANCIAL IMPLICATIONS

17. There are no specific financial implications arising from this report. The financial implications of the Children and Young People's Plan will be set out in subsequent service plans and revised commissioning arrangements.

HUMAN RESOURCES IMPLICATIONS

18. There are no specific HR implications arising from this report.

TECHNOLOGY IMPLICATIONS

19. There are no specific technology implications arising from this report.

EQUALITY IMPLICATIONS

20. An Equality Impact Statement has been produced and is attached. Extensive efforts have been made to ensure that a broad cross-section of children and young people, alongside the partners that work in Doncaster, have been consulted and their feedback incorporated. Additionally, activity is planned to further strengthen this aspect of the Plan through an updated Participation and Engagement Strategy which is due for publication in summer 2017.

CONSULTATION

21. The CYP Plan has been consulted on extensively with partners across Doncaster during its production. The full list of partners that have engaged with the Plan can be found in Appendix 2 of the Plan.

22. There is currently a second round of consultation underway with partners who were initially asked for comments and feedback, with a deadline set of the end of March. This will then allow us to have them incorporated in time for the publication of the Plan in April, and the proposed launch in May.

BACKGROUND PAPERS

- Interim Children and Young People's Plan 2015-17
- Joint Strategic Needs Assessment 2017-20

REPORT AUTHOR & CONTRIBUTORS

David Ayre, Head of Service,
Strategy & Performance Unit
Telephone: 01302 735412
Email: david.ayre@doncaster.gov.uk

Damian Allen, Director
Learning Opportunities and Skills (DCS)

This page is intentionally left blank

Joint Strategic Needs Assessment

2017 - 2020

Children and Young People

Team Doncaster

Contents

JSNA Priorities – Executive Summary	01
Introduction	02
Demographic Profile	03
1. Safe	07
Priority 1: Children and young people have access to the right services at the earliest opportunity	07
Priority 2: Domestic abuse practice is transformed across Doncaster	21
Priority 3: Ensure no child or young person suffers neglect	29
Priority 4: Teenagers and older children remain safe	33
2. Healthy	38
Priority 5: Children have the best start in life	38
Priority 6 Children and young people are healthy and have a sense of wellbeing	45
Priority 7: Children and young people’s development is underpinned through a healthy lifestyle	54
3. Achieve	64
Priority 8: Ensure all children are school ready	64
Priority 9: All children and young people attend a good or better setting and aspirations are raised to ensure they reach their full potential	72
Priority 10: Children and young people’s development is underpinned through a healthy lifestyle	90
4. Economic	92
Priority 11: Diminish the difference between disadvantaged and non-disadvantaged children and young people	92
Priority 12: Fewer children and young people live in poverty	96
 Appendix A: Proposed Governance Structure and JSNA / CYPP Outcomes Framework	 101

Doncaster's JSNA has highlighted 12 key priorities under the four key themes.

JSNA Priorities – Executive Summary

Safe

1. Children and young people have access to the right services at the **earliest opportunity**
2. Domestic abuse practice is **transformed** across Doncaster
3. Ensure no child or young person suffers from **neglect**
4. Teenagers and older children remain **safe**

Healthy

5. Children have the best **start in life**
6. Children and young people are healthy and have a **sense of wellbeing**
7. Children and young people's **development** is underpinned through a healthy lifestyle

Achieve

8. Ensure all children are **school ready**
9. All children and young people **attend** a **good or better** setting and **aspirations** are raised to ensure they reach their **full potential**
10. Young people are equipped to access **education, employment or training**

Economic

11. Diminish the difference between **disadvantaged** and **non-disadvantaged** children and young people
12. Fewer children and young people live in **poverty**

Introduction

Joint Strategic Needs Assessments (JSNAs) are local assessments of current and future health and social care needs that could be met by the local authority or the NHS. They contain a range of quantitative and qualitative evidence, and focus on specific groups and issues relevant to the local area. This is the latest in a series of JSNAs that the Doncaster Data Observatory has produced, copies of which can be found on the Team Doncaster partnership website:

http://www.teamdoncaster.org.uk/Doncaster_Data_Observatory/joint_strategic_needs_assessment.asp

This report has four key themes:

1. Safe
2. Healthy
3. Achieve
4. Economic

2016 Consultation Process

Doncaster's JSNA has been produced through multi-agency collaboration. Organisations that were consulted include Doncaster Children's Services Trust and the NHS Doncaster Clinical Commissioning Group.

The initial scope of the JSNA was much broader than is represented in this report. The JSNA commissioning group has agreed 12 priorities. These priorities have emerged either because they represent an area where the underlying data analysis work has shown that children and young people in Doncaster fare particularly poorly in comparison to children elsewhere, or because it was felt that these areas represented an important or strategic priority for Doncaster.

Demographic Profile

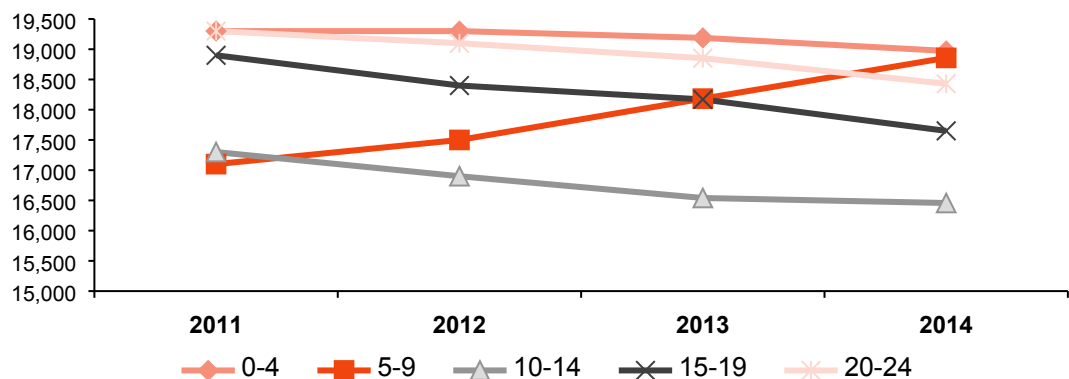
Profile of Doncaster's Children and Young People

The following section provides a profile of Doncaster's children and young people. Further key data is available on the JSNA Navigator on the CHIMAT (National Child and Maternal Health Intelligence Network) website under the following five domains: Population, Social and Place Wellbeing, Lifestyles and Health Improvement, Health and Wellbeing Status and Service Utilisation: <http://www.chimat.org.uk/jsn navigator#domain1>

In addition, Doncaster's Interactive Child Health Profile provides a snapshot of performance against selected child health indicators, which enable comparisons locally, regionally and nationally: <http://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938132948/pat/6/par/E12000003/ati/102/are/E08000017>

Current Doncaster Population by Age Group

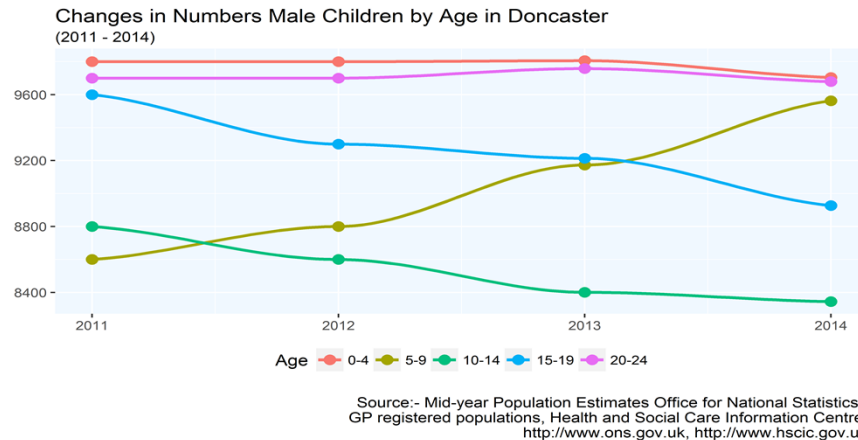
Population change to Children and Young People by age in Doncaster



Source: Office of National Statistics 2014 (National Child and Maternal Health Intelligence Network)

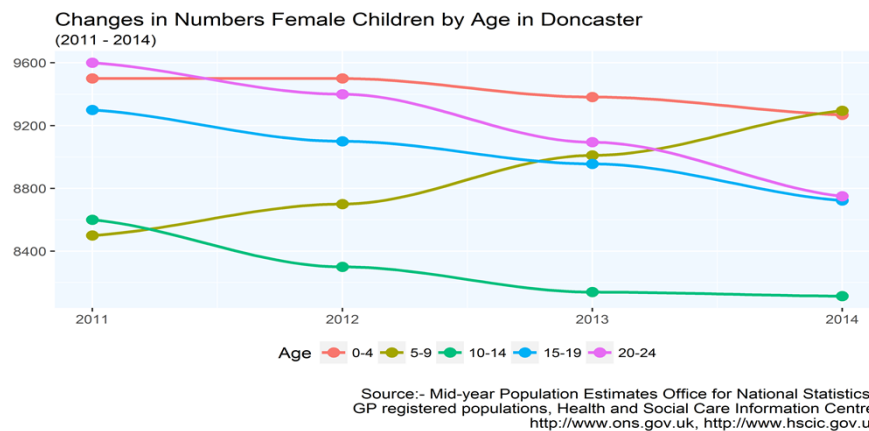
The biggest change in the population of children and young people between 2011 and 2014 has been an increase in the 5-9 year old age group and a decrease in the 15-19 year old age group.

Population change to male children by age in Doncaster



The biggest changes in male children and young people in Doncaster have been the increases in the 5-9 year old age group and the decreases in the 10-14 and 15-19 year old age group. The other age groups, at either end of the age spectrum; 0-4 and 20-24 have remained pretty stable across the sample period.

Population change to female children by age in Doncaster



Changes in female children and young people in Doncaster show the 5-9 year old age group has grown significantly over the four year period, whereas in comparison all the other age bands have been in decline

Population Projections

Population projections have an essential role in assessing the future need for services by understanding potential changes in demand.

Estimated Percentage Change in Population between 2014 and 2021



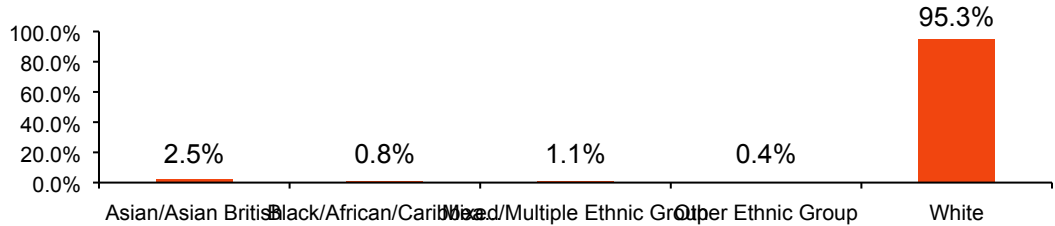
Source: Subnational Population Projections for LA's – 2014 Based (Office of National Statistics)

Estimated population projections indicate:

- 0-4 year old age group is projected to decrease quite significantly in Doncaster by 2021 at a rate greater than the regional and national averages.
- 5-9 year old age group will see a decrease compared to national and regional averages which show an increase
- 10-14 year old age group sees the largest increase and is comparable to the England average
- 15-19 year old age groups is projected to decrease quite significantly in Doncaster by 2021 at a rate greater than the regional and national averages.

Ethnicity

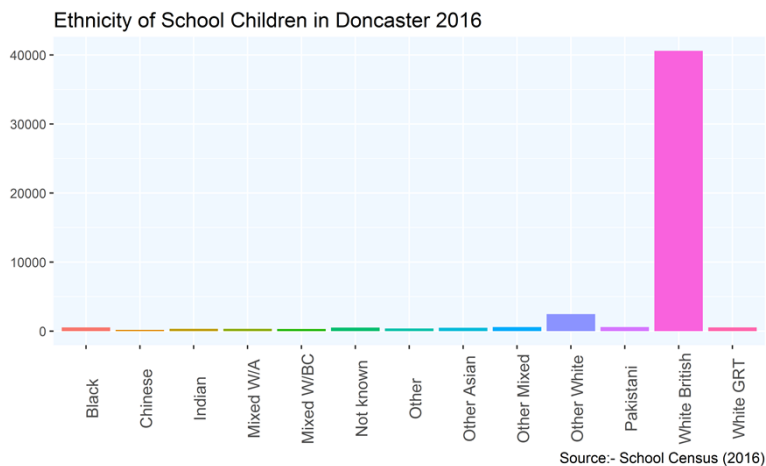
Ethnicity composition of population (all ages)



Source: Office of National Statistics, Census 2011 (National Child and Maternal Health Intelligence Network)

Doncaster and the National Picture

Doncaster in comparison to the national and regional averages does not have a high proportion of children from non-white ethnic groups. According to the 2016 School Census 88% of school children are in the White British ethnic group. This compares to 77% in Yorkshire and Humber and 72% across England.



Whilst Doncaster as a whole has a predominantly White British cohort of school children; beneath the Local Authority aggregate level, there are communities which are more ethnically diverse.

1. Safe

This section of the JSNA looks at how agencies across the Borough work together to keep children and young people safe, as well as the underlying reasons why intervention is required to help children and families to remain safe.

Priority 1: Children and young people have access to the right services at the earliest opportunity

Early Help

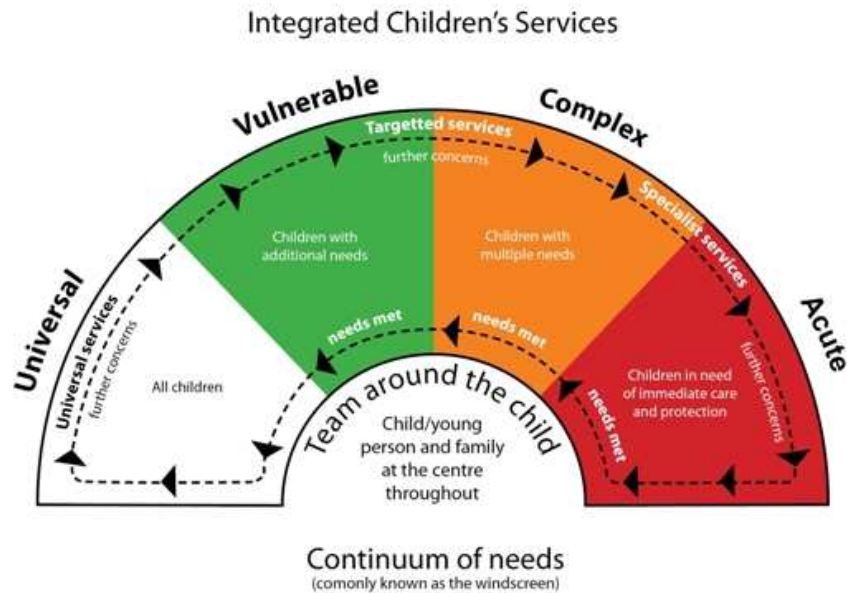
Providing early help to families and children is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, or a need to intervene further in children's lives. However, it also means that, when there are concerns for a child's safety, agencies respond quickly to address this need and ensure that the child is safe.

The Borough wide [Early Help Strategy](#) sets out how a joined up early help system will work across partners to ensure there is a consistent, high quality early help response for children, young people and partners. One of the measures that will indicate the early help system is working will be a reduction in the overall demand for statutory social care services and families being supported appropriately by services according to need and risk.

Strategies for supporting children and families follow the continuum of need (see image below), which describes how services will be provided dependent upon the level and complexity of need. As a child or family's needs intensify or go unmet, or **the child's safety is at risk then the likelihood of statutory intervention will increase.** Effective partnership work around the child and family are also likely to reduce the need to deliver specialist or acute services.



SAFE



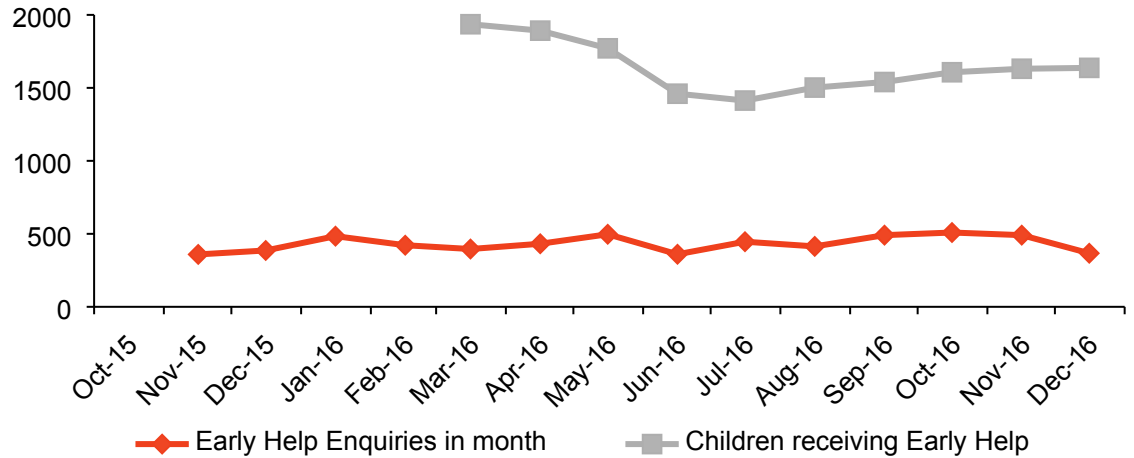
Early Help has been available to Doncaster children and families for many years. However, improvements to the strategy, delivery and recording were introduced in October 2015. This needs analysis is based on intelligence available since this date.

Access to Multi-Agency Early Help Services

On average 500 enquiries are made to the Early Help Hub every month, from agencies and individuals requesting multi-agency support either for themselves, their family or for children that they are working with professionally. Not all will meet the threshold for such an intervention. There is an increasing trend of enquiries since November 2015, suggesting that awareness of Early Help and the Hub is increasing.

A review of all open Early Help cases lead to a number being progressed to closure or escalation. However, since June 2016 there is now a steadily increasing trend for open cases of Early Help.

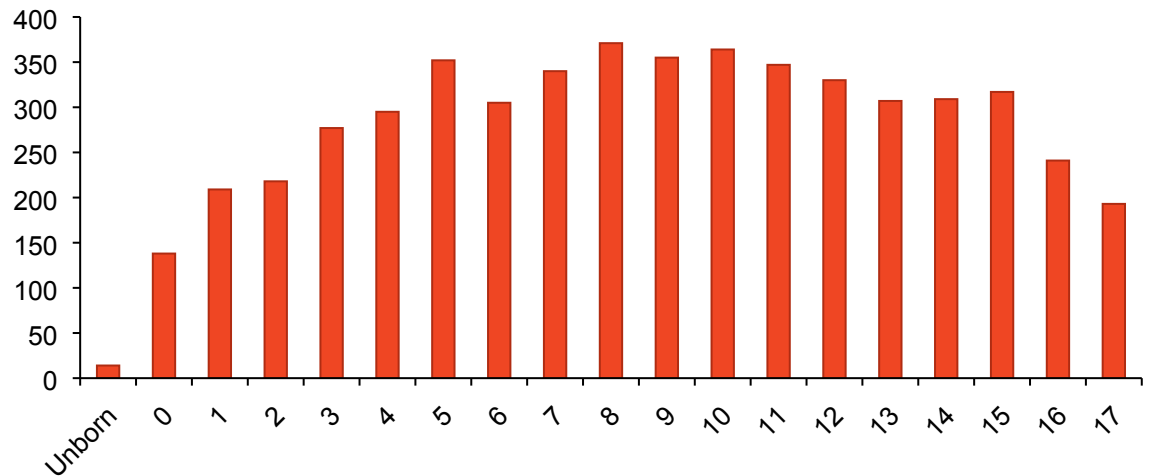
Figure 1.1 – Monthly Early Help Enquiries and Count of Open Early Help Cases



Source: DCST, Extraction of Early Help Client Database

In 2016, over one quarter (27%) of enquiries for Early Help relate to children aged between 8 and 11 years old. 55% of enquiries related to boys. There is a trend for enquiries relating to girls (7-10 years) to be younger than boys (9-12 years).

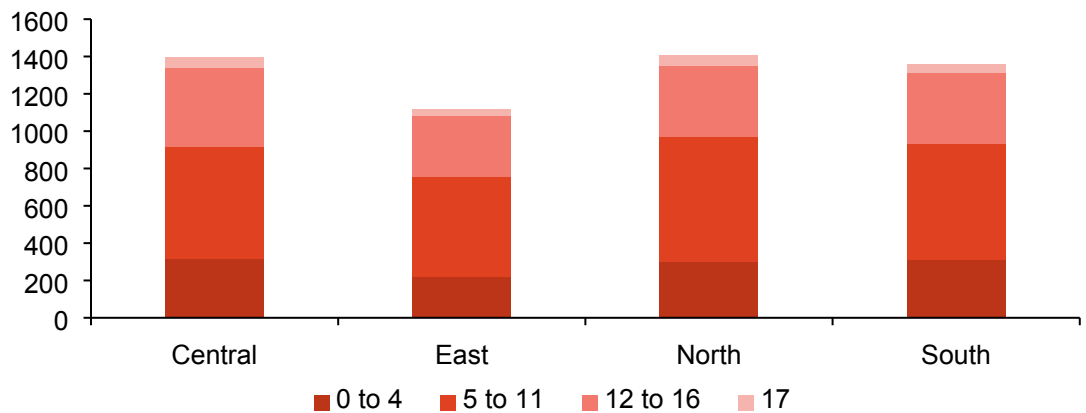
Figure 1.2 – Monthly Early Help Enquiries and Count of Open Early Help Cases by Age



Source: DCST, Extraction of Early Help Client Database. Enquiries recorded 01/01/16 to 31/12/16

The largest proportion of Early Help enquiries relate to children and young people living in the North locality. This may be due to agencies (such as schools, health professionals, et cetera) in this area being more ready to make an enquiry. The age breakdown by locality largely matches that seen at a Borough level.

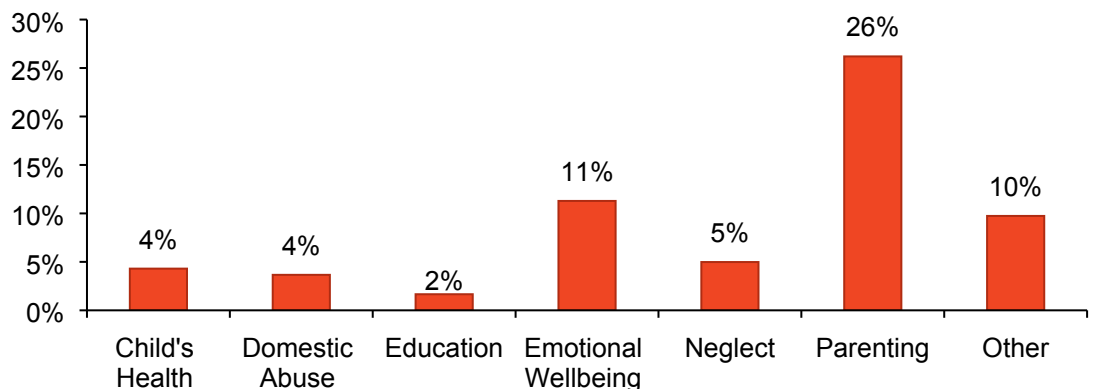
Figure 1.3 – Early Help Enquiries received, by locality and age band



Source: DCST, Extraction of Early Help Client Database. Enquiries recorded 01/01/16 to 31/12/16

Over one quarter of early help enquiries identify “parenting” as the primary presenting reason. However, neglect accounts for a further 5% of enquiries. Forty six percent of enquiries relating to parenting relate to children of primary school age.

Figure 1.4 – Early Help Enquiries received, by primary presenting reason

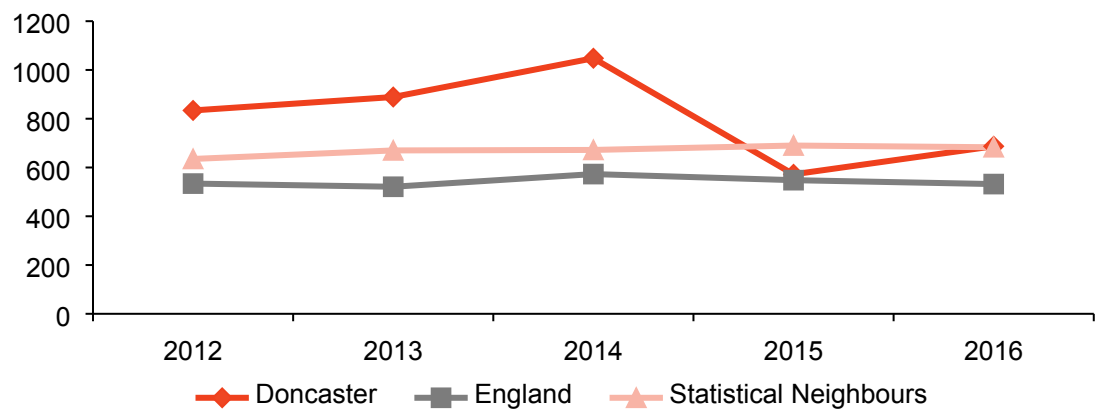


Source: DCST, Extraction of Early Help Client Database. Enquiries recorded 01/01/16 to 31/12/16

Referrals for Statutory Intervention

The rate of referrals to social care services has is currently above the national average but in line with similar authorities (determined as “statistical neighbours” by the Department for Education). This is from a much higher rate reported in 2014. The reduced rate between 2014 and 2015 are due in part to a revision to the thresholds for referring to social care, and also the handover of children’s social care services to the newly formed Children’s Services Trust in October 2014.

Figure 1.5 – Referral rate per 10,000 children



Source: DFE published data, available via the [Local Authority Interactive Tool](#)

The largest number of referrals relate to children and young people living in the Central area (32%), with the lowest from East (20%). This is due, in part to population density. In the calendar year 2016, over half of referrals came from seven wards:

- Adwick le Street and Carcroft
- Bentley
- Wheatley Hills and Intake
- Hexthorpe and Balby North
- Town

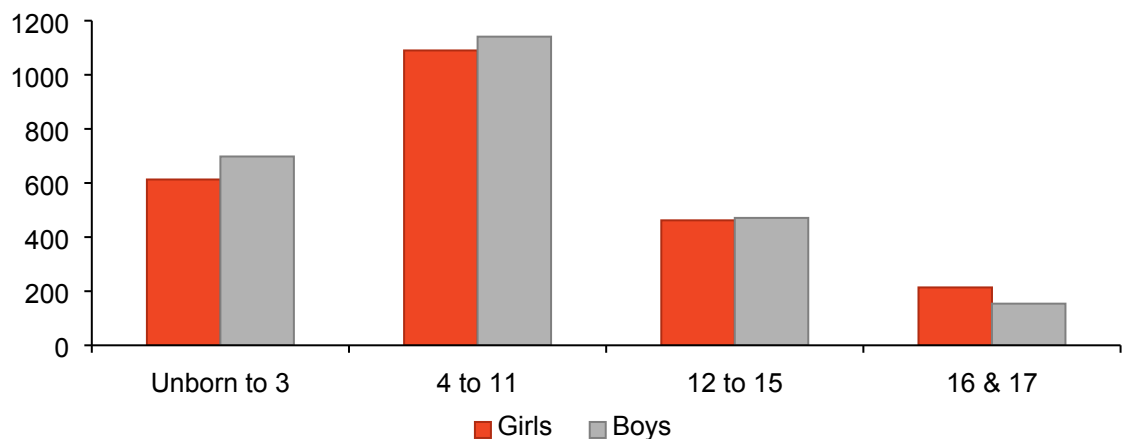
- Mexborough
- Thorne and Moorends

Almost half of referrals relate to children of primary school age, although this is also the widest age range. Distributions by age are similar for each area, with a slightly higher proportion of older children being referred across East area and more early years children in South. Looking at five-year age brackets, the highest referral rates are for four to eight year olds (27% of all referrals).

Age Band	% of Referrals broken down by age				
	Doncaster	Central	East	North	South
Unborn to 3 years	28%	28%	25%	27%	30%
4 to 11 years	46%	46%	47%	47%	44%
12 to 15 years	19%	19%	21%	19%	19%
16 and 17 years	7%	8%	7%	7%	7%
Total	100%	100%	100%	100%	100%

Exactly half of referrals relate to boys, the ratio is higher in Central area (53%). The gender ratio differs depending upon age, with a higher proportion of referrals for young people aged 16 and 17 being for girls.

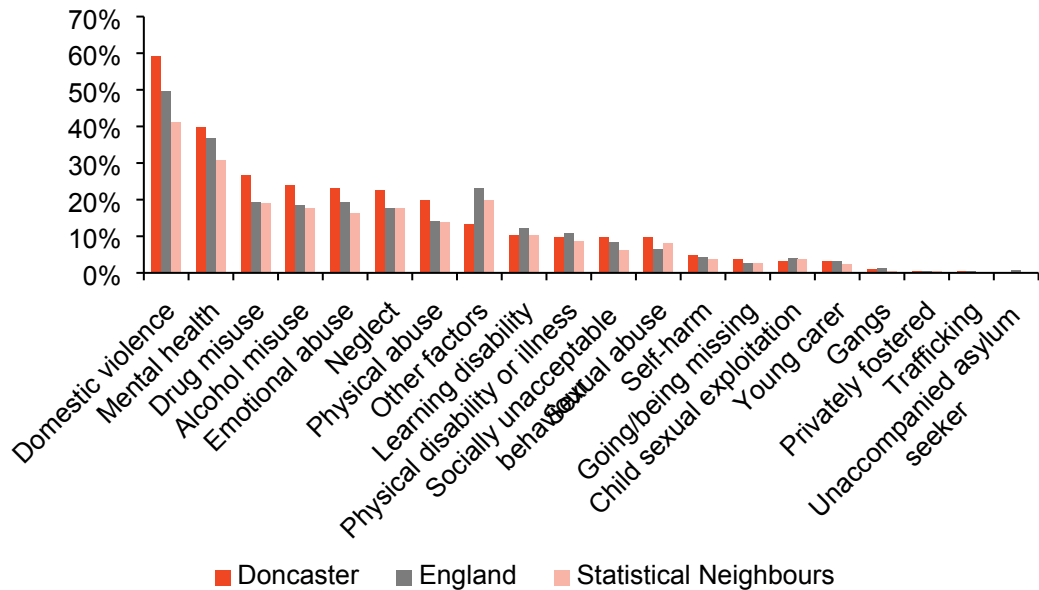
Figure 1.6 - Referrals for statutory social care in 2016, by gender and age



Source: DCST, extraction from Social Care client database, January to December 2016

The majority of referrals to social care will lead to a statutory assessment, during which factors are identified and recorded. Of the assessments completed between April 2015 and March 2016, domestic violence was identified as a factor in 59%, with 40% of cases relating to mental health. It should be noted that mental health may relate to the child, parent or another significant adult in the child’s life. However, it is clear from the assessment factors, that domestic violence, mental health, drug and alcohol misuse are frequently identified as factors during assessments of children in need.

Figure 1.7 - Factors identified during statutory assessment of children in need



Source: DFE published data on Children in Need, April 2015 to March 2016 ¹

Across the locality areas, the main factors identified at assessment have common themes with domestic violence recorded as the factor with highest prevalence in all

¹ Doncaster’s Statistical Neighbours: Rotherham, Barnsley, North East Lincolnshire, Wigan, Wakefield, Tameside, Dudley, North Lincolnshire, Telford and Wrekin, Redcar and Cleveland

four areas. Mental health and alcohol abuse also feature across the localities and in many cases these factors are interdependent, with all three being recorded on individual assessments.

Top 5 factors identified at assessment by locality

Central	East	North	South
Domestic violence: Parent/Carer	Domestic violence: Parent/Carer	Domestic violence: Parent/Carer	Domestic violence: Parent/Carer
Mental health: Parent/Carer	Emotional Abuse	Neglect	Mental health: Parent/Carer
Emotional Abuse	Neglect	Mental health: Parent/Carer	Neglect
Neglect	Mental health: Parent/Carer	Emotional Abuse	Emotional Abuse
Physical Abuse	Physical Abuse	Alcohol misuse: Parent/Carer	Drug misuse: Parent/Carer

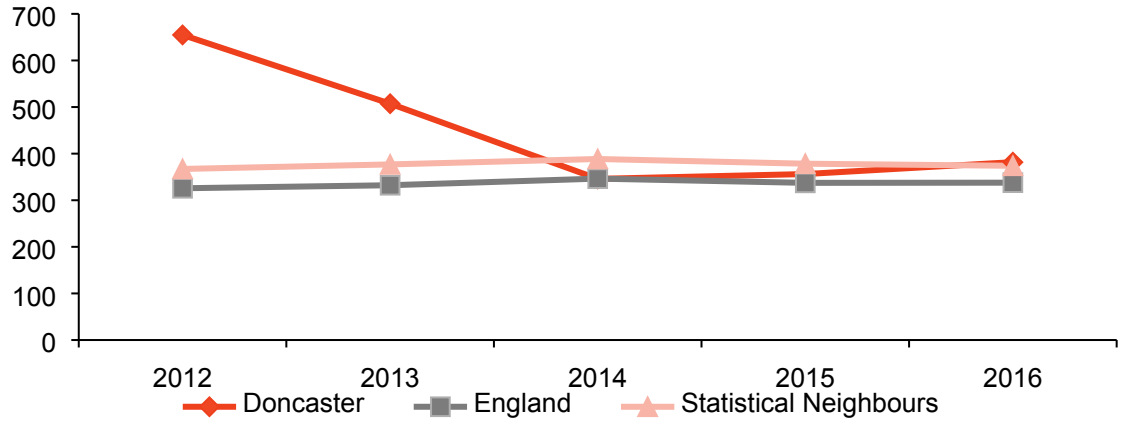
Source: DCST, extraction from Social Care client database, April 15 to March 2016

Children in Need

A child in need is one who has been assessed by children's social care to be in need of services. These services can include, for example, family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support, or disabled children's services (including social care, education and health provision).

The number and rate of children in need has fallen from a high of 4270 on 31st March 2012 to 2490 as at 31st March 2016. The current rate of 382 per 10,000 children is comparable with that of our statistical neighbour authorities (375), but higher than the national average (338). The decrease and subsequent stabilisation is due at first to revised thresholds for intervention being applied, thus reducing the overall referral rate and closure of cases bringing the net rate down. In October 2014, children's social care services were transferred to the Children's Services Trust who have further reinforced thresholds for intervention and pathways into social care.

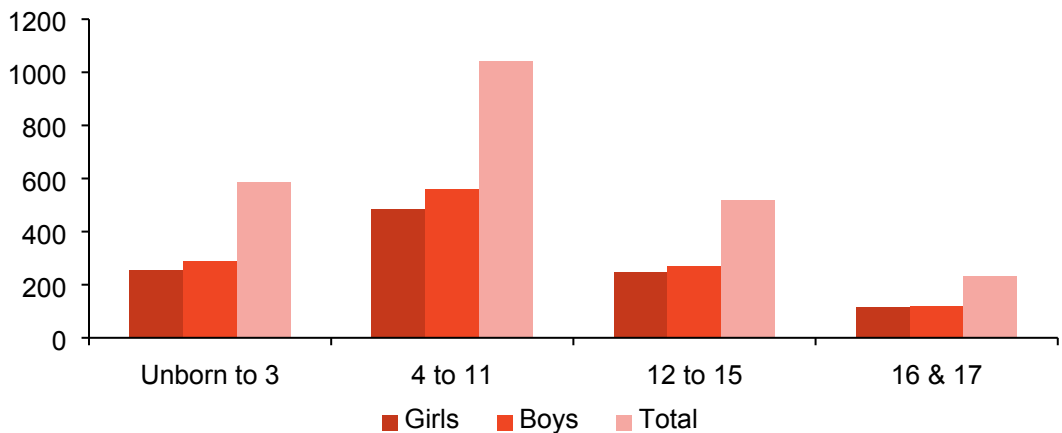
Figure 1.8 - Children in Need rate per 10,000 children



Source: DFE published data, available via the [Local Authority Interactive Tool](#)

As at 31st December 2016, there are proportionately more boys (51%) than girls (47%) recorded as children in need, with a further 1.4% unborn. When broken down by school age bands, the largest proportion of children in need are within primary school age. However, when broken down into discrete five-year age bands, the highest proportions are for children aged 0 to 4 years.

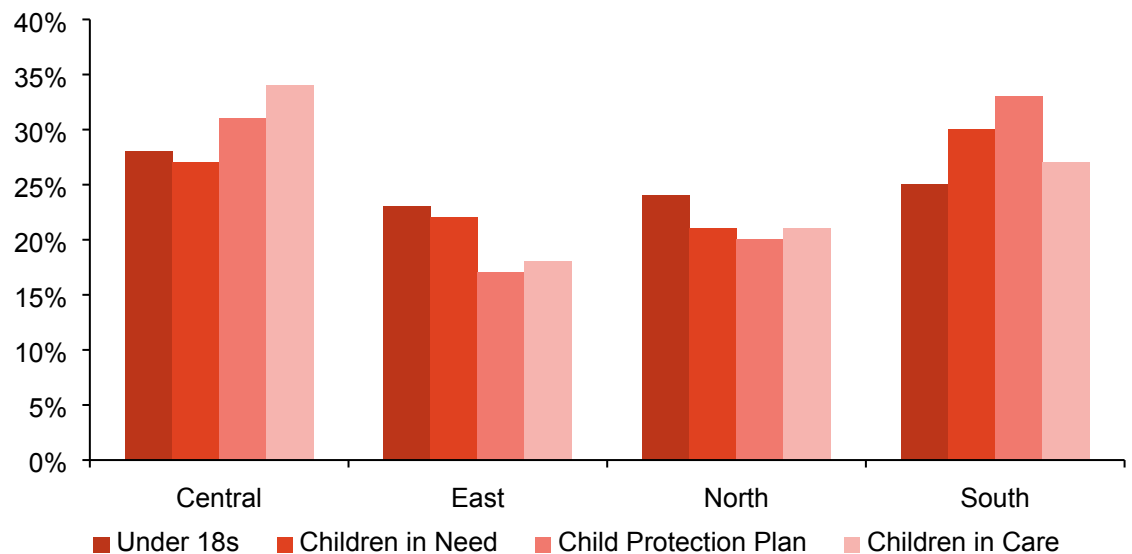
Figure 1.9 - Number of Children in Need as at 31st December 2016, by age and gender



Source: DCST, extraction from Social Care client database, as at 31st December 2016

The distribution of children across the locality areas is not even, with a higher proportion of children living in Central area (28%), compared to South (25%), North (24%) and East (23%). However, children in need are not distributed to the same degree with higher representation in South area and lower representation in North. South area also has a higher representation of children subject to a child protection plan. A higher proportion of children entering care originate from Central area (34%), than live within it (28%)

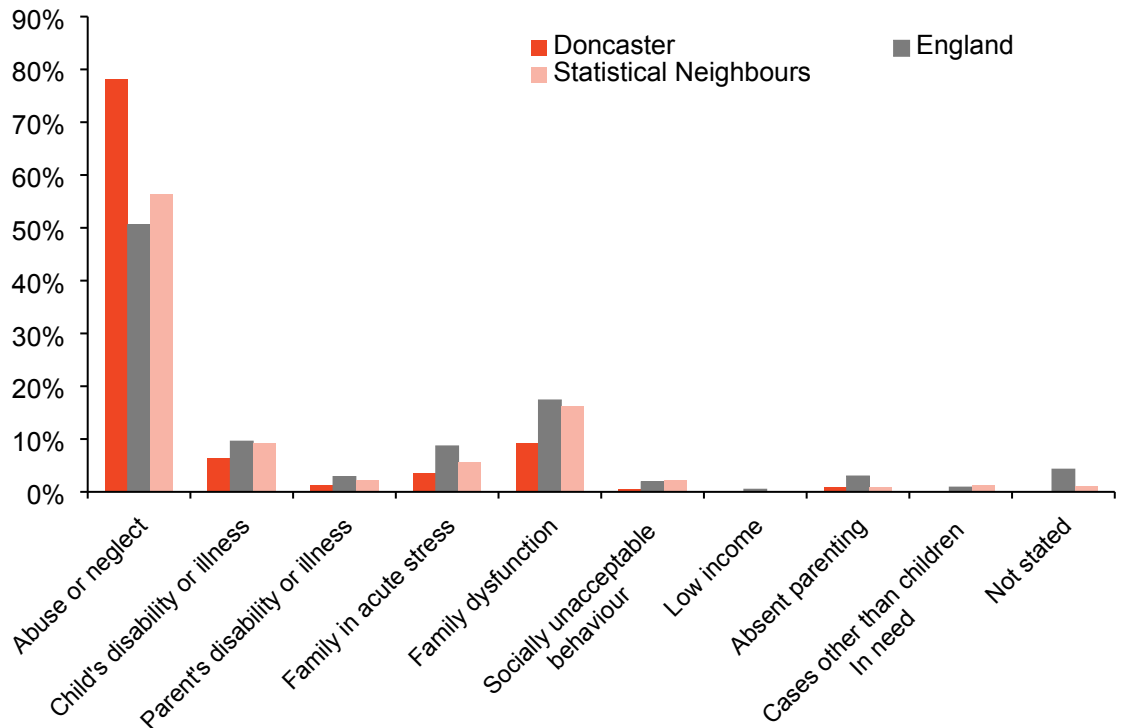
Figure 1.10 - Representation of the under 18 population, Children in Need, Children subject to a Child Protection Plan and Children in Care



Source: DCST, extraction from Social Care client database, as at 31st December 2016

Of those children in need, 78% had a primary need identified of either abuse or neglect, compared to a national rate of 50% and a rate of 56% for our statistical neighbour authorities. Of our statistical neighbours, it is worth noting that three of them have comparable rates to Doncaster, so the Borough is not a complete outlier for this primary need. As referenced in this chapter, factors identified during statutory assessments of children in need include high rates of domestic abuse, alcohol and drug abuse, and emotional abuse. These factors have, therefore, translated into neglect being the primary reason for a child to remain in need of help and protection.

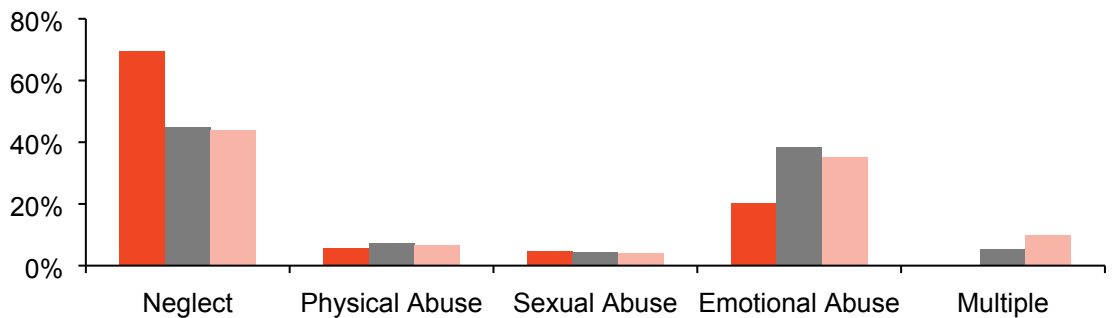
Figure 1.11 - Children in Need as at 31st March 2016, with primary need at assessment



Source: DFE published data on Children in Need, April 2015 to March 2016

Similarly for children subject to a child protection plan, the prevalent category of abuse in Doncaster is neglect (69%), compared to a national prevalence of 45%.

Figure 1.12 - Children subject to a Child Protection Plan 31st March 2016, latest category of abuse



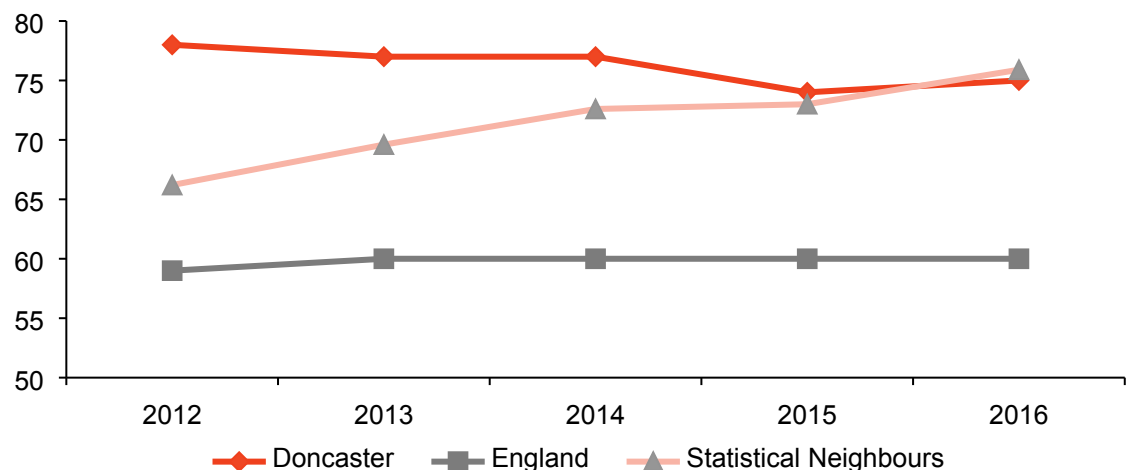
Source: DFE published data on Children in Need, April 2015 to March 2016

Therefore, through the prism of statutory assessments, child in need and child protection casework, it is evident that both domestic abuse and neglect are key themes for why statutory intervention is required. This needs assessment has identified both as priority themes.

Children in Care

Rates of children in care (75 children per 10,000) in Doncaster are higher than those reported nationally (60 per 10,000), but in line with rates reported by statistical neighbour authorities. However, long term trends show an increasing rate for statistical neighbours, whilst Doncaster's rate has shown a modest decline over the past four years.

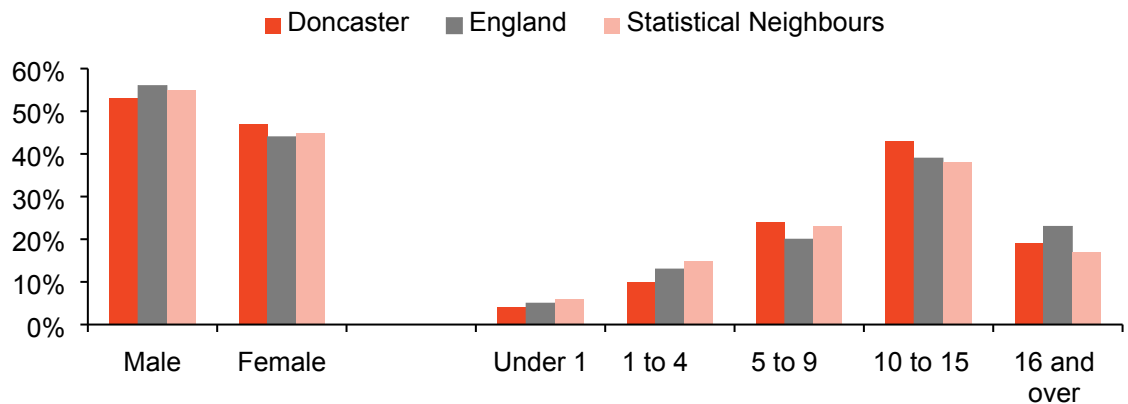
Figure 1.13 - Children in Care rate per 10,000 children



Source: DFE published data, available via the [Local Authority Interactive Tool](#)

Fifty three percent of children in care are male, compared to a national rate of 56%. Doncaster has a higher proportion of children in care aged between 10 and 15 years, than their peers. This is due, in part, to a legacy cohort of children who were left in neglectful situations too long and ultimately entered the care system. Lower proportions of children appear to enter care aged four or under in Doncaster.

Figure 1.14 - Breakdown of children in care as at 31st March 2016, by age and gender



Source: DFE published data, available via the [DFE statistics website](#)

Current Actions in Doncaster to ensure access to the right services at the earliest opportunity

Implementing the local early help offer is a priority for all local partners. This can ensure that families receive high quality support at an early stage will reduce unnecessary escalation into statutory services and will reduce the amount of time that children experience hardship. A strong early help offer will also reduce the demand on Tier four targeted services with a resultant impact on the quality of work with those families who have the most complex and enduring needs.

Work is taking place to strengthen the Trust's provision of early help provided by our Intensive Support Teams. This includes the reconfiguration of the service, the provision of a Practice Improvement Programme for staff and the adoption of new methodologies such as Outcome Star and Signs of Safety. The adoption of the Signs of Safety methodology allows the partnership to work more effectively with families to reduce harm

Changes have been made to the social care and early help "front door" to ensure that families who are referred to the Trust receive the right kinds of help at the right time, without unnecessary escalation into statutory services. Greater rigour is being applied to cases at the contact stage with a dedicated Multi-Agency Safeguarding Hub

(MASH) screening the cases to ensure next steps are based on sound intelligence and information from key partners.

The Trust is working with partners to improve attendance at Core Groups and Child Protection Conferences in order to ensure multi-agency discussion and decision-making. Implementing new systems and procedures to ensure effective and timely decision making where children need to enter the care system including reducing the length of Care Proceedings.

Co-location of Intensive Family Support Teams with Assessment and Child Protection Teams in order to provide more opportunities for co-working, and also swifter “step down” to lower levels of intervention when families have made progress.

Recommended future actions

- Ensure the Borough-wide Early Help strategy is clearly understood by all agencies, and applied consistently so that children’s needs are met and addressed as early as possible.
- Integrate systems and data sets used by professionals working with children and families so that all early intervention activity is identified and coordinated to provide a “whole family” approach. At the moment, only cases passing through the Early Help Hub can be reported and analysed as “early help” cases, despite many agencies providing a single agency early help offer.
- Embed effective escalation and de-escalation pathways from and to statutory interventions so that families and children’s needs are met at the most appropriate level and at the earliest opportunity.
- Improve engagement from all professionals working with children and families, so that a consistent assessment process is applied in order to best understand their needs in order to take a whole family approach to addressing them. This will also deliver more comprehensive intelligence on the needs of Doncaster communities.

Priority 2: Domestic abuse practice is transformed across Doncaster

Domestic Abuse

In March 2013 the Government announced a shared definition for domestic abuse:

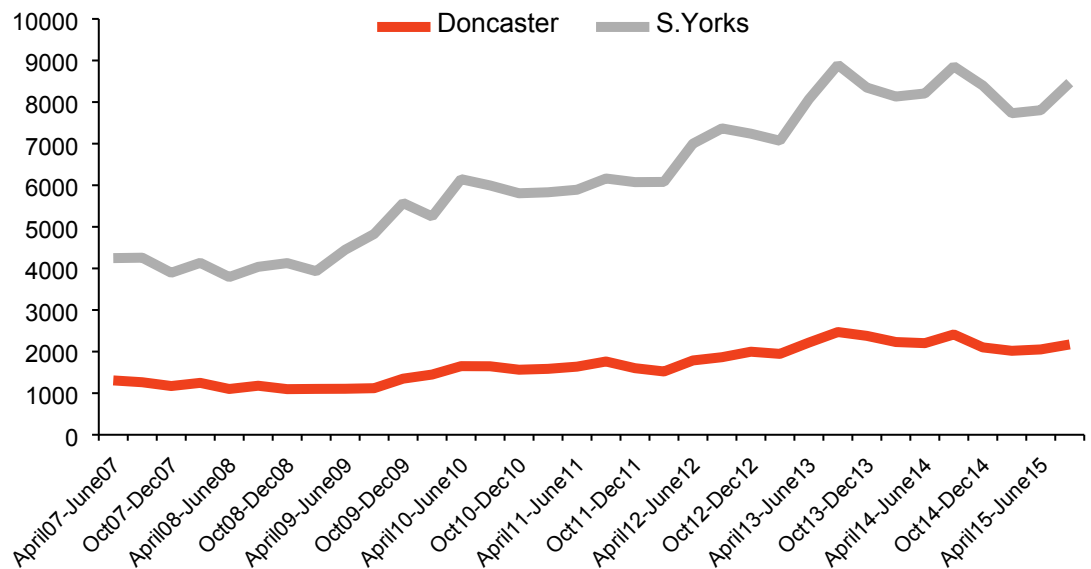
“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Police data shows an increase in incidents since 2006/7 with a flattening trend line over the last 3 years. This is in contrast to South Yorkshire region where incidents continue to increase. This could suggest that some of the early interventions introduced through the last strategy are beginning to work.

Figure 1.15 - Domestic Violence incidences reported by South Yorkshire Police



Source: South Yorkshire Police

Information reported through the Multi Agency Risk Assessment Conference (MARAC) over the last three years show that:

- The number of cases discussed at MARAC in Doncaster is high with an average 169 more victim cases discussed per annum above the 500 recommended by SafeLives (a national charity dedicated to ending domestic abuse).
- This equates to a three year average of 54 cases for every 10,000 population against a South Yorkshire Police (SYP) Force area population of 43/10,000, the SafeLives rate of 39/10,000 and a national average of 30/10,000.
- In the cases discussed, the numbers of children in these households peaked in 2014 at 890 from 652 in 2013 and although this has reduced in 2015 remained at over 800 children
- The SafeLives recommended range of repeat cases at MARAC is 28% to 40%. In Doncaster repeat cases are at the top of this range with a three year average

of 39% against a South Yorkshire average of 31% and nationally 25%. In 2015 the repeat cases peaked at 43%.

- In the three groups identified of victims with protected characteristics (BME; LGBT; Disability), Doncaster's figures are all below the SafeLives recommended; SYP and national levels
- The number of male victims referred to MARAC over the three years, is similar to SYP and national figures and was within the lower range of 4% to 10% recommended by SafeLives for 2013 and 2014, although this dropped to 3.8% in 2015.
- Victims aged 16 to 17 years old referred to MARAC have increased since 2013 from five to eight in 2015 although there was a peak of nineteen in 2014

The MARAC data would suggest that Doncaster has a far higher number of high risk cases than other areas, while also maintaining a significant number of repeat referrals of difficult cases. It could also suggest that there is a greater awareness with the public about domestic abuse through campaigns, although reported incident have reduced slightly.

Of all child and family assessments completed (4,859) by Doncaster Children's Services Trust Workers in 2015/16 parental Domestic Violence was the most frequently recorded concern factor in 39% (1,880) of these. Of these,

- 28% (532) also had a concern factor of parental alcohol misuse
- 31% (592) also had a concern factor of parental mental health
- 25% (471) also had a concern factor of parental drugs misuse
- 2% (30) also had a concern factor of a learning disability

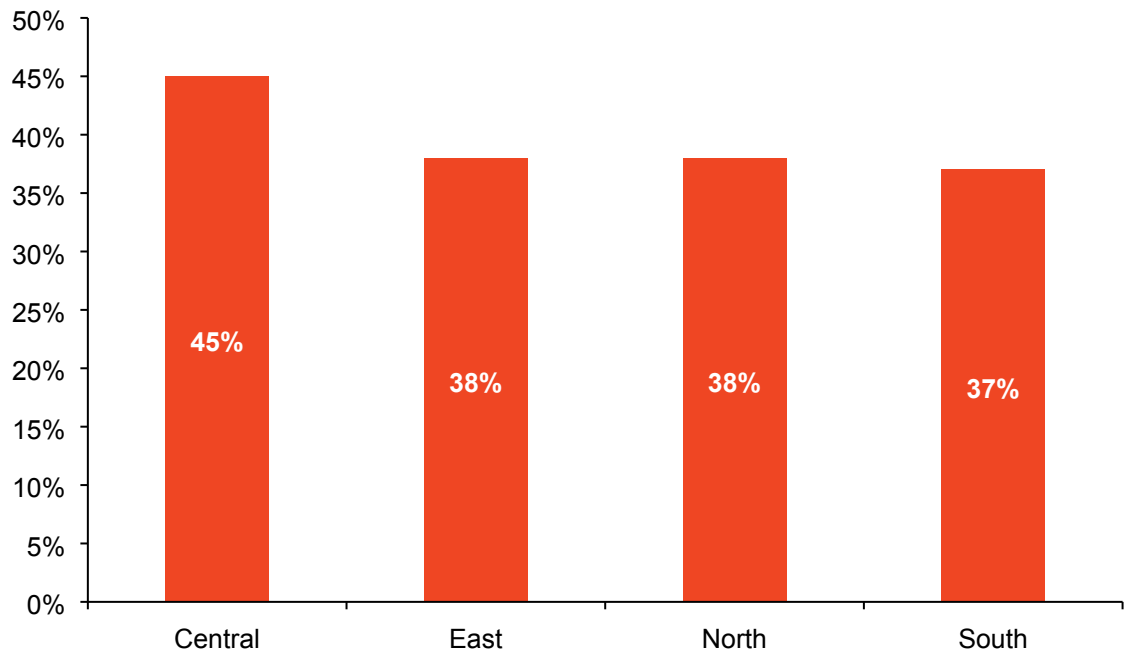
The next most frequent was parental mental health which featured in 22% (1,108) of all initial assessments completed. Of these,

- 50% (555) also had a concern factor of parental domestic violence
- 27% (294) also had a concern factor of parental alcohol misuse
- 27% (294) also had a concern factor of parental drugs misuse
- 5% (51) also had a concern factor of a learning disability

The finding from this data is not a surprise and shows a recurrent trend which could lead to an acceptance that this is a normal part of life for some families. It isn't normal and although protection and specialist services can do much to support families to recover in the short term there is a need for greater engagement of wider family services. This includes prevention through education and services that promote health and wellbeing.

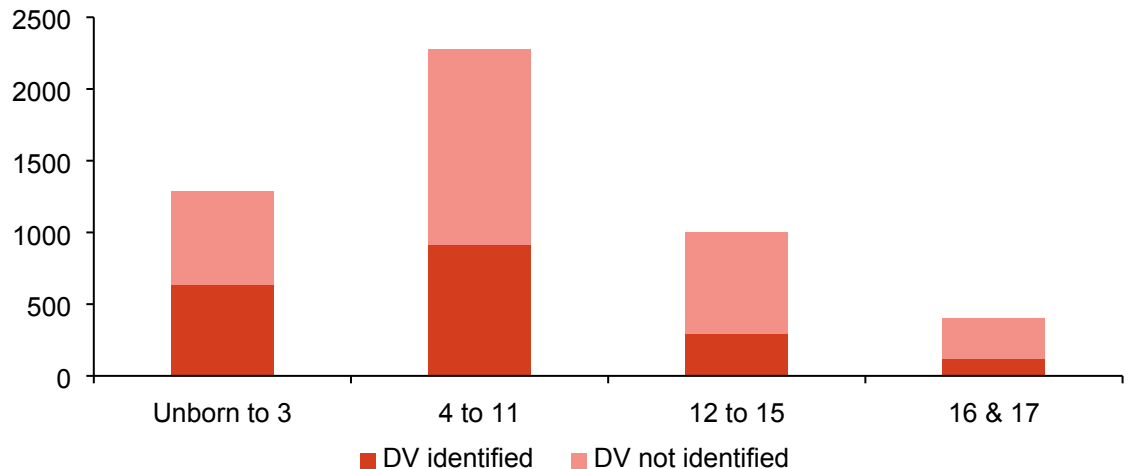
Across the four locality areas, domestic violence was identified as a factor in a higher proportion of assessments within Central area (45% of assessments completed) than the other three areas. A higher proportion of assessments completed for younger children, identified domestic violence as a factor with 50% of assessments completed for children aged three and under identifying domestic abuse, compared to 30% for children aged twelve or over.

Figure 1.16 - % assessments completed 2015/16 where Domestic Violence identified as a factor



Source: DCST, extraction from Social Care client database, 1st April 2015 to 31st March 2016

Figure 1.17 - Assessments completed 2015/16 where Domestic Violence was identified as a factor



Source: DCST, extraction from Social Care client database, 1st April 2015 to 31st March 2016

Current Actions in Doncaster to ensure domestic abuse practice is transformed across Doncaster

The Safer Stronger Doncaster partnership delivered its revised strategy in November 2016. This sets out the achievements and actions completed so far, as well as strategic objectives towards 2020. These include:

Commissioned new support services for victims including the refuge which is consistently fully occupied, eight dispersed housing units and floating support service which has supported 146 families.

Established a new team of Domestic Abuse Caseworkers within the Council, working with Stronger Families service to support victims of domestic abuse who are not at high risk, including a worker based at the hospital and two working directly with GPs. Caseworkers have supported 936 clients since the team was established.

Doncaster Children's Services Trust has secured DfE Innovation funding (April 2015 to Dec 2016) to deliver the Growing Futures project, developing new therapeutic practice and innovative ways of thinking and working with families experiencing

domestic abuse, alongside mainstream services. The aim of this project has been to address the long term harm caused by domestic abuse, which can emerge in new relationships and future generations by

- Reducing the emotional harm caused by domestic abuse to children;
- Directly supporting recovery from abuse for victims and their children;
- Significantly reducing repeat victimisation;
- Challenging the acceptance of domestic abuse and violence by families and whole communities; and
- Breaking the pattern of abuse as it re-presents itself in children and young people.

Developed and commissioned a new service to support perpetrators of abuse to change their behaviour – Foundation4Change was established in July 2014 and has worked with 152 people to change their abusive behaviour with a 21% reduction in police call outs in respect of their clients, and 96% of service users saying they would recommend the programme.

Delivery of multi-agency prevention and education programme to promote the message to our communities and young people in schools that domestic abuse is not acceptable.

Developed and piloted an innovative programme to work with young people who are abusive to their parents. The “Getting On” programme through joint working between the Youth Offending Service, Community Safety and Stronger Families, which is now being rolled out by the Doncaster Children’s Services Trust through Growing Futures.

Implemented a workforce development plan and trained 2000 staff in all agencies to identify and respond effectively to domestic abuse

Established a Domestic Abuse Hub, with Police and IDVAs co-located; together with the police restructure we have enhanced the service for high risk victims through joint working and improved communication concerning criminal cases. This is also part of

the Multi Agency Safeguarding Hub (MASH) which brings together a wider range of safeguarding professionals under one roof.

Restructured the South Yorkshire Police response to domestic incidents which has streamlined the way cases are managed, from initial report, to risk assessment, investigation and prosecution of offenders.

Targeted the offenders most at risk of causing serious harm and managed them proactively using an Integrated Offender Management approach through joint working with Police and Probation officers.

Reviewed and streamlined the Multi-agency Risk Assessment Conference (MARAC).

Used the new Domestic Violence Protection Notices and Orders to enable families to stay safely in their home rather than having to leave to escape an abuser. The Safe and Secure service, managed by St Leger Homes, provides for a quick and effective response which ensures the security of property.

Recommended future actions

The four local domestic abuse homicide reviews since 2011 tell us:

- Domestic abuse needs to be seen as a safeguarding issue by the wider workforce, who, in turn, need to be trained to ask the correct questions and respond appropriately
- The workforce needs training to identify different forms of domestic abuse
- Health practitioners need to screen for domestic abuse beyond the focus of their scheduled activity and need to recognise the links between domestic abuse, mental health and substance misuse
- Victims of domestic abuse who may not be accessing services, e.g. older victims, need to be aware how to access help and support
- The wider family and services did not recognise that men could be victims.
- In situations where couples separated the victims thought they would now be safe without recognising the potential escalation of violence and the danger they could still be in.

The proposal to tackle Domestic Violence is to spread the practice and way of working developed and evaluated by Growing Futures in Doncaster sub-regionally (Rotherham, Sheffield and Barnsley) and continue to innovate through challenging sector and agency partners across levels of need to deliver practice that focuses on the whole family where there is DVA which impacts on Children and Young People.

In addition to the Domestic Abuse Navigator (DAN) model of delivering therapeutic practice to all family members, we will improve the way perpetrators are supported and challenged through early identification and post-conviction for offences in direct case work (we already work directly into Prisons); as well as improve practice for adult victims to reduce risk, increase resilience and overcome multiple needs. This is through an asset based partnership approach which builds on strengths within the family while recognising and managing risk.

Priority 3: Ensure no child or young person suffers from neglect

Neglect

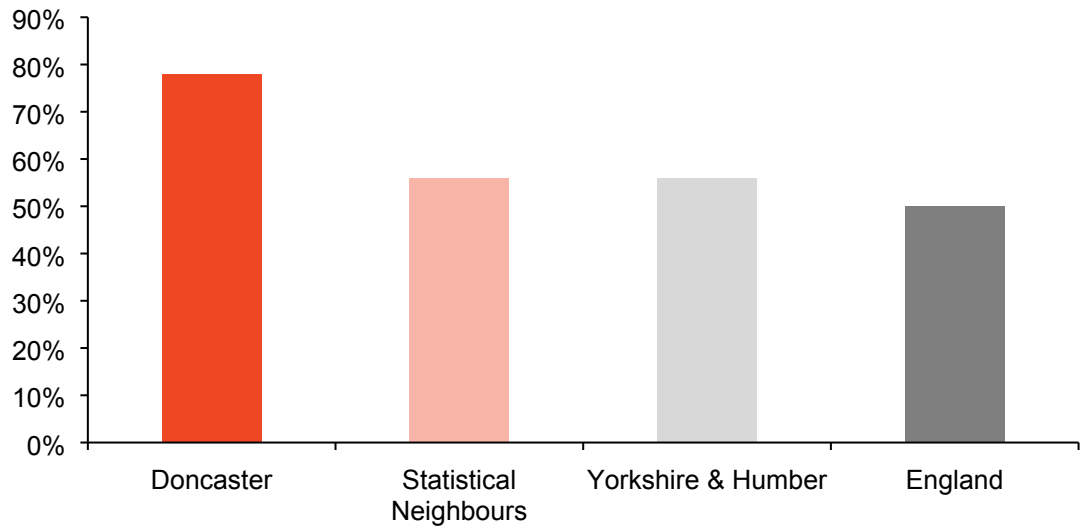
Neglect is defined as “the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development”. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing or shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Neglect as the second most frequent factor is a priority as identified in the DSCB Neglect strategy. The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Lives are destroyed, children’s abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and well-being is often compromised and this impacts on their success in adulthood and their ability to parent in the future.

At the end of March 2016 approximately 78% of children in need had abuse/neglect identified as their primary need. This is a significantly higher rate than the national figure (50%) or statistical neighbour authorities (56%).

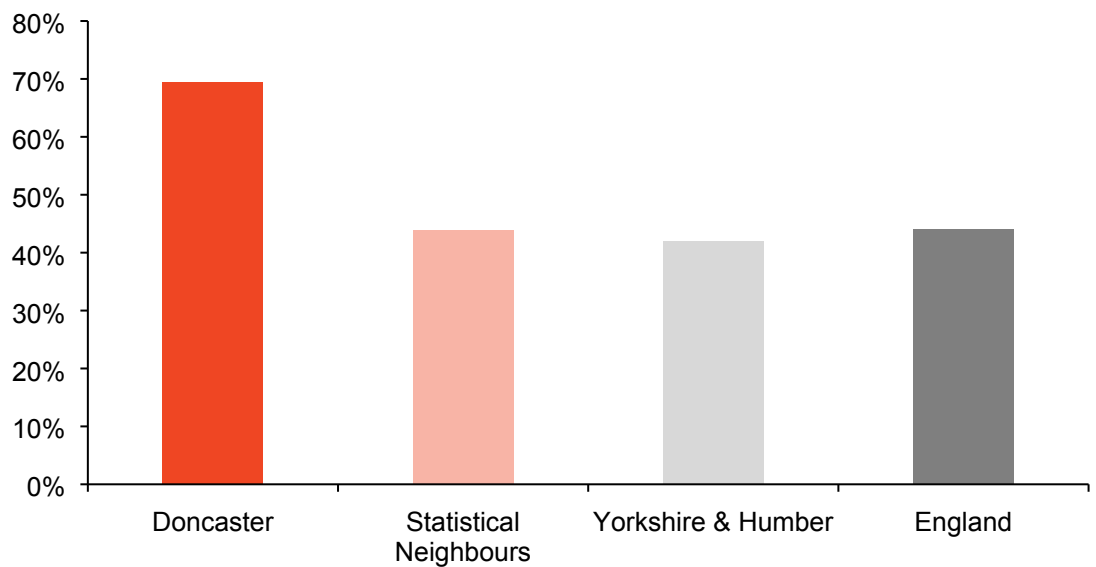
For children subject to a child protection plan under the category of neglect Doncaster is again shown to be higher than the comparative average rates. At the end of March 2016, 69% had a category of neglect compared to 40% nationally and 44% for statistical neighbours

Figure 1.18- Children in need with neglect as primary need at assessment, March 2016



Source: DFE published data, available via the [DFE statistics website](#)

Figure 1.19 - Children subject to a Child Protection Plan 31st March 2016, latest category of abuse



Source: DFE published data, available via the [DFE statistics website](#)

In terms of the distribution of neglect across Doncaster, data from child and family assessments between April and December 2016 shows that an average of 19% of assessments in Doncaster identified neglect as a factor. This varies between 22% (Central) to 16% (North) across the four locality areas.

Recommended future actions

The Neglect strategy as defined by the Doncaster Safeguarding Board has a number of recommendations as set out below:

- Raise awareness of how to recognise and what to do if members of the public suspect neglect is occurring
- Promote an understanding of the impact of neglect with adult services as well as those working primarily with children.
- Raise awareness of neglect with children and young people
- Provide public health promotion messages about suicide prevention, accident prevention and the risks of sudden unexpected deaths in infancy (SUDI).
- Provide practice guidance to support practitioners in undertaking high quality assessments of risk to identify what action needs to be taken to address neglect.
- Talk to children and young people about how they understand and experience neglect in order to ensure that their views are incorporated into practice.
- Maintain our commitment to “Signs of Safety” ensuring as it is rolled out and that it includes a focus on neglect.
- Ensure the approach to neglect includes continued development of a whole family approach.
- Ensure thresholds for intervention on neglect are clear understood and embedded across the workforce.
- Ensure appropriate interventions are in place to address neglect at the earliest opportunity.
- Provide practitioners with the tools to assess risk and enable them to take effective action where this is required Provide training to practitioners to improve

their understanding of child development and attachment and the impact of neglect on children.

- Provide training on the recognition and management of disguised and non-compliance
- Ensure practitioners understand the impact of parental factors such as mental health, substance misuse and domestic abuse and parental learning difficulties
- Ensure practitioners are aware of the added risk factors associated with supporting parents of disabled children
- Ensure practitioners have access to reflective supervision, advice and support to ensure children and young people receive clear and decisive planning.
- Develop ways in which a more effective multi-agency response can be provided to support families and practitioners

Priority 4: Teenagers and older children remain safe

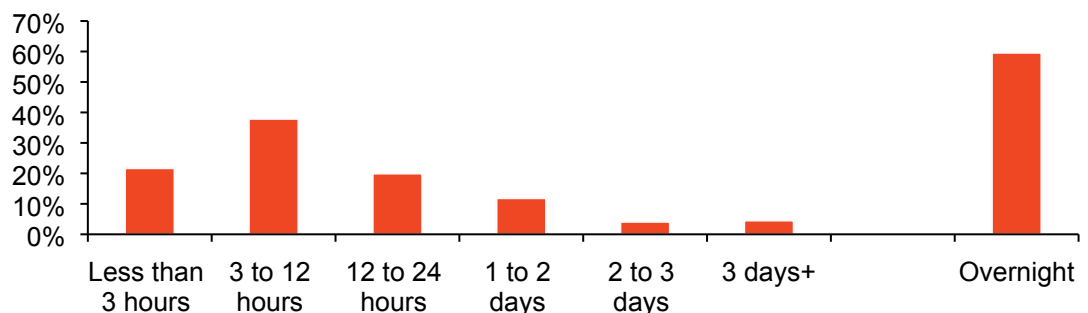
Older children potentially expose themselves to additional risks due to their decisions and behaviours, and will act independently of parental or adult guidance. The suitability and safety of accommodation for teenagers is an emerging concern and area of focus across the Children and Families Strategic Partnership Board.

Children who go missing

Incidences of children going missing from home or care that are reported to Police or social care teams are recorded and reported through Doncaster Children's Services Trust. Whilst it is possible that other instances of children going missing go unreported, the available intelligence provides an insight into the where from, how often and how long children go missing for.

In 2016, 1148 missing episodes were recorded, relating to 463 children. This reflects the fact that some children will go missing more than once. In 2016, over a quarter (27%) of missing episodes are "one-offs" where it relates to a child going missing once during this period. However, of the 463 children who went missing in 2016, 21 (5%) accounted for 31% of all missing episodes. This tells us that a small number of children are potentially exposing themselves to risk by frequently going missing. The majority of missing episodes (60%) last for less than 12 hours, however 60% of missing episodes intake place at some point between the hours of 11pm and 5am.

Figure 1.20 - Length of missing episodes recorded in 2016



Source: DCST, extraction from Social Care client database, 1st January to 31st December 2016

Of the 1148 missing episodes in 2016, 58% related to children known to social care and a third related to children who were in care at the point of going missing. However, as some children in care will be placed out of Borough they may have gone missing from a location outside Doncaster.

Forty four percent of missing episodes related to children aged 12 to 15 years, with 2% relating to children aged under 10 years.

Where recorded within Doncaster, 35% of missing episodes originate from Central area, compared to lower rates in South (28%), North (26%) and East (11%)

A profile of those children who went missing more than ten times in 2016, shows that a higher proportion are female, they tend to be aged 16 and 17 and will go missing for longer than the norm. A large number of these children are known to social care at the point of the missing episode.

Gender	
Male	42%
Female	58%
Age Range	
Under 11	3%
12 to 15	33%
16 and 17	64%
Locality Missing From (within Doncaster)	
Central	36%
East	7%
North	34%
South	24%

Length of Missing Episode	
Less than 3 hours	17%
3 to 12 hours	35%
12 to 24 hours	24%
1 to 2 days	13%
2 to 3 days	6%
Greater than 3 days	6%
Status at time of missing episode	
Known to Social Care	81%
Child in Need	88%
Child in Care	64%

Children at risk of Sexual Exploitation

When children are subject to a statutory assessment as a child in need, CSE is considered as a potential factor. In 2015/16 129 assessments out of 4255 (3%) completed identified CSE as a possible factor for the child, compared to a national figure of 4%, and statistical neighbour rate of 4%. However, where this is identified a more detailed risk assessment is undertaken with children at highest risk receiving support from a specialised CSE Team.

As at 31st December 38 children were open to the specialised CSE team, with the majority of these cases identified by either the Police or by Social Care Teams.

- 90% of open cases relate to girls
- 64% of open cases relate to children aged 12 to 16, 26% relate to children aged 16 or older.

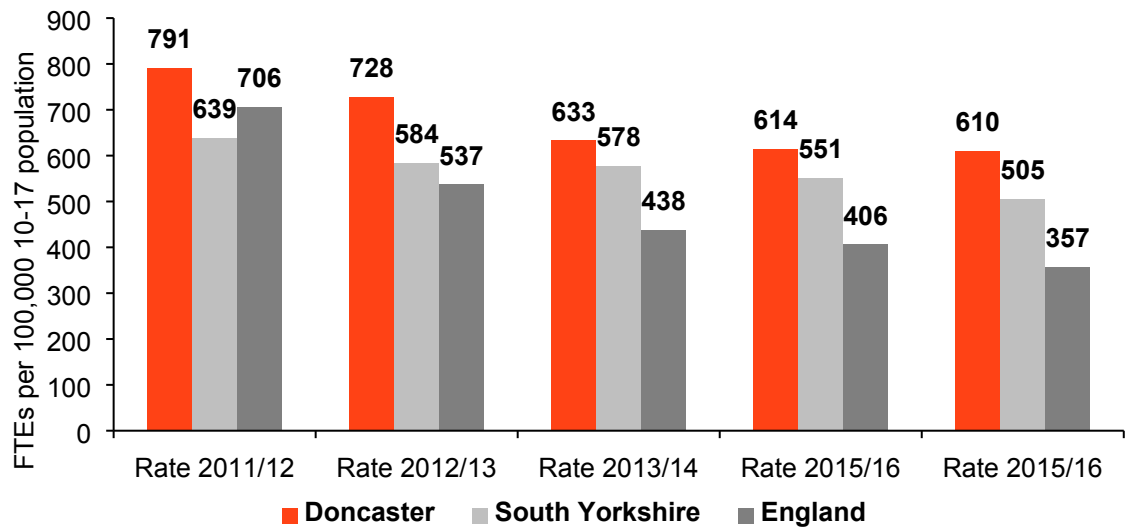
CSE intelligence is shared across the partnership by South Yorkshire Police, providing information on offender patterns and behaviour, as well as problem profiles that identify areas where young people congregate and may be at increased risk of CSE. Due to the fluid nature of this intelligence, it has not been included in this needs assessment.

Young Offending and Anti-social behaviour

Historically Doncaster has experienced a higher rate of young people entering the youth justice system than national or regional figures. Although this comparison is still true in 2015/16, the overall rate has fallen from 791 first time entrants per 10,000 10-17 year olds in 2011/12 (218 young people) to a rate of 610 (166 young people).

The Youth Offending service has been successful in reducing both the reoffending rate and custody rate for young offenders, so that reoffending rate is now below the national average and custody rate is closer to national and regional figures.

Figure 1.20 - First time entrant rates into the Youth Justice System



Source: Youth Justice Board, FTE Rates 2011/12 – 2015/16

Current Actions in Doncaster to ensure teenagers and older children remain safe

- We have made changes to the provision of Return Home Interviews for children and young people who go missing or run away. This service will now be delivered by colleagues employed by the Trust which will give us greater control and influence over the quality of the service that is provided.
- We have changed the way that young people who are particularly vulnerable, for example through going missing or risky behaviours are reviewed by a multi-agency panel of managers.
- Intelligence regarding “hotspots” of activity such as CSE and offender activity are shared across organisations so that all partners are aware of the current position and respond accordingly.
- In May 2016, Team EPIC was launched by Doncaster Children’s Services Trust, to provide deliver targeted preventative work with young people across Doncaster, with a specific focus on reducing the number of first time entrants to the Youth Justice System.

Recommended future actions

- Develop inquisitive approaches to mapping issues between CSE, Organised Crime and Domestic violence
- Understand what the current risks to teenagers and young people are in terms of location, activity and people
- Ensure that diversionary activities are targeted where they are needed the most and reflect viable alternatives to harmful activities teenagers/young people are engaging in
- Understand and respond to the fact that teenagers in the criminal justice system are often victims themselves
- Ensure that all young people are treated as children first and offenders second
- Create opportunity for young people at all ability levels to access community interest or social enterprise models, which are sustainable and provide a pathway to success
- Ensure that teenagers/young people know about healthy relationships and issues relating to consent
- Ensure that there are safe spaces in the town centre and localities for teenagers and young people to meet and congregate without fear of exploitation or intervention from police, neighbourhood teams etc
- Be persistent, inquisitive and relentless in finding young people who go missing or who are not in touch with services
- Foster a culture of trust where young people know they can safely share their experiences with staff and have engagement champions to lead this
- Recognise that sometimes teenagers and young people in trouble will be hard to reach, difficult to manage and avoidant of our help and we will need to be equally persistent in our efforts to help and guide them

2. Healthy

This section of the JSNA has been produced to address and improve the health outcomes of children and young people of Doncaster across the different life stages. It required an integrated multi-agency approach to the collation and analysis of data and intelligence; working in partnership to establish a shared local view on the needs and priorities of Doncaster and its local communities.

Priority 5: Children have the best start in life

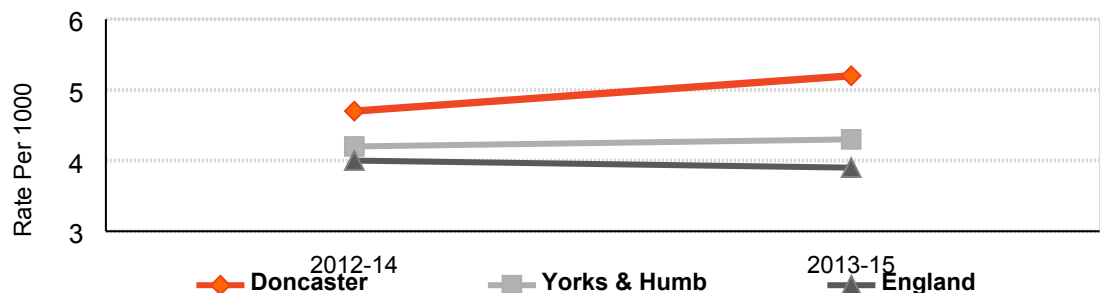
Early Years Age (0 to 4 Years)

Infant Mortality Rates

Infant mortality is the term used to describe deaths arising in children that are born alive but who die before their first birthday. Causes for infant mortality differ in the neonatal period (the first 27 days of life) and post-neonatal period (28 days to 1 year). It is a sensitive measure of the overall health of a population and reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and general living conditions and the quality of the environment. Infant mortality is linked to deprivation.

Figure 2.1 shows the infant mortality rate in Doncaster (2013 to 2015) equated to 5.2 per 1000 children, higher than the national average of 3.9 and the regional average of 4.3 per 1000 children.

Figure 2.1 - Infant Mortality



Source: Office for National Statistics (ONS)

HEALTHY

Infant deaths across Doncaster are thankfully small; however an increase of one or two deaths per year can have a significant effect on mortality rates and wherever infants are dying from potentially modifiable causes, we should take action.

Deaths in infants are not evenly spread amongst the population; with deprivation, births outside marriage, non-white ethnicity of the infant, maternal age under 20 years and male gender of the infant all independently associated with an increased risk. It is estimated that low birth weight may account for two thirds of neonatal deaths. Prematurity, low birth weight and infant morbidity and mortality are extremely closely linked. Several risk factors associated with infant mortality are modifiable and include; smoking during pregnancy, overweight and obesity during pregnancy and unsafe-sleeping practices.

Current Actions in Doncaster to improve infant mortality

Smoking cessation support and weight management information and advice is available in Doncaster for women during their pregnancy. Advice on nutrition and smoke-free lives is provided routinely by midwifery services and also by health visitors as part of preparing for all pregnancies. All Doncaster women receive Healthy Start vitamins during pregnancy to ensure vital vitamin intake is achieved.

Risk factors associated with Sudden Infant Death Syndrome (SIDS) are discussed with all women and their families by midwifery and Health Visiting services. Resources on safe-sleeping practices produced by the Lullaby Trust are given out by the health visiting team and information appears in the Red Book distributed to all families on the birth of their child.

Doncaster Public Health in partnership with Early Years providers have developed:

- safe-sleeping guidance and resources for social care staff to support the message
- wider workforce brief intervention skills with regards to smoking cessation
- targeted campaigns for physical activity during pregnancy
- research initiatives with academic institutions to support health messages during pregnancy and data trends for overweight and obesity during pregnancy

Recommended future actions

- Explore options for commissioning weight management services for women during their pregnancy
- Continue with efforts to reduce overweight and obesity levels in the adult population to ensure adults are of a healthy weight when they conceive
- Ensure advice regarding healthy pregnancy and low birth weight babies is given out to all antenatal women
- Ensure there are continuous efforts to promote safe sleeping messages to the Children and Young People's workforce
- Actions to support an increase in breastfeeding and reduce babies living in smoking households

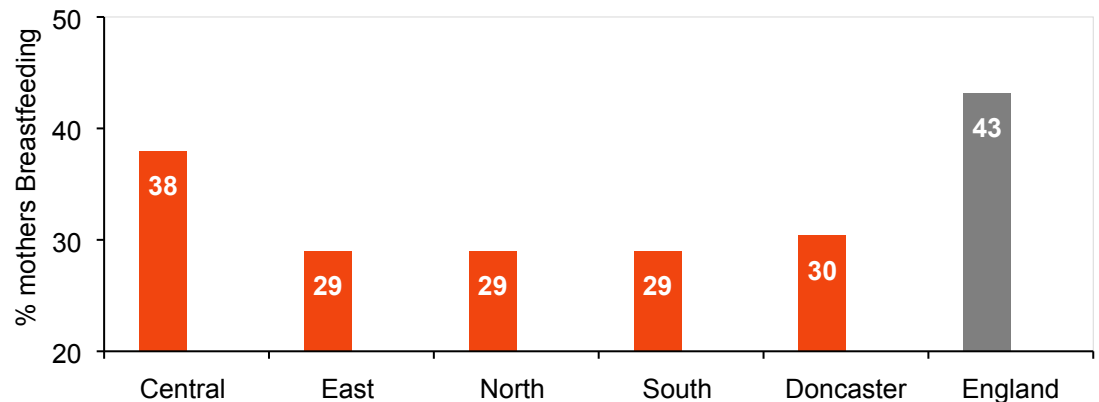
Breastfeeding Prevalence at 6-8 Weeks

Breastfeeding has been identified as a priority locally and nationally. It is a key early intervention that improves the infant's health and mother's risk of ill health. There is evidence that babies who are breastfed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity.

Breastfeeding prevalence at 6-8 weeks is the percentage of infants that are totally or partially breastfed 6-8 weeks after birth. We know that around two thirds of women initiate breastfeeding after delivering their baby, but that it quickly falls in the first few days after birth to the rates we see at 6-8 weeks.

The chart on the next page shows 31% of mothers across Doncaster (2015-16) were still breastfeeding at their 6-8 week check, significantly lower than the 43% national average. Across the four localities of Doncaster, the East, North and South had a lower percentage at 29%; compared to the Central locality which was higher at 38%.

Figure 2.2 - Breastfeeding Prevalence at 6-8 weeks



Source: Public Health England National Child and Maternal Health Intelligence Network (2015-16)

The reasons women choose to breastfeed or not, or maintain breastfeeding once they have initiated are complex. Many different factors can influence this including friends and family experiences or opinions, the home environment, support networks, community and societal norms, representations of women in the media, health services.

Breastfeeding is related to deprivation and rates are particularly poor in young mothers from disadvantaged areas. Addressing barriers to breastfeeding and supporting women to initiate and maintain breastfeeding in the early days after they give birth is key to increasing rates at 6-8 weeks.

Current actions in Doncaster to improve breastfeeding

The UNICEF Baby Friendly initiative is a global program which provides a practical and effective way for health services to protect, promote and support breastfeeding and to strengthen the mother-baby family relationships. Both Health Visiting and Midwifery services across Doncaster have achieved stage 3 UNICEF Baby Friendly accreditation and Children's Centres in partnership with Public Health have recently embarked on achieving Baby Friendly accreditation.

Businesses across Doncaster can sign up to be 'Breastfeeding Welcome' to pledge that mothers who wish to breastfeed their infants in their premises can be assured they can do so in a safe environment.

Breast Start groups usually held in Children's Centres provide a forum for breastfeeding mothers to meet, socialise and discuss any issues with breastfeeding and provide advice and support for each other. In addition mothers who have previously breastfed themselves (peer support) are trained to offer information and support to new mums who wish to breastfeed.

Recommended future actions

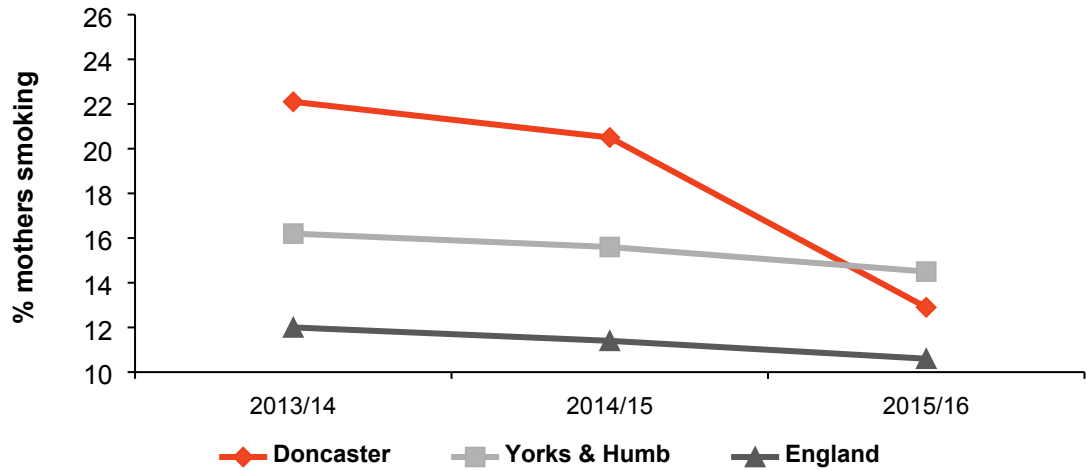
- Continue to implement and maintain the Baby Friendly Initiative standards in midwifery services, health visiting and children's centres
- Educate the wider workforce and public on the importance of breastfeeding and what they can do to promote and protect it
- Consider the findings from the Nourishing Start for Health (NOSH) initiative regarding incentive payments for maintained breastfeeding (awaiting release)
- Strengthen the peer support service and ensure access to maternity wards for peer supporters willing to visit

Babies Living in Smoking Households - First Health Visitor Check

We know that second hand smoke can be extremely detrimental to children's health and that children whose parents smoke are more likely to become smokers as adults. The prevalence of adults who smoke in Doncaster is significantly worse than the national average and efforts to support adults to quit smoking continue. Where adults cannot quit, they should be encouraged to smoke outside the home; it is important to educate the population on the impact of smoking on children's health.

Whilst Doncaster has seen a reduction in smoking in new mothers at the time of delivery (see charts overleaf), this is often not sustained after the birth of the child.

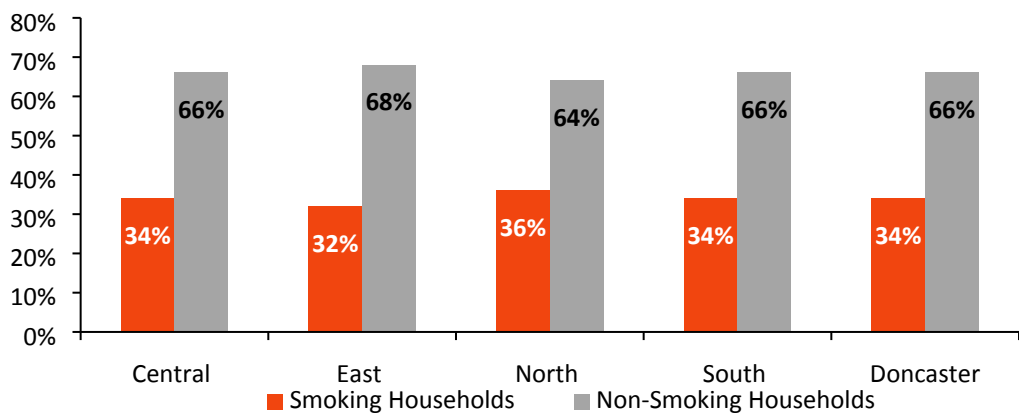
Figure 2.3 - Smoking Status at time of delivery



Source: LA figures calculated by PHE East from the Health and Social Care Information Centre's return on Smoking Status at time of delivery (SSATOD); CCG figures as published

The chart below shows 34% of babies across Doncaster were living in smoking households at the first health visitor check. The East locality has the lowest percentage at 32%, whereas the North locality is worse than the Doncaster average at 36%.

Figure 2.4 - Babies Living in Smoking Households at the First Health Check



Source: Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) (2015-2016)

Current actions in Doncaster to support a reduction in smoking households

Smoking at delivery data has shown a promising decrease since the re-modelled smoking in pregnancy service came into effect in April 2014. It is a robust opt-out service that continues to offer support to engaging and non-engaging clients up to the child's first birthday.

The redesigned model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams. The length of the relationship potentially from conception through to infancy offers a new opportunity to influence smoking behaviour beyond pregnancy, maintaining smoking quits and behaviour change beyond the birth of the child. This model is conducive to creating a smoke-free environment and supports smoking cessation in the event of subsequent pregnancies and partners smoking behaviours.

However despite the service offering smoking cessation support throughout the first year of the child's life, sustained stopping of smoking beyond the birth of the child, in mothers has been poor. A recent evaluation of the service has offered some insight into why this might be, but further exploration must be carried out.

Recommended future actions

- Consider the findings from the Smoking in Pregnancy service evaluation and how they might be translated into service delivery
- Consider continued research into postnatal into postnatal smoking cessation
- Wider workforce development from those working with families to offer brief intervention and signposting to smoking cessation services
- Promote the Smoke-free Homes pledge

Priority 6: Children and young people are healthy and have a sense of wellbeing

All Ages

Self-Esteem and Resilience

Levels	Year 4		Year 6		All
	Male	Female	Male	Female	
Values 0-4 (low)	5%	6%	4%	5%	5%
Values 5-9 (medium)	21%	26%	19%	22%	23%
Values 10-14 (med-high)	42%	42%	39%	37%	40%
Values 15-18 (high)	32%	26%	38%	36%	32%
Valid Responses	656	678	433	419	2208

On the whole composite responses are quite good, however there are 28% of children asked who have low to medium levels of self-esteem. There is a fairly even split between males and females and across the two year groups.

Composite resilience score for Primary Schools

Resilience Levels	Year 4		Year 6		All
	Male	Female	Male	Female	
Low (up to 19)	18%	14%	16%	15%	16%
Medium to Low (20-22)	19%	19%	21%	18%	19%
Medium to High (23-25)	22%	26%	25%	28%	25%
High (26+)	41%	41%	38%	40%	40%
Valid Responses	576	607	404	396	2002

Again on the whole the composite responses are generally good; however there are over a third of the children asked with low to medium levels of resilience. Again there is a fairly even split across male and female and year groups.

Composite self-esteem scores for Secondary Schools

Resilience Levels	Year 4		Year 6		All
	Male	Female	Male	Female	
Values 0-4 (low)	5%	9%	5%	8%	7%
Values 5-9 (medium)	15%	27%	18%	27%	22%
Values 10-14 (med-high)	35%	38%	36%	39%	37%
Values 15-18 (high)	44%	26%	42%	25%	34%
Valid Responses	623	652	313	314	1956

On the whole the composite responses are quite good; however there are 22% of children asked who have medium levels of self-esteem. However there are still approximately a third of children asked with low to medium levels of self-esteem.

Composite resilience score for Secondary Schools

Resilience Levels	Year 4		Year 6		All
	Male	Female	Male	Female	
Values 0-4 (low)	18%	42%	34%	54%	38%
Values 5-9 (medium)	21%	20%	24%	21%	21%
Values 10-14 (med-high)	22%	22%	22%	15%	21%
Values 15-18 (high)	29%	16%	20%	9%	20%
Valid Responses	554	600	274	279	1752

There are some big differences between gender types, with almost half the females asked having a low level of resilience in year 8 and over half in year 10. This is worrying and something that clearly needs to be addressed. This questionnaire suggests that males are more resilient.

Current actions in Doncaster to improve self-esteem and resilience

The partnership has mapped out current services that contribute to resilience and will use this as a basis to make future strategic decisions. Self-esteem and resilience are not however confined to specific services that deal with emotional wellbeing; there are numerous factors that play into this.

Recommended future actions

To analyse the findings from the mapping of current service provision

Mainly Secondary Age

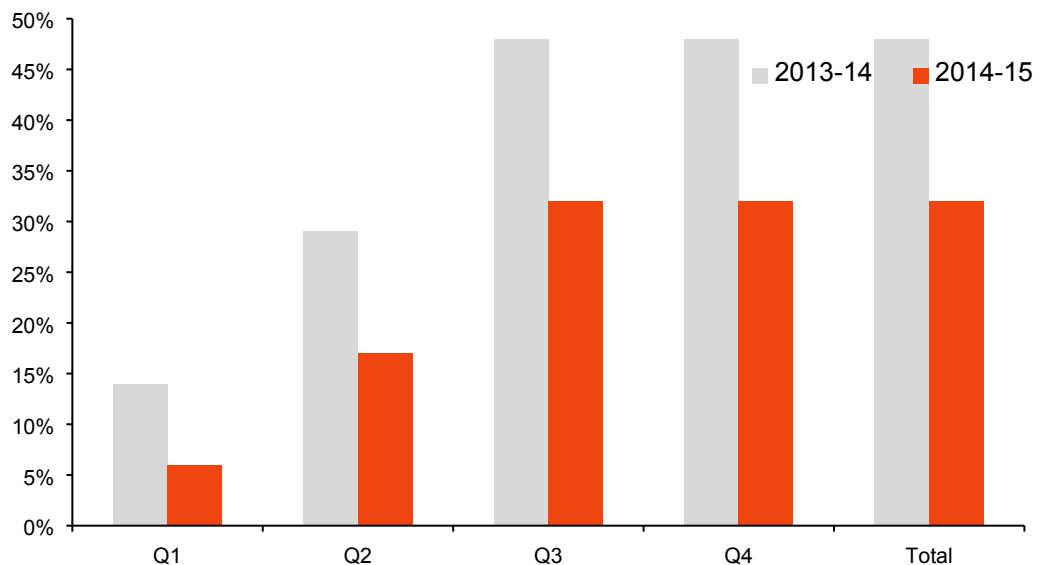
Accident & Emergency (A&E) Attendance due to Self-Harm and Attempted Suicide

Hospital admissions for self-harm

The number of children presenting in A&E for self-harming could not be obtained due to the absence of coding for self-harm in A&E. However, children and young people admitted to acute wards via A&E due to deliberate self-harm was obtained and is illustrated in Figure 2.5.

During 2013/2014, 130 children and young people were admitted to acute wards due to self-harm whereas the number fell to 109 in 2014/2015. The caveat to this data is that it includes alcohol poisoning so it must be interpreted with this consideration.

Figure 2.5 – Number of children and young people admitted to acute wards due to self-harm



Source: Doncaster Clinical Commissioning Group (DCCG) (2013-2015)

Suicide

Descriptor	2013/14	2014/15	2015/16
Number admitted to acute wards via A&E or CAMHS for attempted suicide	13	12	27

Performance data provided for Quarter 1 to Quarter 3 in 2015/2016 identified an increase in the number of children and young people who have been admitted to acute wards via A&E due to attempted suicide as well as there being an increasing number of children and young people being admitted to acute wards via A&E due to deliberate self-harm.

Current actions in Doncaster to reduce A&E attendances

The local Transformation Plan has a sharp focus on providing support at the earliest possible point in a systemic manner, with a greater aim of prevention. The new consultation and advice service in CAMHS is the vehicle for earlier support, advice and guidance for emotional wellbeing and mental health. Supporting CYP earlier will for many reduce the need in the future for more specialist support.

In addition a new intensive home treatment service has been commissioned as part of the LTP; this provides intensive support for those with an acute need in a home setting as an alternative to a tier 4 hospital admission. This service has a phased implementation.

A new CAMHS liaison and interface nurse function has been commissioned to provide support for CYP and staff in the local hospital setting. This will ensure greater expertise and support for those CYP that are seen in an acute hospital setting.

Recommended future actions

To oversee the implementation of the Local Transformation Plan²

² <http://www.doncaster.gov.uk/services/health-wellbeing/good-mental-health>

Mainly Secondary Age**Admissions to an Acute Tier 4 bed****Inpatient (tier 4) admissions and bed days**

Service	PCT		CCG		Grand Total
	2012/13	2013/14	2014/15	2015/16	
Acute CAMHS	-	-	-	9	9
Adolescent	13	16	16	-	45
Autistic Spectrum Disorder	-	-	-	1	1
Child	7	12	5	-	24
Eating Disorders	5	-	2	2	9
Learning Disability	4	9	6	-	19
Complex Learning Disability	-	-	-	1	1
Low Secure	2	1	1	-	4
PICU	1	-	1	2	4
Medium Secure	1	-	-	-	1
Not known / Not stated	-	-	-	2	2
Total Patients	33	38	31	17	119

There was a slight reduction in the number of admissions in 2014/15 compared to the previous year and very similar number to 2012/13. The number (31) is still a high number regionally and based on additional data from NHS England, Doncaster is the second highest referrer in the region for inpatient services at a rate of 52 per 100,000. This has to be linked to no local home intensive treatment service.

When comparing our data to areas that have a home treatment service the number of admissions in these areas is significantly less. The numbers for 2015/16 are for the first three months of the financial year (April to June) and if the rates were to stay consistent for the rest of the year, the forecasted annual total would show a significant increase. The breakdown of data maybe doesn't give a detailed picture, for example we are aware locally that there were actually six inpatients for eating disorder; however four of these patients will have been in a non-specialist eating disorder service.

The numbers across the services are pretty consistent over the three years, with the following exceptions:

- Increase in acute CAMHS in 2015/16.
- Reduction in admissions for child services.

Occupied Bed Days

Service	PCT		CCG		Grand Total
	2012/13	2013/14	2014/15	2015/16	
Acute CAMHS	-	-	-	617	617
Adolescent	1187	1263	1320	-	3770
Autistic Spectrum Disorder	-	-	-	47	47
Child	900	1147	745	-	2792
Eating Disorders	-	-	-	12	12
Learning Disability	381	-	181	218	780
Complex Learning Disability	320	632	683	-	1635
Low Secure	347	364	142	-	853
PICU	24	-	67	160	251
Medium Secure	243	-	-	-	243
Not known / Not stated	-	-	-	56	56
Grand Total	3402	3406	3138	1110	11056

Again the numbers are pretty consistent across the three years, with a forecasted significant increase in 2015/16. The average length of stay is approximately 101 days and again this hasn't really varied over the three years. There have been changes in the number of days though across services:

- Year on year increases for adolescent services
- Year on year increases for learning disability, particularly from 2012/13 to 2013/14
- No days in medium secure.

Current actions in Doncaster to reduce tier 4 admissions

See above regarding new early support service and intensive home treatment service.

Primary Age (5-11 Years)

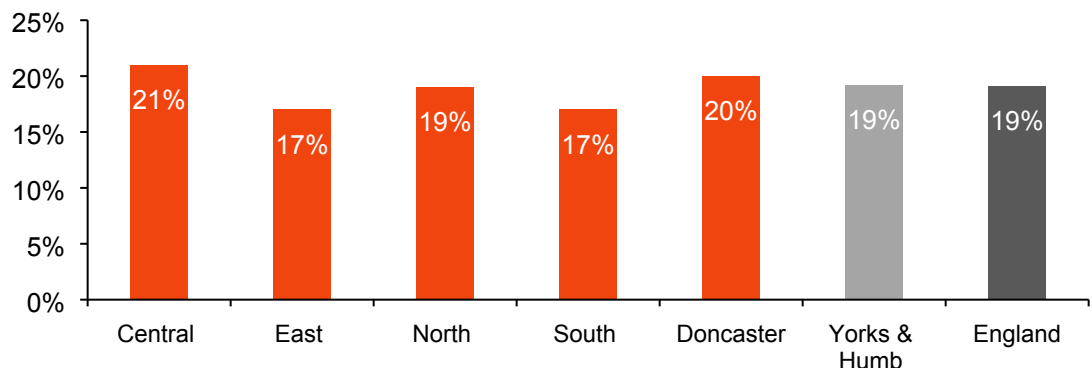
Childhood Obesity

The National Child Measurement Programme (NCMP) is a surveillance programme, introduced by the Department of Health in 2006 to measure obesity levels in the population. Childhood obesity has significant adverse physical and psychological effects on children. Approximately 50% of obese children will become obese adults with serious long term health implications. Preventing children from becoming overweight or obese must be a priority.

National reports evidence that whilst obesity prevalence overall is plateauing, the obesity burden is increasing for children from the deprived areas. Obesity inequality becomes most pronounced between the ages of 5 and 11. A five year old from a low income background is twice as likely to be obese and this becomes three times more likely at age 11, therefore it is recognised that primary school is an important period for tackling obesity development.

Across Doncaster the prevalence of obesity at the end of primary for year 6 children (aged 10-11 years) was 20%, slightly higher than the 19% national and regional averages. The chart below shows the Central locality has slightly worse obesity levels than the Doncaster average.

Figure 2.1 - Year 6 Obesity Rate



Source: Health and Social Care Information Centre (HSCIC), National Child Measurement Programme (NCMP) (2014-15)

Current actions in Doncaster to tackle the obesity rate

The Healthy Schools Scheme taking place in Doncaster is an important means of supporting education settings to establish and promote a better level of health and wellbeing in their staff and pupils. Public Health is currently reviewing and redesigning the health school offer, opening the scheme wider to include early years settings. The health schools offer will be based around a 'One Stop Shop' website that will bring together the latest health and wellbeing guidance and best practice for: schools to easily access, signpost to reputable resources, communicate with schools more efficiently, allow schools to easily access localised intelligence data and provide a simple assessment tool to gain Healthy Schools accreditation.

Health Visitors and School Nurses lead on the delivery of the Healthy Child Programme. Healthy eating and physical activity are key themes running throughout the programme starting in the early years with the promotion of breastfeeding, weaning advice and first foods, to school-aged children and continuing advice around healthy eating, nutrition and promoting physical activity as a means to support healthy development as well as to maintaining a healthy weight.

- School Nurses can offer bespoke care plans for children and their families who present with issues around overweight and obesity, offering advice on healthy eating and nutrition, ways to be more physically active and building self-esteem.
- Health Visitors offer bespoke interventions for families through their 'HENRY' programme which combines both prevention and targeted early intervention to tackle child obesity and brings together the five key elements that enable babies and young children to flourish (responsive and authoritative parenting, whole family healthy lifestyle, nutrition, active play and learning, emotional wellbeing)

Public Health work with a number of partners that work with children and young people to ensure services act as good health role models and that the environments that children and young people grow up in promote and support healthy behaviours. Projects currently taking place include: Healthy Schools / Early Years Settings accreditation, Food and Drink guidelines for settings, and supervised brushing sessions in nursery settings. Public Health colleagues are partnering with the RDaSH

Centre for Nutrition and Behaviour to develop and implement behaviour change tools / programmes in relation to healthy eating and maintaining healthy weight that has the potential to be rolled out to the wider Children and Young People's workforce.

Recommended future actions

- Ensure measures to improve adult obesity are included alongside a childhood obesity strategy so that familial risk factors can be addressed
- Focus weight management interventions and health promotion activities in all primary schools but in particular in those in the most deprived areas to address the growing social inequality gap
- Endeavour to engage secondary schools to address excess weight across Doncaster
- Ensure childhood obesity is incorporated into Doncaster's 0 to 5 Childrens Strategy to ensure interventions are also focused in the home and pre-school settings in an attempt to address the growing obesity prevalence gap
- Engage with the Collaboratives across Doncaster and the Council's Education Department to increase physical activity levels in schools
- Continually analyse NCMP data as it emerges

Priority 7: Children and young people's development is underpinned through a healthy lifestyle

Secondary Age-group (12-16 Years) and Post 16 years

Sexual Health: Teenage Pregnancy and Sexually Transmitted Infections

Research suggests that informative education around sexual health and relationships coupled with improved access to contraception is the key to addressing sexual health issues.

Teenage pregnancy and Sexually Transmitted Infections (STIs) have obvious costs to young people's health and wellbeing and heavy financial costs to the NHS and welfare state. Teenage mothers are more likely than older mothers to require extensive support from a range of local services, such as providing assistance to access supported housing or to re-engage in education, employment and training.

There is much to be gained from investing in young people's sexual health in a multi-agency, preventative and educative way. If we continue to reduce services and advice and information because of the public health grant reduction; then the progress made by the previous work undertaken in Doncaster could be undone, the impact of which will be far-reaching.

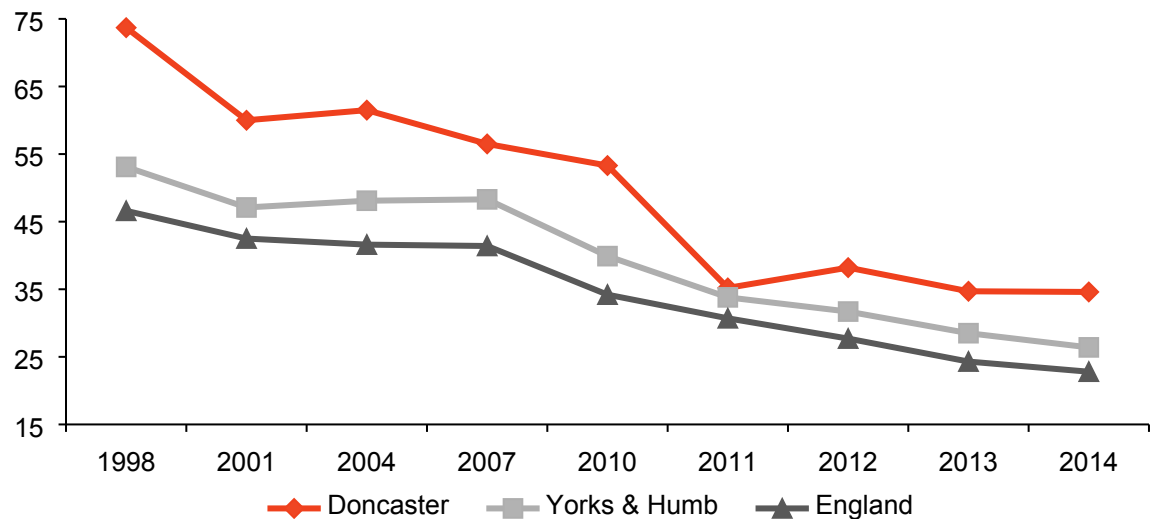
Teenage Pregnancy (under 18 conceptions)

Teenage pregnancy refers to under 18 conceptions, including those leading to live births and terminations. It is widely understood that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. Deprivation in Doncaster is higher than average and about 23.8 (13,500) children live in poverty. Thus, it is not surprising that the teenage pregnancy rate in Doncaster remains higher than the national average.

However, as the chart below shows, teenage pregnancy in Doncaster has reduced significantly since 1998, demonstrating that a great deal of progress has been made.

In Doncaster there were 186 conceptions in 2014 amongst the under 18 year old cohort. The conception rate across Doncaster is 34.6 per 1000 for 15 to 17 year olds, higher than both the regional average (26.4) and the national average (22.8)

Figure 2.2 - Under 18 Conceptions



Source: Office for National Statistics (ONS)

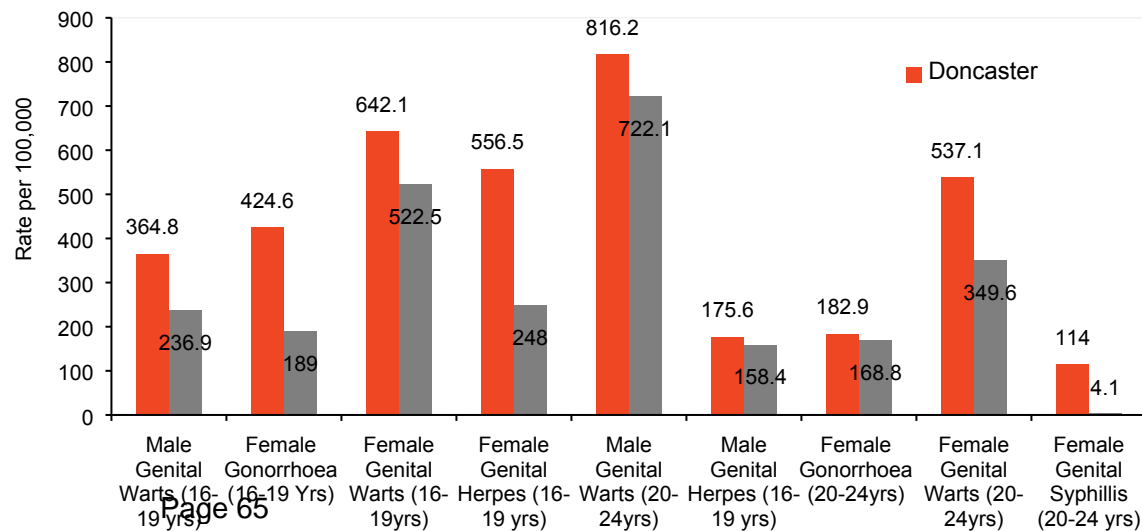
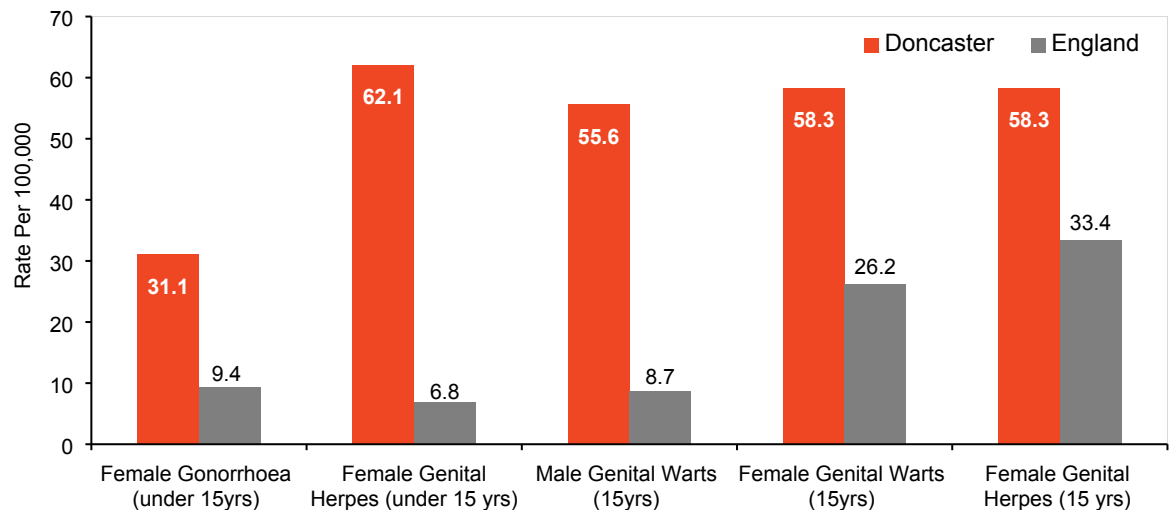
Sexually Transmitted Infections (STIs)

Nationally there has been a 7% decrease in diagnoses of genital warts (first episode) between 2014 and 2015, though it remains the second most common STI after Chlamydia (Public Health England, 2016). Young females in Doncaster in the 15 and under age-groups have higher rates of Genital Warts than England, although over time the gap has been reducing. A similar picture exists for males in Doncaster across all age-groups.

Nationally the number of Gonorrhoea diagnoses has increased by 11% (Public Health England, 2016). In Doncaster, young females (with the exception of the 15 years age-group) are more likely to have Gonorrhoea compared to the national average, whereas for young males they are less likely. There is a higher incidence of Genital Herpes in Doncaster amongst all age-groups of young women; again the picture is different for young males where levels are either below or comparable to national

average. In Doncaster the detection rate for Chlamydia is higher amongst young women than it is young men and for both it is higher than the national average. The detection rate for sexually transmitted infections in Doncaster is higher in females than it is males. The charts below shows the sexual health rates across Doncaster are significantly worse compared to the national average, especially for children and young people aged 15 years and under.

Figure 2.3 - Sexual Health Rates



Source: Public Health England

Current actions in Doncaster to address Teenage Pregnancy and Sexual Health

All former secondary schools in Doncaster are now academies. The provision of sex education is a statutory requirement for maintained secondary schools only; academies do not have to teach sex education but are required through their funding agreements to provide a broad and balanced curriculum. Doncaster has a Relationships and Sex Education (RSE) subgroup that is working to improve RSE across the borough and reduce variation in provision, working with School Nurses and PSHE (personal, social, health and economic education) Leads to implement a spiral curriculum of age-appropriate education that begins as early as nursery. Public Health in Doncaster continues to support the Sex Education Forum's campaign for statutory RSE in schools / academies.

The School Nursing Service provides sexual health provision across Doncaster, education, signposting, referral to Project 3 and termination of pregnancy services. Project 3 is a young person's health and wellbeing service that provides young people under 19 with sexual health provision, access to a wide range of contraception as well as providing STI testing, treatment and partner notification. The service has non-judgemental staffs that are trained to work specifically with young people.

In order to overcome the perceived barriers to accessing sexual health services, such as stigma, confidentiality concerns and a lack of up to date information about services; Public Health have launched the RSE website 'Respect Yourself Doncaster' for young people aged 13-19 years. Initial activity on the site has been promising and work needs to continue to maintain this momentum.

Targeted work has also taken place with vulnerable groups of young people who are at high risk of STIs and teenage pregnancy. Girls who have been sexually abused are more likely to become sexually active at a young age and be at specific risk of

teenage pregnancy. The NHS Taskforce on violence against women and children refers to teenage pregnancy as one of the many impacts of abuse. Alcohol is often cited by young people as one of the factors that contribute to sexual activity, therefore work is needed to ensure young people are aware of the contraception options available to them pre and post intercourse. A recent Public Health campaign 'Don't wake up with more than a hangover' aimed to raise awareness of the risks of mixing sex and alcohol and promoted planning of contraception.

Recommended future actions

- Delivery of good quality Relationships and Sex Education through a spiral curriculum in both primary and secondary schools that builds both knowledge and resilience
- Maintain youth friendly sexual health and termination of pregnancy services
- Increase access and uptake of long acting reversible contraception (LARC) in areas where under 18 conceptions are the highest
- Raise awareness of free emergency hormonal contraception in partnership with local community pharmacies
- Universal sexual health promotion in secondary schools is delivered by appropriately trained confident and competent individuals
- Raising self-esteem and aspirations among vulnerable young people in Doncaster will be key to reducing teenage pregnancy; this must be done through multi-agency working for example with schools / academies and the Doncaster Youth Alliance.
- The needs of boys and young men are different to that of girls and this should be acknowledged. It is important that issues such as relationships, consent, contraception and STIs are considered from a young man's perspective
- Promotion of the Respect Yourself resource will provide young people with access to a wealth of information that will be invaluable in keeping them safe and well. The site also provides parents/teachers/social workers with access to advice and guidance that will help them to support children and young people around sex and relationship issues.

- Doncaster Public Health are undertaking an in-depth needs assessment aimed at asset mapping the current provision around support and services for teenage parents. The outcome of this exercise will inform future service design and commissioning. This needs assessment is scheduled for completion in February 2017.

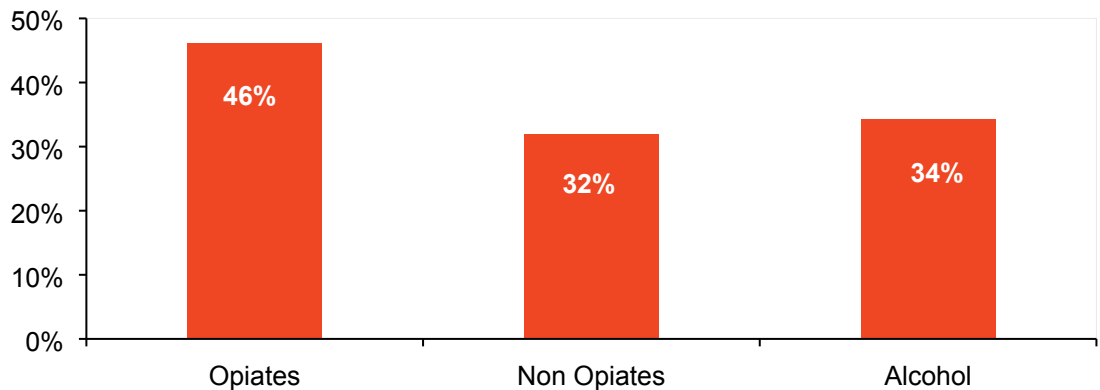
Substance Misuse

Children and young people and their families that are in contact with and affected by substance misuse should be a perennial priority as it is a cross cutting theme that influences so many areas of health and wellbeing (physical and mental) and is in turn influenced by many other factors such as deprivation, worklessness, abuse and poor mental health. Preventative substance misuse work with children and young people reduces the future health burden and societal harms, and financial cost to health and social care budgets and the criminal justice system.

Parent of Child

The chart below shows across Doncaster the proportion of parents that are living with a child under 18 years and in treatment for substance misuse is higher for Opiates, compared to Non-Opiates and Alcohol.

Figure 2.4 - Substance Misuse: Parents with Children in Doncaster



Source: National Drug Treatment Management System

Due to the medical nature of treatment options available for opiate clients and the need to access this treatment to alleviate the strong physical withdrawal symptoms associated with opiate dependence; the majority of opiate using parents are known to adult substance misuse treatment services. Where drug and or alcohol misuse is prevalent, households are regularly in contact with and are engaged by both a range of different services and professionals on a daily basis.

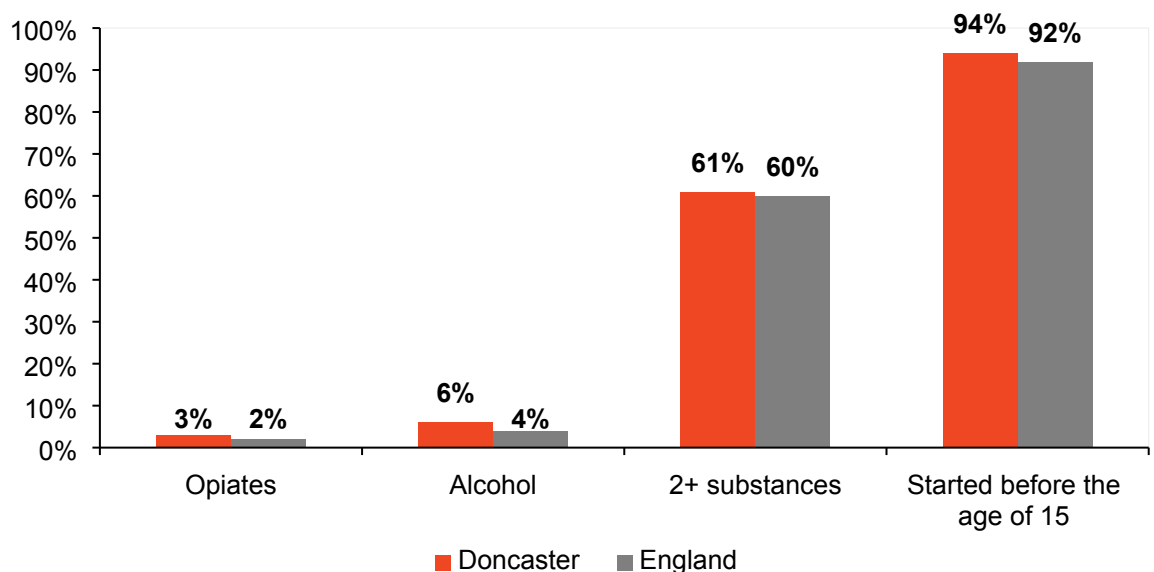
Children are identified through the care pathway and systems are in place to ensure good multi-agency working takes place. However the challenges and risks are greater within universal services around the identification of individuals including parents and carers whose drug use is often viewed as 'recreational' and for which they do not engage with treatment services.

Young Person (Under 18)

In Doncaster alcohol and substance misuse rates are decreasing in line with national trends, although Doncaster maintains a higher rate than the national average. This may be viewed as positive as it demonstrates the effectiveness of the service provided with young people and professionals feeling confident to refer and access support.

The chart on the next page shows a higher proportion of young people under 18 years in Doncaster, in treatment for substance misuse within each category, than the national average.

Figure 2.10 - Substance Misuse: Under 18's



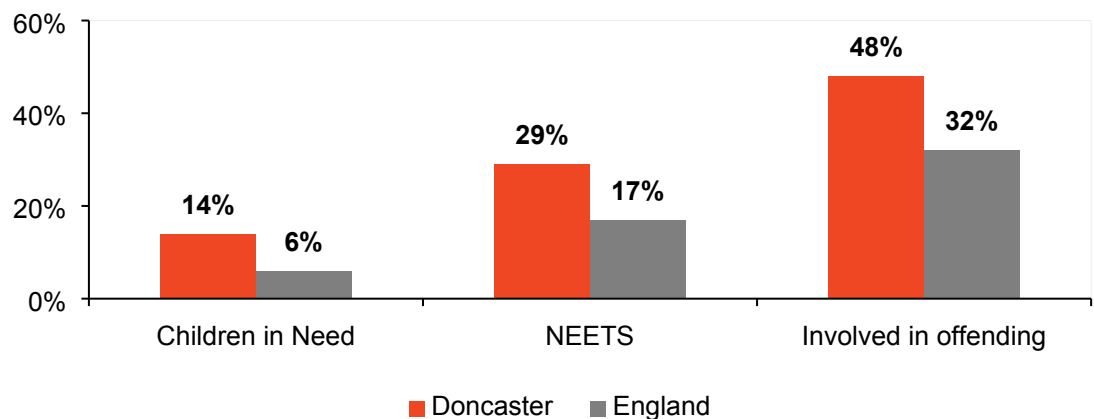
Source: National Drug Treatment Management System

Young Person with Complex Needs

The relationship between disengagement from learning and getting involved in risky behaviour is complex. Risk factors such as living in poverty, family difficulties and bullying can lead to disengagement, which in turn increases the likelihood of disruptive behaviour, smoking, drinking and drug use. In addition young people who offend have higher rates of substance misuse in comparison with the general population.

The following shows a higher proportion of young people with complex needs in Doncaster in treatment for substance misuse, than the national average.

Figure 2.11 - Substance Misuse: Children with Complex Needs



Source: National Drug Treatment System

Current actions in Doncaster to address substance misuse

Parent of Child:

- A four year Hidden Harm strategy is in place that aims to develop a greater awareness of parental substance misuse, formalise and enhance the process of screening, support and interventions. The strategy highlights new initiatives in Doncaster in relation to Hidden Harm, considers the findings from national and local research and encompasses the direction of other key priorities for Doncaster and outlines joint strategic priorities as clear, measurable actions

which will be updated on an annual basis to ensure it remains effective and relevant

- The strategy aims to facilitate agencies to provide the right help at an early stage and by recognising the needs of the whole household we will reduce the need for more intensive intervention at a later stage, leading to better outcomes for children and their families
- However we recognise that we need to identify through screening those using drugs and alcohol problematically and assertively refer them to drug and alcohol treatment services and ensure they engage.

Young Person (Under 18):

- The commissioned service focuses upon prevention as well as intervention and offers support to help build resilience and life skills in young people, working with others including schools, families and communities.
- Provision of appropriate levels of support across universal, targeted and specialist services is offered and a 'no wrong door' service approach is in operation so that young people may access or be referred to the service they need regardless of which area of the service with which they initially make contact.
- Public Health identify local trends and follow national guidance and develop campaigns aimed at reducing the harm and instances of use of substances in young people

Young Person with complex needs:

- Project 3 provides training and awareness sessions in a range of settings across Doncaster. Furthermore the team are planning to deliver targeted group work sessions to young people at risk of substance misuse to raise their awareness of substances and risk-taking / exploratory behaviours. This may include young people out of mainstream education, looked after children, young offenders and those residing away from the family home in accommodation projects.
- Public Health are coordinating Project 3 to delivery an annual quarterly programme of training for professional around the issues surrounding risk taking behaviours that will include basis awareness in relation to substance misuse, sexual health and smoking, but will also enable staff to be identify and assess issues and those most at risk.

Recommended future actions

- In Doncaster alcohol and substance misuse rates are decreasing although they are higher than the national average. There is still substantial work to be done to reduce rates and ensure that local need is understood and responded to, particularly in relation to new and emerging drugs
- The continuing lack of referrals into specialist services for looked after children in relation to both sexual health and substance misuse appear to contradict national data. A more robust process and an effective universal screening tool and referral pathway is required locally.
- There will be continued focus upon Hidden Harm and the 4 year strategy in order to ensure a more joined up approach as highlighted, in order to build upon the good work that individual services are undertaking
- The whole school health survey commissioned by Doncaster Public Health will help inform future service delivery. The data captured will feed into local planning and will identify areas of needs where information is currently missing (ie young people's smoking prevalence and recreational substance use)
- A greater focus on prevention and early intervention is required to address young peoples' exploratory / risk taking behaviours and to aid their safe transition into adulthood.
- Doncaster needs to assertively promote and assist the development of life skills, resilience building and coping mechanisms.

3. Achieve

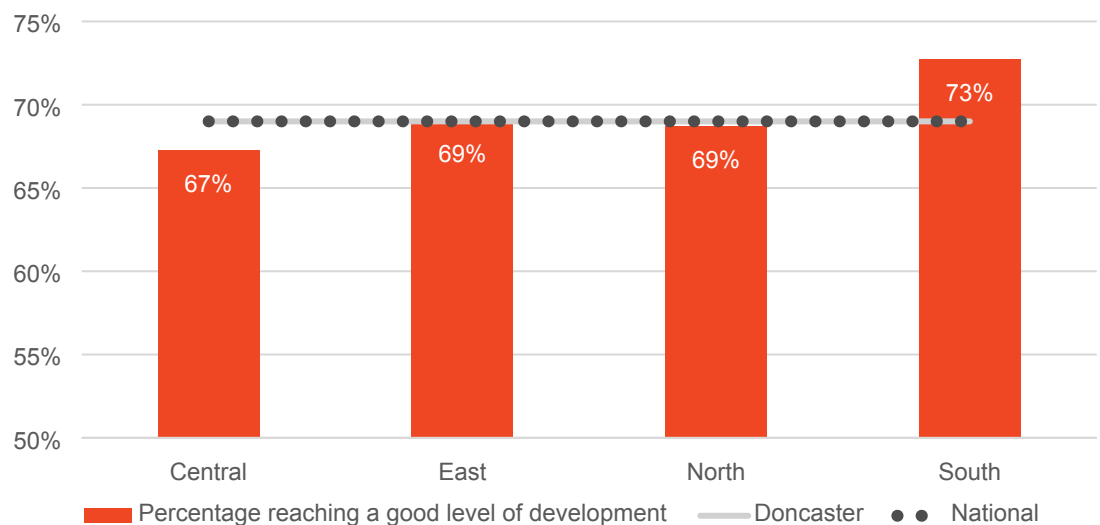
The achieve theme of the JSNA is broken into four sections in line with the different educational phases.

Priority 8: Ensure all children are school ready

Early Years Foundation Stage

At the end of Early Years Foundation Stage Profile (EYFSP) pupils are assessed on whether or not they have reached a good level of development. This is dependent on whether or not the expected standard is reached across 17 early learning goals.

Figure 3.1 - Percentage reaching a good level of development 2016

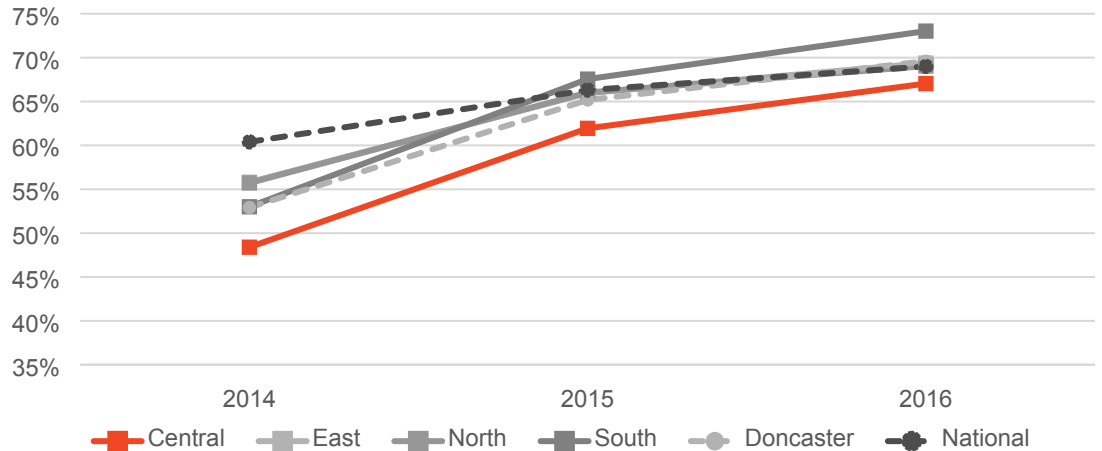


Source: DfE data file/Nexus (2016)

In 2016 for the first time since the introduction of this measure, the percentage of pupils reaching a good level of development in Doncaster (69.7%) is higher than the national average (69.3%). Pupils in the South locality performed higher than the national average, the East and North are comparable whereas Central pupils achieved slightly below the national average.

ACHIEVE

Figure 3.2 - Percentage of pupils reaching a good level of development by locality 2014 - 2016

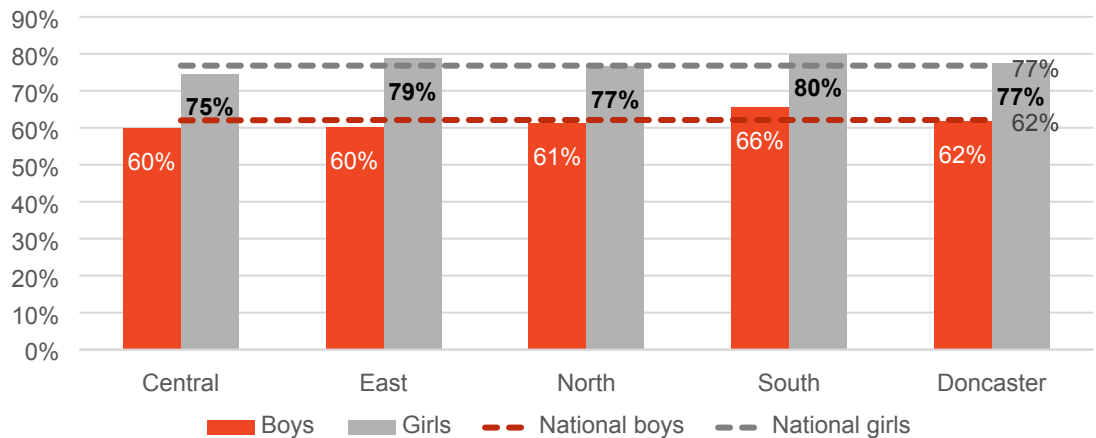


Source: DfE data file/Nexus (2016)

Pupils in the Central locality have consistently performed below both Doncaster and national average across the years in the percentage of pupils reaching a good level of development. Those in the South locality have improved over the years, falling below national average in 2014 to being above in both 2015 and 2016.

Vulnerable groups

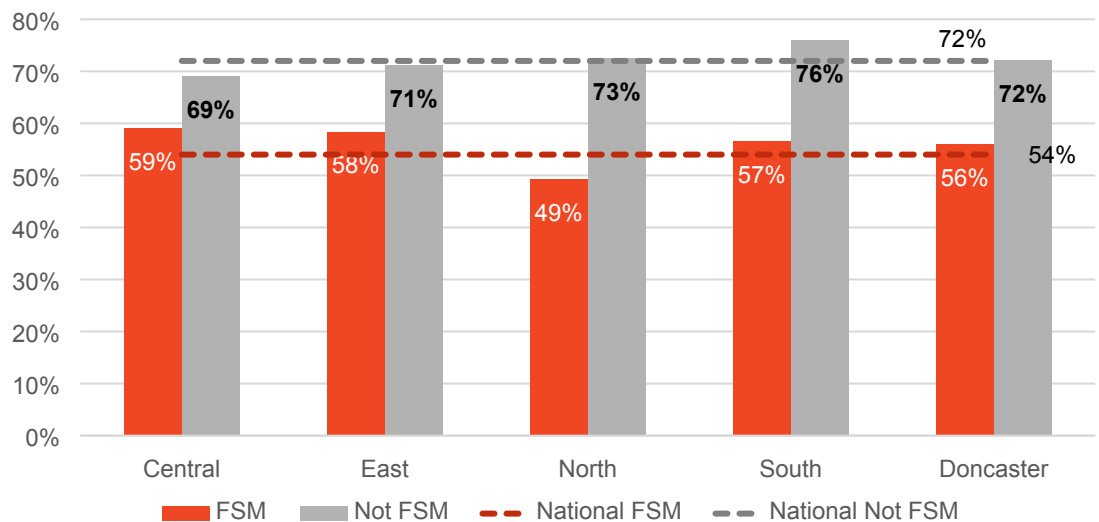
Figure 3.3 - Percentage reaching a good level of development by gender 2016



Source: DfE data file/Nexus (2016)

Nationally, a higher proportion of girls reach a good level of development than boys with a gap of 15 percentage points. The gender gap across Doncaster is in line with the national average overall, with highest performance in the South, and the widest gap in the East.

Figure 3.4 - Percentage reaching a good level of development by FSM eligibility 2016

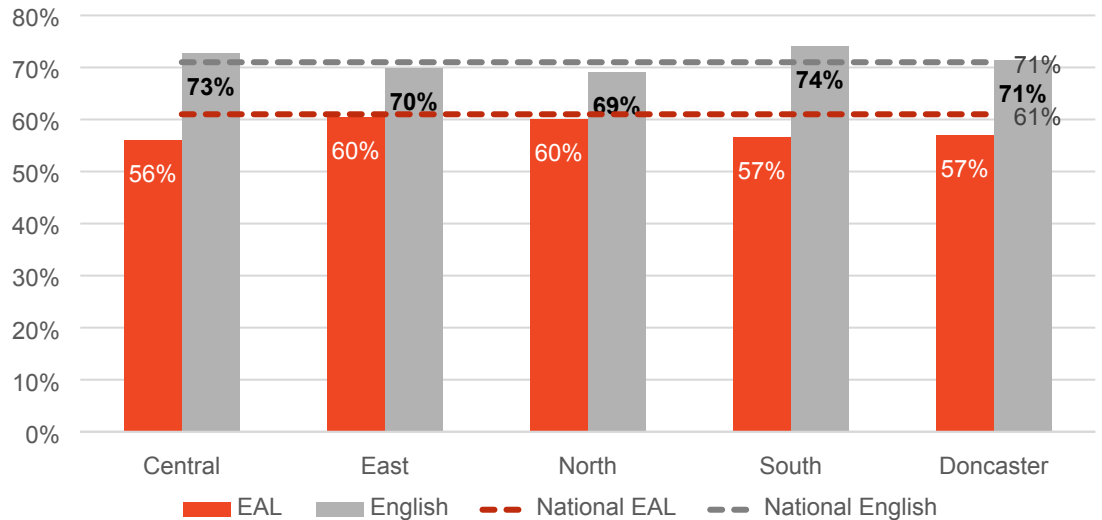


Source: DfE data file/Nexus (2016)

The gap in between those eligible for free school meals and those are not, reaching a good level of development is large nationally with a difference of 18 percentage points. This disparity is smallest in the Central locality and largest in the North.

A larger proportion of pupils eligible for free school meals in the Central locality reached a good level of development, with eligible pupils in the North locality performing the worst.

Figure 3.5 - Percentage reaching a good level of development by first language 2016

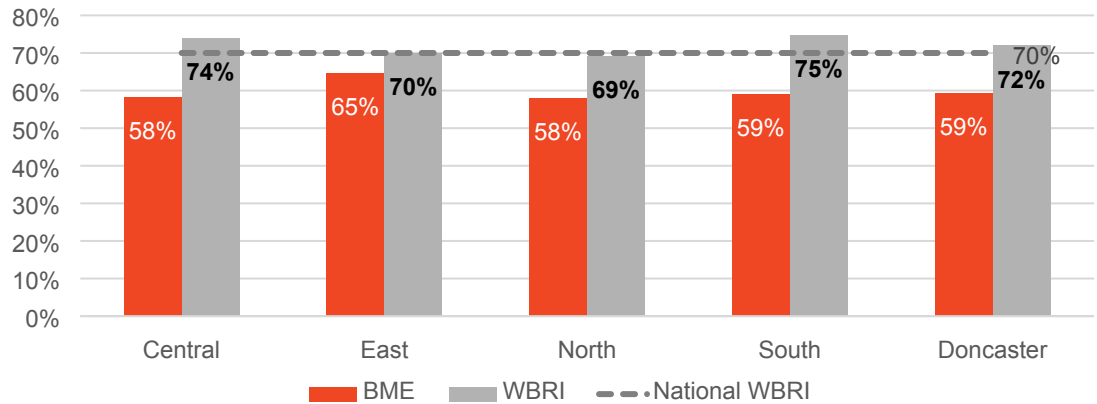


Source: DfE data file/Nexus (2016)

There is a large disparity across Doncaster between the percentage of pupils reaching a good level of development with English as their first language and those who have a different first language (a difference of 14 percentage points compared to 10 percentage points nationally).

A lower percentage of pupils in the Central and South localities with a different first language reach a good level of development, whereas those in the East and North localities perform the best.

Figure 3.6 - Percentage reaching a good level of development by ethnicity 2016



Source: DfE data file/Nexus (2016)

No aggregated national figures are available for black or minority ethnic pupils (BME), so this figure is not shown. There is a large disparity between the percentage of pupils from a black minority ethnic background reaching a good level of development and those from a white ethnic background (WBRI).

The East locality has the highest percentage of pupils from a BME background that reached a good level of development. The North and Central localities has the lowest percentage of pupils with a BME background that reached a good level of development.

Recommended future actions

In order to continue to enhance outcomes for children at the end of the EYFS and to improve national rankings this should remain priority.

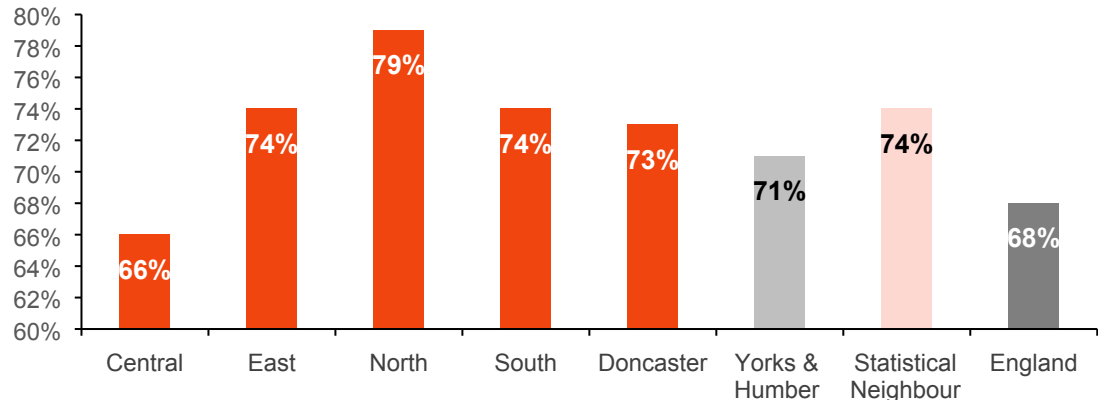
- Continue to provide rigorous and targeted EYFSP moderation activities to schools in line with the statutory Standards and Testing agency requirements. Agreement trailing training will be provided to schools based on the analysis of the 2016 EYFSP outcomes. Targeted moderation training will focus upon areas of weakness identified through data analysis.
- Assessment training events for all staff including NQT's, teachers new to the EYFS, new Head teachers and senior leaders will be provided to enable a clear understanding of the profile, quality assurance of judgement and data-sets.

- The outcomes achieved at the end of the EYFS will be underpinned by the ongoing partnership working with schools and settings which includes a responsive suite of universal training and bespoke consultancy as and when requested. These will be clearly linked to key areas of focus from the EYFSP including supported boys learning, reading etc.
- Tailored bespoke support that is dependent on the unique needs of each individual school, with a commitment to working in partnership to improve the outcomes of every child in the county, will be available to schools 'causing concern'.
- Quality support programmes will continue to be made available to Doncaster Early years and childcare providers with a 'less than Good' Ofsted outcome, in line with the Early Education and Childcare Statutory guidance for LA's (September 2014)
- The Targeted Improvement that was introduced in September 2015 will continue to provide intensive support and monitoring for the early years and childcare providers with an 'inadequate' Ofsted outcome. Similar tailored programmes for registered childminders have also been introduced and data shows that this is having a positive impact on raising standards.
- Ensure that the local authority 'Reading Strategy' includes a focus upon early reading and phonics. The Imagination Library initiative will continue to be an integral part of the approach to support parental involvement in children's reading and literacy.

2 Year Old Funding

The proportion of eligible two year old children benefiting from some funded early education across Doncaster for the Spring Term 2016 was 73%, higher than the regional (71%) and national (68%) averages.

Figure 3.7 – Proportion of eligible children benefitting from 2 year old funding



Source: Doncaster Education Returns and Collections (Spring 2016) and DfE LAIT

The highest proportion is within the North locality (79%). The Central locality (66%) had the lowest percentage of eligible two year olds that benefited from some funded early education.

Current actions in Doncaster to support an increase in 2 year old take-up

The take up level across the borough is increasing at a steady rate compared to 58% in Spring 2015. This is due to close partnership working with Early Help to engage with the hardest to reach families.

A high profile marketing campaign is being developed with a full rebrand. All families on the Department for Education list will continue to receive a 'Golden Ticket Letter' giving them automatic eligibility based on their economic eligibility. Ongoing engagement will continue with families who do not access their place.

Recommended future actions

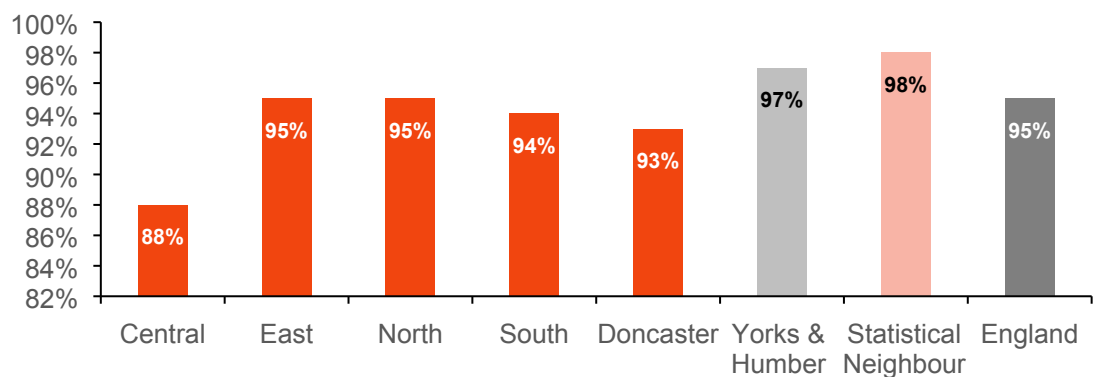
- Eligibility take up of 2 year old places is a national priority with take up levels closely monitored. The marketing campaign and rebrand are already underway and will continue with the use of the 'Golden Ticket Letters' which have reduced internal processing procedures substantially.

- Continue to build on engagement with effective partnership working, targeting the hardest to reach groups and endorsing a consistent message with the marketing brand directly targeting the families that don't engage.

3 and 4 Year Old Funding

The proportion of three and four year old children benefiting from some funded early education across Doncaster for the Spring Term 2016 was 93%, lower than the regional (97%) and national (95%) averages.

Figure 3.8 – Proportion of children benefitting from 3 & 4 year old funding



Source: Doncaster Education Returns and Collections (Spring 2016) and DfE LAIT

The highest proportion is within the North and East localities (95%). The Central locality (88%) had the lowest percentage of three and four year olds that benefited from some funded early education.

Current actions in Doncaster to support an increase in 3 & 4 year old take-up

Doncaster local authority continues to promote the scheme in partnership with Early Help, Schools and providers to build engagement. This will lead to new marketing activities in the future.

Recommended future actions

- 3 and 4 year old funding will be of high priority in 2017 due to the increase for eligible families to 30 hours of free childcare.

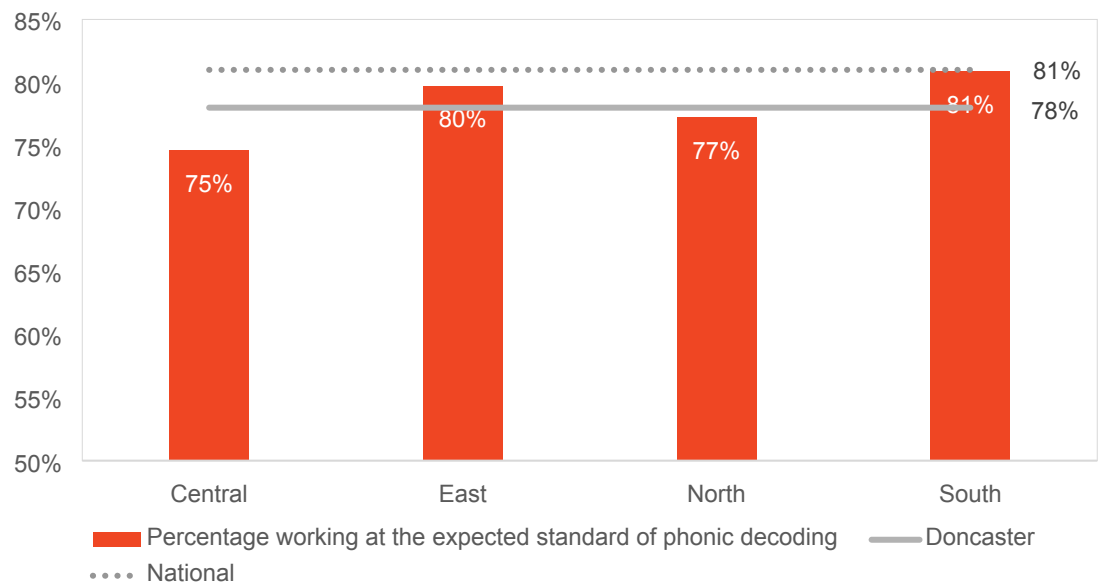
- This will be partnered with a high profile marketing campaign to be launched that will build on and complement the 2 year old campaign. This will feature the existing offer and actively promote the additional offer.
- Continue to build on engagement with families through close partnership working with Early Help.

Priority 9: All children and young people attend a good or better setting and aspirations are raised to ensure they reach their full potential

Year 1 Phonics

In Year 1 pupils are assessed on their ability to phonetically decode words.

Figure 3.7 - Percentage achieving the expected standard of phonic decoding 2016



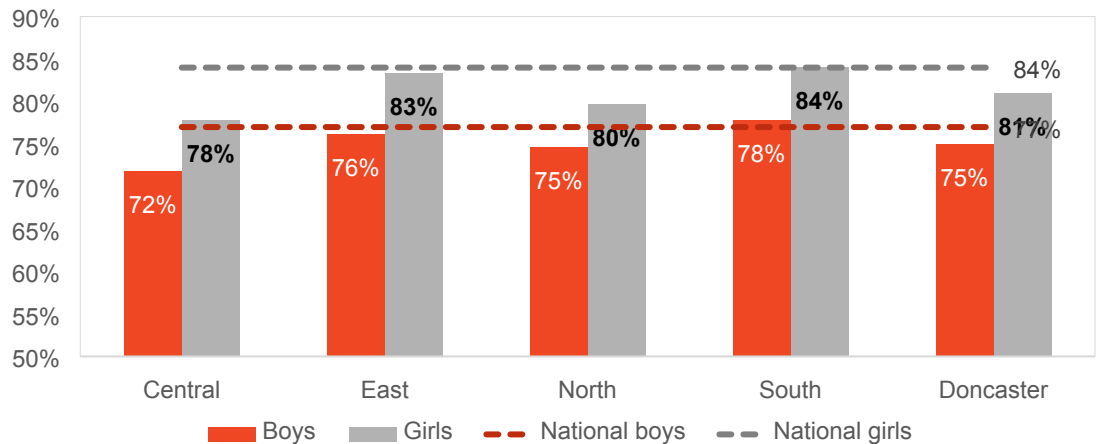
Source: DfE data file/Nexus

The percentage of pupils meeting the expected standard of phonic decoding in Doncaster is lower than national average by 3 percentage points. Pupils from the East and South localities of Doncaster perform around the national average and above the Doncaster average.

The Central locality has the lowest percentage of pupils working at the expected standard of phonic decoding.

Vulnerable groups

Figure 3.8 - Percentage achieving the expected standard of phonic decoding by gender 2016

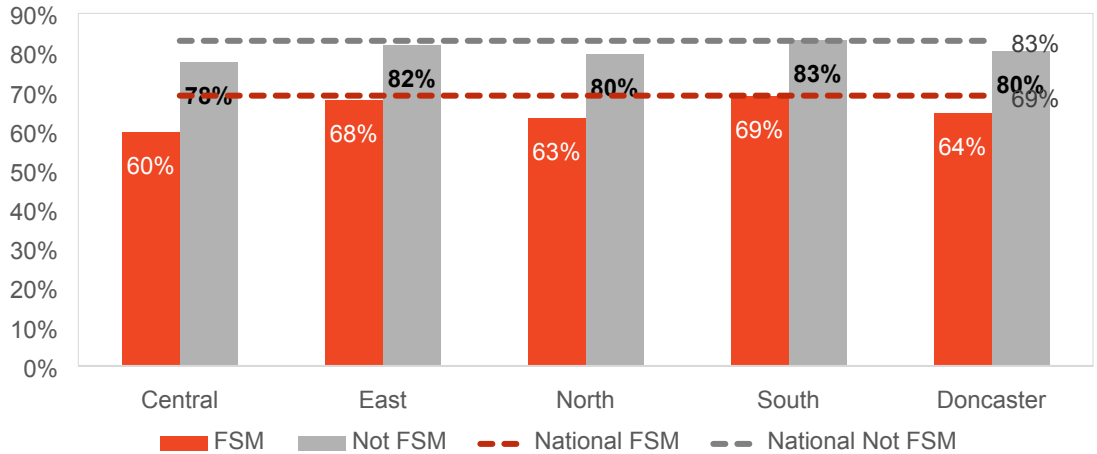


Source: DfE data file/Nexus

Nationally, girls perform better than boys with a 7 percentage point difference. Doncaster has a slightly smaller gap with a 6 percentage point difference.

The biggest gender difference across the four localities is in the East locality, slightly above the Doncaster average and comparable to the national average.

Figure 3.9 - Percentage achieving the expected standard of phonic decoding 2016

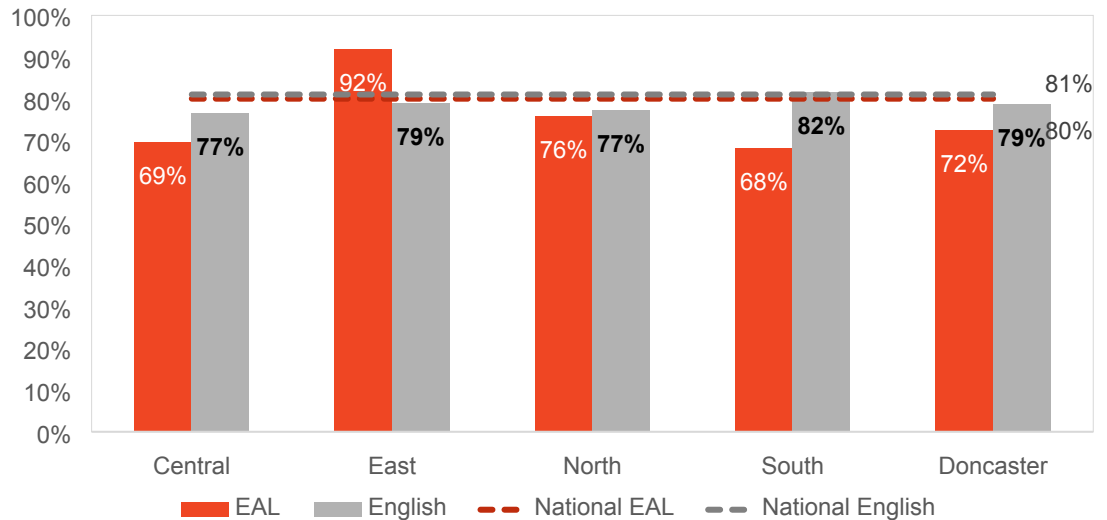


Source: DfE data file/Nexus

There is a higher percentage of pupils meeting the expected standard of phonic decoding that are not eligible for free school meals than those who are – nationally there is a difference of 14 percentage points. This disparity is largest in the Central locality, closely followed by the North.

Of those pupils who were not eligible, the highest percentage was seen in those from the South locality. Of those who were eligible for free school meals, pupils in the South and East perform relatively in line with the national average for FSM pupils.

Figure 3.10 - Percentage achieving the expected standard of phonic decoding 2016

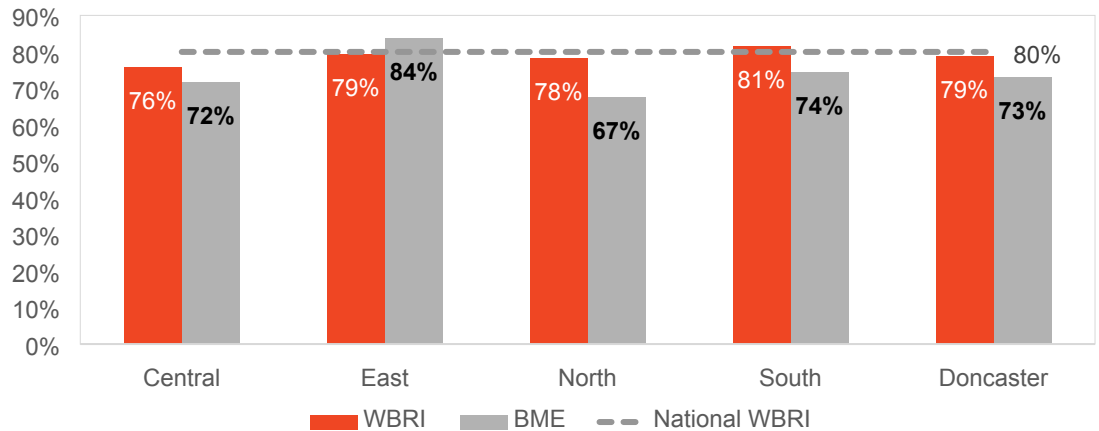


Source: DfE data file/Nexus

The percentage of pupils achieving the expected standard of phonic decoding with a different first language than English varies across localities. Pupils in the East do particularly well whereas pupils in the South perform the furthest away from the national average.

The difference between those who speak English as their first language and those who don't is very small nationally however the majority of the localities in Doncaster have large gaps, this may be due to considerable differences in cohort sizes.

Figure 3.11 - Percentage achieving the expected standard of phonic decoding by ethnicity 2016



Source: DfE data file/Nexus

No aggregated national figures are available for BME, so this figure is not shown. The percentage of pupils from a White British ethnic background in the East locality perform slightly above their national peers, those in all other localities perform slightly below. In the East locality a higher percentage of pupils from a BME background achieved the expected standard of phonic decoding than the other localities.

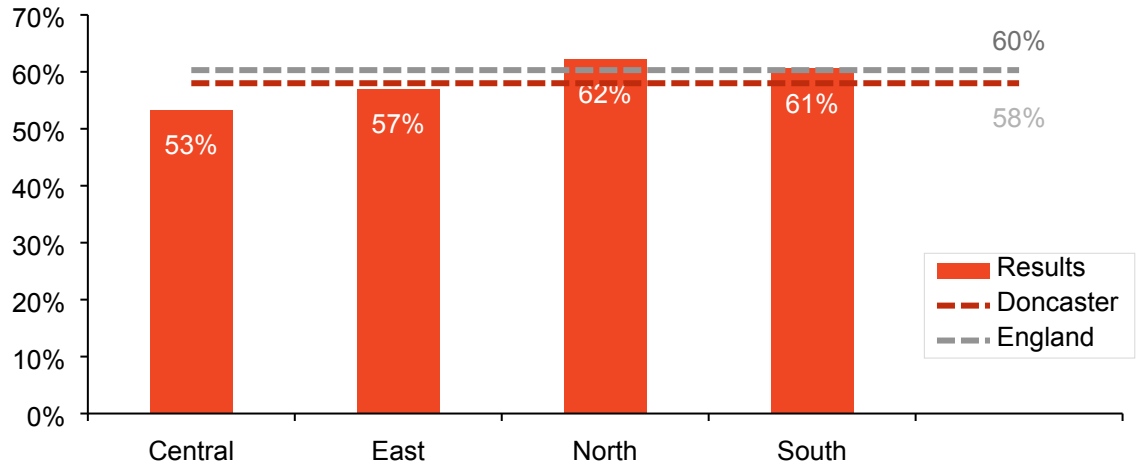
A lower percentage of pupils in the North that are from a Black and minority ethnic background achieved the expected standard of phonic decoding.

Key Stage 1

Please note that historical trend data is not provided in this section, as changes to the key stage 1 tests and assessments in 2016 mean that the data cannot be compared with previous years.

Pupils in Doncaster achieved slightly lower results at key stage 1 than the national average. There was some variation between localities, with the North and South exceeding the national average, and Central having the lowest outcomes.

Figure 3.12 - Pupils achieving the expected standard in reading, writing and maths

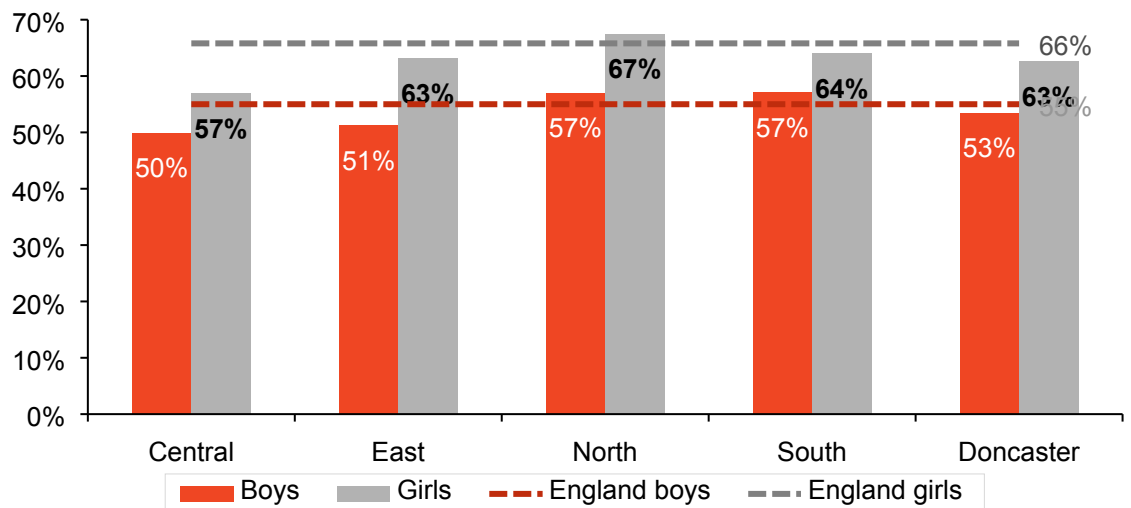


Source: DfE data file/Nexus

Vulnerable groups

Achievement in this section refers to the proportion of pupils reaching the expected level in reading, writing and maths.

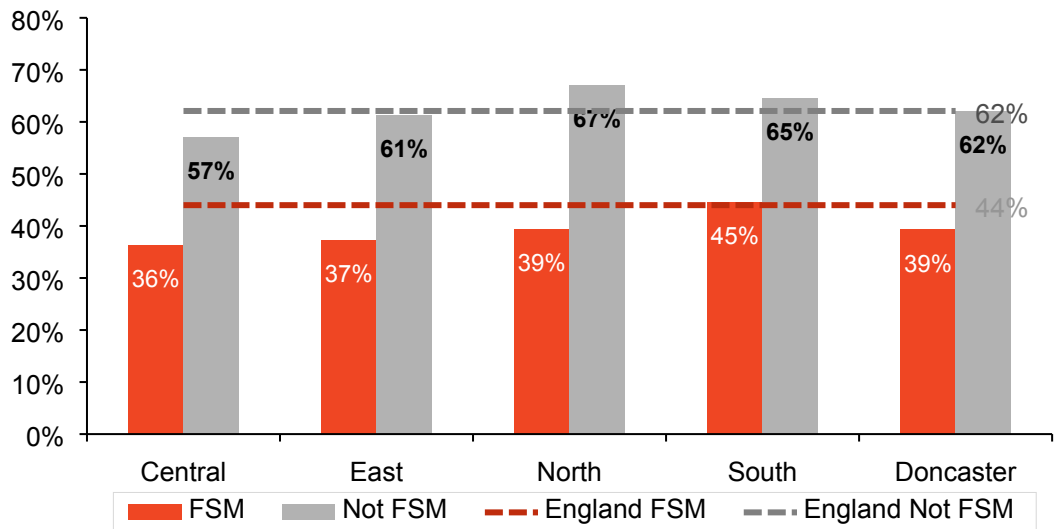
Figure 3.13 - Pupils' achievement at key stage 1 by gender



Source: DfE data file/Nexus

In the all localities apart from the East, the gap between boys and girls is narrower than the national average. Girls in the North locality score the highest, whereas those in the Central locality perform most poorly. Boys in both the North and South localities perform slightly above their national peers with all other localities performing below.

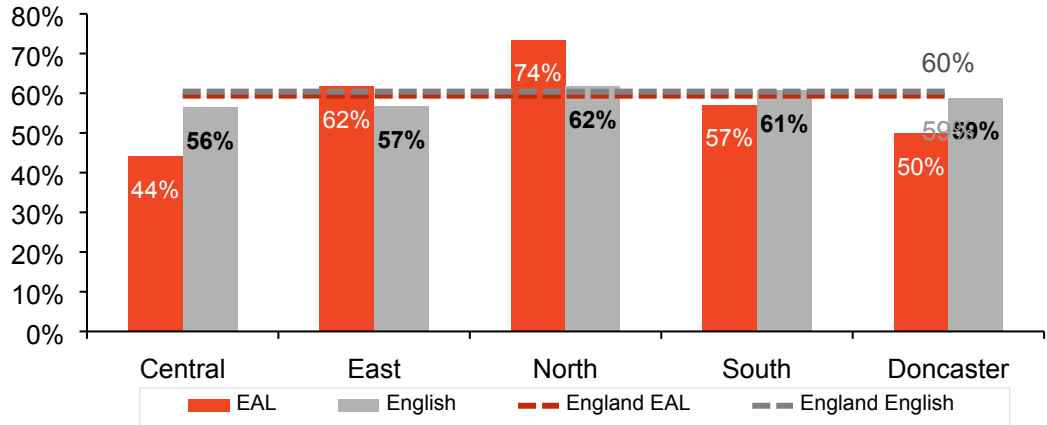
Figure 3.14 - Pupils' achievement at key stage 1 by FSM eligibility



Source: DfE data file/Nexus

Pupils eligible for free school meals fall further behind their peers than is typically the case nationally. In Central and South, this gap is only slightly wider than national, but it is noticeably wider in the East and significantly wider in the North.

Figure 3.15 - Pupils' achievement at key stage 1 by first language



Source: DfE data file/Nexus (2016)

Nationally, there is a negligible gap between outcomes of pupils with English as an additional language (EAL) and their peers. In Doncaster the gap is significantly wider. In the East and North localities pupils with EAL outperform their peers, and significantly so in the North. More than two-thirds of EAL pupils live in the Central area, where they fall well behind their peers.

Figure 3.16 - Pupils' achievement at key stage 1 by ethnicity



Source: DfE data file/Nexus (2016)

Overall, pupils from Gypsy/Roma Traveller (GRT) backgrounds achieved results significantly above the national average, with an LA average of 27%. While there is significant variation between the localities, with GRT pupils in the East and North achieving exceptionally good results compared with the national average, this group comprises only 41 pupils across the borough so care needs to be taken when drawing conclusions from such small numbers. There was only one GRT pupil in the South locality so that data has been suppressed.

Pupils from other BME backgrounds achieve significantly less well than their White British classmates, particularly in Central, which has nearly two-thirds of all BME pupils. Nationally, BME pupils perform slightly better than White British pupils.

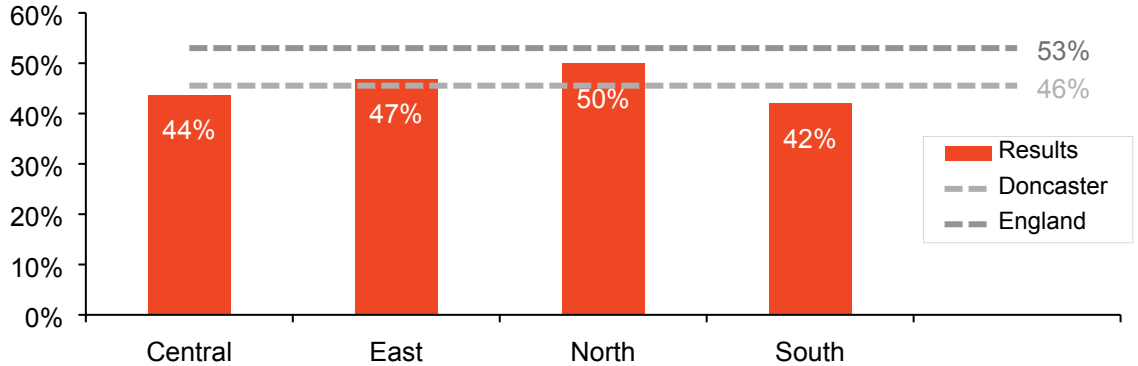
Key Stage 2

Please note that historical trend data is not provided in this section, as changes to the key stage 2 tests and assessments in 2016 mean that the data cannot be compared with previous years.

Transition to secondary school is a key time for children, and if they have not achieved the expected standard at the end of key stage 2 then the evidence clearly shows that they are likely to fall further behind by the time they leave secondary school.

Pupils in Doncaster achieved lower results at key stage 2 than the national average. While there was some variation between localities, no localities reached the national average.

Figure 3.17 - Pupils achieving the expected standard in reading, writing and maths

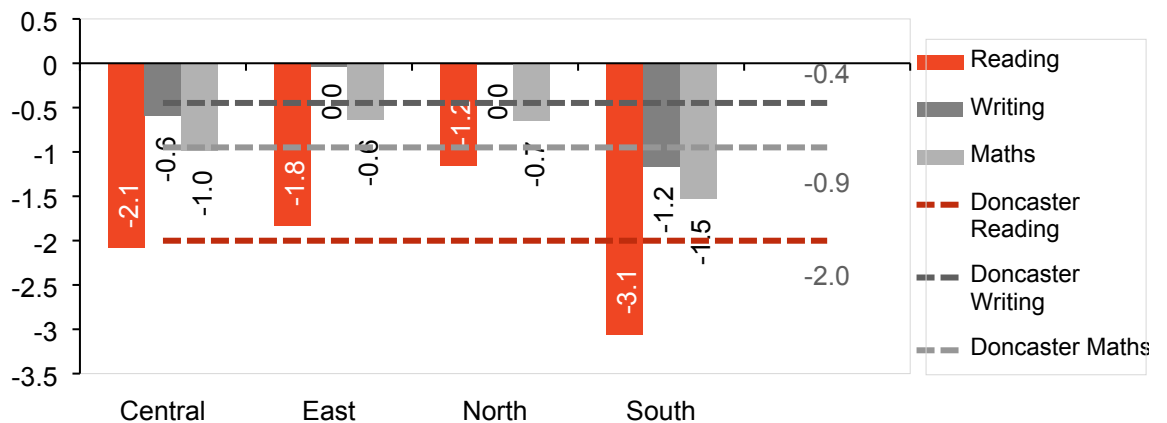


Source: DfE data file/Nexus

This pattern is reflected in the progress that pupils made in each of reading, writing and maths. A progress score of -2 means that, on average, pupils in Doncaster achieved a test score 2 marks lower than other pupils nationally who had the same key stage 1 results (average progress nationally is 0 in all subjects).

Performance overall was strongest in writing, particularly in the East and North localities where pupils made progress in line with the national average, and weakest in reading, where pupils were furthest behind the national average.

Figure 3.18 - Progress made by pupils in reading, writing and maths

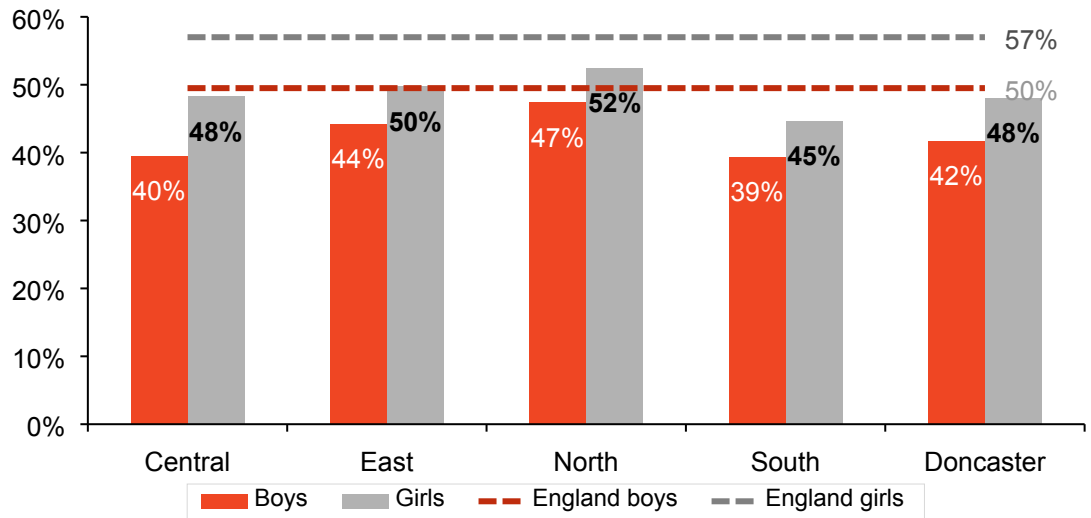


Source: DfE data file/Nexus

Vulnerable groups

Achievement in this section refers to the proportion of pupils reaching the expected level in reading, writing and maths.

Figure 3.19 - Pupils' achievement at key stage 2 by gender

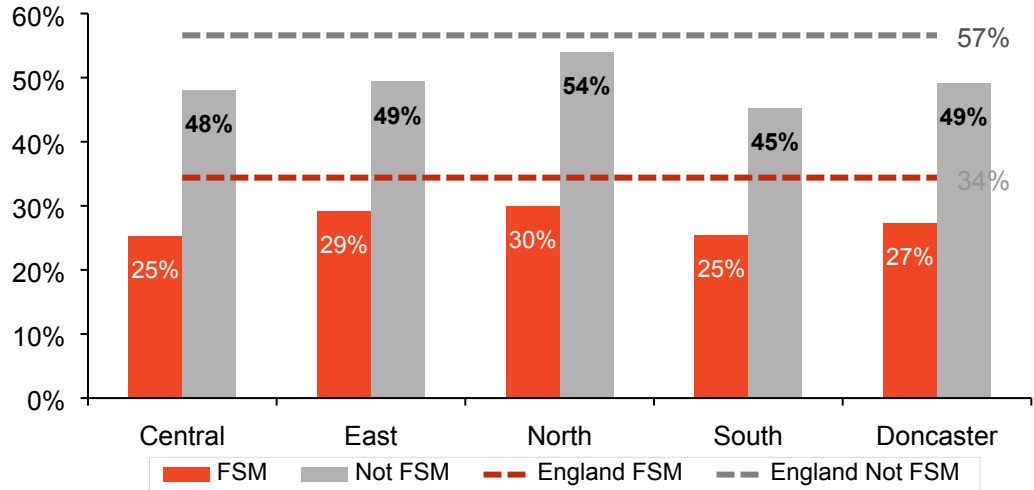


Source: DfE data file/Nexus

In most areas of the borough, the gap between outcomes for boys and girls is marginally similar to the gap nationally.

Girls and boys in the North perform the best, whereas boys and girls perform most poorly in the South locality.

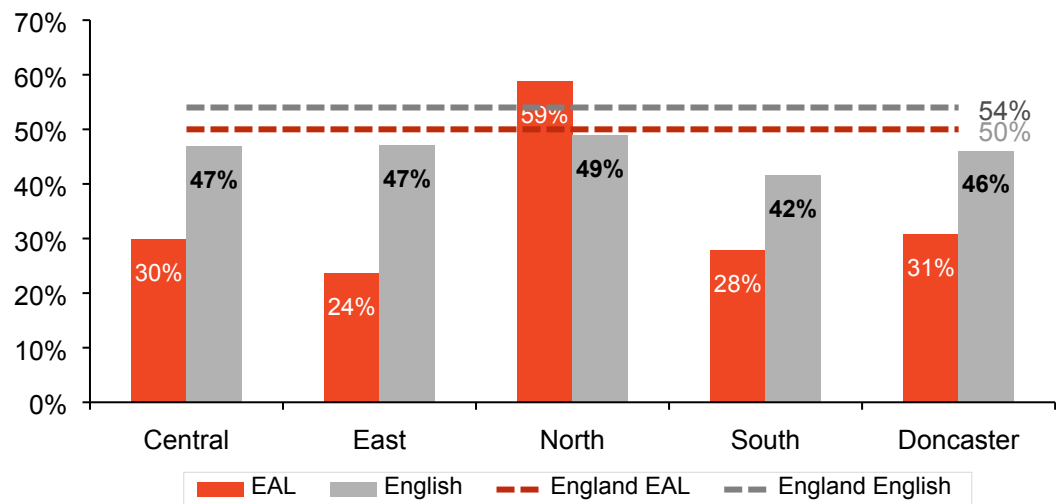
Figure 3.20 - Pupils' achievement at key stage 2 by FSM eligibility



Source: DfE data file/Nexus

Pupils eligible for free school meals show a similar gap to their peers in the Central and North localities when compared to the national average, but achieve results slightly closer to their peers than is typical nationally in the East and South localities.

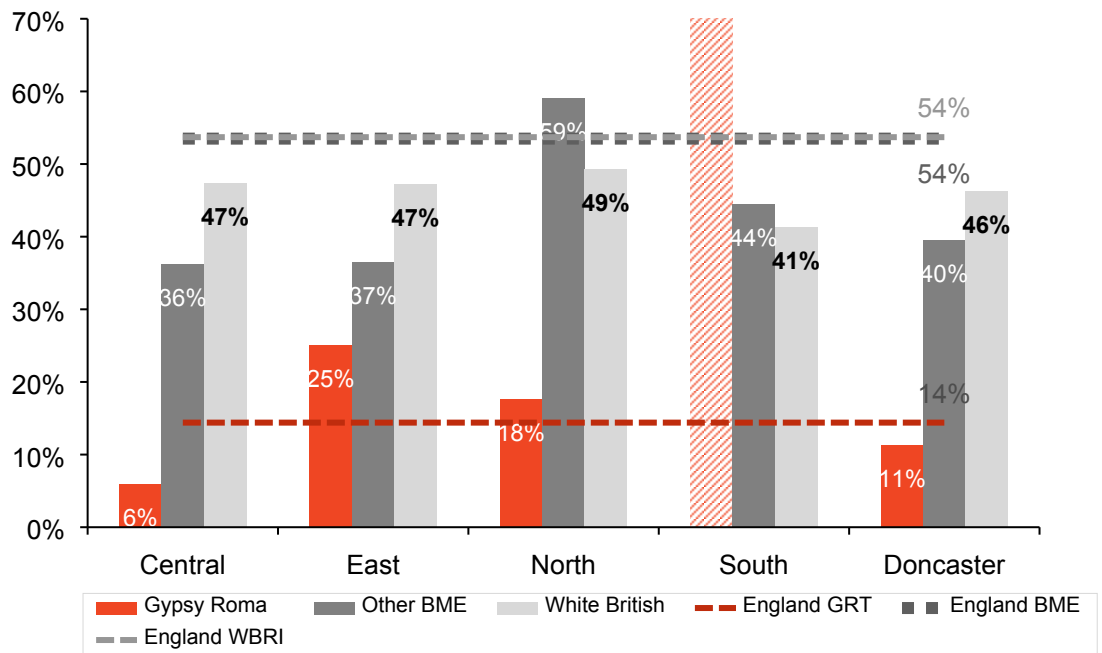
Figure 3.21 - Pupils' achievement at key stage 2 by first language



Source: DfE data file/Nexus

In most areas of the borough, pupils with English as an additional language perform very poorly in comparison to their peers. In the North, EAL pupils do better than their peers, but it should be noted that this comprises a cohort of only 17 pupils. Only the Central area has a significant number of EAL pupils, with nearly three-quarters of all EAL pupils in the borough living in Central.

Figure 3.22 - Pupils' achievement at key stage 2 by ethnicity



Source: DfE data file/Nexus

Overall, pupils from Gypsy/Roma Traveller backgrounds achieved results in line with their peers nationally. While there is some variation between the localities, this group comprises only 43 pupils across the borough so care needs to be taken when drawing conclusions from such small numbers. There was only one GRT pupil in the south locality so that data has been suppressed.

Pupils from other BME backgrounds achieve significantly less well than their White British classmates, particularly in Central and East, which have the highest number of

BME pupils. Nationally, there is negligible difference between BME pupils and White British pupils.

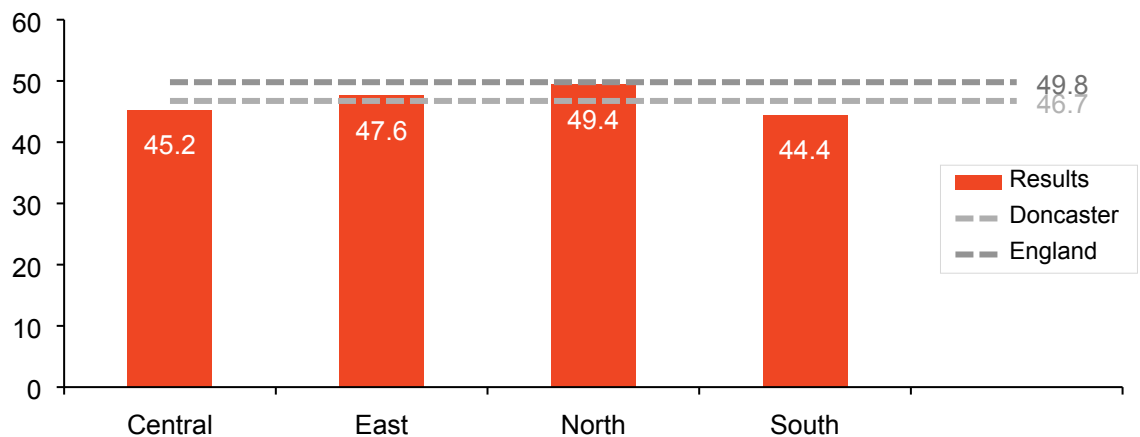
Key Stage 4

Please note that historical trend data is not provided in this section, as changes to the key stage 4 tests and assessments in 2016 mean that the data cannot be compared with previous years.

Attainment 8 gives a score between 0 and 80 and measures pupils' grades in their best eight GCSE or equivalent qualifications (with double-weighting for English and maths) including English, maths, and at least three subjects from sciences, foreign languages, history and geography.

Pupils in Doncaster achieved slightly lower results at key stage 4 than the national average. There was some variation between localities, with pupils in the North reaching in line with the national average. The weakest performance was in the South.

Figure 3.23 - Pupils' Attainment 8 scores

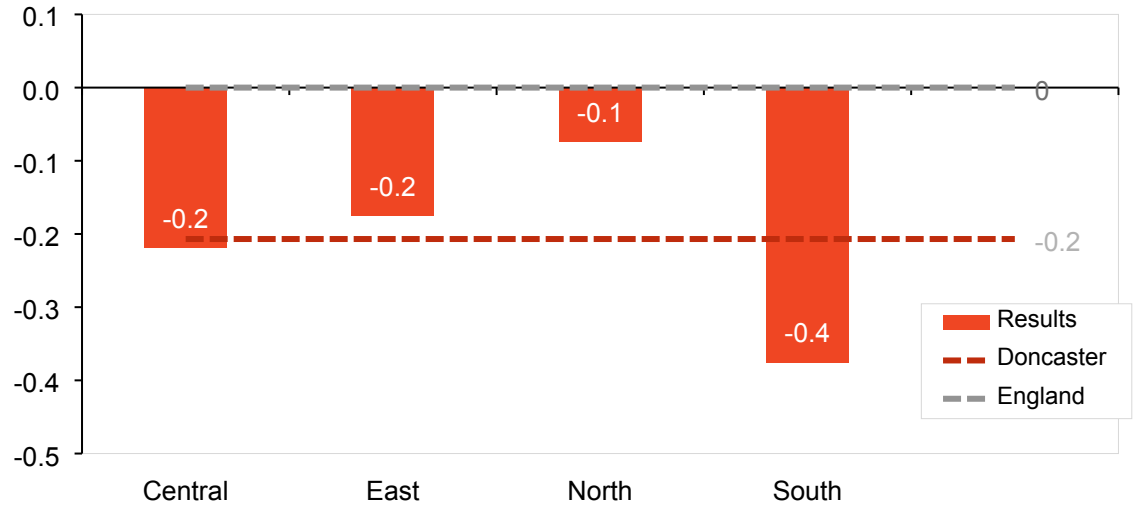


Source: DfE data file/Nexus

This pattern is reflected in the progress that pupils made. A Progress 8 score of -0.2 means that, on average, pupils in Doncaster achieved a grade lower than pupils with the same KS2 results nationally in 20% of their subjects (considering only those subjects counted under Attainment 8).

Although pupils in Central had attainment that was significantly lower than the LA average, their progress scores are in line with the LA average, which indicates that these pupils had lower prior attainment.

Figure 3.24 - Pupils' Progress 8 scores

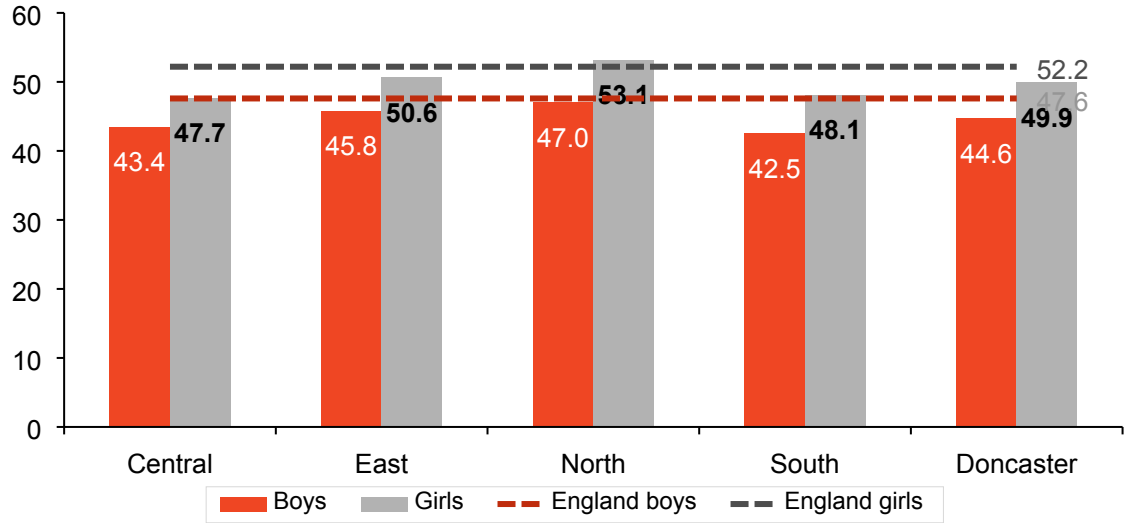


Source: DfE data file/Nexus

Vulnerable groups

Achievement in this section refers to the average Attainment 8 score achieved.

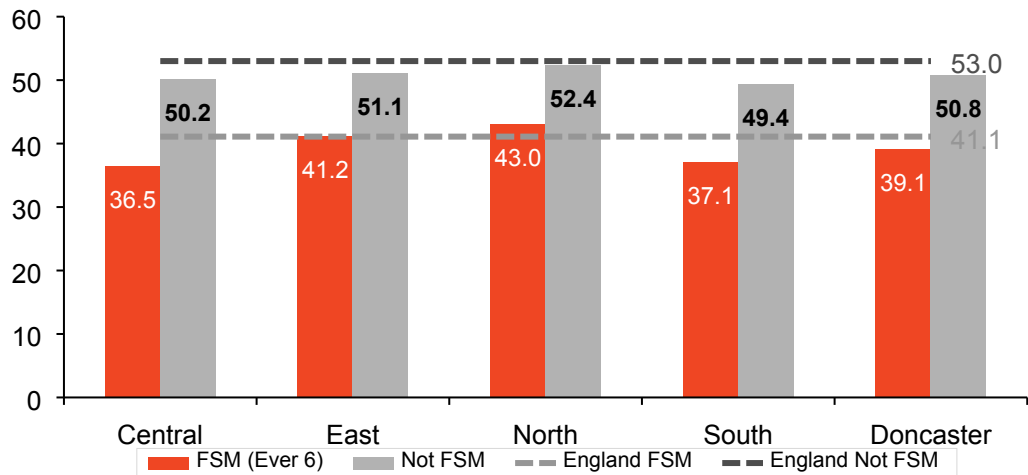
Figure 3.25 - Attainment 8 by gender



Source: DfE data file/Nexus

In most areas of the borough, the gap between outcomes for boys and girls is in line with the gap nationally, except in the East where the gap is slightly narrower than average, and in the North it is slightly wider.

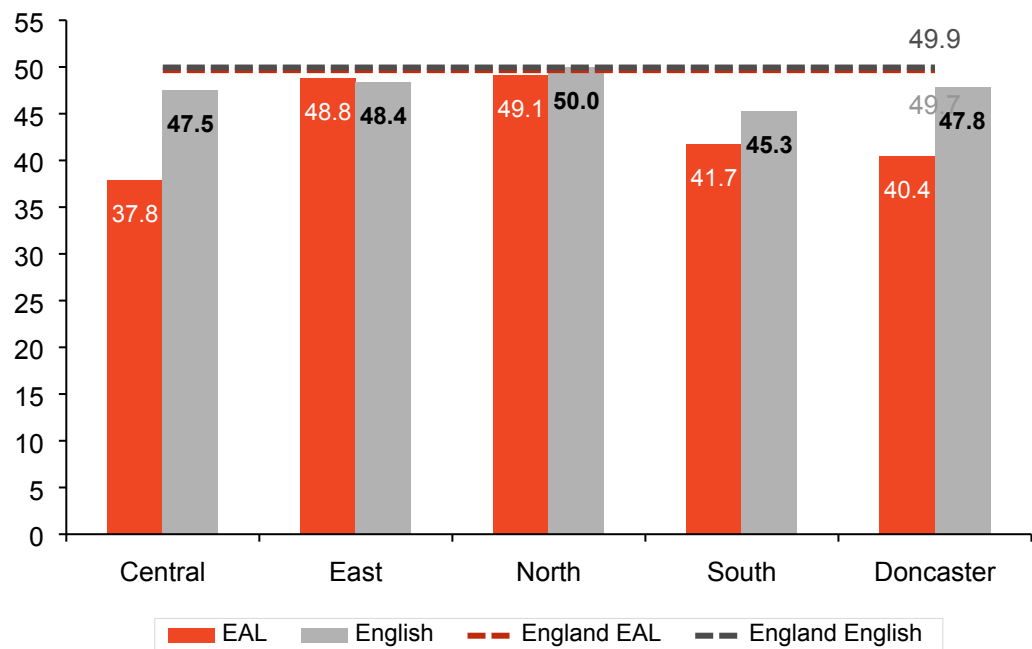
Figure 3.26 - Attainment 8 by FSM eligibility



Source: DfE data file/Nexus

Pupils eligible for free school meals see a similar gap to their peers in the South locality when compared to the national average. Pupils eligible for free school meals in the Central area fall further behind their peers than is common nationally, while those in the East and North have narrowed the gap to their peers, and pupils in the North achieve better results than similar pupils nationally.

Figure 3.27 - Attainment 8 by first language

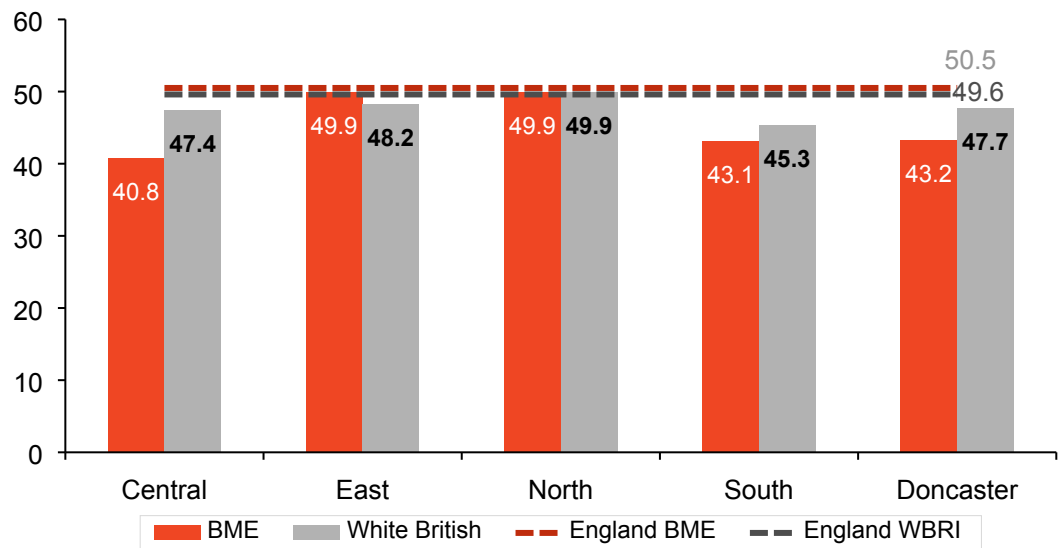


Source: DfE data file/Nexus

In most areas of the borough, pupils with English as an additional language perform very poorly in comparison to their peers, particularly in the Central area – this compares with a national picture where there is negligible gap in outcomes at KS4 between EAL pupils and their peers. In the East, EAL pupils do better than their peers, but it should be noted that this comprises a cohort of only 27 pupils. Only the Central area has a significant number of EAL pupils, with nearly three-quarters of all EAL pupils in the borough living in Central.

However, it should be noted that pupils with English as an additional language make better progress than those who speak English as their first language, and while their progress scores are not quite as good as for similar pupils nationally, their relative performance is stronger. This suggests that EAL pupils in Doncaster may be more recently arrived in the country and have lower proficiency in English than is typical elsewhere in the country.

Figure 3.28 - Attainment 8 by ethnicity



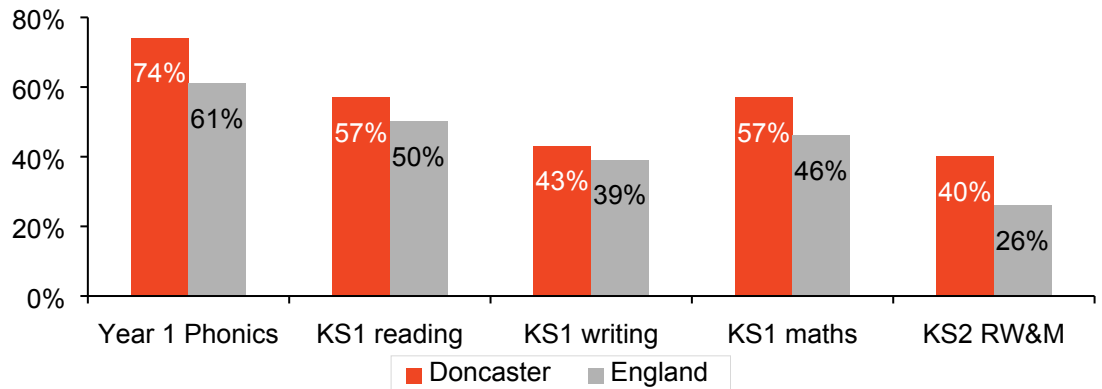
Source: DfE data file/Nexus

No distinction has been made between pupils of Gypsy/Roma background and other BME pupils as the numbers of Gypsy/Roma are too small to draw meaningful conclusions.

Whereas nationally, BME pupils achieve slightly better results than their White British peers, in Doncaster this is only true in the East, which has fewer than 40 BME pupils. In the South area and even more significantly in the Central, BME pupils fall well behind their classmates in all areas. BME pupils achieve positive Progress 8 scores, although these still remain below the national average for similar pupils.

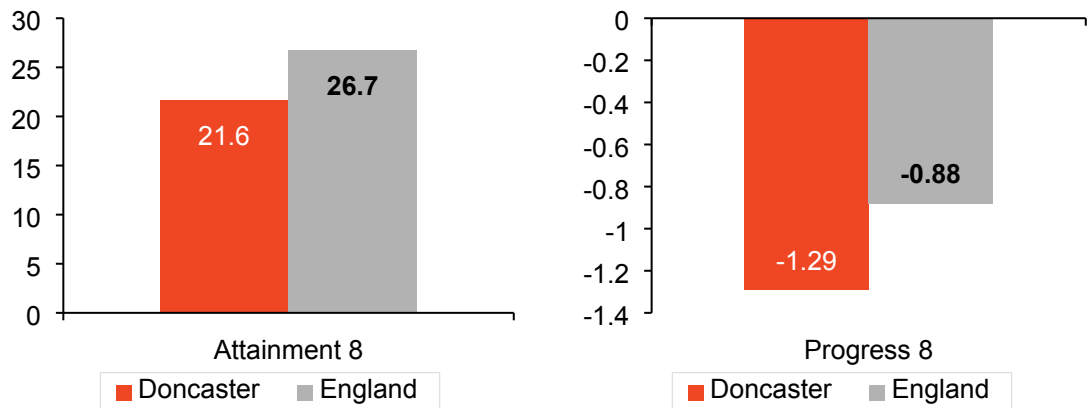
Looked After Children

Figure 3.29 – Outcomes for looked after children at primary school



Source: RAISEonline

Figure 3.30 – Outcomes for looked after children at secondary school



Source: RAISEonline

Looked after children attending primary schools in Doncaster achieve outcomes which are better than their peers nationally at all stages; from phonics to key stage 2. However, at key stage 4 this picture is reversed, with looked after children in Doncaster achieving lower attainment and progress scores than their peers nationally. Outcomes for looked after children at EYFS are not available. Due to the small cohort size and sensitivity around identifiable data, these results are not available at locality level.

Priority 10: Young people are equipped to access education, employment or training

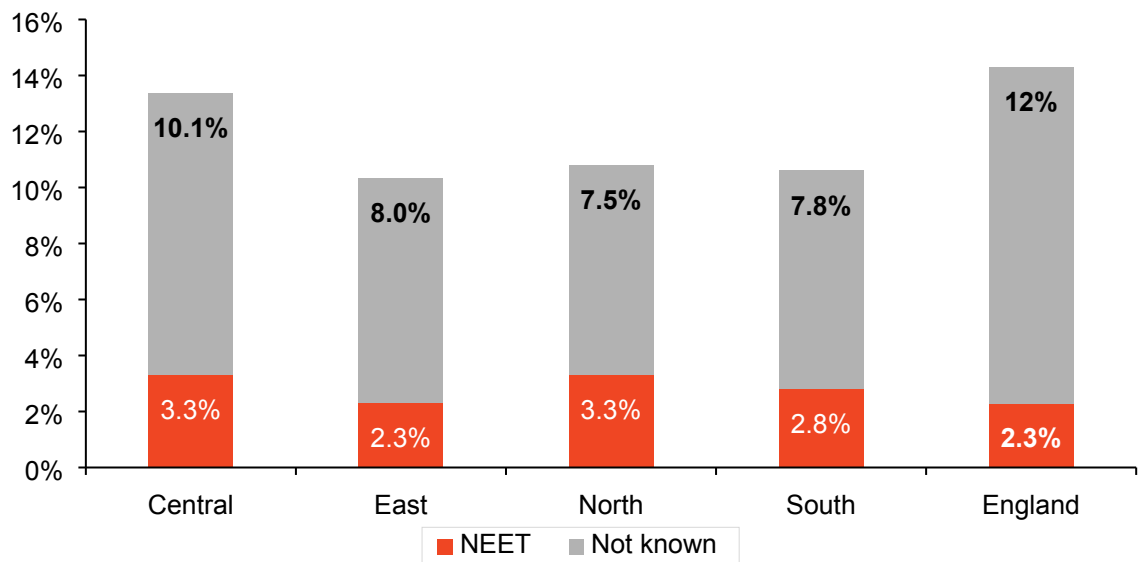
Post-16

The proportion of young people aged 16–18 that are known to be ‘not in education, employment or training’ (NEET) is slightly higher than the national average, particularly in the Central and North localities. However, the proportion of young people whose activity is ‘not known’ is significantly lower than the national average, meaning that the combined total of young people who are not known to be in education, employment or training is still significantly lower than the national average.

This is a very positive feature, as not only are our overall outcomes better than the national average, but the low number of ‘not known’s indicates good engagement.

The Central locality stands out as being a relatively poor performer in comparison to the other localities, but even here it is better than the national average.

Figure 3.31 - Percentage of 16-18 year olds not in education, employment or training

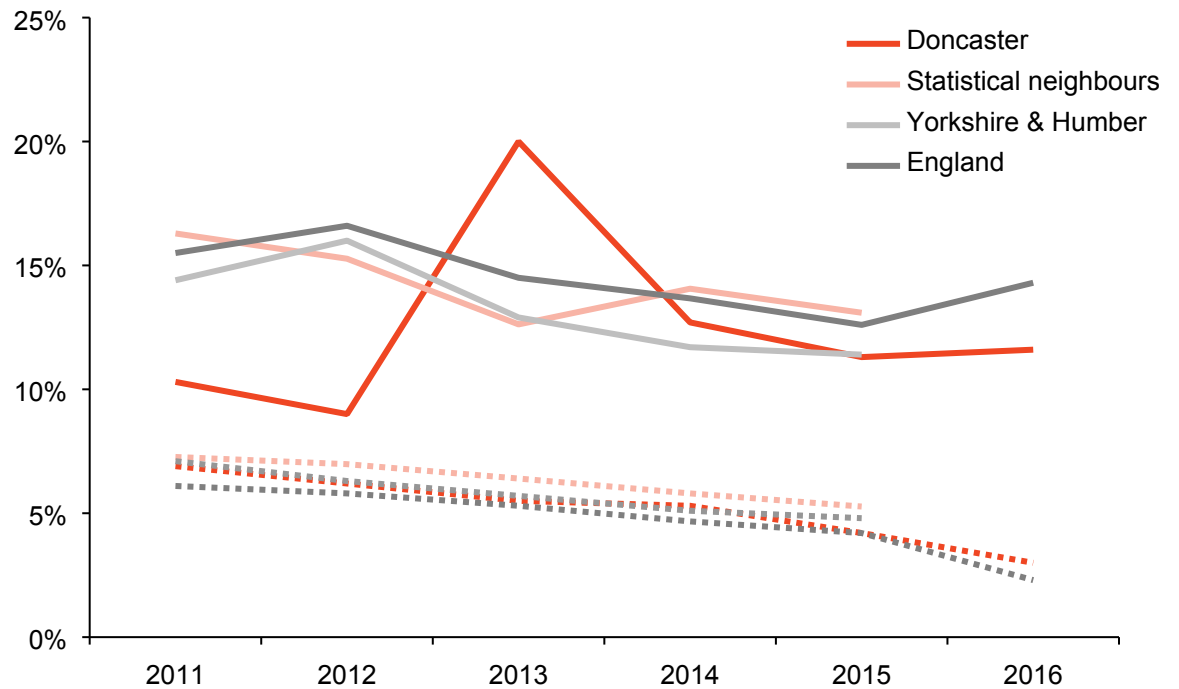


Source: Doncaster Participation and Transition Service, as at October 2016

The percentage of young people not known to be in education, employment or training in Doncaster has remained consistently below the national average for several years (with the exception of 2013), with that gap widening in the last three years.

On the chart below, the dotted lines represent young people who are known to be NEET, and the solid lines represent young people known to be NEET or whose activity is not known. No regional or statistical neighbour figures are currently available for 2016.

Figure 3.32 - Percentage of 16-18 year olds not in education, employment or training



4. Economic

This section of the JSNA describes the local economic context in which the Children and Young People of Doncaster develop, focusing on deprivation and its impact on children and includes indicators around free school meal eligibility and Income Deprivation Affecting Children. The section also discusses the impact that deprivation has on the outcomes for children.

Priority 11: Diminish the difference between disadvantaged and non-disadvantaged children and young people

Pupils Eligible to Claim Free School Meals

In 2016 in England, fewer pupils are eligible for, and claiming, free school meals (FSM) than in January 2015, in both primary and secondary schools. The decline is occurring in a large number of areas across the country including Doncaster and is related to there being fewer parents than previously claiming the benefits which would make their children eligible for free school meals.

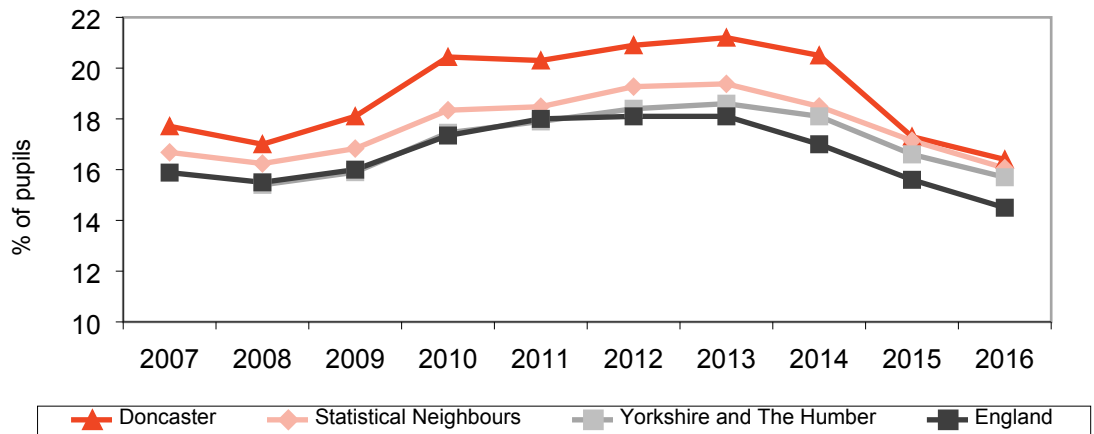
Primary Age

Doncaster has higher levels of Primary pupils claiming Free School Meals than equivalent national, regional and statistical neighbour levels, though the gap between Doncaster and other areas has narrowed.

For 2016, and for Primary pupil eligibility and claiming Free School Meals, Doncaster is rated 92 out of 152 Local Authorities (1 having the lowest percentage of FSM pupils and 152 having the highest percentage).

ECONOMIC

Figure 4.1 – % of Primary Pupils eligible for and claiming, Free School Meals

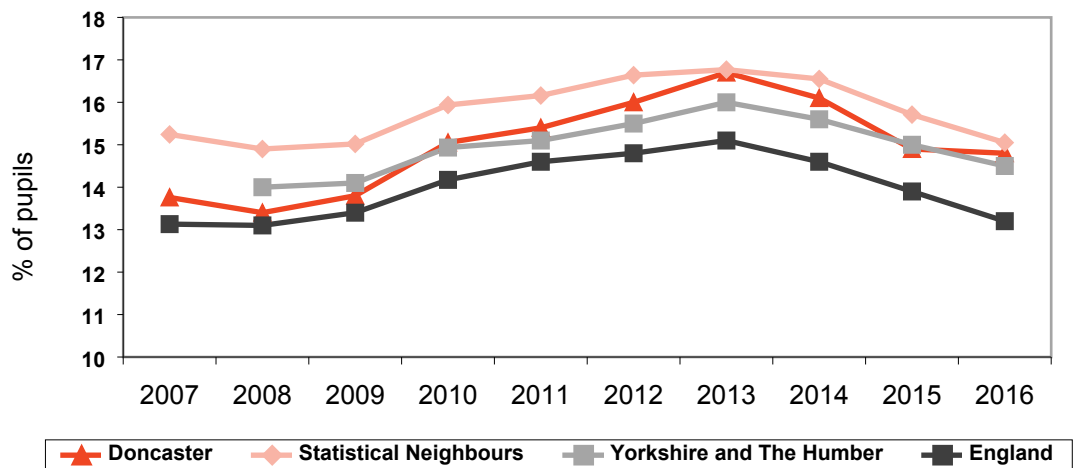


Secondary Age

In 2016 Doncaster had higher levels of pupils of secondary school age who are eligible and claiming free school meals than either national or regional rates.

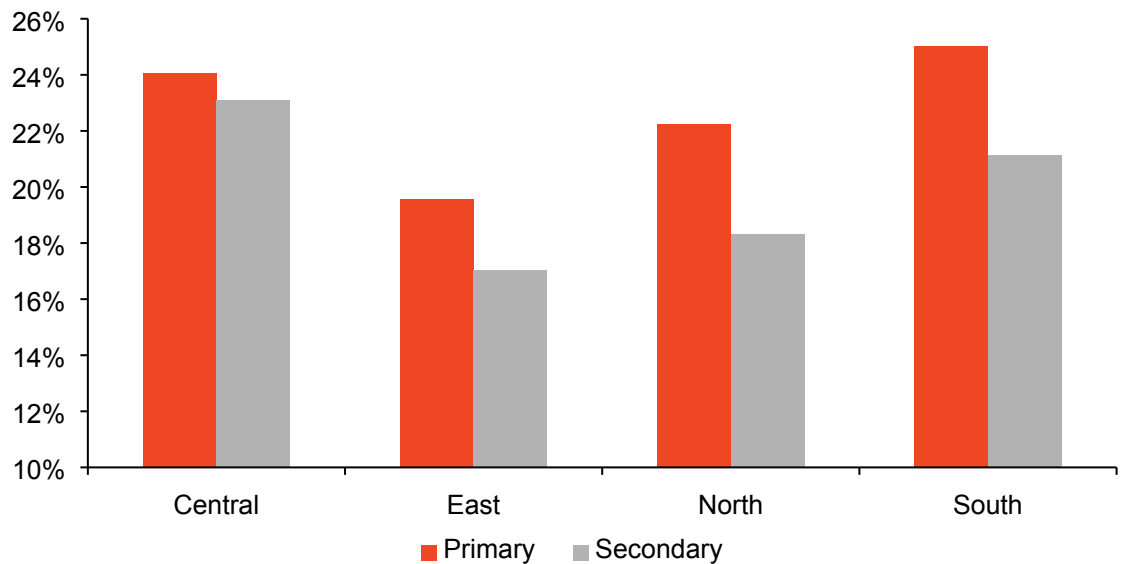
Doncaster is ranked 87 out of 152 Local Authorities (1 having the lowest percentage of FSM pupils and 152nd having the highest percentage) for secondary school pupil eligibility and claiming of free school meals.

Figure 4.2 - % of Secondary Pupils eligible for and claiming Free School Meals



Within Doncaster there is a little variation between the localities in terms of both primary and secondary free school meal take-up. For both cohorts the East has the lowest rates of FSM, for primary the South area has the highest; however for secondary Central area has the highest rates.

Figure 4.3 - FSM in 2016 % by age and Doncaster Locality



Pupils eligible for free school meals underperform across a range of indicators in comparison to non-free school meals children.

In Doncaster a sizeable gap exists in educational attainment between pupils eligible and claiming free school meals and non-free school meal pupils at all stages of education.

In Doncaster at Foundation Stage in 2016, 71% of non-free school meal pupils achieved at least the expected standard in all Early Learning Goals; whilst only 53% of pupils known to be eligible for free school meals achieved the same outcome – a gap of 18%.

The gap continues in Key Stage 1 and Key Stage 2 as demonstrated in the charts below.

The gap continues at Key Stage 1:-

Percentage of pupils reaching the expected standard in:	Non-FSM Pupils	Eligible FSM Pupils	Gap
Reading	73%	54%	19%
Writing	68%	47%	21%
Mathematics	74%	53%	21%
Science	82%	62%	20%

The gap remains in Key Stage 2:-

Percentage of pupils reaching the expected standard in:	Non-FSM Pupils	Eligible FSM Pupils	Gap
Reading	60%	38%	22%
Writing	78%	54%	24%
Mathematics	68%	45%	23%
Grammar, punctuation and Spelling	60%	38%	22%

In Doncaster at Key Stage 4 in 2015, 54% of the Non Free School Meal cohort achieved five GCSEs including English and Maths. Only 27% of the Free School Meal cohort achieved the same outcome. This is a gap of 27%.

Not only is there a clear gap between the educational attainment of Non-free school meal pupils and free school meal pupils at every stage of educational attainment in Doncaster, the data suggests that the gap increases – it was 18% for EYFS stage and by KS4 it was 27%.

Priority 12: Fewer children and young people live in poverty

Children living in Low-Income / Workless Households

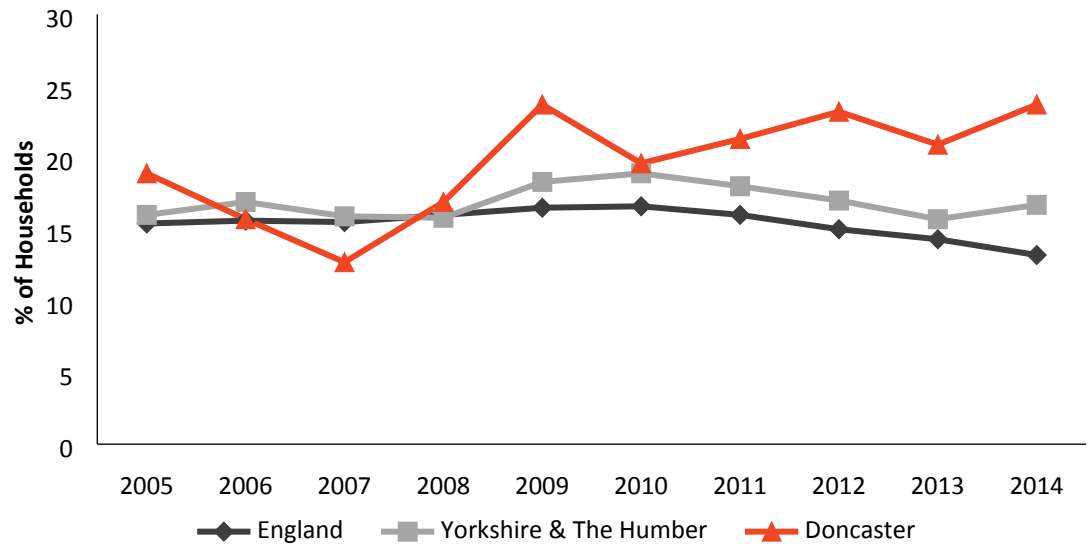
A higher percentage of children in Doncaster live in low-income / workless households than the national average.

51,900 households in Doncaster have a dependent child or young person aged under 16 resident with them, and of these, 23.7% (12,300) were defined as workless in 2014, a 13.4% increase from the previous year. This contrasts with the general trend away from worklessness in the wider Doncaster population, indicating that worklessness has disproportionately affected those with dependent children aged under 16. Historically, households with dependent children were less likely to be workless than the average household.

The corresponding figure for the wider Yorkshire and the Humber region is 16.7%, and for England as a whole is 13.2%. Doncaster has a significantly higher proportion of workless households with children under the age of 16, and while the national and regional picture has remained reasonably consistent across the last decade, Doncaster has a degree of volatility in this period, dropping as low as 12.7% in 2007 and as high as the present level of 23.7%.

Compared to the wider region, and to England, Doncaster has experienced a notable increase in worklessness in this category over the last few years, against a broad decline elsewhere. The impact of the 2007-09 financial crisis may be responsible for the sharp increase; Doncaster has remained above the national and regional average since this period. The Doncaster area has little apparent relationship with the performance of the Yorkshire and the Humber region; while the regional and national picture for households with dependent children tends to follow a similar pattern to that for all households, in Doncaster the relationship looks to have deviated from around 2011 onwards, leaving very different current situations between all households and those with U16 dependents.

Figure 5 - Worklessness in households with dependent children under the age of 16



Children living in Income-Deprived Families in 10% most Deprived areas

A high proportion of children live in income-deprived families within the 10% most deprived areas (IDACI):

- 22% of early years aged children
- 19% of primary age children
- 18% of secondary age children
- 12% of post-16 school 6th form students

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income.

The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests). 15% of Doncaster's Lower Super Output Areas are in the Country's bottom decile for Income Deprivation Affecting Children.

Early Years	Of the four localities Central has the highest proportion of its early years population in the most deprived decile (30%) . The area with the next highest percentage is North (22%). East and South have lower percentages of children that live in the most deprived decile (18% and 16% respectively)
Primary	Of the four localities Central has the highest proportion of its primary year population in the 10% most deprived LSOAs (26%) . The area with the next highest percentage is North (20%). East and South have lower percentages of children that live in the 10% most deprived LSOA's (both at 15%)
Secondary	Of the four localities Central has the highest proportion of its secondary year population in the 10% most deprived LSOAs (25%) . The area with the next highest percentage is North (17%). East and South have lower percentages of children that live in the 10% most deprived LSOA's (both at 14%)
Post 16 School 6th form students	Of the four localities Central and North have the highest proportions of its Post 16 population in the 10% most deprived LSOAs (13%) . The area with the next highest percentage is East (11%). South has the lowest percentage of children that live in the 10% most deprived LSOA's (9%)

The Social Mobility Index

The Social Mobility Index looks at the impact of where a disadvantaged young person grows up on their chances of doing well as an adult. It uses a suite of indicators under four different life stages to measure the prospects that people have of converting good educational attainment of those from disadvantaged backgrounds into good adult outcomes.

Doncaster's overall ranking on the 2016 Social Mobility Index³ was 301 out of 324 local authorities, and has been identified as a 'Social Mobility Coldspot' with performance in the bottom 10% of areas nationally.

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496103/Social_Mobility_Index.pdf

Doncaster's Rank on the 2016 Social Mobility Index:

Life Stage	Social Mobility Indicator	Rank*
Early Years	% of nursery providers rated 'outstanding' or 'good' by Ofsted	157
	% of children eligible for FSM achieving a 'good level of development' at the end of Early Years Foundation Stage	230
	Early Years Ranking	212
School	% of children eligible for FSM attending a primary school rated 'outstanding' or 'good' by Ofsted	294
	% of children eligible for FSM attending a secondary school rated 'outstanding' or 'good' by Ofsted	307
	% of children eligible for FSM achieving at least a level 4 in reading, writing and maths at the end of Key Stage 2	95
	% of children eligible for FSM achieving 5 good GCSEs including English and maths	193
	School Ranking	286
Youth	% of young people eligible for FSM that are not in education, employment or training one year after completing their GCSEs	258
	Average points score per entry for young people eligible for FSM at age 15 taking A-level or equivalent qualifications	218
	% of young people eligible for FSM at age 15 achieving 2 or more A-levels or equivalent qualifications by the age of 19	272
	% of young people eligible for FSM at age 15 entering higher education by the age of 19	230
	% of young people eligible for FSM at age 15 entering higher education at a selective university (most selective third by UCAS tariff scores) by the age of 19	231
	Youth Ranking	279
Adulthood	Median weekly salary of employees who live in the local area	240
	Average house prices compared to median annual salary of employees who live in the local area	25
	% of people that live in the local area who are in managerial and professional occupations (SOC 1 and 2)	284
	% of jobs that are paid less than the applicable Living Wage Foundation living wage	259
	% of families with children who own their home	209
	Adulthood Ranking	262
Doncaster Ranking out of 324 LA's		301

* 1 = best, 324 = worst

Doncaster's Performance against the five most similar authorities

	Early Years	School	Youth	Adulthood	Overall Rank
Rotherham	71	194	190	214	167
Wigan	242	112	183	224	202
St Helens	270	74	226	243	215
Wakefield	264	235	266	236	278
Barnsley	218	289	286	244	300
Doncaster	212	286	279	262	301

As the table above demonstrates, performance in Doncaster is lower than each of our five closest CIPFA neighbours. Doncaster performs relatively poorly across all areas of the mobility index, aside from some individual component performances such as house-pricing and primary school education outcomes. Doncaster's approach to enhancing social mobility will be to place focus on those measures which will have the highest direct impact on the future potential of young people.

Key Issues for Commissioners:

- As with Free School Meals, there is a strong correlation between deprivation and poor educational outcomes. Poor educational attainment limits employment opportunities in the future, which in turn can embed deprivation further.
- Those in the more deprived areas have worse health and fewer life chances than those in the least deprived.
- People in the most deprived areas die younger, attend hospital more frequently and have more long term conditions compared with those living in the less deprived areas.
- Narrowing inequalities is a key priority so that the outcomes in deprived communities are improved and healthy life expectancy is increased.
- A particular focus is needed in early years, as children in our most deprived areas are not necessarily given the best possible start for a healthy life, and educational outcomes show that gaps widen as children age.

The economic context priorities highlighted by the JSNA therefore are to:

- Diminish the difference between disadvantaged and non-disadvantaged children and young people
- Fewer children live in poverty

This page is intentionally left blank

Doncaster Children and Young People's Plan 2017-2020

Contents

1. Introduction: A Commissionable Children and Young People's Plan
2. What's the story in Doncaster? Children and Young People's Priorities
3. Progress since previous Plan
4. The Evidence
5. Our priorities
6. Priorities Action Plans
7. Changing Context & Aligned Strategies
8. Delivering as a partnership

Appendices

- I. Governance
- II. List of partners consulted with for production of the Plan
- III. Integrated Planning Map
- IV. Key change propositions of Wood Review
- V. Outcomes Framework

1. Introduction: A Commissionable Children and Young People's Plan

Responsibility for the lives and well-being of children across Doncaster largely rests primarily with their families and carers who are supported by Doncaster Council, Doncaster Schools, Doncaster Children's Trust, St Leger Homes, South Yorkshire Police & the NHS. The efforts of these institutions, together with families and carers, are critical to children staying safe, being healthy and achieving.

Collectively, these institutions spent £364m on children and young people in 2015/16. There are approximately 65,000 children and young people under the age of 18 in Doncaster. This amounts to an average of £5,600 spent per child. Out of this money children are schooled, kept healthy, supported in their early years, kept safe and secure and the most vulnerable children and young people properly cared for.

The Children and Young People's Plan is established to ensure that those institutions with a responsibility for children work and plan together, agree on a collective set of priorities and take collective responsibility for improving children's outcomes. These outcomes are measured and grouped as follows

- Staying Safe
- Being Healthy and Happy
- Achieving
- Equality

While measuring children's outcomes in these areas will tell us a lot about children's progress and well-being there has to be a balance with how children and young people experience life and what is important to them, the challenges to families in raising children and how they feel services should work for them.

Also, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less.

So, the Children and Young People's Partnership, having reflected on recent progress wants to focus on some key themes to better build the notion of a child friendly Borough. These are:-

- Listen to what children and young people have told us is important to them and improve outcomes in these areas.
- Adopt new ways of working that builds resilience in young people, their families and their communities.
- Place a renewed focus on social mobility and how services enable young people to achieve and 'get on'

This plan sets out how the overall ambition for children and young people translates into action and how we can assess the impact we are having. It sets out who is doing what and the priorities for the next 3 years and acts as the overarching document that directs strategic commissioning across the partnership.

Children and Young People's Priorities

Engagement with young people across the partnership has resulted in them identifying the following priorities. These are grouped against the 4 themes.

THEMES	CHILDREN & YOUNG PEOPLE'S PRIORITIES			
Safe	Feel safe - knowing that they can safely live and thrive in the borough	Supported by someone they trust	Equipped to handle bullying – more resilient and better able to handle difficult situations	
Healthy and happy	Better knowledge of services – what is available to them in their area	Reduced stigma around mental health – timely support and access to services	School Nurses to be available more around school and offer increased access	
Achievement	Life skills – making sure that they are well prepared for adulthood	Pathways to employment – ensuring that they are moving towards good quality, sustainable work	A broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult	
Equality	Treated respectfully – seen as valuable members of society with something unique to bring to discussion	Listened to – make them feel that their opinion is valued. This should happen in a supportive, nurturing capacity or an informative capacity to enable them to explore a variety of career paths	Better incentives – encouraging positive choices and patterns of behaviour	More positive stories – moving from a negative perception of young people to one which focusses on their strengths and achievements

When testing these priorities back with children and young people, they were particularly keen to stress issues around 'mental health support', 'being listened to', 'being supported to stop bullying' and 'having someone to talk to'. In the surveys these were the most important issues for young people in the series of important issues.

In Section 6 we set out how the partnership intends to respond to these priorities.

3. Progress against the 2014/16 Plan

What has been achieved under the recent plan informs the priorities of this plan, the main outcomes of which are set out below:

Key Performance Areas

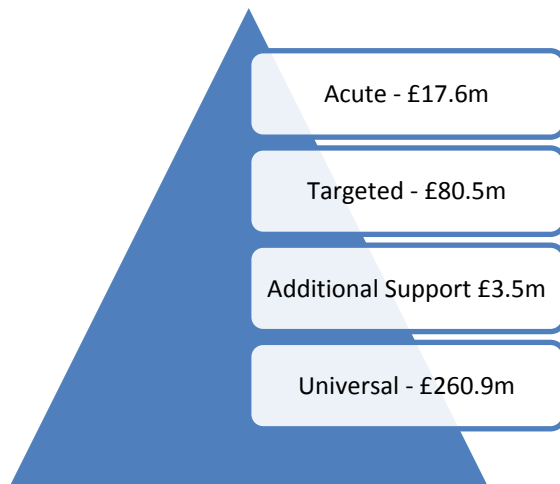
- Improved performance means that levels of school readiness and NEET (not in education, employment or training) young people are comparable with the national average and lower than our regional and statistical neighbours.
- Attainment in Doncaster is improving and the rate of improvement is showing healthy signs. However educational outcomes at both KS2 and KS4 remain below the national average. The number of schools rated 'Good or Better' is still significantly lower than the national average, and in Key Stage 1 and 2, fewer Doncaster pupils achieved the expected standard in reading writing and maths than nationally
- Doncaster has the second highest Children in Care numbers among the statistical neighbours, and the rate of children subject to a Child Protection Plan is higher than statistical neighbours, regional and national averages.
- Particular health concerns are obesity levels in Yr 6 children, hospital admissions among adolescents due to substance misuse and the numbers holding level 2 qualifications by the age of 19. In each of these areas, performance has worsened.
- The Troubled Families Programme appears to be having an impact on young people's school attendance but more broadly persistent school absences at primary school have not improved and sit well above national averages

Actions

- Since October 2014, Doncaster has operated with a Children's Services Trust, and the local authority and other partners have forged a successful working relationship with this new provider, driving an improvement in outcomes for some of the most vulnerable children
- In 2015 Team Doncaster established an independent Commission on Education and Skills. Its 2016 report included a series of recommendations, which highlighted the "existing and developing networks of individuals across the public, private, voluntary and charitable sectors, committed to working together to improve Doncaster's education and skills system."

Our investment in children and young people

The amount of public sector funding that is spent on children and young people in the borough has been subject to consistent pressure since 2010. The four year Spending Review, running from 2011/12, has seen around a quarter of budgets removed from local government, with similar cutbacks in Health, Police, Fire and Rescue and other areas of public spending. Collectively, £364m was spent on children and young people in 2015/16. This represents spending from the local authority, children's trust, health, police and housing. The money can be seen to have been spent across the following four tiers:



Conclusions

While there have been some notable improvements in some areas, the following conclusions can be drawn

- Improvement in children's outcomes across the partnership is inconsistent. Many areas show marginal significant improvement and others demonstrate little real change
- In establishing the Doncaster Children's Trust and the Doncaster Commission on Education and Skills, the partnership is demonstrating it is responding to these challenges
- The scale of reduced resource implies that performance has in some ways been affected so the process of prioritisation is more important than ever
- The approach to strategic commissioning should be reviewed and strengthened

4. The Evidence Base

To complement the voice of children and young people, the partnership collates a wealth of socio economic data to illustrate key local challenges. Key findings are set out here. A more comprehensive analysis can be found in the Joint Strategic Needs Assessment.

Joint Strategic Needs Assessment

A key supporting source of information for understanding the lives of children and young people in the borough is the Joint Strategic Needs Assessment. This allows us to establish trends in data across a wide range of variables and discern where more effort is needed, or a new approach, along with understanding what is already working well. As it uses historical data, it does not yet reflect the strong trajectory of improvement in children's social care, and we expect to see sustained and significant improvement across this area for the duration of this Plan.

<i>Theme</i>	<i>Key Areas of Concern</i>
Safe	<ul style="list-style-type: none"> • Increasing referrals to Early Help • Referrals for Statutory Intervention • Children in Need with neglect numbers • Children in Care numbers • Incidents of Domestic Abuse • Children going missing from home • Children at risk of CSE
Healthy and Happy	<ul style="list-style-type: none"> • Infant mortality rates • Breastfeeding prevalence • Babies living in smoking households • Emergency Admissions to hospital • A&E Attendance by 0-4yr children • Childhood Obesity in reception and Yr 6 • Teenage Pregnancy • STIs in young people • Substance Abuse, including NPS
Achievement	<ul style="list-style-type: none"> • EYFS good level of development • Increasing eligibility for 2yr old funding • KS1-4 attainment • Looked After Children's outcomes • NEET • Educational inclusion (behaviour) • Work readiness
Equality	<ul style="list-style-type: none"> • Gap in KS1-4 performance between pupils receiving FSM and those children living in low income/workless households • Children living in income deprived households in 10% most deprived areas • The number of children in poverty continues to increase (currently 30% after housing costs) - the 4th highest rate regionally, behind only Bradford, Hull and North East Lincolnshire • The recent Social Mobility Commission report also highlighted that Doncaster is in the bottom 10% of

	<p>areas nationally for social mobility.</p> <ul style="list-style-type: none"> The national Households Below Average Income statistics also demonstrate that the number of children in poverty that live in families with at least one person in work now stands at 66%. This clearly shows that while families are moving into work, they aren't moving out of poverty
--	---

Emerging priorities from the JSNA

The analysis of our performance and progress to date, alongside the emerging trends identified in the JSNA, has led us to identify a number of priorities for action over the course of this Plan.

THEMES	KEY PRIORITIES			
Safe	Children have access to the right services at the earliest opportunity	Domestic abuse practice is transformed across Doncaster	No child suffers significant harm as a result of neglect	Keeping teenagers and young people safe
Healthy and happy	Children and young people are healthy, have a sense of wellbeing and are resilient	Children have the best start in life	Children and young people's development is underpinned through a healthy lifestyle	
Achievement	Ensure all children are school ready	All children attend a good or better setting and aspirations are raised to ensure they reach their full potential	Young people are equipped to access education, employment or training in a way that supports future social mobility	
Equality	Diminish the difference between disadvantaged and non-disadvantaged children and young people		Fewer children live in poverty	

We are also aware of initial and anecdotal evidence that young people's housing needs is an issue – it is our intention to do further analysis of this to better understand the problems facing young people as they move into independent living arrangements, and therefore develop plans accordingly.

5. Priorities Action Plans

Evidence Driven

Priorities	3 Key Actions	Governance & accountability
Children have access to the right services at the earliest opportunity	<ul style="list-style-type: none"> • Develop a comprehensive and robust local offer is to support families • Promote the use of the team around the child approach at a universal and single agency level to prevent the escalation of need • Ensure that early help and prevention services are available for children of all ages through the provision of age appropriate strategies 	Early Help Strategy Group
No child suffers significant harm as a result of neglect	<ul style="list-style-type: none"> • Develop new practice model for intensive work with families experiencing long term neglect; • Ensure consistent use of the DSCB neglect toolkit across all levels of need and by all professionals across the partnership. • Ensure that there is a clear pathway across the partnership for addressing neglect and support all partners in identifying early signs of neglect in their core roles. • Ensure that there are safe spaces in the town centre and localities for teenagers and young people to meet and congregate without fear of exploitation by others or of intervention/disruption from police, neighbourhood teams etc. • Provide in school resources and learning around domestic abuse (age appropriate) so children know how to recognise the signs and know how to get help 	Tackling Neglect Strategy group
Domestic abuse practice is transformed	<ul style="list-style-type: none"> • Raise awareness, visibility and identification of domestic abuse issues through programmes of engagement and support to children, young people and families • Influence and support the development of policies and procedures in all workplaces to support organisations to act responsibly for the wellbeing of their employees through programmes of direct support • Improve the quality and use of data, research and local intelligence across the partnership to inform commissioning and target resources more effectively 	Safer Stronger Partnership

	and efficiently to address levels of need and risk	
Children and young people are healthy and have a sense of wellbeing	<ul style="list-style-type: none"> • Develop targeted programme for obesity prevention for primary schools • Develop and implement DCSB suicide prevention strategy • Revise the arrangements for children in care to have timely health and wellbeing assessments and effective and timely plans to meet identified needs. • Implement the Local Health Transformation Plan. 	<p>Emotional health and wellbeing strategy group</p> <p>Healthy Choices Group</p>
Children have the best start in life	<ul style="list-style-type: none"> • Ensure a coordinated offer focusing from conception through to the first 1001 days, with clearly defined pathways through services based on a family's continuum of need • Intervene at the earliest opportunity with identified families, to ensure they are prepared for parenthood and able to parent effectively ensuring the optimal health and development of their child • Partners work to a common purpose to target vulnerable families and work in a coordinated way to support the whole family, aligning with the early help cohort of the Place Plan. 	Starting Well group
Children and young people's development is underpinned through a healthy lifestyle	<ul style="list-style-type: none"> • Undertake a systematic review of the delivery and provision of physical activity and sport. • Develop a playing pitch strategy is currently being commissioned with financial and technical support from Sport England • Extend NCS programme reach including free access for all children in care and the 'This Girl Can' sports engagement programme for girls and young women who are in care or care leavers. • The early years and dental workforce have access to evidence based oral health training. • A campaign to promote free emergency hormonal contraception through Pharmacies 	Healthy Choices group
Ensure all children are school ready	<ul style="list-style-type: none"> • To provide accessible, flexible and high quality effective early learning and childcare for all children • To narrow the attainment gap especially for children in the most deprived areas • To support early year's organisations and child-minders across the sector to 	Starting Well Group

	work together to ensure the early year's workforce has the knowledge, skills and support that will enable children to reach their full potential.	
All children attend a good or better setting and aspirations are raised to ensure they reach their full potential	<ul style="list-style-type: none"> • Ensure Children in Care and Care leavers are supported in the school system through better advice and guidance, better tracking , improved advocacy programmes and workforce development • Ensure that all children have access to an educational setting that is appropriate to their needs, including those with SEND and social, emotional and behavioural difficulties 	<p>Corporate Parenting board / Virtual School governing body</p> <p>Education and Skills Board</p>
Young people are equipped to access education, employment or training	<ul style="list-style-type: none"> • The roll out of the Education and Skills Commission • The number of care leavers accessing further education, including degree level qualifications increases to be in line with the young people who have not been Looked After (currently 31% as of August 2016) • Create opportunity for young people at all ability levels to access community interest or social enterprise models, which are sustainable and provide a pathway to success 	Education and Skills Board
Diminish the difference between disadvantaged and non-disadvantaged children and young people	<ul style="list-style-type: none"> • Schools have robust strategies to ensure effective use of pupil premium spend • Ensure data analysis underpins a system wide approach to improving outcomes for all children including the most vulnerable. • Work with strategic partners to ensure that StEP visits scrutinise the use of resources to improve outcomes for disadvantaged pupils. 	<p>Education and Skills Board</p> <p>Anti-poverty strategy group</p>
Fewer children live in poverty	<ul style="list-style-type: none"> • Through the Troubled Families programme and Early Help, support parents with a history of worklessness and disadvantage to be economically viable; • Roll out of the Education and Skills Commission • Support the provision of sufficient high quality, affordable and accessible childcare to enable parents to attend work or training. 	<p>Anti-poverty strategy group</p> <p>Education and Skills Board</p> <p>Starting Well group</p>
Keeping teenagers and young people safe	<ul style="list-style-type: none"> • Develop inquisitive approaches to mapping complex safeguarding issues between CSE, Organised Crime, FGM, 	<p>Tackling Neglect Group</p> <p>Local Safeguarding</p>

	<p>trafficking, forced marriage and Domestic violence</p> <ul style="list-style-type: none"> • Develop locality profiles to understand what the current risks to teenagers and young people are in terms of location, activity and people and ensure that teenagers/young people know about healthy relationships and issues relating to consent • Ensure that diversionary activities are targeted where they are needed and safe spaces in the town centre and localities for teenagers and young people • Ensure appropriate accommodation is available for teenagers and young people to keep them safe 	<p>Children's Board</p> <p>Healthy Choices group</p> <p>SSDP</p>
Young Carers	<ul style="list-style-type: none"> • Assess the needs of the adult or child who needs care and support and then see what remaining needs for support a young carer in the family has. • Trigger either an assessment or the offer of an assessment to the person needing care using a whole family approach • As appropriate offer targeted and time limited support or sign post to universally delivered specific YCs services 	<p>Early Help strategy group</p> <p>(Actions will be delivered through existing young carers arrangements commissioned by DMBC)</p>

Children and Young People's Voice Driven

Priority	Key Actions	Lead
Feel safe - knowing that they can safely live and thrive in the borough	<ul style="list-style-type: none"> • Children and families receive timely interventions that meet their needs as they arise. • The support families receive helps to reduce concerns escalating. 	DCST, DSCB
Supported by someone they trust	<ul style="list-style-type: none"> • Children are supported by professionals who listen to them and take action to meet their needs and tackle concerns they raise. • Develop a participation strategy which provides all children with the opportunities to engage in the development of services 	DCST
Equipped to handle bullying – more resilient and better able to handle difficult situations	<ul style="list-style-type: none"> • Mental Toughness Project 	DMBC
Better knowledge of services – what is	<ul style="list-style-type: none"> • Better Transport Project 	Youth Parliament

available to them in their area.		
Reduced stigma around mental health – timely support and access to services	<ul style="list-style-type: none"> • Young People’s Better Mental Health Plan • Mental Toughness Project 	Youth Parliament DMBC
Life skills – making sure that they are well prepared for adulthood	<ul style="list-style-type: none"> • Education and Skills Commission • Engagement with Education and Skills Commission Project 	Team Doncaster Youth Parliament
Pathways to employment – ensuring that they are moving towards good quality, sustainable work	<ul style="list-style-type: none"> • Education and Skills Commission • Engagement with Education and Skills Commission Project • Living Wage Project 	Team Doncaster Youth Parliament Youth Parliament
A broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult	<ul style="list-style-type: none"> • Education and Skills Commission implementation • Engagement with Education and Skills Commission Project • Curriculum for Life Project 	Team Doncaster Youth Parliament Youth Parliament
Treated respectfully – seen as valuable members of society with something unique to bring to discussion	<ul style="list-style-type: none"> • Youth Council • Families moving on together 	DMBC DMBC
Better incentives – encouraging positive choices and patterns of behaviour	<ul style="list-style-type: none"> • Healthy learning, healthy lives • Respect Yourself 	DMBC DMBC
Listened to – make them feel that their opinion is valued. This should happen in a supportive, nurturing capacity or an informative capacity to enable them to explore a variety of different career paths	<ul style="list-style-type: none"> • Education and Skills Commission implementation • Good Childhood Index 	Team Doncaster The Children’s Society
More positive stories – moving from a negative perception of young people to one which focusses on their strengths and achievements	<ul style="list-style-type: none"> • Education and Skills Commission implementation 	Team Doncaster

6. The partnership operating environment & national policy context

Accountability and changing roles

Doncaster is largely unique in that all of its secondary schools are Academies or part of Multi Academy trusts. This shift in the locus of control for education has perhaps best been characterised by the introduction of a regional schools commissioner.

Also in 2014 Doncaster established a Children's Services Trust to manage the children's social care system. This is a fairly fundamental shift in a relatively short period of time and changes significantly the role of the local authority.

The Wood Review¹ in May 2016 set out recommendations for making local safeguarding children boards (LSCBs) more effective. This included reducing the number of agencies who had to be a part of the board to just the local authority, the police and health.

Changes to LSCBs are incorporated into the Children and Social Work Bill. It is expected that LSCBs will retain current functions until the end of March 2018. Constructive local challenge against a clearly agreed and owned joint endeavour is the means of binding partners together and holding each other to account. In Doncaster, we are already trialling a local 'Performance Accountability Board' which is independently chaired. (The agreed change propositions can be found in Annex 4).

The combination of all these factors means that partnership and collaboration is of the utmost importance in Doncaster and that the Children and Families Partnership Board has a truly vital role in enabling collaboration.

Legislation

At the time of writing 2 key areas of legislation are going through Parliament.

- The Children and Social Work Bill introduces a number of new requirements for local authorities and providers. This legislation sits alongside the new strategy called Keep on Caring². The strategy sets out how the Government will use the Children's Social Care Innovation Programme to rethink transitions to adulthood for young people in the children's social care system.
- The 'Schools that work for everyone' Green paper that proposes the expansion of selective schools

The Partnership will be required to revisit the implications of this legislation on its plans once assent is in place and the Government sets out its plans for implementation.

Social Mobility Opportunity Area

At the time of writing Doncaster had been nominated to receive a share of a DFE announced £72m fund to promote social mobility. Doncaster is one of 12 so called

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535899/Care-Leaver-Strategy.pdf

'opportunity areas' - areas which are ranked as 'cold spots' in the government's social mobility index. As details of this emerge the partnership will need to revise its plans appropriately. The objectives of the social mobility funding closely reflect the ambitions set out in the Doncaster Education and Skills Commission

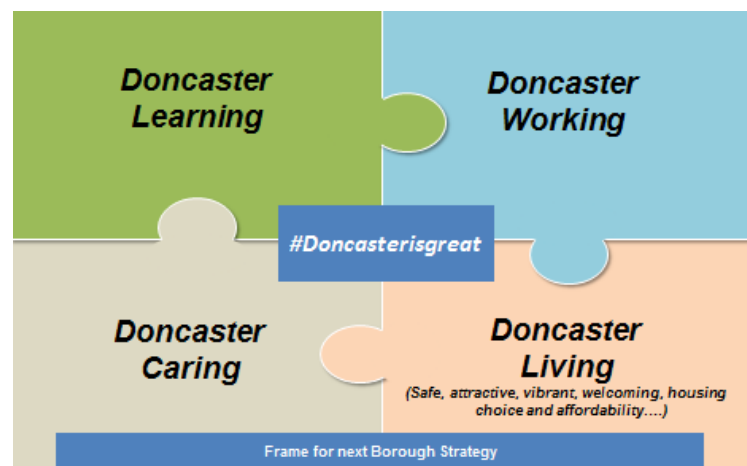
Sheffield City Region

The Sheffield City Region has been pursuing an ambitious devolution deal to secure a Mayor for the combined authority. This would see the region look to deliver an integrated skills and training system across the local area, 'driven by the needs of the economy and led by the private sector, giving local businesses the skilled labour they need to grow'³. Crucially, there are plans for the SCR to play a central role in enabling businesses, especially SMEs, to take up and invest in apprenticeships. This is a crucial development in terms of the long term employment prospects in the borough.

Doncaster strategies

Doncaster Growing Together - borough strategy

The Doncaster Growing Together (borough strategy) programme sets out the long terms partnership vision for Doncaster. It is based on the knowledge that the next four years represents a series of challenges and opportunities for the business, citizens and local agencies in the borough. The work will focus on four policy priority areas: learning, living, caring and working. There are key links to children and young people in the borough through these areas; for instance, children in care and young carers, two groups of young people identified as priorities in Doncaster, will see their work co-ordinated across Doncaster under the 'Caring' priority area.



Doncaster CCG Local Transformation Plan

The CCG has developed a Local Transformation Plan⁴, which is Team Doncaster's five year vision (2015-20) to transform the emotional wellbeing and mental health system, in response to the Future in Mind⁵ document. The key focus is on early

³

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403161/FINAL_Sheffield_City_Region_Devolution_Deal.pdf

⁴ <http://www.doncasterccg.nhs.uk/wp-content/uploads/2016/11/Doncaster-LTP-2016-20-Finalised-.pdf>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

intervention and prevention and strengthening Children, Young People and their families' involvement in all decisions. The key deliverables are:

- Support Universal Services
- Move away from current tiered system
- Development of Intensive Home Treatment Provision
- Caring for the Most Vulnerable
- Implement the Crisis Care Concordat
- Eating Disorders
- Children, Young People and Families have a Voice

Health and Well-being strategy 2016-21

The Doncaster Health and Wellbeing Strategy has three key aims:

1. This Strategy presents a high level vision for health and wellbeing in Doncaster and describes the locally adopted model for health and wellbeing
2. The Strategy outlines the roles and ways of working for key partners to play in ensuring the effective delivery and implementation of the Health and Social Care Transformation Fund which will focus on developing early interventions and lower level wellbeing support in communities
3. The Strategy has identified 4 key themes for development to improve health and wellbeing outcomes in Doncaster:
 - Wellbeing
 - Health and Social Care Transformation
 - Five Areas of Focus
 - Reducing Health Inequalities

Taken together these three aims form the work plan of the Health and Wellbeing Board, which will continue to be the key partnership for health and wellbeing in Doncaster and is part of the wider Team Doncaster Strategic Partnership. This is also supplemented by the production of the Director of Public Health's Annual report, which demonstrates the state of health within communities.

Doncaster Place Plan

The Place Plan articulates a shared vision across health and social care in Doncaster. There are four key outputs that are associated with this Plan, which connect to the Children and Young People's Plan:

- Facilitation of the development of integrated commissioning and provision.
- Work with system leaders
- Development and delivery of training
- Engagement and communication plan

It is expected that this joint vision will help to drive new ways of working, based on a model that looks to deliver early help and more community based solutions that keep people well rather than treating them only when they become ill. This will see the partnership working in co-terminus localities and taking a neighbourhood and integrated approach across health and social care system. The key deliverables are:

- A multi-disciplinary approach that brings a range of professional skills and expertise to bear through a 'Team Around the Child, Young Person/Family'
- A relationship with a trusted lead professional who can engage with the child / young person and their family, and coordinate the support needed from other agencies.
- Practice that empowers families and helps them to develop the capacity to resolve their own problems.
- A holistic approach that addresses a child / young person's needs in a wider context
- Simple, streamlined enquiry and assessment process

Doncaster safeguarding children's board (DSCB)

The DSCB has a clear set of agreed priorities and an action plan that seeks to achieve them. This helps to ensure that there are effective arrangements in place to respond to key safeguarding risks, stay aware of emerging issues which have implications across the partnership, and have a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Boards priorities.

Doncaster Education & Skills Commission

The Independent Commission on Education and Skills in Doncaster in their 'One Doncaster' report identified the need for the education and skills system in the borough to thrive. The Local Authority will work with strategic partners, school leaders and governors, national agencies and other partners and stakeholders to ensure that the system delivers what is expected and required.

There are four key tenets of the reform programme that will tie in to the Children and Young People's Plan:

From plans to action: Shared leadership of reform that delivers for Doncaster's citizens and its economy



The key deliverables are:

- Developing a 'whole person whole life' focus
- Create a local all age Careers and Employment guidance system
- Provide outstanding teacher development opportunities

Doncaster Raising Aspiration and Achievement Strategy

To deliver the improvements that Doncaster needs the local authority will work with strategic partners to ensure that school and college leadership at all levels is of the highest quality and that leaders in turn improve the quality of provision their schools and colleges offer. Children and young people and their families will also receive the additional support they need, both in and out of a school or college setting, to ensure that the young person has every chance to take advantage of the better opportunities they are given.

The Council has clear ambition for the schools and colleges in Doncaster and the children and young people who attend them. It is committed to achieving excellence in education and believes that all children and young people are entitled to be educated in successful local schools. The key deliverables include:

- To reduce by half the number of schools that are categorised as Schools Causing Concern and to improve the LA Ofsted schools' profile
- To improve the behaviour continuum for vulnerable students in Doncaster
- To improve safeguarding in schools so that it is judged as effective

Locality Working

During 2017 the Children and Young People's partnership will agree 4 area based implementation plans which will enable it to better shape delivery and respond to need. This will build localised data and insight to enable the partnership to better assess impact, including family learning: principally, the better use of this offer, innovation of the curriculum and more partnership working with primary schools and Children's Centres.

Doncaster Stronger Families Programme

Doncaster Stronger Families programme is central to all Early Help and family support work across the wide range of partners in Doncaster. It focus on families with children that face challenges around crime and anti-social behaviour, school attendance , children who need help , at risk of worklessness and a range of health problems. A whole family assessment and action plan must take into account all issues (both child and adult) and have in place interventions to tackle these.

Doncaster Domestic Abuse Strategy 2016-20

The Domestic Abuse Strategy reflects the coordinated response to domestic abuse in Doncaster, led by the Safer Stronger Doncaster Partnership. It sets out a 'call to action' and an agreed way of working with adult victims, perpetrators of domestic abuse and with any child or young person living in a household or with the consequences of domestic abuse.

The key deliverables are:

- Communities and families no longer accept or experience domestic abuse
- Families who are vulnerable to or experience domestic abuse are identified earlier and receive effective support to stay safe
- People who use abusive behaviour are challenged and provided with effective support to change

7. Delivering on our ambition in 2017-20 - How we intend to work together to achieve this

We will be clearly seeking to deliver on our ambition to become the most child friendly borough in the country. Central to this is a fundamental shift in our approach – moving from simply trying to respond to national directives to seeking to shape the narrative and become an example of best practice. In a time of constrained finances, this is absolutely essential, and is a clear indication of determination to see the children and young people of Doncaster consistently achieve their full potential.

Partnership Principles

- Be child focussed – children and young people are our primary concern
- Use evidence-based approaches to ensure effective interventions
- Use relationship-based interventions to maximise families' trust and confidence in our services
- Use resources wisely
- Use an integrated 'right first time' approach to ensure best use of resources
- Deploy high quality performance management and quality assurance arrangements to ensure that we are self-aware and able to react quickly to changing needs.
- Agree strengths informed approaches to ensure maximum engagement and strengthening of families
- Be curious about what we don't yet know – and determined to find out
- Be champions for children and young people in every aspect of our work
- Recognise and act upon our responsibilities as corporate parents for children in care and care leavers
- Be respectful of difference and celebrate diversity
- Respect customers, stakeholders and colleagues, treating them with courtesy, dignity and consideration
- Do what we say we are going to do
- Bring innovation and creativity into our planning and delivery of services
- Work ethically and safely at all times; be fair, honest and transparent
- Deal with information about other people with sensitivity, care and consideration
- Take time to listen: it's a two-way conversation
- Make sure we say sorry when things go wrong
- Respect and encourage the hopes and dreams of the children and young people we work with
- Seek always to raise aspirations for CYP, families and communities
- Be ambassadors for Doncaster
- Challenge poor practice and accept challenge constructively
- Be change agents in people's lives and empower families through our work

Participation, voice and influence – “No decision about me without me”

- Recognise that children, young people, parents and carers are experts by experience
- Making sure that involvement is seen as a continuous process of dialogue-building and not just a series of one-off exercises.
- Children and young people are treated with respect and honesty and their contribution is acknowledged as important.
- Investing resources in developing people with the skills and knowledge to build trusted and imaginative ways of involving children and young people.

- Avoiding duplication across the partnership and therefore avoiding unnecessary cost and ‘consultation fatigue’.
- Working with children and young people to understand “what works for them” in terms of involvement.
- Making sure that involving children and young people in the democratic decision-making process is seen as a valuable end in itself and an important part of our work.
- Accepting that children and young people are not always going to tell us what we want to hear - in the way that we want to hear it.
- Providing a range of opportunities for involvement to meet the needs and preferences of our diverse community.
- Making sure that when we ask children and young people what they think about issues and services that we are committed to respond.
- Using the Youth Parliament, Children in Care Council, Care Leavers’ Council and social media to make sure that children, young people and their advocates can see what has changed as a result of their involvement.

Common Outcomes Framework

The Children and Young People’s Plan follows on from the ambition of partners and their own individual priorities, focusing the borough on the outcomes that really matter for children and young people, and connecting children and young people to the growing number of opportunities that we are seeking to provide over the next few years.

It means that whilst our individual roles and services may deliver on particular issues, overall our models of support for children will add up to a something greater than the sum of our parts. It also means that we will place critical importance on understanding what matters to children and young people, updating our plans and service specifications accordingly – through regular listening and engagement with practitioners, families, and children and young people, supported by rigorous analysis of statistical data, such as the Joint Strategic Needs Assessment, and research.

Working in partnership

Achieving our vision will only be possible through working with partners across organisational and service boundaries. Doncaster has an ever improving platform to work from in this regard, both in terms of new, improved governance arrangements, and integrated strategies to work from. The partnership is collectively working towards four policy priority areas for its work over the next four years: living, caring, working, and learning, and this Plan is cognisant of this, seeking to integrate crucial outcomes specific to children and young people into the broader borough-level ambition.

Work is on-going through the Children and Families Partnership Board to drive improvement in outcomes for children and young people. The Board acts as the overall steering and coordination body, working with partners across Doncaster to focus effort around the priorities and outcomes. It also provides high level oversight of the work of the partners, working to deliver coherency in plans and that actions can contribute effectively to the key outcomes for the borough.

We have also established an interim executive group (IEG) that has taken forward 4 key strategic tasks in the borough: the JSNA, the CYP Plan, the production of an

updated outcomes framework, and a governance review to better align to our new priorities to established, accountable groups. This will help to ensure that all partner organisations are action focussed and deliver against agreed actions seeking to improve the health, wellbeing and attainment of children and young people across the borough. (The proposed new structure is included in Annex 1).

Joint Strategic Commissioning

Joint Commissioning is currently carried out through an Executive Group that includes partners from the local authority, Children's Trust and Health partners. This group will revisit its commissioning priorities as a consequence of this plan and deliver joint commissioning strategies by June 2017

The review will entail:

- Baseline current commissioned activities by all agencies for children aged -25 covering costs
- Analyse the impact of existing activities against JSNA priorities for relevance
- Analyse performance framework against the new outcomes framework
- Identify decommissioning and re-commissioning against existing procurements and contracts
- Establish revised commissioning strategies

Local Office of the Children's Commissioner

The local authority is committed to a new role of the Local Office of The Children's Commissioner. This strategic role will help to drive forward our new approach to engagement, and ensure greater co-ordination of action and intent across Team Doncaster. There are three key principles which will drive the way that we take our work forward over the next four years:

- Be child and young person centred
- Listen to and respond to children and young people
- Focus on strengths and building resilience

By committing to this approach, we are confident that we will deliver on our ambition to make Doncaster the most child friendly borough in the country.

Policy Implementation Gateways

Of central importance to this is the development of an approach based on policy 'gateways'. This rigorous analytical toolkit ensures a consistency in the approach to developing policy and strategy in the long term, and will mean that there is less duplication of effort alongside a clear rationale for implementation of interventions at a practice level. It will also allow for a more robust process of evaluation of the effectiveness of our strategies, allowing us to change course if something is not delivering the outcomes that we want to see. Incorporating best practice tools and techniques, such as horizon scanning, examples of new evidence based practice, and looking for examples of innovation, this will complement the and underpin the work on our DN21 (borough strategy) programmes of work.

New approaches to assessing impact

The combination of better data and better insight is changing policy around children and young people. As such we propose a rejuvenated approach to assessing rounded impact based on the following areas. These approaches are being adopted precisely because they are able to inform our partnership better in respect of our local challenges.

Life Course Thinking

Increasingly, evidence on child and early adolescent development has resulted in a shift towards life course assessment. This in turn challenges Children and Young People's partnerships to think more expansively around the development of children and young people and, while organisations within our partnership will be largely responsible for specific areas of delivery, as a partnership we will shift to a 0-25 life course measure of collective success. This is reflected in our outcomes framework in appendix 5 that brings together responses to particular areas of need and the wider life course approach.

Children & Young People Typologies

The current Schools Green paper centres on the notion of social mobility. It especially focuses on the fortunes of those families 'just managing'. This has emerged on the back of a progressive shift to the use of typologies. In Doncaster we are interested in the development of a method by which we can develop a deeper understanding of the characteristics and motivations of different social groups, develop more tailored interventions and assess how a range of services can act as an escalator to support social mobility. .

Social Mobility

The notion of typologies and social mobility go hand in hand. The latest report of the Social Mobility Commission identifies major challenges for Doncaster. Facing up to these challenges has to begin with children and young people and interventions have to respond to this challenge. Consequently this plan will routinely assess shifts in social mobility using the data recommended by the Social Mobility Commission.

Well-being, Happiness and Resilience

Children and Young People's voice is central to this plan and we will supplement this with assessment of their happiness and well-being. The most respected vehicle for this is The Children's Society's 'Good Childhood' Index. This includes a five-item measure of life satisfaction, a single-item measure of happiness with life as a whole, and a series of questions about well-being in 10 key areas of children's lives - family, friends, health, appearance, time use, the future, home, money and possessions, school and amount of choice. Analysis of the 2008 survey yielded the discovery that these ten areas explained over half of the variation in overall well-being.

Mental Toughness

Mental Toughness is a concept most commonly associated with elite sporting performance, but one that has gained traction in education over the past 10 years. It is based on the premise of more resilient young people performing better academically, and has been trialled in locations across the country. Based on the concept of 4 C's – control, commitment, confidence and challenge – a series of

interventions take place over a defined period of time that seek to improve these aspects of personal resilience, with a view to it leading to a more rounded and 'mentally tough' young person. There has been a great deal of research and evaluation of this approach, as evidenced by the publications⁶ where the correlation between increased mental toughness and increased academic performance is assessed. The partnership intends to explore the prospect to using the MTQ48 methodology of testing mental toughness with the support of participating schools.

Social Value and Costs Benefit

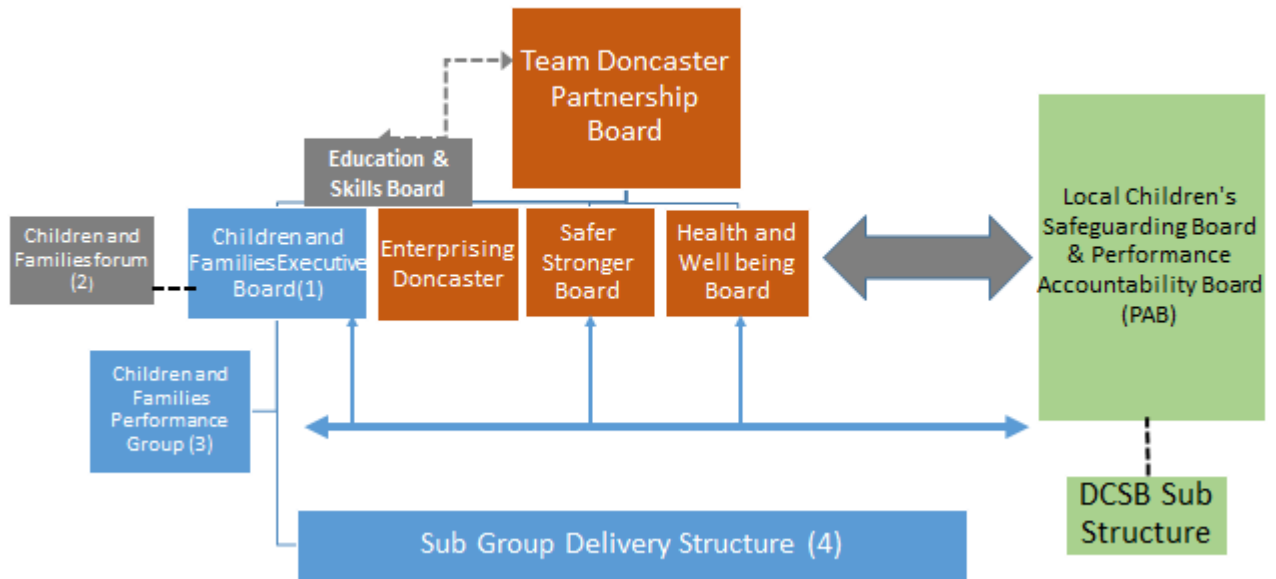
The partnership is interested in pursuing further the notion of social value and social impact brought about through the positive actions of children and young people. While the notion of social value has been more recently aligned to public procurement, we feel there is a strong case for expanding its notion across key areas of public service delivery, and are exploring taking this forward through revised procurement arrangement.

The recent report of the Doncaster Independent Commission for Education and Skills proposes a series of radical notions around the wider accreditation of the talents of children and young people and a guaranteed set of experiences before the ages of 11 and 16. We would wish to explore the impact of these on the children and young people themselves, their families and communities in the context of the social value they create. We would align to this harder cost benefit analysis using the model developed by New Economy of Manchester in partnership with HM Treasury.

⁶ <https://kar.presswarehouse.com/books/BookDetail.aspx?productID=383786>

Appendix 1 – proposed new governance structure

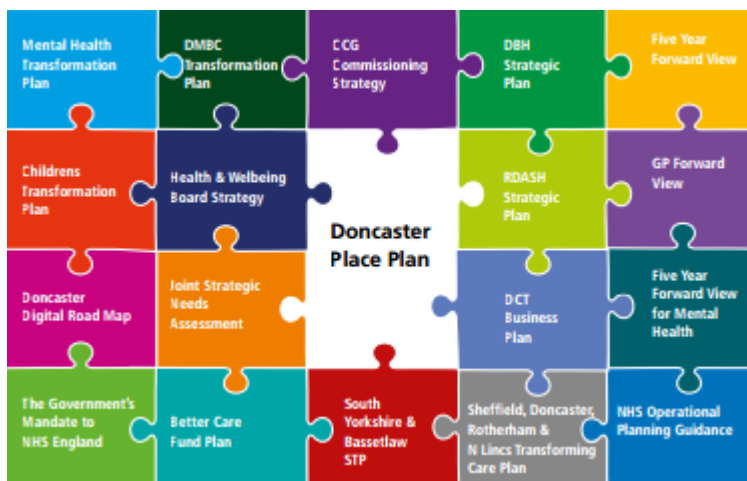
Structure Proposal



Appendix 2 – list of partners engaged

- | | |
|--|-------------------------------|
| Doncaster Council | Doncaster Wildlife Park |
| Doncaster Children's Services Trust | Robin Hood Airport |
| Doncaster Clinical Commissioning Group | Don Valley |
| Partners in Learning | Rdash |
| South Yorkshire Police | Doncaster CVS |
| St Leger Homes | South Yorkshire Fire & Rescue |
| Public Health | Strategic Youth Alliance |
| Doncaster Chamber | |

Appendix 3 – integrated planning



Appendix 4 – key change proposition of wood review

RESPONDING TO WOOD REVIEW: KEY CHANGE PROPOSITIONS

- Retain DSCB as a basis for developing modified multi-agency safeguarding arrangements that represent ‘best fit’ for key partners
- Retain Independent Chair role, with remit to work with key partners to initiate and lead streamlining of multi-agency safeguarding arrangements (in effect, taking forward propositions in Wood Review within a retained DSCB framework to promote continuity and reduce risk).
- Use opportunity of Team Doncaster’s governance review to rationalise ‘partnership clutter’ as part of new arrangements for promotion and coordination of safeguarding
- Strengthen focus of DSCB on local assurance, scrutiny and challenge and using partnership business support more effectively
- Identify opportunities for multi-agency safeguarding functions to be carried out on a joint, sub-regional or regional basis where this would promote greater consistency and efficiency
- Encourage a regional or sub-regional approach to issues such as FGM, Modern Slavery and Prevent.
- Ensure regional dissemination of shared learning from local learning enquiries

Appendix 5

Principles Applied

Outcomes framework should be based on sample of “pulse” measures that will measure impact of activity

The basis of the Framework is the JSNA priority framework against which all measures can be mapped

Indicator owners are identified in order to provide the insight and detail that sits beneath the measure.

The Outcomes Framework will map and link to existing strategies and plans, where the further detail and granularity will lie.

Measuring impact and outcomes

The Plan clearly sets out our priorities as well as the actions that we will take to address them. During the lifetime of the Plan, the partnership will ensure that these actions are completed through regular checking of progress against them. However, we also need to demonstrate that these actions are having the necessary impact on improving outcomes for the Children and Young People of Doncaster.

As well as making sure that actions are completed, the partnership will also check progress against our Outcomes Framework, which is set out in the following pages. The Framework comprises a set of performance indicators and measures that will allow us to measure the difference that the plan is making. Some of these measures already exist, some will need to be developed. Some will be available every quarter, others annually. This is not intended to be the definitive list of measures of outcomes for Children and Young People, but a set of “pulse” measures that will demonstrate progress against the plan.

The measures will be sourced from a variety of places and organisations. We will ask partners to provide both the measures and supporting evidence and insight as part of the reporting cycle. Indicator owners are identified in order to provide the insight and detail that sits beneath the measure. The Outcomes Framework also maps and links to existing strategies and plans, where the further detail and granularity will lie.

Reporting Cycle

Progress against the plan will be measured each quarter and reported back to the Children and Families Executive Board, through the Children and Families Performance Group. It is expected that indicator owners will provide both the performance information and insight behind each of the measures set out in the Framework through the CYPP Scorecard. As some measures have been agreed for the plan, some will need to come online during the first year. We won't rely on just the figures, the Scorecard will need to tell us the story behind them, and ask: ***what are the figures telling us? how well did we do?*** and most importantly ***are children and young people better off as a result?***

STAY SAFE						
Children have access to the right services at the earliest opportunity						
Measure	Source	Frequency	x-ref to other plans/boards ¹	Baseline	Position ²	Target
Rate of Children receiving a multi-agency Early Help Intervention, per 10,000 children	DCST	Quarterly	<i>DSCB/ Early Help Strategy (EHIG)</i>	251 (31/12/16)	n/a	Increase
Time taken from an early help enquiry to a family receiving an early help intervention	DCST	Quarterly	<i>DSCB/ Early Help Strategy (EHIG)</i>	New measure		Decrease
Rate of Children in Need, per 10,000 children	DCST	Quarterly	DSCB	382 (31/03/16)	C	Decrease
Rate of Children in Care, per 10,000 children	DCST	Quarterly	DSCB	75 (31/03/16)	60	Decrease

%Re-Referrals for statutory social care services	DCST	Quarterly	DSCB	23% (31/03/16)	C	Decrease
%Re-referrals for Early Help Services	DMBC	Quarterly	<i>DSCB/ Early Help Strategy (EHIG)</i>	New measure		Decrease
%of Social Care referrals previously receiving an Early Help service (EHA)	DCST	Quarterly	<i>DSCB</i>	New measure		Decrease
Number of families worked with through the Stronger Families programme	DMBC	Quarterly	<i>DSCB / Stronger Families Steering Group</i>	TBC	n/a	Increase
Domestic abuse practice is transformed across Doncaster						
% of Statutory Assessments completed where Domestic Abuse is identified as a factor	DCST	Quarterly	<i>DSCB / SSDP- Domestic Abuse Strategy</i>	59.1% (2015/16)	49.6%	Decrease
% of re-referrals to social care where DANs have been involved	DCST	Quarterly	<i>DSCB / SSDP- Domestic Abuse Strategy</i>	15% (2015/16)	n/a	Decrease
Rate of Children in Need where Domestic Abuse was a factor (per 10,000 children)	DCST	Quarterly	<i>DSCB / SSDP- Domestic Abuse Strategy</i>	50.5 (31/03/16)	n/a	Decrease
Rate of Children in Care where Domestic Abuse was a factor (per 10,000 children)	DCST	Quarterly	<i>DSCB / SSDP- Domestic Abuse Strategy</i>	14.3 (31/03/16)	n/a	Decrease
Pupil Lifestyle Survey: Experience of violence in the home (Q36b)	DMBC	Annual	<i>DSCB</i>	7% (2015)	n/a	Decrease
Ensure no child suffers significant harm from neglect						
Rate of referrals where Neglect identified as a factor (per 10,000 children)	DCST	Quarterly	DSCB	597.2 (2015/16)	n/a	Decrease
% of Statutory Assessments completed where Neglect is identified as a factor	DCST	Quarterly	DSCB	22.5% (2015/16)	17.5%	Decrease
% of Early Help Cases open with Neglect as a presenting factor	DCST	Quarterly	<i>DSCB</i>	TBC	n/a	Increase
Rate of Children in Need where Neglect was a factor	DCST	Quarterly	DSCB	78.1% (31/03/16)	50.6%	Decrease
Rate of Children in Care where Neglect was a factor	DCST	Quarterly	<i>DSCB</i>	76% (31/03/16)	54%	Decrease
Keeping Teenagers and Young People Safe						
Rate of children identified as being at risk of Child Sexual						

Exploitation (CSE)						
Hospital admissions due to substance misuse (15-24 years)	CHIMAT	Annual	DSCB	141.5 (13/14 - 15/16)	95.4 (13/14 - 15/16)	Decrease
Children fatally or seriously injured through Road Traffic Accidents - rate	SYSRP	Annual	DSCB	24.9 (2012-14)	17.9	Decrease
Admissions to A&E for unintended injuries (rate per 10,000)	CCG	Quarterly	DSCB	132.1 0-14 years 148.8 15-24 years (2014/15)	109.6 0-14 years 131.7 15-24 years	Decrease
Pupil Lifestyle Survey: Do children feel safe going out in the day? (Q30p/40s)	DMBC	Annual	DSCB	79% (30/09/15)	n/a	Increase
First Time Entrant rate to the Youth Justice System	YJB	Quarterly	YOS	610 (2015/16)	357 (2015/16)	Decrease
Children and Young People engaged in National Citizenship Service						Increase
Rate of episodes of children reported as missing (episodes of greater than 3 hours per 10,000)	DCST	Quarterly	DSCB			Decrease

BE HEALTHY

Children and young people are healthy and have a sense of wellbeing

Measure	Source	Frequency	x-ref to other plans/boards ¹	Baseline	Position ²	Target
Number of young people admitted to an acute mental health bed (tier 4)	CCG/RDaSH	Quarterly	DSCB	TBC	TBC	Decrease
Inpatient admissions rate: mental health disorders for 10-17 year olds (per 100,000)	CHIMAT	Annual	DSCB	58.3 (2014/15)	87.4	Decrease
Hospital Admissions for Self Harm (aged 10-24, rate per 10,000)	DCCG	Quarterly	DSCB	404.6 (2014/15)	398.8	Decrease
Referrals into specialist CAMHs	RDaSH	Quarterly	DSCB	TBC	TBC	Increase
%Children in care with up to date health assessment, dental check and immunisations	DCST	Quarterly	CPB	TBC	TBC	Increase
Pupil Lifestyle Survey - Bullying						
Pupil Lifestyle Survey: %Children scoring themselves medium or high on the composite Resilience Score (Q84/85)	PH	Annual		41% (30/09/15)	n/a	Increase

Children have the best start in life

%of children born with a low birth weight	CHIMAT	Annual	Starting Well Strategy Group	3.3% (2014)	2.9	Decrease
Breast Feeding prevalence at 6-8 weeks post delivery	CHIMAT	Annual	Starting Well Strategy Group	30.4% (2014/5)	43.2%	Increase
%Children with "Healthy Weight" at 5 years	NCMP	Annual	Starting Well Strategy Group	75.4% (2015/16)	76.9%	Increase
Hospital admissions for Dental Caries for under 5 year olds	CHIMAT	Annual	Starting Well Strategy Group	977 (2012-15)	322	Decrease
<18 Conception Rates (per 1000 females aged 15-17)	CHIMAT	Annual	Starting Well Strategy Group	34.6 (2014)	22.8	Decrease
%Children with "Healthy Weight" at 11 years	NCMP	Annual	Starting Well	64.9%	64.5%	Increase

			Strategy Group	(2015/16)		
Children and young people's development is underpinned through a healthy lifestyle						
Pupil Lifestyle Survey: Have you been drunk in the last 7 days? (Q53)	DMBC	Annual		7% (30/09/15)	n/a	Decrease
Pupil Lifestyle Survey: CYP reporting that they smoke regularly (Q59)	DMBC	Annual		4% (30/09/15)	n/a	Decrease
Pupil Lifestyle Survey: CYP reporting that they have taken drugs in the last year (Q70)	DMBC	Annual		4% (30/09/15)	n/a	Decrease
Pupil Lifestyle Survey: Activity						
First Time Entrants to Drug and Alcohol Treatment Services	CCG	Quarterly				Decrease

ACHIEVE

Ensure all children are ready for school

Measure	Source	Frequency	x-ref to other plans/boards ¹	Baseline	Position ²	Target
% of children registered with a children's centre within two months of birth	DMBC	Quarterly	<i>Starting Well Strategy Group</i>	TBC	TBC	Increase
% of children taking up 2,3 and 4 year old early years entitlement	DMBC	Termly	<i>Starting Well Strategy Group</i>	TBC	TBC	Increase
% of children achieving a good level of development by the age of 5 (EYFS)	DMBC	Annual	Education & Skills Board	69.7% (2016)	69.3%	Increase
Achievement gap between lowest achieving 20% of children in EYFS with their peers	DMBC	Annual	Education & Skills Board	34.8 (2016)	31.4	Decrease

All children attend a good or better setting and aspirations are raised to ensure that they reach their full potential

% of EY settings rated as good or better	DMBC	Quarterly	DSCB	89% (31/08/16)	91%	Increase
% of children attending a school graded as Good or Outstanding	DMBC	Termly	DSCB	67%	87%	Increase

				(31/08/16)		
Rate of fixed term exclusions	DMBC	Termly	DSCB	7.7 (2014/15)	3.9	Decrease
Rate of permanent exclusions	DMBC	Termly	DSCB	0.00 (2014/15)	0.07	Decrease
Primary school persistent absence rate	DMBC	Termly	DSCB	2.7% (2014/15)	2.1%	Decrease
Secondary school persistent absence rate	DMBC	Termly	Education & Skills Board	7.0% (2014/15)	5.4%	Decrease
%children achieving expected standard in RWM at KS2	DMBC	Annual	Education & Skills Board	46% (2016)	53%	Increase
%children achieving at a higher standard in RWM at KS2	DMBC	Annual	Education & Skills Board	3% (2016)	5%	Increase
Attainment 8 score at KS4	DMBC	Annual	Education & Skills Board	46.9 (2016)	49.9	Increase

Progress 8 score at KS4	DMBC	Annual	DSCB	-0.21 (2016)	-0.03	Increase
Young people are equipped to access education, employment or training						
%pupils achieving a grade 5 or better in English and Maths at KS4³	DMBC	Annual	Education & Skills Board	59.5% (2016)	63.0%	Increase
%pupils who stayed in education or went into employment after Y11	DMBC	Annual	Education & Skills Board	93% (2014 leavers)	94%	Increase
%young people aged 16-18 in Education, Employment and Training ("EET")	DMBC	Quarterly		TBC	TBC	Increase
Achievement of a Level 2 qualification by the age of 19	DMBC	Annual	Education & Skills Board	81.3% (2015)	D 86%	Increase
Achievement of a Level 3 qualification by the age of 19	DMBC	Annual	Education & Skills Board	47.7% (2015)	D 57.4%	Increase

ECONOMIC WELLBEING

Diminish the difference between disadvantaged and non-disadvantaged children and young people

Measure	Source	Frequency	x-ref to other plans/boards ¹	Baseline	Position ²	Target
%Children in care attainment 8 score at KS4	DMBC	Annual	CPB	TBC	TBC	Increase
Progress 8 measure for Children in Care	DMBC	Annual	CPB	TBC	TBC	Increase
%Children in care achieving grade 5 or better in English and Maths at KS4	DMBC	Annual	CPB	x% (2015)	15.9%	Increase
%Children in care achieving expected standard in RWM at KS2	DMBC	Annual	CPB	70% (2015)	A 52%	Increase
%Care Leavers in Employment, Education or Training (EET)	DCST	Quarterly	CPB, DCST, DSCB	36% (2016)	D 49%	Increase
%Care Leavers in Suitable Accommodation	DCST	Quarterly	CPB, DCST, DSCB	76% (2016)	D 83%	Increase
Achievement gap between disadvantaged pupils and their peers at KS2	DMBC	Annual	Education & Skills Board	23% (2016)	21%	Decrease
Achievement gap between disadvantaged pupils and their peers at KS4	DMBC	Annual	Education & Skills Board	23% (2015)	21%	Decrease
Achievement of KS2 pupils receiving EHC/SEND support – RWM	DMBC	Annual	SEND/Inclusion board	9.8% (2016)	14.5%	Increase
Achievement of KS4 pupils receiving EHC/SEND support – Attainment 8	DMBC	Annual	SEND/Inclusion board	31.2 (2016)	31.2	Increase
Achievement of a level 3 qualification by the age of 19 for disadvantaged pupils	DFE	Annual	Education & Skills Board	25.6% (2015)	D 36.4%	Increase
Fewer children living in poverty						
Children living in workless households	CHIMAT	Annual	Education & Skills Board	TBC	TBC	Decrease
Proportion of children eligible for Free School Meals	DMBC	Termly	Education & Skills Board	TBC	TBC	Decrease

			<i>Board</i>			
Number of JSA claimants aged 18 to 21	NOMIS	Quarterly	<i>Education & Skills Board</i>	TBC	TBC	Decrease

Intelligence Gaps: indicators that require further development during the life of the Plan

Area for development	Development Lead	Delivery Date	
Availability of Apprenticeships within Doncaster, by level and sector			
Mental Toughness and resilience of Young People using MTQ48 methodology			
Apprenticeship enrolment and success for young people			
Skills gaps for employers in the area			
Children from income deprived backgrounds entering Higher Education			

Key

1: Key to Boards/Plans where these measures are used.

Shaded italics denotes Board/Plan doesn't current receive this information but it is proposed that they accept the measure with their current governance arrangements

DCSB: Doncaster Safeguarding Children's Board

DCST: Doncaster Children's Services Trust (reference to contract measure)

CPB: Corporate Parenting Board

SEND: Special Educational Needs and Disabilities (SEND) Strategic Board

2: Position, either quartile rank where available (A: top quartile to D: bottom quartile) or National comparative figure.

3: Measure for 2016, relates to grades A*-C in English and Maths for Doncaster and National schools, state funded schools only

1	<p>Name of the ‘policy’ and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the ‘policy’ is to equality.</p>	<p>Children and Young People’s Plan 2017-20</p> <p>The Plan sets out 12 priorities for improving the lives of children and young people in the borough. The priorities are set out under four key themes: safety, health, achievement and equality. These are drawn from the intelligence gathered from the JSNA, and using insight from the direct participation of children and young people.</p>
2	<p>Service area responsible for completing this statement.</p>	<p>Learning & Opportunities</p>
3	<p>Summary of the information considered across the protected groups.</p> <p>Service users/residents</p> <p>Doncaster Workforce</p>	<p>There have been two main types of data utilised for the CYP Plan: quantitative data included in the JSNA, and qualitative data gathered through direct participation with children and young people in the borough.</p> <p>The JSNA looks at data from a whole population perspective, and considers issues affecting individual groups, such as care leavers, young carers, children in poverty and those from a BME background. This is was analysed against key areas of concern around the safety of children and young people, their educational attainment, their physical and mental health, and the any progress made on diminishing the difference between disadvantaged young people and their more affluent peers.</p> <p>The qualitative data was gathered through various forms of engagement: the Make Your Mark events, consultation with the Youth Council, and a specific engagement event for the CYP Plan with over 70 children and young people from across the borough, including children with SEND, young carers and children from low-income households. Their feedback directly shaped the development of the Voice driven priorities included in the Plan.</p>
4	<p>Summary of the consultation/engagement activities</p>	<p>There has been extensive engagement with partners and with children and young people throughout the development of the Plan. The agencies consulted with include: DCCG, DCST, St Leger Homes, Police, Partners in Learning, Public Health, and NHS England.</p> <p>The engagement with children and young people</p>

		<p>has taken place through two main engagement events: a session with the youth council, and a special engagement event with over 70 young people from across the borough. These have been supplemented by Voice activities through existing participation groups.</p> <p>There are plans to further strengthen this engagement through a revised Participation & Engagement strategy that is due to be published in summer 2017. This will be supported by an independent improvement partner who will be commissioned to facilitate a number of workshops, support the writing of the strategy, and to train a number of Young Advisors, which we believe will strengthen the voice of children and young people with decision makers in Doncaster.</p>
5	<p>Real Consideration:</p> <p>Summary of what the evidence shows and how has it been used</p>	<p>Analysis of both the evidence led and voice led data has led to us identifying four key areas of need for our future actions: safety, health, achievement and equality.</p> <p>The JSNA identified 12 priorities that need to be addressed (as set out on page XX of the CYP Plan). These are directly linked to the actions set out in Section XX of the Plan, where the lead agency for addressing the issue, along with the appropriate governance forum for holding them to account, is set out.</p> <p>Similarly, the children and young people's consultation identified a number of issues that had significant resonance with those identified at a service level. However, it is worth highlighting that emotional health, well-being and mental health featured very strongly in the hierarchy of their concerns. There is already work planned to address this, through a long term piece of insight research on children's wellbeing that will be conducted by The Children's Society, and a project on Mental Toughness, that will look to build resilience in the children and young people of Doncaster.</p>
6	<p>Decision Making</p>	<p>The draft Cabinet report has passed through all the necessary decision making forums, including the Directorate SLT, Health and Wellbeing Board, Team Doncaster, and the Children and Families Partnership Board. There is also explicit reference</p>

		to this report in the Cabinet report which was circulated in advance of the meeting.
7	Monitoring and Review	As part of the refresh of the CYP Plan, there has been a concurrent review of the existing governance arrangements. A copy of the proposed structure can be found in Appendix XX of the Plan. The Executive Board will continue to monitor and evaluate the impact of the Plan, and it is intended that an annual impact statement is produced using the outcomes framework for the Plan to monitor effectiveness.
8	Sign off and approval for publication	The information gathered from both JSNA data and the extensive engagement with partners and children and young people ensures that we have taken due consideration of the needs of all children and young people in Doncaster.

This page is intentionally left blank

To the Chair and Members of the CABINET

Endorsement of the Children’s Inclusion Commissioning Programme (February 2017 to August 2018)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nuala Fennelly, Lead Member for Children, Young People and Schools	All	Yes

EXECUTIVE SUMMARY

1. This report signals the Learning and Opportunities: Children and Young People directorate’s intention to move towards an inclusive education system for all children and young people, including those with Special Educational Needs & Disabilities and Behaviour issues in line with the recommendations and themes identified in the One Doncaster Report and the Children and Young People’s Plan (2017-2021).
2. The current and future projected pressures on delivery due to the higher than average (amongst its statistical neighbours) number of pupils that are excluded for a fixed term in Key Stage 2, 3 and 4 which then creates pressure on the wider behaviour management system. Statistical neighbour models provide a method for benchmarking progress. For each local authority, these models designate a number of other local authorities deemed to have similar characteristics. The statistical neighbours for Doncaster are Barnsley, Dudley, North East Lincolnshire, North Lincolnshire, Redcar & Cleveland, Rotherham, St. Helens, Tameside, Wakefield and Wigan.

It is also becoming evident that the range of current provision in part is not suited to the presenting needs in Doncaster. Capacity and premises issues at the current Levett Pupil Referral Unit provision, inconsistent approaches to behaviour by schools and application of tariffs by Learning Centres have added to these pressures. The main elements of the current system are Levett Pupil Referral Unit; Five Learning Centres – which consist of one Primary Learning Centre and four Secondary Learning Centres; Alternative Provision; these elements are outlined in Appendix 1.

3. The plans are to re-commission the behaviour system and develop a Doncaster’s Inclusion strategy in 3 phases: A Behaviour Review Briefing Paper has been prepared which identifies the key drivers for change, which include Doncaster’s current and predicted exclusion rates at secondary and primary, with the proportion of exclusions attributed to persistent disruption being a key factor. The full report is detailed at Appendix 2: Behaviour Review Briefing Paper v1.2. Progress to date and planned activities include:

Phase 1 is currently underway involving the review of current provisions and

pathways, with on-going work regarding the setting of outcomes for children and young people and the establishment of a 'fit for purpose' governance structure accountable to the Children and Young People and Families Board. (Present – early Spring 2017). This included the baselining, consultation and data assessment. It will furthermore consolidate the findings from a comprehensive needs analysis (current needs of the population, finance, provision and gap analysis) and set out the plan for systems transformation in 2018.

Phase 2 involves remediating and optimising the current system for 2017/18 and will enable remedial work to the system moving in the line of future strategic direction for Phase 3 to provide a firm foundation from where long term commissioning (including de-commissioning) can take place.

Phase 3 (Autumn 2017) linking with the One Doncaster programme to create a sustainable fit for purpose system that meets the needs of all young people in the borough. On-going changes to the system will embed with continued long term commissioning against need with appropriate resources.

Throughout the phases there will be a drive and commitment in developing the 'Inclusion agenda'.

Findings from phase 1, inconsistent standards and approaches in schools and the known pressures on the system – including fit for purpose provision at Key Stage 3 requires immediate commissioning and reshaping of pathways and services in preparation for transformation in 2018.

Review reports of the current provision are detailed in Appendix 3: Review of Provision for the support of pupils with Social, Emotional and Mental Health Difficulties and Appendix 4: Key findings of Doncaster Behaviour Review.

4. The purpose of this report is to set a clear vision and the commissioning intentions for driving improvement for education provision for young people with Social, Emotional and Mental Health difficulties in the immediate to medium term.

EXEMPT REPORT

5. The report does not contain exempt information.

RECOMMENDATIONS

Cabinet is recommended to provide the mandate:

6. To address inconsistent approaches in schools: For establishing a Doncaster- wide behaviour network to encourage collaboration, sharing of good practice and discuss future initiatives for both primary and secondary provisions coordinated through the local authority, in line with the directorate's intention to transform the Special Educational Needs and Disabilities and behaviour pathway to ensure a coherent and consistent inclusion provision to support the needs of all children and young people.
7. To address capacity issues: To review the thresholds and pathway for alternative provision including pupil referral units to establish clear and consistent practice in relation to children and young people with Social, Emotional and Mental Health

difficulties.

8. To remediate and optimise the current model: To expand and reshape the provision of Key Stage 3 and 4 support service for pupils with Social, Emotional and Mental Health issues for the academic year 2017/18 through a tendering process to deliver or co-ordinate a bespoke education and training offer.
9. In partnership with schools, to commission an interim model to deliver alternative education provision through learning centre support (Key Stage 2 and 3), including provision of outreach services. All of the funding is from the Dedicated Schools Grant, Secondary schools support the current model (total cost £4.6m) through contributions of £740k to the Key Stage 3 Learning Centres, which is paid to them directly from the Education Funding Agency, as they are Academies.
10. To deliver a long term Inclusion programme: To proceed with the development of a long term inclusion strategy in line with the One Doncaster Report and the Children and Young People's Plan (2017–21).

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

11. Doncaster is committed to improving social inclusion and increasing the capacity of mainstream schools to provide for all children and young people.
12. This supports increased aspiration and ambition for all learners with a collaborative approach that promotes partnership and sharing of good practice to improve outcomes for children and young people.
13. Doncaster Council is aiming to clarify roles and to develop provision which meets local need and statutory requirements, within a climate of inclusion and collaboration between all stakeholders involved in improving outcomes for this vulnerable group of children and young people.
14. A strengthened behaviour pathway will help prevent escalation of issues for children and young people and help prevent placement in high cost provisions.
15. Our vision is no child or young person in Doncaster should be deprived of an education or training offer, suited to their needs and ability.

BACKGROUND

16. Doncaster Council is required to provide a strategy that sets out arrangements for the education of this vulnerable group. This programme has been developed in response to relevant central Government legislation and guidance, as well as local pressures and priorities within Doncaster.
17. The recent "One Doncaster" report recommends increased aspiration and ambition for all learners and that it is clear that a collaborative approach that promotes partnership and sharing of good practice would improve outcomes for children and young people; "change agents and energy creators ...working with all stakeholders must ...make a collective effort to develop a local culture of collaboration and self-confidence" (One Doncaster 2016).

18. The current role of the Local Authority includes the quality assurance of Alternative Provision, placement and education of permanently excluded pupils after 5 days exclusion, statutory processes for Special Education Needs and support and monitoring of schools in an Ofsted category, which may include behaviour issues. In addition, further support is given with some outreach support and training which is procured directly by schools.

19. The current behaviour pathway includes:

a) 5 x Learning Centres – Key Stages 2, 3 and 4

Learning centres are commissioned to provide for pupils at risk of exclusion. Doncaster has five Learning Centres - There is currently one Primary Learning Centre, four Secondary Learning Centres one of which also includes primary provision. The Learning Centres were designed to work with pupils in a preventative way to try and avoid further exclusions and to reintegrate pupils back into school where possible. Two of the five Learning Centres are registered schools whilst the others are governed and managed through schools within a partnership arrangement. Four of the five Learning Centres also include outreach teams to provide support for children and young people within the child's mainstream school setting.

b) Levett Pupil Referral Unit – Key Stage 1 – 3

Pupil Referral Unit provision is managed through a single school structure on two sites with different phases of pupils. The placement of pupils within PRUs is traditionally for pupils requiring short to medium term, temporary placement at key stages 1 to 3, with the intention that the majority of these pupils are reintegrated back into mainstream school.

c) Alternative Provision Key Stage 4

Local Authorities are responsible for arranging suitable education for permanently excluded pupils. Currently Doncaster Council commission one main provider and a variety of alternative providers to deliver this service.

20. The pathway is accessed via referrals from schools to Learning Centres and a Behaviour Panel considers requests from schools to access these and the Pupil Referral Unit.

21. It has become clear that the current system and range of services need to be reviewed and improved to ensure that form follows function and that services are commissioned with inclusion at their core.

22. It is the intention of Learning Opportunities, Children and Young People to take on its role as System Leader in the area of inclusive education provision.

23. Phase 2 of the transformation programme will provide a holding position from which Doncaster Council will review and shape current provision and determine the systems wide commissioning strategy. This will entail extending and expanding the current learning centre offer (5 x Learning Centres) to relieve current pressures on the Pupil Referral Unit. Remedial work is underway to improve the offer to young people in the Pupil Referral Unit. A further report will be submitted by the end of

Summer 2017, to inform the findings of Phase 2.

24. The current commissioned service via Learning Centres for children and young people with Social Emotional and Mental Health difficulties aims to ensure that:-
- Fewer pupils are permanently excluded and working towards zero exclusion rates
 - Fixed term exclusions are reduced both in terms of numbers of pupils and time out of education
 - More pupils with behavioural, emotional social difficulties access full time provision appropriate to their needs
 - More pupils improve their academic progress in line with age related expectations
 - More timely assessments and reviews of pupil progress assure pupils' progress.
 - Greater personalisation of learning for pupils.
 - Increased effectiveness and cost effectiveness of alternative provision

OPTIONS CONSIDERED

25. Option 1: The option to do nothing and wait until 2018 when the full outcomes of the review is completed to phase 3. This option is discounted due to the current pressures in the system and a duty to improve the offer and outcomes for young people in the immediate term.
26. Option 2: To take immediate action to implement the activities detailed below:

Phase 1

- (a) Establish a Doncaster- wide behaviour network
- (b) To review the thresholds and pathway for alternative provision including pupil referral units to ensure that there is clear and consistent practice in the process and clear expectations of actions and procedures prior to referral. Consultation has highlighted that current provision is trying to meet the needs of children and young people who have widely different issues and difficulties. There are a range of pupils whose needs are long term and enduring and others who are placed in alternative provisions with the aspiration and expectation to return to mainstream provisions.

Phase 2

- (c) Undertake the short term commissioning of:
- Key Stage 4 Support Service for Pupils with Social, Emotional and Mental Health difficulties for the academic year 2017/18.
 - To create a mixed economy in relation to Key Stage 3 by expanding the Key Stage 4 provision to include Key Stage 3 and relieve some of the pressure on the Pupil Referral Unit provision due to capacity and the lack of alternative options for children and young people with a range of differing needs.
 - Learning Centres for Primary and Secondary schools including outreach support services to support behaviour interventions in schools ensuring consistency of approach.

Phase 3

(d) Systematic approach to the development of an inclusion strategy

The benefit of this option is that it will support the on-going review of the behaviour pathway as a short term measure to allow time for the long term planning for the programme. The risk of this is that the time period may be unfavourable to the market to deliver a service on a short term contract; however this is balanced with engagement and involvement by the market with the commissioning process.

27. Option 2 is therefore the recommended option, to ensure an inclusion pathway that is fit for purpose with appropriate remedial actions being undertaken immediately.

REASONS FOR RECOMMENDED OPTION

28. To provide continuity of provision the short term commissioning of provisions detailed above are required in order to meet the statutory Local Authority duty for academic year 2017/18. Commissioning of Alternative Provision will ensure best quality and value for money, reduce and mitigate risk.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Aspirations of children and young people are raised through provision of alternative education and training to meet their needs</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Standardised approach to behaviour raising ensuring children and young people are educated in a safe environment</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Raising aspirations and preventing young people from not being in education, employment or training.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Children and young people receive an education, strengthen relationships with peers</p>
	<p>Council services are modern and value for money.</p>	<p>This supports a 'Commissioning Council' and provides the</p>

		opportunity to redesign services based on evidence of what works well and to develop innovative approaches
	Working with our partners we will provide strong leadership and governance.	The behaviour network will strengthen relationships with schools and stakeholders.

RISKS AND ASSUMPTIONS

29. There are a number of key risks in relation to this programme:

- Reputational risks - The provision is located in residential areas so adverse behaviour witnessed on site or displayed in the neighbourhood may lead to potential complaints and press enquiries.
- Strategic risks - The failure to implement phase 2 could lead to the potential for an increase in permanent exclusions, a consequential increase in Out of Area placements, breakdown in relationships with schools and a withdrawal of commitment, which may lead to a fragmented system as schools independently seek alternatives to the current provision, further compounding increased demand and cost. This could then delay the implementation of phase 3.
- Operational risks - The delays in implementation may lead to increased pressure through increased demand in the system, resulting in a reduction in standards and quality and increased potential for regulatory failure (in turn leads to reputational risk) and institutional failure of registered provision. Difficulties in recruiting suitably qualified and specialist staff to such challenged settings could compound this position. In turn this could lead to heightened safeguarding and health and safety risks.
- Financial risks - at a time when there is a need to gain better value for money and reduce investment due to reducing revenue budget and governmental reviews of the High Needs Block funding, there is the potential to add cost to the system. A delay in implementing Phase 2 and 3, or not aligning with other strategic reviews (e.g. Special Educational Needs and Disabilities Review) may lead to an increased capital requirement to fund a new provision.

LEGAL IMPLICATIONS

30. Section 19 of the Education Act 1996 provides that each Local Education Authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them. There is specific statutory guidance 'Alternative Provision- Statutory Guidance for Local Authorities' published in January 2013 that further details the legal requirements.
31. The decision maker must be aware of their obligations under the public sector equality duty (PSED) in s149 of the Equality Act 2010. It requires public authorities

when exercising their functions to have due regard to the need to: eliminate discrimination, harassment and victimization; advance equality of opportunity; and foster good relations between people who share relevant protected characteristics and those who do not.

32. The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.
33. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.
34. The commissioning of services must be in compliance with the Councils contract procedure rules and the Public Contracts Regulations 2015, if applicable.
35. Legal Services should be consulted at the earliest opportunity to provide legal advice and associated contractual documentation.

FINANCIAL IMPLICATIONS

36. The current budgeted costs of behaviour provision for 2017/18 referred to in this report and as reported at School Forum on 15th February 2017, all funded from the High Needs Block of the Dedicated Schools Grant (DSG), are:

High Needs Block DSG Budget 2017/18		£
Primary Learning Centres		
	Bentley High Street Primary	350,000
	St Wilfrid's AP Free School (top-up funding)	30,000
Secondary Learning Centres (incl EFA funding)		
	Balby Carr Academy	243,480
	Campsmount Academy	165,280
	Hall Cross Academy	272,120
	St Wilfrid's AP Free School	379,540
Key Stage 4 Support		
	North Bridge Enterprise College	550,000
Pupil Referral Units		
	The Levett School	1,525,440
	Maple Medical School	1,084,710
		4,600,570

Within the overall High Needs DSG budget for 2017/18 there is also currently an unallocated contingency budget of £327,870.

The short term commissioning of Key Stage 4 Support Service for Pupils with Social,

Emotional and Mental Health difficulties, for the academic year 2017/18, as well as Primary and Secondary Learning Centres for schools, including outreach support services, are expected to be at the same financial value as the current overall contract.

The creation of a mixed economy in relation to Key Stage 3 through expansion of Key Stage 4 provision, to include Key Stage 3 and relieve some of the pressure on the Pupil Referral Unit provision, is also expected to be cost neutral on a per pupil basis as funding for high needs follows the child . This is dependent upon the cost of the new provision on a per place basis (i.e. in comparison to the current per pupil cost in a Pupil Referral Unit which is £15k per annum) and will be managed within the 2017/18 High Needs Dedicated Schools Grant funding allocation overall.

There may be a short period of transitional funding required for the Levett School if commissioned place numbers are going to be reduced significantly during the 2017/18 financial year, however this will be a cost to the High Needs Block of the Dedicated Schools Grant, incurred in order to secure appropriate future provision, and would expect to be managed within the year through the High Needs contingency budget of £327,870 mentioned above.

HUMAN RESOURCES IMPLICATIONS

37. There are no current Human Resource implications associated with this report.

TECHNOLOGY IMPLICATIONS

Not Applicable

EQUALITY IMPLICATIONS

38. The Council's duty under section 149 of the Equality Act 2010 when exercising its functions to advance equality of opportunity and foster good relations between those who have a protected characteristic and those who do not share that protected characteristic, ensuring fair access to learning and opportunities for all Doncaster children and young people.

39. A separate Due Regard Statement will be completed and continuously updated to inform this inclusion commissioning programme.

CONSULTATION

40. Consultation has taken place with key partners through the behaviour network and secondary schools head forum.

41. As part of the review work staff and pupil interviews and surveys have been undertaken; schools have also had the opportunity to discuss current provision, what works well and issues to be addressed for the future provision.

BACKGROUND PAPERS

Appendix 1 Current Behavioural Provision

Appendix 2 Behaviour Review Briefing Paper v1.2

- Appendix 3 Review of Provision for the support of pupils with Social, Emotional Mental Health issues
- Appendix 4 Key findings of Doncaster Behaviour Review Phase 1 Data Analysis Autumn Term

REPORT AUTHOR & CONTRIBUTORS

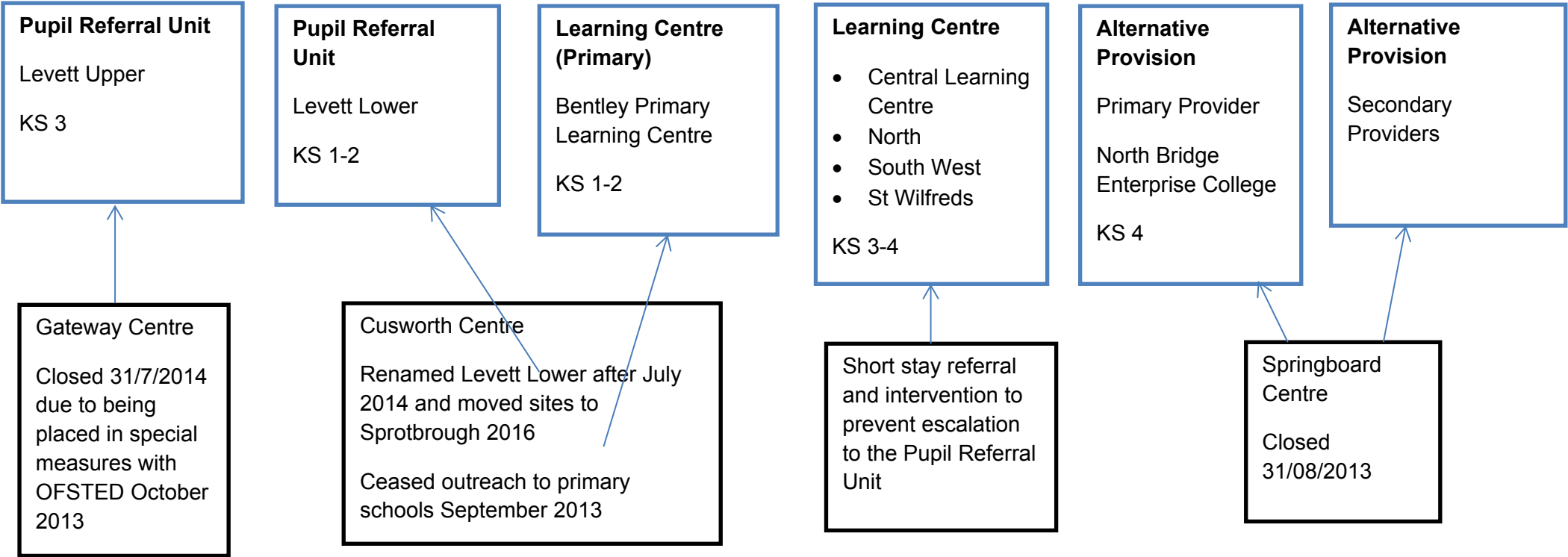
Angela Harrington Commissioning Manager
Telephone: 01302 862676
Email: angela.harrington@doncaster.gov.uk

Jane Mills Commissioning Manager
Telephone 01302 735166
Email: Jane.Mills@doncaster.gov.uk

**Damian Allen, Director
Learning Opportunities and Skills (DCS)**

This page is intentionally left blank

Behaviour Provision



This page is intentionally left blank

Appendix 2

Behaviour Review Briefing Paper v1.2

Background / Context

- In the Autumn of 2016, evidence from the profile of fixed term exclusions and the use of out of authority placements prompted Doncaster MBC (DMBC) to review current arrangements to identify and support children and young people with social emotional and mental health concerns (SEMH)
- Behaviour and safety concerns at Levett also led to DMBC establishing an improvement group, undertaking a governance review, and appointing an independent Chair of the management committee.
- We recognise and value that other agencies in Health and Social Care as well as schools are partners in meeting the needs of children and young people with SEMH and would like a joint approach to improving services in this area.
- The behaviour review is split into three distinct, but overlapping phases.

Phase 1 Autumn 2016 / Early Spring 2017

DMBC commenced initial dialogue with schools and are currently undertaking a more detailed analysis of education data.

From this scoping work we have drawn up some emerging priorities for phase two, which take place over the spring and summer terms.

Across Doncaster we do not systematically collect outcome data which would better inform decision making around SEMH. Thus, the development of agreed outcome measures applicable across different settings will also need to be a focus of phase two of the behaviour review.

However, although the full data set is not complete there are some issues emerging that are supported by evidence:

- Doncaster's **fixed term exclusion** figures are significantly different from the average. The key factors are:
 - **secondary school fixed term exclusions**
 - **the proportion of exclusions attributed to persistent disruption.**
- The rate of fixed term exclusions in primary schools is not yet as acute a problem as secondary but its rate of growth is above average; and may indicate issues in the future.
- An initial analysis of the reason for exclusion suggests that secondary school exclusions are driven by persistent disruption rather than high tariff specific incidents such as physical aggression.
- Doncaster is one of only five authorities that reported no permanent exclusions. Data from this group was analysed to see if there were specific variables relating to the group. Doncaster's rate of fixed term exclusion was higher than the other authorities who had no permanent exclusions.
- The majority of local authorities make special school provision for pupils with SEMH. Six out of ten of Doncaster's statistical neighbours have such provision and nationally 12.5% of special school placements are for pupils whose primary need is SEMH. Although Doncaster does not have a special school designated for pupils with SEMH the

Appendix 2

Behaviour Review Briefing Paper v1.2

special school census returns indicate that they consider SEMH to be the primary need of 3.4% of their population.

- Doncaster has a higher percentage of pupils with an EHCP with SEMH as their primary need in Primary schools than the national, regional and statistical neighbour average. The growth rate in Primary schools is also steeper than the national and regional averages and the underlying data for pupils at School Support with SEMH as their primary need is higher than average.
- An analysis of secondary school policies relating to behaviour and exclusions showed that a number of schools appeared to have a formulaic approach to behaviour which appeared to not take into consideration causal factors.
- A review of the partial data set on planned managed moves suggested that some schools use this more than others and some are more likely to move children than receive them.

Phase 1b, which overlaps with Phase 2, will also look at:

- What behavioural, learning, social and emotional outcomes were achieved by young people with social, emotional and mental health needs
- What inputs, provision and support were most effective in achieving those outcomes.

Phase 2 Spring – Autumn 2017

This phase focus on **interim measures and appropriate arrangements to address current unmet need and address demands on the present system.**

It will also explore external partnerships to strengthen provision and will review effectiveness and make recommendations with regards to:

- The future of pupil referral units.
- Dual registration
- The learning centres
- The range of provision / placements within the borough
- The Behaviour Pathway
- Funding protocols for out of authority placements
- Admission procedures for LA alternative provision
- The development of a set of shared values and principles which would underpin all policies and procedures.
- The rights of children and young people and their voice in policy making and decision making
- The rights of parents and carers and their voice in policy making and decision making
- Stakeholder engagement
- Wider system delivery models

We would like to identify appropriate colleagues from schools, health and social care with strategic and operational leadership experience who would help to form a small steering group.

Appendix 2

Behaviour Review Briefing Paper v1.2

We believe the steering group, although essentially a task and finish group, should be linked to one of the existing multi-agency groups and are seeking partners views on what is most suitable.

Phase 3 – implementation of agreed recommendations

- As separate, but linked, wider SEND review is underway and the finding from this review will inform phase 3.
- Likewise, a review of Aiming High may also make recommendations which will need to be jointly considered.

This page is intentionally left blank

Appendix 3

DONCASTER LOCAL AUTHORITY

REVIEW OF PROVISION FOR THE SUPPORT OF PUPILS

WITH SOCIAL, EMOTIONAL AND MENTAL HEALTH

DIFFICULTIES (SEMH) (BESD);

Interim Report

Zyg Kulbacki/Andy Thurlow

December 2016

Introduction

This document aims to provide an interim report on the progress of the review of Doncaster’s strategy for supporting children and young people with Social, Emotional and Mental Health Difficulties (SEMH) / Social Emotional and Mental Health Difficulties (BESD). As a local authority, Doncaster is required to provide a strategy that sets out arrangements for the education of this vulnerable group. The current local authority strategy has been drafted in response to relevant central Government legislation and guidance, as well as local pressures and priorities within Doncaster. This report is intended to identify the current challenges to and structure of provision with possible considerations for developing future strategy and provision.

The recent “One Doncaster” report recommends increased aspiration and ambition for all learners and that it is clear that a collaborative approach that promotes partnership and sharing of good practice would improve outcomes for children and young people; “change agents and energy creators ...working with all stakeholders must ...make a collective effort to develop a local culture of collaboration and self-confidence” (One Doncaster 2016).

Section 19 of the 1996 Education Act, and more recently, the `Alternative Provision- Statutory Guidance for Local Authorities`, published in January 2013, requires local authorities to arrange suitable full-time education for permanently excluded pupils, and for other pupils, who for illness or other reasons would not receive suitable

education without such provision. Within this statutory framework, Doncaster is committed to improving social inclusion and increasing the capacity of mainstream schools to provide for all children and young people.

Children and young people may experience a wide range of social, emotional and mental health difficulties which can manifest in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may also reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Some children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder, which could also lead to behaviours which challenge and present a barrier to learning.

These descriptors are highlighted in the social, emotional and mental health category of the Code of Practice (DfE,2015) and it is the responsibility of local authorities, all schools, educational providers and support services to actively support the inclusion of children and young people who fall into this group. Behaviour and Discipline in schools, Advice for headteachers and school staff (DfE, January 2016) details further strategies for successfully managing behaviour and including pupils with SEMH (BESD).

The purpose of this interim report is to contribute to the future Doncaster provision that ensures that all children and young people, whose behaviour is preventing them from making progress and/or is inhibiting the progress of others, are appropriately supported. All schools and educational providers are responsible for enabling children and young people to thrive, to make progress and to be included.

As an Authority, there is a strong belief that the key to good behaviour in schools is positive engagement with learning. There are times, for some children however, when additional help is needed to keep them fully engaged. Since it is desirable that children remain as far as possible in their local schools and communities, the

Authority should seek, through its Behaviour Strategy, to establish a framework to guide future developments and improve outcomes.

The success of the approach should be measured using a range of performance indicators and the strategy should recommend that all the data should be shared with and between schools and that it should be used to promote best practice in local behaviour networks and partnerships.

During the last few years significant changes have taken place in the roles of local authorities and schools. It is crucial that schools and the local authority have a clear understanding of their own roles and responsibilities. Within this context, the local authority is aiming to clarify these roles and to develop provision which meets local need and statutory requirements. This is often best completed within a climate of inclusion and collaboration between all stakeholders involved in improving outcomes for this vulnerable group of children and young people. The current LA role includes the quality assurance of Alternative Provision, placement and education of permanently excluded pupils after 5 days exclusion, statutory processes for SEN and support and monitoring of schools in an Ofsted category which may include behaviour issues. In addition, further support is given with some outreach support and training which is bought in by schools.

Context

Local and national research and analysis shows that more children and young people are suffering from poor emotional, social and mental health, and outcomes for these children are a cause for concern in Doncaster and across the country. National figures suggest around one in four children and young people will experience poor emotional and mental health in childhood, and the incidence of serious problems seems to be growing – e.g. recent rising trends in self-harm or eating disorders. The additional challenges these young people face as they grow to adulthood means that they are more at risk of poor outcomes – for example the proportion achieving

good GCSE results and the proportion of young people who are in education or employment is much lower than their peers. Without effective support these poor outcomes are likely to persist throughout as research shows that young people with SEMH needs are more likely to be at risk of adult unemployment, involvement with the criminal justice system or adult mental illness, e.g. 75% of long term adult mental illness is apparent by the age of 18.

Physical environment

In physical terms, Doncaster is the largest Metropolitan Borough Council in the United Kingdom, spanning 227 square miles, with 67% of the land being registered as agricultural. It has a population estimated at around 304,185 (ONS mid-year estimates 2014) with more than 85% of people living in urban areas. Doncaster is placed sixth out of 21 local authorities in Yorkshire and the Humber in terms of the size of its economy and second highest in the Sheffield City Region (SCR).

Deprivation

Doncaster is ranked 48 in a list of the most deprived areas in England by the Index of Deprivation 2015 and fourth most deprived area in the Yorkshire and Humber region. This is higher than average. The levels of children living in poverty in Doncaster is higher than national and regional benchmarks with nearly 1 in 4 children under the age of 16 living in poverty (13,500 children, 23.8%).

School Performance

Doncaster schools are 161 out of 163 for pupils who are in good to outstanding schools (Ofsted Annual Report 2017). In the primary sector 27,043 pupils are educated in 92 schools of which 77.4% are good to outstanding ranking 157 out of 162 authorities. In the secondary sector 17,352 pupils are educated in 16 schools of which 56% are good to outstanding ranking 153 out of 162. This presents the LA and its schools with huge challenges

in providing a high quality education for all pupils and particularly those pupils who exhibit challenges around behaviour and social, emotional and mental health issues.

1. Information Analysis

Information, data sharing and monitoring about children and young people with social, emotional and mental health issues (SEMH) in Doncaster is currently fragmented and not fully informing effective practice. Schools data is generally unable to identify this specific cohort so that capacity to meet needs can be planned and in place. This area is where preventative and proactive approaches can often lead to successful intervention and targeted provision. Schools, both primary and secondary, use different systems to analyse need and to interpret thresholds for intervention. There are behaviour thresholds that inform schools and LA about a child's needs but they are often interpreted and used inconsistently by some establishments. Schools have recently improved their information around SEND but this does not always include accurate and specific identification of SEMH. This often leads to a wide range of children and young people being recommended for extra support, often including specialist off site provision, without first of all accessing appropriate early support. Specialist off site provision lacks capacity and often cannot deliver appropriate provision for the complexity and range of needs.

2. Pupil Referral Unit - Levett

PRU provision is managed through a single school structure on several sites with different phases of pupils. Placement of pupils within PRUs is traditionally for pupils requiring short to medium term, temporary placement at key stages 1 to 3, with the majority of these pupils being reintegrated back into mainstream school. Provision at key stage 4 more often can be until the pupil accesses employment, education or training at the end of the key stage. Placements can be part time or full time. Pupils with EHC plans would not normally be placed in PRUs to meet their long term needs. PRUs normally have transient populations where pupils can be effectively

educated but, at the same time receive more specialist support to enable placement back in mainstream, alternative provision or in specialist provision e.g. special school .

Consultation so far is overwhelmingly of the view that the PRU is trying to meet the needs of children and young people who have widely different issues and difficulties. For example, there are a number of pupils who have been diagnosed along the ASD continuum and these need a different provision to those who might be ADHD or have similar disorders. In addition, there are pupils whose needs are long term and enduring and others who have been placed in the PRU with the aspiration and expectation of a return to mainstream. A large amount of the pupils described also have learning difficulties. The fabric of the upper PRU site is not fit for purpose. The PRU has little spare capacity and therefore with it being full of pupils with different needs it is now in a category of concern within the local authority framework. There is no special school to specifically meet SEMH (EBSD) needs in Doncaster and the out of borough total spend is currently £5.9 million.

3. Key stage 4 AP provision

LAs are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who – because of illness or other reasons – would not receive suitable education without such arrangements being made.

Currently Doncaster Local Authority commission Keys Northbridge Enterprise College which is in the Ofsted category of ‘requires improvement’ for up to 50 places to provide a pathway to students who have been permanently excluded from mainstream schools for a variety of reasons. Outcomes are improving year on year with over 65% of students in 2015/6 moving onto employment or training.

Feedback from consultation suggests that the AP provision within the authority is not delivering the outcomes that young people on these pathways require. Schools currently commission the Tops Team to co-ordinate and support young people on AP provision. The team is highly successful in engaging these young people but provision on offer is of varied quality.

4. Behaviour Network

Approaches to behaviour interventions are currently school centric, and often depend on the skills of a particular individual or group of individuals. Quality first teaching remains the key to containing behaviour needs, as with SEN needs. However, the recognised successful network of coordinated support for SEN – SENCO Network, does not have an equal for behaviour support professionals.

By working in partnership on behaviour related issues, rather than in isolation, schools could achieve the benefits of:

- shared resources – physical, financial and people;
- joint commissioning of provision from external suppliers, using existing school resources or additional resources devolved or delegated by the local authority; and
- shared expertise and knowledge of effective practice between schools, for example to help any school within the partnership which has only a ‘satisfactory’ or ‘inadequate’ behaviour judgement to achieve a ‘good’ one.

A coordinated approach and support network is required now across Educational settings and it would provide a long term, sustainable improvement. It would also provide a foundation stone for a Borough wide collaborative Strategic Behaviour Pathway which is the focus of the current Behaviour Review.

5. Summary and Conclusion

In conclusion, this interim report on the Behaviour Review has outlined the current provision in Doncaster. The process will require both short term and long term solutions if a sustainable and comprehensive system of provision is successfully implemented.

In the short term, the LA needs to consider addressing the immediate commissioning of Key Stage 3 Learning Centre provision and the Key Stage 4 provision for pupils at level 5 of the behaviour thresholds; in addition, the LA may want to create extra capacity to cater for the bulge of pupils not succeeding in mainstream as well as helping mainstream schools to develop their skills and capacity to cater for the different needs of SEMH pupils. The short term option would be to extend the commissioning of these provisions to cover the academic year 2017/18. Also in the short term, the LA may want to consider creating capacity within its current staff and resources to thoroughly plan and discuss all options for the development of a comprehensive plan and way forward. This would allow the LA to make a decision on all provision to be included in a long term commissioning plan to start a new operation at the latest by September 2018. Any long term plan would need to be informed by further consultations with stakeholders including health, social care, parents/carers and children and young people. The LA options for provision extend to continuing with all or part of its current plan although the review has outlined deficiencies in some areas, commissioning of all or part of the resources to schools within the LA or to a Multi Academy Trust and the establishment of a new, planned provision fully or partially managed and run by the LA.

This page is intentionally left blank

Doncaster Behaviour Review Phase 1 Data Analysis Autumn Term 2016

Key points for SLT Meeting 7th February 2017

A Key findings

Doncaster is the same as other authorities in that:

- Doncaster makes a range of provision for pupils whose primary special educational needs are social, emotional and/or mental health (SEMH – behaviour) needs.
- The majority of pupils who have SEMH needs have their needs met in mainstream schools.
- Doncaster uses out of authority specialist placements to meet the needs of pupils when it cannot meet these needs in its own schools. Doncaster does not use such placements more than comparable authorities.
- There are significantly more males than females considered to have SEMH needs.

Doncaster differs from other authorities in that:

- The majority of its statistical neighbours have maintained special schools for pupils with SEMH.
- Doncaster has a higher than average (amongst its statistical neighbours) number of pupils in PRUs with a statement of special educational needs (SEN) or education, health and care plan (EHCP).
- In January 2016, Doncaster has a higher proportion of pupils in the primary sector with a statement/EHCP with SEMH as their primary need, than nationally, regionally or compared to statistical neighbours.
- Doncaster is one of only five local authorities (LAs) that report no permanent exclusions.
- Of the authorities that report no permanent exclusions Doncaster has the highest level of fixed term exclusions.

- Doncaster is in the top decile of authorities for fixed term exclusions in secondary schools and its rate of growth of primary school fixed term exclusion is above average.
- There are a higher proportion of pupils excluded from Doncaster secondary schools for persistent disruption than the national, regional or statistical neighbour average.
- The evidence from the Children in Need survey suggest that Doncaster has significantly fewer children and young people identified for whom behaviour was reported as a factor in their disability than nationally, regionally or amongst their statistical neighbours.
- Doncaster appears to spend more on pupil referral units (PRUs) / alternative provision than its statistical neighbours.

Other key findings

- There is no systematic collection of outcome data to enable effective evaluation of the impact of placements and provision.
- Ofsted inspection reports over the last two years indicate behaviour is rated better than both the overall judgement and the quality of teaching, learning and assessment in both primary and secondary schools.
- In nearly three quarters of primary schools inspected by Ofsted in 2015-2016, behaviour is rated good or outstanding.
- In only four of the nine secondary schools inspected by Ofsted 2015-2016 was behaviour rated good or outstanding.

B. Recommendations

1. An agreed template of outcomes should be developed in partnership with providers and used to evaluate the effectiveness of interventions and pupil progress.
2. Resources should be aligned to outcomes so that the value for money of provision can be determined.

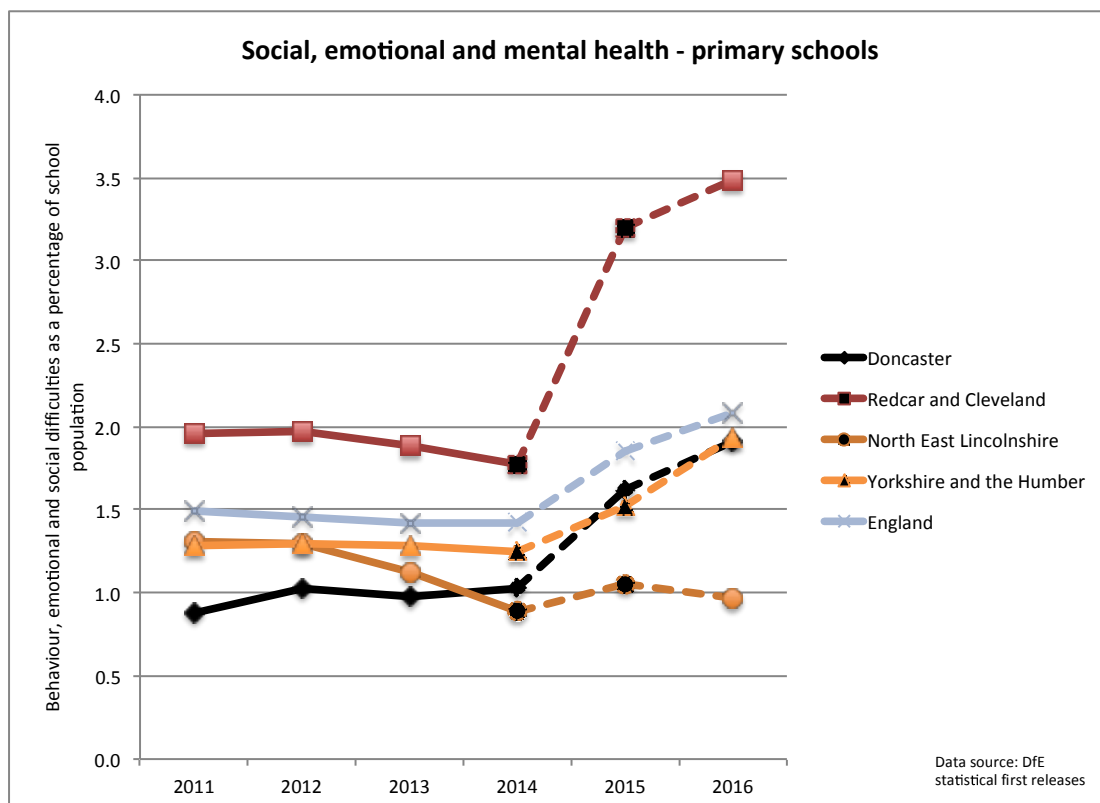
3. A new emphasis on recording success in reducing the severity of the impact of behaviour should be developed with schools and other providers. A similar measure should be developed to enable the evaluation of the effectiveness of interventions made by the local authority delivered or commissioned services.
4. Although it is too early to see the impact of changes in the reorganisation of the local authority, there does not yet appear to be clarity as to the purpose of collecting data and its strategic use.
5. Whilst partnership data is now collected and recorded as part of the local area SEND review, there is not yet evidence that it is used to influence a co-ordinated multi-disciplinary response to support behaviour. Consideration could be given to seeing how data could be shared and related.

C *Table A.4.1 Number and percentage of pupils with a statement/EHCP indicating SEMH as their primary need at January 2016 by state funded school placement for Doncaster and comparative groups*

	Primary		Secondary		Special	
	Number	%	Number	%	Number	%
England		15.5		18.5		12.6
Yorkshire and Humber		14.5		18.3		10.6
Doncaster	553	16.1	261	17.6	19	3.4
Statistical neighbour average		15.14		17.29		10.74

Source: SFR 20/2016 Table S6, S7, S8.

D *Graph A.4.2 Comparative trend in number of children and young people for whom behaviour was identified as their primary need in state funded primary schools*



E Secondary schools permanent exclusions 2013-2014

There were 4,790 permanent exclusions reported in secondary schools. This represents 82.59% of all exclusions.

Five local authorities, including Doncaster, reported no permanent exclusions in state funded secondary schools.

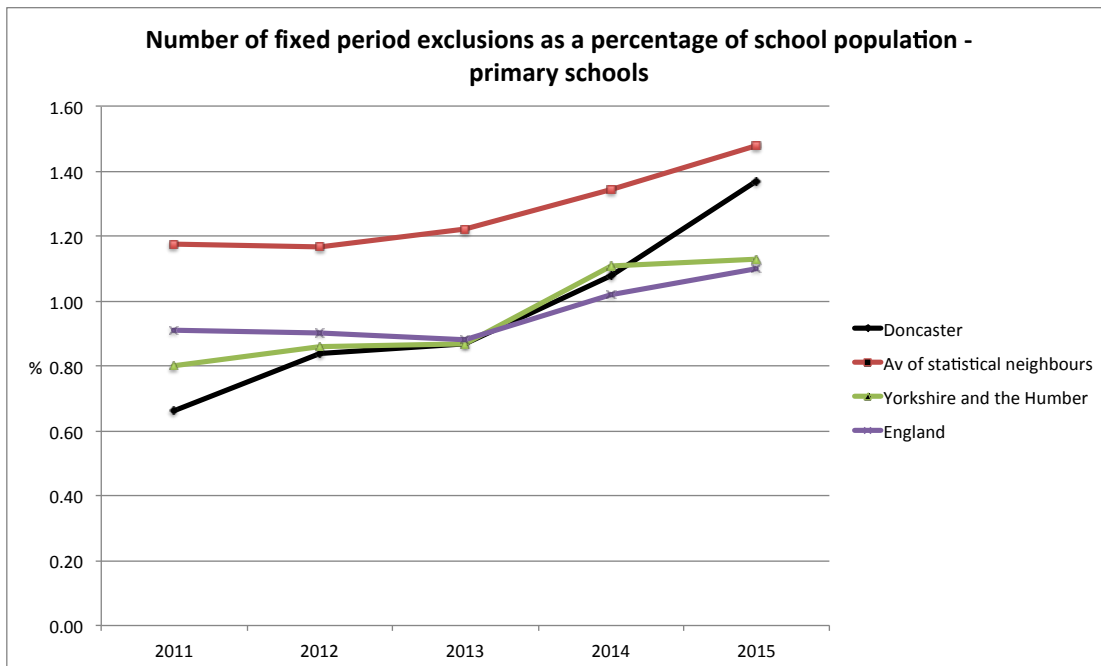
F *Table A.6.3 Comparative table showing LAs with no permanent exclusions and their rate of fixed term exclusions in the year 2014-15 for all state funded secondary schools*

	No of FtEx	FtEx rate	No of pupils with one or more FtEx	One or more FtEx rate
Doncaster	3220	17.25	1,093	5.86
Darlington	703	12.14	336	5.80
Redcar and Cleveland	890	10.77	476	5.76
Wigan	1,332	7.54	727	4.11

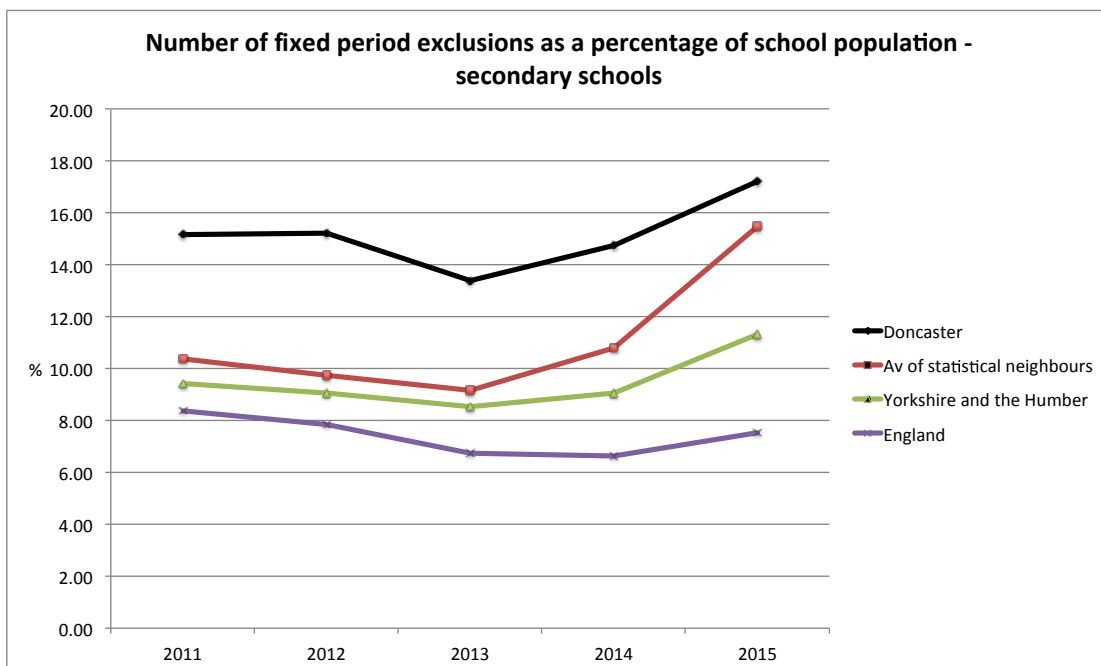
Average of 3 above		10.15		5.22
Isles of Scilly		0		0

Source: SFR 26/2016 21 July 2016

G Graph A.7.1 Fixed term exclusions in primary schools



H Graph A.7.2 Fixed term exclusions in secondary schools



Doncaster has significantly more fixed term exclusions in the secondary sector than the national, regional or statistical neighbour average.

I Five of the nine secondary schools for which there was an inspection in this period had an Ofsted judgement of requires improvement for behaviour.

In none of the schools reported on was the behaviour judgement lower than the overall judgement or the quality of teaching. In three of nine schools it was better than the overall judgement. This does not support the contention that behaviour is pulling down performance.

J Table A.12.2.2 Number and percentage of Ofsted judgements relating to behaviour in Doncaster primary schools

	Outstanding	Good	Requires Improvement	Inadequate
Number	6	25	11	0
%	14.3%	59.5%	26.2%	

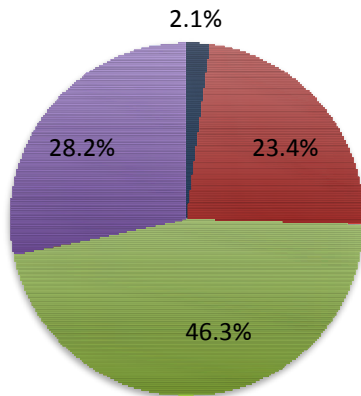
Behaviour in nearly three quarters (73.8%) of the primary schools inspected in 2015-2016 was judged good or outstanding.

In none of the primary schools inspected was behaviour judged inadequate, although the overall judgement on five schools was inadequate.

K Table A.3.3 Percentage of pupils by key stage in pupil referral units or alternative provision in Doncaster and its statistical neighbours (autumn term 2016)

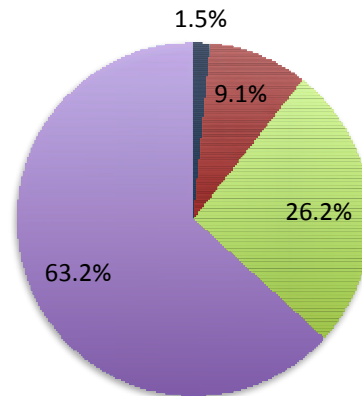
	Key stage 1	Key stage 2	Key stage 3	Key stage 4	Total
Doncaster number	3	57	113	69	242
Doncaster %	2.1%	23.6%	46.7%	28.5%	100%
Statistical neighbours number	18	106	306	739	1,169
Statistical neighbours %	1.5%	9.1%	26.2%	63.21%	100%

Doncaster



■ Key stage 1 ■ Key stage 2
■ Key stage 3 ■ Key stage 4

Statistical neighbours



■ Key stage 1 ■ Key stage 2
■ Key stage 3 ■ Key stage 4

This page is intentionally left blank