



Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: 23rd June 2026

Committee: People Overview and Scrutiny Committee

Date: Wednesday, 1 July 2026

Time: 6.00 pm

Venue: Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda*

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Tim Collard
Service Director – Legal and Governance (Monitoring Officer)

Members of People Overview and Scrutiny Committee

Mandy Duncan (Chairman)

Mark Morris

Neil Bentley (Vice Chairman)

Alan Mosley

Thomas Clayton

Wendy Owen

Susan Coleman

Colin Taylor

Jamie Daniels

Teri Trickett

Duncan Kerr

Co-opted Members (Voting):

Carol Morgan - Diocese of Shrewsbury (RC)

Gemma Martin - Diocese of Hereford

Your Committee Officer is:

Shelley Davies Committee Officer

Tel: 01743 257718

Email: shelley.davies@shropshire.gov.uk

When attending this meeting, Members are reminded of the three principles of the Jo Cox Foundation and Compassion in Politics Civility Pledge:

1. *Use a civil and constructive tone in debate*
2. *Act with integrity, honesty and compassion*
3. *Behave respectfully towards others, including those I disagree with*

*(Please note that while we strive to live stream meetings, technical issues may occasionally occur. In the event of a technical disruption, the meeting will be paused to try to resolve the issue. Should it not be possible to resume the live stream, the meeting will proceed as scheduled, and a backup recording will be made available after the meeting. Any disruption to the live stream does not affect the legality of the meeting).

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes (Pages 1 - 10)

To confirm the minutes of the meeting held on 22nd April and 14th May 2026.
[Minutes attached]

Contact: Shelley Davies – Committee Officer.

4 Public Questions

To receive any questions from members of the public of which notice has been given. The deadline for this meeting is 12.00 pm, Thursday 25th June 2026.

5 Member Questions

To receive any question of which Members of the Council have given notice. The deadline for this meeting is 12.00 pm, Thursday 25th June 2026.

6 Quarterly Performance Monitoring Report – Care and Wellbeing

To receive the Quarterly Performance Monitoring Report – Care and Wellbeing.

Contact: Cezar Sarbu - Service Manager Safeguarding DoLS integrated funding and OT.

REPORT TO FOLLOW – This is due to unplanned additional workload arising from the announcement of the imminent regulatory inspection.

7 Children's Services Quarter 1 Performance Report and National Local Outcomes Performance Framework Scorecard (Pages 11 - 50)

To receive the Children's Services Quarter 1 Performance Report and National Local Outcomes Performance Framework Scorecard. [Report attached]

Contact: David Shaw - Director of Children's Services

8 Ofsted - Shropshire Area Thematic Visit (Pages 51 - 58)

To receive an update on the Ofsted - Shropshire Area Thematic Visit and identify areas that may require further investigation by an Overview and Scrutiny Committee. [Summary note attached]

Contact: David Shaw - Director of Children's Services & Natasha Moody - Families First Partnership (FFP) Strategic Lead.

9 The Local SEND Reform Plan (Pages 59 - 100)

To receive an update on the Local SEND Reform Plan and identify areas that may require further investigation by an Overview and Scrutiny Committee. [The Local SEND Reform Plan attached]

Contact: Natasha Moody - Families First Partnership (FFP) Strategic Lead.

10 Work Programme (Pages 101 - 104)

Verbal update on the work programme of the Committee. [Work Programme attached]

Contact: Sophie Foster – Overview and Scrutiny Officer.

11 Date of Next Meeting

To note that the next meeting of the People Overview and Scrutiny Committee will be held at 6.00 p.m. on Wednesday 21st October 2026.



Committee and Date

People Overview and Scrutiny
Committee

1st July 2026

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 22 April 2026

In The Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

6.00 - 8.00 pm

Responsible Officer: Shelley Davies

Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

Present

Councillor Andy Davis (Chairman)

Councillors Mandy Duncan (Vice Chairman), Thomas Clayton, Susan Coleman,
Duncan Kerr, Mark Morris, Alan Mosley and Teri Trickett.

Other Members in Attendance:

Councillor Ruth Houghton – Portfolio Holder for Social Care

Officers in Attendance:

David Shaw – Director Children's Services

Sonya Miller – Service Director Children's & Young People

Natalie McFall - Service Director Care & Wellbeing (remotely)

Michelle Williams – Service Manager Long Term Support

Lisa Gardner - Development Officer SSCP

Sophie Foster – Overview and Scrutiny Officer

Tom Dodds - Strategy and Scrutiny Manager and Statutory Scrutiny Officer

32 **Apologies for Absence**

None received.

33 **Disclosable Interests**

Councillor Mark Morris declared that he run a private hire business which sometimes provided school transport and declared this as a potential interest related to safeguarding.

34 **Minutes**

RESOLVED:

That the minutes of the meeting held on 14th January 2026 be confirmed as an accurate record.

35 **Public Questions**

There were no public questions.

36 Member Questions

There were no member questions.

37 Performance Monitoring Report – Quarter 4 2025/26 - Care and Wellbeing

Michelle Williams, Service Manager Long Term Support presented the Quarter 4 Performance Monitoring Report for Care and Wellbeing, providing a focused overview of adult social care activity, demand and financial pressures. She highlighted improved performance in completing care package reviews, with over 4,400 reviews completed out of approximately 5,300 people receiving funded support. It was noted that while some reviews remain overdue, these were prioritised and risk-managed, with safeguards in place to ensure individuals continue to receive appropriate care.

Ongoing work to support people to make informed care decisions, manage unpredictable demand pressures, including NHS-related demand transfers, and strengthen financial controls around capital reductions was also outlined to members and officers concluded that risks were actively managed, demand pressures were well understood, and the new operating model focused on earlier intervention and prevention.

Members queried how the Council ensured that individuals with overdue reviews, particularly those assessed as lower risk, were not experiencing harm. Officers confirmed that all individuals continue to receive care and were supported through additional oversight, including primary care and multi-disciplinary working where appropriate.

Members acknowledged the progress made in reducing the backlog of reviews and asked whether specific targets had been set for completing the outstanding reviews. Officers advised that review activity was managed flexibly in response to demand, with clear improvement plans in place across service areas and performance monitored quarterly. If progress does not meet expectations, actions were adjusted and additional support deployed.

Members questioned trends in the data showing a slowing rate of increase in completed reviews and sought clarification on whether this indicated a plateau in demand. Officers explained that the figures reflect fluctuating cohorts, with people entering and leaving services, and increasing front-door activity resulting in more people entering the review cycle.

Concerns were raised about the proportion of overdue reviews and whether resource limitations were a contributing factor. Officers confirmed that staffing capacity was a constraint and that resources must be balanced between new demand and review activity. It was explained that addressing all reviews immediately would require significant additional staffing, which could reduce the service's ability to respond to urgent new cases.

Members asked whether additional funding could be used to recruit more staff. Officers confirmed that workforce capacity was being considered as part of the new Care and Wellbeing operating model, with targeted investment and transformation activity planned to manage demand more effectively at the earliest point rather than relying solely on reactive responses.

Members sought clarity on how reviews were conducted in practice, including who was involved and who carried them out. Officers explained that reviews were undertaken by qualified practitioners or social workers, involve the individual at the centre, and may include family members, carers and relevant professionals to ensure a holistic assessment.

Further questions were raised about the lack of benchmarking information. Officers confirmed that a shift to client-level data was underway and that regional and national comparisons will be introduced as this data becomes available, enabling stronger performance benchmarking in future reports.

Members emphasised the need for clearer presentation of performance, including comparative data and indicators, to support effective scrutiny. Officers acknowledged this and confirmed work was underway to develop a more consistent set of indicators aligned with national frameworks.

Recommended

That the Committee:

1. Note the contents of this report and take assurance on how Care and Wellbeing was managing care package reviews, including the use of a risk-based approach to prioritisation, performance oversight and statutory compliance.
2. Endorse the Council's current approach to managing financial pressures arising from capital reduction, self-funding transitions and unpredictable demand and spend, including the use of forecasting, scenario planning and strengthened financial and operational oversight.
3. Support the continued implementation of the revised Deferred Payment Agreement arrangements, noting the progress made in strengthening governance, consistency, customer experience and financial sustainability.
4. Support the Council's approach to meeting its duties under the Care Act 2014 in relation to information, advice, informed choice and planning for later life, in line with the new Care and Wellbeing operating model.
5. Note the completion of the Day Services public consultation and agree that officers proceed to analyse consultation feedback and bring a further report to Cabinet setting out options and recommendations in due course.

38 Year End 25/26 Performance Report - Children's Services

Sonya Miller, Service Director Children's & Young People presented the Year End 25/26 Performance Report for Children's Services, providing an overview of end-of-year performance, demand trends and outcomes. She advised that the report was intended to give members a comprehensive picture of performance to support scrutiny and statutory responsibilities. It was highlighted that Children's Services benchmark well against most key indicators and that performance was monitored weekly, allowing issues to be identified and addressed promptly. She reported a continued downward trajectory in the number of children looked after, with rates reducing over the last three years, alongside a lower-than-average rate of children entering care and a higher-than-average rate of children ceasing care.

Members attention was drawn to pressures relating to children aged 0–5, the increasing complexity of need, the growing use and cost of residential provision, and capacity challenges in foster care. It was emphasised that care planning was complex, must be driven by the child's needs and timescales, and required coordination across education, health and social care.

Members welcomed the report and acknowledged the range of positive performance indicators, including improved early help, foster carer recruitment and strengthened decision-making. Members asked how confident officers were that the reduction in children looked after would continue. Officers confirmed confidence in the ongoing downward trend, supported by strengthened early help, Family First Partnership reforms, and improved care proceedings while noting that future numbers must still reflect the level of harm and need within the county.

Members were advised that the Stepping Stones programme played an important role in early intervention and prevention, contributed to improved outcomes for children, and supported demand management and longer-term financial sustainability by reducing reliance on high-cost care placements. It was added that a report would be presented to Cabinet in June, setting out Children's Services transformation plans with a strong emphasis on early help and Stepping Stones, including how prevention and early intervention will be further strengthened through service reform and investment.

Questions were raised regarding the high use of residential placements, out-of-county placements and financial pressures. Officers explained national and local market challenges, the limited availability of foster placements for younger children with complex needs and that work was underway with commissioning colleagues to secure more local provision and increase capacity.

Members raised concerns about the level of Community Infrastructure Levy (CIL) funding held by the Council and suggested it could potentially be used to support children's residential provision. Officers advised that the use of CIL for new children's homes had been considered but noted that expansion of in-house provision was

constrained by workforce capacity and stability, rather than the availability of buildings. It was explained that while the Council delivers high-quality children's homes, expanding provision too quickly could destabilise existing services due to staffing pressures.

Members asked about the impact of COVID-19 and wider system issues on historically high numbers of children looked after. Officers outlined factors including court delays, reduced availability of community services, increased non-accidental injuries, large sibling groups and the impact of national transfer arrangements, and advised that detailed analysis had previously been undertaken and this information would be shared with members.

Further questions related to modelling future demand, benchmarking, and comparative performance. Officers confirmed that modelling work was underway to project future children looked after numbers and associated workforce and financial implications, and that this would inform forthcoming transformation and Cabinet reports.

Members agreed that housing had emerged as a significant issue contributing to children's social care pressures and that it should be looked at further through the scrutiny process. Officers confirmed that housing-related factors were being analysed through needs and harms work, and Members emphasised the importance of ensuring the issue was picked up through the Council's scrutiny arrangements rather than being overlooked.

Recommended:

That the Committee:

1. Note the contents of the report and the year-end performance position for Children's Social Care for April 2025 to March 2026.
2. Consider the key demand, activity, and placement trends, including the principal factors contributing to cost pressures.
3. Acknowledge the progress made in reducing CLA numbers.
4. Support the actions being taken to mitigate financial pressures and manage future demand.
5. Request continued regular performance and financial updates.

39 Shropshire Safeguarding Children Partnership Annual Report 2024/25

David Shaw, Director of Children's Service presented the Shropshire Safeguarding Children Partnership Annual Report for 2024/25, noting that the report was being presented later than intended due to staffing and capacity challenges. He confirmed that the subsequent 2025/26 annual report would be completed and published by September 2026 in line with statutory guidance and introduced Lisa Gardner, Development Officer - Shropshire Safeguarding Community Partnership

Lisa Garner outlined the key themes of the report including the rural nature of the county and associated access challenges, strengthening of partnership governance arrangements, improved accountability and independent scrutiny, and progress in implementing national safeguarding reforms. She highlighted the transformation of early help and family hub arrangements, delivered without additional national funding, which had led to earlier intervention, improved parental satisfaction and reduced escalation to statutory services and reported on learning from serious safeguarding cases, strengthened quality assurance, multi-agency training activity, and ongoing priorities including child neglect, exploitation and early intervention.

Members asked what the most significant measurable improvements for children and families had been. Lisa Gardner advised that the development of early help and family hubs had made the most notable difference, supporting families earlier and improving community outcomes.

Members sought clarification regarding comments in the report about capacity being stretched in delivering statutory safeguarding functions. Officers explained that during 2024/25 there had been staffing gaps and changes within the safeguarding partnership team, which had created pressures. These gaps had since been addressed through interim arrangements, recruitment activity and review of team structure, with steps taken to ensure statutory functions continued to be delivered safely.

Questions were raised about monitoring and responding to missing children. Officers explained that children missing within Shropshire largely relate to children placed in the county by other local authorities, particularly in residential provision. Assurance was provided that Shropshire-responsible children were closely monitored, return-home interviews were completed promptly, and work was underway with police colleagues to strengthen data and oversight arrangements.

Members asked about the notification and management of sex offenders placed in communities. Officers confirmed that monitoring and disclosure arrangements were managed on a case-by-case basis by police and probation services, depending on licence conditions, and that disclosure to the Council or community was not automatic. It was explained that safeguarding mechanisms, including Sarah's Law, were available where there is a specific risk to a child.

Concern was raised about protecting individuals who report safeguarding concerns. Officers confirmed that referrals can be made anonymously and reiterated the duty to

share safeguarding information appropriately, advising that concerns about breaches of confidentiality should be followed up and investigated.

Recommendations:

That the committee:

- 1. Considers and notes the content of the report.
- 2. Considers and notes the priorities for 2025/26 and how these will positively impact the lives of children and families in Shropshire.

40 Update from the SEND Transport Task and Finish Group

The Chairman provided a verbal update on the SEND Transport Task and Finish Group, advising that the Group had reviewed the legal requirements relating to SEND transport. Members were informed that the next stage would be to hold a meeting with officers and relevant Portfolio Holders to explore the issues in more detail and discuss them in person, with a view to progressing the work and determining next steps.

41 Work Programme

Tom Dodds, Strategy and Scrutiny Manager and Statutory Scrutiny Officer provided a verbal update on the work programme, advising that Members would be invited to attend a strategic work-programming session in June. He explained that the session would bring together non-executive Members and senior officers to consider key issues and priorities over the next 12–24 months, helping to inform and shape future Scrutiny work programmes. It was noted that this approach would support better coordination across Scrutiny Committees, ensure that emerging cross-cutting issues (including housing) were picked up by the most appropriate committee, and align work programmes more closely with the Council’s Corporate Plan.

42 Date of next meeting

Members noted that the next meeting of the People Overview and Scrutiny Meeting will be taking place on Wednesday 1st July 2026 at 6.00 p.m.

Signed (Chairman)

Date:

This page is intentionally left blank



<p><u>Committee and Date</u></p> <p>People Overview and Scrutiny Committee</p> <p>1st July 2026</p>

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting held on 14 May 2026
In The Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ
12.00 - 12.10 pm**

Responsible Officer: Shelley Davies
Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

Present

Councillors Neil Bentley, Thomas Clayton, Susan Coleman, Jamie Daniels, Duncan Kerr, Mark Morris, Alan Mosley, Wendy Owen, Colin Taylor, Teri Trickett and Dawn Husemann (substitute for Mandy Duncan)

1 Election of Chairman

It was proposed, seconded and duly **RESOLVED**

That Councillor Mandy Duncan be elected Chairman of the People Overview and Scrutiny Committee for the forthcoming municipal year.

2 Apologies for Absence

Apologies for absence were received form Councillor Mandy Duncan.

Councillor Dawn Husemann substituted for Councillor Duncan.

3 Appointment of Vice-Chairman

It was proposed, seconded and duly **RESOLVED**

That Councillor Neil Bentley be appointed Vice-Chairman of the People Overview and Scrutiny Committee for the forthcoming municipal year.

Signed (Chairman)

Date:

This page is intentionally left blank



Committee and Date

**People Overview
Scrutiny Committee**

1 July 2026

Item

Children's Services
Performance Report
and Local Outcomes
Framework Scorecard

Public



Children's Services Quarter 1 Performance Report and National Local Outcomes Performance Framework Scorecard

Responsible Officer:	David Shaw, Director of Children's Services		
email:	David.shaw@shropshire.gov.uk	Tel:	01743 256479
Cabinet Member (Portfolio Holder):	Andy Hall		

1. Synopsis

- 1.1 This report presents the Children's Services developing performance scorecard and reporting approach for the People Overview Scrutiny Committee, aligned to the 2026 Local Outcomes Framework.
- 1.2 The scorecard has been developed with national reforms in mind and will continue to evolve to keep pace with the changes ahead. Including the Children's Social Care National Framework and the 2026 Delivering the children's social care reset: an implementation Plan for local partners.
- 1.3 Children's Services Analysis Tool (ChAT) dated 18 June 2026, which provides the latest six-month and snapshot position available for this report.

- 1.4 The analysis of the Chat Tool indicates that core areas of statutory practice and safeguarding performance are being sustained into **Quarter 1**, alongside continued system pressure driven by demand, complexity, and placement sufficiency challenges. The report supports member oversight of both performance and areas requiring continued improvement and challenge.
- 1.5 It asks the Committee to note, and comment on, the proposed member-facing framework for future reporting and the Children's Services Analysis Tool (ChAT) appendix dated 18 June 2026, including the key issues arising for scrutiny and oversight.

Key message for members

- 1.6 The proposed scorecard should be read alongside the Children's Services Analysis Tool (ChAT) dated 18 June 2026. The updated ChAT indicates that statutory practice and safeguarding activity continue to be sustained, with assessments completed within 45 working days at 87%, children seen during assessment at 98%, and initial child protection conferences held within 15 working days at 77%. It also highlights continuing pressure across demand, children looked after, placement sufficiency, health and dental compliance, and care leaver outcomes.

2. Executive Summary

- 2.1 This report presents the proposed Children's Services performance scorecard for 2026–2027, aligned to the National Local Outcomes Framework and informed by current national reforms, including the national outcomes and enablers, the Children's Social Care Dashboard and the Local Authority Interactive Tool,
- 2.2 The report should be read alongside the Children's Services Analysis Tool (ChAT) dated 18 June 2026, which provides the latest six-month and snapshot view of performance. The analysis indicates that core statutory practice, including assessments, safeguarding processes and children being seen, is being sustained into Quarter 1, reflecting stable frontline delivery and effective operational oversight.
- 2.3 At the same time, the ChAT dated 18 June 2026 highlights continued system pressure. It reports 6,491 contacts, 633 referrals and 1,193 assessments in the last six months, with 1,360 children in need with an open episode, 224 children subject to a child protection plan, and 666 children looked after with an open episode of care. Whilst care leaver contact remains strong, outcomes in education, employment and training remain variable, and compliance with health and dental checks for children looked after requires continued scrutiny. These issues are subject to regular oversight and challenge in the service.
- 2.4 Taken together, this presents a position of stable and safe practice under pressure. This requires a continued shift towards reducing demand, strengthening early intervention, and improving long-term outcomes for children and young people.
- 2.5 The Children's Services Reforms Cabinet paper presented on 10 June 2026 set out Shropshire's proposed integrated response to national children's reforms through a single Children's Transformation programme. The programme brings together Families First Partnership, Best Start in Life, SEND Reforms, Youth Transformation and the Private Law Pathfinder, with a shared focus on earlier intervention,

inclusion, multi-agency working, sufficiency and improved outcomes for children and families.”

- 2.6 The proposed Children's Services performance scorecard is aligned to Shropshire Council's Corporate Plan 2026–2030 by strengthening the line of sight between children's outcomes, statutory responsibilities, demand management, sufficiency, workforce capacity, performance assurance and financial sustainability. The Corporate Plan places financial sustainability, clear priorities and a supported workforce at the centre of the Council's operating model, with activity expected to be realistic, affordable and focused on delivering the greatest possible impact for residents. For Children's Services, this means sustaining safe statutory practice and delivering national reform while reducing avoidable escalation, improving early help and family support, strengthening placement sufficiency, and ensuring that improvement activity is prioritised within the Council's available resources.
- 2.7 The proposed scorecard is structured around the Local Outcomes Framework, bringing together headline outcomes, statutory performance, demand, stability, and impact. It provides a clear and proportionate member-facing framework for ongoing scrutiny and oversight.
- 2.8 **Appendix 1** provides the Children's Services Analysis Tool (ChAT) dated 18 June 2026. **Appendix 2** provides the Draft Children's Services Performance Scorecard Workbook, which is planned to form the core member-facing reporting tool for ongoing scrutiny and oversight.
- 2.9 **Appendix 3** sets out the reference list to include the recent updates of statutory and national guidance underpinning the performance framework shared.

Key Issues for Scrutiny – Quarter 1 2026/27

Theme	Current Position (Q1)	Risk / Issue	Focus for Scrutiny
Demand (Front Door)	Sustained high volume of contacts, referrals, and assessments	Ongoing pressure on capacity and consistency of response	How effectively demand is being managed and reduced through early help and Families First
Safeguarding Practice	Statutory practice (assessments, S47, visits) is secure and being sustained	Risk of deterioration if demand continues to rise	How quality and timeliness of practice are being maintained under pressure
Children in Need & CP	Cohorts remain high, reflecting ongoing complexity	Risk of system drift and longer-term intervention	Effectiveness of plans in reducing risk and step-down activity
Children Looked After (CLA)	CLA population remains high with continued inflow	Sufficiency challenges and financial pressure	Progress in reducing numbers and improving permanence
Placement Sufficiency	Ongoing reliance on external placements	Limited local capacity, especially fostering	Impact of sufficiency strategy and fostering recruitment
Care Leavers – Contact	Strong “in touch” performance	Positive position to sustain	Maintaining relational practice and engagement

Care Leavers – Outcomes (EET)	Variable performance in education, employment, and training	Risk of poorer long-term outcomes	How services are improving EET and independence outcomes
Health & Compliance (CLA)	Some inconsistency in health and dental checks	Risk of statutory non-compliance	Actions to improve compliance and oversight
Workforce & Capacity	Practice is stable but under pressure	Risk to sustainability if demand continues	Workforce capacity, caseloads, and quality of supervision

3. Recommendations

The Overview and Scrutiny Committee is asked to:

- 3.1 Note the Children's Services Performance Report and Local Outcomes Framework Scorecard, including the proposed member-facing reporting framework for the People Overview Scrutiny Committee.
- 3.2 Support and provide comments/amendments on the proposed use of the Local Outcomes Framework scorecard measures as the basis for future quarterly member reporting, subject to final validation of data definitions, baselines, and narrative.
- 3.3 Consider the observations in this report regarding reporting cadence and the challenge of aligning committee publication deadlines with current quarter-end performance cycles.

Report

4. Risk Assessment and Opportunities Appraisal

4.1 Risk table

<i>Risk</i>	<i>Mitigation</i>	<i>Link to Strategic Risk</i>
Headline performance information is incomplete or not yet fully embedded within the new National Local Outcomes Framework and local governance expectations.	The updated scorecard provides a structured reporting framework aligned to the Local Outcomes Framework, statutory timeliness, qualitative assurance, and local governance routes, while also taking account of the national outcomes and enablers. Measures will continue to be refined through service validation, data and performance input, and alignment with the quality assurance framework before they are embedded as the routine	Governance and Compliance Performance and Assurance

	<p>quarterly member-facing report. This includes ensuring that performance reporting reflects the sustained demand, complexity and sufficiency pressures identified through the ChAT analysis.</p>	
<p>Numbers of children looked after remain static or increase further</p>	<p>Strengthen the "right service at the right time," early intervention across the partnership.</p> <p>Ensure consistency in the Front Door application to referrals.</p> <p>Continue to implement and expand Stepping Stones service methodology for prevention and step-down processes.</p> <p>Further develop a culture and practice where all staff are committed to retaining children and young people safely within their families and communities while actively engaging with them. If care is required, prioritise foster placements,</p> <p>Ensure robust decision-making processes and escalate sign-off procedures to the Service Director (SD) and Director of Children's Services (DCS) as appropriate.</p> <p>We aim to reduce CLA spending from 80% to 50% of our budget. The developing improvement/action plan related to placements, sufficiency, partnership, and commissioning support will underpin this intention as outlined through the paper.</p> <p>Our priorities include:</p> <p>Implementing Families First Programme and delivering the national requirements for the implementation.</p> <p>Delivering intervention models that ensure timely access to services, prevent escalation into statutory care, and support children and families within their communities.</p> <p>Enhancing capacity through strategic commissioning, data-driven decisions, and planning to address complex needs, including increasing fostering and residential home options.</p>	<p>Financial Sustainability.</p> <p>Demand Management</p> <p>Governance and Compliance.</p> <p>Financial Controls</p>

	<p>Achieving timely outcomes through effective assessments, child in need and protection plans, ensuring permanence and enabling swift, appropriate exits from care.</p> <p>Reducing statutory intervention and ensuring timely family support to limit budget increases.</p>	
<p>Reporting timelines do not fully align with quarter-end data availability, which continues to limit the completeness of published performance information.</p>	<p>For this reporting cycle, the report will focus on the proposed framework and the available headline scorecard information.</p> <p>Officers will continue to review the timing of future reporting cycles so that committee reporting better reflects quarter-end positions and supports more complete quarterly assurance.</p>	<p>Governance and Compliance Reputation and Transparency</p>
<p>Some measures remain under development, including indicators that are not yet routinely available or require further refinement and future automation.</p>	<p>The updated framework distinguishes between measures that are available now and those that require further development. This allows scrutiny to begin with a proportionate set of Local Outcomes Framework headline indicators while supporting phased improvements to data quality, reporting automation, and assurance over time.</p>	<p>Performance and Assurance Transformation and Delivery</p>
<p>Fostering Capacity is not increased at rates needed to meet the</p>	<p>Sufficiency assessment is being further developed to secure clear understanding of requirements.</p>	<p>Financial Sustainability.</p>

<p>requirements of our children that need to be looked after for their safety and protection and to avoid use of residential homes at the point of crises</p>	<p>Enhanced recruitment efforts have been subject to substantial improvements in marketing strategies and the implementation of a more efficient process, which includes regular check-ins with all interested applicants. Being ready to take them forward as a service when they are ready to progress.</p> <p>West Midlands Regional Care Cooperative application to be progressed to support commissioning approaches, pricing and care offers to become increasingly consistent.</p> <p>See Fostering paper at Appendix 2</p>	<p>Demand Management</p> <p>Demographic Change</p> <p>Governance and Compliance.</p> <p>Financial Controls</p>
<p>Sufficiency Strategy drift and delay of implementation</p>	<p>Strengthened commissioning advice and application including collaborative working across the council departments</p>	<p>Financial Sustainability.</p> <p>Demand Management</p> <p>Demographic Change</p> <p>Governance and Compliance.</p> <p>Financial Controls</p>

5. Financial Implications

- 5.1 There are no direct new financial implications arising from noting this report. The scorecard is intended to strengthen oversight of demand, statutory timeliness, placement stability, workforce pressures, and sufficiency issues that already have material financial consequences for the Council. Improved performance reporting is expected to support earlier identification of risk, stronger challenge, and better-informed decision-making.
- 5.2 This is consistent with Shropshire Council’s Corporate Plan 2026–2030, which requires services to prioritise statutory responsibilities, make best use of available resources, and support the Council’s wider financial sustainability and improvement journey. The scorecard supports this by bringing together performance, demand, sufficiency and outcome measures so that members can scrutinise not only whether services are safe and effective, but also whether actions are reducing escalation, improving placement stability, supporting earlier help and contributing to financial sustainability.

6. Climate Change Appraisal

- 6.1 The Children’s Services is working to support people within their communities to reduce the need to travel and therefore reduce carbon emissions.
- 6.2 Climate consideration is embedded in all commissioning reviews.

7. Background

- 7.1 This report should be read alongside the proposed performance scorecard workbook, which sets out the wider reporting architecture across operational management, Children's Leadership Team, Shropshire Council Improvement Board and Scrutiny/Cabinet reporting. The latest update reflects the emerging Local Outcomes Framework as the organising structure for the member-facing scorecard, while also taking account of the national outcomes and enablers and the fact that the national scorecard remains centrally in development.
- 7.1A This report reflects the position at the point of publication. The Local Outcomes Framework update improves the clarity and relevance of the proposed reporting model, although some measures remain developmental and will continue to be refined through implementation and data validation.
- 7.2 In developing the performance framework, officers have considered the principal statutory guidance, policy documents and supporting resources that shape expectations for children's social care, safeguarding, SEND, and alternative provision. These include the Children's Social Care National Framework, the Children's Social Care Dashboard and supporting information, Working Together to Safeguard Children 2026, the Families First Partnership programme guide, the SEND and alternative provision improvement plan, and relevant inspection and accountability guidance, alongside local strategy, and performance materials.
- 7.2A Further post-POSC development of the performance scorecard will include further integration of additional core Learning and Skills datasets in order to strengthen member oversight across the wider education and children's services system. This will support scrutiny of SEND reform improvement activity, Best Start in Life priorities, the quality assurance of education settings, and safeguarding arrangements in schools across Shropshire. It is intended that the scorecard will provide a broader line of sight across how the Council and its partners are supporting children and young people to be safe, visible, and engaged in education at all stages. Virtual School outcomes and associated data will also be incorporated to strengthen oversight of corporate parenting responsibilities and support appropriate scrutiny and challenge.
- 7.2B The proposed reporting approach is also informed by the national Children's Social Care Dashboard and the outcomes and enablers set out in the Children's Social Care National Framework. The intention is that local reporting will support members to understand progress against the national direction of travel while maintaining a locally relevant overview of demand, quality, safety, sufficiency, and impact. The national framework identifies four outcomes for children's social care and three system enablers, and these are reflected in the development of the local scorecard and its future refinement.

Children's Services Analysis Tool (ChAT)

- 7.3 The Children's Services Analysis Tool (ChAT) dated 18 June 2026 provides the latest available overview of performance and activity across the children's social care system and should be read as a supporting appendix to this report. It brings together six-month and snapshot data across key areas including contacts,

referrals, assessments, safeguarding activity, children in need, child protection, children looked after, care leavers and adoption.

Current Performance Position

7.4 The ChAT dated 18 June 2026 indicates that core areas of statutory practice and frontline delivery are being sustained. Assessments completed within 45 working days are reported at 87%, children seen during assessment at 98%, and initial child protection conferences held within 15 working days at 77%. Care leaver “in touch” performance remains strong, particularly for former relevant young people aged 19–21, where contact is reported at 97%.

System Pressures

7.5 However, the 18 June ChAT highlights sustained system pressure. In the last six months there were 6,491 contacts, 633 referrals, 1,193 assessments, 436 section 47 enquiries and 154 initial child protection conferences. The children in need and child protection cohorts remain material, with 1,360 children in need with an open episode and 224 children subject to a child protection plan at the latest snapshot. The looked after children population also remains high, with 666 children looked after with an open episode of care.

7.6 The ChAT dated 18 June 2026 also identifies areas requiring continued improvement and assurance. These include children looked after health assessments at 65%, dental checks at 45%, children subject to child protection plans seen alone at their last visit at 68%, and variable care leaver education, employment and training outcomes, including 58% for relevant/former relevant 17–18 year olds and 54% for former relevant 19–21 year olds.

Implications for Improvement

7.7 Taken together, the ChAT dated 18 June 2026 demonstrates a service that is maintaining safe and effective practice under pressure. Key areas for continued improvement include:

- Strengthening early intervention and demand management
- Reducing reliance on care through permanence and sufficiency strategies
- Improving care leaver outcomes
- Maintaining workforce capacity and quality of practice

Use for Member Oversight

7.8 The ChAT appendix enables members to consider both the sustainability of current access to early help and children’s social care practice and the impact of ongoing system pressures. It supports focused scrutiny of where performance is stable, where risks remain elevated, and where further improvement activity is required. This tool is reviewed weekly by service managers with their teams, and challenge and support is embedded in the system and supervision to address and implement mitigating actions to redress the challenge seen.

Summary overview for scrutiny

7.9 The ChAT report dated 18 June 2026 indicates sustained volume across front door activity and safeguarding processes, including contacts, referrals, assessments, section 47 enquiries, and child protection conferences, alongside a children in need cohort and child protection population that remain material for operational and strategic oversight. It also shows a looked after children population that remains high, ongoing placement sufficiency pressures, and continuing importance of scrutiny over permanence, stability, missing from care, health and dental compliance, and care leaver outcomes.

Use for member oversight

7.10 The ChAT appendix enables members to consider current performance in the round and supports focused challenge about where performance is improving, where risks remain elevated, and where further assurance is required. It also provides a baseline reference point against which the proposed Performance Framework scorecard can continue to develop and strengthen member-facing reporting.

Further development of the performance framework

7.11 Further development of the Children's Services performance scorecard will include the integration of core education and learning datasets to strengthen oversight across the wider children's services system.

7.12 This will support a more comprehensive view of performance across education, SEND, early help and safeguarding, ensuring that members have clear line of sight across how children and young people are supported to be safe, visible and engaged in education.

7.13 This next phase of development is intended to ensure that the scorecard provides whole-system oversight, bringing together social care, education and partnership performance into a single, coherent framework for scrutiny.

7.14 In parallel, work is underway with the Corporate Centre to align the Children's Services scorecard with the Council's wider performance and assurance arrangements, including reporting to the Corporate Improvement Board.

7.15 This will support greater consistency in performance reporting, strengthen organisational oversight and ensure that children's services priorities are fully embedded within the Council's corporate governance framework.

8. Conclusions

8.1 The report provides members with the proposed Local Outcomes Framework scorecard together with the Children's Services Analysis Tool (ChAT) dated 18 June 2026. Taken together, these demonstrate that statutory practice and safeguarding performance are being sustained into Quarter 1, while also highlighting continued pressures relating to demand, complexity, looked after children, placement sufficiency, health and dental compliance and care leaver outcomes. The report supports member oversight of both current performance and

the priority areas for improvement required to strengthen outcomes for children, young people, and families.

Local Member: *Applicable to all Members*

Appendices

Appendix 1 – Children's Services Analysis Tool (ChAT) dated 18 June 2026

Provides the detailed six-month and snapshot data across the children's social care system, including demand, safeguarding activity, children in need, child protection, children looked after, care leavers and adoption. This appendix underpins the Q1 performance analysis presented within this report and supports member scrutiny of performance, risk, and outcomes.

Appendix 2 – Children's Services Performance Scorecard Workbook (Local Outcomes Framework)

[Appendix 2 - Children's Services Performance Scorecard workbook.xlsx](#)

Provides the detailed performance scorecard aligned to the Local Outcomes Framework, including headline measures, statutory indicators, demand, stability, and outcomes. This forms the core member-facing reporting tool for ongoing scrutiny and oversight.

Appendix 3 Reference List: National and Local Guidance Informing the Performance Framework

1. Statutory and national children's social care framework documents

- Department for Education (2026) *Children's Social Care National Framework*
- Department for Education (2026) *Children's Social Care Dashboard and supporting information*.
- Department for Education (2026) *Working Together to Safeguard Children*

National outcomes and enablers reflected in this report:

- Outcome 1 – Children, young people, and families stay together and get the help they need.
- Outcome 2 – Children and young people are safe in and outside of their homes.
- Outcome 3 – Children and young people are supported by their family network.
- Outcome 4 – Children in care and care leavers have stable, loving homes.
- Enabler – Multi-agency working is prioritised and effective.
- Enabler – Leaders drive conditions for effective practice.
- Enabler – The workforce is equipped and effective.

1. **Reform and implementation guidance.**

- Department for Education (2026) Children's Social Care Reform: Delivering the Children's Social Care National Framework Implementation Plan
- Department for Education (2026) Families First Partnership Programme Guide
- Department for Education and Pathfinder Programme Materials (2025–2026) Families First for Children implementation resources

1. **Inspection and accountability guidance**

- Ofsted (2026) *Inspecting Local Authority Children's Services (ILACS)*

1. **SEND, Alternative Provision and Early Years reform guidance.**

- Department for Education (2023) *SEND and Alternative Provision Improvement Plan*
- Department for Education (2026) *SEND Reform: Putting Children and Young People First*
- Department for Education (2025) *Giving Every Child the Best Start in Life*
- Department for Education (2025) *Best Start Family Hubs and Healthy Babies: Implementation Guidance*

1. **Local strategy, performance, and oversight materials**

- Shropshire Council Children's Services (2026) *Local Outcomes Framework*
- Local SEND and Alternative Provision Strategy and associated materials
- Children's Services *Performance Scorecard Workbook*
- Children's Services *ChAT Performance Oversight and Reporting Materials*

Children's services Analysis Tool (ChAT)

Based on Ofsted's ILACS Annex A dataset / Inspection Report

Shropshire

18 June 2026

Headline figures	Page 3
Contacts in the last 6 months	Page 4
Early Help in the last 6 months	Page 4
Referrals in the last 6 months	Page 5
Assessments in the last 6 months	Page 6
Section 47 enquiries in the last 6 months	Page 7
Children in Need (CIN) - total, started, and ceased in the last 6 months	Page 8
Children in Need (CIN) with an open episode of need	Page 9
Child Protection Plans (CPP) started and ceased in the last 6 months	Page 10
Child Protection Plans (CPP) currently open	Page 11
Children Looked After (CLA) started and ceased in the last 6 months	Page 12
Children Looked After (CLA) with an open episode of care	Page 13
Children Looked After (CLA) placements	Page 14
Children Looked After (CLA) health and missing/absent from placement	Page 15
Care leavers - Demographics and Unaccompanied Asylum Seeking (UAS) Children	Page 16
Care leavers demographics and UAS Children continued.	Page 17
Care Leavers in touch and contact timescales	Page 18
Care leavers PA allocation and Pathway Plans	Page 19
Care leavers accommodation suitability and type	Page 20
Care leavers activity (Education, Employment, or Training)	Page 21
Care leavers 22-25 In Touch, Activity and Suitable Accommodation	Page 22
Children adopted, waiting to be adopted, or had an adoption decision reversed in the last 12 months	Page 23
Adoption benchmarking	Page 24
Prospective adopters in the last 12 months	Page 25
Demographics of children across all areas of children's social care	Page 26
Comparisons of headline figures and performance data to published statistics	Page 27

Headline figures

Contacts

Contacts in the last 6 months	6,491
-------------------------------	-------

Early Help / Common / Targeted Assessments

Early Help in the last 6 months	936
---------------------------------	-----

Referrals

Referrals in the last 6 months	633
--------------------------------	-----

Social Care Assessments

Total assessments in the last 6 months	1,193
--	-------

Assessments completed in the last 6 months	920
--	-----

Ongoing assessments	273
---------------------	-----

Section 47 enquiries and Initial Child Protection Conferences (ICPCS)

Section 47 enquiries in the last 6 months	436
---	-----

ICPCs that started from an S47 in the last 6 months	154
---	-----

Children in Need (CIN)

Total CIN in the last 6 months	1,845
--------------------------------	-------

CIN started in the last 6 months	547
----------------------------------	-----

CIN ceased in the last 6 months	485
---------------------------------	-----

Current children in need (snapshot)	1,360
-------------------------------------	-------

Child Protection Plans (CPP)

Total CPP in the last 6 months	366
--------------------------------	-----

CPP started in the last 6 months	170
----------------------------------	-----

CPP ceased in the last 6 months	138
---------------------------------	-----

Current children subject of a child protection plan (snapshot)	224
--	-----

Children Looked After (CLA)

Total CLA in the last 6 months	772
--------------------------------	-----

CLA started in the last 6 months	73
----------------------------------	----

CLA ceased in the last 6 months	106
---------------------------------	-----

Current children looked after (snapshot)	666
--	-----

Care leavers

Care leavers who have reached the threshold for receiving leaving care services	597
---	-----

Adoptions

Children adopted, waiting to be adopted, or had an adoption decision reversed in the last 12 months	171
---	-----

Children adopted in the last 12 months	23
--	----

Children waiting to be adopted (snapshot)	26
---	----

Children with decision reversed in the last 12 months	14
---	----

Adopters

Prospective adopters in the last 12 months	138
--	-----

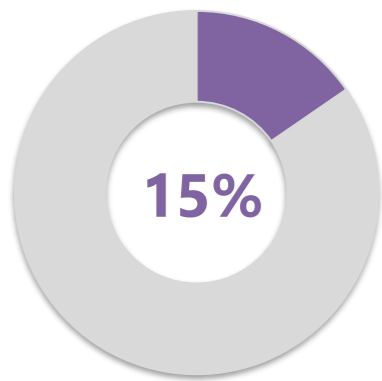
Contacts in the last 6 months

from 19/12/2025 to 18/06/2026

6491 contacts

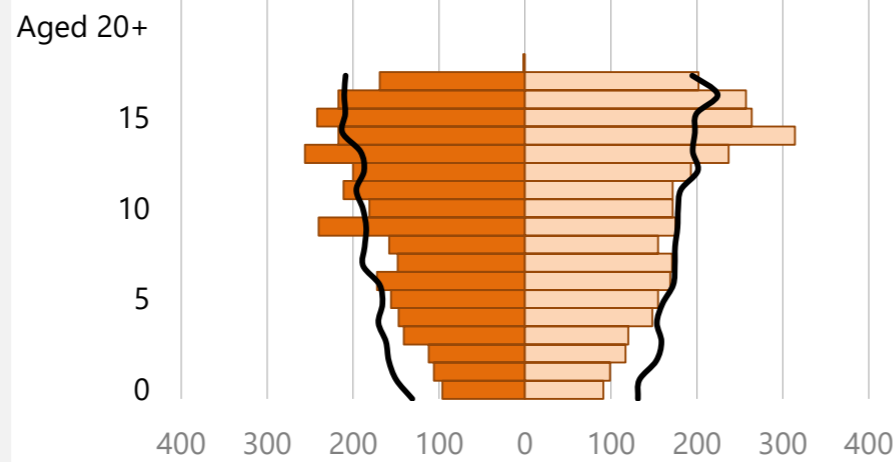
Contacts for children who also appear on Referrals list

Yes No



Age and sex

3171 Males (49%) 109 Other (not shown) (2%)
3211 Females (49%) 0-17 population estimate



Other' includes not recorded, not stated, or neither M/F

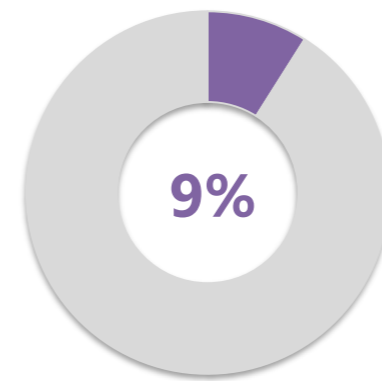
Early Help in the last 6 months

from 19/12/2025 to 18/06/2026

936 Early Help / Common / Targeted Assessments

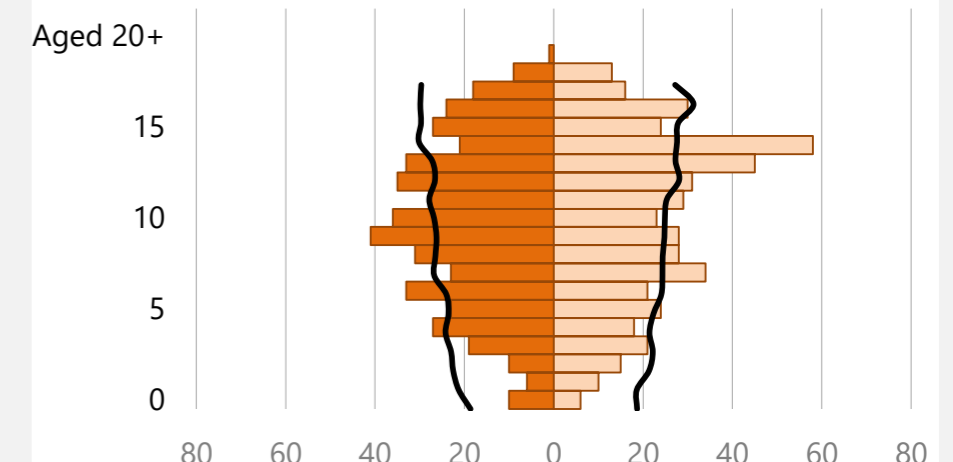
Early Help cases that also appear on the Referrals list

Yes No



Age and sex

455 Males (49%) 7 Other (not shown) (1%)
474 Females (51%) 0-17 population estimate

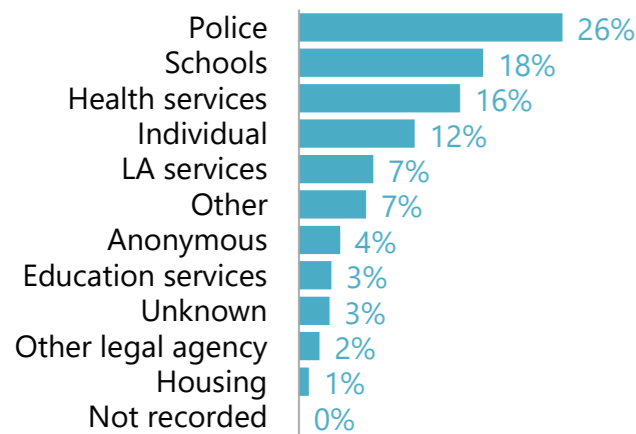


Other' includes not recorded, not stated, or neither M/F

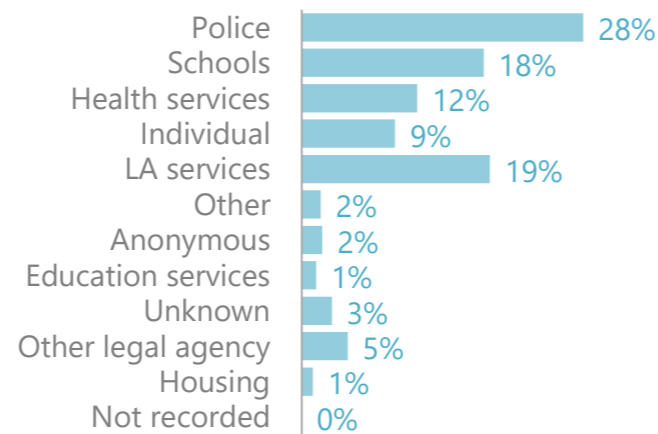
Page 26

Source of contacts compared to source of referrals

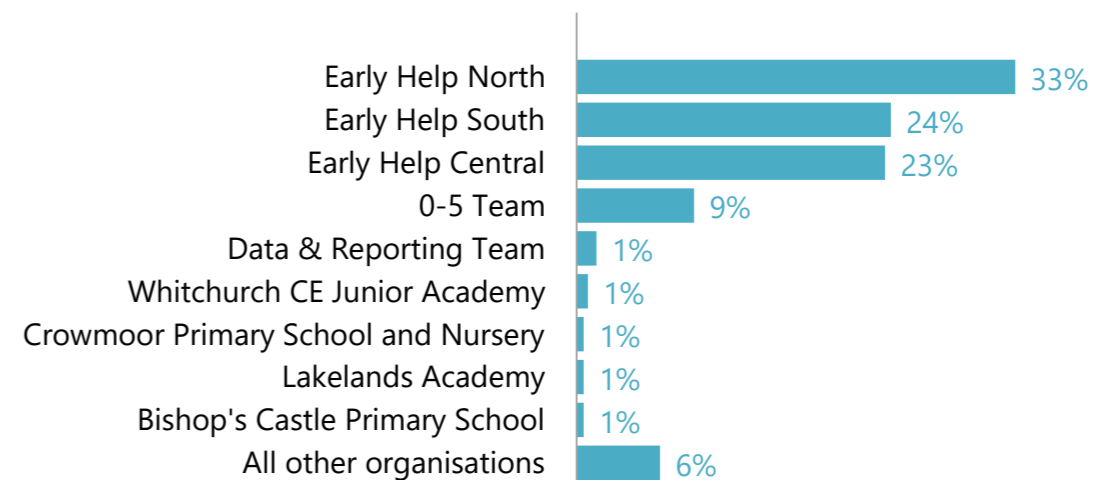
Contact source



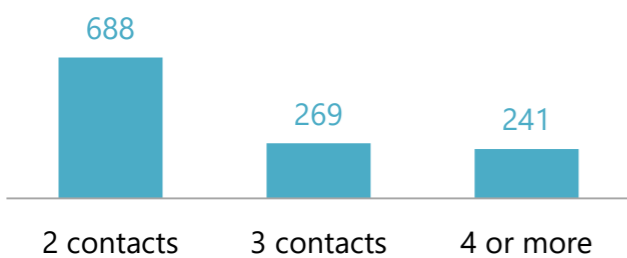
Referral source comparison



Organisation completing assessment



Children with multiple contacts in period

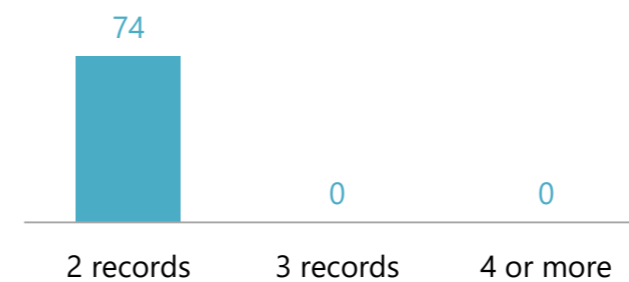


Ethnic backgrounds

White	79%
Mixed	4%
Asian or Asian British	1%
Black or black British	1%
Other ethnic group	0%
Not stated	15%
Not recorded	0%

See page 25 for comparisons

Children with multiple records in period



Ethnic backgrounds

White	91%
Mixed	2%
Asian or Asian British	0%
Black or black British	0%
Other ethnic group	1%
Not stated	6%
Not recorded	0%

See page 25 for comparisons

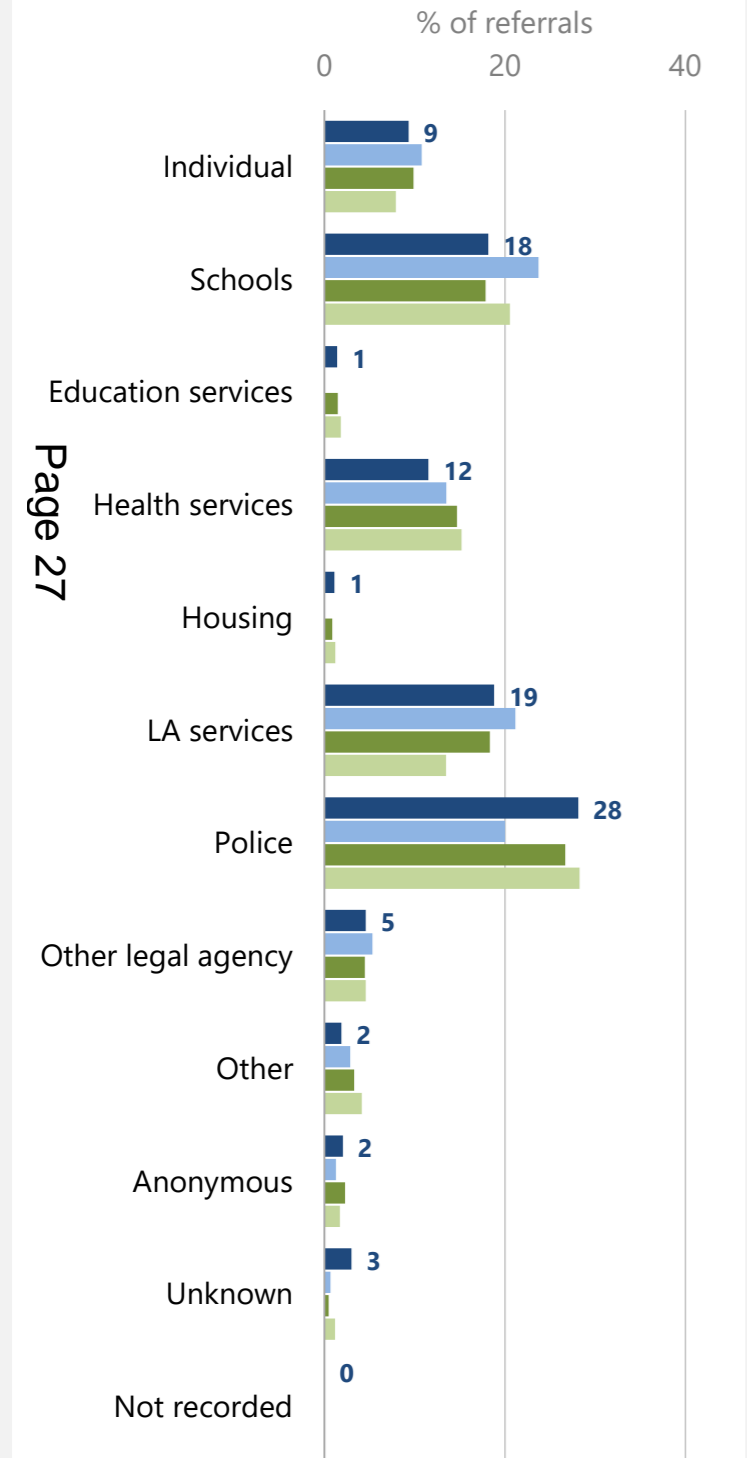
Referrals in the last 6 months

from 19/12/2025
to 18/06/2026

633 referrals

Source of referral

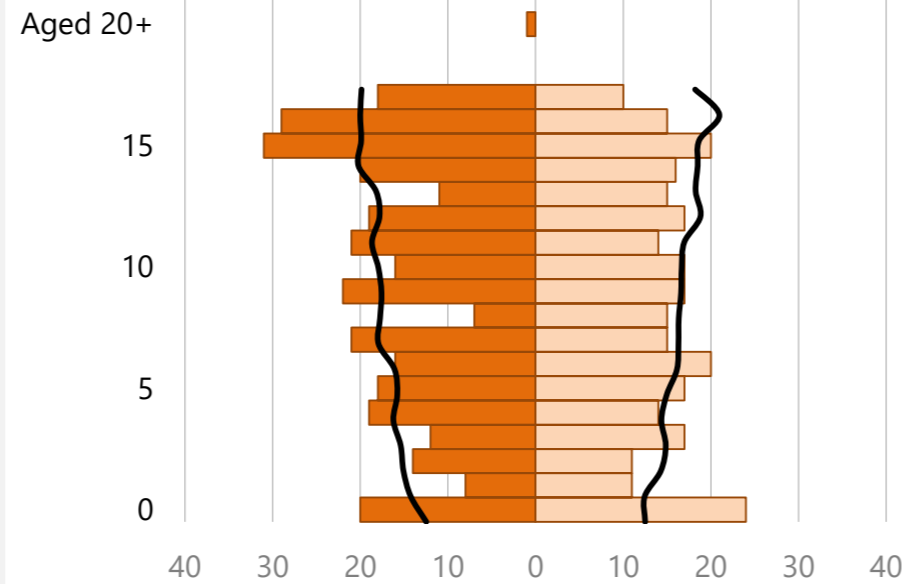
■ Last 6 months ■ LA 24-25 ■ SNs 24-25 ■ Eng 24-25



Page 27

Age and sex

■ 323 Males (51%) ■ 285 Females (45%) ■ 25 Other (not shown) (4%)
— 0-17 population estimate



Other' includes not recorded, not stated, or neither M/F

Ethnic backgrounds

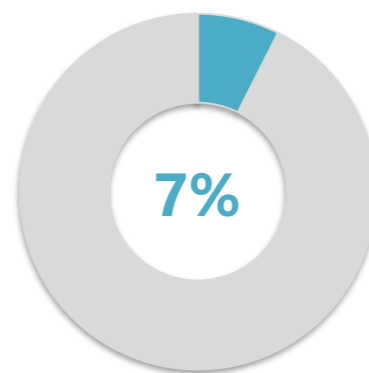
White	82%
Mixed	4%
Asian or Asian British	1%
Black or black British	2%
Other ethnic group	2%
Not stated	9%
Not recorded	0%

See page 25 for comparisons

Re-referrals: children with a previous referral within 12 months of their latest referral

46 children with previous referrals within 12 months of latest referral

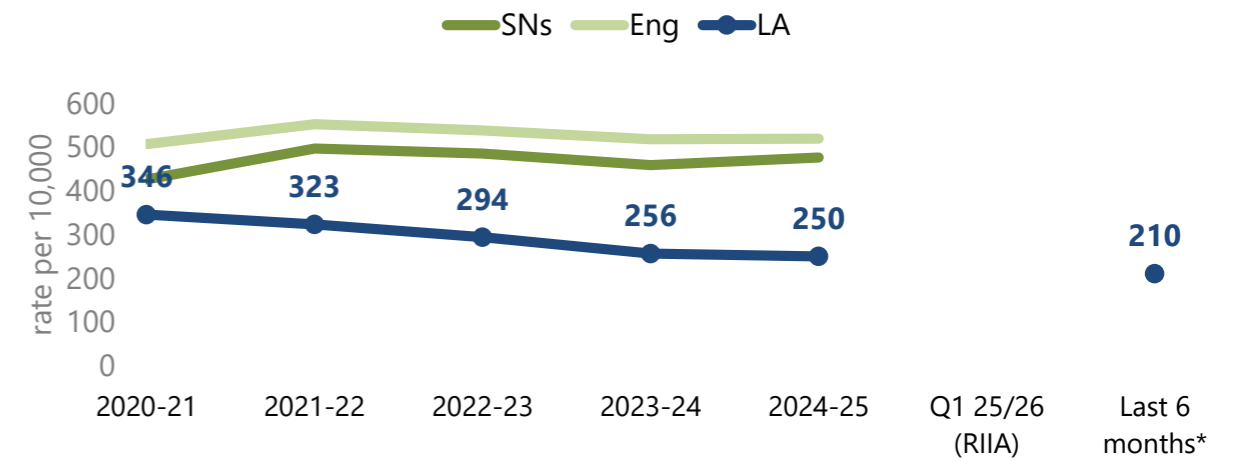
■ Re-referral ■ First referral ■ Not recorded



First referral	571
1 prev referral	43
2 prev referrals	3
3 prev referrals	0
4+ prev referrals	0
Not recorded	0

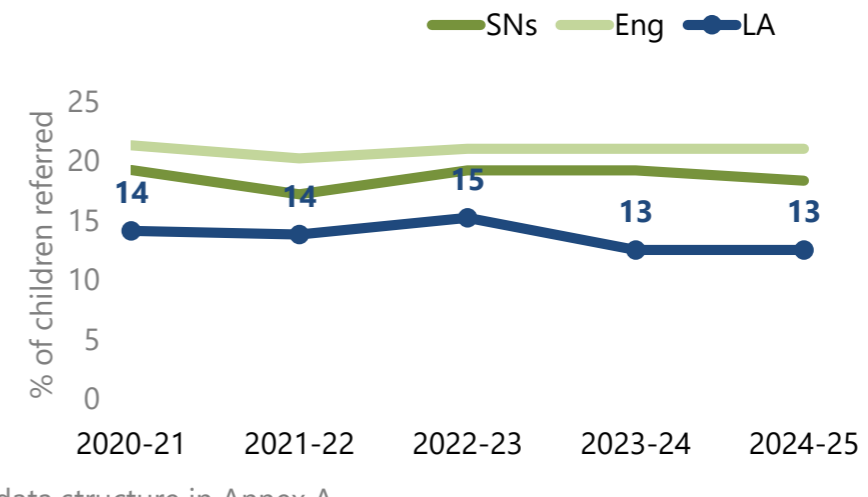
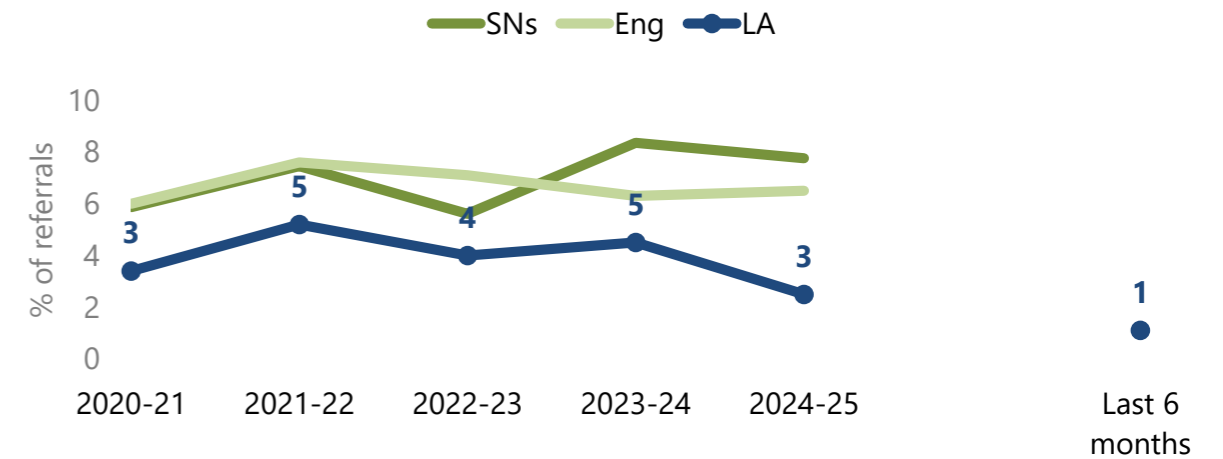
**"Last 6 months" calculation differs slightly from national statistics, due to data structure in Annex A

Rate of referrals per 10,000 children aged 0-17



*Annualised rate for comparison purposes

Referrals with No Further Action (NFA)



Assessments in the last 6 months

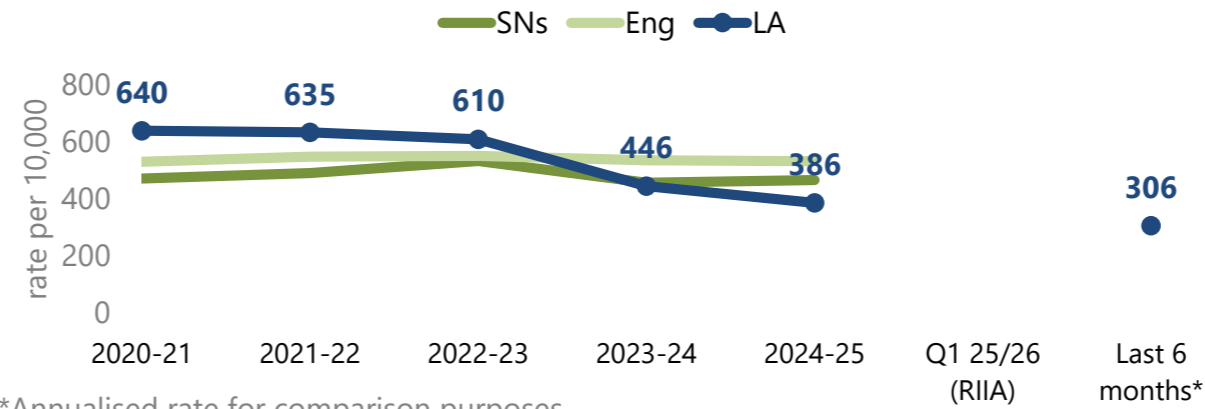
from 19/12/2025
to 18/06/2026

1193 total assessments

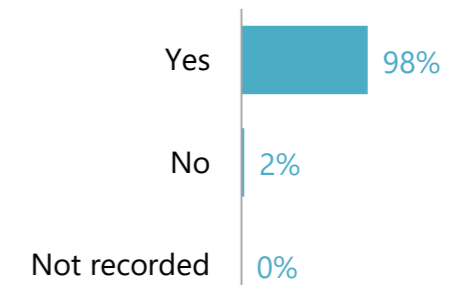
273 open assessments

920 completed assessments

Rate of completed assessments per 10,000 children aged 0-17

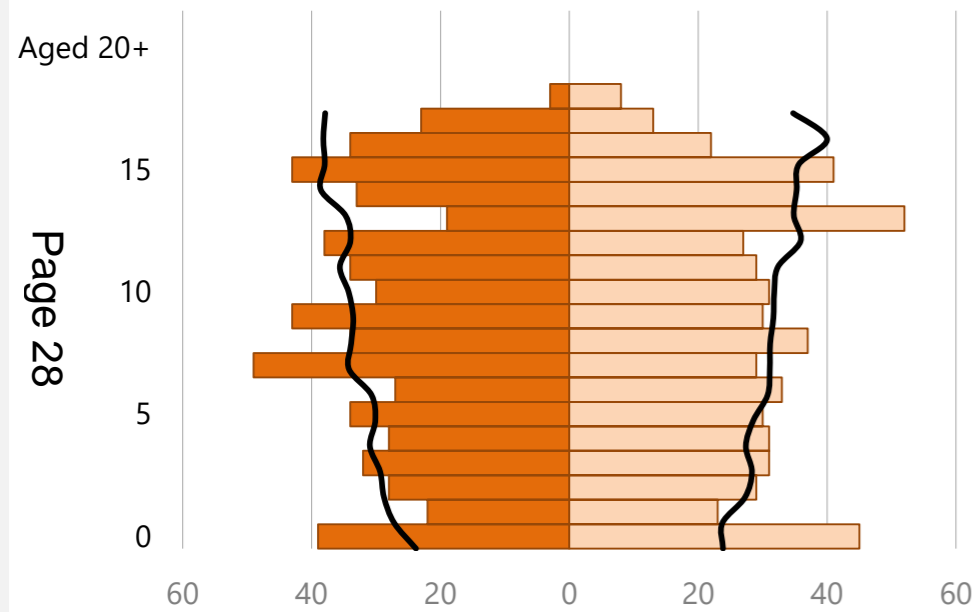


Child assessed as requiring LA children's social care support



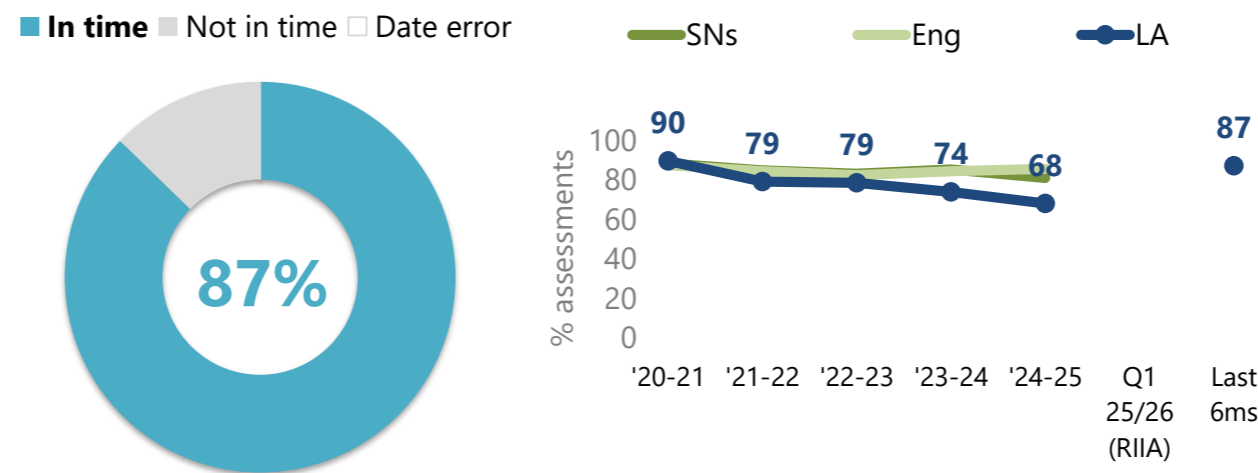
Age and sex of all assessments

593 Males (50%)
576 Females (48%)
24 Other (not shown) (2%)
— 0-17 population estimate

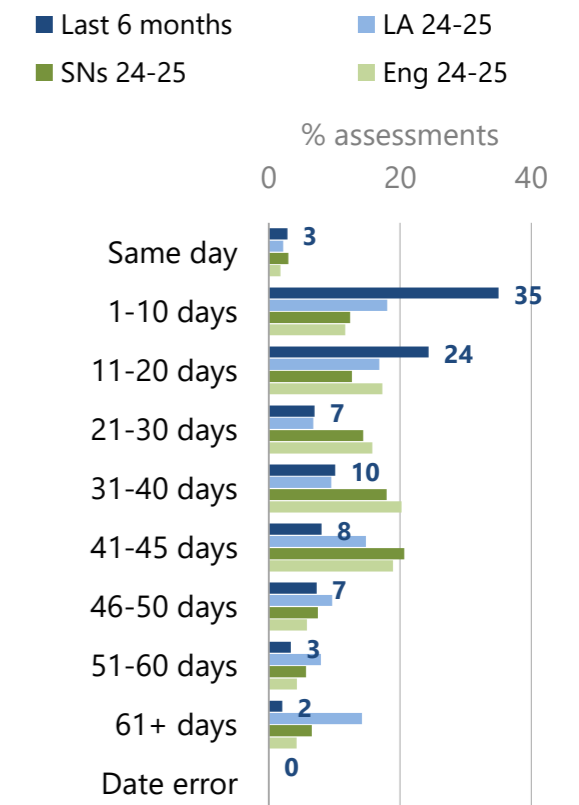


Other includes not recorded, not stated, or neither M/F

Assessments completed in 45 working days

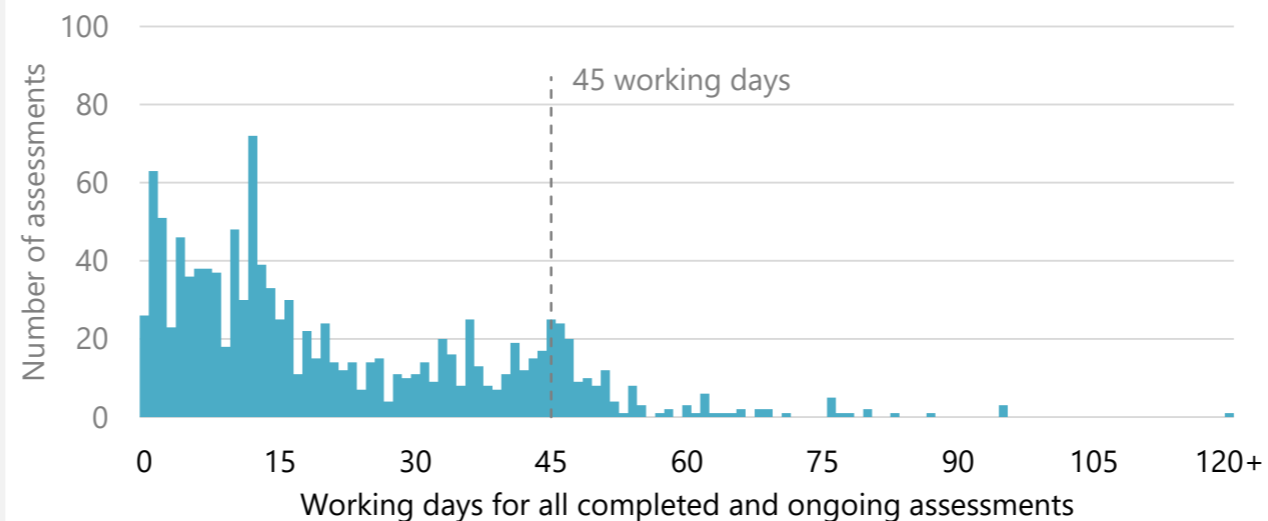


Comparing timeliness



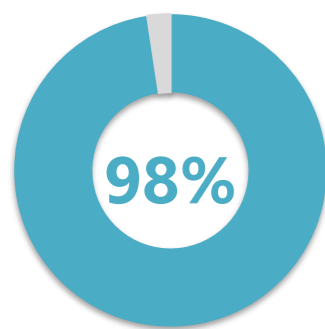
Durations for all completed and open assessments

Average duration of completed assessments was 21 working days



Assessments completed where child

Child seen
Not seen
Unknown



Ethnic background

White	89%
Mixed	5%
Asian or Asian British	1%
Black or black British	2%
Other ethnic group	1%
Not stated	2%
Not recorded	0%

See page 25 for comparisons

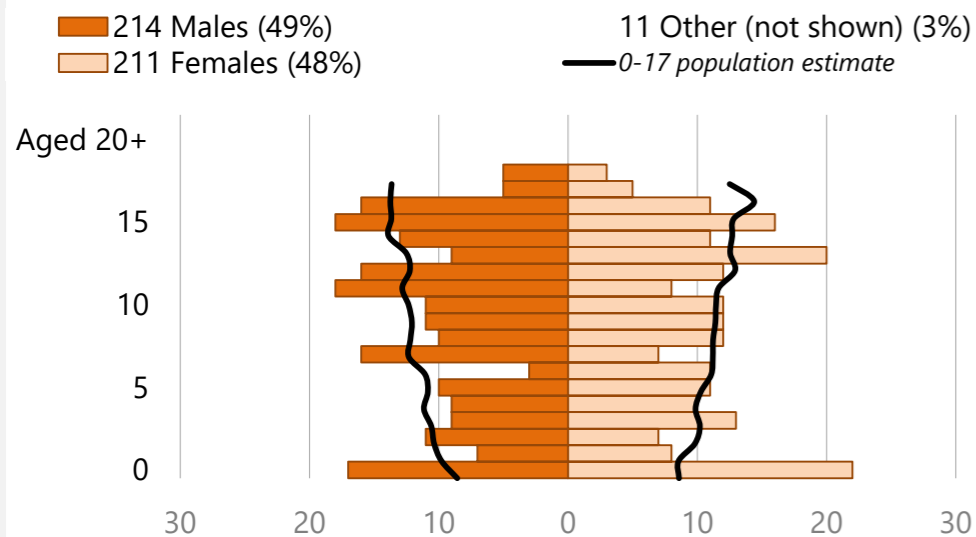
135 assessments (11%) for children with a disability

Section 47 enquiries in the last 6 months

from 19/12/2025
to 18/06/2026

436 Section 47 enquiries

Age and sex



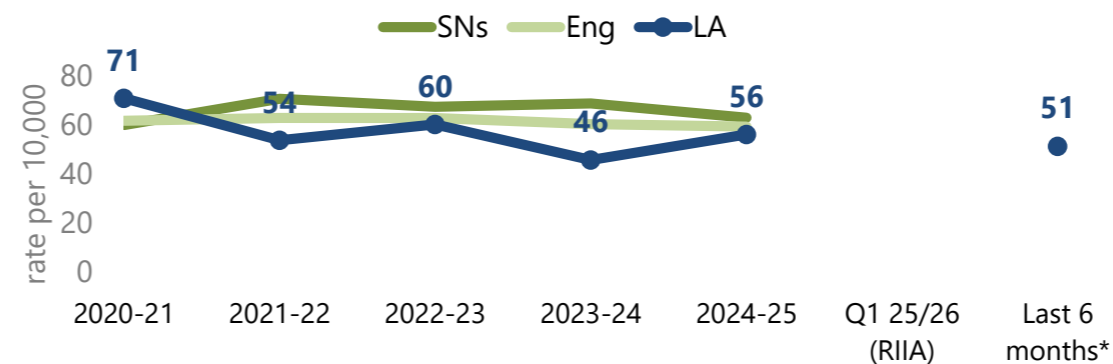
Other includes not recorded, not stated, or neither M/F

154 Initial Child Protection Conferences (from S47 in period)

55% of completed S47s **did not require an ICPC**

ICPC not required may include S47s for open CPP where ICPC was not required, and may exclude children where an ICPC was required but has not yet occurred

Rate of ICPCs per 10,000 children aged 0-17



*Annualised rate for comparison purposes

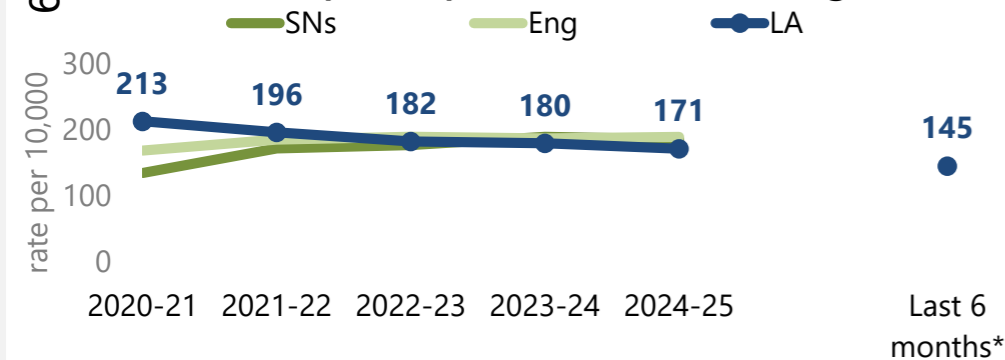
79 child(ren) with an ICPC in the 12 months preceding the latest S47*

*Including where latest S47 did not result in ICPC

90%

of ICPCs resulted in a child protection plan

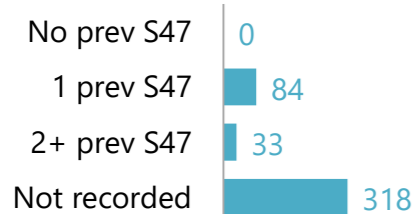
Rate of S47 enquiries per 10,000 children aged 0-17



*Annualised rate for comparison purposes

29 S47s (7%) for children with a disability

Children with a S47 in the 12 months preceding the latest

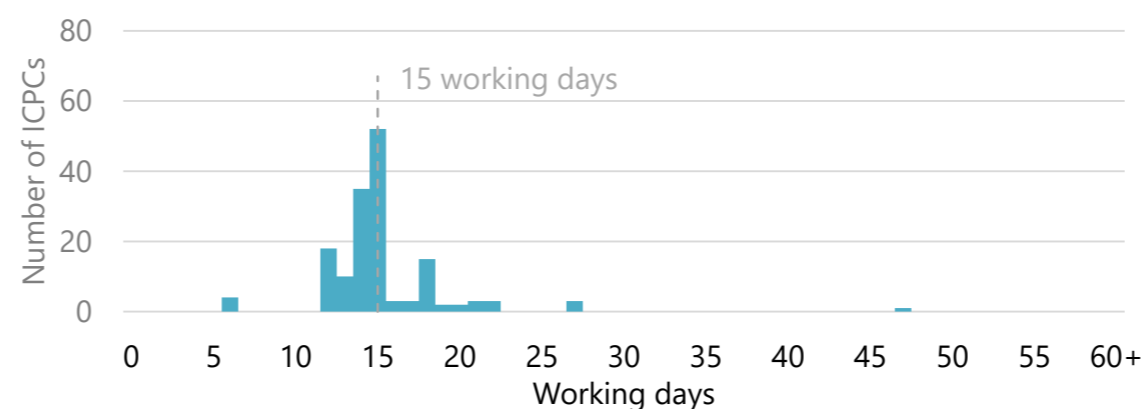


Ethnic background

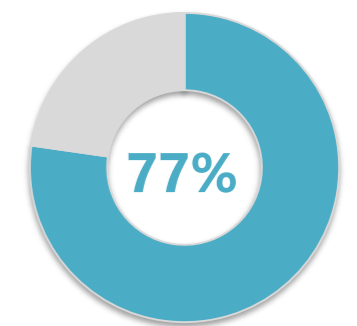
White	87%
Mixed	6%
Asian or Asian British	0%
Black or black British	3%
Other ethnic group	1%
Not stated	3%
Not recorded	0%

See page 25 for comparisons

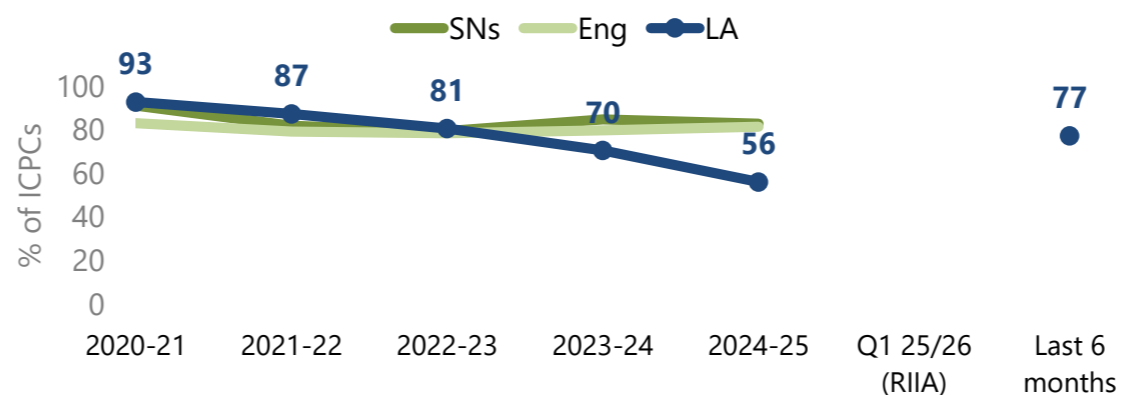
ICPCs occurred within 15 working days of the strategy discussion date



In time
Not in time
Date error

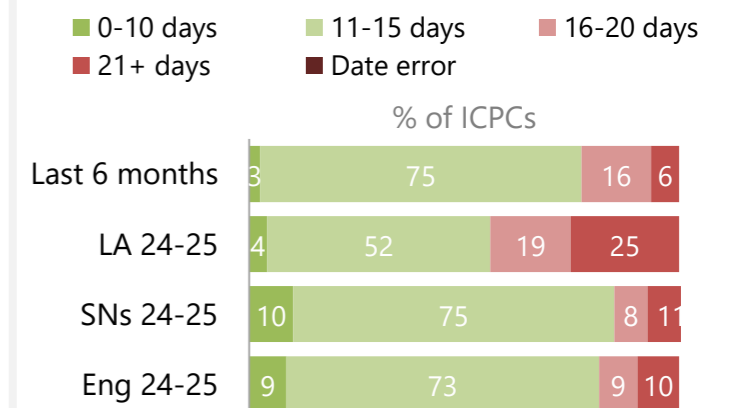


Trend of ICPC timeliness (within 15 days of S47 start)



* Published comparator data includes transfer-in conferences

Comparing ICPC durations



Children in Need (CIN) - total, started, and ceased in the last 6 months

from 19/12/2025
to 18/06/2026

1845 total CIN in 6 months*

*Note: the numbers of children in need reported in ChAT are not directly comparable to published CIN census statistics due to an undercount of referrals and care leavers.

The children in need census includes any child referred to children's social care services in the year as well as any open case for whom the local authority was providing services. Ofsted's Annex A List 6 largely covers this cohort, with the exception of those with only an open referral and care leavers.

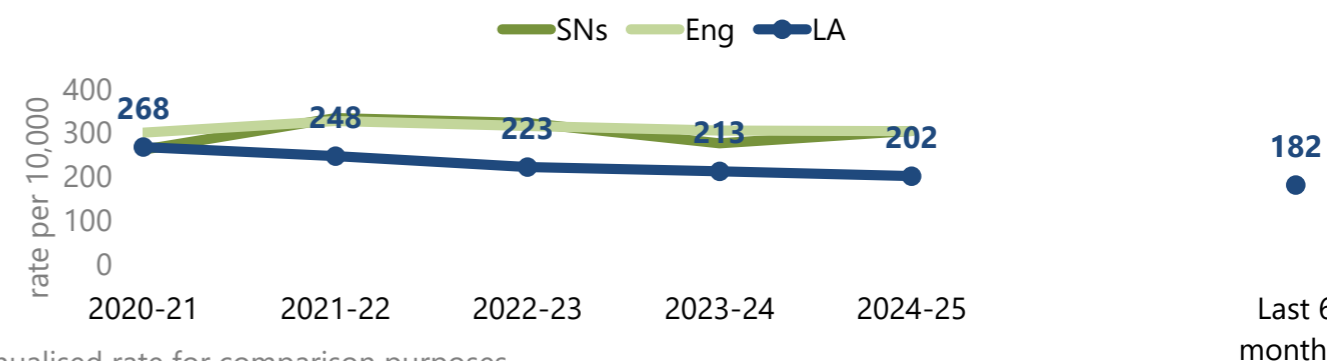
For this reason the published children in need census statistics are not directly comparable to ChAT, however there is considerable overlap with ChAT undercounting the true value as it excludes open referrals and care leavers. Additionally the CiN Census only include RC1-7 codes where here LAs may include additional codes i.e. RC8 (see FAQ row 14).

Cases included in Annex A / ChAT

Case status of children on CIN list	Number	Percentage
Looked after child	664	36%
Child protection plan	224	12%
Child in need plan	293	16%
Open assessment	179	10%
Closed episode	485	26%
Case status not recorded	0	0%
Total (excluding case status unknown)	1,845	100%

547 CIN started in 6 months

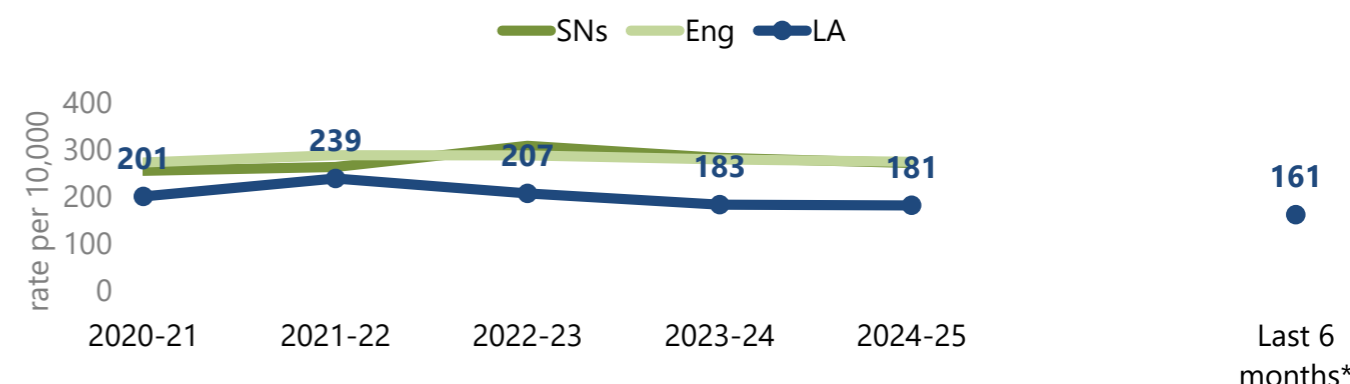
Rate of children who started an episode of need per 10,000 children aged 0-17



*Annualised rate for comparison purposes

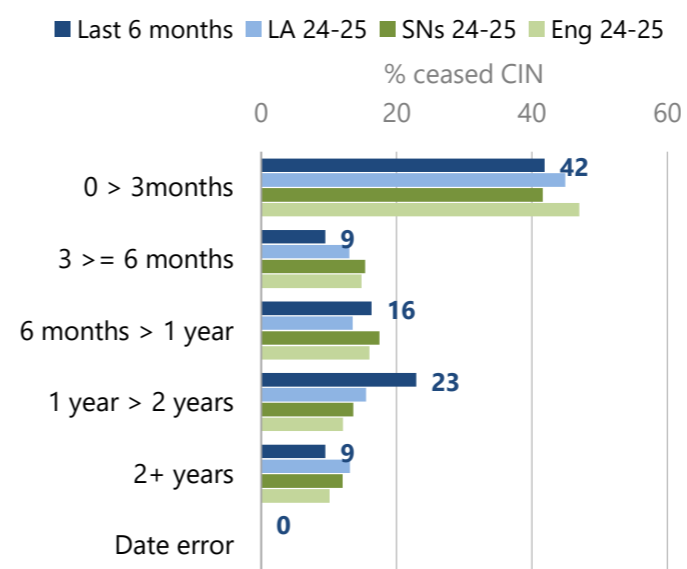
485 CIN ceased in 6 months

Rate of children who ended an episode of need per 10,000 children aged 0-17

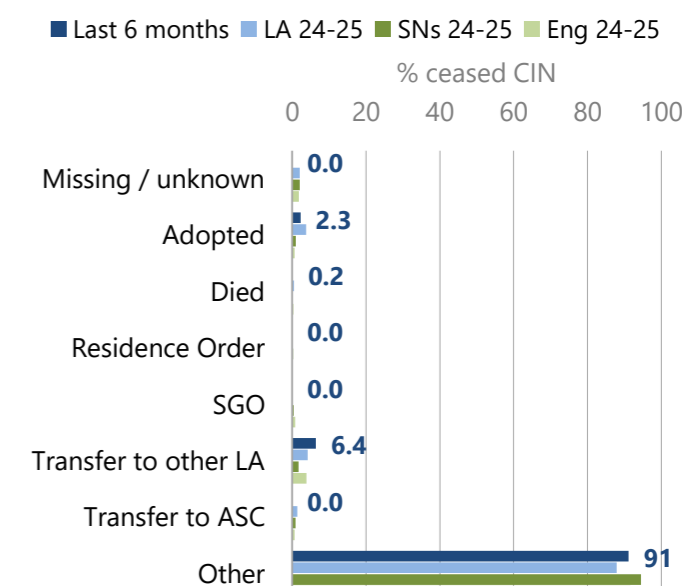


*Annualised rate for comparison purposes

Comparing CIN ceased durations



Comparing CIN ceased reasons

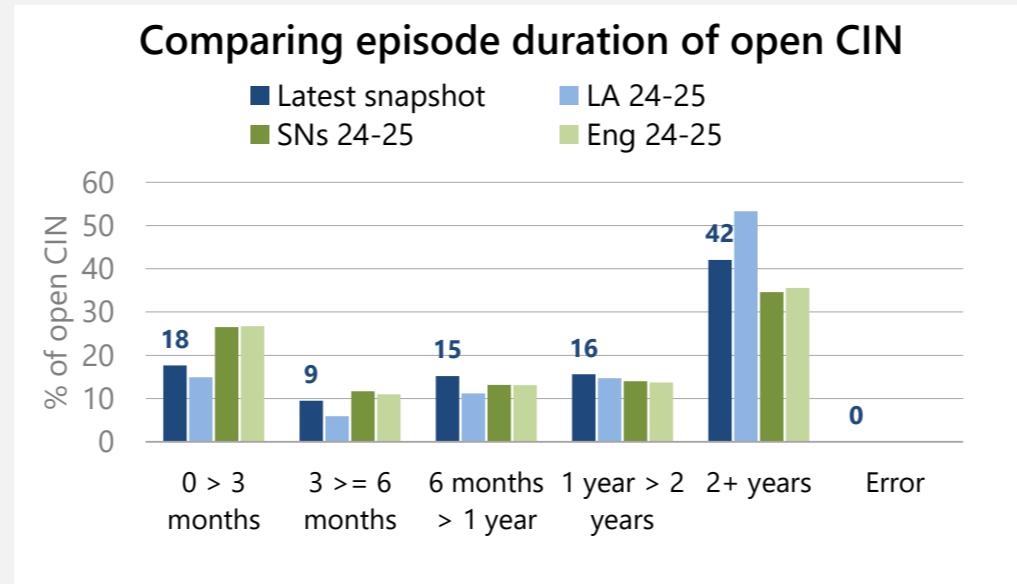
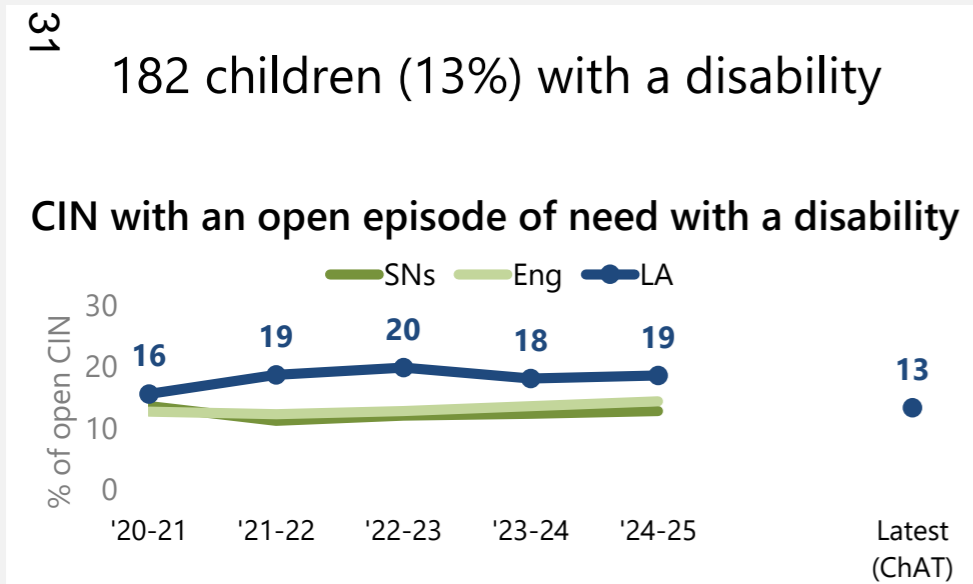
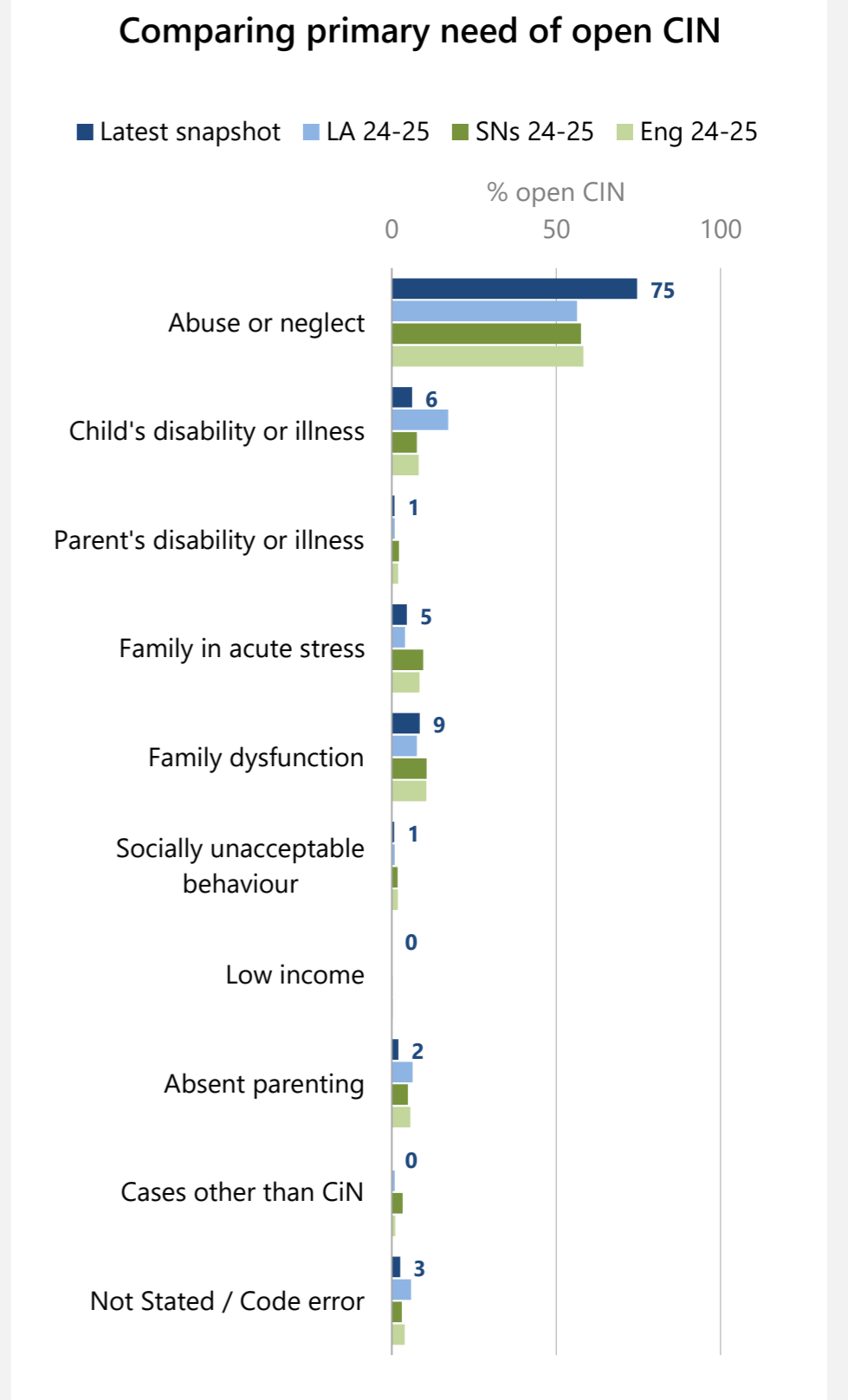
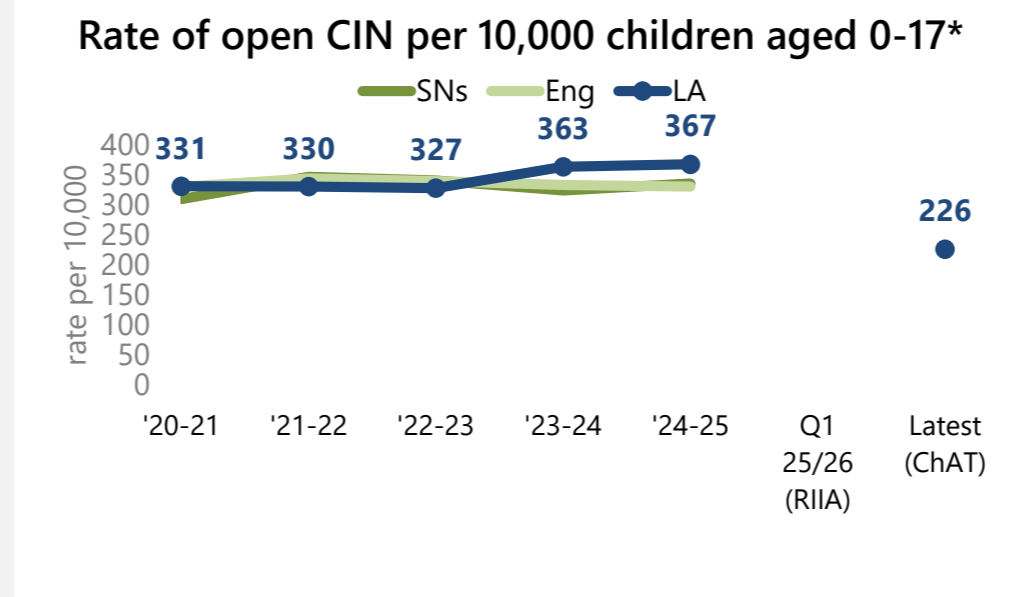
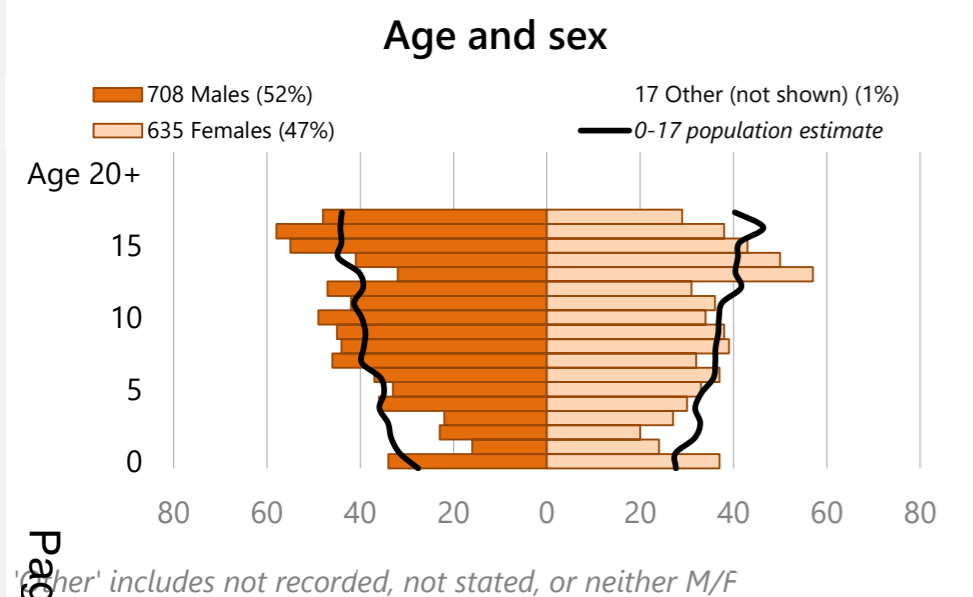


Children in Need (CIN) with an open episode of need

Snapshot 18/06/2026

1360 Children in Need with an open episode of need*

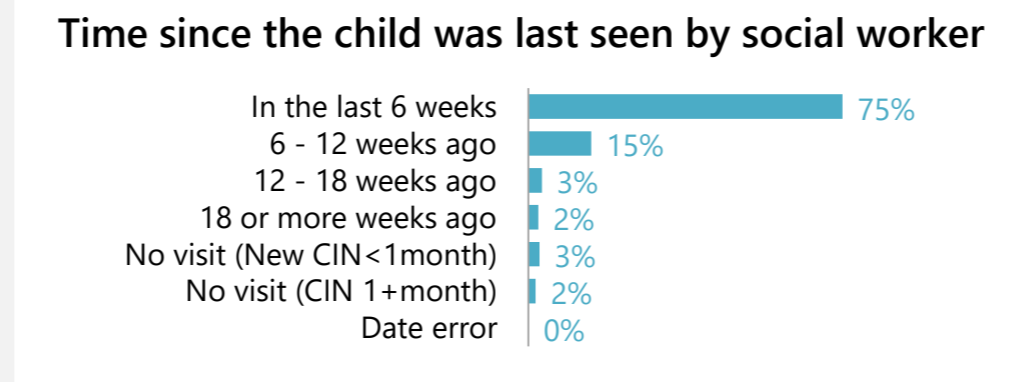
*Note: Annex A figures in this section are not directly comparable to the published Children in need census statistics (see note on page 8)



Ethnic background

White	88%
Mixed	5%
Asian or Asian British	1%
Black or black British	2%
Other ethnic group	2%
Not stated	2%
Not recorded	0%

See page 25 for comparisons



Child Protection Plans (CPP) started and ceased in the last 6 months

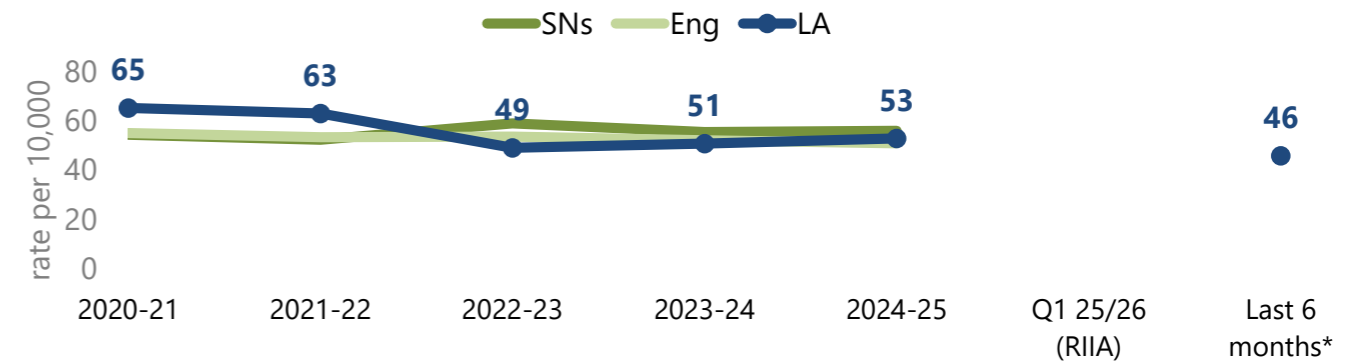
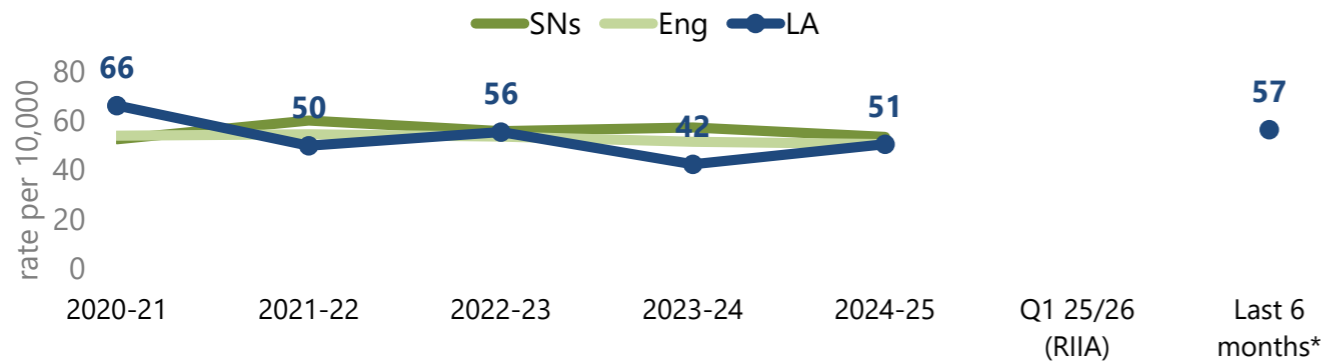
from 19/12/2025
to 18/06/2026

170 CPP started in 6 months

138 CPP ended in 6 months

Rate of children who started a CP plan per 10,000 children

Rate of children who ended a CP plan per 10,000 children



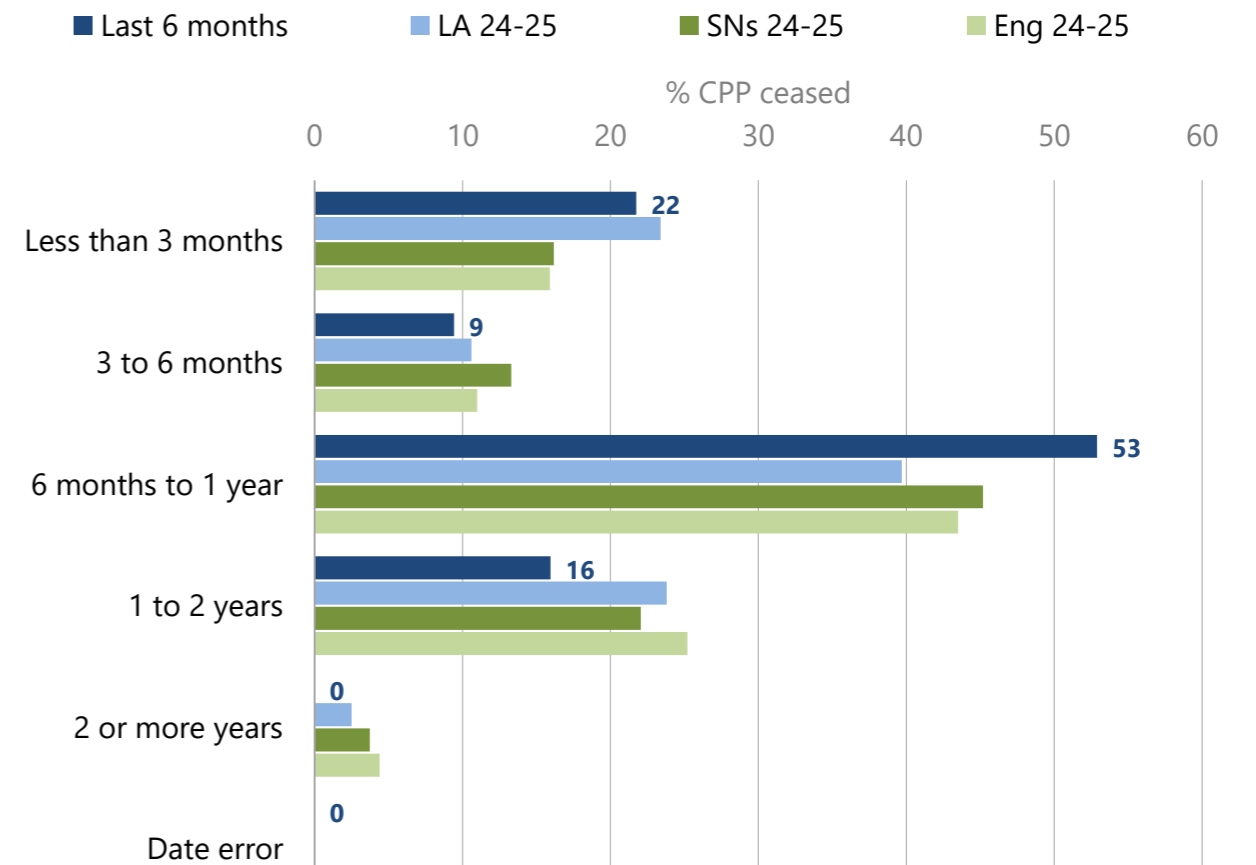
*Annualised rate for comparison purposes

*Annualised rate for comparison purposes

"Re-registrations" for children who started on a CP plan (ever)



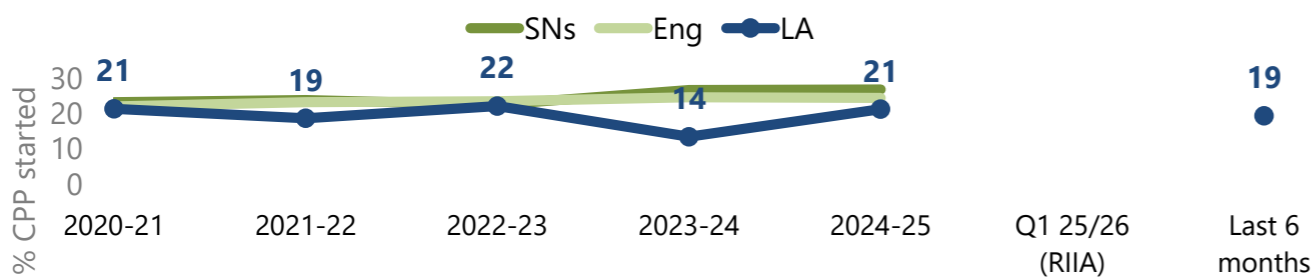
Comparing plan durations for CPP ended



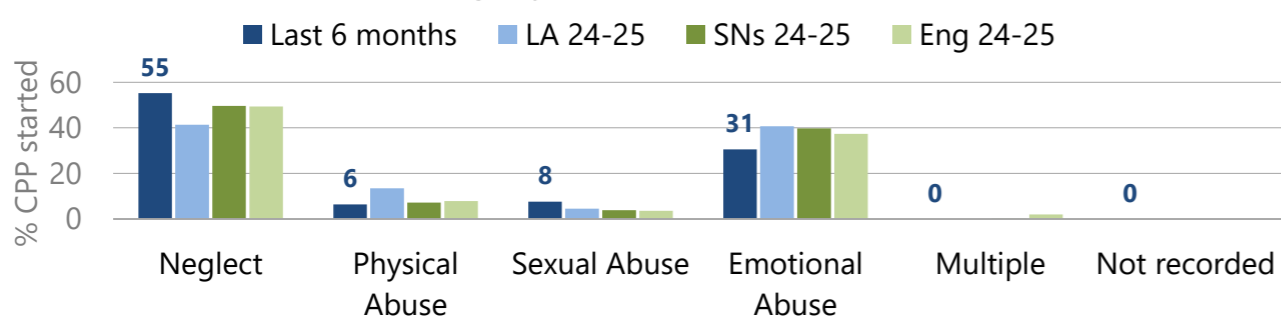
0 of 138 children ended a CP plan after 2 years or more

Page 32

Comparing "re-registrations" for CPP started



Initial category of abuse for CPP started

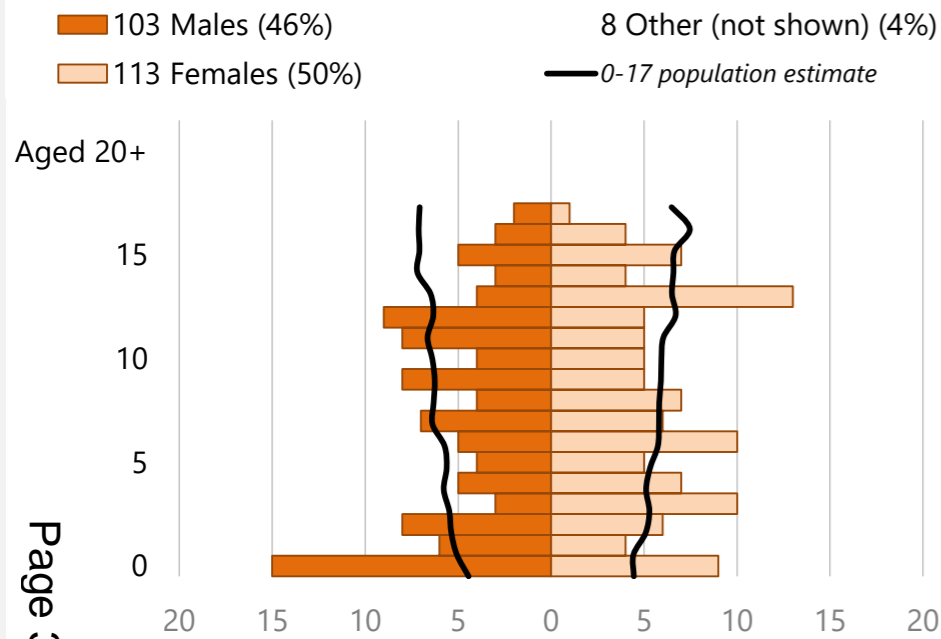


Child Protection Plans (CPP) currently open

Snapshot 18/06/2026

224 children currently subject of a Child Protection Plan (CPP)

Age and sex



Page 33

Other includes not recorded, not stated, or neither M/F

Ethnic background

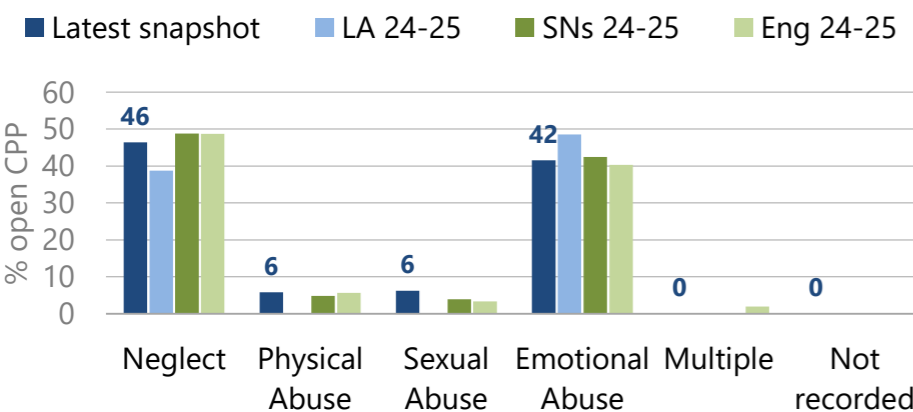
White	87%
Mixed	8%
Asian or Asian British	1%
Black or black British	1%
Other ethnic group	1%
Not stated	2%
Not recorded	0%

See page 20 for comparisons

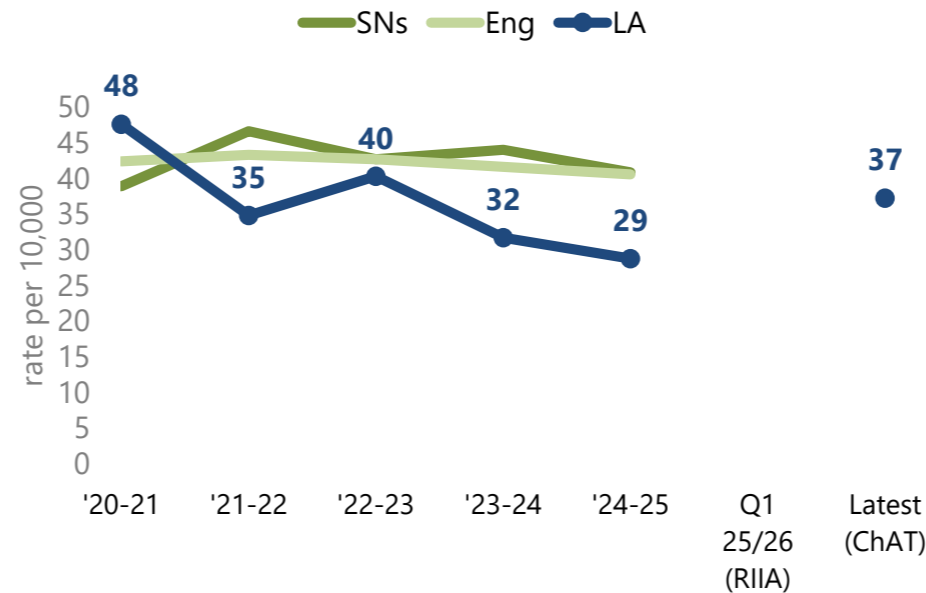
11 children (5%)
with a disability

3 open CP subject to
Emergency Protection Order
or Protected Under Police
Powers in last 6 months

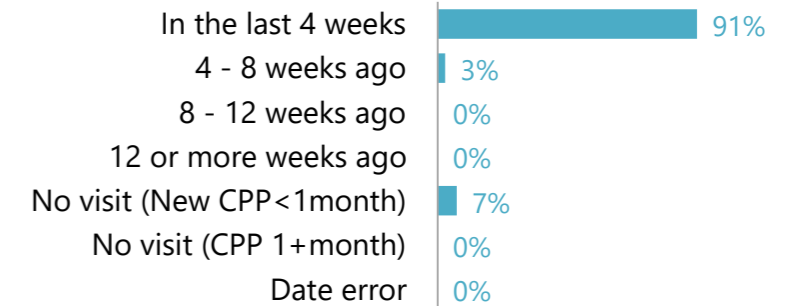
Latest category of abuse for current CP plans



Rate of CPP per 10,000 children aged 0-17

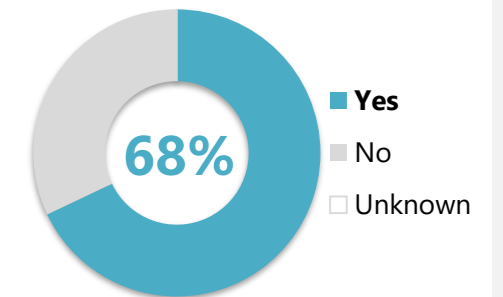


Time since the child was last seen

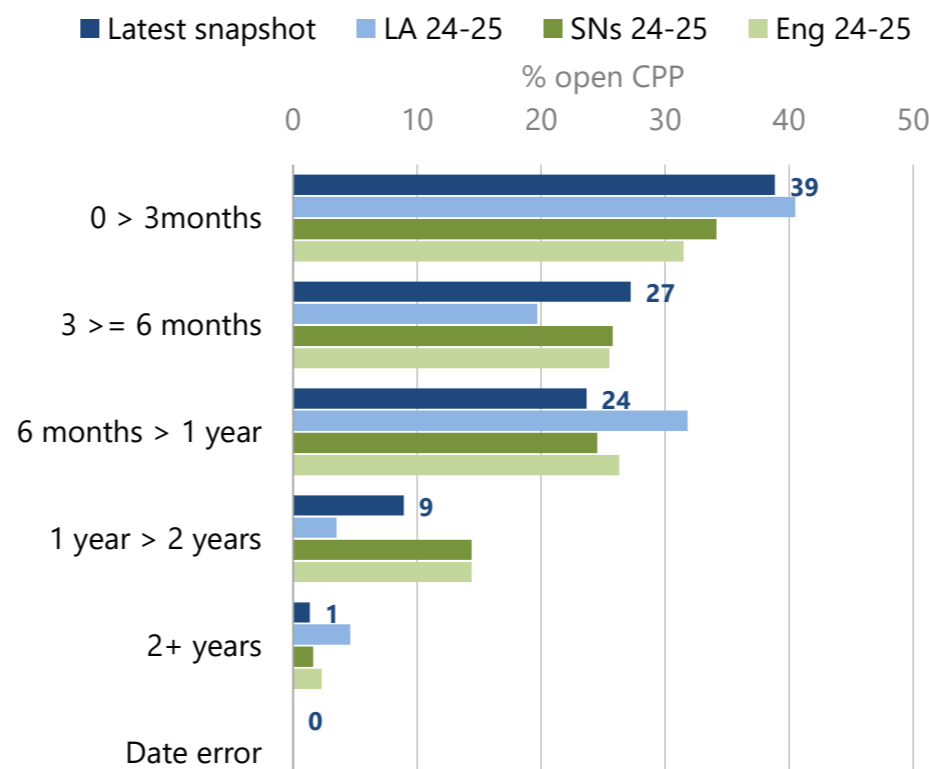


Open CPP seen
alone at their last
social work visit

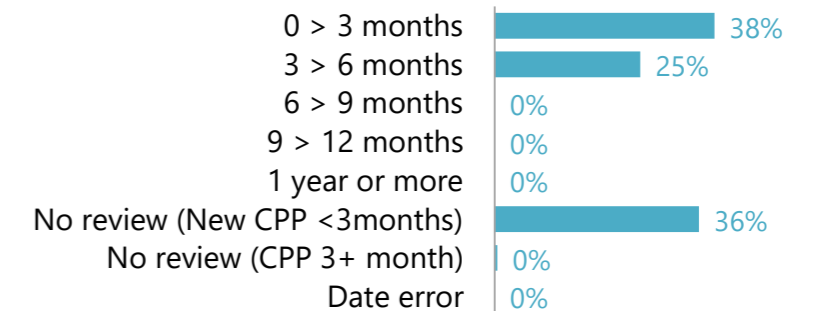
(excludes Not recorded or N/A)



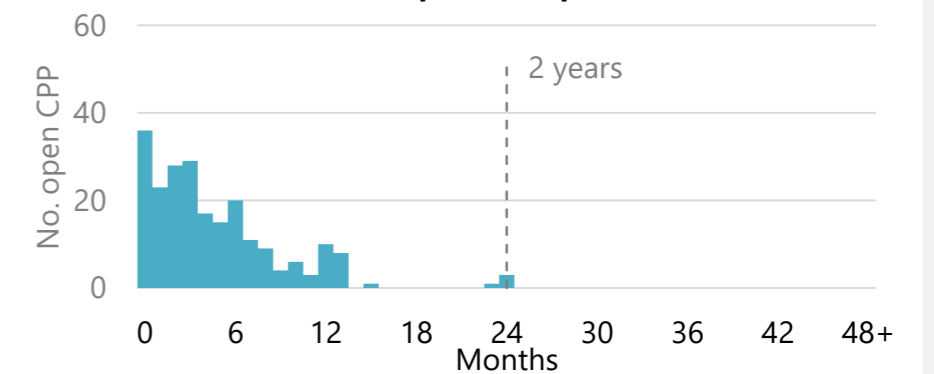
Comparing duration of open CP plans



Time since the child's latest review



Duration of current open CP plans (in months)

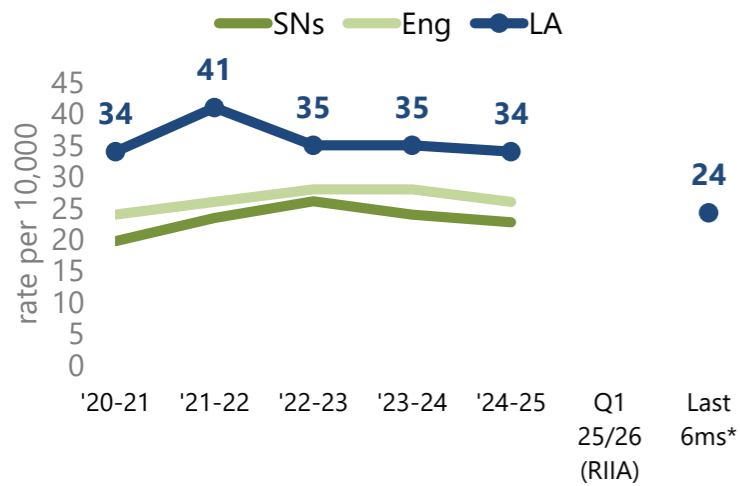


Children Looked After (CLA) started and ceased in the last 6 months

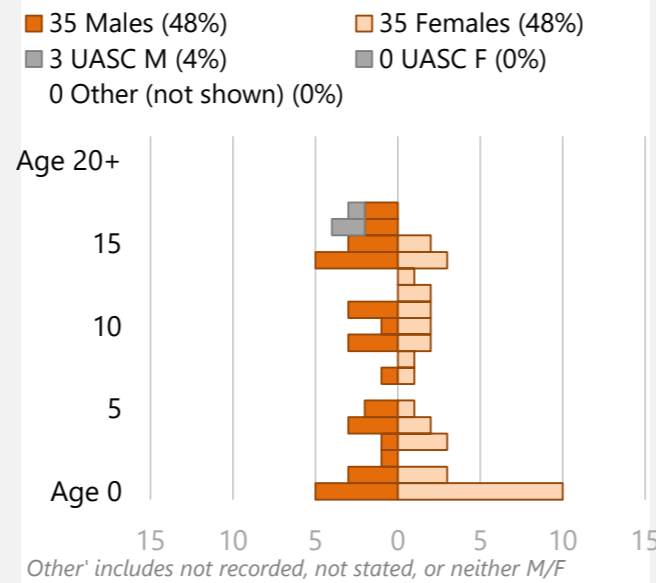
from 19/12/2025
to 18/06/2026

73 CLA started in the last 6 months

Rate of CLA started per 10,000 children

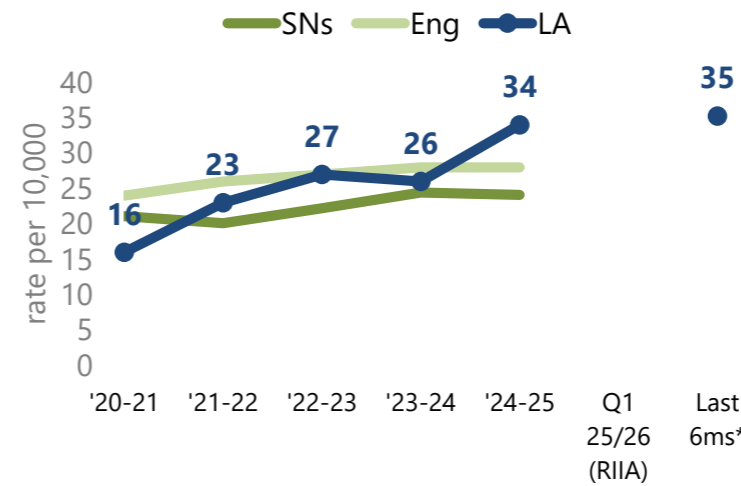


Age and sex

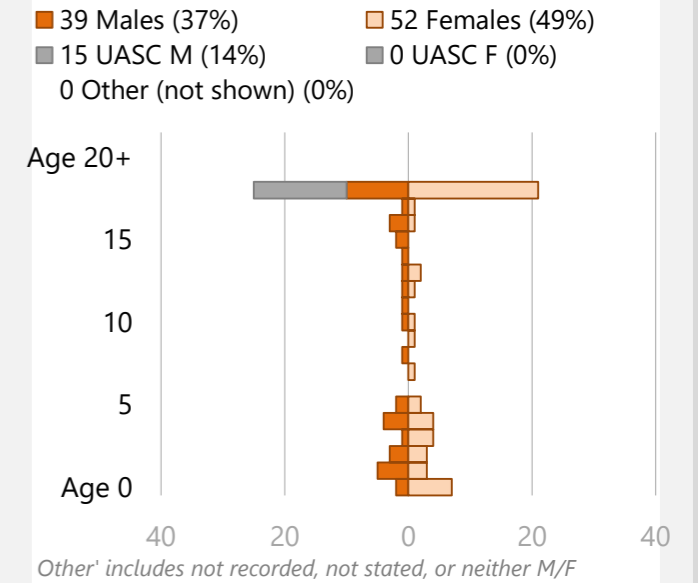


106 CLA ceased in the last 6 months

Rate of CLA ceased per 10,000 children



Age and sex



Page 34

Annualised rate for comparison purposes

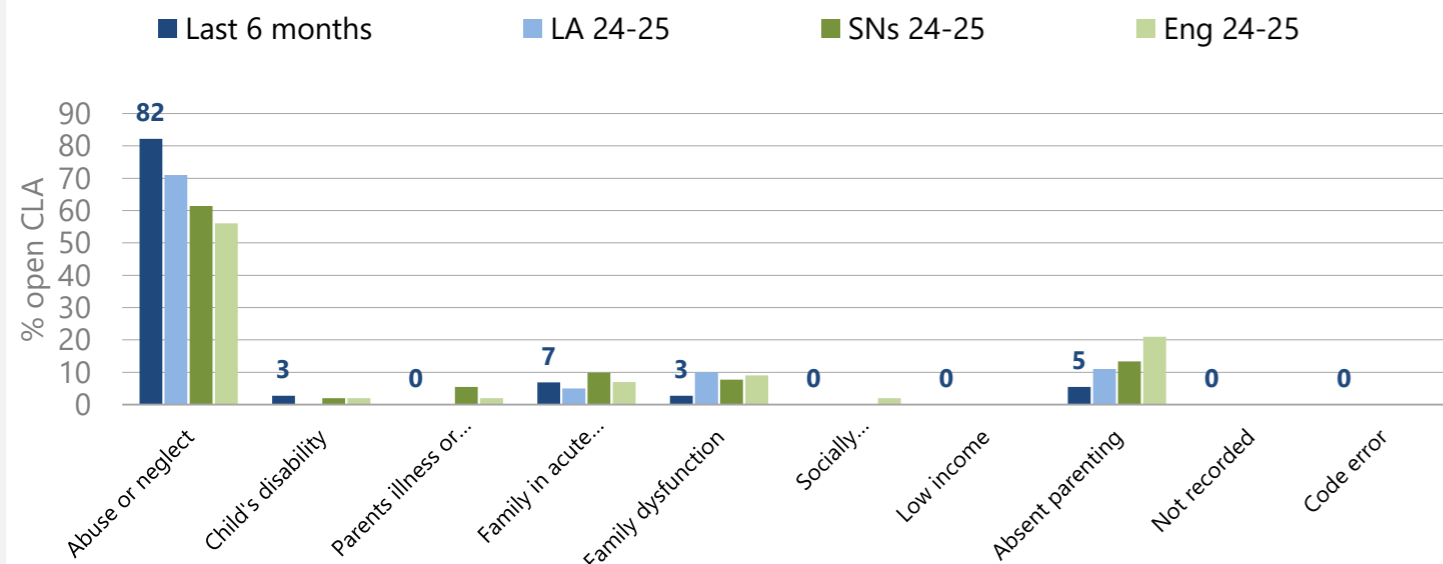
4%

3 of the 73 CLA starters were unaccompanied asylum seeking children (UAS)

1%

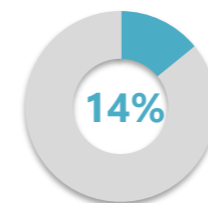
1 of the 73 CLA starters have previously been looked after

Comparing the primary need of CLA starters



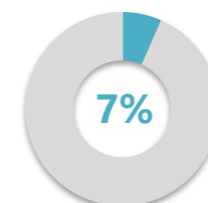
Reason episode of care ceased

Adopted



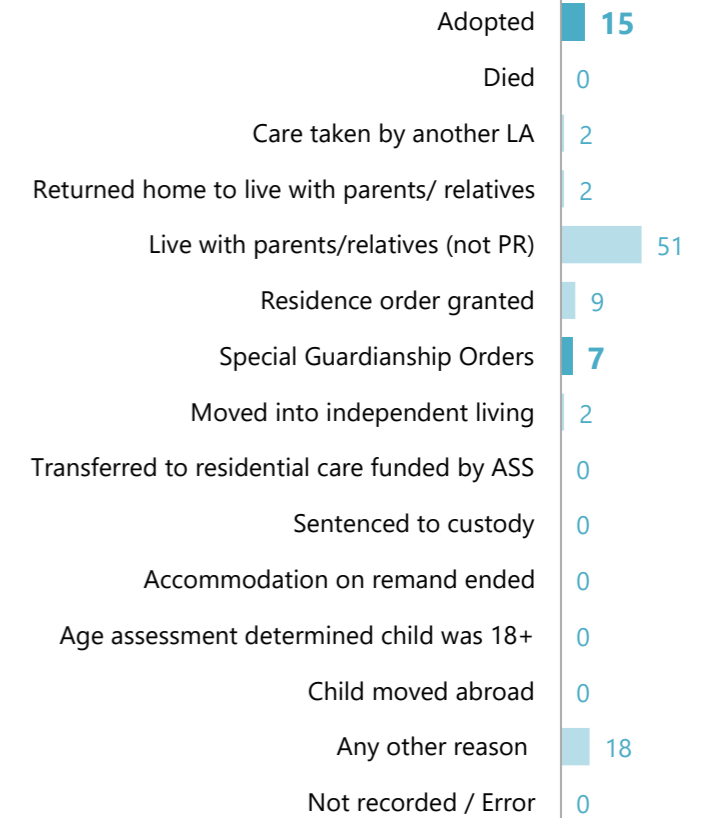
Last 6 months 14%

Special Guardianship Order



Last 6 months 7%

Number of CLA ceased by reason in the period

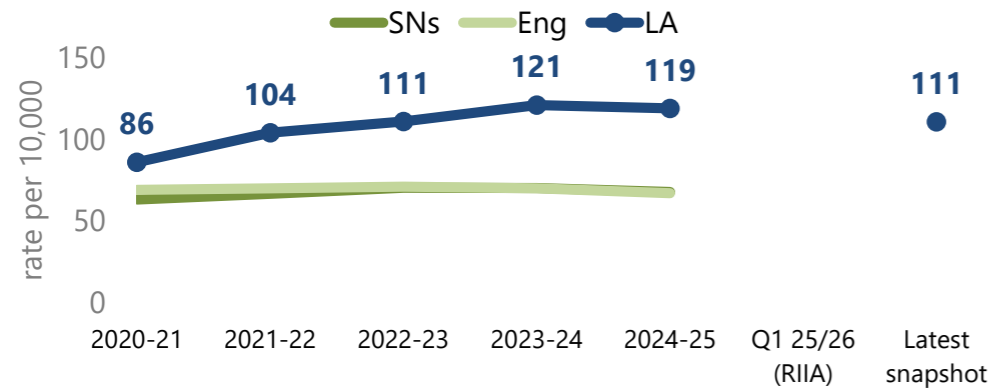


Children Looked After (CLA) with an open episode of care

Snapshot 18/06/2026

666 Children Looked After (CLA) with an open episode of care

Rate of CLA per 10,000 children (snapshot)



Ethnic background

	All CLA	Not UASC	UASC
White	88%	91%	0%
Mixed	6%	6%	0%
Asian or Asian British	0%	0%	9%
Black or black British	3%	1%	35%
Other ethnic group	3%	1%	57%
Not stated	0%	0%	0%
Not recorded	0%	0%	0%

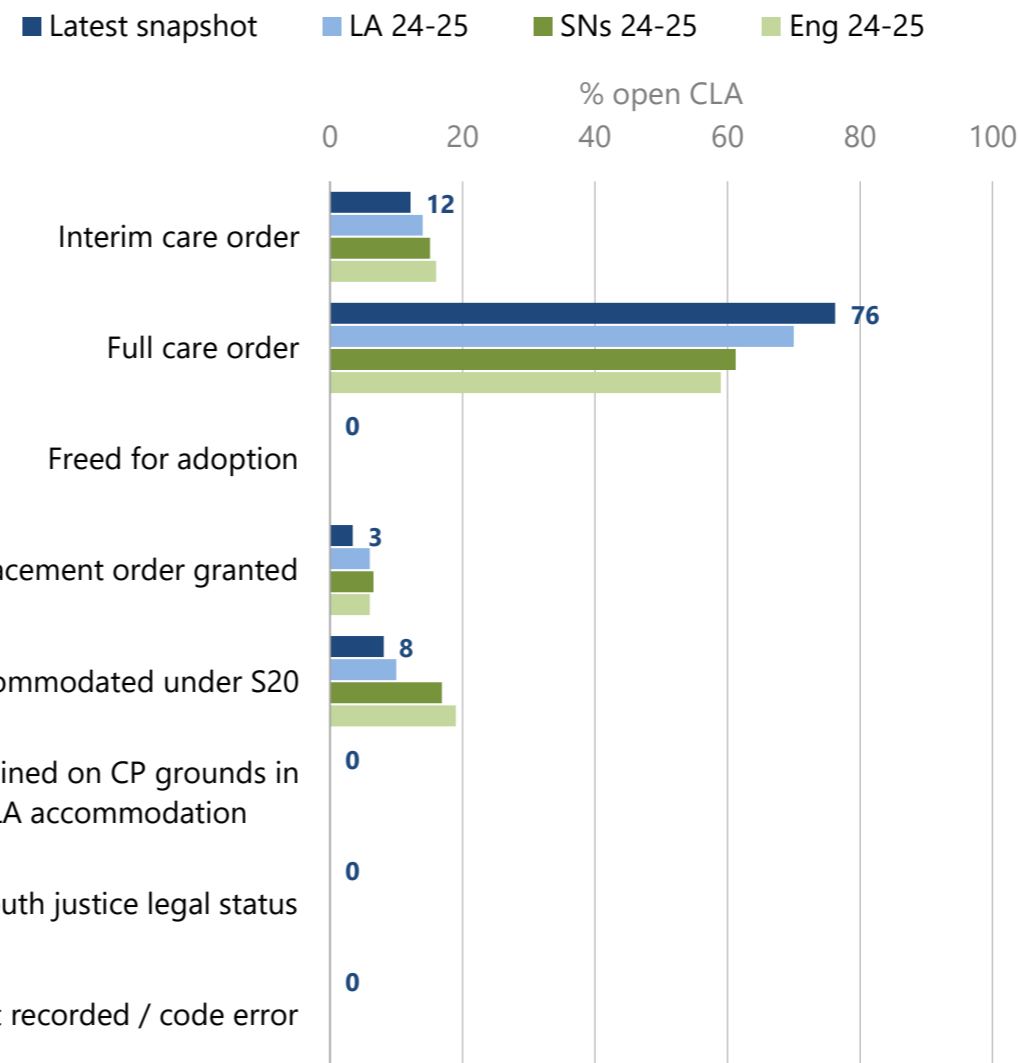
78 children (12%) with a disability

Permanence plan

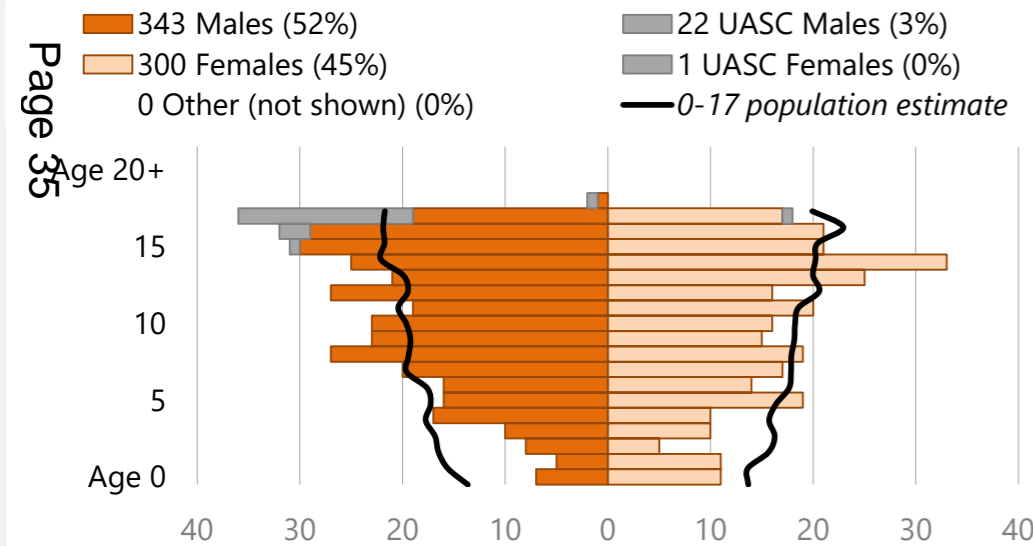
	Number	%
Return to family	121	18%
Adoption	19	3%
SGO/CAO	38	6%
Supported living	26	4%
L/T residential	83	12%
L/T fostering	349	52%
Other	26	4%
Not recorded	4	1%

See page 25 for comparisons

Comparing legal status of open CLA (snapshot)



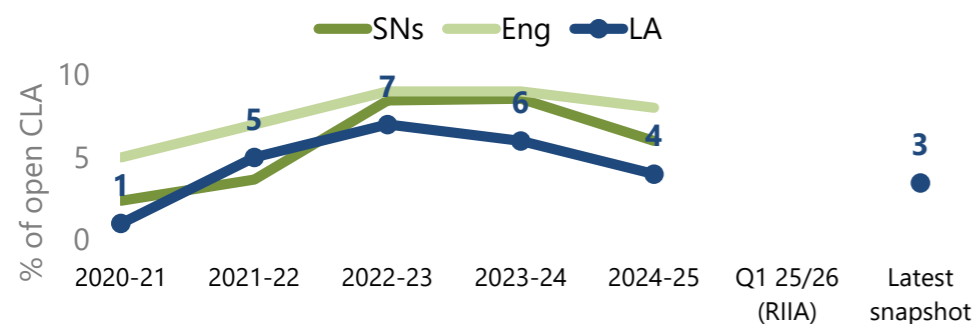
Age and sex



Other' includes not recorded, not stated, or neither M/F

23 open unaccompanied asylum seeking children (UAS)

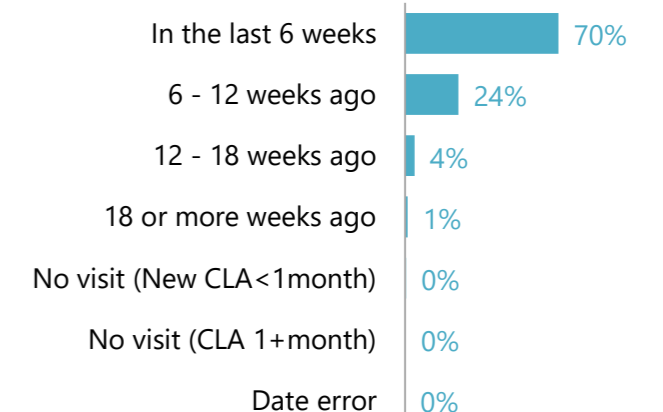
UAS Children as a percentage of CLA (snapshot)



Time since latest review



Time since the child was last seen

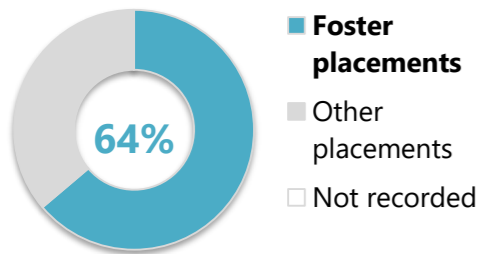


Children Looked After (CLA) placements

Snapshot 18/06/2026

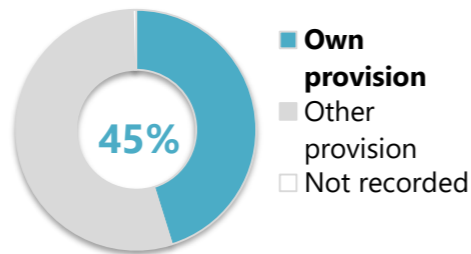
CLA placements by type and provision

Foster placements



LA 2024-25 64%
SNs 2024-25 69%
Eng 2024-25 67%

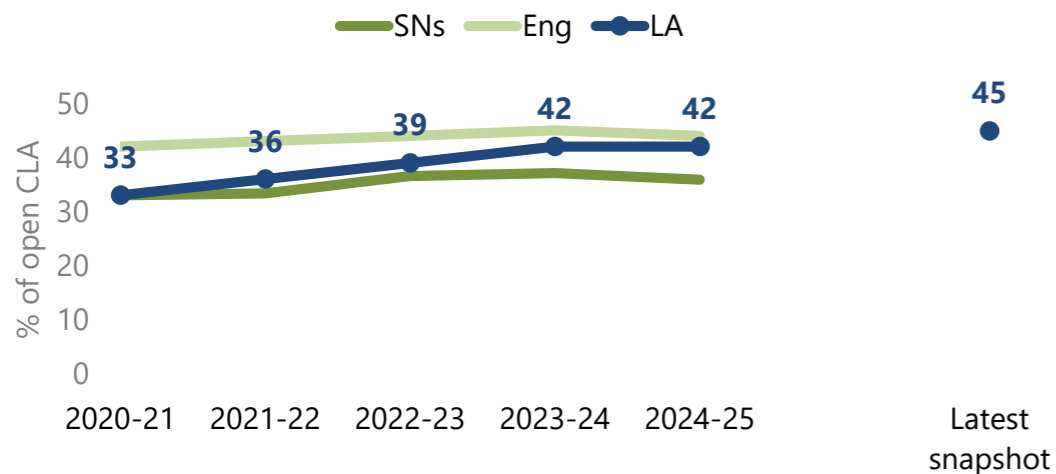
Own provision



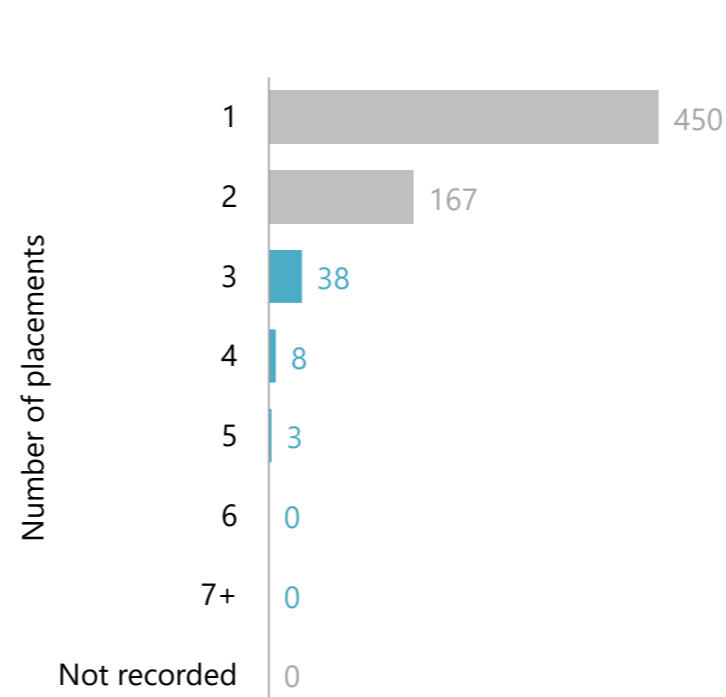
LA 2024-25 45%
SNs 2024-25 48%
Eng 2024-25 43%

Placement type (open CLA)	Own LA	Private	Other	Total
Foster placement	278	138	9	425
Placed for adoption	6	0	1	7
Placed with parents	0	0	47	47
Independent living	0	0	0	0
Residential employment	0	0	0	0
Residential accommodation	1	29	0	30
Secure Children's Homes	0	0	0	0
Children's Homes	9	120	2	131
Residential Care Home	0	0	0	0
NHS/Health Trust	0	0	0	0
Family Centre	0	1	0	1
Young Offender Institution	0	0	0	0
Residential school	0	1	0	1
Other placements	7	1	15	23
Temporary placement	0	0	0	0
Total placements	301	290	74	665

CLA placements out of borough

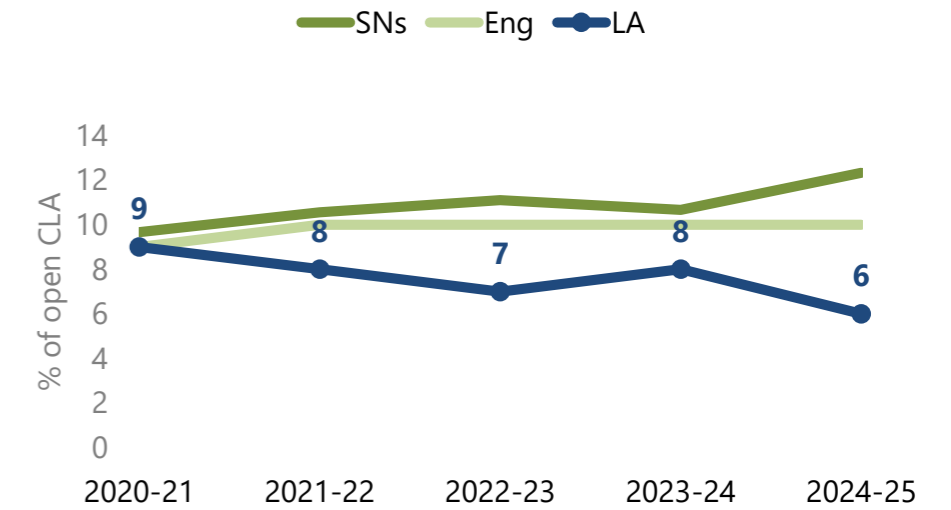


Number of placements in the last 12 months



May include "status" changes as well as placements

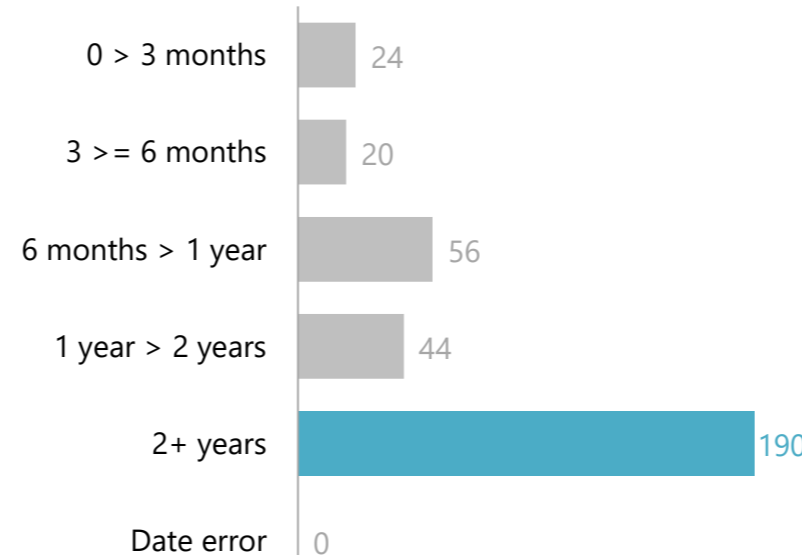
Comparing short term placement stability



Due to limited data in the Annex A dataset, ChAT does not present short-term stability alongside published statistics

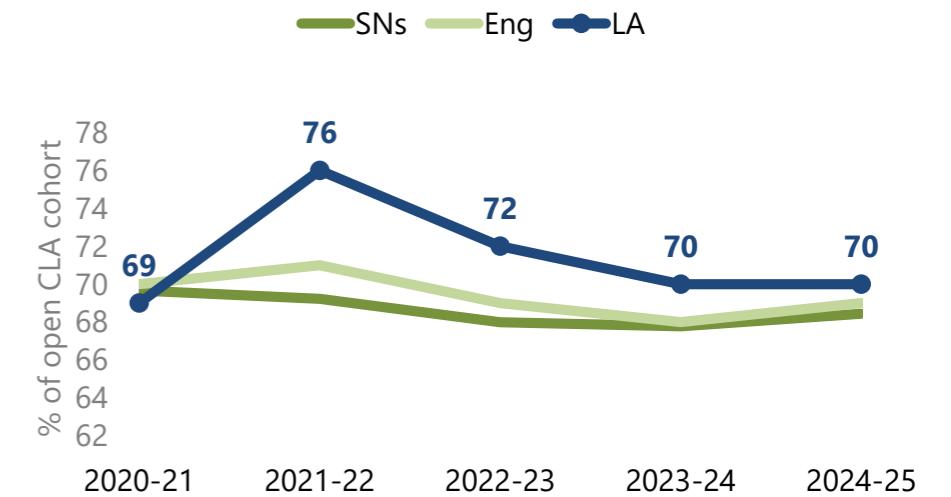
Duration of placements

Duration of latest placement for each current CLA aged under 16 who have been looked after for 2½ years or more



May include "status" changes as well as placements

Comparing long term placement stability



Due to limited data in the Annex A dataset, ChAT does not present long-term stability alongside published statistics

Children Looked After (CLA) health and missing/absent from placement

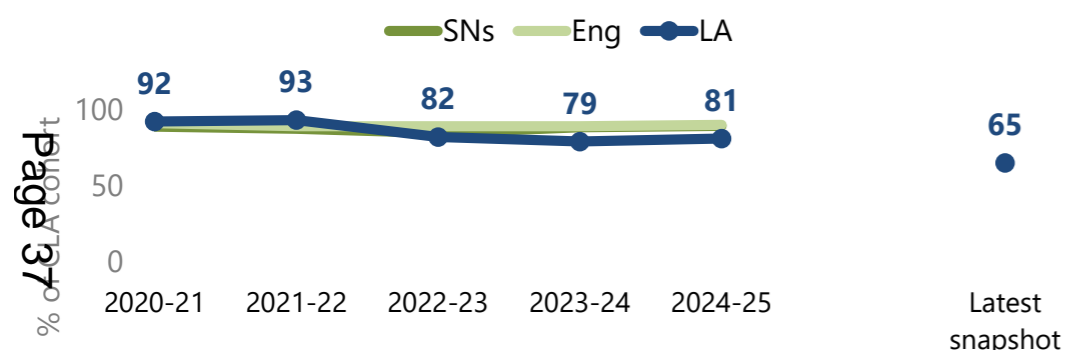
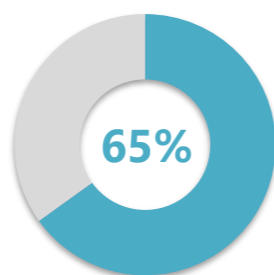
Snapshot 18/06/2026

Health

547 current open CLA looked after for at least 12 months

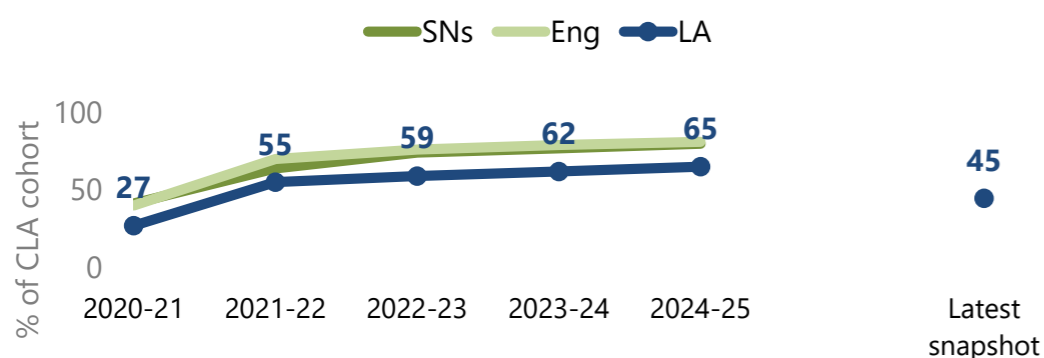
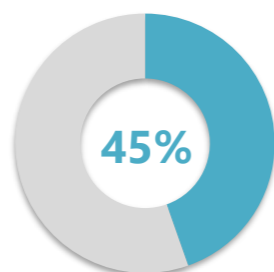
Health assessments

Current open CLA who have been looked after for at least 12 months with an up to date health assessment (in the last 6 months for CLA aged under 5, and in the last 12 months for CLA aged 5-plus)



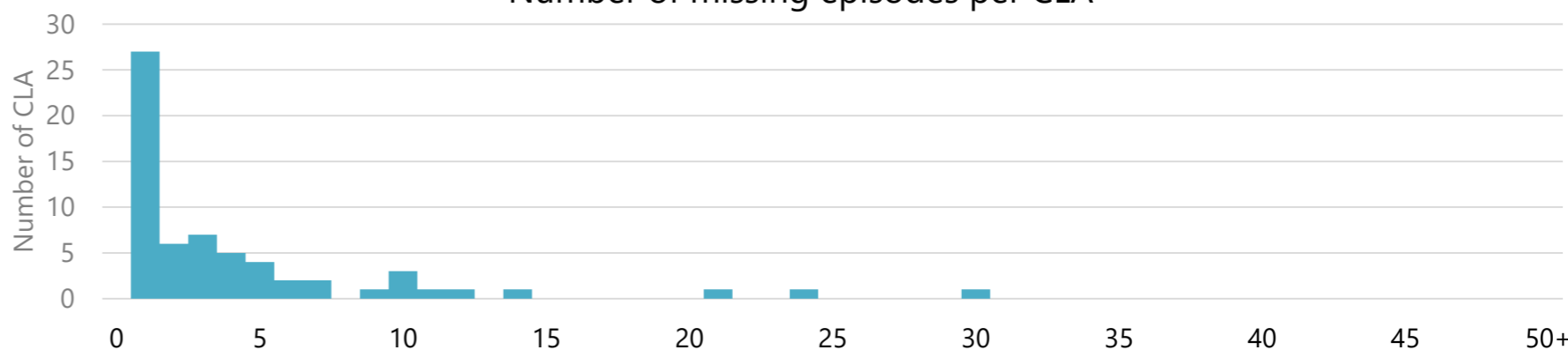
Dental checks

Current open CLA who have been looked after for at least 12 months who have had a dental check in the last 12 months.



Missing from placement

Number of missing episodes per CLA

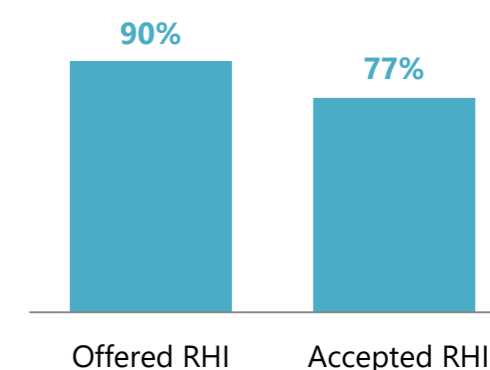


63 of 772 looked after children had a missing incident in the last 12 months

	Latest data	LA 24-25	SNs 24-25	Eng 24-25
Number of all CLA with a missing incident	63 of 772	53		
Percentage of all CLA with a missing incident	8%	6%	9%	11%
Total number of missing incidents for all CLA	277	165		
Average number of incidents per CLA who went missing	4.4	3.1	4.3	6.8

Missing incidents - return home interviews

	Latest data	
Missing children offered return interview	57 of 63	90%
Missing children not offered return interview	0 of 63	0%
Missing children return interview offer not recorded	6 of 63	10%
Missing children where return interview was n/a	0 of 63	0%



	Latest data	
Missing children accepted return interview	44 of 57	77%
Missing children not accepted return interview	13 of 57	23%
Missing children return interview acceptance not recorded	0 of 57	0%

Absent from placement

2 of 772 looked after children had an absent incident in the last 12 months

	Latest data	LA 24-25	SNs 24-25	Eng 24-25
Number of all CLA with an absent incident	2 of 772	0		
Percentage of all CLA with an absent incident	0%	0%	1%	3%
Total number of absent incidents for all CLA	2	0		
Average number of incidents per CLA who were absent	1.0	0.0	0.6	4.5

Care leavers - Demographics and Unaccompanied Asylum Seeking (UAS) Children

Snapshot 18/06/2026

597 care leavers who have reached the threshold for receiving leaving care services

Care leavers by age and eligibility

(where highlighted, please check eligibility/age criteria)

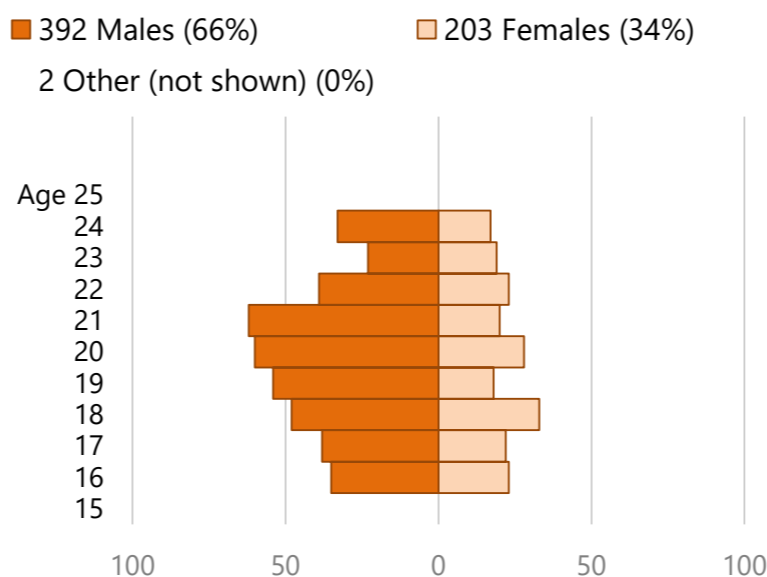
	Eligible	Relevant	Former Relevant	Qualifying	Other	Total
16	52	3	0	3	0	58
17	52	7	0	1	0	60
18	0	0	79	2	0	81
19	0	0	71	1	0	72
20	0	0	86	2	0	88
21	0	0	82	0	0	82
22	0	0	60	2	0	62
23	0	0	41	1	0	42
24	0	0	48	2	0	50
25	0	0	0	0	0	0
Other	0	0	0	2	0	2
Total	104	10	467	16	0	597

Care leaver eligibility summary (please refer to DfE guidance for full eligibility criteria)

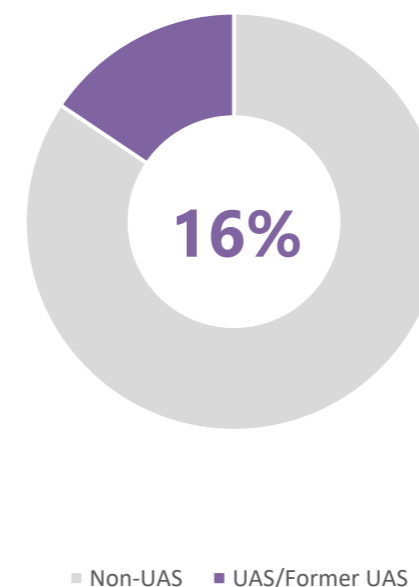
Eligible	~ Age 16 or 17 ~ Has been looked after for at least 13 weeks since age 14 (can be multiple periods) ~ Currently looked after
Relevant	~ Age 16 or 17 ~ Has been looked after for at least 13 weeks since age 14 (can be multiple periods) ~ Looked after on or after their 16th birthday ~ No longer looked after
Former Relevant	~ Aged between 18 and 25 ~ Previously an eligible or relevant child (see above definitions)
Qualifying (Annex A requires only those requesting and receiving a service)	~ Aged between 16 and 21 (or 25 if in education) ~ Looked after on or after their 16th birthday ~ Not looked after for at least 13 weeks since age 14 or ~ privately fostered after the age of 16 but before the age of 18 or ~ were looked after prior to becoming subject to a SGO

Page 38

Age and sex



All Care Leavers by UAS/Former UAS Status



Ethnic background

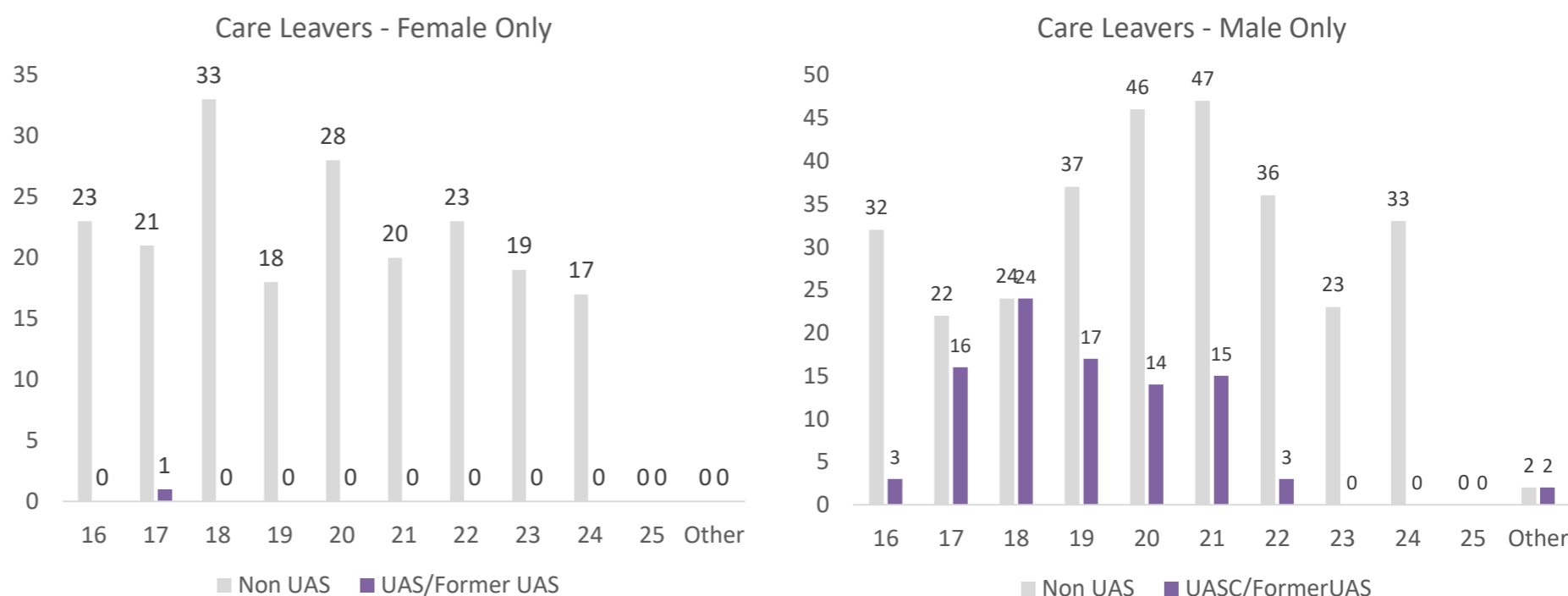
White	64%
Mixed	5%
Asian or Asian British	4%
Black or black British	7%
Other ethnic group	20%
Not stated	0%
Not recorded	0%

See page 25 for comparisons

67 (11%) care leavers with a disability

Other' includes not recorded, not stated, or neither M/F

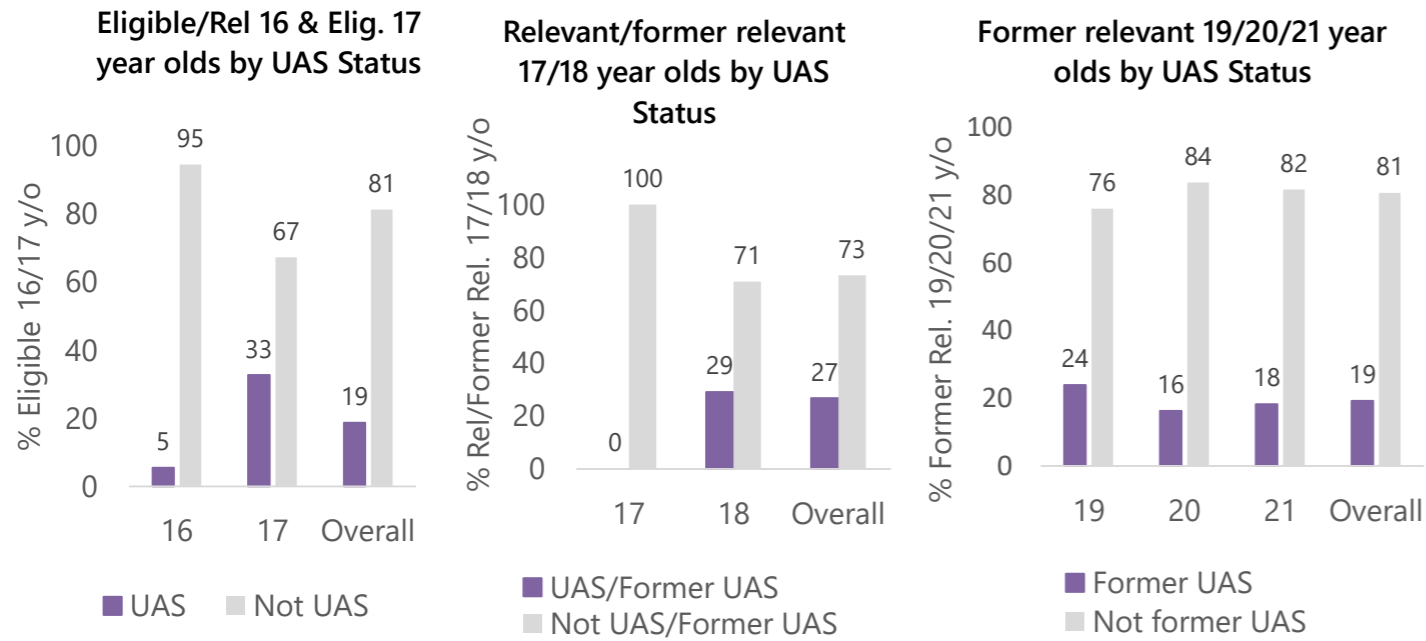
Care Leavers, by Age, Sex and UAS/Former UAS Status



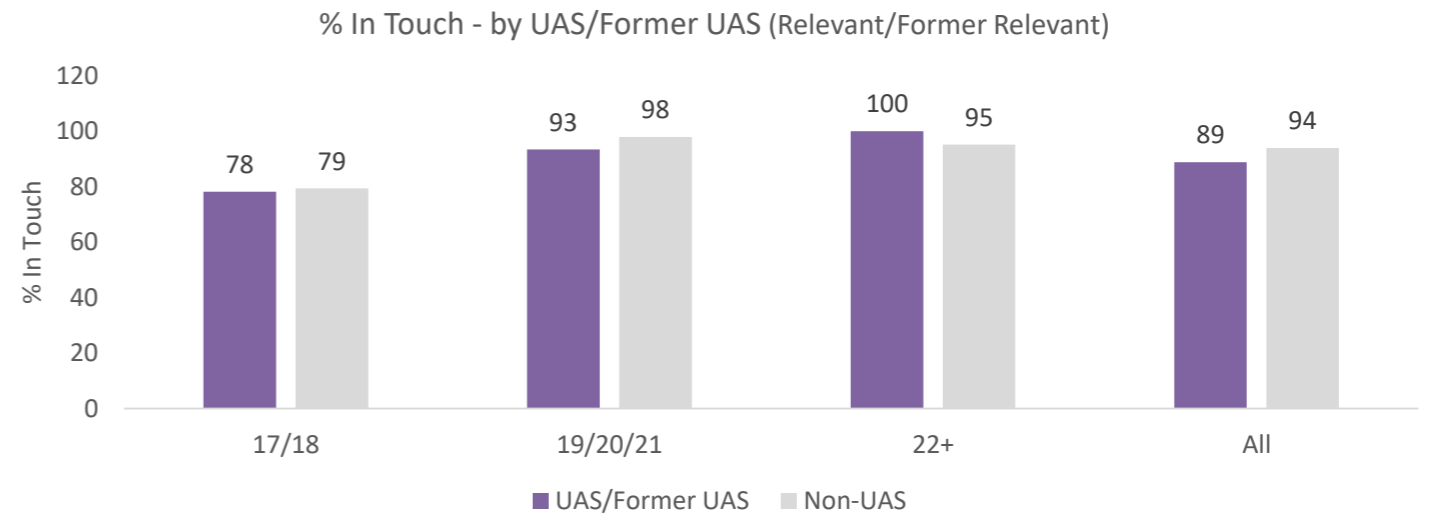
Care leavers demographics and UAS Children continued.

Snapshot 18/06/2026

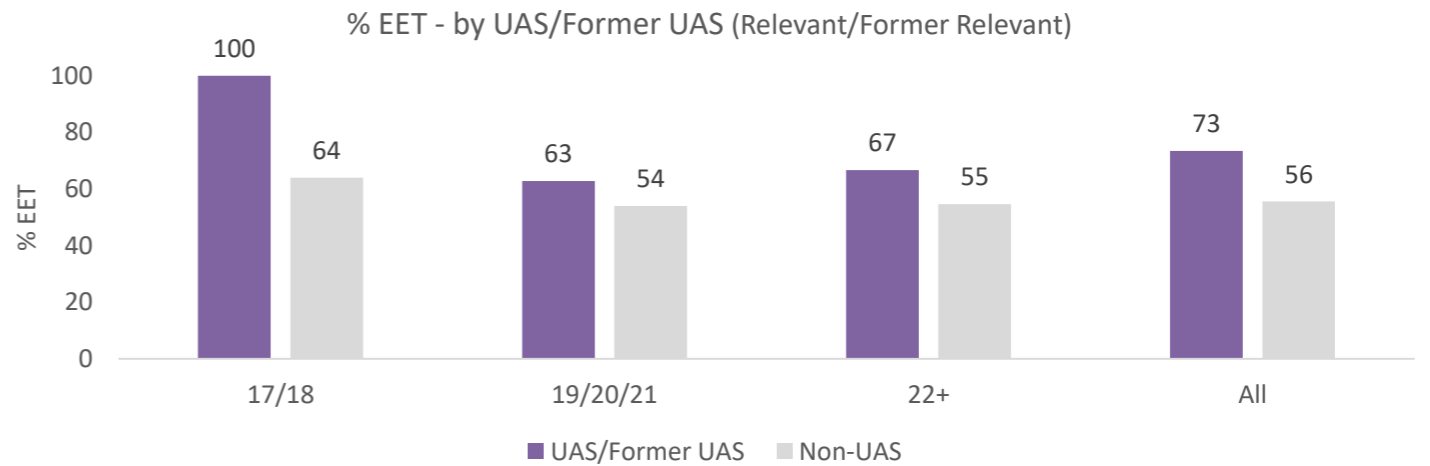
% Care Leavers UAS/Former UAS by Eligibility



Care Leavers in Touch by UAS/Non-UAS

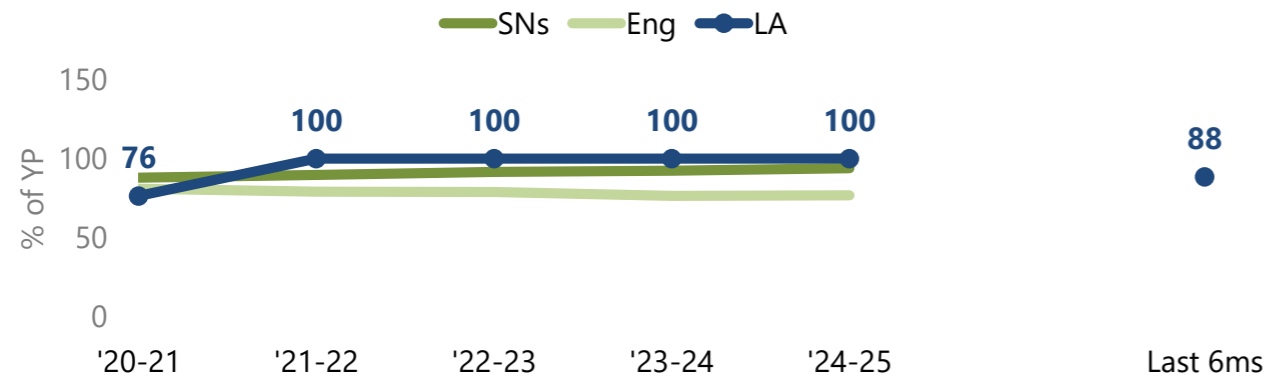


Care Leavers EET by UAS/Non-UAS

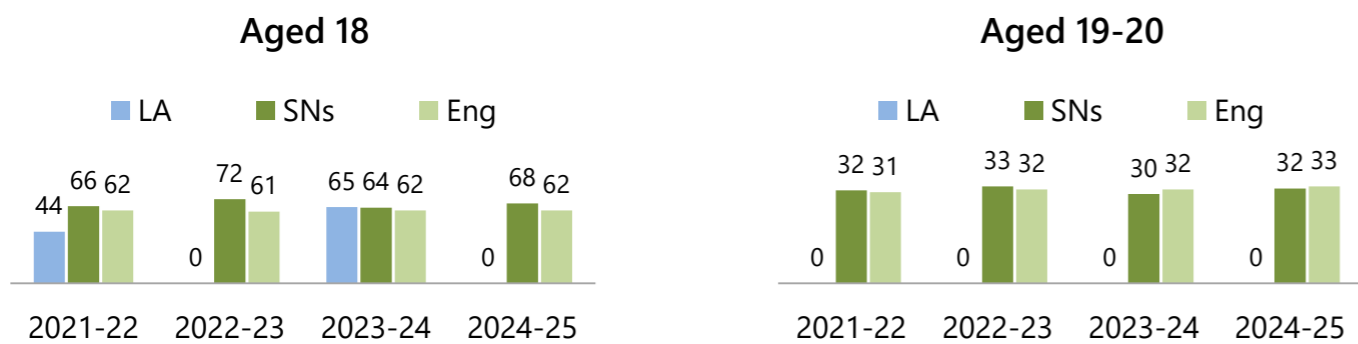


Remained in care until aged 18

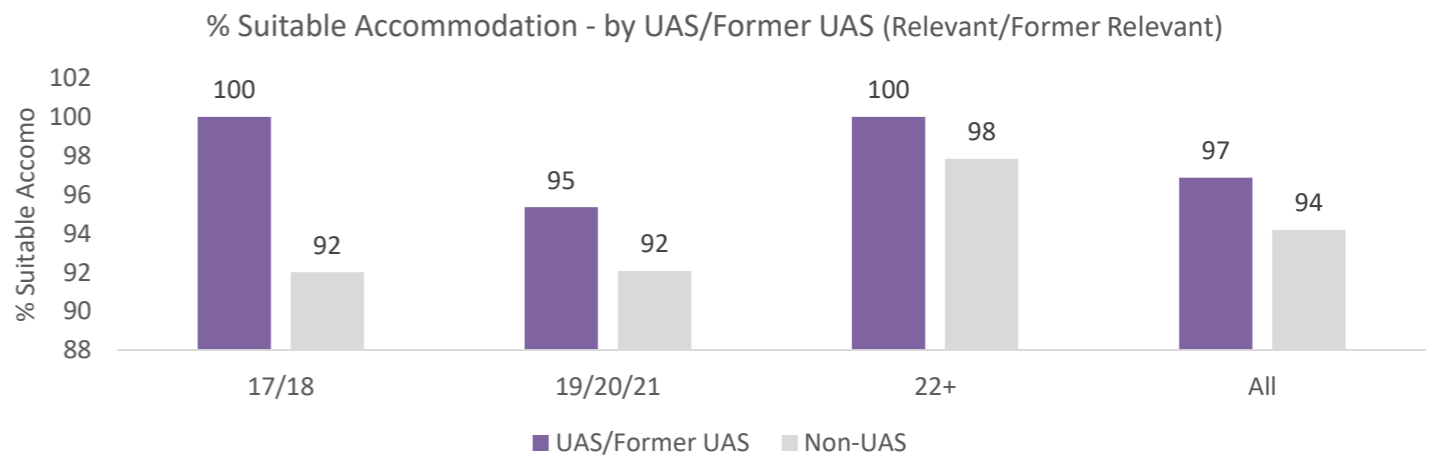
YP who ceased to be looked after aged 16-plus who were looked after until their 18th birthday



Remain with former foster carer



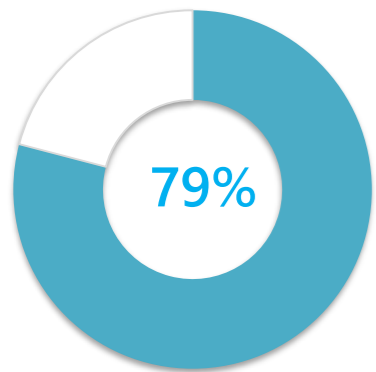
Care Leavers in Suitable Accommodation by UAS/Non-UAS



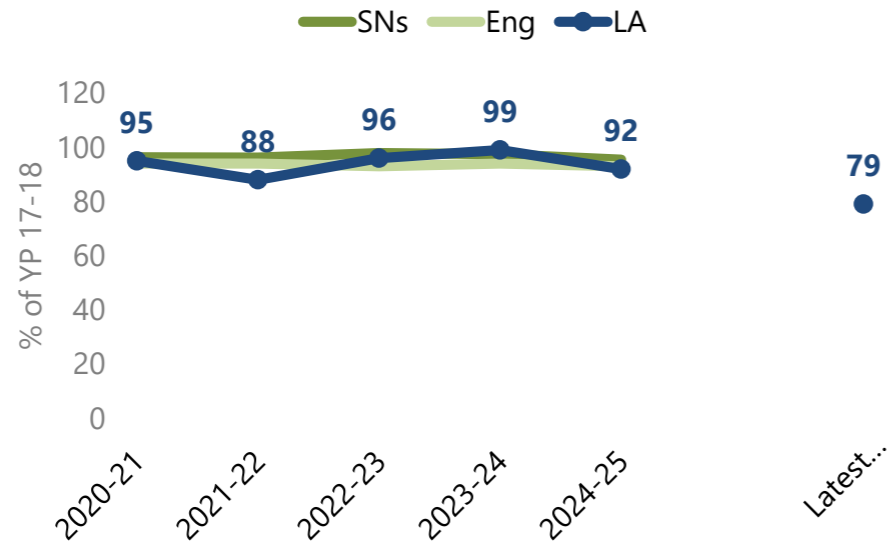
Care Leavers in touch and contact timescales

Snapshot 18/06/2026

LA in touch with 17-18 year olds (relevant/former relevant)

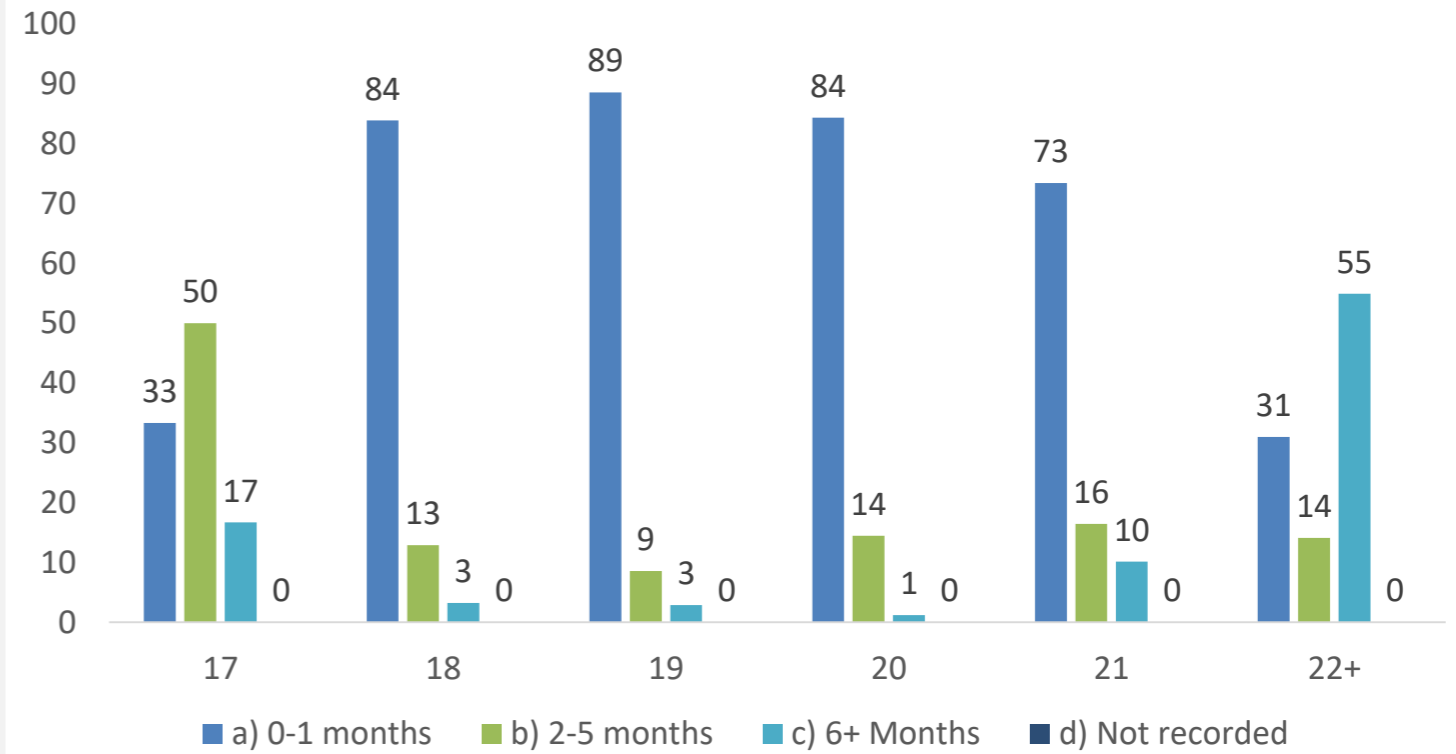


ChAT	Aged 17	Aged 18	Total
Numbers in cohort	7	79	86
LA in touch with YP	86%	78%	79%



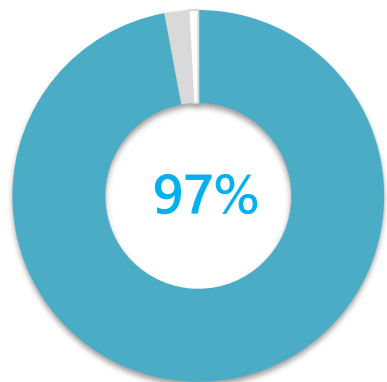
- In touch
- Not in touch
- Not recorded

Time Since Last Contact by Age - Percentage (Relevant/Former Relevant)

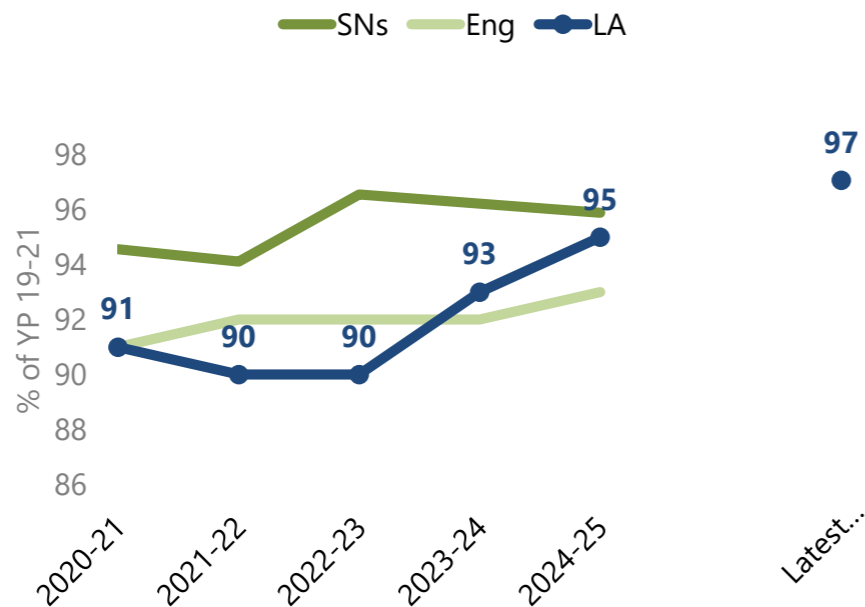


Page 40

LA in touch with 19-21 year olds (former relevant)

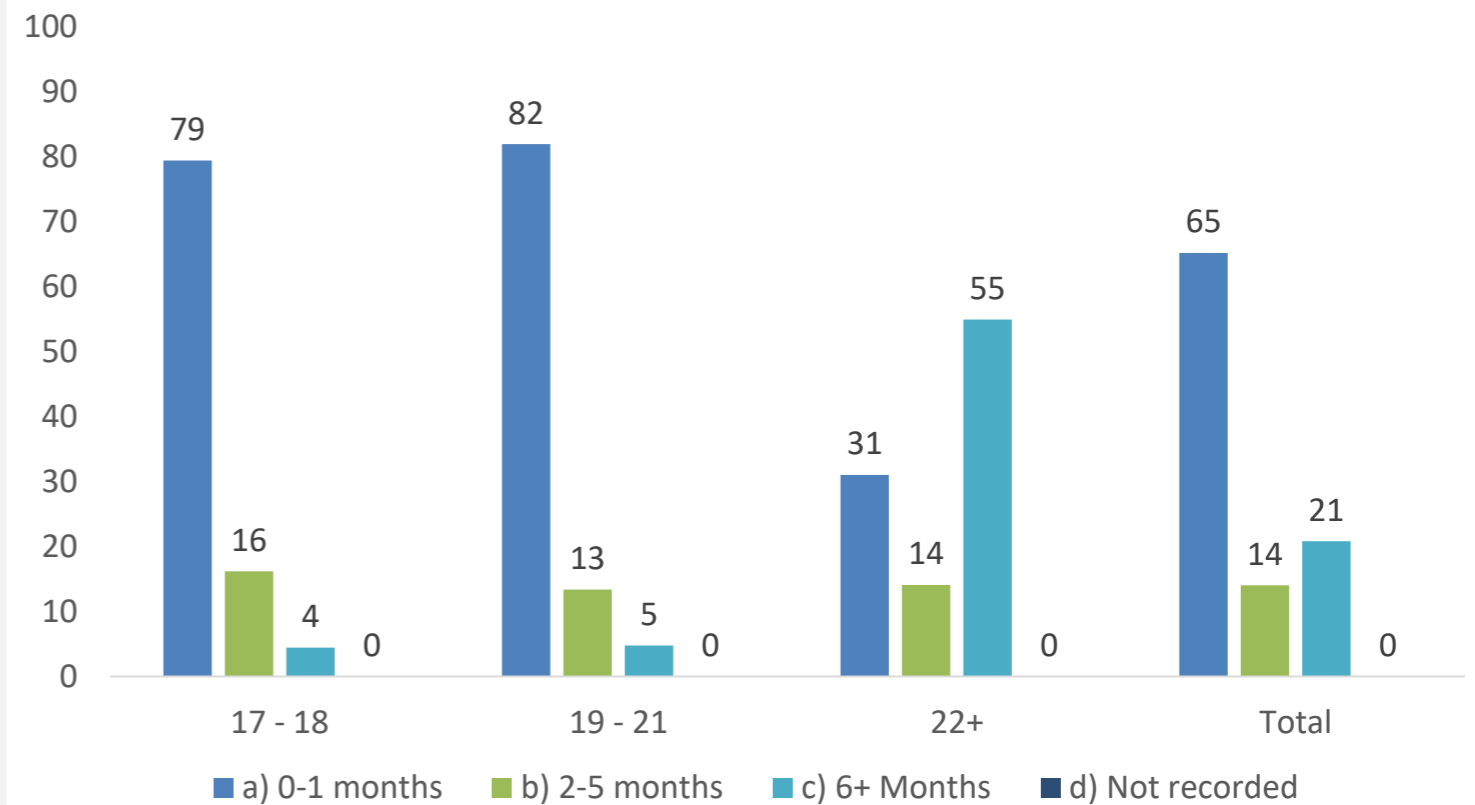


ChAT	Aged 19	Aged 20	Aged 21	Total
Numbers in cohort	71	86	82	239
LA in touch with YP	99%	97%	96%	97%



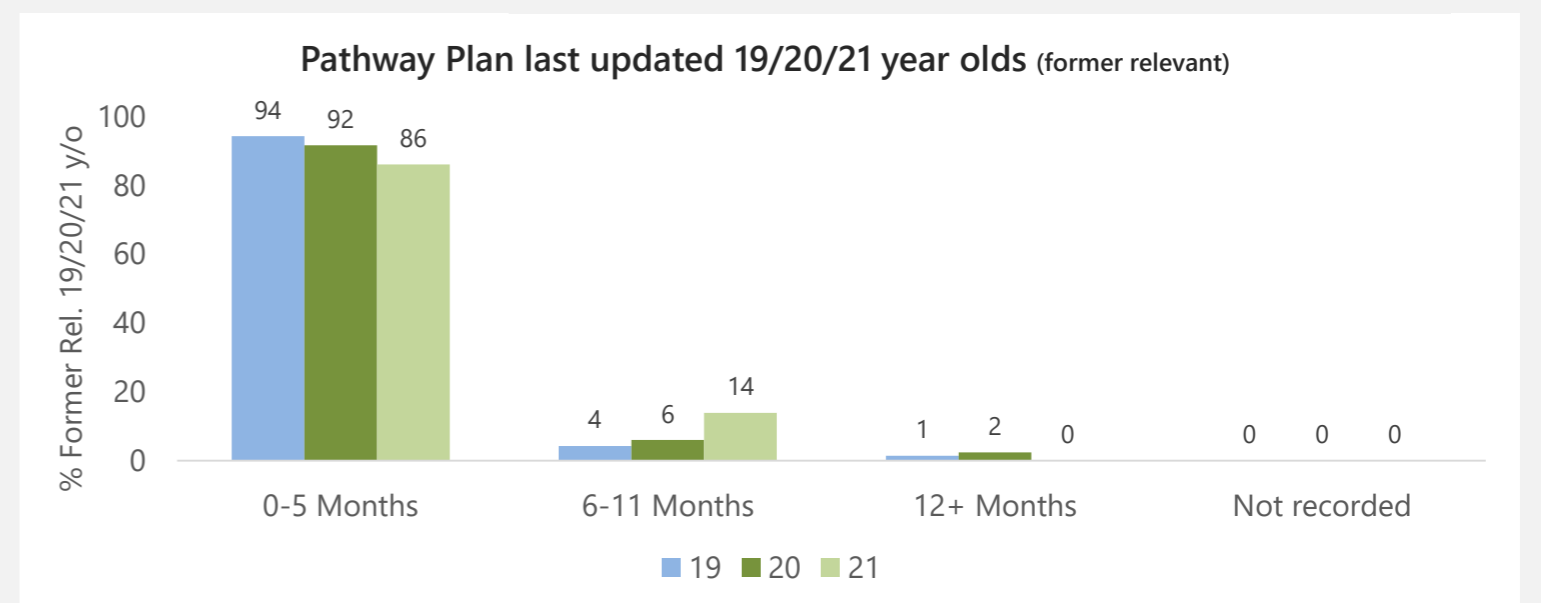
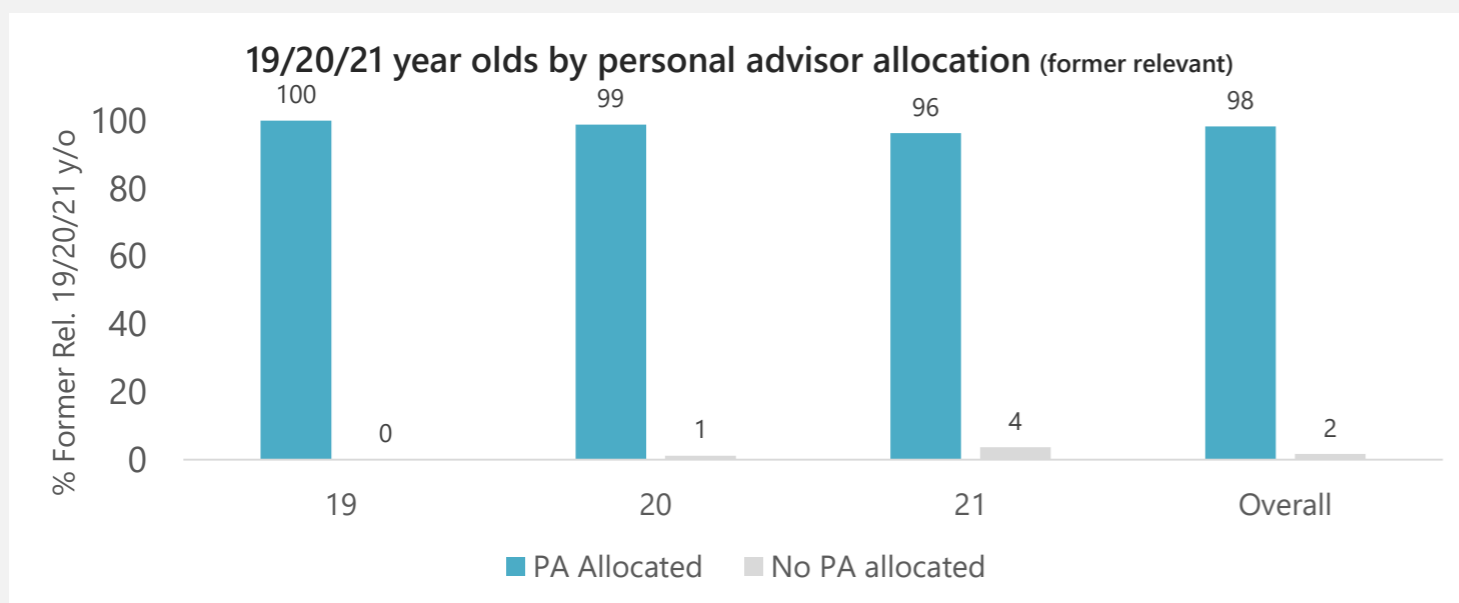
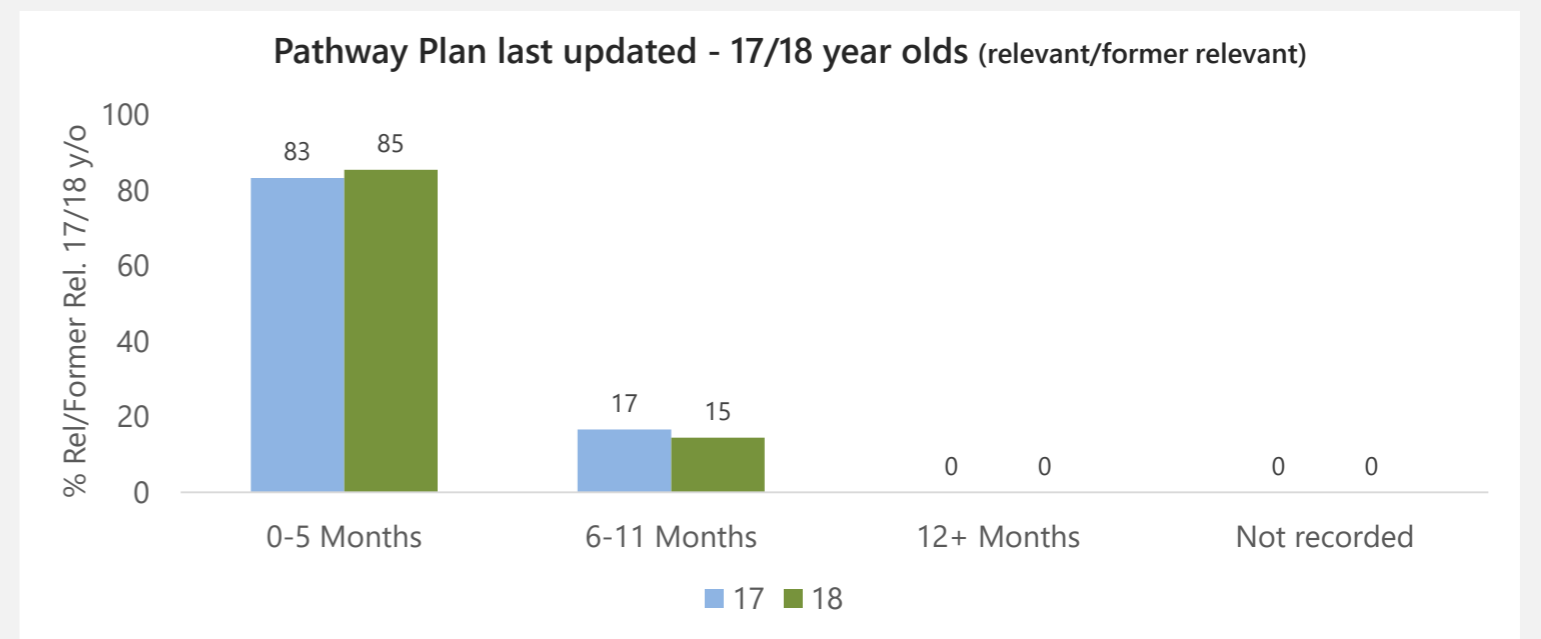
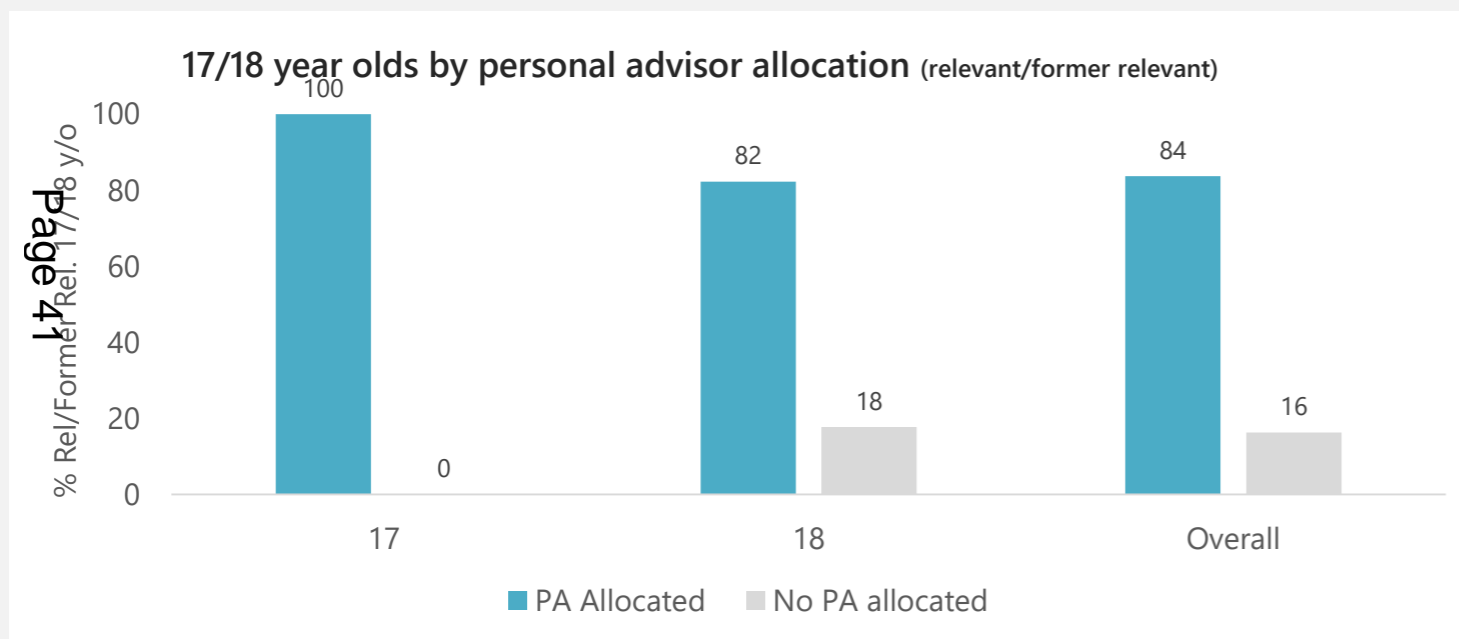
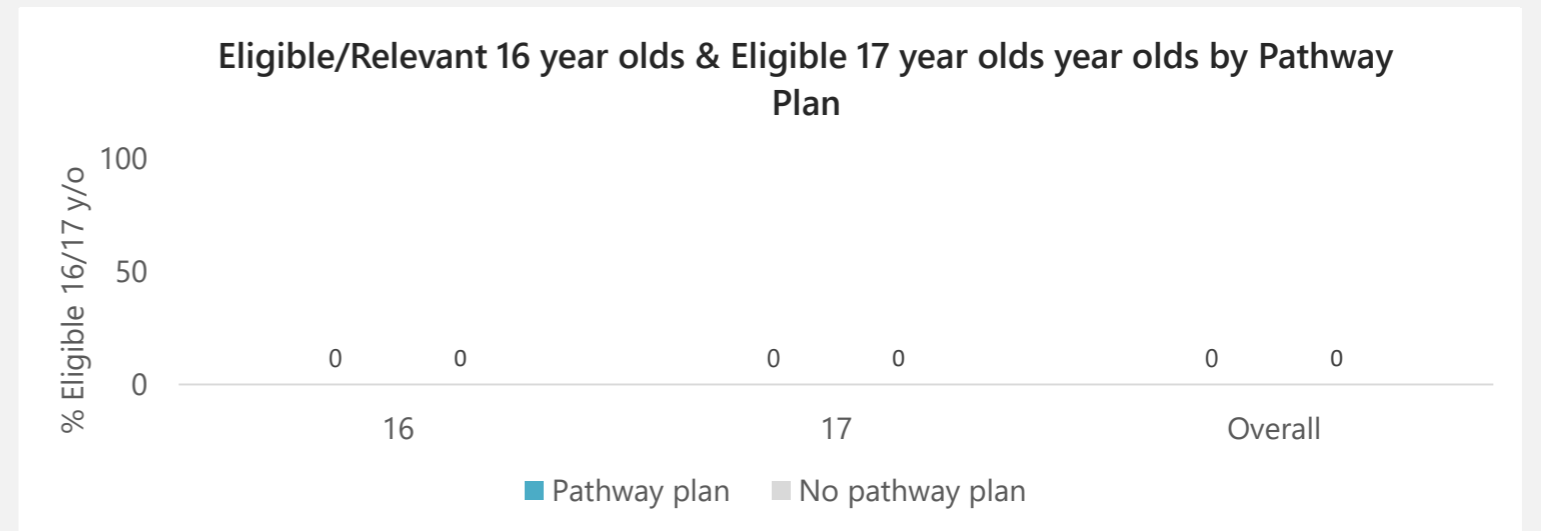
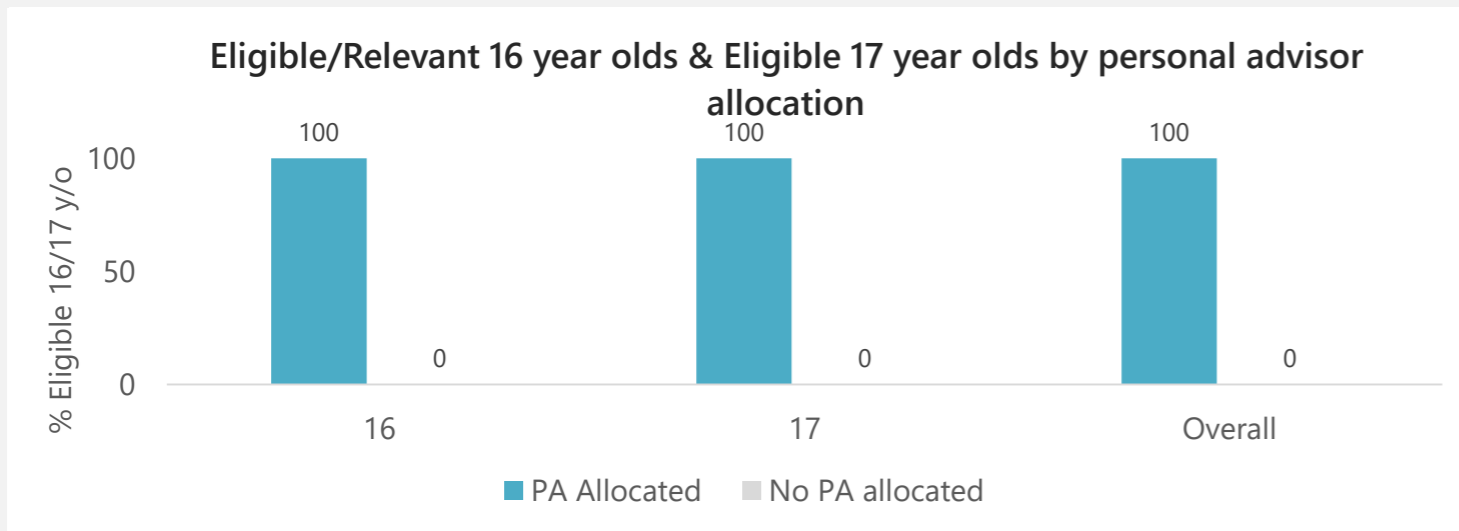
- In touch
- Not in touch
- Not recorded

Time Since Last Contact by Age Group - Percentage (Relevant/Former Relevant)



Care leavers PA allocation and Pathway Plans

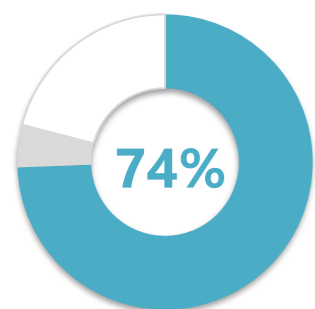
Snapshot 18/06/2026



Care leavers accommodation suitability and type

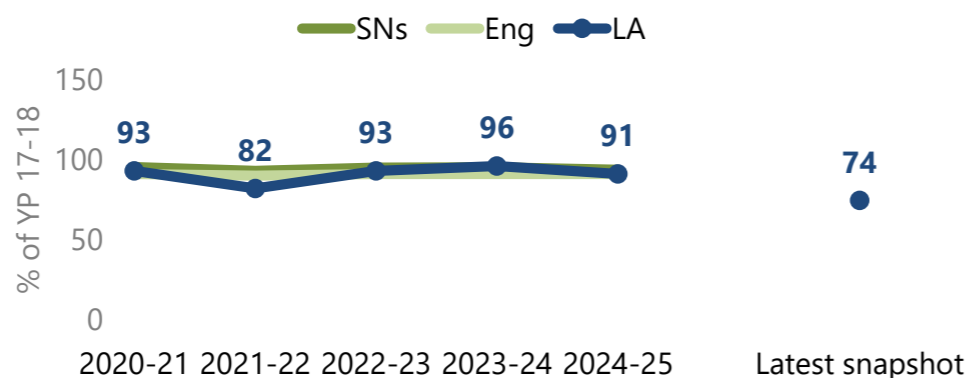
Snapshot 18/06/2026

Accommodation suitability of 17-18 year olds (relevant/former relevant)

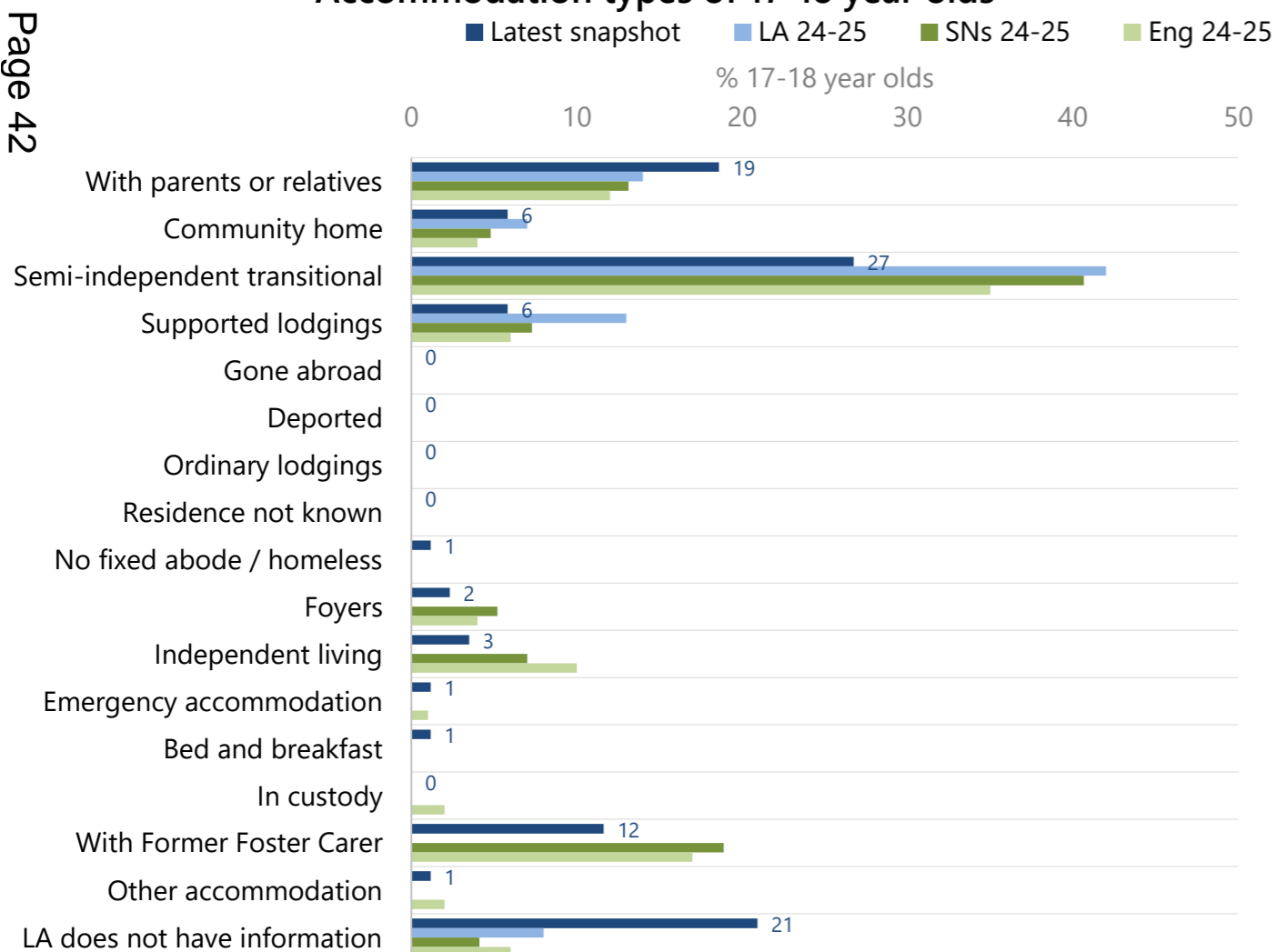


■ Suitable accom
■ Not suitable
□ No information

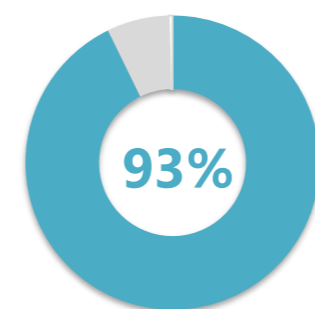
ChAT	Aged 17	Aged 18	Total
Numbers in cohort	7	79	86
In suitable accommodation	86%	73%	74%
In suit accomm (In touch only)	100%	94%	94%



Accommodation types of 17-18 year olds

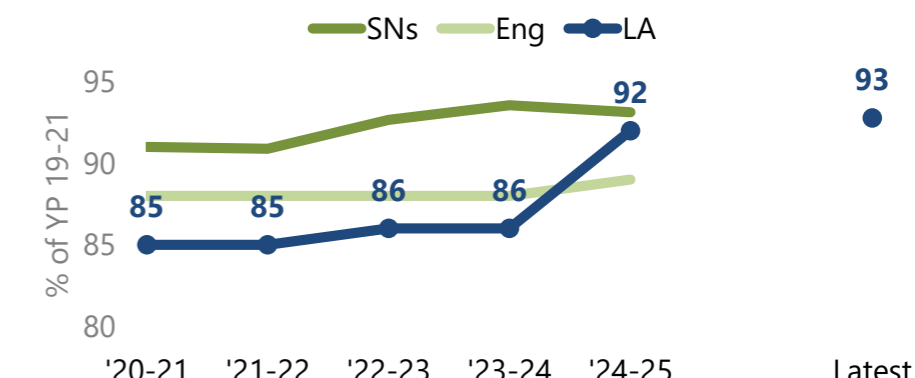


Accommodation suitability of 19-21 year olds (former relevant)

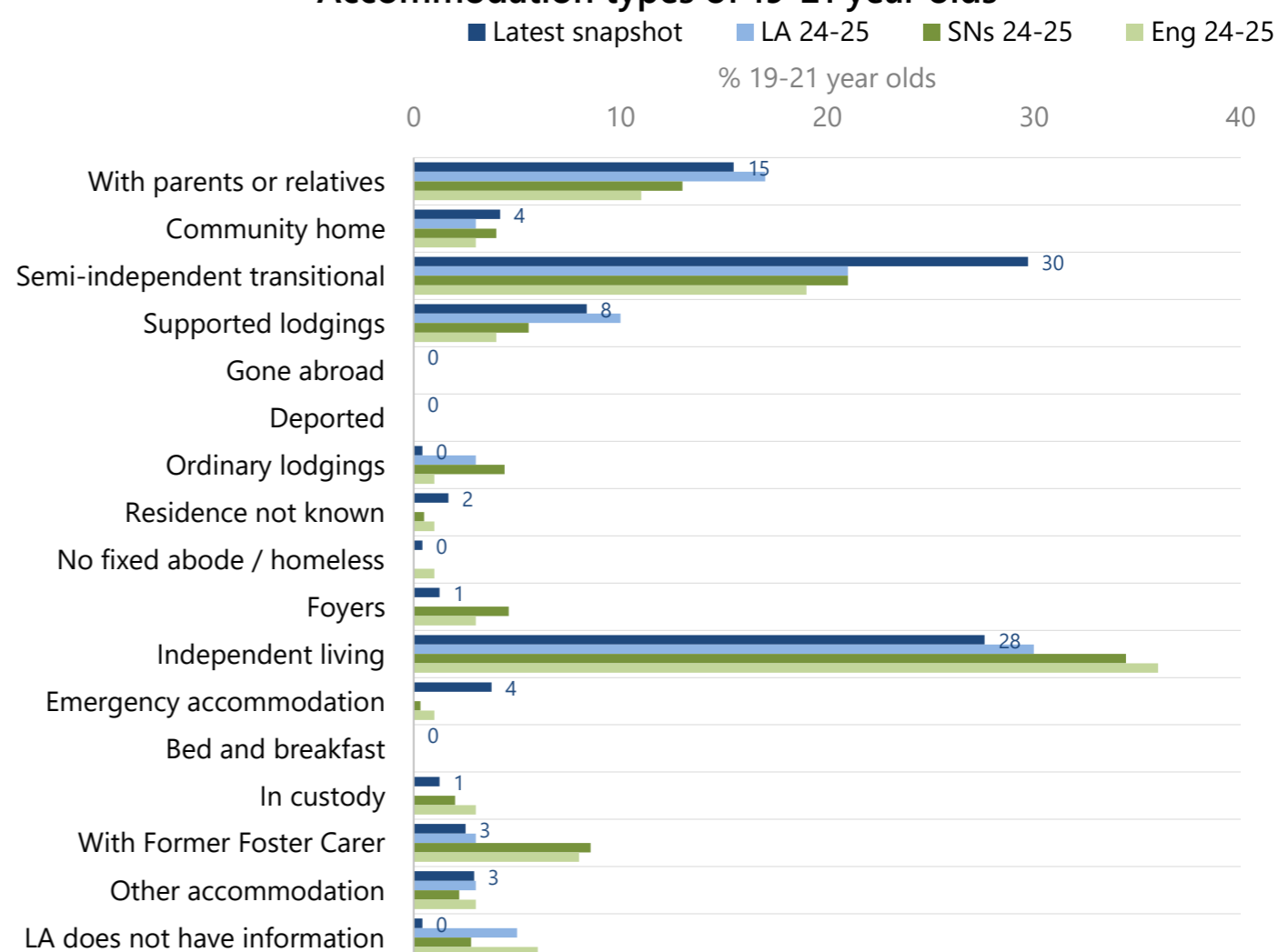


■ Suitable accom
■ Not suitable
□ No information

ChAT	Aged 19	Aged 20	Aged 21	Total
Numbers in cohort	71	85	79	235
In suitable accommodation	96%	93%	90%	93%
In suit accomm (In touch only)	96%	93%	91%	93%



Accommodation types of 19-21 year olds

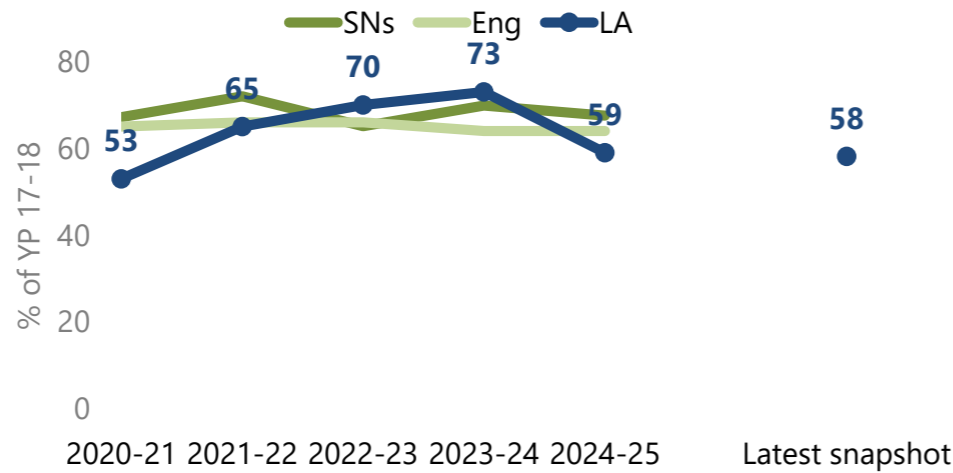
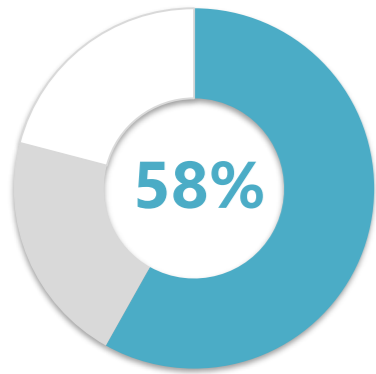


Care leavers activity (Education, Employment, or Training)

Snapshot 18/06/2026

Education, Employment, or Training (EET) of 17-18 year olds (relevant/former relevant)

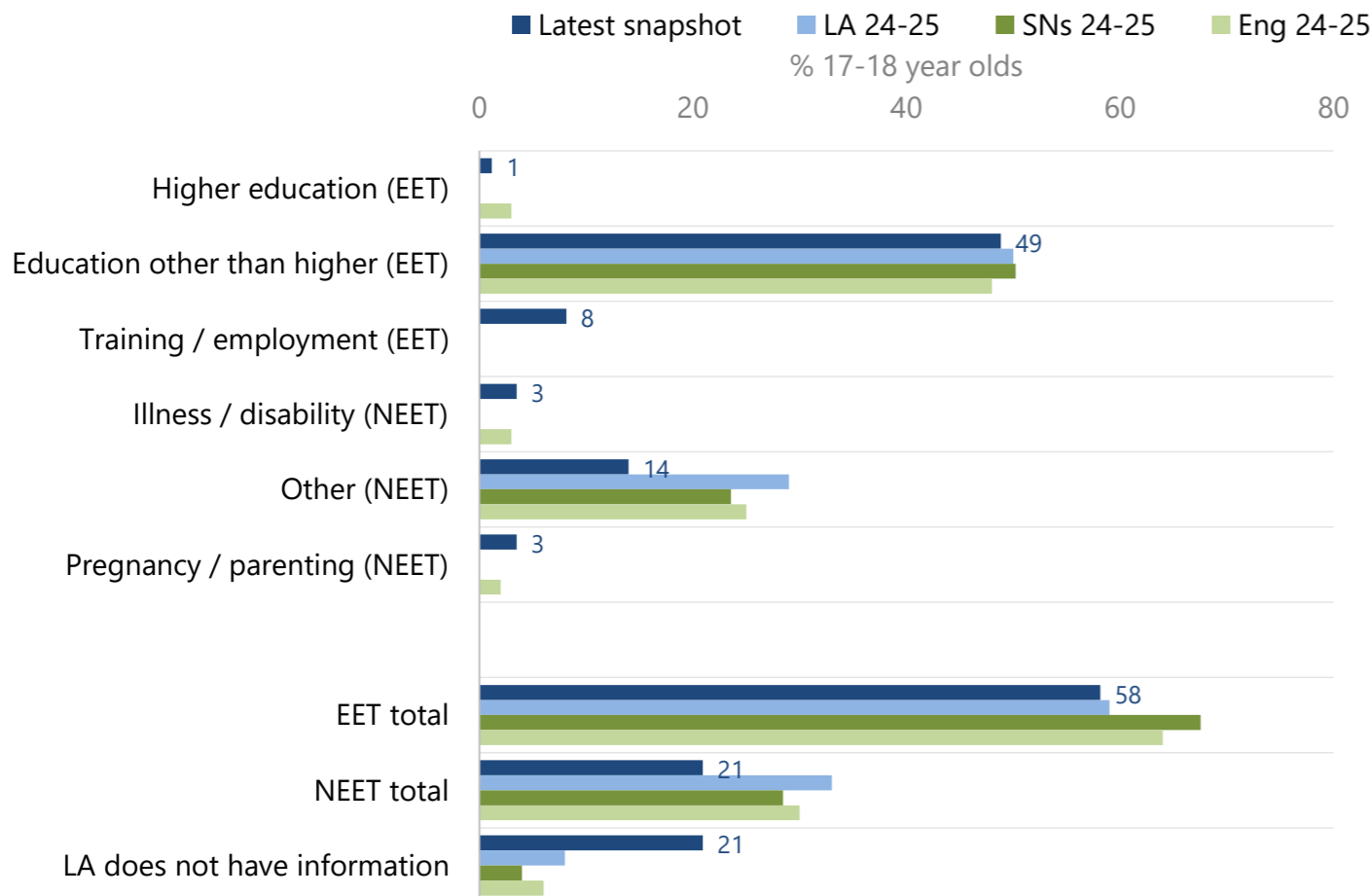
ChAT	Aged 17	Aged 18	Total
Numbers in cohort	7	79	86
In EET	86%	56%	58%
In EET (In Touch Only)	100%	71%	74%



■ YP in EET ■ NEET

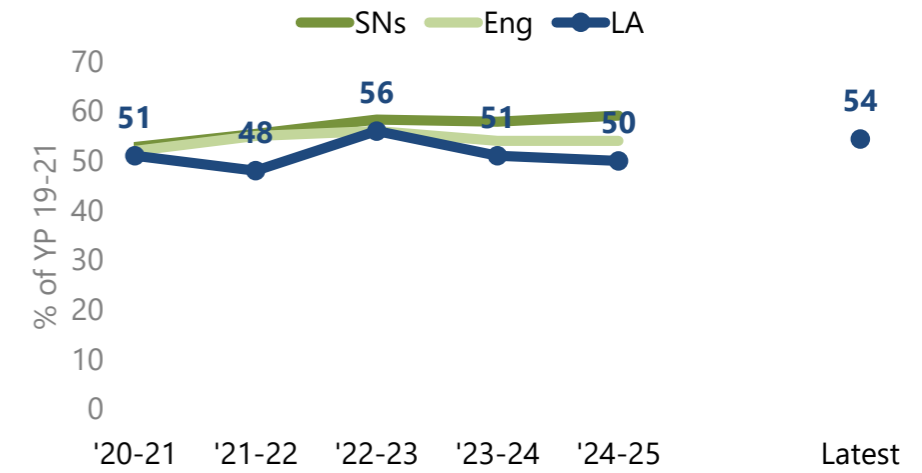
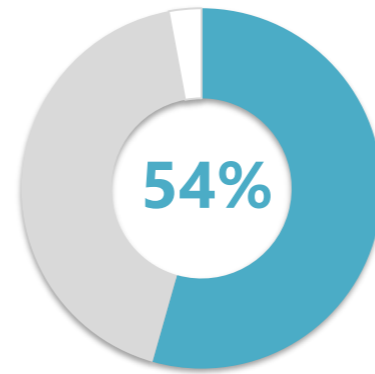
□ No info

Activity types of 17-18 year olds (relevant/former relevant)



Education, Employment, or Training (EET) of 19-21 year olds (former relevant)

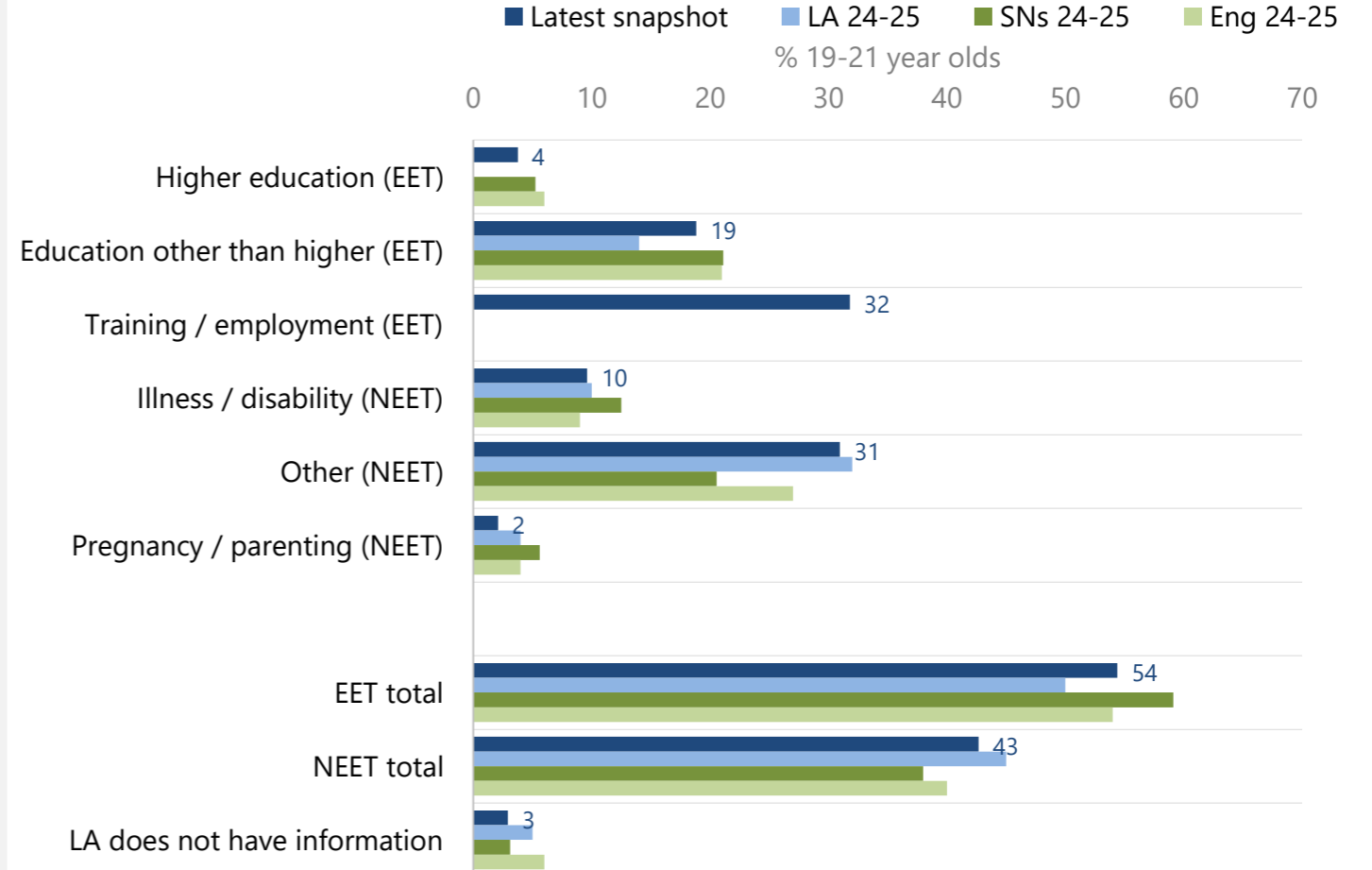
ChAT	Aged 19	Aged 20	Aged 21	Total
Numbers in cohort	71	86	82	239
In EET	54%	64%	45%	54%
In EET (In Touch Only)	54%	65%	47%	56%



■ YP in EET ■ NEET

□ No info

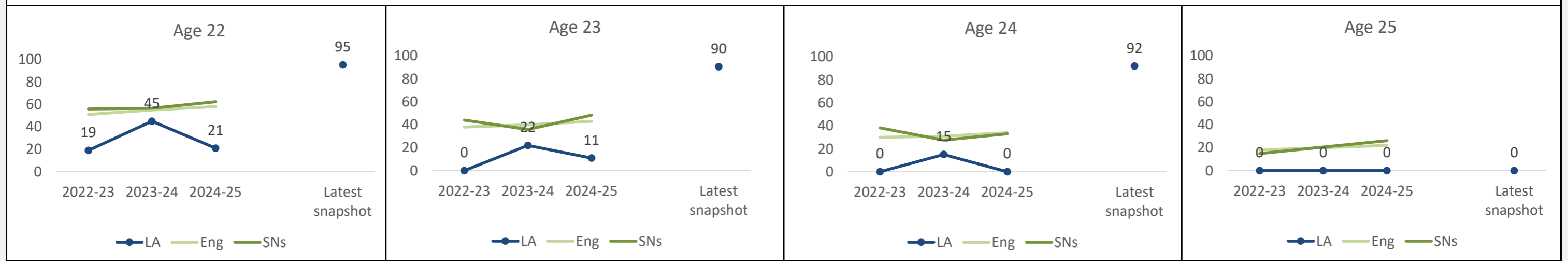
Activity types of 19-21 year olds (former relevant)



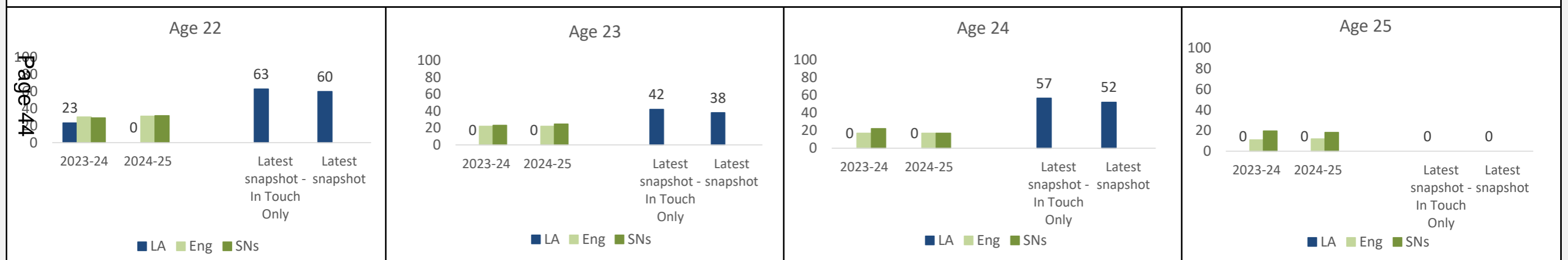
are leavers 22-25 In Touch, Activity and Suitable Accommodatic

Snapshot 18/06/2026

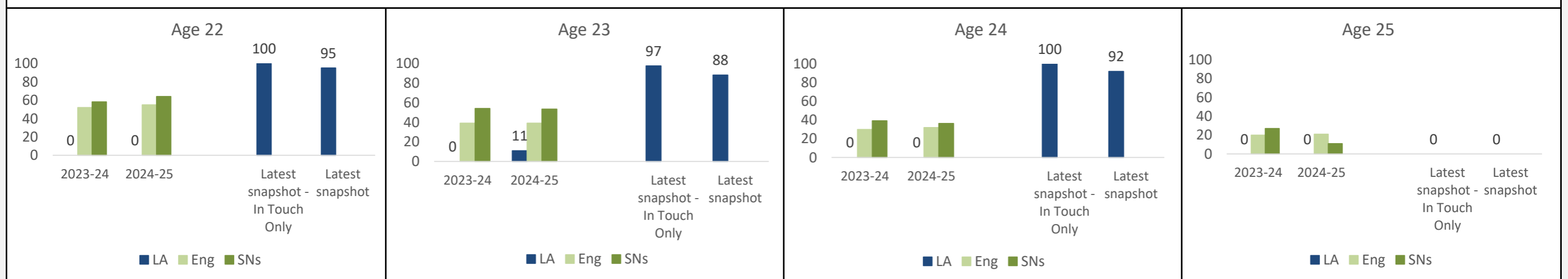
Care Leavers 22-25 - % In Touch (benchmarking for this measure uses 'Young person has requested and received support' from *Children looked after in England including adoptions*)



Care Leavers 22-25 - % EET (In touch snapshot uses list 9 definition)



Care Leaver 22-25 - % Suitable Accommodation (In touch snapshot uses list 9 definition)



Children adopted, waiting to be adopted, or had an adoption decision reversed in the last 12 month from 19/06/2025 to 18/06/2026

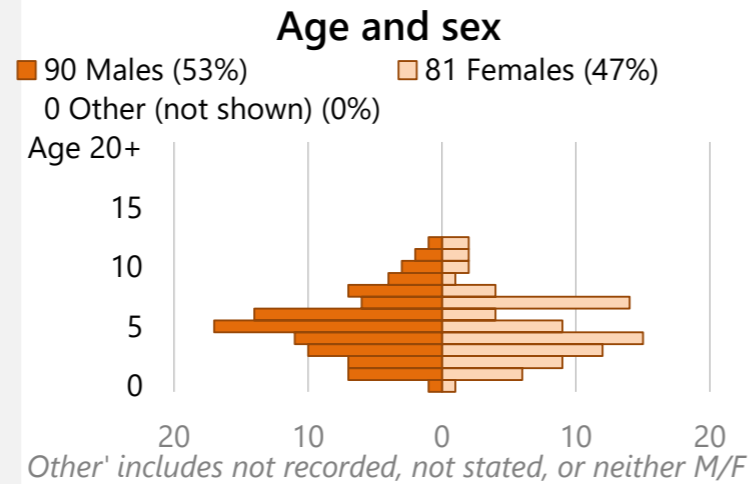
171 children

- 23 Child/ren adopted last 12 months
- 26 Child/ren waiting to be adopted
- (21 Child/ren waiting with placement order)
- 14 Child/ren with decision reversed

Ethnic background

White	93%
Mixed	6%
Asian or Asian British	0%
Black or black British	1%
Other ethnic group	1%
Not stated	0%
Not recorded	0%

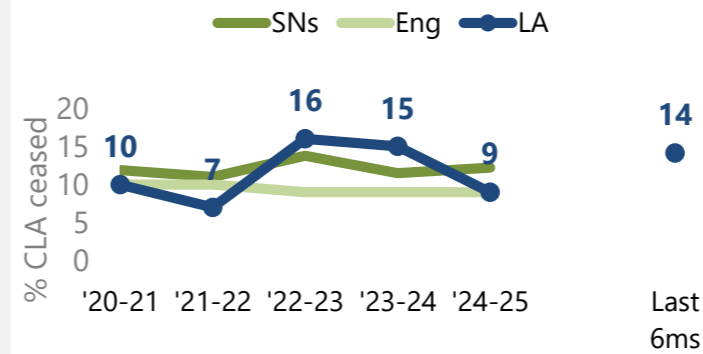
See page 25 for comparisons



5 children (3%) with a disability

Of the 106 children who ceased to be looked after in the last 6 months, 15 was/were adopted (14%)

Children ceased who were adopted



Children aged 5-plus who were adopted

2.9%

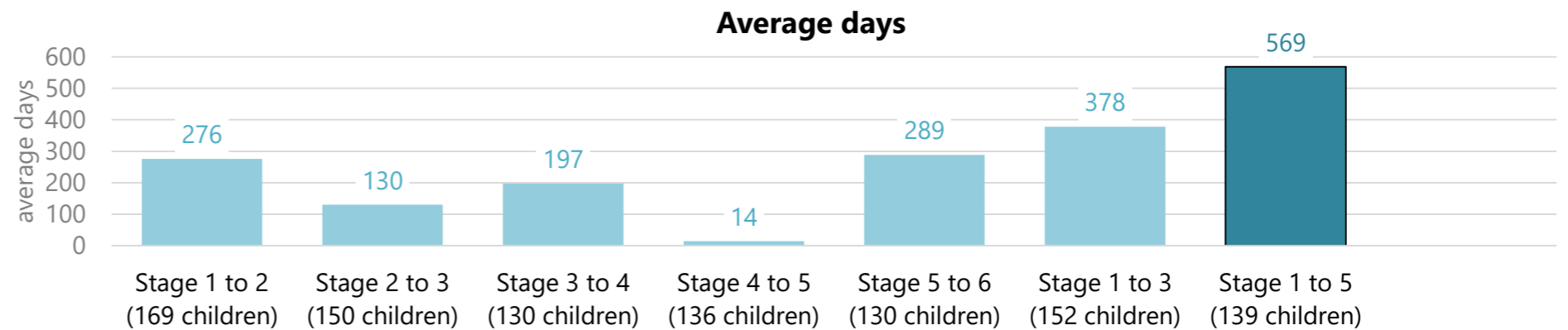
2 of the 70 children aged 5-plus who ceased to be looked after in the last 6 months were adopted

Comparing 5-plus adoptions

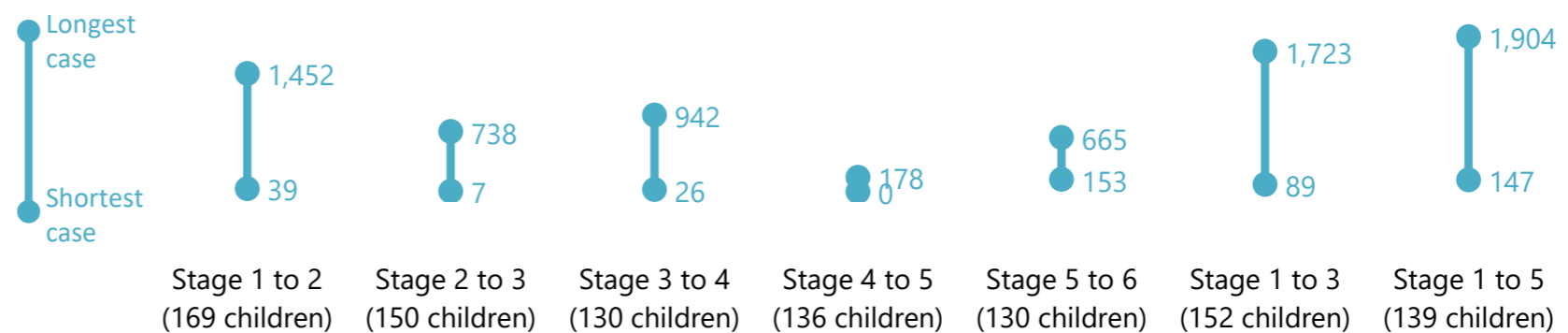
LA last 6 months	2.9%
LA 2024-25	c
SNs 2024-25	16.7%
Eng 2024-25	16.6%

Timeliness of each stage of the adoption process

Average duration of each stage (number of days)



Range in days between shortest and longest cases at each stage

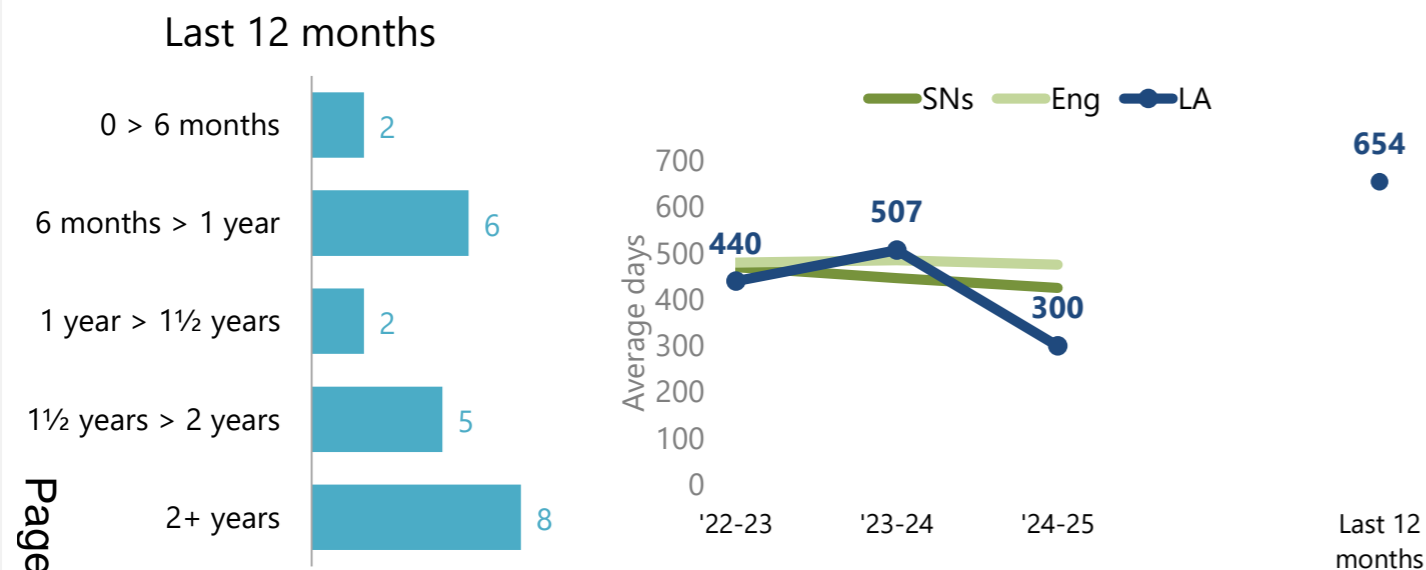


Adoption benchmarking

from 19/06/2025
to 18/06/2026

(A10) Time between entering care and placed with family for adopted children

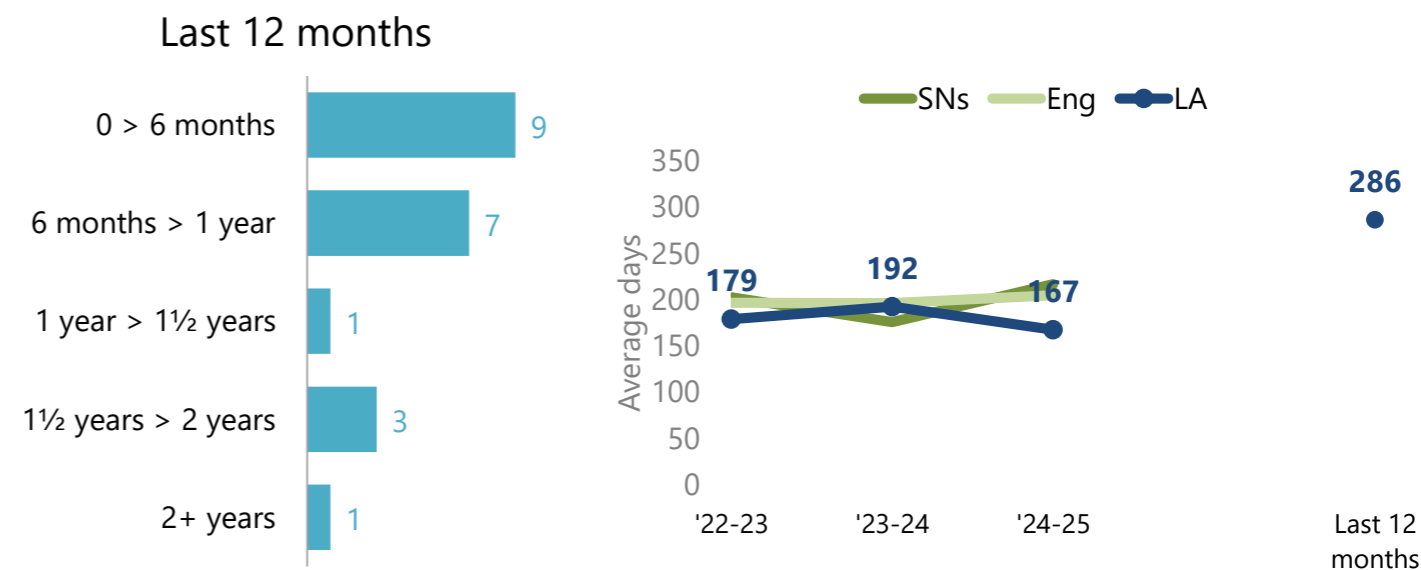
654 days Average number of days between entering care and moving in with adoptive family for adopted children (adjusted for foster carer adoptions)
23 children



Page 46

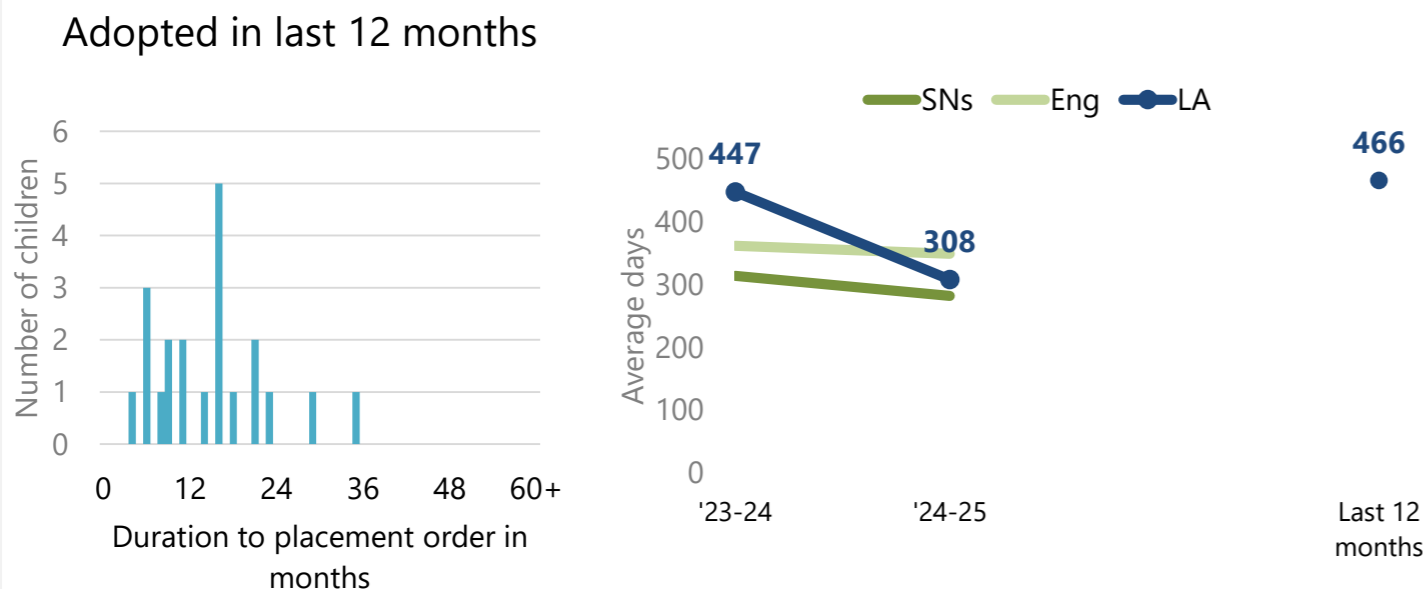
(A2) Time between placement order and deciding on a match

286 days The average number of days from the date of the placement order to the date the child was matched to prospective adopters
21 children



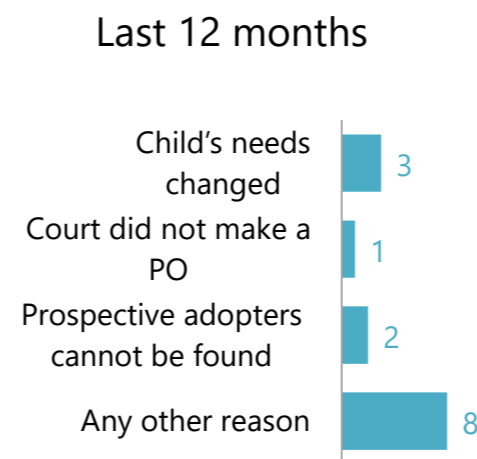
(A20) Time between entering care and placement order

466 days Average time between a child entering care and a local authority receiving court authority to place a child, for children who have been adopted (days)
21 children



Permanence decision changed away from adoption

8% Children where there was a decision that the child should no longer be placed for adoption
14/169 children



Adoption Benchmarking

Adoption benchmarking has been imported from the CORAM ASG dataset. The full dataset, which contains more detailed LA and RAA data is available at www.coram.org.uk

Prospective adopters in the last 12 months

from 19/06/2025
to 18/06/2026

138 prospective adopters (71 families)

Prospective adopter current status

	Adults	Families
Child adopted	36	18
Child placed	20	10
Child matched	0	0
Application	66	34
Enquiry	0	0
Withdrawn	16	9

Ethnic breakdown

	Adults %	Children %
White	94%	93%
Mixed	1%	6%
Asian or Asian British	4%	0%
Black or black British	1%	1%
Other ethnic group	0%	1%
Not stated	0%	0%
Not recorded	0%	0%

Page 47

New two-stage adoption process

- Stage 1 start** Registration of interest
- Stage 1 end** Decision of suitability to adopt
- Stage 2 start** Adopter's wish to proceed
- Stage 2 end** Agency Decision-Maker (ADM decision)
- Matched** Family matched with child(ren)
- Placed** Child(ren) placed with family
- Adopted** Adoption order granted

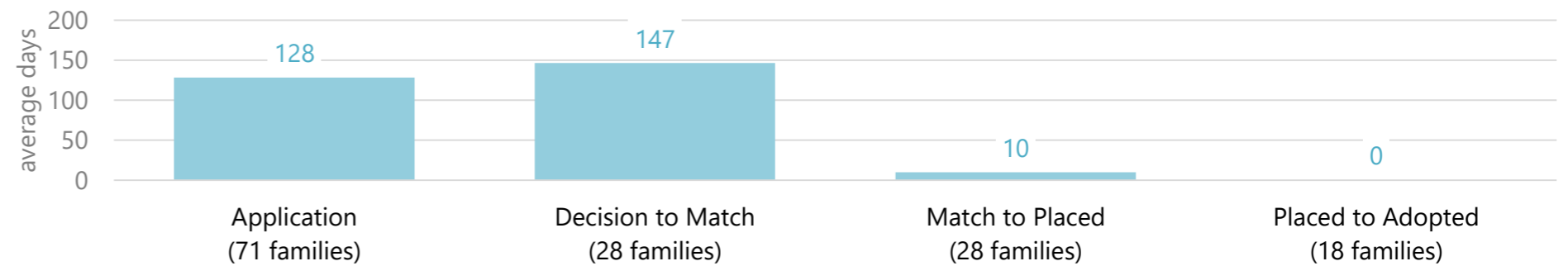
Adoption Scorecard A15 - new ADM decisions

Number of new ADM decisions for children in the year
(ADM = Agency Decision-Maker)

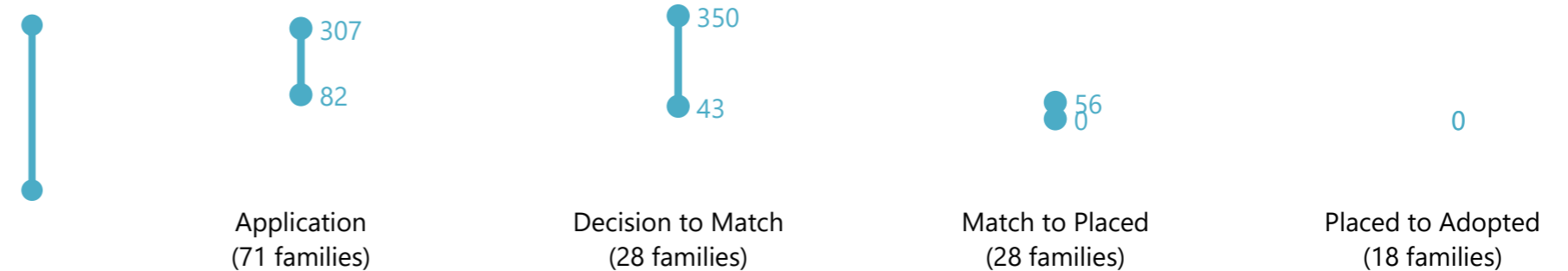


Duration of each stage of the adoption process

Average duration of each stage (number of days)



Range in days between shortest and longest cases at each stage



Demographics of children across all areas of children's social care

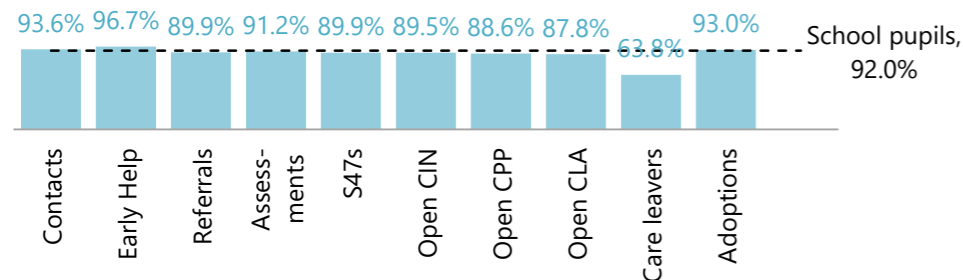
Snapshot 18/06/2026

Ethnicity

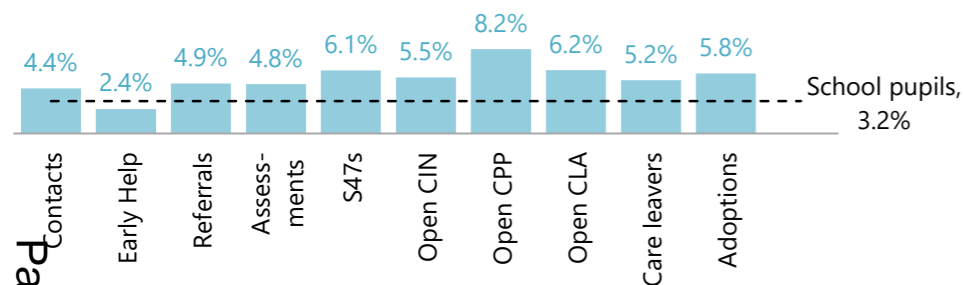
ChAT* compared to pupils in the LA schools (Jan-25)

*percentage of known ethnicity only

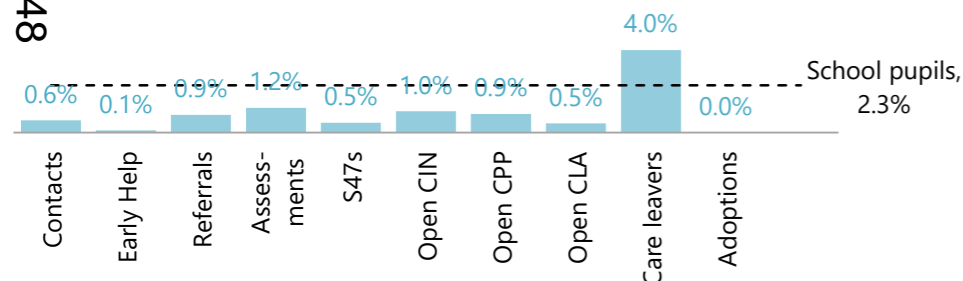
White



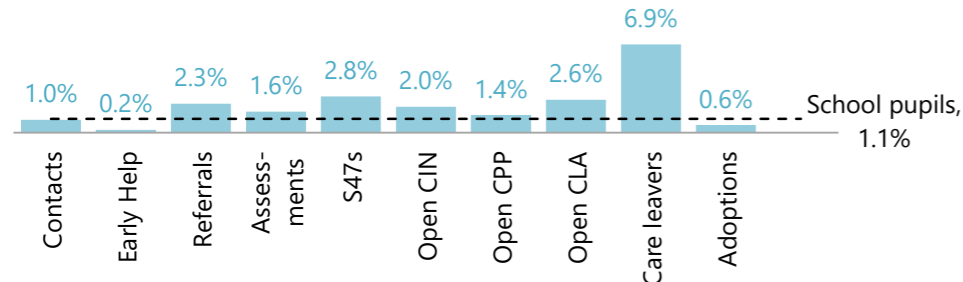
Mixed



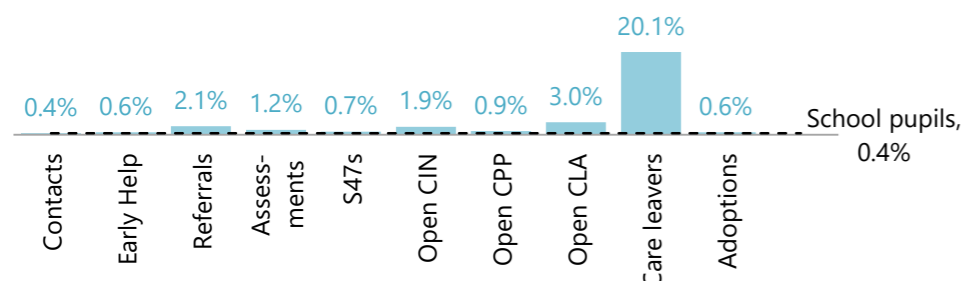
Asian



Black



Other

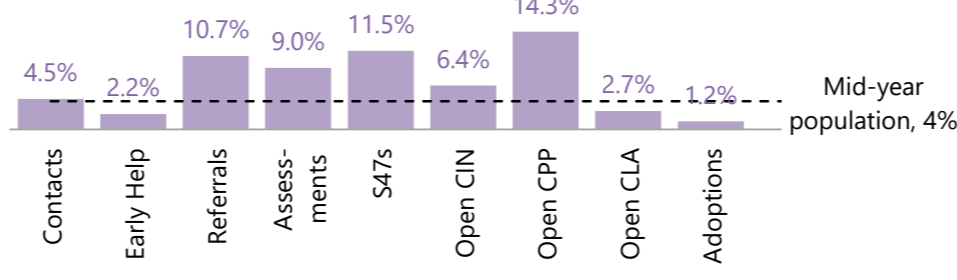


Age

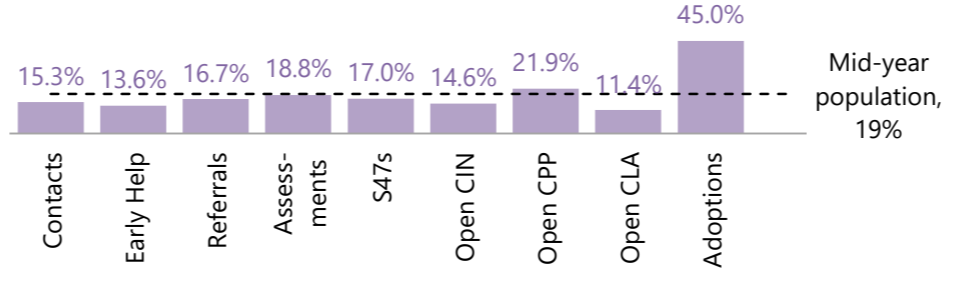
ChAT* compared to mid-year (2024) population estimates (ONS)

*percentage of known age only

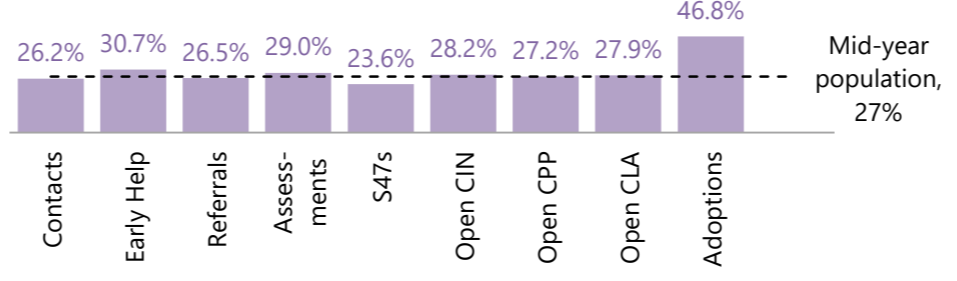
Under 1



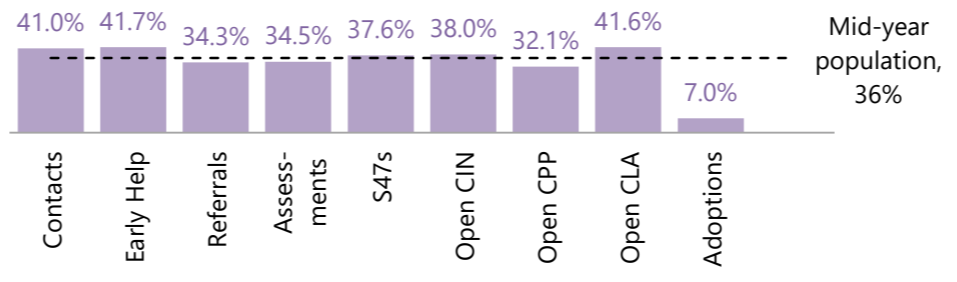
1 to 4



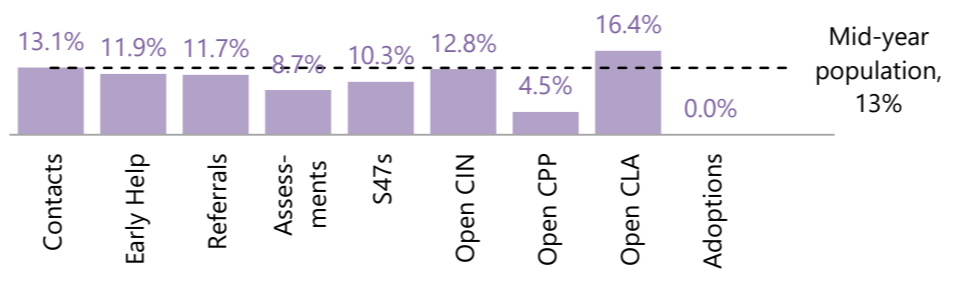
5 to 9



10 to 15



16 and over

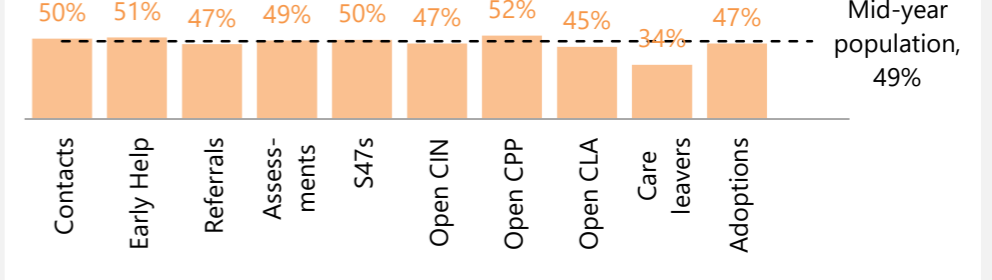


sex

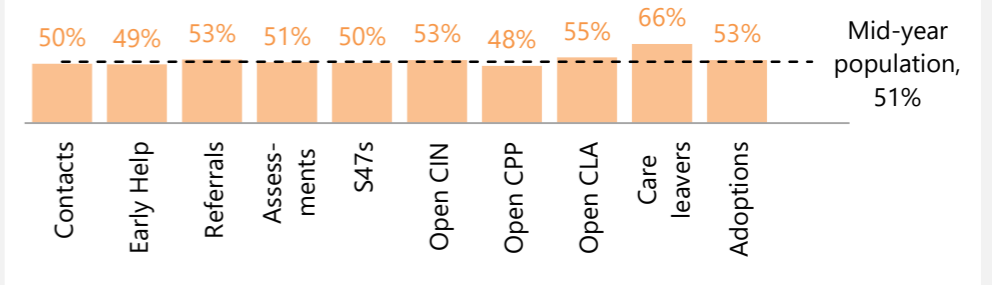
ChAT* compared to mid-year (2024) population estimates (ONS)

*percentage of Male / Female only, excludes Other

Female



Male



Comparing CLA demographics

CLA figures compared to published population statistics

Ethnicity

* compared to school census

	LA Latest snapshot			LA 2025			Eng 2025		
	CLA	Pop	% difference	CLA	Pop	% difference	CLA	Pop	% difference
White	88	92	lower -5%	87	92	lower -5%	71	68	higher 4%
Mixed	6	3	higher 95%	6	3	higher 90%	11	7	higher 53%
Asian	0	2	lower -80%	1	2	lower -57%	5	14	lower -64%
Black	3	1	higher 137%	3	1	higher 722%	8	7	higher 16%
Other	3	0	higher 723%	3	0	higher 722%	4	3	higher 59%

Age

* Comparator is ONS mid-year population estimates

	LA Latest snapshot			LA 2024			Eng 2024		
	CLA	Pop	% difference	CLA	Pop	% difference	CLA	Pop	% difference
Under 1	3	4	lower -34%	3	4	lower -27%	4	5	lower -15%
1 to 4	11	19	lower -41%	17	19	lower -12%	12	21	lower -41%
5 to 9	28	27	higher 2%	27	27	lower -1%	18	28	lower -36%
10 to 15	42	36	higher 14%	38	36	higher 5%	38	35	higher 8%
16-plus	16	13	higher 26%	16	13	higher 23%	27	12	higher 133%




sex




* Comparator is ONS mid-year population estimates






































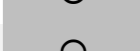








	LA Latest snapshot			LA 2024			Eng 2024		
	CLA	Pop	% difference	CLA	Pop	% difference	CLA	Pop	% difference
Male	55	51	higher 7%	54	51	higher 5%	56	51	higher 9%
Female	45	49	lower -7%	46	49	lower -6%	44	49	lower -10%

Comparisons of headline figures and performance data to published statistics

The table below shows the Local Authority's latest data for each indicator as calculated in ChAT, and the direction of travel since the latest published statistics (where available).

Decreasing, low is good 
 Increasing, high is good 
 No change, not RAG rated 

Lowest 25% quartile, low is good 
 Highest 25% quartile, high is good 
 Mid 50% range, not RAG-rated 

Indicator	Latest data (ChAT)			Latest published statistics for all local authorities					
	LA	Direction of travel		LA	SNs	Eng	LA compared to mid-50% range of all LAs		Date
Referrals received (annual rate per 10,000 of children)	210	Decrease		250	477	519	Lower		2024-25
Referrals to social care that were within 12 months of a previous referral (%)	7	Decrease		13	18	21	Lower		2024-25
Assessments completed (annual rate per 10,000 of children)	306	Decrease		386	466	533	Lower		2024-25
Assessments completed within 45 working days (%)	87	Increase		68	81	86	Lower		2024-25
Children subject to section 47 enquiries (annual rate per 10,000 of children)	145	Decrease		171	186	189	In range		2024-25
Children subject of an initial child protection conference (annual rate per 10,000 of children)	51	Decrease		56	63	59	In range		2024-25
Initial Child Protection Conferences held within 15 working days of the start of the section 47 enquiry (%)	77	Increase		56	83	81	Lower		2024-25
Children in need (snapshot rate per 10,000 children)	226	Decrease		367	335	330	In range		2024-25
Children who are the subject of a child protection plan (snapshot rate per 10,000 children)	37	Increase		29	41	41	Lower		2024-25
Children who became the subject of a CP plan for a second or subsequent time (%)	19	Decrease		21	27	25	In range		2024-25
Children who ceased to be on a CP plan whose plan lasted 2 years or more (%)	0	Decrease		3	4	4	Lower		2024-25
Children who are looked after (snapshot rate per 10,000 children)	111	Decrease		119	68	67	Higher		2024-25
Children looked after who had a missing incident in the period (%)	8	Increase		6	9	11	Lower		2024-25
Children looked after who were away without authorisation in the period (%)	0	Increase		0	1	3	In range		2024-25
Children looked after who had their teeth checked by a dentist in the last 12 months (%)	45	Decrease		65	80	81	Lower		2024-25
Children looked after who had their annual health assessment (%)	65	Decrease		81	89	90	Lower		2024-25
Children who ceased to be looked after in the period who were adopted (%)	14	Increase		9	12	9	In range		2024-25
Children who ceased to be looked after in the period due to a Special Guardianship Order (%)	7	Decrease		11	13	12	In range		2024-25
Children leaving care over the age of 16 who remained looked after until their 18th birthday (%)	88	Decrease		100	94	77	In range		2024-25
Care leavers aged 19-21 in suitable accommodation (%)	93	Increase		92	93	89	In range		2024-25
Care leavers aged 19-21 in education, employment, or training (%)	54	Increase		50	59	54	In range		2024-25
A10 - Time between entering care and placed with family for adopted children	654	Increase		300	425	475	Lower		2024-25
A2 - Time between placement order and deciding on a match	286	Increase		167	217	205	In range		2024-25

This page is intentionally left blank

Ofsted
23 Stephenson Street
Birmingham
B2 4BH

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted



09 June 2026

David Shaw
Director of Children's Services
Shropshire Council
The Guildhall
Shrewsbury
SY3 8HQ

Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB)
Halesfield
Telford
TF7 4BF

Dear Mr Shaw and Mr Whitehouse

Ofsted and CQC visit to Shropshire local area partnership

Following the Ofsted and Care Quality Commission (CQC) joint visit to Shropshire local area, I write on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and Integrated Care of CQC to summarise the visit's findings. Thank you for the time you made available to participate in this thematic visit on the special educational needs and/or disabilities (SEND) local offer.

Ofsted carried out this visit under a section 118(2) request from the Department for Education. The CQC provided assistance to Ofsted under paragraph 9(1) of schedule 4 to the Health and Social Care Act 2008.

The visit was carried out as part of a thematic review, the outcome of which will be aggregated into a national report to support whole-system improvement. This national report will be published on Ofsted's website. It was not a graded inspection.

Thank you for contributing valuable information. During the visit, we spoke to local area leaders, children and young people with SEND, their families, and the education, health and care professionals who work with them. We examined relevant documents and visited a sample of settings.

Context

The purpose of this series of visits is to aggregate insights about how local area partnerships develop and review the SEND local offer, to learn from existing practice and to identify opportunities for improvement.

You can find more information about how inspectors carried out the visit at [Thematic reviews of the SEND local offer](#).

How the local area partnership understands the needs of children and young people with SEND in their local area:

You told us about your governance and accountability structures. You reported these structures ensure that you use the right data to inform the partnership strategy for commissioning local offer services. For example, we learned about the work you have been doing to reduce waiting times for services for children with neurodevelopmental needs and those needing support from speech and language therapy services. The strategy includes speech and language therapy support while waiting for services and the 'Kids' autism support service. However, some parents and carers told us that the intended impact of these service developments are still to be communicated to parents and carers and experienced positively by families.

You also reported your shared ambition for children and young people, including those with SEND, to be supported effectively across Shropshire. You told us about your commitment to all children and young people in Shropshire to develop an inclusive local offer of services across the large rural county. We heard how you maintain strategic oversight of the local offer and how you are continually seeking to develop and strengthen it so that geographical or socio-economic barriers do not prevent children and young people from getting the support they need. We heard how leaders from education, health and care use a shared data dashboard, which paired with the joint strategic needs analysis (JSNA), is enabling them to commission appropriate services to meet the needs of children and young people with SEND. We were told that there is a clear focus on early intervention and prevention. We heard that the JSNA is robust, well informed and co-produced with commissioners, the ICB and parent carer forum (PCF). However, we heard from some parents and carers that this strategic work is yet to be felt fully by them or their children.

Staff reported to us that while the local offer is equitable to all, geographical and other barriers, including disadvantage and SEND, create difficulties for some families when accessing local offer services. You told us how you are using data to target specific areas of social care need in Shropshire. For example, supporting children and young people with SEND and their families that are at increased risk of not being able to access the primary social care offer effectively. To meet this specific local need, you told us about the development of 'mini family hubs' that attach to established family hubs and target resources in specific rural areas.

We learned about your approaches to understand the needs of children and young people with SEND in Shropshire. We learned that you changed your approaches to identify and meet needs in the local area more effectively. For example, there is now face-to-face half-termly meetings with school leaders, regular newsletters and a SEND roundtable for schools to feedback to the partnership and share ideas about

possible local offer improvements. We learned that the partnership uses a systematic approach when introducing new initiatives in order to establish improved initiatives steadily. School leaders told us that they trust the partnership's approach to take time to get things right. For example, developments in the local offer such as outreach support which has been implemented to strengthen inclusion in schools and improvements in alternative provision (AP) quality assurance.

You told us about the rural nature of the local area. Its geography and access to specialist provision present ongoing barriers to services and support for some children and young people, including those with SEND. For example, long travel times to special schools sometimes place a burden on children, young people and their families. You acknowledge that while satellite specialist education provision is being further developed, children and young people with profound or highly complex SEND may still require increasingly specialist education, or independent specialist education, because local school settings do not meet their needs or special schools are too distant from where they live.

We were told that while parent and carer engagement feedback systems exist, some minority voices may not be fully heard, as feedback routes rely heavily on surveys managed through schools and the PCF. These include electronic surveys requiring digital access. Nonetheless, we heard that local partners work together purposefully to engage families and are committed to improving equity in the local offer.

The local area partnership's strategic oversight and delivery of services outlined in the Local Offer:

Health leaders reported that their teams are well embedded in the local offer and the network of services that support children and young people with SEND. They told us about numerous workstreams and working groups. These are multi-agency and enable a range of local services to work together. Similarly, we were told that social care partners understand the local offer well. It was reported that there are a range of clear and well-established social care support mechanisms that help children, young people and their families to better understand and access the local offer. Social care leaders and their teams spoke openly where services and support can further improve. For example, they reported their ambition to improve the reach of social care services. As a result, leaders told us that they are working to improve the visibility and access to the local offer for families supported by social care.

Education professionals told us that there has been a notable improvement in local offer services. For example, they spoke highly of clearer pathways of support than previously available. Schools receive regular information about the local offer through fortnightly partnership newsletters. They actively use this information to signpost families to services and support. In addition, school leaders cascade this information to school staff to raise awareness and keep them updated of services and support available locally. We also heard that Education Quality Advisors (EQAs) monitor the quality of provision in schools for pupils with SEND and those attending

AP. Schools reported that quality assurance for local authority commissioned AP services lies with the local authority unless schools commission AP themselves. As a result, EQAs have delivered training to schools in how to effectively quality assure AP that schools commission to improve the suitability of the placement.

We heard that post-16 providers, such as further education (FE) and skills, value the local offer. FE and skills providers that spoke to inspectors reported that the local offer is clear and accessible. In addition, the local offer website is well used by FE and skills staff. However, they believe that the local offer website is not fully young person friendly, although there is an active aspiration to make it more engaging and informative. Professionals from FE and skills providers access a broad range of local offer services to support young people, including educational psychology and speech and language therapy. FE and skills leaders spoke highly of staff training provided through the local offer, such as that to support emotional based school avoidance. They believe that training such as this has further strengthened their inclusive practice. We heard that partnership commissioning arrangements allow swift access to targeted support for learners with high needs. This enables support for young people with high needs, as well as young people with needs but without an education, health and care (EHC) plan.

Schools told us that staff training and outreach services outlined in the local offer are valued. The local offer has a comprehensive programme of free training for the schools' workforce on a range of SEND, and also local SEND processes, delivered in school settings. We heard that outreach training and support delivered by neurodiversity specialist practitioners, occupational therapists and EQAs is responsive and focused on preventing children and young people experiencing crisis and school exclusion. Similarly, child and adolescent mental health services (CAMHS) support, when in place, is highly valued and reported by schools to make a difference to children and young people. However, in some services, we heard waiting times for therapies and limited staff capacity, negatively impact timely intervention.

We heard about the challenges and the actions you are taking to strengthen the local offer. You acknowledge that there are some gaps in wider system coordination. For example, in health support when social prescribing services withdraw support and the child or young person seeks re-engagement as their circumstances change. Health professionals told us about the numerous ways they share information about local offer services. This includes through the local offer website, health service specific websites, health roadshows, SEND drop ins, health visitors, school nursing drop ins and through advice lines.

We were told that information sharing across services relies heavily on professional relationships rather than integrated systems across education, health and social care. Professionals told us that information is often shared informally by email rather than through more coordinated document transfer methods. You acknowledge that this creates potential risks for consistency, missed information sharing and timeliness.

How parents, carers, children and young people are involved in developing the Local Offer:

We were told that the partnership sends surveys to parents and carers to gather their views about the local offer and to inform the partnership about families' understanding of services and the support available to them. However, some stakeholders, such as schools, do not know the outcome of the partnership's survey findings. We were also told about how the partnership attempts to gather parent's and carer's views and feedback in other ways. For example, the EHC plan annual review template includes a feedback form. However, again, schools report that they do not know the outcome of this feedback.

We learned that parents' and carers' engagement with the local offer increases through social media, rather than through the local offer website. Repeatedly when speaking to stakeholders, including partnership leaders, we heard that professionals have identified that families want to be part of communities of support, including when online, and the local offer website does not offer a sense of community through a static website. As a result, we heard that some parents and carers frequently turn to social media for support and advice. We heard that the partnership has recognised parents and carers changing methods to access to information and support and are exploring ways to use social media to better capture parents and carers engagement and promote services.

We heard the voices and experiences of parents and carers via the PCF, called the Parent and Carer Council (PACC). PACC told us that co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is evident strategically, however they report that there could be more opportunities for children and young people to engage in co-production within the local offer. PACC reinforced the partnership's view of the need to strengthen co-production with children and young people. We heard that while children and young people give their views on individual services, for example, providing input into the redesign of the CAMHS website, their views could be utilised more effectively, both strategically and operationally, across the local offer.

Young people with SEND attending FE and skills providers told us that they had given feedback about local offer services via surveys when attending school. They spoke to us about completing a local annual survey. However, the young people that spoke to inspectors highlighted that the surveys that they had completed were largely about the school-based provision they received prior to placements in FE and skills providers. They reported that they have not provided feedback about their post-16 experience and post-16 services.

We learned about developments in the local offer to support inclusion that were informed by the experiences of children, young people and their families. For example, the outreach service called 'Outshine Project' was co-produced with

professionals and children and families. School leaders told inspectors that this service gets available support together across the local offer. Though it is in its infancy, stakeholders spoke highly of the project bringing partnership commissioned support together across education, health and social care services. School leaders emphasised that it is more streamlined than the previous methods of accessing support in the local offer, where services were commissioned separately by schools.

The experiences and outcomes of children and young people with SEND and their families when accessing services in their local area:

During the visit, we were told by parents and carers that they are able to access a wide range of open-access services without their child needing a formal diagnosis. They are also able to receive training and advice, including through online workshops, without this being a condition of further support. We were told that communication between education providers, EHC plan caseworkers and social care professionals has strengthened over time, with regular information sharing and joint reviews of support. We heard about impactful improvements in the local offer over time. For example, we learned about services now provided as part of the local offer, such as the aforementioned 'Outshine Project', coordinating local offer services to support children and young people to overcome barriers to their education and improve their attendance at school.

Within education, we heard about the wide range services and support available to parents, carers and professionals through the local offer. However, professionals highlighted that new services are sometimes launched without sufficient referral guidance or training. In addition, professionals supporting parents and carers emphasised that the wide range of support available through the local offer website can be overwhelming and, at times, difficult to navigate or search. They told inspectors that changes in service names can cause further confusion and frustration. For example, West Midlands Autism Support is now called 'Kids'. We were told that signposting to services often relies on professionals or parents already knowing what to look for due to complex professional language and the use of many acronyms. In addition, professionals highlighted that parents and carers need a lot of help to understand and access the local offer. For example, during self-referral to some services, parents and carers are required to fill in large electronic forms, sometimes using their mobile devices, while using professional language to describe their child or young person's needs, which they find difficult. We also heard routes into support for under-5s are difficult, with schools unable to refer directly to child development centres and local GP services redirecting concerns about young children back to schools. This creates delays and frustrates parents, carers and professionals at the earliest stages of supporting need.

We were told that post-16 provision is less well served by the local offer. Some of the local offer services and support do not extend into FE and skills or sixth form provision. As a result, young people with needs, but no EHC plan, can find it harder to access support through the local offer. We also heard about gaps in AP that the local offer has not provided for. For example, we were told that there is limited

provision for pupils with emotionally based school avoidance needs or those children and young people needing support to re-engage with education.

Within social care, you told us about services that prioritise children and young people's needs and experiences. Social care professionals told us that they have a detailed knowledge of the local offer and that this translates into bespoke support packages for children, young people and their families. It was reported that this support is helping children and young people to progress and improve their life experiences. We were told by professionals supporting children and young people with SEND and their families how children's social care aim for children, young people and their families to live their best lives in Shropshire through individualised support and care packages through the local offer.

In health, we learned of the range of health services and support for children and young people with SEND. These span universal, targeted and specialist offers. When speaking to inspectors, professionals across these services demonstrated thoughtfulness and compassion for children and young people. We heard of service delivery that responds to children and young people's changing needs, for example the strengthened pathways of support for children and young people with eating needs and the work to ensure that children and young people with complex medical needs are well supported equitably, wherever they live in Shropshire.

We heard that health leaders have established plans aimed at reducing waiting times for some health services. We learned that oversight and governance of this remains steadfast. For example, we were told of leaders' actions to identify where recovery plans need to be reviewed and further strengthened. In particular, the waiting times for diagnosis of neurodevelopmental need. Health practitioners and leaders told inspectors of the local services and resources available to families that provide support while children and young people wait for support. However, they acknowledge that there is more to do to communicate the local offer of health support during waiting periods to children, young people and their families.

Next steps

We will use the information we have gathered when writing the national report that sets out our findings.

Yours sincerely

David Mills
His Majesty's Inspector, Ofsted

Gareth Dakin
His Majesty's Inspector, Ofsted

Lesley Perry
Children's Services Inspector, CQC

This page is intentionally left blank



The Local SEND Reform Plan

March 2026





Annex A: Local SEND Reform Plan

Developing a Local SEND Reform Plan is an important first step for local areas to set out how they will lay the foundation for reform, and design an approach tailored to their local context. A shared plan which focuses on co-designing the local approach as system partners and with children, young people and families will help foster collective responsibility for delivering the reforms.

It is critical that all system partners, including health, education and childcare settings, work together to design and deliver the Local SEND Reform Plan, under the local authority's leadership. It is also crucial that representative family carers e.g. the local Parent Carer Forum, are involved in the development of the plan.






The expectation is that this plan is discussed, agreed, and signed off at your relevant SEND Governance Board. As a minimum, the plan must be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Service (DCS), the Integrated Care Board NHS Place Director, and the Local Authority Chief Financial Officer (CFO/Section 151 Officer). We encourage other colleagues and partners who have contributed to also review and sign-off the plan, particularly early years, school, college and trust leaders.

Name of Local Authority: Shropshire

Name of Integrated Care Board: Shropshire, Telford and Wrekin

Local SEND Reform Plan SRO: Natasha Moody

Signatories

Role	Name	Signature	Email contact	Date
Local Authority Chief Executive (CEO)	Tanya Miles		Tanya.miles@shropshire.gov.uk	19.06.2026
Integrated Care Board (ICB) Chief Executive	Simon Whitehouse		Simon.whitehouse@nhs.net	19.06.2026
Local Authority Director of Children's Service (DCS)	David Shaw		David.shaw@shropshire.gov.uk	19.06.2026
Integrated Care Board NHS Place Director	Vanessa Whatley		Vanessa.whatley@nhs.net	19.06.2026
Local Authority Chief Financial Officer (CFO/Section 151 Officer)	Duncan Whitfield		Duncan.whitfield@shropshire.gov.uk	19.06.2026

Executive Summary

A brief summary of your local system 'change story' – your local context, where you are now, where you want to get to in the next 3 years, how you know you are succeeding and how you will know you have achieved your vision for the next 3 years. Please include a brief qualitative summary. This summary should also include your assessment of current and forecast performance against the headline metrics.

Please structure your 'change story' using the following aims:

- *Build a 0-25 system where children and young people receive support to achieve and thrive through (a) more inclusive settings and (b) stronger local partnerships*
- *Improve capacity and capability of the mainstream and specialist workforce to identify and meet need*
- *Improve confidence of children, families, and stakeholders in reform and readiness of the system*
- *Stabilise finances and improve value for money*

Shropshire's Local SEND Reform Plan aligns with national SEND reform and builds on the Shropshire SEND and AP Strategy and Outcomes Framework, which have established a shared local vision, outcomes and priorities for improvement. This plan is the next phase of reform in Shropshire: translating national policy and existing local improvement activity into a coherent three-year programme that is practical, measurable and grounded in local context. Shropshire's rural nature, pockets of deprivation, history of having a single Special School and the reality of children travelling significant distances provide unique challenges which have shaped our plan. In addition, funding for schools in Shropshire is the 15th lowest in the country, which places additional pressure on mainstream capacity and currently makes it harder for settings to resource early help, specialist advice and inclusive provision consistently across the county.

Our plan reflects a balanced partnership between the Local Authority, ICB, education providers and parent carers, with shared leadership, shared accountability and a clear commitment to co-production. The Local Authority and ICB will act as joint accountable partners for strategic leadership, commissioning, delivery, monitoring and evaluation, while parent carers will help shape priorities, review progress and influence improvement throughout implementation.

There will be a clear focus on delivering a continuum of support from 0–25, working alongside Best Start in Life, Families First Partnership and Learning, Youth and Transitions to ensure all age ranges are included and families experience a more joined-up offer. By 2029, support will be available earlier, closer to home and through clearer pathways across education, health and care. Mainstream settings, early years providers, specialist provision, post-16 services and locality teams will operate as part of one connected system, supported by a fully embedded Experts at Hand offer, stronger ordinarily available inclusive practice, expanded inclusion base capacity and clearer access to specialist support where needed. This is especially important in Shropshire's rural context, where reform must reduce long travel times, strengthen local provision and reduce reliance on high cost Independent Non-Maintained Special Schools (INMSS).

Over the three-year period, the partnership will strengthen workforce capacity through recruitment to Educational Psychology, EHCP, Speech and Language Therapy, Occupational Therapy and locality inclusion roles, alongside a stronger CPD and outreach offer for schools and settings. Experts at Hand, support bases, specialist outreach and improved pathways will help staff identify need earlier, use ordinarily available provision more effectively and access specialist advice without unnecessary escalation.

The partnership will strengthen co-production, broaden participation and establish clearer feedback loops through locality engagement, the Big Listen, SENDIASS intelligence and stronger routes for children and young people's voice, including through the PCF. SENDIASS and the PCF will be recognised as core parts of the local SEND infrastructure, providing independent advice and challenge, building trust and helping families influence design and delivery.

The current pattern of demand, increasing use of high-cost placements and long-distance travel is not financially sustainable. Reform will strengthen financial grip through better understanding of demand, unit costs and placement drivers; tighter oversight of commissioning and top-up funding; and closer links between financial decisions, sufficiency planning and outcomes. Strengthened oversight arrangements and additional capacity in the finance team will improve financial modelling and ensure demand, costs, placement decisions, commissioning activity and reinvestment are routinely reviewed with service leaders and linked to clear accountability for value for money and long-term sustainability. Expanding local provision, improving mainstream inclusion and reducing avoidable escalation will reduce reliance on high-cost placements and enable reinvestment in prevention, workforce development and local capacity.

Section 1 – Vision and Goals

1. What the local area partnership is trying to achieve?

Please set out your goals for your local system. These should be clear, aligned to the vision set out in the Schools White Paper, small in number and measurable. These goals should include clear reference to:

- Outcomes for children
- Confidence of parents, carers and young people in the system
- Management of finances to secure value for money

“In Shropshire we want all children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We want them to thrive and live their best life.”

Our goals (2026-2029)

1: Improve outcomes for children and young people with SEND age 0-25

- Improve attainment, progress, attendance and preparation for adulthood.
- Reduce exclusions, suspensions and persistent absence.
- Improve timeliness and quality of EHCP processes and access to health support.

2: Strengthen mainstream inclusion and local capacity across 0-25 providers

- Increase the proportion of children and young people with SEND thriving in mainstream settings.
- Expand local capacity through Inclusion Bases, specialist outreach and Local Inclusion Support Offers (including Experts at Hand) across the 0-25 age range
- Reduce reliance on INMSS, out-of-area placements and excessive travel.

3: Increase confidence and positive experiences of families, children and young people

- Improve parent, carer and young person satisfaction with SEND services.
- Increase participation in co-production and decision-making.
- Reduce complaints, disputes and resolution times.

4: Embed effective partnership working and co-production

- Strengthen multi-agency governance and shared accountability.
- Strengthen co-produced approaches to service design and commissioning.
- Improve consistency of pathways and support across education, health and care.

5: Secure value for money and long-term financial sustainability

- Reduce expenditure on high-cost independent and out-of-area placements.
- Improve understanding and management of costs across the SEND continuum.
- Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system.

We will develop our offer across the 0-25 age range, working with Family Hubs, EY settings, schools and post-16 providers to develop a continuum of support as part of a Children's Services Transformation Plan which brings BSil, FFP, LYTP and SEND Reforms under one transformation umbrella with high quality co-production which has a clearer impact on decision making, service design and improvement.

Section 2 – Strategy

2. Where the local area partnership expects to be in the next 3 years

A description of what your local system would look like in the next 3 years in line with the national vision set out in the Schools White Paper and set within the context of where you are starting from as a local system.

In particular, as commissioning system partners, you should reflect on and agree what your fully fledged **Experts At Hand Offer** model should be and how this will be deployed via mainstream settings and providers (including those not based in your area – e.g. further education colleges attended by your young people) to build their capacity as well as identify and meet the needs of children and young people earlier and without the need for a statutory assessment for Education, Health and Care.

To help you fully consider the scope and scale of change required, you may find it useful to structure your response using these 4 building blocks of an inclusive system, reflecting on what is working well in your system, what you are most worried about, what needs to change, and how the enablers will help you achieve your 3 year vision.

When summarising where your local area partnership currently is, please include an assessment of where you are in reference to the core minimum requirements above and how you bridge the gap, making reference to and attaching additional documents that provide underlying evidence for your summary.

Strengthening inclusion across education settings– organising places and provision to meet as many needs as possible, as close to home as possible, with all settings and providers moving towards a shared understanding and consistent practices around inclusion.

System leadership, local partnership collaboration and co-production – putting in place the enabling conditions across a local area that ensures planning and provision reflects the local area & is joined up, including strategic co-production with parent carers and children and young people.

Access to specialist support and local placements – improving collaboration between settings and deploying expertise from a range of specialist and expert sources, to support schools and settings to meet the needs of children and young people earlier and locally.

Encouraging inclusive culture & behaviours – using funding and shared accountability towards a system that works for children and families while achieving value for money.

Key target metrics from the maturity matrix are as follows:

1. Statutory 20 week timescale timeliness will improve from 20% to >90% by end of 2028/2029.
2. SLCN and ND waiting list times will be at agreed targets
3. Attendance for pupils with SEND will improve year on year and in 3 years' time will be at least in line with statistical neighbours.
4. INMSS placement rate will stabilise year on year and in 3 years' time will account for no more than 9% of our EHCP cohort.
5. The number of children accessing support from an EP, SLT or OT (or their assistants) will increase by at least 10% from baseline figures each year for the first 3 years as the EAHO grows.
6. Satisfaction measures for parent carers and CYP will be established in Year 1 and will show rapid, annual improvement thereafter.

These are in green throughout the following plans.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Improve outcomes for children and young people with SEND <ul style="list-style-type: none"> • Improve attainment, progress, attendance and preparation for adulthood. • Reduce exclusions, suspensions and persistent absence. • Improve timeliness and quality of EHCP processes and access to health support. 	<ul style="list-style-type: none"> • Strong SEND improvement base: LGA Peer Review, ASEND review, EQA team, SEND JSNA, audits, performance data, and Virtual School focus on CYP with SEND. • Inclusion pathways, panels, graduated support, EY forums and EHCNA input support earlier joint decisions. • Recommissioned CAMHS, expanded MHSTs, and ND/SLCN workstreams strengthening support. • Outcomes still uneven: PEX improving, but suspensions, PA, SEND EHE, EHCP timeliness and equitable specialist health access remain concerns. • Strong NEET data provides a firm post-16 foundation. 	<ul style="list-style-type: none"> • Progress, attendance and PFA outcomes, including NEET, improved and at least in line with national averages. • Cohesive locality-based, multidisciplinary EAHO enables earlier intervention and stronger 0–25 joint planning. • EHCP processes timelier, higher quality and more relational, with clearer communication. • Health support more timely and equitable, with earlier intervention through locality-based EAHO and clear referral pathways. • Fewer exclusions, suspensions and PA through earlier expert support, outreach, and APST/AP-special reintegration support.
Enablers	<ul style="list-style-type: none"> • Quality assurance and challenge: LGA Peer Review, EQA team, and DfE/LA challenge for low-performing schools. • Stronger evidence base: SEND JSNA, audits and performance data support outcomes-led planning. • Existing multi-agency pathways: Inclusion Pathway, panels, EY forum and EHCNA input enable earlier joint decisions. • Health and ND developments: recommissioned CAMHS, expanded MHSTs, and SLCN/ND workstreams. • Change Programme: ELSEC, PINS and APST provide a strong base. 	
Success measures	Baseline	Target Metrics
Attendance – EHCP	84.8%	In line with statistical neighbours
Attendance – SEN Support	90.2%	In line with statistical neighbours
EHE – EHCP	53	82 (represents a 15% reduction in projected unmitigated figures)
EHE – SEN Support	100	124 (represents a 15% reduction in projected unmitigated figures)
EHCP 20 week completion:	20%	>90%

<p>Strengthen mainstream inclusion and local capacity</p> <ul style="list-style-type: none"> • Increase the proportion of children and young people with SEND thriving in mainstream settings. • Expand local capacity through Inclusion Bases, specialist outreach and LISO (including EAHO) • Reduce reliance on out-of-area placements and excessive travel. 	<ul style="list-style-type: none"> • Mainstream inclusion strengthening through ELSEC, PINS and APST. • ICP, Inclusion Pathway, GSP, EY forum and multi-agency EHCNA panel provide a base for earlier support and EAHO. • Local mainstream and specialist capacity still underdeveloped. • Inclusion Bases, specialist outreach and LISO developing, but not yet at sufficient scale. • Reliance on INMSS, out-of-area placements and travel remains too high. • Assistive technology available through the CP lending library, but not yet widespread or embedded. • Some CPD available, but limited capacity and cost restrict access. 	<ul style="list-style-type: none"> • More CYP with SEND thriving in mainstream; support earlier, closer to home and more consistent; EHCPs used only where needed, with strong ISPs in place. • Expanded Inclusion Bases, redistributed specialist provision, outreach and stronger LISO strengthen practice across phases and localities. • Fully embedded EAHO improves access to support. • Mainstream settings have clearer pathways and easier access to targeted-plus EAHO and multi-agency advice. • Reduced reliance on INMSS, out-of-area placements and travel. • Assistive technology embedded as universal practice, with strong knowledge, skills and access to hardware/software. • Full CPD offer across priority need, delivered flexibly to maximise access. • 'Yes to assess' rates in line with national averages.
<p>Enablers</p>	<ul style="list-style-type: none"> • Change and AP Programme: ELSEC, PINS, three-tier AP, and OT/SLCN pilots in Inclusion Bases and outreach. • Existing multi-agency routes: Inclusion Pathway, GSP, EY forum, EHCNA and ICP. • Foundation for EAHO: reform, capital and place planning, existing Inclusion Bases, and Wakefield peer support for sufficiency. • Partnership: education, health and social care working jointly to meet need. 	
<p>Success measures</p> <p>Setting confidence survey</p> <p>No. CYP accessing EAHO (no EHCP)</p> <p>SLT: 1914 OT: 338 EP: 1045</p> <p>Confidence measure in using Assistive Tech:</p>	<p>Baseline</p> <p>To be established during Q2</p> <p>To be established during Q2.</p>	<p>Target Metrics</p> <p>To be established during Q2</p> <p>2548 (year on year increase of 10%) 450 (year on year increase of 10%) 1391 (year on year increase of 10%)</p> <p>To be established during Q2.</p>
<p>Increase confidence and positive experiences of families and young people</p> <ul style="list-style-type: none"> • Improve parent, carer and young person satisfaction with SEND services. • Widen participation in co-production and decision-making. • Reduce complaints, disputes and resolution times. 	<ul style="list-style-type: none"> • Confidence and experience improving through stronger corporate and political commitment, governance reset, and co-chaired boards. • Co-production infrastructure, including PCF, PINS, co-production framework and SENDIASS insight, provides a stronger lived-experience base. • PCF report that trust is fragile but there are a number of other parent carer groups within the county whom we engage with in several ways. • Parent carer and CYP experience not yet consistently positive; participation uneven; complaints, disputes and timely resolution still need more transparent improvement. <ul style="list-style-type: none"> • Thematic review: 90% of professionals aware of the local offer; 60% saw it as effective. • PC: 60% aware of the local offer; 80% felt it was not helpful. • CYP: 30% aware of the local offer; 50% felt services and support were good. 	<ul style="list-style-type: none"> • Families and CYP experience a more relational, transparent and responsive SEND system, with stronger confidence that views are heard and acted on. • Co-production reaches a wider demographic and is embedded more consistently in decision-making, service design and improvement. • Stronger partnership culture and clearer feedback loops improve communication, involvement and support. • Complaints, disputes and resolution times fall through earlier identification, clearer pathways, stronger accountability and faster response. • SENDIASS clearly positioned within trusted early intervention, helping families access support earlier and reducing escalation to statutory processes.
<p>Enablers</p>	<ul style="list-style-type: none"> • Senior corporate and political commitment, governance reset and co-chairing improving clarity, pace and accountability. • Established co-production infrastructure: Parent Carer Forum, PINS, co-production framework and SENDIASS insight. • LYTP: Youth Advisers, stronger use of CYP voice groups in settings, and IMPACT Board. 	

<u>Success measures</u>	<u>Baseline</u>	<u>Target Metrics</u>
<p>Parent Carer satisfaction and co-production measures</p> <p>CYP satisfaction and co-production measures</p> <p>Tribunal rate</p> <p>Complaints</p>	<p>To be established during Q2 (BIG LISTEN events over the summer)</p> <p>To be established during Q2.</p> <p>0.7 (2025)</p> <p>Sept 2025: 4-6/month June 2026: 10-12/month</p>	<p>To be established during Q2.</p> <p>To be established during Q2.</p> <p>0.4 (national rate)</p> <p>Maximum of 2 per month.</p>
<p>Embed effective partnership working and co-production</p> <ul style="list-style-type: none"> Strengthen multi-agency governance and shared accountability. Strengthen co-produced approaches to service design and commissioning. Improve consistency of pathways and support across education, health and care. 	<ul style="list-style-type: none"> Strong LA-ICB relationships through the Change Programme, with commitment to equal accountability in reform leadership, commissioning and oversight. Published school-age and health OAIP documents used by some settings. Governance reset and co-chairing improving clarity and accountability. Partnership working not yet consistently embedded; co-produced service design and commissioning still developing. Pathways and support still variable across education, health and care. 	<ul style="list-style-type: none"> Partnership working rated 'mature', with shared leadership across education, health and care and consistently positive impact for CYP. Clear, effective governance fully embeds reforms into BAU and impact. Education Inclusion Group and Specialist Sufficiency Board established, strengthening transparency, local accountability and collaborative solutions with MATs and settings. OAIP, shared expectations and joint working reduce variation and improve experience, while waits move closer to national expectations.
<p>Enablers</p>	<ul style="list-style-type: none"> LA-ICB relationships: Change Programme supports shared leadership and joint delivery. Reset, co-chaired governance: stronger clarity, accountability and pace. OAIP documents: starting point for more consistent pathways and practice. Growing co-production foundation: ready to embed more systematically across education, health and care. LTYP and IMPACT Board: strengthening the system for hearing CYP and families. FFP and One Plan: maximising impact from effective multi-agency working. 	
<u>Success measures</u>	<u>Baseline</u>	<u>Target Metrics</u>
<p>SLT waiting times</p> <p>0-5 ASD waiting times</p> <p>6-18 ND pathway waiting times</p> <p>19-25 ND pathway waiting times</p> <p>MH waiting times (Core Mental Health Team)</p> <p>SLT referrals accepted</p> <p>OT referrals accepted</p>	<p>60% within 18 weeks</p> <p>41.5% within 18 weeks</p> <p>9% within 18 weeks</p> <p>To be established within Q2-3</p> <p>77% within 18 weeks</p> <p>91%</p> <p>96%</p>	<p>92% within 18 weeks (NHS national target)</p> <p>92% within 18 weeks (NHS national target)</p> <p>To be established within Q2-3</p> <p>To be established within Q2-3</p> <p>92% within 18 weeks (NHS national target)</p> <p>98%</p> <p>98%</p>
<p>Secure value for money and long-term financial sustainability</p> <ul style="list-style-type: none"> Reduce expenditure on high-cost independent and out-of-area 	<ul style="list-style-type: none"> Need for better value for money and a more sustainable High Needs system recognised, but less developed than other areas. Clear intention to reduce high-cost independent and out-of-area placements and reinvest in early intervention, workforce and local 	<ul style="list-style-type: none"> Sustainable High Needs system, with stronger value for money and clearer unit-cost understanding. Reduced reliance on high-cost independent and out-of-area placements through earlier, local support, Inclusion Bases and

<p>placements.</p> <ul style="list-style-type: none"> • Improve understanding and management of costs across the SEND continuum. • Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system. 	<p>provision.</p> <ul style="list-style-type: none"> • Stronger data, monitoring and programme management needed to improve understanding of demand, cost and performance. • Baseline, trajectory and measures starting to emerge, but now need to translate into a clear delivery plan. • SEND sufficiency: Cabinet-approved capital plan in place and being refined through SLIP work with Wakefield. 	<p>expanded/relocated specialist provision.</p> <ul style="list-style-type: none"> • Decision-making informed by strong data, clearer oversight of demand and cost, and better programme management. • EAHO targeted to highest need; inclusion support reinvests in prevention, workforce and mainstream capacity, reducing escalation, travel and avoidable cost pressure.
<p>Enablers</p>	<ul style="list-style-type: none"> • Clear reform direction: reduce high-cost placements and reinvest in early intervention, workforce and local provision. • Transformation funding: strengthen data, analytics and programme management. • High Needs Capital Funding: expand local provision, reduce travel and ease pressure on costly placements. • Experts at Hand and inclusion funding: support earlier help, mainstream capacity and prevention. • SEND Commissioner role: agreed through transformation funding. • Local Travel Plan: in development. 	
<p>Success measures</p> <p>INMSS placements (LA funded): as % of EHCP cohort</p> <p>Top-up funding (non-maintained special schools):</p>	<p>Baseline</p> <p>9.1%</p> <p>47.6% higher than stat neighbours (using DfE Benchmarking Tool)</p>	<p>Target Metrics</p> <p>9% (stabilising current growth)</p> <p>Within 37% of stat neighbours (10% improvement)</p>

3. What is the local area partnership's strategy for delivering on the above?

A brief summary of your local system's theory of change or reform strategy. Reflect on the output of your **Local Partnership Maturity Assessment Tool**, particularly your *Local System 'change story.'*

Please refer to full 'Theory Of Change' document provided – Appendix H

Shropshire's strategy for change is to move from a system grappling with the costs (human and financial) of moving to earlier intervention/prevention whilst still seeing higher levels of acute demand than should be expected, to one that is more inclusive, timely, locally responsive and sustainable. Our local theory of change is aligned with our 'one plan' approach to all Children's services reforms, and believes that if partners strengthen inclusion in mainstream settings, improve early access to advice and targeted support, build local provision, and use shared outcomes and evidence to drive decision-making, more children and young people with SEND will have their needs met earlier, closer to home, and with less reliance on escalation, diagnosis, statutory plans or high-cost specialist placements.

This reflects the Local Partnership Maturity Assessment, which shows an emerging to developing partnership with stronger strategic intent, improving collaboration and co-production, but inconsistent use of data, feedback loops and children and young people's voice. The change story demonstrates that inspection, self-evaluation and targeted investment have already created greater clarity, stronger governance and a more shared direction.

Planned activities now focus on embedding ordinarily available inclusive practice, expanding Inclusion Bases and locality support, developing Experts at Hand, improving EHCP timeliness and quality, strengthening workforce capacity, and aligning provision, commissioning and capital planning. These are supported by collaboration across education, health and care (with the local authority and ICB jointly accountable for commissioning, oversight and delivery of reform priorities), parent carers, SENDIASS, CYP and the voluntary sector, with the Outcomes Framework providing a common spine for accountability.

Together, these reforms are designed to build a system where inclusion is the default, support is easier to access, partnership working is routine, and children and young people experience better outcomes through a more consistent, financially sustainable local offer.

4. Please upload a completed copy of the Local Partnership Maturity Assessment Tool.

- See Appendix I: Shropshire Maturity Matrix

5. What is the local area partnership roadmap for the next 3 years?

Reflecting on the broad timescales and expectation for deliverables set out in the Schools White Paper, key documents and core minimum requirements set out in this document, please provide a high-level roadmap for the next 3 years. Please highlight key milestones and a trajectory to the target metrics identified above, including leading indicators.

In the 2026-27 column, in particular, please reference how you plan to meet the core minimum requirements in your narrative, including details and evidence in supporting documents.

You can insert or upload supporting documents including graphics/visuals that illustrate your data trajectory.

Local roadmap for the next 3 years	2026/27 Scope, Co-produce and Pilot	2027/28 Implement, Review and Embed	2028/29 Mature and Sustain
Improve outcomes for children and young people with SEND			
Improve attainment, progress, attendance and preparation for adulthood.	EP/EAS joint EBSA pathway project; appoint specialist teacher lead. Define AEP and EBSA mentor roles for therapy and reintegration support. Link with Health for MH support (MHST/CHARM). Launch Whole Education project with secondary schools, focused on support bases, curriculum and interventions. Maintain/improve SEND NEET rates; scope stronger post-16 pathways, including supported internships and inclusion bases. Co-produce CPD/support menu with settings; align with DfE offer and local need.	Countywide EBSA offer via EAH targeted+ route, accessible through family hubs. Enhanced EAHO for schools with high SEND PA, suspension/PEX and EHE. Evaluate all projects against agreed outcomes. CPD offer operational and expanded, with ongoing review and co-production. Develop skills/employment pathways aligned to PfA; review supported internships.	All measures achieved; sustainability embedded as BAU. Shared understanding of EBSA/EHE supports a preventative, not reactive, approach. Full CPD offer in priority areas, delivered flexibly to maximise access. CPF offer supports FHLP whole-family work on attainment, attendance and PfA. Clear, accessible post-KS4 pathways with enough local choice and capacity. CPD feedback shows impact and improved practice.
Reduce exclusions, suspensions and persistent absence.	Recommission Outshine Tier 1 AP support. Scope EAH roles in AP School; co-design model and Y2 capacity.	Tier 1 and Tier 2 AP model fully embedded and enhanced by EAHO offer.	Fully operational Tier 3 AP model established, with locality based working ensuring it is accessible to all.

	<p>Review Secondary Inclusion Development Grant alongside SEND reforms and EAHO.</p> <p>Target EAHO at schools with highest SEND unplanned EHE and PA.</p> <p>Scope and pilot Tier 3 AP model.</p>	<p>Tier 3 AP (longer term placement) – expansion reviewed and further capacity identified through the EIG and SSB.</p>	<p>Use of non-school AP reduced – use becomes planned, strategic and in the best interests of CYP (moving away from reactionary and as a result of lack of capacity in the system)</p>
<p>Improve timeliness and quality of EHCP processes and access to health support.</p>	<p>Recruit to an expanded EHCP and EP team to accelerate recovery plans to improve timeliness and quality.</p> <p>Development of EHCP Banding document (clarity on funding, needs and provision)</p> <p>Participation in West Mids AI project to support timeliness and QA – create AI implementation plan.</p> <p>Development of dashboard for instant oversight of timeliness.</p> <p>Collaboration with health to develop EAHO and monitor impact on referrals and waiting times.</p>	<p>Statutory timescales will be improving in line with target metrics.</p> <p>QA measures will be improving. Banding model will be published and fully understood by all stakeholders.</p> <p>Use of AI is established, confidence in its use is high and evidence of it having a positive impact on workload, timescales and quality.</p> <p>Dashboard provides oversight and accountability for timescales with early warning if there is slippage so that it can be rectified immediately.</p>	<p>Statutory timescales are fully met, maintained and sustainable.</p> <p>Use of AI is embedded in the team.</p> <p>Shift from reactive to proactive working in statutory teams – evidence of increased capacity for relational work resulting in improved tribunal and complaints data. Parent carer satisfaction and confidence is high.</p>
<p>Enablers</p>	<p>See section 2 blueprint</p>		
<p><u>Success measures</u></p> <p>Attendance – EHCP: 84.8%</p> <p>Attendance – SEN Support: 90.2%</p> <p>EHE – EHCP: 53</p> <p>EHE – SEN Support: 100</p>	<p>87%</p> <p>91%</p> <p>64</p> <p>108</p>	<p>Within 5 % of statistical neighbours</p> <p>Within 5 % of statistical neighbours</p> <p>73</p> <p>116</p>	<p>In line with statistical neighbours</p> <p>In line with statistical neighbours</p> <p>82</p> <p>124</p>
<p>Strengthen mainstream inclusion and local capacity</p>			
<p>Increase the proportion of children and young people with SEND thriving in mainstream settings.</p>	<p>Launch all three OAIP documents with CPD and resources.</p> <p>Recruit locality Inclusion Advisers to embed OAIP, universal and targeted support, and direct EAH capacity.</p> <p>Complete Natalie Packer/Whole Education projects; publish local support-base guidance, case studies and exemplars.</p> <p>Create registration pathway for school support bases, with QA, guidance and support.</p>	<p>OAIP self-reviews completed by all settings – moderation exercises undertaken by EAH teams to validate. Feedback used to target support where its needed most – to include parent carer and CYP feedback as well as data collected through family hubs.</p> <p>Begin annual review cycle of OAIP through our Inclusive Practice Workstream (WS1), involving all stakeholders – align with national Inclusion Standards once published.</p> <p>Shropshire support base guidance published and shared with WAGOLL understood by all – training to all stakeholders.</p>	<p>OAIP consistently embedded and evidenced in all settings.</p> <p>Annual OAIP review through Workstream 1</p> <p>Ongoing cycle of review to inform allocation of support in operation.</p> <p>Parent carer and CYP measures of ‘thriving in mainstream settings’ are positive.</p>

		New schools wishing to establish a support base are identified – capital expenditure process established to ensure spend is proportionate and needed.	
Expand local capacity through Inclusion Bases, specialist outreach and LISO (including EAHO)	<p>Create Education Inclusion Group and SEND Sufficiency Board.</p> <p>Open three new Inclusion Bases: Burford, Bridgnorth Endowed and The Marches.</p> <p>Appoint Inclusion Bases EQA lead for CPD, guidance, QA and EAHO links.</p> <p>Recruit ICB Advanced Practitioner; define role through EAH governance.</p> <p>Recruit 4 SLTs, 6 SALTAs and 2.6 OTs.</p> <p>Roll out ELSEC across EY/KS1; co-design SLCN EAH offer for KS2–post-16 and AP.</p> <p>Continue OT/SLT support to Inclusion Bases; add EP capacity.</p> <p>OT to continue with Tier 1 AP and co-design wider offer with settings.</p> <p>Develop enhanced CPD offer with settings, aligned to DfE offer.</p> <p>Complete ATLL pilot and recruit AT specialist teacher lead.</p>	<p>EIG and SSB well established and instrumental in sufficiency planning.</p> <p>New inclusion bases at or nearly at capacity and performing well.</p> <p>Further IBs identified where needed and scoping exercises begin through the EIG.</p> <p>Implement wider use of assistive technology, provide CPD and lending library for all settings to access – operate via the Family Hubs to allow for easy collection.</p>	<p>A full range of provision (support bases, specialist bases, special schools and AP) available for all age phases within an acceptable travel time.</p> <p>System data (across all measures) is beginning to show that the 'local first' system in Shropshire is working, is meeting need and has sufficient capacity now and in the future.</p> <p>ATLL full operational, demonstrable increased confidence in AT use to support CYP – positive feedback re impact of use on inclusion from PC and CYP as well as settings.</p>
Reduce reliance on out-of-area placements and excessive travel.	<p>Relocation of some specialist capacity scoped through the SSB – specialist satellite in St Martins, special school in Ludlow proposed for exploration.</p> <p>Scope a pilot for delivering high needs provision for EY/KS1 in our special schools (CYP currently in INMSS or on extended TPTT).</p> <p>Ensure sufficiency and place planning is data driven, taking into account travel times</p>	<p>Specialist satellite provision for north of the county planning scoping and completed</p> <p>Build flexibility into place planning, with an ongoing review cycle agreed – in Shropshire, this means that some rural provision in Inclusion Bases may need to meet the needs of a wider range of CYP, or adapt its profile over time.</p> <p>Review EY/KS1 High Needs pilot – consider longer term plans.</p>	<p>Possible opening of new specialist provision depending on the outcome of Specialist Sufficiency work.</p>
Enablers		See section 2 blueprint	

<p style="text-align: center;"><u>Success measures</u></p> <ul style="list-style-type: none"> Setting confidence survey No. CYP accessing EAHO without an EHCP or specialist placement: <ul style="list-style-type: none"> ➤ SLT: 1914 ➤ OT: 338 ➤ EP: 1045 Confidence measure in using Assistive Tech: 	<p>To be established during Q2</p> <p>2105 372 1150</p> <p>To be established during Q2</p>	<p>To be established during Q2</p> <p>2316 409 1264</p> <p>To be established during Q2</p>	<p>To be established during Q2</p> <p>2547 450 1391</p> <p>To be established during Q2</p>
Increase confidence and positive experiences of families and young people			
<p>Improve parent, carer and young person satisfaction with SEND services.</p>	<p>Carry out the 'Big Listen' activity in localities over summer 2026 to understand causes of dissatisfaction.</p> <p>Co-produce plan to address identified areas for improvement, alongside existing intelligence from PCF and SENDIASS. Include detailed plan to develop the Local Offer and improve availability of accessible information: continue with existing project to co-produce parent carer guides.</p>	<p>Satisfaction measures improved upon; further engagement activity carried out in localities to contribute to a continuous 'you said, we did' cycle.</p> <p>Redeveloped Local Offer fully operational – feedback demonstrates improved use and accessibility.</p> <p>Parent-carer guides completed and made available. Co-production of next steps, including workshops to support parent carer guides if necessary.</p>	<p>Satisfaction measures improved upon; further engagement activity carried out in localities to contribute to a continuous 'you said, we did' cycle.</p> <p>Requirements of EHCPs will be fully integrated within the single family Help Plan.</p>
<p>Widen participation in co-production and decision-making.</p>	<p>Revisit co-production framework to ensure it is still fit for purpose and aligns with the wider Children's Services Transformation work; establish clarity on what co-production is and isn't.</p> <p>Establish routes for co-production at locality level through family hubs, engaging with local community and voluntary groups.</p> <p>Work with LYTP, BSil and FFP Leads to establish a clear strategy for CYP co-production.</p> <p>CYP co-production charter published with co-production routes and activities started.</p>	<p>Co-production measures evidence co-production at all levels of decision making and across the county for parent carers.</p>	<p>Co-production measures evidence the quality and impact of co-production at all levels of decision making and across the county for parent carers, with strong evidence of impact.</p> <p>High quality CYP co-production fully embedded, with strong evidence of impact.</p>
<p>Reduce complaints, disputes and resolution times.</p>	<p>Identify clear pathways for handling complaints and monitoring responses so that unnecessary delays and escalation are avoided.</p> <p>Implementation of Shropshire plans (including work on timeliness, QA, specialist provision and EAHO) should</p>	<p>Complaints and disputes reducing in line with targets.</p> <p>Evidence of improving levels of satisfaction.</p> <p>SENDIASS's role in reducing complaints, disputes and resolution time is clear and</p>	<p>Complaints and disputes in line with targets.</p> <p>Evidence of high levels of satisfaction.</p> <p>SENDIASS fully embedded within the SEND offer.</p>

	<p>result in reduced complaints and disputes as a result of earlier access to support and guidance)</p> <p>Joint work with SENDIASS to promote their role in contributing to earlier understanding, constructive communication and timely impartial advice – plan for this.</p>	well communicated across the partnership.	
Enablers	See section 2 blueprint		
<p><u>Success measures</u></p> <p>Parent Carer satisfaction and co-production measures</p> <p>CYP satisfaction and co-production measures</p> <p>Tribunal rate: 0.7</p> <p>Complaints</p>	<p>To be established during Q2</p> <p>To be established during Q2</p> <p>0.6</p> <p>Maximum of 10 per month</p>	<p>To be established during Q2</p> <p>To be established during Q2</p> <p>0.5</p> <p>Maximum of 6 per month</p>	<p>To be established during Q2</p> <p>To be established during Q2</p> <p>0.4</p> <p>Maximum of 2 per month.</p>
Embed effective partnership working and co-production			
Strengthen multi-agency governance and shared accountability.	<p>Education Inclusion Group, Specialist Sufficiency Board and EAH Steering Group established and built into existing SEND and AP governance structure, with clear accountability across the partnership, including oversight around commissioning and investment.</p> <p>EAHO steering group works to co-produce the enhanced offer for Y2.</p> <p>Roles and responsibilities of all members of governance structure clearly defined.</p>	<p>EIG and SSB fully operational with clear governance routes.</p> <p>Local offer reflects EIG and SSB decisions, making decision making transparent.</p> <p>EAH Steering Group fully operational, co-producing the strategy for maturing the full offer in Y2 and ensuring it meets intended outcomes.</p>	<p>EIG and SSB mature and operating as BAU.</p> <p>EAH Steering Group fully mature, co-producing the strategy for creating a sustainable, long term offer.</p>
Strengthen co-produced approaches to service design and commissioning.	<p>Agree a co-produced commissioning framework setting out when and how families, CYP, SENDIASS, education and health partners will shape service redesign and procurement decisions.</p> <p>Use Big Listen, locality engagement and governance feedback to identify two priority commissioning areas for co-designed review.</p>	<p>Pilot the framework through at least two service reviews or commissioning exercises, with documented co-production activity, options appraisal and feedback loops.</p> <p>Publish a simple decision-making record showing what changed as a result of stakeholder input.</p>	<p>Embed the framework into routine commissioning and annual planning, with agreed standards for co-production evidence, equality of participation and reporting to governance.</p> <p>Identify lessons learned and priority improvements for 2027/28 commissioning cycles.</p>
Improve consistency of pathways and support across education, health and care.	<p>Multiagency working and co-production to be integral to all plans outlined above; single Children's Transformation Plan brings together BSil, FFP, LYTP and SEND Reform under one 'umbrella' – ICB play a key role in ensuring full engagement from health (including</p>	<p>Pathways of support clearly defined and shared.</p> <p>Evidence that all stakeholders understand pathways – information clearly accessible on Local Offer and settings' digital platform.</p>	<p>Fully mature pathways of support that are understood by all, evidenced through survey data across the partnership.</p> <p>Agreed ND and SLT waiting time targets met.</p>

	therapies, school nursing, 0-19 service, public health, CAMHs and PCNs). Routes from EAH into established referral pathways agreed – EAH steering group to have oversight of this process. ND waiting time metrics and milestones to be agreed – current piece of work being undertaken by ICB to negotiate improvement trajectory.	Agreed ND and SLT waiting time milestones being met.	
Enablers	See section 2 blueprint		
Success measures			
SLT waiting time: 60% within 18 weeks	70% within 18 weeks	80% within 18 weeks	92% within 18 weeks
0-5 ASD waiting times: 41.5% within 18 weeks	60% within 18 weeks	80% within 18 weeks	92% within 18 weeks
6-18 ND pathway waiting times: 9% within 18 weeks	To be established within Q2-3	To be established within Q2-3	To be established within Q2-3
19-25 ND pathway waiting times: Not currently collected	To be established within Q2-3	To be established within Q2-3	To be established within Q2-3
MH waiting times: 77% within 18 weeks	82% within 18 weeks	87% within 18 weeks	92% within 18 weeks
SLT referrals accepted (appropriate): 91%	94%	96%	98%
OT referrals accepted (appropriate): 96%	97%	97%	98%
Secure value for money and long-term financial sustainability			
Improve understanding and management of costs across the SEND continuum.	Finance team work with DfE Financial Adviser to develop understanding of unit costs; benchmarking activities compare costs against LAs with similar indicators (e.g. rurality) Banding document co-produced with Health and trialled with 10% settings. Banding document piloted through SAP and a wider sample of settings, with moderation feedback used to refine descriptors and funding assumptions.	Unit cost dashboard and benchmarking report produced for governance, identifying priority cost pressures and areas for reinvestment. Independent placement review translated into an agreed action plan with named owners and savings milestones. Banding document in use for EHCPs and other top-up funding routes (EY and GSP) to support more consistent, fair and value-for-money allocation of high-needs funding. Annual cycle of funding review for Inclusion Bases and Special/AP Schools through the SSB.	Banding model fully embedded across EHCPs and other top-up routes, with annual review and moderation arrangements in place. Routine cost and demand reporting supports earlier decision-making, clearer oversight of unit costs and better targeting of investment toward prevention and local provision. Evidence shows more consistent allocation of funding, reduced reliance on high-cost provision where needs can be met locally, and reinvestment decisions tracked through agreed benefits realisation measures.
Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system.	Benefits realisation framework agreed through governance, showing how savings released from reduced escalation and tighter placement management will	Reinvestment decisions are evidenced through quarterly reporting, with agreed spend shifted toward priority gaps in inclusion, targeted support and workforce	Reinvestment becomes a routine feature of annual SEND planning, with clear evidence that released resources are sustaining preventative delivery and

	be tracked and redirected into priority preventative capacity.	resilience and reviewed against impact measures.	strengthening local options that reduce future cost growth.
Reduce expenditure on high-cost independent and out-of-area placements.	Placement approval and review arrangements strengthened so that new high-cost decisions are consistently scrutinised against local options, anticipated duration, travel impact and exit planning from the outset.	A measurable reduction is seen in new high-cost placements entering the system, with more cases stepped down or prevented through planned review, earlier local intervention and stronger oversight of placement duration.	Reliance on independent and out-of-area placements is materially lower and more tightly controlled, with any remaining use reserved for exceptional need and supported by clear evidence, review discipline and planned transition pathways where appropriate.
Enablers	See section 2 blueprint		
<u>Success measures</u>			
INMSS placements (LA funded) % of EHCP cohort = 9.1%	9%	9%	9%
Top-up funding (non-maintained special schools): 47.6% higher than stat neighbours	47.6% higher than stat neighbours	42% higher than stat neighbours	37% higher than stat neighbours

Please refer to the following attachments for further detail and supporting evidence:

- Appendix A: EHCP Team Recovery Plan
- Appendix C: EHCP and EP Team Growth Modelling

6. What will the local area partnership deliver in the first year?

Please outline the key workstreams, milestones and trajectory your local area partnership will deliver and achieve in 2026-27 as well as how you plan to spend the investment allocation that will help fund this year's delivery. Please share key milestones and anticipated dates, success measures, cost breakdown and category. These should incorporate the core minimum requirements, be mapped to the building blocks above and should reflect a more detailed trajectory to the narrative, milestones and target metrics outlined in the 2026-27 column above.

NB: The detail above has been mapped against our existing core workstreams:

WS1: Inclusive Practice (this will incorporate a new EAH Steering Group)

WS2: Commissioning and Quality (this will incorporate the new Education Inclusion Group and Specialist Sufficiency Board)

WS3: EHCP Timeliness and Quality

NB: In Shropshire, all workstreams will have a focus on:

- Participation and high-quality co-production
- Comms
- Data

2026-27 Local delivery plan		Q2 Jul-Sep		Q3 Oct-Dec		Q4 Dec-Mar	
<i>Workstream outline – mapped to building block</i>	<i>Responsible lead per workstream – accountable for the delivery of the workstream and the identified outcome.</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>
Improve outcomes for children and young people with SEND							
Improve attainment, progress, attendance and preparation for adulthood.	WS1: Senior EQA for SEND and AP; Head of Education Access	<ul style="list-style-type: none"> • Recruit EBSA lead. • Co-produce EBSA pathway. • Link MHST/CHARM support. • Post-16 inclusion meeting; scope IB/PFA. • Agree attendance/suspension/attainment baselines. 	<ul style="list-style-type: none"> • 100% post-16 engaged. • OOA post-16 providers identified. • All MATs engaged in EBSA design. • PFA baseline set. 	<ul style="list-style-type: none"> • EBSA lead recruited. • EBSA pathway launched via EAHO/family hubs. • Post-16 plan starts. • Secondary base guidance drafted; curriculum/intervention needs identified. 	<ul style="list-style-type: none"> • 100% secondary support-base plans drafted. • 100% secondaries in Whole Education work. 	<ul style="list-style-type: none"> • EBSA lead in post. • EBSA pathway live via EAHO/family hubs. • Post-16 plan starts. • Secondary base guidance/case studies drafted. 	<ul style="list-style-type: none"> • All mainstream settings have base plans. • 100% post-16 engaged in SEND delivery plan.

<p>Reduce exclusions, suspensions and persistent absence.</p>	<p>WS1: Senior EQA for SEND and AP; Head of Education Access</p>	<ul style="list-style-type: none"> • Recommission Outshine Tier 1 AP. • Agree Tier 3 AP model. • Identify highest SEND PA/EHE/suspension schools. • Track EBSA cohort. • Complete AP commissioning/data review. 	<ul style="list-style-type: none"> • Tier 1 AP recommissioned. • Tier 3 pathway agreed for Q3 launch. • Baseline set: PA, suspension, EHE, AP use. • Priority schools/cohorts identified. 	<ul style="list-style-type: none"> • Scope EAH in AP school; identify Y2 capacity. • Complete EHE/PA action plan. • Start Tier 3 AP. • Launch secondary suspensions project. • Engage highest-suspension schools. 	<ul style="list-style-type: none"> • PA falling in target schools vs Q2. • EHE/suspension stabilised or reduced. • All AP providers on Tier 1–3 model. 	<ul style="list-style-type: none"> • SLT/OT/EP support starts in AP. • EHE/PA plan implemented via EAH. • Tier 3 AP reviewed; capacity scoped. • Secondary suspension project reviewed. 	<ul style="list-style-type: none"> • Attendance up vs baseline, towards 87% EHCP/ 91% SEN Support • Disruptive-behaviour suspensions down. • Tier 3 AP evidence informs 2027–28 commissioning.
<p>Improve timeliness and quality of EHCP processes and access to health support.</p>	<p>WS3: Principal EP</p>	<ul style="list-style-type: none"> • Complete EHCP/EP recruitment. • Agree EP growth model. • Start WM AI project; identify champions. • Implement QA audits and 1-in-5 QAQ. • Quantify backlog; approve recovery trajectory. 	<ul style="list-style-type: none"> • EHCP/EP capacity in place or covered. • Caseloads reviewed weekly. • Dashboard and QA target pinch points. 	<ul style="list-style-type: none"> • EP team staffed/covered. • WM AI pilot active. • Champions feeding back. 	<ul style="list-style-type: none"> • 20-week timeliness ≥65%. • Backlog down; grip improved. • QA shows better consistency. • Dashboard prompts immediate action. 	<ul style="list-style-type: none"> • Banding finalised for implementation. • AI KPIs agreed. • 2027–28 recovery trajectory refreshed. 	<ul style="list-style-type: none"> • 20-week timeliness 70% • Backlog down; QA gains sustained. • Foundations set for 2027–28 step-up. • AI used by full EHCP team where beneficial.
<p>Strengthen mainstream inclusion and local capacity</p>							
<p>Increase the proportion of children and young people with SEND thriving in mainstream settings.</p>	<p>WS1: Senior EQA for SEND and AP; Head of Education Access</p>	<ul style="list-style-type: none"> • Agree OAIP action research. • Complete Natalie Packer/Whole Education projects. • Draft Shropshire base guidance, case studies, WAGOLLS. • Agree base registration/QA route. • Launch self-assessment, baseline survey, inclusion framework. 	<ul style="list-style-type: none"> • OAIP research complete; sign-off pending. • Enhanced CPD model agreed. • Locality specialist roles recruited or covered. 	<ul style="list-style-type: none"> • OAIP final drafts. • OAIP to be signed off by LA, ICB, MAT, school representatives and PCF. • Formal OAIP refresh cycle agreed • 6 specialist teachers recruited. • Enhanced CPD designed. • AT baseline/pilot/lead. • CPD menu co-produced. 	<ul style="list-style-type: none"> • All localities access core EAH. • 3+ inclusion bases operational. • EAH coverage/activity data available. • 75% settings complete AT/CPD survey. 	<ul style="list-style-type: none"> • EAH targeted-plus launched in phases. • 2027–28 sufficiency options prepared. • EAH year-end evaluation complete. • AT lead in post; ATLL plan ready for Y2. • CPD plan complete; workforce ideas scoped. 	<ul style="list-style-type: none"> • EAH reach grows across phases/localities. • Inclusion bases meet QA expectations. • Local capacity stronger than baseline.

<p>Expand local capacity through Inclusion Bases, specialist outreach and LISO (including EAHO)</p>	<p><i>WS2: Commissioning Manager; Head of Education Quality and Safeguarding</i></p>	<ul style="list-style-type: none"> • Establish EIG and SSB. • Appoint Inclusion Bases EQA lead. • Confirm ICB practitioner; complete SLT/OT/EP recruitment. • Approve EAH governance, workforce and comms. • Co-design EY/post-16 LISO via EAH group. • Agree referral pathways and locality model. • EAH delivered through locality teams and family hubs. 	<ul style="list-style-type: none"> • 3 IBs open; QA/training/outreach in place. • EAH core/targeted live all localities. • Targeted-plus co-produced, launch-ready. • Recruitment gaps tracked/mitigated. 	<ul style="list-style-type: none"> • 3 IBs open; QA/training/outreach in place. • EAH core/targeted live all localities. • Targeted-plus co-produced, launch-ready. • Recruitment gaps tracked/mitigated. 	<ul style="list-style-type: none"> • Core EAH all localities. • 3+ IBs operational/admitting. • EAH term-1 coverage/activity data live. 	<ul style="list-style-type: none"> • Targeted-plus phased launch; criteria/oversight agreed. • 2027–28 sufficiency options via EIG/SSB. • EAH year-end evaluation complete. 	<ul style="list-style-type: none"> • EAH reach up term on term, towards 26/27 SLT, OT and EP targets. • IBs meeting QA standard. • Local capacity above baseline.
<p>Reduce reliance on out-of-area placements and excessive travel.</p>	<p><i>WS2: Commissioning Manager; Head of Education Quality and Safeguarding</i></p>	<ul style="list-style-type: none"> • Appraise relocation/expansion options. • Agree AP response where local capacity is insufficient. • Complete travel impact assessment. • Scope EY/KS1 high-needs pilot. 	<ul style="list-style-type: none"> • Baseline set: OOA placements, travel cost, distance, IB occupancy. • All place-planning proposals reviewed by SSB. 	<ul style="list-style-type: none"> • Scoping to EIG/SSB; plans agreed. • Draft sufficiency plan complete; feedback starts. • Preferred options prioritised by need/geography/travel. • Routine reporting on OOA/travel established. 	<ul style="list-style-type: none"> • Draft sufficiency plan shared for consultation. • North/south options identified. • Travel analysis informs decisions. • Baseline OOA/travel monitoring live. 	<ul style="list-style-type: none"> • Partnership feedback incorporated; final draft agreed. • Priority expansion/relocation proposals agreed. • EY/KS1 pilot reviewed; recommendations agreed. • Capital/commissioning aligned to final analysis. 	<ul style="list-style-type: none"> • Final sufficiency plan agreed. • Priority developments identified. • Implementation trajectory set.

Increase confidence and positive experiences of families and young people							
<p>Improve parent, carer and young person satisfaction with SEND services.</p> <p>Widen participation in co-production and decision-making.</p>	<i>WS1: Senior EQA for SEND and AP; Head of Education Access</i>	<ul style="list-style-type: none"> • Agree Big Listen method; run locality sessions. • Launch parent confidence survey. • Review SENDIASS/PCF intelligence. • Draft CYP co-production strategy. • Scope use of the NHSE co-production benchmark tool with the ICB 	<ul style="list-style-type: none"> • 200+ responses. • Confidence baseline set. • Complaints baseline set. • All localities represented. 	<ul style="list-style-type: none"> • Improvement plan from Big Listen, PCF, SENDIASS. • Locality co-production via family hubs/VCS. 	<ul style="list-style-type: none"> • 0–25 in CYP voice plans. • Plan covers all localities/groups. 	<ul style="list-style-type: none"> • Plan live; review cycle in place. 	<ul style="list-style-type: none"> • Repeat survey due summer 2027. • SENDIASS/PCF feedback more positive, towards Q2 year-end target.
<p>Reduce complaints, disputes and resolution times.</p>	<i>WS3: Principal EP</i>	<ul style="list-style-type: none"> • Define complaint pathway and response monitoring. 	<ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • Pathways clear and understood. 	<ul style="list-style-type: none"> • Establish complaints baseline 	<ul style="list-style-type: none"> • Single procedure live; dashboard oversight. 	<ul style="list-style-type: none"> • Complaints down 25%.
Embed effective partnership working and co-production							
<p>Strengthen multi-agency governance and shared accountability.</p>	<i>QAG; ADCS Children's Services</i>	<ul style="list-style-type: none"> • Establish EIG/SSB/EAH group. • Approve governance map/TORs. • Confirm leads/reporting cadence. 	<ul style="list-style-type: none"> • All workstreams led/reported. • New groups live/communicated. 	<ul style="list-style-type: none"> • Benefits framework approved. • RAID logs live all workstreams. • Governance baseline survey complete. • SENDIASS/PCF reporting live. 	<ul style="list-style-type: none"> • All workstreams meeting to cadence. • RAID logs current. • Dashboard reporting live. • Governance reviews progress/risks routinely. • Settings report better clarity. 	<ul style="list-style-type: none"> • Two reporting cycles complete. • Governance review complete with partner feedback. • 2027–28 refinements agreed. • Governance evidence informs Y2 decisions. 	<ul style="list-style-type: none"> • Governance BAU. • Decision-making timely and transparent. • Evidence shapes delivery/commissioning/investment. • Partners report stronger clarity/accountability.
<p>Strengthen co-produced approaches to service design and commissioning.</p>	<i>QAG; ADCS Children's Services</i>	<ul style="list-style-type: none"> • Agree co-production expectations. • Refresh framework; align wider transformation. • Define PCF/SENDIASS roles. • Reflect in TORs/plans/reporting. 	<ul style="list-style-type: none"> • Framework updated and shared. • All workstreams agree co-production expectations. • PCF/SENDIASS roles clear. • Aligned to wider transformation. 	<ul style="list-style-type: none"> • Co-production active across workstreams. • EAH Y2 offer co-produced. • Locality feedback informs improvement/commissioning. • “You said, we did” reporting starts. 	<ul style="list-style-type: none"> • Co-production evident across major workstreams. • Feedback shapes delivery/improvement. • EAH Y2 design clearly co-produced. • Early decision impact evident. 	<ul style="list-style-type: none"> • Year 1 co-production review complete. • Y2 improvements identified. • Evidence informs Y2 planning/commissioning/governance. • Next-step quality measures agreed. 	<ul style="list-style-type: none"> • Co-production consistently embedded. • Impact on design/comms/implementation clear. • PCF/SENDIASS/CYP influence routine and visible. • Y2 plans reflect review learning.
<p>Improve consistency of pathways and support across education, health and care.</p>	<i>WS2: Commissioning Manager</i>	<ul style="list-style-type: none"> • Establish EAH group. • Draft EAH model. • Map pathways/EAH links and establish links with referral pathways. 	<ul style="list-style-type: none"> • EAH governance/reporting agreed. • Draft model reflects partner input. • NHS waiting time monitoring and reporting route established. 	<ul style="list-style-type: none"> • Formal EAH model shared. • Access routes/thresholds clarified. • Comms/implementation plan agreed. 	<ul style="list-style-type: none"> • Shared EAH model understood. • Pathway docs ready. • Partner descriptions more consistent. 	<ul style="list-style-type: none"> • EAH referral links agreed. • Final pathway docs published. • Briefings/comms complete. 	<ul style="list-style-type: none"> • Pathways clearly defined and shared. • Access clarity improved. • Y2 monitoring foundations set. • NHS waits on track for Y1 targets.

Secure value for money and long-term financial sustainability

Improve understanding and management of costs across the SEND continuum.	WS2: Commissioning Manager	<ul style="list-style-type: none"> Benchmark unit costs. Draft banding. Analyse cost drivers/placements. Agree benefits method. 	<ul style="list-style-type: none"> Baseline unit costs set. Top 10 high-cost categories identified. Savings quantified; reinvestment priorities agreed. 	<ul style="list-style-type: none"> Banding phase 2 launched. Quarterly cost/demand review live. Benefits framework drafted. Placement review tightened; travel data in oversight. Reinvestment principles agreed. 	<ul style="list-style-type: none"> Banding phase 2 complete and refined. Unit-cost dashboard reported. Placement review action plan set. 	<ul style="list-style-type: none"> Banding phase 3 tested/revised. Model ready for rollout. Cost/demand oversight embedded. Placement actions underway. 	<ul style="list-style-type: none"> Top-up decisions more consistent. Cost drivers clearer. Savings/reinvestment trajectory agreed.
Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system.	WS2: Commissioning Manager	<ul style="list-style-type: none"> Agree reinvestment framework. Baseline spend set. Define reinvestment priorities. 	<ul style="list-style-type: none"> Financial baseline agreed and reported. Reinvestment principles approved. Priority prevention/workforce investments identified. 	<ul style="list-style-type: none"> First cost-pressure/cost-avoidance review complete. Workforce priorities aligned to pressure/QA/sufficiency. Draft 2027–28 reinvestment proposals ready. 	<ul style="list-style-type: none"> Governance sees prevention/local-capacity investment. Oversight informs commissioning/workforce. Reinvestment options prioritised by impact/affordability. 	<ul style="list-style-type: none"> Year-end financial review complete. 2027–28 reinvestment priorities built into plans. Monitoring refined for ongoing VfM review. 	<ul style="list-style-type: none"> Clear line of sight: finance → prevention/workforce 2027–28 plans reflect agreed reinvestment. Monitoring supports sustainable decisions.
Reduce expenditure on high-cost independent and out-of-area placements.	WS2: Commissioning Manager	<ul style="list-style-type: none"> Review independent/OOA profile. Identify local-alternative cohorts. Set decision/spend monitoring. 	<ul style="list-style-type: none"> Baseline set: independent/OOA cost, distance, need. High-cost drivers understood and reported. Monitoring live for new decisions/local alternatives. 	<ul style="list-style-type: none"> Step-down/repatriation/avoidance options identified. New high-cost decisions face stronger challenge. 2027–29 reduction trajectory drafted. 	<ul style="list-style-type: none"> All new high-cost decisions reviewed/challenged Step-down/repatriation cohort identified. Reduction trajectory linked to sufficiency plan. 	<ul style="list-style-type: none"> Step-down/repatriation/avoidance actions underway. Year-end review of trends/costs complete. 2027–28 commissioning updated. 	<ul style="list-style-type: none"> Fewer new high-cost placements vs trend. Decisions align better to sufficiency/VfM. Stronger control entering 2027–28.
Projected Investment Spend per quarter			Q2 (+Q1) Apr-Sep	Q3 Oct-Dec	Q4 Dec-Mar		
Transformation costs - LA			£50,840	£71,773	£71,773		
E@H - EP and assistants			£0	£199,240	£199,240		
E@H - LA direct staffing other (specialist teachers)			£0	£117,199	£279,928		
E@H - ICB direct staffing - SLT			£0	£165,276	£165,276		
E@H - ICB direct staffing - OT			£0	£56,356	£56,356		
E@H - ICB direct staffing - OTHER			£0	£25,289	£25,289		
E@H - LA admin/co-ord			£0	£80,540	£80,540		
E@H - ICB admin/co-ord			£0	£9,533	£9,533		
Subtotal			£50,840	£725,206	£887,935		

NB: exact spend not yet known as dependent on recruitment and on possible sharing costs with other transformation programmes for core roles (e.g. data, digital, comms and PMO). SLT costs may go up if some Band 6 posts have to be Band 7. Some underspend currently due to this but we anticipate it will be allocated.

Please refer to the following attachments for further detail and supporting evidence:

- Appendix D: EAH and Workforce Reform
- Appendix G: Shropshire LISO Infographic
- Appendix J: EAH and Transformation Costings

7. How will the local area partnership deliver the first-year plan?

Please set out how you will ensure the required capacity and capability is in place from organisational corporate functions to support implementation of the plan. This could include reference to how you plan to build or bring in project delivery capability to manage delivery against the plan, support prioritisation, and effective use of resources; and how you plan to build the capacity and capability in data and analytics to support effective tracking against the measures in the plan and reporting that informs decision making.

We are currently recruiting to a new Assistant Director for Education Inclusion within the Local Authority. This is an important development which will provide dedicated senior leadership for inclusion, strengthen partnership oversight, and support more coherent delivery across mainstream, specialist and alternative provision.

PMO support is already in place, with a PM assigned to each reform area (BSil, FFP, LYTP and SEND), all working as part of the wider Children's Transformation Team. This is overseen by the ADCS, who is also SRO for the SEND reforms. A SEND Transformation Lead is in post, alongside a Comms Officer working across the wider transformation programme. Where possible, digital, data and comms capacity will work across the Children's Transformation Team to maximise resources, support joined-up delivery, and reduce silo-working, duplication and gaps.

A SEND Commissioner will be recruited in Q2 to work closely with ICB commissioners and regional partners to improve value for money and embed a robust commissioning cycle. Jointly commissioned services will operate through an MOU or contract variation. Additional finance support will strengthen DSG recovery planning, financial modelling and cost analysis, providing greater challenge and assurance on the financial impact of investment decisions.

Additional data capacity will be recruited to strengthen oversight of progress and risks. Additional finance capacity is also being recruited to support DSG recovery and strengthen accountability for the impact of investment. A new digital lead, recruited in Q2, will build the LISO platform and strengthen the digital offer for settings, parent carers and CYP. The Children's Transformation Team is scoping improved systems integration and automation of manual processes. In parallel, the data and insight team is developing dashboards to integrate with existing systems, automate data collection, and improve oversight of KPIs and key metrics.

With the ICB, we will recruit a SaLT Advanced Practitioner to provide strategic therapy leadership within EAH, strengthen partnerships, and support workforce growth. The partnership will also work with the PCF and SENDIASS to scope activity supporting reform delivery and parent carer engagement.

8. Other funding **Local Authorities**.

Block Transfers: If you have made a block transfer (Schools Block to High Needs Block) for 26-27, please set out how your plans for this funding align with the activities outlined above.


In 2026/27, Schools Forum agreed to transfer 0.5% of the Schools Block to the High Needs Block (£1,165,244) to help manage rising demand and cost pressures in the High Needs system. The transfer will support delivery of the SEND and alternative provision reforms by strengthening inclusion and early intervention in mainstream settings, reducing reliance on statutory processes where needs can be met earlier, and improving consistency of support across schools. Funding will be used to sustain and scale targeted programmes that align with reform priorities, including:

- (1) Step Into School funding to provide timely, short-term support for children and young people at key transition points or where an Education, Health and Care Plan (EHCP) is not appropriate or is still being assessed;*
- (2) Inclusion Development Grants to build school capacity, develop inclusive practice and workforce skills, and implement evidence-informed approaches that improve outcomes for pupils with SEND, allowing them to be successfully educated and included within their local mainstream school;*
- (3) Graduated Support Pathway (GSP) funding to embed a consistent “assess, plan, do, review” approach, enabling earlier identification of need, more effective interventions, and clearer routes into specialist support when required.*

Together, these investments are intended to moderate demand for EHCP assessments and specialist placements over time, while ensuring pupils’ needs are met in the right place at the right time. This therefore represents reinvestment into prevention. We expect a similar block transfer will be requested for 27/28 unless significant change to funding methodologies are implemented.

Capital: We have announced at least £3 billion in high needs capital between 2026-27 and 2029-30 to support children and young people (CYP) with SEND, or those requiring alternative provision (AP). This funding is intended to support place delivery across the full 0-25 age range, including early years and post-16. We expect funding to support the following outcomes:

- a. Inclusion at the core of high needs sufficiency strategy, resulting in more children and young people with SEND accessing suitable places in mainstream settings, across all phases of education
- b. Every child or young person who needs a place in an inclusion base can access one
- c. Fewer children and young people with SEND needing to travel a long way to access a suitable placement

- 
- d. Improved suitability of the mainstream estate to support children and young people with SEND, with adaptations to improve inclusivity and accessibility of the physical environment

We also welcome innovative uses of high needs capital to drive inclusion, for example, investment in assistive technology for use in mainstream settings.

Please outline your strategy for how this funding will meet the outcomes above, with reference to the core minimum requirements and other workstreams in this reform plan where appropriate. We would like to see detail around your plans to increase capacity for inclusion bases (formerly known as SEN units, resourced provision and pupil support units – SU/RP/PSUs), such as schools, colleges or early years providers identified, engagement with relevant settings and trusts, and target cohort of needs.

If your plans include increases to places in special schools or specialist post-16 institutions, please include a clear rationale, showing the need that is being met, and why it cannot be met through other types of provision, such as inclusion bases. If you are receiving additional capital funding to replace one or more planned special or AP free schools, please set out how this funding will meet need in your area, and plans for engaging relevant trusts in your sufficiency planning.

High Needs Capital Strategy (2026–2030)

High needs capital funding will be deployed to enable local sufficiency and support the DSG recovery strategy, with inclusion the default expectation across the 0–25 system. Decisions will be informed by demand forecasting and aligned to SEND and alternative provision (AP) reforms and the core minimum requirements, so that investment improves outcomes and long-term financial sustainability.

In September 2015, Shropshire opened its first 'Hub', the Kettlemere Centre, at Lakelands Academy in Ellesmere for pupils in Y7-Y11 with communication and interaction needs. It took some time for the model to have the intended impact but since September 2022, following on from the success of Kettlemere, Shropshire has embarked upon an ambitious SEND Hub (now Specialist Bases) expansion project, creating a network of LA commissioned bases to meet the needs of our SEND cohort more locally. There are now 15 Primary Specialist Bases, one EY Base and 3 Secondary bases in Shropshire. In September 2026, we will open 1 more primary base (Burford) and 2 more secondary bases (The Marches and Bridgnorth Endowed) with a further secondary base being scoped for September 2027. In addition to opening new bases, we have also committed to commissioning additional spaces at existing bases, where capacity allows. Of the 162 additional spaces being created over the next 3 years, 34 of them are at existing provisions.

Age Phase	Current number of commissioned places 2025/2026	Planned commissioned places 2026/27	Forecast commissioned places 2027/28	Forecast commissioned places 2028/29
Early Years	0	12	12	24
Primary	157	181	192	209
Secondary	70	91	110	136
Post-16	0	0	20	20*
TOTAL	227	284	334	389

* NB this figure is likely to rise but we are still at an early stage of considering what provision is needed post-16; this is therefore a conservative estimate.

The focus to date has been on primary and then secondary provision. The opening of our first EY provision in April 2026 marks the start of our EY expansion plan with post-16 provision the next focus. Post-16 plans are not yet finalised; a meeting with all mainstream post-16 providers is planned for June of this year to look at co-producing the post-16 element of our sufficiency strategy and plan.

In addition to developing LA Commissioned Specialist bases, we are continuing the work started through the Change Programme to support schools with both capital funding and training/guidance to set up their own support bases. Capital funding will support targeted adaptations to improve accessibility and inclusivity in mainstream settings, including environmental adjustments, sensory and therapy-ready spaces, reconfigured accommodation, and assistive technology to strengthen inclusive practice and reduce escalation to specialist provision. Current projects with Natalie Packer and Whole Education are supporting settings to consider what high quality provision will look like and these projects will produce case studies that will underpin national and local guidance to ensure we develop a network of support bases that are fit for purpose and in line with the SEND reforms. Our move towards locality-based working will provide opportunities for groups of local schools to work together to develop support bases and other inclusive spaces that meet the needs of CYP across their local area, particularly where creating support bases in very small schools is not an efficient use of funds.

Settings have been identified through place-planning to address geographic gaps, reduce travel distances and respond to patterns of need. Where possible, schools with space due to falling roles will be utilised but this needs to be balanced with creating provision where it is needed. In addition, we are working with the Asset Disposal Programme lead to ensure we are able to make the best use of available capital assets across the county in developing provision. Delivery will be progressed with maintained schools, academies, colleges and trusts to ensure provision is clearly defined, sustainable and integrated in mainstream

environments. Once implemented, our vision is for every CYP who requires a specialist place (inclusion base or maintained SS or academy) to be able to access one locally.

Where needs cannot be met through inclusion bases or mainstream adaptations, specialist provision remains necessary for some children. At present, a number of children have to travel excessively, including out of county and to INMSS, in order to access the provision they need. Not only does this create a financial strain on the system, it means that children are not able to be educated close to home. Over the next 3 years, we will create more specialist provision in both the north and the south of the county to reduce reliance on our provisions located within Shrewsbury. An all-through satellite provision is being explored as a possibility in St Martins (north), working in partnership with one of our specialist academies to create around 20 new specialist places. This school has been identified as a possible suitable site due to patterns of need in the north of the county and also because it is an all through school with its own swimming pool which provides the opportunity to create a provision that will meet the needs of a wide range of children with more complex needs. In addition, we are exploring potential for creating more specialist provision in the south of the county (Ludlow), utilising an existing school which may relocate. This could potentially create an additional 120-150 place special school that would meet the needs of children in the south of the county. This in turn would free up some capacity and physical space at our central special schools by relocating some children closer to home; this could provide us with the opportunity to create more bespoke provision for the small minority of children for whom our special schools cannot currently meet need and who have to access high cost OOC and INMSS provision, as well as creating much needed additional capacity where INMSS is being used due to a lack of special school places being available. AP Provision has not yet been identified as requiring capital spend in order to meet needs but if identified as doing so in the future, capital planning will be adjusted, reflecting a responsive approach.

Expanding inclusive capacity is central to the DSG recovery trajectory and has already been formally agreed by Cabinet on 19.11.26. Increasing mainstream and inclusion-based provision will reduce reliance on high-cost independent and non-maintained placements, improve local sufficiency and support more efficient use of high needs funding over time. Special and AP Schools will be located more strategically over the next 3 years to ensure there is access to a mix of provision within each local area.

Page 86

Please refer to the following attachments for further detail and supporting evidence:

- APPENDIX B: Specialist Schools and Inclusion Bases Map

9. System partner and stakeholder engagement, and co-production.

Please outline how the local area partnership plans to engage system partners and stakeholders to develop and implement the plan – include planned engagement with schools and early years settings, alternative providers, FE and post-16 providers (including those your young people attend that are not within your local area), Parents and Carers and children and young people with SEND, with reference to the core minimum requirements. Consider changing roles and responsibilities in the context of the Schools White Paper and how you work collaboratively to manage the transition. Please indicate where additional support is required to engage partners or stakeholders - senior officials at the Department for Education will be available to contribute to summer term events with education leaders and parent carer forum leaders.

The local area partnership will deliver engagement and co-production through a structured programme linked to Shropshire's Children's Transformation Programme. Engagement will include all stakeholders, including out of county settings where required, to secure shared ownership of reform, clarify responsibilities, and ensure implementation is shaped by operational experience, family feedback and local need. Meaningful co-production will be visible at all levels for both parent carers and children and young people.

This work is already underway. A series of online and in person events has brought together education leaders, local authority representatives, the ICB, health partners and PCF leaders to test the practical implications of reform, consider changes in partner responsibilities and identify priority actions for transition. The outputs informed the maturity matrix and established a shared baseline for reform planning. In parallel, targeted focus groups have been held with mainstream schools, early years settings, AP and FE/post-16 providers to gather intelligence on barriers, effective practice and implementation risks.

Surveys have been issued to settings and to parents and carers to test the feasibility and likely impact of key proposals, including the Experts at Hand offer, inclusion expectations and sufficiency planning. Responses have been reviewed alongside SENDIASS intelligence and wider local feedback to identify common themes, challenge assumptions and refine delivery priorities. This evidence has informed planning sessions, workstream design and successive iterations of the maturity assessment. We will explore how we can utilise expertise within PCF and SENDIASS to provide support and advice to settings in developing relationships with parent carers and providing early intervention to prevent escalation to tribunal.

Implementation will now move from consultation to a defined engagement cycle. Schools, settings and trusts will be engaged through existing leadership forums, locality meetings, SEND networks and targeted workshops linked to workstreams such as EAH, AP, sufficiency and inclusive practice. Parent carer engagement will continue through the Parent Carer Forum and wider participation routes, with a focus on extending reach beyond existing representatives. SENDIASS intelligence will be used as a standing source of feedback on lived experience, pressure points and communication gaps. Joint training and co-design sessions will be used where changes require shared understanding, particularly in relation to ordinarily available provision, access to support and commissioning changes.

Direct co-production with children and young people is less developed and is a year 1 priority. The partnership will establish a youth advisory group, co-produce an accessible participation approach and create regular feedback routes so CYP can influence design, implementation and review. The group will be aligned to the wider youth transformation programme so that it reflects a broader and more representative mix of mainstream experiences, alongside linked routes for children and young people in specialist provision so they can contribute in ways that are meaningful to them while remaining connected to the main group. This will remain distinct from parent voice and will be linked to governance so feedback is visible in decision-making and reported through "you said, we did" updates. An annual cycle of engagement, starting with family locality events in summer 2026, will be used to gather baseline feedback, review progress and identify actions.

A recently developed Children's Services communications plan will support this work by coordinating reform messages, updates and opportunities for involvement across the wider transformation programme. This will help ensure communication is timely, consistent and proportionate, reducing duplication and mixed messaging. The partnership will maintain continuous engagement through governance, workstream delivery and routine feedback; a newly appointed Comms Officer will provide the required additional capacity.

10. Risks and Mitigations

What are the key risks that could affect the successful implementation of your Local SEND Reform Plan, and what mitigation strategies are in place to manage these risks? Please include a maximum of 5 risks with impact and likelihood RAG for each risk. See Annex C for suggested risk matrix.

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
<p>Uneven implementation of ordinarily available inclusive practice (OAIP) and the graduated response across settings leads to postcode provision and escalation.</p> <p>Shropshire schools are funded at a lower rate than other LAs, leading to greater challenges in implementing OAIP and the universal and targeted offer; as a result, there remains an incentive to secure top up funding through GSP or EHCP, leading to an unsustainable pull on finances.</p>	Critical 4	Likely 4	Red 16	<p>Clear minimum expectations; co-produced OAIP materials and training; peer learning and SENCO networks; targeted QA/deep dives and support visits; escalation route for persistent non-engagement; publish “what good looks like” via Inclusion Quality Mark, QA of top up funding where provided.</p> <ul style="list-style-type: none"> • Mitigation owned by WS1 	Amber/Red 12
<p>Experts at Hand Offer cannot operate at scale due to constrained workforce capacity (EP/SALT/OT/mental health) or unclear service standards.</p>	Critical 4	Unlikely 2	Amber/Red 8	<p>SLA/MOU with ICB setting scope, triage and response standards, prioritisation and escalation; blended delivery (consultation, group delivery, targeted interventions) to maximise reach; joint workforce plan and recruitment/retention actions; commission additional capacity where feasible; weekly capacity and backlog reporting with escalation through ICB place governance if standards missed.</p> <ul style="list-style-type: none"> • Mitigation owned by WS2 <p>EP recruitment has been priorities with specialist posts that easier to recruit to been agreed. More Assistant and Trainee EP posts being built into the structure.</p> <ul style="list-style-type: none"> • Mitigation owned by WS3 	Amber/Green 4
<p>Local capacity (inclusion bases, outreach, AP) takes time to create; reliance on independent/out-of-area placements and travel costs continues in the short term.</p>	Moderate 3	Possible 3	Amber/Red 9	<p>Staged sufficiency plan (quick wins, medium build, longer-term capital delivery); transparent place planning principles and travel impact assessment for expansions; repatriation plans and strengthened commissioning/contracting; increase inclusion base and mainstream adaptation capacity; AP recommissioning with clear reintegration pathways.</p> <ul style="list-style-type: none"> • Mitigation owned by WS2 and new EIG/SSB 	Amber/Green 6

EHCP timeliness and quality improvements do not sustain ('stick') as demand rises and partner advice remains delayed or inconsistent.	Critical 4	Unlikely 2	Amber/Red 8	Sustain recovery into BAU with clear workflow and QA; 'right evidence first time' standards and advice templates; agreed partner advice timescales and escalation; monthly performance rhythm; strengthen annual reviews and transitions; use EAHO and OAIP to improve upstream evidence and reduce avoidable statutory requests. <ul style="list-style-type: none"> • Mitigation owned by WS3 	Amber/Green 4
Engagement and co-production does not reach under-represented families or children/young people, reducing trust and the ability to adapt services based on lived experience.	Critical 4	Possible 3	Amber/Red 12	Participation plan with targeted outreach and accessible formats; resourced PCF engagement; establish a representative CYP Forum with safeguarding/consent and clear routes into governance; "you said, we did" reporting; use SENDIASS insights and mediation themes to target improvement. <ul style="list-style-type: none"> • Mitigation owned by WS1 	Amber/Green 4
Poor understanding of unit costs, lack of oversight of spend and poor financial planning results in continued overspend of HN block and an unsustainable system.	Critical 4	Unlikely 2	Amber/Red 8	Working with DfE financial advisor to develop sound financial planning. Peer support such as that provided by Wakefield around specialist sufficiency, statutory timescales and banding document ensures development of a less reactive system, allowing financial decisions to be made strategically. <ul style="list-style-type: none"> • Mitigation owned by WS2 and WS3. 	Amber/Green 4
ICB Changes – unknown impact on capacity.	Moderate 3	Unlikely 2	Amber/Green 6	ICB already work well with us strategically and there is clear commitment to maintaining this; refreshed commissioning workstream and the EAH Steering group will monitor performance and flag any risks and any challenges will be fed back through QAG to the PB. <ul style="list-style-type: none"> • Mitigation owned by WS2 and new EAH Steering group 	Green 3

11. Dependencies

Please detail the key areas of the local area partnership's proposed SEND future state and roadmap that may be impacted by wider reforms nationally and locally and outline how you will manage these. We expect these will include but not be limited to:

- NHS reforms
- Local Government Re-organisation
- Reforms to Children's Social Care
- Best Start in Life, including Family Hubs
- Best Start In Life Strategy
- Curriculum and Assessment Review

Delivery of Shropshire's plan depends on several reforms and programmes outside the direct control of the SEND Partnership. These dependencies will be managed through one programme plan, one RAID and dependency log, named owners, clear timescales and agreed escalation routes. The PMO will update the log weekly, chase overdue actions and issue a monthly highlight report setting out status, slippage, decisions required and impact on milestones. QAG will review dependencies and linked risks at each meeting, agree corrective action and escalate unresolved issues to the SEND Partnership Board, Children's Transformation governance or ICB governance where required. Any dependency that threatens a quarter-end milestone will trigger an exception report and recovery plan within 10 working days.

***NHS reforms and ICB change** are a critical dependency for Experts at Hand, waiting times and the timeliness and quality of statutory health advice. To manage this, the partnership will agree a joint LA-ICB workforce plan covering therapy, psychology and specialist practitioner capacity, with named leads and monthly review of vacancies, commissioned capacity, sessions available and priority gaps. A single triage route will be established for EAH requests and statutory advice, with agreed response standards, prioritisation criteria and urgent escalation routes. Delivery will use a blended model of consultation, group training, targeted intervention and statutory contribution so that specialist time is used consistently across the system. Weekly monitoring will cover capacity against demand, health advice timeliness, open backlog and use of commissioned capacity. If standards are missed for two consecutive cycles, the SRO will escalate to ICB Place leadership and require a joint recovery plan with actions, timescales and named owners.*

***Local Government Reorganisation and Children's Social Care reform**, including Family Help, create dependencies in pathways, thresholds, workforce availability and management capacity. SEND reform will therefore sit within the wider Children's Services Transformation portfolio, with one RACI, shared programme support and aligned milestones across SEND, Best Start in Life, Family Help and participation work. A monthly stop-start-continue review will identify duplication, re-sequence activity and protect critical milestones. Where staffing in key delivery roles falls below minimum safe capacity, transformation funding will be used to backfill priority functions and QAG will consider pausing lower-impact activity.*

***Best Start in Life and Family Hubs** are a key dependency for earlier identification, locality engagement and demand moderation. SEND pathways will be built into Family Hub arrangements through a clear front door for advice, consistent referral routes into early years support and EAH, and locality-level feedback loops using "you said, we did". Hub-level demand, repeat contacts, waiting times and referral conversion rates will be monitored, with additional support targeted to localities showing sustained pressure or under-representation of families and young people.*

***The Curriculum and Assessment Review** may affect attendance, behaviour and identification practice. To reduce variation, the partnership will use OAIP expectations and the Inclusion Quality Mark as the operational baseline. The EQA team will use attendance, exclusion, escalation and EHCP request data to trigger targeted QA visits and deep dives, with clear follow-up actions, peer support and escalation where settings do not engage.*

***Data, finance and sufficiency dependencies** will be managed through tighter controls. A KPI dictionary will set out agreed definitions, reporting dates and named owners. Reporting will be automated where possible and supported by a monthly insight summary. Financial dependencies will be managed through phased investment gates, unit-cost baselines, placement oversight and explicit tracking of cost avoidance. The sufficiency programme will operate through short-, medium- and long-term phases, including repatriation planning, while local capacity is developed.*

Section 3 – Monitoring and Evaluation

12. How will the local area partnership know delivery is on track?

Please set out how you will monitor and track progress referencing:

- **Monitoring tools and processes** - the specific tools, systems, and data you will use to track delivery milestones and measure the impact on outcomes.

Some Local Area Partnerships hold data in a central SEND operational dashboard. This is used by teams on a weekly basis to identify trends in demand or inform conversations with local school or setting leaders.

In some Local Area Partnerships, a view of the Key Performance Indicators (KPIs) is reviewed monthly by a SEND Board to take decisions on prioritisation, resourcing and delivery of services informed by regular data.

Please set out how you will use data to track demand (e.g., EHCP applications for assessment), Service delivery (e.g., Speech and Language Specialists deployment; places created), Service quality (e.g., parental satisfaction) and outputs (e.g., pupil attendance; pupil exclusions)

- **Feedback and adaptation mechanisms** - what feedback loops and stakeholder input you will use to review progress and adjust your approach.

The Local Authority and ICB will act as joint accountable partners in monitoring and evaluating delivery, using shared data, quality assurance and lived experience to review impact and drive improvement. The local area partnership will keep delivery on track through a single performance management framework bringing together quantitative data, quality assurance and lived experience to support improvement, not just report activity. A partnership dashboard will be the core tool for monitoring delivery against reform milestones, success measures and agreed outcomes. It will include a focused set of priority outcome measures, each with baselines and trajectories, so the partnership can judge clearly whether reform is making a tangible difference. These will include the following headline metrics:

- EHCP timeliness: from 20% to over 90% by end of 2028/29
- SLCN and ND waiting list times will be at agreed targets
- SEND attendance: improving year on year to at least in line with statistical neighbours
- INMSS placements: stabilising at no more than 9% of the EHCP cohort
- EAHO reach: children accessing EP, SLT and OT support increasing by at least 10% each year for the first three years
- Parent carer and CYP satisfaction: measures established in year 1 and improving annually thereafter

The dashboard will combine lagging indicators, such as attendance, placement profile and spend, with leading indicators, such as referral volumes, waiting times, QA findings, complaints themes and escalation patterns, so pressures can be identified early. Data will be reviewed monthly at operational level and quarterly through partnership governance, with analysis by locality, phase and cohort to test equity across Shropshire's rural geography. Where metrics or feedback indicate deterioration, this will trigger a defined response: immediate review of the issue, identification of contributory factors, targeted support and improvement actions, named accountability, and follow-up through the next reporting cycle. Escalation routes through governance will be used where progress is not secured.

Quality assurance will form the second strand of the framework. In year 1 the partnership will implement a co-produced QA cycle, overseen by the EQA Team and reported through QAG. This will include multi-agency audit of EHCPs and SEND support plans, thematic reviews of inclusion practice, transitions and health contributions, and peer review across settings. QA will look not only at the technical quality of plans, but also at communication quality, parent partnership, early resolution practice and the extent to which support is helping to prevent escalation. In schools and settings, monitoring will provide both challenge and support, helping to build capacity for improvement rather than simply identifying underperformance.

Lived experience will form the third strand of monitoring. Parent carers, children and young people will provide regular feedback through surveys, Big Listen activity, co-production forums, PCF and SENDIASS. SENDIASS will contribute intelligence, thematic interpretation and learning about where communication, expectations or relationships are driving escalation. Qualitative evidence from families, PCF, children and young people and SENDIASS will be considered alongside quantitative data in decision-making, so the partnership responds to the whole picture, not metrics alone. Governance will provide accountability through a single delivery plan with milestones, trajectories, named leads and clear oversight arrangements.

Reporting to DfE

Using the attached data template, the local area partnership is required to provide quarterly data returns to DfE against selected key metrics. DfE will, in turn, provide quarterly data reports with visualised analysis and benchmarking that will support your local delivery, monitoring and evaluation. This will include data the department holds on **Attendance**, **Exclusions**, and **Unauthorised absence**.

Please use the attached data template to upload your initial data return to DfE.

- **Appendix K: Shropshire Local SEND Reform Plan Data template**

Section 4 – Governance

13. How will the local area partnership ensure delivery of plans remain on track?

Please outline the governance structures in place to oversee delivery. Clearly set out who is responsible for overseeing reform delivery, what each governance group or individual is accountable for, and how these arrangements ensure progress is monitored and decisions are made transparently. Please identify where the named SRO for the Local SEND Reform Plan sits within the governance structure and ensure your response incorporates the core minimum requirements.

Shropshire's SEND Reform Plan will be delivered through a single partnership governance framework, with the Local Authority and ICB providing joint strategic leadership, shared accountability and aligned decision-making across education, health and care. This is central to our reform approach, reflecting our commitment to one prioritised plan, collective responsibility and an integrated system capable of delivering sustainable improvement for children, young people and families.

Governance Mechanism <i>This may be a governance group, or an individual (e.g. SRO).</i>	Purpose/ Responsibilities <i>What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?</i>	Membership <i>Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).</i>	Cadence <i>How regularly does this governance mechanism meet?</i>	Decision Rights <i>What decisions can this governance mechanism make?</i>	Escalation Route <i>Where can this governance mechanism escalate issues or decision to?</i>
Children's Ambition Board	Strategic Partnership Board driving ambitious outcomes for children and families. It provides strategic oversight of the wider children's transformation programme and ensures SEND reform remains aligned to broader partnership priorities for children and families.	<ul style="list-style-type: none"> • Chair: CEO (SC) • Director of Children's Services • Service Director Children and Young People • Families First Partnership Strategic Lead • Leader or Representative of Lib Dem Group (SC) • Leader or Representative of Lib Dem Group (SC) • Leader or Representative of Reform Group (SC) • Leader or Representative of Labour Group (SC) • Leader or Representative of Green Party (SC) • Chair of People Overview and Scrutiny Committee • Principal Social Worker (SC) • Ambassadors for Vulnerable Children and Young People • Scrutineer for Children's Safeguarding Partnership • Executive lead for safeguarding, Integrated Care Board 	Every 2 months	Strategic Decisions	Top Layer of the Governance Structure

		<ul style="list-style-type: none"> • West Mercia Constabulary • Chief Officer Shropshire VCS Alliance – Community Resource • Chief Officer Shropshire VCS Alliance - Energize • Headteacher rep • Legal Representation • Youth Services Team Manager • Programme Manager • Performance & Improvement Manager • Clark 			
Health and Wellbeing Board	<p>The Health and Wellbeing Board provides strategic alignment in relation to health, wellbeing and inequalities.</p> <p>It acts to ensure that key leaders from health, care and the voluntary and community sector work together to improve health and wellbeing and reduce inequalities.</p>	<ul style="list-style-type: none"> • Co-Chairs – ICB/Portfolio Holder for Health. • VCSE • Partners in Care • RJAH • STWCH • MPFT • West Mercia Police • WMAS. 	At least quarterly	Statutory decisions re. JSNA, Pharmacy Needs Assessment, Better Care Fund, development of Health & Wellbeing Plan. Takes strategic decisions	Reports to Full Council as required, overseen by HOSC.
Education Partnership Board	<p>The Education Partnership Board aims to support excellent education for all children and young people across Shropshire by fostering collaboration, sharing best practices, and ensuring that the voice of education is heard in decision-making processes.</p> <p>This is a new job that has not yet been formally set up.</p>	The board will consist of representatives from various educational institutions, including maintained schools, representatives from academies, FE and Early Years, and other educational providers. The board will include representatives from the dioceses, and the Department for Education. Membership will be reviewed annually.	Termly	Strategic decisions	Children's Ambitions Board
IMPACT Board	<p>This is a tactical level board to bring participation, engagement and co-production to life across Shropshire.</p> <p>It has a mission to ensure that the voices of children, young people and their families influence decisions.</p>	<ul style="list-style-type: none"> • Assistant Director for Children's Services Reforms (Chair) • Operational Manager Early Help • Shropshire Youth Support Team Manager • Youth Participation Lead • Early Help SEND Lead • Childrens Placement Service Youth Worker • Principal IRO • All About Youth (VCS) • PACC (VCS) • FIS and Local Offer • DSCO 	Monthly	Decisions on how we will seek to deliver the core functions set.	Ambitions Board

		<ul style="list-style-type: none"> • Stepping Stones Senior • DCT Team Manager • Autism Commissioning Officer • Participation Officer – CLA • Lead Education Officer – CLA • Principal Social Worker • Young Carer Lead • DH Virtual School (LA) • LCT - Academies • Co-Production Lead (LA) • Team Manager Adoption Support • Social Work Manager - Assessment Team • Shrewsbury College • Residential Quality Lead • MPFT <p>DCO</p>			
<p>SEND and Inclusion Partnership Board</p>	<p>The SEND and AP Partnership Board is the principal programme governance forum for the SEND Reform Plan.</p> <p>It oversees delivery against the plan, reviews milestones, performance and risks, approves key delivery and commissioning decisions, agrees corrective action where progress is off track, and maintains oversight of jointly commissioned priorities and outcomes.</p>	<p>CORE MEMBERSHIP</p> <p>Co-Chairs</p> <ul style="list-style-type: none"> • Director of Children's Services (LA) • Chief Nursing Officer (ICB Executive Lead for SEND) <p>Parents Lived Experience</p> <ul style="list-style-type: none"> • Shropshire Parent and Carer Council (PACC) • SENDIASS Manager <p>CYP Lived Experience</p> <ul style="list-style-type: none"> • TBC <p>Strategic Health and Care</p> <ul style="list-style-type: none"> • Director of Adults Social Services (DASS) • Director of Public Health (DPH) <p>Commissioning Representatives</p> <ul style="list-style-type: none"> • Director of Strategic Commissioning (ICB) • Service Director Commissioning <p>Business Intelligence and Data Insights</p> <ul style="list-style-type: none"> • Business Intelligence and Insight Manager (LA) • ICB Lead <p>Co-Chairs of the Quality Assurance Group (QAG)</p> <ul style="list-style-type: none"> • Assistant Director of Children's Services Reforms <p>Associate Director of Nursing and Quality (Priority Populations) SRO SEND</p> <p>ASSOCIATE MEMBERSHIP</p> <p>Education Representatives</p> <ul style="list-style-type: none"> • (16-25) Vice Principal Shrewsbury College • (16-25) Director, Finance and Client Services, Derwen College 	<p>Hal termly</p>	<p>Strategic Decisions</p>	<p>Children's Ambitions Board</p> <p>Health and Well being board</p>

		<ul style="list-style-type: none"> (Secondary and Multi Academy Trust) Headteacher (Secondary and Single Academy Trust) Headteacher (Primary phase Trust, Trust includes SEND Hubs) CEO (Primary Federation, includes SEND Hubs) Executive Headteacher (Mixed phase Trust, includes Woodlands special school) CEO (Mixed phase Trust, includes Severdale special school) Director of SEND <p>Health and Social Care Representatives</p> <ul style="list-style-type: none"> SCHT Clinical and Care Director, Shropshire MPFT <p>Social Care Representatives</p> <ul style="list-style-type: none"> Service Director - Children and Young People <p>Observers</p> <ul style="list-style-type: none"> DfE Representative DfE SEND Reform Delivery Lead Improvement and Transformation Lead, Vulnerable Children's Unit 			
Quality Assurance Group (QAG)	<p>QAG provides routine performance oversight and assurance to the SEND and AP Partnership Board.</p> <p>It triangulates quantitative data, audit evidence and lived experience to assess progress, identify variation, challenge underperformance and escalate concerns.</p> <p>It assures whether reform activity is changing practice and outcomes, not just whether activity has taken place.</p>	<p>Chair: (AD Children's Services and SRO) Deputy Chair: [Associate Director of Nursing and Quality Priority Populations, ICB SEND SRO]</p> <ul style="list-style-type: none"> EHCP Team Manager, Head of Virtual School and Access to Education, Head of Education Quality and Safeguarding, Principle EP and Preventative Lead, SEND Transformation Lead. ICB SEND Senior Responsible Officer DCO (or deputy), Relevant provider representation from health as required DSCO Commissioning: TBD Data/insight/analytics representation: TBD Senior Integration Development Officer <p>Additional attendees: subject matter experts and provider representatives invited depending on agenda (e.g., early years, post-16, therapies, AP, relevant children's disability / transitions leads).</p> <p>Co-production routes (standing input): Children, Young People and Families are engaged and/or specialist groups when the theme relates to an area of interest.</p>	Monthly	Check and challenge Decided what needs to be escalated Operational decisions	SEND and Inclusion Partnership Board
Workstream 1: Inclusive Practice	Develop a continuum of high-quality local provision in	<ul style="list-style-type: none"> Senior EQA for SEND and AP, Chair Lead for Access to Education, Vice Chair 	Every 6 weeks	Operational decisions	QAG

	<p>Shropshire across education, health and social care to better meet the needs of children and young people with SEND and those requiring AP.</p> <p>Named workstream leads are accountable for delivery of agreed milestones, risks, dependencies, performance measures and partnership actions within their area.</p>	<ul style="list-style-type: none"> • Head of Virtual School and Access to Education • PACC • SENDIASS • Education Quality Advisor, Shropshire Council • Designated Social Care Officer – SEND • Designated Clinical Officer - SEND • Senior EP • Commissioning Officer for SEND • Early Help Representative • Nursery representation • School age representation - primary • School age representation - secondary • Post 16 representative • Special School representation • SURP representation • TMBSS 		<p>Agree actions to meet the needs of intended outcomes</p>	
<p>Workstream 2: Commissioning and Quality</p>	<p>Provide strategic oversight of commissioning, quality assurance and service improvement across the SEND system, with active input from the ICB SEND Lead, so that education, health and social care services are planned, delivered and reviewed in a joined-up way.</p> <p>This workstream supports joint accountability between the Local Authority and ICB through shared oversight, reporting and delivery management.</p>	<ul style="list-style-type: none"> • SEND Transformation and Inclusion Lead / relevant strategic commissioning lead, Co-Chair • ICB Commissioning Lead, Co-Chair • Shropcom Children's Services Lead (or other health provider representative), Vice Chair • Commissioning representatives from education, health and social care • ICB SEND Lead • SEND service leads relevant to commissioned provision and quality assurance • Designated Clinical Officer / health SEND representative • Designated Social Care Officer / social care SEND representative • Education Quality Assurance / performance and improvement representatives • Finance / sufficiency / placements representatives, as required • PACC • SENDIASS • School and provider representation, including mainstream, special and post-16 • Other partners or subject matter leads invited according to the agenda and priorities 	<p>Monthly</p>	<p>This group can make decisions related to the execution of commissioning strategies approved by the SEND and Inclusion Partnership.</p> <p>They can make decisions about the integration of shared systems to understand need, developing services, monitoring them and reviewing them to provide influence to the SEND and Inclusion Partnership.</p>	<p>QAG</p>
<p>Workstream 3: EHCP Quality and Timeliness</p>	<p>Ensure partnership action to improve the timeliness and quality of Education, Health and Care Plans. This group</p>	<ul style="list-style-type: none"> • EHCP Team Manager, Chair • Associate Designated Clinical Officer, Vice Chair • PACC 	<p>Monthly</p>	<p>This group makes proactive, process-oriented decisions aimed at preventing</p>	<p>QAG</p>

	<p>is responsible for interrogating the data, taking rapid action to improve EHCP timeliness, and contributing to the programme's routine assurance and escalation cycle through regular reporting to QAG.</p>	<ul style="list-style-type: none"> • SENDIASS • Education Quality Advisor, Shropshire Council • Designated Social Care Officer – SEND • Senior EP • Adult Social Care Representative • Early Help Representative • Nursery representation • School age representation • Post 16 representative • Special School representation • Parent Carer group representation 		<p>defects and ensuring services meet established standards.</p>	
--	--	---	--	--	--

Please refer to the following attachments for further detail and supporting evidence:

- APPENDIX L: Governance Chart
- APPENDIX M: TOR SEND and Inclusion Partnership Board

Section 5 – Central Government Support

14. How can we help you?

Please outline any practical support you need from central government to implement your plan effectively.

This may include:

- Access to specialist expertise or advisory support
- Help with workforce development or recruitment challenges
- Tools or templates to support data collection, reporting, or evaluation
- Facilitation of peer learning or regional collaboration
- Support with system-level coordination across education, health, and care
- Guidance on navigating regulatory or policy barriers

Page 99

- *For the Department for Education (DfE) to understand that funding calculations are based on demographics rather than demand, and that there must be flexibility in funding arrangements to allow areas to target specific needs.*
- *Support with multiagency auditing to develop an effective Multi-Agency Audit system that drives quality assurance (currently working with Wakefield on sector-led improvement work).*
- *Further work and investment required to develop the infrastructure needed to create and align dashboards and datasets, and to align reporting to the Outcomes Framework for measuring impact.*
- *Support to improve systemwide sharing and interpretation of data, including transparency with partners, to facilitate shared planning and decisions.*
- *Support to develop internal specialist support capacity so schools can access timely expertise for assessment, evidence gathering, and implementation of inclusive practice.*
- *Support to strengthen joint commissioning across partners and improve alignment of commissioning and workforce planning for sustainable services.*
- *Support to improve the timeliness of waiting times for any service offer, including ECHNAs, Annual Reviews, Early Years support via the CDC, and health waiting lists.*
- *Support to further develop the post-16 offer for young people.*
- *Support to embed a shared, systemwide understanding of ordinarily available provision and tiered support, ensuring clarity and consistency across the system.*
- *Support to improve mental health services for the SEND community, including neurodivergent children and young people, as part of wider inclusion and partnership improvement activity.*
- *Support to continue sufficiency work with Wakefield, focusing on understanding universal, targeted, and specialist capacity to meet outcomes.*
- *Support to ensure our data lines up with DfE's published data and to understand where there are discrepancies*

This page is intentionally left blank

People Work Programming Discussion: Topics Identified on 09.06.2026

DRAFT

Topic	Approach	Date
<p>Single Transformation plan for Children:</p>	<p>Start with a programme of briefings to increase Member understanding and knowledge.</p> <p>Identify the most appropriate approach to enable this topic to be explored – e.g. whole committee working over a period between committees to confirm findings and recommendations at a full committee meeting.</p>	<p>Briefings to start July 2026.</p> <p>Whole committee working during October/November to culminate at the January meeting of the Committee</p> <p>Progress update against the programme/plan to committee April 2027.</p>
<p>Transformation Plan for Adults</p>	<p>Member briefing on the developing Transformation Plan</p> <p>Committee to identify possible topics and focus for further consideration where value can be added, following the briefing</p>	<p>Briefing of the developing plan July 2026</p> <p>Opportunities for the committee to contribute and add value to be identified following the briefing and with an understanding the programme timelines</p>
<p>Continuous Improvement Self-Assessment</p>	<p>Member briefing</p>	<p>Briefing in June/July 2026</p>

Child friendly Shropshire - Education Skills and Employment	Member briefing	Briefing in September
Quarterly performance report adults	Report to committee	Standing item
Quarterly performance report children's	Report to committee	Standing item
Youth strategy-follow up review of progress including- Involving the voice of young people in Overview and Scrutiny	Report to committee	21/10/2026
All Age Autism Strategy 2025-2030 12-month review following Cabinet decision	Report to committee	October/January meeting
Telecare 12-month review following Cabinet decision and call in	Report to committee	October/January meeting
Children's Reforms Follow up on progress from 14/01/2026	Report to committee	January/April meeting

Child Exploitation Update/review following T & W enquiry	Member briefing	January/April meeting
Market management	Member briefing	tbc

This page is intentionally left blank