Area SEND inspection of St Helens Local Area Partnership

Inspection dates: 2 to 6 February 2026

Dates of previous inspection: 29 January 2018 to 2 February 2018

Inspection outcome
There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently. A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately 3 years. As a result of this inspection, His Majesty's Chief Inspector requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

St Helens Metropolitan Borough Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) share joint responsibility for planning and commissioning services for children and young people with special educational needs and/or disabilities (SEND) in St Helens.

Since the previous inspection, there have been several changes in the senior leadership of SEND services. This includes the appointment of a new director of children's services in 2025. The current cabinet member for children's services has been in post since 2019. Commissioning arrangements for health services changed nationally in 2022. From 1 July 2022, NHS Cheshire and Merseyside ICB became responsible for commissioning health services in St Helens.

The local authority commissions a single provider to deliver education for children and young people who cannot attend school due to social, emotional, mental health or medical needs, as well as those at risk of, or permanently excluded from, mainstream education. No other alternative provision (AP) is commissioned by the local authority.

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

Children and young people with SEND in St Helens do not receive consistently effective support. While there are some areas of strength across the partnership, systemic weaknesses in mental health pathways, neurodevelopmental assessment and strategic oversight mean that experiences and outcomes for children and young people are poor. Too many children and young people with SEND do not get the right help at the right time. Weaknesses in how the graduated response is understood and applied across schools and services contribute to these delays, meaning that some children and young people do not receive timely early support and their needs escalate unnecessarily. Information about children and young people's needs and experiences is not consistently captured and brought together across services. Some children and young people wait long periods without review or adjustment to their support, meaning that their needs are not met effectively and can escalate.

Children and young people experience the consequences of weaknesses in oversight of services. Leaders do not have a sufficiently robust and shared understanding of how services are meeting the needs of children and young people with SEND, particularly within mental health services and neurodevelopmental pathways. Gaps in the quality, timeliness and use of data mean that delays, and pressure points and inequities are not consistently identified or addressed at pace. This leads to avoidable delays, prolonged uncertainty and, for some children and young people, escalation of their needs.

Children and young people wait too long for neurodevelopmental assessment. Delays in autism and attention deficit hyperactivity disorder (ADHD) pathways cause distress for families and prevent timely access to appropriate intervention, including medication where clinically indicated. Referral pathways are complex and thresholds are not consistently understood. Some children and young people are redirected between services multiple times before receiving support. For some children and young people, their needs escalate; this includes repeated crisis presentations at accident and emergency departments.

Children and young people also experience difficulty accessing timely mental health support. Those whose needs do not clearly meet service criteria struggle to access appropriate help. Families describe navigating complicated processes and repeating information to different professionals. For some children and young people, this results in prolonged periods without effective intervention, increased anxiety and disruption to their education.

Children and young people do not consistently benefit from effective education, health and care (EHC) plans. Although more recently issued EHC plans are showing improvement in clarity and structure, variability remains. Annual review processes are inconsistent, and EHC plans are not always updated to reflect the changing needs of children and young people. In some cases, professional advice, for example from health professionals, is not clearly reflected in final EHC plans. This reduces clarity about provision and limits coordinated delivery across agencies.

Children and young people also experience gaps in access to targeted and specialist short breaks. While universal provision is valued, limitations in targeted and overnight support mean that some children and young people do not receive help when it is needed. This increases pressure on families and, for some, contributes to instability in home-based caring arrangements when timely short breaks are not available.

Despite these weaknesses, children and young people benefit from the support of committed practitioners, who work hard to understand their needs. Schools value the support of the targeted education support and specialist advice service (TESSA), which provides multi-agency triage and specialist advice to schools, health professionals, other agencies and parents. In some cases, this supports earlier identification of need and coordinated responses, helping children and young people to remain in education.

Children and young people in AP increasingly benefit from clearer expectations around reintegration into mainstream education, where appropriate. Where this is well managed, children and young people are supported to re-engage with learning and successfully return to school.

Children and young people also benefit from timely access to occupational therapy, speech and language therapy and physiotherapy through flexible delivery models. For many, this reduces waiting times for initial assessment and supports earlier intervention.

When children and young people are meaningfully involved in decisions about their support, they report feeling listened to and more confident. Some describe positive experiences of youth participation activity, including young inspectors and 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) work, where feedback has influenced how services communicate with children and young people with SEND. Parents and carers engaged through the parent carer forum, Listen 4 Change, describe contributing their views through surveys and strategic forums, including the co-production of the local SEND strategy. However, many families do not experience the impact of this engagement in day-to-day services.

Overall, while there are areas of effective practice, systemic weaknesses in oversight, mental health access and neurodevelopmental pathways mean that too many children and young people with SEND do not experience consistently timely or coordinated support.

What is the area partnership doing that is effective?

- Leaders across education, health and social care demonstrate a shared commitment to improving experiences and outcomes for children and young people with SEND. Relationships between partners are strengthening, with increasing openness to joint working and constructive dialogue.
- There are clear examples of effective multi-agency working that support children and young people at risk of disengagement from education. Attendance panels, fair access panel processes and TESSA provide coordinated responses involving education

welfare, SEND, educational psychology, health and children's social care professionals. Children and young people's records sampled by inspectors demonstrate the use of appropriate phased reintegration and short-term AP to stabilise placements and reduce permanent exclusions.

- In the early years, children's needs are identified promptly, and practitioners show a secure understanding of SEND, such as sensory needs and communication difficulties. Referrals to therapy services are made in a timely and appropriate way. Speech and language therapy, occupational therapy and physiotherapy provide flexible delivery models, including drop-ins and community-based assessments, enabling children to be seen in familiar settings and with adjustments that take account of their individual strengths and needs.
- Early help services provide a broad and accessible offer through family hubs and children's centres. Multi-agency early help assessments capture the voice of children and young people with SEND and their families, and professionals work together to coordinate timely support. Children and young people report positive experiences of the support they receive and value the ease of access to services. Co-location of early help with health services, including 0 to 19 teams and therapy services, enables effective early identification of need.
- Parents and young people value the information, advice and signposting provided by the SEND information, advice and support service. Many find the guidance helpful when navigating processes and understanding their rights and the support available.
- The speech and language therapy service maintains a named link model with schools, providing continuity, whole-school training and targeted intervention. Sampling of children and young people's records during the inspection shows timely assessment and coordinated multi-agency support, including effective joint work with youth justice and specialist teams, where appropriate. This approach helps children and young people by ensuring they receive the right support quickly, with agencies working together so that children's needs are identified early and interventions are coordinated effectively.
- Some children and young people with the most complex mental health and learning disability needs benefit from coordinated planning through the dynamic support register and transforming care arrangements. Where thresholds are met, clear referral pathways and multi-agency action planning reduce the risk of needs escalating, including difficulties maintaining stability at home or at school, disrupted attendance and avoidable hospital admission.
- The children with disabilities social work service demonstrates strong relational practice. Most disabled children and young people are seen regularly, plans are child-centred and capture children's voices well. Children's and young people's assessments are informed by multi-agency input. Where transition planning is effective, care act assessments and best-interest processes are initiated appropriately.
- Preparation for adulthood is strengthening in specialist settings. Special schools demonstrate structured transition planning for children and young people with careers activities and links with colleges and supported internship opportunities. Careers Connect provides tracking and sustained engagement for vulnerable young people at

risk of becoming not in education, employment or training.

- Commissioning arrangements for out-of-borough placements are being strengthened. The revised quality assurance framework, multi-agency placement panel oversight and safeguarding due diligence processes help to ensure that children and young people are placed in settings that meet their needs, keep them safe and support positive outcomes.

What does the area partnership need to do better?

- Children and young people continue to experience delay and fragmentation within neurodevelopmental and mental health pathways. Diagnostic processes for autism and ADHD are not sufficiently streamlined. Children and young people are sometimes redirected between services or declined mental health assessment multiple times pending diagnostic clarification. This leads to escalation of need, crisis presentations and disrupted education.
- Access to medication pathways does not always meet children's and young people's needs sufficiently well. Pathways for support with a wider range of neurodevelopmental needs remain limited. ADHD medication requires an NHS diagnosis, and restricted shared care arrangements with general practitioners can lead to delays in children and young people receiving clinically indicated treatment.
- Thresholds for Child and Adolescent Mental Health Services are high and not consistently understood across the partnership. Some children and young people who do not meet the criteria are signposted to universal provision despite escalating risk. Professionals, parents and carers told inspectors that children and young people sometimes reach crisis point before specialist intervention is secured.
- The lack of a commissioned special school nursing service in St Helen's leaves practitioners and families uncertain about where health support is accessed by children in special school settings. Some children are leaving school during the day to access health support, impacting their education, and there is lack of clarity from education staff on health services' oversight of children in special schools.
- The timeliness and quality of children's and young people's EHC plans remain variable. Although more recent EHC plans show improvement in clarity and structure, delays persist in finalising EHC plans and completing annual reviews appropriately. In some cases, professional advice is not clearly reflected in children and young people's final EHC plans, and practitioners do not consistently receive copies of finalised EHC plans, negatively impacting on coordinated delivery.
- Children and young people with SEND and their families experience variability in their access to, and quality of, some health services. Professionals and parents and carers reported that the outreach provided by special school nurses and paediatric services in the community differs across St Helens. This leads to inequity in children's and young people's access to these services.
- Children's and young people's access to targeted short breaks provision lacks clarity and sufficient capacity. Parents and professionals describe confusion about thresholds and inconsistent messaging regarding routes of access. Some children and young

people are waiting for overnight short breaks, and alternative arrangements are not always equivalent to their assessed needs. This causes additional pressures and anxiety for children, young people and their families.

- Transition planning for children and young people with SEND from children's to adults' services is variable. Referrals to the transitions team are not consistently made at age 14, which is a partnership expectation. This results in preparation for adulthood being reactive, rather than being strategically planned, for many children and young people with SEND and their families.

Areas for priority action

Responsible body	Areas for priority action
St Helens Borough Council and NHS Cheshire and Merseyside Integrated Care Board	Leaders must urgently improve how the partnership collects, checks and uses SEND data across education, health and social care so that leaders can plan services effectively, identify inequities and understand the impact of their work.
St Helens Borough Council and NHS Cheshire and Merseyside Integrated Care Board	Leaders must urgently review the referral criteria, and pathways, for children and young people with SEND accessing mental health services and neurodevelopmental assessment and support. The partnership must ensure that children and young people with SEND access the right support for their needs at the earliest opportunity, on the most appropriate assessment and treatment pathway.

Areas for improvement
The local area partnership should strengthen the effectiveness and consistency of the graduated approach across education, health and care so that children's and young people's needs are identified and met earlier and escalation to crisis, exclusion or AP is reduced.
The local area partnership should improve the timeliness, quality and oversight of EHC plans which are updated as part of the annual review process. This should ensure that plans are up to date, reflect children's and young people's current needs and aspirations, include clear and measurable outcomes, and are shared with all relevant practitioners.
The local area partnership should improve the availability, clarity and consistency of targeted and specialist short breaks so that families understand thresholds and routes of access, and children and young people receive the right support at the right time.
The local area partnership should address the inequity of access to some health services in St Helens, including: - enhancing the outreach of special school nurses and paediatric services in the community; and

- improving access to neurodevelopmental assessment and treatment pathways, including for ADHD.
The local area partnership should accelerate at pace the recovery plans to reduce children's and young people's lengthy waits for neurodevelopmental assessment pathways across all ages. They should enhance the support given to children and young people and their families across education, health and care while they wait.

Local area partnership details

Local authority	Integrated care board
St Helens Metropolitan Borough Council	NHS Cheshire and Merseyside
Paula Swindlehurst, Director of Children's Services	Liz Bishop, Chief Executive Officer
www.sthelens.gov.uk	www.cheshireandmerseyside.nhs.uk
Town Hall, Victoria Square, St Helens WA10 1HP	28-30 Hall Street, St Helens, Merseyside WA10 1DW

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: an HMI and an Ofsted Inspector 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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