

Joint Strategic Needs Assessment

2017 - 2020

Children and Young People

Team Doncaster

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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

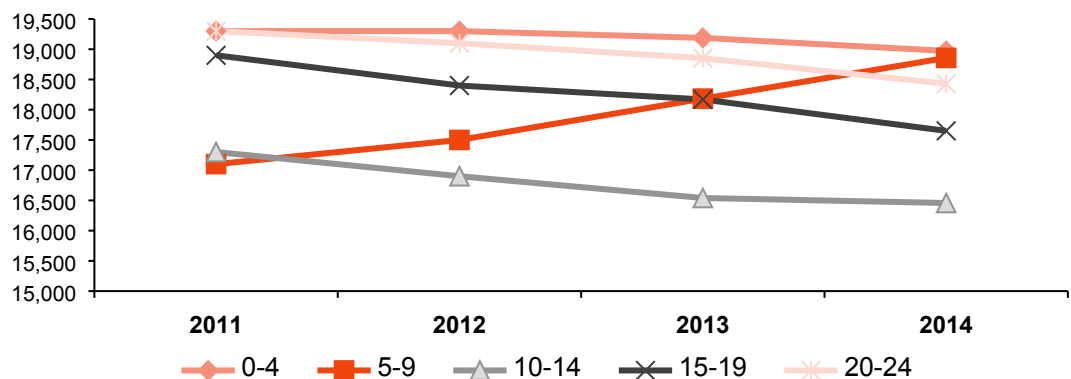
Profile of Doncaster's Children and Young People

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

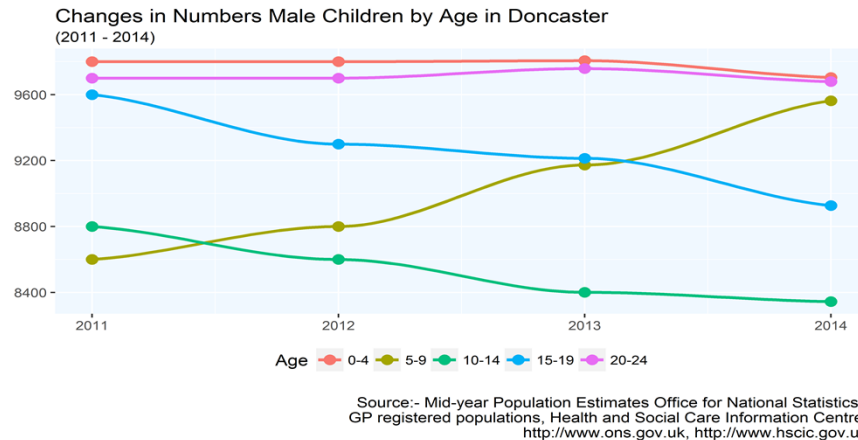
Population change to Children and Young People by age in Doncaster



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

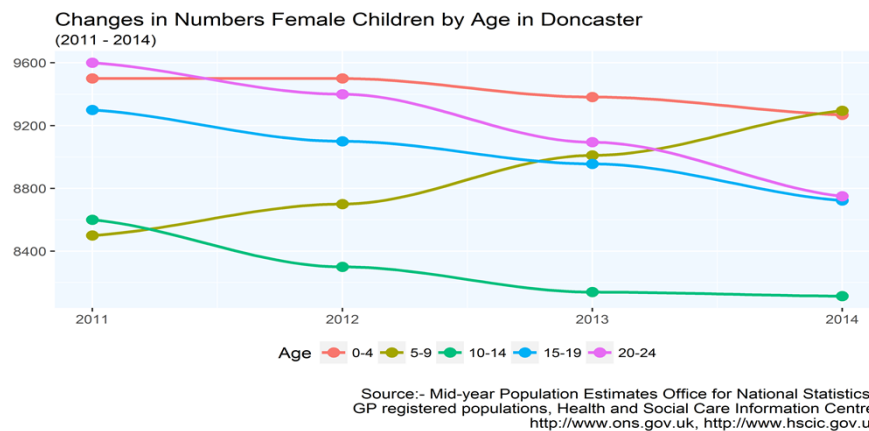
The biggest change in the population of children and young people between 2011 and 2014 has been an increase in the 5-9 year old age group and a decrease in the 15-19 year old age group.

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



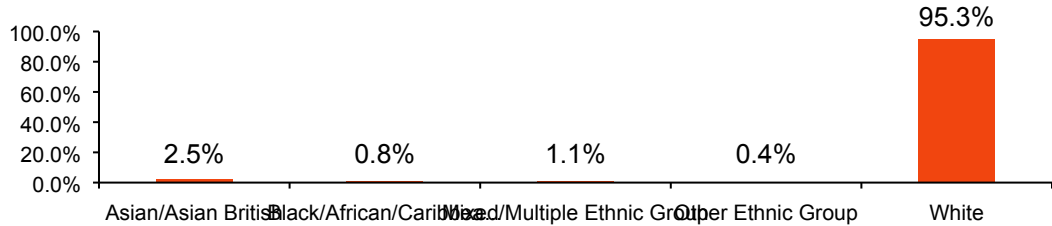
Source: Subnational Population Projections for LA's – 2014 Based (Office of National Statistics)

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

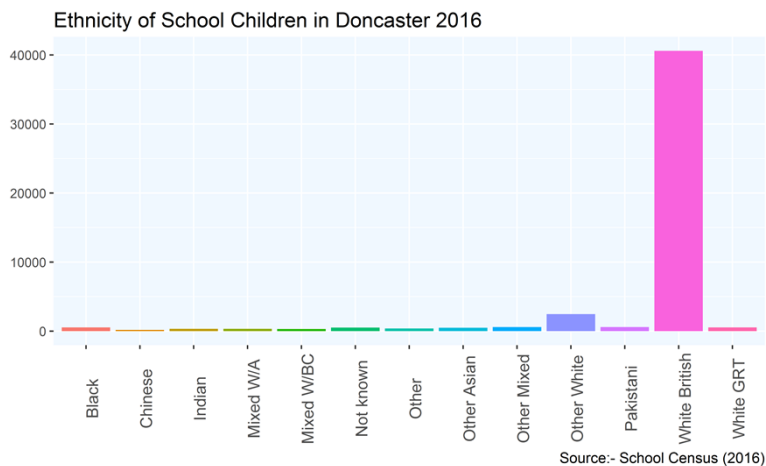
Ethnicity composition of population (all ages)



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

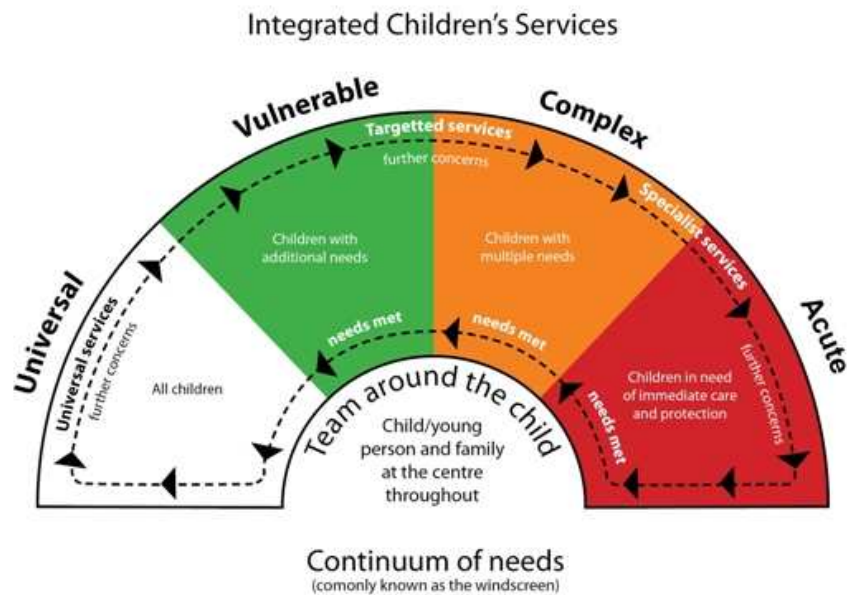
Providing early help to families and children is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent 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



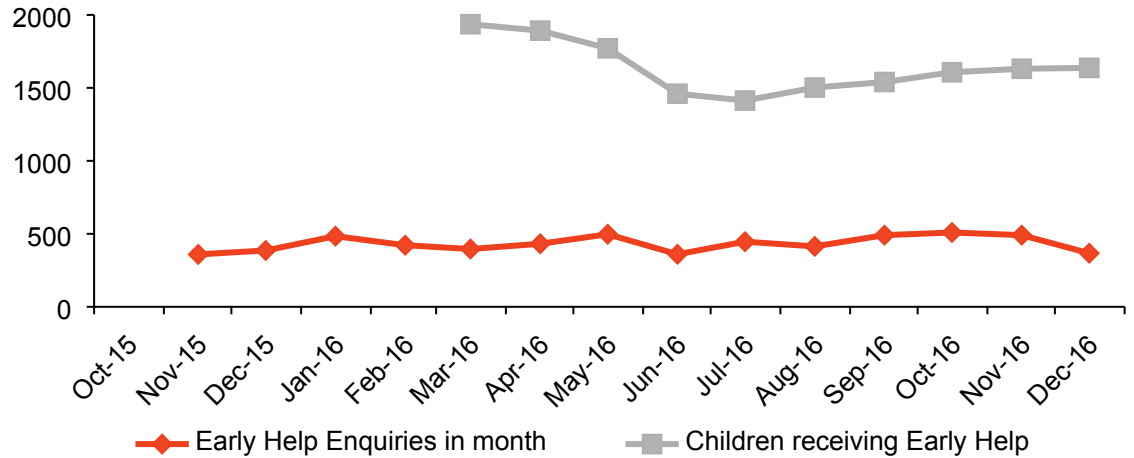
Early Help has been available to Doncaster children and families for many years. However, improvements to the strategy, delivery and recording were introduced in October 2015. This needs analysis is based on intelligence available since this date.

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.

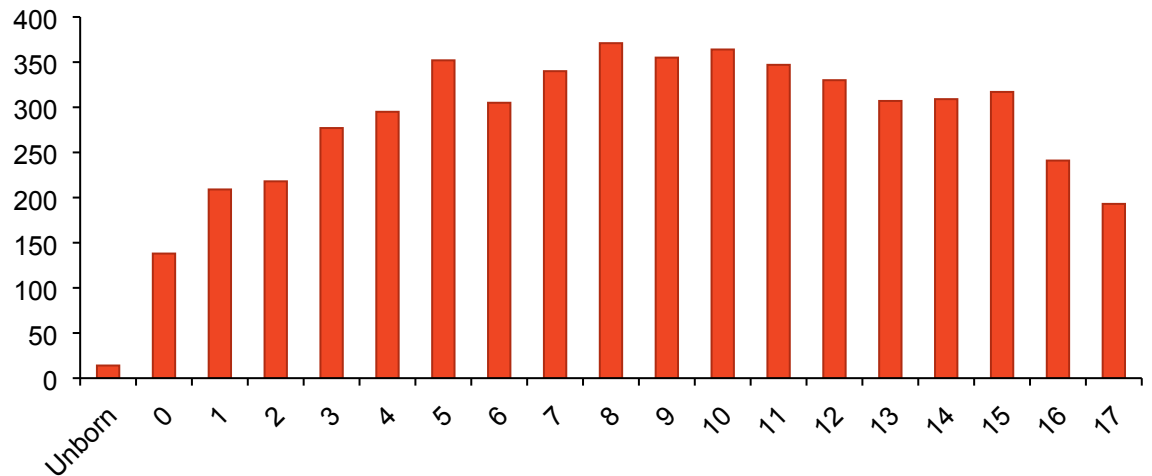
Figure 1.1 – Monthly Early Help Enquiries and Count of Open Early Help Cases



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).

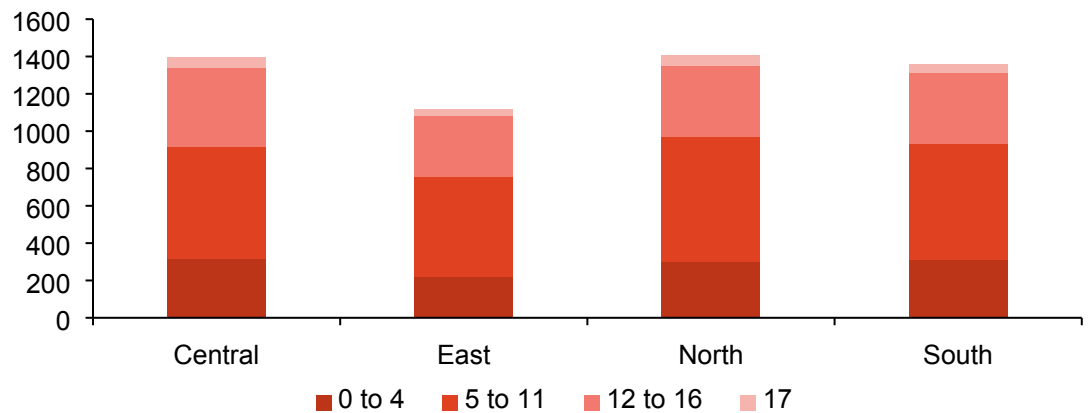
Figure 1.2 – Monthly Early Help Enquiries and Count of Open Early Help Cases by Age



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.

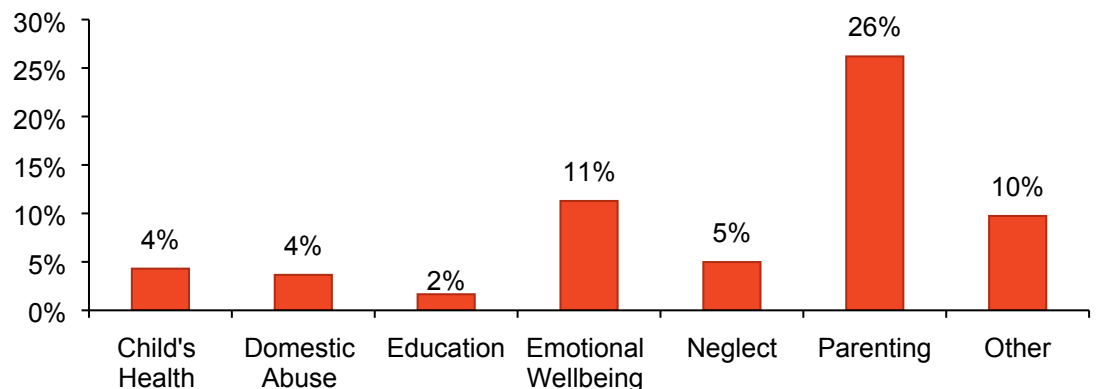
Figure 1.3 – Early Help Enquiries received, by locality and age band



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

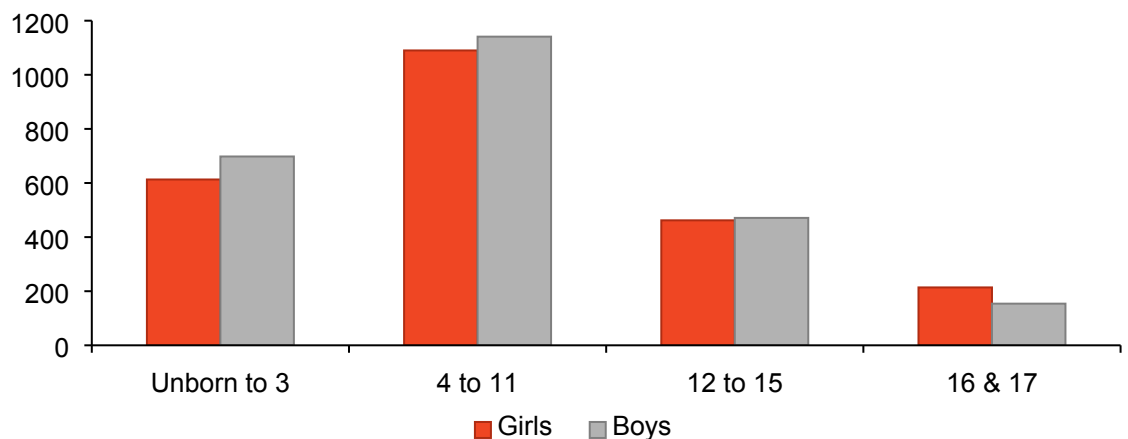
- Mexborough
- Thorne and Moorends

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.

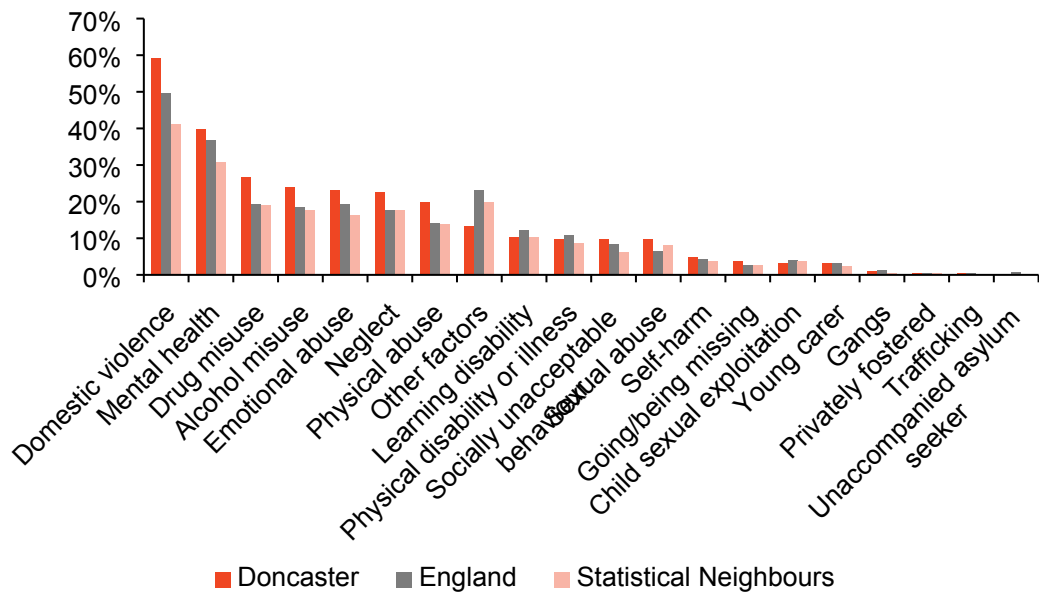
Figure 1.6 - Referrals for statutory social care in 2016, by gender and age



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

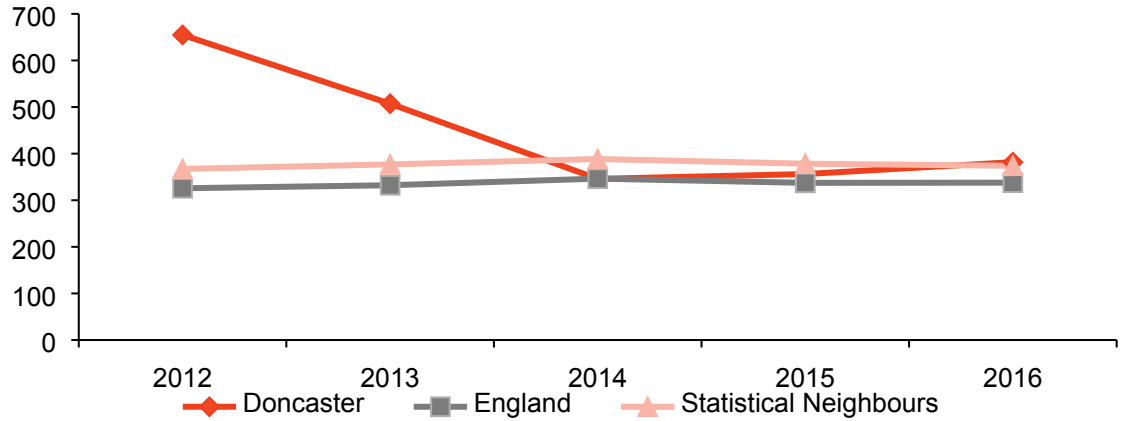
Source: DCST, extraction from Social Care client database, April 15 to March 2016

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.

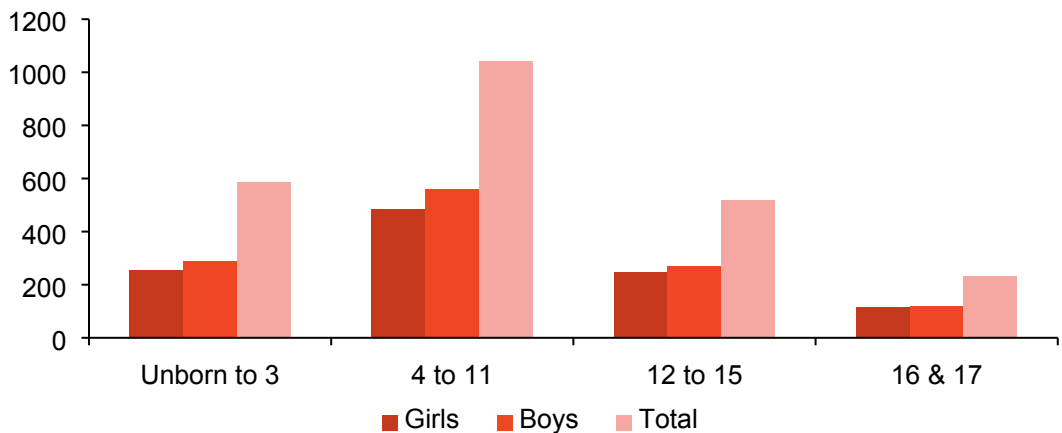
Figure 1.8 - Children in Need rate per 10,000 children



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.

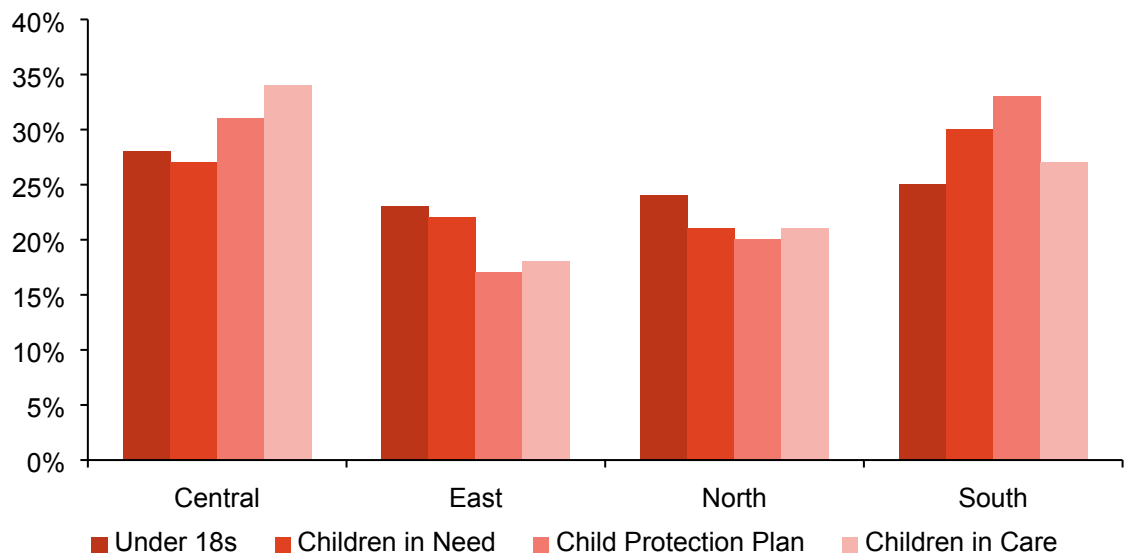
Figure 1.9 - Number of Children in Need as at 31st December 2016, by age and gender



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%)

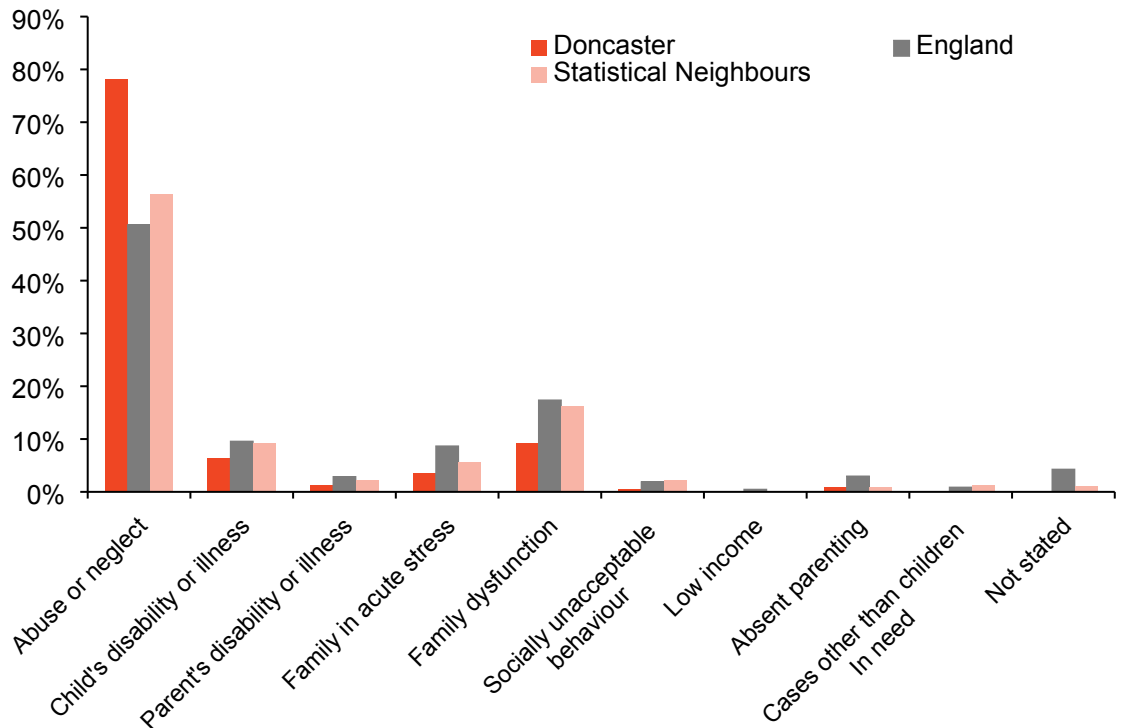
Figure 1.10 - Representation of the under 18 population, Children in Need, Children subject to a Child Protection Plan and Children in Care



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.

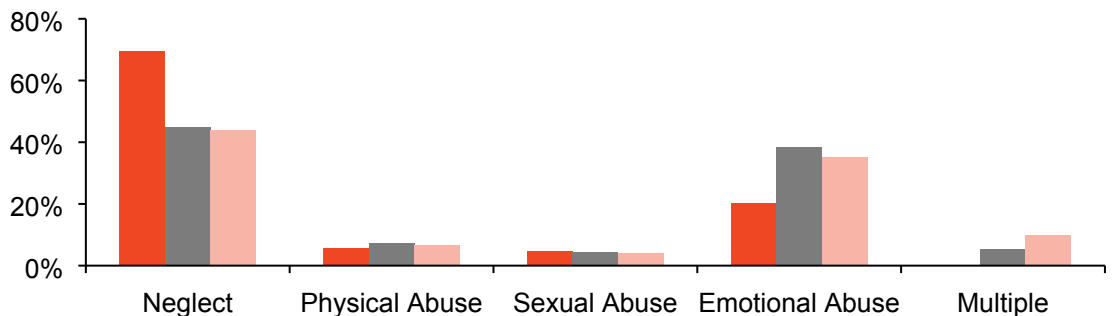
Figure 1.11 - Children in Need as at 31st March 2016, with primary need at assessment



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



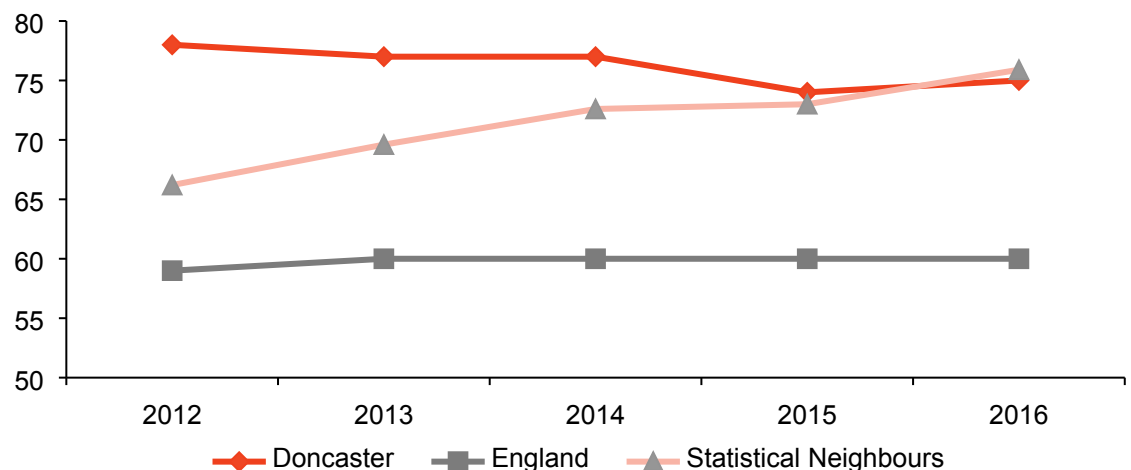
Source: DFE published data on Children in Need, April 2015 to March 2016

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.

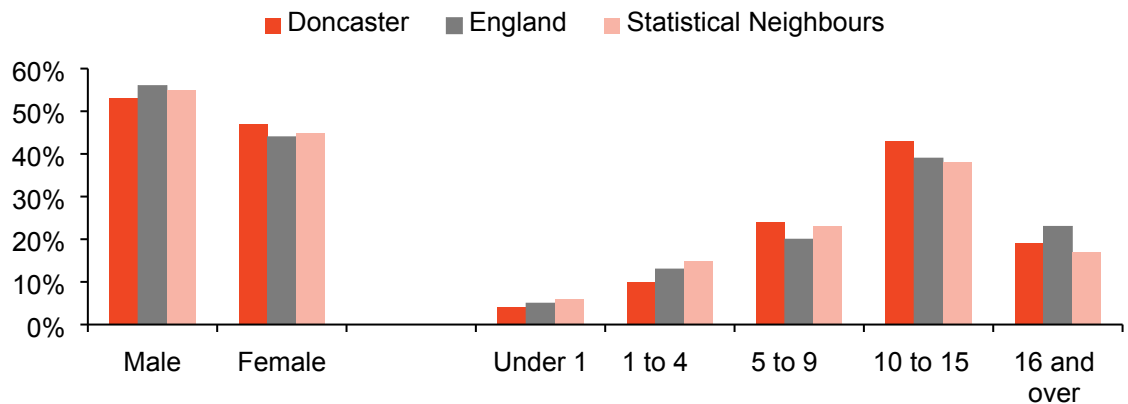
Figure 1.13 - Children in Care rate per 10,000 children



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:

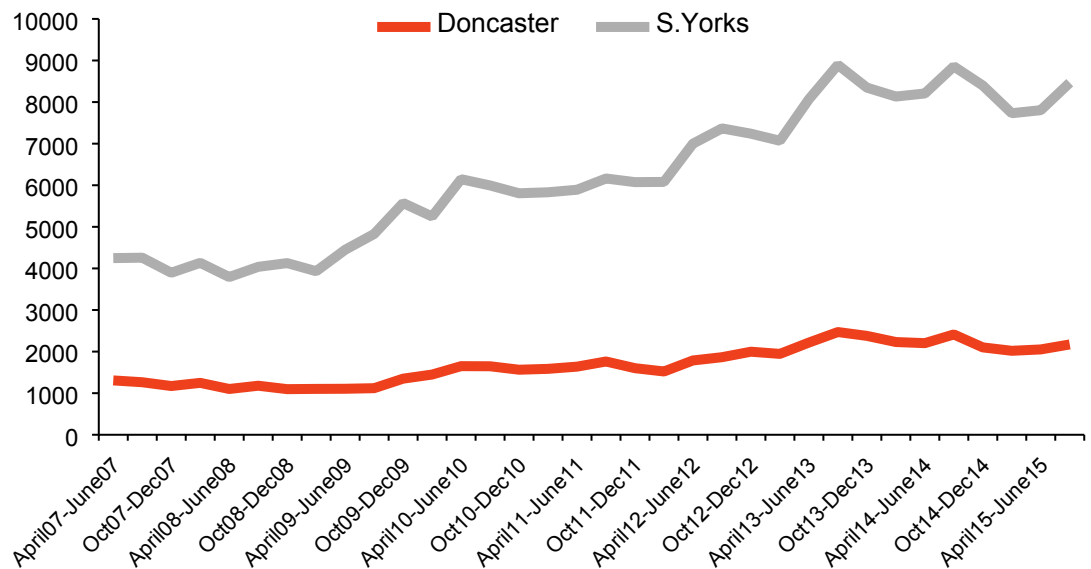
“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- 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

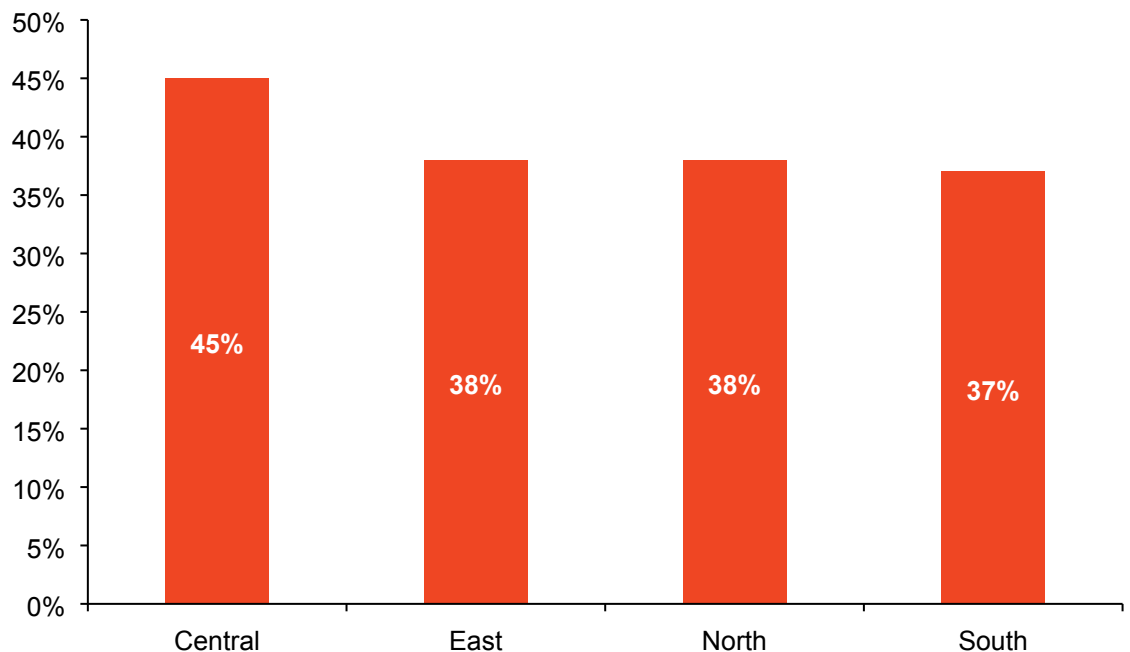
The next most frequent was parental mental health which featured in 22% (1,108) of all initial assessments completed. Of these,

- 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.

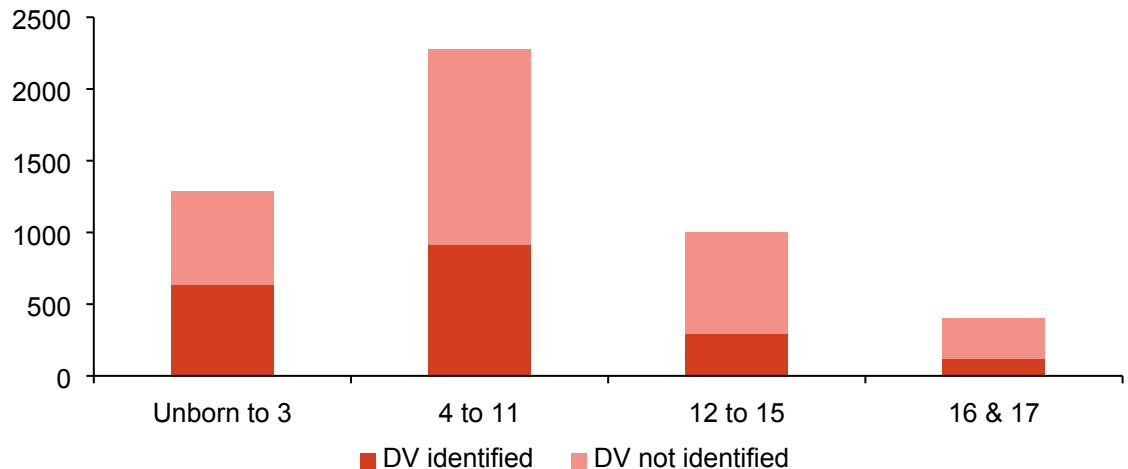
Across the four locality areas, domestic violence was identified as a factor in a higher proportion of assessments within Central area (45% of assessments completed) than the other three areas. A higher proportion of assessments completed for younger children, identified domestic violence as a factor 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

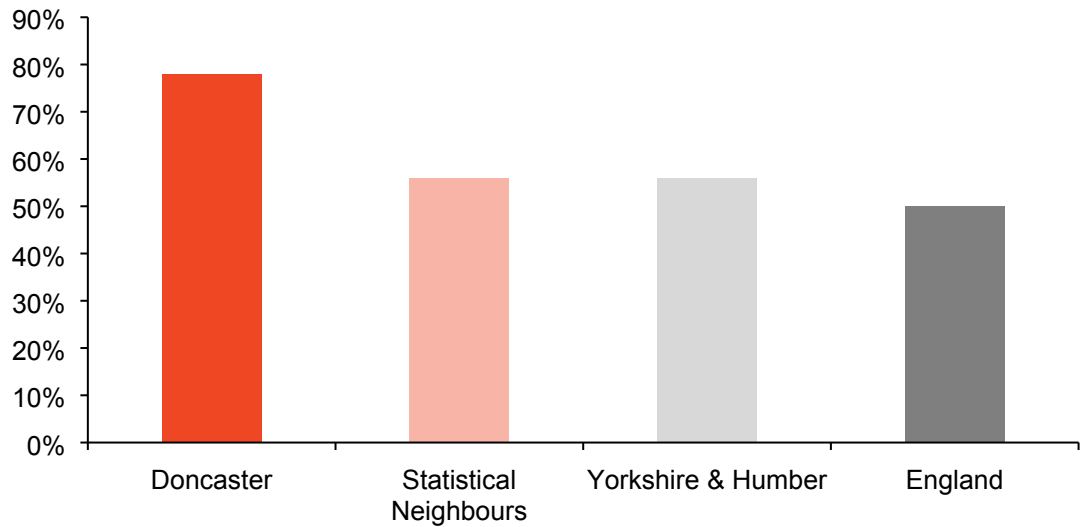
Neglect is defined as “the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development”. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve 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%).

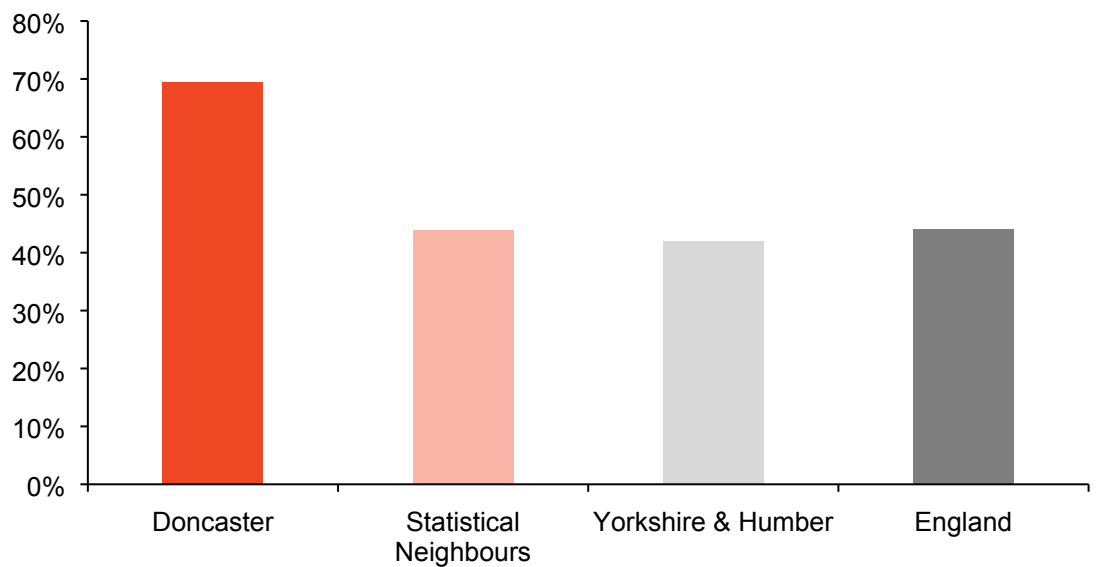
For children subject to a child protection plan under the category of neglect Doncaster is again shown to be higher than the comparative average rates. At the end of March 2016, 69% had a category of neglect compared to 40% nationally and 44% for statistical neighbours

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

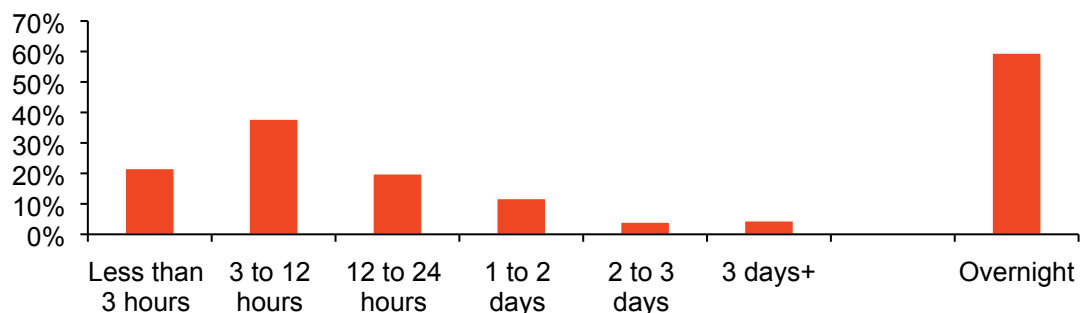
Older children potentially expose themselves to additional risks due to their decisions and behaviours, and will act independently of parental or adult guidance. The suitability and safety of accommodation for teenagers is an emerging concern and area of focus across the Children and Families Strategic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

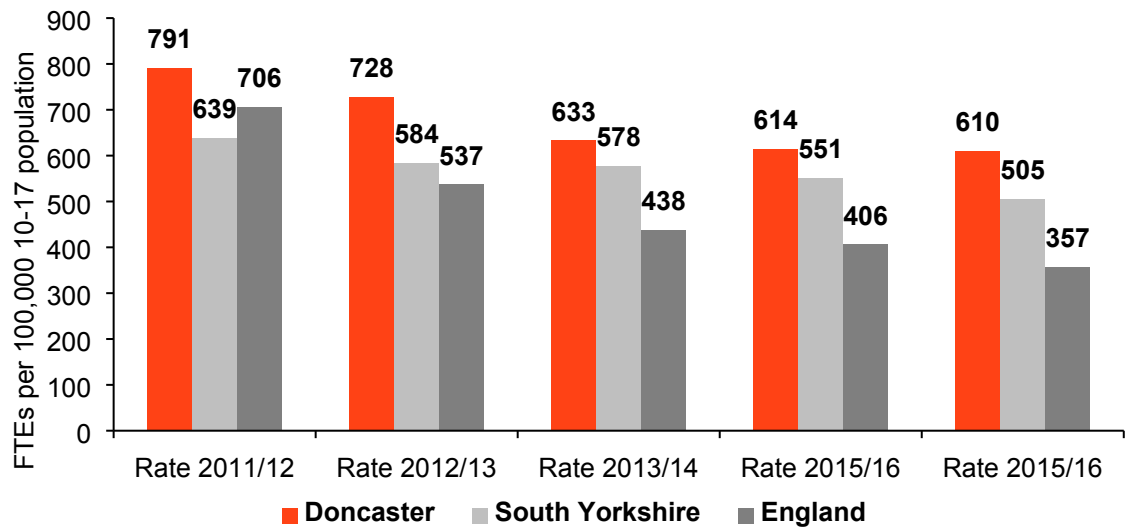
CSE intelligence is shared across the partnership by South Yorkshire Police, providing information on offender patterns and behaviour, as well as problem profiles that identify areas where young people congregate and may be at increased risk of CSE. Due to the fluid nature of this intelligence, it has 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

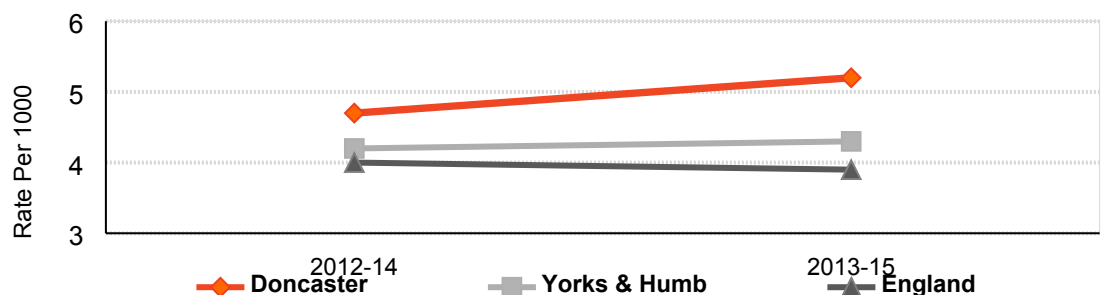
Early Years Age (0 to 4 Years)

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 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

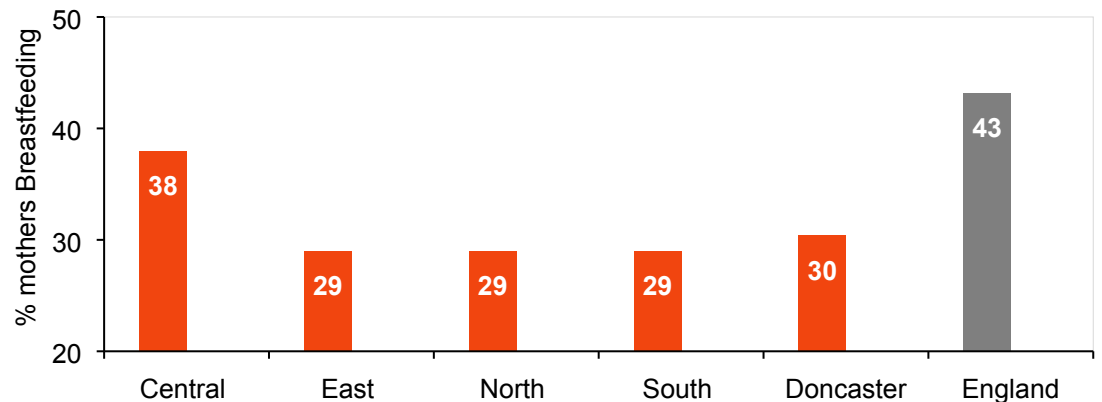
- Explore options for commissioning weight management services for women during their pregnancy
- Continue with efforts to reduce overweight and obesity levels in the adult population to ensure adults are of a healthy weight when they conceive
- Ensure advice regarding healthy pregnancy and low birth 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

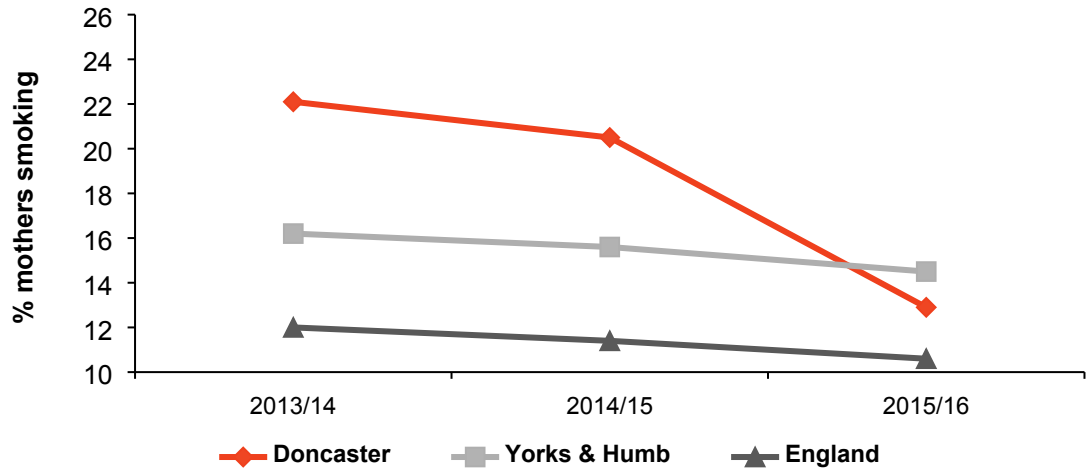
- Continue to implement and maintain the Baby Friendly Initiative standards in midwifery services, health visiting and children's centres
- Educate the wider workforce and public on the importance of breastfeeding and what they can do to promote and protect it
- Consider the findings from the Nourishing 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.

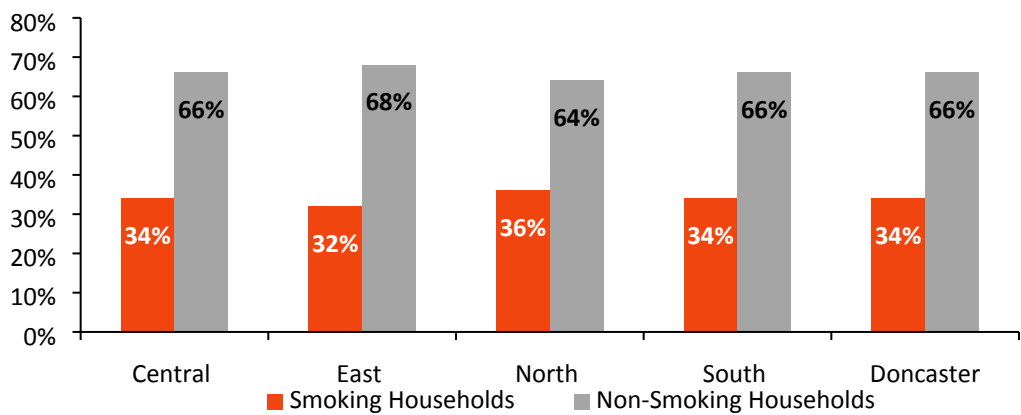
Figure 2.3 - Smoking Status at time of delivery



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

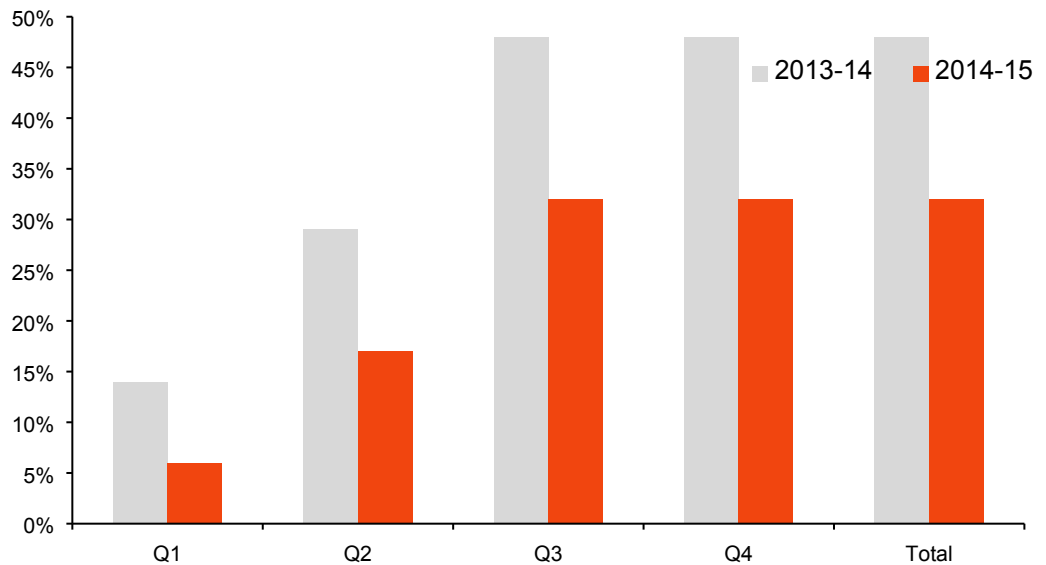
Accident & Emergency (A&E) Attendance due to Self-Harm and Attempted Suicide

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)

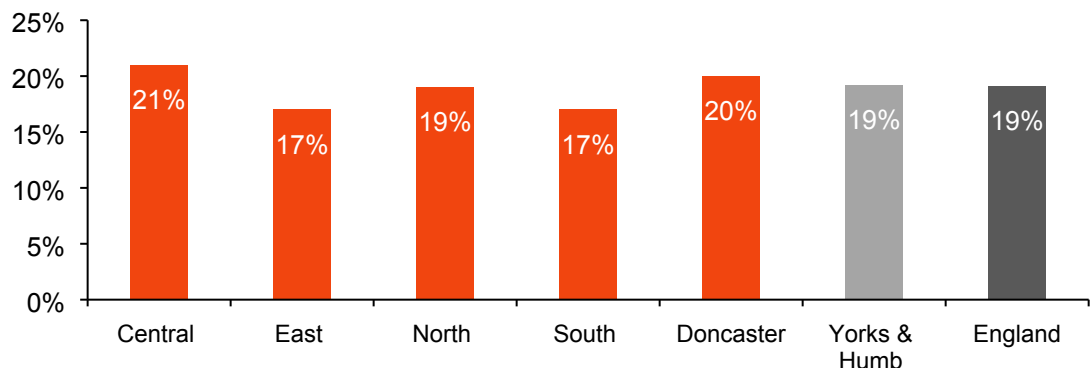
Childhood Obesity

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.

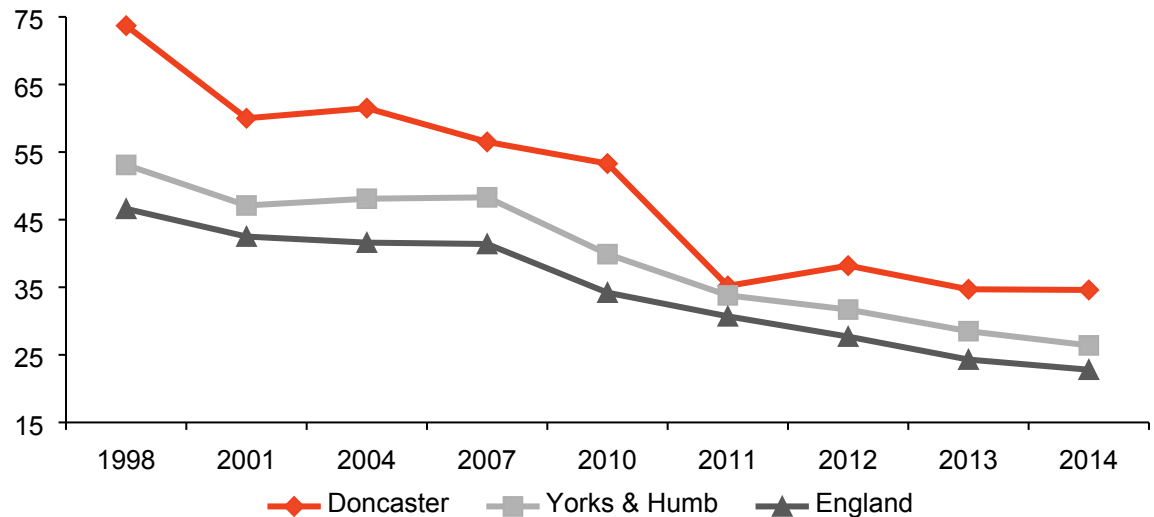
Teenage Pregnancy (under 18 conceptions)

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)

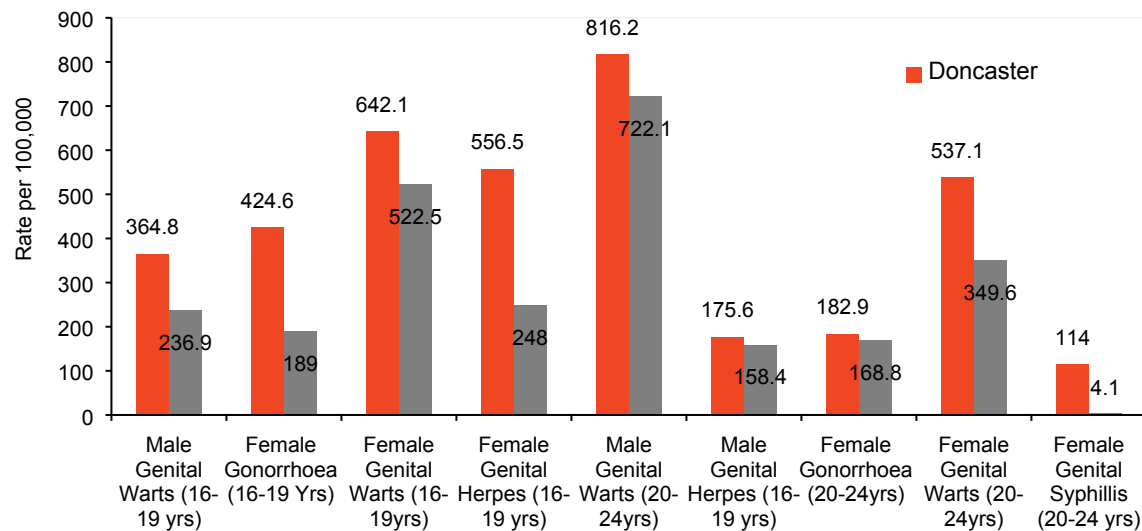
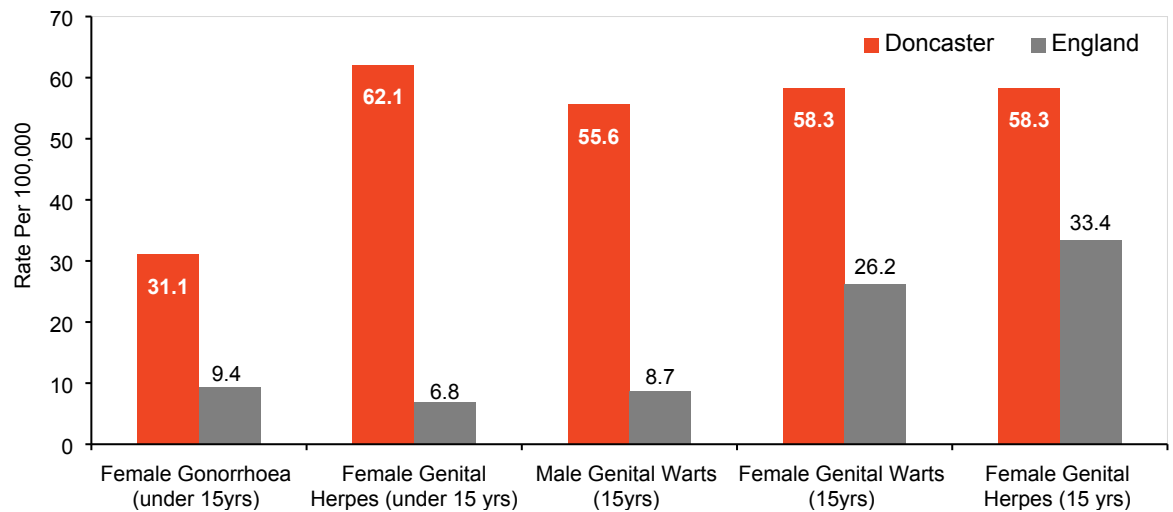
Sexually Transmitted Infections (STIs)

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.

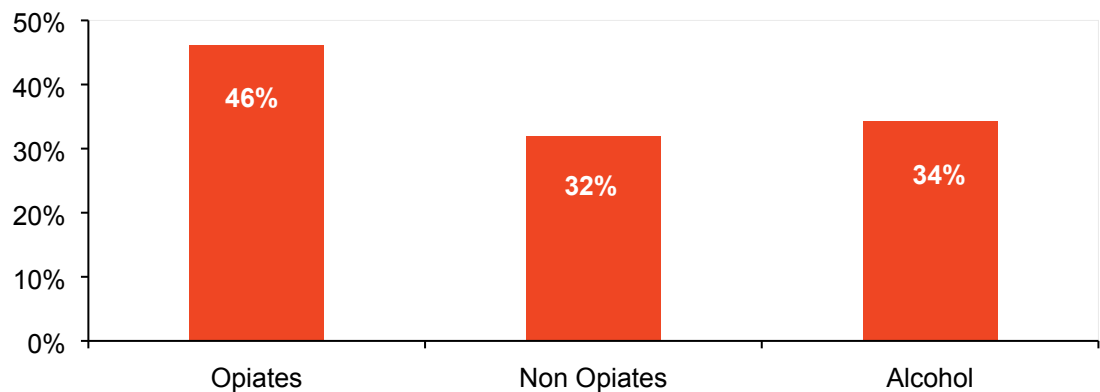
Substance Misuse

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.

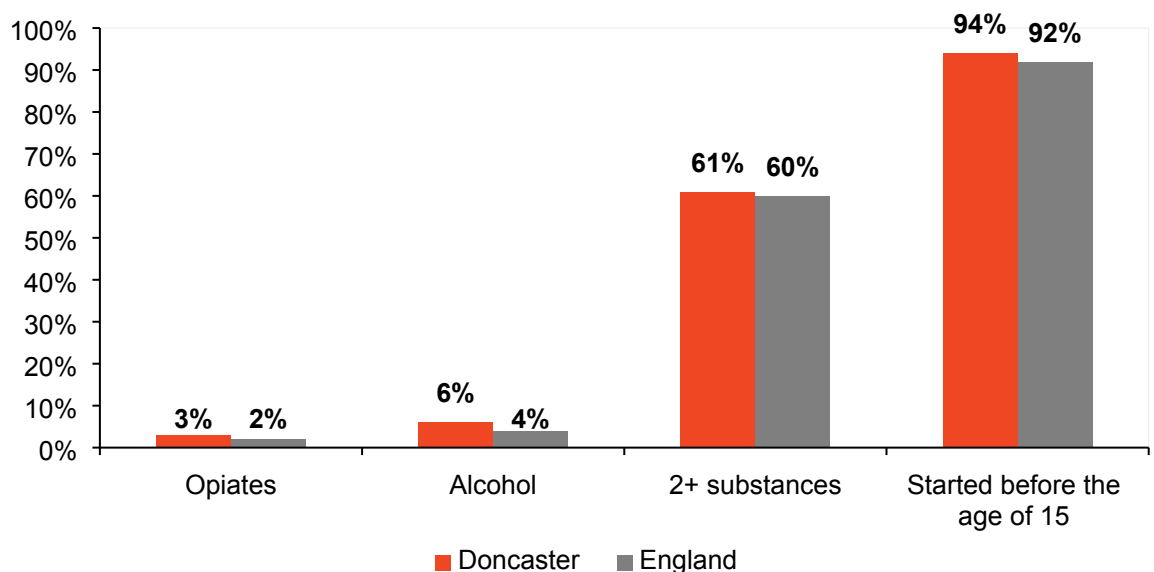
Children are identified through the care pathway and systems are in place to ensure good multi-agency working takes place. However the challenges and risks are greater within universal services around the identification of individuals including parents and carers whose drug use is often viewed as 'recreational' 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



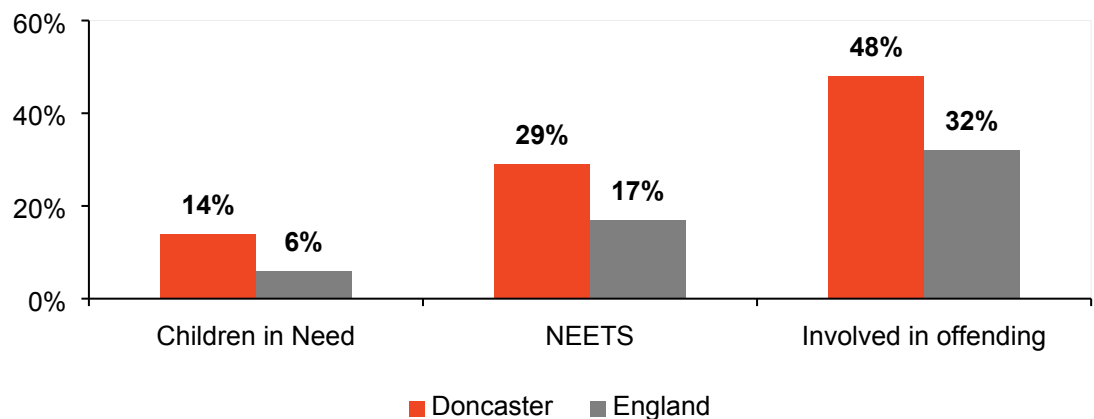
Source: National Drug Treatment Management System

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

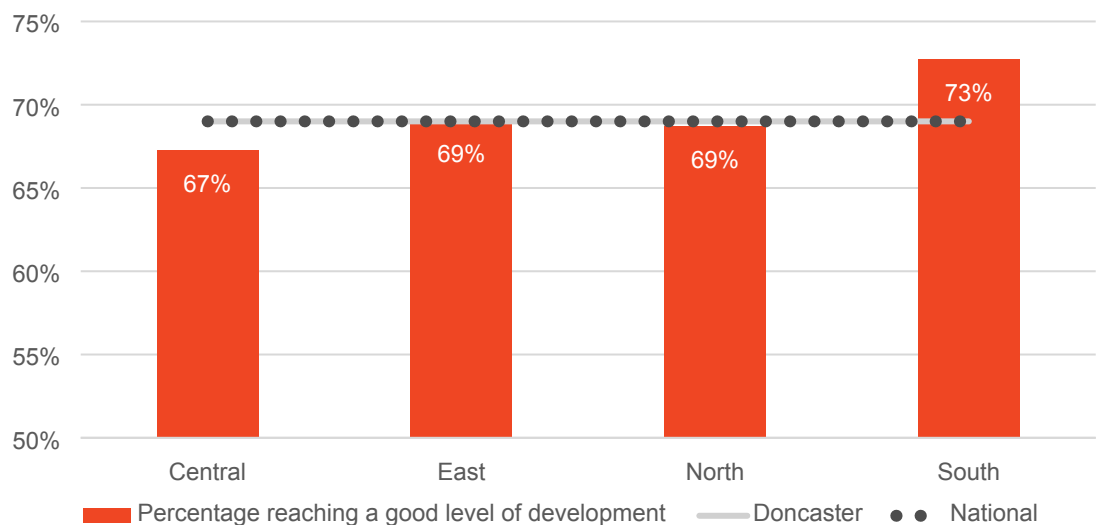
The achieve theme of the JSNA is broken into four sections in line with the different educational phases.

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

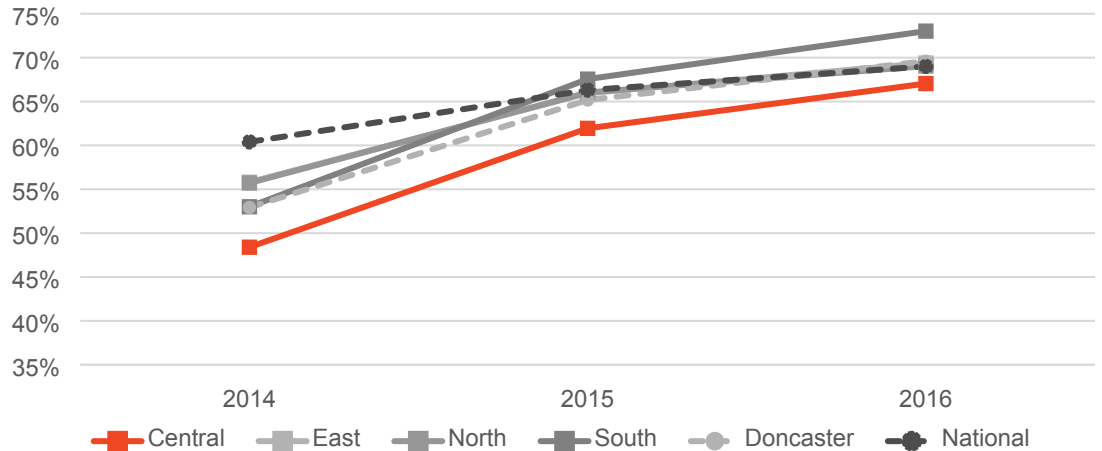


Source: DfE data file/Nexus (2016)

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

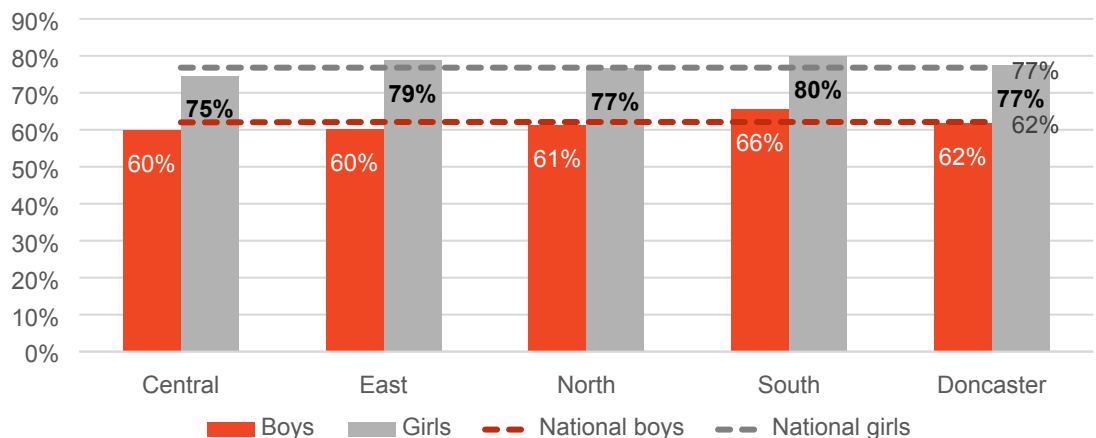


Source: DfE data file/Nexus (2016)

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

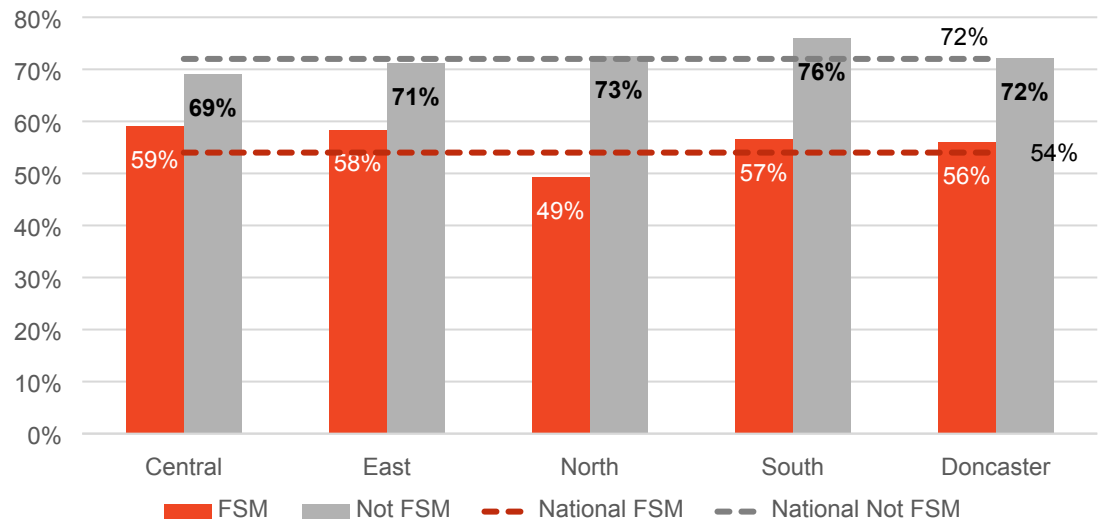
Figure 3.3 - Percentage reaching a good level of development by gender 2016



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

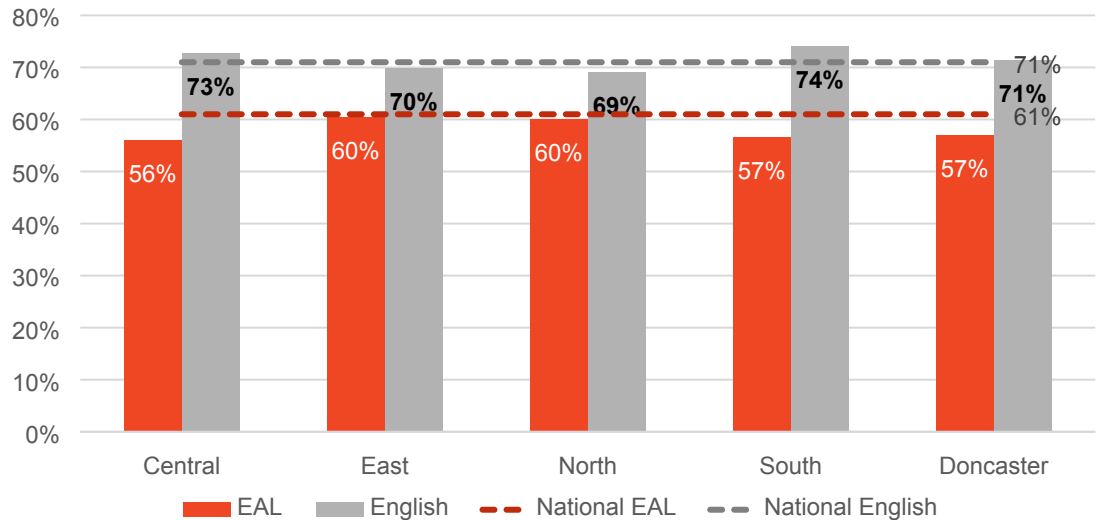


Source: DfE data file/Nexus (2016)

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

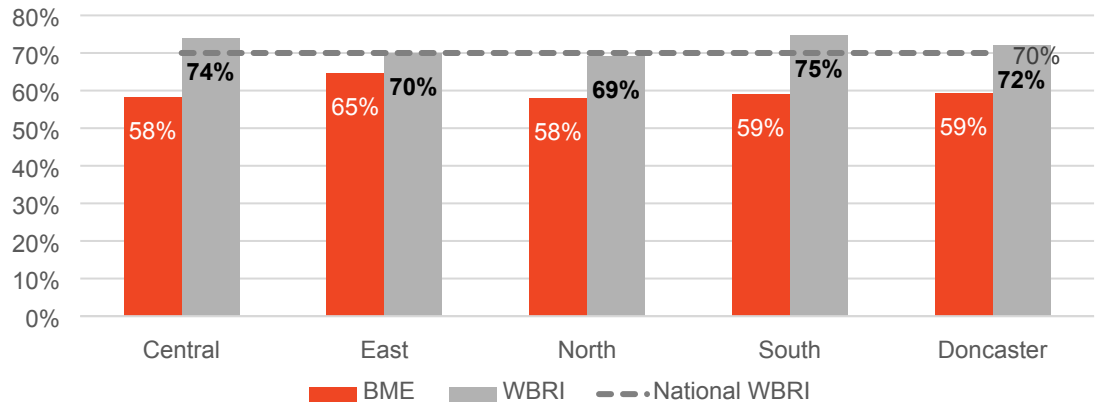


Source: DfE data file/Nexus (2016)

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.

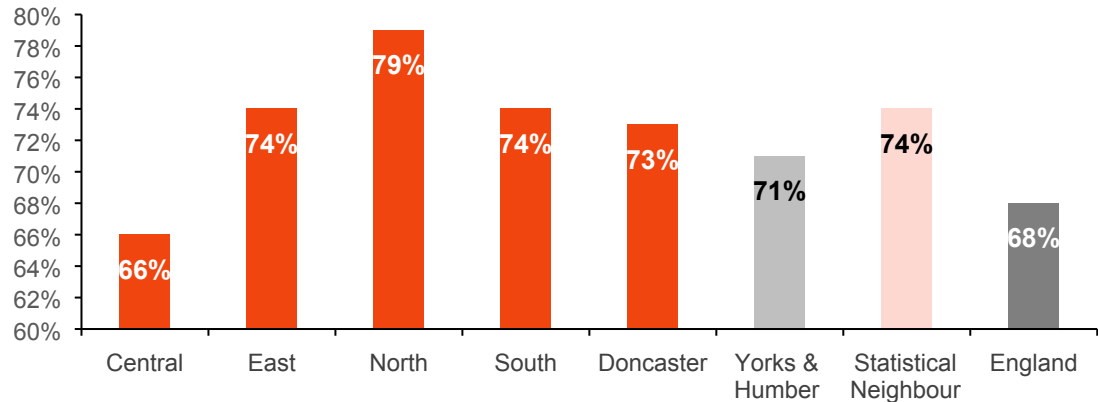
- Continue to provide rigorous and targeted EYFSP moderation activities to schools in line with the statutory Standards and Testing agency requirements. Agreement trailing training will be provided to schools based on the analysis of the 2016 EYFSP outcomes. Targeted moderation training will focus upon 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

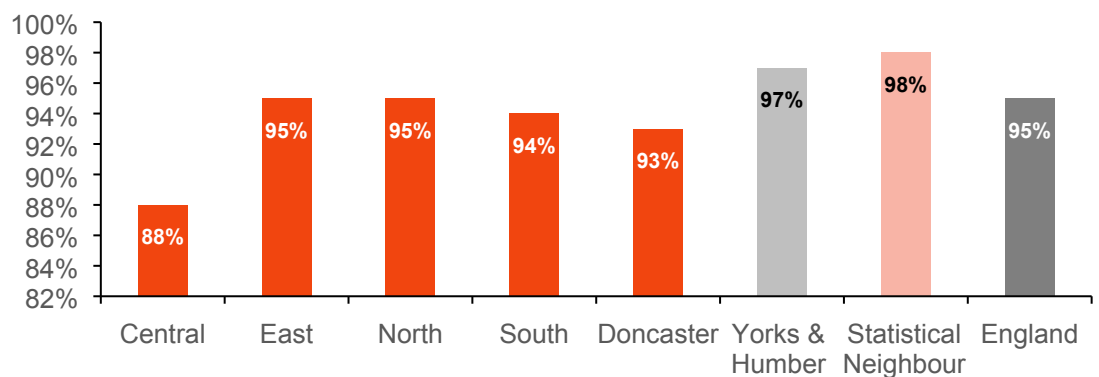
- Eligibility take up of 2 year old places is a national priority with take up levels closely monitored. The marketing campaign and rebrand are already underway and will continue with the use of the 'Golden Ticket Letters' which have reduced internal processing procedures substantially.

- 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.

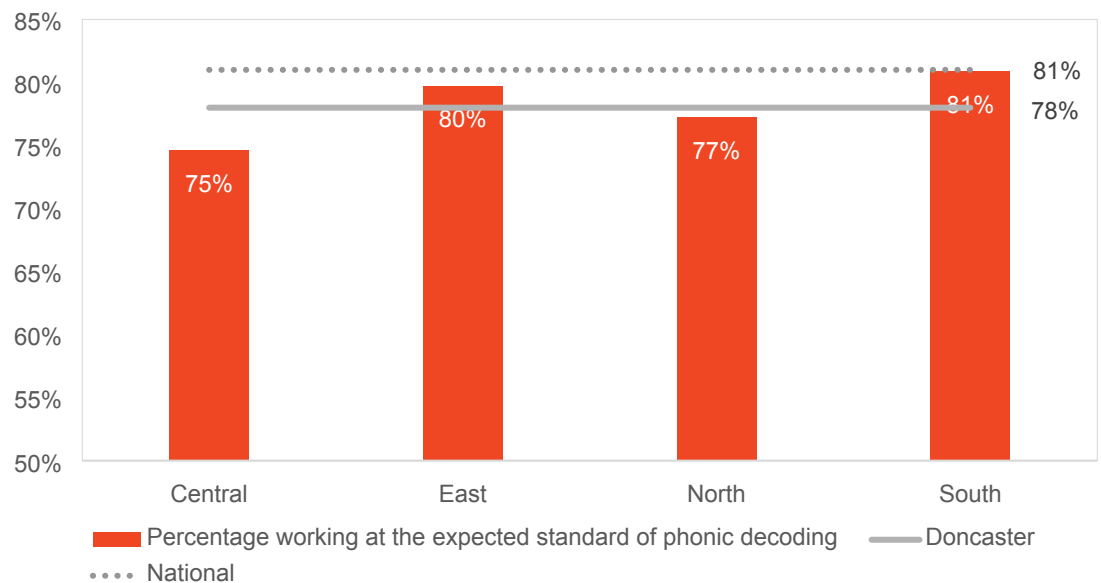
- This will be partnered with a high profile marketing campaign to be launched that will build on and complement the 2 year old campaign. This will feature the existing offer and actively promote the additional offer.
- Continue to build on engagement with families through close partnership working with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



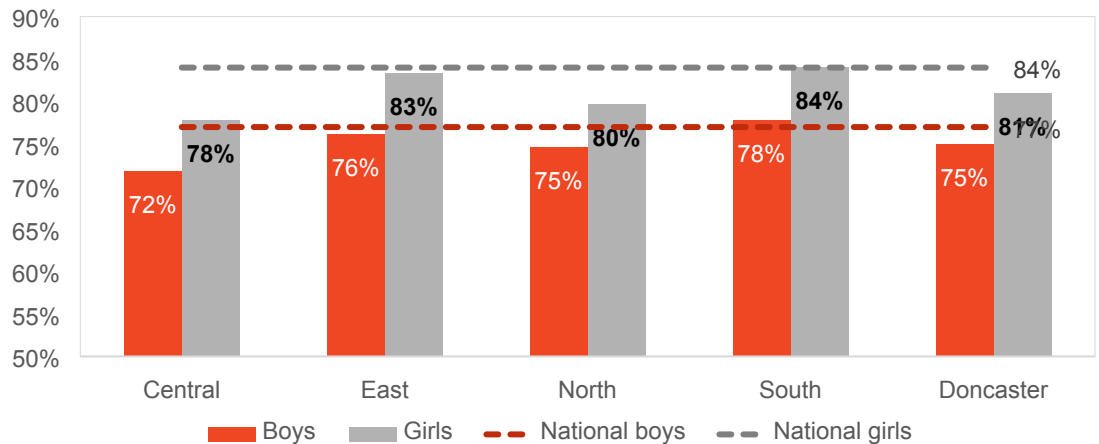
Source: DfE data file/Nexus

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

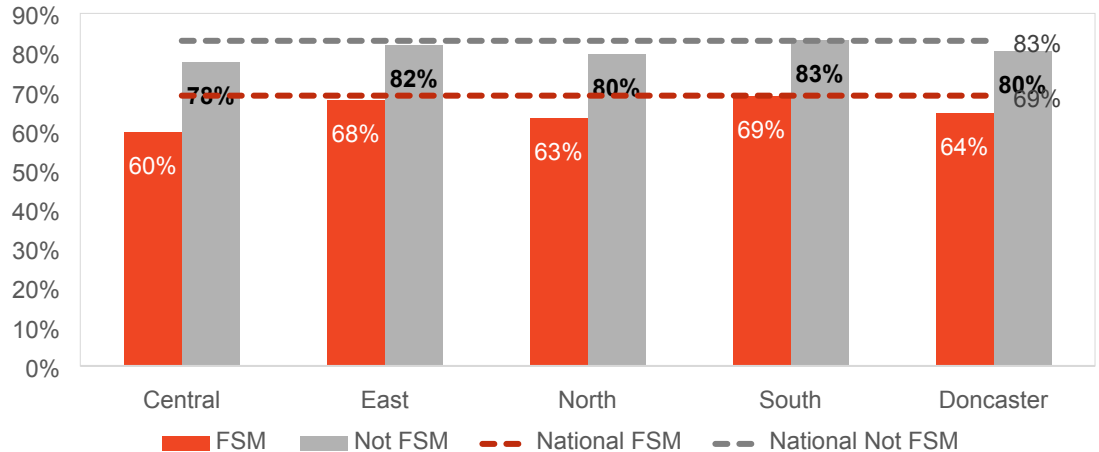


Source: DfE data file/Nexus

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

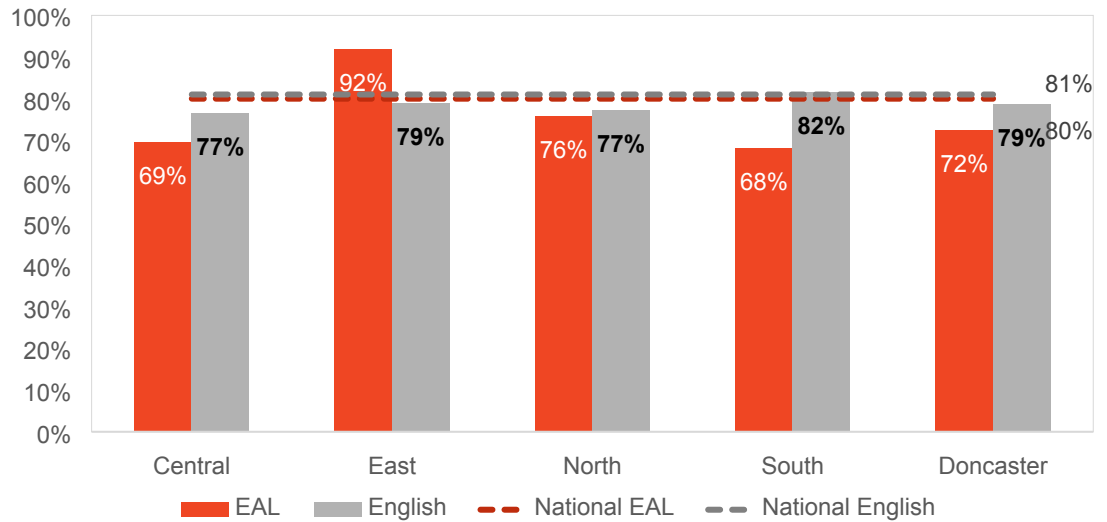


Source: DfE data file/Nexus

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

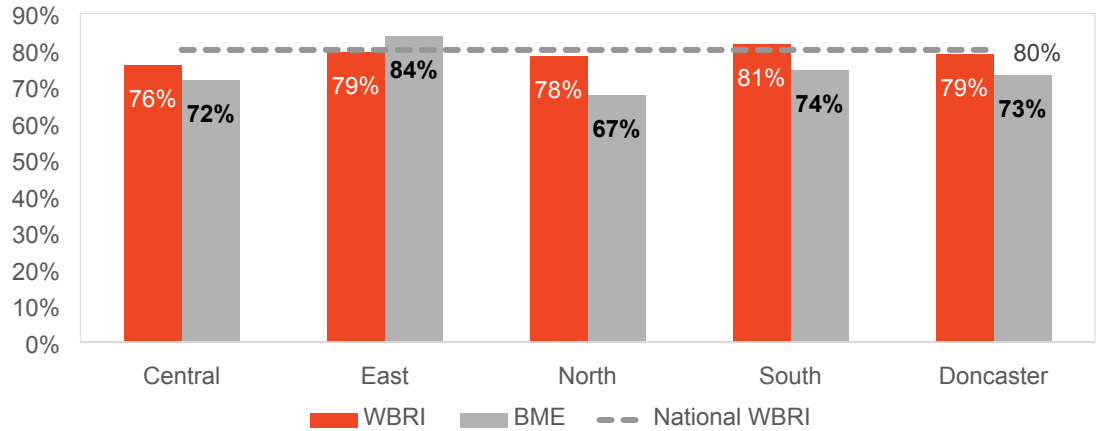


Source: DfE data file/Nexus

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.

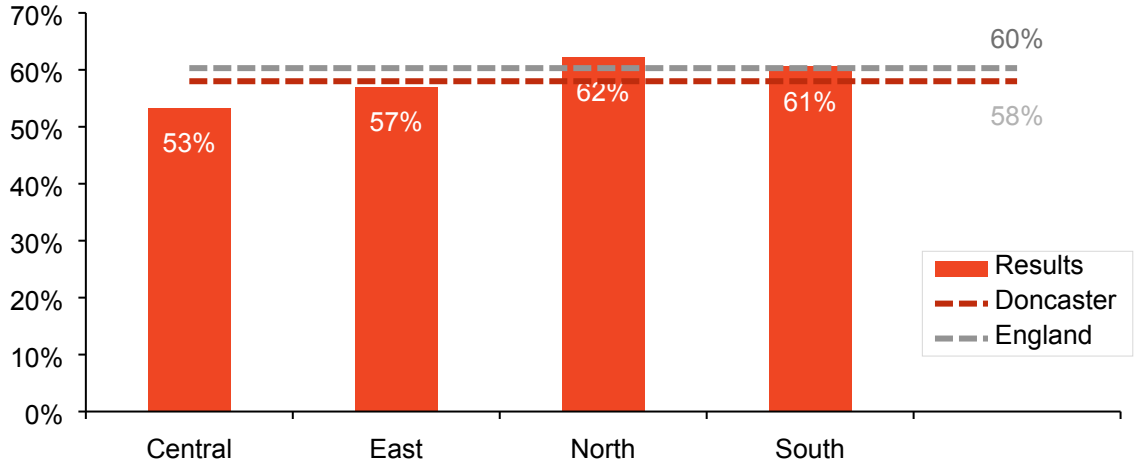
A lower percentage of pupils in the North that are from a Black and minority ethnic background achieved the expected standard of phonic decoding.

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

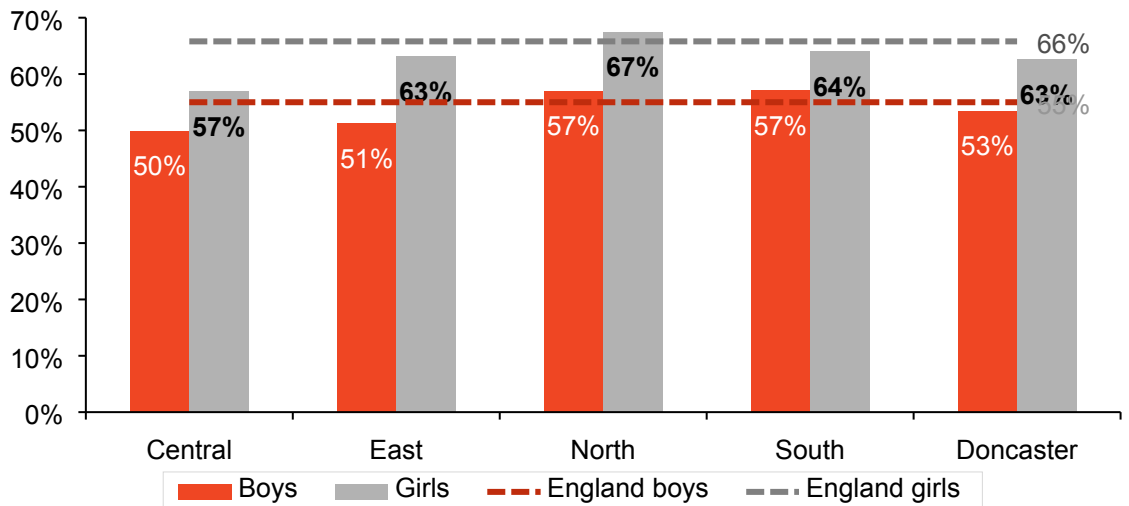


Source: DfE data file/Nexus

Vulnerable groups

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

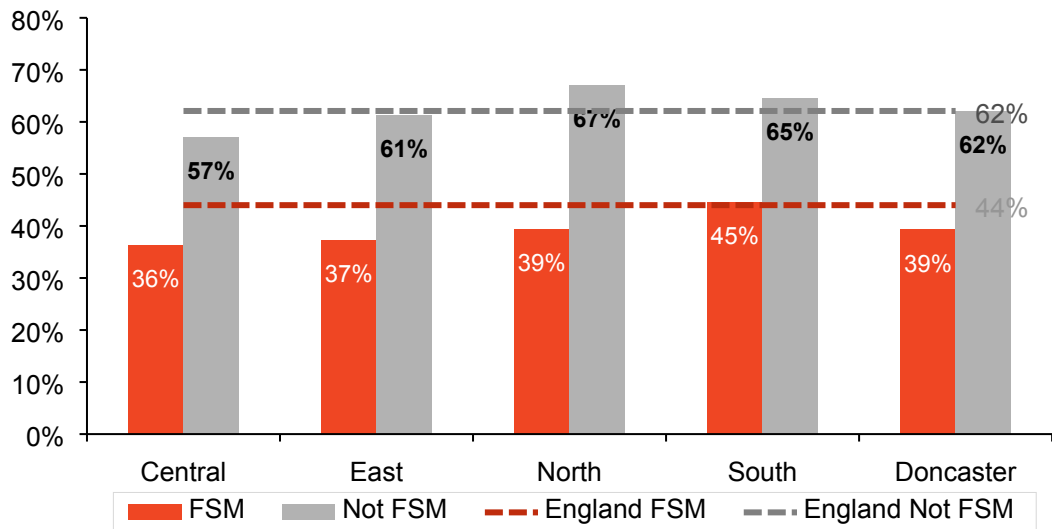
Figure 3.13 - Pupils' achievement at key stage 1 by gender



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.

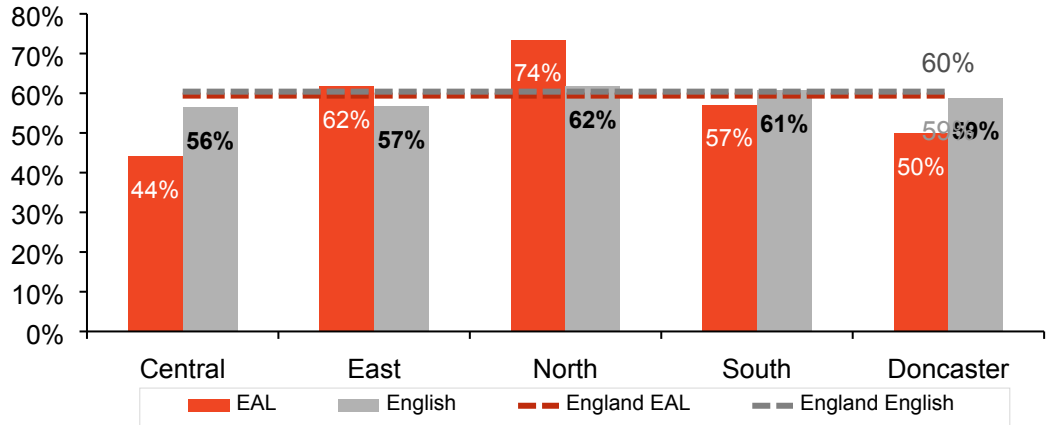
Figure 3.14 - Pupils' achievement at key stage 1 by FSM eligibility



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.

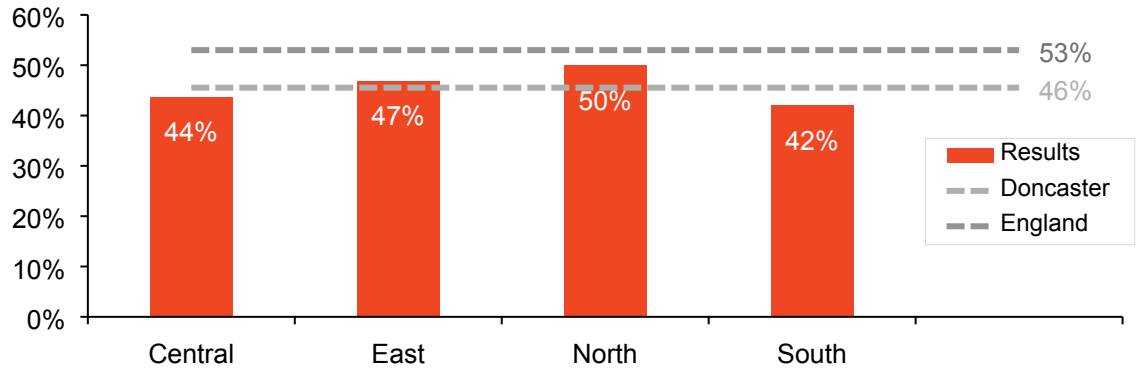
Key Stage 2

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

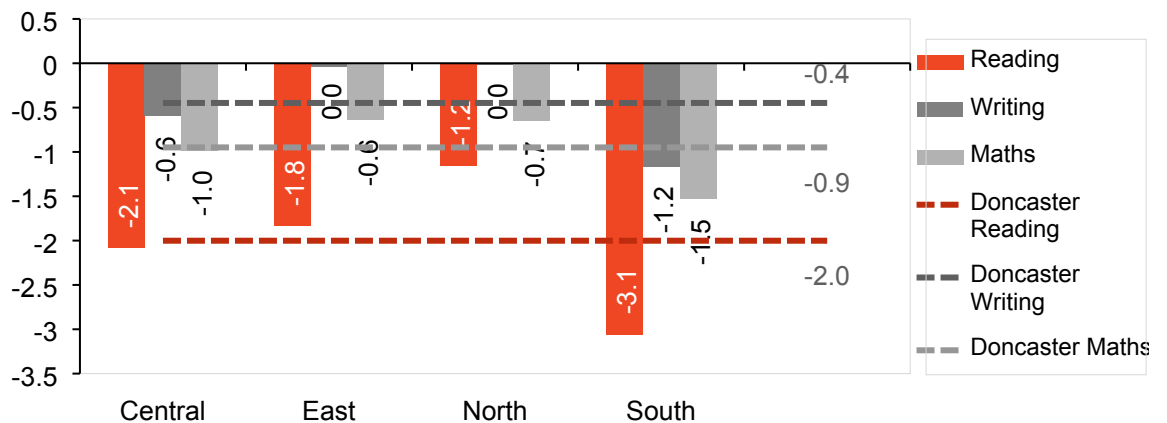


Source: DfE data file/Nexus

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

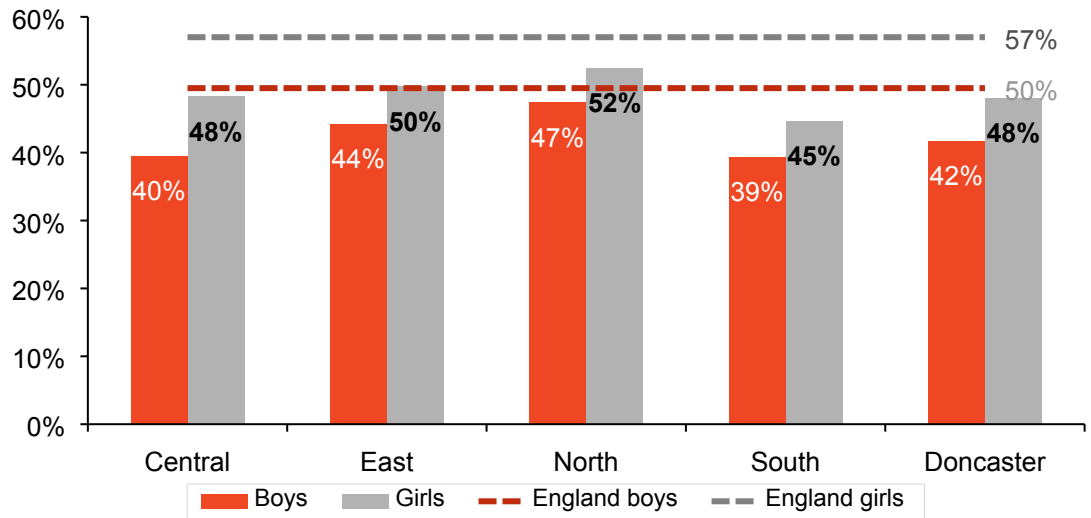


Source: DfE data file/Nexus

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

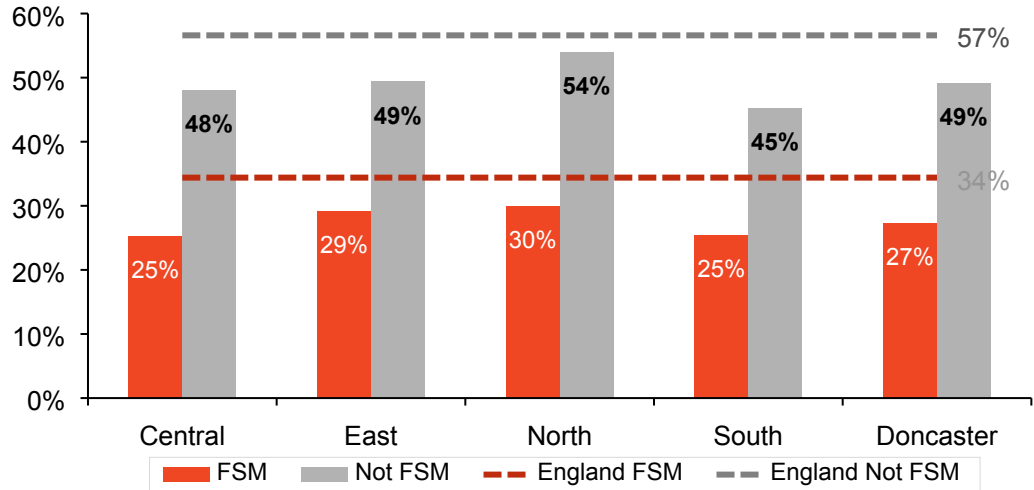


Source: DfE data file/Nexus

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.

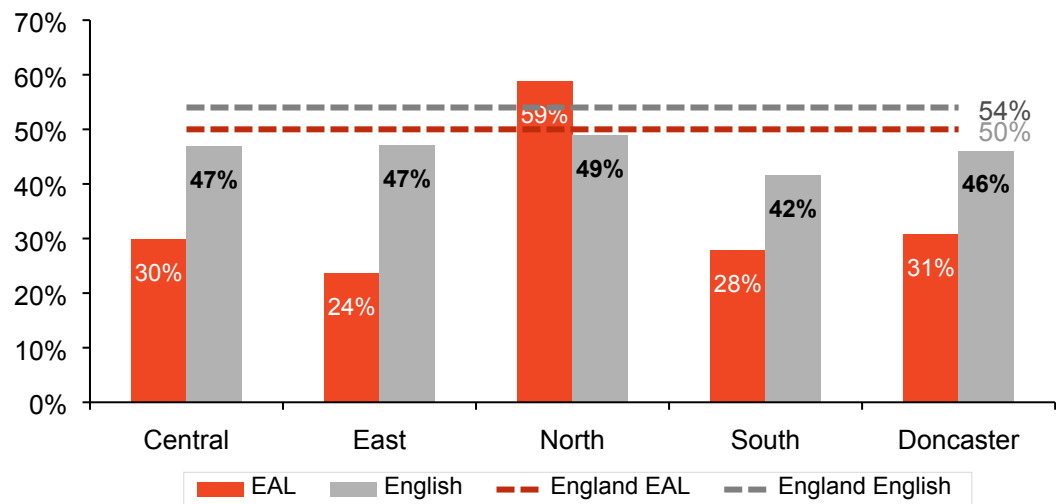
Figure 3.20 - Pupils' achievement at key stage 2 by FSM eligibility



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.

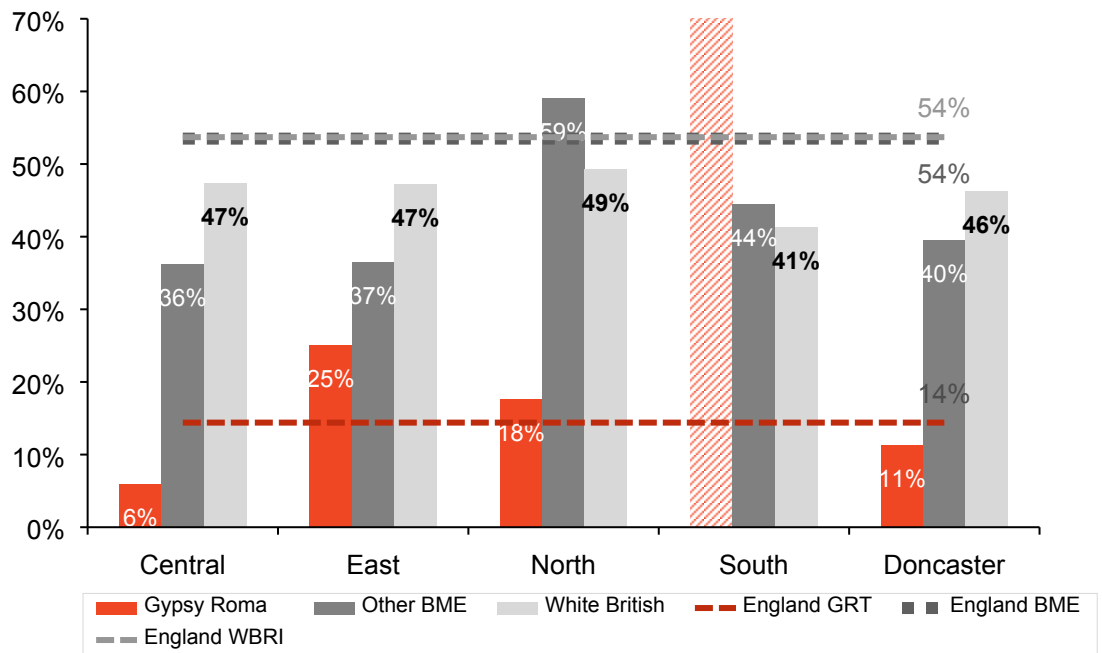
Figure 3.21 - Pupils' achievement at key stage 2 by first language



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.

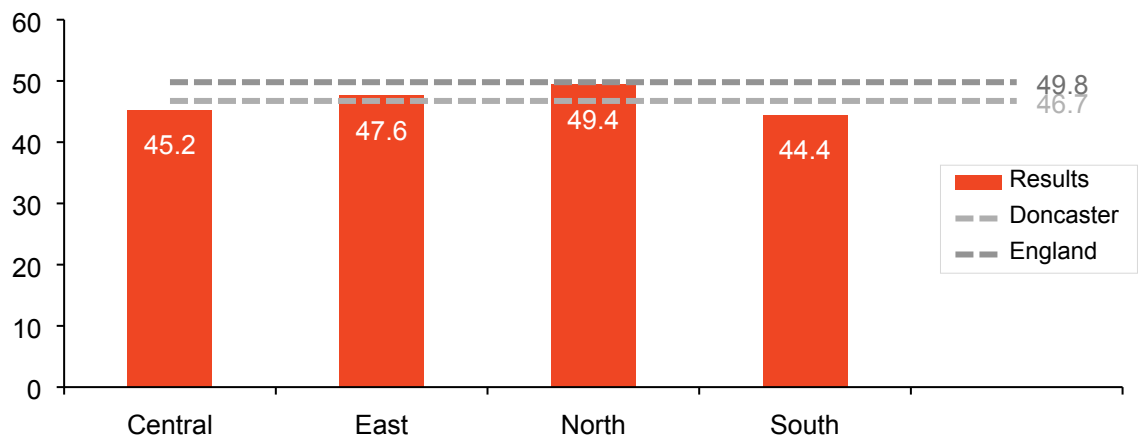
Key Stage 4

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

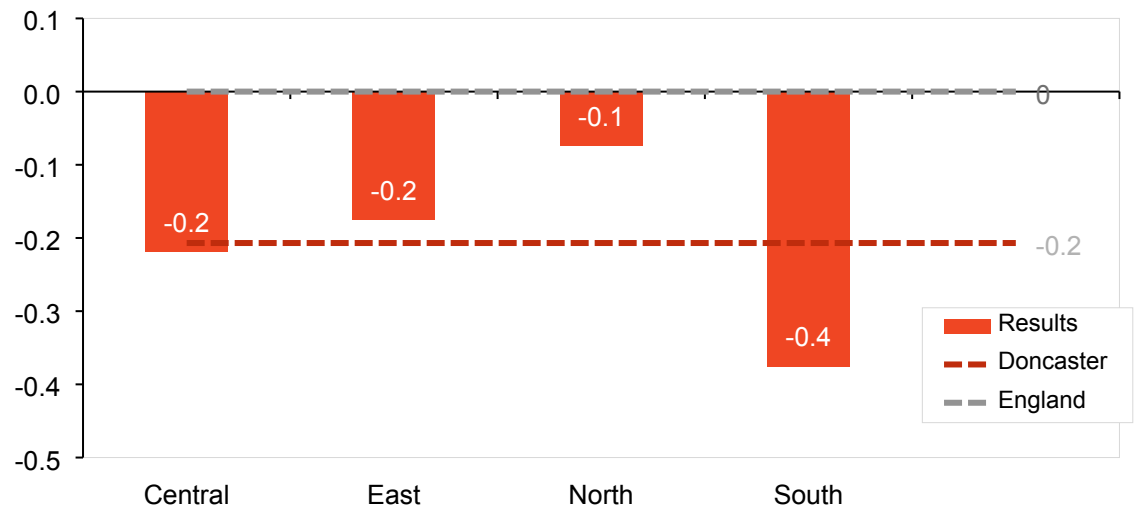


Source: DfE data file/Nexus

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

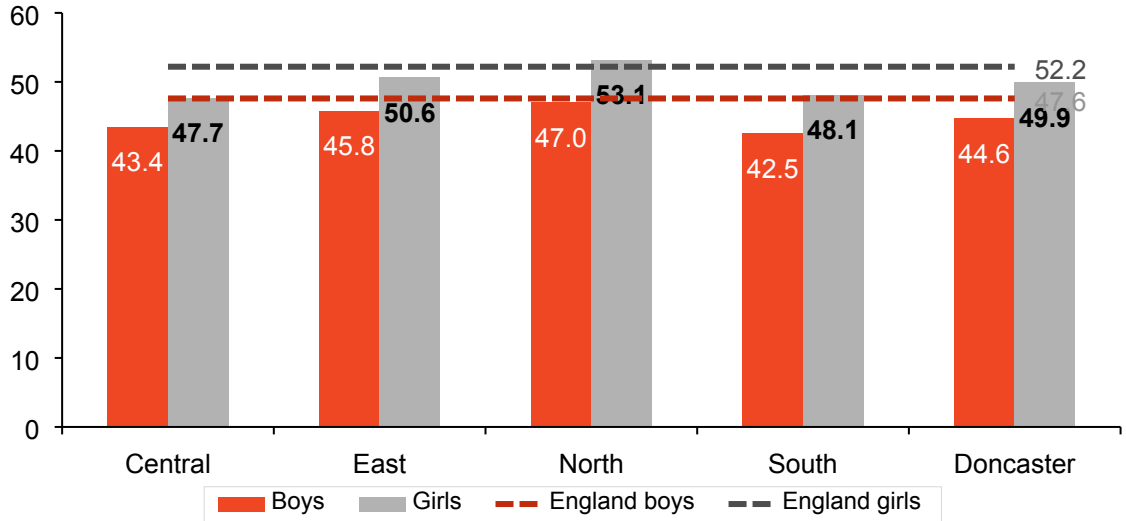


Source: DfE data file/Nexus

Vulnerable groups

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

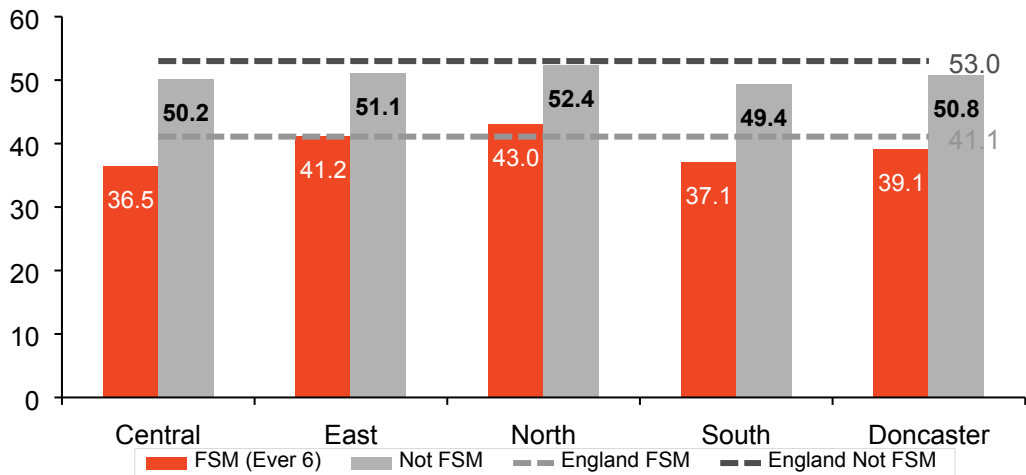
Figure 3.25 - Attainment 8 by gender



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.

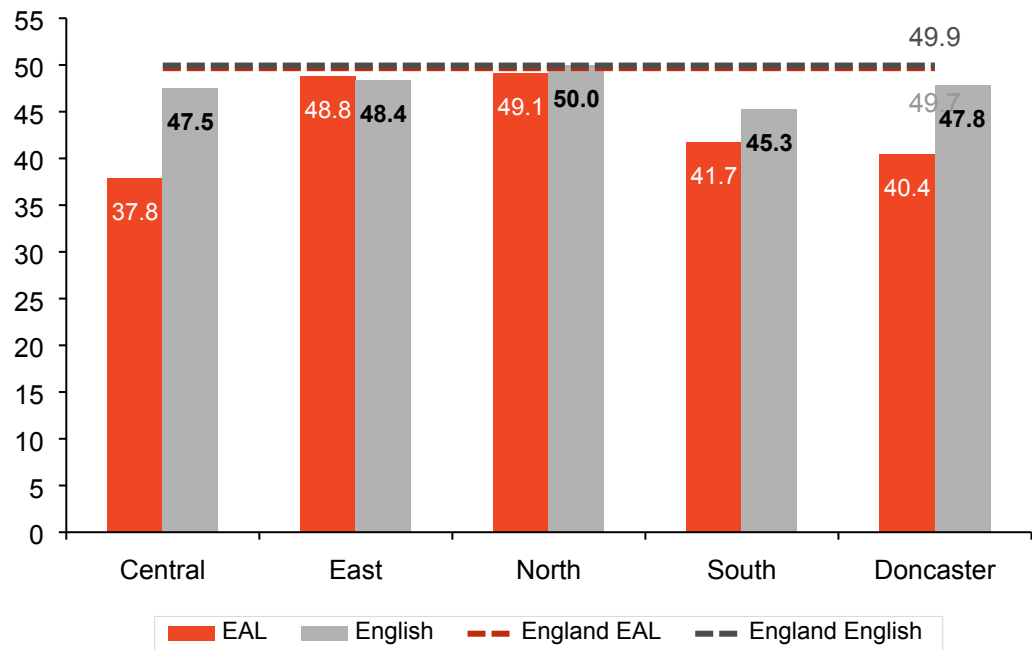
Figure 3.26 - Attainment 8 by FSM eligibility



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

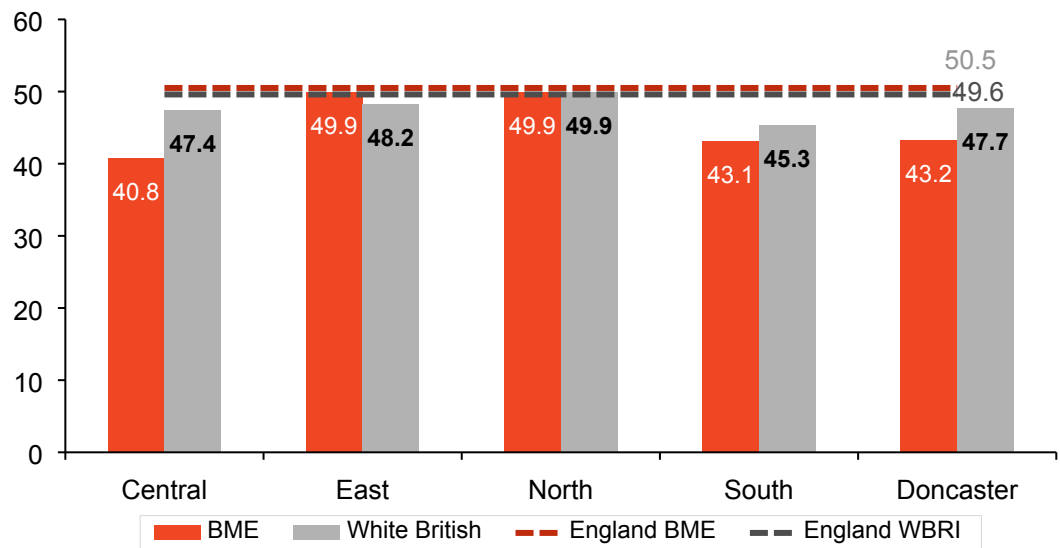


Source: DfE data file/Nexus

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.

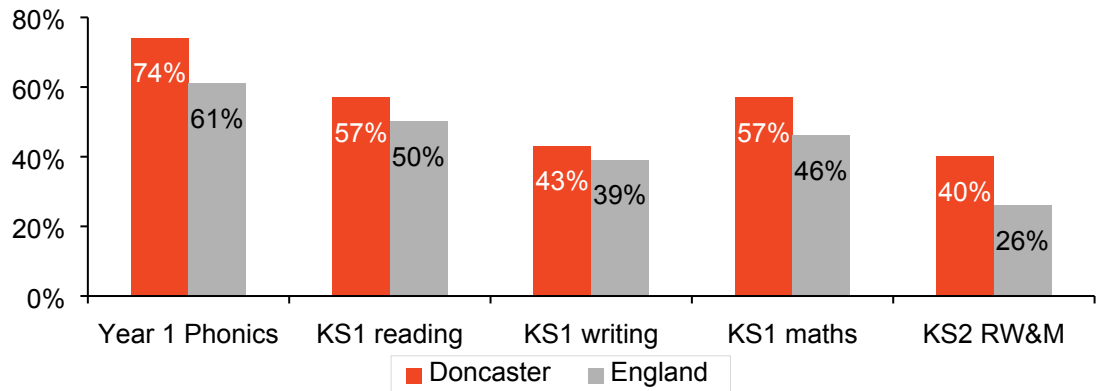
Figure 3.28 - Attainment 8 by ethnicity



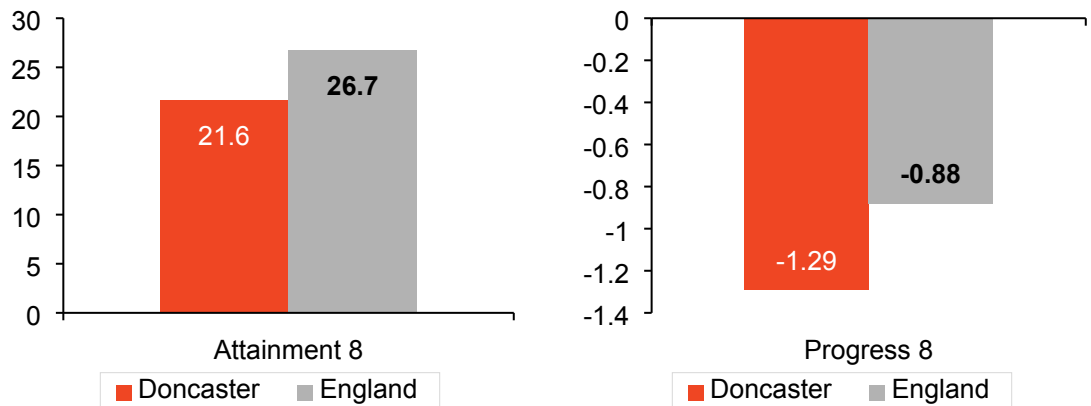
Source: DfE data file/Nexus

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

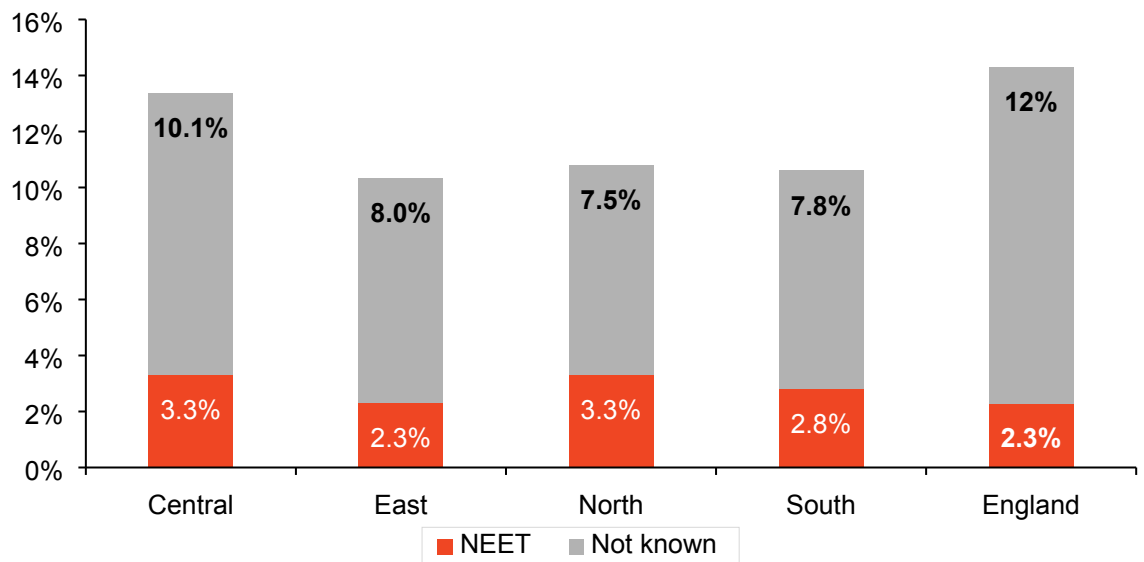
Post-16

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

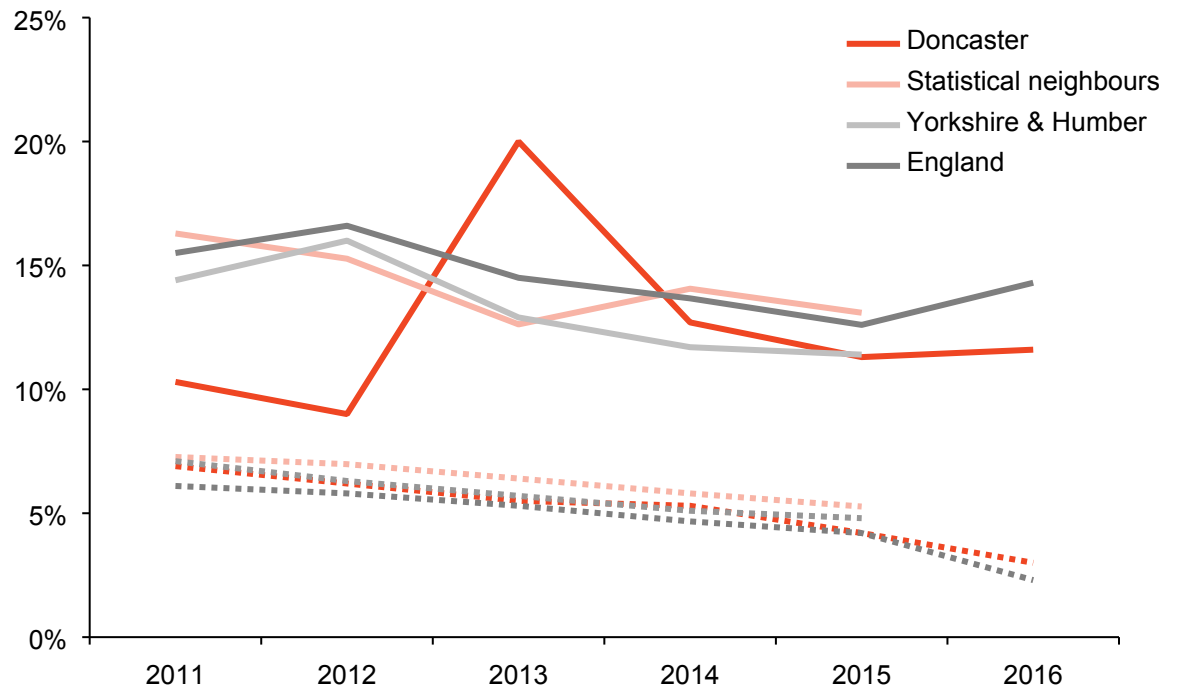


Source: Doncaster Participation and Transition Service, as at October 2016

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.

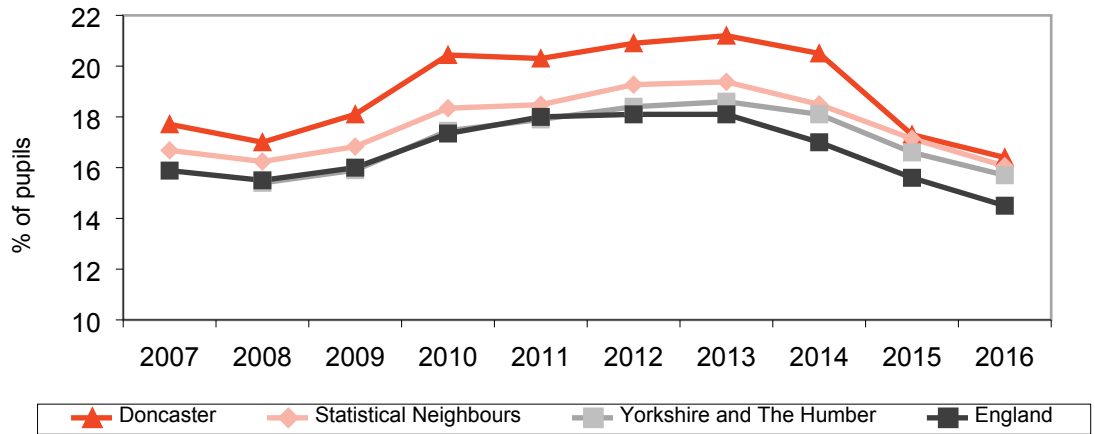
Primary Age

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

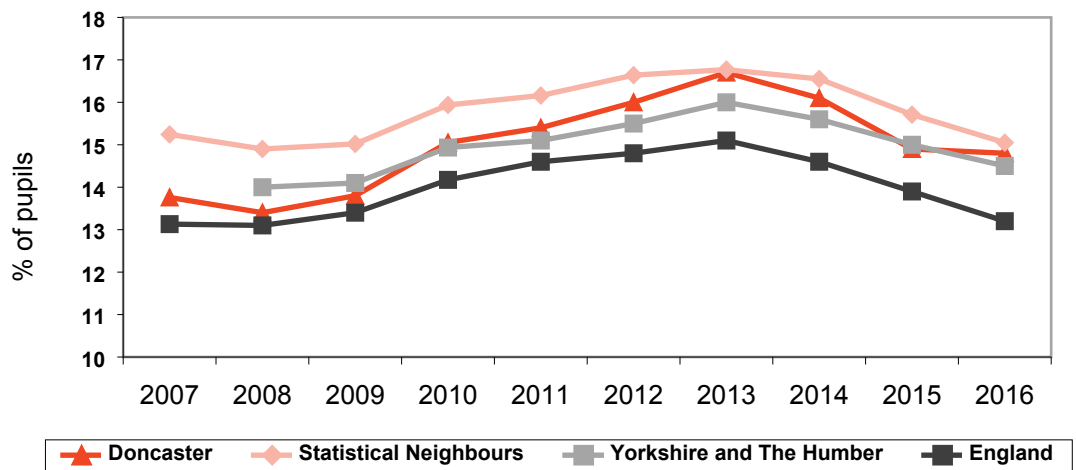


Secondary Age

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.

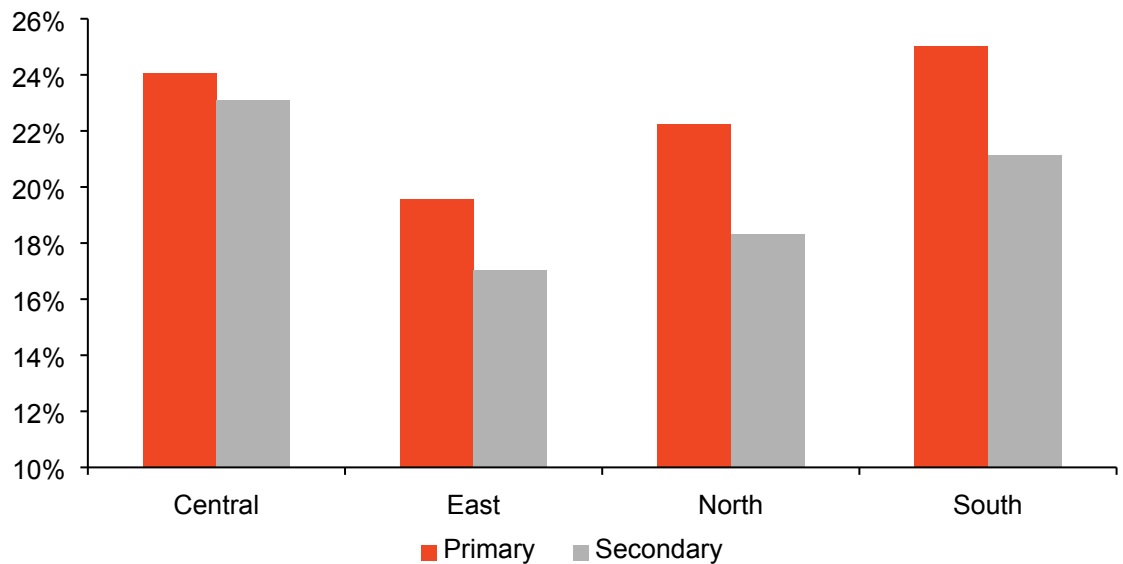
Doncaster is ranked 87 out of 152 Local Authorities (1 having the lowest percentage of FSM pupils and 152nd having the highest percentage) for secondary school pupil eligibility and claiming of free school meals.

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

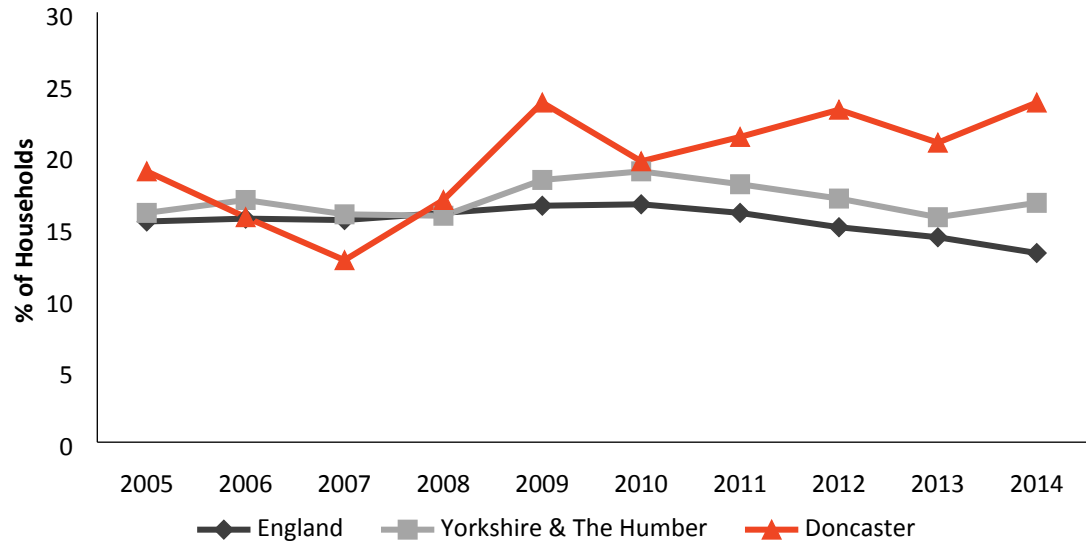
A higher percentage of children in Doncaster live in low-income / workless households than the national average.

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