Leeds Local Area Partnership SEND Reform Plan

Approved October 2026



Annex A: Local SEND Reform Plan

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

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

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

Name of Local Authority:	Leeds City Council
Name of Integrated Care Board:	NHS West Yorkshire Integrated Care Board
Local SEND Reform Plan SRO:	Phil Evans

Signatories

Role	Name	Signature	Email contact	Date
Leeds City Council's executive member for children and families	Councillor Helen Hayden		Helen.Hayden@leeds.gov.uk	19/06/26
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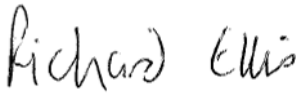
Integrated Care Board (ICB) Chief Executive	Jonathan Webb		Jonathanwebb@nhs.net	15/06/26
Local Authority Director of Children's Service (DCS)	Pete Thorpe		Peter.Thorpe@leeds.gov.uk	18/06/26
Integrated Care Board NHS Place Director	Tim Ryley		Tim.ryley@nhs.net	18/06/26
Local Authority Deputy Chief Financial Officer (CFO/Section 151 Officer) (Substantive S151 Officer is unavailable)	Richard Ellis		Richard.Ellis@leeds.gov.uk	19/06/26

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Executive summary

A 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

Leeds is the second largest metropolitan authority in England. We are a young city with the under 18 population growing by 10% (England 5.3% and the region 3.9%) over the past decade.

The number of children and young people with SEND has grown at a higher rate. In 2024/25, there were 27,080 children and young people with SEND: 43% higher than in 2018/19. We now have 19.8% with SEND, broadly in-line with the national average (19.6%).

Child Friendly Leeds has a long-standing commitment to inclusion and to improving the lives of children and young people with SEND. The city benefits from strong universal services, a developing culture of partnership working, and a focus on voice, influence and co production.

Across education, health and care there are many examples of high-quality practice and dedicated professionals working to support children and families.

Despite these strengths, we know the SEND system is not working consistently well enough for all children, young people and families. Too many experience long delays in assessment, EHCP planning and access to needs-led support, particularly across EHCP and neurodevelopmental pathways.

Leadership instability, insufficient grip across the partnership, and rising demand have limited the pace of improvement. Outcomes for children and young people with SEND, particularly around attendance, suspensions and preparation for adulthood, remain a significant concern.

To tackle these issues, we aim high and want a system where:

- Children and young people receive support to achieve and thrive through more inclusive settings and stronger local partnerships built through a local inclusion support offer.
- Benefit from improved capacity and capability of the mainstream and specialist workforce to identify and meet their needs through a strong Experts at Hand offer, combining training, advice and direct support alongside settings.
- Have more confidence, along with their parents/carers and stakeholders, in a needs-led system that provides support earlier. Voice, influence and coproduction will remain at the heart of this and will help to drive support and provision towards delivering in the way that works for families.
- Benefit from a high- quality education system that has stability due to oversight of finances and improved value for money: getting our resources in a stable and sustainable position through the mitigating actions we take to achieve a fully inclusive system.
- Transformation and investments in Leeds will lead to financial sustainability of the local system, as well as improved experiences and outcomes for children and young people. Our reform programme is designed to simultaneously improve experiences, outcomes and financial sustainability, with all major investments linked to measures of demand, activity, outcome and cost.

We will know when we have been successful when:

- Early identification is a key feature of effective practice, shown through improved EHCP timeliness and quality, annual reviews (to be in line with the national average) and a reduction in mediations/tribunals (target of <15% increase year on year, against current >30% increase).
- There is a sustained reduction in the proportion of young people with SEND who are not in education, employment or training (NEET) compared to the 2025/26 baseline.
- More children and young people have their needs met in mainstream schools/settings leading to a reduction of those moving to special schools at key transition points.
- Children, young people and their parents/carers feel that their voices are being heard, and we are meeting their needs (evidenced through PCF annual survey, launching 22 June 2026). Communication, access to support, waiting times, and what happens when support is not working will feel positively different for families.

To deliver our ambitions, a single integrated plan will bring together DfE reform requirements, SEND improvement priorities and local area inspection themes within one overarching plan. This will provide a clearer strategic direction and avoids multiple overlapping plans.

Section 1: Vision and Goals

What the local area partnership is trying to achieve?

Please set out your goals for your local system. These should be clear, aligned to the vision set out in the Schools White Paper, small in number and measurable. These goals should include clear reference to: Outcomes for children; Confidence of parents, carers and young people in the system; Management of finances to secure value for money.

In Leeds we aim high for our children and young people. Our vision is that every child and young person can access the right support, in the right place, at the right time to ensure that they thrive and achieve the highest possible outcomes. Our goals are:

- **Outcomes for children and young people will be improved**: Through earlier identification and support, needs will be addressed through strengthening inclusive mainstream provision (IMP), improving the quality and timeliness of EHCPs, and reduction in escalation to specialist placements as needs can be met earlier. Success will be seen in improved attendance, academic outcomes and education, employment and training rates. When statutory processes are required, these will be timely (c7%) to >60% by year three.
- **Confidence in the system will be greater**: SEND and inclusion strategies will be coproduced with all partners, and include feedback loops, ensuring children's, young people's and parents/carers views shape the system. Families will have confidence that support is available earlier and not solely dependent on diagnosis or statutory plans. Communication systems will be improved, evidenced through reduction in mediation (currently 175 registered tribunals for the last full year, with a target of <15% increase year on year, against current >30% increase). Better use of the local offer will support this.
- **Workforce capability will be enhanced**: The Experts at Hand offer is commissioned jointly by the LA and ICB, on behalf of the local area SEND partnership, through joint commissioning arrangements. There will be proactive and timely support for mainstream education settings, prioritising early identification and intervention so that staff are able to meet the needs of children more quickly and effectively within the setting. The Experts at Hand offer will provide tailored advice and guidance for staff with the appropriate level of experience, knowledge and skills, using expert-led evidence-based interventions and group support for children and young people. All support delivered through the Experts at Hand offer will be grounded in robust educational and clinical evidence and will ensure that evidence-informed practice is consistently applied and embedded within mainstream settings. There will be clear routes for mainstream education settings to access specialist support from a range of experts across education and health.
- **Financial management and value for money, leads to sustainability**: We will strengthen financial oversight, through the Children and Families Financial Assurance Board and councils' continuing focus on managing down the deficit, ensuring effective use of resources, delivering value for money support and provision. We will create more mainstream specialist inclusion bases reducing reliance on special schools and high-cost placements. This will deliver additional places by 2028/29 (see capital section). Quality assurance measures for all commissioned provision, will result in sound joint commissioning and more targeted support based on performance data.

Outcomes framework and data maturity

Evidence of impact will be collated through performance data and perceptive data; how children, young people and parents/carers feel, think, or experience a process, service, or product.

This is to ensure we don't rely solely on subjective perception, which can lead to frustration biases, nor do we rely solely on numbers, which can miss frustration or trust in the system.

To ensure all aspects of data are utilised we will carry out activities related to an outcomes framework which will include, but is not limited to:

1) **Perceptive data**:

   a) Interviews: Sampling children and young people's experiences during visits to education, health and social care providers.

   b) Case studies: from all team who provide front line services for children and young people and their families.

   c) Focused reviews: Holding focused review meetings with children and young people, parents/carers, practitioners and leaders.

   d) Surveys: Mechanisms for gathering feedback pre and post implementation of any agreed changes.

2) **Performance data**:

   a) Joint strategic needs assessment (JSNA).

   b) Self-evaluation carried out by the local area partnership.

   c) SEN2 and other DfE returns.

   d) Agreed performance dashboard and associated assessment of what this tells us.

   e) Dip sampling of education, health and care plans, through the quality assurance framework.

3) **Other considerations**:

   a) External reviews should be commissioned at any time, related to issues that are identified through typical monitoring activities. These should be reported on, aligned with an agreed outcome's framework.

   b) Internal audits are frequently conducted in key organisations, and these should be aligned to an agreed outcomes framework to check effectiveness of any area undergoing audit.

Section 2: Strategy

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, referring to and attaching additional documents that provide underlying evidence for your summary.

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

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

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

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

Summary of ambitious longer-term outcome targets:

Demonstrating transformational change beyond recovery and stabilisation

Supporting inclusive practice: We will have rebalanced the system toward early mainstream inclusion, and, longer-term, this will be the natural response to supporting children and young people with SEND. The ultimate goal is a genuinely inclusive mainstream environment where needs are met early without schools/settings and parents/carers feeling like they experience lengthy and exhausting statutory battles. Transformation will look like a system where children and young people with SEND are active, integrated equals in their school communities rather than being pushed to parallel systems. This will be characterised through:

- **Peaking and safely reducing reliance on EHCPs**: The plan will target the peak in volume of high-level statutory EHCPs by 2029/30, before steadily reducing numbers to sustainable baseline levels by 2035. Success will mean legally backed Individual Support Plans (ISPs) which successfully support mild-to-moderate needs early within mainstream to ensure children and young people thrive.
- **Halving the disadvantage gap**: Long-term academic targets aim to halve the attainment gap between disadvantaged/SEND children and young people and their peers by 2030.
- **Early years development boost**: We will reach a target where 75% of five-year-olds achieve a good level of development by 2028-2029, driven by early identification packages and expanded Family Hub practitioner models.
- **High-inclusion, accountability and education belonging**: Eliminating the exclusion disparity through a long-term target will be shown in the marked reduction of suspensions and exclusions among SEND children and young people. Success will be defined by an equitable suspension rate that matches the wider school-age population.
- **Persistent absence reduction**: Our ultimate target is in reaching and maintaining an overall school attendance target of over 94% across the board, explicitly lifting the notable attendance pull-down seen in SEND and vulnerable learner cohorts.
- **Universal inclusive standards**: Moving toward a threshold where 100% of mainstream schools achieve good outcomes through the inclusion aspects of Ofsted inspections, demonstrating robust Ordinarily Available Provision (OAP) and Inclusive Mainstream Practice (IMP) as part of the natural offer.

Preparation for adulthood and fulfilling lives: True transformation extends past the formal education pathway to focus heavily on the transition into adult life. For our young people we aim for improved opportunities, through transformational targets, which include:

- Employment and independence: There are higher rates of adult employment for young people with SEND.
- There is a reduction in the reliance on adult social care.
- There is exponential expansion of supported paid internships and direct pathways to sustained employment, i.e. lasting into adulthood with permanence.

System navigation: There will be access to local specialist professionals via the Experts at Hand initiative, and wider, without needing a diagnosis or plan and this will be embedded on a permanent basis. The system, therefore, will:

- Be characterised by cohesive, non-adversarial and consistent support, regardless of where they live in the city.
- Ensure that families will not need to go through the tribunal process to secure the right level of support for their child.

Local blueprint for the next 3 years	**Where we are** *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	**Where we will be in the next 3 years** *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Building block 1: *Strengthening inclusion across education settings (links to Child Friendly Leeds, wish 10, priority developed with children and young people)*	**Where we are** The population of pupils with SEN has increased across all school phases, most sharply in state-funded secondary schools (up 75% from 2018/19 to 2024/25). Leeds shows higher SEN prevalence in primary schools than in England and Statistical Neighbours, while secondary prevalence is broadly similar to in England and lower than Statistical Neighbours. Funding For Inclusion (FFI: allocating HNB funding at the pre-EHCP level) has been a key feature of Leeds provision for many years. Transition away from this approach, since 2024, has led to an increased demand for Educational Health Care Needs Assessments (EHCNAs) and increased school and parental reliance on Education Health Care Plans (EHCPs). **Working well** Local Authority additional investment of £5.5m over past 2 years has increased capacity in relation to SEND statutory service with a particular focus on EP and casework capacity. This has resulted in a 150% increase in the number of EHCPs issued in 2025 compared to 2024. Although challenges remain, there are early signs of positive change. Output of EHCPs continues to increase and by the end of 2025 the statutory service had issued 1925 final EHCPs (a +151% increase). Practitioners in early years settings are confident that they know how to access support when they need it. The virtual school has innovative programmes for pre-school children to meet each other and crucially develop early movement and speech skills.	We want to create a system where all children and young people have the best start and have access to support as soon as they need it, when needs have been identified. We want to build knowledge, skills and capacity in all schools/settings so that early identification is part of the fabric of the system. When children and young people require an EHCP, we will ensure that they are completed and issued in a timely way, so support is available when required. EHCPs will better reflect the current needs and provision for the child or young person across health, education and social care, particularly as they move through different phases of education. There will be improved and embedded processes for the quality assurance of EHCP and annual reviews, including parent/carer involvement. The Experts at Hand offer will strengthen the capability of mainstream education schools/settings to meet the needs of children and young people with SEND more effectively and inclusively. It provides an effective route to access expert advice and support from education and health professionals including: Training and education: Training and coaching: Upskilling setting staff in targeted SEND approaches and interventions focused on presentation of need through training, observation, modelling and coaching alongside practitioners. There will be an annual CPD/training programme, coordinated and led by the Experts at Hand Leads. This will align with the national programme for training and SEND transformation intentions. There will also be resources, workshops and advice for parents/carers to support children and young people in home and community settings. This will map onto what schools/settings need, as identified through data analysis and an in-depth understanding of local issues and priorities. Advice: Providing expert advice, observation and minimal assessment will help settings identify needs earlier and strengthen inclusive practice. This will also support sharing of skills across the sector and priorities

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	Schools and settings value the support from SENIT (SEND Inclusion Team), particularly the practical advice and the work they do directly with children and young people with SEND through outreach. Leeds has developed an Inclusive Mainstream Provision (IMP) approach as part of the Change Partnership Programme. This provides a clear standard for what should be 'ordinarily available' in all Leeds settings, reinforcing inclusive practice. This framework is supported by advisory services, the SEND audit tool, the Graduated Approach Toolkit and locality-based networks. The development and roll out of the IMP in collaboration with schools demonstrates that work is beginning on inclusive strategies and practice in partnership with schools. We have maintained our Area Inclusion Partnership arrangements with schools, resulting in consistently low permanent exclusion rates across the city. Mainstream schools have been given funding to commission provision to reduce exclusions and suspensions. SILCs also receive Partnership Funding to support those with more complex needs to access mainstream provision. **Areas for change** Overall, too many children and young people wait too long to have their needs assessed and EHCPs completed to timescale is amongst the lowest in the country (Leeds ranks 141 out of 151). While Leeds's current EHCP levels mean that there is 'room to grow' before it reaches national average, Leeds to be more	across the whole setting, cluster, locality will be effectively supported. Direct delivery: Delivering direct SEND support through whole school, whole class, group, and time-limited individual interventions alongside setting staff. This will result in upskilling of school/setting staff in situ, therefore, putting skills on the front line so that children, young people and their families experience the best possible support. Through this approach, we will: • Meet the clinical needs of children and young people with medical conditions consistently, safely, and equitably across all educational settings. • Continue to improve waiting times and access to needs-led support for neurodiverse children and families before, during and after assessment, ensuring support is not dependent on diagnosis alone. • Map and understand assessment capacity across system (LCH and RTC providers) for 26/27 and route cohorts into right place; numbers modelling, financial modelling and predicted impact on waiting lists. • Continuation of development of best practice information and resources across school settings. • Improve the quality, consistency and timeliness of health advice for EHCNA and EHCP reviews. In social care, we will: • Have a Designated Social Care Officer to improve social work contributions to EHCPs and wider practice. • Improve the identification and recording of SEND within the Child in Need cohort. • Ensure children and young people with SEND and are prioritised and involved in the Family First and Best Start national programmes. • Have effective transition arrangements between children's and adults' services. Work will be done in partnership with the local authority and the Integrated Care Board taking key strategic roles to build on the IMP and inclusive practice to deliver a robust and ambitious offer to support mainstream education schools/settings to be fully inclusive. This means

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	equipped to support the upcoming volume of EHCPs. While the FFI cohort is set to convert over 7 years, another critical source is the terminating of new FFI plans. Thus, every year, we expect ~300 additional EHCPs from children that would otherwise be supported by the now discontinued FFI, to be issued an EHCP. We need to consider schools' ability to support a fast-growing cohort of EHCPs, by really understanding if they are equipped with the right knowledge, skills and support. Children and young people with SEND have lower overall attendance than their peers in the city. Leeds learners in secondary and special settings with SEND have lower attendance and higher levels of severe absence than the national average and the rates seen in similar areas. Children and young people with an EHCP are more likely to be absent due to an authorised absence: e.g. for illness or appointments and more likely to be marked absent for 'exclusion'.	there is support and appropriate provision available across early years, primary, secondary, and post-16 settings.

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Building block 2: *Access to specialist support and local placements*	**Where we are** We know that improvement is required for statutory functions and that some children and young people experience delays in initial assessment of needs. Children and young people who need an EHCP wait much longer in Leeds than those in other areas and in comparison, to the national average. Leeds is ranked 141st out of all LAs for the proportion of EHCPs completed to timescale (2024). Analysis has shown that over half of children and young people in Leeds wait over a year for their EHCP. This is also influenced by a long-standing system of allocating resources at the SEN support level, without the need for an EHCP. This is in transition phase and will enable us to get a more accurate understanding of the true extent of the level of statutory plans. An unintended consequence of historic practice is the pressure this will put on current capacity and may put on local places. NHS waiting times key data show that there has been 43% growth in children and young people with SEND since 2016; leading to growth in EHCNA requests; growth in plans (+151% in 2025). **Working well** NHS waiting times have been markedly improved over the past two years overall, e.g. a 70% reduction in the number waiting for mental health services. West Yorkshire ND pathways investment of £23m has reduced the number of young people waiting more than a year for an ND assessment. Early help practitioners are inclusive and support vulnerable children and young people from hard-to-reach families. Within early help, SEND coordinators perform the important role of helping agencies to support children with emerging SEND needs. The local area partnership has maintained a low rate of permanent exclusion and suspension rates are reducing in secondary schools.	Our SEND Sufficiency Strategy will guide plans for the development and expansion of Inclusion Bases (both Inclusion Support Bases and Inclusion Specialist Bases), ensuring capacity aligns with patterns of need and reduces reliance on specialist settings and out-of-area placements. Alternative Provision (AP) will support children and young people with the most profound SEMH needs through the Tiers of Provision approach, following development and implementation of proposals to collaboratively re-commission alternative provision to align with the 3-tier model. Best practice will be delivered through our Alternative Provision Specialist Taskforce (APST) model. Where there is a risk of instability, unsafe behaviour, disengagement, or contextual vulnerability that requires short-term, specialist, multi-disciplinary intervention to stabilise, assess and reintegrate back into mainstream there will be improved joint commissioning. This will also be linked with fair access. All children and young people waiting for neurodevelopmental assessment have access to a consistent needs-led offer, including advice, support, interventions and signposting appropriate to their presentation of need, before, during and after assessment. The local area partnership will ensure equitable access to health provision across schools and localities, supported by agreed standards, quality assurance and joint commissioning arrangements. An effective plan and process will be in place to identify and monitor children and young people experiencing long waits for health services, ensuring timely support, escalation where required and no adverse impact on health, wellbeing or educational participation. Health advice for EHCNAs and EHCP reviews will be timely, specific, outcome-focused and subject to routine quality assurance.

	Agencies work together to identify children and young people at risk, to target support through alternative provision. There are systems in place to monitor this through the AIP, which also offers outreach support to schools. **Areas for change/improvement** Despite improvements in waiting times, there are too many children, young people and families waiting for too long in some key areas. The main areas of concern where the 18-week target is not being met and a significant number are waiting over 6 months include: • Neurodevelopment Team: 1.6%. • Medication: 13.3%. • Mainstream SLT services are improving but still below where we would want them to be:76.3% were seen in timescale. • Antenatal contacts are below target, only 55% are achieved. There is some disparity of health services available according to geographic area and specific areas of need. We know that this needs to be addressed and we are working on improvements. Experts at Hand funding will enhance existing routes to access specialist input, and the delivery model will be integrated with other services and offers, which are funded separately.	Partners will develop a more integrated approach to OT and SLT delivery, with clearer pathways, thresholds and interfaces between school-commissioned and NHS provision. Health services will work in an integrated neighbourhood-based system, with clearer pathways, thresholds and interfaces in education, health and care. Children, young people and families will experience more consistent access to support, with strengthened collaboration between commissioned services, improved quality assurance and greater accountability for outcomes across the partnership. The workforce delivery model will consider the benefits of expert provision in settings versus deliverability and utilise the Balanced System Framework. Joint commissioning of placements will continue to embed effective multi-agency decision-making, jointly with Health and Care partners, to improve joint funding for placements for children and young people. AP will be an integral part of the graduated approach of services settings can access. It will deliver support beyond the Universal, Targeted and Targeted Plus layers to provide an environment with enhanced therapeutic, relational and specialist behaviour support. The APST model will be fully aligned with Experts at Hand and delivered to prevent children and young people's needs escalating.

Projected investment spend per quarter *(summary open to change depending on recruitment)*

Specialist support area	Funding Q2	Funding Q3	Funding Q4	Totals
Transformation Leadership: LA & ICB		71,340	71,340	£142,680
ICB/Health: S&LT/OT		1,029,228	1,029,228	£2,058,456
Parent/Carer support, information and guidance	116,666	116,666	116,666	£350,000
Admin	136,863	136,863	136,863	£410,590
Education		1,827,697	1,827,697	£3,655,394
Totals	**2,206,964**	**2,206,964**	**2,206,964**	**£6,617,120**

Local blueprint for	Where we are *(a short summary of where you are now including a reflection on what is working*	Where we will be in the next 3 years *(a short summary of*

the next 3 years	*well, what needs to change and the status of the enablers that underpin your system)*	*the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Building block 3: *System leadership, local partnership collaboration and co-production*	**Where we are** We have recently had a local area inspection (May 2026), which has confirmed our priority areas of work, with leadership and governance identified as an area of concern along with neurodevelopmental pathways and quality/timeliness of EHCPs. In addition, preparation for adulthood is also an area for improvement. The areas identified will be a key focus of the work we need to do to get better outcomes for children, young people and families. Strengthening leadership and direct lines of accountability to deliver across the partnership will be an immediate focus to driving this development. Changes in the health sector, namely the substantial reduction in the ICB and the removal of NHSE, mean there is an inherent risk to the delivery of changes at pace as organisational and structural change impacts on the ability for progress to be made. Changes to the structure and lines of accountability for the SEND and AP improvement board have been made to provide robust governance in-line with the issues identified by the leadership within the LA and ICB and in-line with the priorities for robust governance as set-out by the DfE. **Working well** The Voice, Change and Influence team will involve CYP and parents and carers the SEND youth council, PCF and partners from education, care, and health, in 2027 to develop the refresh of the Leeds 12 Wishes. Next steps to support the voice and influence of young people with SEND include: • SEND young people involved in youth voice programmes meet regularly with Chief Officer Learning and Inclusion and meet with decision makers. • 'Influence and Change': services/decision makers recognising importance of youth voice and using this to make change and report back to young people. • Develop a youth voice offer for primary aged young people with SEND. SENDIASS and the VIC team are working together with the Cultural Brokers Programme to develop videos for families in different languages, which will	Strengthened partnership accountability will be a key consistent feature and, as a result, efficient decision making will be enabled through a sound governance system, and improved oversight will lead to targeted development. Leadership and governance will be embedded across the system and will hold the system to account, ensuring things remain on track. The partnership will have clear oversight of health improvement priority areas which intersect with delivery of the plan, including neurodevelopmental pathways, therapy services, the quality and timeliness of health contributions to EHCPs and delivery of EHCP recommendations. Providers will be collectively accountable for agreed outcomes, quality standards and delivery of improvement priorities. Lived experience through the voice of children, young people and parents/carers will be an embedded feature of how we shape the system. Better transition processes will be in place to ensure children and young people benefit from effective planning prior to key transitions. There will be effective multi-agency work, through joint panels, to support this. All support offers, including Experts at Hand, will be more accessible. Communication channels will be strengthened and applied more consistently. The feedback loop (based on the 'you said, we did' approach will be embedded across the system. Lived experiences of children, young people and

	complement the existing suite of videos that we have. Communication is not viewed solely as information-sharing, but as a two-way process linked to participation, co-production and service improvement. There is strong evidence of significantly improved reach and engagement: • 794% increase in unique Local Offer website visitors, from 4,046 (2020) to 36,183 (2025). • 317 parents/carers attended monthly drop-ins. (2025) • 786 parents/carers attended LLO Live since 2022 (261% increase). • 1,800 members in the LLO Facebook group, with additional public page reach. • 649 parents/carers engaged through school and parent group coffee mornings (2025) • 34 parent carer groups represented in the support group network. • 672 members in Leeds Parent Carer Forum, with 1,000 Facebook followers. • 880 children and young people on the Leeds Disability Register. This demonstrates significantly increased awareness, reach and opportunities for families to access information and influence support. **Areas for change/improvement** Local ICB and provider leaders and staff are working hard to resolve the challenges in local waiting times which have led to significant improvements, but too many children wait for some specialist assessments from the NHS. New governance structures have been implemented but have not yet led to the necessary impact required to provide assurance that the local area partnership is working well. Whilst there is good attendance at the newly formed SEND & AP Improvement Board, there needs to be strengthened governance structures that enable mechanisms for reporting and influencing the local area system. The views of children, young people, parents/carers are valued and influence operational change but not yet influencing strategic decision making across the system. We know that quality assurance needs to be embedded across all aspects of the system to identify issues that need to be addressed in depth. There are increasing levels of parental challenge and escalation across formal dispute routes, reflecting both local system pressures and wider national trends within SEND and SEND tribunal volumes have increased significantly year by year:	parents/carers will be embedded into the transformed system so that their voice influences partnership working, current and future priorities. This includes all age phases and levels of need, from targeted, targeted plus and specialist. Mechanisms for gathering voice will be strengthened. The voice of children, young people and parents/carers will be embedded in all aspects of Experts at Hand, SEND and AP related strategy and the programme to support inclusion across the local area. The partnership will have clear oversight of which children and young people are attending AP, including those on part-time, flexible, or bespoke arrangements, so that timely intervention can take place when needed. Quality assurance for all aspects of the SEND and inclusion system will be embedded across the improvement programme, including EHCP quality, timeliness of advice and plan completion and delivery of provision. Best use will be made of collective resources and joint commissioning to respond to immediate needs and to deliver more long-term strategies to ensure a coordinated, need-led and equitable approach. We will adopt a minimum co-production benchmark (based on NHSE guidance) and self-assess against it in year one, identifying improvement actions where needed. This will be delivered through adoption of the Four Cornerstones model. There will be meaningful co-production of services and ways of working. Children, young people and families will help shape the development, delivery and evaluation of Experts at Hand through this approach. Stakeholders will be well informed about service developments and how their contributions have influenced change and improvements. They will have the knowledge of and can navigate the local offer effectively and can access the range of support

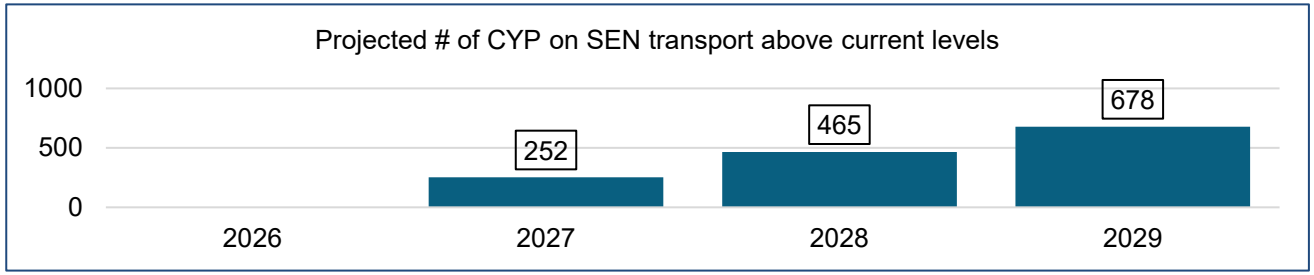
	• 2024: 129 registered tribunals. • 2025: 174 registered tribunals (35% increase). • 2026 (to 7 April): 67 tribunals already logged. In Leeds, mediation is provided by Collis Mediation Ltd. It is a free, less formal way of trying to reach an agreement and is accessible through the local offer. Mediation activity demonstrates a clear link between decision making and subsequent tribunal challenges. It, therefore, operates as a critical gateway between local authority decisions and tribunal appeal, with a proportion of cases progressing to formal litigation where agreement cannot be reached.	services and resources available in their communities. Mediations and tribunals highlight the importance of quality decision making, clarity of rationale and early engagement in reducing escalation. and is an area that will be supported so that early work and support for children, young people and families reduce the need for statutory processes. This will be supported through Experts at Hand and existing services where a focus on prevention will be deployed.

Local blueprint for the next 3 years	Where we are *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	Where we will be in the next 3 years *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Building block 4: *Encouraging inclusive culture and behaviours*	**Where we are** Education providers and settings know children and young people well and make effective adjustments and adaptations, where required. Schools/settings are flexible in their approach and are reactive to finding ways to meet need when they are unable to access specialist services. This will be further enhanced and supported through the Experts at Hand offer. **Working well** Children and young people benefit from knowledgeable and skilled health practitioners. There is good use of alerts to identify reasonable adjustments, making health services more accessible. Work of community paediatrician's and the 0-19 service are based on good relationships and work well. **Areas for change/improvement** Outcomes for young people with SEND starting adulthood are poor. The proportion of young people in Leeds that have a 'sustained destination' (stay in their new course or employment) is markedly lower than benchmarks. Despite attendance for most children and young people being good, children and young people with SEND have lower overall attendance than their peers in the city. Leeds learners in secondary and special settings with SEND have lower attendance and higher levels of severe absence than the national average and the rates seen in similar areas. Children and young people with an EHCP are more likely to be absent due to an authorised absence: e.g. for illness or appointments and more likely to be marked absent due to 'exclusion' and this requires a focus.	Through the Experts at Hand offer there will be a high-quality programme of professional development, coaching and modelling delivered in partnership with staff in education settings. This will be promoted and developed through system leadership in trusts, clusters and localities. Sector-led improvement will be a key feature in creating a strengthened workforce across all settings who will share expertise and best practice at a local level. This will be a more proactive, rather than reactive, approach as needs will be assessed earlier with an improved integrated response across provision. This will reduce reliance on diagnosis as the primary route to support, as needs will be identified and met earlier, while ensuring children and young people are supported to access timely assessment where required. There will be improved early years identification, notification, intervention and transition support, enabling needs to be recognised and addressed before escalation. This will enable joint working to prevent the need for escalation to EHC needs assessment and, where required, carry out direct work to target transition points into primary school. The partnership will have improved transition for children and young people, between children's and adults' services in health, education and social care. This will be delivered through effective strategy in relation to preparing children and young people with SEND for preparation for adulthood from the earliest years. Preparing for adulthood will be embedded from the earliest years, supporting independence, participation, employment and community inclusion. Working closely with Specialist inclusive learning centres and inclusion bases and Experts at Hand teams, attendance will improve for children and young people with SEND through earlier identification and support for emerging needs.

Local blueprint for the next 3 years	**Where we are** *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	**Where we will be in the next 3 years** *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Enabler 1: Resource management and improvement		
	Where we are In line with the national picture, Leeds has experienced an increase in SEND demand and complexity in recent years, with this trend expected to continue. Leeds has historically been underfunded in comparison to some other local authorities, and although the National Funding Formula funds local authorities based on need, there is a gains limit factor applied to funding increases. Between 2018/19 and 2025/26 this resulted in Leeds receiving £30.56m less for High Needs than would have been due under the full National Funding Formula. Despite the stand still funding for 2026/27, there is still an anticipated increase in special school places and children and young people eligible for additional top-up funding. This means that there is a significant funding pressure against the High Needs Block which cannot be met from the funding available and therefore a deficit high needs budget will be required for 2026/27. The number of EHCPs are increasing in the city and the complexity of needs of children and young people with SEND is also increasing. Although Leeds still has statistically lower numbers of EHCPs than comparators, the city has seen increases in the numbers of EHCPs, particularly during 2025, and it the gap between Leeds and the national average has narrowed as a result. **Working well** There are regular Schools' Forum meetings, and this enables a good level of oversight of the dedicated school's grant. In January 2026, an initial report on the DSG Management Plan was presented to Schools Forum. This report identified reasons for the current deficit position and identified several potential issues to be addressed to generate savings to the high needs block. This work is ongoing. **Areas for change** Building on the data template, revised forecast is in the same magnitude of increase in EHCP numbers, with a sharper initial increase that slows down towards 2029. This new method analyses growth in EHCP demand, transitions from FFI and backlogs separately, which means the recent spike is not carried forward into future years. Results suggest a potential 60% increase in EHCPs from 2025 – 29 (aligns with original projection) and highlights the pressure Leeds will be facing.	Ongoing review and development of a clear SEND financial strategy will ensure financial decision making is strategic and appropriate will result in better grip on the high needs block and other funding streams related to grant funding. There will be stronger oversight of all DSG spending, and this will be aligned with mitigations planning, which is done in advance to avoid escalating cost pressures. Joint commissioning will be a key feature in all planning for spend around SEND and AP. As a result of effective mitigating actions, more children and young people will have their needs met within local provision that is more able to meet needs. This includes preparation for adulthood and getting young people ready for post education opportunities. Securing collaboration and financial commitment from partner agencies where appropriate, ensuring fair contributions to support and provision will lead to more effective joint commissioning and keeping locality needs under review. Resource allocation related to EHCPs will be effective, fair and transparent. This will ensure that the right resources are in place to meet the needs of individual children and young people.

	2025	2026	2027	2028	2029
Original Data Return	7,485	8,340	9,293	10,355	11,539
YoY +/-		+855	+953	+1062	+1184
Revised Forecast	7,485	8,871	10,106	11,072	12,070
YoY +/-		+1386	+1235	+966	+999

Currently, Leeds ranks 101 among England LAs for SEN transport cost per EHCP (for comparison, Manchester ranks 27 and Sheffield 76). SEN transport's wider effects on young people are often overlooked, e.g. young people who cannot travel independently will find challenges in seeking employment, leading to NEET. We need to review the impact of demand expected in the transformation period to ensure that SEN transport is targeted and sustainable.



Rationale for allocation of funding for EHCPs needs further review, which will likely result in identified improvements. Focus on this area is required to fully explore the mitigating actions that need to be taken to address funding pressures. Work with SILC heads on developing a new resource allocation system (SEND banding) alongside SEND Matrix of Need work is also planned.

High level cost avoidance *(potential, full review of HNB will be undertaken in 2026, Q2)*			
Focus area	**Actions**	**Impact**	**3-year cumulative cost avoidance**
Sufficiency Planning	• Commission new local SEND Specialist Inclusion Bases, to ensure sufficient placements for children and young people locally, and, therefore, reducing the reliance on high cost Independent and Non-Maintained Special Schools (INMSS). • Reduce demand in independent placements through multiple pathways, such as Alternative Provision (AP), Social Emotional and Mental Health (SEMH) Resource Bases, and placements. • Work with Multi-Academy Trust (MAT) senior leaders, headteachers and Parent/Carer forum to expand Resource Base provision in primary and secondary schools.	Capacity creation with targeted sufficiency planning in partnership with MAT leaders to mitigate impact of reliance on INMSS.	£3,034,075
Procurement Excellence	• Create a Joint Agency Panel (for commissioning, monitoring and reviewing packages of support and placements for children and young people in high-cost provision. • Review the process for commissioning and managing independent sector placements and identify/implement improvements.	Target 3% reduction on average INMSS cost.	£2,001,026
Special school demand reduction	• Enhance early intervention, effective outreach, school improvement and targeted training to enable increased numbers of children and young people with EHCPs to be successfully supported in mainstream settings. • Support more children and young people with an EHCP to have their needs met successfully in mainstream schools through Experts at Hand, strengthened inclusion support and existing teams offering consistency of advice and guidance. This will include realigning roles in SEND related services to provide the right support at the right time, by giving mainstream schools the skills and support to meet the needs of more children and young people with SEND. • Review current INMSS placements to ensure needs are being met and ascertain if children or young people could be educated successfully in mainstream schools or new Specialist Inclusion Bases.	Target 3% demand reduction with increased inclusion in mainstream and specialist inclusion bases, combined with expert at hands intervention.	£5,647,567
Prevention	Improve the early years identification and intervention offer to prevent the need for escalation to EHC needs assessment and, where required, carry out direct work to target transition points into primary school (rather than special schools for some children).		
SEN Transport	Enable independent travel using public transport by making common travel routes safe and inclusive and promoting/supporting more independence.	An increase in young people accessing travel training	£3,087,537
		Total	**£13,770,205**

Additional high level cost avoidance *(potential)*			
Focus area	**Actions**	**Impact**	**Cumulative cost avoidance** (potential)
Preparation for adulthood	• Develop shared pathways into adulthood, supporting young people (14-25yrs) to access appropriate education and training and ensure a planned transition into employment, independent living, or identified next step in adult life. • Develop post-16 pathways. Improved commissioning arrangements with post-16 providers, to address gaps in provision and reduce reliance on out of local area providers. Development of pathways will target addressing the number of young people aged 16-25 who are currently in 'Education Other Than at School' (EOTAS).	More diverse range of pathways could potentially result in a reduction in NEET and EOTAS.	Potential opportunities that require more analysis
Funding Review	• Review the effectiveness of the current funding system for SEND and AP and revise, based on findings and analysis of current spend.	Improved funding model that aligns with the needs of children and young people.	

Local blueprint for the next 3 years	**Where we are** *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	**Where we will be in the next 3 years** *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Enabler 2: Capital investment strategy across EY, mainstream, FE		
	Where we are The current SEND Sufficiency Strategy sets out how Leeds will plan, commission and deliver the right mix of provision to meet the needs of CYP aged 0-25. It is shaped by strong partnerships across education, health, care, voluntary organisations and families, and informed by the voices of children and young people. The Strategy supports the council's Area Based Planning approach by ensuring SEND provision is considered alongside mainstream place planning as part of Area Based Reviews. It aligns with the Leeds Children and Young People's Plan, the SEND and Inclusion Strategy, Child Friendly Leeds 12 Wishes, Schools White Paper: Every child achieving and thriving and the wider Leeds Ambition to tackle inequality and create a compassionate, fair and inclusive city. As of January 2026, the city maintains 3,336 specialist places, spanning SILC, partnership provisions, (current) resourced provisions, non-maintained and independent special schools, and specialist post-16 settings. It is essential that the maintained specialist provision estate evolves in a planned, sustainable and equitable way. To support mainstream inclusion and maximise opportunities from the earliest years, the SEND Sufficiency Strategy will also set out how the council will meet the specialist inclusion needs of our youngest children through a clear plan for early years' provision. This will include exploring the potential to establish inclusion bases within our council led Little Owls nurseries, school-based nurseries and the PVI sector. The capital values input onto the data template are for current and planned schemes which the HNCA has been committed to deliver. There is also £9.4m in Alternative Places Grant (Special Free School replacement) included, which will be reallocated to future Inclusion Bases (to be identified). The SEND and AP sufficiency strategy requires review and updating to reflect the transformation period and further detailed analysis of the level of need. **Working well** Through recent developments, we have grown specialist education provision with 600 additional places created (1 new special school, 2 new specialist satellite sites; 138 new Resource Provision places; 20 Partnerships Provision places).	There will be a collaborative approach with schools/settings to ongoing commissioning of locality-based resources. Capital investment will be aligned with the Experts at Hand model, ensuring specialist environments are complemented by access to advice, intervention and workforce support. This will enable better response to the needs of children and young people with SEND, including at the locality level. This should result in a flexible approach to creating specialist provision that is reflective and innovative in approach. Through the capital programme, service level agreements and service specifications will include quality assurance systems to ensure environments are high-quality. Provision will be planned to use locality-level analysis to ensure equitable access across the city. New provision will be developed alongside clear quality standards and workforce support to ensure children and young people receive consistent experiences regardless of locality. Early intervention and investment within key initiatives and Experts at Hand may lessen expansion needs in Inclusion Specialist Bases and Specialist Provision estates. Accessibility and a focus on participation in learning, sensory regulation, development of independence and resilience in children and young people will be at the heart of the new system. This will build on universal and targeted provision to meet needs. There will be less reliance on INMSS and the social cost of being away from their local community will be lessened for children and young people. This will ensure that young people will be able to take advantage of the opportunities for education, employment and training through a naturally local offer.
Areas for change		

Despite some progress, due to ongoing analysis of need across the city, the sufficiency strategy needs to be revisited to ensure it can deliver the required level of placements in mainstream Specialist Inclusion Bases.

Central to our sufficiency planning is ensuring the right balance of specialist provision in Leeds, supported by appropriate investment in the local authority–maintained specialist estate. This includes Specialist Inclusion Learning Centres (SILC) including partnership provision and satellite sites) and resourced provision that will transition into Inclusion Specialist Bases. Nationally, around 30.4% of children and young people with an EHC plan are educated in specialist provision. Applying this benchmark locally suggests that, as Leeds moves toward an approximate 13,000 EHC plans, the system would require 3,952 specialist places to remain aligned with national expectations. This represents an emerging benchmark range to invest in 616 places across our maintained SILC and Inclusion Specialist Base estates (for the children with the most complex severe and profound needs) over the next five years alongside key reform proposals:

- A mainstream-first system with early, evidence-based support available without an EHCP alongside the development of Inclusion Support Bases.
- Experts at Hand, bringing speech and language therapists, EPs and other specialists into mainstream settings to prevent escalation.
- Significant expansion of Inclusion Specialist Bases in mainstream to support children locally.

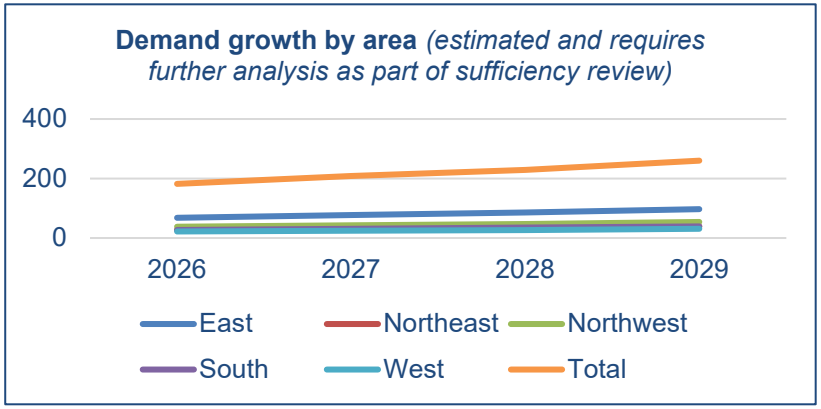
Our analysis/forecast identifies a continued rise in the quantity and complexity of children and young people with SEND, resulting in increasing demand for specialist placements, particularly for children and young people with autism, social, emotional and mental health needs, and those requiring more specialist support.

Analysis highlights gaps in local specialist capacity and the need to reduce reliance on INMSS placements by expanding provision within the city, wherever possible. This evidence has informed our planned capital investment and place development proposals, which are intended to:

- Increase local capacity in the areas of highest need.
- Improve access to suitable placements closer to home (including location within the city (see data in opposite column).
- Ensure future provision is better aligned to forecast demand.

Dropping rolls in some mainstream schools, due to population changes, are creating opportunities to repurpose accommodation for Specialist Inclusion Bases, enabling the city to increase localised capacity that is both responsive to demographic change and aligned with identified SEND sufficiency pressures.

While we recognise that the volume projections are evolving, as we do deeper analysis, we want to use the split between the five main areas, which gives us an estimation of where children and young people who need specialist bases will be located. This will keep placements as local as possible and avoid transport costs.



Opportunity for specialist inclusion bases *(some projects still to be confirmed)*

Places to be built in addition to 2026 planned places	2027-2028	2028-2029	2029-2030	3-year total
Primary capacity	8	25	25	58
Secondary capacity	19	23	24	66
Total	27	48	49	**124**

Cost Avoidance due to new places *(potential)*	2027-2028	2028-2029	2029-2030	3-year total
Primary	£186,830	£607,192	£631,488	£1,425,510
Secondary	£443,721	£558,616	£606,228	£1,608,565
Total	£630,551	£1,165,808	£1,237,716	**£3,034,075**

Local blueprint for the next 3 years	Where we are *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	Where we will be in the next 3 years *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Enabler 3: Workforce		

Where we are

Workforce is an area that requires a strategic approach, which is not yet developed. Because of this, there remains a gap between the expectations of the partnership and what is currently in place. Stable leadership across the partnership will be key to driving this forward.

The involvement of education leaders and providers will be vital to ensure that inclusive practice is consistently embedded across education provision.

We have many different roles and functions serving our children and young people in our different settings. Whilst there is some joined up working there is ample opportunity for improvements. There needs to be better workforce planning across sectors to build additional capacity and resilience within team.

Currently ad hoc SEND training is provided for health services but plans to embed a training framework across all health services are held by the DCO. This needs to be implemented.

Health providers are available to support training as appropriate but there is no consistent approach to delivery. The appointment of a dedicated social care officer (DESCO) needs to be actioned to support workforce development.

Working well

All SEND teams work in a restorative manner with children, young people, families, and settings, in accordance with their consultative roles.

A strengths-based and needs-led approach is at centre of the SEND teams' reflective practice, with a view to all teams providing a high challenge/high support approach to their engagement with learning partners.

In the 2024/25 Annual SENCo evaluation survey 94% of SENCOs

Development of a SEND Learning Hub will ensure there will be an embedded focus on training and development to improve workforce skills and knowledge to have a positive impact on outcomes for children and young people. In turn, this will embed inclusive practice so that sustainability of finance in the longer term is also of benefit.

The approach will include:

- Developing a local area graduated response
- Training, mentoring and networking opportunities for school SENCos.
- Conferences and learning activities/events across the city.
- Effective SENCo handbooks and toolkits.
- High-quality induction training across the SEND & AP system.
- Training for key transitions.
- Implementation of an online portal for practitioners and families to access bitesize learning at their own pace.

Through the Experts at Hand approach there will be a high-quality programme of professional development, coaching, modelling and support alongside practitioners across SEND and inclusion. This will be developed and promoted in collaboration with system leadership in trusts, clusters and localities.

There will be stronger multi-disciplinary working between education, health and care professionals, including joint delivery, shared learning and professional development and coordinated support for settings.

Workforce planning will ensure implementation of Experts at Hand strengthens early intervention while maintaining statutory and specialist service capacity. Workforce development will support improvements in the quality and consistency of statutory advice, assessment and planning.

There will be improved work with education settings to widen recruitment processes that allow for recruitment of support workers/assistance from the school/setting community and those with lived experience rather than sole reliance on formal qualifications.

Because of training and CPD provided through Experts at Hand, there will be a skilled

were very satisfied (48%) or satisfied (46%) with the service received from the One SEND Service. Positive impact was rated high; 93% for training, 96% for resources, 83% for setting focused work and 98% for individual pupil focused work. **Areas for change** Strategy to identify and bridge gaps between current and required future workforce needs to be developed to meet strategic goals and objectives. This will focus on establishing the impact of national inclusion standards, upskilling the education workforce through targeted development pathways, and creating standardised digital individual support plans.	workforce that supports sharing of expertise and joint accountability at a locality level. This will lead to sector-leading improvement across all aspects of SEND. A consistent SEND learning and development framework will be embedded across health, education and care. Expertise will increasingly be deployed within mainstream settings through locality-based teams, enabling earlier support and building confidence in the workforce closest to children and young people. Ultimately, we intend to support delivery of a workforce that will be equipped with the skills, knowledge and confidence to meet a wider range of needs through evidence-based training to support high-quality inclusive and adaptive teaching. A drive for high expectations by setting clear and demanding standards and holding them to account will foster a culture of responsibility and commitment to ensure that the partnership sees things through.

Local blueprint for the next 3 years	Where we are *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	Where we will be in the next 3 years *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*

Enabler 4: Data, digital and technology (***Note**: Before submitting the SEND reform plan, cross reference across different areas, i.e. performance, finance and service held data, has enabled some outstanding issues around data quality to be resolved. Following submission of the reform plan, there will be further work to improve the quality of data management systems and bring this together in a more coordinated and systematic way. A digital workstream will drive forward the identified improvements. An improved system for recording key data will allow better analysis to target forecasting more accurately and support mitigations.*

Where we are

A SEND dataset/vital Signs (name not yet agreed) is being developed to enable the SEND & AP Partnership Improvement Board to be able to monitor progress on the delivery of SEND improvement priorities. Data is informing the JSNA section on disabled children and young people**,** and work is underway to align the data knowledge to inform joint commissioning decisions. Data analysis has been used to inform the development of the SEND Sufficiency Strategy so support the creation of increased specialist provision across the city, including resource provision as well as special school places.

Working well

The partnership has a strong and increasingly mature approach to, combining performance, intelligence, lived experience, operational oversight and partnership governance to understand whether provision is making a difference for children and young people with SEND. Leaders increasingly recognise that assurance is not solely about monitoring compliance or levels of activity, but about understanding impact, identifying emerging needs and using that intelligence to drive improvement.

Our self-evaluation is that this is an area of developing strength, particularly in the use of shared data, partnership oversight and growing analytical maturity. The partnership has strong strategic understanding of need and risk, increasingly robust operational performance intelligence and growing ambition around integrated data and child-centred analytics.

Areas for change/improvement

Next steps for change means that integration of data and reporting across health, education and social care needs improvement and better alignment. Data is collected at the health level, but work is required to bring this together to support understanding of gaps and ensure that the correct provision is available in right place at right time. The SEND Improvement Board needs to be able to quickly identify if an area or communication streams are performing well. At the statutory service level, data related to statutory functions still relies on outdated methods, e.g. use of spreadsheets. This doesn't allow for robust monitoring and review and requires improvement.

The partnership will have strengthened multi-agency data sharing across health, education and social care. To ensure a better overview of provision, including AP, and resources, improve accountability, and help measure impact so that children and young people with SEND are well known to services and monitored effectively.

There will be a deeper understanding of system development needs through:

- A more holistic child-centred performance view.
- Strengthened integrated data and analytics across agencies.
- Improved granularity of analysis to better identify and address challenges.
- Strengthened governance insight and challenge.
- Embedded voice and lived experience as assurance.
- Delivery of the medium-term data maturity programme, including technical and governance infrastructure.

Performance data will be effective in highlighting where performance needs to be improved and trajectories for at least five years in advance will be a key feature of our planning. This will enable effective oversight of support needs, demand and provision within our system.

Local blueprint for the next 3 years	**Where we are** *(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)*	**Where we will be in the next 3 years** *(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)*
Enabler 5: Quality assurance		
	Individual organisations/services have separate quality assurance processes in place. There is opportunity to explore a system-wide quality assurance framework.	Systems will be in place to independently quality assure all AP, providing a reliable understanding of its availability, effectiveness, and impact across Leeds. As a result, there will be better oversight of children and young people accessing AP. Systematic, system wide proactive processes of monitoring and evaluating services to ensure they meet established standards, safety requirements, and regulatory expectations through service level agreements/specifications will be put in place. Auditing systems (people, processes, and premises) rather than just reviewing outcomes, will foster safer, child -centred care. Effective quality assurance systems across the whole SEND and AP system will be in place leading to better oversight of the priorities around vulnerable groups, e.g. EOTaS, EHE, CME. .

Success measures *(drawing on metrics from the accompanying data template)*		
Building block 1: Strengthening inclusion across education settings		
Metrics	**Baseline** *(outline the baseline for your success measures reflecting where you are now; these should be drawn from the metrics in the data template)*	**Target Metrics** *(outline the target metrics that will demonstrate you have achieved vision summarised above: these should be drawn from the metrics in the data template)*
Success measures ***(drawing on metrics from the accompanying data template)***	2026/27 *(latest published/available)*	2028/29
Growth in EHC needs assessment requests reducing to be more reflective to be in line with national average by end of FFI transition 30/31	4062 projected by end of 2026: 18.5% growth (requests for EHCNA: 1497 in 2023, 2313 in 2024: 55% growth (national: 12% growth). 3427 in 2025: 48% growth).	5069 projected by end of 2028: 9.6% growth (growth in line with statistical neighbours (current data effected by backlog).
Maintain a proportionate level of statutory plans in line with national expectations.	School population with an EHC plan: Jan 2026 3.9% (2025 national: 5.3% Leeds 3.1%)	5.0% of school population with an EHCP.
Improve timeliness of statutory processes: EHCPs	EHCPs completed within 20 weeks in-year for 2026: 6.6%. (national: 46.4% (2024):	55% completed on time closing the gap on current national average.
Improvement in the timeliness of health advice for EHCPS	Health advice for EHCNA completed within 6 weeks by LCH in 2025: 75% Currently no data collection for health advice provided by LTHT/ LYPFT	95% compliance by 2029/30 across all health providers
Improvement in the percentage of health advice for EHCPs quality assured as 'good'	Health advice for EHCNA assured as good or above: 40%	80% of assured EHCNA health advice are good or above
Maintain statutory compliance for annual reviews.	84% of annual review meetings recorded (2024 83.7% Leeds, National 86.5%)	In line with national by 2029/30.
Maintain statutory compliance for annual reviews.	Percentage of annual review decisions issued within statutory timescales: 15.2%	>90% by 2029/30.
Improve attendance of children and young people in special schools.	Percentage absence of children and young people in special school: 14.42% (national: 12.76%).	13.4% (0.5% target reduction on previous year in absence).
Reduction in number/percentage of children and young people with 1 or more suspension and the suspension rate to narrow the gap with national.	All pupils suspension rate: 11.31 (national: 12.76)	0.5% reduction in suspension rate.

Improve attendance of children and young people in special schools.	Percentage of severely absent children and young people in special schools: 9.06% (national: 6.91%).	0.5% reduction in severely absent.
Reduction in numbers of pupils with 1 or more suspensions	All pupils 1 or more suspension: 4.14 (national 4.04)	In line with national average.
Building block 2: Access to specialist support and local placements		
Metrics	**Baseline** *(outline the baseline for your success measures reflecting where you are now; these should be drawn from the metrics in the data template)*	**Target Metrics** *(outline the target metrics that will demonstrate you have achieved vision summarised above: these should be drawn from the metrics in the data template)*
Success measures ***(drawing on metrics from the accompanying data template)***	2026/27 *(latest published/available)*	2028/29
Reduction in children and young people in INMSS.	Number of open LA funded placements in INMSS, May 2026: 368	30% reduction in growth by 2029/30.
Reduction of children moving to special schools from mainstream at key transition points (YR-Y1/Y6-Y7).	YR-Y1: 31, 0.4%.	0.2% (0.1% target reduction from previous year.
Reduction of children moving to special schools from mainstream at key transition points (YR-Y1/Y6-Y7).	Y6-Y7: 112, 1.2%	0.1% target reduction on previous year.
Creation of additional places in mainstream Specialist Inclusion Bases.	48 (minimum number of places created).	49 (minimum number of places created).
Reduce the number of children and young people with SEND who are electively home educated.	Number of children with SEND electively home educated (aged 5 - 15): 528.	10% reduction by 2029/30.
Building block 3: System leadership, local partnership collaboration and co-production		
Metrics	**Baseline** *(outline the baseline for your success measures reflecting where you are now; these should be drawn from the metrics in the data template)*	**Target Metrics** *(outline the target metrics that will demonstrate you have achieved vision summarised above: these should be drawn from the metrics in the data template)*
Success measures ***(drawing on metrics from the accompanying data template)***	2026/27 *(latest published/available)*	2028/29
Increase number of parents/carers registered with Leeds PCF.	664	>25% further increase by 2029/30.
SEND priority action plan shows high success rate.	Not yet in place but under development.	>90% of actions are completed within timescale.
Parent/carer confidence in the system results in reduced tribunals.	Appeal rate to SEND tribunal based on total appealable decisions: 1.9% (national 3.2%).	<1% by 2029/30.
Reduction in tribunals.	Appeal rate to SEND tribunal based on total	In line with or below national by 2029/30.

	appealable decisions: 1.9% (national 3.2%).	
Reduction in stage 1 complaints around SEND statutory processes.	Annual complaints: 409	Further 5% reduction in number of complaints in year.
Families/children stating that their needs are being met, and this is felt through lived experience.	Not yet monitored.	Proposed indicator: annual survey shows >50% families feel their child's SEND needs are being met in their school/setting.
Parents/carers say it's easy to contact appropriate professionals for help.	Not yet monitored.	**Proposed indicator**: further 15% drop in complaints relating to communication from the SENSAP service.
Parents/carers feel appropriate pathways have been developed for SEND children and young people.	Not yet monitored.	**Proposed indicator**: satisfaction rate shows increase in parent/carer confidence in pathways increases 10% on previous year.
Parents/carers feel engaged in service improvement.	Not yet monitored.	**Proposed indicator**: annual survey shows >60% families feel their child's SEND needs are being met in their school/setting.
Parents/carers feel their child receives good support for their SEND in their education setting.	Not yet monitored.	**Proposed indicator**: annual survey shows >70% parents/carers feel their child receives good support in their school/setting.
Parents/carers feel that their child is included and feels a sense of belonging in their education setting.	Not yet monitored.	**Proposed indicator**: annual survey shows >60% families feel their child feels a sense of belonging in their school/setting.
Parents/carers feel that there is effective communication between parents/carers and the education setting regarding the child's needs, progress, and support.	Not yet monitored.	**Proposed indicator**: annual survey shows >60% parents/carers feel their child's SEND needs are being met in their school/setting.
Parents/carers are confident that their child is making appropriate progress in their learning and development, with consideration of their needs.	Not yet monitored.	**Proposed indicator**: >60% parents/carers report confidence in the progress their child is making in their education setting, captured in annual reviews.
Children and young people agree that local leaders engage/communicate with them directly.	Not yet monitored.	**Proposed indicator**: Feedback to SEND & AP Improvement Board through takeover days, shows a 10% increase on previous year of children and young people feel listened to by local leaders.

Children and young people feel supported by education services.	Not yet monitored.	Proposed indicator**: annual survey shows >60% children and young people with SEND feel supported in their school/setting.**
Children and young people feel their EHCP contains the support they need.	Not yet monitored.	**Proposed indicator**: annual survey shows 10% increase on previous year of children and young people with SEND feeling their needs are being met in their school/setting.
Building block 4: Encouraging inclusive culture and behaviours		
Metrics	**Baseline** *(outline the baseline for your success measures reflecting where you are now; these should be drawn from the metrics in the data template)*	**Target Metrics** *(outline the target metrics that will demonstrate you have achieved vision summarised above: these should be drawn from the metrics in the data template)*
Success measures ***(drawing on metrics from the accompanying data template)***	2026/27 *(latest published/available)*	2028/29
Every school/setting in Leeds can access a coordinated multi-disciplinary team, through Experts at Hand, with clearer pathways for advice, intervention and follow up.	Not yet monitored as Experts at Hand under development.	>80% of schools/settings in Leeds access support from the Experts at Hand offer.
Improved good level of development (GLD).	Percent achieving GLD: 63.9% (national: 68.3%).	>80% success rate.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	EHCP: 12.6% (national: 15.6%) and SEN support: 27% (national: 29%).	+1.5% further increase.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	Key Stage 4: Attainment 8: all SEN provision; 27.2% (national 28.2%),	In line with national average.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	EHCP: 11.5% (national 14.8).	+1.5% further increase.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	SEN support: 31.7% (national 33.8%).	+1% further increase.

Increase number of young people with SEND who go into EET from KS4.	Percentage of KS4 cohort going to a sustained education, employment or training destination (latest figures from 2023): 79.6% (national 85.2%).	+2% further target increase.
A sustained reduction in the proportion of young people with SEND who are not in education, employment or training. (NEET) compared to the 2025/26 baseline.	NEET/not known average: 13.2% (national 10.1%).	-1% further target reduction.
Percentage of children and young people awaiting ND assessment accessing a needs-led offer or support intervention.	Baseline and target >25%	60% in 2027/28 and 90% in 2028/29
Parent/carer confidence that support can be accessed when needed.	Not yet monitored	Develop local offer feedback metric and co-produce a target for an improvement from baseline established.

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

A 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.'*

Using a theory of change approach, our strategy for implementation of the reforms, has been developed through partnership collaboration and coproduction. A full Theory of Change overview is available to provide further detail, but the main elements included:

Aims:

The new offer is designed to strengthen the capability of mainstream education settings to meet the needs of children and young people with SEND, by providing a new route to access expert advice and support from education and health professionals.

Inputs and actions:

Additional capacity for delivery of Experts at Hand has been assessed.

Outputs:

Additional capacity related to the Experts at Hand model will map onto and align with existing services. These services will require review to identify re-design, e.g. of the existing delivery model, to ensure a comprehensive and joined up system is enabled, including training, whole school/setting development, advice and support for individual children, young people and families.

Change mechanism:

Working with local area partners to design delivery of the offer to all schools/settings, colleges and other post-16 providers that young people attend, including out of area.

Outcomes:

There will be a defined route for mainstream education settings to access specialist support, including from a range of experts with specialisms in education and health, including, Specialist Teachers, Education Psychologists, Speech and Language Therapists, Occupational therapists and outreach from specialist and alternative provision settings.

Impacts:

Our changed system will be flexible to respond to future changes. Tangible results are shown in our theory of change design stage (overview below).

See updated copy of the Local Partnership Maturity Assessment Tool v2, and Theory of Change overview.

Experts at Hand: theory of change*	
The model	**Developing the offer**
Experts at Hand has and continues to be designed and will be delivered through a partnership approach to agreeing the optimal delivery model including how all system partners are engaged and how the approach is informed by needs-based data. Experts at Hand will create additional specialist capacity to come primarily from educational psychologists, specialist teachers, speech and language therapists and occupational therapists, including advanced practitioner therapists. All of these will make up a multidisciplinary education and health workforce, reflecting a joint education–health model, rather than a service owned by a single profession or agency. This will be achieved through partnership led delivery consisting of the Local Authority, Integrated Care Board (ICBs), education settings, 0-25, and wider system partners. are expected to jointly design and deliver the Experts at Hand offer. Commissioning of specialist professionals will be done through a service level agreement approach, with the LA administering the grant and allocating direct grants to health, schools and parent/carer partners.	The offer will be developed for early years (including EY private, voluntary, independent providers (PVIs) and childminders), mainstream schools and mainstream post-16 providers of 16 to 19 education. To ensure it remains current and effective, there will be annual activity to co-develop and regularly refresh the approach through, 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 will draw on approaches that will be set out in the National Inclusion Standards. Sessions have been held to work through a theory of change model, which has shaped the model we intend to deliver. This included education, health and care partners. The approach taken will be partnership led, with the creation of an Experts at Hand Transformation Group to further set up and deliver the offer, in conjunction with wider plans, i.e. post Ofsted Priority Action Plan. We will use the reforms wherever possible to accelerate our improvement trajectory. Experts at Hand will have central oversight whilst mapping onto clusters through a community-based approach. Expertise is intended to be accessible, consistent and visible across the local area, enabling mainstream settings to have access to specialists who can provide expert advice and collaborate with staff to design and implement strategies and interventions. This will be done through bringing professionals into mainstream education settings, including on site access where appropriate. Oversight will be done through developed performance metrics for each cluster, based on level of activity, outcomes/impact and confidence measures. Mechanisms will be put in place to ensure an equity mechanism that prevents over-use by proactive settings, e.g. developed allocation framework, data-led targeted outreach. There will be a specific offer for early years, schools, post 16. Cross-border collaboration will be a key feature, to ensure out-of-area mainstream FE colleges attended by Leeds young people have a distinct offer.

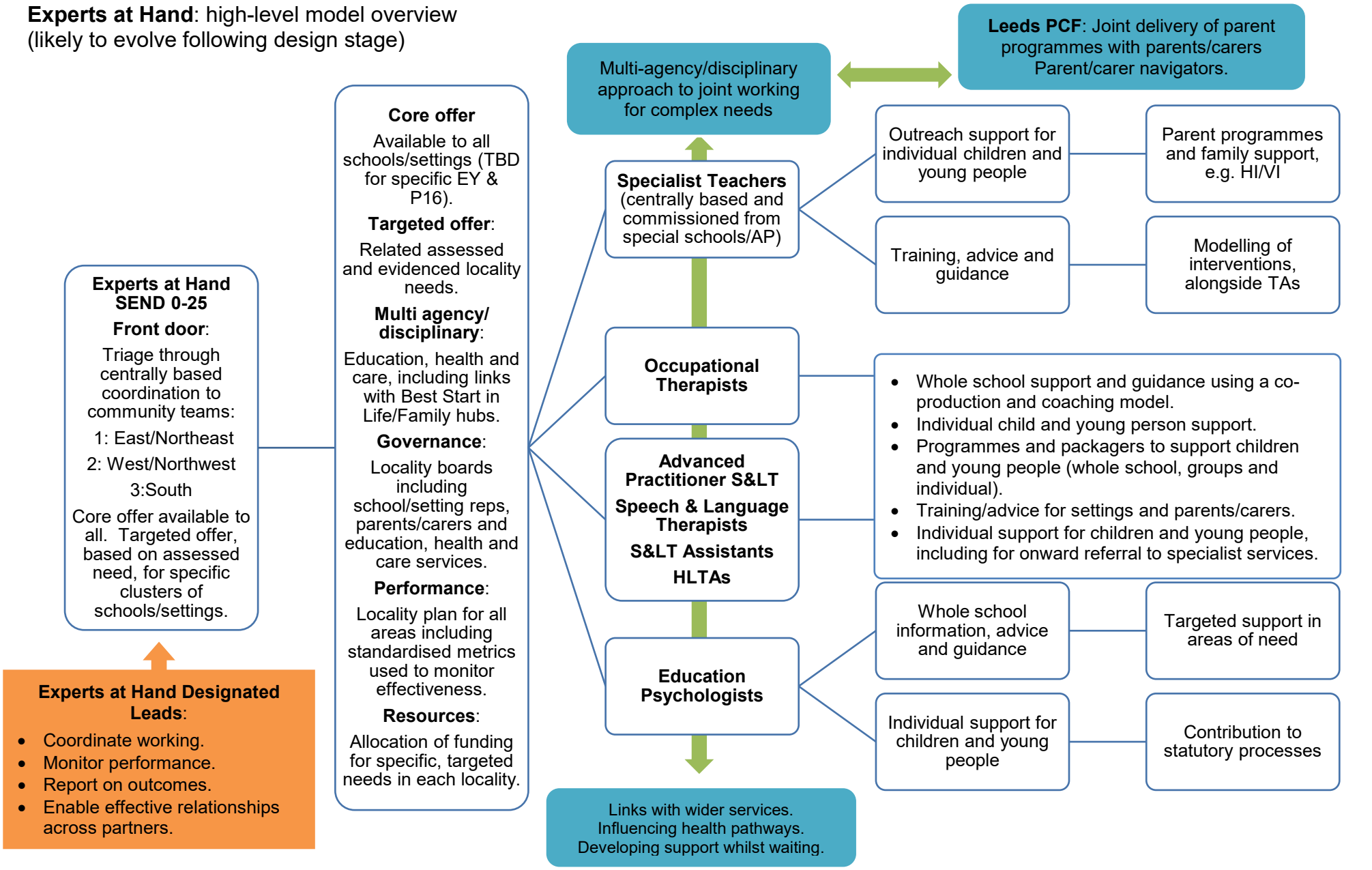
Experts at Hand will not replicate or replace targeted interventions, but will enhance them through these specialist functions, designed to identify and support needs, including:

- Specialist consultation and formulation.
- Workforce development and coaching.
- Consultation, modelling and system coaching.
- Joint education/health input, where appropriate, with ICB partnership.
- Providing support for children and young people, which can be accessed without the need for an EHCP.
- Reducing over reliance on statutory processes.

Evidenced early intervention approaches focused on speech and language, e.g. ELSEC and NELI, learning through PINS for autism and learning through the APST model for social, emotional and mental health difficulties (SEMH), will be deployed, based on the needs of clusters of schools.

*See Theory of Change design stage overview for more details. Links between the MAT and the Theory of Change, will be reviewed as part of the work to roll out Experts at Hand, which is more detailed and planned in a sperate document. Wider reforms and transformation activity is also included in the SEND Integrated Plan, which will also be subject to regular monitoring.

Experts at Hand: high-level model overview
(likely to evolve following design stage)



Calculation of staffing costs for Experts at Hand								
Transformation Leadership: LA & ICB								
Position	**Grade**	**WTE**	**Headcount**	**Costs per role**				**WTE**
				Pay £	**Non pay £**	**Overhead £**	**Total £**	**Costs £**
Programme Leadership ICB		1	1	61,267	1,005	9,068	71,340	71,340
LA: Transformation LCC Manager	PO4	1	1	61,267	1,005	9,068	71,340	71,340
							Total	**£142,680**

ICB/Health: S&LT/OT								
Position	**Grade**	**WTE**	**Headcount**	**Costs per role**				**WTE**
				Pay £	**Costs £**	**Overhead £**	**Total £**	**Costs £**
8a SLT (advanced practitioner)		1		77,805	1,171	11,395	90,371	90,371
8a OT (advanced practitioner)		1		77,805	1,171	11,395	90,371	90,371
7x OT		7		66,772	1,005	9,779	77,556	542,892
7x SLT		8		66,772	1,005	9,779	77,556	620,448
6 (3x SLT, 1x OT)		4		54,079	814	7,921	62,813	251,252
5 (6.5x SLT, 2.5x OT)		9		44,225	674	6,559	51,458	463,122
							Total	**£2,058,456**

Parent/Carer support, information and guidance								
Position	**Grade**	**WTE**	**Headcount**	**Costs per role**				**WTE**
				Pay £	**Non pay £**	**Overhead £**	**Total £**	**Costs £**
SENDIASS (grant funding via SLA)	n/a	0	0	0	0	0	200,000	200,000
PCF (grant funding via SLA)	n/a	0	0	0	0	0	150,000	150,000
							Total	**£350,000**

Admin								
Position	**Grade**	**WTE**	**Headcount**	**Costs per role**				**WTE**
				Pay £	**Non pay £**	**Overhead £**	**Total £**	**Costs £**
ICB: 3x shared admin	B3	3	3	11,657	175	1,707	13,540	121,860
LA: Transformation Resources Manager	PO4	1	1	61,267	1,005	9,068	71,340	71,340
LA: 2 x admin assistants EP Team	C1?	2	2	39,364	1,005	5,826	46,195	92,390
Grant to support school cluster leadership (SLA)	n/a	0	0	0	0	0	125,000	125,000
							Total	**£410,590**

Education								
Position	**Grade**	**WTE**	**Headcount**	**Costs per role**				**WTE**
				Pay £	**Costs £**	**Overhead £**	**Total £**	**Costs £**
Senior Education Psychologists	Soulbury 11	0.4	1	86,562	1,170	12,811	100,543	40,919
Education Psychologists	Soulbury 7	2	2	69,665	1,170	10,310	81,145	162,290
Trainee Education Psychologists	Soulbury 3	2	2	59,236	1,170	8,767	69,173	138,345
Education Psychology Assistants	Soulbury 3	5	6	59,236	1,170	8,767	69,173	347,033
Early Years SEND	C1	4	5	38,079	1,170	5,636	44,884	180,708
*Specialist Teachers: Inclusion Advisory Team - covering 4 professional areas: early years; cognition and learning; communication and interaction; SEMH	Soulbury 7	20	25	69,093	1,170	10,226	80,489	1,615,627
Visual Impairment Team: Habituation officer.	SO1 (TTO)	1	1	39,843	1,170	5,897	46,910	46,910
Visual Impairment Team: Learning Resource Officer	C1 (TTO)	1	1	33,129	1,170	4,903	39,202	39,202
Visual Impairment Team: QTVI	MPS6 + SEN	1	1	69,478	1,170	10,283	80,931	80,931
Deaf & Hearing Impairment Team: Deaf S&LT	PO4 (TTO)	1	1	53,302	1,170	7,889	62,361	62,361
Deaf & Hearing Impairment Team: Early Years CSW	C1 (TTO)	1	1	33,129	1,170	4,903	39,202	39,202
Quality assurance	Soulbury 11	2	4	86,562	1,170	12,811	100,543	201,866
*Special & AP outreach grant funding (SLA)	n/a	0	0	0	0	0	500,000	500,000
Technology to support inclusion	n/a	0	0	0	0	0	200,000	200,000
							Total	**£3,655,394**

Grand Total	**£6,617,120**

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 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 block 1: Strengthening inclusion across education settings	Review support for children with Speech and Communication needs as this is the most prevalent identified need in the city to inform strengthened multi-agency practice and joint commissioning. Map additional capacity related to the Experts at Hand model onto and aligned with existing services. These services will require review to identify re-design, e.g. of the existing delivery model, to ensure a comprehensive and joined up system is enabled. Work with education leaders and SENCos, health partners and parent/carers, to develop the area model for Experts at Hand. Work with early years providers, neighbouring local area partnerships and representatives of the further education sector, to design delivery of the offer to all colleges and other post-16 providers that children and young people attend. This includes independent settings and out of area provision. Experts at Hand: Design stage: Implement Experts at Hand joint commissioning	Implement year two of Experts at Hand so that schools/settings will be able to access services earlier, enabling them to identify needs and problem solve to ensure children and young people get the support they need. Roll out enhanced training offer focusing on the skills needed across the sector to align with potential new broad areas of need: 1. Executive Function. 2. Motor and Physical; Sensory. 3. Speech, Language and Communication. 4. Social and Emotional. This will be combined with whole school advice for developing inclusive practice for SEND. Develop monitoring system to increase oversight of schools/settings that face challenges related to SEND and inclusion. Design whole school audits and make available to schools/settings who have	Implement new ways of working for psychologically informed intervention for faster access to psychological expertise for schools and settings. Work with regional partners to share good practice and join up key areas that are common to all. Experts at Hand, embedding stage: Deliver year three of Experts at Hand with more consistency and confident practice. Analysis of increased placement stability during the first term of post 16 provision and reduction in early course withdrawal linked to unmet need or insufficient support. Demonstrate sustained improvement in quality and timeliness of health advice. Expansion and deepening of capacity by building on foundations already in place by further increasing specialist capacity across phases. Year three delivery of Experts at Hand to strengthening transition pathways into

	group to fully design and agree delivery, accountability, performance expectations and standard operating procedures. Review current service capacity, design and structure to ensure Experts at Hand works in alignment and creates professional additionality, i.e. EPs, S&LT, OT and specialist teachers. Work with schools/settings, parents/carers to design the offer. Develop a special schools and specialist SENCos outreach model to facilitate supporting children and young people with SEND in mainstream provision. Offer early intervention to children at the targeted plus level to reduce the need for EHCPs, including implementation of programmes to support speech, language and communication needs. Establish multi-agency quality assurance process for health advice to EHCNAs and annual reviews, including agreed standards and audit processes, to support both statutory and non-statutory services, and Expert at Hand offers. School based support for speech, language and communication needs will be provided. This will include group interventions, training, upskilling staff, modelling interventions, assessing whole school/setting inclusive practice and working with parents/carers. Direct work to deliver SLCN programmes will be carried out by assistants, under the direction of therapists.	identified challenges relating to SEND and inclusion. Support will build on what is already available, e.g. the Inclusive Mainstream Practice approach, developed as part of the change programme. Develop joined up offer of earlier, psychologically informed intervention. Experts at Hand: Delivery stage: Review effectiveness of year one delivery of Experts at Hand (design and initial implementation stage). Deliver year two of Experts at Hand, strengthening early intervention services and work with schools/settings to build an inclusive culture, so that more children and young people's needs are met within mainstream education. Roll out enhances training/CPD schedule for all SEND sector partners. Enhance early intervention, effective outreach, school improvement and targeted training to enable increased numbers of children and young people with EHCPs to be successfully supported in mainstream settings. Routine audit and reporting of health advice quality and timeliness. Strengthening early years support for speech, language and communication needs, consistent with the White Paper's shift to earlier intervention and Individual Support Plans (ISPs). Develop better outcomes measures across services, building on early work of NHS use of Goal Based Outcomes.	further education and expanding advisory and outreach support. This is consistent with our ambition to ensure that mainstream settings can meet a broader range of needs earlier and more effectively through predictable local support and stronger multi-agency Embedding consistent inclusive practice through the Team Around the School approach, as part of Experts at Hand, and IMP, aligning with the expectation that mainstream settings can access rapid, specialist support without delay. Initiating long-term development of clearer specialisms within SILCs, supporting coherence with forthcoming national Specialist Provision packages.

Local roadmap for the next 3 years	2026/27	2027/28	2028/29

Building block 2: Access to specialist support and local placements	School based support for speech, language and communication needs will be provided. This will include group interventions, training, upskilling staff, modelling interventions, assessing whole school/setting inclusive practice and working with parents/carers. Direct work to deliver SLCN programmes will be carried out by assistants, under the direction of therapists. Develop better outcomes measures across services, building on early work of NHS use of Goal Based Outcomes. Work with schools and partners to review and produce a SEND Sufficiency Strategy to improve range and quality of provision in each area of the city, including capacity required for education, health and care. Review and agree placement policy with children and adult's social care to ensure there is clarity around transitions and preparation for adulthood. Map and agree the all-age needs-led neurodevelopmental offer, including support available before, during and after assessment, with agreed referral routes, eligibility criteria, outcome measures and support for families. Review of the ND assessment to ensure that all families are getting the right level of support whilst waiting. Agree key performance reporting metrics to provide assurance that there is a support plan for all children and young people with the longest waits.	Establish systems to focus on building the foundations for sufficiency and mainstream inclusion, particularly in the areas where demand is highest. This includes: • Expanding secondary Communication & Interaction Specialist Inclusion Bases, supporting a mainstream-first approach, that emphasises avoiding the negative impact of failing placements, i.e. taking early and preventative decisions. • Supporting the development and roll out of Inclusion Support Bases and Specialist Bases, and the quality of inclusive practice within these. • Strengthening early years support for speech, language and communication needs, consistent with the White Paper's shift to earlier intervention and Individual Support Plans (ISPs). • Embedding consistent inclusive practice through Team Around the School (TAS), Experts at Hand, and IMP, aligning with the expectation that mainstream settings can access rapid, specialist support without delay. • Initiating long-term development of clearer specialisms within SILCs, supporting coherence with forthcoming national Specialist Provision Packages. Review comparable LAs' to ascertain the most effective EP: child/young person ratio to develop commissioning model to plan for the growth of EP workforce (in alignment with growth in demand).	Analysis of increased placement stability during the first term of post 16 provision and reduction in early course withdrawal linked to unmet need or insufficient support. Expansion and deepening of capacity by building on foundations already in place by further increasing specialist capacity across phases Year three delivery of Experts at Hand will lead to strengthened transition pathways including: • EY – primary. • Y6 – Y7. • Y11 – post 16 into further education. • Post 16 – employment pathways. These will be supported through expanded advisory and outreach support. This is consistent with our ambition to ensure that mainstream settings can meet a broader range of needs earlier and more effectively through predictable local support and stronger multi-agency coordination. Embedded outcome reporting on uptake, waiting list cohort coverage and family experience will be a key feature.

	Review and agree placement policy with children and adult's social care to ensure there is clarity around transitions and preparation for adulthood.	Implement needs-led ND support offer across Leeds.	

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building block 3: System leadership, local partnership collaboration and co-production	Review and agree terms of reference and governance structure to strengthen local strategic governance to better drive the pace of improvement and ensure there is a sharper shared vision, strategy and action plans. Agree 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) to support collective responsibility for inclusive practice. Create partnership dataset to ensure consistency of monitoring for specific target areas. Work with local families and communities to undertake a partnership wide exercise to better understand how well the current system is supporting children from global majority communities. Improve communication and response times with parents and carers. Through Experts at Hand, implement a system for early intervention at transition points to reduce anxiety, disengagement and placement breakdowns, enabling providers to respond proactively rather than reactively. Strengthen join up between key partners in education for SEND, i.e. ensure it is prominent on all key strategic leaders' meetings.	Through quality assurance framework, strengthen multi-agency approaches to quality assurance and increase local capacity to support this work. Provide strategic leadership and oversight regarding the speech and language therapy and occupational therapy elements of the Expert at Hand offer. Work with universities, education settings, speech and language therapy services and occupational therapy services., to agree ways of working that foster a collaborative approach to growing the speech and language therapy and occupational therapy workforce supporting children and young people in education settings over time. Create strategy for developing a strategic approach to increasing speech and language therapy and occupational therapy student placements in education settings. Draw on improved joint datasets and a shared performance dashboard to monitor progress, assess the impact of work streams and respond quickly following exceptions reporting. Work with p16 providers create Preparation for Adulthood Strategy and implementation plan.	Partnership leaders carry out high level review of performance information and assurance findings to set high standards for the next phase of implementation. This includes review of expectations and promotion of consistent practice across the partnership to assess how clearer arrangements for support and challenge have strengthened the partnership. Structured boards and workstreams provide a forum for leaders to hold one another to account. Consolidation, sustainability and system learning by focusing upon, embedding sustainability and reflecting on system impact. This includes: • Reviewing sufficiency modelling. • Incorporating learning from the implementation of ISPs, Inclusion Support Bases and Specialist Bases. • Analysis of effectiveness of Experts at Hand. • Ensuring long-term planning is grounded in evidence, demand forecasting and lived experience to build a stable, long-term SEND system.

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building block 4: Encouraging inclusive culture and behaviours	Develop and agree a dashboard of local priority measure of outcome and performance to improve shared understanding of the effectiveness of the Leeds SEND system. By delivery of specialist expertise directly into mainstream settings so that staff are better equipped to meet needs early and effectively. This reduces reliance on specialist placements and reactive escalation, while improving day to day classroom experience for learners with SEND. Family Hub SEND co-ordinators exist providing SEND Early Help outreach and support with 0-25yrs focus via the Family Hubs. Aligning Best Start with Early Help and define what this will look like in consideration of Families First reforms. Strengthen multi-agency approaches to support young people with SEND to prepare for adulthood, with a particular focus on progression and qualifications post 19. Detailed identification of gaps in provision lead to more targeted PfA improvements. Develop shared pathways into adulthood, supporting young people (14-25yrs) to access appropriate education and training and ensure a planned transition into employment, independent living, or identified next steps in adult life.	Improve staff confidence in adapting provision for learners with SEND through delivery of high-quality training to ultimately provide more consistency and quality of inclusive practice across settings. Experts at Hand offer targets working with SENCos on earlier identification and response to emerging needs leading to: • Reduction in inappropriate referrals to specialist provision. • Improved attendance, engagement and attainment for learners with SEND. Monitoring and review of evidence of strengthened inclusive practice at setting level through QA, inspection outcomes and SEND monitoring data. Increased capacity across sectors, reaching out to more children and young people sooner will be enabled through scaling up.	Implementation of year three of Experts at Hand. There will be support for more children and young people with an EHCP to remain in mainstream schools. Review of effectiveness of Experts at Hand and the impact of all reforms-based grant funding. Learning will inform next phase of implementation (post legislations). Realigning roles in SEND related services (outside of Experts at Hand) to provide the right support at the right time following conclusion of grant funding. Existing/permanent teams will be expected to offer consistency of advice and guidance. This will include, by giving mainstream schools the skills and support to meet the needs of more children and young people with SEND.

Success measures *(drawing on metrics from the accompanying data template)*	2026/27 *(latest published/available)*	2027/28	2028/29
In addition to operational and financial metrics, linked to the data template, the partnership will agree and use measures relating to outcomes for children and young people, parent/carer confidence in the system and inclusion in schools/settings to ensure success is wider than operational and financial aspects.			
Building block 1: Strengthening inclusion across education settings			
Growth in EHC needs assessment requests reducing to be more reflective to be in line with national average by end of FFI transition 30/31	4062 projected by end of 2026: 18.5% growth (requests for EHCNA: 1497 in 2023, 2313 in 2024: 55% growth (national: 12% growth). 3427 in 2025: 48% growth).	4627 projected by end of 2027: 13.9% growth (transition period from previous policy of allocating funding without EHCP means this data is skewed in the short-term).	5069 projected by end of 2028: 9.6% growth (growth in line with statistical neighbours (current data effected by backlog).
Maintain a proportionate level of statutory plans in line with national expectations.	School population with an EHC plan: Jan 2026 3.9% (2025 national: 5.3% Leeds 3.1%)	4.6% of school population with an EHCP.	5.0% of school population with an EHCP.
Improve timeliness of statutory processes: EHCPs	EHCPs completed within 20 weeks in-year for 2026: 6.6%. (national: 46.4% (2024):	25% completed on time.	45% completed on time closing the gap on current national average.
Improvement in the timeliness of health advice for EHCPS	Health advice for EHCNA completed within 6 weeks by LCH in 2025: 75% Currently no data collection for health advice provided by LTHT/ LYPFT	75% compliance by 2029/30 across all health providers	95% compliance by 2029/30 across all health providers
Improvement in the percentage of health advice for EHCPs quality assured as 'good'	Health advice for EHCNA assured as good or above: 40%	60% of assured EHCNA health advice are good or above	80% of assured EHCNA health advice are good or above
Maintain statutory compliance for annual reviews.	84% of annual review meetings recorded (2024 83.7% Leeds, National 86.5%)	85% of annual review meetings recorded.	In line with national by 2029/30.
Maintain statutory compliance for annual reviews.	Percentage of annual review decisions issued within statutory timescales: 15.2%	>25% target.	>40% by 2029/30.
Improve attendance of children and young people in special schools.	Percentage absence of children and young people in special school: 14.42% (national: 12.76%).	13.9% (0.5% target reduction on previous year in absence).	13.4% (0.5% target reduction on previous year in absence).
Reduction in number/percentage of children and young people with 1 or more	All pupils suspension rate: 11.31 (national: 12.76)	0.5% reduction in suspension rate.	0.5% reduction in suspension rate.

suspension and the suspension rate to narrow the gap with national.			
Improve attendance of children and young people in special schools.	Percentage of severely absent children and young people in special schools: 9.06% (national: 6.91%).	0.5% reduction in severely absent.	0.5% reduction in severely absent.
Reduction in numbers of pupils with 1 or more suspensions	All pupils 1 or more suspension: 4.14 (national 4.04)	0.5% reduction.	In line with national average.
Success measures ***(drawing on metrics from the accompanying data template)***	2026/27 *(latest published/available)*	2027/28	2028/29
Building block 2: Access to specialist support and local placements			
Reduction in children and young people in INMSS.	Number of open LA funded placements in INMSS, May 2026: 368	20% target reduction in growth.	30% reduction in growth by 2029/30.
Reduction of children moving to special schools from mainstream at key transition points (YR-Y1/Y6-Y7).	YR-Y1: 31, 0.4%.	0.3% (0.1% target reduction from previous year).	0.2% (0.1% target reduction from previous year.
Reduction of children moving to special schools from mainstream at key transition points (YR-Y1/Y6-Y7).	Y6-Y7: 112, 1.2%	0.1% target reduction on previous year.	0.1% target reduction on previous year.
Creation of additional places in mainstream Specialist Inclusion Bases.	TBA in June submission	48 (minimum number of places created).	49 (minimum number of places created).
Reduce the number of children and young people with SEND who are electively home educated.	Number of children with SEND electively home educated (aged 5 - 15): 528.	5% reduction on previous year.	10% reduction by 2029/30.

Success measures *(drawing on metrics from the accompanying data template)*	2026/27 *(latest published/available)*	2027/28	2028/29
Building block 3: System leadership, local partnership collaboration and co-production			
Increase number of parents/carers registered with Leeds PCF.	664	>15% target increase.	>25% further increase by 2029/30.
SEND priority action plan shows high success rate.	Not yet in place but under development.	>90% of actions are completed within timescale.	>90% of actions are completed within timescale.
Parent/carer confidence in the system results in reduced tribunals.	Appeal rate to SEND tribunal based on total appealable decisions: 1.9% (national 3.2%).	1.9% (maintained from previous year but could potentially go up based on number of EHCNA requests).	<1% by 2029/30.
Reduction in tribunals.	Appeal rate to SEND tribunal based on total appealable decisions: 1.9% (national 3.2%).	Likely to rise in the short-term due to backlog of EHCPs and transition to new policy (funding pre-0EHCP being phased out).	In line with or below national by 2029/30.
Reduction in stage 1 complaints around SEND statutory processes.	Annual complaints: 409.	>5% reduction in number of complaints in year.	Further 5% reduction in number of complaints in year.
Families/children stating that their needs are being met, and this is felt through lived experience.	Not yet monitored.	**Proposed indicator**: annual survey shows >30% families feel their child's SEND needs are being met in their school/setting.	Proposed indicator: annual survey shows >50% families feel their child's SEND needs are being met in their school/setting.
Parents/carers say it's easy to contact appropriate professionals for help.	Not yet monitored.	**Proposed indicator**: 25% drop in complaints relating to communication from the SENSAP service.	**Proposed indicator**: further 15% drop in complaints relating to communication from the SENSAP service.
Parents/carers feel appropriate pathways have been developed for SEND children and young people.	Not yet monitored.	**Proposed indicator**: satisfaction rate shows increase in parent/carer confidence in pathways from initial baseline.	**Proposed indicator**: satisfaction rate shows increase in parent/carer confidence in pathways increases 10% on previous year.
Parents/carers feel engaged in service improvement.	Not yet monitored.	**Proposed indicator**: annual survey shows >50% families feel their child's SEND needs are being met in their school/setting.	**Proposed indicator**: annual survey shows >60% families feel their child's SEND needs are being met in their school/setting.

Parents/carers feel their child receives good support for their SEND in their education setting.	Not yet monitored.	Proposed indicator: annual survey shows >50% parents/carers feel their child receives good support in their school/setting.	Proposed indicator: annual survey shows >70% parents/carers feel their child receives good support in their school/setting.
Parents/carers feel that their child is included and feels a sense of belonging in their education setting.	Not yet monitored.	**Proposed indicator**: annual survey shows >50% families feel their child feels a sense of belonging in their school/setting.	**Proposed indicator**: annual survey shows >60% families feel their child feels a sense of belonging in their school/setting.
Parents/carers feel that there is effective communication between parents/carers and the education setting regarding the child's needs, progress, and support.	Not yet monitored.	**Proposed indicator**: annual survey shows >40% parents/carers feel their child's SEND needs are being met in their school/setting.	**Proposed indicator**: annual survey shows >60% parents/carers feel their child's SEND needs are being met in their school/setting.
Parents/carers are confident that their child is making appropriate progress in their learning and development, with consideration of their needs.	Not yet monitored.	**Proposed indicator**: >50% parents/carers report confidence in the progress their child is making in their education setting, captured in annual reviews.	**Proposed indicator**: >60% parents/carers report confidence in the progress their child is making in their education setting, captured in annual reviews.
Children and young people agree that local leaders engage/communicate with them directly.	Not yet monitored.	**Proposed indicator**: Feedback to SEND & AP Improvement Board through takeover days, shows children and young people feel listened to by local leaders.	**Proposed indicator**: Feedback to SEND & AP Improvement Board through takeover days, shows a 10% increase on previous year of children and young people feel listened to by local leaders.
Children and young people feel supported by education services.	Not yet monitored.	**Proposed indicator**: annual survey shows >40% children and young people with SEND feel supported in their school/setting.	**Proposed indicator**: annual survey shows >60% children and young people with SEND feel supported in their school/setting.
Children and young people feel their EHCP contains the support they need.	Not yet monitored.	**Proposed indicator**: annual survey shows >50% children and young people with SEND feel their needs are being met in their school/setting.	**Proposed indicator**: annual survey shows 10% increase on previous year of children and young people with SEND feeling their needs are being met in their school/setting.

Success measures *(drawing on metrics from the accompanying data template)*	**2026/27 *(latest published/available)***	**2027/28**	**2028/29**
Building block 4: Encouraging inclusive culture and behaviours			
Every school/setting in Leeds can access a coordinated multi-disciplinary team, through Experts at Hand, with clearer pathways for advice, intervention and follow up.	Not yet monitored as Experts at Hand under development.	>60% of schools/settings access direct support from the Experts at Hand offer.	>80% of schools/settings in Leeds access support from the Experts at Hand offer.
Improved good level of development (GLD).	Percent achieving GLD: 63.9% (national: 68.3%).	+0.4% target increase.	>80% success rate.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	EHCP: 12.6% (national: 15.6%) and SEN support: 27% (national: 29%).	+1.5% target increase.	+1.5% further increase.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	Key Stage 4: Attainment 8: all SEN provision; 27.2% (national 28.2%),	In line with national average.	In line with national average.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	EHCP: 11.5% (national 14.8).	+1.5% target increase.	+1.5% further increase.
Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	SEN support: 31.7% (national 33.8%).	+1% target increase.	+1% further increase.
Increase number of young people with SEND who go into EET from KS4.	Percentage of KS4 cohort going to a sustained education, employment or training destination (latest figures from 2023): 79.6% (national 85.2%).	+2% target increase.	+2% further target increase.
A sustained reduction in the proportion of young people with SEND who are not in education, employment or training. (NEET) compared to the 2025/26 baseline.	NEET/not known average: 13.2% (national 10.1%).	-1% target reduction.	-1% further target reduction.

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		Q3		Q4	
Building block 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 workstream lead** (SRO) Accountable for workstream delivery and 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?
Building block/workstream 1: Strengthening inclusion across education settings. **Outcome**: There is a strong offer of support for schools/settings, supporting consistent early identification, intervention and high-quality inclusive practice. **Success measures**: Schools have the additional support needed to meet the children's needs through the Experts at Hand offer, leading to every school/setting in Leeds having access to a coordinated multi-professional team, with clearer pathways	**LA**: Principal EP (AM) **ICB**: Associate Director Children & Young People (EC)	Produce a recovery plan for immediate pressures on statutory service to improve statutory processes through measures that will increase timeliness of EHC needs assessment and annual review processes.	Recovery plan agreed and in place.	Recovery plan additional staffing agreed and operational (Enabler 3).	Increase in timeliness from c7% in Q2 to 10% in Q3 (by Dec 26).	Recovery plan being rolled out, utilising agency staffing. aligned with existing teams (Enabler 3).	Increase in timeliness from Q3 to 15% in Q4 (by Mar 27).
		Agree Experts at Hand operating model including referral routes, observation, light-touch assessment processes, direct intervention offer and outcome framework.	Offer and operating model described	Pilot initial iteration of Experts at Hand (based on availability of key posts). Delivery in targeted localities.	Model operational in defined localities	Roll out fuller iteration of Experts at Hand, following recruitment to key posts.	Initial delivery operational and evaluated.

2026-27 Local delivery plan		Q2		Q3		Q4	
for advice, intervention and follow up.		Map health services that are referral dependent, e.g. S&LT, OT, ND pathways.	Services mapped.	Review health services that are 'referral dependent' for potential move to single point of access to Experts at Hand.	Review of health services and report published.	Application of recommendations from review of access to key health services (S&LT/OT/ND pathways).	Next phase of access to health services agreed.
		Develop and agree approach and JD for role of Advanced Practitioner Speech & Language Therapists (Enabler 3)	Role require-ments agreed.	Begin recruitment process of Advanced Practitioner Speech & Language Therapist, and additional S&LT capacity (Enabler 3).	Advertise-ments for posts enacted.	Advanced Practitioner Speech & Language Therapists X3 in place (Enabler 3).	Recruit-ment of 3x posts.
		Clear role definitions agreed to complement qualified educational psychologists and maximise system impact (Enabler 3).	Role require-ments agreed.	Recruitment of Assistant Educational Psychologists to increase capacity within psychological services (Enabler 3).	Advertise-ments for posts enacted.	Additional capacity fully integrated with wider SEND pathways and early intervention processes.	Structure map shows additional capacity.

2026-27 Local delivery plan		Q2		Q3		Q4	
Building block 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 workstream lead** (SRO) Accountable for workstream delivery and 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?
Building block/workstream 2: Access to specialist support and local placements. **Outcome**: Children and young people have access to education through specialist provision in mainstream schools and innovative approaches. This leads to better attendance and outcomes (academic and inclusion related). **Success measures**: There is an increased number of places available in specialist inclusion bases across EY, school age and FE. There is increased attendance of children and young people with SEND in mainstream through use of technology, e.g. AV1 robots. There is an increased number of inclusion support bases	**LA**: Chief Officer for SEND	In co-production with educational settings and parents/carers develop and agree model for therapy element of experts in hand.	Baseline as interventions not yet effected.	Begin recruitment process of Advanced Practitioner Occupational Therapist and additional capacity (Enabler 3).	Advertise-ments for posts enacted.	Initial operational delivery of model of agreed priority areas in partnership with the overall Experts in hand offer and evaluation.	Operational model in place.
		Develop Early Language Support programme.	Baseline as interventions not yet effected.	Recruitment of school/setting-based Speech & Language Therapy Assistants x10 (seconded from schools/settings): S&LT x1.5 and OT x1.5	Posts appointed.	Direct work to deliver SLCN programmes will be carried out by assistants, under the direction of therapists.	Additional capacity results in increased front-line delivery.
		Develop analysis of school clusters, directly related to level of need that will be required from Experts at Hand. Group comparable schools/clusters together to create benchmarking (Enabler 4).	School clustering and bench-marking indicators agreed.	Schools that perform well on inclusion indicators can lead and share their best practices (Enabler 4).	Lead support schools in clusters identified.	Implement system for sharing good practice (school specialist peer to peer) and roll out in SENCo networks.	Bank of school based 'experts' in operation.

2026-27 Local delivery plan		Q2		Q3		Q4	
within mainstream EY, schools and FE. There is decreased reliance on INMSS and alternative provision. There is less reliance on ND assessments and diagnosis.		Alignment of outreach activity with local inclusion priorities and identified areas of pressure within mainstream settings.	Integrated plan in place.	Recruitment of specialist advisory and outreach teachers across priority areas of SEND (Enabler 3)	Recruitment process initiated.	Experts at Hand offer deliverable by advisory and outreach teachers and health professionals across priority areas of SEND.	Additional staff in place and delivering support.
		Agree pump priming SLAs for special school and AP outreach as part of EaH (Enabler 1).	Baseline as interventions not yet effected.	Agree commission of special school and AP specialist advisory and outreach teachers across priority areas of SEND (Enabler 2).	SLA developed and agreed.	Alignment of outreach activity with local inclusion priorities and identified areas of pressure within mainstream settings.	Delivery of special outreach begins.
		Scope a move to the tiered approach for alternative provision and Alternative Provision Specialist Taskforce.	Baseline as interventions not yet effected.	Review of technology to support children and young people in AP (Enabler 4).	Review reports with recommend -ations.	Technology in use to bridge the gap between non-attendance/need for AP and school/ setting attendance (Enabler 4).	Tech in use to support children and young people.
		Revisit High Needs Provision Capital Allocations and Capital Plan in alignment with transformation requirements and coproduce (with schools/settings) updated strategic plan (Enabler 2).	Baseline as interventions not yet effected.	Update capital plan based on full review and analysis of needs considering transformation programme (Enabler 2).	Capital plan updated and actions taken to begin implementa tion.	Delivery of inclusion bases continues. Increasing number of mainstream schools, EY and FE settings with specialist Inclusion Bases (Enabler 2).	Additional places on track for September 27 delivery.

		Review costs of SEND transport, including cost of supporting health needs on transport (Enabler 1).	Review of costs carried out and actions recommend-ed.	Carry out SEND transport diagnostics, i.e. what are the key issues and what could potentially be changed, e.g. grouping by school/ bus routes (Enabler 1).	Areas of improveme nt identified.	Analyse public transport alternatives, e.g. commissioning arrangements (Enabler 1).	Commissio ning of alternative transport support and arrangeme nts agreed.

2026-27 Local delivery plan		Q2		Q3		Q4	
Building block 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 workstream lead** (SRO) Accountable for workstream delivery and 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?
Building block/workstream 3: System leadership, local partnership collaboration and co-production. **Outcome**: Leaders and partners from Leeds work within a coherent model of shared strategic governance, overseen by an independently chaired executive board. **Success measures**: The local area partnership has a collective strategic direction, outlined in a coproduced SEND strategy. Delivery of the SEND strategy is monitored through an implementation plan, which has a high success rate. Impact of actions taken by local partnership leaders is evident.	**LA**: DCS (PT) **ICB**: Director of Nursing & Quality (IB)	Agree approach to LA and ICB Programme leadership and management.	Baseline as interventions not yet effected.	Consistent leadership and management of reforms ongoing by SROs from LA and ICB.	All SROs in place.	Leadership and management of reforms regularly reporting to SEND & AP Improvement Board.	Governance system embedded and working consistently.
		Agree approach for engaging all schools, early years providers and post-16 providers (including out of area mainstream colleges accessed by local young people with SEND) to support collective responsibility for inclusive practice.	Agreed engagement plan in place.	Implement engagement strategy, including regular LA/ICB attendance at key education leaders' strategic meetings/forums.	Meeting schedule in place and actioned.	Review mechanisms for engaging all partners to ensure effectiveness and identify what works well and what needs to be improved.	Report to SEND & AP Improvement Board.
		Develop and agree MOU for Leeds PCF for increased capacity to support coproduction of transformation programme (Enabler 1).	Baseline as interventions not yet effected.	Working group to coproduce the Four Cornerstones model. MOU in place for Leeds PCF re: additional capacity (Enabler 1).	MOU agreed.	Additional PCF capacity in place and roles commissioned and in operation (Enabler 3).	Increase in PCF funded posts.

2026-27 Local delivery plan		Q2		Q3		Q4	
		Scope requirements of SENDIASS to support reforms.	Baseline as interventions not yet effected.	Increase in SENDIASS capacity to deliver support to parents/carers and young people (Enabler 3).	Baseline as interventions not yet effected.	SENDIASS capacity in place (Enabler 3).	Increase in SENDIASS capacity.
		Develop strategy and implementation plan to define all aspects of QA activity required to deliver reforms (Enabler 5).	Baseline as interventions not yet effected.	Strategy to ensure quality assurance is agreed and additional capacity secured (Enabler 5).	Strategy in place.	QA activity taking place and formally reporting on key aspects of transformation (Enabler 5).	QA audit ratings improved.

2026-27 Local delivery plan		Q2		Q3		Q4	
Building block 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 workstream lead** (SRO) Accountable for workstream delivery and 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?
Building block/workstream 4: Encouraging inclusive culture and behaviours. **Outcome**: Children and young people are supported in their local mainstream school/setting, wherever possible. **Success measure**: School/setting leaders take an active role in the SEND governance system. The number of children and young people with an EHCP is in line with the national average. Attainment and progression outcomes for learners with SEND improve, closing the gap with statistical neighbours and relevant national benchmarks where appropriate.	**LA**: PEP (AMcC) **ICB**: Director of Nursing & Quality (IB)	Review existing service and scope creation of SEND Transition Support approach bringing together Specialist staffing including Speech and Language Therapists, Family Support Workers, teachers, transition support workers, independent travel trainers and behaviour support staff.	Baseline as interventions not yet effected.	Map targeted resource to enable non statutory assessment, pre-placement planning and sustained transition support for learners with SEND moving between key phases from EY, schools, post 16 provision and destinations (Enabler 1).	Baseline as intervention not yet effected.	Creation of transition support element of Experts ad Hand, aligned with delivery model including all relevant specialist professionals.	Transition support delivery in operation.
		Plan for SENCo networks to be delivered at no cost, with a focus on inclusive practice.	Plan in place for 26/27 and 27/28.	Begin roll out of SENCo networks.	>80% of schools attend SENCo networks.	Review effectiveness of SENCo networks and amend for 27/28.	Plan in place for 27/28
		Further roll out of IMP.	IMP accessed by >80% of schools.	Align appropriate training packages to IMP and schedule delivery for partners (Enabler 3).	Training programme in place.	Review effectiveness of IMP and identify next steps for improvement for 27/28.	Plan in place for 27/28

2026-27 Local delivery plan		Q2		Q3		Q4	
We maintain a sustained reduction in the proportion of young people with SEND who are not in education, employment or training (NEET).		Review transitional arrangements and pathways from children to adult's social care services and identify/agree recommendations for improvement.	Review of current arrangement carried out and reported.	Agree next steps in developing improved pathways (Enabler 5).	Pathways agreed.	Develop pathways including consistent information flow and timely and effective specialist support.	Pathways fully operational.
		Use Ofsted Thematic Review to audit current position of PfA to identify areas for improvement, including key transitions in education, health and social care, joint commissioning, etc.	Audit carried out and reported.	Coproduce a PfA strategy that ensures effective support and provision, including: • PfA from the earliest years. • Transitions: achieving a seamless transition without cliff edges, allowing children, young people and families to plan. • Improvements in NEET.	Strategy drafted for approval.	Work with employers to create more opportunities for young people with SEND in supported internships.	Target 20% increase in supported internships.

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.

Year one delivery will be undertaken through dedicated programme management with clear and regular governance and oversight. A dedicated Transformation Project Team will be established, led by a senior responsible officer and supported by transformation capacity. This will provide effective oversight on implementation of the reforms, including through existing governance structures and new workstreams linked to key building blocks.

Project management will include performance monitoring, risk management, and regular reporting to the Local Area SEND Partnership Board and the wider council and ICB governance systems. Exceptions reporting will be a high priority so that any slippage can be addressed as early as possible and mitigated against. Prioritisation will be on financial recovery and sustainability, ensuring inclusion, early intervention and reducing an escalation of need that often culminates into high-cost placements.

Targeted investment will ensure workforce capacity to deliver the programme. There will be investment in enablers including, finance, digital, project management and data capability. This will include development of a shared multi-agency SEND/Inclusion dashboard, enabling real-time tracking for key indicators, e.g. AP, exclusions, EHCP demand, performance, placement trends and financial sustainability.

Details of funding allocations to support delivery of the plan are included in the Experts at Hand Year One Delivery Proposal.

Organisational functions, including finance, HR and commissioning, will be integrated into the programme to support workforce planning, resource allocation and joint commissioning.

There will be post creation to support the Experts at Hand model. This will be area based so that unique communities have a targeted offer. This will include deployment of specialists to work closely with schools, strengthening specialist outreach and aligning existing services around locality-based working.

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 financial year 2025/26 Leeds School's Forum approved a transfer to high needs block, totalling £3.824m. Essentially, this was to mitigate high needs budget pressure targeted at supporting inclusion, including support for services such as specialist teacher teams.

The high needs block is under considerable pressure due to increasing demographic growth, demand and complexity of children and young people's needs. The transfer arose, because of pressures on the budget. Medium-term forecasting indicates continued pressure on the high needs block. In November 2025, at the time of agreeing the transfer, spending on the high needs block was forecast to be £24.653m more than the funding available for 2025/26. Reasons for this include:

- The number of EHCPs increasing; although Leeds still has statistically lower numbers of EHCPs than comparators, the city has seen increases of EHCPs, particularly during 2025, and it is anticipated that the gap between Leeds and the national average may have narrowed as a result.
- In January 2025, there were 6,100 EHCPs, of which 154 children and young people attended an Independent Non-Maintained Special School (INMSS), funded by the LA. This represented 2.5% of the cohort.
- As of January 2026, there were 7,485 EHCPs. Of these, 230 children and young people were placed in INMSS, funded by the LA. This represented 3% of the cohort.

Overall, this reflects a 0.5 percentage point increase in the proportion of children and young people accessing LA funded INMSS provision between January 2025 and January 2026 (a 49% increase from 154 to 230).

Capital: We have announced at least £3 billion in high needs capital between 2026-27 and 2029-30 to support children and young people 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.

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. This will also contribute to financial stability.**

a.1. Our strategy is to ensure systemic control, toward planned capital growth that prioritises local solutions over costly independent placements. This will strengthen mainstream inclusion by equipping settings to meet a broader range of needs earlier, while expanding high-quality Specialist Inclusion Bases where it is most required, as identified by robust data and analysis of demographics across the city. This includes demonstrating expected changes to travel distances, journey times, and reliance on out of area placements, including travel related mitigations. Delivering this relies on a unified, multi-agency approach that includes effective partnerships with MATs, including exploring opportunities created by falling rolls.

b) **Every child or young person who needs a place in an inclusion base can access one**

b.1. We plan to allocate approximately £14.4m to the creation of specialist bases across the local area to build on the existing network created to date. We expect this to be able to deliver bases in around 12 more settings, including post 16 and Early Years, so that there are sufficient bases across all districts. The additional funding reallocated from the planned special free school, will be alternatively invested into the creation of inclusion bases.

c) **Fewer children and young people with SEND needing to travel a long way to access a suitable placement**

c.1. Too many children and young people with SEND who require a special school cannot attend the specialist setting closest to them. There also remain gaps in provision for children and young people who have SEMH needs and require a specialist setting. Because of this, there is reliance on independent special schools which children, and young people often travel significant distances to access, also adding transport implications.

c.2. Therefore, alongside the development of specialist inclusion bases, work is needed to ensure that all special schools in Leeds can support the full range of children and young people with complex SEND. We are creating provision to avoid this by working with our existing special schools to expand in areas of significant place pressure, as part of two planned rebuild projects. We also want to develop additional satellite sites in mainstream schools for children and young people who need a more local solution. We plan to allocate approximately £27.67m for this purpose. Our focus is on creating specialist bases to create provision to alleviate the pressure on special school places and, in turn, alleviating the need for INMSS.

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**

d.1. We plan to allocate funding towards mainstream settings, including nurseries, alternative provision and post 16, to ensure environments can support the needs of as many children and young people as possible. This will be through working in partnership with MATs and education leaders for the development of specialist bases and other environmental adaptations e.g. acoustic/lighting adaptations, sensory and regulation spaces and hygiene suites. Assistive technology is being explored, which can support children and young people to continue to access their mainstream classes and to support reintegration following exclusion and/or prolonged absence.

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.

Leeds PCF is active and advocates for the voice of parents/carers and is represented on the SEND & AP Partnership Improvement Board. The PCF has for the first time recently received funding for part of 25/26 from the LA and funding has also been contributed by the ICB to support delivery of specific work in 25/26.

The Voice, Influence and Change Team has established a range of mechanisms to capture and strengthen the voice and influence of parents and carers. These include a network of parent carer support groups, three voice events held annually, and additional consultation activities designed to gather feedback from families.

The Voice, Influence and Transparency (VIT) Multiagency Working Group includes reps from PCF and Carers Leeds, develops and publishes on LLO issue trackers which bring together themed concerns raised by children, young people and parents/carers. The group works collaboratively with services to review these issues, agree actions, and implement improvements aimed at enhancing the experiences of families. It also addresses key issues identified by children, young people and parents/carers raised via the Issues Trackers, which result in changes due to voice.

Colleagues from health (providers and the ICB) meet monthly with the PCF to discuss feedback from parents and carers on health and to hear about developments. The PCF needs to feel that they are being actively listened to by senior leaders and that this informs and shapes decisions across the partnership to reflect their lived experiences.

There is an established SEND Youth Council who continue to lead on engagement activities and develop campaigns and resources to improve awareness, services and our offer. The SEND & AP Partnership Improvement Board has an annual takeover event which is young person directed and led.

The takeover events have demonstratable outcomes e.g. such as information events for Preparation for Adulthood, Give it a Go Events, Compass Housework experience annual programme. The Voice, Influence and Change Team work with pupil voices leads in all education settings, facilitates an annual SEND Summit to engage and consult with young people with SEND. The team also delivers targeted consultation activities, ensuring that views of children and young people are actively sought and inform service development.

To ensure co-production of the SEND system, all partners and stakeholders will be part of the transformation through:

- The experiences of children and young people with SEND being a focus to support transformation of the system, with a particular focus on PfA, including transitions and the impact of moving from children to adults' services.
- Ongoing collaboration in strategic boards, workstreams and specific areas of work with Leeds PCF (including securing sustainability and growth of the PCF through transformation funding).
- Engagement with schools/settings through sector leadership strategic partnerships, including EY, primary, secondary, p-16/19 representative groups with further emphasis on more reach for those working on the ground/front line.
- SENCo networks and events.
- Links with regional neighbours to coordinate approaches to delivery of Experts at Hand.
- Working groups for specific areas of development will seek representation from all partners, depending on the purpose and scope.

To develop the SEND reform plan, we*:

- Heard directly from the parent/carer forum through multiple focused sessions with the steering group, received feedback and held a follow up session to go through the draft plan, prior to submission.
- Heard the views of young people through focused discussions.
- Briefed school/setting leaders from all age phases on the principles and aims of the reforms and set out how we plan to incorporate these into our post inspection priorities and development of SEND strategy.
- Surveyed and received feedback from school/setting leaders (63 direct responses and additional summary responses from primary heads).
- Provided reports to the SEND Partnership Improvement Board, which includes representatives from across the sector.
- Held theory of change sessions with health partners to look at what we are trying to achieve and how we will get there.
- Held multiple working groups to discuss the plan and agree the maturity assessment tool.

We have used a partnership approach, through the Theory of Change process, to agreeing an optimal delivery model for Experts at Hand. We are advancing the model in alignment with SEND inspection priorities and the 'team around the school' and community approach, mapping onto existing locality cluster partnerships.

*The SEND Reform Plan has been updated, following government approval and feedback. Additional documents are also available to support transformation and align with other local area priorities.

Structure for coproduction: Voice, influence and change.

Leeds SEND and AP Improvement Board

The Voice and Influence Transparency Working Group report is a subgroup of the Leeds SEND & AP Improvement Board. They use the issues raised by children, young people and parents/carers to steer group discussion and actions (issues trackers). Issues are addressed directly with relevant service leads. Complex issues that need strategic input will be raised with the improvement board.back to the Leeds SEND and AP Improvement Board.

Voice and Influence Transparency Working Group

The voice and influence transparency working group is a subgroup of the Leeds SEND and AP Improvement Board.

The group look into the issues and challenges raised by children, young people, parents and carers.

Six monthly SEND voice and influence report

The purpose of the report is to collate voice and influence work from across the city, champion good practice and raise awareness of the issues raised.

All groups, specialist provisions, mainstream schools, APs and AIPs are asked to contribute to the six-monthly voice and influence reports to and share the issues raised by the young people they work with.

Leeds SEND Youth Council

The Leeds SEND Youth Council is a group of young people aged 11 to 25 years old with special educational needs and disabilities (SEND) who live in Leeds or attend school in Leeds.

The SEND Youth Council take part in:

1. Commissioning panels
2. Recruitment and selection panels
3. Service consultations
4. Make your mark
5. Review Leeds Local Offer
6. SEND and Inclusion Strategy

Young people in school

(specialist, AP and mainstream)

The Voice, Influence and Change Teamwork with all settings in Leeds to ensure students have a voice and influence within the city:

1. SEND Summit
2. Service consultations
3. Make your mark

Takeover of the Leeds Area SEND and AP Partnership Board

The Voice, Influence and Change Team coordinate young people in Leeds taking over the Leeds Area SEND and AP Partnership Board as part of national takeover challenge.

The takeover is an annual event that takes place in November.

Young people are supported to share with board members the key issues and challenges they face in their day to day lives and celebrate what Leeds is doing well.

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
1. Uncertainty about ICB structures and roles poses a risk that the SEND Partnership may not receive the strategic or operational support needed once the new operational model is implemented, including lack of capacity to undertake all aspects of delivery of the SEND reform plan.	Critical	Possible		Ensure close coproduction of the new system, including use of grant funding so that all key posts are fully implemented. Ensure all providers are part of this and help shape the system. Exceptions reporting needs to be built into the governance system. Use of programme governance structures, including to monitor delivery, manage risks and ensure effective coordination across key organisations. Establishment of formal partnership arrangements will be agreed, including governance, oversight and exceptions reporting for escalation prior to critical incidences. This will ensure clear accountability across education and health partners and a clear route to avoid challenges. **Oversight**: Monitoring through SEND Improvement Board with escalation to Leeds Health & Care Partnership (ICB). **Escalation**: Exceptions reporting will trigger escalation to executive boards. **Owner**: Director of Nursing & Quality	
2. Lack of sign up from schools/settings to develop mainstream inclusion bases.	Moderate	Possible		Strong working relationships through key system leadership groups will scrutinise the transformation programme to ensure co-production and sign up across the sector. Ensure academy trust and local school leaders are part of the governance system and involved in all scoping, analysis and decision making, including developing service specifications and guidance for Specialist Inclusion Bases and Support Inclusion Bases. Build capacity and capability within the system through workforce development across the whole SEND and AP system. The expansion of multidisciplinary support through Experts at Hand will improve deployment of specialist professionals, building confidence in mainstream schools/settings. Establishing Experts at Hand aligned with cluster locality partnerships and team around the school approach will include headteacher and education leader involvement in strategic governance to support collaboration between schools, LA and health partners, including in schools/settings that are not aligned to a cluster.	

				Oversight: Monitoring through SEND Improvement Board with partnership work with education strategic heads groups. **Escalation**: Sufficiency reporting will trigger escalation to SEND & AP Improvement Board. **Owner**: Head of SEND	
3. Recruitment of key posts as demand will be high as all local areas will be recruiting to similar.	Moderate	Likely		Innovative approaches to workforce capacity building, e.g. working with local universities to develop training programmes, seconding from existing expert staff in own schools/settings. Associate workforce development and implementation strategy with wider system reforms and partnership programmes to support coherent implementation and targeted staff recruitment and retention is effective. Work with local universities to: • Grow throughput of trainees into specialist roles. • Contribute to teacher training programmes to develop SEND expertise from the start. **Oversight**: Monitoring through SEND Improvement Board. **Escalation**: Exceptions reporting will trigger escalation to ICB Executive Board. **Owner/s**: LA: Chief Officer for SEND and ICB: Lead Commissioner	
3. There is a risk that recruitment of Experts at Hand across the wider ICB destabilises existing statutory services resulting in a reduction in offer and increased waiting times. There is a risk that NHS providers will not recruit staff against this new model if funding is time limited.	Moderate	Possible		Develop a joint governance approach across the ICB to enable emergent workforce risks to be monitored and mitigated as they arise. Strategic oversight of Experts at Hand will be delivered through a partnership approach and decision making will also be on that basis. This will allow for consideration of impact of the transformation period on existing teams and services. Alignment with this will be a fully integrated feature. Although the funding for the transformation period is currently limited to three years, future proofing of any service development will be built into the system. This will ensure that effective services that have a significant impact can be retained (dependent on funding). **Oversight**: Monitoring through SEND Improvement Board with partnership working across the West Yorkshire ICB. **Escalation**: Exceptions reporting will trigger escalation to ICB Executive Board. **Owner/s**: Health: Lead Provider and Lead Commissioner LA: Chief Officer for SEND	

4. Capacity due to balancing business as usual with post Ofsted improvement priorities and implementation of the SEND reforms. This is in context of current changing policy regarding statutory services and allocation of resources.	Moderate	Unlikely		All strategic plans must be governed through the same consistent system. Reporting schedule including all aspects of strategic planning will include regular reporting through the Partnership SEND Improvement Board. Plans will be integrated so that priorities are addressed in a focused and targeted way. SROs will be responsible for all areas of improvement and will report regularly to the SEND & AP Improvement Board. Exceptions reporting will be a key feature to identify any slippage so that early solutions are found. Use of shared data, monitoring, oversight and governance through strategic partnership boards will track progress, identify variation in outcomes achieved and maintain oversight of whole system performance. **Oversight**: Monitoring through SEND Improvement Board. Performance data against priority actions, including deadline slippage, will trigger escalation. **Escalation**: Exceptions reporting will trigger escalation to council and ICB Executive Boards. **Owner**: Chief Officer for SEND	

Legend *(see appendix C for full descriptions)*				
<10% Very unlikely	**>10% - <30% Unlikely**	**>30% - <60% Possible**	**>60% - <90% Likely**	**>90% Very likely**
5	10	15	20	25
4	8	12	16	20
3	6	9	12	15
2	4	6	8	10
1	2	3	4	5

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

Delivery of the SEND transformation programme has dependencies associated with several national and local legislative and strategic priorities. To ensure a cohesive approach work is continuing to strengthen partnership to maximise impact of reforms. The Leeds Families Partnership Board meets for the first time in June and will provide governance and oversight across the Family Help and Early Support reform programme, including Best Start in Life, Families First, Neighbourhood Health for Children, and Youth Futures. The Board will bring together senior leaders from across the council, health, police, education and voluntary sector, alongside voice and influence, to drive a coordinated approach to family help, early support, prevention and neighbourhood-based working.

Concerns remain that concurrent NHS and Integrated Care Board (ICB) reforms risk compromising health related support for children and young people, i.e. if 50% funding cuts occur without the necessary protection of statutory functions. Changes within the Integrated Care Board (ICB) continue to have an impact on the capacity and availability of strategic partners and, whilst this is being managed, it creates ongoing challenges. There has been a considerable amount of work done to ensure that services are maintained although there is recognition that some pathways require accelerated progress, e.g. neurodevelopmental pathways.

Financial stability remains a concern as demand continues to outstrip capacity in relation to statutory functions of the partnership. However, the focus of the reforms on early identification aim to move away from an over-reliance on statutory processes toward a more balanced model of support, where mainstream schools are equipped to meet a wider range of needs earlier.

Regardless of systemic changes, the SEND transformation programme will remain a strategic priority, with governance and oversight sustained at the senior leadership level to ensure stability through any structural changes. This will be supported through consideration of the needs of districts which will require further analysis to identify accurate level of need and priorities.

The partnership will continue to align SEND transformation with social care transformation by linking and bringing together key parts of the system through the Experts at Hand model and by strengthening pathways, improving joint working between all specialist services and ensuring that the needs of children and young people and localities are fully understood. This will mean that emerging needs are identified earlier with the appropriate level of intervention being made accessible to support them. This will include combined pathways to support aimed at reducing escalation of need that requires more intense and longer-term intervention.

National changes to curriculum and assessment, and how schools are inspected by Ofsted, impact how schools identify and meet varied needs and ensure inclusive practice. This aligns with the intentions of the reforms and is seen as a positive lever to secure change. As a result, the partnership will strengthen through closer links with schools, trusts and education settings to prepare and respond to changes, ensuring that inclusive practice remains fundamental.

Section 3: Monitoring and Evaluation

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.

To strengthen the required transformation, insights from performance data, complaints, and stakeholder feedback will be systematically converted into action and measured for impact.

This will include:

- Data following a structured system of feedback and response to ensure that complaints do not just sit in reports but actively change front-line delivery. This will enable them to trigger reviews of common themes, including those identified by LPCF.
- Fully understanding what data tells us so we can assess where the system is failing (statutory metrics, e.g., not meeting the 20-week statutory limit for EHCPs, high rates of tribunal appeals and spikes in exclusions.
- Triggering immediate resource reallocation or process mapping through ongoing monitoring. For example, if 20-week compliance drops, data analysts isolate the bottleneck (e.g. delays in EP assessments) to target intervention.
- Highlighting red flags and what they tell us, e.g. where communication has broken down or where systemic failures are causing families frustration.
- Having true regard to stakeholder feedback (lived experience) and what it tells us, e.g. how the system feels to parents/carers, children, and young people.

Operationalising improvements

Following consideration of the above will result in a real transformational change mechanism. It will also ensure accountability, as every insight-driven improvement will be embedded in the governance and accountability structure.

Evaluating effectiveness over time: To ensure improvements are sustainable and genuinely impactful, the SEND system will continue to utilise a multi-layered evaluation framework based on:

- Defining success & KPIs
- Implementing changes
- Evaluating metrics
- Embedding or adapting strategy

Governance and oversight: To prevent performance systems from fading, evaluation data will directly link to accountability structures. The SEND & AP Improvement Board will hold monthly accountability meetings where performance dashboards, complaint trends, and feedback metrics are continually scrutinised.

The SEND reform plan will be monitored through key milestones for the local area partnership's SEND transformation programme. This will build on improvement activity from existing plans and the Ofsted and the Care Quality Commission's (CQC) inspection of services, in May 2026, and subsequent post inspection priorities. The activity here is a summary and does not include everything. However, the commitments made in creating the plan bring together key deliverables that we are trying to achieve as a local area partnership.

Monitoring of progress will include

- Monthly reporting to the SEND Improvement Board to reflect any changes to the programme timelines, actions, vulnerabilities and successes. This will include development and monitoring of a data dashboard, directly linked to the actions outlined.
- Financial monitoring and oversight of the high needs block, joint commissioning arrangements and financial planning.
- Quarterly formal review of key performance indicators, to be reported corporately (at council and ICB strategic level).
- Regular scrutiny, check and challenge at key governance system meeting, workshops and corporate audit and review mechanisms.
- Issues Trackers collating key consultation findings will be used to increase boards awareness of key issues and influence the action plans of working groups. Case studies will demonstrate impact/what's changed and shared with children, young people and families.
- Lived experience and user satisfaction will be built into service design and delivery, i.e. Experts at Hand will have a specific reporting approach to gather the views of schools/settings, children, young people and parents/carers. This will included surveys, interviews, focus groups, SENDIASS/PCF themes, complaints analysis, community outreach, feedback in home languages, case studies and workshops to gather views.
- An annual workforce training schedule, with a consistent way of gathering feedback and acting on this (feedback loop) to ensure training is achieving its' intended aims.

Mitigations planning will form part of the regular monthly reporting on workstreams to the SEND & AP Improvement Board.

Monitoring tools

An outcomes framework will be developed (see annex D), that incorporates agreed outcomes across health, education, and social care to enable consistency of approach for what is being measured. This needs to be agreed by partners, with a reporting cycle to the SEND & AP Improvement Board. Reporting needs to be aligned with nationally published data and linked to key priorities.

Monitoring will outline the reporting that will be done at different levels:

Every board meeting: Data dashboard to update on the latest performance for statutory processes including EHCP timeliness and quality assurance audit. Annual reviews, mediation and tribunals.

- **Quarterly**: Update on health data including waiting times for therapies (speech and language, occupational therapy, waiting lists for paediatric services including neurodivergent pathways, numbers of children and young people open to CAMHS.
- Outcomes report for overview of specific indicators, e.g. NEET/EET data (that will be identified through an agreed scorecard).
- **Annually**: Headline reports, including:
  - Analysis of the latest full year data in comparison to national, regional and statistical neighbours, following publication of the SEN2 data return.
  - Educational outcomes report, following publication of the latest data by the DfE for the last full year.
  - Joint Strategic Needs Assessment update.
- **On request**:
  - Items asked for by the board for a specific are of focus, e.g. preparing for adulthood, neurodevelopmental pathways and progress of specific areas of transformation.

Whilst the approach outlined above focuses largely on reporting to the SEND & AP Improvement Board, reports will also be made available for various other boards/meetings, as required, e.g. cabinet and scrutiny.

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.

See data template provided.

Section 4: Governance

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 *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *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).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision rights** *What decisions can this governance mechanism make?*	**Escalation route** *Where can this governance mechanism escalate issues or decision to?*
Leeds City Council	Strategic decision making for Leeds City Council.	This Constitution sets out how Leeds City Council operates, how decisions are made and the procedures which are followed to ensure that decision-making is efficient, transparent and accountable to local people. Health provision aligns with this, and joint issues often raised through the council.	Monthly	Strategic and financial decision-making and sign-off	N/A
Leeds Health & Care Partnership: Integrated Care Board Executive/Leeds Provider Partnership	ICB works at a regional level to improve health, with specific decision-making delegated to the local Leeds place level. As the changes to Health Infrastructure take effect, some of the decision making and delivery of activity will be undertaken by the Leeds Provider Partnership.	The Leeds ICB forms part of the wider West Yorkshire Health & Care Partnership, working together with local hospitals and voluntary sectors. Ed Whiting, Chief Executive of Leeds City Council, appointed to the ICB Board as a Partner Member in early 2025. The ICB plans and funds services, focusing on quality, safety, and addressing health inequalities.	Bi-monthly	Strategic and financial decision-making and sign-off	N/A

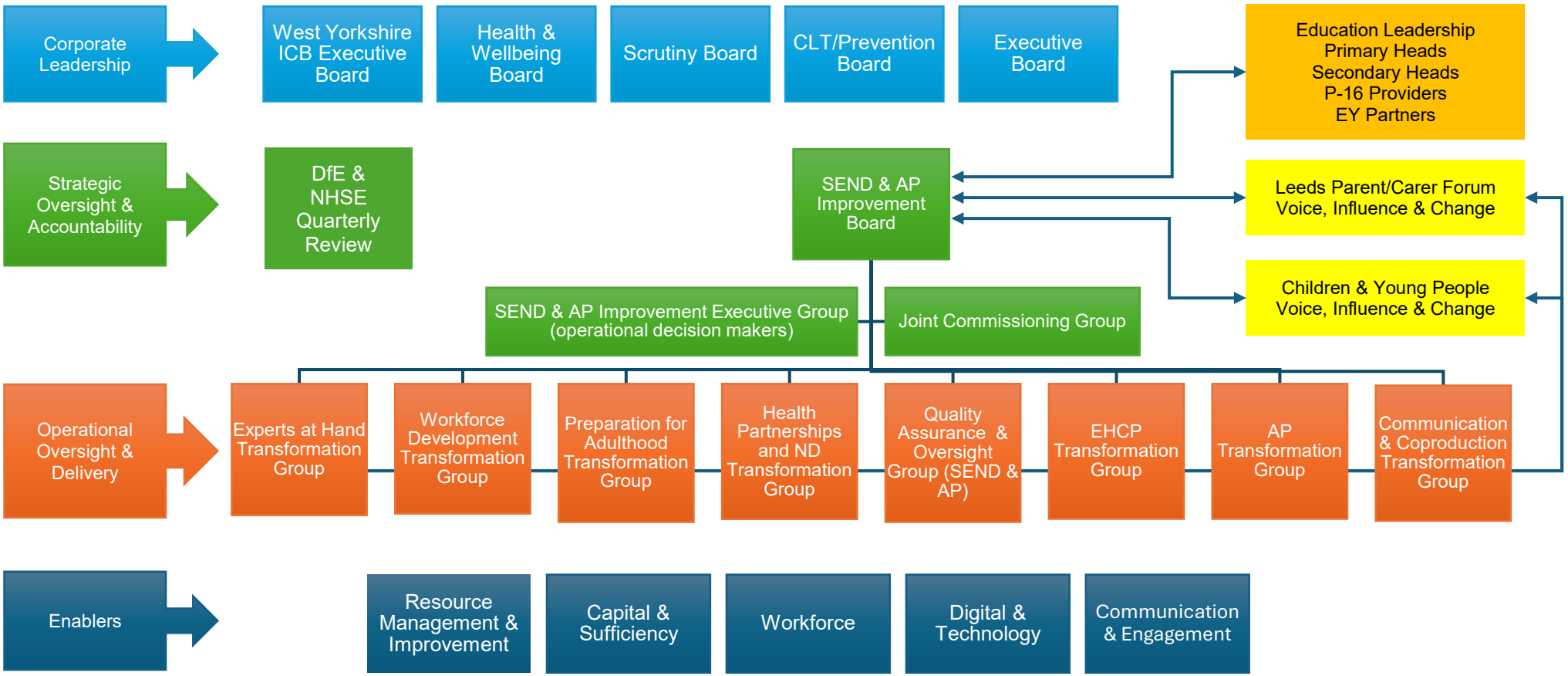
Governance mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance 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).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision rights** *What decisions can this governance mechanism make?*	**Escalation route** *Where can this governance mechanism escalate issues or decision to?*
SEND & Alternative Provision Improvement Board	Multi-agency collaboration at the strategic and organisational level. The Board oversees strategic direction, impact and accountability of the SEND Local Area Partnership. The Board provides high-support and high challenge to key priorities and transformation groups.	**Chair**: Anthony Douglas (independent) **Member partners**: Senior Leaders from education, health and care, Leeds Parent Carer Forum.	Monthly	Strategic	Council committees, scrutiny and ICB Executive Board.
SEND & AP Improvement Executive Group (operational decision makers)	Oversees operational delivery of the SEND Partnership priorities and alignment across transformation groups Uses joint accountability principles to dismantle barriers to transformation and escalating issues to the SEND and AP Improvement Board when needed.	**Cochairs**: DCS (Pete Thorpe) Director of Nursing & Quality ICB, (Ian Bennett) **Member partners:** Operational Leaders from education, health and care, Leeds Parent Carer Forum and Voice Influence and Change Team (rep children and young people's voice).	Monthly	Operational	SEND & AP Improvement Board
Health Partnerships and ND Transformation Group	Oversees and drives forward the health contribution to Experts at Hand model development and implementation, neurodevelopmental pathways, therapy services, health waiting times, health advice to EHCNAs and EHCP reviews, and delivery of EHCP recommendations.	**Chair**: (Heather McClennand) SRO: Children's Programme Lead, West Yorkshire ICB (Karren Leach) **Member partners**: Partners from education, health (including providers), and Parent Carer Forum representatives.	Half termly	Strategic and operational	SEND & AP Improvement Board
Joint Commissioning Partnership	Oversight of partnership commissioning for key areas related to provision of services across the SEND system.	**Chair**: Chief Officer, Commissioning & Governance (Phil Evans) **Member partners**: Partners from education, health, care, and Leeds Parent Carer Forum.	Quarterly	Strategic	SEND & AP Improvement Board

Governance mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *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).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision rights** *What decisions can this governance mechanism make?*	**Escalation route** *Where can this governance mechanism escalate issues or decision to?*
Preparation for Adulthood Transformation Group	Transformation of key areas of focus for PfA. Additional focus on key transitions in: • Education: key stage/phase transitions. • Health: children to adults' services. • Social care: children to adults' services.	**Chair**: Chief Officer SEND & Learning Inclusion (Phil Evans, currently acting) **Member partners**: Partners from education, health and care, Leeds PCF, and representatives from schools and post 16 providers. Voice, Influence & Change Team/LLO	Half termly	Strategic and operational	SEND & AP Programme Board
EHCP Transformation Group	Oversight and delivery of the required recovery and transformation work related to SEND statutory processes.	**Chair**: Chief Officer SEND & Learning Inclusion (Phil Evans, currently acting) **Member partners**: Partners from education, health and care.	Monthly	Strategic and operational	SEND & AP Improvement Board
AP Transformation Group	Oversight and delivery of the required recovery and transformation work related to alternative provision.	**Chair**: Chief Officer Education **Member partners**: Partners from education, health and care. Representatives from schools and AP providers.	Monthly	Strategic and operational	SEND & AP Improvement Board
Experts at Hand Transformation Group	Oversight and delivery of Experts at Hand, including performance analysis, workforce implications, finance monitoring and setting ongoing priority areas to deliver the SEND reforms.	**Chair**: Principal EP (Alison McCoy) **Member partners**: Partners from education, health (S&LT/OT providers) and care (Best Start in Life/Family Hubs). Representatives from schools and AP providers.	Half termly	Strategic and operational	SEND & AP Improvement Board
Quality Assurance & Oversight Group (SEND & AP)	Oversight and direction for key areas aligned to priority areas of work. Provides operational and strategic oversight of the full EHCP process including QA, assessment, planning, annual reviews, audit activity, digital developments, tribunal learning and family experience. Operational oversight of PAP.	**Chair**: Chief Officer SEND & Learning Inclusion (Phil Evans, currently acting) **Member partners**: Partners from education, health, care, education and health providers, Leeds Parent Carer Forum and young people's representatives. VIC Team representing children and young people.	Monthly	Strategic and Operational	SEND & AP Programme Board

Governance mechanism *This may be a governance group, or an individual (e.g. SRO).*	Purpose/responsibilities *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	Membership *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).*	Cadence *How regularly does this governance mechanism meet?*	Decision rights *What decisions can this governance mechanism make?*	Escalation route *Where can this governance mechanism escalate issues or decision to?*
Workforce Development Transformation Group	Oversight and direction for creating workforce training plan, annual schedule of continuing professional development activity and ensuring action taken for key areas that require a focus within the workforce (includes education, health, care and parent programmes).	**Chair**: Head of Human Resources (Graham Sephton) **Member partners**: Partners from education, health, care, and Leeds Parent Carer Forum.	Half Termly	Operational	SEND & AP Programme Board
Communication & Coproduction Transformation Group	Closely aligned with the Voice, Influence & Transparency Working Group but with a specific focus on rapidly and sustainably improving communication with parents/carers and facilitating/supporting ongoing coproduction priorities (linked with PAP).	**Chair:** Children's Strategy & Influence Lead **Member partners:** Leeds Parent Carer Forum, Carers Leeds, Social Care, Health, Education, Voice and Influence, SENDIASS, Customer Relations, Third sector, Voice Influence Change Team, School representative.	6-weekly	Strategic and operational	SEND & AP Programme Board
Voice, Influence & Transparency Working Group	The group identifies and collates issues raised through consultations, surveys, feedback mechanisms and complaints data from children, young people, parents and carers and records on issues trackers. Group reviews issues with services, identifies actions and tracks progress. Issues trackers and case studies evidencing what has changed are published on LLO, Leeds Youth Voice social media and to families via PC Forum. Issues needing higher level of strategic input are raised via the SEND and AP programme/ improvement board,	**Chair:** Children's Strategy & Influence Lead **Member partners:** Leeds Parent Carer Forum, Carers Leeds, Social Care, Health, Education, Voice and Influence, SENDIASS, Customer Relations, Third sector, Voice Influence Change Team, School representative.	6-weekly	Strategic and operational	SEND & AP Programme Board

Governance structure

Proposed structure (aligns with priority action plan and SEND reform plan requirements)



Senior reporting officers				
Governance mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**SRO** *Who leads on this workstream?*	**Decision rights** *What decisions can this governance mechanism make?*	**Escalation route** *Where can this governance mechanism escalate issues or decision to?*
Building block/ workstream 1: Strengthening inclusion across education settings.	Oversight of strategic planning and delivery of the workstream for developing the Experts at Hand offer, across the council (education, early help and social care) and the ICB/providers.	**LA**: Principal EP (AMcC)	Advisory. Makes recommendations to boards and through corporate decision-making routes.	SEND & AP Improvement Board Transformation programme Board
Building block/ workstream 2: Access to specialist support and local placements.	Oversight of strategic planning and delivery of the workstream for developing mainstream inclusion (practice and support for early identification and support). Oversight of strategic plan and delivery for creating specialist places within mainstream inclusion and developing special schools.	**LA**: Chief Officer for SEND (PE)	Advisory. Makes recommendations to boards and through corporate decision-making routes. Reports to cabinet re: sufficiency programme.	SEND & AP Improvement Board Transformation programme Board
Building block/ workstream 3: System leadership, local partnership collaboration and co-production.	Oversight, check and challenge for strategic planning and delivery of the workstream for working in partnership with schools/settings to promote and deliver improved inclusive practice.	**LA**: DCS (PT) **ICB**: Director of Nursing & Quality (IB)	Advisory. Makes recommendations to boards and through corporate decision-making routes.	SEND & AP Improvement Board Transformation programme Board
Building block/ workstream 4: Encouraging inclusive culture and behaviours.	Oversight of strategic planning and financial management required to enable sustained SEND support and provision.	**LA**: PEP (AMcC) & Chief Officer for SEND (PE)	Strategic partnership with schools/settings. Makes recommendations to boards and through corporate decision-making routes.	SEND & AP Improvement Board Transformation programme Board

Section 5: Central Government Support

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

We are in the process of reforming the SEND system aligned with priorities identified in the most recent local area SEND inspection. Therefore, harmonisation of key issues being raised across the local area, with consideration of national, regional and statistical neighbour pressures is vital. This is because, in seeking to reshape support and provision to create more inclusive systems for children and young people, we can learn from each other, share good practice and avoid unnecessary duplication.

Whilst there is appetite for progressive change, this needs to be fully resourced, developed and all realistic risks identified. Financial implications need to be at the forefront of all aspects of implementation.

To support the local area in this, useful activity could include:

- Financial oversight with an aim of keep grant funding for commissioning additional capacity consistent and under review. This will enable better capacity to ensure financial aspects are accurate, realistic and continue to forecast need in line with mitigations.
- A consistent approach to data collection related to performance measures and use will be invaluable. Tools and templates related to this will need to reflect what is common across all local areas, whilst allowing for local divergence that relate to each area's specific plans.
- Specialist expertise to check and challenge all aspects of the SEND reform plan.
- Support for joint commissioning at the strategic level, e.g. reviewing and improving section 75 agreements.

Annex B: Supporting documents

Local area documents to support SEND reform plan	
Leeds Maturity Assessment Tool	
Leeds Data Template	
Leeds Theory of Change	
Original supporting documents from DfE	
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	<10% Very unlikely	>10% - <30% Unlikely	>30% - <60% Possible	>60% - <90% Likely	>90% Very likely
Cannot deliver reform plan; failure of mission critical activity.	Crisis	5	10	15	20	25
Significant impact to objectives; significant and sustained disruption to activity.	Critical	4	8	12	16	20
Delivery targets are compromised; project delay/budget overrun.	Moderate	3	6	9	12	15
Limited impact on delivery targets; deviations from project resource, timescale or targets.	Marginal	2	4	6	8	10
Minimal impact on delivery targets; minimal impacts to project/programme efficiency.	Negligible	1	2	3	4	5

Annex D: Data dashboard metrics

Key performance indicators	Source *(latest published)*	2026/2027			Comparators *(latest published)*		
		Spring	Summer	Autumn	SN*	Nat'	LA
Number of school aged CYP							
Number of CYP with SEND							
% of CYP with an EHCP							
% of CYP at SENS							
Total % of SEND (EHCP & SENS)							
Number going through assessment							
Percentage within 20 weeks							
Number of new requests to assess							
Number progressed to assessment							
Number refused at panel							
Percentage refused at panel							
Number resulting in YES to issue							
Number resulting in NO to issue							
Percentage refusal to issue a plan							
Number new placements in INMSS							
Number of mediations lodged							
Number of live mediations							
Number of mediation meetings held							
Number of outcomes in LA favour							
Number of tribunals lodged							
Number of live tribunals							
Number of tribunals held							
Waiting times for autism and ADHD assessments (0-18).							
Waiting times for therapies (OT/SLT/PT).							

Mental health assessments.							
Consultant Community Paediatric assessments.							
Access to Children's continuing care/Continuing Health Care.							
Personal health budgets.							
Dynamic Support Register (0-25).							
Uptake Learning Disability Annual Health Checks.							
Attendance: secondary.							
Attendance: EHCP secondary.							
Attendance: CIN secondary.							
Attendance: CP secondary.							
Attendance: Early help secondary.							
Attendance: primary.							
Attendance: EHCP primary							
Attendance: CIN primary							
Attendance: CP primary							
Attendance: early help primary							
Elective home education (EHE)							
Elective home ed' (EHE): EHCP							
Part-time timetables (as reported)							
Children looked after (CLA)							
Children missing ed': not on roll							
Suspensions: primary							
Suspensions: secondary							
Suspensions: SEN support							
Suspensions: EHCP							
Permanent exclusion: primary							
Permanent exclusion: secondary							

Permanent exclusion: SEN Supp'							
Permanent exclusion: EHCP							
EHCP p-16 transfer amendments							
P-16 FE to HE transfers							
Participation for Y12 and Y13							
SEND NEET							
Unknown							
SEND in EET							
Children looked after (CLA) EET							
Number YP in supported internships							
Number YP on apprenticeships							

Annex E: Glossary

AP	Alternative Provision
AY	Academic Year
CAMHS	Child & Adolescent Mental Health Service
CLA	Children Looked After
CME	Children Missing Education
CPD	Continuing Professional Development
CPP	Change Programme Partnership
CQC	Care Quality Commission
CYP	Children and Young People
DfE	Department for Education
EBSA	Emotionally Based School Avoidance
ECT	Early Career Teacher
EHCNA	Education Health & Care Needs Assessment Request
EHCP	Education Health & Care Plan
EHE	Elective Home Education
ELSEC	Early Language Support for Every Child
EOTAS	Education Other Than at School
EP	Education Psychologist
EPS	Educational Psychology Service
EY	Early Years
FH	Family Hubs
FY	Financial Year
HNPCA	High Needs Provision Capital Allocations
ICB	Integrated Care Board
INMSS	Independent & Non-Maintained Special Schools
KPI	Key Performance Indicators
LA	Local Authority
MHiE	Mental Health in Education
NHSE	National Health Service England
Ofsted	Office for Standards in Education
OT	Occupational Therapy
PA	Persistently Absent
PAP	Priority Action Plan
PCF	Parent Carer Forum
PEP	Principal Education Psychologist
PfA	Preparation for Adulthood
QA	Quality Assurance
QTVI	Qualified Teacher of the Visually Impaired
S&LT	Speech & Language Therapy/Therapist
SENCo	Special Educational Needs Coordinator
SEN	Special Educational Needs
SEND	Special Education Needs and/or Disabilities
SEND CoP	SEND Code of Practice, 2015
SENDIASS	Special Education Needs and/or Disability Information Advice & Support Service
SILC	Specialist Inclusive Learning Centre
SLCN	Speech Language & Communication Needs
ToD	Teacher of the Deaf
YTD	Year-to-Date