APPENDIX A
(Halton Best Start in Life Strategy)

Halton Needs Analysis

Halton Borough Council

Produced April 2026

FamilyHub
Together for all in Halton

OneHalton
Working better together

NHS

BEST START IN LIFE

UK Government

OVERVIEW & DEMOGRAPHICS

Halton has 131,543 residents, with over one-fifth of the population under 18. There are 8,348 children aged 0-5, with young children concentrated in several neighbourhoods also experiencing high deprivation.

More than 18,000 pupils are eligible for free school meals, reflecting widespread economic hardship.

Early development (0–2, Ages and Stages Questionnaire-3, Early Years Foundation Stage Profile, Good Level of Development)

A Good Level of Development is the measure used at the end of the Early Years Foundation Stage to indicate that a child has achieved the expected standard in the prime areas of learning - communication and language, physical development, and personal, social and emotional development - as well as literacy, mathematics, understanding the world and expressive arts and design.

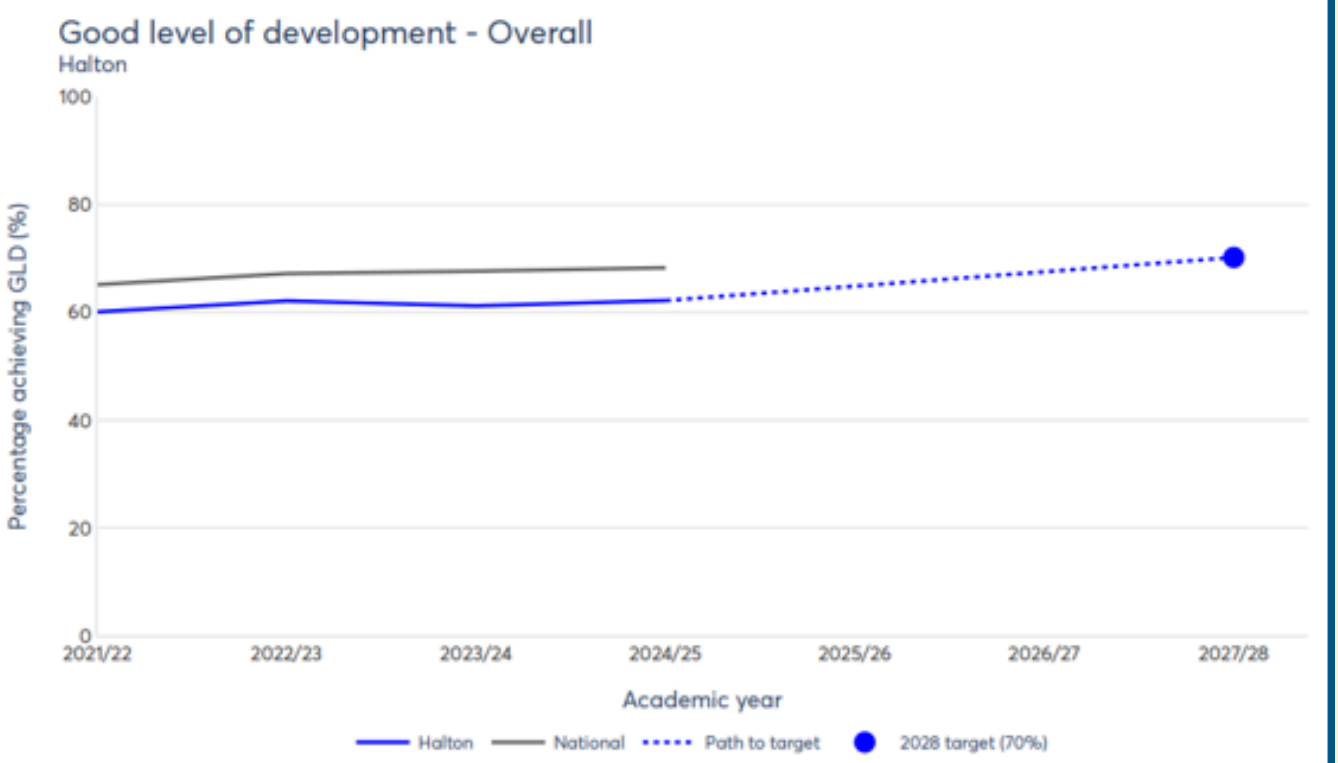
In Halton, the proportion of children achieving Good Level of Development has shown modest improvement since 2022, rising from 60.1% to 62.5% in 2025, following a slight dip in 2024.

However, this remains below the national average of 67.4% and statistical neighbours at 65.8%, meaning the gap has widened.

Girls consistently outperform boys (2025: 67.8% vs 57.2%), and while communication, language and literacy outcomes improved to 64.5%, they still lag behind England at 76.5%.

To meet future Good Level of Development targets, at least 100 additional children must reach expected levels.

GLD over time and targets



- Developmental concerns emerge early. Only 63% of children reach expected Ages and Stages Questionnaire-3 levels at age 2–2.5. Communication, language, and personal-social skills are particular areas of weakness.
- Early Years Foundation Stage Profile results confirm lower achievement across both prime and specific learning areas. Speech, language and communication needs remain the dominant special educational need.

Headline performance of ALL pupils

% pupils achieving a good level of development (GLD)

PUPILS	1439	1395	1305	1305	693	698	615	624	746	697	690	681
GLD	TOTAL				FEMALE				MALE			
	2022	2023	2024	2025	2022	2023	2024	2025	2022	2023	2024	2025
Halton	60.1	62.2	61.2	62.2	67.1	70.2	69.6	72.1	53.6	54.1	53.8	53.2
England	65.2	67.2	67.7	68.3	71.9	74.2	75.0	75.3	58.7	60.6	60.7	61.6
SN10	64.0	66.5	66.3	66.3	71.3	74.0	74.1	74.4	57.2	59.3	58.8	58.6

% of pupils achieving expected standard in all CLL ELGs

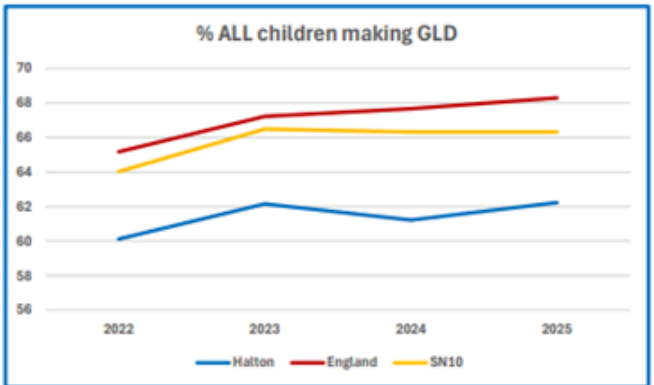
CLL	TOTAL				FEMALE				MALE			
	2022	2023	2024	2025	2022	2023	2024	2025	2022	2023	2024	2025
Halton	61.2	63.4	63.1	63.4	67.8	71.5	71.1	73.1	55.0	55.4	56.1	54.5
England	67.1	68.8	69.2	69.7	73.6	75.6	76.3	76.5	60.8	62.3	62.3	63.1
SN10	65.9	67.9	67.6	67.6	73.0	75.3	75.3	75.4	59.2	61.0	60.2	60.1

% pupils achieving expected standard in all 17 ELGs

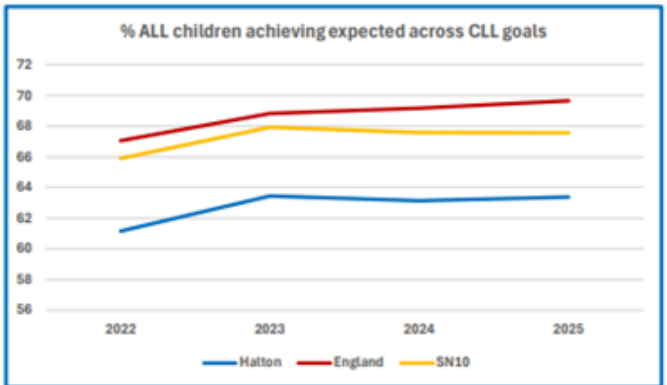
ALL ELGs	TOTAL				FEMALE				MALE			
	2022	2023	2024	2025	2022	2023	2024	2025	2022	2023	2024	2025
Halton	57.9	60.4	58.5	61.5	65.7	69.3	69.1	71.6	50.7	51.4	49.1	52.1
England	63.4	65.6	66.2	66.9	70.6	73.0	74.0	74.3	56.5	58.6	58.9	59.8
SN10	62.1	64.6	64.7	64.7	70.1	72.8	72.9	73.2	54.7	56.9	56.7	56.6

Average ELGs at expected standard

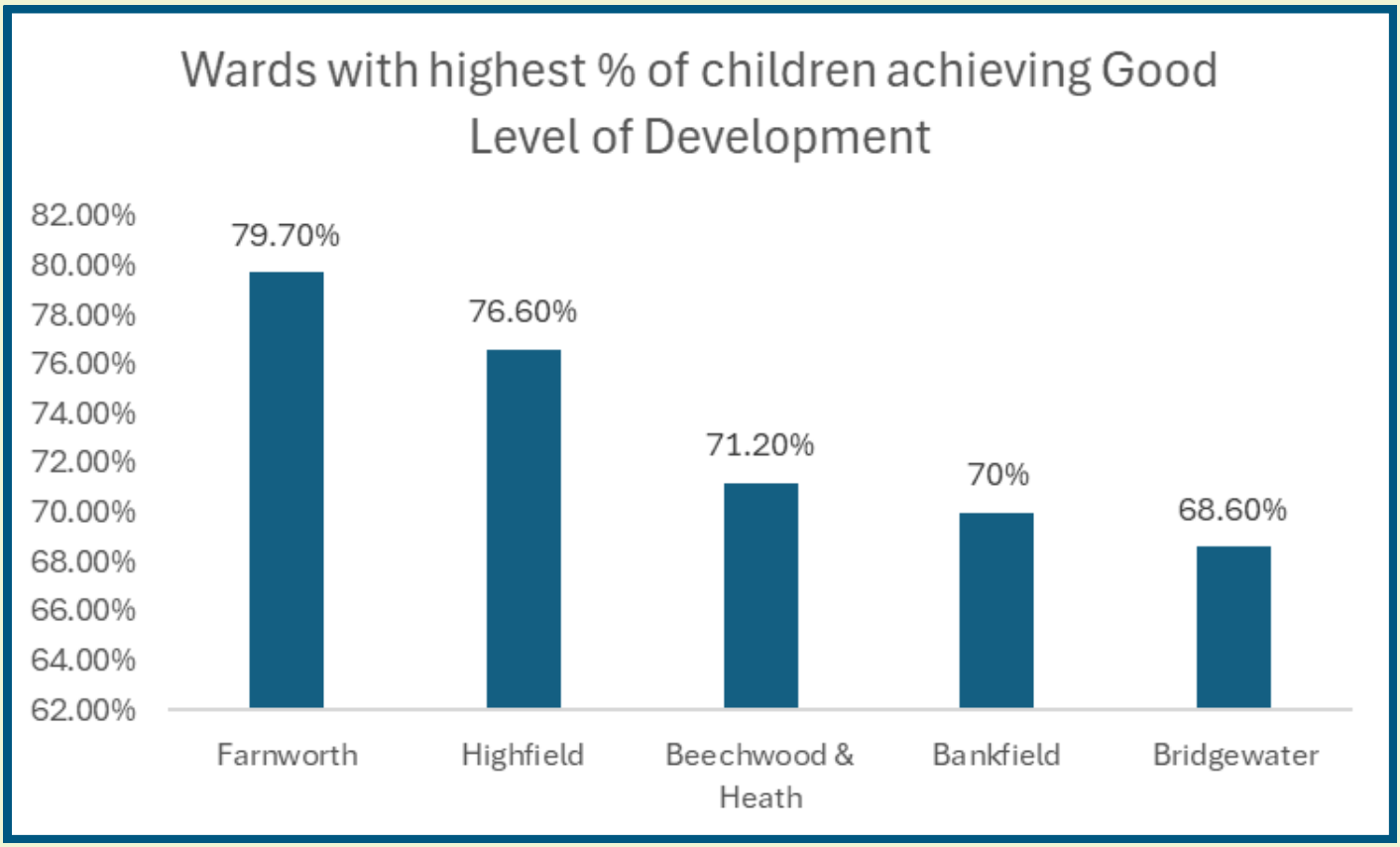
AVG. ELGs	TOTAL				FEMALE				MALE			
	2022	2023	2024	2025	2022	2023	2024	2025	2022	2023	2024	2025
Halton	13.6	13.6	13.6	13.7	14.6	14.6	14.7	14.7	12.7	12.6	12.7	12.7
England	14.1	14.1	14.1	14.1	14.8	14.9	14.9	14.9	13.3	13.4	13.3	13.3
SN10	13.8	13.9	13.8	13.8	14.7	14.8	14.8	14.7	13.0	13.0	12.9	12.8

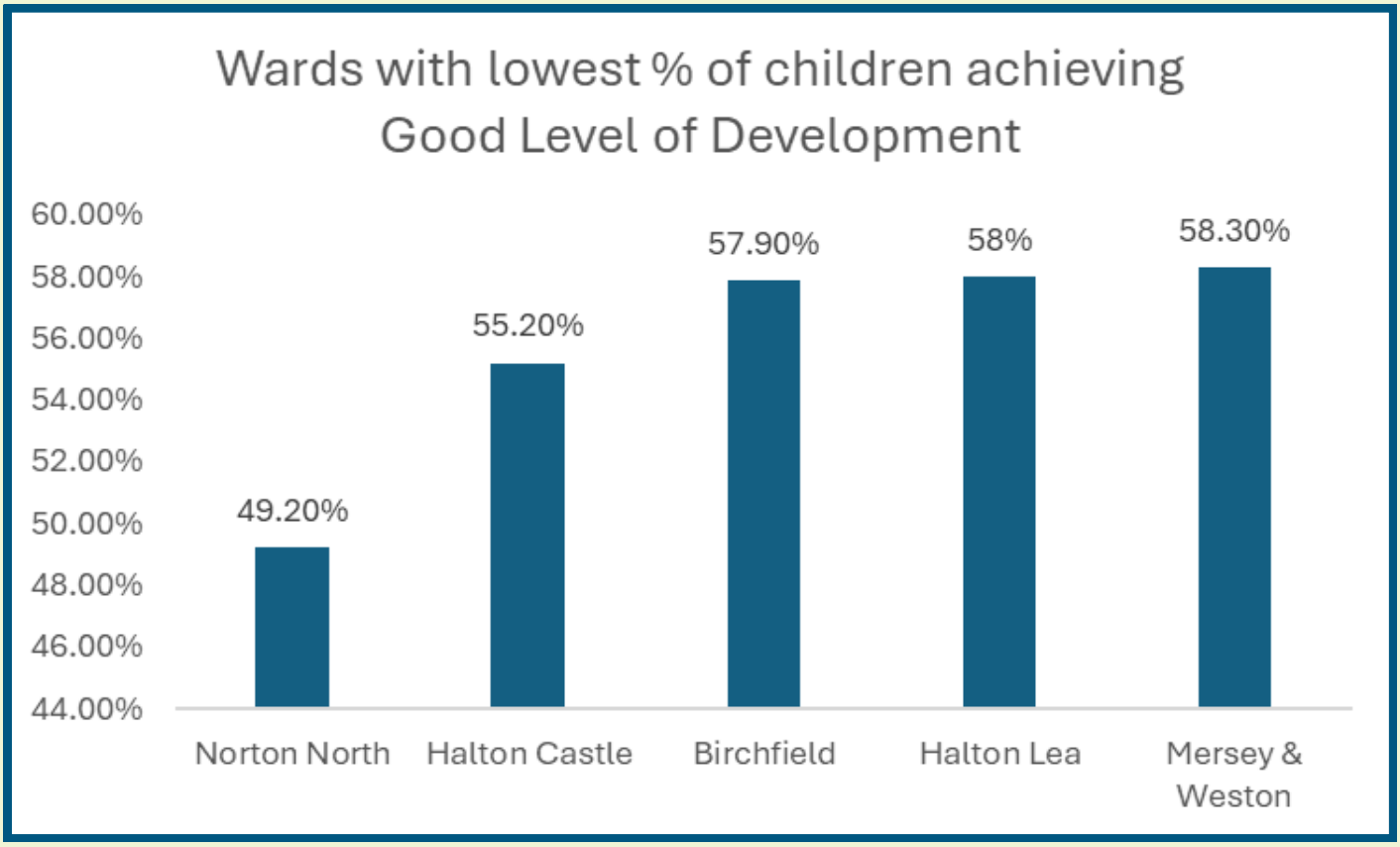


Halton's gap to national widened in 2025



Halton's gap to national widened in 2025


Wards with highest % of children achieving Good Level of Development
82.00%
80.00%
78.00%
76.00%
74.00%
72.00%
70.00%
68.00%
66.00%
64.00%
62.00%
79.70%
76.60%
71.20%
70%
68.60%
Farnworth
Highfield
Beechwood & Heath
Bankfield
Bridgewater


Wards with lowest % of children achieving Good Level of Development
60.00%
58.00%
56.00%
54.00%
52.00%
50.00%
48.00%
46.00%
44.00%
49.20%
55.20%
57.90%
58%
58.30%
Norton North
Halton Castle
Birchfield
Halton Lea
Mersey & Weston

UNDERSTANDING DISADVANTAGE AND EARLY DEVELOPMENT IN HALTON

Free school meals and early development: What local data tells us

Current position:

- 51.5% of free school meals-eligible children achieved Good Level of Development in 2024/25 (136 of 263 children).
- To reach Halton's target of 63% Good Level of Development for free school meals children by 2028, an additional 29 children will need to achieve Good Level of Development — a 23% increase.
- 127 free school meals children did not achieve Good Level of Development.

Key characteristics of free school meals children not achieving Good Level of Development

Special educational needs and sisability

- 50% had a special educational needs and disability need — significantly above the general population.
- 30% had speech, language and communication needs (SLCN).
- Special educational needs and disability is the strongest predictor of not achieving Good Level of Development.

Early help/social care involvement

- One third had early help involvement; others had a Multi Agency Plan, or previous social care involvement either at Child In Need or Child Protection.
- These touchpoints offer opportunities for earlier identification of speech language communication needs and for joined-up work with early years settings and Family Hubs.

Deprivation

- 88% lived within Indices Multiple Deprivation deciles 1–3.
- However, deprivation alone is not a strong predictor once special educational needs and disability, early help involvement and ward effects are taken into account.

Gender

- 63% were boys. Boys are a critical target group for improving Good Level of Development rates.

Term of Birth

- Summer-born children were over-represented, indicating increased risk.

Speech, language and communication

- WellComm [1] data shows a clear relationship between early language delay and later attainment.
- Children with amber WellComm scores will need to progress to green to support improvement targets.

Family Hub registration and attendance

- 48% were registered with a Family Hub.
- 61% had no attendance recorded.
- Higher attendance often correlates with more complex needs, showing hubs engage well with higher-need families but need greater reach into the broader free school meals cohort.

[1] WellComm - GL Assessment

Characteristics of free school meals children who achieved Good Level of Development

- Lower rates of special educational needs and disability and early help or children's social care involvement.
- Higher attendance at early years settings and Family Hubs.
- Higher proportion of girls achieving Good Level of Development.
- More mixed distribution across Indices of Multiple Deprivation or Income Deprivation Affecting Children Index.

Predictors of not achieving Good Level of Development (regression analysis)

Strongest predictors:

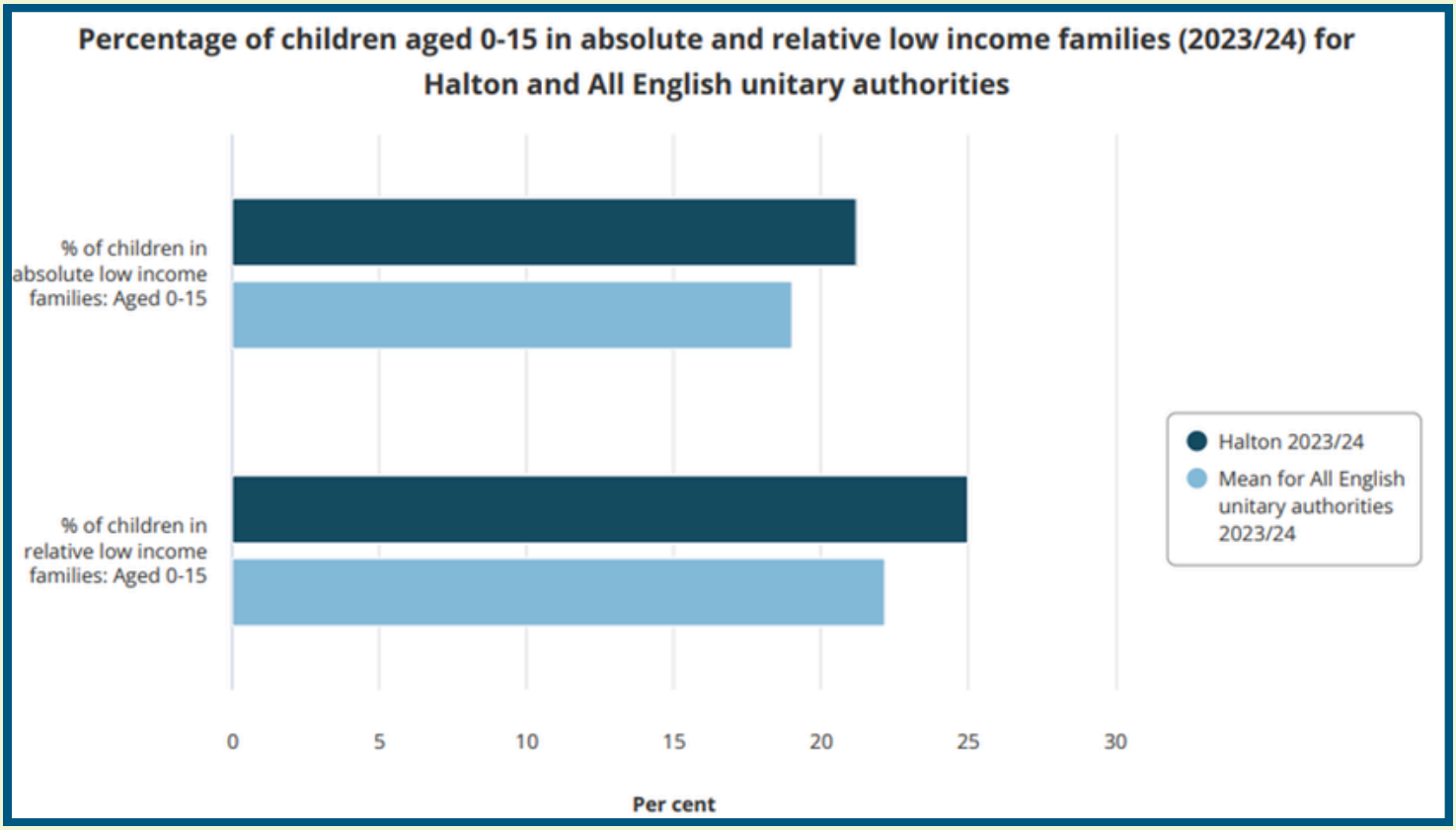
- Special educational needs and disability
- Ward-level effects
- Early help/children's social care involvement
- Gender (male)
- Summer-born

Not strong predictors:

- Indices of Multiple Deprivation/Indices of Deprivation Affecting Child Index
- Ethnicity (numbers too small)

FAMILY CONTEXT: POVERTY & SOCIAL DETERMINANTS

Halton experiences high child poverty, with both absolute and relative poverty above national levels. Food insecurity, housing instability and deprivation are concentrated in specific Lower Super Output Areas. These pressures strongly shape children's early health, development, and school readiness.

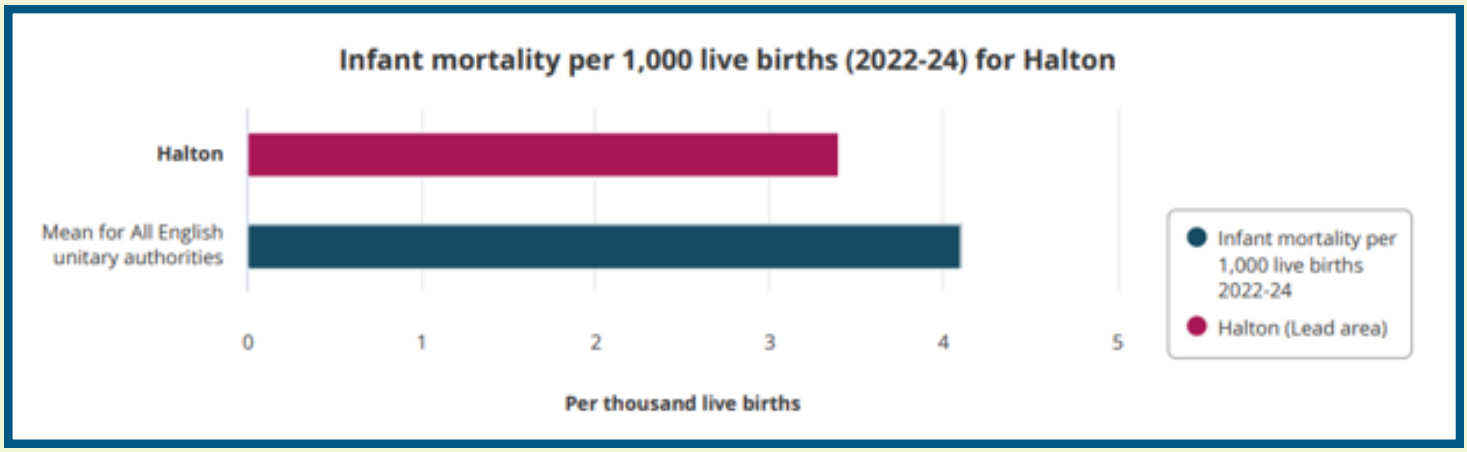


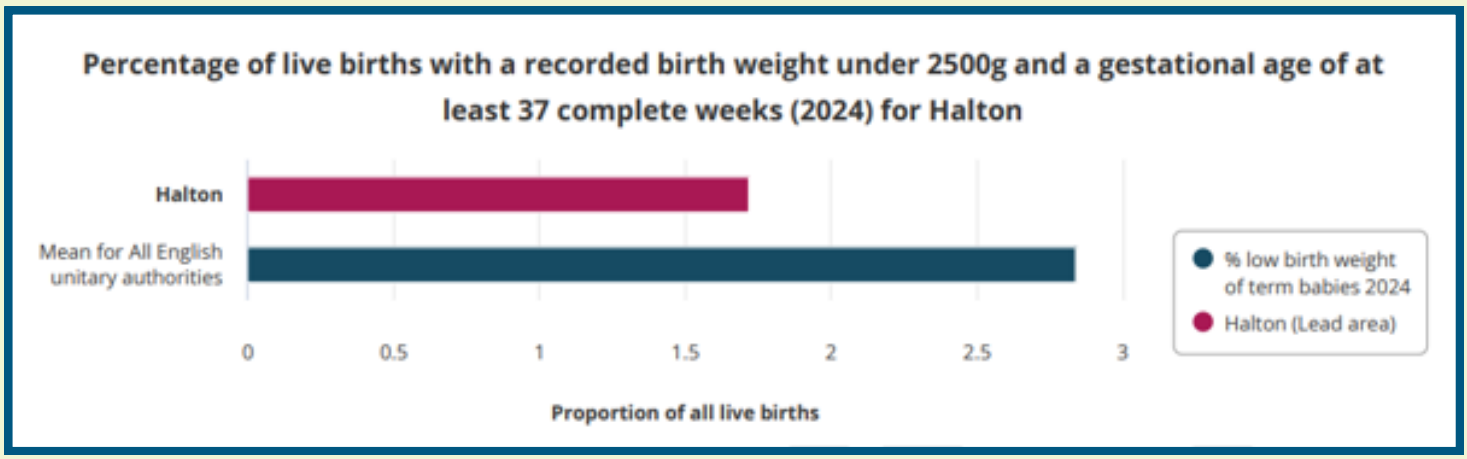
Perinatal & infant health

Infant mortality and low birthweight outcomes are comparatively strong. Infant mortality is often used as a measure of how healthy a community is overall. It reflects many wider factors that affect families, such as housing, income, access to healthcare, and the conditions mothers experience during pregnancy and birth.

Deaths that occur in the first 28 days of life are especially important because they are closely linked to the health of both the mother and the newborn, as well as the care they receive.

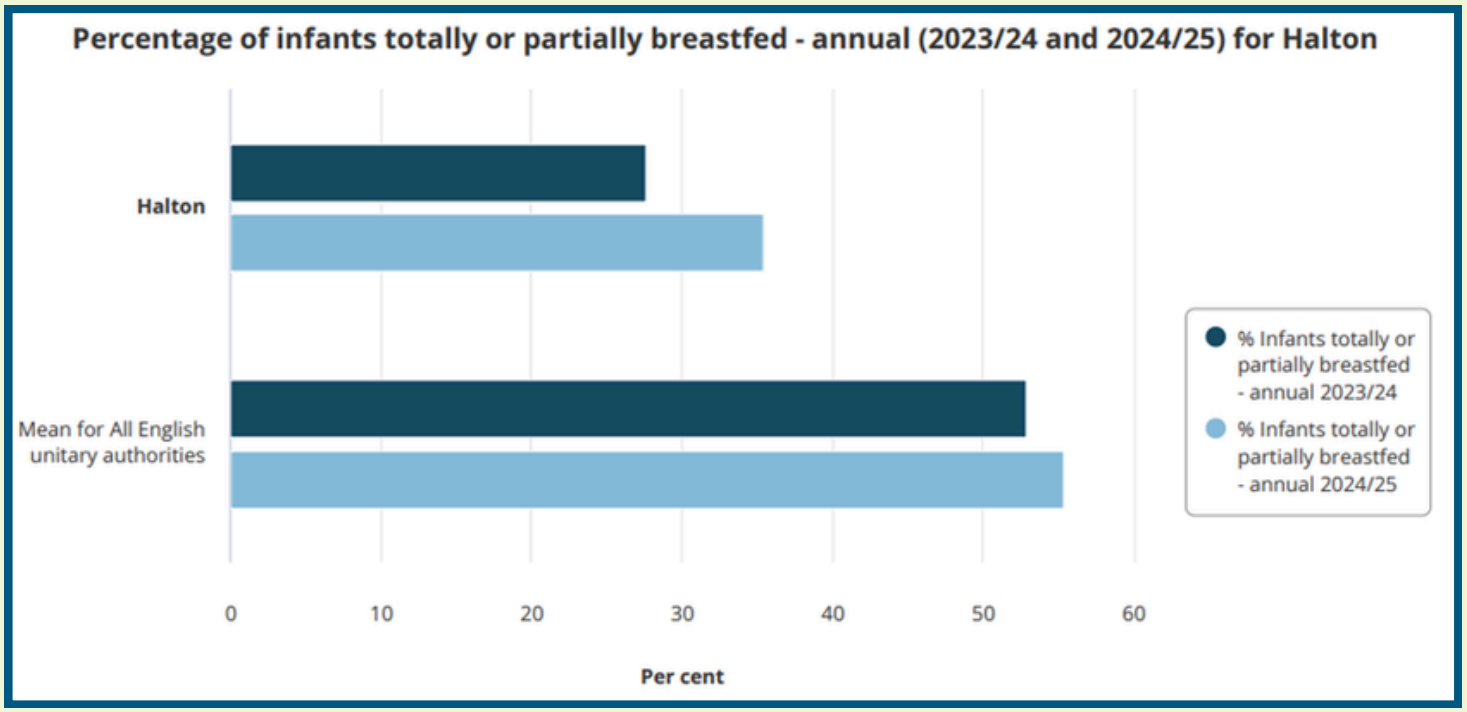
In Halton, the infant mortality rate is 3.4 deaths per 1,000 live births, which is lower than the national rate of 4.2. This suggests that, despite wider challenges, outcomes in the very earliest stages of life compare well to the national picture.

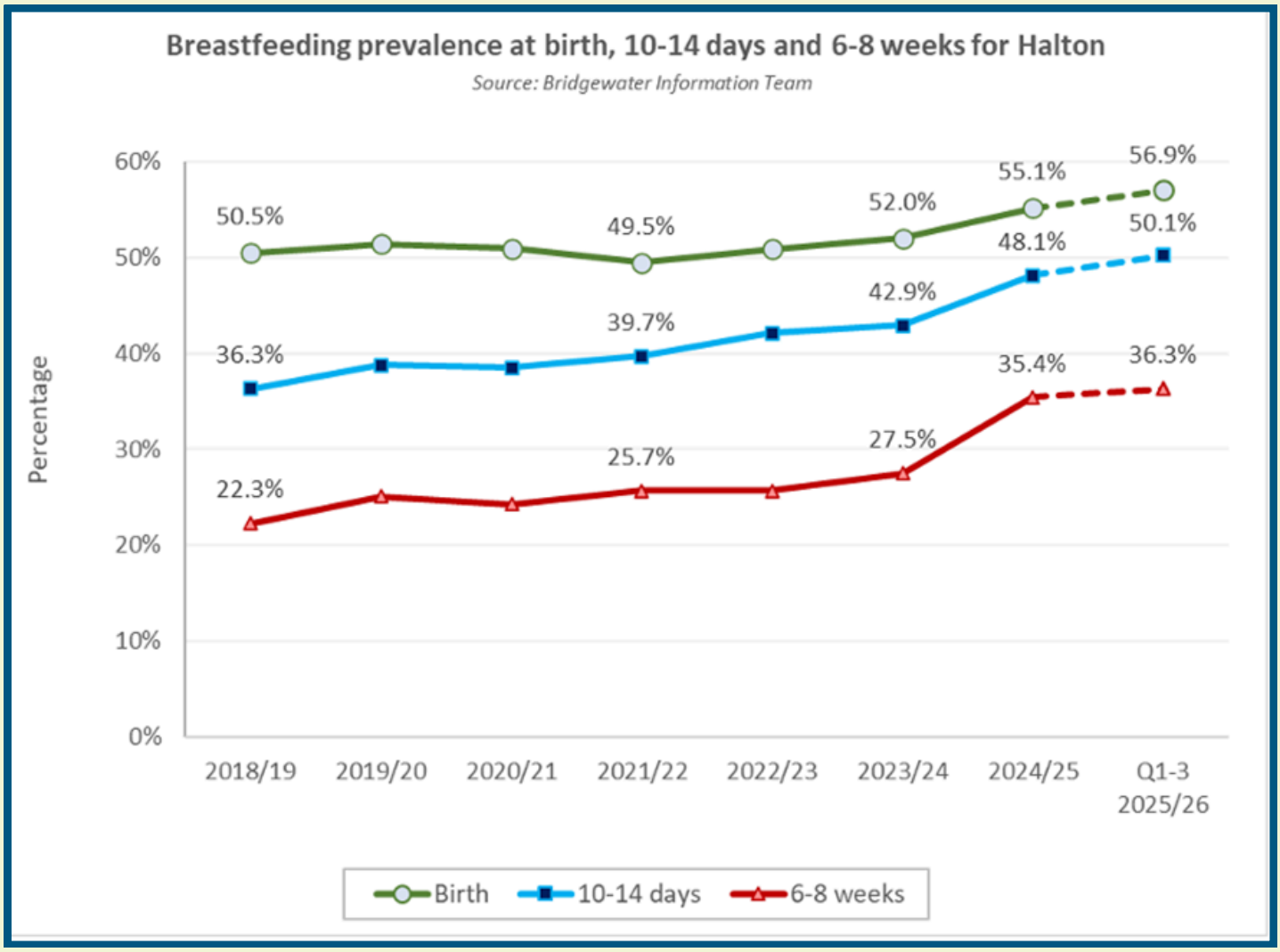




Since the introduction of the family hub programme, Halton has seen the highest breastfeeding initiation rates and the highest maintenance at 6-8 weeks since recent records began.

However, breastfeeding rates still remain very low, posing risks for early attachment, nutrition and immunity.





Maternity and neonatal care

Maternity and neonatal services are becoming increasingly complex, with more women experiencing multiple health conditions and the effects of wider socio-economic pressures.

At the same time, workforce shortages and the need for additional capacity - highlighted by Birthrate Plus assessments - are placing further strain on services, even as birth rates fall and national safety standards rise.

Limited digital and data capabilities continue to hinder efficiency and effective monitoring. In line with the NHS Long Term Plan and national findings such as Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE)[2], there is a clear need to address persistent inequalities in access and outcomes, particularly for families in deprived and diverse communities. Strengthening services now will ensure better health outcomes and experiences, reduce inequalities, improve workforce resilience, and lower long-term system pressures.

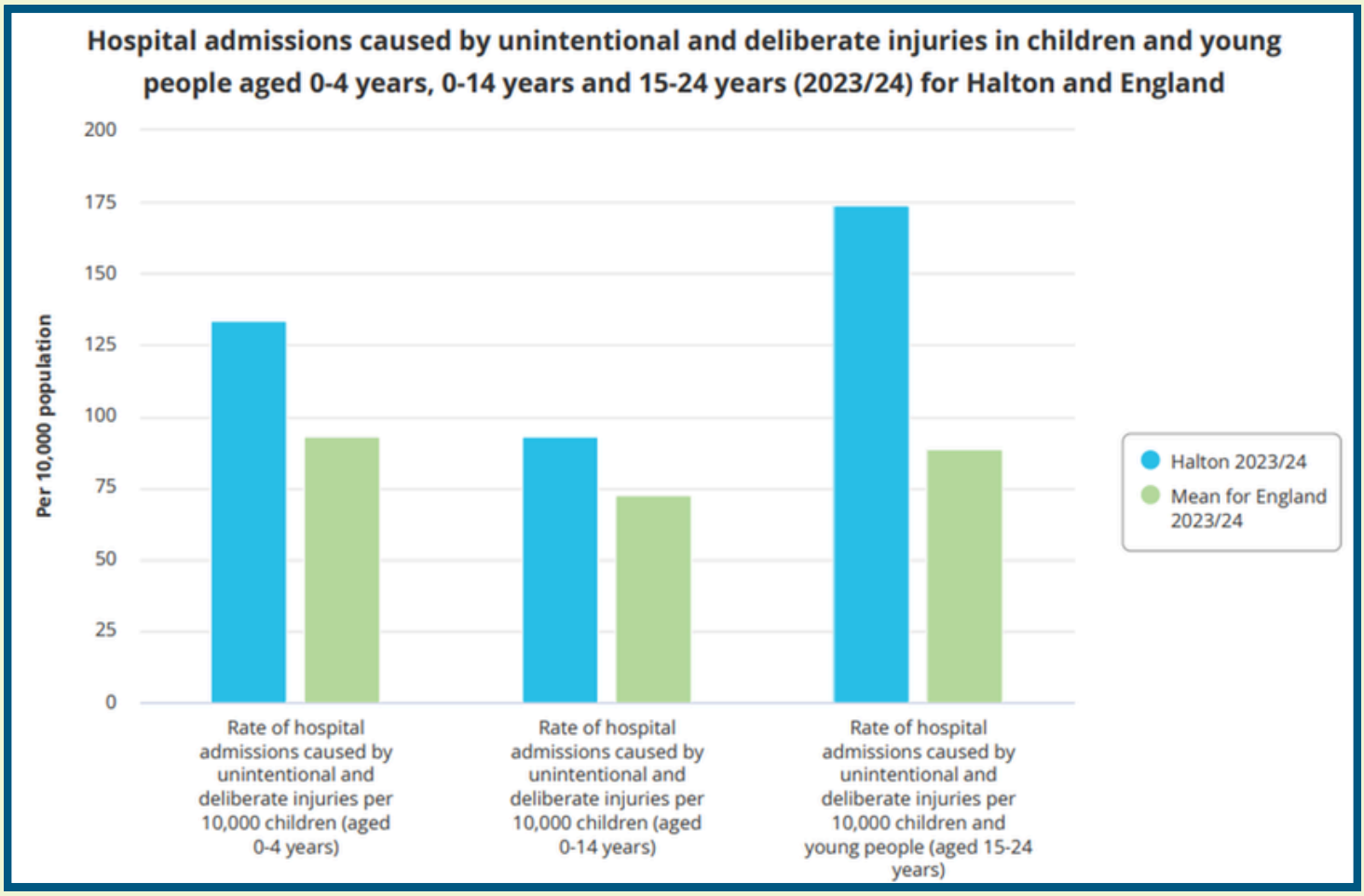
The Cheshire and Merseyside Population Health Improvement Plan (2026-2031) states that we will 'strengthen the quality and safety of local maternity and neonatal services'.

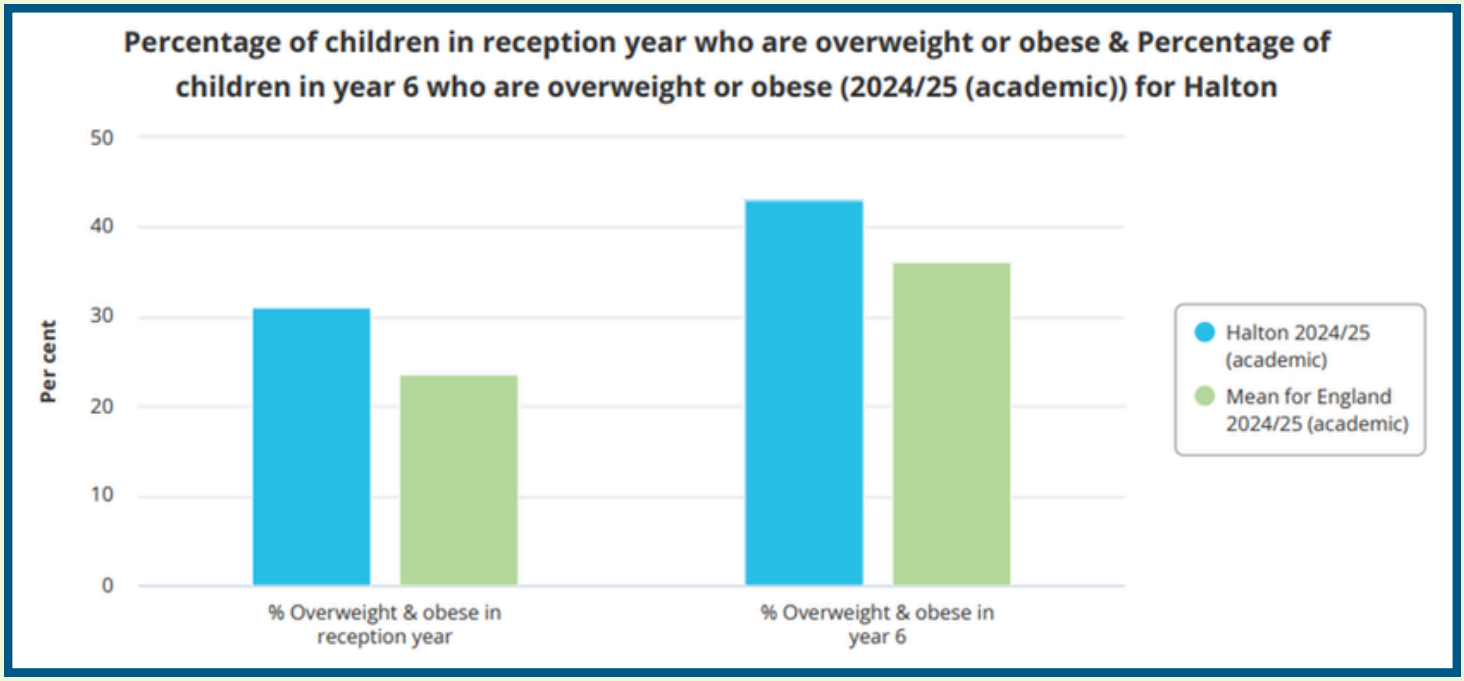
[2] MBRRACE

Early Childhood Health & Safety

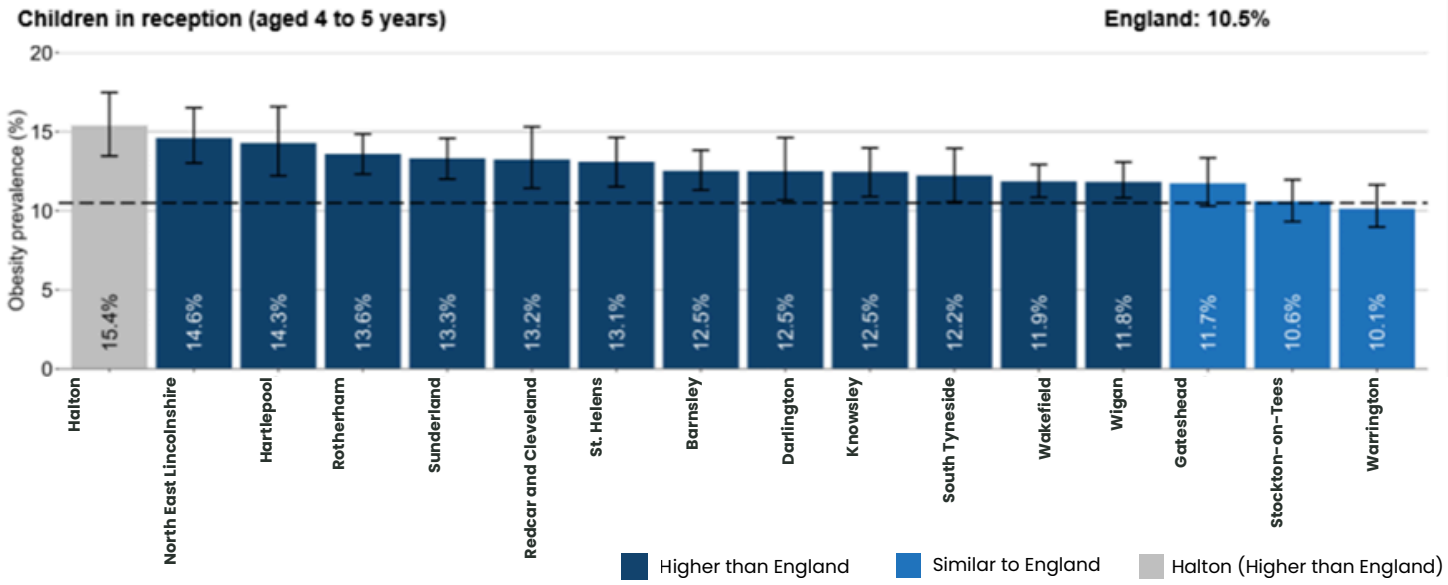
Halton experiences high rates of emergency hospital admissions for young children, particularly for injuries and respiratory infections. Dental decay affects a significant proportion of young children.

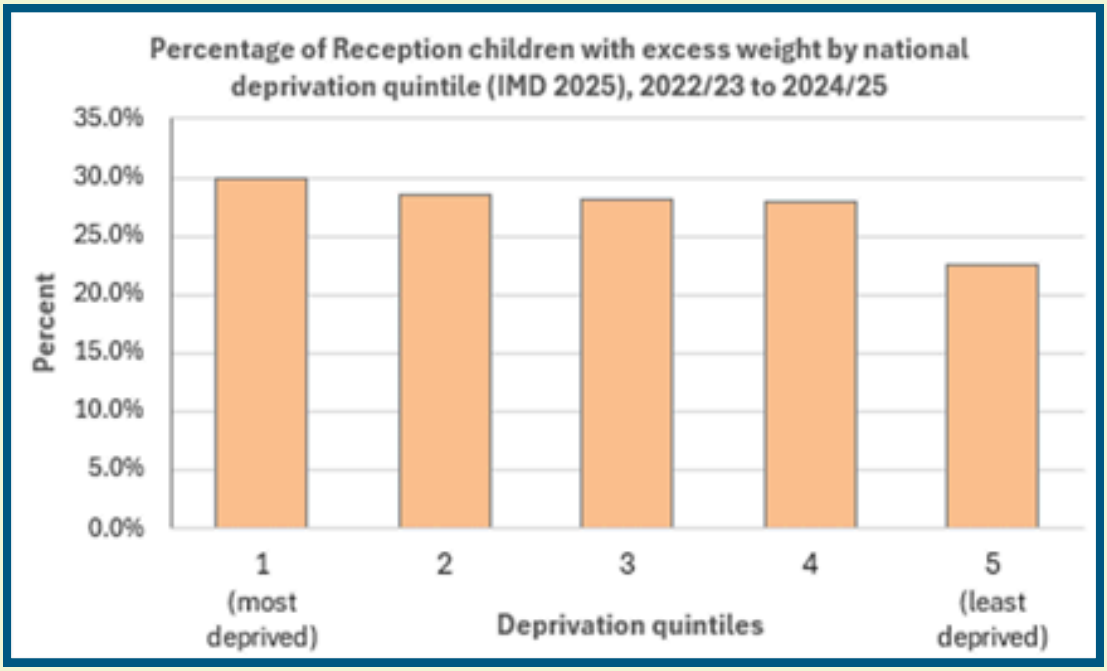
Preventable harms are more common in areas of high deprivation. In Cheshire & Merseyside we see higher than England averages in the percentage of 5-year-olds with visually obvious dental decay, 24.0% of year 6 children in Cheshire & Merseyside were obese compared with the England average of 22.7%

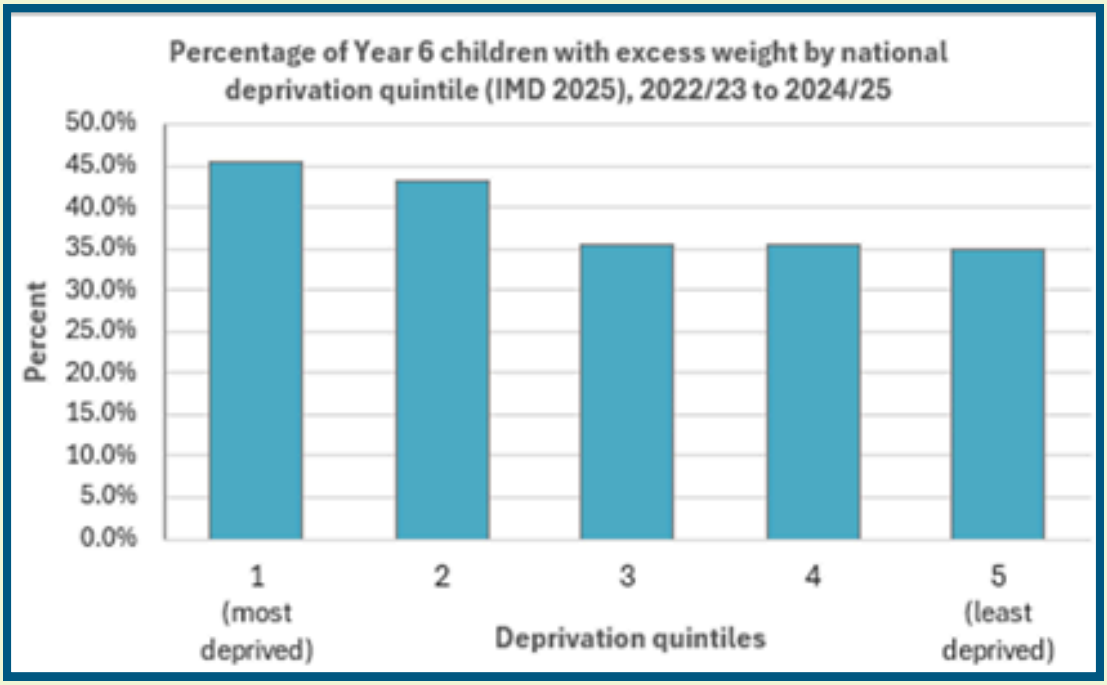




Child Obesity in Halton
Prevalence of obesity, National Child Measurement Programme 2024-2025
Halton compared to its statistical nearest neighbours (NHS England)

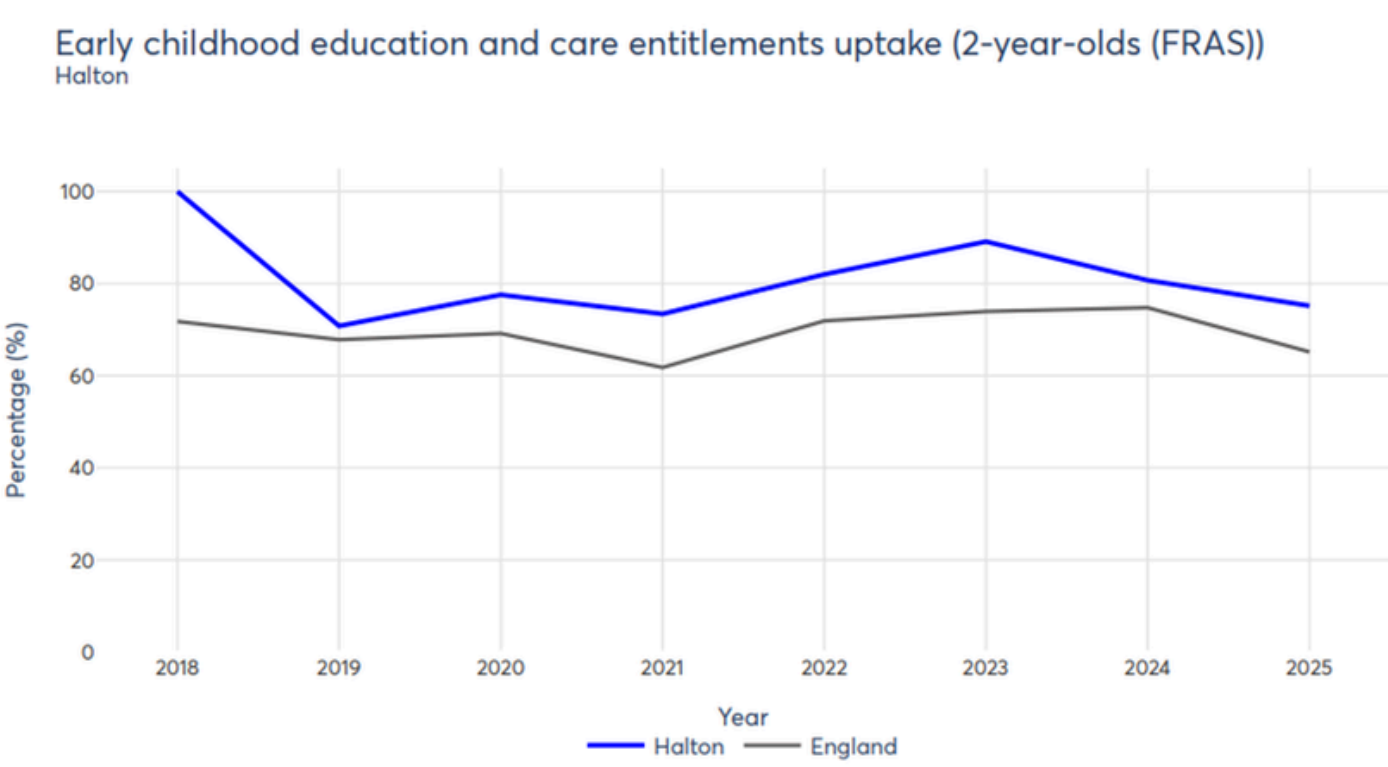






Early Education, Special Educational Needs and Disability & Inclusion

Early education access is high.



	% Uptake of Funded Entitlement 3&4 Year Olds (Headcount)											
	May-22	Oct-22	Jan-23	May-23	Oct-23	Jan-24	May-24	Oct-24	Jan-25	May-25	Oct-25	Trend
Appleton	91%	90%	94%	89%	93%	90%	113%	101%	119%	100%	87%	
Bankfield	98%	96%	94%	88%	93%	96%	83%	99%	89%	94%	109%	
Beechwood & Heath	102%	107%	93%	93%	84%	88%	87%	98%	80%	88%	80%	
Birchfield	68%	81%	84%	80%	73%	71%	92%	56%	73%	57%	66%	
Bridgewater	96%	104%	97%	93%	97%	96%	83%	97%	80%	91%	97%	
Central & West Bank	89%	93%	93%	98%	100%	98%	95%	95%	91%	94%	95%	
Daresbury, Moore & Sandymoor	66%	77%	74%	74%	67%	64%	78%	65%	81%	59%	68%	
Ditton, Hale Village & Halebank	78%	87%	92%	88%	78%	79%	87%	85%	107%	86%	97%	
Farnworth	81%	81%	78%	76%	88%	83%	61%	84%	65%	79%	88%	
Grange	91%	110%	112%	95%	96%	95%	75%	100%	85%	91%	87%	
Halton Castle	97%	90%	85%	84%	95%	98%	84%	96%	82%	90%	90%	
Halton Lea	90%	90%	93%	97%	91%	89%	94%	89%	88%	94%	100%	
Halton View	83%	95%	87%	93%	94%	90%	86%	88%	76%	84%	85%	
Highfield	87%	83%	92%	84%	95%	94%	68%	91%	60%	87%	100%	
Hough Green	97%	105%	98%	93%	82%	85%	82%	81%	81%	81%	83%	
Mersey & Weston	78%	88%	96%	97%	95%	97%	112%	92%	114%	95%	109%	
Norton North	97%	103%	95%	92%	86%	90%	97%	84%	89%	84%	88%	
Norton South & Preston Brook	100%	92%	91%	90%	88%	98%	82%	85%	80%	89%	99%	

Older Child Outcomes (10–17)

Halton has a high rate of children looked after, along with elevated adolescent risks including substance misuse, youth justice involvement, and teenage conception.

These indicators reflect longstanding social and economic pressures that begin in early childhood.

Place-Based Inequalities

Child population density, deprivation, poorer early development, and higher health and safeguarding needs all cluster in the same neighbourhoods.

These inequalities are predictable and geographically concentrated.

Understanding the factors that influence early development is essential to improving school readiness in Halton.

To support our strategic aim of increasing the proportion of children achieving a Good Level of Development, we carried out a detailed analysis of children eligible for free school meals who did and did not achieve Good Level of Development in 2024/25.

This analysis highlights the key barriers faced by disadvantaged children and identifies where coordinated, early, and targeted action across the Best Start system can have the greatest impact

KEY DISPARITIES AND INFLUENCES

Special Educational Needs and Disability Status:

Only 13.8% of children with special educational needs and disability achieved a Good Level of Development (GLD), compared to 72.3% without special educational needs and disability. Halton has a higher proportion of children with special educational needs and disability (17.2%) than the national average (13.6%), significantly impacting overall GLD rates.

Free School Meals Eligibility:

Good Level of Development achievement among free school meals-eligible children in Halton is 51.7%, slightly above the national average. The gap between free school meals and non-free school meals children is narrower locally (13.2%) than nationally (20.5%).

Gender gap:

Girls outperform boys significantly in Halton, with a gender gap of 18.9%, wider than the national gap of 14.3%. The gap is most pronounced in both the most and least deprived areas.

Term of Birth:

Autumn-born children are more likely to achieve Good Level of Development (69%), compared to summer-born children (56.3%). The gap between autumn-born girls and summer-born boys is 31.5%.

Ethnicity:

Children from minority ethnic groups in Halton achieve a Good Level of Development at lower rates than nationally. White children perform best locally (63.4%), with other groups ranging from 45–53%.

Neighbourhood Deprivation (IDACI):

Children in the most deprived areas (IDACI 1–3) are less likely to achieve Good Level of Development (56–59%). The correlation between deprivation and Good Level of Development is less consistent in Halton than nationally.

Early Education Hours:

- Access to more hours of early education strongly correlates with Good Level of Development achievement:
- 72.5% of children attending >30 hours/week achieved GLD
- Only 54.4% of those attending ≤15 hours/week did.

The impact is most significant in deprived areas.

Ward-Level and Setting-Level Variation

Good Level of Development rates vary widely across wards and settings:

- 6 schools and 8 early years settings exceeded the 75% Good Level of Development target.
- 9 schools and 12 settings had Good Level of Development rates below 50%.

Ages and Stages Questionnaire-3 Developmental Data

Ages and Stages Questionnaire-3 assessments show variation across Halton wards in communication, gross motor, and fine motor development.

Some wards (e.g., Ditton, Hale Village & Halebank, Daresbury, Moore & Sandymoor) show strong alignment between Ages and Stages Questionnaire and Good Level of Development scores, while others show significant gaps.

- Child poverty and access to services.
- Speech and language delays.
- Public health indicators.

STAKEHOLDER AND PARENT COLLABORATION

Collaboration with parents, carers, and partners is central to the Best Start in Life Strategy. Engagement takes place through a range of existing mechanisms and programmes that ensure voices from families and professionals inform planning and delivery.

Parental engagement

Analysis of a 2026 parent survey completed by parents of children due to start reception showed the following:

Strengths:

- Many parents were excited for their children starting school.
- Most children demonstrate strong readiness across physical, social, and early learning skills.
- The majority of children attend nursery or preschool, which improves readiness outcomes.
- Many parents feel somewhat or extremely confident supporting early learning.
- Families show high awareness of available support services (especially nurseries & health visitors).

Key concerns identified:

- Some parents identified some levels of anxiety about their child starting school.
- Some children show challenges in:
  - Emotional regulation
  - Communication & speech
  - Independence (toileting, dressing, eating)
- Some families report or suspect SEND needs (ASD, ADHD, sensory needs).

Themes in parent confidence:

Parents feeling *less confident* often mention:

- Worries about behavioural or emotional needs.
- Lack of SEND understanding or clear pathways.

Parents feeling *most confident* often:

- Work in education.
- Have older children.
- Have strong relationships with nursery settings.

Recommendations/priorities based on the total analysis:

Strengthen SEND navigation support

Parents want:

- Clearer pathways
- Earlier intervention
- Online videos and simple explainers
- Workshops on sensory needs and emotional regulation

To support the transition of children starting reception, consideration will be given in delivering school readiness workshops across a range of different settings including early years providers, schools and family hubs.

These workshops could particularly focus on:

- Toileting
- Independence routines
- Emotional regulation
- Listening and attention
- Speech & language foundations

Promote Family Hub Online more widely

Increase visibility in:

- Nurseries
- Preschools
- Health visitor appointments

Improve online content:

- More SEND guidance
- More practical, short parent-friendly advice
- Simplified navigation

Offer targeted support to high-need postcodes

Use postcode data to:

- Offer targeted outreach
- Align with wider Early Help priorities

Current engagement approaches:

- Family Hub Navigators: Provide direct contact with families, gathering insights and feedback on local services.

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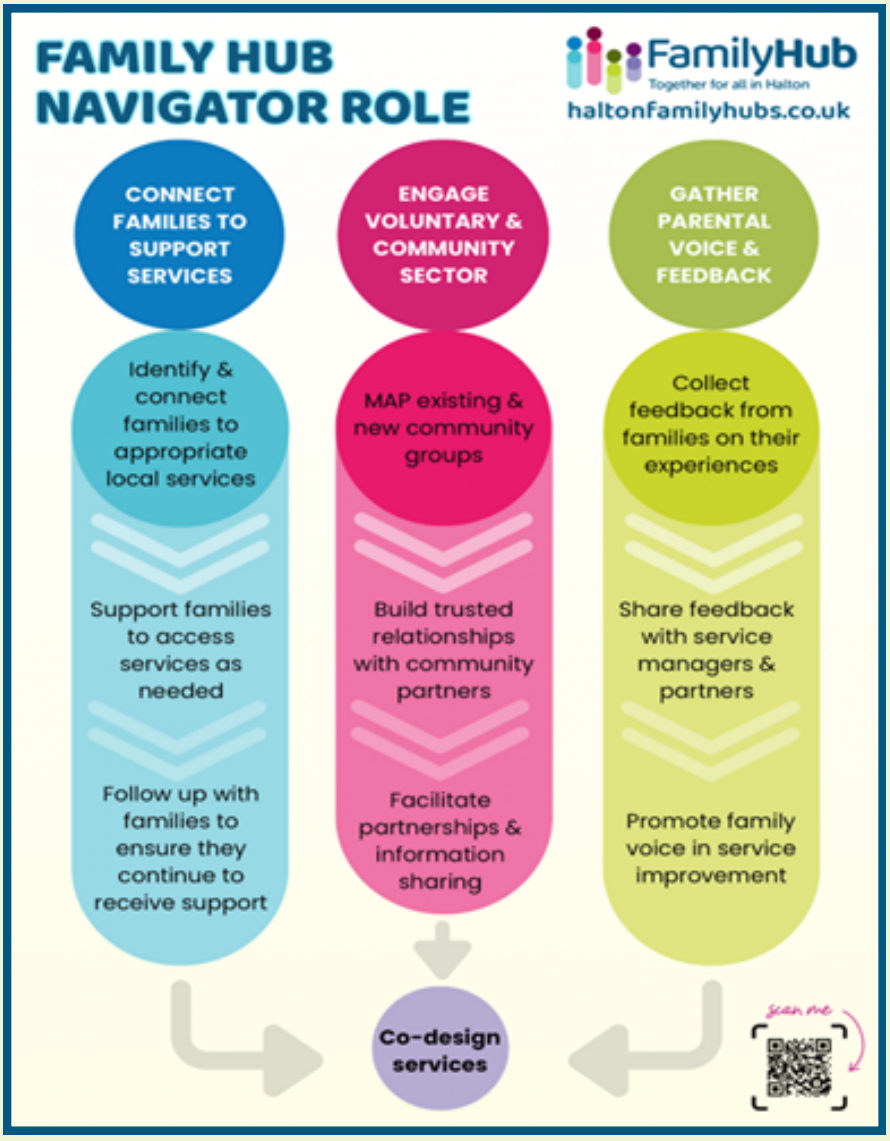
- Family Hub Navigators: Provide direct contact with families, gathering insights and feedback on local services.
- Empowering Parents, Empowering Communities (EPEC) Programme: Builds peer-led support networks and captures parent perspectives on parenting support and early years services.
- Surveys and regular feedback: Collect ongoing feedback from parents and carers to inform service improvement.
- Early Years Cluster Forums: Facilitate collaboration with early years settings, childminders, and partners to share best practice and identify emerging needs.



Future priority:

A key priority is to formally establish regular opportunities for parents to share feedback and contribute to the ongoing development of the Best Start in Life Strategy.

This will include structured parent engagement sessions and representation within relevant workstreams where appropriate.