



Department
for Education

NHS
England

The Local SEND Reform Plan

March 2026





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1. Introduction

Document Overview

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

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

The document contains the following:

- 1. The Local SEND Reform Plan Guidance**

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

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

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

- 3. Supporting Documents – Annex B**

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




The Local SEND Reform Plan

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

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

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

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


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

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

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

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

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



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

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

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

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

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

2. Laying the Foundation for Reform

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



The Experts at Hand Offer

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


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

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

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

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

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

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

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

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

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

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

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



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

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

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

Core minimum requirements


Experts at Hand Offer

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

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

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

² New guidance to be published 23 March 2026.

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




Embedding the Experts at Hand Offer Within a Broader Reform Strategy

Local Authorities

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

To support this, we expect that local authorities will:

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



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


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

Core minimum requirements

Sufficiency and Place Planning

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

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

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

Strengthening Effective Partnerships and Practice


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

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

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

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

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



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

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

Core minimum requirements

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

Effective Practice - Universal Offer

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

³ Early Language Support for Every Child

⁴ Nuffield Early Language Intervention

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

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

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

Post-16

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

Effective Partnerships

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


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

Effective Co-production Practices

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

Mediation

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

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

Governance

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

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

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

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

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

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

Funding

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

LA and ICB Funding

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



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



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

Other Inclusion Funding


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

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

Structure of the Local SEND Reform Plan

The Plan is structured into five key sections:

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



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

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

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

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

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

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

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


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

3. Submission, Review, and Monitoring Process

Submission

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

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



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

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

Review

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

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

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

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

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

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

Monitoring

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



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

The purpose of the joint monitoring is to:

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

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

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

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

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

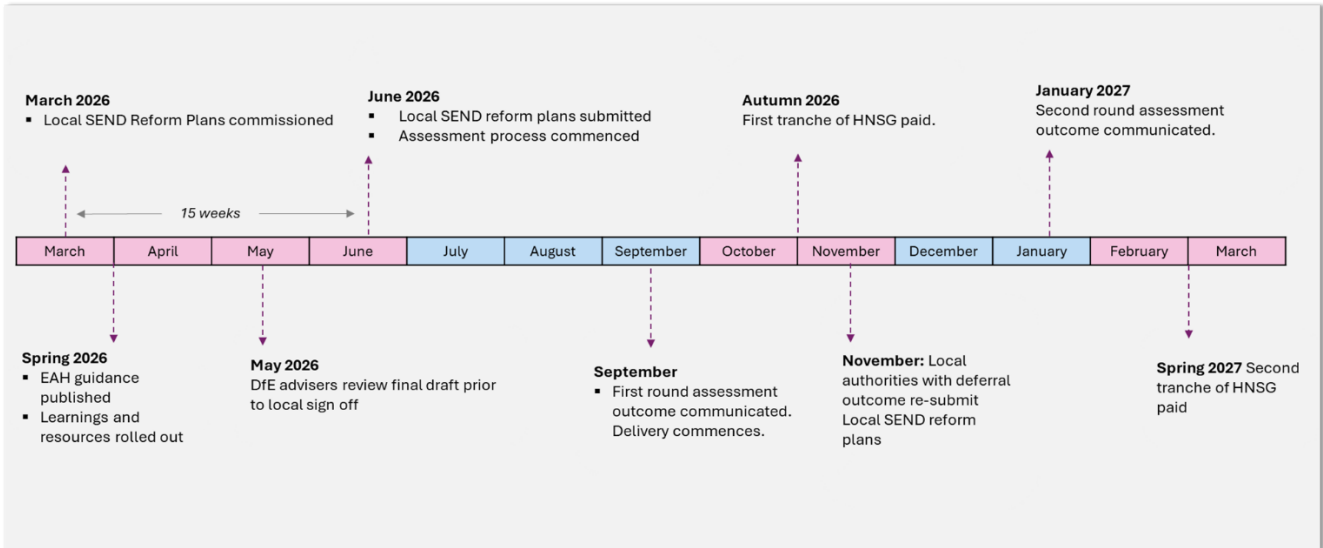
DfE officials and health regional SEND leads will use these data returns and discussions at review meetings, alongside submission of this Local SEND Reform Plan and the Local Partnership Maturity Assessment, as well as Area SEND inspection reports, to assess performance and delivery at the local level.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

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

High Needs Stability Grant

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

Review and payment timeline outlined below.



4. Questions

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

Implementationsupport.SEND@education.gov.uk



Annex A: Local SEND Reform Plan

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

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

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

Name of Local Authority: Southampton City Council

Name of Integrated Care Board: NHS Hampshire and Isle of Wight

Local SEND Reform Plan SRO: Lara Jordan (Head of Statutory SEND) and Daniel Beck (Head of Strategic SEND)



Signatories

Role	Name	Signature	Email contact	Date

Executive Summary

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


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

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

Executive Summary – Southampton Local Area Partnership

Southampton's local area partnership continues to face sustained pressure across the 0–25 SEND system, driven by rising levels of need, increasing complexity, and financial constraints that reflect national trends but are amplified by local deprivation. As of December 2025, Southampton maintained 2,950 Education, Health and Care Plans (EHCPs), with forecasts indicating growth to 3,109 in 2026 and 3,861 by 2029. While demand remains high, the rate of EHCP growth has slowed significantly, reducing from 15.6% in 2024 to 5.74% in 2025, indicating early signs that system-wide demand management and inclusion activity are beginning to moderate escalation.

The partnership is assessed as Developing across most dimensions of maturity. Over the past two years, there has been a clear shift from fragmented improvement activity to a more coherent, evidence-led reform programme, building on learning from inspection and anchored by stronger governance, shared priorities and improved system grip. Notable progress includes the city-wide rollout of the SEND




Mainstream Funding Cluster Model, improvements in EHCP quality following the introduction of a formal quality assurance framework, earlier implementation of a neurodiversity pathway with multi-disciplinary working, and strengthened strategic co-production through an established Parent Carer Forum.

However, the system remains under significant pressure. Requests for statutory assessment continue to rise, with Education, Health and Care Needs Assessments forecast to increase from 612 in 2025 to 729 by 2029. Reliance on specialist provision remains high, with maintained special school placements and specialist bases under pressure, and the number of children educated in non-maintained and independent provision continuing to rise. At the same time, increasing numbers of children with SEND are disengaging from education, including growth in Elective Home Education and SEND not in education. These trends present challenges for inclusion, outcomes and sustainability.

Financial pressures are intensifying alongside demand. High Needs Block expenditure increased from £39.0m in 2024–25 to £44.3m in 2025–26 and is forecast to reach £53.3m by 2027–28. SEND transport costs are also rising, particularly linked to post-16 placements and out-of-area provision. While forecasting and benchmarking are improving, benefits realisation from recent investment is not yet consistently demonstrable, reinforcing the need for a clearer upstream shift in resource deployment.

Over the next three years, Southampton's ambition is to build a SEND system that is more inclusive, more consistent and more sustainable, where needs are identified and met earlier, confidence in mainstream provision is strengthened, and public resources are used more effectively. Success will be seen through improved attendance and engagement for children with SEND, reduced reliance on high-cost and distant placements, stabilised EHCP growth at no more than 8% year-on-year, improved quality and timeliness of statutory processes, and increased confidence among families and practitioners.

Central to achieving this is a deliberate shift in how specialist expertise is deployed. Building on the learning from the cluster funding model, Southampton will develop a locally tailored Experts at Hand offer, providing group-based, locality-led access to specialist education and health advice for early years, schools and post-16 providers. This will strengthen workforce confidence, support a reformed graduated



response, and reduce unnecessary escalation into diagnosis-led or statutory pathways, while ensuring children with the most complex needs continue to receive appropriate specialist support.

This Local SEND Reform Plan sets out a focused, evidence-led roadmap for the next three years, aligning SEND strategy, partnership maturity learning, and national reform expectations. It provides a clear account of where the system is now, the priority shifts required, and how progress will be monitored. By strengthening universal and targeted provision, improving system consistency, and deploying specialist expertise differently, Southampton aims to improve outcomes and experience for children and families while restoring confidence and long-term financial sustainability across the SEND system.

Section 1 – Vision and Goals

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

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

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


250 words

Vision and Goals

Southampton's vision is to build a 0–25 SEND system that is inclusive, needs-led and sustainable, in which children and young people with SEND achieve, thrive and are well prepared for adulthood within their local communities wherever possible. Our ambition is a system where needs are identified and met earlier, confidence in mainstream provision is strengthened, families experience consistency and trust, and specialist provision is available and used appropriately for those who need it most.

This vision reflects Southampton's local context, including rising complexity of need, variation in experience and outcomes, and sustained financial pressure within the High Needs Block, while building on existing strengths in partnership governance, co-production and inclusive practice. It aligns with the national direction set out in the Schools White Paper, supporting a clear shift towards early intervention, inclusive mainstream education and place-based delivery.

The vision and goals are jointly owned by Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board, as part of the wider local area partnership. Delivering them relies on shared accountability across education, health and care, with



commissioning, governance and decision-making aligned to improve outcomes, experience and long-term sustainability across the SEND system.

Over the next three years, the local area partnership will focus on three overarching goals:

- 1) **Improve long-term life opportunities for children and young people with SEND**
- 2) **Increase confidence and trust in the SEND system**
- 3) **Build a SEND system that is sustainable and reliable, so children's needs are supported well over time**

Together, these goals reinforce one another, ensuring that improved lived experience and outcomes for children and families sit alongside restored confidence in local provision and responsible stewardship of public resources.

Section 2 – Strategy

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

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

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

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

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

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

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

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

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

Broad target area	Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
	Building blocks <i>Strengthening inclusion across education settings</i> <i>Access to specialist support and local placements</i> <i>System leadership, local partnership collaboration and co-production</i> <i>Encouraging inclusive culture and behaviours</i> Enablers <i>E.g.</i>	<i>(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)</i>	<i>(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)</i>

	<p>Capital – investment strategy across EY, mainstream, FE Workforce Data/digital systems</p>		
	<p>Success measures</p> <p><i>Drawing on metrics from the accompanying data template E.g.</i></p> <p>Improve attendance of pupils in all maintained schools (mainstream and special) with SEN</p> <p>Reduce reliance on independent special school places</p> <p>Mainstream settings with increased access to Education Psychologists/SaLT/OT</p> <p>Reduced NEET rates for SEND YP at age 16</p>	<p>Baseline</p> <p><i>(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)</i></p>	<p>Target Metrics</p> <p><i>(outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the metrics in the data template)</i></p>
<p>Goal 1: Improve long-term life opportunities for children and young people with SEND</p>	<p>Increase the proportion of children and young people whose needs are identified and met early through high-quality SEN Support in early years, mainstream, specialist provision and post-16 settings, building on the SEND Mainstream Funding Cluster Model, embedding the neurodiversity pathway and the development of a locally-tailored Experts at Hand (EAH) Offer,</p>	<p>The SEND Mainstream Funding Cluster Model and Neurodiversity transformation have been introduced citywide and contributing to a slowing of EHCP growth (5.74% in 2025 compared with 15.24% in 2024).</p> <p>SEN Support now covers 7,504 children (22.7% of the school population), above the national average (20.5%). SEN Support uptake is increasing, particularly in primary and early years, supported by specialist teacher advice and outreach.</p>	<p>In three years, most children and young people with SEND have their needs identified early and met through confident, effective support in their everyday settings, without delay or unnecessary escalation. Children experience quicker help when difficulties first emerge, clearer plans that make sense to them and their families, and more consistent support across early years, school and post-16.</p> <p>The majority of children with SEND have needs identified and met through</p>

	<p>with year-on-year increases in SEN Support uptake and a corresponding reduction in the proportion of first-time EHCP requests and specialist health assessment requests by 2027/28.</p>	<p>However, escalation to statutory pathways remains variable across phases and localities, with continued pressure at secondary phase and inconsistent confidence in graduated pathways, contributing to uneven thresholds for statutory requests.</p> <p>Early years and primary phases show lower relative rates of escalation than secondary, suggesting where early intervention is beginning to work and where confidence remains weaker.</p> <p>Despite slowing EHCP growth, High Needs Block spend has continued to rise, reflecting time-lag between early intervention and financial benefit.</p>	<p>high-quality SEN Support in early years, mainstream and post-16 settings, underpinned by a fully embedded Experts at Hand offer providing locality-based, group-level professional support. EHCPs are reserved for the most complex needs, with year-on-year growth stabilised at no more than 8% by 2027/28 and demand moderated earlier through consistent, needs-led intervention.</p> <p>Access to Experts at Hand to be actively managed through locality and cluster arrangements to ensure equitable reach, preventing over representation of already confident or well-resourced settings.</p> <p>Delivery and demand data, alongside family and practitioner feedback, will be reviewed quarterly to refine the scope, thresholds and workforce deployment of the Experts at Hand offer</p>
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	<p>Improving attendance for children and young people with SEND to at least 90%, reducing fixed term suspensions to below 1%, and reducing reliance on reduced timetables and removing barriers for children with medical condition through strengthened oversight and earlier intervention and strengthened pathways into adulthood so that fewer than 5% of young people with SEND are NEET by 2028/29, building on delivery of the Transitions Improvement Plan</p>	<p>Attendance for pupils with SEND remains below expected levels, particularly at secondary phase, with SEMH cohorts disproportionately affected.</p> <p>Exclusions and reduced timetables remain areas of concern, although there is improving oversight and earlier intervention.</p> <p>EHCP growth is most pronounced at Primary (5–10) and Secondary (11–15)</p> <p>Multi-agency advice is strengthening but is not yet consistently timely or outcome-focused at all statutory points, particularly health contributions.</p> <p>EHCPs in post-16 provision rising from 603 (2025) to 762 by 2029, increasing pressure on transport, local pathways and preparation for adulthood services</p> <p>SEND transport spend projected to rise from £9.0m to £11.1m by 2027–28, particularly linked to post-16 travel.</p>	<p>Children and young people with SEND attend school more regularly, feel safer and more included, and experience fewer exclusions, reduced timetables or disruptions to learning.</p> <p>Barriers linked to anxiety, unmet need or health issues are addressed earlier, meaning children stay connected to education and peers.</p> <p>Average attendance for pupils with SEND is at least 90%, exclusions are below 1%, and reduced timetables are rare, time-limited and subject to clear oversight. Multi-agency advice across education, health and care is timely and consistent at assessment, annual review and transition, monitored through quarterly QA audits and statutory timeliness measures, including the proportion of plans containing outcome focused health advice.</p> <p>As they move into adolescence, young people are better prepared for adulthood, with clearer transitions, earlier planning and stronger links to education, training and employment. By the end of the three-year</p>
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			<p>period, more young people with SEND leave education with realistic pathways and improved confidence about their future.</p> <p>Fewer than 5% of young people with SEND are NEET by 2028/29. Preparation for adulthood routinely begins by age 16 for complex cases, with longer term ambition of this beginning from age 14 and with clearer ownership across education, health and care. Post-16 provision within Southampton is strengthened, reducing out-of-area placements and improving local progression into education, training and employment.</p>
	<p>Supporting implementation of the reformed graduated approach set out in the SEND White Paper, strengthening targeted and targeted-plus support so that needs are met earlier and EHCP growth stabilises at no more than 8% year-on-year by Year 3 of the plan, with EHCPs reserved for</p>	<p>A graduated approach is in place across Southampton, supported by the SEND Mainstream Funding Cluster Model, Specialist Teacher Advisory Service and multi-agency panels, with growing confidence in SEN Support as an alternative to statutory escalation. The Neurodiversity pathway is contributing to earlier identification and clearer pathways</p>	<p>Families experience a SEND system that is predictable, needs-led and easier to navigate.</p> <p>Children receive the right help earlier through a clear graduated approach that works consistently across settings, so support does not depend on where they live, which school they attend, or how strongly families advocate.</p> <p>A reformed, clearly articulated graduated</p>

	<p>the most complex needs.</p>	<p>for autistic and neurodivergent children.</p> <p>These developments are beginning to moderate demand, reflected in a reduced rate of EHCP growth (5.74% in 2025 compared with 15.24% in 2024). However, practice remains variable across phases and localities, particularly at secondary level. Targeted and targeted-plus support is not yet consistently understood or applied, contributing to uneven thresholds and continued escalation to statutory routes for some cohorts.</p>	<p>approach aligned to the SEND White Paper is embedded consistently across early years, mainstream, specialist and post-16 settings. Universal, targeted and targeted-plus support is well-defined and routinely accessed earlier, underpinned by a fully operational Experts at Hand offer providing locality-based, group-level professional support.</p> <p>Support at universal, targeted and targeted-plus levels is well understood, timely and effective, reducing the number of children whose needs escalate into crisis. This leads to fewer disputes, clearer expectations, and greater trust that the system will respond appropriately.</p> <p>Settings are confident in meeting a wider range of needs without defaulting to statutory assessment, and EHCPs are reserved for children and young people with the most complex needs. As a result, EHCP growth stabilises at no more than 8% year-on-year by Year 3 of the plan, with improved equity of access, clearer pathways for families, and reduced escalation driven by system confidence</p>
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			rather than threshold pressure.
	<p>Align capital investment in inclusion bases and specialist provision with patterns of need (ASD, SLCN, SEMH), using rolling three-year prevalence and placement data, to increase local capacity and deliver year-on-year reductions in out-of-area placements and travel from 2026 onwards.</p>	<p>Southampton has a clear understanding of its needs profile, with ASD, SLCN and SEMH representing the largest and fastest-growing areas of demand across statutory and non-statutory cohorts.</p> <p>Maintained special school placements forecast to increase by over 25% (2025–2029).</p> <p>Capital investment has focused on maintaining high-quality specialist provision, alongside the development of resourced provision within mainstream settings, informed by recent EHCP demand trends, placement data and sufficiency</p>	<p>More children and young people with SEND are educated locally, closer to home, alongside their peers.</p> <p>Capital investment is consistently aligned to rolling three-year prevalence, placement and projection data, ensuring that expansion of inclusion bases and specialist provision directly reflects Southampton’s dominant need profiles (ASD, SLCN and SEMH). Capital plans include wider systems, in particular health systems, ensuring that there is additional resourcing from specialist elements.</p> <p>Children experience greater stability in</p>

		<p>reviews.</p> <p>While this approach has strengthened local capacity in some areas, specialist and resourced provision remains at pressure, and reliance on out-of-area placements and associated travel continues for some children, particularly where provision does not yet sufficiently reflect local patterns of need.</p> <p>Capital planning is increasingly informed by data, but the system is still transitioning from reactive expansion to a fully preventative, medium-term sufficiency model.</p>	<p>where and how they are educated, supporting stronger relationships, emotional wellbeing and long-term progress.</p> <p>Local capacity increases across early years, mainstream, specialist and post-16 settings, enabling more children to be supported locally and inclusively.</p> <p>From 2026 onwards, this delivers year-on-year reductions in out-of-area placements and travel distances, alongside improved equity of access and sustainability. Capital decisions are integrated with the Experts at Hand offer, workforce planning and graduated pathways, ensuring that physical expansion of provision supports earlier intervention, strengthens mainstream confidence and reduces future escalation into high-cost specialist placements.</p>
<p>Goal 2: Increase confidence and trust in the SEND</p>	<p>Embed consistent co-production across all improvement activity, embedding the voice of children and young people and building on effective strategic engagement with the Parent</p>	<p>Co-production is well embedded at strategic level, with an active Parent Carer Forum influencing system priorities, service redesign and quality assurance. Opportunities for children and young people to contribute are expanding.</p>	<p>Children, young people and families can see and feel how their views shape the SEND system.</p> <p>Their experiences are listened to, reflected back clearly, and lead to visible changes in</p>

<p>system</p>	<p>Carer Forum, with progress reviewed quarterly and reflected in partnership decision-making and annual feedback cycles.</p>	<p>However, feedback loops are not always visible at operational level, and some under-represented voices are not consistently reached.</p> <p>Patient engagement across Health Services do not always link with wider strategic workstreams.</p>	<p>how services and pathways work. This strengthens trust that decisions are made with families, not about them, and that feedback leads to improvement rather than frustration.</p> <p>Children, young people and families are consistently involved in design, delivery and review, with clear “you said, we did” feedback loops at system and service level. Engagement approaches are broadened to ensure inclusive participation, including at transition points and within universal services.</p> <p>Full use is made of patient engagement levels across Health Services to feed into wider system development</p>
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	<p>Sustain and extend systems improvements in EHCP quality, building on the Quality Assurance framework, with at least 80% of EHC plans and annual reviews judged good or better by 2027.</p>	<p>EHCP quality has improved significantly, with plans judged good or better increasing from approximately 11% to over 60% following implementation of the QA framework. Improvements have been seen however, annual reviews and health advice remain less consistent, and families still report variable experiences at key transition points. Early resolution routes are developing but not yet embedded across all services.</p>	<p>When children and families do need an EHCP, the process feels purposeful, timely and supportive.</p> <p>Plans are clearer, more consistent and focused on what matters most to the child's life now and in the future. Annual reviews lead to real changes, transitions are better planned, and families experience fewer delays and disputes.</p> <p>At least 80% of EHCPs and annual reviews are rated good or better, with consistent, timely and high-quality multi-agency advice across education, health and care.</p> <p>Continued improvement thereafter, including strengthened consistency and timeliness of multi-agency advice, included health and social care contributions, at key points of assessment, annual review and transition. Progress will be monitored through quarterly quality assurance audits and EHCP timeliness measures, including the proportion of plans containing timely, outcome-focused health and social care advice.</p>
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			<p>Disputes and escalation reduce year-on-year through clearer pathways, transparent decision-making and sustained statutory timeliness at or above 80%, with particular improvement at Year 6–7 and post-16 transition.</p>
	<p>Reduce disputes and escalations across Education, Health and Social Care by embedding clear integrated pathways and timely resolution, increasing confidence in graduated support, in particular, at key transition points. Evidenced through year-on-year reductions in SEND tribunals and EHCP timeliness sustained at or above 80% across all years of the plan.</p>	<p>The partnership has a developing understanding of demand drivers and financial pressures, supported by improved forecasting, benchmarking and QA. Investment is increasingly targeted upstream through mainstream cluster funding, specialist outreach and resourced provision. However, High Needs Block pressure remains significant and continued alignment needed between finance, commissioning and service outcomes.</p>	<p>Fewer families feel the need to challenge or appeal to secure support.</p> <p>Clear pathways, earlier resolution and consistent decision-making reduce conflict, uncertainty and stress. Children benefit from support being put in place earlier, rather than waiting while systems disagree.</p> <p>Investment decisions are consistently aligned to demand trends, outcomes and value for money, with clear benefits-realisation and impact tracking.</p> <p>Local capacity is increased through mainstream inclusion bases, strengthened</p>

			<p>specialist provision and a mature Experts at Hand model, reducing reliance on high-cost and out-of-area placements. Financial sustainability improves as escalation reduces and investment shifts further upstream.</p> <p>Desire to improve confidence withing SEND system and Experts at Hands model, to reduce the number of cases where private therapy is sought year-on-year.</p>
	<p>Increase workforce confidence and shared practice through a multi-agency competency and training framework, supported by the Experts at Hand model and outreach from specialists, with annual workforce confidence measures and participation data used to evidence impact.</p>	<p>Workforce development is recognised as a system priority in the Post Ofsted Inspection Plan, supported by strong practice within specialist services, special schools and targeted outreach. A training needs analysis and skills audit have been completed, and co-produced training is beginning to reflect lived experience. Workforce confidence is growing in some areas, supported by Specialist Teacher Advisory input, the Neurodiversity MDT and emerging use of group-based</p>	<p>Children benefit from adults around them who are more confident, knowledgeable and consistent in meeting a wide range of needs.</p> <p>Expertise is shared across settings, not held in isolated services, so children experience joined-up support rather than repeated referrals or fragmented advice.</p> <p>A multi-agency SEND competency and training framework is embedded across</p>

		<p>professional advice.</p> <p>However, confidence and consistency remain variable across sectors and phases, particularly within mainstream and universal services. Training delivery is not yet sufficiently coordinated across education, health and social care, and impact is not routinely measured at system level. Capacity pressures and workforce change have delayed full rollout of a shared competency framework</p>	<p>education, health and social care, providing a shared understanding of inclusive practice, graduated support and roles within the system. Workforce development is coordinated, co-produced and aligned to local need profiles, using the Experts at Hand model and specialist outreach to support practice at universal, targeted and targeted-plus levels.</p> <p>Workforce confidence improves year-on-year, evidenced through annual confidence surveys, participation data and quality assurance findings. Training impact is routinely tracked and targeted where variability exists, strengthening mainstream confidence, reducing reliance on statutory escalation and supporting consistent, high-quality practice across the 0–25 system.</p> <p>Workforce development work to support with notion that needs can be identified and meet within graduated response without specialist health input, such as Speech, Language and Communication.</p>
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<p>Goal 3: Build a SEND system that is sustainable and reliable, so children's needs are supported well over time</p>	<p>Reduce reliance on high-cost independent and out-of-area placements through earlier intervention and improved mainstream capacity, with year-on-year reductions in placement numbers and unit cost monitored quarterly.</p>	<p>Southampton continues to experience pressure on specialist and independent placements, reflecting historic gaps in local capacity, rising complexity of need and variable confidence in mainstream provision. While EHCP growth has slowed, demand for high-cost placements remains for some cohorts, contributing to sustained pressure within the High Needs Block and increased travel distances for a proportion of children and young people.</p> <p>Non-maintained and independent placements have been forecasted to increase from 39 (2025) to 58 (2029)</p> <p>The partnership has begun to address this through earlier intervention, increased investment in mainstream capacity (including cluster funding, specialist outreach and resourced provision), and stronger quality assurance of placement decision-making. However, reliance on independent and out-of-area provision remains necessary in some cases where local provision is not yet sufficient or confidence in alternative pathways is still</p>	<p>Children and young people experience fewer disruptive moves and less reliance on distant placements.</p> <p>More needs are met locally and earlier, meaning families experience greater stability and continuity and children spend less time travelling and more time learning, developing and connecting with their communities.</p> <p>Reliance on high-cost independent and out-of-area placements reduces year-on-year as earlier intervention, improved mainstream confidence and increased local capacity are embedded across the system. The Experts at Hand model, combined with strengthened graduated pathways, specialist outreach and targeted capital investment, enables more children and young people to have needs met locally and inclusively.</p> <p>Placement decisions are consistently informed by quality assurance, needs-led pathways and value-for-money considerations, with independent provision reserved for the most complex and</p>
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		developing.	<p>exceptional cases. Reductions in placement numbers, average unit cost and associated travel are monitored quarterly through SEND dashboards, supporting improved financial sustainability alongside better experience and outcomes for children and families.</p> <p>Improving health support into mainstream system, with a particular focus on SEMH needs, developing confidence within the system to meet these needs.</p> <p>Improving health support within mainstream education for all children and young people, with a particular focus on social, emotional and mental health (SEMH) needs, while building confidence and capability across the system to respond effectively.</p>
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	<p>Strengthen sufficiency and place planning across all phases using annual needs forecasting and demand modelling to inform three-year planning cycles.</p>	<p>Southampton undertakes regular sufficiency and place-planning activity, informed by EHCP data, placement trends and emerging needs across early years, school-age and post-16 cohorts. Demand forecasting and capital planning increasingly draw on multi-year datasets, supporting targeted expansion of specialist and resourced provision and informing immediate decision-making.</p> <p>Inconsistent post-16 pathways and transitions represent a systemic risk to confidence, inclusion and financial sustainability, requiring coordinated action across education, health and commissioning</p> <p>However, forecasting and planning activity is not yet fully aligned across all phases or consistently integrated with workforce, capital and financial planning. Annual decision-making is still required to respond to in-year pressures, and the system is transitioning from short-term mitigation to a more anticipatory, whole-system sufficiency model.</p>	<p>Children can access the right type of provision when they need it, without long waits or last-minute decision-making.</p> <p>Planning ahead means the system responds to need more smoothly, reducing crisis placements and uncertainty for families, particularly at key transition points.</p> <p>A coherent, system-wide approach to sufficiency and place planning operates across the 0–25 pathway, underpinned by annual needs forecasting and demand modelling using rolling three-year datasets. Forecasting draws together prevalence, EHCP trends, placement demand, transitions and demographic data to inform integrated planning decisions.</p> <p>Three-year planning cycles consistently inform capital investment, system workforce development, commissioned provision and graduated pathways, enabling the partnership to anticipate need rather than respond to crisis. This strengthens local capacity, improves transition planning, reduces volatility in placement demand and supports more sustainable use of resources</p>
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across the system.


	<p>Ensure Experts at Hand, capital investment and commissioning decisions operate as a single, coherent reform programme, informed by data, quality assurance and lived experience, with quarterly review points against agreed outcome and financial measures. Plans will link across strategic health commissioning taking advantage of scale.</p>	<p>Southampton has a number of established improvement strands, including the Experts at Hand proposal, capital investment in specialist and resourced provision, and commissioning activity across education, health and care. These are increasingly informed by data, quality assurance activity and lived-experience feedback, and there is growing alignment between strategic SEND priorities and investment decisions.</p> <p>However, these elements have historically developed in parallel rather than as a single integrated reform programme. Review cycles, outcome measures and financial oversight are not yet consistently aligned across initiatives, and opportunities to connect local SEND reform with wider health commissioning at scale are still emerging.</p>	<p>Children benefit from a SEND system that feels more joined-up, responsive and dependable.</p> <p>Decisions about support, provision and services are better coordinated, meaning children experience fewer gaps, overlaps or changes in direction as they move through the system.</p> <p>Experts at Hand is designed to shift a proportion of support from high-cost, individualised escalation to group-based deployment of scarce specialist workforce, improving coverage, consistency and value for money while preserving access to direct intervention for the most complex cases.</p> <p>Experts at Hand operates as a core delivery mechanism within a single, coherent reform programme, fully aligned with capital investment, commissioning and workforce development decisions across education, health and social care. Decisions are routinely informed by shared data, quality assurance findings and lived-experience insight, ensuring that investment and delivery respond directly to</p>
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			<p>patterns of need and impact.</p> <p>Quarterly review points track agreed outcome and financial measures across the programme, enabling timely course-correction and clear accountability. SEND reform planning is explicitly linked to strategic health commissioning, taking advantage of scale and alignment across the Integrated Care System to strengthen value for money, consistency and sustainability while improving experience and outcomes for children, young people and families.</p>
	<p>Build sustainable workforce at all levels, developing capacity across education, health and care as a critical enabler of long-term improvement and value for money, monitored through annual workforce metrics on recruitment, retention and sufficiency.</p>	<p>Southampton recognises workforce capacity and sustainability as a critical system risk and enabler of reform. There is strong practice within specialist services and special schools, and growing access to multi-disciplinary expertise through outreach, the Neurodiversity MDT and specialist advisory roles. Workforce intelligence is improving through training needs analysis, skills audits and service-level monitoring.</p> <p>However, recruitment and retention</p>	<p>Children and families experience greater continuity of staff and support.</p> <p>A more stable workforce reduces disruption, builds trusting relationships and ensures support improves over time rather than restarting when services change.</p> <p>A sustainable, system-wide workforce model is embedded across education, health and care, supporting inclusive practice, early intervention and long-term value for money. Development of children's</p>

		<p>pressures remain across education, health and care, reflecting national workforce challenges and local capacity constraints. Workforce sufficiency is not yet consistently planned across sectors, and reliance on specialist expertise continues in areas where confidence and capacity within mainstream and universal services are still developing.</p>	<p>system where skills and expertise and career paths are aligned across organisations.</p> <p>Capacity is strengthened at all levels through coordinated workforce planning, the Experts at Hand model and specialist outreach, enabling skills and confidence to be held across the system rather than concentrated in single services.</p> <p>Recruitment, retention and workforce sufficiency are monitored through agreed annual metrics, triangulated with service demand, quality assurance and financial data. This supports proactive planning, reduced reliance on agency or high-cost specialist input, and a more resilient workforce able to meet need earlier and locally, sustaining improvement and financial stability over time.</p>
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INSERT DOCUMENT UPLOAD LINK

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



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

250 words

Southampton's strategy for delivering its three-year vision is based on shifting the SEND system upstream, strengthening inclusive mainstream practice, and making more effective use of existing workforce, resources and partnerships. The strategy directly builds on the Post-Inspection Improvement Plan, SEND SEF evidence and feedback from the SEND Strategic Review Meeting, addressing areas where improvement is secure while prioritising those where impact must accelerate.

Central to the strategy is a needs-led, not diagnosis-led approach. This is already evidenced through the SEND Mainstream Funding Cluster Model and Neurodiversity transformation pathway and will be further embedded through the development of a locally tailored Experts at Hand (EAH) Offer. The EAH model will provide group-based, locality-led access to specialist expertise across early years, schools and post-16 provision, prioritising the most prevalent areas of need and reducing escalation into statutory assessment and specialist placement. The EAH model has been co-designed with NHS Hampshire and Isle of Wight ICB through the DCO network and children's therapies commissioning leads, including agreement on priority cohorts, workforce deployment principles, and alignment with neighbourhood health and Best Start Family Hub delivery

The strategy also prioritises workforce capability and sustainability, recognising this as a critical dependency for system improvement. Following nine months of system-wide mapping and engagement, the focus will move from design into delivery of a multi-agency SEND competency and training offer in 2026–27, aligned to both inclusive practice and preparation for adulthood.

Improvement will be driven through strong governance, intelligent use of data and lived experience, with SEND dashboards, quality assurance findings and parent, carer and practitioner feedback used systematically to inform decision-making and course correction. Co-production with children, young people and families will remain central, ensuring reform is shaped by lived experience and leads to measurable improvement in outcomes, confidence and value for money.

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

INSERT DOCUMENT UPLOAD LINK

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

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

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

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

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

	<p>Building blocks <i>Strengthening inclusion across education settings</i> <i>Access to specialist support and local placements</i> <i>System leadership, local partnership collaboration and co-production</i> <i>Encouraging inclusive culture and behaviours</i></p> <p>Enablers <i>E.g.</i> <i>Capital – investment strategy across EY, mainstream, FE</i> <i>Workforce</i> <i>Data/digital systems</i></p>			
	<p>Success measures</p> <p><i>Drawing on metrics from the accompanying data template</i> <i>E.g.</i> <i>Improve attendance of pupils in all maintained schools (mainstream and special) with SEN</i> <i>Reduce spend on ISS places</i> <i>Increase # children and young people supported by Education Psychologists/SALT/OT in maintained provision</i> <i>Improve overall effectiveness of provision</i> <i>NEET data</i></p> <p><i>Leading indicators</i></p>			
<p>Goal 1: Improve long-term life opportunities for children and young</p>	<p>Increase the proportion of children and young people whose needs are identified and met early through high-quality SEN</p>	<p>Experts at Hand is established and operational across early years, mainstream (primary and secondary), specialist and</p>	<p>SEN Support is consistently used as the primary response to emerging need across all phases, including secondary and post-16.</p>	<p>Early identification and high-quality SEN Support are embedded as standard practice across the 0–25 system.</p>

<p>people with SEND</p>	<p>Support in early years, mainstream, specialist provision and post-16 settings, building on the SEND Mainstream Funding Cluster Model, embedding the neurodiversity pathway and the development of a locally-tailored Experts at Hand (EAH) Offer, with year-on-year increases in SEN Support uptake and a corresponding reduction in the proportion of first-time EHCP requests and specialist health assessment requests by 2027/28.</p>	<p>post-16, meeting all core minimum requirements.</p> <p>The SEN Support and graduated approach offer is clearly articulated, co-produced and communicated across the system, building on the SEND Mainstream Funding Cluster Model and neurodiversity pathway.</p> <p>Group-based, locality-led access to EP, SaLT and OT advice becomes the default route for most settings before escalation to statutory pathways.</p> <p>SENCOs, early years leads and FE staff receive targeted support to improve confidence in identifying need early and using SEN Support effectively.</p> <p>Baselines for SEN Support uptake, first-time EHCP requests and specialist</p>	<p>The neurodiversity pathway is embedded as a non-diagnosis-led route for understanding and meeting need, reducing reliance on specialist health assessment requests.</p> <p>Experts at Hand is fully integrated with SEN Support, capital planning and commissioning, ensuring children are supported earlier and locally.</p> <p>SEN Support quality improves, with clearer outcomes, better review cycles and stronger alignment with multi-agency advice.</p> <p>System confidence increases, with more consistent thresholds and reduced variation between localities and phases.</p>	<p>Experts at Hand operates as a mature, sustainable system enabler, supporting workforce confidence, consistency and early intervention at scale.</p> <p>SEN Support pathways are trusted by families and professionals, with clear expectations and predictable experiences.</p> <p>EHCPs are reserved for children and young people with the most complex needs, with demand stable and moderated earlier.</p> <p>Outcomes for children improve through earlier support, reduced escalation and stronger continuity across phases.</p> <p>Stable or reducing proportion of first-time EHCP requests year-on-year.</p>
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		<p>health assessment requests are agreed and embedded in SEND dashboards.</p> <p>Increased number of children supported through SEN Support (particularly ASD, SLCN and SEMH cohorts).</p> <p>Increased access to group-based professional advice via EAH.</p> <p>Slowing growth in first-time EHCP requests, particularly in early years and primary.</p>	<p>Year-on-year increase in SEN Support uptake system-wide.</p> <p>Corresponding reduction in the proportion of first-time EHCP requests and specialist health assessment requests by 2027/28.</p> <p>Reduced escalation at key transition points</p>	<p>Reduced health-led diagnostic escalation where needs can be met through SEN Support.</p> <p>Improved attendance, engagement and preparation for adulthood outcomes linked to earlier intervention.</p>
	<p>Supporting implementation of the reformed graduated approach set out in the SEND White Paper, strengthening targeted and targeted-plus support so that needs are met earlier and EHCP growth stabilises at no more</p>	<p>The reformed graduated approach aligned to the SEND White Paper is clearly defined and agreed across the partnership, including consistent descriptions of universal, targeted and targeted-plus support.</p> <p>From 2026–27, agreed graduated response</p>	<p>The graduated approach is applied consistently across phases and providers, including secondary and post-16, with reduced variation in thresholds and escalation.</p> <p>Targeted and targeted-plus pathways are well understood and trusted by</p>	<p>The reformed graduated approach operates as standard practice across the 0–25 system, with strong alignment between education, health and care.</p> <p>Targeted and targeted-plus support is sufficiently robust and accessible to prevent</p>

	<p>than 8% year-on-year by Year 2 of the plan, with EHCPs reserved for the most complex needs.</p>	<p>expectations will be applied consistently across panels, gateways and advisory services, with quality assurance and feedback loops used to address variation in application.</p> <p>Clear system thresholds for targeted-plus intervention, statutory assessment and EHCP pathways are co-produced and communicated to education, health and care partners.</p> <p>Experts at Hand is used as the primary mechanism for targeted and targeted-plus support, enabling group-level professional advice and early problem-solving before escalation.</p> <p>Decision-making at panels and gateways is strengthened through shared criteria, quality assurance</p>	<p>professionals and families, reducing perceptions that EHCPs are the only route to support.</p> <p>Where QA identifies drift or inconsistency in graduated response practice, targeted support through Experts at Hand, cluster leadership or workforce development will be deployed.</p> <p>Experts at Hand is fully embedded within graduated pathways, supporting earlier intervention, shared ownership and workforce confidence.</p> <p>Escalation into statutory assessment is increasingly needs-led and evidence-based, with clearer alternatives available at targeted and targeted-plus levels.</p> <p>EHCP growth stabilises at no more than 8% year-on-year</p>	<p>unnecessary statutory escalation for most children.</p> <p>EHCPs clearly function as a specialist mechanism for the most complex, enduring needs, rather than as a gateway to support.</p> <p>Decision-making is consistent, transparent and trusted, supported by routine quality assurance, data review and lived-experience feedback.</p> <p>The system maintains stable demand, enabling long-term planning and sustainable use of resources.</p> <p>Continued moderation of EHCP growth year-on-year.</p> <p>Reduced disputes, appeals and refusals linked to clearer thresholds.</p>
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		<p>and feedback loops to settings.</p> <p>Baselines for EHCP growth, refusals to assess and pathways through targeted-plus support are established and monitored through SEND dashboards.</p> <p>More children accessing targeted and targeted-plus support without statutory escalation.</p> <p>Improved consistency in decision-making across panels and localities.</p> <p>Early signs of moderated EHCP demand, particularly in early years and primary.</p>	<p>by Year 2, with EHCPs increasingly reserved for children and young people with the most complex needs.</p> <p>Stabilised EHCP growth ($\leq 8\%$).</p> <p>Reduced first-time EHCP requests relative to SEN Support growth.</p> <p>Improved confidence in graduated pathways among schools and families.</p>	<p>A SEND system that is predictable, needs-led and resilient.</p>
	<p>Improving attendance for children and young people with SEND to at least 90%, reducing fixed term suspensions to below 1%, and reducing</p>	<p>Establish a shared multi-agency approach to identifying and responding to attendance risk for CYP with SEND, with clearer oversight of reduced timetables and strengthened early</p>	<p>Attendance improves to at least 90% for CYP with SEND through sustained early intervention, consistent thresholds, and integrated</p>	<p>Attendance for SEND is sustained at or above 90% with reduced volatility at secondary and transition points, supported by mature</p>

	<p>reliance on reduced timetables and removing barriers for children with medical condition through strengthened oversight and earlier intervention and strengthened pathways into adulthood so that fewer than 5% of young people with SEND are NEET by 2028/29, building on delivery of the Transitions Improvement Plan</p>	<p>intervention routes through the local graduated approach.</p> <p>Reinforce the expectation that reduced timetables are time-limited and used only as a proportionate intervention, including where linked to medical needs via an agreed plan, with routine monitoring and escalation when drift occurs</p> <p>Embed consistent practice expectations to reduce avoidable suspensions for SEND cohorts, aligning behaviour and inclusion approaches with needs-led support (including SEMH-related cohorts).</p> <p>Build on the existing Transitions / Preparing for Adulthood (PfA) improvement infrastructure with strengthened oversight and clearer milestones for transition planning and joint</p>	<p>support at targeted and targeted-plus levels.</p> <p>Fixed-term suspensions reduce to below 1%, supported by more consistent inclusive practice, strengthened oversight of exclusion risk, and earlier response to SEMH-related barriers.</p> <p>Reduced timetables become rare and tightly controlled, with clearer accountability and joint oversight for medical-related arrangements, consistent with local expectations that they should not become a long-term behaviour management approach</p> <p>System delivery strengthens the “pathway into adulthood” offer so transition planning, health engagement and post-16 pathways are more consistent, supporting the</p>	<p>early intervention and consistent system practice</p> <p>Fixed-term suspensions remain below 1%, and exclusion risk is managed earlier through predictable, needs-led pathways and consistent oversight.</p> <p>Reduced timetables are exceptional, time-limited, and demonstrably in the child’s best interests, with strong multi-agency accountability where medical needs are a factor.</p> <p>Pathways into adulthood are embedded and jointly owned, with a sustained reduction so that fewer than 5% of young people with SEND are NEET by 2028/29, building on the Transitions/PfA improvement programme trajectory.</p> <p>Stable PfA governance and improved</p>
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		<p>ownership across education, health and care.</p> <p>Reduced timetables reduce in number and duration, with stronger evidence of reintegration planning and oversight</p> <p>Increased proportion of vulnerable young people with a documented multi-agency transition plan by age 16 (tracked through PfA governance).</p>	<p>trajectory towards NEET <5% by May 2028</p> <p>Increased percentage of vulnerable young people with transition plans by age 16 (targeted trajectory already set out within transition improvement work).</p> <p>Reduction in FE-related suspension/exclusion measures for SEND cohorts (where tracked locally), consistent with the transition improvement trajectory.</p>	<p>timeliness/coverage of multi-agency transition planning (including strengthened oversight arrangements described in your transitions improvement documentation).</p>
	<p>Align capital investment in inclusion bases and specialist provision with patterns of need (ASD, SLCN, SEMH), using rolling three-year prevalence and placement data,</p>	<p>A single, partnership-owned sufficiency and capital pipeline is agreed, using rolling three-year prevalence and placement data to prioritise cohorts and phases where demand is greatest</p>	<p>Inclusion bases and specialist capacity increase in line with the rolling demand model, with provision growth targeted to the highest-pressure cohorts</p>	<p>Sufficiency planning operates as a mature three-year cycle, refreshed annually using rolling prevalence and placement data so provision remains</p>

	<p>to increase local capacity and deliver year-on-year reductions in out-of-area placements and travel from 2026 onwards.</p>	<p>(notably ASD, SLCN and SEMH).</p> <p>A refreshed place plan translates the demand model into a three-year delivery programme across early years, mainstream (including inclusion bases), specialist and post-16, with clear links to commissioning and workforce plans.</p> <p>Capital delivery is mobilised to expand local capacity, building on the existing SEND capital programme (including planned additional special school places) and accelerating the shift towards inclusion bases/resourced provision in mainstream settings as the default growth route.</p> <p>Baseline measures are established and reported</p>	<p>and phases (ASD, SLCN and SEMH).</p> <p>Placement decisions are increasingly supported by strengthened local options, enabling a sustained shift away from out-of-area placements where children and young people can be supported locally and inclusively.</p> <p>Travel reduction becomes a measurable feature of the programme, with capital decisions routinely assessing transport impact and prioritising localised capacity that reduces journey time and distance.</p> <p>Capital planning, commissioning and Experts at Hand are aligned so that capacity expansion is matched with workforce</p>	<p>responsive to changing patterns of need.</p> <p>Local capacity across inclusion bases and specialist provision is sustained and optimised, with clearer pathways that reduce reliance on exceptional out-of-area placements and minimise avoidable travel.</p> <p>Capital investment decisions are consistently integrated with quality assurance, lived experience and outcomes data, ensuring that growth is not only quantitative (places) but also improves suitability and inclusion.</p> <p>The system demonstrates stable, long-term value for money through reduced travel pressures, reduced reliance on high-cost</p>
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		<p>(placements, out-of-area volumes, travel distance/time, and cost) so that year-on-year change from 2026 onwards can be tracked transparently alongside outcomes and experience</p> <p>A defined three-year pipeline of inclusion base and specialist projects agreed and sequenced, explicitly mapped to ASD/SLCN/SEMH demand.</p> <p>A shared baseline for out-of-area placements and travel established, with routine reporting through SEND dashboards and governance.</p> <p>Early evidence of pressure easing in priority cohorts as local capacity starts to increase</p>	<p>confidence and targeted support, preventing escalation and stabilising placement demand.</p> <p>Year-on-year reductions in out-of-area placements and travel are evidenced from the 2026 baseline.</p> <p>Increased proportion of children supported locally through inclusion bases/resourced provision and strengthened mainstream capacity.</p> <p>Greater stability in placement demand at key transition points as local pathways become more reliable and predictable.</p>	<p>out-of-area provision, and increased confidence in local pathways</p> <p>Continued year-on-year reductions in out-of-area placements and travel relative to the 2026 baseline. A place-planning model that is anticipatory and resilient, supporting earlier intervention and reducing future escalation into specialist placements.</p> <p>A more local, inclusive system with provision growth consistently matched to the city's dominant need profile (ASD, SLCN, SEMH)</p>
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<p>Goal 2: Increase confidence and trust in the SEND system</p>	<p>Embed consistent co-production across all improvement activity, embedding the voice of children and young people and building on effective strategic engagement with the Parent Carer Forum, with progress reviewed quarterly and reflected in partnership decision-making and annual feedback cycles.</p>	<p>A shared, partnership-wide understanding of co-production is agreed, setting out clear expectations for how children, young people and parent carers are involved at strategic, programme and service design levels. Existing strong strategic engagement with the Parent Carer Forum is consolidated and extended into all priority improvement areas, with clearer routes for input into decision-making.</p> <p>Mechanisms to capture and represent the voice of children and young people are strengthened, including age-appropriate and accessible engagement approaches, with particular focus on transition points and under-represented</p>	<p>Co-production is embedded as standard practice across all significant SEND improvement activity, with children, young people and parent carers involved early in design, delivery and review rather than consulted late in the process. The Parent Carer Forum's role as a strategic partner is strengthened, with regular, structured influence on priorities, commissioning and evaluation.</p> <p>Feedback from families and young people increasingly shapes service refinement and pathway development, with changes routinely tracked and reported through quarterly governance cycles. Annual partnership feedback cycles demonstrate improved consistency in how</p>	<p>Co-production is fully embedded as a core operating principle across the 0–25 SEND system, with strong, routine engagement of children, young people and families at all levels. The voice of lived experience is consistently weighted alongside data, quality assurance and professional advice in shaping decisions.</p> <p>Partnership governance demonstrates sustained, high-quality co-production through transparent reporting, reflective practice and continuous learning. Annual feedback cycles are well established, closing the loop between engagement, action and impact, and supporting ongoing improvement.</p>

		<p>groups. Quarterly review arrangements are established so that co-production activity, feedback themes and resulting actions are visible within partnership governance.</p> <p>Baseline measures are agreed, including participation levels, diversity of engagement, and evidence of “you said, we did” feedback, and are embedded within routine reporting and annual feedback cycles.</p> <p>Clear, consistent co-production expectations reflected across improvement plans and governance structures.</p> <p>More systematic capture of children and young people’s voices across services and pathways.</p> <p>Visible feedback loops</p>	<p>feedback is gathered, responded to and communicated back to stakeholders.</p> <p>System confidence grows as families see clearer links between engagement, decision-making and improvement outcomes.</p> <p>Increased participation and diversity in co-production activity, including children and young people.</p> <p>Clear evidence of co-produced changes to services, pathways or policy.</p> <p>Improved confidence and trust in partnership decision-making.</p>	<p>Children, young people and families experience the SEND system as more transparent, responsive and trustworthy, with co-production contributing to better outcomes, experience and sustainability.</p> <p>Consistent, high-quality co-production evident across all improvement activity.</p> <p>Strong, trusted partnership with the Parent Carer Forum and meaningful inclusion of CYP voice.</p> <p>A SEND system characterised by openness, shared ownership and continuous improvement.</p>
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		showing how family and CYP input informs decisions.		
	Sustain and extend systems improvements in EHCP quality, building on the Quality Assurance framework, with at least 80% of EHC plans and annual reviews judged good or better by 2027.	<p>The existing Quality Assurance (QA) framework is embedded consistently across all services, with clear expectations for what constitutes good-quality Education, Health and Care Plans and annual reviews. Learning from recent QA activity is used systematically to inform staff development, guidance and targeted support where practice is variable.</p> <p>Multi-agency contributions are strengthened, with particular focus on improving the consistency, timeliness and outcomes-focus of education, health and social care advice. Feedback loops are established so that findings from QA audits are routinely shared with</p>	<p>EHCP and annual review quality improves consistently across the 0–25 system, with at least 80% judged good or better by 2027, reflecting shared understanding of expectations and embedded quality standards. Outcomes within plans are clearer, more measurable and better aligned to preparation for adulthood and longer-term life outcomes.</p> <p>QA activity is increasingly used proactively to identify emerging issues and target support, rather than retrospectively addressing poor practice. Multi-agency advice is more integrated and timely, improving family experience and confidence in statutory processes.</p>	<p>High-quality EHCP practice is sustained and continuously improved through embedded QA, reflective practice and shared learning. Quality assurance operates as a mature system function, supporting innovation, peer support and early identification of drift before quality declines.</p> <p>Annual reviews are consistently effective, outcome-focused and timely, with strong multi-agency ownership and clear links to provision, transitions and preparation for adulthood. Children, young people and families experience EHCP processes as purposeful, transparent and impactful.</p>

		<p>practitioners, managers and partners, supporting reflective practice and continuous improvement.</p> <p>Baseline measures for plan quality and annual review effectiveness are agreed, with routine reporting through SEND dashboards and governance structures.</p> <p>Increased consistency in EHCP structure, outcomes and advice across services</p> <p>Improved quality and timeliness of annual reviews, particularly at key transition points.</p> <p>Clearer alignment between QA findings and targeted workforce development activity.</p>	<p>Variation between services, phases and localities reduces as high-quality practice becomes the norm rather than the exception.</p> <p>At least 80% of EHCPs and annual reviews judged good or better.</p> <p>Improved consistency and quality of health and social care advice within plans.</p> <p>Improved family confidence in EHCP processes and outcomes.</p>	<p>The system demonstrates sustained improvement in statutory processes, contributing to greater confidence, reduced dispute and more effective use of resources.</p> <p>Consistently high-quality EHCPs and annual reviews across the system.</p> <p>Reduced variability and escalation linked to clearer, more effective plans.</p> <p>A statutory system that supports meaningful outcomes, confidence and long-term sustainability.</p>
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	<p>Reduce disputes and escalations across Education, Health and Social Care by embedding clear integrated pathways and timely resolution, increasing confidence in graduated support, particularly at key transition points, evidenced through year-on-year reductions in SEND tribunals and refusals to assess, and EHCP timeliness sustained at or above 80% across all years of the plan.</p>	<p>Clear, integrated pathways across education, health and social care are agreed and communicated, setting out roles, thresholds and escalation routes at each stage of the graduated approach. Particular focus is placed on decision-making at key transition points, including early years to primary, primary to secondary and post-16.</p> <p>Early resolution routes are strengthened, with clearer advice, consistent feedback to families and improved alignment between SEN Support, targeted-plus support and statutory processes. Panels and gateways use shared criteria and quality assurance to support transparent, consistent decision-making and timely responses.</p> <p>EHCP timeliness is sustained at or above 80%,</p>	<p>Integrated pathways are applied consistently across the system, with reduced variation in practice and clearer alignment between education, health and social care at points of decision and review. Confidence in graduated support increases among professionals and families, reducing perceptions that formal escalation is required to secure support.</p> <p>Escalation into statutory assessment, refusals to assess and disputes reduces year-on-year as earlier intervention, clearer thresholds and more predictable processes take effect. EHCP timeliness is sustained at or above 80%, with improved quality and timeliness of multi-agency advice supporting more efficient decision-making.</p>	<p>Early resolution and integrated working are embedded as standard practice across the 0–25 SEND system. Disputes and escalation are the exception rather than the norm, with clear, trusted pathways supporting needs to be met earlier and more consistently.</p> <p>Decision-making is transparent, well-understood and routinely reviewed through quality assurance, data monitoring and lived-experience feedback. EHCP processes remain timely, predictable and proportionate, reducing pressure on families, practitioners and the wider system.</p> <p>The system demonstrates sustained reductions in dispute and escalation activity, contributing to improved experiences, better</p>
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		<p>supported by improved coordination of multi-agency advice and clearer ownership of actions. Baselines for disputes, refusals to assess and tribunal activity are agreed and embedded within routine SEND dashboards and governance reporting.</p> <p>Improved clarity and consistency in decision-making across services and phases.</p> <p>Earlier resolution of concerns without escalation to formal dispute routes.</p> <p>Sustained statutory timeliness across assessment and review processes.</p>	<p>Targeted activity at known pressure points, including transitions, contributes to a reduction in conflict, complaints and tribunal registrations.</p> <p>Year-on-year reduction in SEND tribunals and refusals to assess.</p> <p>Improved confidence in graduated pathways reported by families and settings.</p> <p>Sustained EHCP timeliness at or above 80%.</p>	<p>outcomes and more effective use of resources.</p> <p>Consistently low levels of dispute, refusals and tribunal activity.</p> <p>High confidence in graduated and statutory pathways across education, health and care.</p> <p>A SEND system characterised by clarity, early resolution and shared accountability.</p>
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	<p>Increase workforce confidence and shared practice through a multi-agency competency and training framework, supported by the Experts at Hand model and outreach from specialists, with annual workforce confidence measures and participation data used to evidence impact.</p>	<p>A shared, multi-agency SEND competency and training framework is agreed across education, health and social care, setting out clear expectations for inclusive practice, graduated support and roles across the 0–25 system. The framework builds on existing strengths within specialist services and is aligned to the SEND White Paper and local reform priorities.</p> <p>Workforce development activity will be evaluated not only by participation, but by measurable changes in confidence, consistency of practice and reduced escalation into statutory pathways</p> <p>The Experts at Hand model is established as a core delivery mechanism for workforce development, providing group-based professional advice,</p>	<p>The competency and training framework is embedded across services and phases, with consistent take-up across early years, mainstream, specialist and post-16 settings. Workforce development activity is increasingly targeted to priority areas of need and system pressure, informed by data, quality assurance and lived experience.</p> <p>Experts at Hand is fully integrated into ongoing professional development, supporting shared learning, reflective practice and real-time problem-solving across settings. Confidence grows in meeting a wider range of needs earlier, reducing reliance on specialist escalation and statutory routes.</p> <p>Annual workforce confidence measures and participation data demonstrate</p>	<p>Workforce confidence and shared practice are sustained through an embedded, adaptive competency framework that evolves in response to emerging needs and learning. Workforce development is routine, coordinated and system-wide, rather than programme-based.</p> <p>Experts at Hand operates as a mature system enabler, supporting continuous improvement, peer learning and early intervention at scale. Expertise is increasingly held across the system rather than concentrated in individual services.</p> <p>Workforce confidence, participation and impact data are routinely triangulated with service quality, outcomes and financial data, supporting long-term</p>
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		<p>coaching and specialist outreach to support practice at universal, targeted and targeted-plus levels. Training and professional learning offers are coordinated across partners to reduce duplication and improve access.</p> <p>Baseline workforce confidence measures and participation data are agreed and embedded within routine reporting, enabling consistent assessment of workforce needs, engagement and impact.</p> <p>Multi-agency learning will be explicitly two-way, valuing education, health and social care expertise equally, and embedding practitioner-led learning alongside specialist input</p> <p>Increased participation in coordinated multi-agency</p>	<p>measurable improvement in confidence, consistency and application of inclusive practice across the system.</p> <p>Year-on-year increases in workforce confidence across education, health and care.</p> <p>Reduced variation in practice between services, phases and localities.</p> <p>Stronger shared understanding of inclusive practice and graduated support.</p>	<p>sustainability and value for money.</p> <p>A confident, skilled and resilient workforce across education, health and care.</p> <p>Consistent, high-quality inclusive practice embedded across the 0–25 system.</p> <p>Reduced reliance on high-cost specialist input through earlier, confident practice.</p>
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		<p>training and professional learning.</p> <p>Improved clarity among practitioners about graduated pathways and roles.</p> <p>Early improvements in workforce confidence reported through baseline surveys.</p>		
<p>Goal 3: Build a SEND system that is sustainable and reliable, so children's needs are supported well over time</p>	<p>Reduce reliance on high-cost independent and out-of-area placements through earlier intervention and improved mainstream capacity, with year-on-year reductions in placement numbers and unit cost monitored quarterly.</p>	<p>A clear, shared understanding of demand drivers for high-cost independent and out-of-area placements is embedded across the partnership, using placement, cost and needs data to inform priorities. Earlier intervention is strengthened through the graduated approach, Experts at Hand and specialist outreach, supporting settings</p>	<p>Reliance on high-cost independent and out-of-area placements reduces year-on-year as local capacity, workforce confidence and earlier intervention become more embedded. Children and young people are increasingly supported locally through strengthened mainstream provision, inclusion bases and</p>	<p>A mature, needs-led placement system operates across the 0–25 SEND system, with strong alignment between early intervention, workforce development, sufficiency planning and commissioning. High-cost independent and out-of-area placements are used appropriately and sparingly, reflecting genuine</p>

		<p>to meet a broader range of needs locally and confidently.</p> <p>Mainstream capacity is enhanced through increased use of targeted and targeted-plus support, inclusion bases and specialist outreach, reducing reliance on placement escalation as a first response. Placement decision-making is strengthened through clearer criteria, quality assurance and shared ownership across education, health and care.</p> <p>Baseline measures for placement numbers, unit cost and travel are agreed and monitored quarterly through SEND dashboards and governance arrangements.</p> <p>Increased use of local targeted and specialist</p>	<p>specialist pathways aligned to patterns of need.</p> <p>Placement decisions are consistently informed by needs-led pathways, quality assurance and value-for-money considerations, with independent provision reserved for the most complex and exceptional cases. Unit costs begin to reduce as commissioning becomes more strategic and local pathways more predictable.</p> <p>Quarterly monitoring of placement numbers, unit cost and associated travel demonstrates measurable progress and informs ongoing course correction.</p> <p>Year-on-year reduction in the number of high-cost independent and out-of-area</p>	<p>complexity rather than system capacity gaps.</p> <p>Quarterly monitoring continues to inform strategic decision-making, with placement demand, cost and outcomes reviewed alongside quality and lived-experience data. Financial sustainability improves as reliance on reactive, high-cost provision is reduced and local capacity is sustained.</p> <p>Children, young people and families experience more stable, local pathways with improved continuity of support and reduced disruption.</p> <p>Consistently lower reliance on high-cost independent and out-of-area placements.</p> <p>Improved value for money through reduced unit costs</p>
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		<p>options prior to placement escalation.</p> <p>Improved consistency and transparency in placement decision-making.</p> <p>Early stabilisation in the growth of high-cost placements.</p>	<p>placements.</p> <p>Reduction in average unit cost and travel associated with placements.</p> <p>Increased proportion of children supported locally and inclusively.</p>	<p>and travel.</p> <p>A more stable, inclusive and financially sustainable SEND system.</p>
	<p>Strengthen sufficiency and place planning across all phases using annual needs forecasting and demand modelling to inform three-year planning cycles.</p>	<p>A single, agreed annual forecasting cycle is embedded across the partnership, using SEN2 and local datasets to produce an updated view of current and future need and the implications for education, health and care provision and place planning.</p> <p>Forecasting is strengthened by combining rolling multi-year EHCP trend</p>	<p>Sufficiency planning operates as an active three-year cycle, refreshed annually, with demand modelling routinely informing decisions on where to grow inclusion bases/resourced provision, where specialist capacity is required, and how to respond to post-16 pathway pressures.</p> <p>The partnership uses forecasting and placement</p>	<p>Sufficiency and place planning are embedded as a mature system function across the 0–25 pathway, with annual forecasting and demand modelling informing continuous three-year planning cycles and enabling anticipatory decision-making. The system routinely triangulates quantitative forecasts with placement experience and quality assurance learning to refine assumptions, adjust the</p>

		<p>analysis with demographic projections, and incorporating the expected impact of demand-management mitigations already identified within Southampton's place planning work.</p> <p>A three-year sufficiency programme is agreed and translated into a sequenced pipeline across early years, mainstream (including inclusion bases/resourced provision), specialist and post-16, with explicit links to commissioning and capital decisions and routine consideration of transport/travel impact.</p> <p>Baseline measures are standardised and reported through governance, including forecast assumptions, capacity gaps, placement pressures and</p>	<p>modelling to shift from reactive placement responses to proactive capacity planning, aligning new capacity with the dominant need profile and reducing avoidable reliance on out-of-area provision where local options can meet need.</p> <p>The three-year cycle is integrated with commissioning and quality assurance so that growth in provision is matched with standards, support and oversight, including quality-assurance routes linked to inclusion bases and specialist bases.</p> <p>Transport and travel implications are consistently assessed as part of sufficiency decisions, supporting a trajectory</p>	<p>pipeline and improve the match between need, provision type and location.</p> <p>Capacity planning across early years, mainstream, specialist and post-16 is sustained and optimised, with a stable pipeline that supports inclusion, reduces disruption and helps manage long-term financial sustainability.</p> <p>Transport/travel impact is embedded as a standard part of sufficiency decision-making, reinforcing local pathways and reducing avoidable travel demand as provision becomes more locally available.</p> <p>A predictable, annually refreshed sufficiency cycle that supports long-term</p>
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		<p>travel impacts, so in-year changes are visible and the plan can be refreshed annually without losing coherence.</p> <p>A consistent annual needs review and forecasting product produced and used to inform decisions (rather than sitting alongside them).</p> <p>A clear, costed three-year pipeline of sufficiency actions aligned to identified gaps (including mainstream and post-16 pressures).</p> <p>Improved confidence in forecasting assumptions and comparability year-on-year (including addressing historic data limitations noted in the annual review documentation).</p>	<p>towards more local provision and reduced travel burdens.</p> <p>Improved alignment between demand forecasts, capacity growth and actual placement patterns (reduced mismatch and fewer “in-year surprises”).</p> <p>Increased local capacity across phases and more stable placement demand, particularly at transition points.</p> <p>Clear evidence that sufficiency decisions are informed by rolling data and reviewed through governance rather than being one-off responses.</p>	<p>planning and reduces reactive decision-making.</p> <p>Improved coherence between data, capacity planning, commissioning and quality assurance, supporting a more inclusive and sustainable system.</p> <p>Provision growth consistently aligned to forecast need across phases, including post-16, with clearer local pathways and reduced travel pressures over time.</p>
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	<p>Ensure Experts at Hand, capital investment and commissioning decisions operate as a single, coherent reform programme, informed by data, quality assurance and lived experience, with quarterly review points against agreed outcome and financial measures. Plans will link across strategic health commissioning taking advantage of scale.</p>	<p>Experts at Hand, capital investment and commissioning activity are formally aligned within a single, coherent SEND reform programme, with clear programme governance, shared objectives and defined interdependencies. Decision-making frameworks are agreed so that investment choices are routinely informed by demand data, quality assurance findings and lived-experience insight.</p> <p>Quarterly review arrangements are established at partnership level, bringing together outcome measures, financial data and delivery milestones across education, health and care. These reviews support early identification of risk,</p>	<p>The integrated reform programme operates as the primary vehicle for SEND improvement, with Experts at Hand functioning as a core delivery mechanism alongside capital and commissioning activity. Investment decisions increasingly demonstrate clear lines of sight from data and lived experience through to outcomes and value for money.</p> <p>Quarterly reviews are embedded and used proactively to test assumptions, refine investment choices and rebalance resources where impact is strongest. Learning from quality assurance and family feedback is routinely used to adapt delivery and improve consistency across the system.</p>	<p>Experts at Hand, capital investment and commissioning operate seamlessly as a single, mature reform programme, with shared ownership, stable governance and continuous improvement built into routine practice. Investment decisions are anticipatory rather than reactive, guided by rolling data, quality assurance and lived-experience insight.</p> <p>Quarterly review processes are well embedded and trusted, providing assurance to the partnership and enabling sustained focus on outcomes, experience and financial sustainability. Links with strategic health commissioning are fully embedded, maximising scale, consistency and long-term system resilience.</p>
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		<p>timely course-correction and transparent accountability.</p> <p>Links between SEND reform and strategic health commissioning are strengthened, with shared priorities, joint planning assumptions and opportunities to take advantage of scale across the Integrated Care System embedded within commissioning intentions.</p> <p>Clear programme governance connecting EAH, capital and commissioning decisions.</p> <p>Quarterly reviews using shared outcome and financial measures in decision-making.</p> <p>Improved alignment between</p>	<p>Joint commissioning across education and health matures, enabling more efficient use of specialist workforce capacity, reduced duplication and greater coherence in pathways that support earlier intervention and local provision.</p> <p>Clear evidence that investment decisions are informed by outcomes, quality and financial data.</p> <p>Improved consistency and effectiveness of delivery across partners.</p> <p>Stronger value for money achieved through aligned commissioning and deployment of resources.</p>	<p>The SEND system benefits from coherent leadership, aligned investment and confident delivery, supporting inclusive practice, earlier intervention and sustainable use of public resources.</p> <p>Integrated decision-making across Experts at Hand, capital and commissioning.</p> <p>Strong alignment between SEND reform and health commissioning priorities.</p> <p>A coherent, data-led and sustainable reform programme delivering improved outcomes, confidence and value for money.</p>
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		SEND reform priorities and health commissioning plans.		
	Build sustainable workforce at all levels, developing capacity across education, health and care as a critical enabler of long-term improvement and value for money, monitored through annual workforce metrics on recruitment, retention and sufficiency.	<p>A shared understanding of workforce sufficiency across education, health and care is established, bringing together recruitment, retention and skills data to identify key risks and pressure points. Workforce planning is aligned to reform priorities, including early intervention, inclusive practice and preparation for adulthood, ensuring that workforce development supports system-wide change rather than single services.</p> <p>The Experts at Hand model is mobilised as a core mechanism for reducing reliance on scarce specialist roles by supporting group-based practice, outreach and skills transfer</p>	<p>Workforce capacity is strengthened across the system through coordinated recruitment, retention and development activity informed by annual workforce metrics. Skills and confidence are increasingly distributed across education, health and care, reducing over-reliance on small numbers of specialist staff.</p> <p>Experts at Hand is embedded as part of workforce sustainability, enabling specialist expertise to be used more efficiently, supporting peer learning and shared practice. Targeted actions address areas of persistent shortage or turnover, improving stability</p>	<p>A mature, sustainable workforce model operates across education, health and care, with proactive planning informed by annual workforce metrics and demand forecasts. Workforce development is embedded as a continuous system function, aligned to sufficiency planning, commissioning and financial sustainability.</p> <p>Experts at Hand supports long-term resilience by maintaining system-wide capability and reducing vulnerability to workforce turnover or market pressures. Workforce supply and skills mix are better matched to patterns of need, supporting earlier intervention, inclusive</p>

		<p>into mainstream and universal settings. Workforce metrics are agreed and embedded, including baseline measures for recruitment, retention, vacancy rates and reliance on agency or short-term staffing.</p>	<p>and continuity for children, young people and families.</p> <p>Annual workforce metrics demonstrate improved retention and participation, alongside reduced dependency on high-cost or agency staffing.</p> <p>Improved recruitment and retention trends across priority roles.</p> <p>Reduced reliance on agency and short-term staffing.</p> <p>Improved workforce confidence and sufficiency across phases and services.</p>	<p>practice and better value for money.</p> <p>Children, young people and families benefit from greater consistency, reduced disruption and a resilient workforce able to meet needs locally and sustainably.</p> <p>A stable, skilled and resilient multi-agency workforce.</p> <p>Improved value for money through reduced workforce volatility and agency spend.</p> <p>A SEND system capable of sustaining improvement over the long term.</p>
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INSERT DOCUMENT UPLOAD LINK



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

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

2026-27 Local delivery plan		Q2		Q3		Q4	
<i>Workstream outline – mapped to building block</i>	<i>Responsible lead per workstream – accountable for the delivery of the workstream and the identified outcome.</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>
Outcome - what you want to achieve with this workstream Success measures – how you measure progress drawing on metrics from the accompanying data template							
Building block - Workstream 1 <i>Outcome</i> <i>Success measure</i>							
Building block - Workstream 2 <i>Outcome</i> <i>Success measure</i>							
Building block - Workstream 3 <i>Outcome</i> <i>Success measure</i>							

<p>Goal 1 – Improve long-term life opportunities for children and young people with SEND</p> <p>Workstream 1: Experts at Hand Model</p> <p>Outcome Mainstream early years, school and post-16 settings have timely access to group-based, multi-disciplinary expertise, enabling needs to be identified and met earlier and reducing escalation to statutory routes.</p> <p>Success measures</p> <ul style="list-style-type: none"> EAH operational across all localities and phases, meeting core minimum requirements Increased number/proportion of settings accessing group-based EP, SaLT and OT support Year-on-year increase in children supported through SEN Support and targeted-plus Reduction in first-time EHCP requests relative to SEN Support growth 	<p>Workstream 1: ICB Head of SEND and Head of Strategic SEND</p> <p>Workstream 2: Locality Lead and Head of Strategic SEND</p> <p>Workstream 3: Head of Statutory SEND</p>	<p>Workstream 1:</p> <p>EAH delivery model agreed and signed off through partnership governance, meeting all core minimum requirements.</p> <p>Delivery routes confirmed across EP, SaLT and OT, including locality coverage and referral/access routes.</p> <p>Baseline data agreed for SEN Support uptake, first-time EHCP requests and EAH reach.</p> <p>Workstream 2:</p> <p>100% of mainstream schools confirmed within cluster arrangements.</p> <p>Refreshed expectations for SEN Support and graduated</p>	<p>EAH operational in all localities with initial cohorts of settings engaged.</p> <p>Baseline established for group-based access to specialist advice.</p> <p>All clusters active with consistent expectations.</p> <p>Increased confidence reported by SENCOS in</p>	<p>Workstream 1:</p> <p>Group-based EAH sessions established as the default support route prior to statutory escalation.</p> <p>Targeted support prioritised for ASD, SLCN and SEMH cohorts and secondary phase.</p> <p>Early feedback from settings and practitioners captured and reviewed through quarterly governance.</p> <p>Workstream 2:</p> <p>Cluster-led peer support and shared practice approaches embedded.</p> <p>Variance in thresholds and practice reviewed</p>	<p>Increasing number and proportion of settings accessing EAH support.</p> <p>Early uplift in SEN Support and targeted-plus activity.</p> <p>Early slowing in first-time EHCP requests (particularly EY and primary).</p> <p>Increased SEN Support uptake, particularly ASD/SLCN/SEMH cohorts.</p>	<p>Workstream 1:</p> <p>EAH delivery embedded across early years, schools and post-16, including out-of-area FE.</p> <p>Delivery and demand data triangulated with SEN Support and EHCP metrics.</p> <p>Clear Year 2 scaling priorities agreed through programme review.</p> <p>Workstream 2:</p> <p>Cluster model fully aligned with EAH, QA and sufficiency planning.</p> <p>Learning captured to inform Year 2 refinement and workforce focus.</p>	<p>Sustained increase in SEN Support relative to EHCP requests.</p> <p>Reduction in avoidable escalation at key transition points.</p> <p>Clear evidence of EAH contribution to early intervention.</p> <p>SEN Support established as the default early response.</p> <p>Sustained moderation of EHCP demand</p>

<p>Workstream 2: SEND Mainstream Funding Cluster Model</p> <p>Outcome Schools and settings have the confidence, resource and shared practice to deliver high-quality SEN Support consistently, reducing variation and inappropriate escalation.</p> <p>Success measures</p> <ul style="list-style-type: none"> • 100% of mainstream schools engaged in the cluster model • Increased SEN Support uptake, particularly in ASD, SLCN and SEMH cohorts • Improved consistency in thresholds and decision-making across clusters • Slowing growth in EHCP requests, particularly in early years and primary <p>Workstream 3: Specialist inclusion base capita program</p> <p>Outcome Local inclusion and specialist capacity expands in line with patterns of need, enabling more children to be educated locally and inclusively.</p> <p>Success measures</p> <ul style="list-style-type: none"> • Delivery of agreed inclusion base and specialist place pipeline in 2026–27 		<p>approach agreed and communicated.</p> <p>Baseline data on SEN Support uptake and EHCP escalation by cluster agreed.</p> <p>Workstream 3:</p> <p>Partnership-owned capital and sufficiency pipeline agreed and prioritised using rolling demand data.</p> <p>Schools/settings engaged for identified inclusion base developments.</p> <p>Baseline data established for placements, travel and unit cost.</p>	<p>cluster-based support.</p> <p>Clear, costed pipeline for 2026–27 and beyond.</p> <p>Early confidence in alignment between need and planned provision.</p>	<p>through QA and cluster oversight.</p> <p>Escalation concerns addressed through targeted EAH and advisory input.</p> <p>Workstream 3:</p> <p>Capital schemes mobilised (design, approvals, procurement as appropriate).</p> <p>Inclusion base developments aligned with EAH and workforce capacity plans.</p> <p>Transport impact assessments embedded into decision making.</p>	<p>Reduced variation between clusters.</p> <p>Slower growth in EHCP requests, especially EY and primary.</p> <p>Increased local capacity coming online or contractually committed.</p> <p>Early reduction in pressure for new out-of-area placements.</p>	<p>Workstream 3:</p> <p>Initial inclusion base places delivered or confirmed for delivery in early Year 2.</p> <p>Placement and travel data reviewed through programme governance.</p>	<p>relative to SEN Support growth.</p> <p>Early reduction in out-of-area placement growth.</p> <p>Improved match between need, placement type and locality.</p>
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<ul style="list-style-type: none"> Increased number of local specialist and inclusion base places aligned to ASD, SLCN and SEMH need Year-on-year reduction in out-of-area placements and associated travel from 2026 baseline Improved match between placement need, provision type and location 							
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<p>Projected Investment Spend per quarter</p> <p><i>Please specify funding source for each category</i></p> <p>Example categories: Programme oversight/additional leadership capacity Workforce Recruitment Workforce training and development Data/Digital</p> <p>Total Spend</p>	<p>Workstream 1: Experts at Hand Model</p> <p>Development and delivery of EAH model (please see EAH model overview for full breakdown) - £611,393.33 Source: EAH funding</p> <p>Workstream 2: SEND Mainstream Funding Cluster Model</p> <p>Mainstream Inclusion (Across the Autumn term 2026-2207) - £369999.63</p> <p>Global Equality Collective Quality Assurance Tool - £16,666.66</p> <p>Delivery of model (staffing + quality assurance) - £30,000 Source: To be confirmed</p> <p>Workstream 3: Specialist inclusion base capita program</p> <p>Investment in capital for Specialist Inclusion Bases (please see details on attached document) - £749,000 Source: Resource Capital investment</p>	<p>Workstream 1: Experts at Hand Model</p> <p>Development and delivery of EAH model (please see EAH model overview for full breakdown) - £611,393.33 Source: EAH funding</p> <p>Workstream 2: SEND Mainstream Funding Cluster Model</p> <p>Delivery of model (staffing + quality assurance) - £30,000</p> <p>Global Equality Collective Quality Assurance Tool - £16,666.66 Source: To be confirmed</p> <p>Workstream 3: Specialist inclusion base capita program</p> <p>Investment in capital for Specialist Inclusion Bases (please see details on attached document) - £749,000 Source: Resource Capital investment</p>	<p>Workstream 1: Experts at Hand Model</p> <p>Development and delivery of EAH model (please see EAH model overview for full breakdown) - £611,393.33 Source: EAH funding</p> <p>Workstream 2: SEND Mainstream Funding Cluster Model</p> <p>Mainstream Inclusion (Across the Autumn term 2026-2207) - £299,999.70</p> <p>Delivery of model (staffing + quality assurance) - £30,000</p> <p>Global Equality Collective Quality Assurance Tool - £16,666.66 Source: To be confirmed</p> <p>Workstream 3: Specialist inclusion base capita program</p> <p>Investment in capital for Specialist Inclusion Bases (please see details on attached document) - £749,000 Source: Resource Capital investment</p>
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<p>Goal 2 – Increase confidence and trust in the SEND system</p> <p>Workstream 4: Co-production, Lived Experience and Local Offer Development</p> <p>Outcome Children, young people and families are consistently involved in the design, delivery and review of SEND improvement activity, with clear feedback loops informing partnership decision-making.</p> <p>Success measures</p> <ul style="list-style-type: none"> Regular, structured engagement with the Parent Carer Forum and CYP forums embedded across all priority workstreams Evidence of "you said, we did" feedback reflected in quarterly governance reporting Increased confidence and trust in the SEND system reported through annual family feedback Improved accessibility, clarity and use of the Local Offer <p>Workstream 5: EHCP Quality & Dispute Reduction</p> <p>Outcome EHCP processes are timely, consistent and outcomes-focused, reducing disputes and escalation and improving family experience.</p> <p>Success measures</p>	<p>Workstream 4: Chair of Parent Carer Forum and Locality Officer for SEND</p> <p>Workstream 5: Practice Manager for Quality Assurance and Practice Manager for Resolutions</p>	<p>Workstream 4:</p> <p>Co-production principles and minimum standards agreed and signed off.</p> <p>PCF and CYP engagement embedded within all priority workstreams.</p> <p>Baseline parental confidence and participation measures agreed.</p> <p>Workstream 5:</p> <p>QA framework embedded across assessment and annual review processes.</p> <p>Baselines agreed for EHCP quality, timeliness, refusals and tribunals.</p>	<p>Consistent engagement structures in place.</p> <p>Improved visibility of lived experience in decision-making.</p> <p>EHCP timeliness sustained ≥80%.</p> <p>Continued upward trajectory in plan quality.</p>	<p>Workstream 4:</p> <p>"You said, we did" feedback loops embedded in governance reporting.</p> <p>Local Offer review underway, aligned to reform priorities</p> <p>Workstream 5:</p> <p>Targeted QA-led improvement activity deployed where variability exists.</p> <p>Early resolution and mediation routes strengthened and monitored.</p>	<p>Increased engagement diversity and participation.</p> <p>Improved confidence signals emerging through feedback.</p> <p>Increasing proportion of EHCPs judged good or better.</p> <p>Early reduction in disputes and refusals.</p>	<p>Workstream 4:</p> <p>Local Offer refreshed with clearer pathways and expectations.</p> <p>Annual feedback cycle completed and reported.</p> <p>Workstream 5:</p> <p>QA outcomes and dispute data triangulated with workforce and EAH learning.</p> <p>Year 2 improvement priorities agreed.</p>	<p>Improved family confidence and trust.</p> <p>Clear evidence of lived experience shaping delivery</p> <p>Majority of EHCPs and annual reviews approaching 80% good+.</p> <p>Sustained timeliness and reduced escalation.</p>
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<ul style="list-style-type: none"> At least 80% of EHCPs and annual reviews judged good or better EHCP timeliness sustained at or above 80% across all statutory processes Year-on-year reduction in refusals to assess, SEND tribunals and formal disputes Improved parental confidence in statutory assessment and review processes 							
<p>Projected Investment Spend per quarter</p> <p><i>Please specify funding source for each category</i></p> <p>Example categories: Programme oversight/additional leadership capacity Workforce Recruitment Workforce training and development Data/Digital</p> <p>Total Spend</p>	<p>Workstream 4: Co production, Lived Experience and Local Offer Development</p> <p>Parent Carer Forum Enhanced Development and Audit Programme - £2000 Source: EAH funding</p> <p>Workstream 5: EHCP Quality & Dispute Reduction</p> <p>Invision 360 Quality Assurance Tool - £10,000 Invision Vita (AI Draft Tool) - £19,000 Source: High Needs Block</p> <p>Resolution Officer role - £18,000 Source: General Funds</p>	<p>Workstream 4: Co production, Lived Experience and Local Offer Development</p> <p>Parent Carer Forum Enhanced Development and Audit Programme - £2000 Source: EAH funding</p> <p>Workstream 5: EHCP Quality & Dispute Reduction</p> <p>Invision 360 Quality Assurance Tool - £10,000 Invision Vita (AI Draft Tool) - £19,000 Source: High Needs Block</p> <p>Resolution Officer role - £18,000 Source: General Funds</p>	<p>Workstream 4: Co production, Lived Experience and Local Offer Development</p> <p>Parent Carer Forum Enhanced Development and Audit Programme - £2000 Source: EAH funding</p> <p>Workstream 5: EHCP Quality & Dispute Reduction</p> <p>Invision 360 Quality Assurance Tool - £10,000 Invision Vita (AI Draft Tool) - £19,000 Source: High Needs Block</p> <p>Resolution Officer role - £18,000 Source: General Funds</p>				

<p>Goal 3 – Build a SEND system that is sustainable and reliable, so children’s needs are supported well over time</p> <p>Workstream 6: Workforce Development Program</p> <p>Outcome A skilled, confident and sufficient multi-agency workforce is developed across education, health and care, enabling earlier intervention and reducing reliance on high-cost specialist provision.</p> <p>Success measures</p> <ul style="list-style-type: none"> • Agreed multi-agency workforce development and competency framework implemented • Increased participation in coordinated training and practice-development activity • Year-on-year improvement in workforce confidence measures • Improved recruitment, retention and reduced reliance on agency staffing <p>Workstream 7: High-cost Placement Reduction</p> <p>Outcome Fewer children and young people</p>	<p>Workstream 6: Experts at Hand Group</p> <p>Workstream 7: Head of Statutory SEND</p> <p>Workstream 8: ICB Strategic Commissioning Lead and Senior Commissioner for Children’s</p>	<p>Workstream 6:</p> <p>Multi-agency competency and workforce framework agreed.</p> <p>Baseline recruitment, retention, vacancy and agency data established.</p> <p>Workstream 7:</p> <p>High-cost placement baselines (volume, cost, travel) agreed and monitored quarterly.</p> <p>Strengthened placement decision criteria embedded.</p> <p>Workstream 8:</p> <p>Single SEND reform programme governance established.</p>	<p>Increased workforce engagement in coordinated development activity.</p> <p>Stabilisation of placement growth.</p> <p>Clear line of sight between activity.</p>	<p>Workstream 6</p> <p>Training and development delivered at scale via EAH and specialist outreach.</p> <p>Targeted retention and recruitment actions agreed for priority roles.</p> <p>Workstream 7:</p> <p>Increased use of local pathways supported by EAH and inclusion bases.</p> <p>Placement reviews informed by QA and value-for-money considerations.</p> <p>Workstream 8:</p> <p>Quarterly programme reviews fully embedded.</p>	<p>Improved workforce confidence measures.</p> <p>Early reduction in placement growth and travel.</p> <p>Improved decision consistency.</p> <p>More consistent evidence-led investment decisions.</p>	<p>Workstream 6</p> <p>Workforce metrics reviewed alongside demand and financial data.</p> <p>Year 2 workforce priorities agreed.</p> <p>Workstream 7:</p> <p>Placement trends reviewed through programme governance.</p> <p>Year 2 reduction targets agreed.</p> <p>Workstream 8:</p> <p>Programme review informs 2027–28 planning and</p>	<p>Improved workforce stability and sufficiency.</p> <p>Better alignment between workforce capacity and demand.</p> <p>Early downward trend in high-cost placements.</p> <p>Improved financial predictability.</p> <p>Strong value-for-money narrative supported by data.</p>
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<p>require high-cost independent or out-of-area placements as local capacity and mainstream confidence are strengthened.</p> <p>Success measures</p> <ul style="list-style-type: none"> • Year-on-year reduction in the number of high-cost independent and out-of-area placements • Reduction in average unit cost and associated travel from 2026 baseline • Increased proportion of children supported locally through mainstream and inclusion pathways • Quarterly monitoring of placement volumes and cost informing decision-making <p>Workstream 8: Integrated Programme Governance & Commissioning</p> <p>Outcome SEND reform activity operates as a single, coherent programme, with Experts at Hand, capital and commissioning decisions aligned to outcomes, quality and financial sustainability.</p> <p>Success measures</p>		<p>Shared outcome and financial dashboard agreed.</p>	<p>outcomes and spend.</p>	<p>Joint commissioning priorities aligned with EAH and capital delivery.</p>		<p>commissioning cycles.</p>	<p>Mature, joined-up decision-making evident.</p>
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<ul style="list-style-type: none">• Quarterly programme reviews using shared outcome and financial measures• Clear alignment between EAH delivery, capital investment and commissioning decisions• Evidence that decisions are informed by data, quality assurance and lived experience• Improved value for money through coordinated commissioning across education and health								
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Projected Investment Spend per quarter	Workstream 6: Workforce Development Program	Workstream 6: Workforce Development Program	Workstream 6: Workforce Development Program
<i>Please specify funding source for each category</i>			
<i>Example categories:</i>			
Programme oversight/additional leadership capacity.	Workforce Development lead (secondment from Specialist School) - £2,868.16	Workforce Development lead (secondment from Specialist School) - £2,868.16	Workforce Development lead (secondment from Specialist School) - £2,868.16
Workforce Recruitment	Source: EAH funds	Source: EAH funds	Source: EAH funds
Workforce training and development			
Data/Digital	Workstream 7: High cost Placement Reduction	Workstream 7: High cost Placement Reduction	Workstream 7: High cost Placement Reduction
Total Spend	Placement costs for Specialist Inclusion Bases - £1,164,314.66	Placement costs for Specialist Inclusion Bases - £1,164,314.66	Placement costs for Specialist Inclusion Bases - £1,164,314.66
	Source: High Needs Block	Source: High Needs Block	Source: High Needs Block
	Workstream 8: Integrated Programme Governance & Commissioning	Workstream 8: Integrated Programme Governance & Commissioning	Workstream 8: Integrated Programme Governance & Commissioning
	SEND Data Analysis – £17,602.81	SEND Data Analysis – £17,602.81	SEND Data Analysis – £17,602.81
	Source: General Staffing Funding/High Needs Block	Source: General Staffing Funding/High Needs Block	Source: General Staffing Funding/High Needs Block
	SEND Administrator position - £14,419.38	SEND Administrator position - £14,419.38	SEND Administrator position - £14,419.38
	Source: EAH funding	Source: EAH funding	Source: EAH funding

INSERT DOCUMENT UPLOAD LINK

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

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

Delivery of the first-year plan will be supported through strengthened programme management, clear accountability and enhanced data and analytical capability across the local area partnership. Southampton City Council, as system convener, will provide overall coordination, with delivery owned jointly across education, health and care through named workstream leads and an agreed programme governance structure.

A single, integrated SEND reform programme structure will oversee delivery of the year-one priorities, ensuring Experts at Hand, workforce development, sufficiency, capital investment and commissioning activity are aligned and sequenced effectively.

Programme oversight will be supported by dedicated transformation and project management capacity within the local authority, enabling clear prioritisation, milestone tracking, risk management and escalation where required. This will ensure resources are deployed efficiently and that delivery remains focused on the agreed outcomes and success measures.

Delivery will be monitored through established partnership governance, with quarterly programme reviews bringing together progress against milestones, performance data, financial monitoring and lived-experience feedback. These reviews will enable timely course-correction and provide assurance to partners and central government that investment is delivering early impact.

The partnership will strengthen its data and analytics capability to support effective monitoring and decision-making. Existing SEND dashboards will be further developed to integrate data on demand, service delivery, quality, outcomes and cost, including SEN Support uptake, EHCP timeliness and quality, placement trends, attendance and exclusions. Workforce and financial data will be routinely triangulated with quality assurance findings and feedback from children, young people and families.

Together, these arrangements will ensure the partnership has the capacity, capability and grip required to deliver the first-year plan at pace, while building the foundations for sustained improvement over the three-year reform period.

8. Other funding **Local Authorities**.

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


250 words

No planned block transfers towards SEND Reform plans

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

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

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



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

If your plans include increases to places in special schools or specialist post-16 institutions, please include a clear rationale, showing the need that is being met, and why it cannot be met through other types of provision, such as inclusion bases.


If you are receiving additional capital funding to replace one or more planned special or AP free schools, please set out how this funding will meet need in your area, and plans for engaging relevant trusts in your sufficiency planning.

500 words

In Year 1 (2026–27), the partnership has profiled £2.996m of high needs capital investment, delivered evenly across the financial year (£749k per quarter), to expand inclusion base capacity, strengthen the mainstream estate, address priority specialist sufficiency pressures, and reduce reliance on high-cost and out-of-area placements in the areas detailed below:

In 2026–27, Area 6 identifies £749,000 per quarter of high needs capital investment for Workstream 3 (Specialist inclusion base capita program), equating to £2.996m across the financial year. This capital funding supports the expansion and development of inclusion bases (formerly SEN units, resourced provision and PSUs) and associated specialist capacity required to meet local demand across the 0–25 system.

Capital investment is targeted using rolling three-year prevalence, placement and travel data, with a clear focus on the dominant areas of need locally, particularly ASD, SLCN and SEMH. Inclusion bases are the partnership's primary growth model for increasing local capacity and supporting more children and young people to be educated close to home, within mainstream settings wherever



possible. Specific sites and phases are identified through sufficiency planning and engagement with early years providers, schools, trusts and post-16 settings, as reflected in the Area 6 milestones.

The need for this capital investment is evidenced within other Area 6 workstreams, particularly Workstream 7, which sets out ongoing high-cost placement pressures of £1.16m per quarter. While these costs are revenue rather than capital, they demonstrate the financial and system impact of insufficient local capacity. Capital investment through Workstream 3 is intended to mitigate these pressures over time by reducing reliance on independent and out-of-area placements and associated travel.

Capital delivery is aligned with enabling workstreams in Area 6, including the Experts at Hand model, the SEND Mainstream Funding Cluster Model, and integrated programme governance. This ensures new provision is supported by workforce capacity, inclusive practice and consistent decision-making, rather than operating as a standalone estate programme.

Progress against capital delivery, spend and impact on placements and travel is monitored through the quarterly programme review arrangements set out in Area 6, ensuring transparency, accountability and alignment with wider SEND reform objectives.

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


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

Delivery of the Local SEND Reform Plan will be underpinned by sustained, structured engagement with system partners and stakeholders, with co-production embedded as a core operating principle across design, delivery and review. Building on established partnership governance and strong strategic relationships, the local area partnership will ensure that education, health, care, families and children and young people are actively involved throughout implementation.

Schools, early years settings, MATs and education groupings will be engaged through locality-based forums, existing SEND leadership networks and targeted delivery sessions aligned to key workstreams, including Experts at Hand, SEND Mainstream Funding Cluster model, ND transformation pathway and workforce development. These engagement routes reflect the changing roles and responsibilities set out in the Schools White Paper, supporting schools and groups to take greater collective ownership of inclusive practice, early intervention and use of group-based specialist support. Clear expectations will be communicated regarding the use of SEN Support, targeted-plus pathways and engagement with the Experts at Hand offer, with ongoing dialogue used to address confidence, capacity and thresholds as practice evolves.

Post-16 and further education providers, including out-of-area mainstream colleges attended by Southampton young people, will be engaged through dedicated planning meetings, commissioning dialogue and transition-focused working groups. This will ensure alignment with preparation for adulthood priorities, clarity of pathways, and consistent access to specialist advice and support, regardless of geographic location.

Alternative provision and specialist providers will be engaged through commissioning and quality assurance mechanisms, ensuring that delivery aligns with reform expectations, graduated pathways and value-for-money objectives, and supports reduction in high-cost and out-of-area placements over time.



Parents and carers will continue to be engaged strategically and operationally through a strong partnership with the Parent Carer Forum (PCF), which is embedded across governance, quality assurance, workforce development and Local Offer activity. Core minimum requirements for co-production will be met through clear feedback loops, visible “you said, we did” reporting and regular review of engagement reach and impact. Co-production activity will be properly resourced to support meaningful participation rather than consultation.

The voice of children and young people will be captured distinctly and directly, using age-appropriate and accessible methods, with particular focus on transition points, inclusion, and preparation for adulthood. Children and young people’s feedback will inform service design, quality assurance and review of pathways.

The Local Offer will act as a key engagement and communication tool, refreshed to reflect reform priorities, clarify pathways and articulate expectations for families and practitioners during transition to the reformed system.

Where additional engagement support is required, including with education leaders and parent representative groups, the partnership would welcome the involvement of senior Department for Education officials in summer term engagement events to support shared understanding, build confidence and reinforce national reform expectations.

10. Risks and Mitigations

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

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
<p>Delay in mobilisation or spend of Experts at Hand (EAH) investment within the 2026–27 financial year</p>	<p>High – risk of under-delivery against core minimum requirements; loss of momentum; reduced confidence</p>	<p>Possible</p>	<p>Amber</p>	<ul style="list-style-type: none"> • EAH delivery model agreed and signed off prior to funding release, using existing cluster and outreach infrastructure • Phased mobilisation plan with clear Q2–Q4 spend profile and contingency routes (e.g. contracts, secondments, temporary capacity) • Quarterly financial and delivery monitoring through SEND reform programme governance, with escalation to SRO and CFO where slippage is identified 	<p>Green/Amber</p>
<p>Mismatch between timing of SEND reform funding (including Local Inclusion Partnership Grant) and delivery milestones for the cluster model and EAH rollout</p>	<p>High – impacts pace of implementation and workforce deployment; impacts delivery of SEND Mainstream</p>	<p>Possible</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Align first-year delivery to activity that can commence immediately using existing resources and aligned commissioning (e.g. targeted outreach to specialist bases) • Financial phasing assumptions explicitly built into the roadmap, with milestones sequenced to funding confirmation points • Close alignment between programme governance and finance leads to enable rapid 	<p>Green/Amber</p>

	Funding Cluster model process; risk of delivery gaps			reprofiling once allocations are confirmed	
Insufficient workforce capacity or recruitment delays across education, health and care to deliver EAH and targeted support at scale	High – limits reach and impact of EAH; risk of continued escalation and reliance on statutory pathways	Likely	Red	<ul style="list-style-type: none"> • Phased mobilisation approach aligned to system maturity • Use of Cluster models to maximise impact of existing specialist workforce • Alignment of EAH with workforce development and training framework to build confidence and capability in mainstream settings • Development of a 'Rejoin, Restore, Renew' – Strengthen the NHS Workforce campaign to draw colleagues back into the system • Joint workforce planning across LA and ICB, including use of outreach, rotational roles and flexible deployment models 	Amber
Variation in engagement, commissioning or	Medium – reduces consistency,	Possible	Amber	<ul style="list-style-type: none"> • Clear, coproduced expectations for SEN Support, targeted and targeted-plus pathways communicated through clusters and locality 	Green

confidence across schools, settings or partners leading to uneven take-up of EAH and graduated pathways	equity and system-wide impact			forums <ul style="list-style-type: none"> • Use of data dashboards to monitor uptake and variation by phase/locality, triggering targeted support • Governance routes to address disengagement or drift through partnership leadership 	
Dependence on wider national reforms or guidance (e.g. EAH guidance, inclusion base guidance, health reforms) creating uncertainty in delivery assumptions	Medium – potential need to adapt delivery model or timelines	Possible	Amber	<ul style="list-style-type: none"> • Strategy explicitly designed to operate within current statutory framework and flex with emerging guidance • Regular horizon-scanning through DfE/NHSE engagement and SEND advisers • Built-in review points at quarterly programme reviews to adapt delivery while maintaining core reform trajectory 	Green
Local Government Reorganisation will mean that systems within new LAs and	New ways of working across different local authority	Very High		<ul style="list-style-type: none"> • Work with LA's across ICB existing footprint to ensure early conversations and alignment on headline workstreams including EAH. Begin to work through 	Amber

<p>workstreams no longer align.</p>	<p>areas. Migration to these and then embedding new systems. New system set up but doesn't align to other LA models.</p>			<p>challenges and risks collectively</p> <ul style="list-style-type: none"> • Highlight as a risk for the LGR working groups and strategy once plan approved. • Ensure good information sharing at the right level. 	
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11. Dependencies

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

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


- Curriculum and Assessment Review

500 words

The delivery of Southampton's Local SEND Reform Plan sits within a wider landscape of national and local reform. The Partnership recognises that changes across health, local government, children's social care, early years policy and the education system will influence both the pace and shape of delivery. These reforms are not treated as barriers, but as key dependencies to be actively managed through strong governance, alignment and adaptive planning.

NHS reform represents a significant dependency, particularly in relation to workforce capacity, commissioning models and neighbourhood delivery. Ongoing NHS reforms directly impact joint SEND delivery across education, health and care. Whilst it is anticipated that this will significantly improve access and quality, variability in health capacity across the ICB footprint may affect timeliness and consistency of early identification of needs, formal assessments, therapies and mental health support with implications for Education, Health and Care Plan processes and early intervention pathways. The Partnership will align the development of the Experts at Hand offer with emerging NHS arrangements, including neighbourhood health teams and evolving commissioning structures within NHS Hampshire and Isle of Wight ICB. This dependency is actively managed through established relationships with ICB colleagues, strengthened joint governance and shared decision-making arrangements.

Local Government Reorganisation, if progressed, may impact organisational structures, decision-making routes and leadership arrangements during the life of the plan. To mitigate this, SEND reform delivery has been designed around a single, system-wide programme with clear ownership, shared accountability and data-led governance. This approach reduces reliance on individual organisational arrangements and ensures continuity of statutory responsibility, decision-making and delivery regardless of future organisational form.



Reforms to Children's Social Care are closely connected to SEND, particularly for children with complex needs, safeguarding vulnerabilities and care experience. This dependency will be managed by aligning SEND reform delivery with wider Family Help and social care transformation, ensuring early help, SEND support and safeguarding responses are coherent rather than parallel. Integrated pathways, shared thresholds and joint workforce development will support more consistent experiences for children and families, particularly at points of escalation and transition.

Best Start in Life, including Family Hubs, is a critical dependency for achieving earlier identification and intervention. SEND reform activity, including the Experts at Hand model and inclusive early years practice, will be fully integrated with Family Hub delivery. Family Hubs will act as a key interface for early identification, family support and access to multi-disciplinary expertise, helping needs to be recognised and addressed earlier and reducing unnecessary escalation into statutory processes. Delivery will align explicitly with the Best Start in Life Strategy, using shared governance and performance measures to strengthen prevention and long-term outcomes across the 0–5 pathway.

Finally, the Curriculum and Assessment Review present a further dependency, particularly for inclusive practice, participation and attainment. While national reforms continue to emerge, the Partnership will focus on strengthening inclusive pedagogy, adaptive teaching and outcomes-focused planning that is resilient to curriculum change. Workforce development, quality assurance and the graduated approach are designed to support flexibility, ensuring children's needs are met regardless of future assessment or accountability arrangements.

The Southampton Local Areas reform delivery is grounded in existing statutory responsibilities while remaining flexible to national change. This ensures momentum is maintained, children and families experience continuity, and the local SEND system strengthens rather than stalls in response to wider reform.



Section 3 – Monitoring and Evaluation

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


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

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

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

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

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


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

500 words

Southampton's Local Area Partnership will monitor delivery of the Local SEND Reform Plan through an integrated approach that brings together performance data, quality assurance, lived experience feedback and formal governance oversight. Monitoring will focus on both delivery milestones and system impact, ensuring that progress towards improved outcomes, increased confidence and financial sustainability is tracked routinely and informs timely course correction. No single data source will be used in isolation to judge system performance. Decisions will be based on triangulation of quantitative data, quality assurance findings and lived experience.

A central mechanism for monitoring delivery will be Southampton's refreshed integrated SEND KPI and outcome dashboard, which will be explicitly aligned to the three overarching goals of the SEND Reform Plan. Building on the initial data return to the Department for Education, the dashboard will evolve from baseline reporting into a more analytical tool, drawing together data on demand, service delivery, quality, outcomes and cost. Key indicators will initially include SEN Support uptake, first-time EHCP requests, statutory timeliness, EHCP quality, placement patterns (including out-of-area placements and travel), attendance, exclusions, NEET outcomes and workforce metrics. This will increase over the 3-year period to include outcome driven data and intelligence. Data will be reviewed by operational teams and reported through partnership governance to inform prioritisation, resourcing and escalation where required.

Delivery and impact of the Experts at Hand (EAH) Offer will be monitored through a combination of activity data, system indicators and qualitative feedback. Measures will include coverage and reach across phases and localities, access routes through clusters, alignment with graduated pathways, and early indicators of impact on escalation, consistency of practice and workforce confidence. Oversight will



be provided through the EAH Working Group, with quarterly review of delivery, risks and learning feeding into the wider SEND reform programme governance and commissioning decisions.

Quality assurance will play a critical role in understanding whether changes in delivery are leading to improved practice and experience. The SEND Mainstream Funding Cluster Model will continue to use the Inclusive Education Audit to assess the quality and consistency of inclusive practice at setting and cluster level. In addition, Southampton is piloting the Global Equality Collective tool to strengthen insight into inclusion, equity and lived experience across the system. Findings from both tools will be triangulated to identify strengths, common barriers and priority areas for targeted support, and will directly inform EAH delivery focus, workforce development activity and system guidance.

Statutory quality assurance activity, including audits of EHCPs and annual reviews, will continue to track improvements in plan quality, timeliness and multi-agency contribution. Learning from quality assurance will be shared systematically with practitioners, clusters and governance forums to support continuous improvement rather than retrospective compliance.

Feedback from children, young people, parents and carers will be integral to monitoring progress. The SEND Partnership Board will receive regular reports combining performance data, quality assurance findings and lived experience themes. A Child Friendly Board, feeding into the SEND Partnership Board, will provide a structured mechanism for children and young people to influence review and decision-making, ensuring their perspectives inform delivery and system adaptation.

Quarterly reporting brings together delivery progress, outcomes, workforce and financial data, enabling shared decisions on reprioritisation and course correction, enabling the partnership to assess whether milestones are being met, identify emerging risks and adjust delivery to maintain pace and alignment with reform priorities. Southampton will also meet national expectations through quarterly data returns to the Department for Education, supported by the enhanced SEND KPI dashboard, providing assurance that delivery

remains on track and impact is being achieved. SEND dashboards will be used not only for assurance but as an active management tool, triggering targeted intervention where demand, cost or quality indicators diverge from expected trajectories.

13. Reporting to DfE

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

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

INSERT DOCUMENT UPLOAD LINK

Section 4 – Governance

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

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

Governance Mechanism <i>This may be a governance group, or an individual (e.g. SRO).</i>	Purpose/ Responsibilities <i>What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?</i>	Membership <i>Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).</i>	Cadence <i>How regularly does this governance mechanism meet?</i>	Decision Rights <i>What decisions can this governance mechanism make?</i>	Escalation Route <i>Where can this governance mechanism escalate issues or decision to?</i>
Experts at Hand and Cluster Steering Group	Oversight of the design, rollout and performance of the Experts at Hand model and alignment with cluster arrangements. Monitors access, equity, workforce deployment, demand, and early impact on escalation and confidence.	LA SEND leaders, ICB clinical and commissioning leads (EP, SaLT, OT), cluster leads, education settings, specialist provision, PCF representation. Chaired by LA/ICB SEND lead.	Once per school term	Agrees delivery model refinements, access routes, thresholds, quality assurance and workforce deployment principles	Escalation to SEND Partnership Board
SEND Partnership Board	Strategic oversight of SEND reform delivery	Chaired by senior LA leader and ICB leaders.	Quarterly	Endorses strategic	Escalation to Child Friendly

	<p>across the partnership.</p> <p>Holds the Plan to account, monitors progress against outcomes and finance, oversees risks and dependencies, and ensures shared ownership across statutory partners.</p> <p>Receives quarterly performance, QA, lived-experience and financial reports.</p>	<p>Local Authority, ICB senior leaders, education leaders (MAT/school representation), Parent Carer Forum, and other key partners.</p>		<p>direction, approves key reform decisions, signs off delivery priorities and escalations.</p>	<p>Board and ICB Executive</p>
<p>Child Friendly Board</p>	<p>Provides corporate oversight and assurance. Ensures SEND reform delivery aligns with statutory responsibilities, financial sustainability</p>	<p>Director of Children's Services, ICB senior leaders, education leaders (MAT/school representation), Parent Carer Forum, and other key partners.</p>	<p>Quarterly</p>	<p>Decisions relating to corporate resources, cross-directorate action and strategic risk mitigation.</p>	<p>Final escalation route within the local authority</p>

	and corporate risk management.				
ICB – MH, LDA and Children’s Care Directorate Management Team	<p>Provides health system oversight of SEND reform delivery. Ensures health-related commitments, dependencies, workforce pressures and risks are visible and managed.</p> <p>Jointly supports shared accountability across education, health and care.</p> <p>Quality, performance and improvement committee has corporate oversight.</p>	<ul style="list-style-type: none"> • Deputy Director MH and LDA • Deputy Director Children’s Care • Finance, Quality and Clinical Leads 	Quarterly reporting or sooner if risks or issues raised.	Corporate decisions relating to resources, cross-directorate action, and strategic risk management.	Exec leadership or Quality, Performance and Improvement Committee
ICB Executive Committee	Provides corporate oversight and assurance for SEND reform delivery within the NHS. Ensures SEND reform remains a corporate priority and	<ul style="list-style-type: none"> • Chief Executive and Chief Officers 	Quarterly reporting or sooner if risks or issues raised.	Corporate decisions relating to resources, cross-ICB action,	Escalation to Board as required.

	aligned to wider ICB objectives.			and strategic risk management.	
Senior Responsible Officer (SRO)	Overall accountability for delivery of the Local SEND Reform Plan. Responsible for coordinating reform activity across workstreams, maintaining delivery confidence, managing risks and dependencies, and ensuring alignment between partnership, corporate and statutory delivery. Provides assurance on progress, learning and adaptation over time.	<ul style="list-style-type: none"> • Named individual role. • Supported by programme management arrangements. 	Ongoing / continuous oversight.	Day-to-day delivery decisions within the scope of the Reform Plan. Authority to escalate risks, issues or decisions requiring partnership, corporate or political consideration	Local Area Partnership Board (strategic), Corporate Management Team (corporate), ICB SRO or DfE advisers where appropriate.

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

INSERT DOCUMENT UPLOAD LINK

Section 5 – Central Government Support

15. How can we help you?

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


This may include:

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

250 words

Access to specialist expertise and advisory support, particularly as national guidance is finalised, would be valuable in areas such as the Experts at Hand model, inclusion base development, and the reformed graduated approach. Early engagement with DfE and NHS England advisers will support alignment between emerging national expectations and local delivery design, enabling confident mobilisation at pace.

The Partnership would benefit from standardised tools and templates to support data collection, reporting and evaluation, particularly in relation to SEN Support, graduated pathways, Experts at Hand activity and outcomes. Consistent national metrics and reporting frameworks would support comparability, reduce reporting burden and strengthen assurance.



Facilitation of regional and peer learning across local area partnerships would enable sharing of practice on scaling early intervention, reducing escalation, and integrating SEND reform with wider health and early years transformation.

Finally, continued system-level coordination across education, health and care, including timely guidance on navigating regulatory or policy change, would support confident decision-making as reforms evolve. Structured opportunities for dialogue between local partnerships, DfE and NHS England will help maintain alignment, remove barriers and sustain momentum throughout the reform period.

Annex B - Supporting Documents

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

Annex C – Risk Matrix

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