Shropshire: Maturity Matrix Assessment Tab

Pillar 1: Co-production with parents and carers and children and young people
Current RAG: 2 Developing

Strengths/Successes/Progress

There is clear evidence that co-production with parents and carers has been significantly strengthened in recent years, particularly through the Parent Carer Forum (PCF) and targeted improvement activity such as PINS, CAMHS commissioning and work on short breaks provision. Strong frameworks and structures are in place, and the PCF is active, contributes regularly, and has supported the co-production of key elements such as the outcomes framework, with growing engagement from partners; however, practice is not yet consistently embedded across the whole system a recent thematic review identified that children and young people's co-production operationally and strategically needs to be improved. SENDIASS complement PCF co-production by providing impartial systemic insight from casework themes, including recurring barriers affecting SEND Support families, to help inform co-production priorities alongside structured engagement activity. While co-production with children and young people is evident at an individual level in areas such as Shropshire's children and young people's social prescribing service and within Education, Health and Care Plans, there remains an opportunity to further strengthen co-production with children and young people at a strategic, partnership-wide level.

There are positive examples of children and young people becoming involved in specific workstreams, such as the development of the ND workstream animation and emerging youth participation approaches such as Hear by Right and CAMHS STW (BeeU) led engagement, although this is less established and less consistent than parent and carer voice. Outcomes-focused thinking is beginning to shape decision making, with integrated impact assessments and service-specific work demonstrating movement towards outcomes-driven practice, even though this remains variable across services. Shropshire has co-produced and launched a co-production framework, setting out shared principles to support system improvement. The LGA SEND Peer Challenge (Feb 2026) recognised a dedicated Parent Carer Forum that is highly valued by the partnership , but recommended the importance of resetting and strengthening relationships as there were challenges embedding co-production into meaningful change that influences partnership work. A Youth Offer/Youth Transformation lens reinforces the need to use Local Youth Transformation Partnerships (LYTPs) to coordinate children and young people's participation and co-production, sustain engagement through youth work (including with seldom heard groups), and strengthen feedback loops ("you said, we did").

Gaps/Issues to Address

Despite progress, co-production is not yet systematic or consistently meaningful across the partnership. Practice is stronger and more established in education than in health and social care strategic decision making. Contributions are not always clearly linked to demonstrable impact, and feedback loops ("you said, we did") are underdeveloped. Children and young people's voice is not yet consistently embedded and is less well developed than parent and carer participation, with involvement often ad hoc, service-specific, or dependent on individual cases rather than routine, partnership-level structures (including gaps for children without EHCPs and those on SEND Support). In Shropshire SEND, "seldom heard groups" refers to children, young people, and families who are least likely to be included in usual engagement

processes. There is an explicit commitment to improving how these groups are identified and engaged, to ensure meaningful participation in co-production and decision-making; this includes further clarifying the definition and its practical application and ensuring all relevant groups across SEND are appropriately represented. There are some accessibility barriers around meetings including meeting timetabling, lack of clarity around anticipatory duties, and uncertainty about how training needs for partners should be identified and addressed.

Focus Areas for Improvement

- Priority should be given to ensuring what the expectation is in terms of co-production for example where time allows the expectation from the SEND and Inclusion Partnership should be that co-production should be embedded into service developments – this is particularly important from a children and young people's perspective where their views are critical to improving their lives.
- Strengthening feedback mechanisms so that families and children can clearly see how their views influence decisions is essential. This should include strengthening evidence of co-production impact and communicating it more clearly. A shared definition and mapping of underrepresented groups and a more deliberate, inclusive approach to identifying and engaging them needs to be developed.
- Further work is needed to fully embed the outcomes framework as the spine for monitoring, performance management and decision making, supported by measurable impact data over time and triangulated with lived experience and audit evidence – going forward, QAG will drive this work.
- The IMPACT Board provides a mechanism for developing a more coordinated, system-wide approach to CYP participation – including leadership capacity, alignment with Hear by Right, and consistent use of accessible engagement tools – will be critical to moving from emerging and developing practice towards a more mature, sustainable model of co-production.
- Embed a simple mechanism for SENDIASS to share quarterly systemic themes through governance, so recurring casework issues inform co-production priorities and improvement actions alongside PCF intelligence. Create a template and mechanism for feedback so that it will feed directly into the outcomes framework and data dashboard to provide us with both quantitative and qualitative information This will support triangulation of lived experience and strengthens accountability and learning loops.

Support needs

- Clarity from DfE around how we broaden the scope of parent carer engagement within the guidance around working with the named and delegated PCF from Contact.

Pillar 2: Effective system leadership and governance
Current RAG: 2 Developing

Strengths/Successes/Progress

There is clear evidence that the partnership is actively addressing system leadership and governance through significant review and redesign activity. Improvements have strengthened leadership and governance (particularly from the local authority perspective) over the past two years, including a permanent leadership restructure. SEND and AP governance arrangements, including board membership and quality assurance, are being reset to improve clarity and effectiveness, recognising previous areas for improvement; however, arrangements are not yet consistently understood or operating effectively across the whole system. Leaders across education, health and social care are increasingly engaged in regional and national networks, including regional SEND, AP, commissioning and DCO/DSCO forums, supporting shared learning and early improvement.
The LGA SEND Peer Challenge (Feb 2026) noted strong corporate and political support, with engaged elected members, and highlighted SEND and AP Board co-chairing (DCS and ICB Chief Nursing Officer). It also recommended reviewing Partnership Board membership and reporting lines and developing a single performance dashboard reviewed regularly – this has already been implemented and was commented upon favourably in the recent Thematic Review. Data is being gathered across workstreams and performance information from education, health and social care is available, indicating a growing commitment to evidence-informed decision making, even where this is not yet fully embedded. There is an opportunity to ensure that the Youth Transformation reinforces the importance of connecting LYTP delivery to ensure that SEND children have the ability to be part of decision-making routes. The thematic review also noted the following strengths: Leaders and staff are knowledgeable committed and reflective; education settings report a noticeable improvement; the local offer is well understood by staff; some examples of inclusive and improving practice were identified including support for speech and Language, EBSA , Outshine and training. CAHMS when in place is good; EHCP recovery is being prioritised

Gaps/Issues to Address

Governance arrangements are currently being reviewed and enhanced further and this process is supporting partners to gain clarity on their roles to influence both operational and strategic planning; however, this is not yet fully embedded or consistently understood across the system. Structural change, interim leadership roles, and significant transformation within the ICB have limited stability and collective confidence in decision making. Consultation is ongoing with roles and responsibilities evolving as part of the health restructure. Although data is collected, there is growing evidence that it is used to drive planning, prioritisation and improvement, and there remains a need to shift from the retrospective use of data towards proactive, insight-led decision-making to inform planning and service improvement.

Priorities and Support Needs

- **Key priorities**
  Embed SEND and AP governance arrangements so roles, decision making routes and accountability are clearly understood across the system.
- Strengthen strategic planning cycles and accountability arrangements, including clearer mechanisms for delivering and evidencing impact and co-production and feedback loops at a strategic level so engagement consistently informs decisions (“you said, we did”).
- Develop schools’ understanding of their commissioning roles, and strengthen joint commissioning across partners.
- Shift from retrospective use of data towards proactive, insight-led decision-making to inform planning and service improvement.

- Ensure clarity and consistency of ordinarily available provision (OAP) across the system Strengthen internal specialist support capacity so schools can access timely expertise for assessment, evidence gathering, and implementation of inclusive practice.
- Improve alignment of commissioning and workforce planning to ensure services are sustainable, appropriately resourced, and support inclusion and reintegration pathways.
- Align the data dashboard to the outcomes framework.
- Prioritise timeliness of waiting for any service offer including ECHNAs, Annual Reviews , EY support via the CDC, and health waiting lists
- Further develop the post-16 offer

Support needs
DfE to recognise that Funding calculations are based on demographics and not by demand. Our pace is compromised by not being given the funding we need to meet the demand in the system. As a local area we need understanding that there needs to be flexing the funding arrangements to allow areas to target need.

Pillar 3: Accurate understanding of needs and experiences of children and young people through effective use of quantitative and qualitative data
Current RAG: 2 Developing

Strengths/Successes/Progress
There is a growing body of quantitative data available across education, health and social care, including EHCP, early years, health contracts and social care data, which provides a developing picture of levels of need and demand. The JSNA contains wide-ranging data and demonstrates technical strength in analysis, and some services routinely use data to inform contract management and service-level decision making. Qualitative data is also being gathered through mechanisms such as multi-agency case audits, lived experience activity, and service-specific engagement. Since the LGA SEND Peer Challenge (Feb 2026) a single dashboard has been developed to bring together multiple data sets for regular Partnership Board and workstream review. The review recognised the SEND JSNA as a strong foundation for strategic planning, performance discussions and commissioning, with an opportunity to make more routine use of this intelligence in governance and decision making.

Gaps/Issues to Address
A significant issue to address is that a large amount of data sits outside of key systems and systems do not integrate/speak to each other. Data is available and there is growing evidence that it is consistently or systematically used to inform strategic planning, commissioning or partnership-level decision making but the lack of an integrated system poses significant challenges. JSNA intelligence, while strong, is not routinely applied to SEND strategic priorities, and qualitative data is often collected but not revisited or used to answer diagnostic questions. Data analysis tends to remain descriptive rather than analytical, with limited ability to triangulate need, provision, lived experience and outcomes or to understand risk across cohorts. There are also challenges with the timeliness and usability of key datasets, particularly EHCP-related data, which restrict the partnership's ability to respond proactively. Significant gaps remain in understanding and tracking outcomes and destinations for young people post-16 and post-18 (including 18–25), limiting the partnership's ability to evaluate impact and plan effectively for preparation for adulthood. Understanding of specialist provision quality, sufficiency and

placement patterns is uneven, with capacity constraints limiting routine quality assurance and oversight, particularly for less complex cases and health provision within education placements.

Priorities and Support Needs

The partnership needs to strengthen how data is actively used to drive strategic decision making, moving from collection and reporting towards deeper analysis that informs commissioning, sufficiency planning and improvement priorities. The Outcomes Framework should be used as the spine for data analysis, performance management and governance discussions, bringing together quantitative data, qualitative lived experience and audit evidence to evaluate impact. Further work and investment is needed to develop the infrastructure required to create and align dashboards and datasets (e.g., LAP data dashboard and statutory service data), and to align reporting to the Outcomes Framework in order to measure impact. Greater alignment is required between quantitative datasets and qualitative intelligence, including lived experience and case reviews, so that data meaningfully shapes understanding of need and service impact. Improving the timeliness and accuracy of EHCP and placement data will be critical. There is also a need to improve systemwide sharing and interpretation of data, including transparency with partners, to support shared planning and decisions.

Key priorities:

- Integration of data systems –this needs fully scoping and costing as a priority. Strengthen how the partnership tracks and understands the experiences of SEND children, young people and families in Shropshire over time (including lived experience feedback loops), and how this intelligence is used alongside quantitative data to shape priorities and improvement.
- Introduce a consistent approach to capturing and reporting family experience by structuring SENDIASS systemic casework themes and feeding them into outcomes monitoring alongside lived experience activity and case audits, to strengthen triangulation with performance data.
- Move from data collection to consistent, strategic use of data to inform commissioning, sufficiency planning and improvement priorities.
- Strengthen triangulation of quantitative data with qualitative intelligence, including lived experience and case audits.
- Improve understanding of placement quality, sufficiency and health provision within education placements.

Support needs

- Support with multiagency auditing to develop an effective MA Audit system that drives QA (currently working with Wakefield on sector led improvement work)

Pillar 4: High quality service delivery at universal, targeted and specialist levels to promote inclusion

Current RAG: 2 Developing

Strengths/Successes/Progress

There is evidence of growing awareness and improving practice around inclusive provision, particularly in parts of the system supported by targeted programmes such as ELSEC, PINS, APST and early years support services. There is also evidence of excellent inclusive practice in some schools and settings, which provides a strong foundation to build on. SENCO networks and professional forums are more established and better attended, supporting collaboration and shared learning across schools, although reach and consistency varies. The Inclusion Pathway, Integrated Practitioner Panels, Graduated Support Pathway and Early Years Advice and Guidance Forum provide challenge and support for schools and settings, promoting inclusion and the ordinarily available offer (both the local authority and health documents) as well as signposting to targeted support where appropriate. Some schools and services are beginning to gather structured evidence of children and young people's needs and adapt their responses accordingly, with increasing use of specialist advice and training, including complex needs and neurodiversity-related input. The LGA SEND Peer Challenge (Feb 2026) noted strengths in quality assurance and the potential impact of roles that provide supportive challenge to schools (including the EQA function), and described the graduated response and SEND Support offer as increasingly understood and valued by schools and settings. There are also positive developments in family support and early intervention, aligned with the Families First Partnership programme, and early progress in workforce collaboration across education and health, even though this is not yet fully embedded across all areas.

Gaps/Issues to Address

Practice remains variable across schools and settings, with over-reliance on diagnosis in some areas and inconsistent confidence in identifying and meeting needs without medical confirmation. Inclusion is not yet consistently embedded, creating reliance on a small number of inclusive schools and settings and contributing to uneven experiences and outcomes. Understanding of ordinarily available provision is not yet shared or embedded, leading to gaps in provision and inconsistent use of tiered support. Mainstream capacity remains a challenge, with continued reliance on specialist placements and long-term AP, limited reintegration, and uneven application of fair access and turnaround models. Schools' ability to evidence need is constrained by limited internal specialist capacity and reliance on traded or high-cost services, which some schools report being unable to afford. Transition planning, preparation for adulthood, family hub inclusion capacity, and statutory decision making quality assurance are identified as areas where practice is underdeveloped or inconsistent. There are also wider sufficiency challenges across education, health, social care and wraparound provision (including access to appropriate mental health support for SEND children and young people and the knock-on impact on families). The LGA SEND Peer Challenge (Feb 2026) highlighted continuing variability in EHCP quality (also identified in the 2022 inspection) and that current quality assurance arrangements are not yet driving sustained improvement; it also noted an opportunity to further integrate health and children's social care contributions into EHCPs so plans address children's holistic needs, with advice seen as limited in some cases and not clearly linked to educational impact or provision. The peer team noted the Annual Review Recovery Team as a positive step to reduce the annual review backlog, and suggested a stronger focus on key transition points (e.g., Year 9 onwards) to strengthen preparation for adulthood and post-16 planning; it also highlighted the EQA role as a notable strength for inclusion and system navigation, and observed growing impact from the SEND sufficiency programme in building system capacity to meet needs locally.

Where practice is variable, families experience confusion about SEND Support, thresholds, and what should happen without a diagnosis, which contributes to escalation and reduced

confidence in mainstream inclusion. This is also reflected in recurring concerns about annual review follow-through and implementation.
Some parent Carers report issues in social care support and sufficiency (including short breaks, and support for parent carers' wellbeing and mental health), as well as responsiveness to health needs such as mental health support for children and young people who are neurodivergent.

Focus Areas for Improvement

- Embed a shared, systemwide understanding of ordinarily available provision and tiered support, ensuring this is clearly articulated within the local offer and consistently applied across education, health and social care. Strengthening -quality first teaching and universal provision in mainstream settings is critical to reducing reliance on specialist placements and improving parental confidence.
- Develop internal specialist capacity to provide timely and high-quality advice on inclusion to schools and settings.
- Developing mental health services for the SEND community, including neurodivergent children and young people, should be progressed as part of wider inclusion and partnership improvement activity.

- **Key priorities**
  Further evaluate progress and impact to inform continuous system improvement.
- Embed a shared understanding of ordinarily available provision and tiered support across the system.
- Reduce reliance on specialist placements and long-term AP by strengthening mainstream capacity and quality first teaching.
- Improve consistency in statutory decision making, transition planning and preparation for adulthood.
- Improve EHCP timeliness and quality as a core service delivery priority.
- Strengthen shared expectations that all schools and settings take responsibility for inclusion, reducing reliance on a small number of providers.
- Recognise and strengthen the contribution of the voluntary and community sector in inclusive support (including navigator-type functions where used locally).
- ICB to consider utilising SEND QA tool: SEND Quality Assurance Framework

Support Needs
We are working with Wakefield on sufficiency work to understand universal, targeted and specialist capacity to meet outcomes; Support to continue this work.

Pillar 5: Effective Partnership working across education, health and social care
Education providers
Current RAG: 1 Developing

Strengths/Successes/Progress
Education leaders are increasingly engaged in partnership activity, particularly through shared workstreams, regional networks and joint responses following the WSOA and SEND reinspection. There is multiagency support for ICP and EHCNA panels with schools invited to attend ECHNA panel as well as presenting in person at GSP and ICP. GHSP panel is supported by staff from local Special and AP schools as well as the EP service. There is evidence that

schools and education leaders are contributing to discussions on workforce development, place planning and commissioning, and that collaborative forums are beginning to support more coherent system working. Relationships between education and local authority colleagues have strengthened, supporting a more constructive dialogue around SEND improvement priorities. FFP, BSIL and the SEND Reforms are beginning to be developed as an overarching piece of work within the LA's Children's Services Transformation work but this is not yet finalised or embedded. Our thematic review identified that relationships are improving and noted there was evidence that people were working together to offer multi-agency support.

Gaps/Issues to Address

Partnership engagement across education is inconsistent, with reliance on individual leaders or forums rather than embedded, system-wide processes. There is limited breadth of engagement across mainstream schools, and school-to-school networks are underdeveloped or inconsistent, creating a risk that current activity relies on the goodwill of the same contributors. Early years representation is limited or unclear within partnership governance, and not all education settings feel able to influence strategic planning effectively. Processes for joint place planning, transition planning and improving ordinarily available provision are still developing and are not applied consistently across the education system.

Themes indicate that inconsistency in understanding SEND Support and ordinarily available provision can contribute to avoidable escalation and undermine confidence in mainstream inclusion. A clearer route for systemic learning from family contact to reach education partnership forums would strengthen shared understanding and consistency.

More joint planning and commissioning across health, education and social care at both strategic and individual level could be developed.

Focus Areas for Improvement

Education partners need clearer, more consistent routes to influence strategic decision making-, with improved representation of early years, AP and post-16 settings within governance arrangements. Embedding systemwide processes for joint place planning, transition planning and ordinarily available provision will be critical to reducing reliance on individual forums and strengthening impact. Further work is needed to demonstrate how -education led- partnership activity improves outcomes for children and young people.

- EY representation at strategic level
- Improve access to multiagency discussions about children – strengthen EY advice and guidance forum
- Diversity of attendance and contribution from across health and social care
- Clearer mechanisms for comms, clarified roles and responsibilities of reps on the board and what/how they will communicate with the wider sector.

Key Priorities

Strengthen consistent engagement of education providers in partnership working, moving beyond reliance on individual leaders or forums.
Ensure all education sectors – particularly early years, AP and post-16 – are meaningfully represented in partnership governance and strategic discussions.
Embed joint approaches to place planning, transition planning and improvement of ordinarily available provision, so these are system-wide rather than variable by area or setting.
Embed the MA audit process and ensure learning is fed back to ensure a continuous learning and improvement cycle.

Support needs

Support to challenge schools and MATS that are not meeting their statutory responsibilities

Health Services

Current RAG: 1 Emerging

Strengths/Successes/Progress

Health partners are actively involved in strategic partnership discussions, including participation in regional and sub-regional networks and joint leadership conversations. There are examples of collaborative working across health and education, including contributions to workforce planning discussions and joint responses to improvement activity. The Designated Clinical Officer for SEND (DCO) attends the EHC Needs Assessment (EHCNA) panel and supports the quality assurance of advice. Multi-agency case audit activity provides further evidence of positive joint practice, helping to build trust and shared understanding between health and other partners.

Health provider colleagues have also been invited to participate in EHCNA panels and quality assurance sessions to strengthen understanding of processes and contribute expertise. The DCO provides training and support to the health workforce and is involved in the multi-agency training offer around EHCNAs and Annual Reviews (AR), which includes engagement with parent carers and professionals across the system. In addition, there is involvement from Portage and the Child Development Centre (CDC) within the Early Years Inclusion Panel.

Gaps/Issues to Address

The ICB are going through significant structural changes which may impact on the Partnership's ability to maintain momentum. Workforce strategy discussions are vulnerable to these capacity challenges, and there is limited evidence that joint health involvement consistently translates into improved outcomes across all SEND cohorts. Further analysis is required to understand health provider capacity in meeting the needs of the population, including the extent to which current provision can address demand and reduce long waiting times for assessment and intervention. Health engagement in some areas of place planning and ordinarily available provision remains underdeveloped. The LGA SEND Peer Challenge (Feb 2026) noted recognised gaps in health provision (including Speech and Language Therapy and Occupational Therapy) impacting schools and settings, and recommended using forthcoming ICB changes to address known commissioning gaps and strengthen strategic commissioning oversight; it also recommended improving health contributions (and social care contributions) to support planning and delivery, including within the EHCP process.

Focus Areas for Improvement

The focus should be on strengthening sustainable health engagement in partnership priorities, particularly in relation to workforce planning, place planning, and ordinarily available provision. Addressing capacity risks associated with ongoing ICB change will be essential to maintaining continuity and momentum across the system. The partnership should also strengthen how the impact of health involvement is evidenced, ensuring that joint working consistently translates into measurable improvements in outcomes and experiences for children, young people, and families. The ICB need to ensure that the partnership is cited on the CAMHS Transformation 3 Year Plan and signed up to what it entails.

Key Priorities

Develop stronger health input, both operationally and strategically, to support reform planning and delivery.

Strengthen health input into universal, targeted and specialist tiers of support.

Strengthen health provider workforce planning and capacity.

Improve timeliness, consistency, and quality of advice for the EHCP process and contribution to Individual Support Plans.

Strengthen sustainable health engagement in partnership activity, ensuring involvement remains

consistent and resilient despite ongoing ICB change.
Increase health's contribution to joint planning across place planning, transition planning, and ordinarily available provision.
Shift from participation in partnership forums towards clearer evidence of the impact of health involvement on SEND outcomes and lived experiences for children, young people, and families.

Support needs
Increased capacity and stability across the ICB and health providers to sustain delivery of SEND priorities.
Clearer governance, roles, and expectations for health within partnership working.
Stronger focus on evidencing impact and outcomes from health involvement.
Embedding consistent, system-wide co-production in health decision-making.
Coordinated, system-wide workforce planning across health, education, and local authority partners.
Improved demand modelling to inform planning and resource allocation.
Targeted investment to address workforce gaps and reduce waiting times.

Social Care/Local Authority
Current RAG: 2 Developing

Strengths/Successes/Progress
The local authority has played a central role in strengthening partnership working since the WSOA, with clear evidence of improved collaboration across education, health and social care and the voluntary and community sector, including PACC (PCF) and SENDIASS; a particular highlight is the co-production of training for the social care workforce and social care content on the Local Offer and the social care questionnaire for the EHCNA process. Shared workstreams and joint improvement activity have supported stronger relationships and a more aligned approach to SEND priorities; work around developing the Local Offer and using multiagency task and finish groups has been particularly successful.

Social care is engaged in partnership wide discussions around workforce development, place planning and ordinarily available provision, contributing to a more joined up system response. The DSCO attends EHCNA Panel and there is Early Help support for ICP and EHCNA panel, as well as the EHCP Cease panel; this provides an opportunity to proportionately provide social care information about individual children to support robust decision making. The Neuroaffirming Language Guide was developed across the partnership with specific contributions from the DSCO and there was social care involvement in the development of EHCNA and Annual Review training for SENCOs.

Transition of young people from children to adult's social care is supported by the strong working relationship between the DCT and the PFA team. There is a strong working relationship between the DCO and DSCO. There is a consistent social care presence at commissioning meetings and meaningful contribution to decision making, specifically recommissioning of short breaks.

Gaps/Issues to Address
While training activity has increased, including the development of e-learning, it is not yet systematically linked to a shared workforce strategy or embedded across the wider SEND system, limiting its overall impact.

There is also limited join-up between social care decision making and the SEND partnership: SEND needs greater visibility in Early Help, Family First, community hubs and Best Start for Life activity. In several areas, progress is reliant on a small number of key individuals (including DSCO) creating capacity risks where roles are stretched.

Social care advice into EHCNA/EHCP processes is variable in usefulness when children are not already known to social care, and does not consistently support families who are requesting help to understand routes to support. This limits the system's ability to identify and respond early to unmet need through joined-up planning. The thematic review highlighted there was insufficient evidence of how the social care provisions were supporting children's SEN needs.

Focus Areas for Improvement

The partnership needs to move from individual training initiatives towards a coherent, shared workforce strategy that is clearly aligned to SEND priorities and future demand. Further development is needed to embed SEND specific expertise- at a universal level and to ensure workforce planning is resilient to organisational change. To support the capacity of the DSCO, We need to ensure that the teams, managers and practitioners in social care understand their roles and responsibilities around SEND and are accountable for outcomes. Develop a sufficient and effective SEND offer for early help and Best Start for Life.

Key priorities

Develop alternative workforce model to address DSCO capacity risks. Upskilling of the social care workforce. to make the DSCO role more strategic and less operational.
QA of SC contributions to EHCNAS and EHCPs
Early identification – developing the early Help offer, linking with FFP and BSIL.
Improved understanding across the system of the legislative framework we operate in and how we can best use it to meet the needs of CYP.

Support needs

Strategic workforce planning capacity

Pillar 6: Skilled and organised workforce across local authority, education settings, health and social care

Current RAG: 1 Emerging

Strengths/Successes/Progress

There is growing recognition across the partnership of the importance of workforce stability, skills and training, with evidence of improvement activity underway. Joint and service-specific training offers are developing across education, health and social care, including improved SEND-related training for schools, early years settings and practitioners working with complex needs. Positive examples include co-produced EHCP training within children's social care, joint health education training initiatives, and increasing access to SEND-specific training such as AR, complex needs and neurodiversity-focused offers. The partnership has also developed workforce innovation in response to pressure, including the impact of programmes and roles such as LSEC, PINS, Outshine and assistant EP roles, alongside emerging initiatives such as "experts at hand" and targeted training delivered by specialist practitioners. While these strengths provide a platform for improvement, the reach and consistency of workforce development is variable across services and localities. .

SENDIASS provides a trained, established and impartial advice workforce that is trusted by families for clear, independent guidance, and this offers a stable workforce asset within the wider SEND system. Systemic casework themes can help inform targeted workforce development, supporting the move from ad hoc training towards more needs-led practice improvement.

Gaps/Issues to Address

Workforce challenges remain significant and systemic, with high vacancy rates, reliance on agency staff and staffing instability affecting key services, including EHCP, educational psychology and ICB commissioned provision and other family-facing statutory/impartial advice capacity. Recruitment and retention challenges remain acute, particularly for therapies and for maintaining equitable coverage in a rural geography. Capacity pressures within health services, linked to ICB restructuring, NEED TO BE MONITORED CLOSELY TO UNDERSTAND ANY POTENTIAL MPACT ON developing the workforce offer. Training and supervision are not yet consistent across all services or phases, with gaps particularly evident in post-16 provision and in multi-agency, co-produced training approaches. There is also a risk of losing newly developed expertise and change capacity as transformation funding ends, unless roles and learning are mainstreamed and retained.

Focus Areas for Improvement

The partnership needs to move from individual training initiatives towards a coherent, shared workforce strategy that is clearly aligned to SEND priorities and future demand. Whole system workforce planning (not siloed by agency) should address sufficiency, skills and deployment across education, health and social care, including the realities of rural coverage. Strengthening recruitment and retention, reducing reliance on agency staff and improving workforce stability across key services should be a key focus. Training and supervision must become more consistent, multi-agency and co-produced, ensuring practitioners at all levels have the relational skills, confidence and understanding of lived experience needed to support inclusive practice. Further development is needed to embed SEND-specific expertise at a universal level, particularly for specialist professionals, and to ensure workforce planning is resilient to organisational change, especially within health services. Retention strategies should also protect and mainstream newly developed expertise and change capacity as transformation funding ends.

Key priorities

Health to consider and reference the SEND training assurance framework to enable all health organisations to plan and monitor SEND training requirements across the workforce.

Develop and implement a coherent, shared workforce strategy aligned to SEND priorities and future demand.
Ensure there are mechanisms in place to deliver and monitor workforce training and compliance (links to dashboards).
Improve recruitment, retention and workforce stability across key services.
Ensure training and supervision are consistent, multiagency- and co-produced.

Support needs

Strategic workforce planning capacity across education, health and social care.
Investment in SEND specific- training, particularly post16 and -universal level specialist expertise-.
Mitigation of health workforce risks linked to ICB restructuring.

Pillar 7: Targeted and judicious use of resources including place planning, sufficiency and use of capital

Current RAG: 2 Developing

Strengths/Successes/Progress

There is a growing awareness across the partnership of the need to use resources more strategically and to improve value for money, with some early movement away from purely reactive decision making. There are positive examples of more planned investment, such as the Universal Autism Services contract, and improved transparency around DSG spend, including regular monitoring through Schools Forum and scrutiny arrangements. Performance data is increasingly reviewed to understand demand drivers, with some use of local, regional and benchmarking data to inform initiatives such as hubs, PINS, ELSEC and elements of the Families First Partnership programme. Collaboration between SEND, commissioning, finance and place planning teams is improving, supporting a more joined-up understanding of resource pressures and opportunities, and should continue to develop as a whole-system approach that includes health and social care contributions (including joint strategic commissioning where appropriate). There are also links to regional commissioning activity (for example around independent and non-maintained special school placements), which provides opportunities for shared learning and challenge.

In Sept 2025, the Local Authority added four EHCP Case Officers to strengthen sufficiency planning, improve outcomes and value for money, and increase scrutiny of commissioned and INMSS placements. This has improved annual review attendance, strengthened challenge on impact and cost, supported reviews of high-cost placements with families and settings, enabled moves into LA maintained provision or onward into mainstream/college, improved follow-up on actions, and informed forward place planning; with these posts now permanent within the EHCP Team model, the supporting strategy will be formalised.

A commissioning review of the costs of INMSS placements is underway to ensure value for money and equitable charges across neighbouring authorities. A Contracts Officer attends the West Midlands Pricing Panel to monitor cost increases and provide challenge where costs are increased outside of the panel. Alongside this, SEND commissioning and contracting posts are being confirmed to support, challenge, monitor and negotiate individual commissioning, including post-16 where reconciliation is often needed.

The Education Place Planning Board meets termly, with SEND now embedded in the process as an integral part of discussions. The annual SCAP (School Capacities) return includes five-year forecasts for specialist places (e.g., inclusion bases (currently hubs), special schools, INMSS, and AP (TMBSS)). Over the last two years the LA has developed more strategic oversight of need and capacity across settings, including the quality of provision delivered by schools with hubs.

Gaps/Issues to Address

Sufficiency planning needs to be more rigorous and evidence based, moving form a reactive to a proactive approach that is consistently aligned to long-term strategic priorities. Data quality issues, including limitations in EHCP data (such as accuracy of primary need), restrict the ability to fully understand demand drivers and forecast future pressures. While SEND is prioritised within the JSNA, cost sharing arrangements with health are not embedded, and joint commissioning with the ICB remains challenging, representing a significant system risk. Co-production and wider stakeholder engagement (schools, families and children and young people) is not yet consistently embedded within place planning and sufficiency decision making. DSG pressures continue, with improvement plans in place but not yet demonstrating a sustained or secure financial position.

Focus Areas for Improvement

The partnership needs to strengthen strategic financial planning so that resources are clearly aligned to SEND priorities, sufficiency planning and inclusion goals, rather than responding primarily to immediate pressures. Developing a clearer and shared understanding of unit costs across all provision types, including specialist and alternative provision, will be essential to support more effective commissioning and invest to- save approaches. Improving the quality and use of performance and demand data, particularly EHCP- related information, will enable more accurate forecasting and -decision making. Further work is also required to embed joint commissioning and -cost sharing- arrangements with health, strengthen DSG recovery planning, and ensure that financial decisions demonstrably support improved outcomes and sustainability across the SEND system.

Key priorities

Shift from reactive resource allocation to strategic, invest to save planning aligned with inclusion and sufficiency.

INVESTMENT IN PREVENTATIVE HEALTH AND EDUCATION SERVICES (E.G. EAHO)

Embed co-production and stakeholder engagement (schools, families and children and young people) within place planning and sufficiency decision making.

Strengthen alignment between local and regional commissioning activity to support consistent challenge, value for money and shared learning.

Support needs

Improved financial and performance data to understand demand drivers and forecast pressures.

Stronger integration between SEND, finance, commissioning and place planning.

Support to strengthen DSG recovery planning and long-term financial sustainability.

Narrative Tab

Context

Shropshire's approach to meeting the needs of children and young people with SEND reflects a clearly understood local context and an honest, best-fit self-assessment of partnership maturity. This narrative should be read alongside the Local Partnership Maturity Assessment Tool (Assessment Tab), which identifies Shropshire as an emerging to developing partnership across the pillars of effective collaboration. The local area is characterised by a large rural geography, dispersed communities and variable access to services, creating ongoing challenges around accessibility, workforce capacity and timely access to provision. In response, the partnership has made deliberate system design choices, including the development of SEND hubs linked to mainstream schools, locality-based working and greater use of community and family hubs to reduce barriers for families. Evidence from self-evaluation indicates strengthening partnership working across education, health, care and the voluntary sector, with a shared commitment to inclusion as the default and increasing co-production with parent carers—supported by the Parent Carer Forum (PCF)—and systemic insight from SENDIASS. Co-production with children and young people is developing, with positive examples in specific workstreams, but it is not yet consistently embedded at a strategic, partnership-wide level. Alongside this, the partnership is developing its use of quantitative and qualitative data, with a clear ambition to use the Outcomes Framework as the spine for performance management and decision-making; however, data and lived experience are not yet used consistently across all parts of the system. Continued pressures relating to workforce capacity, health service demand and the timeliness and consistency of statutory processes are shaping priorities, including a sustained focus on strengthening early intervention, embedding inclusive practice through the Local Inclusion Support Offer, expanding local provision and using data and lived experience more systematically to drive improvement.

Where are we now?

Our current position reflects clear strengths in strategic intent, improving collaboration and a shared direction of travel towards greater inclusion, alongside persistent pressures that affect consistency and timeliness. Across the partnership's self-assessment, co-production and system leadership are strengthening but are not yet embedded consistently across all agencies and localities; parent carer voice is more established than children and young people's voice. Understanding of need and experience through data is developing, with increasing availability of evidence but less consistent use to shape commissioning and day-to-day decision-making. There is a shared outcomes-focused ambition and growing alignment between partners, including a clear intent to use the Outcomes Framework as the spine for performance management and governance. However, routines for accountability, feedback loops and system-wide consistency are not yet fully embedded.

There is evidence of progress in the provision mix and local capacity, including a sustained emphasis on supporting children and young people with SEND in mainstream settings and the continued expansion of SEND hubs. This aligns with a developing approach to place-based planning and sufficiency, but demand continues to outstrip supply in key areas, particularly statutory assessment and health services. Pressures on Educational Psychology and Speech and Language Therapy capacity contribute to delays within EHCP processes and constrain early intervention, increasing pressure on schools and families. Continued reliance on

independent special school placements and longer-term alternative provision pathways remains a financial and sustainability challenge, underlining the need for more strategic, invest-to-save commissioning and clearer understanding of unit costs across the provision continuum.

The local area demonstrates growing inclusivity through reduced exclusions, investment in early intervention and outreach, and increasing confidence in inclusive practice across many settings. However, inclusivity is not yet experienced consistently across all phases and localities. Variability remains in the quality and timeliness of support, and ordinarily available provision is not yet shared and embedded system-wide, which contributes to uneven access to the right help at the right time—particularly for children with more complex needs and those awaiting statutory or health-led intervention.

Stakeholder experience reflects this mixed picture. Many schools value the increased support, challenge and clearer expectations, but report uneven access to specialist input and differing confidence in evidencing need without diagnosis. Some families describe improved communication, involvement and transparency, while others continue to experience delay, frustration and uncertainty, with feedback loops not always demonstrating ‘you said, we did’. Health partners recognise progress in collaboration but continue to face workforce and demand constraints that limit consistent delivery at scale. Overall, while ambition and structures are increasingly inclusive, the system has not yet achieved consistently timely, equitable experiences for all children and young people, reinforcing the need for sustained focus on governance clarity, workforce stability, local sufficiency and more systematic use of quantitative and qualitative data to drive improvement.

Where have we come from?

A key positive turning point for Shropshire was the Area SEND inspection and subsequent revisit, which acted as a catalyst for greater system clarity, accountability and shared ownership. This external challenge prompted a renewed focus on honest self-evaluation, governance and partnership working, including co-production activity and the adoption of the refreshed SEND & AP Strategy and Outcomes Framework. These developments marked a shift toward a more coherent, outcomes-focused approach, with clearer priorities and strengthening alignment across education, health and care. Progress has also been supported by targeted investment in inclusion, including the expansion of SEND hubs, developing quality assurance activity and work to reduce exclusions. Co-production with parent carers—through the Parent Carer Forum (PCF) and PINS activity—and insight from SENDIASS casework themes have increasingly shaped improvement activity; however, strengths are not yet consistently embedded across all agencies, and children and young people’s participation remains less established and less routine than parent carer voice.

Where do we want to go next?

Key priorities:

- Co-production with a wider group of parent carers and with CYP; close feedback loops
- Timeliness and quality of EHCPs and annual reviews
- Improvement in waiting times

- Improved understanding and implementation of OAIP
- Development of EAHO
- Improvement in sufficiency and place planning for SEND

True inclusion and sustainability in Shropshire would be evidenced by a SEND system in which the majority of children and young people are supported to thrive in their local mainstream settings, with timely access to specialist advice, confident staff and a consistently applied graduated response that prevents unnecessary escalation. To reach this, the partnership will need co-production to be routine and demonstrably influence strategic decisions (not just individual plans), with clearer feedback loops so families and children can see "you said, we did". The partnership will also use the Outcomes Framework as the spine for performance management and governance, bringing together quantitative data, lived experience and audit evidence to judge impact and to plan proactively. By the end of FY 2027–28, progress toward this ambition will be demonstrated through measurable improvement:

Need to add target metrics here (Rebecca and Eugene – some advice on how many and how aspirational would be really helpful please)

- % EHCPs issued within 20 weeks
- % advice received within agreed timescales
- EHCP quality audit score (outcomes SMART, provision specified, clear link between need–outcome–provision)
- % annual reviews completed on time
- % transitions completed on time (phase transfers/post-16 planning)
- Parent/carer satisfaction with the EHCP process
- Independent placement rate (count and % of EHCP cohort)
- New local capacity delivered vs plan (e.g., Inclusion Bases opened, outreach capacity, specialist places)
- Average distance / travel time to placement (and % with "excessive travel" threshold)
- Cost avoidance / savings delivered from invest-to-save initiatives (cashable + non-cashable)
- Parent/carer experience of placement suitability (pulse survey / feedback theme)
- CYP with SEN not in Education
- CYP with SEN EHE
- % of settings implementing OAP/Graduated Response (self-assessment + validation)
- Demand signals: repeat requests / unresolved needs at SEND Support
- Attendance for SEND cohort (especially SEND Support)
- Ratings for ability to navigate LISO (pulse survey / feedback theme)
- EAHO
- coverage (% settings supported by phase/locality);
- median time to triage and first contact; volume supported and distribution by phase/locality;
- % cases de-escalated/closed without escalation;
- satisfaction from settings and families.

What will it take to get there?

The priority shifts required to achieve a more inclusive and sustainable SEND system in Shropshire centre on moving decisively from recovery and reactive practice toward prevention, early intervention and confident mainstream inclusion. This includes reducing reliance on statutory escalation and independent provision by strengthening ordinarily available provision, SEND hubs and local specialist capacity, alongside clearer pathways for targeted support and

reintegration. In parallel, the partnership needs to strengthen system leadership and governance so that decision-making routes, reporting and accountability are clear and stable, and so that self-evaluation is translated into a single, prioritised, measurable delivery plan (to avoid “everything is a priority”). Co-production expectations should be explicit within governance terms of reference and quality assurance arrangements, with stronger feedback loops and clearer evidence of impact. A further critical change is embedding outcomes-led accountability by using the Outcomes Framework as the spine for data analysis, performance management and governance discussions—aligning quantitative data, lived experience and audit evidence—so that partners can plan proactively and evaluate impact rather than activity.

To deliver these changes, Shropshire requires both local and national support. Locally, sustained commitment is needed across education, health, care and the voluntary sector to align commissioning, workforce planning and resources to shared priorities, including continued investment in SEND hubs, workforce development and data-led demand management. This also requires stronger integration between SEND, finance, commissioning and place planning to support more strategic, invest-to-save approaches and improve the partnership’s understanding of unit costs and demand drivers. Nationally, progress depends on action to address structural workforce shortages, alongside stable funding and policy alignment that enables early intervention and inclusion to be prioritised over escalation. Clear, consistent national SEND reform and inspection frameworks are essential to maintaining system momentum and supporting local areas to embed sustainable improvement.

Shropshire’s theory of change is grounded in the principle that earlier, stronger, more inclusive and localised support improves outcomes and reduces long-term demand. By strengthening mainstream provision, improving access to specialist advice at an earlier stage and building confident leadership and accountability across settings, fewer children will require statutory intervention or specialist placements. This enables resources to be reinvested into prevention, workforce capacity and local provision, creating a virtuous cycle of improvement. Co-production, transparent data, consistent quality assurance and joint commissioning are the mechanisms that will keep the partnership focused on impact, lived experience and value for money.