Area SEND inspection of Sefton Local Area Partnership

Inspection dates: 9 to 13 March 2026

Dates of previous inspection: 15 to 17 April 2019

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately 3 years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

Sefton Metropolitan Borough Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Sefton.

There have been some changes to the senior leadership of Sefton's SEND services since the previous inspection. This includes the appointment of a new director of children's services, the assistant director of education excellence and the head of service for SEND.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Cheshire and Merseyside ICB became responsible for the commissioning of health services in Sefton, replacing the two Clinical Commissioning Groups that previously performed this role across Sefton.

The local authority commissions three alternative provision (AP) settings to provide education for children or young people, including those who cannot attend school due to social, emotional and mental health and medical needs, or for those who are at risk of or have been permanently excluded.

What is it like to be a child or young person with SEND in this area?

Children and young people with SEND are valued in Sefton. Professionals work collaboratively with a clear ambition to secure the best possible outcomes for children, young people and their families. Nevertheless, the local area partnership has not realised this ambition consistently in all areas of its work. Some children and young people experience varied levels of support and outcomes in Sefton. For some, strong partnership working ensures that their needs are identified and met consistently well, including for those children and young people in AP. When this happens, children, young people and their families have an improved experience of the system and secure strong outcomes. However, other children and young people experience inconsistencies in the quality and timeliness of the support and care that they receive.

Children and young people told inspectors that they feel listened to and respected. Local area leaders are keen to hear about what children and young people think about what is on offer to them in Sefton. Strong professional relationships help children, young people and their families contribute to decisions about them. There are increasing opportunities for children and young people with SEND to be part of decision-making and to share their views at a more strategic level.

Many children and young people with SEND benefit from the effective and early identification of their needs. Strong joint working across education, health and social care services, including successful collaboration with the parent carer forum (PCF), ensures that professionals typically identify needs quickly and coordinate timely intervention. Nevertheless, some children and young people wait too long for an appropriate and accurate assessment of their needs. This includes assessments from educational psychologists and assessments for neurodiverse needs such as autism. As a result, some children and young people do not have their needs identified and understood as quickly or effectively as they could. For some, these delays affect the request for an education, health and care (EHC) needs assessment at the point when statutory assessment would be appropriate. In addition, there is variability in EHC plan quality and updates to EHC plans following annual reviews are sometimes delayed or inaccurate. This makes it difficult for some children and young people to secure the right help at the right time. The partnership is actively working to mitigate risks to prevent negative experiences for children, young people or their families.

Children and young people typically move successfully between different phases, such as from primary to secondary education. Professionals, including those from the SEND inclusion support service and multi-agency panels, work together to consider carefully the support that children and young people need. Nevertheless, some young people face uncertainty about how they will access ongoing care and support as they move from children's to adult services. As a result, young people's transition into adulthood is not as well supported as it should be.

What is the area partnership doing that is effective?

- Leaders across Sefton are ambitious for children and young people with SEND. They prioritise inclusion, early identification and support across education, health and social care. Many of leaders' actions improve the experiences and outcomes of children and young people with SEND and their families. For example, leaders have ensured that there is a better understanding of AP so that it enhances and complements the mainstream school offer. Children and young people told inspectors that they feel well supported in their educational settings and in the community due to the work of dedicated professionals.
- There is a strong commitment to hearing the voices of children, young people and their families in Sefton. 'Get Talking' meetings offer children and young people with SEND the opportunity to influence local improvements. The PCF has established positive relationships across education, health and social care, strengthening co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all). Families reported that they benefit from support from the SEND information, advice and support service.
- Practitioners across social care and early help ensure that children and young people's lived experiences are central to assessment and planning. These collaborative relationships mean that children, young people with SEND and their families shape the support that they receive in ways that feel personal, responsive and respectful.
- There is a shared understanding of children's and young people's needs across the partnership. Strong communication between schools and the local authority typically enable partners to identify needs early and act quickly. Health partners contribute consistently to this shared understanding through well-established pathways, comprehensive training offers and close working relationships with educational settings. Recent stability of frontline practitioners across the partnership allows them to get to know families well and develop person-centred responses. This helps to meet children's and young people's needs effectively.
- The dynamic support register (DSR) helps to ensure robust oversight for children and young people with complex learning disabilities, and/or autism, who are at risk of being admitted to hospital. This helps to ensure that needs are typically recognised and responded to promptly. As a result, an increasing number of children and young people experience improved person-centred provision.
- Commissioning in Sefton increasingly reflects the aspirations and priorities of children, young people and their families. Examples include the expansion of specialist places for children and young people, joint commissioning of community equipment services and the continued development of neurodevelopmental pathways. Commissioned services across health, for example speech and language therapy, specialist mental health and the 0 to 19 service, are well matched to local need and generally enable timely and coordinated intervention.
- Leaders evaluate services and use feedback to improve provision. Their actions have

strengthened diagnostic pathways, delivered targeted initiatives that reduce paediatric waiting times and made refinements to the developmental language disorder pathway.

- In social care, quality assurance processes, such as the 'young inspector programme', help services to respond to the experiences of children and young people with SEND. The local area's graduated approach, co-produced with education settings, is making a positive difference. As a result, many children, young people and their families benefit from services that are timely, responsive and closely aligned to their needs.
- Across the partnership, there is strong multi-agency practice, which focuses on improving outcomes for children and young people with SEND. For example, joint working in the key-working service, supporting those children and young people on the DSR, ensures that children's needs are understood holistically.
- Early help and social care teams adapt their work appropriately when needed and support timely responses to children, young people and families. Assessments inform effective plans for children and young people that support them to make progress. Examples of support include structured short breaks and bespoke intervention, when required. This support helps children and young people with SEND, and their families, to engage in activity that enhances their independence. Practitioners across Sefton benefit from a comprehensive and well-coordinated training offer. Training and support use expertise from the wider health, education and social care system. As a result, there is a multidisciplinary, child-centred approach that supports many children and young people to learn, thrive and succeed.
- The partnership maintains a clear oversight of those children and young people placed in residential special schools. Practitioners visit these children and young people regularly and advocate for them effectively. This helps to ensure that residential settings typically meet children and young people's education, social care and health needs well.
- Leaders have improved the training and quality assurance related to the EHC plan process. This has strengthened children's and young people's voices in newer EHC plans. As a result, newer EHC plans more accurately capture children and young people's needs and aspirations.

What does the area partnership need to do better?

- Despite recent improvements to commissioning arrangements to increase sufficiency and consistency, gaps remain in children's and young people's access to educational psychology. This hinders the early identification of their needs. The partnership recognises the need for a more strategic approach to provide a sufficiently well-resourced educational psychology service that improves the assessment and support that children and young people with SEND receive.
- Inconsistencies in data collection across the partnership limit leaders' ability to fully understand the outcomes of some children and young people with SEND, and the impact of their work. Joint data dashboards are in the early stages of development. A new system that captures information across schools, AP and the local authority is

making a positive difference. This has improved leaders' understanding of waiting times across Sefton, for those children and young people using AP. However, there is further work to be done to ensure leaders have a comprehensive understanding and, therefore, accountability for all aspects of AP.

- Although the quality of children's and young people's EHC plans is improving, the overall quality remains variable. Some EHC plans lack specificity about how to meet children's and young people's needs, including when they have health or social care involvement. Where EHC plans have been reviewed, sometimes, there is not clear evidence of multi-agency contributions or appropriate updates. This limits the usefulness of EHC plans for the child, young person, their families or the professionals that support them.
- Some children and young people with SEND face uncertainty when moving to adulthood. Some practitioners and young people do not know whether an adult pathway exists or how to access it. This variability reduces children's and young people's confidence and risks gaps in support at a critical stage. Added to this, preparation for adulthood information is sometimes not clear in some children's and young people's EHC plans. This means that there is a risk that children and young people may move into adulthood without the coordinated planning that they need.
- At times, children and young people experience inequitable access to services. For example, access to wheelchair and orthotic services varies across Sefton. Some children experience delays while others receive timely, multidisciplinary assessments. These inconsistencies create unequal experiences and outcomes. This is also true for unplanned mental health hospital admissions for some children and young people with learning disabilities or autism, where follow-up actions to understand contributing factors or prevent recurrence are inconsistent. These gaps limit the local area partnership's ability to strengthen preventative strategies and reduce future risk.
- Waiting times for neurodevelopmental, emotional wellbeing and mental health services remain too long for some children and young people. These delays increase the risk of unmet needs, deteriorating mental health and greater pressure on specialist services. Although support is available during the wait, it often depends on families actively seeking help, which disproportionately disadvantages those who are less able to engage.
- Some children and young people do not access annual health checks for their learning disabilities because systems do not identify them consistently well and some services do not make effective reasonable adjustments. As a result, some children and young people miss follow-up appointments. Leaders recognise that further work is needed to ensure that children and young people with a learning disability can access their annual health checks promptly and with the reasonable adjustments required for them to attend successfully.
- Access to specialist services varies. For instance, access to augmentative and alternative communication support is limited for some children and young people. This has a negative impact on their ability to communicate and participate in activities. Added to this, where children and young people require specialist sensory assessments and intervention, there is currently no pathway for this service. This

means that some children and young people are not having their individual sensory needs met as well as they should.

Areas for improvement

Areas for improvement
The local area partnership should improve children's and young people's access to an appropriately resourced, effective educational psychology service that provides assessment, advice and guidance to help meet children and young people's needs.
Leaders across the partnership should improve the timeliness and quality of EHC plans. In particular, they should ensure: ▪ that all relevant professionals contribute to both new and existing plans ▪ that they update children's and young people's EHC plans promptly and accurately after annual reviews ▪ that they strengthen identified outcomes and provision so that children and young people achieve their potential and are better prepared for adulthood
Leaders across the partnership should ensure that children who do not meet the threshold for adult social care and health services have clear, planned routes to ongoing care and support. They should work together to embed preparation for adulthood across all services and ensure it is consistently reflected in EHC plans.
Leaders across the partnership should strengthen their strategic use of data to more accurately understand the experiences of children, young people and their families. They should use this information to identify gaps in provision and take timely, coordinated action to secure improvements.

Local area partnership details

Local authority	Integrated care board
Sefton Metropolitan Borough Council	NHS Cheshire and Merseyside ICB
Becky Bibby, Executive Director of Children's Services	Liz Bishop, Chief Executive
www.sefton.gov.uk	www.cheshireandmerseyside.nhs.uk
Bootle Town Hall Oriel Road Bootle L20 7AE	1 Lakeside 920 Centre Park Square Warrington WA1 1QY

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

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