

ST HELENS SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) NEEDS ASSESSMENT



0-25 YEARS

2025

PUBLIC HEALTH



ST HELENS
BOROUGH COUNCIL

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1. Summary of Key Findings

Demographic Overview

St Helens faces particular challenges in relation to deprivation and is ranked as the 26th most deprived local authority in England, with 43% of the population living in the 20% most deprived areas in the country (IMD, 2019). Within St Helens, deprivation is widespread with particularly high levels across the south and east of the borough.

Population data from the 2021 Census shows that within St Helens there are 51,526 children aged 0-25 years, making up 23.6% of the total population. Population growth rates among this age group are projected to be above the national and regional averages. The projected growth for St Helens between 2024 and 2033 is 2.0% compared to 1.1% for England and 1.6% for the North West.

Census 2021 data reveal that in St Helens, 8.2% (2,266 children) had a disability that limited their day-to-day activities compared to 6.6% in England.

The SEND Landscape in St Helens

There were 5,943 school pupils in St Helens with Special Educational Needs and/or Disabilities (SEND) in 2023-24, representing 21.3% of the school population. There is an increasing trend in the percentage of school pupils with SEND, and this is also the case nationally.

The percentage of pupils in St Helens with an Education, Health and Care (EHC) plan has increased year on year, from 2.3% in 2017-18 to 4.3% in 2022-23, and the increase was observed across all school types (primary, secondary, and special schools).

The percentage of pupils in St Helens receiving SEN support, but no EHC plan, has increased from 14.9% in 2021-22 to 15.5% in 2022-23, however the annual trend is variable.

In 2022-23 the main need of primary school pupils (aged 4-11 years) with SEND in St Helens was for 'speech, language and communication' needs at 31%. The main need of secondary school pupils (aged 11-16 years) was for 'specific learning difficulty' at 26.5%.

In 2023 the most common primary assessment need in EHCP requests was 'social and communication difficulties' with 26.9% of total requests. Analysis by ward shows that the highest percentage of EHCP requests were from pupils residing in the Newton-le-Willows area.

Educational Outcomes and SEND

There is a large difference in the percentage of pupils achieving a good level of development in the EYFS between those with SEND compared to those without SEND. However, we are working hard to reduce this gap. In 2022-23 the percentage of children with SEND achieving a good level of development was 16.7% compared to 71.0% for children with no SEND.

In 2022-23 there was also a clear difference between pupils with SEN and pupils without SEN meeting the expected standard in maths, science, reading, and writing in Key Stage 1 (KS1) Teacher Assessments in St Helens.

Fewer pupils with SEND support or an EHC plan are achieving the expected standard for reading, writing and mathematics at key stage 2 (KS2) compared to pupils with no identified SEND.

In 2022-23, Key Stage 4 pupils in St Helens with SEN without a statement and pupils with a statement of SEN or EHC plan are much less likely to achieve a grade 5 or above in GCSE England and Maths.

2022-23 'Progress 8' statistics for St Helens show that overall students, on average, made less academic progress between KS2 and KS4 than their peers nationally. Furthermore, pupils with SEND made, on average, less progress than non-SEND pupils.

In 2021-22, 11.3% of pupils with SEN did not have a sustained destination compared to 7.1% with no SEN. And in 2023, there were a higher proportion of 16-17 year olds with SEND in St Helens who were also not in education employment or training (NEET) compared to those without SEND.

Health and SEND

The total GP patient population in St Helens ICB is different from the resident population; it is 202,686. The 0-25 years population is 56,000 and the 0-18 years population is 39,089, accounting for 27% and 19% of the total registered population.

Data for 2022-23 show that St Helens has a higher proportion of children aged 2-2.5 achieving a good level of development compared to the North West and England. St Helens also has a higher proportion of children achieving expected levels in communication, gross motor skills, fine motor skills, problem solving skills, and personal social skills.

The Quality and Outcomes Framework (QOF) shows that in 2022-23 there were 269 (0.48%) patients aged 0-25 years are on learning disability register, 55 (0.1%) on

Serious Mental Illness register, and 586 (1.05%) on the autism spectrum disorder (ASD) register.

Children Open to Childrens Social Care in St Helens

On the 31st March 2023, 9.2% of children in need (CIN) open to St Helens Childrens Social Care (CSC) had a disability, and this was lower than the comparable regional and national averages. There were 2,302 referrals received to St Helens CSC in 2023-24, of those 111 children had a disability (5%).

In 2022-23, 27.0% of (Children Look After) CLA pupils supported by St Helens for at least 12 months were supported by an EHCP plan, which was lower than the comparable national average of 30.8%

The most frequent type of primary need was 'social, emotional, and mental health' across all key social care groups (45.9% of SEN CLA, 39.2% of SEN CPPO, and 36% SEN CINO).

SEND Children in Contact with Youth Justice Service

Evidence suggests that 70–90% of children in the justice system have some form of SEND. Of a total of 67 young people open to St Helens YJS, 42 (or 63%) had identified SEND, of those, 18 had EHCPs (or a draft EHCP) and 24 had SEND support.

Community Health Services in St Helens and Lived Experience

There are a wide range of services currently available in St Helens for children with SEND and their families. Targeted focus groups and engagement with service users suggest key areas for improvement include a focus on children with autism, social emotional and mental health issues, and a graduated approach to meeting need. Young people with SEND in St Helens tell us that support for emotional well-being is crucial, and they want more influence on decisions and influence on the changes which affect their lives.

2. Introduction

St Helens Borough Council and partners are committed to meeting the needs of children and young people with special educational needs and/or disabilities (SEND) who live in the borough.

Children and young people with SEND have learning difficulties and/or disabilities which impact their ability to learn or participate in various aspects of life and require additional support to be able to make progress and lead independent lives. These include:

- Behaviour and socialisation, whereby some children may struggle to make friends or exhibit challenging behaviours.
- Speech and language, including reading and writing,
- Difficulties understanding concepts, and lower concentration levels to take on information.
- Physical mobility and co-ordination.
- These can lead to social exclusion and have an impact on mental health.

Children with SEND are also at an increased risk of abuse and neglect, with indications of abuse often harder to identify.

It is important children with SEND in St Helens have the right support, at the right time throughout their childhood, adolescence and into early adulthood.

The Special Educational Needs and Disability Code of Practice (SEND Code of Practice, 2014) requires Health and Wellbeing Boards to consider the needs of vulnerable groups, including those with special educational needs and disabled children and young people, those needing palliative care, and looked after children.

In order to ensure the reforms are implemented successfully the Department for Education introduced a new SEND Ofsted and Care Quality Commission (CQC) Inspection Framework for Local Areas. An up to date JSNA is a mandated part of the Ofsted and CQC measurement framework, which assess the strength of arrangements in local areas, rather than the contribution of individual agencies, against 3 broad strands:

- a) What we know about children and young people with special educational needs and/or disabilities (SEND), including risk factors for SEND and vulnerable groups? (systems to identify need)
- b) What are the key services within the local offer and how do they work together? (assessing and meeting needs)
- c) How effective is the local area in improving outcomes for children and young people who have special educational needs and/or disabilities (SEND)?

The purpose of this JSNA is to consider all the evidence available for children and young people with SEND who live in St Helens focussing on available prevalence and trends. It explores the characteristics of the children and young people (aged 0-25 years) with SEND.

The JSNA will help to inform the joint commissioning decisions made for children and young people with SEND and builds upon the wider St Helens Children and Young People JSNA.¹

Understanding the needs of families is a continuous process and this document should be viewed as a snapshot in time and will be the basis upon which St Helens will grow its understanding of the needs of this cohort.

3. Reflections from the 2018 SEND JSNA

Since the previous St Helens JSNA (2018) across St Helens we have worked to increase the strategic oversight of SEND in keeping with Borough Strategy priority 1 – ‘Children get a positive start in life’. Stakeholders have reviewed and refreshed our partnership arrangements, developed a strategic board and wider SEND Partnership Board which comprises of key representatives from Education, Health, and Social Care together with parents, carers, and children and young people.

The first SEND Strategy “A Life of Equal Chances” was agreed by the Partnership Board in 2021.² This set out the 5 key priorities for improvement.

What have we accomplished in St Helens?

- The creation of a digital web platform which brings together vital information and services for parents, carers and children with SEND.
- The development of a multi-agency parent carer ‘Preparing for Adulthood’ group.
- Investment in a SEND team and inclusion officers.
- Increased educational provisions improving choice and value for money for pupils with social, emotional, and mental health and autism spectrum disorder, and successful bid for a Joint Free Special School for learners with social, emotional and mental health.
- A range of community initiatives have been developed in collaboration with parents and carers such as Family Hubs, SEND friendly libraries and short breaks.

¹ [Children and Young Peoples Needs Assessment 2024.pdf](#)

² [SEND Strategy Document](#)

- Developed and implemented Triage and Education Specialist Support Services for all Schools (TESSA) providing a simple and efficient referral system resulting in a multi-professional, joined up support plan for children.
- Delivered a range of improvements in early years through the School Readiness Strategy 2021-2023, 1001 days pathway.
- Developed integrated speech and language support including Early Language Identification Measure (ILIM), Books and Language Unite St Helens (BLUSH), Chatterbox and integrated pathways.
- Developed supported internships.
- Tracked, challenged and supported attendance of children with an Education, Health, and Care Plan (EHCP), and greater oversight of part time timetables.
- Youth Justice Service achieved SEND quality mark.
- St Helens Local Authority has been judged as 'Good' in recent Inspecting Local Authorities Children's Services (ILACS) inspection.
- Creative use of Holidays and Food funding to improve access to holiday activity.
- Creative range of short breaks available to children including at Abbeyford Residential Unit.
- Dedicated Transitions Team supporting young people aged 16-25 in their transition to Adult Social Care (ASC).
- Partnership Agreement between St Helens Borough Council, Cheshire and Merseyside Integrated Care Board and Listen 4Change Parent Carers Forum which sets out the borough's commitment to co-production and use of service user insight.

4. SEND Definition and Scope

The following definitions are summarised from the SEND Code of Practice 2014.³

Special Education Needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability which means they need special educational provision or support to help them learn. This means they have a significantly greater difficulty learning than most of their peers, or they are unable to utilise the universal provision available within their school because of their disability. The term SEN applies across aged 0-25, although the term 'Learning Difficulties and Disabilities' (LDD) is sometimes used post 16 through to adult services.

³ SEND code of practice: 0 to 25 years - GOV.UK

Disability

Under the Equality Act 2010, a disability is defined as a physical or mental impairment which has a long term and substantial adverse effect on ability to carry out normal day to day activities. The definition includes sensory impairments and long-term conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with disabilities do not necessarily have SEN, however there is a considerable overlap. Where a disabled child or young person requires special education provision, they will also be covered by the SEN definition.

This needs assessment encompasses all areas of SEND as defined above and focusses on the needs of children and young people with SEND, and the needs of their parents and carers, as services inevitably impact on the needs of both. The abbreviated term SEND is used within this document, and it refers to special educational needs and/or disabilities.

5. Summary of Legislation and Guidance relating to SEND.

This section briefly outlines the key legislation and guidance relating to SEND.

5.1 Duties under the Children and Families Act 2014

Local authorities are responsible for integrating education, training, healthcare, and social care where this would promote the wellbeing of young people with SEND. This addresses a range of needs such as mental and physical health, personal relationships, recreational opportunities, contribution to society and more.

As part of the Children and Families Act 2014⁴, the support for children with SEN was simplified to two levels:

- SEN Support: the majority of children and young people with SEN will have their needs met by the non-statutory SEN support service in schools.
- Education, Health and Care (EHC) Plan for children and young people up to 25 years who require more intensive support. These identify the educational, health and social needs and define the enhanced support required to meet those needs.

5.2 Duties under the National Health Services (NHS) Act 2006

Under the National Health Services (NHS) Act 2006, ICBs have a duty to commission services to meet the needs of the population for which they are responsible, to a reasonable extent.⁵

⁴ [Children and Families Act 2014](#)

5.3 Duties under the Care Act 2014 and Transition

For children approaching adulthood, the Care Act 2014 requires local authorities to assess the needs of children likely to need care and support after turning 18 (as is very likely in the case of SEND young people). NICE offers guidance on the transition from children to adults' services for young people using health or social care services.⁶

When a young person is under the care of a paediatrician, health professionals must work with the young person to develop a transition plan, which identifies who will take the lead in co-ordinating care and referrals to other services. The young person should know who is taking the lead and how to contact them.

5.4 Health and Care Act 2022

The Health and Care Act 2022⁷ is legislation which brought some changes to the NHS in England and included a focus on joining up health and care services at a local level. The act aims to improve health outcomes, reduce health inequalities, and improve care plans and pathways.

The Act created Integrated Care Boards (ICB) with the responsibility for the local SEND system and commissioning health services for those with ongoing Learning Disabilities and health needs. Locally, this is the responsibility of the Cheshire and Merseyside ICB. Each ICB employs a Designated Clinical Officer for SEND with responsibility for advising partners and seeking assurance from health providers that health needs are identified and being met.

5.5 Dynamic Support Register and Care (Education) and Treatment Review Policy and Guide 2023

Published in 2023,⁸ this policy aims to reduce unnecessary tier 4 hospital admissions, crisis, placement breakdown and falling into the youth justice system for people with a learning disability and autistic people. Some measures within this policy may make it easier for some people with autism and people with a learning disability to receive the right care and support at the right time, through early intervention.

⁵ [National Health Service Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/43/section/1)

⁶ [Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE](#)

⁷ [Health and Care Act 2022](#)

⁸ [NHS England » Dynamic support register and Care \(Education\) and Treatment Review policy and guide](#)

6. St Helens Demographic Overview

This section presents a demographic overview of St Helens including deprivation, the current and projected population aged 0-25 years, and the number of children with a disability according to the 2021 Census.

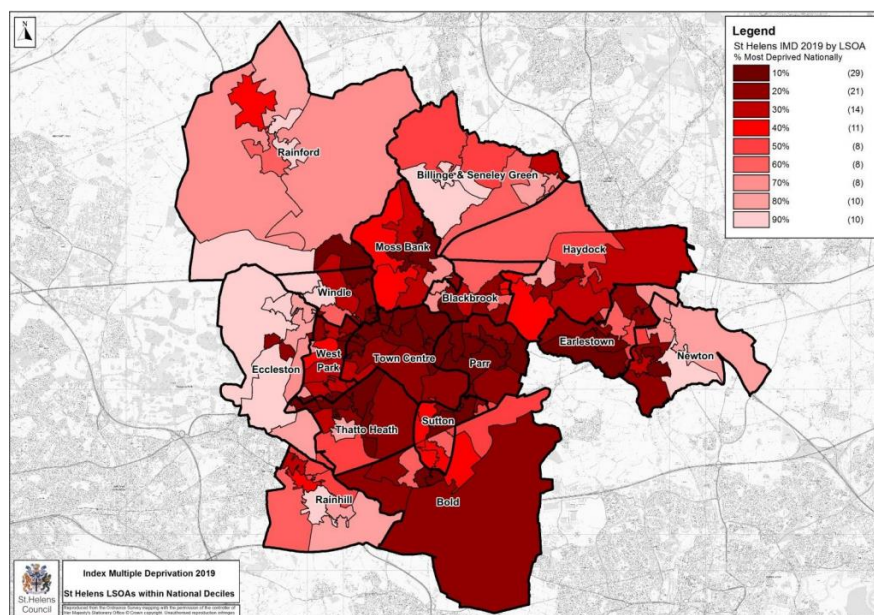
6.1 Deprivation

Poverty can be both a cause and effect of Special Educational Needs and Disabilities. Children with SEND from low-income families may face multiple disadvantages.

St Helens is ranked as the 26th most deprived local authority in England out of 317 (Indices of Multiple Deprivation, 2019). This was a relative position deteriorated since the 2015 Index of Deprivation where St. Helens was ranked as the 36th most deprived area (out of then 326 authorities). Overall, 43% of the population of St. Helens live in the 20% most deprived areas in England (IMD 1 & 2). There are no postcodes in St. Helens with an IMD 10 decile.

Figure 1 shows how St Helens lower super output areas (LSOA) sit within the national deciles. There is a total of 29 LSOAs which fall within the 10% most deprived small areas in England. Multiple deprivation is widespread in St Helens, with high levels across the south and east of the Borough.

Figure 1: St Helens Indices of Multiple Deprivation (IMD) Decile by Lower Super Output Area (IMD 2019)



(Source: Indices of Multiple Deprivation, 2019)

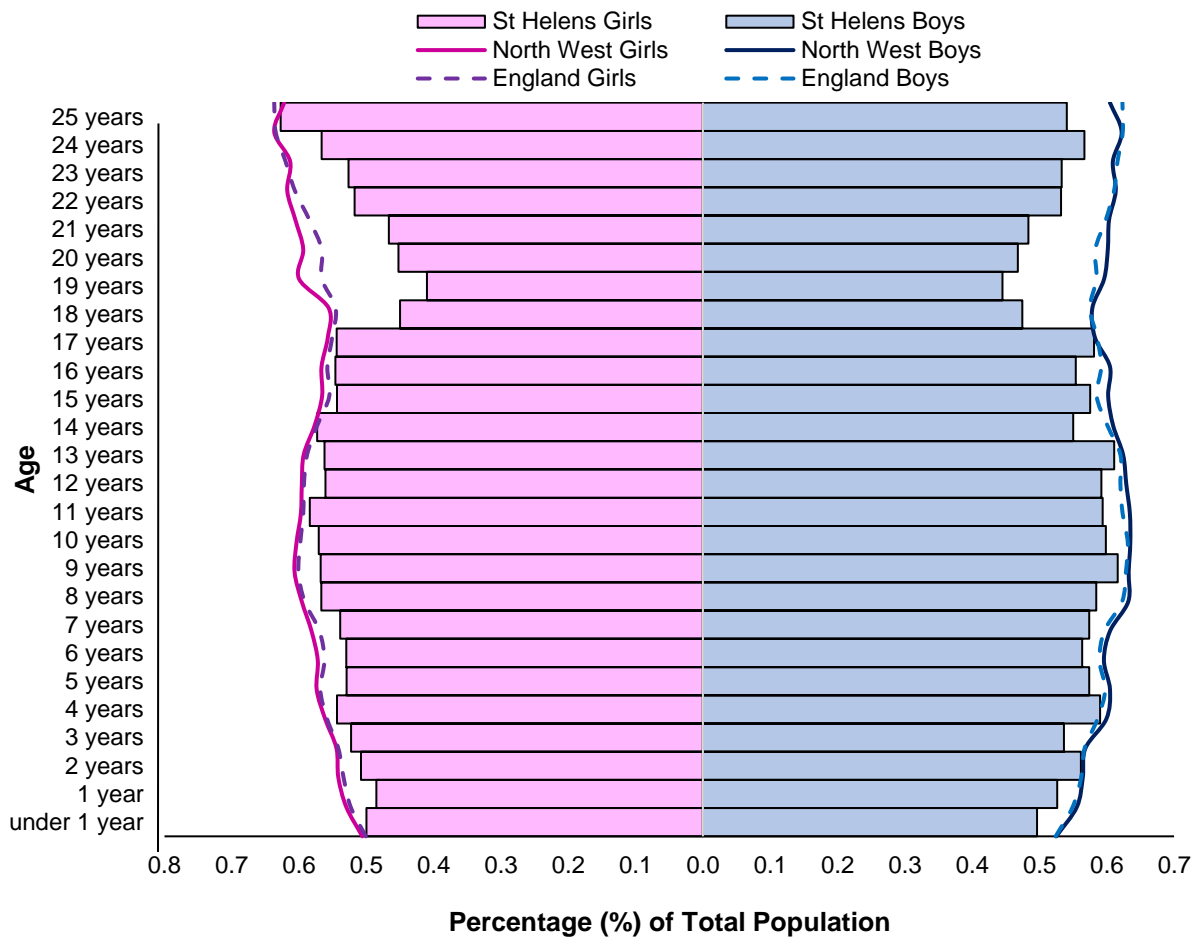
6.2 Population Aged 0-25 Years

Population data from the 2021 Census shows that within St Helens there are a total of 51,526 children aged 0-25 years, making up 23.6% of the total population. This is a slightly smaller proportion of the population in the age bracket compared to the Northwest average (30.7%) and the England average (30.4%).

There is a slightly higher proportion of males of this age group compared to females in St Helens at 50.8% and 49.2% respectively.

When we consider the 0–25-year-old population by single year of age in St Helens, there is a much smaller proportion of 18–24-year-old females and 18–25-year-old males compared to England and the Northwest as illustrated in figure 2.

Figure 2: Population Pyramid in St Helens for 0-25 year olds (2021)



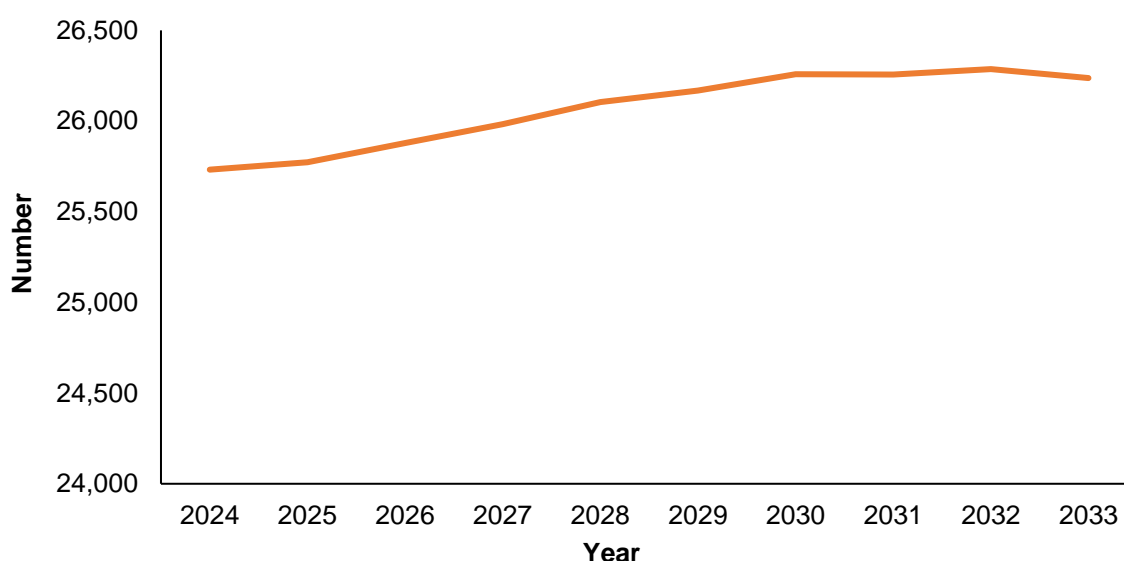
(Source: Census 2021)

6.3 Population Projections Aged 0-24 Years

Population projections are based on the latest mid-year population estimates together with assumptions of the future levels of births, deaths, and migration. Projections estimate an increase in the 0-24 population of 505 between 2024 and 2033 from 25,734 to 26,237 (figure 3).

Population growth rates among this age group are projected to be above the national and regional averages. The projected growth for St Helens between 2024 and 2033 is 2.0% compared to 1.1% for England and 1.6% for the North West.

Figure 3: Projected number of 0–24-year-olds in St Helens (2024 – 2033)



(Source: Office for National Statistics)

6.4 Ethnicity

Between 2015-16 and 2022-23 academic years, 95% of school aged children in St Helens were of White ethnicity (table 1). Data from the school census indicates that since 2015-16 the proportion of non-white ethnic pupils had increased from 3.3% to 6.2% in 2022-23.

Table 1: Percentage (%) of St Helens School Age Children by Ethnicity (2015-16 to 2022-23)

Ethnicity	Count	%
Unknown	775	0.4
Other	1,100	0.5
Black	1,190	0.6
Asian	3,037	1.5
Mixed	4,216	2.0
White	197,126	95.0

(Source: Department for Education)

6.5 Disability

Data from the 2021 Census reveal that the proportion of 0–15 year olds with a disability which limits day to day activities in St Helens was higher than the England average (figure 4). In St Helens, 8.2% (2,266 children) had a disability which limited their day-to-day activities compared to 6.6% in England. Day to day activities were limited a lot for 3.5% (1,134 children) and limited a little for 4.7% (1,533 children) in St Helens.

Figure 4: Percentage (%) of 0-15 year olds in 0–15-year-olds in St Helens and England with Limiting Disabilities (2021)

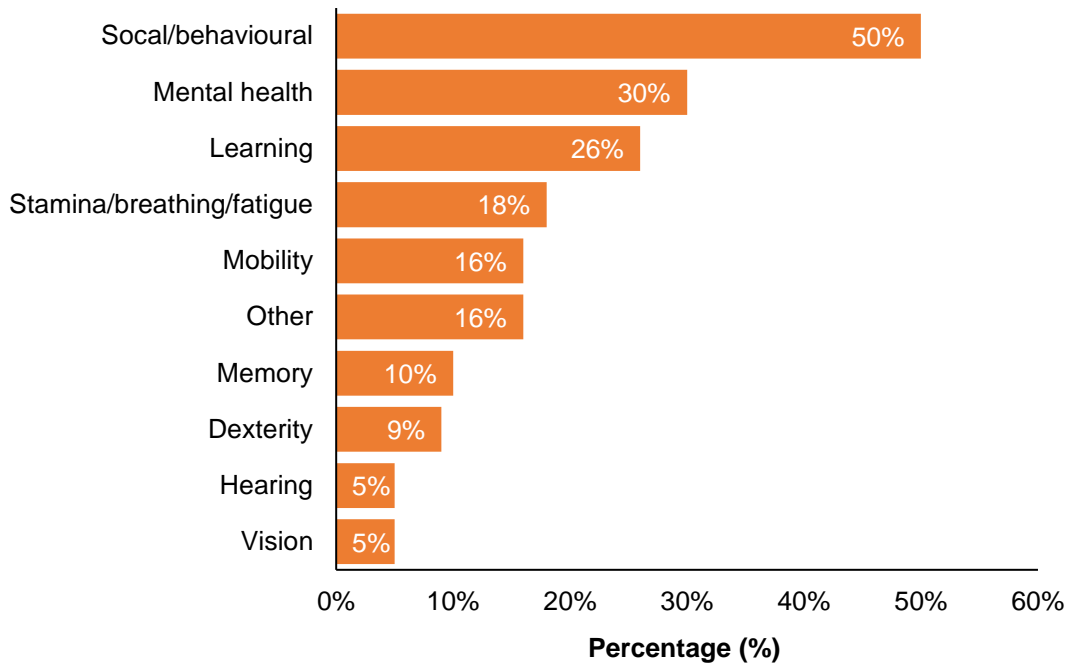


(Source: ONS Census 2021: Disability by NS-SEC by age)

The Department for Work and Pensions (DWP) family resources survey includes the types of impairment reported by disabled young people aged 0-19 years in England. Social or behavioural impairment (Autism, ADHD, and Asperger's) accounts for 50% of impairment, followed by mental health at 30% and learning at 26% (figure 5).

Table 2 indicates the estimated number of 0–19-year-olds with these impairments in St Helens if the national figures were applied to the latest St Helens 0-19 population figures.

Figure 5: Percentage (%) of Impairment Type Reported by Disabled People 0-19 years in England (2021-22)



(Source: Department for Work and Pensions: Family Resources Survey 2021-22)

Table 2: Estimated Number of Disabled People 0-19 year olds in St Helens by Impairment Type (2021-22)

Impairment	Estimated Number
Social/behavioural	20,433
Mental health	12,260
Learning	10,625
Stamina/breathing/fatigue	7,356
Mobility	6,539
Other	6,539
Memory	4,087
Dexterity	3,678
Hearing	2,043
Vision	2,043

(Source: Department for Work and Pensions: Family Resources Survey 2021-22, and ONS Population Estimates)

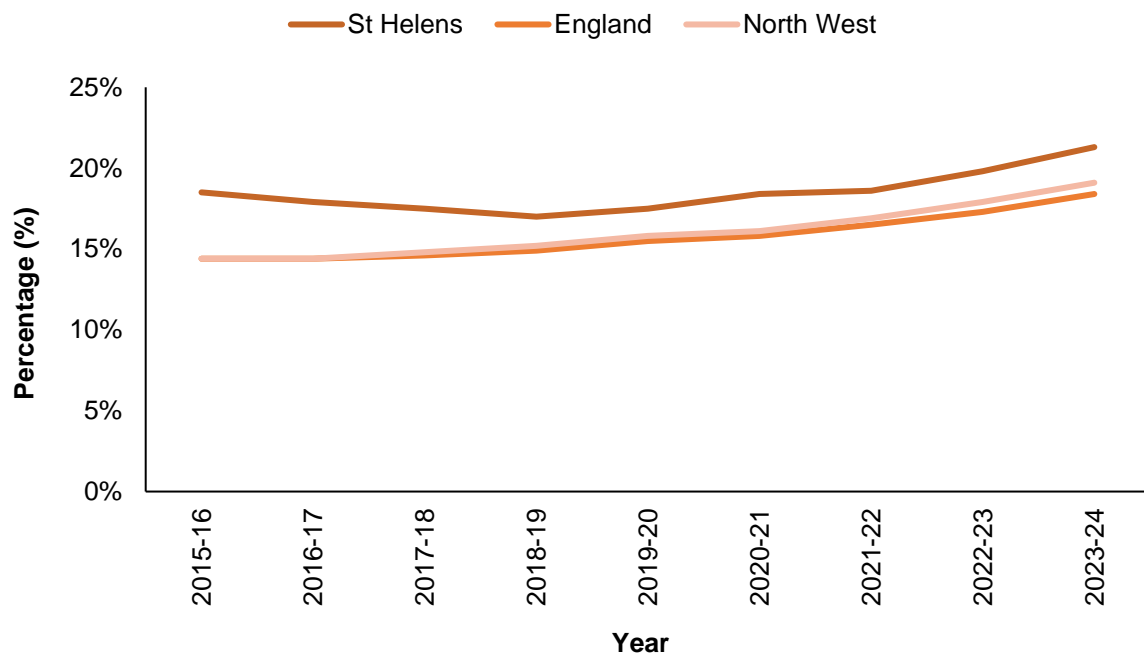
7. The SEND Landscape in St Helens

The chapter presents the number and percentage of children in St Helens with SEND, numbers with and Education, Health, and Care Plans (EHCP), and outlines the primary need of SEND by school type, and local data on EHCP requests, timeliness and appeals.

7.1 SEND in St Helens

There were 5,943 school pupils in St Helens with special educational needs in 2023-24, representing 21.3% of the school population. This was statistically significantly higher than the national average of 18.4% and also the 7th highest percentage in the North West and 14th highest in England. There is an increasing trend in the percentage of school pupils with SEND in St Helens, and this is also the case nationally (figure 6).

Figure 6: Percentage (%) of School Pupils with SEN in St Helens, England and North West (2015-16 – 2023-24)



(Source: Fingertips)

7.2 Pupils with EHC Plan in St Helens

The percentage of pupils in St Helens with an Education, Health and Care (EHC) plan has increased year on year, from 2.3% in 2017-18 to 4.3% in 2022-23 (table 3).

The percentage of pupils with an EHC plan has increased across all school types in St Helens.

- In the primary school sector, 1.9% of pupils have an EHC plan, an increase from the previous year (1.8%), however, remaining below the national average of 2.5%.
- In the secondary school sector, 2.9% of pupils have an EHC plan, an increase from the previous year (2.2%) and higher than the national average of 2.4%.

Table 3: Percentage (%) of Pupils with an EHC Plan in St Helens and England by School Type (2017-18 – 2022-23)

School Type		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
State-funded primary	St Helens	0.5	0.8	1.2	1.5	1.8	1.9
	England	1.4	1.6	1.8	2.1	2.3	2.5
State-funded secondary	St Helens	0.7	1.0	1.3	1.8	2.2	2.9
	England	1.6	1.7	1.8	2.0	2.2	2.4
State-funded special school	St Helens	100	100	100	100	100	100
	England	97.2	97.6	97.9	98.6	98.7	98.9
Total	St Helens	2.3	2.7	2.9	3.3	3.7	4.3
	England	2.9	3.1	3.3	3.7	4.0	4.3

(Source: Department for Education – Special Educational Needs in England)

7.3 Pupils with SEN Support in St Helens

The percentage of pupils in St Helens receiving SEN support, with no EHC plan has increased from 14.9% in 2021-22 to 15.5% in 2022-23, however the annual trend is variable (table 4).

Table 4: Percentage (%) of Pupils supported with SEN Support in St Helens and England by School Type (2017-18 to 2022-23)

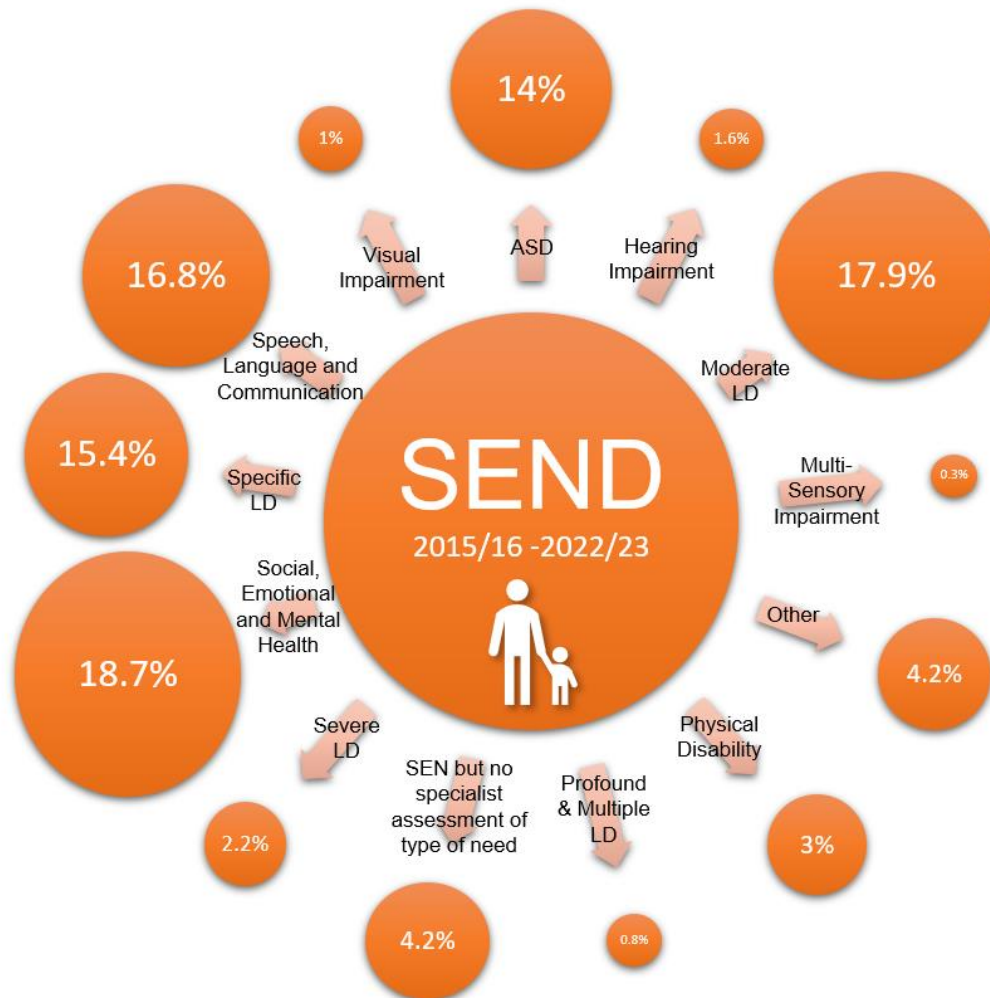
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
State-funded primary	St Helens	15.7	14.8	15.1	15.2	14.8	15.3
	England	12.4	12.6	12.8	12.6	13.0	13.5
State-funded secondary	St Helens	14.1	13.6	14.2	15.3	16.0	16.6
	England	10.6	10.8	11.1	11.5	11.9	12.4
State-funded special school	St Helens	0.0	0.0	0.0	0.0	0.0	0.0
	England	2.3	1.9	1.8	1.2	1.1	1.0
Total	St Helens	15.2	14.4	14.6	15.0	14.9	15.5
	England	11.7	11.9	12.1	12.2	12.6	13.0

(Source: Department for Education – Special Educational Needs in England)

7.4 Primary Need of SEND Pupils in St Helens

Over an 8 academic year period (2015-16 – 2022-23) the most common primary need of pupils with SEND in St Helens were ‘social, emotional and mental health’ needs followed by ‘moderate learning disability’ and ‘speech, language and communication’. Figure 7 presents the full breakdown of primary SEND need.

Figure 7: Primary Need (%) of SEND Pupils in St Helens (2015-26 – 2022-23)

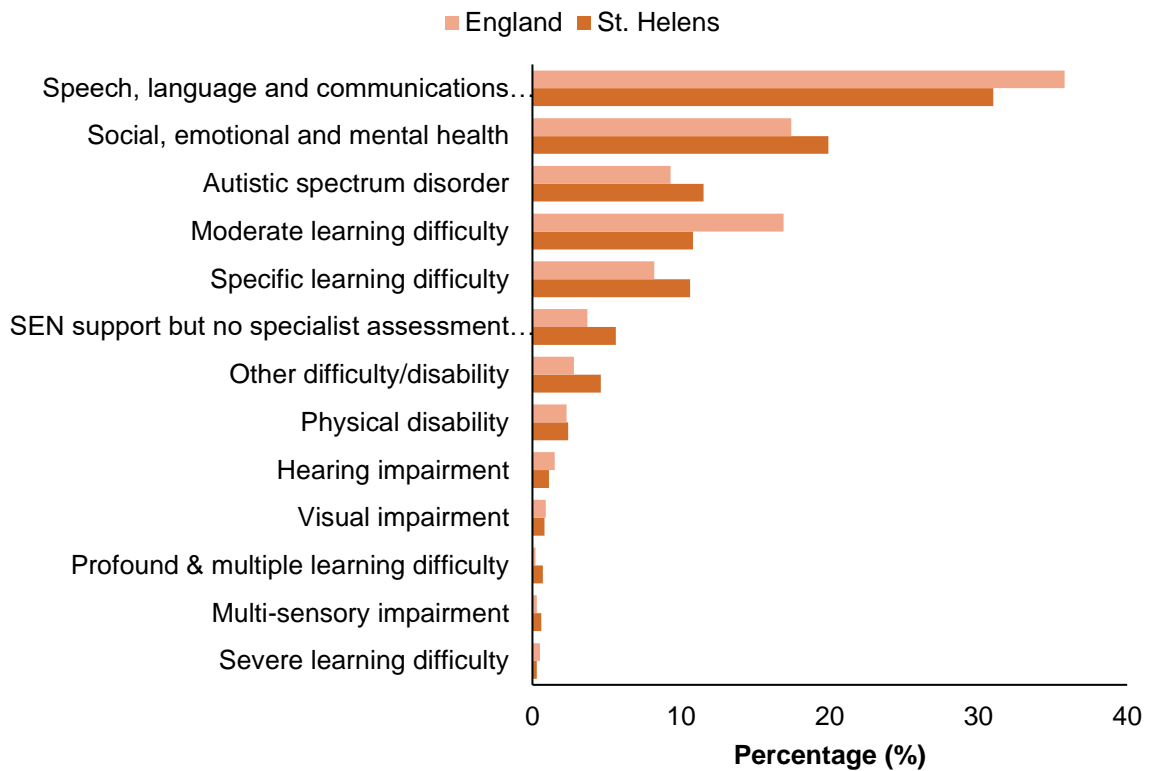


(Source: Department for Education)

7.5 Primary Need of SEND: Primary Aged Pupils

In 2022-23 the main need of primary school pupils (aged 4-11 years) with SEND in St Helens was for ‘speech, language and communication’ needs at 31% (compared to 35.8% in England), followed by ‘social, emotional and mental health’ at 19.9% (compared to 17.4% in England). See figure 8.

Figure 8: Primary Need of SEN Pupils in Primary Schools (presented as percentage of total SEN pupils) in St Helens and England (2022-23)

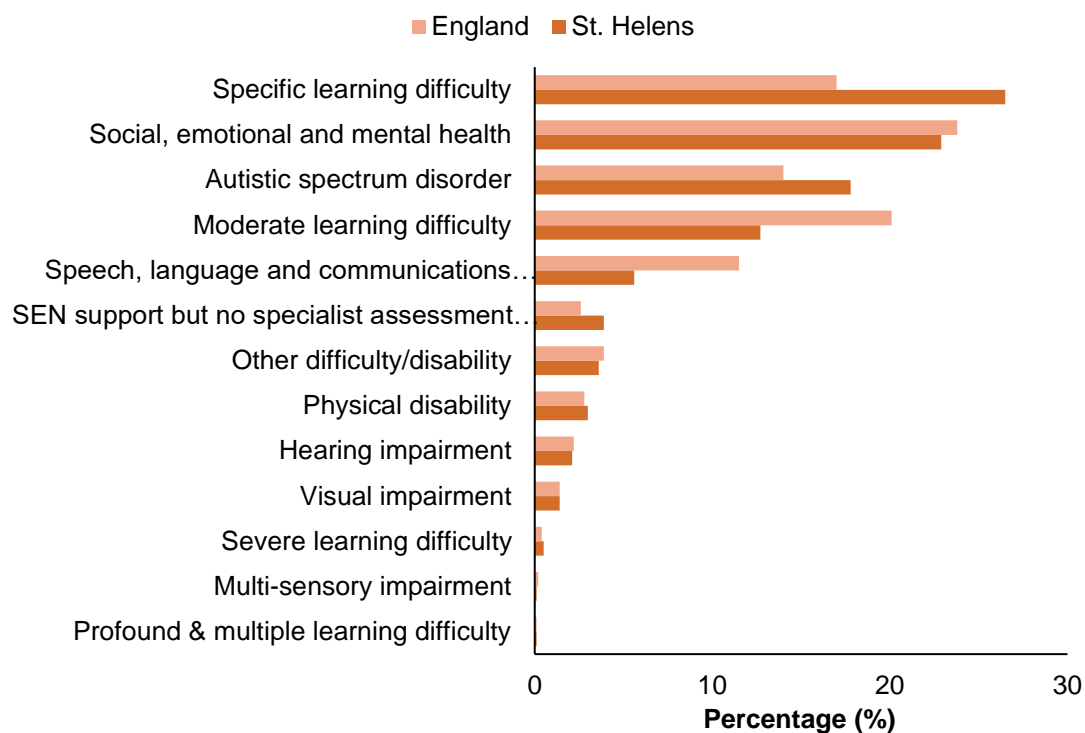


(Source: Local Government Association)

7.6 Primary Need of SEND: Secondary Aged Pupils

In 2022-23 the main need of secondary school pupils (aged 11-16 years) with SEND in St Helens was for ‘specific learning difficulty’ at 26.5%, whereas nationally the most common primary need was ‘social, emotional and mental health’ at 23.8% (figure 9). Primary needs often change as children get older and more pupils with SEND are diagnosed.

Figure 9: Primary Need of SEN Pupils in Secondary Schools (presented as percentage of total SEN pupils) in St Helens and England (2022-23)

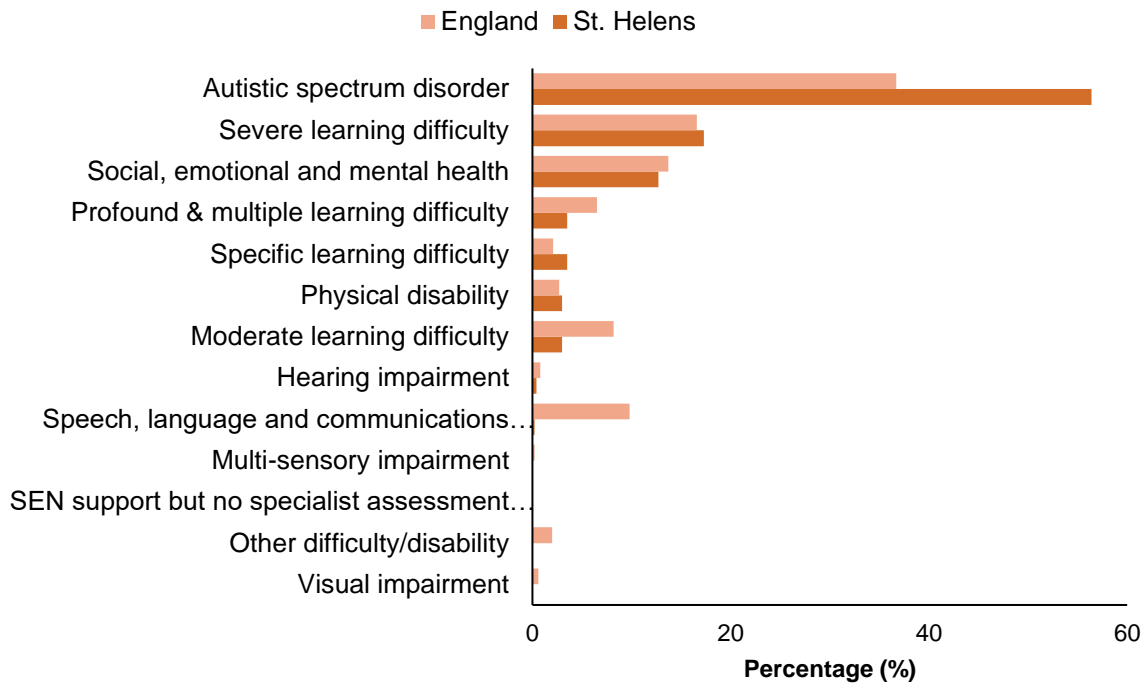


(Source: Local Government Association)

7.7 Primary Need of SEND: Pupils in Alternative Provision or Special Schools

In 2022-23 the main need of children in alternative provision or children in special schools who cannot attend mainstream schools due to illness, exclusion, or further needs (also known as Pupil Referral Units (PRU) such as PACE (key stage 1-2) and Launchpad (key stage 3-4)), was for ASD at 56.4% which is much higher than the England average of 26.7% (figure 10).

Figure 10: Primary Need of SEN Pupils in Alternative Provision or Special Schools (presented as percentage of total SEN pupils) in St Helens and England (2022-23)



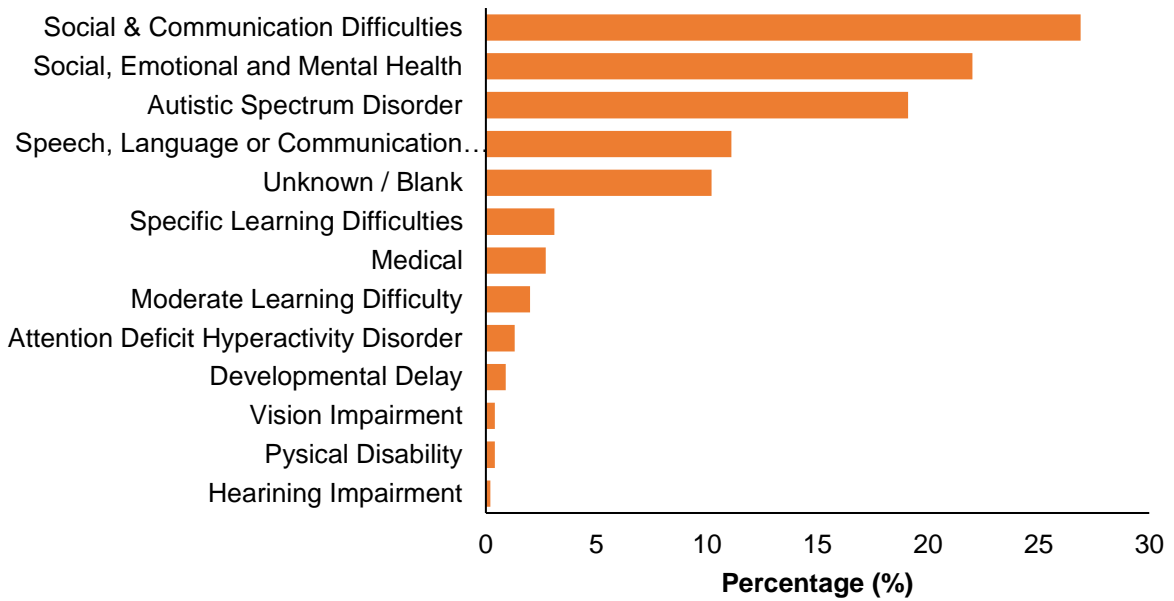
(Source: Local Government Association)

7.8 Requests for Education Health and Care Needs Assessments (EHNA)

Local intelligence shows that in 2023 the most common primary assessment need in EHCP requests was 'social and communication difficulties' with 26.9% of total requests. This was followed by 'social, emotional and mental health' with 22% of total requests and then 'ASD' with 19.1%. Figure 11 shows the breakdown of all primary assessment need types in St Helens in 2023.

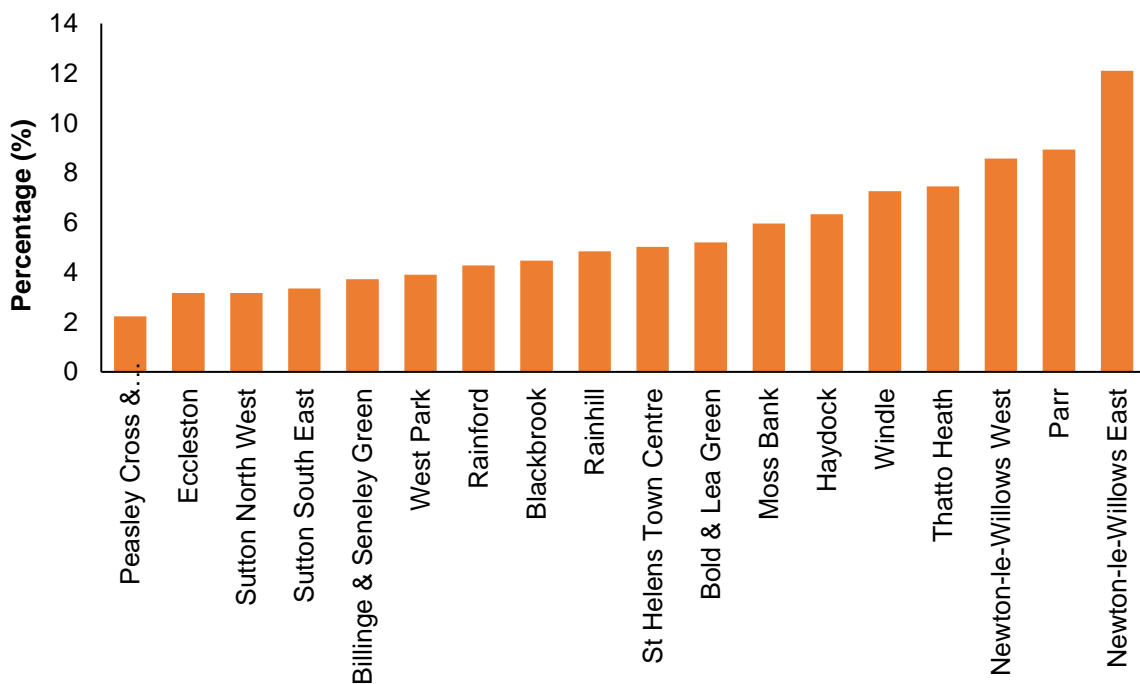
Analysis by ward shows the highest percentage of EHCP requests were from pupils residing in the Newton-le-Willows area, with 12.1% from Newton-le-Willows East and 8.6% from Newton-le-Willows West. The ward level data are presented in figure 12, however due to small populations in wards such as Peasley Cross and Fingerpost, figures should be interpreted with caution.

Figure 11: Percentage (%) of Total EHCP Requests in St Helens by Primary Assessment Need (2023)



(Source: St Helens Council – Business Intelligence)

Figure 12: Percentage (%) of Total EHCP Requests in St Helens by Ward (2023)



(Source: St Helens Council – Business Intelligence)

Analysis by sex show that 63% of EHCP request in St Helens are for boys and 37% are for girls. Nationally 72% are for boys and 25% are girls.⁹ Evidence suggests the disparity between boys and girls can be attributed to several factors including specific differences in brain development and functioning between boys and girls, gender stereotypes, educational environments, and potential underdiagnosis in girls where SEND such as ASD may present more subtly.

Table 5 presents the total number and percentage of EHCP requests in St Helens in 2023 by age band. The highest proportion were among those aged 5-10 years at 41.8%, thus suggesting that when a child has SEND this is often identified at primary school age.

Table 5: Percentage (%) of Total EHCP Requests in St Helens by Age Band (2023)

Age Group	Number of Requests	Percentage (%)
0-4	138	25.1
5-10	230	41.8
11-15	158	28.7
16-19	22	4.0
20-25	2	0.4

(Source: St Helens Council – Business Intelligence)

7.8.1 EHCP Timeliness

The EHCP process for local authorities should not exceed 20 weeks. However, this is not always possible due to demand, capacity and the information gathering process to make informed decisions. However, it is essential children receive the necessary support as quickly as possible.

Table 6 outlines the percentage of EHC plans issued within 20 weeks in St Helens and England from 2014 to 2023. The trend in St Helens is variable and of particular note is the drop during 2018 where 9.9% of EHC plans were issued within 20 weeks. During 2020, 100% were issued within 20 weeks and for the most recent year available (2023) 10.8% were issued within 20 weeks (compared to 50.3% in England). At the time of writing this report, performance has improved to 28.4% as a result of a focus on improving this.

⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1164690/Special_educational_needs_and_disability_an_analysis_and_summary_of_data_sources.pdf

Table 6: Percentage (%) of EHC Plans Issued Within 20 Weeks in St Helens and England (2014 – 2023)

Year	St Helens	England
2014	66.7	64.3
2015	82.9	59.2
2016	40.2	58.6
2017	69.2	64.9
2018	9.9	60.1
2019	50.5	60.4
2020	100	58
2021	96.2	59.9
2022	28.9	49.9
2023	10.8	50.3

(Source: Department for Education – Education, Health and Care Plans: England 2024)

7.8.2 Lived Experience of the EHCP Process

During 2022-23, children and young people in St Helens with SEND took part in a series of focus groups and their feedback revealed some significant insights.

The focus groups found:

- 60% of children were unsure about what an EHCP is.
- 69% did not understand what would happen with their plan.
- 69% felt that adults around them listened to them.
- 78% believed they were supported to achieve their goals.

The workshops also highlighted a need for more engaging methods, such as changing the 'All About Me' form and emphasising the importance of educating children about the purpose of their EHCPs so children can better advocate for themselves.

Parents and carers expressed they are concerned about delays in assessment, however, once they are in the process they feel listened to and that they have been able to shape their child's plan.

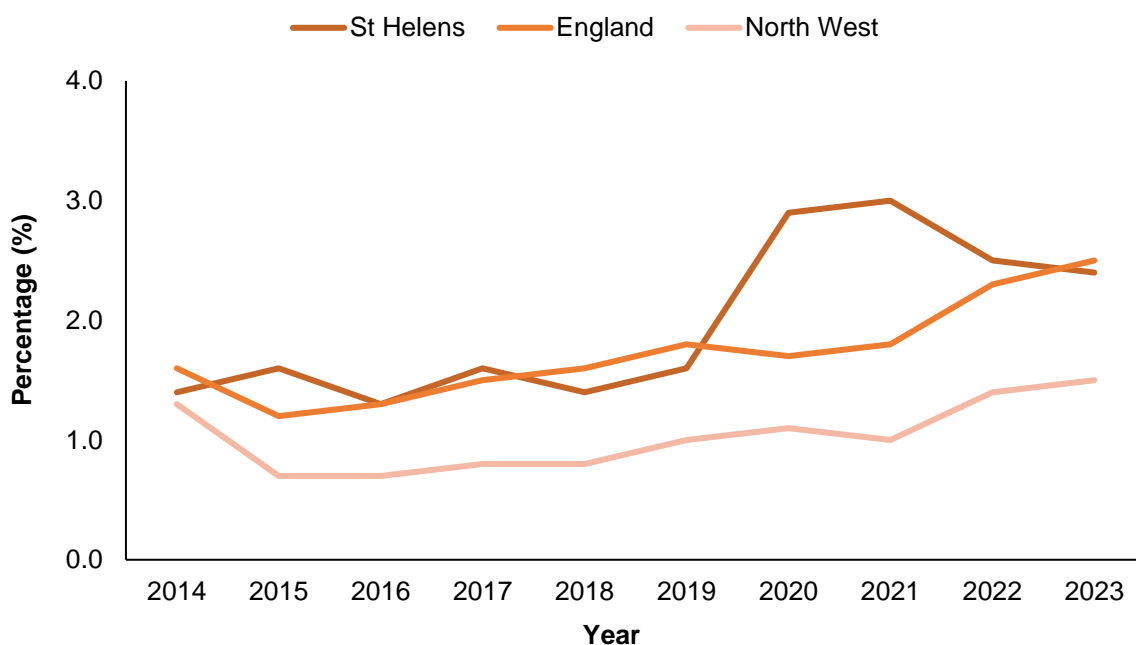
7.9 SEND EHC Plan Appeals

Parents, carers, and young people can appeal to the Special Educational Needs and Disability Tribunal if they disagree with a decision that St Helens Council has made about an education, health, and care (EHC) Plan.

Since 2014, tribunal appeal rates in St Helens have increased from 1.4% to 2.4% in 2023. The appeal rates peaked in 2021 at 3.0%. This was because post pandemic

there was a backlog. To address this, we have increased our range of maintained specialist and resourced provision.

Figure 13: SEND Tribunal Appeal Rates (percentage) in St Helens, North West and England (2014 - 2023)



(Source: Local Government Association)

8. Educational Outcomes and SEND

The section presents the data relating to educational outcomes for the SEND population in St Helens. Including indicators from Early Years Foundation Stage (EYFS), Key Stage One, Key Stage Two, Key Stage Four and school attendance.

8.1 Early Years Foundation Stage

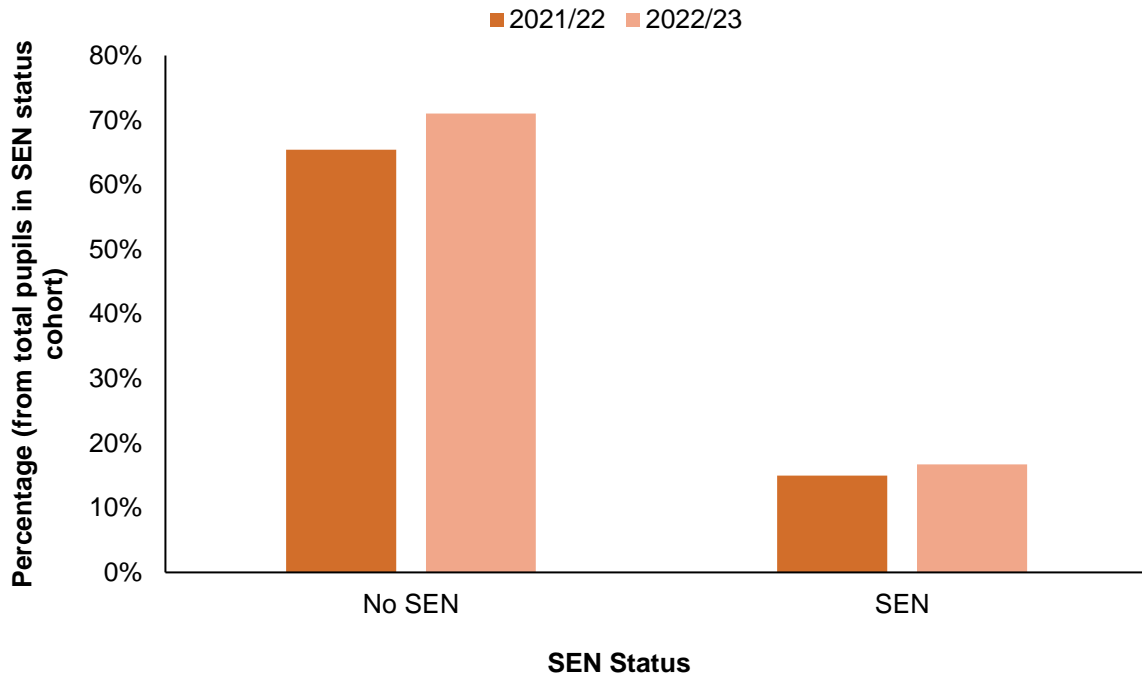
Early years education plays a pivotal role in both helping to reduce SEND and preparing children who have SEND to be ready for school and therefore later educational attainment.

In St Helens there is a large difference in the percentage of pupils achieving a good level of development in the EYFS between those with SEND compared to those without SEND. However, we are working hard to reduce this gap.

As shown in figure 14, in 2022-23 the percentage of children with SEND achieving a good level of development was 16.7% compared to 71.0% for children with no SEND (a difference of 54.3 percentage points). This has improved slightly from the previous year (2021-22) for both cohorts of children.

It should be noted that not all children at this early age will have had their SEND diagnosed or identified.

Figure 14: Percentage (%) of Children who Achieved a Good Level of Development in the EYFS in St Helens by SEN Status (2021-22 – 2022-23)

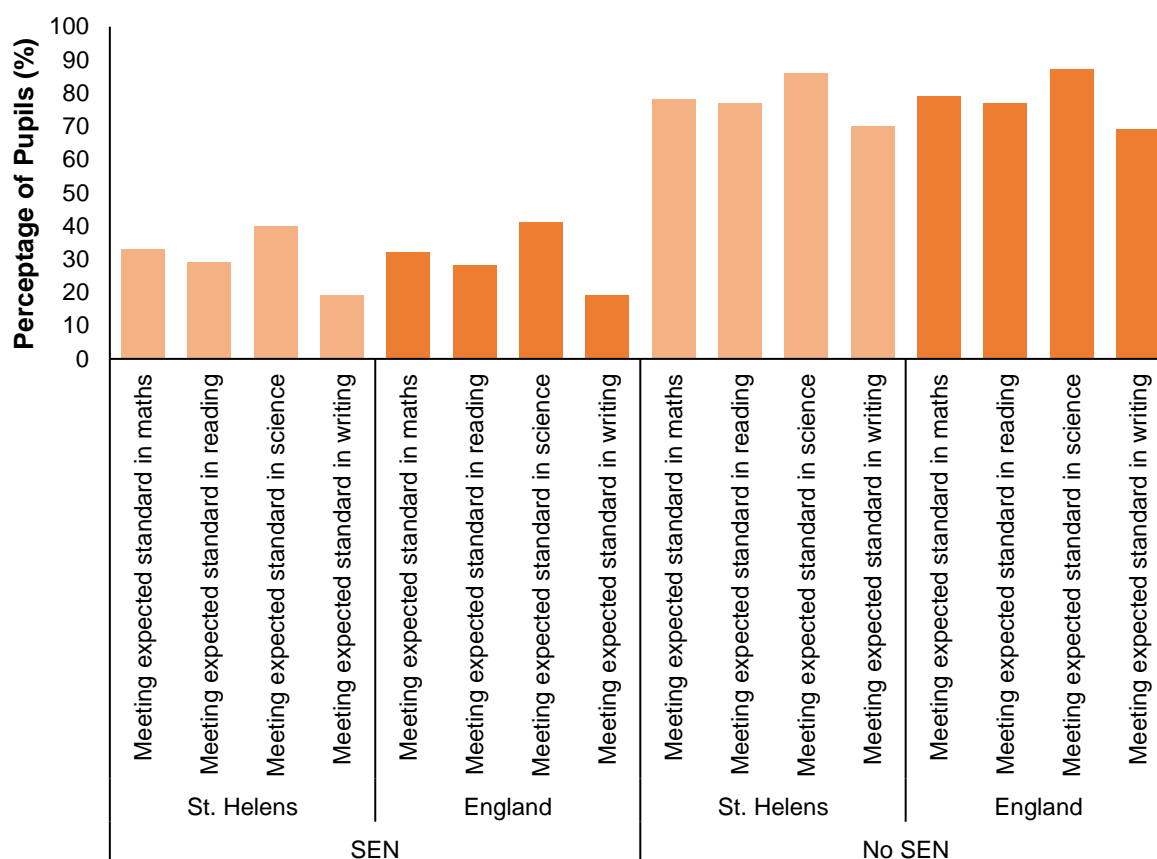


(Source: Department for Education)

8.2 Key Stage One

In 2022-23 there was a clear difference between pupils with SEN and pupils without SEN meeting the expected standard in Key Stage 1 (KS1) Teacher Assessments in St Helens, and this was also the case nationally (figure 15).

Figure 15: Percentage (%) of Pupils Meeting the Expected Standard in KS1 Teacher Assessment by SEN Status in St Helens and England (2022-23)



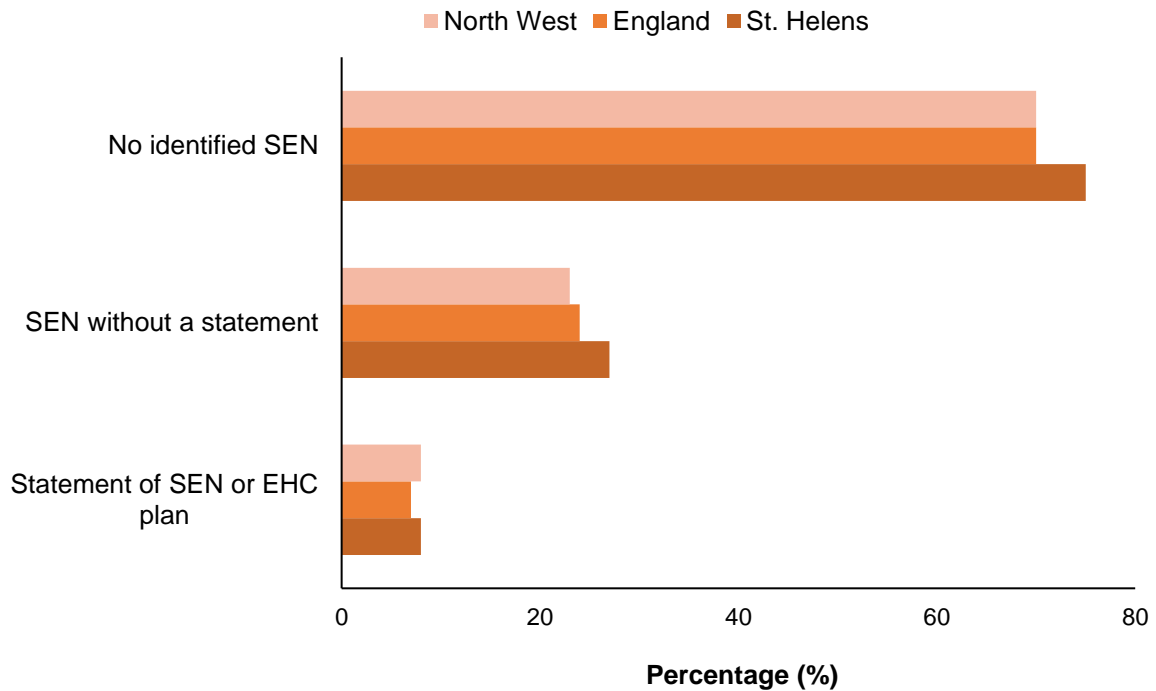
(Source: Department for Education)

8.3 Key Stage Two

The SEND Code of Practice states that ambitious standards should be expected for children with complex needs and disabilities. Nationally, fewer pupils with SEND support or an EHC plan are achieving the expected standard for reading, writing and mathematics at key stage 2 (KS2) compared to pupils with no identified SEND.

Figure 16 shows that despite pupils in St Helens with SEN are less likely to be meeting the expected standards in KS2 compared to those with no identified SEN, St Helens does however have a higher proportion of pupils meeting the expected standards compared to the national average across all 3 cohorts.

Figure 16: Percentage (%) of Pupils Meeting the Expected Standard KS2 in Reading, Writing and Maths by SEN status in St Helens and England (2022-23)



(Source: Local Government Association)

8.3 Key Stage Four

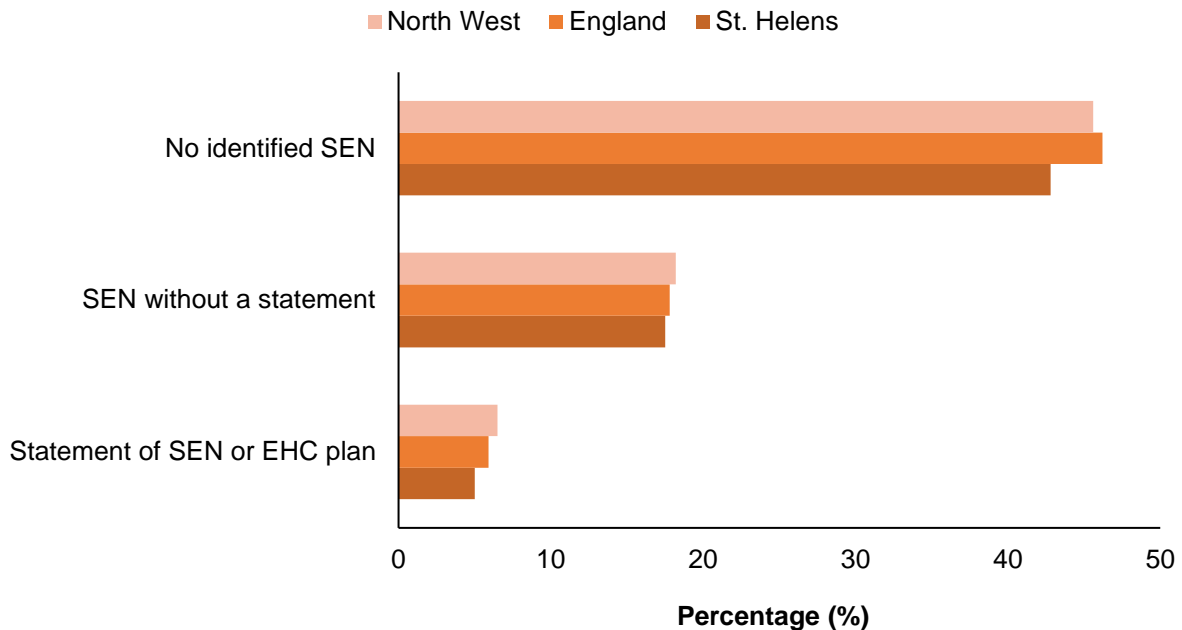
This section considers the headline Key Stage 4 (KS4) measures; however, caution should be taken when interpreting change over time. This is due to changes in the approach to grading between 2022 and 2023. It is expected performance in 2023 will generally be lower than in 2022. A more meaningful comparison is with 2019, the last year that summer exams were taken before the pandemic, as 2023 saw a return to pre-pandemic grading (with some protections).

8.3.1 Pupils Achieving a Grade 5 or above in GCSE English and Maths

For KS4 pupils in St Helens and England as a whole, the same pattern was seen when comparing performance in GCSE English and Mathematics for pupils with and without SEN.

Figure 17 shows that in 2022-23, pupils in St Helens with SEN without a statement and pupils with a statement of SEN or EHC plan are much less likely to achieve a grade 5 or above in GCSE English and Maths. St Helens also has a lower proportion compared to England and the North West.

Figure 17: Percentage (%) of Pupils Achieving 9-5 in GCSE English and Maths (KS4) by SEN Status in St Helens and England (2022-23)



(Source: Local Government Association)

8.3.2 Average Attainment 8 Score

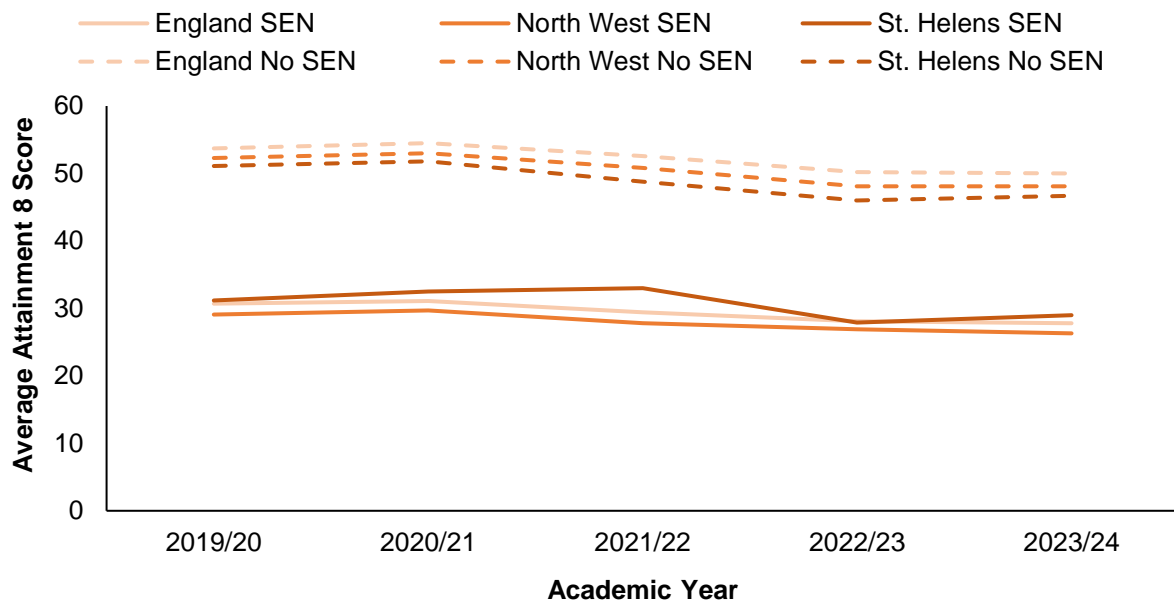
Attainment 8 measures the average achievement of pupils in up to 8 qualifications.¹⁰ Each grade a pupil gets can be converted to points. For example, grade 9 would equate to 9 points. These points are added up to get the Attainment 8 score, which indicates how well pupils performed across a broad range of subjects.

The average Attainment 8 score for pupils educated in St Helens with SEN Support has decreased between 2021-22 and 2022-23 (from 33 to 29). The SEN Average Attainment 8 scores in St Helens have been consistently higher than England since 2019-20.

Figure 18 outlines the trend of average Attainment 8 scores in St Helens, England and the North West for SEN and no identified SEN pupils between 2019-20 and 2023-24.

¹⁰ This includes English language; English literature (double weighted providing both English language and English literature are taken); maths (double weighted); 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 18: Average Attainment 8 Score in St Helens and England (2019-20 to 2022-24)



(Source: Department for Education)

8.3.3 Progress 8 Score

Progress 8 aims to capture the progress a pupil makes from the end of KS2 to the end of KS4. It compares pupils' achievement, or their Attainment 8 score, with the national average Attainment 8 score of all pupils who had a similar starting point (or 'prior attainment'), which are calculated using assessment results from the end of primary school.

A score above zero means pupils made more progress, on average, compared to pupils across England who got similar results at the end of KS2. A score below zero means pupils made less progress, on average, than pupils across England who got similar results at the end of KS2.

The progress 8 statistics in 2022-23 reported for St Helens show that students, on average, made less academic progress between KS2 and KS4 than their peers nationally. Furthermore, pupils with SEND made, on average, less progress than non-SEND pupils (table 7).

Table 7: Progress 8 Scores by SEN Status in St Helens and England (2018-19 – 2022-23)

	St Helens			England		
	2018-19	2021-22	2022-23	2018-19	2021-22	2022-23
SEN State EHC	-1.36	-1.51	-1.54	-1.17	-1.33	-1.12
SEN Supp	-0.37	-0.30	-0.52	-0.43	-0.47	-0.45
No SEN	-0.14	-0.19	-0.27	+0.08	+0.10	+0.10
Total	-0.25	-0.24	-0.35	-0.03	-0.03	-0.03

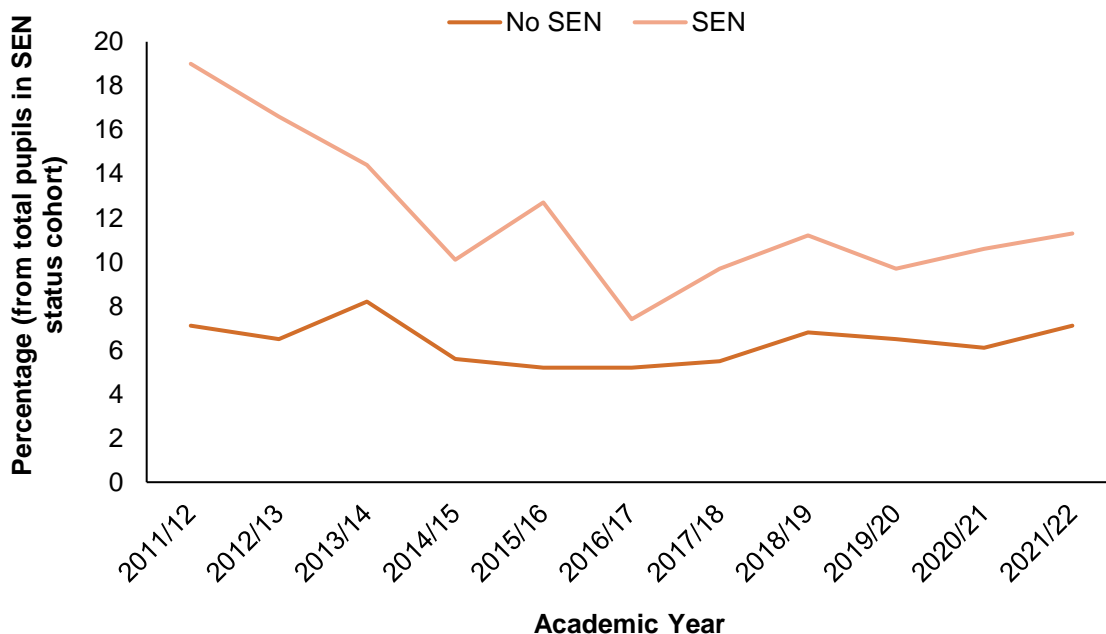
(Source: Department for Education)

8.3.4 Key Stage Four Destinations

For pupils who left state funded mainstream school in KS4, the vast majority will have sustained a destination, whether this be remaining in further education, obtaining an apprenticeship, or gaining employment. However, a small number of children do not sustain a destination and can then go on to be what is known as ‘Not in Education, Employment or Training’ (NEET).

Figure 19 illustrates the trend of pupils who have not sustained a destination according to SEND status in St Helens between 2011-12 and 2021-22. In 2021-22, 11.3% of pupils with SEN did not have a sustained destination compared to 7.1% with no SEN. There has been a decreasing trend in the percentage of SEN pupils leaving KS4 without sustaining a destination and the gap between those with SEN and without SEN has decreased.

Figure 19: Percentage (%) of Pupils Leaving KS4 without Sustaining a Destination by SEN Status in St Helens (2011-12 – 2021-22)



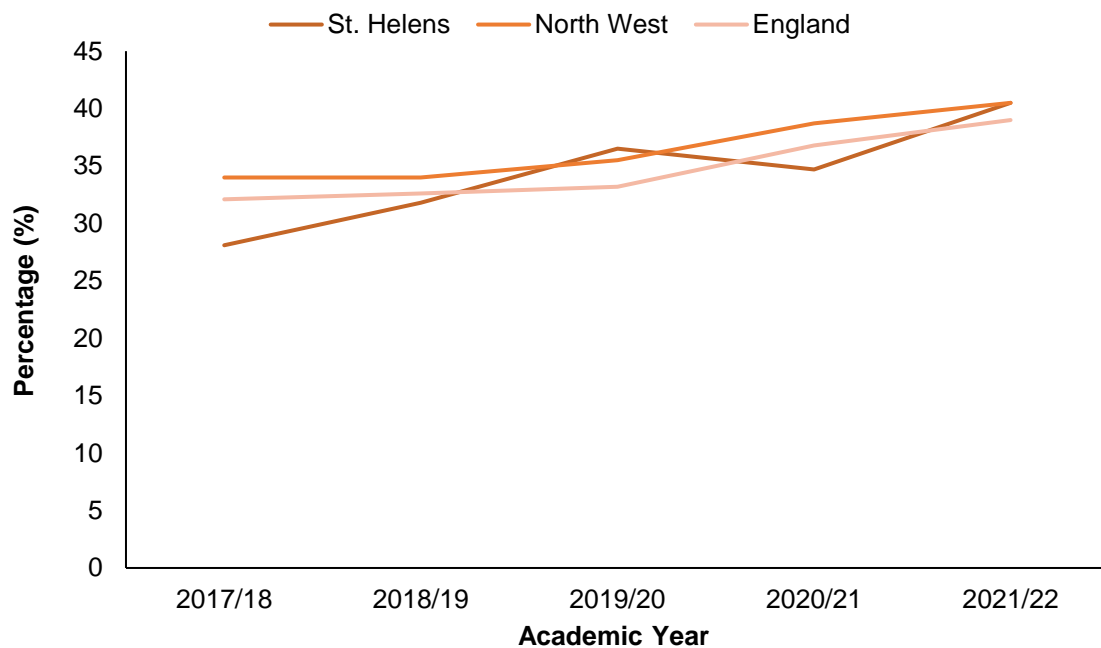
(Source: Department for Education)

8.3.5 Qualified to Level 2 at age 19

The proportion of young people in St Helens with SEN support who are qualified to Level 2¹¹ at age 19 increased from 28.1% in 2017-18 to 40.5% in 2021-22. This was similar to the regional and national rates (figure 20).

There was also an increase for young people with a statement of SEN or EHCP from 3.8% in 2017-18 to 12.7% in 2021-22, although this remains lower than regional and national rates (figure 21).

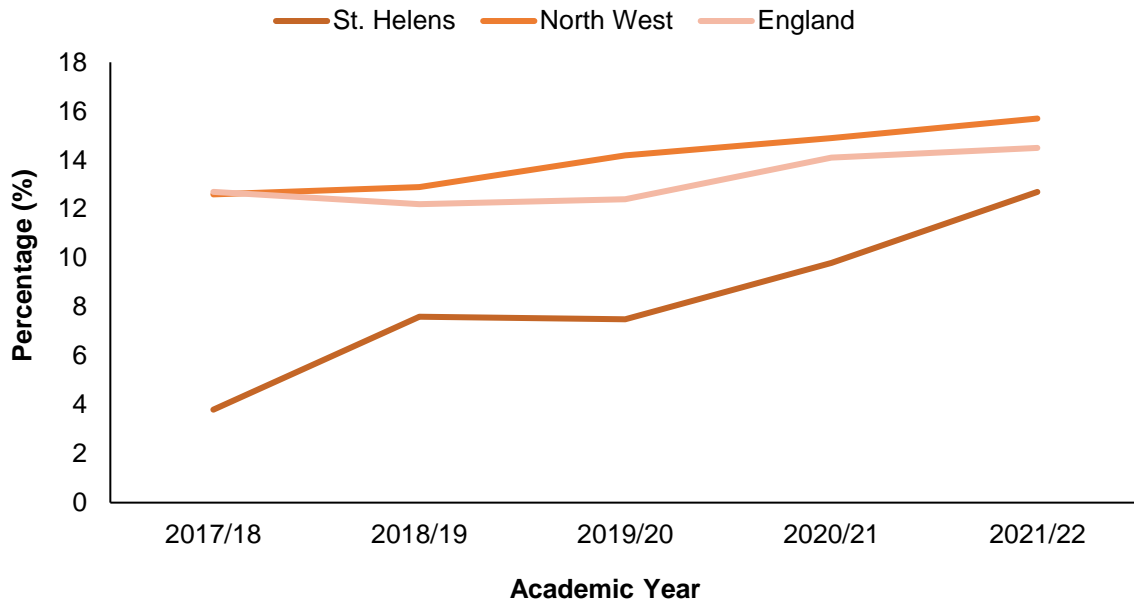
Figure 20: Percentage (%) of 19 Year Olds in St Helens with SEN Support Qualified to Level 2 in St Helens, North West and England (2017-18 – 2021-22)



(Source: Local Government Association)

¹¹ Qualifications such as GCSE, NVQ, AS level, A level and apprenticeship are counted as Level 2 and all have respective weighting towards achieving Level 2 qualification status and combinations of academic qualifications add up to 100 per cent for any level. For example a 3 full GCSEs at grades A* to C / 9-4 (20% each) and 1 part intermediate GNVQ (40%) would be deemed to have attained a Level 2 (60% + 40% = 100%).

Figure 21: Percentage (%) of 19 Year Olds in St Helens with Statement of SEN or EHCP Qualified to Level 2 in St Helens, North West and England (2017-18 – 2021-22)



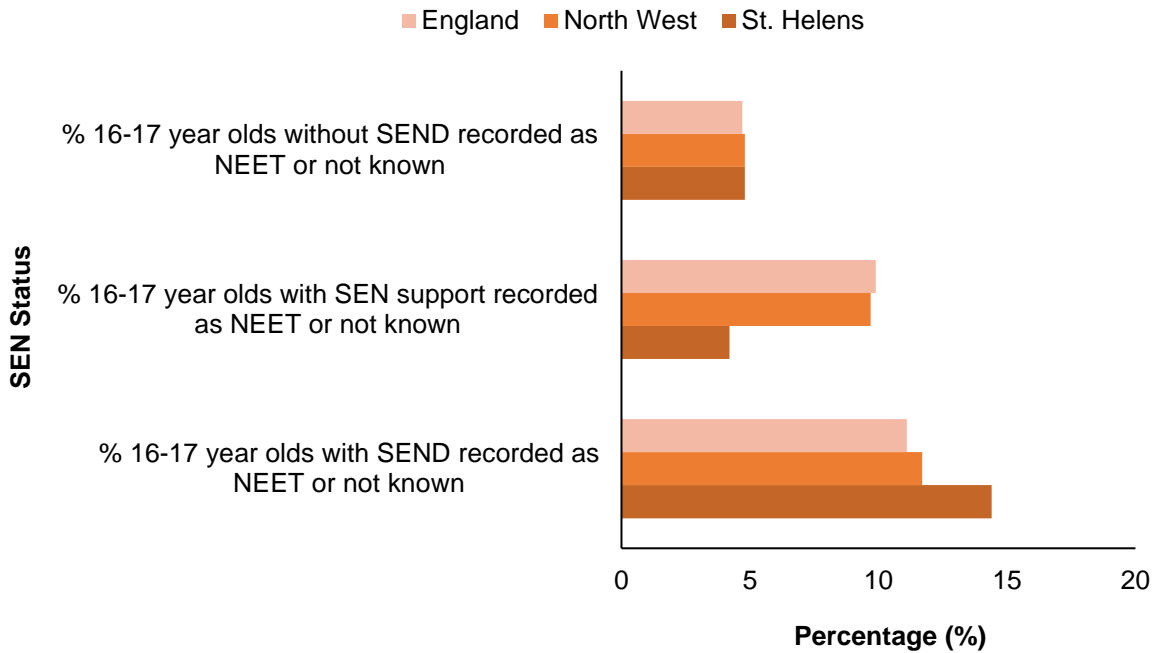
(Source: Local Government Association)

8.3.6 Not in Education, Employment or Training (NEET)

A child being NEET or not in education, employment or training can be detrimental to a young person's outcomes in later life such as employability, resilience, and independence. It can also have an impact on personal and social development, and health and wellbeing.

In 2023, there were a higher proportion of 16-17 year olds with SEND in St Helens who were also NEET (14.4%) compared to those without SEND (4.8%). St Helens had a higher percentage of 16–17-year-olds with SEND recorded as NEET compared to the North West and England averages. In contrast, there was a lower proportion of 16–17-year-olds with SEN support recorded as NEET compared to the Northwest and England (figure 22).

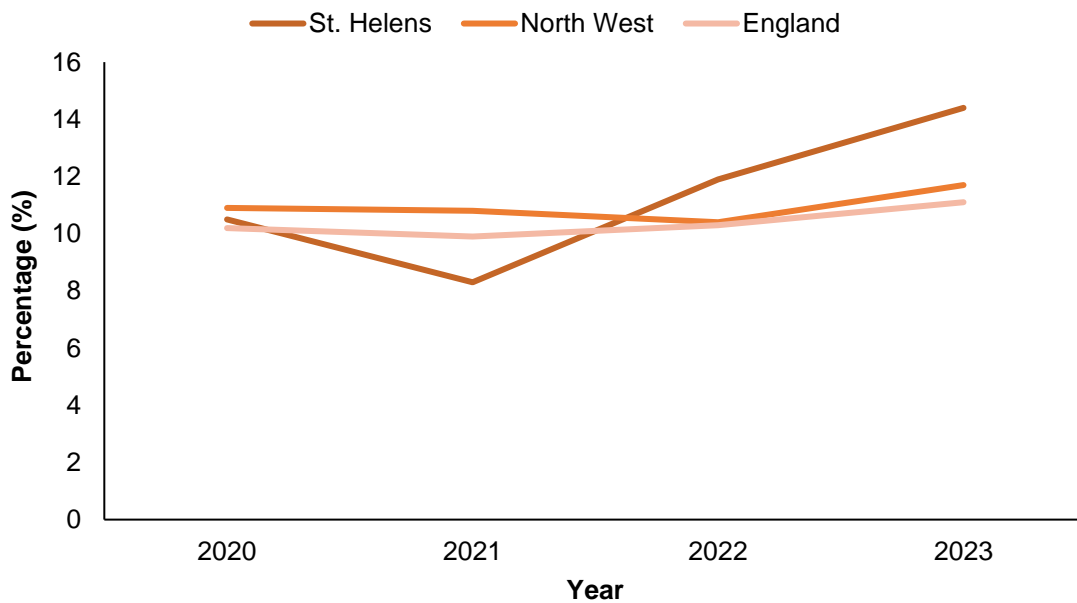
Figure 22: Percentage (%) of 16-17 year olds who were NEET by SEN Status in St Helens, North West and England (2023)



(Source: Local Government Association)

Trend data show that there has been an increase of 16-17 year olds with SEND recorded as NEET in St Helens, from 8.3% in 2021 to 14.4% in 2023 (figure 23).

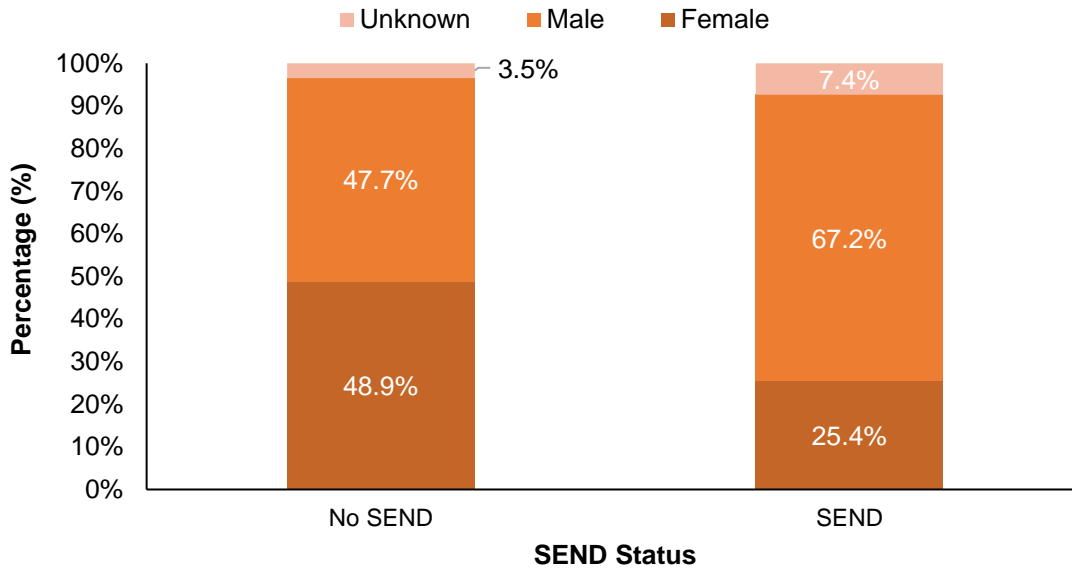
Figure 23: Percentage (%) of 16–17-year-olds with SEND recorded as NEET or not known in St Helens, North West and England (2020 – 2023)



(Source: Local Government Association)

Figure 24 illustrates there is a higher proportion of males with SEND recorded as NEET (67.2%) compared to their female counterparts (25.4%).

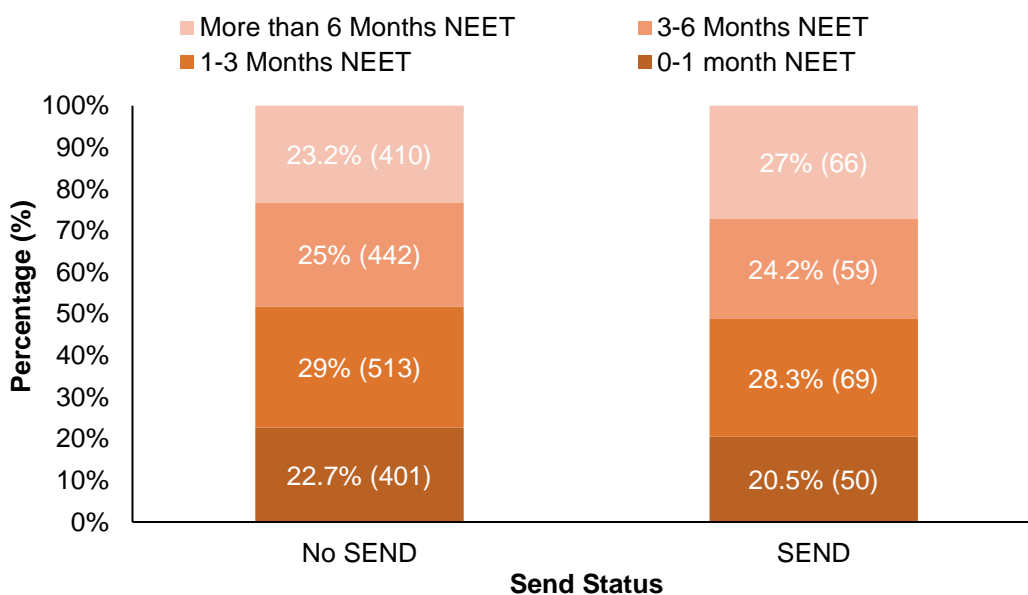
Figure 24: Percentage (%) of young people who were NEET by sex and SEN Status in St Helens (2022-23)



(Source: Career Connect)

When considering how long a young person remained NEET in St Helens, in 2022-23 there were a higher proportion with SEND remaining NEET for more than 6 months compared to those without SEND (27% compared to 23%). Figure 25 shows duration of NEET by SEN status in St Helens.

Figure 25: Percentage (%) of Young People who were NEET by Duration and SEN Status in St Helens (2022-23)



(Source: Career Connect)

8.3.7 School Attendance

In general, children with SEN Support or an EHCP are more likely to be persistently absent, defined as less than 90% attendance. Being persistently absent can have negative implications on school attainment and outcomes in later life.

Table 8 shows increasing rates in the trend over the recent five year period from 2017-18 to 2022-23. For St. Helens, the persistence absence rate has increased in children without SEN from 9.4% to 17.9%; from 17.2% to 28.6% for children with SEN support and from 24.4% to 32.5% for children with an EHCP. However, this is consistent with national trends and rates were lower than England across all 3 cohorts in 2022-23.

Table 8: Percentage (%) of pupils persistently absent (<90%) by SEN status in St Helens and England (2017-18 – 2022-23)

		2017-18	2018-19	2020-21	2021-22	2022-23
St Helens	SEN - EHC plans	24.4	28.7	54.6	36.6	32.5
	SEN - SEN Support	17.2	17.3	20.5	34.3	28.6
	SEN - No SEN	9.4	9.3	11.7	23.6	17.9
England	SEN - EHC plans	25.1	24.6	42.3	36.9	36.0
	SEN - SEN Support	18.3	17.9	18.9	32.0	31.1
	SEN - No SEN	9.4	9.0	9.3	20.0	18.4

(Source: Department for Education)

9. Health and SEND

This chapter presents key health data in relation to SEND and presents an overview of key community services for children and young people aged 0-25 years.

9.1 GP Patient Population

The total GP patient population in St Helens ICB is different from the resident population and is 202,686; the 0-25 years population is 56,000 and the 0-18 years population is 39,089, accounting for 27% and 19% of the total registered population, respectively. Since 2018 the total GP population has increased by 2%, however, the population across 0-25 years has remained relatively similar¹².

¹² Integrated Intelligence & Improvement Service, GP Patient Population, April 2024

9.2 GP Practice Registers

GP practices across St Helens keep registers of their patients by a range of conditions which helps to gauge the potential level of local needs. These registers include Learning Disabilities (LD), Severe Mental Illness (SMI) (including patients with schizophrenia, bipolar affective disorder and other psychoses) and for Autism (ASD).

Not all patients on LD, SMI or ASD registers will have an identified Special Educational Need or Disability, and not all children and young people with Special Educational Needs and Disabilities will be on a St Helens GP Register.

The Quality and Outcomes Framework (QOF) shows that in 2022-23 there were 269 (0.48%) patients aged 0-25 years are on learning disability GP Practice Registers in St Helens. There were 55 (0.1%) patients aged 0-25 years on SMI GP Practice registers, and there are 586 people (1.05%) aged 0-25 years on the GP ASD register. Table 9 outlines the number and percentage of patients on each register by sex.

Table 9: GP Population Prevalence (%) for Learning Disability (LD), Serious Mental Illness (SMI) and Autism in St Helens by Sex (2022-23)

QOF Indicator	Persons		Male		Female	
	Number	%	Number	%	Number	%
LD register – 0-25 years	269	0.48	184	0.64	89	0.33
LD register – 14-25 years Annual Health Check	134	59.82	88	0.31	46	0.17
SMI register – 0-25 years	55	0.10	35	0.12	23	0.08
SMI register – 0-25 years Annual Health Check	25	43.6	17	0.06	8	0.03
Autism register – 0-25 years	586	1.05	438	1.52	148	0.55

(Source: Quality Outcomes Framework 2022-23)

Some of the main co-morbidities within our SEND 0-25 year cohort are Asthma, Diabetes and Epilepsy. In 2022-23 there were 2,324 0-25 year olds registered in St Helens with Asthma (4.2%), 261 with Diabetes (0.5%) and 253 with Epilepsy (0.45%).

9.3 Healthy Child Programme

NHS Wirral Community Trust provide St Helens 0-19 Healthy Child Programme service and ensure all 2-2½ year old children have a development review. This is carried out by a health visitor (specialist nurse) or another member of the health visiting team. The review assesses a child's readiness to learn, and their physical,

social, and emotional development using the Ages and Stages questionnaire or ASQ-3. In addition, there is work in progress on developing an integrated 2-2½ year old with both Health and Education, and the use of the Early Language Identification Measure (ELIM) tool.

The 2-2.5 year review is important as this is often the first opportunity to identify emerging SEND needs requiring additional support and an early notification can be made by health professionals to the Local Authority.

Data for 2023-24 are presented in table 10 below and shows St Helens has a higher proportion of children aged 2-2.5 achieving a good level of development compared to the North West and England. St Helens also has a higher proportion of children achieving expected levels in communication, gross motor skills, fine motor skills, problem solving skills, and personal social skills.

Table 10: Health Visitor Service Delivery Metrics and Child Development Outcomes at 2 to 2 and a Half Years in St Helens, the North West and England (2023-24)

Early Years Development	St Helens	North West	England
% Children who received a 2-2 1/2 year review	89.4	83.7	78.4
% Children aged 2-2 1/2 receiving ASQ-3 as part of the Healthy Child Programme or integrated review	97.0	95.6	93.3
% Children achieving a good level of development at 2-2 1/2 years	84.1	80.8	80.4
% Children achieving expected level in communication skills at 2-2 1/2 years	89.9	85.7	86.6
% Children expected level in gross motor skills at 2-2 1/2 years	95.0	93.3	93.3
% Children expected level in fine motor skills at 2-2 1/2 years	96.2	94.1	93.3
% Children expected level in problem solving skills at 2-2 1/2 years	94.0	92.5	92.5
% Children expected level in personal social skills at 2-2 1/2 years	93.5	91.5	91.2

(Source: Office for Health Improvement and Disparities)

9.4 Oral Health

For children with SEND, maintaining oral health can present unique challenges due to various factors, such as sensory sensitivities, motor skills limitations, and specific health conditions. However with some adapted techniques and extra support, parents and caregivers can help children with SEND develop positive dental habits that will promote lifelong oral health. Further information can be found at: [Oral health for children with SEND - St Helens Borough Council](#).

At the time of writing, oral health data specific to children with SEND was unavailable. The latest data from the Year 6 Oral Health Survey (2024)¹³ show that children in the North West region have the 3rd highest prevalence of dental decay in year 6 children at 20.2% (compared to 16.2% in England). Data by local authority show that St Helens has a prevalence of 24.5%. The report also found children living in the most deprived areas of the country were more than twice as likely to have experienced dental decay (23.3%) as those living in the least deprived areas (10.4%).

9.5 Life Expectancy

The latest annual report (2022) on 'Learning from Deaths: people with a Learning Disability or autism (LeDeR) Programme'¹⁴ found the median age at death for people with a learning disability was 62.9 years (based on deaths of those aged 18+). This compared to an average life expectancy of 80.7 years for the population as a whole. Those with a learning disability therefore have a life expectancy which is 17.8 years less than the rest of the population.

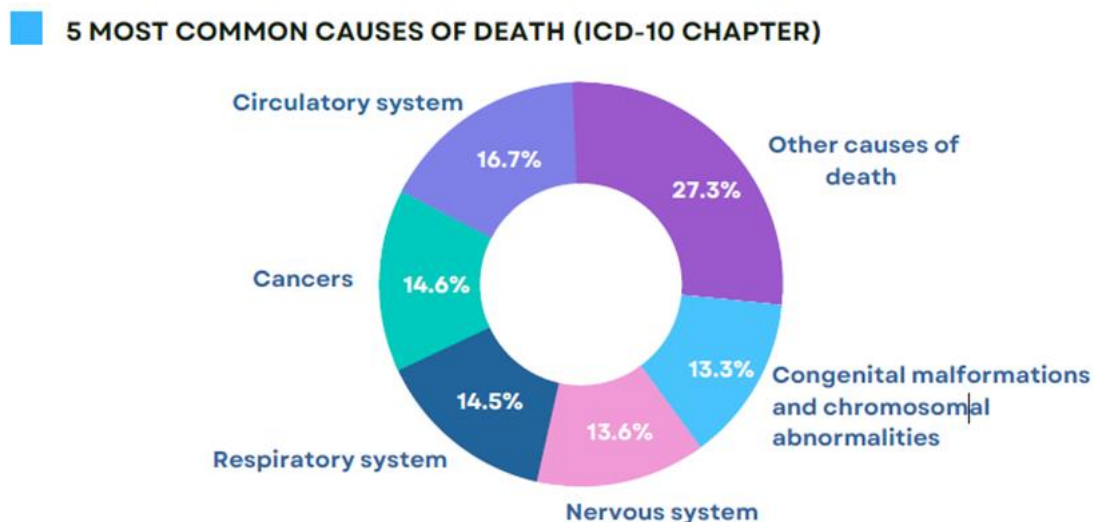
The most common cause of death (excluding 'other causes of death' category) for those with a learning disability were due to diseases of the circulatory system (16.7%) as illustrated in figure 26.

The report also found that 42% of deaths were deemed 'avoidable' compared to 22% for the general population. 26.4% of avoidable deaths were linked to cardiovascular conditions, 23.8% related to respiratory conditions (excluding COVID-19), and 15.7% to cancers.

¹³ [Detailed findings of year 6 oral health survey - GOV.UK](#)

¹⁴ Learning from Deaths: people with a learning disability or autism (LeDeR) Programme

Figure 26: LeDeR – 5 Most Common Causes of Death by ICD-10 Chapter in England (2022)



(Source: LeDeR Annual Report 2022)

10. Children Open to Childrens Social Care in St Helens

This section includes local data on children open to St Helens Childrens Social Care (CSC) Services, including children in need, children with disabilities.

10.1 Children in Need

A Child in Need is one who has been referred to Children's Social Care (CSC) services, and who has been assessed through an assessment to be in need of social care services. Table 11 provides an overview on the proportion of CIN open on the 31st March of each year that had a disability recorded, national and regional comparator information is provided.

On the 31st March 2023, 9.2% of all children in need open to St Helens CSC had a disability, lower than the comparable regional (11.0%) and national (12.8%) average (table 11).

Table 11: Percentage (%) of Children in Need at 31 March Each Year with a Disability Recorded in St Helens, North West and England (2019-20 – 2022-23)

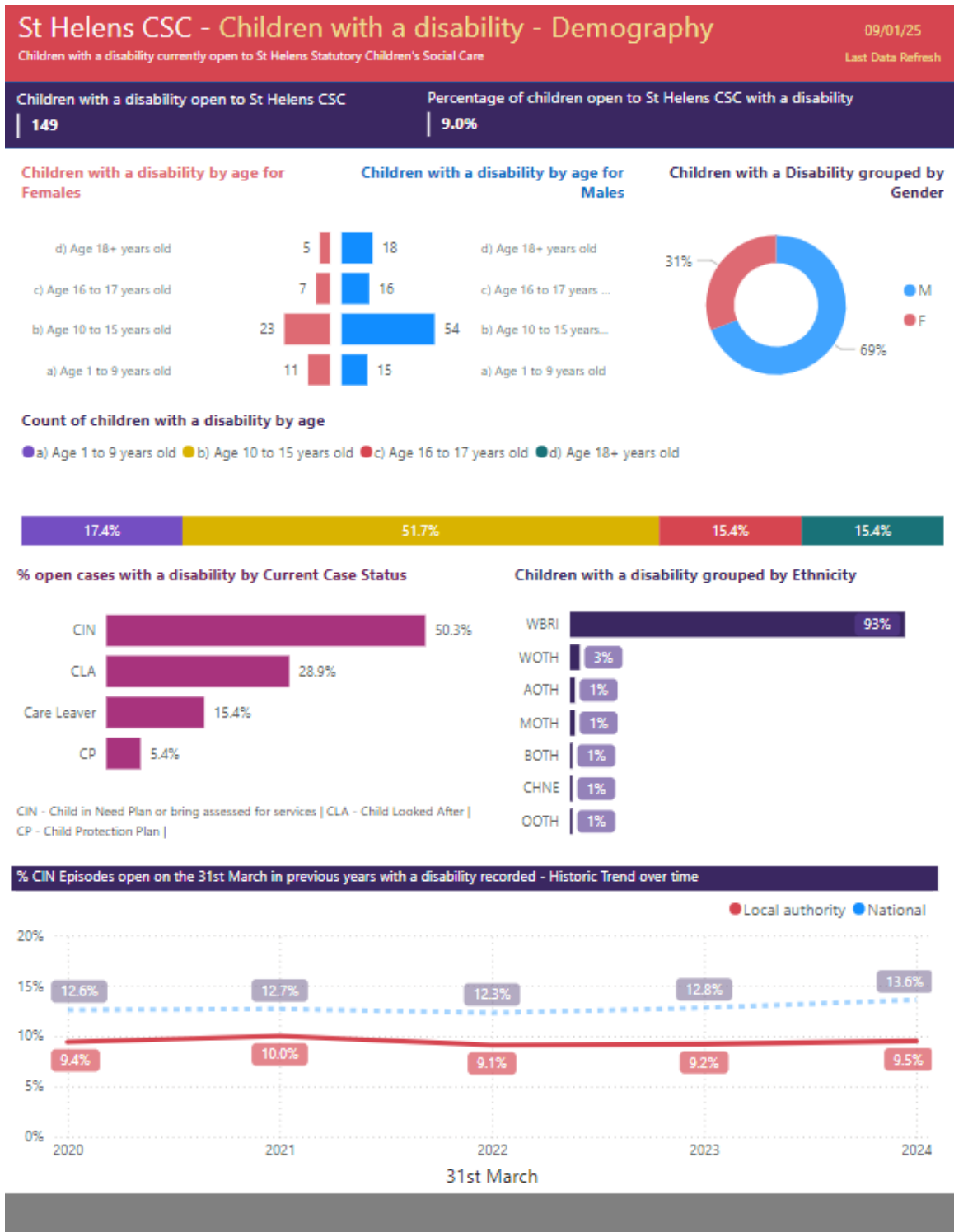
Area	2019-20	2020-21	2021-22	2022-23
St Helens	9.4	10.0	9.1	9.2
England	12.6	12.7	12.3	12.8
North West	10.5	10.6	10.9	11.0

(Source: Department for Education – Children in Need: 2023-2024)

10.2 Children with Disabilities

Figure 27 presents a demographic overview of children with disabilities who are currently (as of January 2025) open to St Helens CSC. There are 166 children with a disability open to St Helens SCS, representing 10.1% of total children open to CSC. Almost half (46%) of those children with a disability open to St Helens CSC are aged between 10 and 15 years, 73% are boys, and 91% are White British.

Figure 27: Demographic Overview of Children Currently Open (January 2025) to St Helens Childrens Social Care



10.2.1 Children with Disabilities and Short Breaks Support

The Local Offer (see link below) is a user-friendly information produced for young people with SEN and/or disabilities (SEND), their parents, carers and professionals, providing information, resources and services from a range of local agencies including education, health and social care.

<https://familyinfodirectory.sthelens.gov.uk/kb5/sthelens/directory/localoffer.page?localofferchannel=0>

There are currently 61 children and young people in St Helens who access support via the Local Offer:

- 56 accessing Direct Payments.
- 5 accessing Direct Payments under the Local Offer at agency rate.

Children and young people who have short breaks support in place who sit under Level 2 in Children with Disabilities:

- 30 accessing Direct Payments who are under Level 2.
- 13 accessing Agency Support who are under Level 2.
- <5 accessing Overnight Short Breaks who are under Level 2.

Children and young people who have an allocated social worker in Children with Disabilities:

- 28 CIN accessing Direct Payments who are allocated to a social worker.
- 38 CIN accessing Abbeyford for overnight short breaks.
- 25 Children accessing more than one provision.

10.2.2 Children with Disabilities: Child Protection and Looked After

Nationally children with disabilities are under-represented within child protection processes. In St Helens there are currently:

- <5 children in the children with disability team subject to Child Protection Plans under the Category of neglect.
- 18 children with disabilities in Local Authority Care through the Children with Disabilities Team.
- 10 children and young people are placed with foster carers.
- 7 placed in residential care 2 include education.
- <5 placed with parents under a Care Order.

In common with many areas across the UK, current market conditions and recruitment difficulties experienced by care providers mean there is ongoing restriction on the sufficiency of local care and support available. This affects both overnight respite and community support and playscheme capacity.

Work is underway to address this shortfall. We have established quarterly provider forums with providers in the community to further develop our offer and provision for Children and young people with SEND.

10.3 Social Care Groups and Special Educational Needs

Nationally, pupils in all social care groups were, in the 2022-23 academic year, over twice as likely to have a special educational need (SEN) than the overall pupil population. They were over two and a half times more likely to have an Education, Health, and Care (EHC) plan than the overall pupil population and twice as likely to have SEN support.

In St Helens, as is the case nationally, for most of the key social care groups, the prevalence of EHC plans compared to the overall population is much higher, the highest being Children Looked After (CLA) for at least 12 months. In 2022-23, 27.0% of CLA pupils supported by St Helens for at least 12 months were supported by an EHCP plan, which was lower than the comparable national average of 30.8% (table 12).

Table 12: Pupils with EHCP for CINO at 31 March, CLA 12 months at 31 March and CPPO at 31 March in St Helens and England between 2016-17 and 2022-23

		Percentage (%) of Pupils with Statement or EHC Plan						
		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
CLA 12 months at 31 March¹⁵	St Helens	15.4	15.8	17.4	22.1	22.7	24.7	27.0
	England	26.4	26.0	26.7	27.3	28.5	29.9	30.8
CPPO at 31 March¹⁶	St Helens	4.4	c	7.3	5.1	6.1	c	4.9
	England	7.4	7.6	8.1	8.5	9.5	9.8	11.4
CINO at 31 March¹⁷	St Helens	29.0	37.1	35.0	18.7	21.5	20.2	23.4
	England	24.4	23.9	24.4	25.6	26.9	26.1	28.2

(Source: Department for Education – Outcomes for Children in Need, including Children Looked After by Local Authorities in England, c = suppressed due to low numbers)

In St Helens, of all the key social care groups, CLA for at least 12 months had the highest proportion of children with SEN (57.9%) compared to CPPO (31.5%), which had the lowest proportion (table 13).

¹⁵ CLA continuously for at least twelve months at 31 March

¹⁶ children on a child protection plan on the 31st March, excluding children looked after.

¹⁷ children in need on the 31st March, **excluding** children on a child protection plan and children looked after.

Table 13: Pupils with SEN for CINO at 31 March, CLA 12 months at 31 March and CPPO at 31 March in St Helens and England between 2016-17 and 2022-23

		Percentage (%) of pupils with SEN						
		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
CLA 12 months at 31 March	St Helens	54.2	49.6	49.5	53.6	54.5	52.7	57.9
	England	55.7	54.9	55.1	55.2	55.7	57.0	58.1
CPPO at 31 March	St Helens	38.5	30.5	27.0	29.9	36.8	33.8	31.5
	England	37.6	37.4	37.3	37.3	37.2	38.4	40.8
CINO at 31 March	St Helens	52.3	64.8	55.7	38.8	47.1	42.4	50.5
	England	46.3	45.7	46.1	47.2	47.6	47.4	50.0

(Source: Department for Education – Outcomes for Children in Need, including Children Looked After by Local Authorities in England)

Table 14 provides an overview of the primary need recorded for all SEN pupils across all three of the social care groups in the 2022-23 academic year. The most common type of primary need was ‘social, emotional, and mental health’ across all key social care groups (45.9% of SEN CLA, 39.2% of SEN CPPO, and 36% SEN CINO).

Table 14: Primary Need for SEN Pupils in St Helens across all three main social care groups (2022-23)

Primary Need	CLA 12 months at 31 March		CPPO at 31 March		CINO at 31 March	
	No.	%	No.	%	No.	%
Primary type of need: Autistic Spectrum Disorder	12	8.2	c	c	51	26.6
Primary type of need: Hearing Impairment	c	c	0	0.0	c	c
Primary type of need: Moderate Learning Difficulty	18	12.3	7	13.7	9	4.7
Primary type of need: Multi- Sensory Impairment	0	0.0	0	0.0	0	0.0
Primary type of need: Other Difficulty/Disability	8	5.5	c	c	c	c
Primary type of need: Physical Disability	c	c	c	c	6	3.1
Primary type of need: Profound & Multiple Learning Difficulty	c	c	0	0.0	6	3.1
Primary type of need: Severe Learning Difficulty	8	5.5	0	0.0	10	5.2
Primary type of need: Social, Emotional and Mental Health	67	45.9	20	39.2	69	35.9
Primary type of need: Specific Learning Difficulty	10	6.8	c	c	12	6.3
Primary type of need: Speech, Language and Communications needs	9	6.2	9	17.6	16	8.3
Primary type of need: Visual Impairment	c	c	0	0.0	c	c
Total number of pupils	252	-	162	-	380	-
Total number of pupils with SEN	146	57.9	51	31.5	192	50.5

(Source: Department for Education - Outcomes for Children in Need, including Children Looked After by Local Authorities in England, c = suppressed due to low numbers)

10.4 Childrens Social Care Referrals

A referral is a request for services to be assessed by children's social care. A referral may result in an assessment of the child's need; the provision of information or advice; referral to another agency; or no further action. If a child is referred more

than once in the year, then each referral is counted in the figures. Having a disability does not mean the child will automatically be known to social care. Therefore, social care data provides a snapshot view of a small subset of the borough's population.

Table 15 presents the total number of referrals received by St Helens CSC in the 2023-24 financial year by month, and the number of those referrals where the child being referred was recorded to have a disability. There were 2,302 referrals received to St Helens CSC in 2023-24, of those 111 children had a disability (5%).

The breakdown of the referral source for the 111 referrals received in the 2023-24 financial year period is shown in table 16.

Table 15: Count of Total Referrals to St Helens CSC by Month and Number and Percentage with a Disability (2023-24)

Month (2023-24)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of Referrals received	130	177	254	215	160	227	234	228	154	156	206	161	2302
Referrals where the child had a disability	6	c	14	12	17	5	9	8	5	6	18	9	111
% of referrals where the child has a disability	5	1	6	6	11	2	4	4	3	4	9	6	5

(Source: Corporate Business Intelligence Team, St Helens Council)

Table 16: Number and Percentage (%) of Referrals to St Helens CSC for children with a disability (2023-24)

Referral Source	Number	%
Individual	21	19
Schools	14	13
Health services	11	10
Local authority services	36	32
Police	22	20
Other legal agency	c	c
Other	c	c
Anonymous	c	c
Total	111	

(Source: Corporate Business Intelligence Team, St Helens Council, c = suppressed due to low numbers)

10.5 Children and Families Assessment Risk Factors

When a child is referred to children's social care services, an assessment is carried out to identify if the child is in need of services. These services can include family support, leaving care support, adoption support, and disabled children's services (including social care or education and health provision).

Factors identified through the assessment are additional issues which social workers record as being relevant in a case. Most children have more than one factor recorded for each episode of need. In total there are 41 risk factor categories available to select and table 17 provides an overview on the risks identified in St Helens for assessments completed in the 2022-23 financial year in comparison to England.

Concerns about the parent/carer being the victim of domestic abuse and the mental health of the child's parent/carer remain the most common risk factors identified in assessments completed in the year to 31 March 2023 both locally and nationally (41.5% in St Helens and 31.5% in England).

In St Helens, 23% of assessments completed in the period identified concerns about the child's mental health, which was higher than reported nationally (17.2%) (table 17).

Table 17: Number and Percentage (%) of Children and Families Assessments with selected risk factor¹⁸ in St Helens and England (2022-23)

Children and Families Assessment Risk Factor	St Helens		England	
	No.	%	No.	%
Abuse linked to faith or belief	c	c	2,140	0.4
Alcohol misuse: concerns about child	39	2.0	12,050	2.4
Alcohol misuse: concerns about other person	60	3.0	11,390	2.2
Alcohol misuse: concerns about parent	448	22.5	71,580	14.1
Child criminal exploitation	95	4.8	14,420	2.8
Child sexual exploitation	84	4.2	15,020	3.0
Domestic abuse: concerns child is victim	191	9.6	57,550	11.3
Domestic abuse: concerns other person is victim	110	5.5	25,710	5.1
Domestic abuse: concerns parent is victim	827	41.5	160,140	31.5
Drug misuse: concerns about child	140	7.0	24,850	4.9
Drug misuse: concerns about other person	105	5.3	15,280	3.0
Drug misuse: concerns about parent	509	25.6	67,000	13.2
Emotional abuse	465	23.4	99,630	19.6
Female Genital Mutilation	0	0.0	910	0.2
Gangs	46	2.3	11,110	2.2
Going/being missing	76	3.8	17,930	3.5
Learning disability: concerns about child	292	14.7	56,400	11.1
Learning disability: concerns about other person	20	1.0	7,120	1.4
Learning disability: concerns about parent	76	3.8	13,550	2.7
Mental health: concerns about child	458	23.0	87,370	17.2
Mental health: concerns about other person	86	4.3	22,450	4.4
Mental health: concerns about parent	940	47.2	161,250	31.7
Neglect	432	21.7	82,260	16.2
Physical abuse: adult on child	244	12.3	55,100	10.8
Physical abuse: child on child	75	3.8	15,950	3.1
Physical disability or illness: concerns about child	116	5.8	23,570	4.6
Physical disability or illness: concerns about other person	14	0.7	4,940	1.0
Physical disability or illness: concerns about parent	125	6.3	24,870	4.9
Privately fostered	8	0.4	2,170	0.4
Self-harm	143	7.2	27,810	5.5
Sexual abuse	9	0.5	1,850	0.4
Sexual abuse: adult on child	131	6.6	18,810	3.7
Sexual abuse: child on child	71	3.6	13,100	2.6
Socially unacceptable behaviour	169	8.5	38,900	7.7
Trafficking	8	0.4	2,710	0.5
Unaccompanied asylum seeker	14	0.7	5,510	1.1
Young carer	135	6.8	18,040	3.5

¹⁸ An episode of need may have more than one factor recorded. Figures exclude the category 'no factors identified'.

Other factors	201	10.1	95,960	18.9
Total Number of episodes with assessment factor information	1,991		508,360	

(Source: Corporate Business Intelligence Team, St Helens Council, c = suppressed due to low numbers)

10.6 Transition to Adult Social Care

There is a dedicated Transitions Team in St Helens supporting young people aged 16-25 in their transition to Adult Social Care (ASC), focussing on their individual needs and potential. Table 18 shows the numbers of children currently open to Children with a Disability (CWD) services that are predicted to transition to Adult Social Care in the next 5 financial years.

Table 18: Number of children in St Helens Expected to Transition to Adult Social Care (2024-25 – 2028-29)

Financial Year	Number
2024-25	8
2025-26	9
2026-27	9
2027-28	13
2028-29	11

(Source: Corporate Business Intelligence Team, St Helens Council)

11. SEND Children in Contact with Youth Justice Service

Children with special educational needs and disabilities are over-represented at all points in the criminal justice system. Evidence suggests 70–90% of children in the justice system have some form of SEND.¹⁹

In St Helens the following data relate to the pre-16 years (i.e., those of compulsory school age) Youth Justice Service (YJS) caseload as of February 2024.

Of a total of 67 young people open to St Helens YJS, 42 (or 63%) had identified SEND, of those:

- 18 had EHCPs (or a draft EHCP).
- 24 had SEND Support.

Of the 42 young people with diagnosed SEND open to St Helens YJS:

¹⁹ https://justiceinnovation.org/sites/default/files/media/document/2024/send_youth_diversion.pdf

- 7 are aged between 10 and 12 years old.
- 12 are aged between 13 and 14 years old.
- 14 are aged 15 years old.
- 9 are 16 years old.
- 59% are open due to statutory YJS involvement.
- 43% are open through Turnaround/Prevention.
- 7% are open on Voluntary Support programmes following the completion of statutory YJS involvement.

12. Community Health Services in St Helens

This section outlines key community health services in St Helens available for the SEND population and their parents/carers and families.

12.1 The Bridge Centre

In St Helens, The Bridge Centre offers a specialist service to children from birth up to the age of 5 years old, with a recognised disability/diagnosis where significant development delay is likely to feature, a complex health needs and neuro-developmental conditions, or a significant developmental delay in at least 2 areas of their development.

Based at the Bridge Centre are the Portage Team, Outreach Team, Senior Learning Assistants and Specialist SEND Team. The Bridge Centre coordinates assessments delivered by the EY's Operational team consisting of the team based within the centre and supported by:

- Speech and Language Therapy
- Physiotherapy
- Occupational Therapy
- Sensory Support Team (Specialist Teachers)

The service provides a child centred approach offering assessment, monitoring and intervention through multi-agency working. Assessments, interventions, and support for each child is carried out following an individual Programme of Assessment, this programme is agreed and with parents. This is reviewed regularly with parents and professionals involved, depending on the child's current needs.

A total of 237 children received a specialist assessment at the Bridge Centre between September 2023 and July 2024, this consisted of a combination of Portage Home visits, attending specialist developmental group and outreach.

Referrals to the Bridge Centre increased by 49% between 2020 and 2023, from 183 referrals in 2020 to 272 referrals in 2023.

12.2 General Paediatric Services

Childrens Speech and Language Therapy Service

The Children's Speech and Language Therapy Service is a specialist service for children and young people aged 0 – 18 and their families and carers. Speech and Language Therapists are qualified professionals with an in-depth knowledge of difficulties with speech, language, communication, and eating and drinking disorders. The service provides assessment, advice and treatment planned around the individual needs of the children and young people and their family.

The service has an average active caseload of 1,555 and receives an average of 112 referrals per month. The provider data collection does not distinguish which of these cases have a SEND and this is an area for development. Their data show that in November 2023, the paediatric speech and language caseload was 1,427. The proportion of different therapies' cases reflects the prevalence of primary needs data and anecdotally, shows increasing numbers over time.

Childrens Occupations Therapy Service

The Children's Occupational Therapy (OT) service is a specialist service working at health, social services and educational sites across St Helens. It aims to address the needs of children and young people who have difficulties managing their activities of daily living and developing functional skills such as bathing, showering, toileting, dressing, eating etc. The service has an average active caseload of 419 (November 2023) children and young people and received 84 referrals for the same month.

Developmental Paediatrics

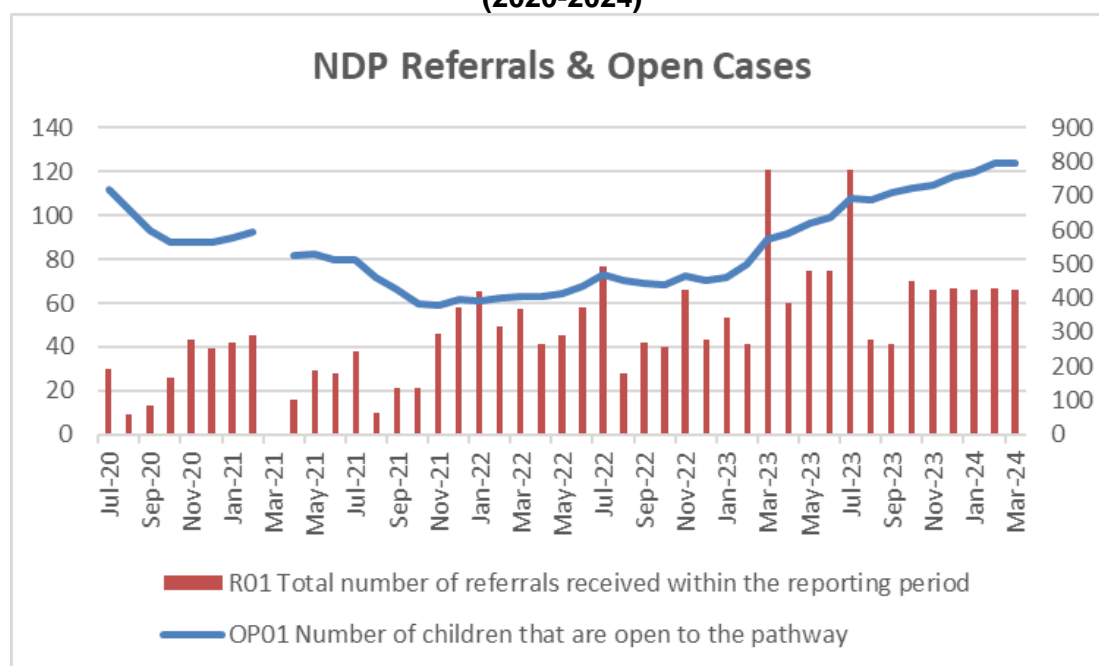
Developmental Paediatrics provide medical assessment and care for children and young people with a neurodevelopmental disorder(s) including complex health needs related to delay. The service provides assessment for infants and children with complex disorders of development. Following diagnosis, Developmental Paediatrics aim to support children and young people, parents, and carers in developing appropriate care pathways for their complex health needs. Working collaboratively with other supportive services, Developmental Paediatrics aim to reduce the health consequences of chronic medical conditions and assist children and young people in realising their potential. The service has an average active caseload of 1,500 children and young people in St Helens and receives approximately 113 referrals per month. The main presenting needs are for ADHD, Neurodevelopment Pathway Team assessments and other neurodevelopmental disorders such as global developmental delay.

12.3 Neurodevelopmental Pathway

The St Helens Neurodevelopment Pathway Team (NDP) works with children and young people, aged up to 18 years registered with a St Helens GP, with suspected neurodevelopmental difficulties, who require a multi-agency assessment to gain a better understanding of their needs. This process can lead to a diagnosis of autism spectrum disorder (ASD), attention deficit, hyperactivity disorder (ADHD), global developmental delay (GDD) and difficulties with attachment.

St Helens have observed a significant increased demand for assessments on the Pathway which reflects the same observations across Cheshire and Merseyside and Nationally. In 2021-22 there was 438 referrals made to the Pathway, compared to 655 in 2022-23 and 817 in 2023-24. Consequently, the number of children and young people open to the Pathway continues to rise (figure 28).

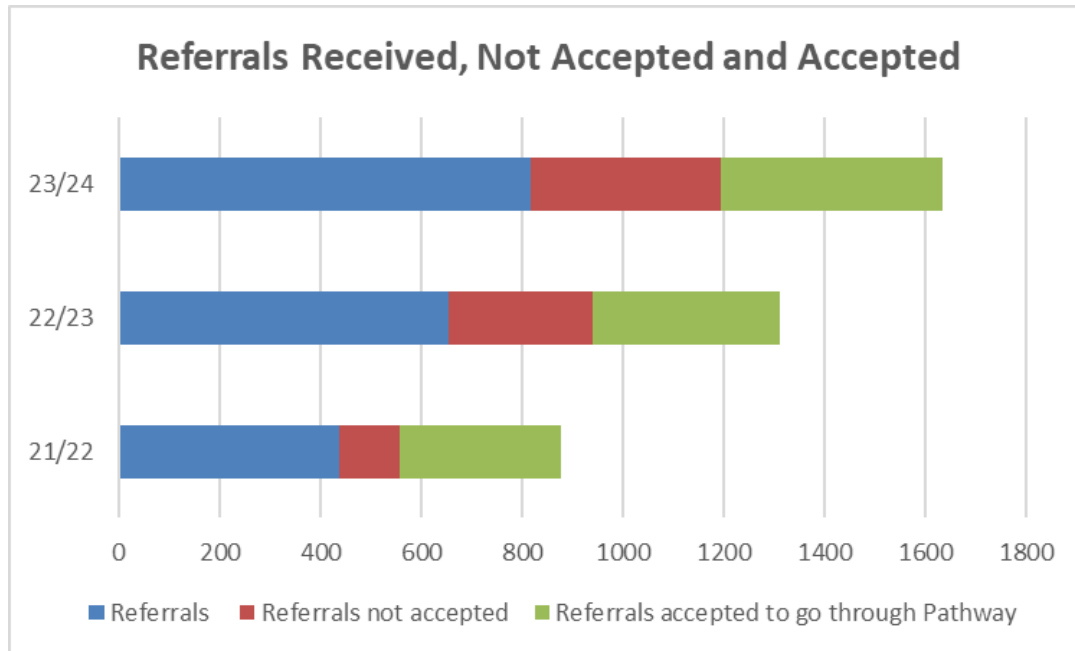
Figure 28: Children Referred and Children Open to the St Helens Neurodevelopment Pathway Team (2020-2024)



(Source: Mersey Care)

The local Pathway has also observed an increase in referrals which are not accepted at point of triage, with a rate of 27% non-acceptance in 2021-22, to a rate of 43% in 2022-23 and 46% in 2023-24 (figure 29). The main reasons for non-acceptance are that a sufficient graduated approach has not been followed or evidenced and there is therefore insufficient information to indicate a need for specialist assessment.

Figure 29: St Helens Neurodevelopment Pathway Team Referrals Received, Not Accepted and Accepted (2021-22 – 2023-24)



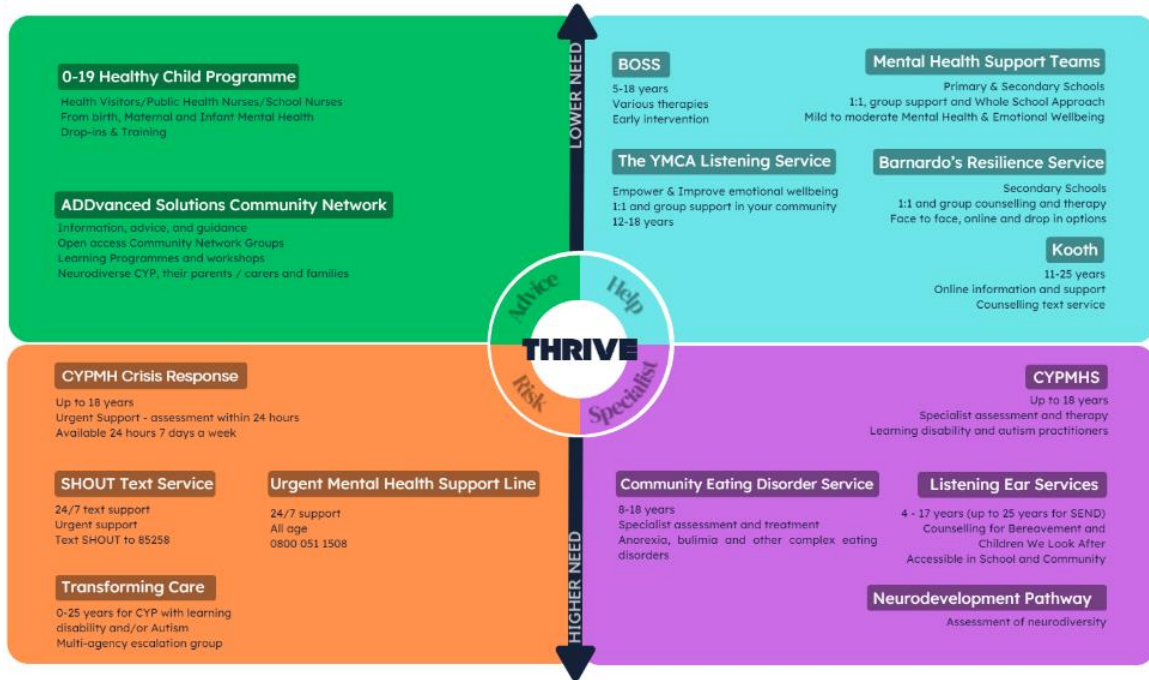
(Source: Mersey Care)

12.4 Community Mental Health Services

In St Helens there is a wide range of services available to support children and young people's emotional and mental wellbeing. Support is available within the community as well as in local education settings. Most of the services are available for children and young people aged 0-18 years old, some offer support for children and young people with SEND up to age 25 years. The services are available on the principle of 'the right support at the right time' and are needs led rather than eligibility criteria.

In St Helens there has been the development of the THRIVE framework to embed an integrated, person centred, and needs led approach to providing mental health services for children, young people and their families. Figure 30 outlines the St Helens THRIVE model of care.

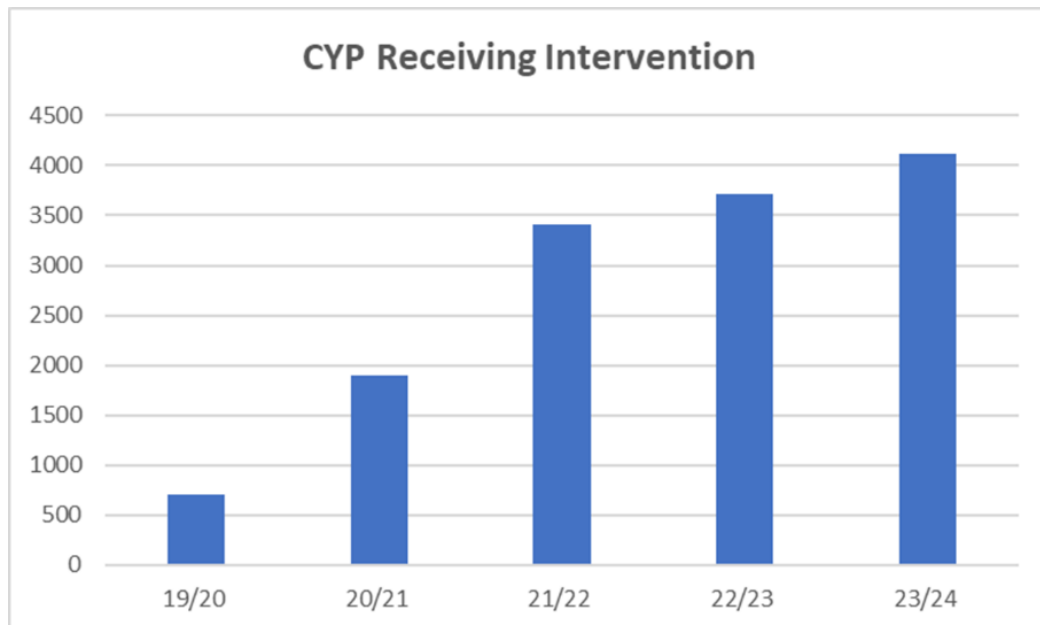
Figure 30: St Helens THRIVE Model of Care



(Source: St Helens Children and Young People Scrutiny Committee Report, 2024)

The number of children and young people in St Helens who have received support from THRIVE between 2019-20 and 2023-24 are outlined in figure 31.

Figure 31: Number of children and young people receiving interventions from THRIVE in St Helens (2019-20 – 2023-24)



(Source: St Helens ICB)

Data from St Helens children and young people's mental health services show the top reasons for referral are:

- Anxiety and stress.
- Low mood and depression.
- Suicidal ideation.
- Low self-esteem and self-confidence.
- Emotional and behavioural complexities.

Table 19 shows the top 10 active case needs across the Mental Health Support Teams and the Specialist CAMHS service in St Helens.

Table 19: Top 10 active case needs in Mental Health Support Teams and The Specialist CAMHS service in St Helens (Autumn 2024)

Top 10 Active Case Complexity Factors / Identified Needs			
MHST		CYPMHS M.Care	
Issue	%	Issue	%
Parental Health Issues	35	Anxious in social situations (Social anxiety/phobia)	11
SEN – Special Educational Needs	13	Anxious generally (Generalized anxiety)	11
Pervasive Developmental Disorders (Autism / Aspergers)	10	Depression/low mood (Depression)	9
Domestic Violence	8	Difficulties sitting still or concentrating (ADHD/Hyperactivity)	8
Young Carer Status	8	Anxious away from caregivers (Separation anxiety)	6
Neurological Issues e.g., Tics or Tourette's	5	Family relationship difficulties	5
EHC – Education Health Care Plan	4	Peer relationship difficulties (Bullying)	5
Experience of abuse or neglect	3	Avoids going out (agoraphobia)	4
Living in Financial Difficulty	3	Self-Harm	4
Learning Disability	3	Disturbed by traumatic event (PTSD)	4

(Source: Mersey Care Data Requests Team)

Waiting times for Mental Health Services has been a challenge nationally for some time. The NHS Long Term Plan resulted in significant investment in Mental Health Services, including Children's Services. Consequently, waiting times have improved and in St Helens most children and young people can expect to receive a first contact within 24 hours of a referral being received. Initial assessments on average will commence between 4 hours and 1 week for urgent referrals and within 12 weeks for routine. This is better than the national standard of 'referral to treatment' which states should be within 18 weeks. However, some therapies do have waiting times of over 6 months. The longest wait is for Art and Play Therapy.

St Helens performs well for waiting times compared to similar services across Cheshire and Merseyside and nationally.

12.5 Transforming Care and Individualised Commissioning

Transforming care is a national programme led by NHS England which focuses on ensuring that adults and children and young people with a learning disability, autism, or both have the right to the same opportunities as anyone else.

In St Helens, some of the ways we are doing this to support children and young people is through:

- Commissioning a broad range of support services as part of our St Helens CYP Thrive Offer.
- Dynamic Support Database (DSD) monitoring and co-ordinating a multi-agency response to needs before they reach crisis.
- Care, Education and Treatment Reviews (CETRs).

Dynamic Support Database and Care, Education and Treatment Reviews are central to the NHS Long Term Plan commitments to:

- Reduce the number of children and adults with a learning disability and autistic children and adults in mental health inpatient services.
- Avoid inappropriate admissions to mental health inpatient settings.
- Develop responsive, person-centred services in the community.
- Prevent placement breakdown.
- Prevent involvement with the Youth Justice System.

In addition to referrals by professionals across education, health and care, local young people and families can self-refer for consideration of being added to the Dynamic Support Database and/or for a Care Education and Treatment Review.

Table 20 shows the number of referrals received into Transforming Care over the two previous financial years and whether an admission was avoided. The Dynamic Support Database for children and young people was introduced in 2019 and the availability of comparative data is still in development.

Table 20: Number of Referrals to Transforming Care, Number added to Dynamic Support Database, and Number of Admissions Avoided in St Helens (2022-23 and 2023-24)

Indicator	Year	
	2022-23	2023-24
CYP referred	12	11
Added to DSD	9	10
Admission avoided	8 of 9	10 of 10

(Source: ICB Dynamic Support Database)

12.6 Continuing Care

Some children and young people may have very complex health needs which require additional health support that is not routinely available. This additional health support is called Continuing Care. The Children’s Continuing Care Team is responsible for assessing children and young people to see if they are eligible for continuing care.

A continuing care package may be required when a child or young person has needs arising from a disability, accident or illness that cannot be met by existing universal or specialist services alone. Nationally numbers are low, and reporting varies. This is a current area of development work.

12.7 Community Accommodation Service: Appropriate Places of Safety (Tier 3 and 4)

An emerging workstream across Cheshire and Merseyside is exploring the need for housing provision for children and young people at risk of being placed out of the borough or at risk of a long stay in hospital as a result of no suitable local accommodation due to complexities in their current residence and their mental health.

Multi-agency panels such as the Transforming Care and Gateway are supporting in reducing this risk, by:

- Presenting a plan to increase internal children’s home capacity, including solo provision with the aim of universal services supporting the outcomes for children.
- Working closer with private providers to understand their “specialist” offer and build services for our children within the corporate parenting partnership.
- Earlier identification of the children with most complex needs and joint planning to meet those needs to avert the need for care outside of the family.
- Access to short breaks and respite care.

12.8 Triage, Educational Specialist Support and Advice Service (TESSA)

The Triage, Educational Specialist Support and Advice Service (TESSA) provides schools with a single point of entry to specialist services and advice and was introduced at the start of the 2023 academic year.

TESSA was implemented to reduce challenges in the education support system and designed to facilitate a multi-professional approach, ensure the application of best/recommended practice on a consistent basis, and streamline the referral process for schools and parents.

Since the TESSA approach was implemented in September 2023, the HIVE²⁰ has received contact in relation to 824 individual pupils (approximately 103 per month). Data from each contact is recorded and used to monitor presenting issues and to identify trends. This intelligence is then used to inform strategy and commissioning.

There are currently 591 'active' TESSA Plans, (i.e., there is involvement from a local authority specialist with the child/young person) a data management system is in place, which means these involvements can be tracked. There are also 10.2% of children/young people currently engaged with TESSA who also have an EHCP.

²⁰ HIVE – Health, Information and Advice, Virtual School, Emotional Wellbeing

12.9 Family Hubs

St Helens is one of the 75 Local Authorities who received funding to develop Family Hubs (funding targeted to areas of deprivation)

The priorities are parent-infant relationship and perinatal mental health support, infant feeding, home learning, speech and language, parenting, and engaging families in the development of the Family Hub.

Family Hubs offer a wide range of services including; antenatal and health visiting, child development, parenting programmes, and youth and adult support groups.

As well as 'Family Hubs' there are outreach, universal and on-line offers.

The main focus is the first 1001 days, however some provision is for children up to 19yrs (25yrs for SEND)

Wide ranging consultation has taken place with parents and carers to understand their priorities in regard to Family Hub delivery. Families have asked for more provision for children and young people with special education needs and more activities for the whole family.

St Helens Family Hubs have already adapted buildings to make them more accessible, have in place sessions specifically for children with emerging needs and more universal sessions are being adapted to meet the needs of children and families attending. St Helens Family Hubs will continue to consult with parents and carers and adapt the offer based on local need.

13. Lived Experience

The feedback and views of children, young people, and their parent/carers provide a valuable source of insight into the lived experience of our children living with SEND.

13.1 Listen 4 Change

The Parent Carer Forum in St Helens is 'Listen 4 Change', and their aim is to help shape services to meet the needs of children with SEND and their families in the borough. The Local Authority, Integrated Care Board, and Listen 4 Change meet bi-monthly through 'Keep in Touch' meetings. The purpose of these meetings is to feedback the experiences of families, share information, jointly plan, and problem solve.

13.2 St Helens Big Chat

The St Helens Big Chat is a network of SEND youth voice groups across the local area. There have been a range of consultations, engagement and coproduction

initiatives including the 'St Helens BIG CHAT SEND Strategy Consultation' event held in February 2024 which identified the following key themes:

- Young people do not always feel protected and secure from bullying or harm.
- The education offer is not always tailored to fit everyone's unique needs.
- Emotional well-being is crucial and young people want to know what support is available.
- Young people want more power to make decisions and influence changes that affect their lives.

13.3 Autism in Schools Project

The Autism in Schools Project involved focus groups with young people with autism, teaching staff and parent/carers (all separate groups). The focus group reported there was a need for more understanding of autism, and improved access and awareness of support available, both in school and in the community.

13.4 Delivering Better Value in Send (DBV)

Through the Delivering Better Value (DBV) in Send programme, a total of 134 parents and carers completed a survey to better understand the key drivers around the transition of young people, especially in the secondary phase of education. Key issues raised from the survey included:

- Parental confidence in and ability and capacity in mainstream schools to meet the needs of children with factors such as additional teacher time, additional support, and a higher level of staff training expertise.
- Key priorities for improvement in response to children with autism, social emotional and mental health issues, and the graduated approach to meeting need.

13.5 Preparing for Adulthood Learning Programme

The Preparing for Adulthood programme offers learning opportunities to parents and carers of neurodivergent young people aged 11+ who are awaiting Autism and Learning Disability assessment.

Through the Preparing for Adulthood programme, young people have told us they aspire to have independent lives, have a job, be able to travel, and have a house and a family. Young people with SEND identified a need of support for self-advocacy, particularly in relation to independent living, understanding benefits, accessing support, online safety, community confidence, inclusive awareness, friendships and relationships, and mental health and wellbeing.

13.6 Children with Disabilities Short Breaks

The vision in St Helens is to provide disabled children and young people with opportunities and experience that achieve positive outcomes for them. The aim is that short breaks will contribute to keeping disabled children safe and healthy, enabling them to enjoy new activities, make friends and have new learning opportunities, as well as preparing teenagers for adulthood.

Feedback from parent/carers in relation to St Helens Short breaks highlight several positives including:

- Utilising direct payments for universal and Holiday and Food activities, and
- Successful engagement with commissioned services like Brighter Dayz, Ever Evolving and Vibe.

Parent carers wanted to see improvements in:

- Wider access to overnight respite.
- Increased outdoor options.
- Out of school childcare.
- More groups and clubs.
- Enhanced support like PAs and mentors.
- Clear criteria for direct payments.
- Expanded swimming access.
- Improved communication and inclusivity.
- Family orientated activities accommodating siblings.
- Consistent and reliable service provision.

14. Conclusion

This SEND JSNA sought to bring together the available data on children in St Helens aged 0-25 with SEND to create a picture of prevalence, demand on services, and service user views to inform an analysis of gaps. These should be considered in the development and implementation of local strategy.

St Helens has 51,526 children and young people aged 0-25 residing in the Borough, making up 23.6% of the total population.

St Helens is ranked as the 26th most deprived local authority in England and 43% of the Borough's population live in the 20% most deprived areas in England. Multiple deprivation is widespread in St Helens, with particularly high levels across the south and east of the Borough. Findings from the wider St Helens Childrens JSNA and Maternity and Early Years JSNA show that children living in the more deprived areas of the borough experience poorer health and educational outcomes. These are likely to be exacerbated for those who also have SEND needs.

The SEND population in St Helens has been increasing year on year and the percentage of children and young people with Special Educational Needs and/or Disabilities requiring support from the Council has also increased. This highlights the importance of capacity to manage potential future need, given that the 0-25 year population is also projected to increase.

The analysis suggests demand for speech and language services and Child and Adolescent Mental Health Services. The Children Speech and Language Service has an average active caseload of 1,556 children and receives an average of 112 referrals per month. The main SEND need for primary aged children in St Helens is for 'speech, language and communication' needs at 31%, followed by 'social, emotional and mental health' at 19.9%. For secondary aged pupils, 'social, emotional and mental health' was the second highest primary need and the number of children receiving interventions from THRIVE has increased year on year. Those active with the Mental Health Support Team often have needs in relation to parental health issues and active cases with CAMHS often have needs in relation to anxiety and depression. Furthermore, 23% of children and families assessments in St Helens identified concerns about the child's mental health, and this was higher than reported nationally.

Educational outcomes are poorer for children with SEND. Children in Key Stage 1 with SEND are less likely to meet the expected standards in maths, reading, science and writing. And in Key Stage 2, despite pupils in St Helens with SEN less likely to be meeting the expected standards compared to those with no identified SEN, St Helens does have a higher proportion of pupils meeting the expected standards compared to the national average. In Key Stage 4, pupils in St Helens with SEN without a statement and pupils with a statement of SEN or EHC plan are much less likely to achieve a grade 5 or above in GCSE England and Maths. The analysis also show that whilst the proportion of young people in St Helens with SEN qualified to Level 2 at age 19 has been increasing, there has also been an increase in our SEND children not in education, employment or training (NEET)

The JSNA recognises there are additional needs for children with SEND with regards to their health and that there is an over representation of SEND children in the Youth Justice System.

There are a wide range of services currently available in St Helens for children with SEND and their families, and targeted focus groups and engagement with service users suggest that key areas for improvement include a focus on children with autism, social emotional and mental health issues, and a graduated approach to meeting need. Young people with SEND in St Helens tell us that support for emotional well-being is crucial and that they want more influence on decisions and influence on the changes that affect their lives.

15. Priority Areas for Action

The priority areas for action identified based on the evidence within this needs assessment:

- Undertake further analysis of needs data to understand why some areas of need differ from the national prevalence i.e., Specific learning difficulty.
- Transition is a period of uncertainty for children, young people and their parent carers. Transitions for children with SEND need to be well-planned and person-centred for children to support those moving from one phase of education to another.
- Families want their children to attend a school with their peers in their local communities and in a setting which can meet their need. Partners should consider how to build capacity across the local area.
- There is a need to increase employment and training placements for young people with SEND so that there are meaningful opportunities to live as independent a life as possible.
- Everyone with a Learning Disability must be offered an Annual Health Check from the age of 14 and should be encouraged to take up this offer. We need to be assured that these health checks are thorough and of a consistently high quality.
- The alternative provision should work with schools to find creative solutions to support pupils to remain in their school.
- The borough should maximise early identification of need and parental support through the new St Helens Family Hubs.
- Families value our short breaks offer, but improvements should be made to ensure greater diversity including PAs and short breaks, foster carers to meet eligible needs and ensuring that community facilities are SEND friendly.
- Continue to monitor 'referral to treatment' waiting times for mental health and work on offering the shortest waits possible within existing resource.
- Mental health services to work in partnership with MHSTs and schools and settings to promote the St Helens Thrive model so that the right support is received, at the right time, from the right person. The PATHs programme is

having a positive impact in some schools and there is value in extending to more schools.

- Focus on the SEMH cohort to identify co-occurring conditions that may be the root cause of presentation, increasing the knowledge and skills of all work with this cohort to differentiate between trauma and neurodevelopmental needs, and deliver a relational and trauma informed approach to behaviour (acting out and masking).
- Improve reasonable adjustments for sensory processing needs and neurodiversity, through training and services available, to ensure equal access to and opportunities in education, training and employment.
- Getting children into good quality early education provides the best opportunity to identify needs early and wrap support around children and their families. SEND needs should be considered in the expansion of the Free Early Education Entitlements for working parents.
- Improve the family experience of assessments and diagnosis.
- From a young age the use of health passports, communication passports and/or hospital passports need to become consistently and universally used by all services.
- Health staff in primary, secondary, and tertiary (specialist) health and care services, social care and education settings need to receive sufficient training to enable them to understand the needs of this population cohort and be judged competent to do so. We will review and improve training.
- Improvement in assessment, ensuring an understanding of the root cause of any issues to better meet needs and avoid referring to the wrong support services.
- Develop a multi-agency approach to speech, language and communication development from the earliest age (in all settings and provision) across the local area and in line with the C&M approach.
- Review and develop our graduated approach, assessment, and diagnosis of neurodiversity in response to the significant increase in demand, aligning with the C&M neurodevelopmental model and delivering multi-agency early intervention and ongoing assessment prior to diagnosis.