November 2023

Team Doncaster Special Educational Needs and Disabilities (SEND)- Joint Strategic Needs Analysis







CONTENTS

INTRODUCTION AND OVERVIEW

Team Doncaster is committed to meet the needs of children and young people with special needs and disabilities living within the city. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and Identify priorities which will help improve identification and outcomes.

The Special Educational Needs and Disability (SEND) Code of Practice (Department for Education and Department of Health, 2015), states that a Joint Strategic Needs Assessment must be produced to analyse the needs of the local community. The JSNA will focus on those young people with SEND who are 0-25 and will shape the joint Health and Local Authority commissioning strategy for children and young people with complex needs aged 0-25 and will inform the re-commissioning of services and redesign of pathways to meet their needs.

The Children and Families Act states a child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to made for him or her. This is defined as if he or she has significantly greater difficulty learning than the majority of others of the same age, or if he or she has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in schools or mainstream post-16 institutions.

A child or young person is defined as having a special educational need if they have a learning difficulty or disability which requires special educational provision to be made for them.

Life chances for children with SEN and/or a disability can be poor compared to the general population, and they may find it harder to make the transition from childhood to adult life, form successful friendships and relationships, maintain their independence and are more likely to have poor health and wellbeing outcomes.

Young people with SEND are also less likely to be in education, training, and employment, which further affects their adult life. The needs of children and young people with SEN or a disability are complex and varied and requires daily support from a wide range of professionals and agencies. There are significant challenges faced by families who have children or young people with SEND in navigating the local system.

The SEND JSNA is one of a suite of documents which will support us in defining and planning strategically for our children and young people with SEND. Our Local Area Partnership SEND Board will oversee our local strategic response and ensure that we make progress against our priorities. This JSNA is to be read alongside, the following documents:

- Doncaster SEND Strategy 2022-2025
- Doncaster SEND Implementation Plan 2022-2025
- Team Doncaster SEND Joint Commissioning Strategy

OUR PARTNERSHIP

Our partnership is made up of a number of organisations who are committed to providing the best quality education and support for children and young people with special educational needs and disabilities (SEND).

- **NHS South Yorkshire Integrated Care Board (ICB)**: A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services across South Yorkshire. When ICBs (Integrated Care Boards) became legally established in July 2022, clinical commissioning groups (CCGs) were abolished.
- **Children Young People and Families Service:** The directorate within the City of Doncaster council with statutory responsibility for a range of services including early years, early help, education, and social care.
- **Schools and Settings:** This includes all early years settings, maintained schools, free schools and academies and the further education sector.
- **Adults Health & Wellbeing:** This is the transition touchpoint for Preparing for Adulthood and Independence, including raising aspirations for further education, training, employment, and skills.
- **Public Health:** The directorate within the City of Doncaster council responsible for promoting and supporting the health and wellbeing of children and young people through health improvement programmes, commissioning universal public health services, and providing expert advice and guidance.
- **Voluntary, Community and Faith Sector (VCFS) Organisations:** Third sector organisations within localities who are closely linked to Doncaster residents and communities.

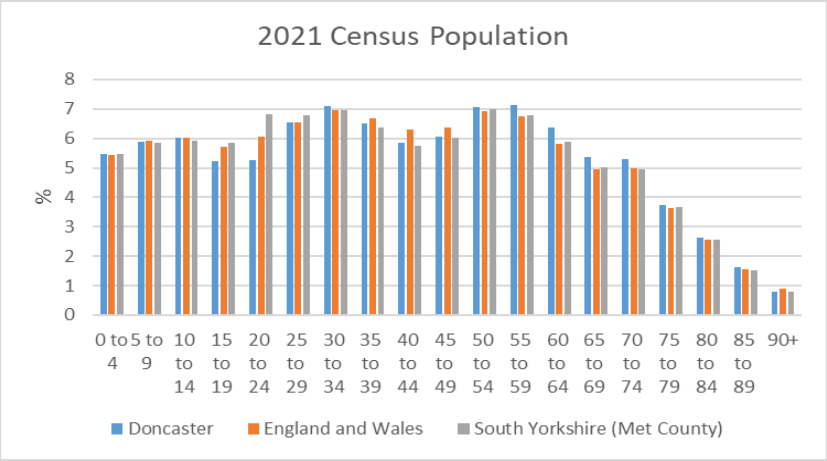
EXECUTIVE SUMMARY

- Doncaster has a population of 312,785 people, of whom, about 69,000 (22%) people aged between 5 and 24 years old. Doncaster is 41st most deprived borough in England.
- The percentage of SEN Support pupils has been increasing in Doncaster, from 9.2% in 2015/16 to 13.1% in 2022/23, which is in line with the national average of 13.0%. The level of EHCPs in 2023 was 3.3% as compared to a national rate of 4.3%, despite a step growth in the number of plans since 2018.
- The profile of primary need types within Doncaster has changed over the last five years, with a decline in levels of moderate or severe learning difficulties and increases in Social Emotional and Mental Health Needs and Speech, language and communication and autistic spectrum need types. The level of need is rising in the early years sector, with the biggest rise being for Speech and Language, and Communication Needs (SLCN).
- Levels of young people who are not in education, training or employment have fallen and are currently at 3.3%, above the national average of 2.6%.
- Short breaks have been increased quarter on quarter, the number of short stays in Q2 of 22/23 is more than 22% higher than at the same time 2 years ago.
- Demand for special school places continues to grow. The number of young people educated in independent non-maintained placements (201) has grown significantly since 2019 (77). Special schools are at capacity. Many young people are travelling too far to access education.
- Rates of absence and suspensions amongst SEND students are above national averages. Rates of absence and exclusions in special schools are lower than national averages.
- Permanent exclusion rates for SEND pupils are lower than national averages for secondary students and for SEND support pupils in primary schools. Permanent exclusions at primary are higher than the national average at primary schools.
- Academic outcomes are below national averages for most measures, except for EHCP attainment at Key Stage 2.
- 100% of children and young people referred to CAMHS were seen within 2 hours for an emergency and within 24 hours for urgent appointment. 86.8% of children and young people were seen within 8 weeks for non-urgent appointment. There are currently 0 incomplete waits with CAMHS.
- There is a recognition of the need to reduce waiting times for autism diagnosis.
- Parents and carers are keen to improve the consistency of the offer from schools and to ensure that EHCPs are easy to access and are delivered appropriately.
- Children and young people are keen also to improve the offer from schools and mental health support from across the partnership. They are keen to see more local provision also for children with social, emotional, and mental health needs.

1. POPULATION OF YOUNG PEOPLE AND PROJECTIONS OF SEN NEED

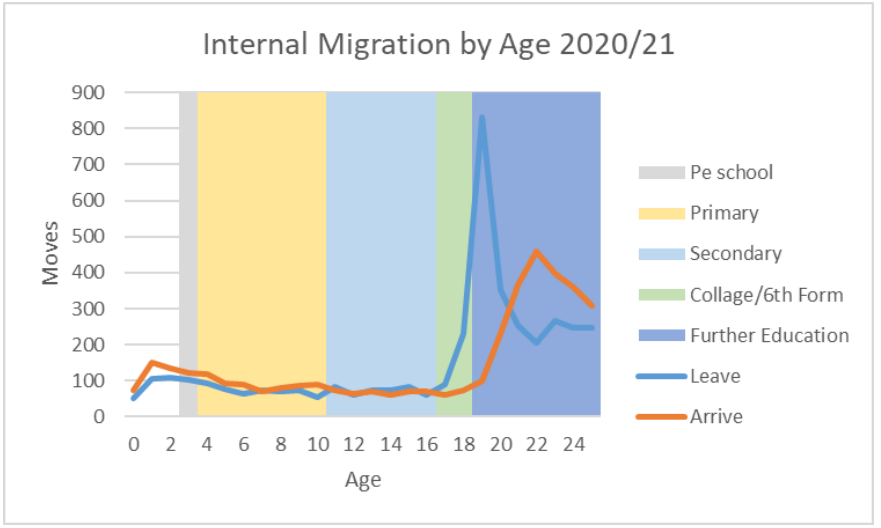
1.1 POPULATION

Doncaster has a population of 312,785 people, of whom, about 69,000 (22%) people aged between 5 and 24 years old. There are noticeably fewer 15- to 19-year-olds and 20- to 24-year-olds compared to South Yorkshire and England. The latest population projections available are the 2018 base projections. These show that there will be fluctuations in the numbers of people in different age groups. The numbers of 20–24-year-olds will fall to below 15,000 in 2024 before starting to rise again. 10–14-year-olds and 15–19-year-olds will increase over this period.



1.2 MIGRATION

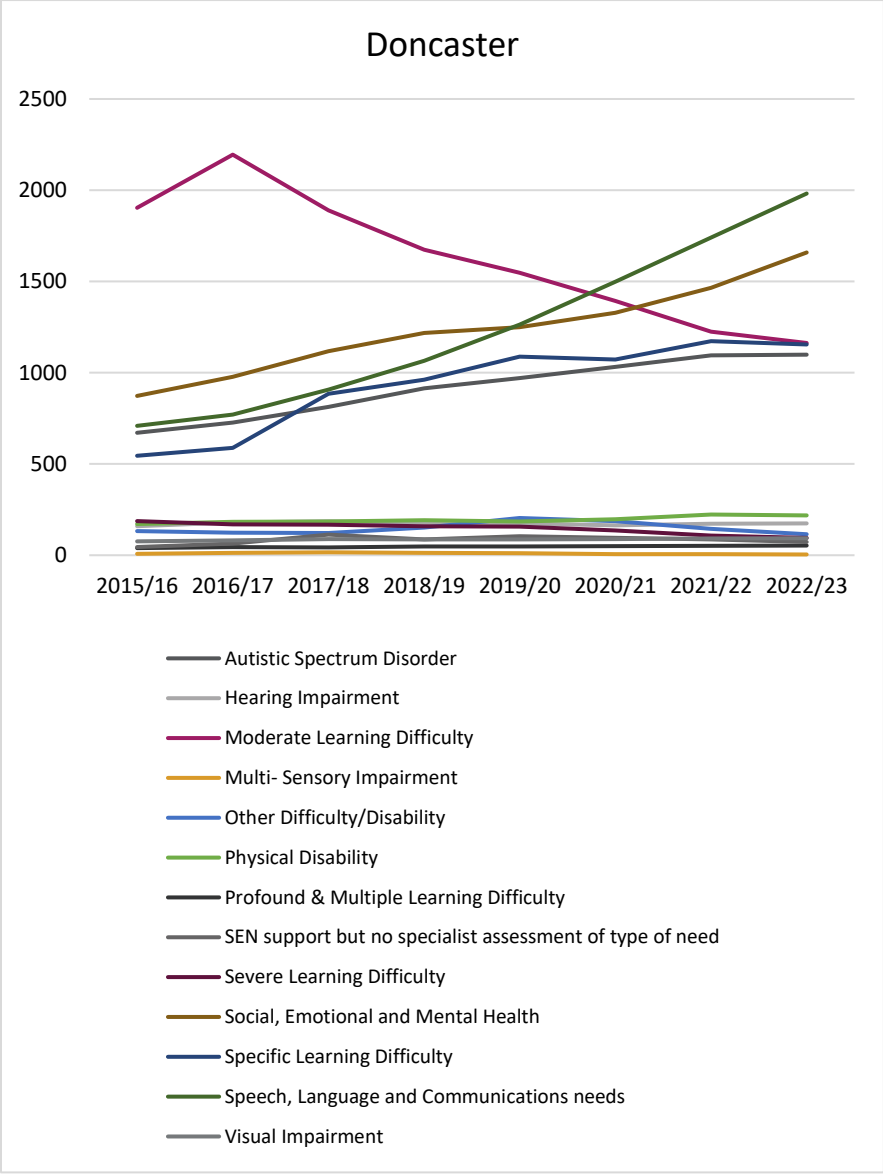
The numbers of people migrating out of the borough peaks at around age 19, the numbers migrating into the borough peaks at around 22. Migration rates are lower across all age groups in Doncaster.

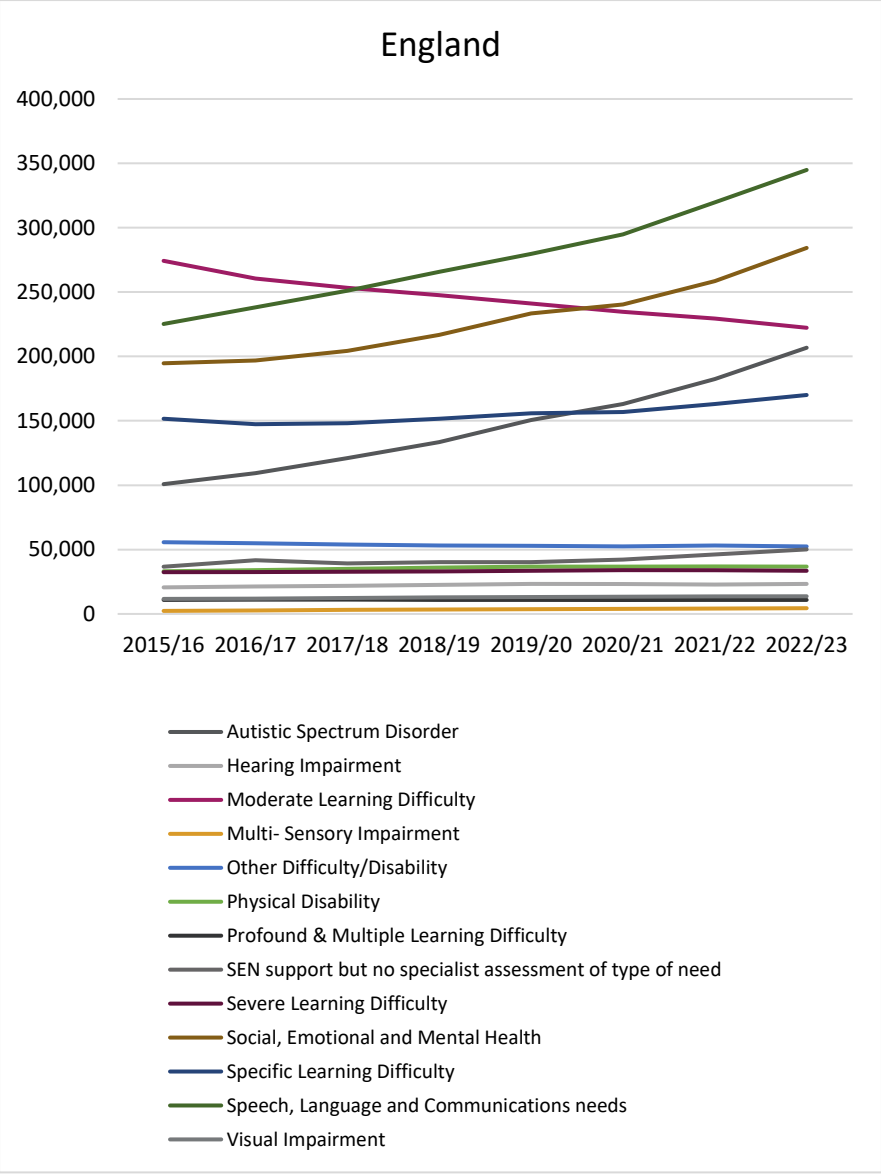


2. PRIMARY AND SECONDARY NEED AND FUTURE PROJECTIONS

2.1 Primary and secondary need

The profile of primary need types within Doncaster has changed over the last five years, reflecting national patterns. We have seen a decline in Moderate Learning Difficulty (MLD) as a need type as a response to improved identification and an increase in Specific Learning Difficulty (SpLD) and Speech, language, and communication needs (SLCN). Levels of Social, Emotional and Mental Health (SEMH) and Autistic Spectrum Disorder (ASD) are also rising in line with the national picture.





2.2 PRIMARY EDUCATION

In Primary education the most frequent SEN primary need category is Speech, Language and Communication Needs (SLCN) at 35%. The most frequent EHCP primary need category is also SLCN at 33%.

Cate-gory	EHCP Count	SEN Count	Total	EHCP %	SEN %	Total %
ASD	152	201	353	31%	5%	8%
HI	16	61	77	3%	2%	2%
MLD	29	572	601	6%	14%	13%
MSI	0	3	3	0%	0%	0%
NSA	3	44	47	1%	1%	1%
Other	36	81	117	7%	2%	3%
PD	1	4	5	0%	0%	0%
PMLD	0	45	45	0%	1%	1%
SLD	2	4	6	0%	0%	0%
SEMH	74	915	989	15%	23%	22%
SpLD	9	656	665	2%	16%	15%
SLCN	163	1437	1600	33%	35%	35%
VI	6	43	49	1%	1%	1%
Total	**491**	**4066**	**4557**			

2.3 SECONDARY EDUCATION

In secondary education the most frequent SEN primary need category was Social, Emotional and Mental Health (SEMH) at 25%. The most frequent EHCP primary need category is ASD at 40%.

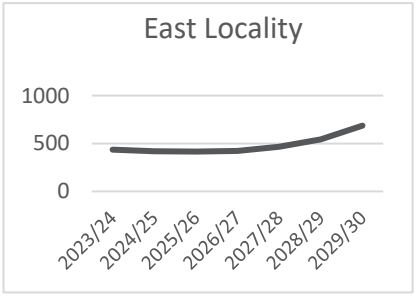
Category		EHCP Count	SEN Count	Total	EHCP %	SEN %	Total %
ASD		123	314	437	40%	14%	17%
HI	8	52	60	3%	2%	2%	
MLD	31	442	473	10%	20%	19%	
MSI	0	0	0	0%	0%	0%	
NSA	2	58	60	1%	3%	2%	
Other	26	43	69	8%	2%	3%	
PD	1	0	1	0%	0%	0%	
PMLD	0	28	28	0%	1%	1%	
SLD	1	0	1	0%	0%	0%	
SEMH	66	569	635	21%	25%	25%	
SpLD	16	459	475	5%	20%	19%	
SLCN	29	246	275	9%	11%	11%	
VI	5	34	39	2%	2%	2%	
Total	**308**	**2245**	**2553**				

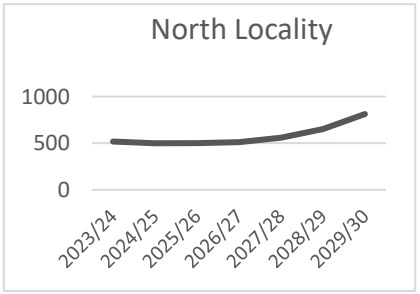
2.4 Primary and Secondary

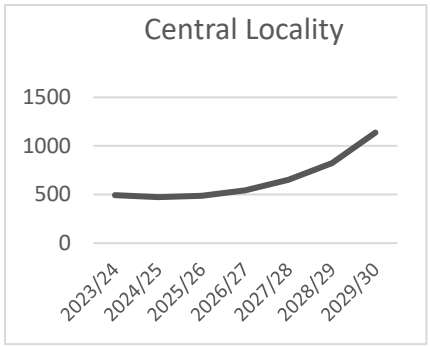
A gap analysis has been undertaken mapping supply and demand of SEND provision in the sector. Supply in this scenario is the capacity of existing provision and demand is the number of current and forecast pupils with an EHCP or anticipated to obtain an EHCP over the forecast period.

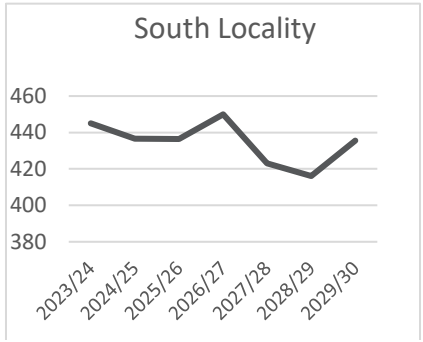
The compiled supply data has taken into account places across mainstream, special school, PRU and Out of Authority provision across early years, Primary, Secondary and Post 16 provision on a locality and city-wide scale. The data shows that we have 720 places across our special schools, 239 places across alternative provision and pupil referral units, 241 places across early years and 7650 places across mainstream schools including Post 16. The data also takes into account the four new 10 place SEMH hubs from September 2023.

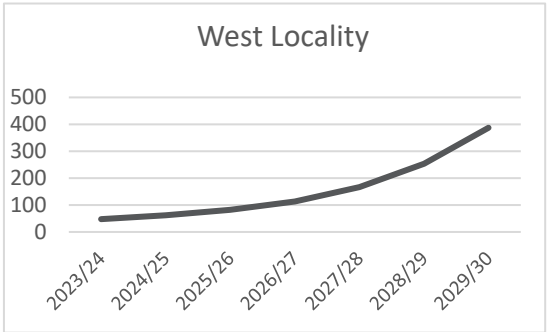
The compiled demand data takes into account intelligence from Early Years with anticipated need against their Reception year of entry mapped against live SEND data of existing pupils in a school place and their expected trajectory of placement based on data and intelligence. This data also has trends applied for expected housing growth at a locality level. The data clearly demonstrates that demand is increasing in all areas as can be seen in the below locality charts.

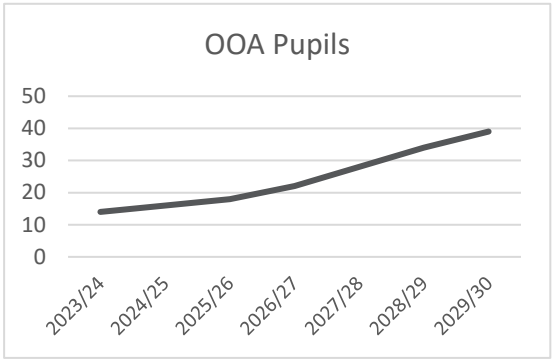












Gap Analysis

The gap analysis overlays the pupil need against the capacity by year group for each forecast year. The below data shows the shortfalls of places at a locality level for each of the six forecast years. The numbers on roll are based on pupils with or forecast to have an EHCP in the current and forecast years. Red cells signify a shortfall of places.

Central

Year	R	1	2	3	4	5	6	7	8	9	1	1	1	1
2023	1	1	1	1	1	1	1	1	1	1	1	1	-	-
2024	9	1	1	1	1	1	1	1	1	1	1	1	5	-
2025	6	9	1	1	1	1	1	1	1	1	1	1	2	5
2026	8	6	9	1	1	1	1	1	1	1	1	1	-	2
2027	-	8	6	9	1	1	1	1	1	1	1	1	-	-
2028	-	-	7	6	9	1	1	1	1	1	1	1	-	-

East

Year	R	1	2	3	4	5	6	7	8	9	1	1	1	1
2023	1	1	1	1	1	1	1	1	1	1	1	1	-	-
2024	1	1	1	1	1	1	1	1	1	1	1	1	-	-

2025	9	1	1	1	1	1	1	1	1	1	1	1	-	-
2026	6	9	1	1	1	1	1	1	1	1	1	1	-	-
2027	2	6	9	1	1	1	1	1	1	1	1	1	-	-
2028	-	2	6	9	1	1	1	1	1	1	1	1	-	-

North

Year	R	1	2	3	4	5	6	7	8	9	1	1	1	1
2023	1	1	1	1	1	1	1	1	1	1	1	1	3	-
2024	1	1	1	1	1	1	1	1	1	1	1	1	-	3
2025	1	1	1	1	1	1	1	1	1	1	1	1	-	-
2026	1	1	1	1	1	1	1	1	1	1	1	1	-	-
2027	5	1	1	1	1	1	1	1	1	1	1	1	-	-
2028	-	5	1	1	1	1	1	1	1	1	1	1	-	-

South

Year	R	1	2	3	4	5	6	7	8	9	1	1	1	1
2023/2	5	6	5	4	5	3	2	3	3	3	2	4	-	1
2024/2	4	5	6	5	4	5	3	3	3	3	3	2	-	-
2025/2	2	4	5	6	5	4	5	3	3	3	3	3	-	-
2026/2	4	2	4	5	6	5	4	5	3	3	3	3	-	-
2027/2	3	4	2	4	5	6	5	4	5	3	3	3	-	-
2028/2	7	3	4	2	4	5	6	5	4	5	3	3	-	-

West

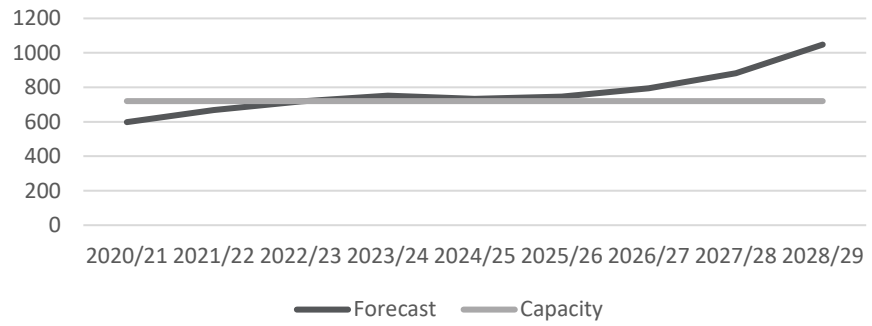
Year	R	1	2	3	4	5	6	7	8	9	1	1	1	1
2023/	8	9	10	11	11	11	10	7	7	8	8	8	3	5
2024/	7	8	99	11	11	11	11	7	7	8	8	8	-	4
2025/	6	7	84	11	11	11	11	7	7	8	8	8	2	0
2026/	4	6	75	98	11	11	11	7	7	8	8	8	4	3
2027/	1	4	62	89	99	11	11	8	7	8	8	8	4	5
2028/	-	1	42	76	90	99	11	8	8	8	8	8	0	5

The unmitigated number of pupils with an EHCP is forecast to increase year on year which it's most significant rise of 77.9% by 2028/29. Forecasting is made difficult by the unforeseeable continuing demand impacts of the Covid pandemic. The combined factors of rising EHCPs and rising levels of specialist placement will significantly impact our ability to meet demand in forecasted years.

The proportion of these pupils who will likely go into a special school provision is 1.5% of the whole school population and 48.1% of the EHCP population.

The data below shows 48.1% of the forecasted EHCPs against the special school capacity. This growth doesn't take into account year on year growth, in 2020 it was 46.4%, 2021 it was 48.6% rising to 49.1% in 2022.

Year	Special School Capacity	Forecasted Number on Roll
2023/24	720	751
2024/25	720	734
2025/26	720	747
2026/27	720	794
2027/28	720	882
2028/29	720	1048



This reflects the national picture. Each year the local authority has a statutory duty to return the annual Schools Capacity (SCAP) return to the Department for Education. This return has historically covered the supply and demand of mainstream places from Reception through to Sixth Form and informed the level of basic need funding the authority receives to develop additional places. In 2023 for the first time this return also includes SEND data. The return will cover factors such as:

The number of pupils in each year group who have an EHCP and will require a placement in specialist provision broken down by the type of provision these pupils will be attending to include.

- Resourced provision in mainstream schools
- Special schools (LA-maintained, special academies, non-maintained
- special schools)
- Independent special schools
- Alternative provision (PRUs, AP academies and independent AP)

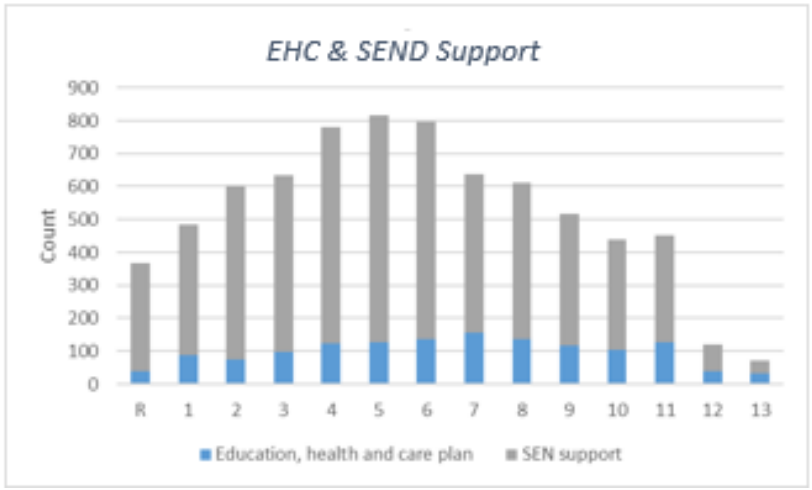
We are also required to take into account specific local factors including migration (including refugee resettlement) and local housing developments.

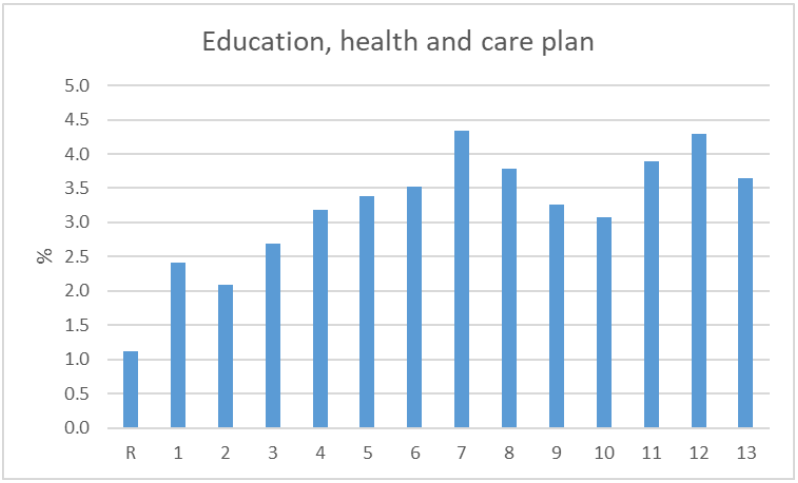
We are also required to take into account pupils with EHCPs from out of area placed in Doncaster schools.

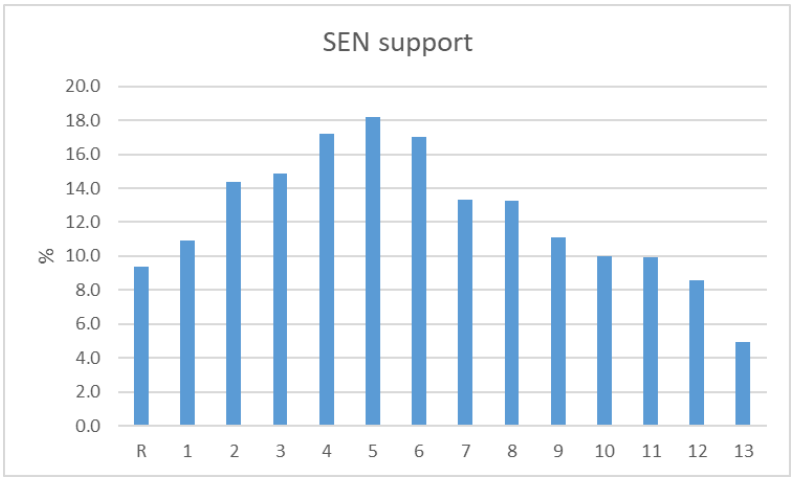
3. FACTORS RELATING TO SEN DIAGNOSIS

3.1 Year Group

Around 18% of special educational needs pupils are in year 5. Education Health and Care Plans pupils are more frequent in year 7 (4.3%) and 12 (4.3%).







3.2 Poverty and deprivation

DEPRIVATION

Doncaster is 41st most deprived borough in England. More than 41% of the population live in the nationally defined most deprived 5th of the country. Almost half (47%) of children aged 0-19 live in the same areas. The Index of Multiple Deprivation (2019) included a measure of Income Deprivation Affecting Children (IDACI). This found around 40% of children in the 0-19 age group living in the nationally defined most deprived 20% of LSOAs.

IMD 2019	Total	0-15 Count	0-15 %	0-19 %
Most De-prived	79,065	21,223	25.3	29.0

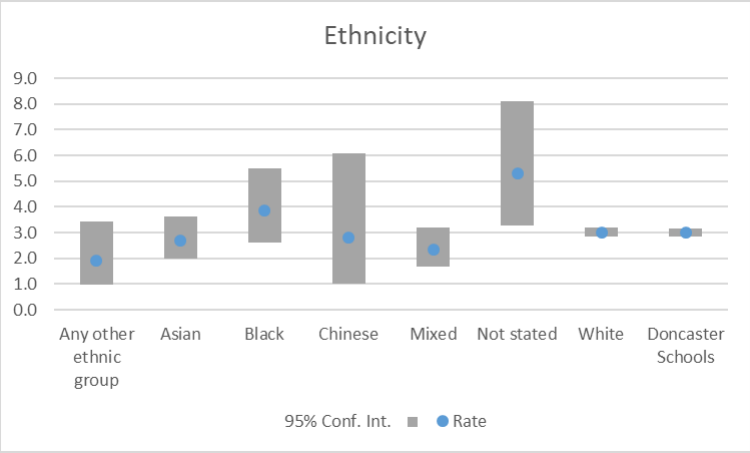
2	50,184	13,202	16.0	18.0
3	37,176	8,214	11.9	11.2
4	28,906	6,072	9.2	8.3
5	21,227	4,374	6.8	6.0
6	31,284	6,775	10.0	9.3
7	23,161	4,662	7.4	6.4
8	21,231	4,498	6.8	6.1
9	15,908	3,253	5.1	4.4
Least De-prived	4,643	924	1.5	1.3
Total	312,785	73,197	100	100

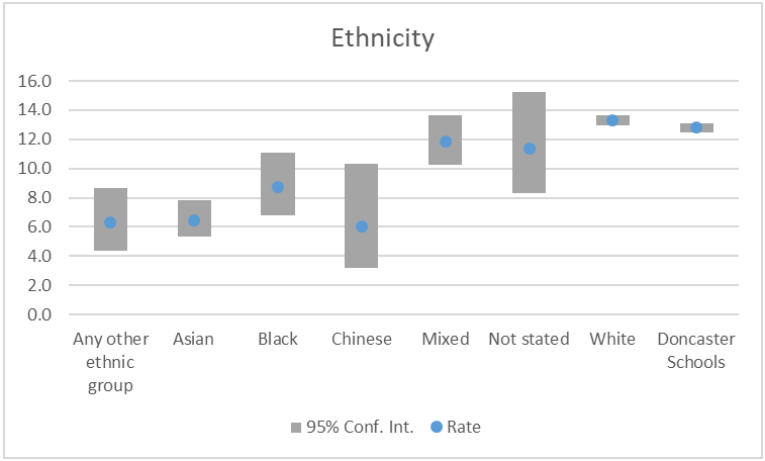
IDACI 2019	0-19 Count	0-19 %
Most Deprived	18,373	25.1
2	11,291	15.4
3	10,688	14.6
4	5,506	7.5
5	7,081	9.7
6	5,478	7.5
7	4,193	5.7
8	5,721	7.8
9	3,556	4.9
Least Deprived	1,310	1.8
Total	73,197	100

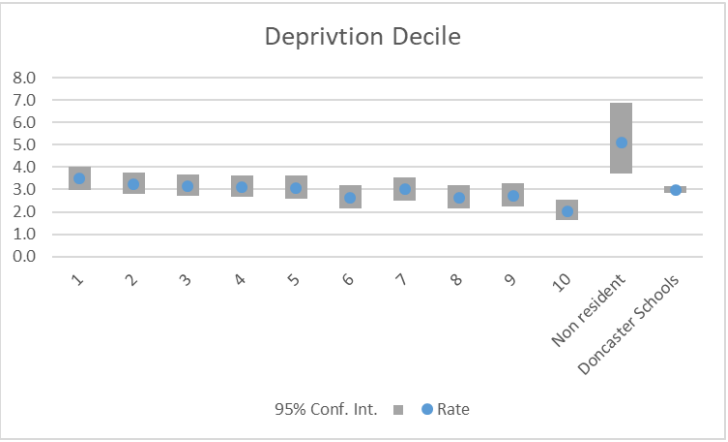
3.3 Ethnicity and language spoken

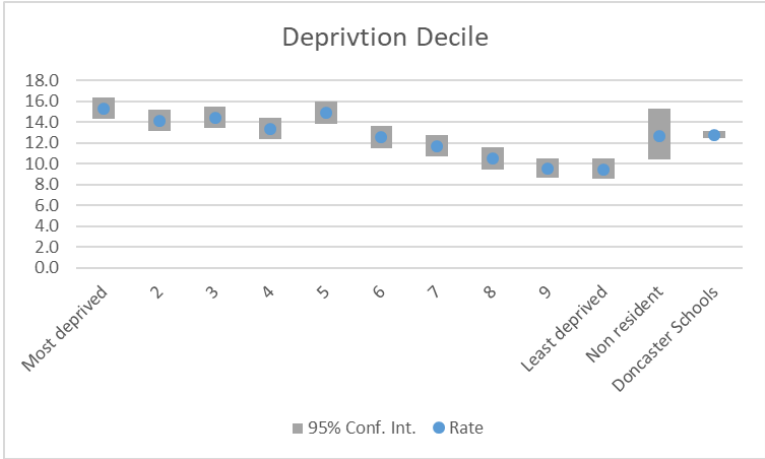
EHCP

The only ethnicity category significantly different from the Doncaster average is the 'not stated' category with significantly high rate (5.3%). Deprivation appears linked to increasing Education Health and Care Plan rates. There are significantly low rates (2%) in the least deprived decile.









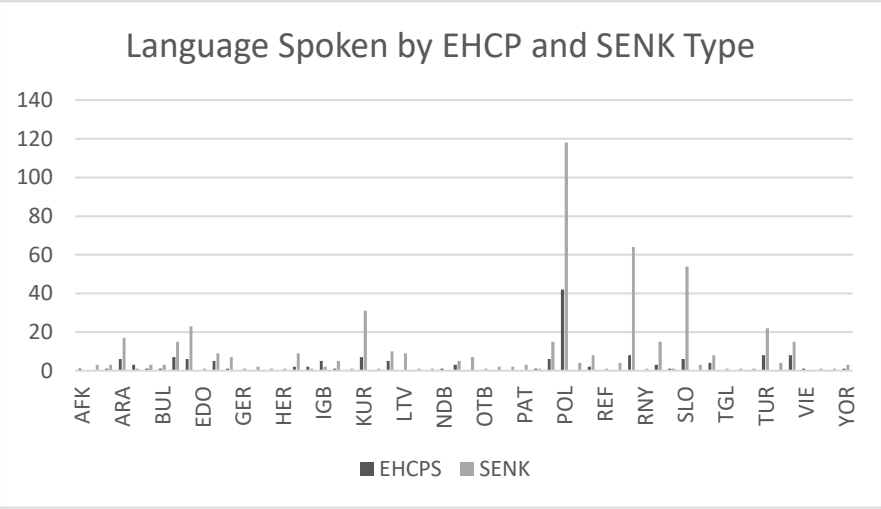
SEND SUPPORT

White children are most likely to be SEN (13.3%), Chinese, Black, Asian, and 'Other' ethnicities have significantly low rates of special educational needs. The most deprived decile in Doncaster has the highest rate of special educational needs (15.3%). Deciles 1, 2, 3, & 5 all have significantly higher rates than the Doncaster average.

LANGUAGE SPOKEN

English is the primary language spoken, with 1482 children and young people with EHCPs speaking English as their first language.

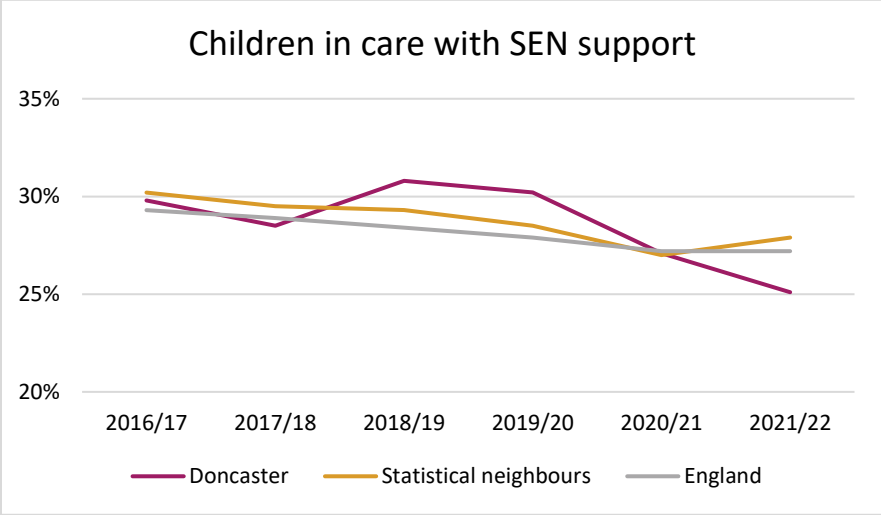
There are 6105 children and young people with SEND support with English as their first language. The graph shows the numbers of children and young people speaking other languages.

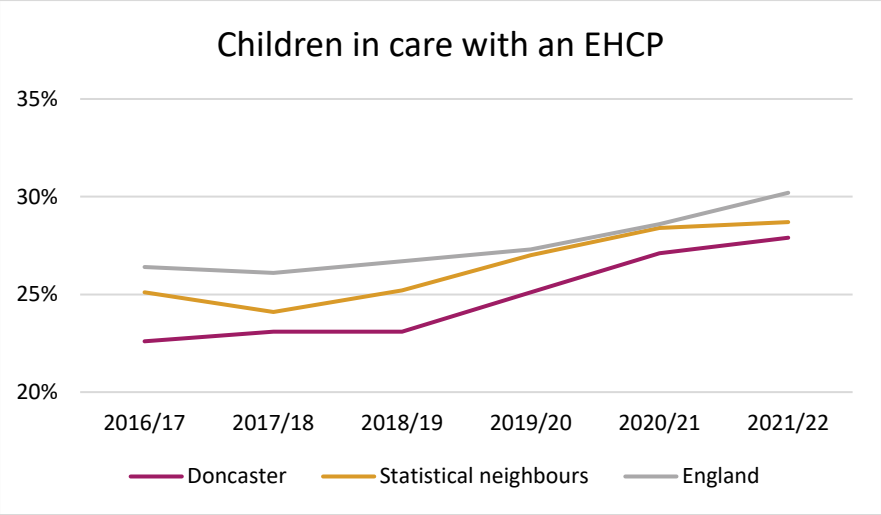


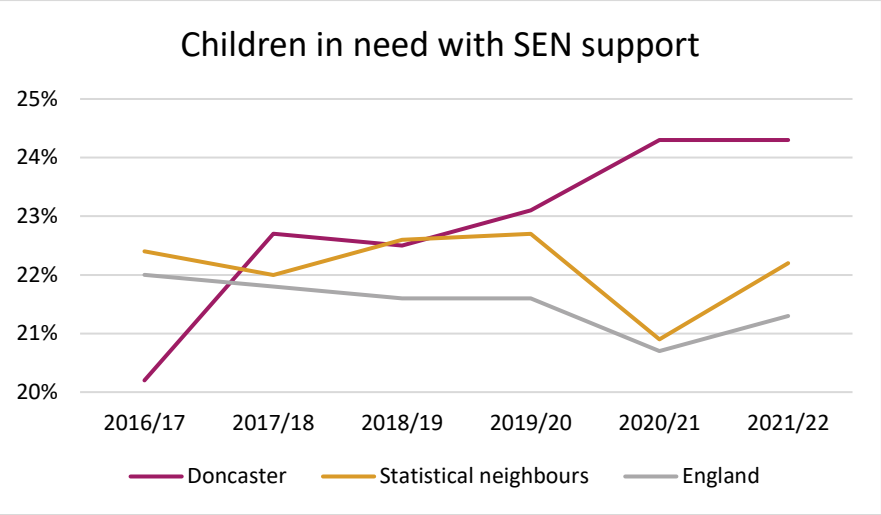
3.4 Children in Need and Looked after children

CHILDREN IN CARE

The percentage of Children in care who have a SEND Support plan are now below England and statistical neighbours and decreasing over time whilst the percentage of those with an EHCP is slightly lower but rising.

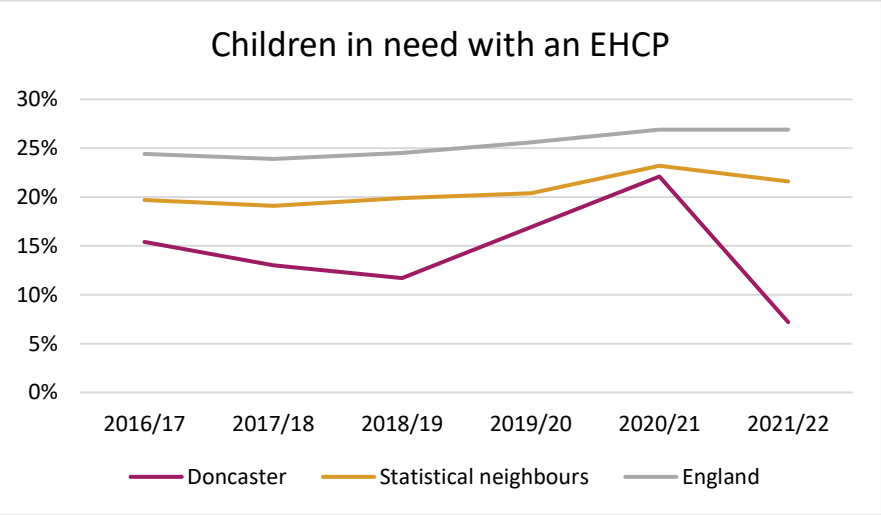






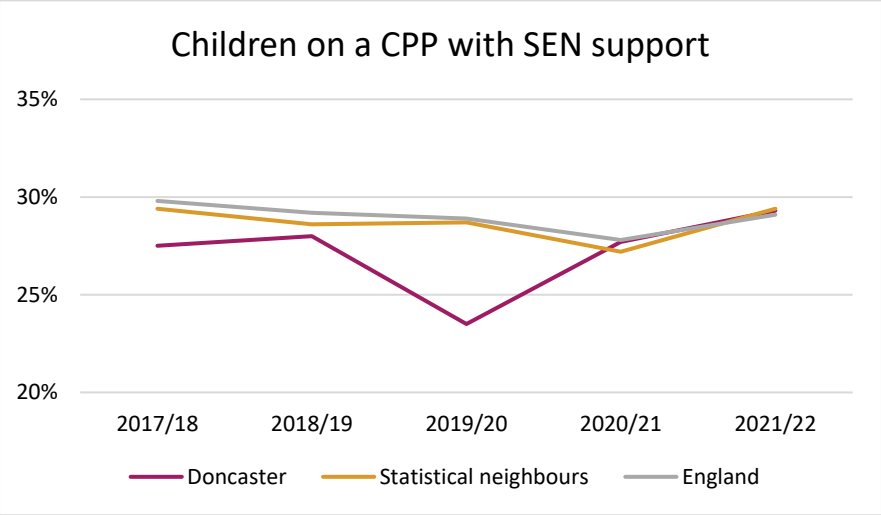
CINO- CHILDREN IN NEED (EXCLUDING CPP AND LAC)

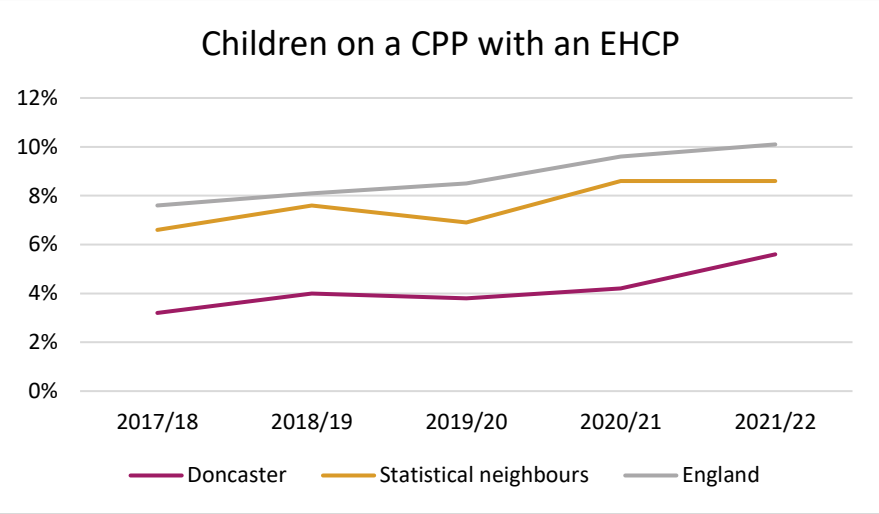
This data shows the percentage of Children in Need (CIN) who are SEND K or have an EHCP compared to England and statistical neighbours. The data excludes children on a child protection plan and looked after children.



CPPO- CHILDREN ON A CHILD PROTECTION PLAN (EXCLUDING LAC)

This data shows the percentage of Children on a Child Protection Plan who are SEND K or have an EHCP compared to England and statistical neighbours. The data excludes looked after children. Increasing levels of Children in Need at SEND K reflects increasingly accurate identification of need, especially Social, Emotional Mental Health.





OUTCOMES

Primary school assessments were suspended in 2020 and 2021 because of Covid, as a result there is limited trend data available.

2022 CIN ATTAINMENT: KEY STAGE TWO

Overall attainment for children in need remains good, although has declined by more than average, and progress remains broadly similar to the national picture, although with some variation between subjects that reflects the overall direction of travel for results across the borough.

	2022 RWM Exp+	2019 RWM Exp+
Doncaster	32%	45%
National	28%	35%
Regional	30%	36%
Statistical Neighbours	29%	29%

	2022 Writing Progress	2019 Writing Progress
Doncaster	-2.1	-1.5
National	-2.0	-1.8
Regional	-1.5	-1.4
Statistical Neighbours	-1.1	-1.1

	2022 Reading Progress	2019 Reading Progress
Doncaster	-2.1	-2.4
National	-2.0	-1.5
Regional	-1.2	-1.5
Statistical Neighbours	-1.6	-1.6

	2022 Maths Progress	2019 Maths Progress
Doncaster	-2.9	-1.1
National	-2.4	-1.9
Regional	-1.6	-1.2
Statistical Neighbours	-1.2	-1.2

2022 CPP ATTAINMENT: KEY STAGE TWO

Children on a child protection plan, however, have exceptionally low outcomes in terms of both attainment and progress. While it is relevant to note that the number of pupils in question is small, the figures show that only 1 child out of 16 passed KS2 at the expected standard, whereas performance in line with the national average would have seen 4 or 5 of that cohort reach the expected standard.

	2022 RWM Exp+	**2019 RWM Exp+**
Doncaster	6%	7%
National	28%	35%
Regional	23%	33%
Statistical Neighbours	29%	29%

	2022 Reading Progress	**2019 Reading Progress**
Doncaster	-8.1	-4.4
National	-2.0	-1.5
Regional	-1.9	-1.4
Statistical Neighbours	-1.6	-1.6

	2022 Writing Progress	**2019 Writing Progress**
Doncaster	-5.1	-4.4
National	-1.9	-2.1
Regional	-1.9	-1.8
Statistical Neighbours	-1.1	-1.1

	2022 Maths Progress	**2019 Maths Progress**
Doncaster	-5.3	-1.7
National	-2.3	-1.8
Regional	-2.3	-0.9

Statistical Neighbours	-1.2	-1.2

2022 CIN ATTAINMENT: KEY STAGE FOUR

Children in need have had consistently strong outcomes at KS4 over recent years, with progress being exceptionally good – this is an achievement, especially when set against the overall KS4 outcomes for the borough.

	2022 Attainment 8	**2021 Attainment 8**	**2019 Attainment 8**	**2022 Progress 8**	**2019 Progress 8**
Doncaster	27	23	25	-0.8	-1.2
National	21	23	19	-1.6	-1.5
Regional	20	22	19	-1.6	-1.4
Statistical Neighbours	20	20	20	-1.6	-1.5

	2022 Basics (5+)	**2021 Basics (5+)**	**2019 Basics (5+)**	**2022 Basics (4+)**	**2021 Basics (4+)**	**2019 Basics (4+)**
Doncaster	18%	22%	16%	29%	29%	30%
National	13%	14%	10%	23%	28%	20%
Regional	12%	14%	9%	22%	26%	18%

Statistical Neighbours	14%	14%	14%	23%	23%	23%

2022 CPP ATTAINMENT: KEY STAGE FOUR

Children with a child protection plan achieved results that were broadly in line with average, although progress was weaker. Again, outcomes dropped significantly during Covid, but while they showed some improvement last year, they did not return to pre-pandemic levels; however, the very small number of pupils means that care must be taken when considering the significance of this data. Results for Basics were suppressed for the majority of LAs due to small numbers.

	2022 Attainment 8	**2021 Attainment 8**	**2019 Attainment 8**	**2022 Progress 8**	**2019 Progress 8**
Doncaster	18	11	22	-2.4	-1.2
National	20	23	19	-1.8	-1.7
Regional	17	22	18	-2.1	-1.6
Statistical Neighbours	20	20	20	-2.1	-1.8

ABSENCE: PRIMARY

At primary schools, attendance of children in need and with a child protection plan is broadly average, and this has been consistent for several years. We generally perform better for authorised absence than unauthorised absence, although the difference here is relatively small.

CIN ABSENCE: PRIMARY

	2021/22 Authorised	2020/21 Authorised	2021/22 Unauthor-ised	2020/21 Unauthor-ised
Doncaster	6.3%	6.0%	4.0%	3.7%
National	6.8%	6.3%	3.9%	2.7%
Regional	6.3%	5.9%	4.1%	2.9%
Statistical Neigh-bours	6.1%	5.9%	3.9%	2.7%

	2021/22 Overall	2020/21 Overall	2021/22 Persistent	2020/21 Persistent
Doncaster	10%	9.6%	38%	39%
National	11%	9.0%	37%	35%
Regional	10%	8.8%	37%	34%
Statistical Neigh-bours	10%	8.6%	36%	34%

CPP ABSENCE: PRIMARY

	2021/22 Authorised	2020/21 Authorised	2021/22 Unauthor-ised	2020/21 Unauthor-ised
Doncaster	6.1%	6.0%	5.5%	5.3%
National	7.0%	7.6%	5.5%	4.0%
Regional	6.5%	7.6%	6.4%	4.9%

Statistical Neigh-bours	6.2%	7.4%	5.4%	4.4%

	2021/22 Overall	**2020/21 Overall**	**2021/22 Persistent**	**2020/21 Persistent**
Doncaster	12%	11%	47%	44%
National	13%	12%	45%	45%
Regional	13%	13%	46%	48%
Statistical Neigh-bours	12%	12%	42%	45%

ABSENCE: SECONDARY

At secondary schools, attendance of children in need has improved significantly over recent years and is now broadly average, while attendance of children with a child protection plan has seen little improvement.

CIN ABSENCE: SECONDARY

	2021/22 Authorised	**2020/21 Authorised**	**2021/22 Unauthor-ised**	**2020/21 Unauthor-ised**
Doncaster	10%	13%	14%	8.5%
National	11%	11%	12%	7.1%
Regional	10%	11%	14%	8.7%
Statistical Neigh-bours	10%	11%	13%	7.7%

	2021/22 Overall	2020/21 Overall	2021/22 Persistent	2020/21 Persistent
Doncaster	24%	21%	65%	98%
National	23%	18%	62%	59%
Regional	25%	19%	64%	62%
Statistical Neigh-bours	24%	19%	63%	63%

CPP ABSENCE: SECONDARY

	2021/22 Authorised	2020/21 Authorised	2021/22 Unauthor-ised	2020/21 Unauthor-ised
Doncaster	12%	17%	21%	15%
National	11%	14%	17%	11%
Regional	11%	14%	20%	13%
Statistical Neigh-bours	11%	14%	17%	12%

	2021/22 Overall	2020/21 Overall	2021/22 Persistent	2020/21 Persistent
Doncaster	33%	32%	74%	80%
National	28%	25%	69%	73%
Regional	30%	27%	73%	74%
Statistical Neigh-bours	28%	26%	70%	74%

EXCLUSIONS AND SUSPENSIONS

The data shows the proportion of pupils who received at least one suspension. DfE (Department for Education) data does not distinguish between pupils in different phases. The number of pupils who received a permanent exclusion is very small and as such is suppressed by DfE data rules. The number of children who have received a suspension is high.

CIN EXCLUSIONS AND SUSPENSIONS

	2020/21	2019/20	2018/19
Doncaster	13.0	12.0	14.9
National	8.7	9.0	10.3
Regional	9.2	9.1	11.0
Statistical Neighbours	10.4	10.4	12.6

CPP EXCLUSIONS AND SUSPENSIONS

	2020/21	2019/20	2018/19
Doncaster	15.3	13.7	19.1
National	10.9	10.5	12.5
Regional	10.8	11.0	14.0
Statistical Neighbours	12.6	13.3	15.1

4. SCHOOL OUTCOMES

4.1 Academic performance

2023 ATTAINMENT: KEY STAGE FOUR

GCSE outcomes for pupils with an EHCP are lower than the national attainment and in line for progress. Outcomes for pupils with SEN support and for pupils with no SEN are below average – our performance on attainment measures is worse than on progress, which is because KS2 results in 2017 were below average and so pupils entered secondary school with lower prior attainment. The gap between outcomes for pupils with SEN support and for pupils with no

SEN is wider than average in Doncaster, suggesting that pupils with SEN support underachieve.

SEN Status	Doncaster Attainment 8	Doncaster Progress 8	National Attainment 8	National Progress 8
No SEN	47.1	+0.1	50.1	+0.4
SEND Support	29.8	-0.6	33.2	-0.5
EHCP	12.5	-1.1	14.0	-1.1

2023 ATTAINMENT: KEY STAGE TWO

KS2 outcomes overall were below average, although by a narrower margin than in previous years. However, outcomes for pupils with SEN – both Support and EHCP – were well below average, by a much greater margin than for pupils without SEN.

SEN Status	Doncaster RWM Exp +	National RWM Exp+
No SEN	66%	70%
SEND Support	19%	24%
EHCP	10%	8%

SEN Status	Doncaster Reading Progress	National Reading Progress
No SEN	-0.8	+0.4
SEND Support	-1.0	-0.6
EHCP	-3.4	-4.4

SEN Status	Doncaster Writing Progress	National Writing Progress
No SEN	+0.2	+0.6
SEND Support	-1.7	-1.5
EHCP	-5.7	-4.4

SEN Status	Doncaster Maths Progress	National Maths Progress
No SEN	-0.3	+0.5
SEND Support	-0.7	-0.8
EHCP	-3.2	-4.1

4.2 Absences from school

OVERALL 2021/22 ABSENCES

School Type	SEN Status	Doncaster Overall	Doncaster Persistent	National Overall	National Persistent
Special	No SEN	-	-	22.9%	63.3%
	SEN Support	-	-	25.8%	67.9%
	EHCP	12.1%	37.1%	13.1%	39.9%
Primary	No SEN	6.3%	18.7%	5.9%	15.6%
	SEN Support	8.7%	30.1%	8.0%	26.2%
	EHCP	10.8%	37.8%	9.7%	31.3%
Secondary	No SEN	9.6%	29.9%	8.3%	25.3%
	SEN Support	15.2%	44.9%	12.7%	39.5%
	EHCP	15.6%	41.0%	13.7%	38.8%

Absence and persistent absence rates for 21/22 in Doncaster special schools were below the national averages. For the same period in primary schools, SEND Support absence was above the National Average by 0.7% and EHCP absence was above national averages by 1.1%. For secondary schools, absence was 2.5% higher than national figures for SEND Support and for EHCP students was 2.2% higher. For the persistent absence measure, in primary schools SEND support

was 3.9% higher than the national figure and EHCP was 1.9% higher. In secondary schools, SEND Support was 5.45% higher and EHCP was 1.9% higher.

4.3 Exclusions from school

OVERALL 2021/22 EXCLUSIONS: RATE PER 100

School Type	SEN Status	Doncaster Perm ex	Doncaster Suspension	National Perm ex	National Suspension
Special	No SEN	-	-	-	-
	SEN Support	-	-	-	-
	EHCP	0	5.0	0.05	8.9
Primary	No SEN	0.03	0.5	0.00	0.3
	SEN Support	0	9.5	0.08	5.8
	EHCP	0.17	19.8	0.13	13.7
Secondary	No SEN	0.70	36.0	0.10	8.9
	SEN Support	0	132.8	0.45	33.0
	EHCP	0	91.0	0.25	35.8

The rate of permanent exclusions in 2020/2021 was below the national figure for special schools and for primary and secondary SEND support. Primary EHCP were above the national rate by 0.4, whilst secondary were below the national rate by 0.25. For suspensions, Doncaster was below the national rate for special schools, but significantly above it for other cohorts.

4.4 Other education topics

OUT OF AREA PLACEMENTS

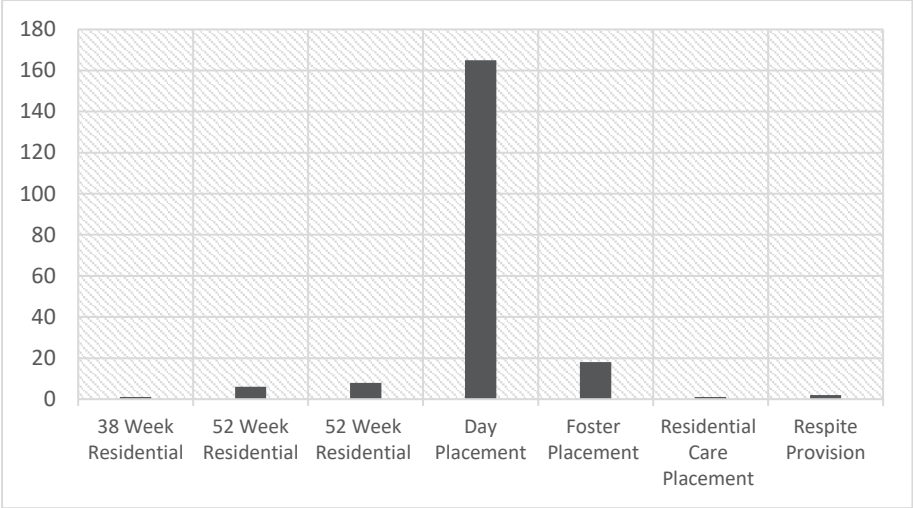
There are currently 201 Children with an active placement. These are categorised by 4 types. The majority of those placed are male, accounting for 82% of the total figure.

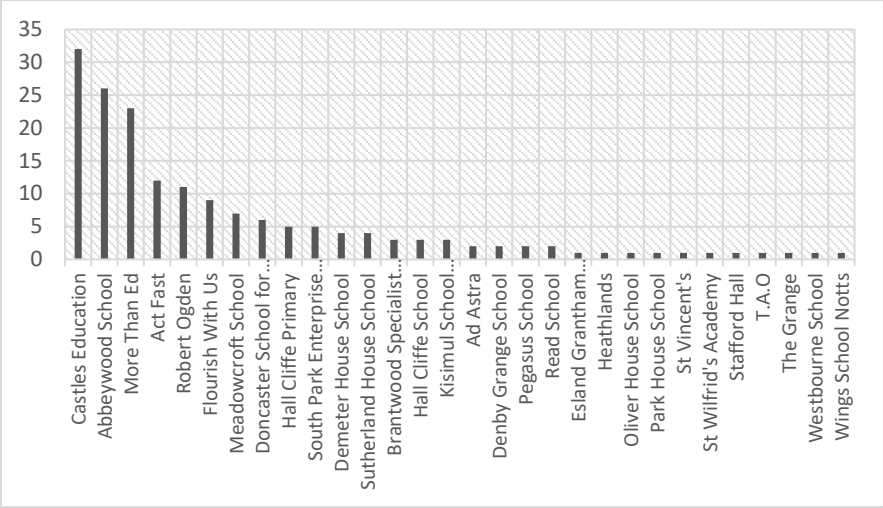
Category	Female	Male	Total
CWD	7	21	28
ICB	4	13	17
OOA	14	91	105
Specialist Funded Placement	10	41	51
Total	35	166	201

INDEPENDENT NON-MAINTAINED PLACEMENTS: PLACEMENT TYPE

The most popular type of placement is a day placement, which makes up 82% of the total number of placements accessed.

Type of Placement	Total
38 Week Residential	1
52 Week Residential	6
52 Week Residential	8
Day Placement	165
Foster Placement	18
Residential Care Placement	1
Respite Provision	2
Total	201





INDEPENDENT NON-MAINTAINED PLACEMENTS: PROVISION

There are 172 children currently accessing an education provision and 29 children accessing a Care provision. The most frequent placement is Castles (32), followed by Abbeywood (26) and More than Education (23).

OUT OF AREA PLACEMENTS: PRIMARY NEED TYPE

The most frequent SEND primary need for individuals accessing an out of area placement is ASD, accounting for 36% of the total. The second most frequent is SEMH at 34%. SEMH is the most frequent category amongst pre-16 age bracket placements.

SEND Primary Need	Female	Male	Total
ASD	10	64	74
HI	3	5	8

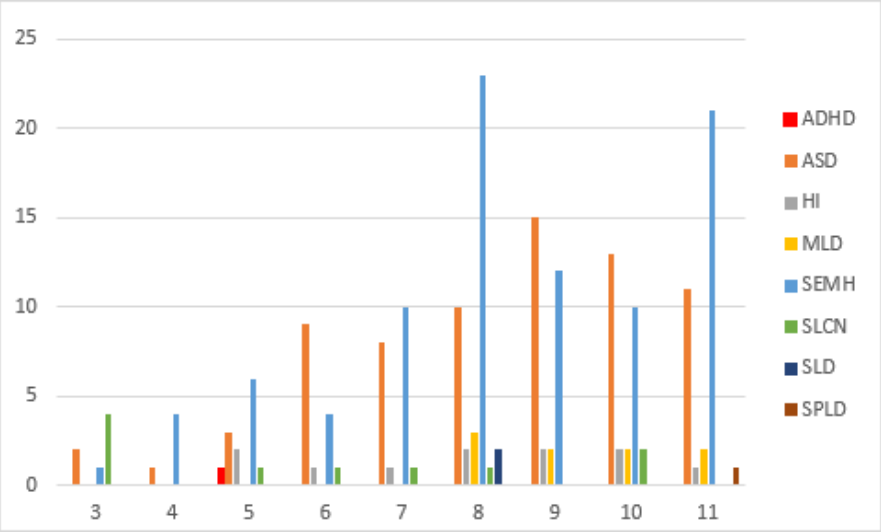
MLD	5	7	12
NSA	3	18	21
Other	0	1	1
PMLD	1	0	1
SEMH	11	59	70
SLCN	0	2	2
SLD	1	9	10
SPLD	0	1	1
VI	1	0	1
Total	35	166	201

OUT OF AREA PLACEMENTS: SECONDARY NEED TYPE

SEND Secondary Need	Female	Male	Total
ADHD	1	4	5
ASD	0	2	2
MLD	2	3	5
None	25	115	140
PD	0	1	1
SLCN	0	1	1
SEMH	6	22	28
SEMH/SPLD	0	1	1
SLCN	1	12	13
SLD	0	2	2
SPLD	0	2	2

VI/PD	0	1	1
Total	35	166	201

OUT OF AREA PLACEMENTS BY NEED TYPE AND AGE RANGE

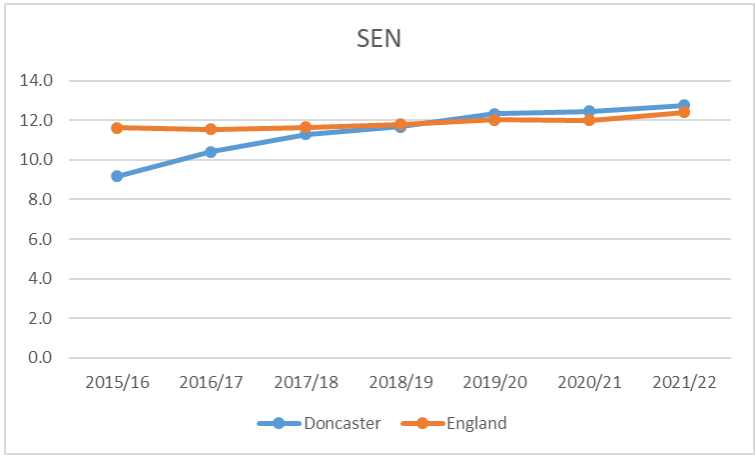


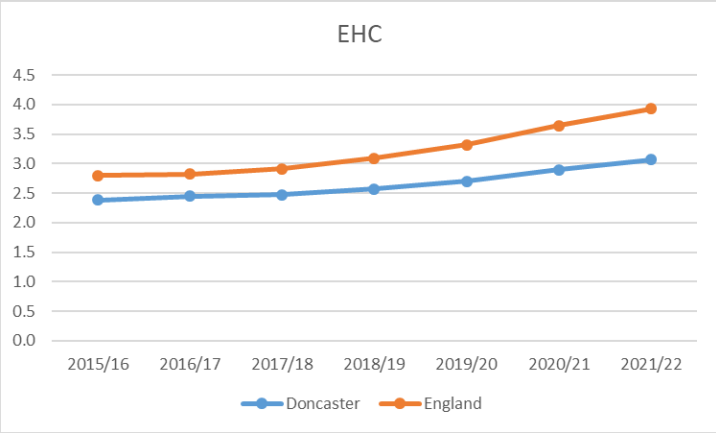
5. EDUCATION, HEALTH AND CARE PLAN (EHCP)

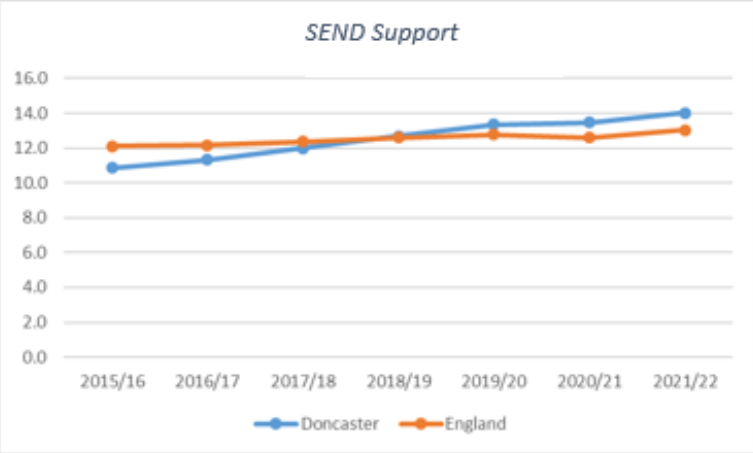
5.1 Issuing of EHCP

IDENTIFICATION OF SPECIAL EDUCATIONAL NEEDS

The percentage of SEN pupils has been increasing in Doncaster, from 9.2% in 2015/16 to 12.8% in 2021/22, which is in line with the national average of 12.4%. For the overall proportion of children and young people with Education, Health and Care Plans. Doncaster remains below the national average at 3.15 (National Average 4%). The SEN rate and the EHCP rates in Doncaster remain slightly below the average of the statistical neighbours.

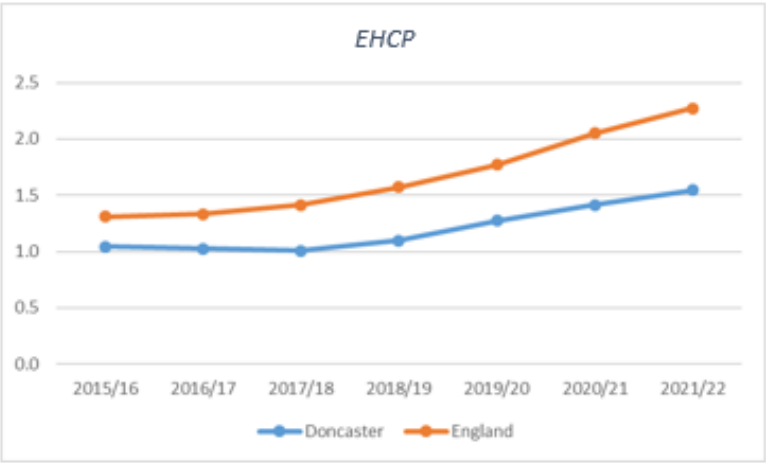






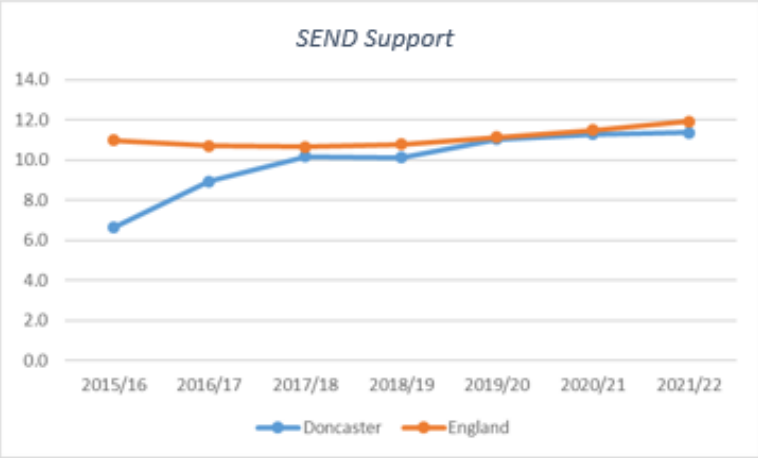
PRIMARY SCHOOLS

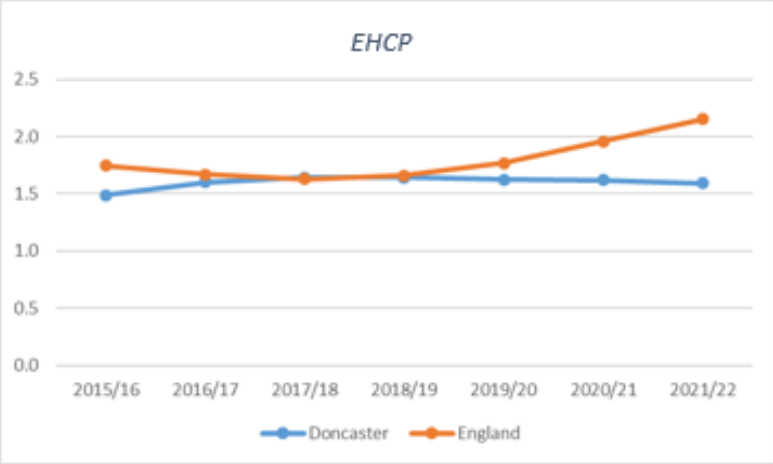
In primary schools, the 'SEND Support' cohort has grown since the start of the pandemic and the introduction of the local graduated approach and is now broadly in line with national. EHCP rates have grown over the same period, with the overall trajectory mirroring the national pattern but remain lower than national.



SECONDARY SCHOOLS

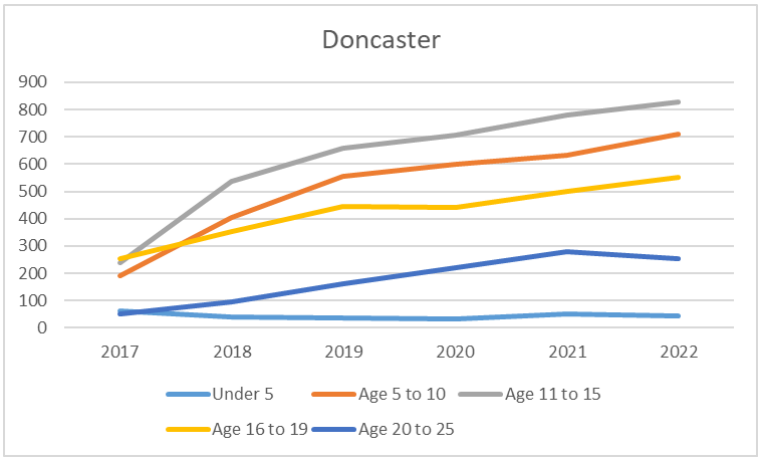
In secondary schools, SEND Support levels have increased and are also in line with national trajectories. Requests for EHCPs in secondary have grown significantly and this has resulted in higher levels of EHCPs at this phase but are still below the national average.

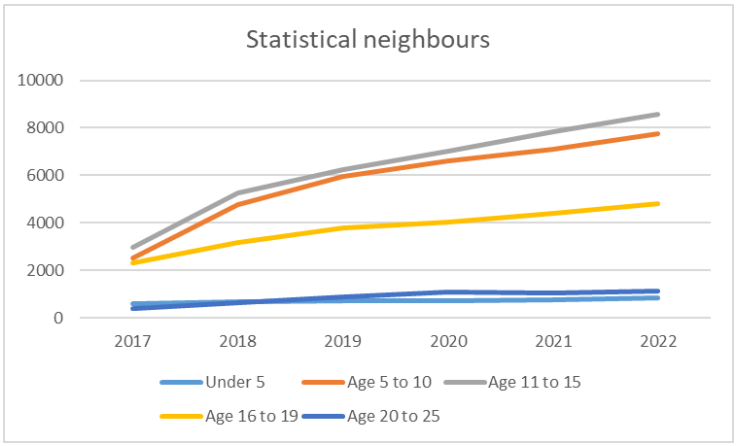


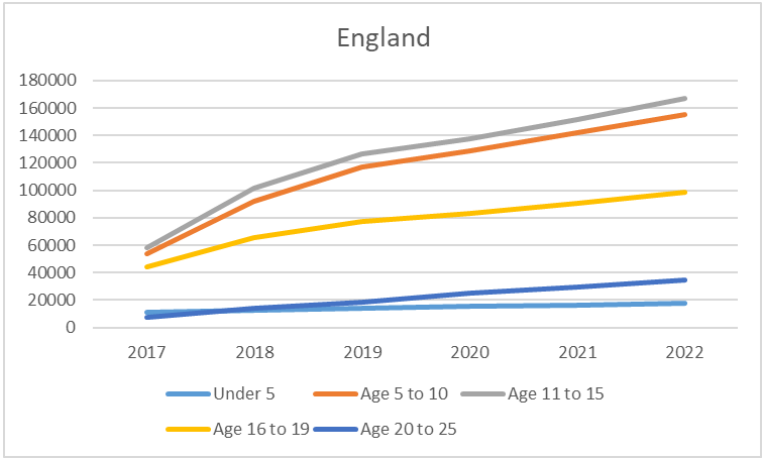


MAINTAINED EHCPS IN DONCASTER

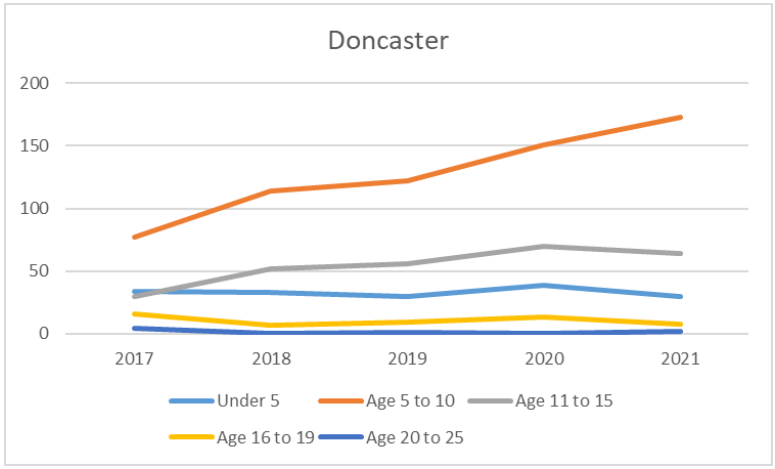
The number of EHCPs maintained in Doncaster is broadly in line with national rates for ages 5 to 16. Under 5s are lower than the national average. For 20 to 25 ages bracket the number of EHCPs has reduced as many plans have ceased.

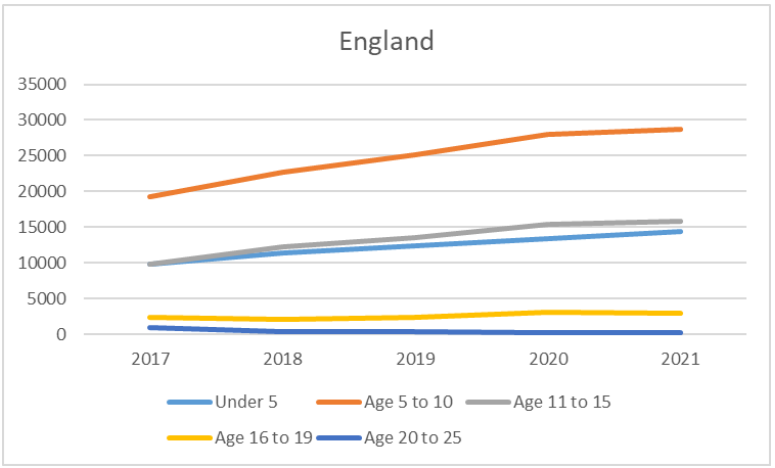


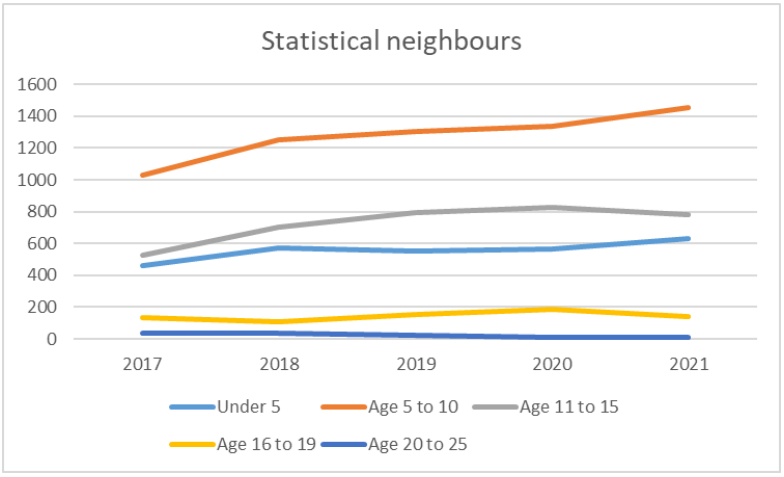




The number of new EHCPs issued since 2017 has risen nationally but in Doncaster have risen more sharply.




England
35000
30000
25000
20000
15000
10000
5000
0
2017
2018
2019
2020
2021
Under 5
Age 5 to 10
Age 11 to 15
Age 16 to 19
Age 20 to 25

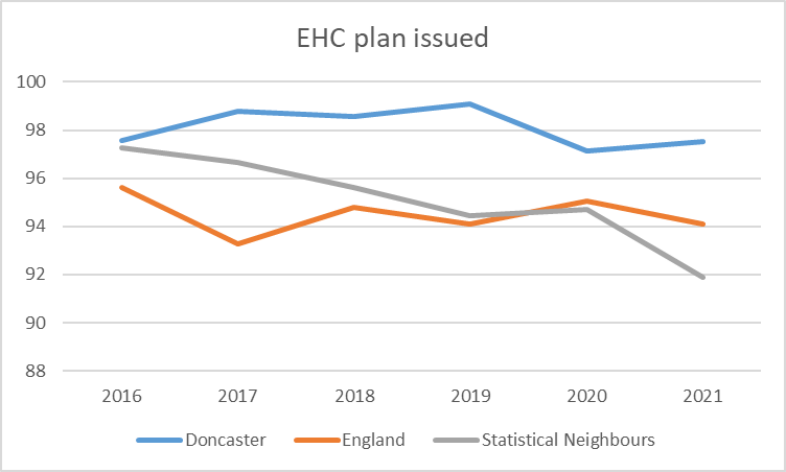

Statistical neighbours
1600
1400
1200
1000
800
600
400
200
0
2017
2018
2019
2020
2021
Under 5
Age 5 to 10
Age 11 to 15
Age 16 to 19
Age 20 to 25

REQUESTS FOR STATUTORY ASSESSMENT

The annual number of requests for EHCPs received in Doncaster over the last 3 years has increased, with trends for 2023 so far, mirroring those for 2022.

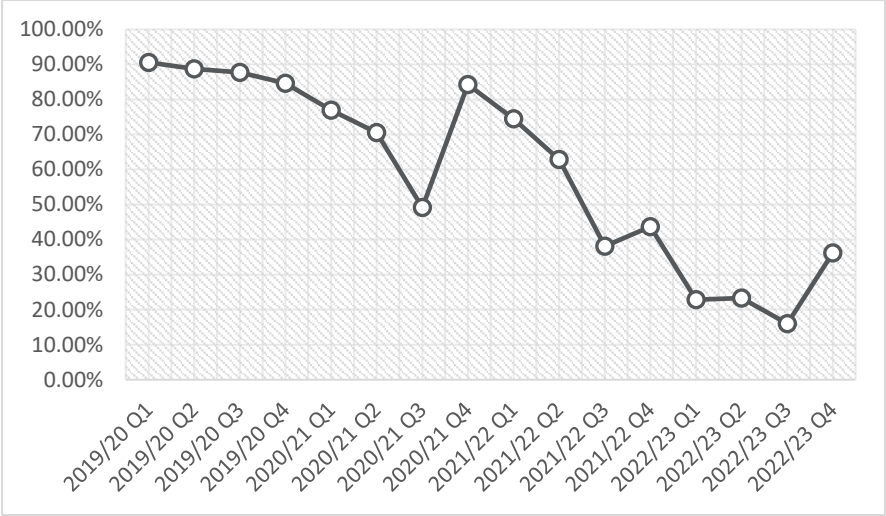
Calendar year	Number of EHCP requests received
2020	401
2021	476
2022	604
2023 (as of 30/04)	239

This data shows the number of plans issued annually following requests for statutory assessment. Doncaster has issued a greater number of plans compared to both national and statistical neighbours.



TIMELINESS WITHIN THE 20 WEEK DEADLINE

Timeliness was strong prior to the increase in demand in 2021/22 but has declined significantly since. There have been challenges around team capacity across agencies which have been a contributing factor to this decline. The graph below shows the trend in timeliness within the 20-week deadline from 2019/20 Q1 to 2022/23 Q4.


100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
2019/20 Q1
2019/20 Q2
2019/20 Q3
2019/20 Q4
2020/21 Q1
2020/21 Q2
2020/21 Q3
2020/21 Q4
2021/22 Q1
2021/22 Q2
2021/22 Q3
2021/22 Q4
2022/23 Q1
2022/23 Q2
2022/23 Q3
2022/23 Q4

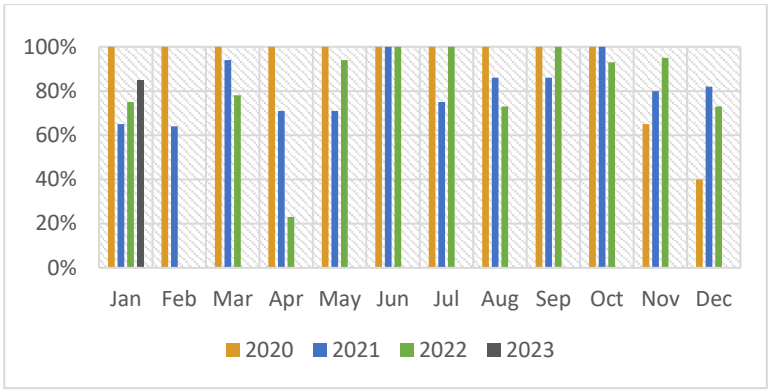
6. DISABLED (2021 CENSUS DISABILITY FIGURES)

	Doncaster		Doncaster		England	
	Disabled under the Equality Act: Day-to-day activities limited a little	Disabled under the Equality Act: Day-to-day activities limited a lot	Any Disability (%)	Disabled (Limited a lot) (%)	Any Disability (%)	Disabled (Limited a lot) (%)
Aged 15 years and under	2211	1584	6.6	2.8	6.3	2.5
Aged 16 to 24 years	2235	1405	12.6	4.9	12.5	3.9
Aged 25 to 34 years	3645	1850	13.1	4.4	11.6	3.6
Aged 35 to 49 years	5714	4053	17.2	7.1	13.7	5.2
Aged 50 to 64 years	8277	7648	25.1	12.1	21.1	9.3
Aged 65 years and over	11338	12454	39.8	20.8	35.2	17.0
All ages	33420	28994	20.3	9.4	17.3	7.3

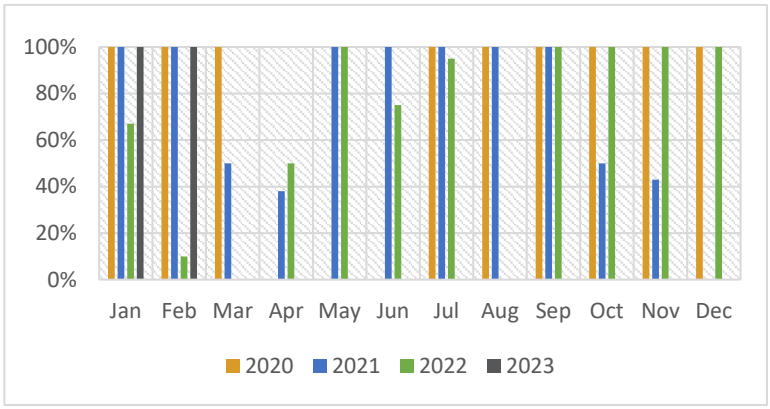
7. NEURODEVELOPMENTAL PATHWAYS

The wait for assessment by a community paediatrician as part of the General Development Assessment (GDA) is shown in the three initial graphs. The data shows that the longest waits have remained at around 550 days over the past 12 months, the percentage of children seen for their GDA within 15 weeks of their referral now stands at 2%, which equates to 1 CYP. When accepted onto the diagnostic pathway, the data shows that from September to December 2022, 100% of children under the age of 5 who were allocated to assessment appointments were seen and diagnosis given within 18 weeks. However, the longest wait during the same period was 600 days, and now currently stands at 400 days. When accepted onto the diagnostic pathway, the data shows that from September to December 2022, 60-95% of children, or young people over the age of 5 who

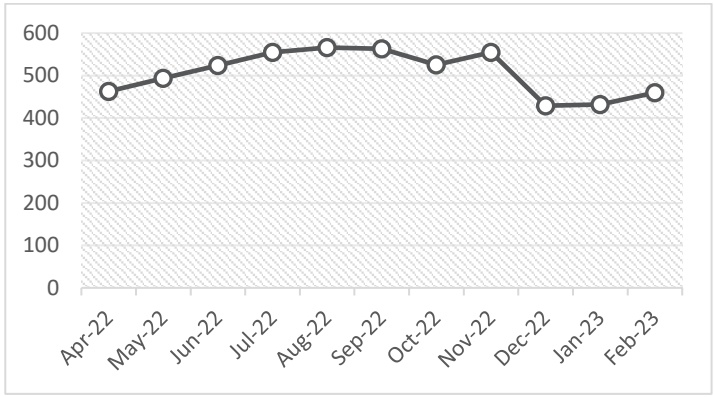
were allocated to assessment appointments were seen and diagnosis given within 18 weeks. However, the longest wait during the same period was 1200 days, and which now currently stands at almost 1500 days. Significant challenges remain in providing timeliness diagnosis following a referral for a neurodevelopmental assessment.



PERCENTAGE OF CHILDREN UNDER 5 THAT RECEIVED A DIAGNOSIS WITHIN 18 WEEKS OF REFERRAL TO ASD PATHWAY

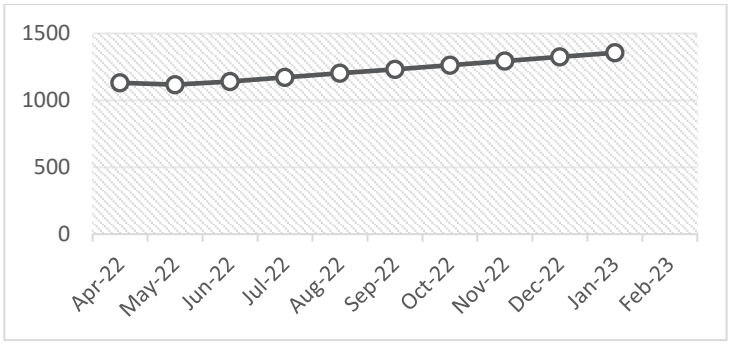


LONGEST WAIT FOR CHILDREN UNDER 5 UNTIL FIRST CONSULTATION (DAYS)

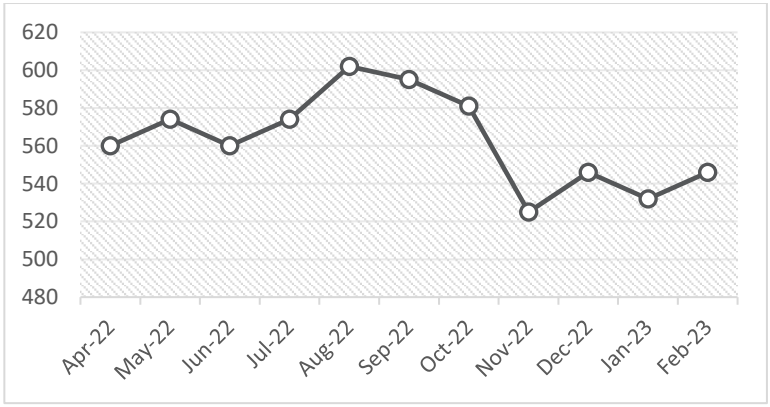


PERCENTAGE OF CHILDREN OVER 5 THAT RECEIVED A DIAGNOSIS WITHIN 18 WEEKS OF REFERRAL TO ASD PATHWAY

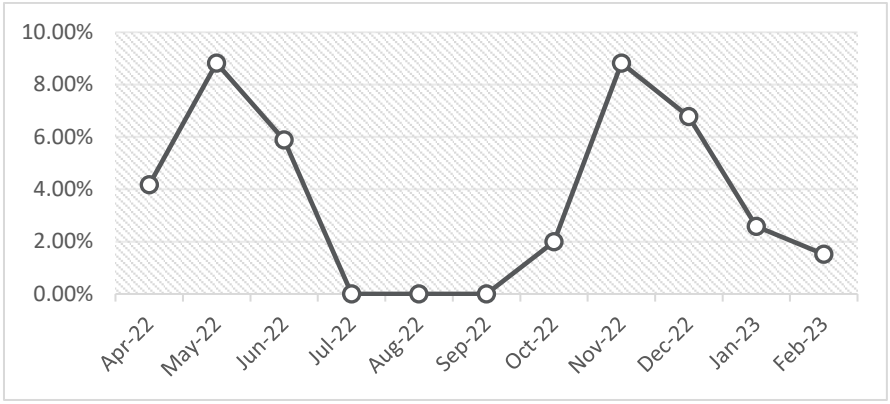
LONGEST WAIT FOR CHILDREN OVER 5 UNTIL FIRST CONSULTATION (DAYS)



LONGEST WAIT FOR GDA ASSESSMENT (DAYS)



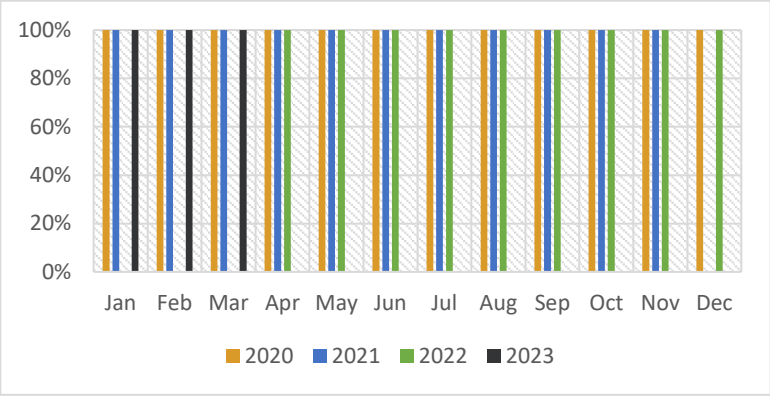
PERCENTAGE OF CHILDREN WHOSE GDA ASSESSMENT WAS WITHIN 15 WEEKS OF REFERRAL



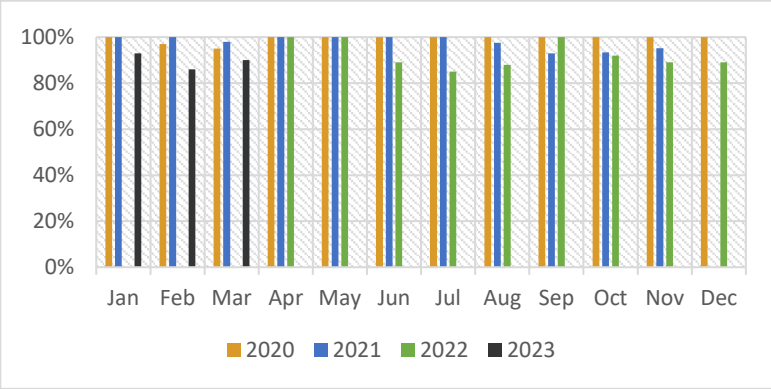
CAMHS

The data refers to CAMHS waiting times and the number of children and young people referred to CAMHS and seen dependent on severity. 100% of children and young people referred to CAMHS were seen within 2 hours for an emergency and within 24 hours for urgent appointment. 86.8% of children and young people were seen within 8 weeks for non-urgent appointment. There are currently 0 incomplete waits with CAMHS.

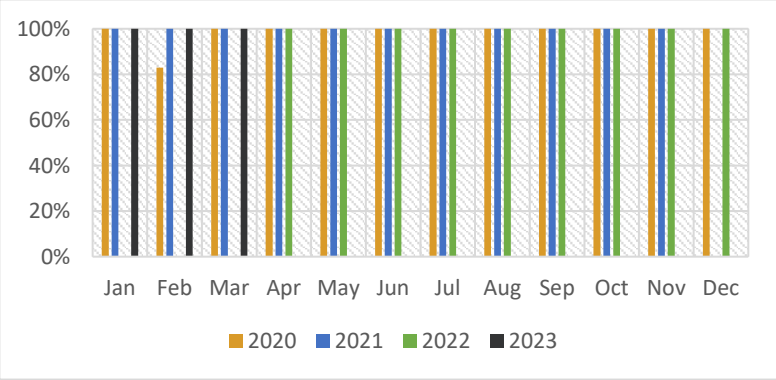
PERCENTAGE OF YOUNG PEOPLE REFERRED TO CAMHS SEEN WITHIN 2 HOURS (EMERGENCY)



PERCENTAGE OF YOUNG PEOPLE REFERRED TO CAMHS SEEN WITHIN 8 WEEKS (NON-URGENT)

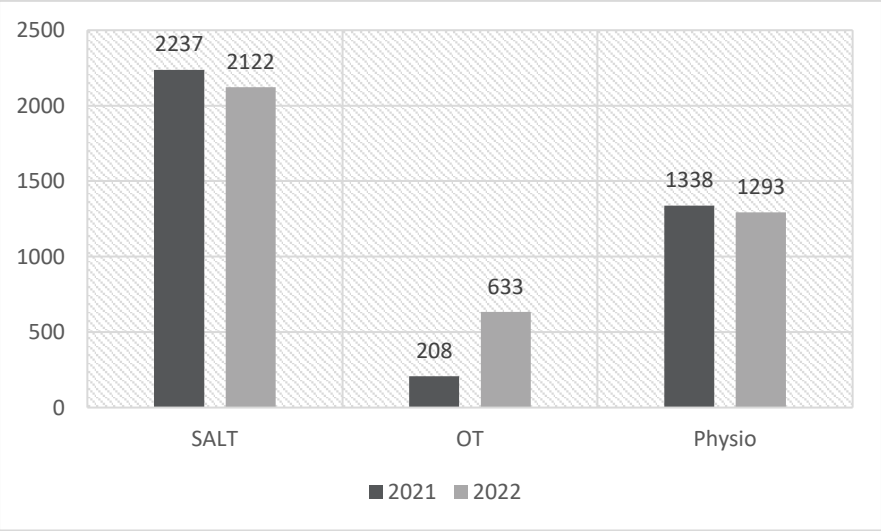


PERCENTAGE OF YOUNG PEOPLE REFERRED TO CAMHS SEEN WITHIN 24 HOURS (URGENT)



STATUTORY THERAPY SERVICES

The number of CYP accessing statutory therapy services is described below. Whilst the numbers for SALT and Physio remain stable, there is an increase in complexity and the number of appointments required before discharge from the service. There has been a large increase in the number of CYP accessing the OT service.



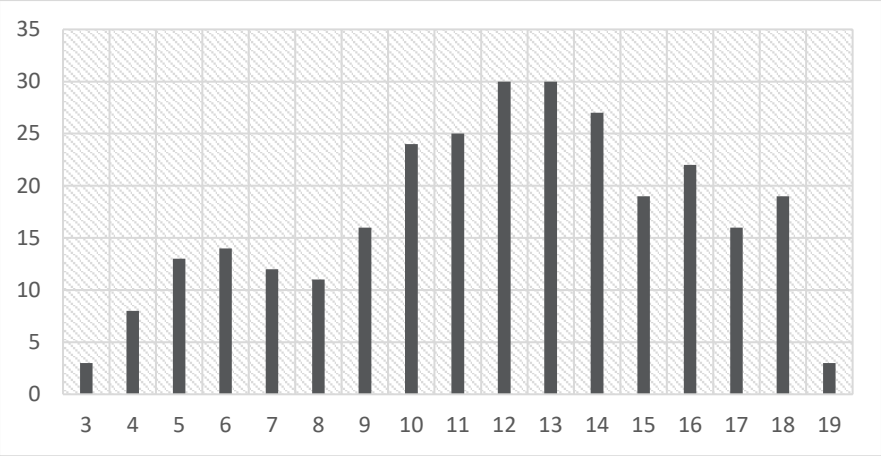
8. SOCIAL CARE FOR CHILDREN WITH SEND

SHORT BREAKS

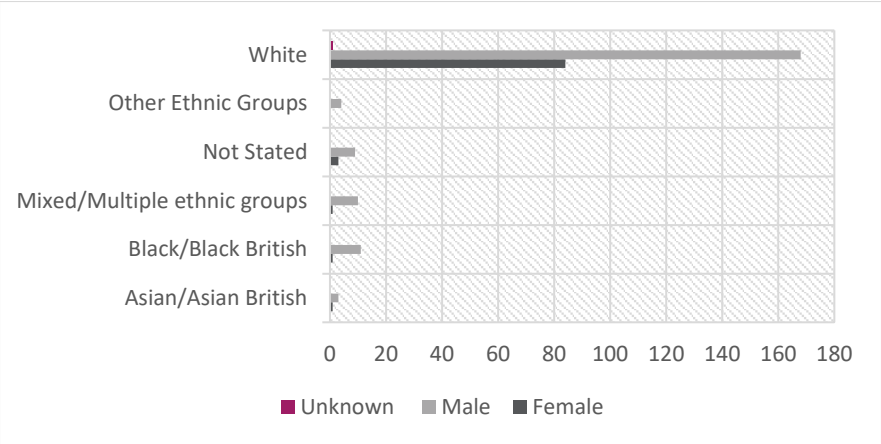
Short breaks have been increased quarter on quarter, the number of short stays in Q2 of 22/23 is more than 22% higher than at the same time 2 years ago. As of July 2023, there are 296 children and young people accessing short breaks provision. Families who are in receipt of Short Breaks are routinely asked for feedback, for example at Annual Reviews and through an in-year survey. From this we know that families report an improvement in the quality of life as a family before (4.5) and after (6.91) short breaks Support. In addition, 65% of families felt their needs are met with the addition of short break support. Families reported the areas impacted most by short breaks were physical and emotional well-being, keeping their child safe and family routine.

SHORT BREAK PACKAGES BY AGE

There is a full range of ages accessing short break packages with ages 12 to 13 being the most frequent. There are 22 young people who have reached their 18th birthday and are yet to be transferred to adult services. To manage risk there are 4-6 weekly meetings with the transitions team to discuss progress, however the transitions service is experiencing ongoing staffing issues that is impacting on their ability to assess young people.



SHORT BREAK PACKAGES BY ETHNICITY AND GENDER

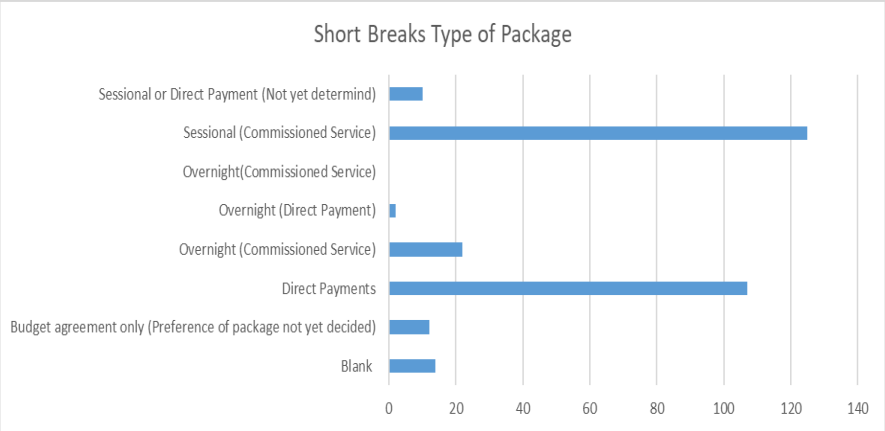


SHORT BREAK PACKAGES BY PRIMARY SEND NEED

SEND Primary Need	Total
ASD	166
HI	5
MLD	4
MSI	1
PD	25
PMLD	21
SEMH	20
SLCN	11
SLD	26
SPLD	11
VI	2
Total	292

SHORT BREAKS PACKAGES BY TYPE

There are 56 young people or families where no support is being delivered. A small number of searches have been out for more than 12 months. For 48 children or young people, the challenge is finding regulated providers to undertake personal care. There are currently two companies on the Short Breaks framework with this registration. Commissioning is continually sending out searches on the Short Breaks Framework.



SHORT BREAK REVIEWS

Short Break Reviews are completely annually, and where a young person has an Education and Health Care Plan, these reviews are held jointly. From Jun 2023 there were 215 reviews due. Of these, 91.5% have been completed in timescale. This is within tolerance of 90% and an improvement from the previous year. For those 19 who are out of timescale, we acknowledge that these are mostly jointly funded plans of support co-ordinated between Short Breaks, South Yorkshire Integrated Care Board and Children's Social Care for the most complex young people. Reasons for delay are information gathering, continually changing needs of complex young people and professionals' capacity creates delays. There are a few packages where parents are hard to contact, or parents cancel review appointments on a number of occasions.

9. RISK FACTORS AND EARLY IDENTIFICATION OF CHILDREN HAVING SEN – EARLY/EMERGING NEED

Smoking in Pregnancy

Smoking in pregnancy (SiP) is a particularly crucial public health issue because it: increases health risks pregnant people and their babies; it is the

most significant modifiable risk factor for adverse birth outcomes with which it is associated; and it reinforces inequalities.[1],[2]

Adverse outcomes include complications during pregnancy, an increased risk of miscarriage, premature birth, still birth and low birth weight.[3] Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.[4] Children exposed to tobacco smoke in the womb are also more likely to suffer lifelong harms including from respiratory ear nose and throat infections, as well increased risk of congenital heart defects, asthma, and vision problems.[5] They are also at greater risk of psychological problems such as hyperactivity and a poor educational performance.[6],[7]

Higher rates of smoking in pregnancy are linked to poor health and life chances and outcomes, compounding existing inequality in the borough.

The prevalence of smoking at time of delivery in the borough fell between 2019-20 and 2020-21, but Doncaster has a greater prevalence of smoking in pregnancy compared to the England average. This is true both for smoking in early pregnancy and smoking at time of 35 delivery. However, the prevalence of smoking at time of delivery is lower than in early pregnancy, indicating that this period as a good time to support pregnant people and their families to stop smoking, and the opportunity to drive down the high rate of early pregnancy smoking by addressing pre-conception tobacco use.

Doncaster's demography leads it to face additional challenges in reducing prevalence of smoking in pregnancy, particularly its degree of deprivation and ethnic makeup. Understanding of the intersection of different characteristics making up subpopulations among pregnant smokers through data linkage is limited.

[1] Public Health England. (2021) Characteristics of women who stop smoking in pregnancy: Experimental analysis of smoking data from the Maternity Services Data Set (MSDS) April 2018 to March 2019. London: Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file /1019945/Analysis_characteristics_of_women_who_stop_smoking_in_pregnancy.pdf.

[2] Office for Health Improvement and Disparities. (29 October 2021) Smoking and tobacco: applying All Our Health Available at: https://www.gov.uk/government/publications/smoking-and-tobaccoapplying-all-our-health/smoking-and-tobacco-applying-all-our-health

[3] Smoking in Pregnancy Challenge Group. (July 2018) Review of the Challenge 2018. Available at: https://ash.org.uk/download/2018-challenge-group-report-final/.

[4] Public Health England. (2020a) Maternity high impact area 5: Supporting parents to have a smokefree pregnancy. London: Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file /942478/Maternity_high_impact_area_5_Supporting_parents_to_have_a_smokefree_pregnancy.pd f.

[5] Public Health England. (2020a) Maternity high impact area 5: Supporting parents to have a smokefree pregnancy. London: Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file /942478/Maternity_high_impact_area_5_Supporting_parents_to_have_a_smokefree_pregnancy.pd f.

[6] Button T.M.M., Maughan B., and McGuffin P. (2007) 'The relationship of maternal smoking to psychological problems in the offspring', Early Human Development 83 (11): 727-32.

[7] Baststra L., Hadders-Algra M., and Neeleman J. (2003) 'Effect of antenatal exposure on maternal smoking on behavioural problems and academic achievement in childhood', Early Human Development 75: 21-33

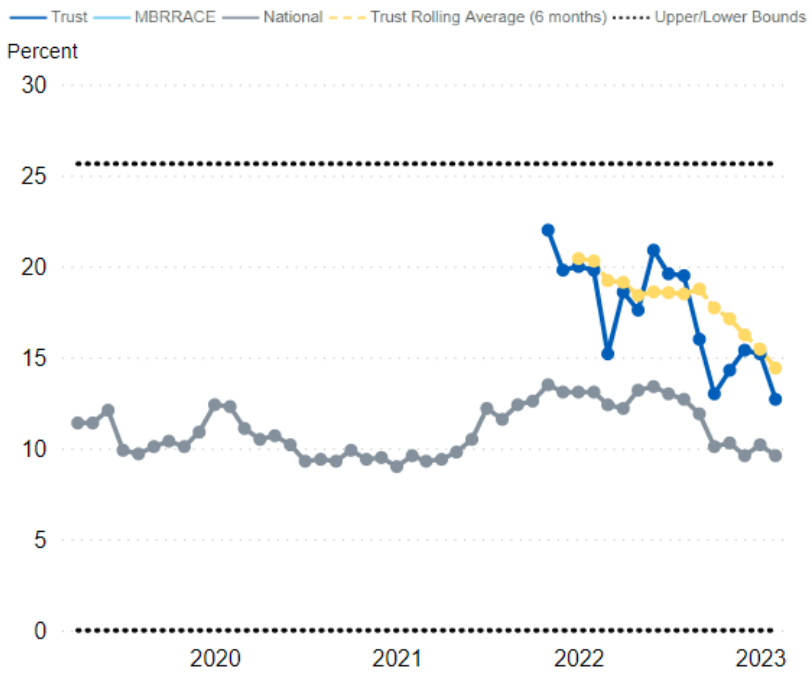


Figure 1: Doncaster Bassetlaw Teaching Hospital Women who were current smokers at booking appointment (percentage) National Maternity Dashboard (NHS England, 2023).

The percentage of women who were current smokers at booking for the most recent 6 month rolling average (Sept 22-February 23) was 14.4%. This average has steadily been reducing since September 2022 from 16.0%

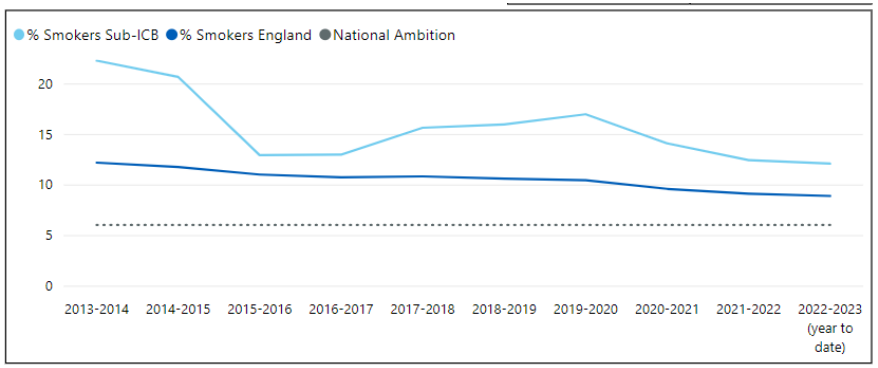


Figure 2: Doncaster Bassetlaw Teaching Hospital rate of SATOD (NHS England, 2023).

The current national ambition is to achieve a Smoking at time of delivery (SATOD) rate of 5% or less by 2025. The rate of SATOD in Doncaster has been above the national average – as well as the national ambition for smoking at time of delivery of 5% or less by 2025 – since 2010-11. In Doncaster smoking at time of delivery has been on a downward trajectory 37 since 2019. For the 2022/2023 year to date, the rolling average is 12.1% of deliveries were to smokers in Doncaster, compared to 8.9% nationally.

Gestational Age

Children who are born preterm are less likely to achieve the expected levels of attainment at age 7 and 11. They are also more likely than their peers to require Special Educational Needs provision, compared to those who born at 40 weeks gestational age. However, maternal risk factors, such as deprivation, age, and parity, or by size-for-gestation at birth, alone do not fully explain the association.

A study completed by Libuy et. al. aimed to generate evidence about child development measured through school attainment and provision of special educational needs (SEN) across the spectrum of gestational age, including for children born early term and >41 weeks of gestation, with and without chronic health conditions. The study found that 3.2% of children with SEN were attributable to having a chronic condition compared with 2.0% attributable to preterm birth. This suggests chronic conditions in school-aged children contribute more to the burden of Special Educational Needs and low academic attainment than preterm birth.[8]

Chronic conditions were categorised, and examples of included conditions are provided below:

- Cardiovascular e.g. Congenital heart disease
- Respiratory e.g. Asthma, Cystic Fibrosis
- Metabolic/endocrine/digestive/renal/genitourinary e.g. Diabetes, Other endocrine conditions
- Neurological e.g. Epilepsy, Cerebral palsy
- Other e.g. Behavioural / developmental disorders

The findings of this research suggest the following recommendations to support children who were born prematurely, and for those who also have a chronic condition.

1. Support that facilitates healthy behaviours for the most vulnerable mothers, before pregnancy and early in pregnancy.
2. Additional support prior to school entry may also be particularly important for summer-born preterm children, who experience a 'double disadvantage' and may enter school more than a year behind some of their older peers, based on expected delivery date.
3. Identifying through data sharing and linkage to support Early Years services to understand which high-risk groups should be targeted, based on early health indicators and socioeconomic factors shown to influence later outcomes and inform development of interventions.

Antenatal and Newborn screening tests

The screening tests offered during pregnancy in England are either ultrasound scans or blood tests, or a combination of both.

Ultrasound scans may detect conditions such as spina bifida. Blood tests can show whether there is a higher chance of inherited conditions such as sickle cell anaemia and thalassaemia, and whether there are infections like HIV, hepatitis B or syphilis. Blood tests combined with scans can help find out how likely it is that the baby has Down's syndrome, Edwards' syndrome or Patau's syndrome.

New-born babies are offered some screening tests in their first 6-8 weeks. The screening tests include a physical examination, a hearing screening, and blood spot (heel prick) test.

Every baby is offered a physical examination soon after birth to check their eyes, heart, hips and, in boys, testicles. This is to identify babies who

[8] Libuy N, Gilbert R, Mc Grath-Lone L, Blackburn R, Etoori D, Harron K. Gestational age at birth, chronic conditions and school outcomes: a population-based data linkage study of children born in England. Int J Epidemiol. 2023 Feb 8;52(1):132-143. doi: 10.1093/ije/dyac105. PMID: 35587337; PMCID: PMC9908051.

may have conditions that need further testing or treatment. The examination is carried out within 72 hours of birth and then again at 6 to 8 weeks of age, as some conditions can take a while to develop.

Antenatal Screening tests

Below is an outline of the screening tests offered in England during pregnancy.

Test	Time
Sickle Cell and Thalassaemia	Before 10 weeks of pregnancy
HIV, hepatitis B and syphilis	As early as possible in pregnancy
Down's syndrome, Edwards' syndrome and Patau's syndrome	11-14 weeks of pregnancy
Baby's development to look for 11 rare conditions: • anencephaly • open spina bifida • cleft lip • diaphragmatic hernia • gastroschisis • exomphalos • serious cardiac abnormalities • bilateral renal agenesis • lethal skeletal dysplasia • Edwards' syndrome, or T18 • Patau's syndrome, or T13	18-21 weeks of pregnancy

Table 1: Antenatal screening tests offered in England.

Newborn physical examination

Below is an outline of the newborn physical examination.

Examination	Checking for
Eyes	The health professional will check the appearance and movement of baby's eyes. They're looking for cataracts, which is a clouding of the transparent lens inside the eye, and other conditions.
Heart	This is done by observing your baby, feeling your baby's pulses, and listening to their heart with a stethoscope. Sometimes heart murmurs are picked up. A heart murmur is where the heartbeat has an extra or unusual sound caused by a disturbed blood flow through the heart. Heart murmurs are common in babies. The heart is normal in almost all cases where a murmur is heard.
Hips	Some newborns have hip joints that are not formed properly. This is known as developmental dysplasia of the hip (DDH). Left untreated, DDH can cause a limp or joint problems.

Testicles	Baby boys are checked to make sure their testicles are in the right place. During pregnancy, the testicles form inside the baby's body. They may not drop down into the scrotum until a few months after birth.

Table 2: Newborn screening tests offered in England.

The results of the tests are given straight away and recorded in each baby's personal child health record (Red Book).

Newborn Hearing Screening

The newborn hearing screening test helps identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start.

1 to 2 babies in every 1,000 are born with permanent hearing loss in 1 or both ears. This increases to about 1 in every 100 babies who have spent more than 48 hours in intensive care.

Permanent hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. It will also help them make the most of relationships with their family or carers from an early age.

The newborn hearing test is called the automated otoacoustic emission (AOAE) test. A small soft-tipped earpiece is placed in baby's ear and gentle clicking sounds are played. If the first test was inconclusive, a second test will be offered. This may be the same as the 1st test, or another type called the automated auditory brainstem response (AABR) test.

If the screening test results do not show a clear response from 1 or both of baby's ears, an appointment will be made with a hearing specialist at an audiology clinic.

The results of the tests are given straight away and recorded in each baby's personal child health record (Red Book).

Newborn blood spot (heel prick) test

Blood is collected from almost all newborn babies in the UK and stored on blood spot cards. Blood spot cards are used as part of the NHS Newborn Bloodspot Screening programme.

These blood spots are tested to find whether the baby has 1 of 9 rare but serious conditions. Babies who test positive can be treated early, improving their health and, in some cases, preventing severe disability or even death.

The following 9 conditions are screened for in the test:

- Inherited metabolic diseases
  - phenylketonuria (PKU)
  - medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
  - maple syrup urine disease (MSUD)
  - isovaleric acidaemia (IVA)
  - glutaric aciduria type 1 (GA1)
  - homocystinuria (pyridoxine unresponsive) (HCU)
- Severe combined immunodeficiency (SCID)
- Sickle Cell Disease
- Cystic Fibrosis
- Congenital hypothyroidism

The results of the tests are sent either by letter or from a healthcare professional by the time baby is 6 to 8 weeks old and recorded in each baby's personal child health record (Red Book).

Antenatal and newborn screening key performance indicators

The table below demonstrates Doncaster Bassetlaw Teaching Hospital, the North East and Yorkshire, and England's performance in the year 2021-22 for the Antenatal and newborn screening key performance indicators (KPIs).

It is important to acknowledge that Doncaster Bassetlaw Teaching Hospital provides Maternity services for residents from more than one local authority, and so the proportions provided include all patients in their service, not only Doncaster residents.

Results highlights in green indicate meeting the achievable threshold, those highlighted in yellow indicate meeting the acceptable threshold, and those highlighted in red indicate not meeting the acceptable threshold.

Indicator	Doncaster Bassetlaw Teaching Hospital	North East and Yorkshire	England	Thresholds
The proportion of pregnant women eligible for the 20-week screening scan who are tested, leading to a conclusive result within the defined timescale.	99.3%	99.1%	99.1%	acceptable threshold ≥90.0% achievable threshold ≥95.0%.
The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a screening result is available at the day of report.	99.8%	99.8%	99.7%	acceptable threshold ≥95.0% achievable threshold ≥99.0%.
The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available ≤10 weeks + 0 days gestation.	68.3%	70.8%	57.9%	acceptable threshold ≥50.0% achievable threshold ≥75.0%.
The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process.	2.2%	2.6%	2.3%	acceptable threshold ≤2.0% achievable threshold ≤1.0%.
The proportion of babies eligible for newborn hearing screening for	93.3%	98.2%	98.3%	acceptable threshold ≥98.0%

whom the screening process is complete by < 4 weeks (28 days).				achievable threshold ≥99.50%.
The proportion of babies requiring immediate referral who are brought for an audiological assessment appointment in the required timescale.	83.3%	87.4%	88.8%	acceptable threshold ≥90.0% achievable threshold ≥95.0%.
The proportion of babies eligible for the newborn physical examination who are tested for all 4 components (3 components in female infants) of the newborn examination at ≤ 72 hours of age and have a conclusive result on the day of the report.	96.2%	96.3%	96.6%	acceptable threshold ≥95.0% achievable threshold ≥97.5%.

Table 3: Antenatal and Newborn Screening key performance indicators for Doncaster, North East and Yorkshire, and Englan 2021-22.

In Doncaster, we are meeting the achievable threshold for 2 of the 7 KPI's and the acceptable threshold for 2 of the 7 KPI's. Doncaster is not currently meeting the acceptable threshold KPI's for 3 of the 7 KPI's, including:

1. the proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process.
2. The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by < 4 weeks (28 days).
3. The proportion of babies requiring immediate referral who are brought for an audiological assessment appointment in the required timescale

For these indicators, both the North East and Yorkshire average and the England average are also not meeting the acceptable threshold.

Healthy Child Programme

The Healthy Child Programme offers every family an evidence-base programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. It also outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

Health visitors and school nurses are specialist public health nurses (SCPHN), with Health Visitors leading the 0 to 5 element of the Healthy Child Programme and School Nurses leading the 5 to 19 element.

The Healthy Child Programme is described as 'universal in reach' which is based on 4 levels of service in response to individual and family needs: community, universal, targeted and specialist support, outlined in the figure below:

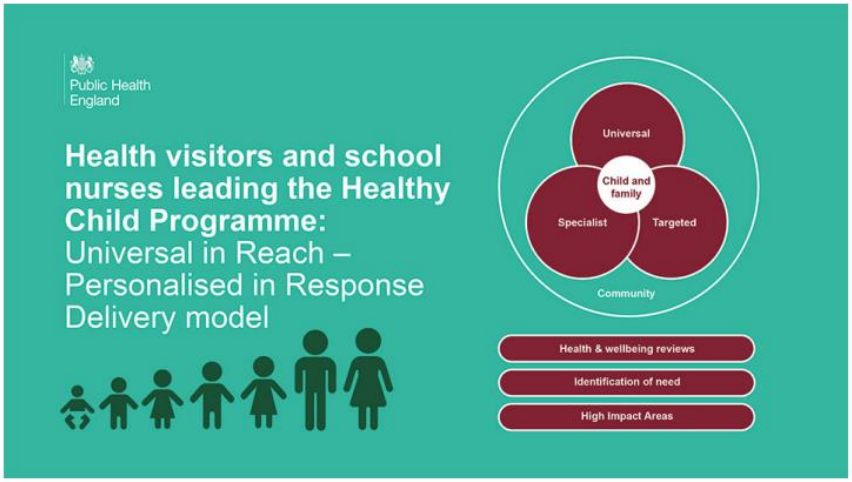


Figure 3: Healthy Child Programme Universal in Reach – Personalised in response delivery model (PHE, 2021).

For Early Years, there are 5 mandated reviews delivered by Health Visitors and offered to all families.

Figure 4: Health and wellbeing reviews and contacts for 0-5 (PHE, 2021).

The High Impact areas for 0-5's are central to the Health Visiting delivery model and provide an evidence-based framework for those delivering maternal and child public health services from preconception onwards. These high impact areas are linked to the four overarching aims for early years:

- focusing on preconceptual care and continuity of carer
- reducing vulnerability and inequalities
- improving resilience and promoting health literacy
- ensuring children are ready to learn at 2 and ready for school at 5

The Figure below describes the high impact areas for early years.

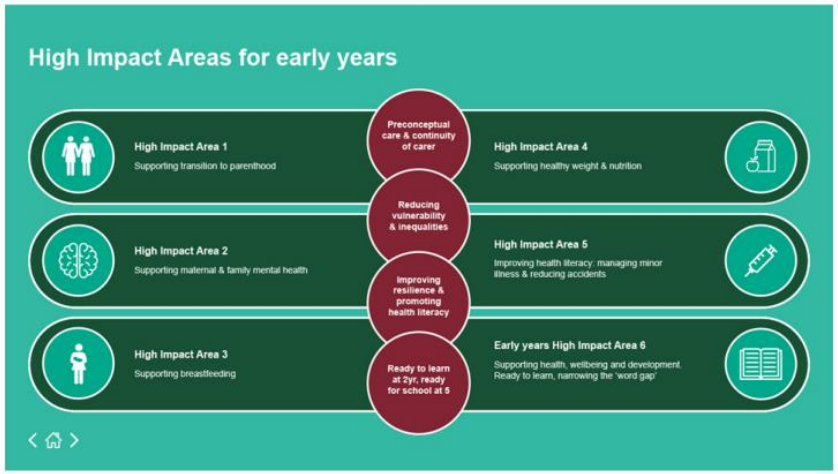


Figure 5: High Impact Areas for early years (PHE, 2021).

The Figure below describes universal health and wellbeing reviews and contacts as part of overall support 5 to 19, or 24, if appropriate:

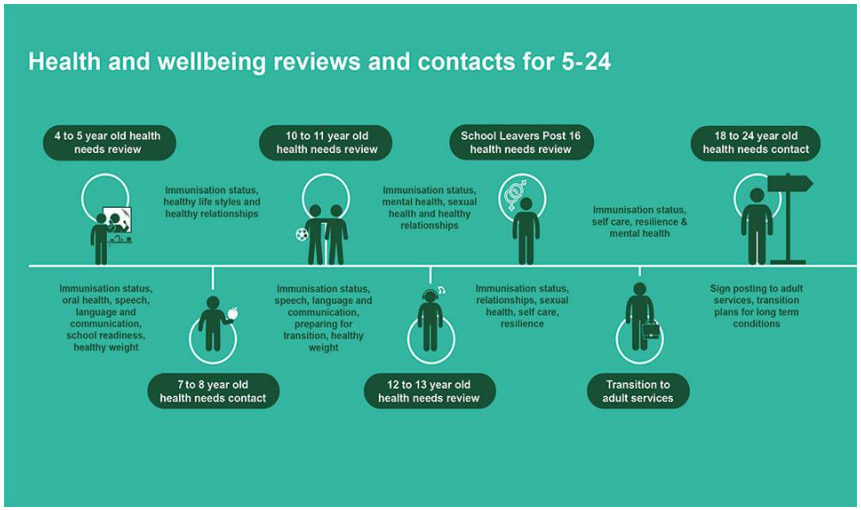


Figure 6: Universal health and wellbeing reviews and contacts as part of overall support 5 to 19, or 24, if appropriate.

For school aged children the Healthy Child Programme focusses on 6 High Impact Areas. As detailed in the diagram below:

Figure 7: The high impact areas for school-age years.

Children with additional or complex health needs may require additional support in transitioning into education settings. For most children and young people with special education needs or disabilities, their needs can be met within mainstream education settings.

Some children may require as needs assessment to establish whether provision in accordance with an education, health and care (EHC) is necessary.

To meet a child or young person's needs, it is essential that education, health, and social care practitioners co-operate at a local level. Health Visitors and School Nurses have a vital role to play, effective support requires clear commissioning and collaboration between key partners.

Ages and Stages Questionnaire (ASQ) Assessment

School readiness at age 5 has a strong impact on future educational attainment and life chances. Evidence has shown that if a child is not ready for school, they are immediately at a disadvantage, which can have a significant impact on their learning and their social and emotional development. To be school ready, children need an environment which is safe and nurturing to promote health, independence, emotional security, the ability to separate from their parent or carer, social skills and learning.

Before a child's 9 to 12-month and 2-year development reviews, parents and carers will receive a questionnaire, known as the "Ages and Stages Questionnaire" or ASQ-3. The Ages & Stages Questionnaires, Third Edition (ASQ-3), is a developmental screening tool that pinpoints developmental progress in children between the ages of one month to 5 ½ years (ASQ, n.d.). ASQ 3 provides an objective measure of development and allows 19 comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Domains of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. The expected levels of development are dependent on the questionnaire used and the domain (OHID, 2021/22).

At the two-year check, 100% of children seen receive an Ages and Stages Questionnaire (ASQ) assessment for child development. Children with suspected development delay then receive an ASQ SE2 assessment to assess further development needs and onward referrals to specialist services.

Integrated Review

The aim of the Integrated Review is to bring together the 2-year progress check with the Healthy Child Programme (HCP) 2 to 2 and a half development review into an integrated process. The Integrated Review will create and share a broad picture of the child's development.

The Integrated Review is an opportunity for professionals to meet or share information following the completion of the 2-year progress check and the Healthy Child Programme (HCP) 2 to 2½ year development review to look closely at how the child is developing and what support might be needed to help them reach their full potential. This is most effective when all professionals and parents work together.

Integrated review may take a variety of formats. The Health Visiting service may adapt the approach to meet local needs and address local challenges in the area. However, good practice suggests that effective integrated reviews should bring together:

- parents', carers' and guardians' views, and any concerns about their child's development.
- early years practitioners' detailed knowledge of how the child is playing, learning, and developing.
- health professionals' expertise in the health and development of young children.

The Health Visiting service lead the 2 to 2½ year health and development review as part of the HCP with the following expectations:

- the HCP 2 to 2½ year review will be carried out using the Ages and Stages Questionnaire (ASQ-3)

- there are clear SPOC processes to enable providers to share information around concerns for children back to the Service through SPOC particularly around Progress checks
- there is capacity for tripartite meetings with PVI providers, parents and the Service where needs are identified
- there are termly meetings between named practitioners from the Service and Group provision
- there is clear consent that allows for the Service to share ASQ3 scores directly with the LA at the earliest possible point (this would enable Area SENDCOS would be included in the termly meetings with CNN's and Group provision around ASQ scores)
- childminders to have a named link to a practitioner in the Service who can be contacted around ASQ3 scores rather than using SPOC
- Service practitioners attend the Family hub childminder drop-ins in their locality on a termly basis to share ASQ3 scores and discuss concerns, share health information etc
- there is a consistency in approach of how IPC meetings are delivered for example they are termly, in setting, agreed consent to share for all children recorded on the Services records system, contextual information gathered at the ASQ3 can be shared, and parents given summary sheet
- there is capacity for Service practitioners to meet with Area SENDCO on a termly basis in their locality to discuss settings/children
- there is capacity to deliver termly joint training session with the Service and EYIT including evening sessions
- the Service is to have a presence at the termly Essential knowledge briefing run by EYIT for all providers to give updates and take messages back to CNN network
- there is health visitor representation at IPC steering group and a continued commitment for all locality practitioners to attend
- there is clear consent that allows ASQ3 scores to be shared with Family hubs to support those children who may not access a setting
- Health visitors will attend SEND support meetings where appropriate

Health Visitor Service delivery metrics

The Health Visitor service delivery metrics currently cover the antenatal contact, new birth visit, 6-to-8-week review, the 12-month revie and the 2 to 2½ year review. The table below shows the metrics for Doncaster and England (aggregate value of all local authorities passing Stage 1 validation) for the 2022-23 period.

Indicator	Doncaster 2022/23				England 2022/23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
New Birth Visits (NBVs) completed within 14 days %	69.5%	71.0 %	68.6 %	68.7 %	78.5 %	79.9 %	80.3 %	80.0 %

New Birth Visits (NBVs) completed after 14 days %	29.2%	27.1 %	29.4 %	28.0 %	19.0 %	17.9 %	17.3 %	17.8 %
6–8-week reviews completed %	85.5% %	87.5 %	86.3 %	84.5 %	79.6 %	79.5 %	79.5 %	79.1 %
12-month reviews completed by the time the child turned 12 months %	92.4%	91.9 %	90.7 %	88.0 %	68.9 %	70.6 %	72.0 %	73.4 %
12-month reviews completed by the time the child turned 15 months %	95.7%	95.4 %	96.3 %	95.8 %	81.7 %	82.3 %	82.7 %	84.3 %
2-2½ year reviews completed %	94.9%	94.2 %	95.1 %	92.0 %	72.1 %	73.3 %	73.9 %	75.3 %
2-2½ year reviews completed using ASQ-3 %	96.6%	-	96.9 %	97.4 %	92.3 %	92.5 %	93.0 %	92.6 %

Table 4: Health Visitor service delivery metrics in Doncaster and England, 2022/23.

There are several potential reasons why NBV are not completed within 14 days. Research from the Institute of Health Visiting suggests there is a shortage of 5000 Health Visitors in England.

In Doncaster, by local agreement, multiple families (with at least one birth previously) who have been seen during the antenatal period and deemed suitable for the universal pathway do not have to been seen within 14 days. Furthermore, new birth visits are not compulsory, and some families may choose not to participate in a new birth visit which may explain the gap between the total number of NBV taking place within 14 days and after 14 days.

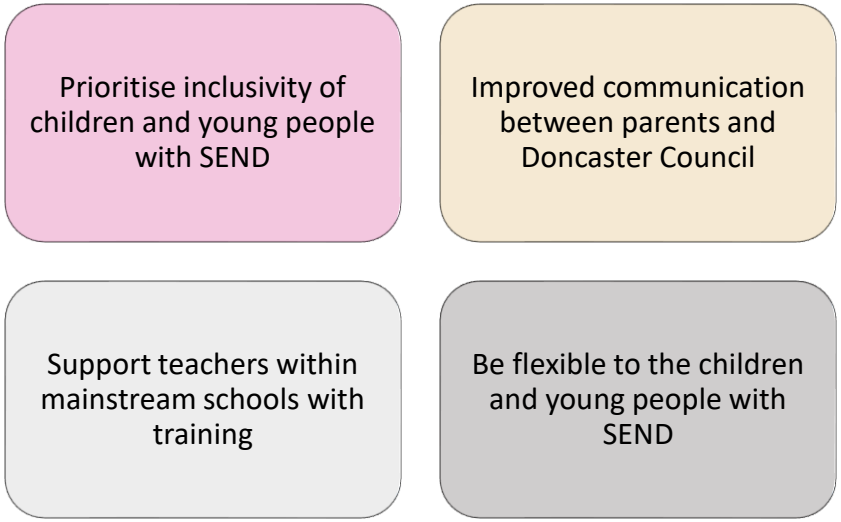
10. VIEWS OF PARENTS, CARERS, CHILDREN AND YOUNG PEOPLE

PARENTS AND CARERS: VIEWS

The following summary of views of local parents and carers were gathered through surveys, workshops, and interviews. The Parent and Carer forum then formed a list of priority areas and actions for the local partnership.

- **Mainstream schools should be more inclusive:** There are schools within Doncaster that are great & do ensure the child and young people with SEND get the support they require and make the child and young people with safe & happy however this is not consistently the experience of parents and carers. Schools should work more closely with parents to ensure the children have the right support at the right time.
- **All staff including teachers do not get the training required to support children and young people with SEND:** Teachers do not always have the capability or the capacity to appropriately support our children & young people.
- **The support provided does not match the EHCP or SEN support:** Even with an EHCP most child and young with SEND in mainstream schools do not get the support agreed. EHCP processes are not always clear and transparent.
- **Local Offer:** Improvements could be made to the Local Offer site to ensure that it is easier to navigate.
- **General Development Pathways:** Waiting times for diagnosis of autism are too long.
- **Reasonable adjustments:** Schools do not always make appropriate 'reasonable adjustments' for children and young people.

PARENTS AND CARERS: WHAT THEY WOULD LIKE TO SEE



CHILDREN AND YOUNG PEOPLE: VIEWS

The voice of children and young people has been collected through meetings with our local youth Council, young Advisors, school councils and our young People's SEND Board. Young people have defined a set of priorities that have been included in our local strategy.

Make sure we have more local school places in Doncaster for all Children & Young People (CYP) with social & emotional needs
Improve how schools meet mental health needs for CYP
Reduce waiting time for CYP to get a diagnosis for autism
Check plans so they are of good quality and based on the voice of CYP
Continue to improve CYP mental health services
Make sure that the school knows more about how to spot when CYP are struggling, as early as possible
Improve the quality of teaching for CYP with SEND
Make sure services for CYP are joined up
Make school think more about how to include CYP in lessons, activities etc.
Give support and training to staff at schools and other agencies so they understand how to meet needs