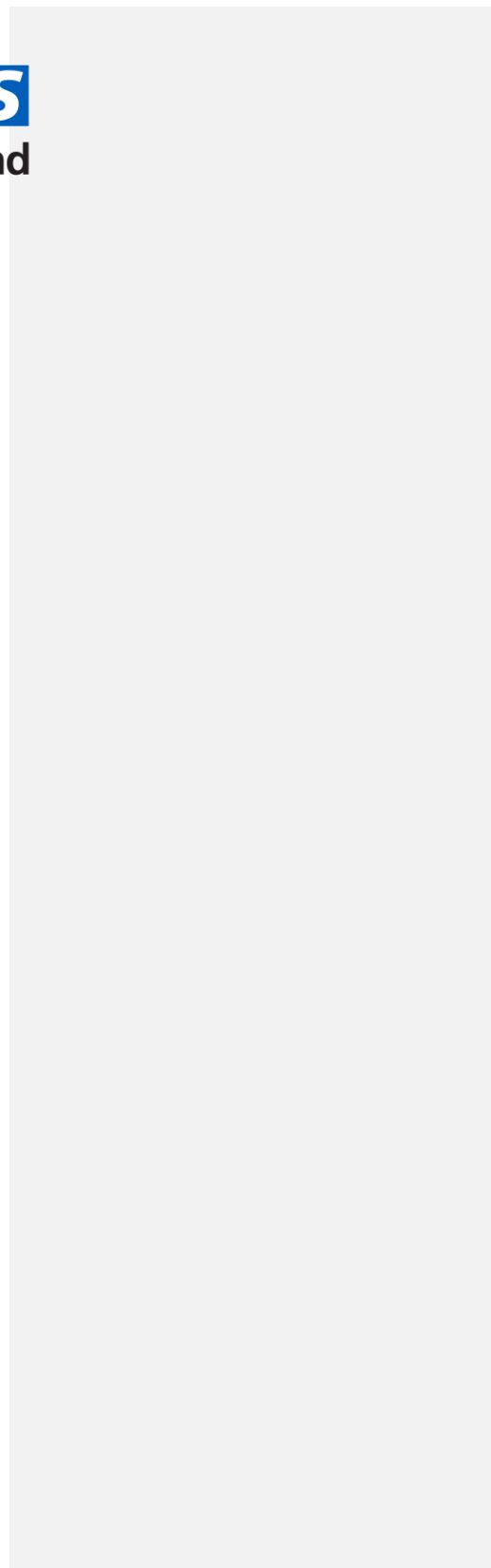


The Local SEND Reform Plan

March 2026





Contents

1. Introduction	3
Document Overview	3
The Local SEND Reform Plan	4
2. Laying the Foundation for Reform	6
The Experts at Hand Offer	7
Embedding the Experts at Hand Offer Within a Broader Reform Strategy	11
Strengthening Effective Partnerships and Practice	13
Governance	17
Funding	18
Structure of the Local SEND Reform Plan	20
3. Submission, Review, and Monitoring Process	21
Submission	21
Review	22
Monitoring	22
High Needs Stability Grant	24
4. Questions	24
Annex A: Local SEND Reform Plan	25
Executive Summary	27
Section 1 – Vision and Goals	29
Section 2 – Strategy	30
Section 3 – Monitoring and Evaluation	58
Section 4 – Governance	61
Section 5 – Central Government Support	65
Annex B - Supporting Documents	67
Annex C – Risk Matrix	68



1. Introduction

Document Overview

This document is designed to support local area partnerships develop a **Local SEND Reform Plan** with most sections pertaining to the local area partnership as a whole, in particular, local authorities (LAs) and Integrated Care Boards (ICBs), multi-academy trusts (MATs) and schools. Sections that pertain solely to local authorities are clearly marked **Local Authorities**.

While this document addresses local area partnerships, the government's expectation is that the local authority is the system 'convener'; taking the lead to bring together all system partners and ensure they work together to develop and deliver the Local SEND Reform Plan. Similarly, the government has clear expectations on all system partners to proactively respond to the local authority's leadership, ensuring they commit resources and fulfil their responsibilities in the partnership. Central government will actively engage where system partners are not responding to the local authority's leadership.

The document contains the following:

1. **The Local SEND Reform Plan Guidance**

Overview and a practical guide to help local area partnerships complete the plan.

2. **Local SEND Reform Plan Template – Annex A**

The delivery plan that local area partnerships are expected to complete and return to the Department for Education and NHS England by **19 June 2026**.

3. **Supporting Documents – Annex B**

A list of key resources and references including links to relevant policy documents, tools, and guidance referenced throughout.




The Local SEND Reform Plan

The 0-25 SEND system has been under significant and prolonged pressure, resulting in a system that is failing too many children and young people. Local services are overstretched, some children's needs are escalating unnecessarily to crisis point, and financial pressures have become unsustainable. Yet within this challenging landscape, many local area partnerships have demonstrated determination and leadership - working very hard to improve their local services and often developing compelling and innovative approaches to meet the needs of children and young people with SEND. The government is committed to collaborating with local area partnerships to build on and scale what is working well.

We recognise that system-wide reform and investment is needed to deliver an inclusive and sustainable system that stands the test of time. However, realising this vision will only be possible if every local area takes full responsibility for driving significant improvement in the sustainable delivery of local services. It is imperative that all local areas begin this essential work through robust action plans that demonstrate clear ownership, ambition and accountability. This step change in the delivery of local services cannot be optional; it is a critical expectation of all local area partnerships.

As set out in the Schools White Paper, the government will reform the current SEND system, building on ongoing work to create a system that's rooted in inclusion, where every child and young person receives high-quality support early on and can thrive in their local early years setting, school or college. The government's plan is to ensure opportunity for all by delivering an excellent, inclusive education for every child with a world class education and highly trained workforce. This will be based on an inclusive mainstream education system, with professional support for children and young people that need it, and improved, efficient and effective local delivery, as detailed below.

- **Inclusive mainstream system:** most children and young people with SEND will be supported to achieve and thrive in mainstream education settings through high-quality teaching, inclusive practice, and targeted support. Settings will be equipped to create the right environments, and multidisciplinary professional support services will be commissioned at a group level to address needs efficiently.


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- **Specialist support for children that need it:** Specialist settings will continue to play a vital role for children and young people who require a substantially different curriculum or highly individualised approaches that cannot be delivered in mainstream educational settings.
 - **Efficient and effective local delivery:** investment in and improvement of local services, including health, care, and wider workforces and resources, will support the delivery of joined-up, place-based provision. Local authorities will work with Integrated Care Boards to commission multi-disciplinary professional support across early years settings, schools and post-16 providers, taking a whole school approach at group level, so children and young people can access the help they need. Improvement of local services eases the pressure on home to school transport, ensuring fewer children and young people with SEND need to travel a long way from home to attend a school or setting. Local authorities will work with all settings to plan and deliver the right physical spaces in mainstream nurseries, schools and colleges.

Delivering lasting change will take collective commitment and sustained effort from all of us; government, local authorities, health partners, early years, MATs, schools and colleges; working together with parents and carers to build the inclusive system our children and young people deserve.

The Local SEND Reform Plan is the key delivery and accountability vehicle for this collaborative commitment, with expectations that it is revised annually as proposed reform is rolled out. We recognise that delivery of the plan will be within the current statutory framework, as such, local area partnerships will not be required to implement any policy that is being consulted on or that will require legislative change.

This first iteration is about building on existing foundations and putting in place the groundwork for reform. It aims to:

- Support central government to understand how the SEND system is being transformed nationally, understand how investment funding is being used to achieve reform priorities, identify innovative practice that can be disseminated and scaled up, and identify where additional support may be required.
- Support local areas - local authorities, health partners, early years, MATs, schools and further education - to develop and deliver a clear pathway toward



an inclusive and sustainable local SEND system that identifies and supports needs **early**, meets needs within the **local** area, is **fair, effective** and **shared**; building on existing work and tailored to the unique context of the local area.

- Support local authorities to unlock investment funding and access support for historic and accruing deficits.

The Local SEND Reform Plan provides a framework that partnerships can use to establish a baseline for their local system and metrics against which transformation progress can be tracked.

The government, working alongside local area leadership, will use the plans - and the insights from regular progress reviews - to understand delivery, support decision-making on investment funding and access to the High Needs Stability Grant, and reflect progress on target metrics. The Department for Education, in particular, will use the plans - incorporating the data returns, local partnership maturity assessments and core local reform plan – to establish a baseline and ongoing monitoring of local area performance.

Throughout this process, DfE officials, health regional leads, SEND and financial advisers will support local area colleagues with access to tailored guidance and emerging insights to help shape and strengthen their plans. The Local Government Association (LGA) will also provide additional system leadership and transformation support through the children's and SEND improvement advisers.

2. Laying the Foundation for Reform

A central focus of this first iteration of the Local SEND Reform Plan is the introduction of the **Experts at Hand (EAH) Offer** and a strengthened approach to ensuring there are sufficient high needs places within mainstream settings, alongside a continued strengthening of effective partnerships and practice. Together, these initiatives aim to build a more inclusive and sustainable SEND system by ensuring mainstream settings, supported by collaborative and maturing partnerships, are equipped with both the right infrastructure and the specialist expertise needed to meet the needs of children and young people with SEND.



The Experts at Hand Offer

The Experts at Hand Offer is a core pillar of the SEND reform programme, designed to strengthen the capability of mainstream education settings to meet the needs of children and young people with SEND more effectively and inclusively.


Local areas should provide a defined route for mainstream education settings to access specialist support, including from a range of experts with specialisms in education & health, such as in, educational psychology, speech and language therapy, and occupational therapy, as well as through outreach from specialist settings. By adding support to shift to increased group-based models and whole setting advice and support, health and education professionals can deliver evidence-based support and intervention with greater impact and value, ensuring, where possible, needs do not escalate. This not only makes better use of a limited workforce but also reduces dependence on costly, individualised provision. There will continue to be children and young people with complex needs that will require individualised and tailored support to meet their needs.

We know that strong practice and effective joint working already exist in many local areas where settings are supported to strengthen inclusive practice. We are keen to ensure that local areas are building on these as they develop and scale up their offer.

Local area partnerships (Local Authorities, ICBs, and system partners including settings) are expected to build their Experts at Hand Offer so that it becomes an ongoing and embedded element of the SEND system.

In order to achieve this, as well as to support a more effective SEND system overall, we need:

- To maintain access and referrals for those children who need specialist referral pathways identified at triage based on educational and clinical need.
- Better joint working across ICBs, LAs, and local system partners including education settings, Best Start Family Hubs, Parent Carer Forums (PCFs), health providers and children and young people.
- More effective joint commissioning between LAs and ICBs, including strategic planning and co-production with children, young people and families and local partners.

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- A strong universal offer and fluid layers of support which can be accessed from day one, one of which should include an offer of support for mainstream education settings giving them access to universal and targeted support from services across health and education – the new 'Experts at Hand' offer.

The aim of this offer is for mainstream early years settings, MATs, mainstream schools and further education providers to improve across the following areas:

1. Understanding the needs of children and young people in their setting.
2. Putting structures in place to build relationships and co-production with the parent/carer community.
3. Strengthening the baseline level of capacity of settings and staff to meet commonly occurring SEND needs.
4. Reviewing practice regularly to ensure current approaches are the most suitable.
5. Improving knowledge of when and how to draw down additional expertise when required.

This model allows for more efficient deployment of multidisciplinary professionals, promotes broader skill development across settings, and supports a more dynamic and sustainable workforce. It also puts a stronger focus on collaboration between health professionals and education settings, enhancing the role of health professionals in education and enabling them to focus on strategic support to schools and settings as well as system-wide impact.

The offer is designed to build capability within mainstream settings through joint working, empowering education staff to identify and meet a wider range of needs and enabling more children and young people to thrive in inclusive environments; and is expected to be jointly owned and resourced by the Local Authority and Integrated Care Board.

Local areas should consider how they will develop this offer to ensure there is support and appropriate provision across early years, primary, secondary, and further education settings. This should include developing effective models and partnerships for supporting young people with SEND who access further education in a different local area.



Local areas¹ have flexibility in how they commission or employ the multidisciplinary workforce required to deliver the offer. They are encouraged to explore, alongside other options, deployment through special schools and colleges, [alternative provision schools](#), [Neighbourhood Health Services](#), [Best Start Family Hubs²](#), and [Multi-disciplinary Family Help Teams](#). Local areas will need to work with neighbouring local area partnerships and representatives of the further education sector to consider how best to deliver this service to all colleges and other post-16 providers their young people attend – including those out of their area.

Local systems are expected to begin building this offer using allocated investment funding as a core focus of their delivery in the first year, with the aim of having all Experts at Hand offers established and operational as the new reforms are introduced.

Guidance relating to the Experts at Hand offer is due to be published **in Spring 2026**.

Core minimum requirements


Experts at Hand Offer

Local area partnerships will be expected to clearly and succinctly set out in their plan:

- The delivery approach for this offer and the rationale for why the outlined approach is optimal for the local area. This will include setting out if delivery will be local authority-led, contracted to the ICB, in partnership with another area or through an external partner, and setting out the role of Best Start Family Hubs. Where delivery involves an ICB or external partner, please specify the partnership vehicle (such as an SLA or MOU) and how performance will be assured.

¹ Local areas who have been involved in ELSEC and PINS can use the structures they have in place and the learning they have gained to support the design of their offer.

² New guidance to be published 23 March 2026.

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- A summary of the partnership approach to agreeing an optimal delivery model including how all system partners were engaged and how the approach was informed by needs-based data.
 - How the EAH funding will enhance existing routes to access specialist input, and how the delivery model will be integrated with other services or offers funded separately.
 - Proposal to collaboratively recommission alternative provision to align with the 3-tier model and best practice identified through Alternative Provision Specialist Taskforces (APST) models.
 - Where alternative provision capacity is constrained, whether the LA will contract provision, partner regionally, or share expertise and the route chosen.
 - Proposals for commissioning outreach from high-quality specialist providers, where appropriate.
 - Proposal for timely access to health and education professionals (e.g., in educational psychology, occupational therapy and speech and language therapy) for early years, schools and colleges based on assessed local need.
 - A detailed year 1 implementation plan, including recruitment approach and success metrics (e.g. coverage, scale of support available), and a high-level plan for years 2–3.
 - A proposed governance and accountability arrangement, as part of the Local Area Partnership Board, including oversight routes, budgets and funding arrangements, reporting cadence and escalation processes. This should include a single, named LA-based SRO to drive improvement and reform.
 - Clear expectations for joint governance, monitoring and shared accountability across education and health partners.
 - Proposed approach to settings accessing support which ensures support is not disproportionately accessed by the most proactive schools and settings and includes out of area mainstream further education settings attended by local young people with SEND.




Embedding the Experts at Hand Offer Within a Broader Reform Strategy

Local Authorities

While the Experts at Hand Offer will be a key building block to reform, it is not sufficient on its own to deliver the scale of change required for SEND. Local authorities are encouraged to continue to take a strategic approach to **place planning and capital investment** to ensure inclusive provision is available and accessible. Guidance relating to inclusion bases (formerly SEN units, resourced provision and pupil support units – SU/RP/PSUs) is due to be published in **Spring 2026**.

To support this, we expect that local authorities will:

- Set out how High Needs capital funding will be used to invest in new places and adaptations to the physical environment so that needs of children and young people with SEND are met in alignment with the reform aims of mainstream inclusion.
- Use capital investment to improve the inclusivity of provision in all settings, considering a range of interventions that could better support children and young people with SEND through the physical environment, working with professionals who can advise and support e.g. special school/alternative provision practitioners, Occupational Therapists, Speech and Language Therapists, specialist nurses, mental health practitioners and support workers.
- Identify where inclusion bases (formerly SU/RP/PSUs) in mainstream schools or nurseries, or specialist provision in colleges, currently exist, where additional capacity is needed, and how this varies across planning areas.
- Engage proactively with early years providers, schools, multi-academy trusts and further education providers as well as health providers, to co-develop strategies for enabling more children and young people with SEND to access mainstream education.
- Engage with parent carer forums and children and young people forums to co-produce strategies that work for children and families.
- Ensure that decisions about the location and type of new SEND provision explicitly consider the proximity to where children and young people live and



the implications for transport, recognising this may not always be possible when commissioning SEND provision in large, further education colleges.


- Ensure that all sufficiency and capital investment decisions include an assessment of transport impact, with a focus on reducing long-distance travel and increasing access to local, inclusive settings.

Core minimum requirements

Sufficiency and Place Planning

Local area partnerships will be expected to clearly and succinctly set out in their plan:

- A summary of local sufficiency pressures and how planned place growth addresses demand trends, including EHCP drivers and opportunities to meet need through capacity in mainstream settings.
- How the planned increases in capacity across setting types will reduce reliance on special schools, especially out-of-area placements and independent specialist provision.
- How collaboration between LAs and MATs could be strengthened to identify suitable sites and jointly plan the development of inclusion bases.
- Assurance that proposed inclusion bases in early years settings, schools, and colleges would reflect local demographic need, maintaining high quality standards and clear expectations on type of provision.
- How existing school premises are factored in when planning new inclusion bases, including opportunities created by falling rolls.
- Detailed plans to meet need for specialist places, by increasing capacity in mainstream settings through inclusion bases, and to improve the suitability of the physical environment. This should set out how the investment would align with local need and reduce future pressure. Where plans propose use of high needs capital to create additional special school places, this should clearly explain why need cannot be met in mainstream, including how the investment would align with local need and reduce future pressure.
- Proposals for flexibility to accommodate rurality and local variation, ensuring provision remains viable and context appropriate.

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- Evidence that an impact assessment of travel arrangements has been carried out for any capital, inclusion base or special school expansion proposal, demonstrating expected changes to travel distances, journey times, and reliance on out of area placements. Including any explicit travel related mitigations.

Strengthening Effective Partnerships and Practice


Effective collaboration across all system partners, including local authorities, ICBs, health provider organisations, Parent Carer Forums, Best Start Family Hubs, early years settings, mainstream and specialist schools, further education, dioceses, multi-academy trusts (MATs), parents carers, and children and young people with SEND, is essential to delivering meaningful transformation.

A transformed system that works for children and families must include co-production, collaborative partnership working and stakeholder engagement. Strong relationships at system and setting level are central to this.

The success of this transformation depends on shared ownership of decision-making, design and delivery of the local offer, and responsibility by all system partners, particularly local authorities, Integrated Care Boards and education settings.

The department is clear that MATs and schools have clear responsibilities in the development and active deployment of a strong universal offer of support to children and young people with SEND in their settings. They are expected to proactively collaborate with their system partners, including local authorities and ICBs, drawing on up-to-date understanding of the needs of children and young people in their settings to deliver consistent and robust support, particularly for the most commonly occurring and growing areas of need.

In the long term, MATs and schools will work together to pool some funding from their Inclusion Share for a more collaborative, efficient system to meet needs across their group and allow for better sharing of expertise and resources across an area. Local school groupings will need to be actively engaged with the local authority and Integrated Care Board. We will look to local authorities and their partners to shape the formation of groupings in their areas and have an oversight role for



these groups. In designing local systems, local authorities, MATs, schools and other system partners should start to consider how they might integrate school groups into the bigger picture, to work closely with their Experts at Hand and wider reform offer to provide a comprehensive SEND system.

We would like to work with school and local authority partners to understand how these groups are best structured while we move long-term to a system where all schools are part of strong groups. Guidance relating to school groups and pooled funding will be published in due course.

Core minimum requirements


Local area partnerships will be expected to clearly and succinctly set out in their plan:

Effective Practice - Universal Offer

- Proposal to co-develop, and regularly refresh, a partnership-wide universal offer agreement with schools, MATs, early years settings and post-16 providers which will be underpinned by up-to-date, needs-based data and signed off by the local authority, ICB, MAT and school representatives and Parent Carer Forum (PCF). The agreed universal offer should draw on approaches that will be set out in the National Inclusion Standards.
- Evidence of the processes and mechanism through which MATs and PCFs are engaged in the development of the universal offer.
- How early intervention services will be strengthened, with enhanced mainstream support to prevent escalation of need.
- How a strengthened universal offer will support mainstream settings to meet the most commonly occurring and growing areas of need. This should include how well evidenced early intervention approaches focused on speech and language (e.g. ELSEC³/NELI⁴), autism spectrum disorder (ASD) and social, emotional and mental health difficulties (SEMH), could be deployed.

³ Early Language Support for Every Child

⁴ Nuffield Early Language Intervention

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- How a strengthened universal offer and group level specialist support will reduce escalation into out-of-area placements with significant travel-assistance requirements.

Early Years (plans should align with LA Best Start in Life plans)


- Proposal for assessing sufficiency of current level of childcare provision for 0–5s, detailing: (a) availability of early years places; (b) availability of specialist SEND early years places; and (c) any local gaps for children with complex and emerging needs and plan to address these including the role of wider partners such as Best Start Family Hubs.
- Proposal to improve early years identification and intervention strategies, including the role of Best Start Family Hubs.
- Proposal to strengthen transitions from early years to primary school, ensuring effective information flow and timely specialist input.

Post-16

- Proposal to strengthen pathways to adulthood, supporting young people to access education, training, employment and supported internships.
- A clarification of pathways into and out of post-16 settings, informed by consistent information flow and timely, effective specialist support.

Effective Partnerships

- Evidence of effective, shared, partnership leadership and governance across all system partners, with clear and mutually understood accountability arrangements.
- Evidence of formal representation from early years, schools, MATs and further education on partnership boards, with appropriate links to Schools Forums to support coherent engagement across all settings.
- Proposal to underpin partnership working with shared, high-quality data, including joint dashboards and use of a partnership maturity matrix to assess effectiveness.


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- How proposed/agreed mechanisms for engaging all schools, early years providers and post-16 providers (including out of area mainstream colleges accessed by local young people with SEND) would support collective responsibility for inclusive practice.
 - Proposal to strengthen dispute resolution and decision-making processes so system partners can address issues early and consistently, supported by transparent escalation routes.
 - A single named SRO who is part of the leadership team, to provide operational leadership and drive reform across the partnership. The SRO should be a senior local authority official.

Effective Co-production Practices

- Proposal to strengthen co-production arrangements so that parent carer forums are properly resourced and consistently engaged in shaping decision making.
- How the voice of children and young people is captured directly and distinctly from parent voice, with clear evidence of how their views influence decisions.
- How SENDIASS will be used to support parents carers with high quality, independent information and guidance, and how the local area will address variability in service quality where it exists, with reference to the minimum SENDIASS service standards. Please include proposed mitigation to any parental concerns about the perceived independence of SENDIASS within mediation processes.
- Proposal to adopt a minimum co-production benchmark (based on NHSE guidance) and self-assess against it in year one, identifying improvement actions where needed.

Mediation

- A description of local mediation and dispute resolution arrangements, demonstrating how they incorporate the voices of parents and children and young people.

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- Proposal to maintain metrics for timeliness, resolution rates and effectiveness to support monitoring and accountability.

Governance

The Local SEND Reform Plan should be a local area partnership plan. The local authority, as the system convener, has an oversight role over the process of preparing, submitting and delivering the overall Local SEND Reform Plan with active participation from all system partners.

Governance arrangement is expected to include active representation from all key partners, including ICBs, PCFs, MATs and schools, with clear roles and accountability. Where local area partnerships involve multiple education partners – including those not always located within their area such as further education colleges – or may commission therapy services from different health providers, they should agree how those institutions/providers can be represented and have a fair voice in decision making.

The local area partnership should agree a single, named Senior Responsible Officer (SRO) for the Local SEND Reform Plan and local area transformation who will be responsible for overseeing SEND improvement and reform for the area. The SRO should be a senior local authority official and part of the local area partnership leadership.

The Local SEND Reform Plan should be discussed, agreed, and signed off at the relevant SEND Governance Board. As a minimum, the plan should 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 Services (DCS), the Integrated Care Board NHS Place Director, and the Local Authority Chief Financial Officer (CFO/Section 151 Officer), reflecting the joint statutory responsibilities for SEND across the system.

We expect your Local SEND Reform plan to be aligned with other local strategic plans you are currently developing, including your Best Start local plan. Both plans sit firmly within the government's ambition to improve child development and health

outcomes, and to create a more inclusive, high-quality system of support for all children and young people with SEND. Together, they should provide a coherent local approach to raising outcomes for children, young people and families.

Funding

To deliver our ambition for an inclusive and sustainable SEND system, the Department has secured targeted funding through the Spending Review. Some of this funding will be delivered directly to LAs and ICBs, other funding streams will be delivered to settings and will need to be considered when developing plans.

LA and ICB Funding

Funding	Description
<p>Experts At Hand Offer Funding (for LAs and ICBs)</p>	<p>This funding is provided to support development of an Experts at Hand Offer which provides a defined route for mainstream education settings to access support, including but not limited to Educational Psychology, Speech and Language Therapy, and Occupational Therapy. Rather than relying on individual referrals, the offer enables a whole setting approach to group-level support, tailored guidance, and strategic advice, allowing for earlier and more impactful intervention.</p> <p>The funding will be paid via the Local Inclusion Partnership Grant after June 2026. LA allocations and methodology will be published in Spring 2026.</p>
<p>Transformation Funding</p> <p>Local Authorities</p>	<p>Transformation funding should support authorities to deliver the necessary changes to their local systems in line with the Schools White Paper while continuing to deliver effective and efficient services to children and young people with SEND through transition. This could be done through expanding capacity and capability within the Local Authority to deliver the required changes. For example, building data and analytical capability to enable effective monitoring of system performance so that decisions on</p>



	<p>delivery are informed by high quality and good use of data or building project management functions that can organise and sequence work, ensuring efficient and effective deployment of resources.</p> <p>The funding will be paid via the Local Inclusion Partnership Grant after June 2026. LA allocations and methodology will be published in Spring 2026.</p>
<p>Best Start Family Hubs Funding</p> <p>Local Authorities</p>	<p>This funding supports the rollout of Best Start Family Hubs across England. Best Start Family Hubs will have a children and family services professional specifically trained in working to support inclusion for children with additional needs.</p>
<p>High Needs Capital Funding</p> <p>Local Authorities</p>	<p>This funding is provided to support local authorities to provide places for children and young people with SEND, or who require alternative provision (AP). This funding is expected to fund a transformative expansion of inclusion bases, as well as adaptations to improve the accessibility and inclusivity of mainstream settings, reducing the need for pupils to travel a long way to a special school and the costs of LA arranged transport. It can also fund places in special schools for the most complex needs.</p> <p>More details on this funding and local allocations will be published in Spring 2026.</p>
<p>Inclusive Early Years Fund</p> <p>Local Authorities</p>	<p>We expect early years settings to use the Inclusive Early Years Fund to strengthen inclusive practices across the whole setting. This may include freeing up staff time to participate in continuing professional development (CPD), collaborate on inclusive planning, or engage in early assessments. The funding can also support activities such as adapting the curriculum, improving the learning environment, or implementing targeted, evidence-based interventions for groups of children. These approaches aim</p>



	to embed inclusive practice into everyday provision, reducing the need for individual applications or formal diagnoses.
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Local areas should consider how these funding streams will be used strategically and effectively to support reform priorities, build capacity, and ensure priority outcomes are realised.

Other Inclusion Funding


We are also investing in mainstream settings to ensure that they are able to meet the needs of more children with SEND effectively.

Funding	Description
Inclusive Mainstream Fund (for Schools, and Post-16 settings)	We expect settings to use this funding to identify commonly occurring, predictable needs such as difficulties with reading or emotional regulation and take meaningful steps to improve everyday teaching and universal provision, so that it works well for all from the outset. Settings will also be able to spend the funding on developing more targeted evidenced-based support offers such as transition support or specific group interventions for those who need them, without the need for as many formal assessments or diagnoses.

Structure of the Local SEND Reform Plan

The Plan is structured into five key sections:

1. **Vision** – What the local area partnership is trying to achieve
The vision and goals for your local system in line with the national vision set out in the Schools White Paper.
2. **Strategy** – How the local area partnership plans to achieve it



Where the local system expects to be in the next 3 years, its theory of change, roadmap for the next 3 years and delivery plan for the first year.

3. **Monitoring and Evaluation** – How the local area partnership will know delivery is on track

The processes for tracking progress against milestones and outcomes and reporting to decision-makers.

4. **Governance** – What action the local area partnership will take to stay on track

The governance and processes for monitoring progress and taking action to ensure delivery remains on track.

5. **Central Government Support** – How we can help the local area partnership

An opportunity to identify practical support from central government that will help you deliver your plan.

The Local SEND Reform Plan is set out in **Annex A**.

3. Submission, Review, and Monitoring Process

Submission

Local areas are expected to submit the first iteration of their Local SEND Reform Plan by **Friday, June 19, 2026**.

A month prior to final local leadership sign-off and formal submission of Local SEND Reform Plans; SEND and financial advisers will be available to review a final draft of local area plans to flag any significant gaps or concerns, and together with health regional leads and DfE officials, will offer intensive support if they believe a plan is at risk of not meeting the minimum quality threshold. Local area partnerships will then have an opportunity to action these concerns prior to formal submission to the department.



Local area leadership are encouraged to self-assess their plans using the **Local SEND Reform Plan Quality Assessment Framework** prior to sign-off and submission.

Further guidance on the submission and review process will be shared closer to the submission date.

Review

DfE and NHS England will use the plans to help identify effective, innovative practice and barriers, and identify how to effectively target support through the period of transformation.

The government will use the **Local SEND Reform Plan Quality Assessment Framework** to assess the quality of plans and facilitate access to the High Needs Stability Grant for local authorities.

The department will apply a consistent multi-tier assessment and moderation process to ensure that the review and assessment of plans is rigorous, consistent and fair.

DfE officials, health regional SEND leads, SEND and financial advisers will support local area partnerships in reviewing the plans using the **Local SEND Reform Plan Quality Assessment Framework** in the first tier.

Assessment tiers will include Regional Directors and independent senior civil servants from across the department. A SEND Delivery Board chaired by Regions Group Director-General, Tim Coulson, with DfE non-executive directors, DfE Performance and Risk Committee members and Sir Kevan Collins, the Secretary of State's delivery advisor in attendance will sign off final ratings and agree recommendations to the Secretary of State.

The Secretary of State will make the final decision to approve or not to approve a plan with assessment outcomes will be communicated in September

Monitoring

DfE Officials, health regional SEND leads, SEND and financial advisers will support local areas to develop iterative reform plans and, together with the local area



leadership, jointly monitor the implementation of plans as reforms are rolled out.

The purpose of the joint monitoring is to:

- i. provide assurance that funding is spent in line with reform priorities and that local area partnerships are working together to co-design and implement key changes to local service delivery, including changes to roles and responsibilities; and
- ii. provide assurance that the implementation of reforms is delivering the anticipated changes and outcomes, by rebalancing the system towards early intervention, inclusive education, and sustainable local services.

DfE officials, health regional SEND leads, SEND and financial advisers will join quarterly review meetings with local area partnerships (utilising existing governance forums) to understand implementation progress and provide appropriate support and challenge as needed. Where applicable, these review meetings will be consolidated with other engagement or monitoring meetings from DfE or health regional SEND leads.

Local area leadership and officials are expected to discuss progress against the plan, including:

- Progress against key metrics
- Whether key milestones are on track to be achieved
- Whether risks are being effectively mitigated
- Identifying effective and innovative practice that can be shared; and
- Identifying where additional support may be needed or barriers unblocked.

Local area partnerships are required to provide quarterly data returns to DfE against the selected metrics outlined in the accompanying data template. DfE will, in turn, provide quarterly data reports with visualised analysis and benchmarking that will support local delivery, monitoring, and evaluation.

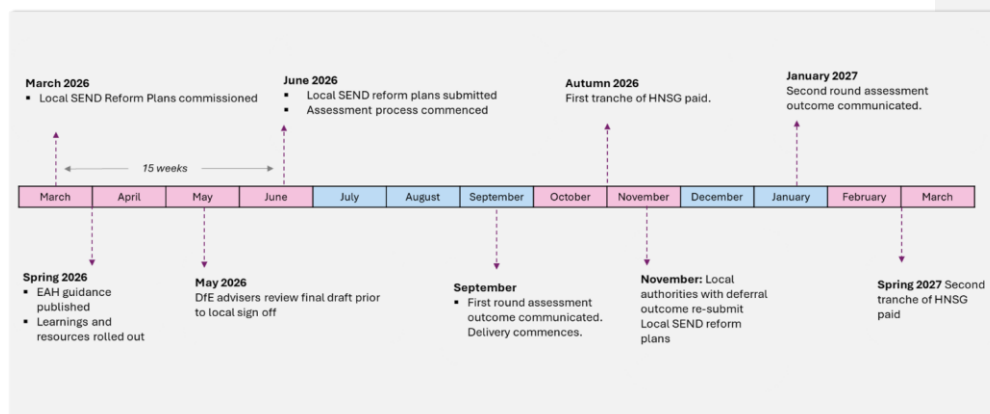
DfE officials and health regional SEND leads will use these data returns and discussions at review meetings, alongside submission of this Local SEND Reform Plan and the Local Partnership Maturity Assessment, as well as Area SEND inspection reports, to assess performance and delivery at the local level. These

assessments and this ongoing monitoring will ensure that support and engagement is best allocated and targeted throughout this period of reform.

High Needs Stability Grant

The government will address long standing SEND financial pressures by covering 90% of local authorities' High Needs-related DSG deficits accrued up to the end of 2025–26 through the High Needs Stability Grant. This grant will be paid subject to each local authority securing the Secretary of State for Education's approval of their local area's Local SEND Reform Plan. Payments will be made in Autumn 2026 for local authorities whose plans are approved. Local authorities whose plans do not meet the threshold for approval will be required to revise their plans to ensure they meet the required threshold, with appropriate support. Local authorities whose plans are subsequently approved will receive the grant payment in Spring 2027. Local authorities will not receive any payments until successful approval of their local area's Local SEND Reform Plan.

Review and payment timeline outlined below.



4. Questions

For any questions relating to this document or the Local SEND Reform Plan more widely, please get in touch with your DfE SEND Lead or contact

Implementationsupport.SEND@education.gov.uk



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			
Integrated Care Board (ICB) Chief Executive	Simon Whitehouse			
Local Authority Director of Children's Service (DCS)	David Shaw			
Integrated Care Board NHS Place Director	Vanessa Whatley			
Local Authority Chief Financial Officer (CFO/Section 151 Officer)	Duncan Whitfield			

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 SEND system serves a large rural county with dispersed communities and rising complexity of need. We are resetting governance, quality assurance and delivery discipline, but start from uneven inclusive practice, stretched specialist capacity (EP, SALT, OT and mental health), EHCP timeliness that has required recovery, and continued reliance on independent and out-of-area placements that increases travel and cost. Over the next three years we will move from reactive escalation to early, local and consistent support so more children and young people thrive in their local early years setting, school or college, with more local specialist provision for those who need it.

In 2026–27 we will embed Ordinarily Available Inclusive Practice (OAIP) and the graduated response through action research, a Shropshire Inclusion Quality Mark and a digital Local Inclusion Support Offer (LISO) with "human navigators". Over three years we will standardise thresholds and pathways across localities and align education, health and care around a single delivery plan and dashboard. Success will be seen in stronger OAIP implementation, improved SEND attendance and reduced exclusions, fewer children with SEN not in education/EHE linked to unmet need, and better family experience of finding and accessing support.

We will build confidence through targeted CPD, SENCO/practitioner networks, coaching and supervision. We will mobilise an Experts at Hand Offer (EAHO) using a mixed model: recruiting internal LA specialists to build LA-led capacity while commissioning the ICB and special schools to deliver defined elements at pace. Oversight and quality assurance of EAHO will be led by the EQA team. We will track



EAH reach and timeliness (coverage by phase/locality; time to triage/first contact; % de-escalated) and early impacts such as fewer repeat escalations and avoidable EHCP requests.

We will embed co-production with the Parent Carer Forum, extend the reach of our co-production beyond the designated PCF to engage with other groups parent carers and establish a representative children and young people's forum, with visible "you said, we did" feedback. We will improve statutory processes by sustaining EHCP recovery into business-as-usual performance, securing timely multi-agency advice, improving annual reviews and transitions, and using routine QA sampling to raise quality. Confidence will be evidenced through improved satisfaction, fewer complaints/disputes and clearer pathways.

Our approach is "local first" and invest-to-save: grow mainstream capacity (including inclusion bases), strengthen contracting and unit-cost insight, and reduce reliance on high-cost independent and out-of-area placements and excessive travel. We will track placement mix, travel distance/time, placement suitability and cost avoidance/savings, expecting year-one investment to outpace savings but forecasting improved cost avoidance and reduced growth in independent placements in years two and three as local capacity and earlier intervention embed.

Current performance is mixed: EHCP timeliness is improving but not yet consistent; OAIP implementation varies; health advice and therapy capacity constrains timely support; and independent placement reliance remains a key pressure. Our forecast is year-on-year improvement across the headline measures, supported by quarterly milestones, a single dashboard and routine review through QAG and the Partnership Board. Qualitatively, families and settings will experience clearer routes, faster access to advice, more consistent inclusive practice, fewer crisis points and more children supported close to home.

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

“Shropshire 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.”

Progress will be aligned with the Shropshire Outcomes Framework and will focus on:

1. **Improving outcomes for children and young people with SEND (0–25).** Increase the proportion of children thriving in local mainstream provision by strengthening early intervention, embedding ordinarily available provision through the Local Inclusion Support Offer, and expanding local capacity (including Inclusion Bases and adjusting the geographical distribution of some specialist provision). Track: attainment/progress measures, attendance, exclusions, destinations, and timeliness of statutory processes and key health input.
2. **Increasing confidence and lived experience of parents, carers and young people.** Embed meaningful co-production across the partnership—building on strong parent carer engagement and strengthening child and young person voice—so families see consistent ‘you said, we did’ improvements. Track: satisfaction/experience feedback, complaints themes and resolution times, participation levels (including under-represented groups), and evidence of changes made as a result.
3. **Securing value for money and long-term financial sustainability.** Shift from reactive spend to planned, invest-to-save commissioning by growing local provision, reducing reliance on independent placements and excessive travel, and improving understanding of unit costs across the continuum. Track: spend against budget, placement mix, cost per place/episode, forecast variance, and reinvestment into prevention and workforce capacity.

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.

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.

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.

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

We have a robust understanding of need across Shropshire and we want to build upon this by creating a systematic understanding of locality needs to help us develop a consistent, accessible and differentiated approach which helps us maximise the impact on children’s outcomes. Our ‘experts at hand’ model will build a core offer within year 1 and by year 3 will have tailored the offer to local needs using data (e.g. service demand, localised needs and harms analysis, outcomes data and specialist staff reporting), evidencing improved outcomes which demonstrate improved inclusive education. The plan supports local sufficiency through place planning, capital investment and smarter commissioning, with a focus on reducing reliance on high-cost independent and out-of-area placements and improving value for money.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
<p>Building blocks <i>Strengthening inclusion across education settings</i></p>	<p>Inclusion in Shropshire is improving but remains uneven, and a shared approach to SEND Support and ordinarily available provision (OAP) is not yet applied consistently. Targeted initiatives—including the Inclusion Pathway, practitioner panels, the Graduated Support Pathway, early years advice and SENCO networks—are helping some settings embed inclusive practice and build confidence. However, inconsistent practice, occasional over-reliance on diagnosis and variable mainstream capacity continue to drive escalation, increasing reliance on specialist placements and long-term alternative provision and weakening reintegration. Education engagement is growing but not yet broad. Immediate priorities are to embed OAP expectations, strengthen quality-first teaching and internal capacity, and improve statutory processes and transitions.</p>	<p>Shropshire’s ambition is that inclusion is the norm in every early years setting, school and college, enabling children and young people with additional needs to learn, belong and thrive locally wherever appropriate. A shared countywide model will embed ordinarily available provision and the graduated response through a clear tiered approach so support is provided early without over-reliance on diagnosis. Children needing adjustments will have outcomes-focused support plans that families can understand, backed by a locality-based multidisciplinary team that works across education, health and care and wraps around settings. Stronger inclusive practice and reintegration will reduce escalation, long-term alternative provision and high-cost placements, improving attainment, attendance and belonging.</p>

<p><i>Access to specialist support and local placements</i></p>	<p>Demand for specialist support and placements in Shropshire remains high, with reliance on independent/non-maintained provision and some long-term alternative provision as mainstream capacity and consistency drive escalation. The SEND sufficiency programme, stronger place planning and additional EHCP case officers are improving oversight, scrutinising commissioned placements and enabling some moves into local maintained provision. Settings can access specialist challenge through routes such as the Inclusion Pathway, practitioner panels, graduated support and SENCO networks, but provision is variable and constrained by limited internal specialist capacity and affordability. Workforce gaps in Educational Psychology and health services, especially SALT/OT and SEND mental health, increase waits and uneven support. Priorities are growing local capacity, strengthening early intervention, and embedding joint commissioning and cost sharing.</p>	<p>Shropshire's focus will be on delivering support locally and earlier. A "local first, close to home" approach expands mainstream support, inclusion bases and local specialist/AP to reduce out-of-area and high-cost placements. An "Experts at Hand" multidisciplinary offer (EP, SALT, OT, specialist teachers and mental health) provides timely input without escalation and will facilitate earlier identification by upskilling mainstream staff through coaching, modelling and shared tools so needs are recognised and responded to at the earliest point. All settings will receive a core Experts at Hand offer, with any additional capacity agreed and targeted within localities based on need and demand, facilitated by Inclusion Advisory Teachers who coordinate access, provide coaching and signpost to the wider multidisciplinary support. Alongside this, the EAHO will provide enhanced targeted support to a countywide network of inclusion bases, using outreach, coaching and shared practice development to upskill staff and build their capacity to meet a wider range of needs in mainstream schools close to children and young people's homes. Clear pathways and consistent thresholds make decisions transparent and fair. Specialist/AP placements are targeted and time-limited, with stronger reintegration and shared transition responsibility. Aligned place planning and smarter commissioning improve unit-cost insight and cost-sharing, supporting better attendance, wellbeing and outcomes.</p>
<p><i>System leadership, local partnership collaboration and</i></p>	<p>SEND/AP leadership and partnership in Shropshire are improving through governance redesign, stronger relationships and growing engagement, supported by corporate and political commitment, workstreams and joint learning. Co-production with parent carers has</p>	<p>Shropshire's SEND/AP enablers are clear governance, shared priorities and coordinated delivery. Stable, trusted governance supports timely decisions, escalation and accountability. Partners work to one time-bound plan, tracked through a single outcomes dashboard used to drive</p>

<p><i>co-production</i></p>	<p>strengthened via the Parent Carer Forum and PINS, but it is not yet systematic across education, health and care, and children and young people's voice lacks a consistent mechanism (such as a standing CYP forum) and clear "you said, we did" feedback loops. Education involvement is uneven and early years and school-to-school networking remain underdeveloped; health engagement is constrained by capacity and ICB change. Mediation is effective: Jan–Mar 2026 closed 42 referrals, 33 mediated, 80%+ agreement. Priorities are stabilising governance, one delivery plan and dashboard, embedding co-production and broadening engagement.</p>	<p>improvement. Place-based collaboration connects education, health, social care and the voluntary sector to strengthen prevention and early intervention. Co-production becomes routine through inclusive parent-carer and CYP participation, including a representative CYP Forum and a clear digital offer explaining support and routes to help. We will commit to providing a "human navigator" role for both parent carers and settings so that information, advice and next steps can be accessed quickly and easily, in ways that meet the needs of the user (including accessible formats and supported conversations where needed). Joint commissioning wraps multidisciplinary support around children and settings, while earlier resolution reduces mediation and appeals. Success is measured in improved experience, belonging, attendance and progress.</p>
<p><i>Encouraging inclusive culture and behaviours</i></p>	<p>Inclusive culture is strong in some Shropshire schools and services but remains inconsistent systemwide, leading to variable family experiences and reduced confidence in mainstream inclusion where expectations and thresholds are unclear. Targeted improvement activity—such as the Inclusion Pathway, integrated panels, graduated support, early years advice forums, SENCO networks and quality assurance challenge—is promoting shared learning and more consistent professional dialogue. However, practice can still depend too heavily on diagnosis, with uneven confidence in delivering SEND Support and variable fair access, turnaround and reintegration. Workforce pressures limit spread. Immediate priorities are clear shared expectations, embedded ordinarily available provision and tiered support, stronger school-to-school learning, consistent QA and co-produced feedback loops.</p>	<p>Shropshire aims for a culture of belonging in every setting, where inclusion is everyone's responsibility and children and young people with SEND feel safe and valued. Staff across phases consistently use evidence-informed, neuroaffirming approaches, making high-quality universal provision and reasonable adjustments routine. Shared language around ordinarily available provision and the graduated response should give families predictable support without needing diagnosis. A confident mainstream response will mean earlier help, fewer exclusions, reduced reliance on long-term AP and specialist placements, and stronger fair access and reintegration. Workforce development will focus on coaching, supervision, peer networks and "experts at hand" support, improving attendance, wellbeing and outcomes.</p>

Enablers	<p>Shropshire has several strong enablers for SEND improvement. Established co-production infrastructure—through an active Parent Carer Forum, PINS, a co-production framework and SENDIASS insight—supports priorities shaped by lived experience. Senior corporate and political commitment, alongside a governance reset and board co-chairing, is improving clarity, pace and accountability. Practical multi-agency routes (Inclusion Pathway, practitioner panels, graduated support pathway, early years forum and EHCNA panel input) strengthen navigation and joint decision-making. Quality assurance and supportive challenge provide leverage for consistency. A stronger evidence base (SEND JSNA, performance data, audits) supports outcomes-led management, while professional learning networks, workforce innovation and sufficiency/resource oversight help shift toward sustainable local provision and better value.</p>	<p>Shropshire’s key enablers are already in place to accelerate SEND/AP improvement. Strong co-production foundations (Parent Carer Forum, PINS, co-production framework and SENDIASS insight) will be strengthened by establishing a sustainable, accessible Children and Young People (CYP) voice, such as a representative CYP Forum linked into governance with clear “you said, we did” feedback. Governance and leadership momentum—through SEND/AP redesign, leadership stability, elected member engagement and board co-chairing—supports faster, clearer accountability. Existing multi-agency pathways and panels provide a scalable delivery engine. Quality assurance and supportive challenge (including EQA) can drive consistency. A robust analytical base (SEND JSNA, data and a single dashboard) enables outcomes-led tracking, alongside workforce and inclusion practice networks and emerging innovation to support sufficiency and smarter commissioning.</p>
<p>Success measures Drawing on metrics from the accompanying data template E.g.</p>	<p><i>Baseline</i></p> <p><i>Independent placement rate (count and % of EHCP cohort)</i></p> <p><i>No. of children supported through mainstream top-ups (with/without a plan)</i></p> <p><i>No. of children supported by EP/SLT/OT without a plan</i></p> <p><i>Average distance / travel time to placement (and % with “excessive travel” threshold)</i></p> <p><i>Timeliness – 20 weeks %</i></p> <p><i>Attendance</i></p>	<p><i>Target Metrics</i></p>

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INSERT DOCUMENT UPLOAD LINK

[shropshire-send-and-ap-strategy-2024-2029-final.pdf](#)

[shropshire-send-and-ap-outcomes-framework-2025-final.pdf](#)

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.’*

VISION
<p>“We want Shropshire 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.”</p> <p>The local area’s expectation is for our six outcomes to be embedded across all parts of the local SEND and AP system:</p> <ul style="list-style-type: none"> • My Voice is Heard

- I am supported
- I am achieving
- I feel safe
- I am healthy and happy
- I have independence

Each individual child or young person with SEND will have a plan to support them in achieving the best possible outcomes. Organisations supporting them will have a strategic plan on how they will enable the outcomes for all children and young people with SEND.

INPUTS

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Clear partnership governance, leadership and delivery | <ul style="list-style-type: none"> • Robust monitoring of KPIs, Lived Experience, Practice and Management Oversight. | <ul style="list-style-type: none"> • Transformation Grant |
| <ul style="list-style-type: none"> • Shared Practice Standards | <ul style="list-style-type: none"> • Staffing time and capacity | <ul style="list-style-type: none"> • Co-Production Framework |

ACTIVITIES

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Develop an accessible digital offer for all stakeholders, complimented by 'human navigators' | <ul style="list-style-type: none"> • Embedding OAIP across all settings: use of action research and development of best practice examples and case studies. | <ul style="list-style-type: none"> • Develop and embed Shropshire Inclusion Quality Mark to develop understanding of what good looks like |
| <ul style="list-style-type: none"> • Developing a CPD offer that meets identified local needs | <ul style="list-style-type: none"> • Developing specialist capacity (internal and commissioned) through the EAH offer and development of locality based Assistive Technology lending libraries | <ul style="list-style-type: none"> • Further embed co-production through engaging with a wide range Parent Carer groups and developing CYP voice across the 0-25 range. |
| <ul style="list-style-type: none"> • Develop tighter sufficiency planning | <ul style="list-style-type: none"> • Develop SEND aspects of communication strategy with a clear focus on closing feedback loops (you said, we did) | <ul style="list-style-type: none"> • Rapidly address EHCP and Annual Review timeliness and quality issues |

OUTPUTS

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Workforce Development Plan | <ul style="list-style-type: none"> • Joint Commissioning Strategy | <ul style="list-style-type: none"> • Sufficiency Strategy |
| <ul style="list-style-type: none"> • Delivery Plan | <ul style="list-style-type: none"> • Outcomes Plan with aligned KPI reporting | <ul style="list-style-type: none"> • Experts at Hand Offer |
| <ul style="list-style-type: none"> • Multi Agency Audits | <ul style="list-style-type: none"> • OAP Standards Published | <ul style="list-style-type: none"> • Improved visibility of the cost of provision. |

<ul style="list-style-type: none"> • CYP 'Forum' 	<ul style="list-style-type: none"> • Accessible digital platform with 'human navigators' 	<ul style="list-style-type: none"> • Established and accessible CPD offer
OUTCOMES		
<ul style="list-style-type: none"> • More settings provide inclusive provision 	<ul style="list-style-type: none"> • More children's needs are met earlier 	<ul style="list-style-type: none"> • Settings benefit from multi disciplinary support to meet the needs of children.
<ul style="list-style-type: none"> • Increased confidence across the workforce. 	<ul style="list-style-type: none"> • Local provision for local children 	<ul style="list-style-type: none"> • Reduced costs of provision
<ul style="list-style-type: none"> • Improved performance 	<ul style="list-style-type: none"> • Improved consistency of practice leading to improved outcomes 	<ul style="list-style-type: none"> • Improved quality of support
<ul style="list-style-type: none"> • Parent carers and other stakeholders are able to find information and access support more easily – evidence of this 	<ul style="list-style-type: none"> • The voice of CYP is clearly heard and acted upon 	<ul style="list-style-type: none"> • Reduced transport costs

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

INSERT DOCUMENT UPLOAD LINK

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	2027/28	2028/29
Building blocks			

<p>Strengthening inclusion across education settings</p> <ul style="list-style-type: none"> OAP expectations are embedded consistently across settings, so families experience predictable support. Quality-first teaching and internal specialist capacity are strengthened, improving early identification and response. 	<p>Ordinarily Available Inclusive Practice (OAIP): complete action research with settings and publish refreshed materials with clear expectations and examples (early years–post 16).</p> <p>Quality and consistency: agree LA Inclusion ‘quality mark’ that builds on our Outcomes Framework (what good looks like) and launch a light-touch cycle (audit/peer review/feedback) across pilot settings.</p> <p>Digital offer: develop a first iteration of an accessible digital LISO hub (templates, exemplars, signposting, short videos).</p> <p>Workforce / CPD: strengthen the CPD offer (blend national DfE content with local priorities) and expand SENCO networks and phase-specific communities of practice.</p> <p>“Experts at Hand” (EAH) design: design and recruit to an initial multi-disciplinary wraparound model; agree eligibility, response times and evaluation approach.</p>	<p>OAIP embedded at scale: refresh and renew OAIP materials and evidence consistent use across all settings (including phase-specific exemplars and reasonable adjustments).</p> <p>EAH expansion: expand the EAH model based on year 1 evaluation (coverage across localities/phases; clearer routes from universal to targeted support).</p> <p>Assistive Technology Lending Library: develop locality based libraries for settings to access technology</p> <p>Strengthen reintegration and fair access: implement consistent turnaround/reintegration expectations and support packages to reduce long-term AP drift.</p>	<p>Align OAIP to National Inclusion Standards (anticipated 2029): update local standards/LISO to reflect national expectations and codify “inclusion by default”. Develop local Inclusion QA tool to support schools and EQAs in evaluating inclusive practice.</p> <p>Sustained inclusive practice: demonstrate consistent QA outcomes and a mature peer-learning model across settings.</p> <p>Impact on outcomes: evidence improved belonging/attendance, reduced exclusions, reduced long-term AP, and reduced reliance on specialist placements where avoidable.</p> <p>Assistive Technology Lending Library: host assistive technology information and advice sessions for families within localities</p>
<ul style="list-style-type: none"> Statutory processes and transitions are timely and well coordinated, reducing delays and improving continuity of provision. 	<p>Recovery mobilisation; accurate case tracking; surge capacity fully productive; QA embedded early</p> <p>Aged cases removed at pace (no 30–52+ weeks by July; no 21+ weeks by Sept) and throughput sustained. Shift from “project mode” to controlled BAU; quality holds at good+ with 100% QA.</p>	<p>Right-first-time evidence; reduced rework; grip on partner advice timescales</p> <p>Annual Review flow stable (triage reduces unnecessary amendments); performance discipline holds. BAU resilience proven during peak periods; drift remains low.</p>	<p>Continuous improvement cycles reduce repeat delay causes; QA learning loop operating.</p> <p>Workflow optimisation reduces admin drag; escalation rules prevent “stuck” cases. High performance achieved and held; evidence of system grip.</p>

	End-year stabilisation at "good" benchmark (60% timeliness) with backlog controlled and drift prevented.	End-year sustain at 80% timeliness while absorbing growth at a rate of 10 per month.	Sustained ≥90% at year-end with stable operating model and low drift.
<p>Access to specialist support and local placements</p> <ul style="list-style-type: none"> Local capacity increases, enabling more children and young people to be supported close to home. Earlier intervention becomes the norm, reducing escalation in need and demand for high-cost provision. Joint commissioning and cost sharing are embedded, improving value for money and access to timely support. 	<p>Local sufficiency and place planning refresh: refine sufficiency forecasting and place planning cycle (Place Planning Board/SCAP), publish a transparent plan and decision principles (co-produced).</p> <p>Pathways/thresholds: map and simplify routes to specialist advice and placements (including AP and reintegration), making thresholds and timescales clear for families and settings.</p> <p>EAH and APST mobilisation: stand up initial EAH and APST multi-disciplinary offer (EP/therapy/specialist teacher/MH input) focused on preventing escalation.</p> <p>Commissioning levers: strengthen contracting and challenge on INMSS placements; improve unit cost understanding and joint cost-sharing conversations with health.</p>	<p>Local-first delivery: commission/expand local provision (mainstream with support, hubs/bases, local specialist/AP) in line with the sufficiency plan; reduce out-of-area placements where avoidable.</p> <p>Consistent decision-making: implement and quality assure consistent thresholds and panel decisions; publish guidance and case studies so families understand pathways.</p> <p>EAH expansion: broaden EAH coverage and embed multi-disciplinary input into settings, with clear escalation/de-escalation steps.</p> <p>APST expansion dependent on feedback from Y1</p> <p>Smarter commissioning: embed joint commissioning and cost-sharing arrangements; use unit cost data to support invest-to-save decisions.</p>	<p>Sustained local sufficiency: majority of CYP supported close to home with clear, equitable access to local mainstream, hubs/bases and specialist/AP where needed.</p> <p>Specialist input wrapped around mainstream: EAH-style offer operates as business-as-usual and is routinely used to prevent escalation.</p> <p>Value for money and reinvestment: evidence that reduced high-cost placements and smarter commissioning releases resource to prevention and workforce capacity.</p>
<p>System leadership, local partnership collaboration and co-production</p> <ul style="list-style-type: none"> Governance is stable and clear, enabling timely decisions, escalation and accountability. Partners deliver a single, prioritised plan tracked through 	<p>Governance stabilisation: confirm and publish SEND/AP governance model (roles, reporting lines, escalation routes) and embed a routine performance cycle.</p> <p>Single prioritised delivery plan: translate self-evaluation into one measurable plan with owners, milestones and risks.</p>	<p>Governance fully embedded: governance operates consistently across partners and localities; escalation routes and accountability are understood at frontline level.</p> <p>Dashboard drives decisions: use shared measures to target support, hold workstreams to account and evidence impact (not just activity).</p>	<p>Mature partnership leadership: stable governance and locality collaboration evidenced through improved outcomes, reduced escalation and consistent delivery across the county.</p> <p>Co-production as business-as-usual: co-production is systematic and demonstrably shapes strategy,</p>

<p>a shared performance dashboard that drives improvement.</p> <ul style="list-style-type: none"> Co-production is embedded consistently across education, health and care, with clear “you said, we did” feedback. Engagement broadens across early years, mainstream and specialist settings, strengthening collaboration and shared learning. 	<p>Shared dashboard (v1): agree shared measures (outcomes, experience and system flow) and publish a first partnership dashboard (including leading indicators). Co-production embedded: set expectations for co-production in governance/workstreams and implement “you said, we did” reporting.</p> <p>CYP Forum established: design, recruit and launch a representative CYP Forum (with safeguarding/ consent and accessible participation routes) and agree how it feeds into boards/workstreams. Work with CYP to understand how they want to access information.</p>	<p>Place-based collaboration: implement consistent locality arrangements that reach early years, mainstream, special, AP and post-16 and are not reliant on individuals.</p> <p>CYP Forum influence at scale: CYP Forum co-produces and tests communications/pathways, quality assures “you said, we did”, and enables CYP representation into priority boards/task-and-finish groups.</p> <p>Development of CYP digital offer (if identified in Y1 as an ask)</p>	<p>commissioning and service design, with strong “you said, we did” feedback loops.</p> <p>CYP Forum sustained: CYP Forum is established, representative and routinely embedded into governance/QA and commissioning decisions; CYP-friendly reporting shows how input changed services.</p>
<p>Encouraging inclusive culture and behaviours</p> <ul style="list-style-type: none"> Shared expectations are clear and applied consistently across the system. Ordinarily available provision (OAP) is embedded, with tiered support used as intended. School-to-school learning is stronger and more routine, spreading effective inclusive practice. Quality assurance is consistent and drives improvement in delivery and outcomes. Co-produced feedback loops are established, with clear “you said, we did” responses. 	<p>Shared inclusion expectations: communicate and reinforce that all settings take responsibility for inclusion; embed a common language for OAP and the graduated response.</p> <p>Practice development: develop a coherent workforce offer (coaching, supervision, peer networks) focused on behaviour change and quality-first teaching.</p> <p>Peer learning: strengthen school-to-school and cross-phase learning, including early years and post-16.</p> <p>Lived experience feedback: use co-production feedback (PCF and emerging CYP voice) to shape inclusion behaviours and trust.</p>	<p>Culture of belonging at scale: evidence consistent inclusive behaviours across phases and localities; reasonable adjustments become routine rather than exceptional.</p> <p>Workforce model embedded: co-produced workforce offer is implemented countywide, supported by “experts at hand” input and QA.</p> <p>Reduced escalation: improved early support leads to fewer exclusions and reduced reliance on long-term AP and avoidable specialist moves.</p>	<p>Sustained inclusive culture: inclusion is evidenced through consistent practice, improved belonging and participation, and a stable workforce approach.</p> <p>Improved outcomes: improved progress/attainment, attendance and wellbeing for CYP with SEND, with reduced exclusions and reduced long-term AP.</p>
<p>Enablers</p>	<p>Co-production capacity: formalise co-production infrastructure and</p>	<p>Scaled participation and engagement: CYP Forum and PCF</p>	<p>Sustainable system infrastructure: co-production (including CYP Forum)</p>

	<p>mobilise CYP Forum support (link officer, participation budget, comms support).</p> <p>Data and insight: build on SEND JSNA to agree the shared dataset and reporting cadence for the dashboard (including lived experience and system flow).</p> <p>QA as an engine: align QA activity (incl. EQA) to the delivery plan priorities and implement a consistent learning loop from audits to improvement support.</p> <p>Workforce innovation: progress recruitment/retention actions and new roles/models (assistant EP, EAH) to improve coverage.</p>	<p>involvement is routine across workstreams; seldom-heard participation improves through targeted outreach and adjustments.</p> <p>Performance management embedded: dashboard is used consistently by governance and locality partnerships to target improvement and track leading indicators.</p> <p>Delivery mechanisms strengthened: multi-agency forums/panels (Inclusion Pathway, IPPs, GSP, EY A&G) operate consistently with agreed standards and QA feedback.</p> <p>Workforce model maturing: EAH and specialist capacity stabilise; reliance on agency reduces where possible.</p>	<p>and QA are embedded as business-as-usual and demonstrably influence commissioning and service design.</p> <p>Data-driven improvement: shared measures show sustained progress toward target metrics, with leading indicators used to anticipate pressure and intervene early.</p> <p>Workforce resilience: clearer career pathways and stable models improve rural coverage and reduce waiting/variation.</p> <p>Reinvestment: efficiencies from reduced high-cost placements are redirected into prevention, early intervention and workforce capacity.</p>
<p>Success measures <i>Drawing on metrics from the accompanying data template E.g.</i></p> <p><i>Independent placement rate (count and % of EHCP cohort)</i></p> <p><i>No. of children supported through mainstream top-ups (with/without a plan)</i></p> <p><i>No. of children supported by EP/SLT/OT without a plan</i></p> <p><i>Average distance / travel time to placement (and % with "excessive travel" threshold)</i></p> <p><i>Timeliness – 20 weeks %</i></p> <p><i>Attendance</i></p>			

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INSERT DOCUMENT UPLOAD LINK - Add our EAHO diagram once agreed

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.

2026-27 Local delivery plan		Q2 (Jul-Sep 2026)		Q3 (Oct – Dec 2026)		Q4 (Jan-Mar 2027)	
Workstream outline – mapped to building block Outcome - what you want to achieve with this workstream Success measures – how you measure progress drawing on metrics from the accompanying data template	Responsible lead per workstream – accountable for the delivery of the workstream and the identified outcome.	Milestones per workstream What key milestones will enable you achieve your targeted trajectory	Target trajectory per workstream Where do you expect your data to be?	Milestones per workstream What key milestones will enable you achieve your targeted trajectory	Target trajectory per workstream Where do you expect your data to be?	Milestones per workstream What key milestones will enable you achieve your targeted trajectory	Target trajectory per workstream Where do you expect your data to be?
NB: In Shropshire, all workstreams will have a focus on: <ul style="list-style-type: none"> Participation and co-production Comms Data 							
Workstream 1a: Experts at Hand Offer (EAHO) – Year 1 implementation Related building blocks: <ul style="list-style-type: none"> Strengthening inclusion across education settings 	Sarah Court	Confirm EAHO and APST operating model and service standards (single triage, thresholds, response times,	Service standards agreed; workforce plan baselined; initial	Recruit or secure commissioned capacity for core disciplines; launch partial	Partial launch in place; coverage plan live; early KPIs reporting begins	Deliver full Year 1 launch across agreed localities/phases.	Full coverage achieved for Year 1; KPIs show improving timeliness and


<ul style="list-style-type: none"> • <i>Access to specialist support and local placements</i> <p>Outcome: EAHO is operational in Year 1 with clear service standards, equitable access and measurable impact, enabling earlier intervention and reducing escalation into statutory processes and high-cost provision.</p> <p>Success measures: 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.</p>		<p>prioritisation and escalation). Agree SLA/MOU with ICB (scope, reporting, data-sharing, dispute resolution). Complete workforce and capacity plan across EP/SaLT/OT/mental health and specialist teacher/adviser roles (incl. commissioned/outreach capacity).</p>	<p>capacity confirmed.</p>	<p>service where teams are in place. Publish locality/phase coverage plan and implement equitable access approach, incl. proactive outreach to high-need settings and route for out-of-area FE.</p>	<p>(coverage, triage/first contact, distribution).</p>	<p>Embed routine group-based support offers (consultation clinics, workforce training, targeted interventions) and triage to existing pathways where needed. Agree high-level Years 2–3 scale-up plan by March 2027.</p>	<p>equitable distribution; de-escalation and satisfaction measures reported; Years 2–3 plan agreed.</p>
<p>Workstream 1: Inclusive Practice</p> <p>Related building blocks:</p> <ul style="list-style-type: none"> • <i>Strengthening inclusion across education settings</i> • <i>Encouraging inclusive culture and behaviours</i> <p>Outcome:</p> <ul style="list-style-type: none"> • Consistent, high-quality inclusive practice at SEND Support across all settings, meeting need early and reducing escalation. <p>Success measures:</p> <ul style="list-style-type: none"> • 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) 	<p>Sarah Court</p>	<p>Complete action research of OAIP with pilot settings</p> <p>Recruit / identify lead for developing digital navigation system for LISO</p>		<p>Review and refine OAIP and co-produce training</p> <p>Co-produce first draft of Inclusion Quality Mark</p> <p>Launch basic digital LISO</p>		<p>OAIP training delivered</p> <p>Pilot Inclusion Quality Mark with identified settings</p> <p>Launch fully fledged digital LISO</p>	

<p>Workstream 2: Commissioning</p> <p>Related building blocks:</p> <ul style="list-style-type: none"> • Access to specialist support and local placements <p>Outcome:</p> <ul style="list-style-type: none"> • Local-first, sustainable commissioning that grows local provision, reduces high-cost reliance and improves value for money without reducing quality, supported by strengthened early intervention and clear pathways to prevent escalation into specialist and independent placements. <p>Success measures:</p> <ul style="list-style-type: none"> • 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) 	<p>Jess Sharma</p>	<p>Strengthen commissioning routes, contracting and unit-cost insight to support early intervention and reduce escalation into high-cost placements (EAHO delivery milestones are set out in Workstream 1a).</p> <p>Complete sufficiency work with Wakefield LA.</p> <p>Develop annual QA and feedback survey (led by EQA team, to include parent/carer experience of placement suitability).</p> <p>Complete Sufficiency work with Wakefield LA</p> <p>Develop annual QA and feedback survey (led by EQA team, to include Parent carer experience of placement suitability)</p>		<p>Implement commissioning and sufficiency actions from the refreshed plan (including local capacity expansion and market management); align pathways and thresholds for placements and reintegration. (EAHO scale-up activity is covered in Workstream 1a.)</p>		<p>Embed strengthened placement governance and contracting; monitor placement mix, cost and travel and implement repatriation actions where feasible. (EAHO full Year 1 launch is covered in Workstream 1a.)</p>	
<p>Workstream 3: EHCP Timeliness</p> <p>Related building blocks:</p> <ul style="list-style-type: none"> • Strengthening inclusion across education settings <p>Outcome</p> <ul style="list-style-type: none"> • Timely, high-quality EHCPs and reviews that deliver coordinated support and improved outcomes, with reduced drift and disputes. <p>Success measures:</p>	<p>Annie Williams</p>	<p>Recovery mobilisation; accurate case tracking; surge capacity fully productive; QA embedded early Aged cases removed at pace (no 30-52+ weeks by July; no 21+ weeks by Sept) and throughput sustained.</p>	<p>20 week timescale: 40%</p>	<p>Shift from "project mode" to controlled BAU; quality holds at good+ with 100% QA.</p>	<p>20 week timescale: 50%</p>	<p>End-year stabilisation at "good" benchmark with backlog controlled and drift prevented.</p>	<p>20 week timescale: 60%</p>

Projected Investment Spend per quarter <i>Please specify funding source for each category</i>	Transformation Funding	EAH funding	Transformation Funding	EAH funding	Transformation Funding	EAH funding
Programme oversight/additional leadership capacity.	£55,000	£0	£27,500	£0	£27,500	£0
Workforce – EAHO mixed delivery model: internal recruitment (LA led) and commissioning(ICB and special schools)	£0	£0	£0	£400,000	£0	£600,000
Data: system integration	£50,000	£0	£0	£0	£0	£0
Digital: development of digital navigation tool (workforce)	£0	£0	£16,250	£0	£16,250	£0
Total Spend	£105,000	£0	£43,750	£400,000	£43,750	£600,000

INSERT DOCUMENT UPLOAD LINK: include our fully costed workforce plan once agreed

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 will deliver the 2026–27 plan as one partnership programme led by the local authority, with a named LA SRO, clear workstream leads and PMO support for planning, risks and reporting. We will mobilise the Experts at Hand Offer (EAHO) through a mixed model: LA recruitment to build sustainable specialist teacher/adviser, EP and specialist practitioner model with coordination capacity; ICB-commissioned provider delivery for health disciplines (e.g., SaLT and OT) to scale quickly; and commissioned outreach from high-quality specialist and alternative provision providers to strengthen mainstream capability and reintegration. The model will deliver a core offer to all settings in Y1 with an upscaled offer in Y2-3 using needs-based data. Ongoing evaluation and monitoring of impact through engagement with stakeholders from across the Partnership will also inform how the model is scaled up and enhanced in Y2-3.

Alongside developing mainstream capacity and expertise, we will develop our sufficiency and place planning approaches and use a range of data to strategically plan additional or relocated specialist places (in both Specialist Bases and Special Schools) where needed to provide more localised provision and reduce travel times.

Performance will be assured via KPIs (coverage by phase/locality; time to triage/first contact; distribution supported; de-escalation; satisfaction), with quarterly Partnership Board review and monthly QAG oversight. Year 1: Q2 confirm service standards and the workforce/capacity plan; Q3 secure capacity and run a partial launch with published locality/phase coverage; Q4 full launch with group clinics, training and targeted interventions, plus triage into existing routes (Inclusion Pathway, panels, graduated support and early years advice).



Access will be via locality allocation, proactive outreach and an explicit route for out-of-area FE. Commissioning will refresh place planning, contracting and unit-cost insight and recommission AP to the 3-tier/APST model; if capacity is constrained we will contract locally, partner regionally or share expertise, with actions agreed at pace.

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;
- (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.



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.

Delivery of new inclusive capacity

Capital investment will deliver **13 new inclusion provisions**, creating **358 additional local places** for children and young people with SEND. Provision is phased to strengthen early intervention, support progression, and sustain inclusion across the system:

- **Early years and primary:** new and expanded inclusion bases focused on communication and interaction, and cognition and learning, to strengthen early support and reduce escalation.
- **Secondary:** inclusion bases designed for SEMH and mixed-needs cohorts to improve attendance, engagement and retention in mainstream.
- **Post-16:** specialist inclusion provision within colleges to support transition to adulthood, independence and preparation for employment.

Settings have been identified through place-planning to address geographic gaps, reduce travel distances and respond to patterns of need. 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, every child or young person who requires an inclusion base place will be able to access one locally.

Link to DSG recovery

Expanding inclusive capacity is central to the DSG recovery trajectory. 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.

Improving the suitability of the mainstream estate

Capital funding will also 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.

Specialist provision at Ludlow (South) and Oswestry (North)

Where needs cannot be met through inclusion bases or mainstream adaptations, specialist provision remains necessary. In Ludlow, wider capital and sufficiency work is creating the conditions for a future **special school**, responding to sustained demand while maintaining a balanced system that prioritises inclusion. In Oswestry, we are scoping a new special school satellite provision on the site of an all-through mainstream school, providing a mix of mainstream, inclusion base and specialist satellite provision in one place.


Alignment with system reform

Where capital replaces previously planned special or AP free schools, funding will be redirected to flexible, locally responsive solutions that better meet identified need and support long-term DSG sustainability. Inclusion Base and Special/Satellite School developments represent LA and MAT partnership working

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 has adopted a collaborative and transparent approach to engaging system partners and stakeholders in the co-production of this plan and its implementation. Our engagement approach explicitly covers: early years providers; mainstream and specialist schools; multi-academy trusts (MATs); alternative provision; further education and post-16 providers (including out-of-area mainstream colleges attended by Shropshire young people); health providers and the Integrated Care Board; Parent Carer Forum and wider parent/carer community (including seldom-heard groups); SENDIASS; and children and young people with SEND (distinct from parent voice). We have aligned engagement to the core minimum requirements and to changing roles and responsibilities described in the Schools White Paper, including expectations on mainstream settings to strengthen ordinarily available provision, participate in group-based support models, and share accountability for inclusion outcomes.



A key milestone in this process was the White Paper round table event, which brought together education leaders, local authority representatives, health partners, and parent carer forum leaders. This event provided a structured forum for open discussion on the implications of the Schools White Paper, the evolving roles and responsibilities of schools and system partners, and the practical steps required to manage a smooth transition towards a more inclusive system. Insights generated at the round table directly informed the development of the maturity matrix, establishing a shared understanding of current strengths, gaps, and priorities for improvement across the area.

To capture a wider range of experiences, the partnership facilitated a series of focus groups spanning mainstream schools, early years settings, alternative provision, and further education/post-16 providers. These sessions enabled participants to share real-life examples of good practice, challenges faced in delivering inclusive support, and suggestions for how the new reforms could be implemented most effectively. Importantly, these focus groups included providers attended by young people who live outside the local area, ensuring regional coherence and mutual learning.

In addition, surveys were distributed to all educational settings and to parents and carers of children and young people with SEND. The surveys were designed to gather feedback on the core minimum requirements, as well as to test the feasibility and perceived impact of proposed reforms. Responses from these surveys have been systematically analysed and used to shape both the content and the delivery approach of the reform plan, with key themes and recommendations feeding into partnership-wide planning sessions and subsequent iterations of the maturity matrix.

The partnership's approach reflects a clear commitment to the principles set out in the Schools White Paper, particularly around strengthening collaboration, clarifying roles and responsibilities, and embedding a culture of continuous improvement. By engaging a broad spectrum of stakeholders – including schools, early years providers, alternative and specialist settings, FE and post-16 institutions, and parent carers – the partnership has ensured that the SEND reform plan is both ambitious and grounded in practice. Collaborative working groups have been established to co-produce solutions to identified challenges, and joint training sessions have supported a shared understanding of the core minimum requirements.

It is recognised that direct co-production with children and young people with SEND remains an area for development. While some engagement has taken place through existing participation forums, the partnership acknowledges that more systematic and meaningful involvement is needed. As such, strengthening the voice and influence of children and young people will be a key priority in year 1 of the reform plan. Plans are in place to establish a new youth advisory group, co-design accessible engagement materials, and create regular feedback loops so that young people's experiences and aspirations directly shape the ongoing evolution of the plan.

In summary, the partnership has demonstrated a strong commitment to inclusive engagement and co-production, drawing on a variety of methods to involve system partners and stakeholders at every stage. As the reforms move into implementation, continuous engagement –

particularly with children and young people – will remain central to ensuring that the SEND system evolves in a way that is responsive, effective, and sustainable for all. The newly recently developed communications plan across Children’s Services sets out the approach for effective, coordinated communication across the Children’s Transformation Programme, including SEND. Clear, consistent and timely communication is essential to support delivery, build shared understanding of the programme’s purpose and priorities, and ensure stakeholders are informed, engaged and able to contribute effectively. The communications plan provides a framework to ensure communication activity is aligned, coherent and proportionate across the whole programme.

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
Uneven implementation of ordinarily available inclusive practice (OAIP) and the graduated response across settings leads to postcode provision and escalation.	High	High	Red	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.	Amber

Experts at Hand Offer cannot operate at scale due to constrained workforce capacity (EP/SALT/OT/mental health) or unclear service standards.	High	Medium	Amber	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.	Amber
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.	High	Medium	Amber	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.	Amber
EHCP timeliness and quality improvements do not sustain ('stick') as demand rises and partner advice remains delayed or inconsistent.	High	Medium	Amber	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.	Green
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.	Medium	Medium	Amber	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.	Green

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 is dependent on wider reforms. We will manage these dependencies through: one programme plan, one RAID/dependency log, clear owners and timebound actions. The PMO will maintain the dependency log, chase actions and publish a short monthly highlight report. QAG will review dependencies and linked risks at each meeting, agree corrective actions and escalate any "stuck" issues to the SEND Partnership Board and, where relevant, ICB governance.

NHS reforms / ICB change (dependency for EAH and timeliness and quality of statutory health advice).

Operationally we will:

- agree a joint workforce plan with the ICB;
- set response standards, a single triage route and prioritisation criteria for EAH and statutory advice;
- use a blended model (consultation, group training, targeted interventions) to maximise reach;
- commission additional capacity where feasible.



We will track weekly capacity (sessions available vs requested), advice timeliness and backlogs. If standards are missed for two consecutive cycles, the SRO will escalate through ICB place leadership with a recovery action plan.

Local Government Reorganisation and Children's Social Care reform (including Family Help).

These changes affect pathways, thresholds and staff capacity. We will keep delivery joined up by running SEND within the Children's Services Transformation portfolio with a single RACI, shared project resource and aligned milestones. We will run a monthly stop/start/continue session to remove duplication and re-sequence work when corporate priorities shift. If capacity drops below minimum in critical roles, we will use transformation funding to backfill and, via QAG, de-scope lower-impact activity to protect delivery of the first-year plan.

Best Start in Life / Family Hubs.

This is a dependency for earlier identification and demand moderation and links to the risk that rising need (especially early years and transitions) overwhelms improvements and that engagement does not reach under-represented families/young people. We will integrate SEND routes into Family Hubs (single front door information, clear routes into early years advice and EAH, and consistent "you said, we did" feedback). We will track hub-level demand signals (requests, repeat contacts and waiting times) and target additional support where localities show sustained pressure.



Curriculum and Assessment Review.

Changes could affect behaviour, attendance and identification practices. To mitigate the risk of postcode practice, we will use OAIP standards and the Inclusion Quality Mark as our operational baseline. The EQA team will trigger targeted QA/deep dives where indicators suggest inconsistency (attendance/exclusion patterns, repeat escalations, high EHCP request rates). Findings will drive focused support visits, peer learning and escalation routes for persistent non-engagement. We will work with providers (particularly AP and FE) to support schools to work creatively to deliver alternative courses and qualifications that meet identified needs of CYP with SEND.

Data, finance and sufficiency dependencies.

To avoid the risks that KPIs are disputed/delayed and savings lag behind investment, we will maintain a KPI dictionary with named data owners, automate reporting where possible and publish a monthly insight narrative (what/why/so what/next). Financial dependencies will be managed through phased investment gates, unit-cost baselines, tight placement governance and explicit tracking of cost avoidance. The sufficiency programme will run a staged plan (quick wins, medium build, longer-term capital delivery) with repatriation plans to manage the risk that local capacity takes time to create and independent placements continue due to immediate need.

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 area partnership will ensure delivery remains on track through a coherent performance management framework that integrates quantitative data, quality assurance, and lived experience into a single, transparent system of monitoring and improvement. This approach is designed to move beyond reporting activity and to actively drive measurable impact against identified outcomes and success measures.




A **single partnership dashboard** will be the core monitoring tool, bringing together a defined set of indicators aligned to outcomes, system flow and lived experience. This will include measures of demand, service delivery, service quality and outcomes.

Examples of key **performance indicators** include:

- **Demand and system flow:** number of EHCP requests for assessment; rate of new EHCPs issued; proportion of cases progressing to statutory assessment; panel referral volumes; and escalation indicators such as requests for specialist placements or alternative provision.
- **Service delivery and timeliness:** percentage of EHCPs completed within 20 weeks; timeliness of annual reviews; waiting times for Educational Psychology, Speech and Language Therapy and neurodevelopmental pathways; and response times within the “Experts at Hand” model.
- **Inclusion and participation:** attendance rates for children and young people with SEND; fixed-term and permanent exclusion rates; rates of reintegration from alternative provision; and proportion of needs met at SEND Support.
- **Local sufficiency and value for money:** proportion of children educated in local mainstream or maintained provision; number and cost of independent/non-maintained placements; placement stability; and average cost per placement over time.
- **Lived experience and trust:** parent and carer satisfaction scores; participation levels in co-production (including CYP Forum involvement); number and themes of complaints; and average time to resolution, alongside tracking of “you said, we did” actions.

The dashboard will incorporate both **lagging indicators** (such as attainment, placement mix and spend) and **leading indicators** (such as escalation rates, waiting times and QA findings) to provide early warning of pressure and enable proactive intervention. Data will be reviewed routinely at operational and strategic levels, with analysis by locality, phase and cohort to ensure equity across Shropshire’s rural geography.

To complement quantitative data, the partnership will embed a **systematic quality assurance (QA) cycle**. This will include multi-agency audits of EHCPs and SEND Support plans (ISPs), thematic reviews (such as inclusion practice, transitions or health contributions), and peer review across settings. For example, QA indicators will include **quality ratings of EHCP plans**, evidence of clear outcomes and



provision, and consistency of ordinarily available provision in practice. These findings will be triangulated with performance data to identify priorities for improvement and inform targeted support and workforce development.

Lived experience insight will form a third, critical strand of monitoring. Regular feedback from parents, carers, and children and young people will be gathered through surveys, engagement activity and co-production forums. Indicators will include **engagement reach across seldom-heard groups**, CYP Forum activity and outputs, and evidence that feedback has influenced decision-making. This ensures progress is judged not only by system performance but by improvements in confidence, trust and experience.

Monitoring will be underpinned by **strong governance and accountability**. A single delivery plan will set out milestones, ownership and trajectories, with workstream leads accountable for progress. Partnership boards will review the dashboard regularly, using it to inform decision-making, prioritisation and resource allocation.

The partnership will also implement **feedback and adaptation mechanisms**, using leading indicators to test the impact of key interventions (such as the Local Inclusion Support Offer and Experts at Hand model) and adjust delivery where required.

Through this integrated approach—combining data, quality assurance, lived experience and governance—the partnership will maintain a clear and dynamic grip on delivery, ensuring that progress is tracked rigorously and that improvement is continuous, evidence-led and focused on better outcomes for children and young people with SEND.

13. 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.

INSERT DOCUMENT UPLOAD LINK

Section 4 – Governance

14. 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.

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. to oversee the Children's Transformation . Sets the vision, oversees the Children's Transformation Programme and ensures multi-agency alignment	Chair (CEO, LA)	Every 2 months	Strategic Decisions	Top Layer of the Governance Structure
Health and Wellbeing Board	The Health and Wellbeing Board (HWBB) acts to ensure that key leaders from health, care, and the	Co-Chairs – ICB/Portfolio Holder for Health.	At least quarterly	Statutory decisions re. JSNA, Pharmacy Needs Assessment,	Reports to Full Council as required, overseen by HOSC.

Commented [NM1]: @Louisa Jones I think you have the ToR for this group if so can you help please?

	Voluntary and Community Sector work together to protect people's health, improve the health and wellbeing of Shropshire residents and reduce inequalities that are the cause of ill health including the wider determinants of health. Health and Wellbeing Board members collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services.	VCSE, Partners in Care, RJAH, STWCH, MPFT, West Mercia Police, WMAS.		Better Care Fund, development of Health & Wellbeing Plan. Takes strategic decisions	
Education Excellence					
IMPACT Boards	This is a tactical level board to bring participation, engagement and co-production to life across Shropshire. It has a mission to ensure that the voices of children, young people and their families influence decisions.	Chair (AD, LA Children's Services)	Monthly	Decisions on how we will seek to deliver the core functions set.	Ambitions Board
SEND and AP Partnership Board					
Quality Assurance Group (QAG)	QAG provides system assurance and improvement intelligence to the SEND and Inclusion Partnership Board. It triangulates performance, audit and lived experience evidence to assess quality, identify gaps, test impact, challenge partners and escalate risks. Covering education, health, social care and inclusion/AP, it ensures accountability, oversight and measurable outcomes across SEND services.	Chair: (AD Children's Services and SRO) Deputy Chair: [Associate Director of Nursing and Quality Priority Populations, ICB SEND SRO] <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 	Monthly		SEND and AP Partnership Board

		<ul style="list-style-type: none"> • 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). 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>			
Workstream 1: Inclusive Practice	Develop a continuum of high-quality local provision in Shropshire across education, health and social care, to better meet the needs of children and young people with SEND and those requiring AP.	<ul style="list-style-type: none"> • Senior EQA for SEND and AP, Chair • Lead for Access to Education, Vice Chair • 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 	Every 6 weeks		QAG
Workstream 2: Commissioning				This group can make decisions related to the execution of commissioning strategies approved by	QAG

Commented [NM2]: @Jessica Sharma can you add in the details from the Joint Group please

				<p>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>	
Workstream 3: EHCP Quality and Timeliness	Ensure partnership action to improve the timeliness and quality of Education, Health and Care Plans. This group is responsible for interrogating the data and taking rapid action to improve the timeliness of our EHCP's.	<ul style="list-style-type: none"> • EHCP Team Manager, Chair • Associate Designated Clinical Officer, Vice Chair • PACC • 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 <ul style="list-style-type: none"> • Special School representation • Parent Carer group representation 	Monthly	This group makes proactive, process-oriented decisions aimed at preventing defects and ensuring services meet established standards.	QAG

If you have a diagram to show the relationship between these governance mechanisms, please upload this here.

INSERT DOCUMENT UPLOAD LINK




Section 5 – Central Government Support

15. 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
-
- 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 (MA) 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.

Annex B - Supporting Documents

Document	Link
The Schools White Paper	Every Child Achieving and Thriving
SEND Consultation Document	SEND reform: putting children and young people first.
LA and Schools Budget 2026-27	Schools Operational Guide 2026-27
Local Partnership Maturity Assessment Guidance and Tool	Included in commission pack
Local SEND Reform Plan – Data template	Included in commission pack
Local SEND Reform Plan Quality Assessment Framework	Included in commission pack
Local Inclusion Partnership Grant 2026-27	To be published Spring 2026
Experts at Hand Guidance	To be published Spring 2026
High Needs Capital Allocations 2026-27	To be published Spring 2026
Guidance on Inclusion bases	To be published Spring 2026

Annex C – Risk Matrix

IMPACT DESCRIPTION	IMPACT LEVEL	PROBABILITY/LIKELIHOOD				
		< 10%	>10% - <30%	>30% - <60%	>60% - <90%	>90%
		Very Unlikely	Unlikely	Possible	Likely	Very Likely
Cannot deliver Reform Plan; Failure of mission critical activity.	Crisis					
Significant impact to objectives; Significant and sustained disruption to activity.	Critical					
Delivery targets are compromised; Project delay / budget overrun.	Moderate					
Limited impact on delivery targets; Deviations from project resource, timescale or targets.	Marginal					
Minimal impact on delivery targets; Minimal impacts to project / programme efficiency.	Negligible					