Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families. Children with disabilities often suffer from significant inequalities in health, educational outcomes, employment and life chances compared to their peers.

This profile updates a series of reports undertaken starting with the 2013/14 Children's Joint Strategic Needs Assessment (JSNA) chapter on children with Special Educational Needs and Disabilities (SEND) in Halton. The profile will compare the prevalence of specific SEND conditions in Halton with other geographic areas which are closest in demographic and characteristic makeup. These are often referred to as statistical neighbours. Where this is not possible, comparison to the North West and England is used as the default comparator areas. This will build a picture of the SEND population locally who are, and who potentially require service involvement, and how to practically understand how children with SEND can be supported.

## Who is a disabled child?

According to the Children and Families Act 2014, a child has Special Educational Needs and Disabilities (SEND) if "they have a learning difficulty or disability, which requires special educational provision to be made for them."

A child or young person is subsequently defined as having a learning difficulty or disability if;

"they have a significantly greater difficulty in learning than the majority of others of the same age, or if they have a disability which prevents or hinders them from making use of facilities provided for other children of the same age in mainstream schools or post-16 institutions"<sup>[1]</sup>

The Halton Short Breaks Statement<sup>[2]</sup> states:

In Halton, we see disabled children as being those children and young people aged 0-18 years whose daily lives are substantially affected by one or more of the following diagnosed conditions:

- A hearing impairment
- A visual impairment
- A learning disability
- A physical disability
- A chronic/life threatening physical illness
- A communication disorder (including autism)
- A consciousness disorder (e.g. epilepsy)

• A mental health condition

Their condition should usually be expected to last for more than 12 months and have a substantial effect upon the child in more than one of the following areas:

- Physical ability
- Communication and understanding
- Awareness of risk and danger
- Behaviour
- Independence

<sup>1.</sup> Children and Family Act, 2014

<sup>2.</sup> https://localoffer.haltonchildrenstrust.co.uk/wp-content/uploads/2022/11/FINAL-2022-Halton-Short-Breaks-Statement.pdf

## **Risk factors for SEND conditions**

Disabilities may be developmental or acquired. There are several risk factors associated with a child being born with a congenital disability or developing complex needs. These include:

- premature & multiple births
- maternal age
- low birth weight
- Poor maternal nutrition
- Maternal smoking and use of drugs and alcohol
- Infectious diseases suffered by mothers during pregnancy and in childhood
- Economic disadvantage
- Physical injury to mothers abdomen or stress during pregnancy. This may be due to accidental injury or domestic violence.
- Physical injury during childhood

The main ones are covered in this section

Multiple births, of twins, triplets or more babies carry greater risks for both mothers and babies. Babies born as a result of multiple pregnancies are more likely than others to be born prematurely, to be of low birth weight, to require special or intensive care, and to suffer long term disabilities.





Halton has had a higher rate of multiple births than seen nationally, although the difference is not statistically significant.

A **mother's age** can have consequences for her babies' health and well-being. For mothers aged under 20 and over 40, pregnancy and birth carry higher risks of complications and mortality for both mothers and babies.

Halton has a slightly higher rate of births to mothers aged under 20 but lower rate for mothers aged over 40.

Figure 2: Age-specific fertility rate per 1,000 females, 2021



**Birth weight** can also put a child at increased risk of disability. Babies who are born weighing less than 2500g, either because of prematurity or intrauterine growth retardation, are at a disadvantage. They need special care or even intensive care after birth to ensure their survival and they carry higher risks of long term health problems and disability than babies whose birth weights are closer to average.

In recent years, Halton has had lower levels of **low birth weight**. However between 2020 and 2021 periods the rate increased and is now similar to England, higher than the North West and the borough's statistical neighbours.

Figure 3: Trend in low birthweight full-term live births, as a % of all full-term live births

## 2023 PROFILE OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES IN HALTON



Mothers who smoke are more likely to deliver their babies early. Preterm delivery is a leading cause of death, disability, and disease among newborns. One in every five babies born to mothers who smoke during pregnancy has low birth weight.

Babies born to **mothers who are obese** during pregnancy are at increased risk of birth defects as well as being more likely to develop diabetes and heart disease in later life.

Data on smoking and obesity during early pregnancy is no longer available at local authority level, only hospital trust. 2018/19 data for Halton shows the borough had a higher percentage of women smoking at the time of their maternity booking appointment. A higher proportion were also obese compared to regionally and nationally.

Figure 4: Smoking and obesity in early pregnancy, 2018/19

	Halton	North West	England			
smoking in early pregnancy	19.2%	14.9%	12.8%			
obesity in early pregnancy	29.1%	23.6%	22.1%			
Source: Maternity Services Dataset (MSDA) v1.5, via PHE Fingertips tool						

Smoking levels remain high during pregnancy, with the percentage of **mothers smoking at time of delivery** remaining statistically significantly higher in Halton than nationally. The rate increased in 2022/23 (16.8%) compared to 2021/22 (14.2%) but is still lower than a decade ago.

#### Figure 5: Trend in smoking at time of delivery



Families from less advantaged socioeconomic backgrounds also tend to be disproportionately represented amongst those with disabilities.<sup>[3]</sup> Those from more economically disadvantaged backgrounds may be more vulnerable to lifestyle factors that can contribute to disability and disability itself can be a major contributor to material poverty. Both absolute and relative poverty are higher in Halton than in England.

*Figure 6: Number and % of children aged under 16 living in relative and absolute low income families, 2021/22* 

Children in absolute low income families (under 16s) 2021/22 (Proportion - %)

Area	Value	
England	15.3	
CAM23	13.3*	
Liverpool	20.2	
Knowsley	15.7	-
St. Helens	14.1	н
Halton	13.8	н
Wirral	12.6	н
Sefton	12.4	н
Warrington	10.3	н
Cheshire West and Chester	10.1	H
Cheshire East	9.0	R

Source: The Office for Health Improvement and Disparities, Fingertips tool

Children in relative low income families (under 16s) 2021/22 (Proportion - %)

Area	Value	
England	19.9	
CAM23	19.5*	
Liverpool	28.9	H
Knowsley	24.1	
Halton	21.2	
St. Helens	20.2 H	
Wirral	19.0 H	
Sefton	18.3	
Warrington	15.3 H	
Cheshire West and Chester	15.0 H	
Obserbles Freet	40.4	

Source: The Office for Health Improvement and Disparities, Fingertips tool

<sup>3.</sup> Office for Disability Issues (2013) *Fulfilling Potential: building deeper understanding of disability in the UK today* London: Department of Work and Pensions

# The estimated prevalence of disabilities amongst children and young people (age 0-24 years)

Information on disability is collected in the Family Resources Survey (FRS); it is one of the key sources of information on the populations of disabled adults and children as it includes a Disability Discrimination Act (DDA) measure of disability. The estimates for disabled people within it cover the number of people with a long-standing illness, disability or impairment which causes substantial difficulty with day-today activities. Everyone classified as disabled under this definition would also be classified as disabled under the general definition of disability in the Equality Act (EA) which has applied since 1 October 2010. However, some individuals classified as disabled and having rights under the EA would not be captured by this definition.

The FRS 2020/21, estimated that nationally 8% of children have a disability. The percentage increases with age, ranging from 4% of those aged 0-4 years to 13% of young people aged 20-24. Data is only available nationally from this survey but can be applied to local populations to give an overall estimate. This is useful, as not all children and young people may have been diagnosed/identified as having a disability.

Figure 7: Estimated number of children and young people in Halton who have a disability

Age Group	Persons	Males	Females
0-4	280	144	99
5-9	632	410	228
10-14	810	492	320
15-19	852	407	442
20-24	871	408	429
Total 0-24	3445	1861	1518

Source: Family Resources Suvey, ONS; projections using UK prevalenceand Halton Census 2021 populations

There is no local routinely available data on the number of children with congenital and

5 https://digital.nhs.uk/data-and-

information/publications/statistical/ncardrs-congenital-anomaly-

chromosomal disorders. In order to gain an insight into the scale of this population it is necessary to estimate birth incidence<sup>4</sup> of a range of disabilities arising from congenital causes and chromosomal causes from national sources applied, in this case, to the number of live births. Using the 2020 National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) data<sup>5</sup>, based on 1,556 live births (2021), a total of between 32-34 children are likely to be born with congenital and chromosomal abnormalities. The majority of these will be due to cerebral palsy.

Figure 8: Estimated incidence of congenital and chromosomal disabilities per year, 2021

Condition	National Incidence	Halton Estimated Number
Cerebral palsy	2% live births	27.1
Down's Syndrome	1: 1,000 live births	1.4
Edwards syndrome trisomy 18	1: 3,000 live births	0.5
Patau's syndrome trisomy 13	1:15,000 live births	0.1
Turners syndrome	1:2,500 live births	0.5
Klinefelters	1-2: 1,000 live births	1.4-2.7
Fragile X	1:1,000-2,500 live births	0.5-1.4
Cystic fibrosis	1:2,500 live births	0.5
TOTAL		32.0-34.2

The population prevalence<sup>6</sup> of cerebral palsy in Halton, based on a 1:400 school age children can be estimated at 92.

Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition that affects millions of children and often continues into adulthood. ADHD includes a combination of persistent problems such as difficulty sustaining attention, hyperactivity and impulsive behaviour.

Children with ADHD may also struggle with low self-esteem, troubled relationships and poor performance in school. Symptoms sometimes

6 Total cases in a population

<sup>4</sup> Incidence is the number of new cases in a defined time period, usually a year

statistics-annual-data/ncardrs-congenital-anomaly-statistics-report-2020#:~:text=One%20in%2060%20live%20births,timing%20of%20detect ion%20was%20known.

lessen with age. However, some people never completely outgrow their ADHD symptoms. But they can learn strategies to deal with it.

ADHD tends to run in families and, in most cases it is thought genetics is the significant factor in developing the condition. Most cases are diagnosed when children are 6 to 12 years old.

Certain groups are also believed to be more at risk of ADHD, including people:

- who were born prematurely (before the 37th week of pregnancy) or with a low birthweight
- with epilepsy
- with brain damage which happened either in the womb or after a severe head injury later in life

ADHD affects about 3-5% of children and is more common in males than females (4:1). Girls with ADHD may present with less hyperactivity than boys and subsequently may be less easily identified in primary care settings (NICE,2008, 2013).

Applied locally (school census data), this could mean Halton **523-872** children with ADHD.

## **Sensory disabilities**

There are more than 45,000 **deaf children** in the UK, plus many more who experience temporary deafness due to conditions such as glue ear. Around half of all deaf children are born deaf, and around the same amount acquire deafness during childhood. The annual CRIDE (Consortium for Research in Deaf Education) 2022 study <u>CRIDE 2022 survey</u> showed **124** Halton children with permanent deafness and **28** with temporary deafness being supported within local authority services/educational settings. This is more than the estimated 119 children with hearing loss in the UK proportioned to Halton's 0-17 population.

Based on the Royal National Institute for the Blind 2020 JSNA report for Halton, there are 50 children aged 0-17 who are **blind or partially sighted.** 

## Learning Disability (LD) and Autistic Spectrum Disorder (ASD)

People with learning disabilities and autism are a very diverse population with differing needs; a group that experience health inequalities, social exclusion and stigmatisation.<sup>[7]</sup>

It is important to consider the hidden population with learning disability – those not using services with potentially unmet needs. This is because although about 4.6 people per 1,000 in the population are known to have a learning disability, research suggests there may actually be around 20 people in every 1,000 with a learning disability.

There is no routinely collected data on the number of children with learning disabilities. We do know how many children locally have been identified as having a learning *difficulty*. Those with a severe or profound learning difficulty would probably be diagnosed as having a learning disability.

Figure 9: Estimated number of children and young
people in Halton with LD and ASD, 2021

	LD	ASD
0-17	831	553
18-24	251	94
0-24	1082	647

Data from the local primary care system 225 0-18 year olds and 515 0-24 year olds in Halton have been identified by the GP as having a learning disability.

<sup>&</sup>lt;sup>7</sup>.Weston C., Beck C., Marshall E., Holley K. (2012) *A health needs assessment for adults with a learning disability in Lincolnshire: Full Report* NHS Lincolnshire.

## Prevalence of multiple morbidities

Multimorbidity (MM) is the presence of 2 or more long-term health conditions in a single individual. It impacts an individual's quality of life, mental health and wellbeing, daily function, and often results in greater healthcare utilisation the more co-existing conditions they have. MM tends to increase with age, with an estimated two-thirds of individuals aged 65 and over having 2 or However, a more long-term conditions. smaller proportion of children and young people will also have more than one health condition. This may be more than one physical health condition or a combination of physical and mental health conditions.

Estimates have previously been provided by Public Health England for each local authority on how many people per age band may have combinations of multi-morbidities. Updated to reflect the Census 2021 populations for 0-24 year olds, we can estimated that:

- 77 Halton males and 86 females aged
  0-24 have at least 2 long-term physical health conditions
- 127 Halton males and 154 females aged 0-24 have at least one physical and one mental health comorbidity

## **Disability Living Allowance**

Disability Living Allowance (DLA) for children may help with the extra costs of looking after a child who:

 is under 16 years of age (anyone 16+ must apply for Personal Independence Payment (PIP))  has difficulties walking or needs much more looking after than a child of the same age who does not have a disability

Figure 10: Number of those aged 16-24 receiving Universal Credit (UC), November 2022 and children aged 0-15 receiving DLA, November 2022

Age Group	Female	Male
Under 5	100	100
5 to 10	100	200
11 to 15	100	400
16-17	0	0
18-24	265	435
Total	565	1135

Source: NOMIS, 2022

There are 1,700 children and young people in Halton receiving universal credit (aged 16-24) or disability living allowance (aged under 16). The main conditions are learning disabilities (519), hyperkinetic syndrome (259) and behavioural disorders (188). These make up 67.4% of those receiving DLA payments.

Figure 11: Number of those aged 0-24 receiving DLA payments, May 2022, by main disabling condition

	Under 5	5 to 10	11 to 15	16 to 17	18 to 24	Total
Disease Of The Muscles, Bones or Joints	5	16	13			28
Blindness		7	9			15
Deafness	12	14	8			31
Heart Disease	7	5				15
Chest Disease	5	7	5			13
Asthma						7
Cystic Fibrosis	5	9	6			18
Epilepsy		11	6			18
Neurological Diseases	11	28	27	8		68
Diabetes Mellitus		20	32	10		60
Metabolic Disease			6			8
Learning Difficulties	64	213	209	28	10	519
Psychoneurosis		5	11	5		15
Behavioral Disorder	23	98	62	6		188
Hyperkinetic Syndrome		110	134	13		259
Renal Disorders		10				13
Bowel and Stomach Disease	8	8	5			12
Skin Disease	10	8	5			19
Malignant Disease		5				8
Severely Mentally impaired					5	6
Unknown/Transfer from Attendance Allowance	32	37	12			86
Total	179	611	555	74	12	1433

.. denotes a nil or negligible number of claimants. Conditions with .. In all age groups removed. There may thereforebe small numbers of claimants due to conditions not listed.

Source: DWP Stat-Xplore

## Population of children with SEND

In January 2023 **3,736** pupils in Halton were identified as having a special educational need (SEN). This is a substantial increase on the 2021/22 figure of 2,782.

The majority (2,073; 55.5%) attend state funded primary school. This is greater than both the North West and England. This is reflected in the age breakdown with Halton having a higher number of pupils aged 5-11.

Figure 12: % of children and adolescents with Special Educational Needs (SEN), 2021/22, by each age in years

	Hal	ton	North	England
	Number	%	West	Englanu
under 5	265	7.1%	7.2%	6.8%
aged 5-11	2380	63.7%	59.1%	58.7%
aged 12-15	1032	27.6%	30.8%	31.0%
aged 16+	59	1.6%	2.9%	3.5%
Boys	2418	64.7%	65.2%	65.2%
Girls	1318	35.3%	34.8%	34.8%

Source: Department for Education

As of 2022/23 there were more children in Halton with SEN support (14.9%), compared to the North West and England. There were also a greater proportion of pupils in Halton (4.7%) with an EHC plan.

Figure 13: Pupils with Special Educational Needs (SEN) Support or EHC Plans/Statement of SEN, 2022/23

	Halton		North	England		
	Number	%	West	Englanu		
EHC plan	898	4.7%	4.5%	4.2%		
no SEN	15316	80.4%	82.2%	82.9%		
SEN support	2838	14.9%	13.2%	12.9%		
Total	19052	100%	1150005	8481287		
Source: Department for Education						

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There has been an increase in the percentage of all pupils with SEN support since 2021, both locally and across the country. Figure 14: Trend in % of pupils with Special Educational Needs (SEN) support, 2013 to 2023



Whilst the percentages of pupils with EHC Plans is much smaller, over recent years there has been an increase in the proportion of pupils with EHC plans (formerly statement of SEN). Halton now has a slightly higher rate than any of the comparison areas.

Figure 15: Trend in number of pupils with EHC Plans/SEN Statement, 2015/16 to 2022/23



In terms of the type of school pupils attend the majority with SEN support needs are in mainstream schools, whereas special schools contain mostly children with SEN statements/EHCP

Figure 16: Numbers of pupils with SEN by school type and SEN status, 2022/23

SEN type	Nursery	Primary	Secondary	Special school	Alternative provision (AP)	Total pupils
EHC	3	281	187	422	5	898
SEN support	26	1792	986	2	32	2838
No SEN	172	8135	7008	1	0	15316
All pupils	201	10208	8181	425	37	19052
Annual Desertes						

Source: Department for Education

Speech, language and communication needs are the single largest reason followed by social, emotional and mental health and then moderate learning difficulty. These three reasons account for 65.5% of all primary need recorded.

Figure 17: Pupils with SEN by primary support need, 2022/23

primary_need	number
Autistic Spectrum Disorder	333
Hearing Impairment	55
Moderate Learning Difficulty	597
Multi- Sensory Impairment	16
Other Difficulty/Disability	180
Physical Disability	79
Profound & Multiple Learning Difficulty	27
SEN support but no specialist assessment of type of need	186
Severe Learning Difficulty	56
Social, Emotional and Mental Health	764
Specific Learning Difficulty	302
Speech, Language and Communications needs	1086
Visual Impairment	55

#### Source: Department for Education

## Children in Need (CIN)

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

As at 31 March 2022 Halton had 144 CiN with a recorded disability. At 12.4% this constitutes a higher proportion of Halton CiN with recorded disability compared to the North West (10.9%) and England (12.3%). Of the 144 Halton CiN with a recorded disability 66.8% was due to behavioural disability, 36.1% due to Autism/ Asperger Syndrome, 21.5% Learning Disability and 22.2% other disability.

The higher prevalence of Halton CiN with recoded disability has been the case for some time.

There has been a fall in the percentage of Halton CiN with SEN support needs in recent years so rates are now similar to comparators. For CiN with a statement/EHC plan Halton rates remain below comparators. Comparators have higher proportion of CiN with EHC plans than with SEN support needs whereas the reverse is the case in Halton.

Figure 18: Trend in proportion Children in Need (CiN) with Special Educational Needs (SEN) Support



Figure 19: Trend in % Children in Need (CiN) with Special Educational Needs (SEN) Statement/EHCP



## Looked After Children/ Children in Care (CiC)

Looked after children, as defined by the Children Act 1989, are either:

- in the care of a local authority, or;
- are provided with accommodation by a local authority for a continuous period of more than 24 hours.

The term 'children in care' is used to include all children that are being looked after by a local authority. Some of them may live outside the local authority.

Thus a child who has been in the care of their local authority for more than 24 hours is known as a looked after child.

In 2022 Halton had the highest number of children in care it has seen (looking at figures since 2014). At a rate of 134 per 10,0000 children it is higher than comparators. A significant proportion of CiC have SEN.

Until 2021 Halton had a higher rate of CiC who had identified SEN without statement/EHCP. Comparator area rates have been fairly steady over the 6 year period but Halton's rates have been dropping since 2019. Figure 18: Trend in proportion Children in Care (CiC) with Special Educational Needs (SEN) Support



All areas have seen a upward movement in the percentage of CiC with SEN statement/ EHCP. The increase has been more marked in Halton and as at 2022 the borough rates are now higher than comparators.

Figure 19: Trend in % Children in Care (CiC) with Special Educational Needs (SEN) Statement/EHCP



## **Educational Outcomes for Children with SEND**

## Early years

The early years foundation stage (EYFS) sets standards for the learning and development of children from birth to aged five. Children are mostly taught through games and play. Areas of learning include the prime areas: communication and language; physical development; and personal, social and plus emotional development; literacy; mathematics; understanding the world; and expressive arts and design. Across these seven areas practitioners make a best fit assessment at the end of school year when they turn five, of whether a child's level of development is "emerging", "expected" or "exceeding" seventeen early learning goals (ELGs). Children are deemed to have reached a good level of development if they achieve at least the expected level for all ELGs in the prime areas as well as mathematics and literacy which contain 12 of the 17 ELGs.

Figure 20: Percentage of children achieving a good level of development: Foundation Stage Profile - achieving level all pupils (overall) and pupils with SEN support



\* no data collection took place 2020 and 2021

## Key stage 2

Key stage two is school years three to six for children aged between 7 and 11. For most children attainment is assessed in year six with SATs (Standard Assessment Tests) unless they are performing below a certain level (level three) then they are teacher assessed. In all subjects children with no identified SEN significantly outperformed children who are on a EHC plan/SEN statement and those who are receiving SEN support.

Figure 21: All SEN pupils; achievement at KS2 in reading, writing and mathematics (RWM), 2021/22, by sex

Aroa	Boys	Girls	Total		
Area	Total %	Total %	Total %		
Halton	26 13.0%	25 19.4%	51 15.5%		
North West	1990 16.5%	1190 18.4%	3190 17.2%		
England	15042 17.6%	8499 18.7%	23541 18.0%		

Source: Department for Education, 2023

The COVID-19 pandemic, school closures, changes to assessments and educational outcomes means there is limited recent data on achievement of children at key stage 2. There is only one year of data available since the beginning of the COVID-19 pandemic.

In 2021/22 there were fewer boys with SEN in Halton (13.0%) achieving the expected minimum standard in reading writing and mathematics (RWM), compared to both the North West (16.5%) and England 17.6(%). However, there were more girls with SEN in Halton (19.4%) achieving the minimum expected standard in RWM compared to the North West (18.4%) and England (18.7%).

Overall, in 2021/22, there were more non-SEN pupils in Halton (70.4%) achieving the minimum expected standard at KS2 in RWM, than in the North West (68.1%) and England (69.2%). However, there were fewer pupils with SEN support (18.4%) and EHC plans (20.3%) in Halton achieving the expected minimum standard at KS2 in RWM than seen regionally or nationally.

Figure 22: Key Stage 2 (KS2) RWM achievement in 2021/22, by SEN status

Area	No SEN	SEN Support	EHC Plan			
Area	Total %	Total %	Total %			
Halton	846 70.4%	49 18.4%	2 3.2%			
North West	49110 68.1%	2920 20.3%	270 6.5%			
England	365810 69.2%	21462 21.2%	2079 7.0%			
	Source: Department for Education, 20					

## Key stage 4: GCSE Attainment 8

Key stage four is school years 10 to 11 for children aged between 14 and 16. Attainment

is assessed in year 11 with most children taking GCSEs or other national gualifications (General Certificate of Secondary Education).

Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English, maths, three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.

Figure 23: attainment 8 score (GCSE attainment) by SEN status and gender, 2021/22

	Halton				North West			England		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	
no SEN	47.9	51.0	49.5	49.0	52.5	50.8	51.0	54.3	52.4	
SEN support	31.5	34.4	32.5	32.9	35.0	33.7	33.8	36.8	34.9	
SEN EHCP	9.9	14.1	11.1	13.5	12.8	13.3	14.4	14.1	14.3	
Source: Department for Education										

Educational attainment is often unequal between boys and girls, something which is especially evident among children with SEN. In 2021/22 this was the case in Halton, the North West and England with attainment lower for boys and girls for non-SEN and children with SEN support. In Halton it was also the case for children with EHCPs which was not the case for the North West and England where boys had higher attainment. What is consistent is the much lower attainment amongst children with SEN compared to those without.

## School absence and exclusions

Overall pupil absence is no longer available at local authority level by SEN status. The data below shows a higher level of persistent absence (10% or more missed) amongst those with SEN than those without. This is likely due to complex health issues of many SEN pupils especially those with EHCPs amongst whom persistent absence rates are highest. It does also show that overall persistent absence rates are higher in Halton than comparators.

Figure 24: Proportion of persistent absentees in statefunded schools, 2021/22

		Halton	North West	England
	Total	23.5%	20.2%	20.0%
no SEN	State-funded primary	18.1%	15.4%	15.6%
	State-funded secondary	28.8%	26.0%	25.3%
	Total	34.2%	31.6%	32.0%
CEN Comment	Special	0.0%	59.9%	67.9%
SEN SUPPOR	State-funded primary	28.1%	25.8%	26.2%
	State-funded secondary	41.7%	39.7%	39.5%
	Total	37.7%	35.8%	36.9%
ЕНСР	Special	39.2%	39.2%	39.9%
	State-funded primary	27.3%	28.4%	31.3%
	State-funded secondary	49.4%	38.9%	38.8%

Source: Department for Education

National evidence indicates that children with SEN and/or disabilities are more likely to be excluded from school than their peers. There are two types of exclusion: fixed period exclusion where the young person is unable to return to school for a specific number of days, and permanent exclusion where the young person is unable to return to that school unless overturned by appeal.

Small numbers make Halton rates subject to great fluctuation. However, overall it shows Halton pupils with SEN are less likely to be excluded than their peers elsewhere.

Figure 25: Proportion of pupils with SEN statement / EHC at state-funded schools with fixed-term of permanent exclusions from school in 2021/22, by school type

	Р	rimary	Secondary		Special School		Total	
Area	Fixed	Dormanont	Fixed	Dermanent	Fixed	Dormanont	Fixed	Dermanent
	Period	remanent	Period	reinidilent	Period	remanent	Period	reinidilent
Halton	3.6%	0.0%	16.0%	0.0%	0.7%	0.0%	4.5%	0.0%
North West	4.3%	0.1%	14.3%	0.1%	4.1%	0.1%	6.3%	0.1%
England	5.1%	0.0%	13.4%	0.1%	3.6%	0.0%	6.4%	0.0%

Source: Department for Education, 2022

## Post 16 education and training

Post key stage four pupil destinations to education, employment and training are recorded. Sustained education, training or employment means that the young person has sustained participation for the first two terms.

From 2013 to 2018 there was a general increase in the proportion of SEN people in education or training at 16-17. However, there has been a reduction to 2019 and 2020, a spike in 2021 but 2022 rates now similar to that seen in 2014. Rates are lower in Halton than comparators.

Figure 26: Trend in % of 16-17 year olds with SEN in education or training, 2013 to 2022



## Education status of 19 year olds

**Level two** attainment equates to achievement of five or more GCSEs at grades A\* to C, or a level two vocational qualification such as BTEC, NVQs or Key Skills level two. Attainment at this level has varied locally but for the most recent years has been lower than comparators.

Figure 27: Proportion of 19 year qualified to level 2, by SEN status, 2022

SEN status	Halton	Statistical Neighbours	North West	England			
no SEN	85.1%	82.2%	84.8%	86.3%			
SEN no statement/EHCP	42.7%	58.1%	61.7%	63.0%			
SEN statement/EHCP	18.9%	23.9%	27.5%	28.9%			
Source: Department for Education. LAIT							

In 2022 whilst young people without SEN perform well, the proportion of 19 years olds qualified to level 2 in Halton was lower than comparators for both SEN with and without

SEN statements or EHC plans. All follow the same pattern with far fewer 19 year olds with SEN achieving level 2 qualification, those with EHCPs having the lowest levels.

**Level 3** qualifications include A-levels, NVQ level 3, GNVQ Advanced and Key Skills level 3.

Levels 3 achievement for 19 year olds in Halton with SEN is much lower than for those with no SEN. For those with and with no SEN, those qualified to level 3 in Halton is lower than comparators (except for no SEN where Halton proportion is higher than its statistical neighbours group average).

Figure 28: Proportion of 19 year olds qualified to Level 3, by SEN Status, 2022

SEN status	Halton	Statistical Neighbours	North West	England			
no SEN	61.3%	55.7%	62.9%	65.7%			
SEN no statement/EHCP	21.0%	29.3%	33.8%	36.7%			
SEN statement/EHCP	10.8%	11.2%	12.2%	14.0%			
Source: Department for Education. LAIT							