



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.

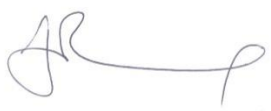
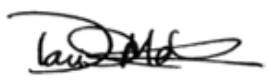
The expectation is that this plan is discussed, agreed, and signed off at your relevant SEND Governance Board. As a minimum, the plan must be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Service (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: Birmingham City Council

Name of Integrated Care Board: Birmingham & Solihull ICB

Local SEND Reform Plan SRO: Helen Ellis-Director of Early Years, SEND & Inclusion BCC

Signatories

Role	Name	Signature	Email contact	Date
Local Authority Chief Executive (CEO)	Joanne Roney		joanne.roney@birmingham.gov.uk	17/06/26
Integrated Care Board (ICB) Chief Executive	David Melbourne		David.Melbourne@nhs.net	18/6/26
Local Authority Director of Children's Service (DCS)	Stuart Lackenby		Stuart.lackenby@birmingham.gov.uk	17/06/26
Integrated Care Board NHS Place Director	Sally Roberts		sally.roberts11@nhs.net	18/6/26

Local Authority Chief Financial Officer (CFO/Section 151 Officer).	Carol Culley		Carol.Culley@birmingham.gov.uk	16/06/26
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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*



Birmingham's SEND reform journey over the next three years is driven by a clear ambition: to create a **needs led, inclusive, and financially sustainable system** that improves outcomes for children and young people aged 0–25 and increases confidence amongst families, professionals and partners. Our change story is rooted in the lived experience of children and families in Birmingham and the embedding of the five principles of the SEND Reforms, **Early-Local-Fair-Effective-Shared** across the Local Area Partnership.

Our vision begins with the **earliest possible identification of need**, recognising that the foundations for positive outcomes are built on early identification through closer alignment between maternity services, health visiting, early years provision and education, ensuring children with emerging or complex needs are visible in the system as early as possible.

By improving early years education take up and targeting support through Best Start Family Hubs' Inclusion Practitioners we will reduce escalation, safeguard children earlier, and enable smoother transitions into reception with clearly understood needs.

From early years our SEND system will shift decisively towards inclusive mainstream provision. We will build the capacity and confidence of mainstream early years settings, schools and colleges to meet a wider range of needs without defaulting to Education, Health and Care Plans (EHCPs). This will be supported through a locally commissioned Expert-at-Hand model, aligning education, health and therapy expertise around communities of settings. Support will be delivered at the right time, in the right place, through locality-based or district models built around Targeted and Targeted Plus approaches.

For children with more complex needs, we will take a strategic, data-led approach to **sufficiency and joint commissioning**, ensuring local provision grows in line with need across all phases, including post-16.

Effective management of system finances by expanding local sufficiency, engaging high-quality, value for money independent providers, investing in mainstream inclusion bases and aligning commissioning models across education and health. Specialist places, therapy pathways, and workforce planning will be aligned with identified needs.

Our approach to **post-16 and preparation for adulthood** will focus on increasing participation in education, training and employment, reducing NEET figures, and strengthening pathways into local further education and employment. We will build on existing progress while acknowledging where systems are less mature, setting a clear trajectory for improvement over the three-year period.

Delivery will be underpinned by **strong partnership governance**, co-production with parents and young people, and transparent engagement with schools, settings and providers. Progress will be tracked through an integrated performance framework combining education, health and financial indicators, with quarterly reporting and clear accountability.

Through this reform programme, Birmingham will know it has been successful by:

- **Increased numbers** of SEND C&YP in mainstream provision.
- **Improved 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.
- **Stable finances** and improved value for money through effective joint commissioning



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

Birmingham's SEND reforms over the next three years build on our ongoing improvement and **are driven by a clear ambition: to create a needs led, inclusive, and financially sustainable system that improves outcomes for children and young people aged 0–25** and increases confidence amongst families, professionals and partners.

The reforms will be delivered through collaboration across education, health and social care partners at a strategic, local and child level to deliver the following goals:

- **Children with SEND can achieve a Good Level of Development**, with partners collaborating through the Best Start in Life initiative to ensure needs are identified early and effectively met as soon as possible.
- **School Age Children with SEND in Birmingham can attend local** inclusive settings where needs are met at the right time in the right place so they can achieve the best possible educational attainment.
- **Post-16 young people with SEND in Birmingham can access clear, aspirational pathways** and sufficient local provision so they can improve participation, attendance and attainment and successfully transition into adulthood with positive outcomes in education, employment or training.
- **Services for children and young people with SEND in Birmingham are supported** by effective financial management and joint commissioning so we can deliver sustainable provision aligned to evidence-based sufficiency planning.
- **Children, young people and families in Birmingham can continue to shape services** through meaningful co-production so we build trust, confidence and deliver support that reflects lived experience and need.

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.

Core Minimum Requirements are coded (CMR)

Local blueprint for the next 3 years	Where we are now	Where we will be in the next 3 years
The Birmingham Local Area blueprint for the next three years is based around a 0-25 approach based around the journey of the child through: <u>Early Years (0-5)</u> <u>School Age (5-16)</u> <u>Post 16</u> <u>Sufficiency/</u> <u>Joint Commissioning</u> Our approach is designed to: • Strengthening inclusion across education settings. • Provide access to specialist support and local placements (EAH). • Enable effective system leadership, local partnership collaboration and co-production. • Encourage inclusive culture and behaviours.	<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> <u>Early Years (0-5)</u> <i>Strengthening inclusion across education settings</i> <u>Working Well</u> • Expert role of nursery schools within Birmingham. Early Years Network – core point of access for EYs. • Use of WellComm assessment tool and interventions now embedded in requirements for Early Education Entitlement funding. (CMR) • CAT, LLASS. PST and EPS offer to nursery schools. • Bespoke specialist support from ESS/HST/VST for EY children and receiving settings / schools at transition. • Developing best practice around transition from EYs providers to Reception class through transition events and Ready Steady reception. (CMR) • Development of EYs OAG. • OT offer of sensory circuit/fun with food training.	<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> <u>Early Years (0-5)</u> <i>Strengthening inclusion across education settings</i> • Cohesion – all settings accessing universal support through the Inclusion house and using the EYs OAG to drive needs-led provision and workforce development. The online digital platform has showcases and training for the EY sector similar to the school age. • Increased take up by children with SEND of Early Education Entitlement in the first term of eligibility. • A clear pathway of support to develop the universal and targeted practice of all EY providers in respect of the speech, language and communication development of EY children. • An improved system and process of working with Health. provider to enable timely take up of EEE for children with medical needs including access to training

The new SEND system in Birmingham will be designed and delivered based around the current District model although there will be distinct nuances in the offer within each life stage. NHS Health Pathways will provide support to each workstream and through each life stage and will be underpinned by effective sufficiency planning and strategic joint commissioning. (CMR)	<u>To Change</u> • Capacity of the EY workforce to identify needs, seek help and implement early intervention. (CMR) • Enhancing the 2.5-year health visiting check to identify needs and refer to support. • Earlier access for children with emerging/identified SEND to education entitlement. • Embedding the EYs OAG. • Pathways work re Speech. Language and Communication. support in the context of the Balanced System to be completed and embedded. (CMR) • Strengthening transition practice for EY children with SEND into mainstream reception. (CMR) • Having clear guidance for settings together with Health providers to support the inclusion of children with medical needs (including Training). • CYP wait too long for specialist equipment and adaptations at home and school which impacts on their ability to participate in daily activities at home and in their learning environment.	• An increased number of children with SEND transitioning to reception with peer cohort and accessing their full entitlement (reduction of part-time timetables). (CMR) • Reduction in longest waits to access equipment and adaptations. • Enhanced 2.5-year health visiting check to improve early identification of health need and vulnerabilities including SEND.
	<i>Access to specialist support and local placements (EAH)</i> <u>Working Well</u> • Early access to the ESS (Portage affiliate) /HI/VI specialist education support and advice. • Model of support to children with complex SEND prior to take up of an education placement by the Early Support Service. • Every PVI group provider has access to an Area SENCO (QTS), Nursery schools and classes have access to school	<i>Access to specialist support and local placements (EAH)</i> • Pre-birth support – clarified and allocated and easily accessible. • A district model of Experts at Hand support accessible to all types of EY providers. (CMR) • Best Start Inclusion Practitioner (BSIP) in every Family Hub (15). (CMR) • Use of full range of EY SEND data to effectively inform sufficiency planning. (CMR)

	SEND advisory and inclusion teams and Educational Psychology support. • Nursery schools and nursery classes access the support of speech and language therapists through the balanced system model of support for schools. (CMR) • Nursery school resource bases and nursery classes in some special schools meet the needs of some of the most complex children and those with HI/VI. • Specialist speech and language therapy, play based assessments in community venues. • Health partners in acute hospital neonatal units are making more timely and improved quality early referrals for physiotherapy/OT/ SLT (feeding). • Family Hub 'stepping stones groups /Little Talkers consistently attended by OT practitioner for advice. (CMR) <u>To Change</u> • Earlier access to specialist support to improve universal and targeted support through the Experts at Hand offer in EYs- to include systemic EP support to all providers. • Model of Support through Best Start in Life – Family Hubs, Best Start Inclusion Practitioners in Family Hub. (CMR) • Review and Development of early years specialist provision / resource base including consideration of short-term early intervention/ assessment places. (CMR) • Role of specialist provision in respect of outreach support to mainstream. • Developing availability of early years SEND specific data – requires deep dive. • Consistency of support from therapists in Family Hub model.	• Capacity in local resource base /special schools for the most complex children identified at panel as needing this type of placement. • Less children under 5 awaiting appropriate placement. • Reduction in average and longest waits in ND pathway. • Reduction in Average and longest waits for OT and SALT. (CMR)
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	• A model of support for PVI sector from SLTs – through balanced system model. (CMR) • Family Hub ‘stepping stones groups /Little Talkers have consistent attendance by SALT practitioner for advice. (CMR) • Variable quality and consistency of offer and uptake of KIDs groups in Family Hubs. • High volume of referrals for diagnosis of autism and ADHD far exceed health capacity and does not align with a partnership neuro-inclusive needs-based approach. • CYP wait too long to access support for SLC needs and sensory based OT needs in their settings.	
	<i>System leadership, local partnership collaboration and co-production</i> <u>Working Well</u> • Development of Best Start in Life Strategy – representatives across parents, providers, education, health and care. • Effective partnership working between HST/VST – including timely referrals from health professionals • Early Years health and well-being offer – which integrates the Health Child programme with Family Hub service delivery • Partnership work to build access to information and advice for Medical Needs via policy, Inclusion House platform and Medical Needs Advisory Partnership Panel (MNAPP) (applies to all ages) • Local Area Partnership work on Needs-Based Approaches for Neurodiversity (applies to all ages)	<i>System leadership, local partnership collaboration and co-production</i> • Implementation and ongoing monitoring of BSiL Strategy • Data sharing agreements • A defined Section 23 notification process • A more integrated assessment of need at age 2 (Health development check (ASQ) and Education progress check) • Strengthened co-production through engagement with exiting family voice groups and with the Birmingham co-production principles and award scheme (CMR) • Reduction in acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs

	<u>To Change</u> • Information sharing across the partnership – families having to tell their story repeatedly and professionals unclear on involvement of other services • Availability and use of information from mandatory health and development check – with a focus on aligning the health and education checks at 2 years • Establish robust systems (under Section 23) for health partners to notify the LA of children under 5 with known / likely SEND need to maximise the uptake of early support and coordination across education, health and care to achieve best outcomes and inform sufficiency planning (CMR) • Strengthen model of early referral to relevant specialist teams following mandatory health and development checks • Process between health and education OT to ensure timely assessment /access to required equipment • Align existing SEND support and advice through the Family Hub model, being re-commissioned through the 0-19 contract • CYP missing school due to numerous uncoordinated health appointments at multiple health locations	
	<i>Encouraging inclusive culture and behaviours</i> <u>Working Well</u> • OAG 10 inclusive principles – online digital library • Availability of inclusion training including signposting to national offer (e.g. NASEN, Dingley's Promise) • Development of Inclusive Pathways- Pilot work includes Reception age children prior to compulsory school age (CMR)	<i>Encouraging inclusive culture and behaviours</i> • Children and families sharing positive experiences • Embedded use of the EYs OAG • Improved inclusive practice in Reception classes through the RISE programme / support through the BEYN model • New model of support from EPS in schools

	<u>To Change</u> • Further embed the OAG 10 inclusive principles and best practice • The perception and experience of families – greater co-production • Robust support and challenge model when EY providers and Reception classes need to be inclusive ensuring children can access Reception full time before compulsory school age (CMR)	• Effective and timely Section 23 notification process across Health partners
	Early Years Enablers (0-5) Capital – investment strategy across EY, mainstream, FE- Where we are now • Considering how to use the allocation of Best Start Family Hub capital to support inclusive services in EYs • Establishing an EY specific sufficiency planning group • Identifying the data sources that will inform forecasting and sufficiency planning for 0-5yrs (CMR) • Continuing the work of the established Section 23 Group (education and health colleagues) to agree a comprehensive process for information to be provided to the LA • Planning a deep dive into 0-5 EHCP data- including current take- up of specialist provision and demand. (CMR)	Early Years Enablers (0-5) Capital – investment strategy across EY, mainstream, FE- where we will be in 3 years • Effective use of all datasets that can inform sufficiency planning for 0-5s with emerging / identified SEND- which will include a robust Section 23 process (CMR) • Established strategic approach to specialist, Resource and enhanced inclusion base support In the EYFS • Sufficiency planning will reflect the 0-5 age group (CMR) • Capital investment will be committed to ensure the specific requirements (enabling environments) for effective implementation of the EYFS for children with SEND (CMR)
	Workforce-where we are now • Initial partnership phase of completing research into barriers to recruitment, retention and continuous professional development. – Partners CREC, Birmingham City University.	Workforce-where we will be in 3 years • Develop and implement a research informed Workforce development plan which includes learning opportunities that are inclusive and promote OAG and multiagency work across the entire early years workforce

	• Census - data collection workforce qualifications • BEYN KPI to support providers to use OAG in EYs • All SEND and advisory teams raising awareness and supporting implementation of OAG • WellComm data collected from Education and introduced in Family Hubs (CMR) • DfE/ Dingley's Promise inclusion training promoted to the sector • EYCs for Inclusion support placement breakdown-recruitment to additional posts in the Area SENCo team approved • Development of process /practice for effective transitions into reception • Agreed development and extension of the Area SENCo team to support the PVI sector • Challenges within all SEND and advisory teams for early intervention work – needing to prioritise statutory work • National recruitment challenge impacts on capacity in the Educational Psychology service. (CMR) • New MSI team within SPST team • Investment in health therapies gives some universal and targeted support for children, families and early years settings • Significant national workforce recruitment and retention issues in health visiting. • Health Visting team completing mandatory assessments for children with SEND • Birmingham current NHS service is currently fully staffed even though national context is SALT workforce capacity issues • The therapies provide a HV training programme to upskill in identification of SLC and OT functional need • Best Start Family Hubs and Families First pilot area – developing model of shared training and practice to promote a more integrated services in local areas	• Data collection identifies qualified EY SENCo. Gaps in training understood and supported • EY OAG embedded in settings and Family Hubs • Effective SEND and WellComm transition data shared. (CMR) • CPD understood, then targeted to providers needing additional support • Settings request and receive timely support to avoid placement breakdown. Additional capacity within the Area SENCo team to support this • Effective transitions across sectors support children with SEND • Experts at Hand offer building capacity for universal targeted support in EY settings (CMR) • Extended resource for heath therapies so that all types of providers in PVI sector can access timely training/ support/advice • 2.5 year health development check to be completed by Health Visiting team rather than family hub practitioners • Developing the MSI team role • Risk of SLT shortage in the light of the Experts at Hand model • Consistent training offer from OT to PVIs, childminders will be established across Therapies • In Health Visiting, Band 5 practitioners will be trained to support EY children with SEND • Replication of Family Hub/ Families First model across all 10 Districts of the City
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	Data/digital systems-where we are now	Data/digital systems-where we will be in 3 years
	- Established EYs data research and information team who oversee an established early years data dashboard. - Newly established EYs data public facing data tool on City Observatory - Established BEYN website – traffic monitored - New post recruited to – EY SEND data, research and intelligence officer - Local spreadsheets inform team practice but challenges with data sharing across teams/services - Access by some teams to Eclipse for social care checks - Unable to track children across the different databases used by education, health and social care. This affects the ability to track outcomes at key development assessment stages – particularly between ASQ and GLD. - Challenges with clinical health record system (RIO) in extracting information for specific fields that would support informing others – such as the Section 23 duty - EYs HV - yet to move to digitised 'Red Book' - Access to children's education files in respect of the EHP pathway on SharePoint - Impulse/Nexus- some information shared between EY teams - Local Offer – online - OAG -launched online - Area SENCo team online videos sharing how to implement strategies - Teams use for some consultations with parent/carers and settings/schools - MAT meetings – info accessible on TEAMS - Transition information uploaded by AST - accessible in Teams channel SAIS/EPS to share with receiving schools - Online training offers	- Fully embedded use of EY data tool informing practice across partners and professionals - Improved use of databases and shared agreements around data - Established EY SEND data and intelligence officer role - EY SENIF (ISEY) information on Impulse Nexus - Use of NHS number across health and education data systems to enable tracking of individual child outcomes through their education journey - Extension of digital OAG resource - Improved capacity of databases to ensure relevant / timely information can be extracted (digital flag on RIO to indicate SEND) - Themed on-line resources which reflect needs supported by multi-agencies so that families can access information once - Progress on developing 'a single view of the child'. 'Chat health' (online discussion platform) for parents to communicate live with health visiting team - Data from Clinical Health system (Rio) gives accurate information on additional SEND need to feed into sufficiency planning and broader Section 23 duties (CMR) - Implementation of the digital offer as required by the Best Start in Life Strategy



	• LL&SS – upskilling team members around developing assistive technology • Family Hub app signposts parents to online resources • Training offer from SEND locality OT's via Eventbrite- including Early Years focus on a range of topics. Settings and families book on for free.	
	<u>School Age (5-16)</u> <i>Strengthening inclusion across education settings</i> <u>Working well:</u> • OAG - the understanding and use of the online OAG and showcases from Birmingham schools • The use of shared language that is being used as part of the OAG • Birmingham language, literacy and maths toolkits available for all BCC schools • OAG and transitions – improved practice from nursery to reception and Y6/Y7 and parents that have been involved in these improvements are feeling more confident (CMR) • Protected strategic time from LLaSS and CAT supporting implementation of the OAG • Autism Projects and Programmes supporting autism-friendly approach i.e. PINS with parent groups running alongside, Autism in schools (now directly funded locally) (CMR) • Established SaLT Link Therapist as part of the Balanced system approach. (CMR) • SEND Locality OT team offer to schools including drop-in advice settings, OT Champions project and training support – individual school level and local SENCo group level across a consortia • Locality based OTs and SALTs in schools • Balanced system of speech, language and communication support (CMR)	<u>School Age (5-16)</u> <i>Strengthening inclusion across education settings</i> • The inclusion house fully embedded as part of universal offer with support for schools and settings, including workforce development championing what works, all under one roof (CMR) • An increasing number of CYP transitioning smoothly and successfully as part of phase transitions, supported and underpinned by the work of all agencies • A range of appropriate curriculum pathways in mainstream settings for CYP to access from starting points; needs lead and aspirational and ambitious, enabling all children to achieve and thrive, with clear transition across pathways within a setting. • Progress and attainment well planned as schools fully utilise toolkit • Autism Champions will be well-established across every school to support the inclusive offer, alongside other aspects such as OT Champions etc – self-sustaining and promoting good practice and accountability across system • Reduction in longest waits to access equipment and adaptations • Systematic identification of health need and vulnerabilities in 80% of school aged children in Birmingham at key educational transition stages

	<u>To change:</u> • School Improvement Advisors (SIA) working more closely in SEND teams, joint SEND reviews – categorisation of schools around SEND capability i.e. Tier Three causing concern • Feedback from Ofsted Inspections (trends, areas for improvement) to feed into tiered support, informing next steps and strategically supporting schools to be more inclusive • BCC Toolkits – inconsistent method of use across different schools • Consistent use and application of the OAG across all settings, ensuring that it is embedded across the system and consistent across the partnership as well as in settings and parent carers • Good transition practice developed shared and being used across the system • Multi-agency audits - ensuring the school/setting is present and the learning points to be circulated with named leads with assurances that change will take place • CYP wait too long for specialist equipment and adaptations at home and school which impacts on their ability to participate in daily activities at home and in their learning environment • Systematic identification of health need and vulnerabilities for school aged children at key educational transition stages • Mental Health Support Teams (MHSTs) work in 70% of schools with CYP age 5 – 18yrs to support & strengthen inclusion, reduce escalation as part of joined-up working between education, health and SEND systems (CMR)	• Mental Health Support Teams (MHSTs) are in 100% of Birmingham schools by 2029
	<i>Access to specialist support and local placements (EAH)</i>	<i>Access to specialist support and local placements (EAH)</i>

	<u>Working well:</u> • Multi-agency discussion and input to schools via Multi-agency planning mtgs (MAPs) that incorporates Education and Health • Range of support offers from different stakeholders such as: CAT and LLaSS strategic allocation to mainstream, SSOS Special School outreach work, SEND locality OT, SALT link therapist (CMR) • Clear communications to schools and settings via a number of channels – SENCO Noticeboard, SEND and Inclusion Bulletin, SENCo Briefings • Induction support for new SENCOs via the new SENCO Briefings • Teams in place (including Health) attending local consortia groups to support upskilling and giving regular updates and training at a district level (CMR) • Concept of MNAPP is well received – Health/Education – Advisory panel on medical needs in process of development as a system • Locality Based SEND OTs and SALTs in schools <u>To change:</u> • Support offers to be mapped so no gaps in services and offers • Universal application of support network, incorporating leadership • Broaden strategic allocation across other Experts at Hand • SSOS/Experts at Hand and offer available for all schools – not yet fully joined up to needs of schools • High volume of referrals for diagnosis of autism and ADHD far exceed health capacity and does not align with a partnership neuro-inclusive needs-based approach	• Experts at hand offer – clearly defined and understood as targeted/targeted plus aspect of graduated approach, that incorporates SSOS, RB and AP outreach alongside S END services from BCC/Health/Social Care. (CMR) • E@H model managed locally across districts, with clear district SENCo Lead model as part of multi-agency approach. (CMR) • MNAPP as distinct model across system • Use of inclusion hubs in schools and settings that offer locality-based provision, based on specific needs of district, which are set up and quality assured using the reflective framework developed as part of the curriculum pathways work, with learning existing bases. (CMR) • Reduction in average and longest waits in ND pathway • Reduction in Average and longest waits for OT and SALT (CMR)
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	CYP wait too long to access support for SLC needs and sensory based OT needs in their settings	
	<i>System leadership, local partnership collaboration and co-production</i> <u>Working well:</u> - Collaborative approach in developing the Inclusion Charter and Inclusion House as part of ensuring shared understanding and comms (windows of system leadership) (CMR) - Range of different curriculum pathways in Birmingham schools - PINS and Autism in schools input with school leaders and parent groups (CMR) - Partnership work to build access to information and advice for Medical Needs via policy, Inclusion House platform and Medical Needs Advisory Partnership Panel (MNAPP) (applies to all ages) - Local Area Partnership work on Needs-Based Approaches for Neurodiversity (applies to all ages) <u>To change:</u> - School leaders attitudes and ambitions towards SEND learners - Inclusion House – window development across partnership - Understanding of different curriculum pathways can be employed effectively - Insufficient partnership co-production, collaboration and communication/implementation around NDP - CYP missing school due to numerous uncoordinated health appointments at multiple health locations	<i>System leadership, local partnership collaboration and co-production</i> - Governors are aware of inclusive practice, provide oversight and challenge of schools/settings inclusive approach - LAP to be modelling the minimum expected standard set for delivering SEN Support to schools and settings for independent/private providers to be held to account for. - Shared ownership across the partnership of implementing principles of practice within the Inclusion House - A shared understanding on what good co-production looks like and what can be achieved when co-production is done effectively, built into BCC HT/Senior Leaders training with evidence practice as part of performance appraisals (80% of SEND workforce trained on co-production) (CMR) - Every school has an active parent carer group that contributes to Inclusive provision and practice, system management and improvements within the individual school (linked to the OAG and Inclusion House) (CMR) - Those who are in the early stages of their teaching career have a secure understanding of inclusion and are championing across the sector. In addition to teachers, the sector works with local providers of HLTA/support staff training. - Reduction in acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs

	CYP with Learning Disability and / or Autism whose needs are escalating are only noted on DSR and allocated a key worker when they are at crisis point and opportunities for early intervention are missed	Increased numbers of CYP with LDA are placed on the Dynamic Support
	<i>Encouraging inclusive culture and behaviours</i> <u>Working well:</u> - OAG 10 inclusive principles – online digital library - Support Intervention Group (SIG) in place to identify schools/settings causing concern for Children & Families – this includes if they are not being inclusive - Education Endowment Foundation (EEF) 5 a day approach – schools adaption - Projects in place to develop workforce with language, skills and understanding of inclusion <u>To change:</u> - Cohesive plan (across all parties) to support and challenge schools where not inclusive - Mechanism in place to ensure effective partnership contributions to SIG - Workforce development – programme not linked to monitoring or attendance KPIs - Learning from Inspection to further enhance the inclusive culture and behaviour in schools; targeted support and challenge to address key areas for improvement	<i>Encouraging inclusive culture and behaviours</i> ‘Working Together’ ambassadors working with schools and parent carers as part of the partnership inclusive approach and included within the Experts at Hand model (CMR) - Schools embrace a rolling programme culture of reflection and sustaining improvements using quality standards through use of reflective frameworks e.g. Enhanced Provision, Neuro-inclusive Educational Network (NEN) - Learning from inspection to inform challenge of culture and behaviours in schools. Feedback mechanisms added to support school governance arrangements - System leadership approach to challenge non-inclusive practice aligned to principles and values within local partnership practice (CMR) - All schools and settings are regularly showcasing good practice through the Inclusion House and local partnerships (district model) (CMR) - Regular cycle of Inclusion events across the City, to include an annual conference and other events to promote good practice across the whole partnership and system - Development of Inclusion House concept to incorporate support/advice/resource available for parents carers from across the LAP, linked to Best Start in Life and Family Hubs.
	School Age Enablers (5-16)	School Age Enablers (5-16)

	Capital – investment strategy across EY, mainstream, FE- Where we are now • Current Resource Base (RB) provision – 2 Nursery, 37 Primary, 1 All through and 12 Secondary. • Continuing planned expansion of RBs with a priority for Secondary to ensure sufficient pathway from Primary - development of a further 8 RBs in process (CMR) • Ongoing discussions with mainstream schools to explore further options for RBs and Inclusion Hubs.. • Capital investment being directly linked with EHCP forecasts and sufficiency conversations. (CMR) • Alongside Resource Base delivery, the Council continues to deploy its Access Works programme to remove physical barriers to inclusion in mainstream schools, enabling children and young people to remain in local provision. • This includes investment in Primary Care Facilities, hygiene spaces, lifts, ramps, accessible entrances, circulation improvements and reconfiguration of internal spaces to meet medical, mobility and sensory needs. (CMR) • Capital adaptation funding is now aligned to SEND sufficiency and inclusion planning, rather than ad-hoc interventions, targeting schools identified through SEND and inclusion reviews as requiring environmental change to sustain placements. We are beginning to explore how capital could be used to create or repurpose spaces within mainstream schools (and clusters of schools) to support early intervention, short-term AP and reintegration activity, reducing reliance on external and independent AP. (CMR) Adaptation of the mainstream estate	Capital – investment strategy across EY, mainstream, FE- where we will be in 3 years • Good geographical provision of RBs across the City to meet the need and parental choice ensuring that every child or young person who needs access to this provision can do so locally. • Development of enhanced/inclusion hubs within mainstream schools • Standardised design principles to ensure consistency, value for money and quality assurance. • A significantly improved mainstream estate, with consistently accessible, sensory appropriate and flexible learning environments embedded across schools, rather than reliance on specialist buildings alone. • Capital, SEND commissioning and data systems fully aligned, enabling proactive forecasting and planned investment rather than reactive responses to demand (CMR) • A clearer AP capital pathway established, enabling the creation of small-scale, purpose adapted AP spaces within, or alongside, mainstream schools, supporting early intervention, behaviour support and prevention of exclusion. (CMR) • Capital investment aligned to SEND sufficiency, inclusion and AP commissioning strategies, using reconfiguration of existing mainstream estates (rather than stand-alone AP builds) to create flexible, locality based provision that supports reintegration and improves outcomes. (CMR) The intent is to ensure that mainstream schools are physically and functionally equipped to:
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	- Targeted capital works to improve accessibility and enabling environments (e.g. quiet spaces, sensory-friendly design, hygiene spaces, circulation adaptations). - Alignment of accessibility funding with SEND sufficiency planning, rather than ad-hoc bids. (CMR) - Use of capital to support schools identified through SEND and inclusion reviews as requiring environmental adaptation to sustain placements. Capital investment will be explicitly linked to: - Sufficiency forecasts and EHCP trend data (CMR) - Quality standards and assurance for mainstream inclusion bases. (CMR)	- Meet a wider range of needs at SEN Support and EHCP level - Reduce reliance on special school and independent provision (CMR) - Support smoother transitions and improved attendance, progress and inclusion.
	Workforce-where we are now: Across Local Area Partnership - ITT are having a higher priority on supporting our vulnerable learners and training is being provided to those in the early stages of their career matched to evidence informed practice (for example, EEF five a day). - Systems like the Special School Outreach Service are supporting our schools in the city with how to meet the needs of our most vulnerable with complex needs. (CMR) - The launch of the Birmingham Inclusion Charter is supporting our schools with training and development linked to workforce. - The Developing Local Provision project enabled system lead progress to be made with a strong focus on local context.	Workforce-where we will be in 3 years - Confident and competent workforce across LAP, with support for schools and settings articulated through Inclusion House. - Experts at Hand being aligned to the 10 districts with capacity matching need. (CMR) - School work individually and together in having a workforce plan for their staff/district that responds to needs with all staff in schools understanding and owning their inclusive practice. - There is a team of SEND District leads who work together to support good practice/peer network (replacing SENCo Consortia Lead model). - Each district has a school based practicing SEND District Lead/s who work with schools and settings with oversight of training needs etc. (CMR) - Within districts, there will be school-based thematic leads aligned to Inclusion Hubs etc. (CMR)
	Data/digital systems-where we are now	Data/digital systems-where we will be in 3 years –

	Please refer to cross cutting enablers.	Please refer to cross cutting enablers
	<u>Post 16</u> <i>Strengthening inclusion across education settings</i> <u>Working well:</u> • In some cases colleges are meeting the needs of young people who have been in specialist provisions for long periods of time. Showing that they have the skills, knowledge and offer that meets the needs of some SEND learners in the city <u>To Change:</u> • Consistent access to an Experts at Hand offer for Young Adults e.g EP, OT, SALT that is developmentally appropriate and PfA focused • Limited numbers of paediatric SALT and OT clinicians work with 18 – 25 year olds plus adult-speciality SALT and OT professionals may lack training in developmental needs such as sensory regulation and ND type presenting needs	<u>Post 16</u> <i>Strengthening inclusion across education settings</i> • Clear consistent Experts at Hand offer to Post 16 sector which sets out how the sector can be supported strategically and uses SALT and OT expertise in innovative ways to maximise inclusion (CMR) • The online OAG digital platform has showcases and training for the post 16 sector similar to the school age, which CYP have contributed to its development and implementation (CMR)
	<i>Access to specialist support and local placements (EAH)</i> <u>Working Well:</u> • Large FE Colleges with wide range of subject options • Specialist placement available at special schools and across post 16 settings <u>To Change:</u>	<i>Access to specialist support and local placements (EAH)</i> • P16 sufficiency strategy in place • Refreshed ADHD clinical pathway ensures no gap in provision for ADHD assessments and treatment for 16 – 18y olds • Prescription for ADHD medication by GPs under Shared Care is expanded so there is no delay in accessing medication for YP over 16 yrs

	• P16 SEND sufficiency strategy needs to be in place to have a full understanding of the overlap and gaps of provision (CMR) • Gaps and inconsistencies in provision (assessment and treatment) for ADHD between Health providers for 16 to 18 year olds	
	<i>System leadership, local partnership collaboration and co-production</i> <u>Working Well:</u> • Two rounds of the NDTi transition audit are complete – meaning the city knows itself well in term of preparation for adulthood. This has had input across all partners with young person voice at the centre. (CMR) • A SEND employment forum established 2025 with good attendance and necessary membership (CMR) • Some system leadership across the partnership under the P16 Executive Board and P16 Operations Group – SEND is one of the priority areas (CMR) • Partnership work to build access to information and advice for Medical Needs via policy, Inclusion House platform and Medical Needs Advisory Partnership Panel (MNAPP) (applies to all ages) • Local Area Partnership work on Needs-Based Approaches for Neurodiversity (applies to all ages) <u>To Change:</u> • A co-produced action plan is needed with clear milestones and accountability to ensure whole system change to improve preparation for adulthood • A co-produced action plan for the SEND employment forum with clear milestones and accountability across the partnership (CMR)	<i>System leadership, local partnership collaboration and co-production</i> • SEND employment forum with clear action plan to improve SEND pathways to employment - increased supported internship opportunities (CMR) • Clear SEND objectives and deliverables under scope of the Post 16 Executive Board and Operations Group (CMR) • Increased numbers of CYP with LDA are placed on the Dynamic Support Register with associated increase in green and amber RAG rating

	• Further development of the role of the P16 Executive Board and Operations Group in SEND in the city • Greater understanding and use of the DSR by partners to ensure partnership support to CYP with Learning Disability / Autism can access key worker support and prevent hospital admission for MH needs • CYP with Learning Disability and / or Autism whose needs are escalating are only noted on DSR and allocated a worker when they are at crisis point and opportunities for early intervention are missed	
	<i>Encouraging inclusive culture and behaviours</i> <u>Working Well:</u> • 100 young people with EHCPs are planning to transition from special schools to mainstream FE September 2026 <u>To Change:</u> • Development of the P16 Collaboration Role and the newly formed Careers and Participation Service to promote inclusive cultures and behaviours by joining up the Children and Families Service and developing a shared training plan • Review the Post 16 curriculum in special schools and entry level FE courses to ensure there is flow through and not overlap to support better and earlier transition • More detailed and reliable NEET data, deep diving into specific groups, including AP	<i>Encouraging inclusive culture and behaviours</i> • Curriculum mapping complete and any agreed changes to curriculum offer at special and/FE are in place • Increase in young people with EHCPs moving from specialist to mainstream at KS5 phase transfer • Inclusion Charter embedded into P16 with regular events sharing good practice
	Post 16 Enablers Capital – investment strategy across EY, mainstream, FE- Where we are now	Post 16 Enablers Capital – investment strategy across EY, mainstream, FE- where we will be in 3 years

	- Discussions with Further Education providers to explore how existing FE estates could be adapted to support a wider range of post-16 SEND learners locally, particularly those transitioning from Resource Bases and special schools. - These discussions are focused on understanding: - What space is currently available or could be reconfigured within FE estates. - The types of post-16 needs that could be met through adapted mainstream FE environments rather than specialist placements. - The scale and nature of capital investment likely to be required to	We will produce a P16 sufficiency strategy which has a linked capital plan. We will work alongside the FE sector to review current plans they have and ensure they align to the city-wide need and forecasting.
	Workforce-where we are now - FE workforce development is currently managed within each college individually. We do not have a city-wide view of the skills, knowledge of the workforce and therefore the gaps across the sector within the city are: - Support and training linked to SEND is sourced by the colleges individually and not provided by the expertise within the partnership. - QTVI and ToD work across post 16 sector to support and advise around provision and practice for identified pupils. (CMR) - Post 16 OAG developed with reps across the sector and is available as online digital platform as part of the OAG online 0-25 offer.	Workforce-where we will be in 3 years - FE sector will be part of the whole system workforce development plan. As an area we will have a clear understanding of the strengths and gaps in the sector. - The partnership will understand how we can utilise the expertise in FE but also have a plan in place to support and compliment the college workforce development as a city rather than as individual colleges.
	Data/digital systems-where we are now No specific enablers to include – will be included as part of the cross-cutting data/digital systems enablers.	Data/digital systems-where we will be in 3 years No specific enablers to include – will be included as part of the cross-cutting data/digital systems enablers.



	<u>Sufficiency/Joint Commissioning</u>	<u>Sufficiency/Joint Commissioning</u>
	<i>Strengthening inclusion across education settings</i> <u>Working well</u> • Significant take up by schools of opportunities to create new resource base provision • Development at pace. 17 newly established resource bases since 2024. Overall increase of 416 places so far (Sept 2026 Commissioned Number) • Quality Assurance in place for all resource bases and independent provision – alignment with SENAR and specified EHCP provision (CMR) • Collaboration across the partnership in relation to meeting medical needs in schools <u>To Change</u> • Schools not equipped to meet full range of complex needs – in terms of environment, physical space, facilities, staffing expertise and curriculum development • Partners are increasingly committed to shifting towards earlier intervention, neighbourhood-based support and more joined-up pathways for children and families, but these approaches are still developing across the system (CMR) • Commissioners and providers are beginning to develop a more shared understanding of local need, service pressures and areas of inequality, although analytical approaches and data sharing remain variable across organisations • There is an opportunity to strengthen the use of shared data, insight and evaluation to support evidence-based	<i>Strengthening inclusion across education settings</i> • Implementation phase of SEND Sufficiency Strategy 2024-2030 nearing completion in respect of additional place requirements • Baselining of existing provision and capital investment in resource base and mainstream accessibility (CMR) • Remaining areas of sufficiency planning completed • Increased investment in earlier intervention and prevention, reducing escalation of need and improving support for children and families closer to home (CMR) • More joined-up pathways for children with complex or long-term needs, including clearer responsibilities and smoother transitions between services

	decision making and identify where integrated commissioning approaches will have the greatest impact.	
	<i>Access to specialist support and local placements (EAH)</i> <u>Working well</u> • Sufficiency Strategy in place – forecasting regularly updated to reflect changes in need (CMR) • SEND Sufficiency Group is the means of understanding need(s) and agreeing allocation of resources • Locality mapping completed • In-house expertise utilised to develop and implement Sufficiency Strategy – linked to EHCP data and agreed forecasting methodology (CMR) • Joint approaches to problem solving are developing across organisations, with partners increasingly working together to understand pressures, identify gaps, and develop collective solutions <u>To Change</u> - • Strategy limited to core statutory school age • Over reliance on spot purchasing of provision and placements • Needs analysis – reliability and accuracy of forecasting • Budget – not pooled, reactive not strategic	<i>Access to specialist support and local placements (EAH)</i> • Joint sufficiency provision and planning for all ages and need areas – including agreed forecasts • Sufficiency to include full range of inclusion bases across mainstream schools • Budget pooling for maximum resource optimisation through formalised agreements and cost share arrangements • Greater use of neighbourhood and community-based models of support, reducing reliance on hospital-based provision where needs can be met safely and effectively in local settings (CMR)
	<i>System leadership, local partnership collaboration and co-production</i> <u>Working well</u>	<i>System leadership, local partnership collaboration and co-production</i> • Understanding interdependencies e.g. travel procurement and commissioning – impact on sufficiency • Regional protocol agreed

	• Long established tripartite arrangements, including funding agreements, for complex care residential placements • Commissioning reviews led or supported by BCT (e.g. high-cost placements, spot purchasing, and block arrangements) inform system discussions on value for money and sustainability, particularly for children with complex needs • Strong working relationships are established between the ICB, local authorities, schools and NHS providers, with a shared commitment to improving outcomes for children and young people with SEND (CMR) • Partners increasingly work together to align commissioning decisions, service development and improvement activity, even where formal pooled budgets or joint agreements are not yet in place • There are examples of shared investment and aligned commissioning across services, including Speech and Language Therapy through the Birmingham Balanced System model delivered by Birmingham Community Healthcare NHS Foundation Trust and the SEND Locality Occupational Therapy offer. Positive outcomes are being demonstrated for CYP accessing this offer (CMR)	• Formal joint commissioning arrangements brokered including s.75 agreements with the ICB and budget pooling with health and social care (CMR) • Forward planning 18-24 months before expiry of current arrangements • Further formalise and clarify joint commissioning governance and decision-making pathways to ensure consistent oversight and alignment across SEND sufficiency, commissioning and resource allocation. (CMR) • A strong local area partnership that collaboratively commissions across joint priority areas (CMR) • Partners co-designing and co-producing service specifications, jointly agreeing KPIs and avoiding duplication in services commissioned (CMR) • Visibility of partner budgets and commissioning priorities – enabling forward planning between local area partners • Partners inputting into each other's strategic commissioning priorities and frameworks to ensure the vision is aligned for Birmingham • Commissioning priorities of partners discussed at key strategic governance groups – knowledge sharing and best practice dissemination • Joint commissioning arrangements in place where they add clear value for children, families and the wider system, supported by formal agreements between partners (CMR) • A consistent cluster-wide approach to joint commissioning across Birmingham, Black Country and Solihull, enabling shared learning, common standards and more efficient use of commissioning expertise and analytical capacity (CMR) • Jointly agreed commissioning priorities focused on improving outcomes, reducing duplication and making best use of collective resource
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	<i>Encouraging inclusive culture and behaviours</i> <u>Working well</u> • Inclusive behaviours built into QA • Clear specifications for resource base provision and rigorous due diligence in place (CMR) • Proper and adequate forward planning and commissioning intentions/strategy in place for specialist provisions <u>To Change</u> • Consistency of locality provision and access • All provisions quality assured and delivering the best possible outcomes for CYP • All CYP able to access appropriate provision within their local communities	<i>Encouraging inclusive culture and behaviours</i> • Increase continuous review via robust QA and contract management to drive quality and value • Child Rights impact assessments/EQIAs embedded in commissioning and procurement • Embedding transformation and change management principles in commissioning - ensuring workforce capacity, skill mix, cultural competency and trauma informed practice is centred in programme design.
	Sufficiency/Joint Commissioning Enablers <i>Capital – investment strategy across EY, mainstream, FE- Where we are now</i> • Investment in additional special school and mainstream resource base places – includes value for money considerations and alignment with wider capital investment strategy (CMR) • DfE investment in free schools/alternatives • Accessibility funding in mainstream – primary care, lifts, ramps etc • Investment in existing resource bases to improve standards and increase spaces	Sufficiency/Joint Commissioning Enablers <i>Capital – investment strategy across EY, mainstream, FE- where we will be in 3 years</i> • The capital funding strategy will have prioritised resource base expansion with investment based on robust demand modelling and targeted toward priority needs and locality to ensure an appropriate balance across early years, primary and secondary. Standardised design approaches, phased expansions and close partnership with schools in place to maximise value for money and speed of delivery. (CMR)

		Free School to be fully embedded within Birmingham's SEND sufficiency strategy, commissioning plans and placement pathways and planned transitions.
	<i>Workforce-where we are now</i> - Established teams in respect of capital, place planning and school organisation - Recently formed Commissioning and Quality Assurance Team focusing on assurance and contract management for independent providers	Workforce-where we will be in 3 years - Better testing of investment in, and capacity of, workforce through procurement/social value - Workforce optimisation through secondment of commissioning staff across partners and embedding quality assurance, data, performance and transformation and change within commissioning functions - Shared workforce plan with strong supply pipeline across key professional groups - Workforce is confident in supporting the needs of children with SEND across all settings
	<i>Data/digital systems-where we are now</i> - Performance data dashboard informs sufficiency planning - Agreed forecasting methodology across teams (CMR)	Data/digital systems-where we will be in 3 years - Data sharing – joint needs planning and JSNA - Longitudinal research/robust evaluation and evidence gathering built into commissioning of programmes to drive continuous improvement- iterative development and collective success.
	<u>Cross Cutting Enablers – what we need to do to realise our ambitions for the new SEND system</u> <i>Capital – investment strategy across EY, mainstream, FE</i> Please refer to Capital Investment Strategy in delivery plan. No specific capital requirements as NHS services are delivered in existing NHS / partnership estate.	<u>Cross Cutting Enablers – where we will be in 3 years</u> <i>Capital – investment strategy across EY, mainstream, FE</i> Please refer to Capital Investment Strategy in delivery plan. No specific capital requirements as NHS services are delivered in existing NHS / partnership estate.

	Workforce-where we are now • EYIS – Area SENCO team training and advice role for SENCOs in PVI settings • Increasing number of teams achieving Birmingham Co-production award and professionals from education, health and social care accessing co-production training • Shared understanding and improved partnership working across BSiL workforce – securing earlier intervention (CMR) • Upskill the whole family hub workforce to support earlier identification and appropriate support, advice and signposting around inclusion • Further workforce development – supporting providers to access national training programme for EY SEND – evidencing change Outcomes in relation to the Inclusion strand of Ofsted Inspections in EYs • Future developments of ITT to prepare the workforce for inclusive practice • Co-production training – majority of SENCOs have taken part in this training • Include co-production as part of 6-day SENCO induction programme • Co-production training being increasingly rolled out across Health system • NHS workforce gaps due to recruitment and retention of clinical staff across all sectors is an ongoing pressure which is managed at NHS Trust Provider level with ICB oversight. The specific risk in relation to recruitment of SALT and OT workforce as part of EAH is noted as part of EAH modelling and delivery. There has been agreement to fund a 0.8wte Band 8B SALT Advanced Practitioner (split will be 0.2 wte for Solihull, 0.8 wte for Birmingham).	Workforce-where we will be in 3 years • Increased capacity within Area SENCO team to support take up of EEE by children with SEND and transition into reception classes (CMR) • Revised training for SENCOs to reflect new legislation • Improved capacity within the sector to welcome assess and meet needs of children with emerging and identified SEND • Professional development of SIA alongside Experts at Hand including learning from Inspection and audits • Ensure that there is clear governance arrangements in place to regularly review, amend, bespoke and adapt locality working • Inclusive practice included in all leadership training and aligned to the national inclusion standards • Partnership wide e-module on co-production developed – tiered co-production training is offered across the workforce
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	<i>Data/digital systems</i>	<i>Data/digital systems</i>	
	NHS trusts have existing BI infrastructure and data management systems to track demand, manage capacity and monitor performance against agreed trajectories. No additional enablers required. • SEND data systems and processes are fragmented and lack maturity, with inconsistency in how SEND data is collected, shared and analysed across services and partners. Current arrangements limit the extent to which data reliably supports routine planning, performance management and timely decision-making. • Forecasting and modelling capability for SEND remains under-developed, with limited ability to anticipate future demand or model cost, sufficiency and placement pressures. Existing analysis is largely retrospective. (CMR) • SEND pathways are only partially digitally enabled, with system functionality and process design not consistently supporting timely, transparent and compliant assessment, planning and review across the full SEND pathway. • Data standards and quality assurance arrangements are inconsistent across the system, resulting in variable data quality, reliance on manual checks and continued risk to statutory returns and management information confidence. • Information governance and data-sharing arrangements are not yet consistently embedded across partners, creating uncertainty and caution around lawful data sharing and limiting confident, proportionate use of shared SEND data. • Some performance and assurance reporting for SEND is in place providing assurance at operational	NHS trusts have existing BI infrastructure and data management systems to track demand, manage capacity and monitor performance against agreed trajectories. No additional enablers required. • Effective systems and processes in place for collecting, sharing and analysing SEND data to support planning, performance management and decision-making. • Robust forecasting and modelling capability to anticipate future demand, inform sufficiency planning and support long-term High Needs sustainability. (CMR) • Digitally enabled SEND pathways that improve timeliness, transparency and compliance across assessment, planning and review. • Consistent data standards and quality assurance arrangements embedded across partners to ensure reliable statutory returns and management information. • Strong information governance and data-sharing arrangements enabling confident, lawful use of shared data within and across partners • Integrated performance and assurance reporting linking need, delivery performance, outcomes, workforce and finance data to support effective governance and oversight across the partnership. • Data-led early intervention and prevention using shared intelligence to identify need earlier and reduce escalation into statutory processes. (CMR) • Digitally enabled collaboration and co-production with partners, children, young people and families through clear, accessible information. Includes coordination	

	and strategic level (SEND board dashboard) but needs to be embedded at all levels across all partners). • Digital collaboration and co-production with partners, children, young people and families is underdeveloped: There is an established local offer website but work is ongoing to improve accessibility and availability of information. There is limited coordination in the collection and use of child, young person and parent voice data. (CMR)	around collecting and using citizen/child voice data. (CMR)
Measures of Success	<i>Baseline</i> <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> <u>Early Years (0-5)</u> • EEE take up for all Children/Children with SEND • % of Children with SEND in reception on Part-Time timetables • Reception Attendance for Children with SEND • % of Children with SEND achieving expected GLD • % of children achieving expected level of development in ASQ 3 and ASQ:SE (or equivalent) at 2 to 2-and-a-half years old • % of children achieving expected level of development at both ASQ and GLD • Average and longest waits for OT and SALT • Average and longest waits in ND Pathway • Longest waits to access equipment and adaptations • Acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs	<i>Target Metrics</i> <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> <u>Early Years (0-5)</u> • Increase in EEE take up for all Children/Children with SEND • Reduction in % of Children with SEND in reception on Part-Time timetables • Increased Reception Attendance for Children with SEND • Increase in % of Children with SEND achieving expected GLD • Increase in % of children achieving expected level of development in ASQ 3 and ASQ:SE (or equivalent) at 2 to 2-and-a-half years old • Increase in % of children achieving expected level of development at both ASQ and GLD • Reduction in average and longest wait for OT and SALT (CMR) • Reduction in average and longest waits in ND Pathway • Reduction in longest waits to access equipment and adaptations

		Reduction in acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs
	<u>School Age (5-16)</u> - Attainment (progress and achievement) at KS2 and KS4 (for children with SEN) compared to national averages - Attendance for SEN Children (Overall absence, persistent and severe absence, part timetable, fixed-term exclusions) - PEX data for SEND across city. % of children with ECHPs educated in mainstream settings reduction in special schools % of school aged children receiving a scheduled online health check (or equivalent) - Numbers of CYP with LDA are placed on the Dynamic Support Register with associated increase in green and amber RAG rating - Average and longest waits for OT and SALT - Average and longest waits in ND Pathway - Longest waits to access equipment and adaptations - Acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs	<u>School Age (5-16)</u> - Improved Attainment (progress and achievement) at KS2 and KS4 (for children with SEN) compared to national averages(and compared to Birmingham average to look at gap) - Improved Attendance for SEN Children (Overall absence, persistent and severe absence, part timetable, fixed-term exclusions) - Reduction in number of CYP with SEND PEX - Increase in % of children with ECHPs educated in mainstream setting - Mental Health Support Teams (MHSTS) are in 100% of Birmingham schools by 2029 - Increased numbers of CYP with LDA are placed on the Dynamic Support Register with associated increase in green and amber RAG rating - Reduction in average and longest wait for OT and SALT (CMR) - Reduction in average and longest waits in ND Pathway - Reduction in longest waits to access equipment and adaptations - Reduction in acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs
	<u>Post 16</u> - KS5 attainment for SEN YP - Number of supported Internship opportunities in the city- (baseline being established) - NEET and not known for SEN (16 yr olds) and ECHP (16-18yr old)	<u>Post 16</u> - Increased KS5 attainment for SEN YP - An increase in the number of supported Internship (CMR) opportunities in the city- (baseline being established) - Reduction in NEET and not known for SEN (16 yr olds) and ECHP (16- 18yr old)

	• % increase in transition to mainstream from specialist at KS5 • Independent travel provision • Transitions between ADHD services for children and adults are smooth and do not result in delay to assessment or treatment • Number of supported Internship opportunities in the city-baseline being established – do we use what we have so far and what we have submitted for SEN2? • Numbers of CYP with LDA are placed on the Dynamic Support Register with associated increase in green and amber RAG rating	• % increase in transition to mainstream from specialist at KS5 • Increase in independent travel provision • Number of supported internship opportunities in the city • Increase in transitions between ADHD services for children and adults being smooth and not resulting in delay to assessment or treatment • % increase in transition to mainstream from specialist at KS5 • Increased numbers of CYP with LDA are placed on the Dynamic Support Register with associated increase in green and amber RAG rating
	<u>Cross Cutting Measures</u> <u>Health</u> • CYP achieve their best potential with needs identified early and supported in a responsive needs-based way • CYP have timely access to the equipment and adaptations necessary to support their needs • CYP's health needs are met in their local neighbourhoods with integrated neighbourhood care • CYP achieve their best potential with health needs identified early and supported in joined up ways • The Local Area Partnership understand and use the Dynamic Support Register (DSR) effectively to identify early and bring partnership support of CYP with Learning Disability and / or Autism whose needs are escalating (such that are at risk of a mental health hospital admission) • Mental Health Support Teams (MHSTs) work in schools with CYP age 5 – 18yrs to support & strengthen inclusion, reduce escalation as part of joined-up working between education, health and SEND systems (CMR)	<u>Cross Cutting Measures</u> <u>Health</u> • Reduction in Average and longest waits for therapy (currently reported on SEND dashboard) • Reduction in average and longest waits in ND pathway (currently reported on SEND dashboard) • Reduction in longest waits to access equipment and adaptations • Reduction in acute outpatient appointments for children under the age of 16 by 10% due to accessing care in neighbourhood hubs • Effective and timely Section 23 notification process across Health partners • Effective and timely Section 23 notification process across Health partners (progress on this is under SEND & AP improvement Plan) • Increased numbers of CYP with LDA are placed on the Dynamic Support Register with associated increase in green and amber RAG rating (Progress reported under SEND & AP improvement Plan – exact data piece available from LDA lead Rachael Garvey, currently not reported to SEND partnership routinely but easily accessible to report)

		Mental Health Support Teams (MHSTs) are in 100% of Birmingham schools by 2029 (currently reported by MH system Carole McCauley – currently not reported to SEND partnership routinely but easily accessible to report) (CMR)
	<u>Joint Commissioning/Sufficiency</u> - Breakdown of placements by provision type and average unit cost - Numbers of school-age CYP awaiting placement by need and category - Number of specialist placements commissioned in each academic year	<u>Joint Commissioning/Sufficiency</u> - Formal joint commissioning arrangements brokered including s.75 agreements with the ICB (CMR) - Evidence of effective locality provision and value for money placements - Reduction in proportion of CYP awaiting placements - Sufficiency of available specialist placements

[See EAH Blueprint Slides](#)

[See EAH Blueprint Guidance](#)



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.'*

Birmingham is a large, diverse and complex local area facing increasing levels of special educational needs and disabilities (SEND) across education, health and social care. Demand for Education, Health and Care Plans (EHCPs), therapies and specialist provision continues to rise. This is compounded by workforce capacity and sufficiency issues. Despite these pressures, the local area has a shared commitment to improvement, underpinned by a growing culture of inclusion, early intervention and honest self-reflection.

The local area currently assesses itself as “Developing” across most aspects of the SEND Local Partnership Maturity Framework. Strengths include clearer system leadership, governance, strengthened partnership working, and increasingly effective co-production supported by a well-established Parent Carer Forum. The partnership has developed a stronger understanding of need through improved data, forecasting and insight, alongside progress in inclusive practice such as tiered therapies, improved EHCP quality, and expanded mainstream resource bases. Collaboration between education, health and care has improved, supported by a committed and increasingly skilled workforce.

However, progress remains inconsistent across the city and is too often dependent on individual leaders rather than embedded system practice. While the partnership has moved away from historically fragmented and reactive approaches. Early joint commissioning still needs developing as does building trust across the mainstream landscape as we are not yet delivering consistent impact on the daily lives of SEND children and families.

Looking ahead, Birmingham aims to move from “developing” to “maturing”, delivering earlier intervention, confident mainstream provision, integrated planning, genuine joint commissioning, workforce stability and stronger transitions into adulthood.

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

[Download the Maturity Assessment Tool](#)

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.

Core Minimum Requirements are coded (CMR)

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building blocks <i>Strengthening inclusion across education settings</i>	<u>Early Years (0-5)</u> <i>Strengthening inclusion across education settings</i> Inclusion House and EY OAG: • Adopt the Birmingham-wide Inclusion House and graduated response model within Best Start in Life to create a consistent approach to identifying and supporting need. • Raise awareness and early use of the EY OAG to support inclusive practice across providers.	<u>Early Years (0-5)</u> <i>Strengthening inclusion across education settings</i> Inclusion House and EY OAG: • Embed use of the EY OAG to inform professional development and planning. • Align early years, health visiting, Family Hubs and SEND pathways to the Inclusion House framework.	<u>Early Years (0-5)</u> <i>Strengthening inclusion across education settings</i> Inclusion House and EY OAG: • Ensure the EY OAG is consistently referenced and used across BCC SEND training.

	Transition: - Strengthen joined-up transition support across BEYN, EYCC and EYIS, including district-level liaison and induction for additional EYIS staff. (CMR) - Develop a medical needs policy with health partners and extend targeted transition support, including the SAIS pilot for Nursery to Reception. (CMR) - Set up a task and finish group to address deferred Reception entry and education out of year group issues. (CMR)	Transition: - Establish support and brokerage to secure and sustain appropriate early years and Reception placements for children with SEND. (CMR) - Strengthen the Early Support Worker role and roll out the SAIS nursery-to-Reception transition offer city-wide. (CMR) - Reduce delayed transitions, part-time timetables and exclusions in Reception (CMR)	Transition: - Increase take-up of early education entitlement and full access to provision for children with emerging or identified SEND. (CMR) - Embed routine, timely transition to Reception and the city-wide SAIS nursery-to-Reception offer. (CMR) - Sustain reductions in part-time timetables, exclusions and children remaining in early years provision during Reception year. (CMR)	
Access to specialist support and local placements (EAH)	Access to specialist support and local placements (EAH) - Family Hubs and Early Identification and Intervention: - Review current pre-birth and early years SEND support to define the SEND role within Best Start Family Hubs and recruit to new inclusion posts. (CMR) - Review the EYIS support model and transition delivery through Family Hubs, building on effective early language and intervention practice. (CMR) - Review waiting times and best practice for therapy and neurodevelopmental pathways to improve early intervention for young children. (CMR)	Access to specialist support and local placements (EAH) - Family Hubs and Early Identification and Intervention: - Develop a consistent pre-birth and Family Hub support model with named SEND leadership in every district. (CMR) - Strengthen health visiting quality and SEND pathway support, including practitioner training. (CMR) - Develop EYIS delivery and intervention groups through the district Family Hub model. (CMR)	Access to specialist support and local placements (EAH) - Family Hubs and Early Identification and Intervention: - Provide clear and accessible pre-birth support and embed Best Start in Life practitioners within the early years inclusion model. (CMR) - Embed local early support models that do not depend on formal assessment or diagnosis. - Sustain reductions in wait times for neurodevelopmental, speech and language, and occupational therapy assessment pathways. (CMR)	

	Experts at Hand: - Review current universal and targeted LAP support for early years, including gaps between PVI and school-based provision. (CMR) - Scope an additional Experts at Hand offer and define an equitable access model for all providers through existing district and cluster arrangements. (CMR) - Pilot a medical needs advisory group as part of the wider support model. (CMR) Local Placements: - Set up an Early Years Sufficiency Group to improve understanding of places available for children with more complex needs. (CMR) - Create a Birmingham early years SEND sufficiency baseline covering inclusive places, specialist provision, unmet demand, district variation and barriers to access. (CMR)	Experts at Hand: - Roll out the district-based Experts at Hand offer with equal access for all early years providers. (CMR) - Use district data and shared case examples to refine access, capacity and impact. (CMR) - Review and strengthen the medical needs support model. (CMR) Local Placements: - Share best practice through the BEYN model. - Scope enhanced local inclusion provision and placements with identified providers.	Experts at Hand: - Enhance the universal offer through training and development from specialist teams. (CMR) - Clarify the targeted role of LAP teams within the graduated approach and manage delivery locally through multi-agency arrangements. (CMR) - Maintain clear governance to review and adapt support to local need. (CMR) Local Placements: - Develop a transparent Birmingham approach to inclusive early years funding and enhanced district inclusion support. - Ensure children with the most complex needs and EHCPs access appropriate placements in a timely way.	
System leadership, local partnership collaboration and co-production	System leadership, local partnership collaboration and co-production: System leadership and local partnership:	System leadership, local partnership collaboration and co-production: System leadership and local partnership:	System leadership, local partnership collaboration and co-production: System leadership and local partnership:	

	• Use the Healthy Child and Family Hub programme to strengthen partnership working across the Best Start in Life workforce. • Target support for leaders around EY OAG principles and review inclusion and SEND knowledge and skills across Family Hubs. (CMR) • Improve joined-up systems through better 2-year checks, a stronger Section 23 notification process and clearer data-sharing arrangements. Co-Production and working with families: • Launch and promote the Best Start in Life strategy with parents, carers, communities and partners, grounded in child- and family-centred co-production principles. (CMR) • Clarify and strengthen the role of family voice groups and work with partners to produce clear early years SEND navigation information for families. (CMR) • Promote co-production across the sector and share examples of inclusive practice where families help shape services. (CMR)	• Implement the Best Start in Life strategy through strong governance and partnership oversight. • Award and monitor the 0–19 Healthy Child Programme and Best Start Family Hub contract to strengthen partnership working. • Develop the LAP workforce plan and scope systems for a single view of the child. Co-Production and working with families: • Deliver Best Start in Life milestones in line with co-production principles and the voice of children and families. (CMR) • Build sector understanding of co-production and develop family-facing support, including the Inclusion House model and digital communication offer.	• Continue implementation and oversight of the Best Start in Life strategy and 0–19 contract. • Pilot integrated 2-year review arrangements in priority districts with health visiting, Family Hubs and early years settings. • Implement data-sharing agreements and systems to enable a shared view of the child. Co-Production and working with families: • Evaluate whether families report greater confidence, trust and clarity in accessing early SEND support before school entry. • Embed a shared understanding of co-production and showcase best practice through Inclusion House and EY OAG implementation. • Embed parent and carer voice in funding, Family Hub SEND support, transition guidance and local group planning.	
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Encouraging inclusive culture and behaviours	Encouraging inclusive culture and behaviours: • Establish Workstream 6 of the Best Start in Life strategy to align Birmingham early years inclusion and SEND reform with Family Hubs, Stronger Practice Hubs and the Inclusion Charter. • Raise sector awareness of the Inclusion Charter, inclusive pathways and EY OAG principles, supported through BEYN and national inclusion training. (CMR) • Strengthen brokerage and targeted support to challenge discriminatory practice and prevent placement breakdown.	Encouraging inclusive culture and behaviours: • Monitor delivery of the Best Start in Life inclusion and SEND workstream. • Develop and share best practice in inclusive provision, including support aligned to national inclusion standards. (CMR) • Strengthen partnership-based support, brokerage and targeted intervention where inclusive practice needs improvement.	Encouraging inclusive culture and behaviours: • Embed the actions from Workstream 6 of the Best Start in Life strategy. • Evidence strong inclusive practice through improved take-up, entitlement access and full-time participation. (CMR) • Sustain an inclusive culture through national inclusion standards, targeted support and monitoring of inspection outcomes. (CMR)
Early Years Enablers	Workforce • Make cross-sector workforce development a priority within the Best Start in Life strategy and monitor delivery through the BEYN training offer. • Use WellComm and workforce data to identify training needs, including speech, language and communication and the proportion of settings with a trained SENCO. (CMR) • Establish consistent training and support models for the PVI sector, including Area SENCO support and training on medical needs.	Workforce • Monitor Best Start in Life workforce milestones and the impact of the BEYN training model. • Develop a research-informed professional development offer focused on inclusion and WellComm-identified priority areas. (CMR) • Sustain trained SENCO capacity in the PVI sector and implement the medical needs training model.	Workforce • Evidence that Best Start in Life milestones and the BEYN offer have increased workforce capacity for inclusion. • Deliver updated SENCO training aligned to legislation and guidance, while sustaining over 90% of PVI settings with a trained SENCO. • Embed the training and support model for medical needs.

	Data/digital systems • Scope and begin developing the core digital offer so all early years providers can access shared resources and guidance. • Develop the SEND early years research, information and data function to analyse district and ward-level data for sufficiency planning and workforce support.	Data/digital systems • Expand the digital library and share examples of strong inclusive practice across settings. • Establish data systems to inform the Early Years Sufficiency Group and support planning. • Develop the 'Chat health' online platform for parent/carers to communicate with HV teams	Data/digital systems • Embed the core digital offer as part of the universal support available to providers. • Deliver the family digital offer in line with Best Start in Life milestones. • Embed the use of district sufficiency data to target funding, workforce support and outreach to providers.
Building Blocks Strengthening inclusion across education settings	<u>School Age (5-16)</u> Strengthening inclusion across education settings Inclusion House: • Develop and populate identified window content for city-wide universal/core offer for schools and settings using the Digital Library, with number of showcases per window. Transition • Universal offer across LAP developed and piloted across number of schools. • Targeted offer for YN/R and Y6/7 further developed and piloted across number of schools. (CMR)	<u>School Age (5-16)</u> Strengthening inclusion across education settings Inclusion House: • Develop and populate additional window content as these come on line, using the Digital Library. • Wider range of schools and settings contributing good practice for showcasing within windows. Transition • Using Universal offer across LAP rolled out across city. (CMR) • An increasing number of CYP transitioning smoothly and successfully as part of phase transitions, supported and	<u>School Age (5-16)</u> Strengthening inclusion across education settings Inclusion House: • Core offer within Digital library fully embedded as part of universal offer with support for schools and settings, including workforce development, resources and guidance, championing what works. Transition • An increasing number of CYP transitioning smoothly and successfully as part of phase transitions, supported and underpinned by the work of multi-disciplinary teams. • A range of appropriate curriculum pathways in mainstream settings for CYP to access

		underpinned by the work of multi-disciplinary teams.	from starting points; needs lead and aspirational and ambitious, enabling all children to achieve and thrive, with clear transition across pathways within a setting. (CMR) - Progress and attainment well planned as schools fully utilise toolkit - Autism Champions will be well-established across every school to support the inclusive universal/core offer, alongside other aspects such as OT Champions etc – self-sustaining and promoting good practice and accountability across system
Access to specialist support and local placements (EAH)	Access to specialist support and local placements (EAH) Experts at Hand - Broaden strategic allocation across other Experts at Hand - Support offers to be mapped so no gaps in services and offers - Universal application of support network, incorporating leadership	Access to specialist support and local placements (EAH) Experts at Hand - SSOS/Experts at Hand and offer available for all schools – fully joined up to needs of schools (CMR) - Address the long wait times for CYP to access support for SLC needs and sensory based OT needs in their settings (CMR) - Align with a partnership neuro-inclusive needs-based approach	Access to specialist support and local placements (EAH) Experts at Hand - Experts at hand offer – clearly defined and understood as targeted/targeted plus aspect of graduated approach, that incorporates SSOS, RB and AP outreach alongside SEND services from BCC/Health/Social Care. (CMR) - E@H model managed locally across districts, with clear district SENCo Lead model as part of multi-agency approach. - MNAPP as distinct model across system - Use of inclusion hubs in schools and settings that offer locality-based provision, based on specific needs of district, which are set up and quality assured using the reflective framework developed as part of

			the curriculum pathways work, with learning existing bases. (CMR)
System leadership, local partnership collaboration and co-production	System leadership, local partnership collaboration and co-production Inclusion House: • Inclusion House – window development across partnership Curriculum Pathways: • Understanding of different curriculum pathways can be employed effectively • Insufficient partnership co-production, collaboration and communication/implementation around NDP	System leadership, local partnership collaboration and co-production • School leaders attitudes and ambitions towards SEND learners improved • CYP missing school due to numerous uncoordinated health appointments at multiple health locations • CYP with Learning Disability and / or Autism whose needs are escalating are only noted on DSR and allocated a key worker when they are at crisis point and opportunities for early intervention are missed	System leadership, local partnership collaboration and co-production • Governors are aware of inclusive practice, provide oversight and challenge of schools/settings inclusive approach • LAP to be modelling the minimum expected standard set for delivering SEN Support to schools and settings for independent/private providers to be held to account for. • Shared ownership across the partnership of implementing principles of practice within the Inclusion House • A shared understanding on what good co-production looks like and what can be achieved when co-production is done effectively, built into BCC HT/Senior Leaders training with evidence practice as part of performance appraisals (80% of SEND workforce trained on co-production) (CMR) • Every school has an active parent carer group that contributes to Inclusive provision and practice, system management and improvements within the individual school (linked to the OAG and Inclusion House) (CMR) • Those who are in the early stages of their teaching career have a secure understanding of inclusion and are championing across the sector. In addition

			to teachers, the sector works with local providers of HLTA/support staff training.
Encouraging inclusive culture and behaviours	Encouraging inclusive culture and behaviours • Cohesive plan (across all parties) to support and challenge schools where not inclusive • Learning from Inspection to further enhance the inclusive culture and behaviour in schools; targeted support and challenge to address key areas for improvement	Encouraging inclusive culture and behaviours • Mechanism in place to ensure effective partnership contributions to SIG • Workforce development – programme linked to monitoring or attendance KPIs	Encouraging inclusive culture and behaviours • ‘Working Together’ ambassadors working with schools and parent carers as part of the partnership inclusive approach and included within the Experts at Hand model. (CMR) • Schools embrace a rolling programme culture of reflection and sustaining improvements using quality standards through use of reflective frameworks e.g. Enhanced Provision, Neuro-inclusive Educational Network (NEN) • Learning from inspection to inform challenge of culture and behaviours in schools. Feedback mechanisms added to support school governance arrangements • System leadership approach to challenge non-inclusive practice aligned to principles and values within local partnership practice (CMR) • All schools and settings are regularly showcasing good practice through the Inclusion House and local partnerships (district model) (CMR) • Regular cycle of Inclusion events across the City, to include an annual conference and other events to promote good practice across the whole partnership and system • Development of Inclusion House concept to incorporate support/advice/resource available for parents carers from across the

			LAP, linked to Best Start in Life and Family Hubs.
School Age Enablers	<u>Enablers</u> <i>Workforce</i> - ITT are having a higher priority on supporting our vulnerable learners and training is being provided to those in the early stages of their career matched to evidence informed practice (for example, EEF five a day). - Systems like the Special School Outreach Service are supporting our schools in the city with how to meet the needs of our most vulnerable with complex needs. (CMR) - The launch of the Birmingham Inclusion Charter is supporting our schools with training and development linked to workforce. - The Developing Local Provision project enabled system lead progress to be made with a strong focus on local context. <i>Data/digital systems</i> Please refer to cross cutting enablers.	<u>Enablers</u> <i>Workforce</i> - Systems like the Special School Outreach Service continue to support our schools in the city with how to meet the needs of our most vulnerable with complex needs. (CMR) - The Developing Local Provision project continues to enable system lead progress to be made with a strong focus on local context. <i>Data/digital systems</i> Please refer to cross cutting enablers.	<u>Enablers</u> <i>Workforce</i> - Confident and competent workforce across LAP, with support for schools and settings articulated through Inclusion House. - Experts at Hand being aligned to the 10 districts with capacity matching need. - School work individually and together in having a workforce plan for their staff/district that responds to needs with all staff in schools understanding and owning their inclusive practice. - There is a team of SEND District leads who work together to support good practice/peer network (replacing SENCo Consortia Lead model). - Each district has a school-based practicing SEND District Lead/s who work with schools and settings with oversight of training needs etc. - Within districts, there will be school-based thematic leads aligned to Inclusion Hubs etc. <i>Data/digital systems</i> Please refer to cross cutting enablers

Building Blocks	<u>Build - Post 16</u>	<u>Embed - Post 16</u>	<u>Sustain – Post 16</u>
<i>Strengthening inclusion across education settings</i>	<i>Strengthening inclusion across education settings</i> • Inclusion House – complete initial scoping to agree the plan of content required for the P16 window • Transition P16 – mapping out existing transition approaches and frameworks within the city - agree draft framework (CMR) • Review the P16 curriculum (with a focus on entry level and SEND specific/PFA study programmes) across the city in collaboration with the sector specific/PFA study programmes) across the city in collaboration with the sector	<i>Strengthening inclusion across education settings</i> • Inclusion house – Work alongside the sector and partners to develop the P16 window content • Transition- finalise city wide framework and start to roll out trail of approaches Curriculum mapping complete and agreed changes to curriculum offer at special and FE have start dates agreed with clear pathways into and out of P16, avoiding duplication	<i>Strengthening inclusion across education settings</i> • Inclusion house – core offer fully embedded reflecting the requirements agreed from the initial scope and plan • Transition, review the trail, make necessary amendments and embed good quality transition arrangements under the city-wide framework • Implement the changes to the curriculum offer and review implementation of any changes and the impact at the end of the year
<i>Access to specialist support and local placements</i>	<i>Access to specialist support and local placements</i> • Scope the gaps and opportunities regarding EAH for the post 16 sector by engaging with the FE providers (CMR) • Use of data and qualitative intelligence to inform the plans • P16 will be part of the considerations under the wider EAH offer, ensure there is an understanding of the differences at P16, the opportunities and challenges	<i>Access to specialist support and local placements</i> • Start to deliver EAH to the P16 sector based on the plan formed in year 1 • P16 sufficiency strategy in place, shared through the P16 networks – aligned with the necessary capital plan • Work with the sector to develop provision or adjust offer, dependent on the outcome of the sufficiency scoping and the identified actions in the strategy	<i>Access to specialist support and local placements</i> • Review the delivery of the EAH offer and analyse impact • Make changes as necessary dependent on the review findings • Continue to deliver the P16 sufficiency and capital plans • Continuously review the data and the impact on a cycle as part of the implementation

	• Plan for the roll out of EAH for the P16 sector with the providers and partners • Commissioning and capital teams will work with the P16 sector, mainstreams and special schools to review the current knowledge and sufficiency intelligence in the city • Use data and forecasting to support with the sufficiency planning (CMR) • Ensure there are accurate baselines for inclusive pathway opportunities, including supported internships and accessible apprenticeships (CMR) • P16 to be included in the capital planning 0-25		
System leadership, local partnership collaboration and co-production	System leadership, local partnership collaboration and co-production • Coproduce the SEND employment forum action plan with clear deliverables linked to developing more inclusion opportunities to employment whilst monitoring and improving city wide quality (CMR) • Ensure there are clearly identified actions linked to the partnership SEND plans that are monitored and progressed through the P16	System leadership, local partnership collaboration and co-production • Start to deliver the actions identified in the SEND employment action plan • Start to deliver the identified activity under the P16 Executive Board and Operations Group • Start to deliver the actions in the co-produced PFA action plan • Co-production - Increased engagement in co-production training and the Co-production	System leadership, local partnership collaboration and co-production • Carry out another round of the NDTi transition audit to monitor progress and impact • Co-production – a shared understanding across P16 on what good co-production looks like – Increase in take up of the training across the P16 sector

	Executive Board and the P16 Operations Group • Utilise the second round of the NDTi transitions audit to create a co-produced city wide PFA action plan (CMR) • Coproduction – P16 will be included in the analysis of the completion of co-production training with cases studies from P16 sharing evidence of impact within the inclusion house. • P16 Mapping of engagement within Co-production Award Scheme to promote good practice	Award Scheme in P16 in order to champion best practice	
<i>Encouraging inclusive culture and behaviours</i>	<i>Encouraging inclusive culture and behaviours</i> • Launch the new Careers and Participation team which includes the new thread of work regarding vulnerable groups, including SEND • Ensure the linked officers are trained and understand the SEND landscape and start to build relationships with the P16 providers • Review NEET data processes, reporting, data sharing – decide on initial SEND related deep dives • Utilise the SENAR consult decline intelligence to understand when and why mainstream cannot meet needs	<i>Encouraging inclusive culture and behaviours</i> • Careers and Participation team integrated into the sector and C&F directorate, using NEET data and qualitative information to drive change and focus deep dives and learning loops • Review implementation of the new Careers and Participation service • Use the SENAR consult response information to target training and development work with the P16 providers – linked to Experts at Hand, sufficiency and capital plan • Championing Inclusion - • System leadership approach to challenge non-inclusive practice aligned to principles and values	<i>Encouraging inclusive culture and behaviours</i> • Review all the deep dive data and agree next steps • Linked to EAH, review the implementation of EAH and the impact data and intelligence • Linked to sufficiency and capital review implementation and impact • Championing Inclusion – Regular local inclusion events alongside specific P16 events – bringing the partnership and sharing good practice together with a P16 and PFA focus

	Championing Inclusion - Work with P16 leaders alongside school leaders in developing and testing a challenge/support approach using the shared inclusion principles and values within the Inclusion Charter.	within local partnership practice(CMR) Develop cycle of city-wide and more local Inclusion events, including P16 to celebrate share and further develop good practice	
Post 16 Enablers	<u>Enablers</u> <i>Workforce</i> - Support and training linked to SEND is sourced by the colleges individually and provided by the expertise within the partnership. - QTVI and ToD work across post 16 sector to support and advise around provision and practice for identified pupils. (CMR) <i>Data/digital systems</i> Please refer to cross-cutting enablers.	<u>Enablers</u> <i>Workforce</i> Post 16 OAG developed with reps across the sector and is available as online digital platform as part of the OAG online 0-25 offer. <i>Data/digital systems</i> Please refer to cross-cutting enablers.	<u>Enablers</u> <i>Workforce</i> - FE sector will be part of the whole system workforce development plan. As an area we will have a clear understanding of the strengths and gaps in the sector. - The partnership will understand how we can utilise the expertise in FE but also have a plan in place to support and compliment the college workforce development as a city rather than as individual colleges. <i>Data/digital systems</i> Please refer to cross-cutting enablers.
Building Blocks <i>Strengthening inclusion across education settings</i>	<u>Sufficiency/Joint Commissioning</u> <i>Strengthening inclusion across education settings</i> Baselining of existing provision and capital investment in resource base and mainstream accessibility to ensure that schools are equipped	<u>Sufficiency/Joint Commissioning</u> <i>Strengthening inclusion across education settings</i> Remaining areas of sufficiency planning completed via SEND Sufficiency Working Group and	<u>Sufficiency/Joint Commissioning</u> <i>Strengthening inclusion across education settings</i> Implementation phase of SEND Sufficiency Strategy 2024-2030 nearing completion in respect of additional place

	to meet the full range of complex needs – in terms of environment, physical space, facilities, staffing expertise and curriculum development (CMR)	individual workstreams for each age cohort/area of need	requirements (revised in accordance with updated forecasts)
<i>Access to specialist support and local placements (EAH)</i>	<i>Access to specialist support and local placements (EAH)</i> • Joint sufficiency provision and planning for all ages and need areas – including agreed forecasts beyond core statutory age groups • Based on reliable needs analysis/accurate forecasting (CMR) • We have been expanding existing special schools since SEND Sufficiency Strategy published in 2024.and have approval for new free school for Autism. Overall increase so far of 319 places (Sept 2026 Commissioned Number) • We are expanding existing resource bases and opening new ones. Currently 52 mainstream schools with a designated resource base including 17 newly established resource bases since 2024. Overall increase of 416 places (Sept 2026 Commissioned Number) • Plans progressing for 8 new resource bases to open during 2026/27 and 2027/28 - providing	<i>Access to specialist support and local placements (EAH)</i> • Sufficiency to include full range of inclusion bases across mainstream schools • Starting to reduce reliance on spot purchasing of provision and placements (CMR)	<i>Access to specialist support and local placements (EAH)</i> • Budget pooling for maximum resource optimisation through formalised agreements and cost share arrangements

	a potential 164 additional places		
System leadership, local partnership collaboration and co-production	System leadership, local partnership collaboration and co-production • Understanding interdependencies e.g. travel procurement and commissioning – impact on sufficiency • Commissioning priorities of partners discussed at key strategic governance groups – knowledge sharing and best practice dissemination • Regional discussions around coordinated commissioning approach • Agree principles and governance arrangements for when formal joint commissioning approaches will be used (CMR) • Shared understanding developed regarding opportunities for integrated commissioning and resource alignment (CMR) • Baseline spend, outcomes, inequalities and placement demand across the local area • Baseline spend, outcomes, inequalities and placement demand across the local area	System leadership, local partnership collaboration and co-production • Regional protocol agreed • Further formalise and clarify joint commissioning governance and decision-making pathways to ensure consistent oversight and alignment across SEND sufficiency, commissioning and resource allocation. (CMR) • Joint needs assessment commenced • Joint provider meetings initiated and formalised • KPI mapping workshops across BCC and ICB to align contractual KPIs ahead of active re procurement • Partners inputting into each other's strategic commissioning priorities and frameworks to ensure the vision is aligned for Birmingham • Reduction in ad-hoc joint commissioning approaches (CMR) • Move towards partnership wide benchmarking against statistical neighbours and national to better assess effectiveness of resource planning and allocation	System leadership, local partnership collaboration and co-production • Progress formal s.75 joint commissioning plan based on agreed priorities and new ways of working • Formal joint commissioning arrangements brokered including s.75 agreements with the ICB and budget pooling with health and social care (CMR) • KPIs agreed, measured, and prioritised through formal joint commissioning arrangements between partners (CMR) • Greater use of neighbourhood and community-based models of support, reducing reliance on hospital-based provision where needs can be met safely and effectively in local settings (CMR) • Evidence of improved experience and outcome of transition for children with SEND

	Education and LA a partner in health transitions network	- Aligned commissioning intentions, strategic priorities and outcomes across partner organisations - Minimal viable population insight and forecasting framework - Identification of opportunities to align locality and neighbourhood models across health education and social care. Assessment of opportunities to leverage digital solutions which work across sectors to reduce friction and support integrated working (CMR) - Identification of opportunities to improve transitions for children with SEND where transitions occur in multiple parts of the system	
<i>Encouraging inclusive culture and behaviours</i>	<i>Encouraging inclusive culture and behaviours</i> Increase continuous review via robust QA and contract management to drive quality and value together with uniformity of locality provision and access	<i>Encouraging inclusive culture and behaviours</i> - Embedding transformation and change management principles in commissioning - ensuring workforce capacity, skill mix, cultural competency and trauma informed practice is centred in programme design. - Stronger partnership working and establishing joint governance and oversight within the commissioning space through vision alignment across local area partners for e.g. Strategic Commissioning as a sub-group of Place Board is positioned	<i>Encouraging inclusive culture and behaviours</i> Child Rights impact assessments/EQIAs embedded in commissioning and procurement

		to bring visibility of strategic commissioning priorities and activities across citywide partners, promote join up and maximise access/uptake	
Sufficiency/Joint Commissioning Enablers	<u>Enablers</u> <i>Workforce</i> - Continued recruitment into remaining SEND Commissioning and Quality Assurance Team - Developing focus on assurance and contract management for independent providers - Creating additional capacity by resourcing joint commissioning posts within the children's commissioning team structure (opening to secondments from the ICB) - Focusing on CPD for commissioning staff including CMPP accreditations, AGILE PMP accreditations and commissioning best practice training through IPC <i>Data/digital systems</i> - Agreed forecasting methodology in place across finance, place	<u>Enablers</u> <i>Workforce</i> - Embedding quality assurance; data performance; and transformation and change within commissioning functions - Develop principles of joint workforce plan - Joint commissioning arrangements are continuing to develop across the system, and the ICB is actively working with local authorities to strengthen these through clear, time-bound s.75 agreements and governance that embed a more mature and sustainable joint commissioning approach. Noting that there has been no reduction in ICB SEND workforce capacity. <i>Data/digital systems</i> - Data sharing – joint needs planning and JSNA	<u>Enablers</u> <i>Workforce</i> - Better testing of investment in, and capacity of, workforce through procurement/social value. - Workforce optimisation through secondment of commissioning staff across partners. - Embedding quality assurance, data, performance, and transformation and change within commissioning functions. - Establish joint workforce plan. - Delivery of the EAH model depends on therapy workforce and funding that are not yet secured, representing a shared system risk that must be explicitly recognised and jointly addressed by both the ICB and local authorities. <i>Data/digital systems</i> - Longitudinal research/robust evaluation and evidence gathering built into commissioning of programmes to drive continuous

	planning, capital and SEND commissioning teams (CMR) Further development of performance data dashboard to inform sufficiency planning	Improved performance monitoring frameworks embedded in contracts with clear measurable criteria	improvement- iterative development and collective success Partners, providers, children, and families involved in co-producing and co designing outcomes- robust methodologies established for measuring outcomes informed by children and families
Cross Cutting Enablers Enabler 1 : Capital – (investment strategy across EY, mainstream, FE) Three-year capital delivery plan (school age, mainstream)	- Investment in additional special school and mainstream resource base places – includes value for money considerations and alignment with wider capital investment strategy - DfE investment in free school for Autism and alternatives in accordance with published SEND Sufficiency Strategy 2024-2030 and identified increases in CYP with Autism requiring special school places together with those awaiting placement in this type of provision - Accessibility funding in mainstream - Investment in existing resource bases to improve standards and increase spaces Year 1 - 2026/27: mobilisation and targeted delivery Focus: establish the capital pipeline and deliver priority schemes	The capital funding strategy will have prioritised resource base expansion with investment based on robust demand modelling and targeted toward priority needs and locality to ensure an appropriate balance across early years, primary and secondary. Standardised design approaches, phased expansions and close partnership with schools in place to maximise value for money and speed of delivery. (CMR) Year 2 - 2027/28: scale and embed Focus: scaling and embedding consistency	- DfE investment in free schools/alternatives - Free School to be fully embedded within Birmingham's SEND sufficiency strategy, commissioning plans and placement pathways and planned transitions. Year 3 – 2028/29: optimisation and sustainability Focus: consolidation and long-term value

	- Confirm a school-age mainstream capital investment plan aligned to SEND Sufficiency Strategy. - Prioritise expansion of existing Resource Bases where demand and performance data is strongest. (CMR) - Deliver targeted accessibility and adaptation schemes in schools identified (CMR) - Agree standard design principles for Resource Bases and Inclusion Hubs Outcome by end of Year 1: - Clear, costed capital pipeline - Early increase in local mainstream capacity - Reduced immediate pressure on specialist placements	- Roll out next wave of Resource Base creation and enhanced provision in priority localities. - Expand capital investment to support locality-based inclusion hubs. - Refresh forecasting to ensure capital remains aligned with emerging need and EHCP trends. (CMR) - Embed capital standards into commissioning and sufficiency decision-making. Outcome by end of Year 2: - Wider geographical spread of inclusive mainstream provision - Improved consistency of offer across districts - Stronger evidence of mainstream meeting need at SEN Support and EHCP level	- Review capital impact against sufficiency, attendance, placement stability and cost metrics. - Target final investment to address remaining gaps or pressure points. - Embed capital planning as part of ongoing SEND sufficiency and joint commissioning. (CMR) - Demonstrate reduction in reliance on independent placements attributable to mainstream capacity growth. (CMR) Outcome by end of Year 3: - A sustainable, needs-led mainstream estate - Capital investment demonstrably reducing pressure elsewhere in the system - Strong evidence base for future funding discussions with DfE
Cross Cutting Enablers Enabler 2: Workforce	EYIS – Area SENCO team training and advice role for SENCOs in PVI settings Increasing number of teams achieving Birmingham Co-production award and professionals from education, health and social	Further workforce development – supporting providers to access national training programme for EY SEND – evidencing change Co-production training being increasingly rolled out across Health system	Increased capacity within Area SENCO team to support take up of EEE by children with SEND and transition into reception classes (CMR) Revised training for SENCOs to reflect new legislation

	care accessing co-production training Shared understanding and improved partnership working across BSiL workforce (CMR) Development of plans to upskill the whole family hub workforce to support earlier identification and appropriate support, advice and signposting around inclusion Co-production included as part of 6-day SENCO induction programme	Ongoing upskilling of the whole family hub workforce to support earlier identification and appropriate support, advice and signposting around inclusion Future developments of ITT to prepare the workforce for inclusive practice Earlier intervention secured from better shared understanding and improved partnership working across BSiL Workforce (CMR)	Improved capacity within the sector to welcome assess and meet needs of children with emerging and identified SEND Professional development of SIA alongside Experts at Hand including learning from Inspection and audits There is clear governance arrangements in place to regularly review, amend, bespoke and adapt locality working (CMR) Inclusive practice included in all leadership training and aligned to the national inclusion standards Partnership wide e-module on co-production developed – tiered co-production training is offered across the workforce Gaps in NHS workforce addressed and there are improved recruitment and retention particularly for SALT and OT workforce via EAH modelling and delivery.	
Cross Cutting Enablers Enabler 3: Data/digital systems	SEND data systems & analysis: Core SEND datasets aligned; routine data flows stabilised; standard dashboards for SENAR, placements, timeliness and demand Single View of the Child: Architecture and identifier strategy agreed (incl. NHS number); priority use cases delivered	SEND data systems & analysis: Dashboards embedded in management cycles; Single View of the Child: Multi-partner datasets linked; frontline use embedded where appropriate	SEND data systems & analysis: Automated reporting; analytics routinely drive service redesign and use of advanced analytics (early warning and prediction) for forecasting Single View of the Child: Business-as-usual with expanded partner coverage	

	Forecasting & modelling: Baseline demand, cost and sufficiency models established (CMR) Data standards & quality assurance: Common standards agreed; QA processes documented and operating Information governance & data sharing: Priority DSAs agreed; DDAT governance embedded Integrated performance & assurance: Linked reporting across need, performance, workforce and finance established Digital collaboration & co-production: Foundations for digital engagement and feedback mechanisms established	Forecasting & modelling: Forecasts embedded into sufficiency and commissioning decisions (CMR) Data standards & quality assurance: QA embedded across partners; sustained reduction in errors and rework Information governance & data sharing: Routine, confident cross-partner data use in operations Integrated performance & assurance: Reporting used consistently across boards and improvement activity Digital collaboration & co-production: CYP and parent voice routinely collected and analysed	Forecasting & modelling: Reporting on commissioning successes feeding into sufficiency and commissioning decisions (CMR) Data standards & quality assurance: Consistently high-quality statutory and management information and data governance in place. Information governance & data sharing: Operational cross partner data reporting embedded Integrated performance & assurance: Streamlined assurance supporting strategic and operational oversight and challenge Digital collaboration & co-production: Sustained co-production informing service improvement. Accessible, trusted digital communications sustained using insight and feedback	
Success Measures	The partnership already has an established performance score card (attached) that summarises performance against key indicators related to Early Years, School	Targets for Year 2 and 3 will be agreed in Year 1 through established SEND and AP performance frameworks. They will be reviewed annually.	Targets for Year 3 will be reviewed and finalised in Year 2. The ambition for Year 3 is that Birmingham will be equal to or above National averages for all	

	attendance and attainment and NEETS for Children and Young people on SEND Support and those with EHCPs. It also includes information on Health waiting times as well as other local indicators. The scorecard displays a set of targets agreed by the partnership. The scorecard and dashboard is approved and reviewed by the SEND and AP board. The aim for Year 1 is to continue to work towards these established targets and update the score card to include any additional indicators and targets related to this plan e.g around commissioning and sufficiency. While ND waiting times remain a pressure, they should be viewed alongside the ICB investment, and the positive progress already being made to expand capacity and improve access across the pathway.	Targets will be set with leads based on previous performance, comparisons with National and LA peers as well as a reflection of planned activity (being realistic but ambitious). Targets will be signed off by the SEND and AP board which includes all partners and external representation from the Birmingham Parent Carer forum and from DFE and NHS regional/national peers to ensure transparency and accountability. Where existing national targets exist e.g around GLD performance and EEE uptake then we will align our targets with those standards. The targets will show progression from Year 1,	key indicators related to GLD and EEE for early years, Attainment, attendance and % educated in mainstream for school age and NEETS for Post 16. Where national standards/benchmarks do not exist Year 3 targets will reflect progress required from the Year 1 baseline.
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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.

Core Minimum Requirements are coded (CMR)

2026-27 Local delivery plan		Q2		Q3		Q4	
Workstream outline – mapped to building block	Responsible lead per workstream –	Milestones per workstream	Target trajectory per workstream	Milestones per workstream	Target trajectory per workstream	Milestones per workstream	Target trajectory per workstream
Outcome - what you want to achieve with this workstream Success measures – how you measure progress drawing on metrics from the accompanying data template	accountable for the delivery of the workstream and the identified outcome.	What key milestones will enable you achieve your targeted trajectory	Where do you expect your data to be?	What key milestones will enable you achieve your targeted trajectory	Where do you expect your data to be?	What key milestones will enable you achieve your targeted trajectory	Where do you expect your data to be?
Building block - Workstream 1 - Strengthening inclusion across education settings							
<u>Early Years</u> Outcomes: Inclusion House and EY OAG: Birmingham-wide Inclusion House and graduated approach,		Inclusion House and EY OAG: Ensure Inclusion House has reach into all areas of the EY	See Q4	Inclusion House and EY OAG: Deliver awareness sessions around EY OAG and launch the Inclusion	See Q4	Inclusion House and EY OAG: Embed the model city-wide and review	Expect workstream activities to positively impact on

supported by OAG will be adopted within Best Start in Life to create a consistent approach to identifying and supporting need. Increased awareness and early use of the city-wide EY OAG impacting inclusive practice across providers.	<i>Head of Early Years SEND</i>	sector, developing the core digital offer and planning awareness sessions to promote the EY OAG widely across the sector		House to the EY sector. Promote model of support and resources through ongoing provider around the EY OAG. Begin to collate examples of best practice at universal and targeted level of graduated approach		uptake, consistency and areas for refinement.	success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
Transition: - Strengthen joined-up transition support across BEYN, EYCC and EYIS, including district-level liaison and induction for additional EYIS staff. (CMR) - A medical needs policy developed by education and health partners - Extended targeted transition support, including the SAIS pilot for Nursery to Reception. - A task and finish group established to a	<i>Head of Early Years and Childcare</i>	Transition: Map current transition arrangements and establish the task group and partner roles. Review the revised Medical Needs guidance for schools and ensure is suitable for EY settings.	See Q4	Transition: Pilot revised joined-up transition processes, and targeted Nursery to Reception support. (CMR) Identify the gap for Medical Needs training and identify with Health a process for completion of Healthcare Plans.	See Q4	Transition: Review pilot outcomes and implement an agreed transition framework across districts. (CMR) Put in place access to suitable training for EY Settings to access ahead of the revised 0-19 contract services	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.

School Age Outcome 1. Deliver city-wide universal offer through the Digital Library of Inclusion House. (CMR) 2. Development and piloting of a universal LAP offer alongside targeted support at key transition points (CMR) 3. Exploration of existing curriculum pathways and co-development with early adopter schools of a reflective, city-wide framework	Head of SAIS Head of SAIS LLaSS Team Lead	1. Core offer mapped in Digital Library 2. Targeted offer scoped with pilot schools 3. Key themes developed from existing Curriculum Pathways	See Q4	1. Four windows of Digital Library fully operational 2. Impact Data gathered from pilot 3. Draft reflective framework co-produced	See Q4	1. Programme for remaining windows mapped with timescales 2. Evaluation of pilot to refine Targeted offer ready for wider roll-out 3. Learning collated from Pilot with Early adopter schools	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
Success measure • Improved Attainment (progress and achievement) at KS2 and KS4 (for children with SEN) compared to national averages (and compared to Birmingham average to look at gap) • Improved Attendance for SEN Children (Overall absence, persistent and severe absence, part timetable, fixed-term exclusions) • Increase in % of children with ECHPs educated in mainstream setting							
Post 16 Outcome							

1. Inclusion House – complete initial scoping to agree the plan of content 2. OAG – P16 OAG document to be launched as a working document online, gather feedback from the partnership. Active P16 OAG comms 3. Transition P16 – mapping out existing transition approaches - agree draft framework (CMR) 4. Review the P16 curriculum	1)Head of SEND 2)Head of SEND 3)Virtual School Team, Head of SEND 4)Head of SEND	1. Scoping started with membership agreed 2. Documents live on the local offer 3. Mapping group agreed and mapping started 4. T&F group membership and timescales set	See Q4	1. Evidence of scoping and initial agreements for plan 2. Feedback on OAG gathered – active comms 3. Evidence of mapping of transitions 4. Start to meet and map curriculum	See Q4	1. Plan of content to be added complete 2. Feedback closed and actions agreed for changes 3. Draft transitions framework agreed 4. Continuation of mapping sessions	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
<i>Success measure</i> • Reduction in NEET and not known for SEN (16 yr olds) and ECHP (16- 18yr old) • % increase in transition to mainstream from specialist at KS5 • Increase in independent travel provision • Increased KS5 attainment for SEN YP							
<u>Sufficiency/Joint Commissioning</u> <i>Outcome</i> Baselining of existing provision and capital investment in resource	Head of Commissioning	• Completion of resource base QA reviews (CMR)	See Q4	• Completion of all individual commissioning	See Q4	• Plan in place for each resource base,	Expect workstream activities to

base and mainstream accessibility	, <i>Head of Sufficiency</i>	- Phasing of 8 new resource bases subject to DfE approval and internal governance (CMR) - Prioritise expansion of existing Resource Bases where demand and performance data is strongest (CMR)		meetings with existing and newly established resource bases		including existing and proposed - Deliver targeted accessibility and adaptation schemes in schools identified (CMR) - Agree standard design principles for Resource Bases and Inclusion Hubs (CMR)	positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
<i>Success measure</i> Clear, costed capital pipeline Ensuring schools are equipped to meet the full range of complex needs – in terms of environment, physical space, facilities, staffing expertise and curriculum development. (CMR)							
Building block - Workstream 2 – Access to specialist support and local placements (EAH)							
<u>Early Years</u> <i>Outcome</i> Family Hubs and Early Identification and Intervention: Defined SEND role within BSiL, informed			See Q4		See Q4		

by a review in respect of current pre-birth and early years SEND (CMR) • Best Start in Life Inclusion Practitioners recruited • Revised model of EYIS support and transition delivery through Family Hubs, building on effective early language and intervention practice. (CMR) • Completed review of waiting times by age, and best practice for therapy and neurodevelopmental pathways to improve early intervention for young children (CMR)	Head of Early Years and Childcare, Head of Early Years SEND Head of Early Years SEND Deputy Divisional Director, Children and Families Division, BCH Foundation Trust	Family Hubs and Early Identification and Intervention: Review current support pathways and define the SEND role within Family Hubs. (CMR) Review EYIS delivery model and identify activity for re- location into Family Hubs		Family Hubs and Early Identification and Intervention: Recruit inclusion posts and begin revised early identification and intervention delivery (CMR) Pilot some EYIS activity in family hubs.		Family Hubs and Early Identification and Intervention: Review waiting times and best practice for therapy and neurodevelopmental pathways Begin roll out of onsite presence of EYIS team members at Family hubs/ family hub activities Defined LAP offer for children who are waiting for assessment (CMR)	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
Experts at Hand: • Current universal, targeted and specialist targeted support for early years rereviewed for all types of providers to inform fair model for the future (CMR) • Equitable Experts at Hand offer scoped and	Head of Early Years SEND Head of Early Years SEND	Experts at Hand: Review current LAP support and define the additional Experts at Hand offer.	See Q4	Experts at Hand: Ongoing development of model and resources to support model Plan for pilot delivery	See Q4	Experts at Hand: Pilot the expanded offer Pilot of medical needs advisory support across selected districts and consider impact for wider application	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard

defined for delivery through existing district and cluster arrangements. (CMR) Pilot a medical needs advisory group as part of the wider support model. (CMR)	Head of Early Years and Childcare						ard will illustrate data changes in all measures apart from those evaluated annually.
Local Placements: - Early Years Sufficiency Group established to improve understanding of places available for children with more complex needs. (CMR) - Birmingham early years SEND sufficiency baseline established, - covering inclusive places, specialist provision, unmet demand, district variation and barriers to access. (CMR)	Head of Early Years and Childcare/Head of Commissioning	Local Placements: Establish the data function and agree measures for sufficiency and inclusion analysis	See Q4	Local Placements: Launch the EY SEND Sufficiency Group and produce a draft district and ward-level baseline.	See Q4	Local Placements: Use the baseline and findings to inform placement planning and associated workforce action. (CMR)	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.

Success measure

- Increase in EEE take up for all Children/Children with SEND
- Increase in % of Children with SEND achieving expected GLD
- Increase in % of children achieving expected level of development in ASQ 3 and ASQ:SE (or equivalent) at 2 to 2-and-a-half years old
- Increase in % of children achieving expected level of development at both ASQ and GLD
- Decrease in Waiting times by age (Need to be specific – refer back to original indicator from Ali)

School Age

Outcome

1. District-based Experts at Hand model scoped and piloted across Hodge Hill District	<i>Chairs of EAH Steering group</i>	1. Scoping of EAH offer from across Local Area partnership	See Q4	1. District SEND Co-ordinator role developed with recruitment to HH district	See Q4	1. Offer from EAH group tested in HH district	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
2. Workforce development plan for Resource Bases defined using city-wide QA insights and the Reflective Framework (CMR)	<i>Team leads for CAT and LLaSS</i>	2. Themes from RB QA reviews shared with RB HT to inform workforce development plan (CMR)		2. Workforce development themes for Resource Bases agreed (CMR)		2. Workforce development plan for Resource bases mapped out with timeline	

Success measure

- Improved Attainment (progress and achievement) at KS2 and KS4 (for children with SEN) compared to national averages (and compared to Birmingham average to look at gap)
- Improved Attendance for SEN Children (Overall absence, persistent and severe absence, part-time table, fixed-term exclusions)
- Increase in % of children with ECHPs educated in mainstream setting

<u>Post 16</u> <i>Outcome</i> Understand gaps and opportunities regarding EAH for the post 16 sector agree a plan for roll out P16 capital and sufficiency will be reviewed and a new plan in place Accurate baselines for inclusive pathway opportunities will be established	1)Head of SEND 2)Head of Commissioning / Head of Sufficiency 3)Head of SEND /CaPs G R6/DEPs	1)Scope the EAH model with the P16 sector and region (CMR) 2)Outline sufficiency plan for P16 3)Review the existing data and plan next steps/round of data collection	See Q4	1) Agree P16 EAH approach (CMR) 2) Regular P16 workstream meeting in place 3) Final baseline data collection	See Q4	1)Plan the P16 EAH model, regional or local TBC (CMR) 2)P16 sufficiency plan complete and signed off (CMR) 3) DEPS alongside SENAR and CaPs agree the baseline data set for	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
<i>Success measure</i> - Increased KS5 attainment for SEN YP - An increase in the number of supported Internship opportunities in the city- (baseline being established) (CMR) - Reduction in NEET and not known for SEN (16 yr olds) and ECHP (16- 18yr old) (CMR) % increase in transition to mainstream from specialist at KS5							
<u>Sufficiency/Joint Commissioning</u> <i>Outcome</i>							

Joint sufficiency provision and planning for all ages and need areas – including agreed forecasts beyond core statutory age groups (CMR)	Head of Commissioning / Head of Sufficiency	Outline sufficiency plan in place for each area e.g. SEMH, Early Years, AP, P16, Sensory etc (CMR)	See Q4	Regular workstream meetings in place with assigned leads and actions	See Q4	Sufficiency Plan complete and signed off by Sufficiency Working Group	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
<i>Success measure</i> Individual sufficiency plan in place for each area of need/cohort (CMR)							
Building block - Workstream 3 – System leadership, local partnership collaboration and co-production							
<u>Early Years</u> <i>Outcome</i> System leadership and local partnership:		System leadership and local partnership:	See Q4	System leadership and local partnership:	See Q4	System leadership and local partnership:	Expect workstream activities to

• Healthy Child and Family Hub programme strengthens partnership working across the Best Start in Life workforce. • Leaders informed around EY OAG principles • Completed review of inclusion and SEND knowledge and skills across Family Hubs and planned support for professional development • An improved, joined-up system through better 2-year checks, a stronger Section 23 notification process and clearer data-sharing arrangements	EYHWB Strategy Manager Head of Early Years SEND Head of Early Years and Childcare	Agree what “strong partnership working” looks like across Early Years, Health, Public Health, and VCS and align to Family Hub principles (network model, outreach, inclusion, integrated delivery) (CMR) Ongoing work of the ‘Section 23 group’		Deliver joint training sessions across agencies to build shared understanding of: Thresholds; Referral routes; and Roles and expertise. (CMR)		Ensure system leaders across organisations are actively engaged with integrated working aligned with wider Best Start governance.	positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
Co-Production and working with families: - Best Start in Life strategy launched and promoted with parents, carers, communities and	Head of Early Years and Childcare	Co-Production and working with families: Launch engagement activity and agree how family voice will shape implementation.	See Q4	Co-Production and working with families: Awareness raising across sector of co-production	See Q4	Co-Production and working with families: Some published examples of best practice in co-production	Expect workstream activities to positively impact on success

partners, grounded in child- and family-centred co-production principles. - A strengthened role of family voice groups which informs clear early years SEND navigation and information for families. (CMR) - Co-production widely promoted across the sector and examples of inclusive practice shared of where families help shape services.				training and award scheme			measures by Year 2 of Road Map. Score card will illustrate data changes in all measures apart from those evaluated annually.
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Success measure

- Increase in EEE take up for all Children/Children with SEND
- Increase in % of Children with SEND achieving expected GLD
- Increase in % of children achieving expected level of development in ASQ 3 and ASQ:SE (or equivalent) at 2 to 2-and-a-half years old
- Increase in % of children achieving expected level of development at both ASQ and GLD
- Decrease in Waiting times by age

School Age

Outcome

1. Inclusive leadership and workforce training aligned to national standards, with gaps identified and a strengthened, partnership-wide offer developed.	Head of SAIS/Head of School Improvement	1. Review of existing leadership training against Inclusive principles as set out in the OAG Section One 2. Analysis of completion of co-production	See Q4	1. Audit and analysis of existing local leadership workforce training with partners	See Q4	1 .Draft Workforce training offer for leaders incorporating national standards 2. Tiered model tested in HH district with mapping	Expect workstream activities to positively impact on success measures by Year 2 of
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2. Co-production scaled through a tiered, partnership model with impact evidenced and shared. 3. Parent engagement mapped and strengthened through district pilots, (CMR)	Strategic Autism Lead / Parent Reference Group Strategic Autism Lead / Parent Reference Group	training across the partnership (CMR) 4. Audit of parent groups across schools and the different delivery approaches (CMR)		2. Draft plan for tiered model of co-production training developed (CMR) 3. Draft outline of 'Working Together Parent Ambassadors' developed with identified schools across Hodge Hill District (CMR)		of engagement within Co-production Award Scheme 3. Working Together Parent Ambassadors tested in HH district schools. (CMR)	Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
<i>Success measure</i> - Improved Attainment (progress and achievement) at KS2 and KS4 (for children with SEN) compared to national averages (and compared to Birmingham average to look at gap) - Improved Attendance for SEN Children (Overall absence, persistent and severe absence, part timetable, fixed-term exclusions) - Increase in % of children with ECHPs educated in mainstream setting							
Post 16 <i>Outcome</i> A Co-produced SEND employment forum action plan with clear deliverables linked to developing more inclusion opportunities to employment (CMR) A complete second round of the NDTi transitions audit	1)Head of SEND 2)Head of SEND 3)Head of SEND	1)Draft action plan shared with the SEND employment forum (CMR) 2)Follow up on gaps in the second round of the audit 3) Analysis of completion of co-production training across the partnership	See Q4	1)Feedback collated and final action plan shared 2)Close the second round of audit 3) Draft plan for tiered model of co-production training developed (CMR)	See Q4	1)Final action plan shared and actions started 2)Analysis and share findings, start the draft PFA action plan 3) Tiered model tested including P16 with mapping of engagement	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data

Coproduction – P16 - Completed analysis of the completion of co-production training with cases studies from P16 shared						within Co-production Award Scheme (CMR)	changes in all measures apart from those evaluated annually.
<i>Success measure</i> • An increase in the number of supported Internship opportunities in the city- (baseline being established) (CMR) • Reduction in NEET and not known for SEN (16 yr olds) and ECHP (16- 18yr old) (CMR) • % increase in transition to mainstream from specialist at KS5							
<u>Sufficiency/Joint Commissioning</u> <i>Outcome</i> • Understanding interdependencies e.g. travel procurement and commissioning – impact on sufficiency • Rationalisation of existing joint commissioning arrangements • Baseline spend, outcomes, inequalities and placement demand across the local area. • Agree principles and governance arrangements for when formal joint	Head of Commissioning / Head of Sufficiency	• BCC to review s75 agreement with a view to ensuring schedules of services and shared roles and responsibilities reflect up to date position • Renewed focus on priority areas of commissioning including enteral feeding, speech and language therapy and occupational therapy and medical needs training as well as services that are essential to commission a robust Experts at Hand offer in the local area	See Q4	• Completion of needs analysis of ongoing requirements • Agree shared baseline measures for spend, outcomes, inequalities and placement demand • Governance arrangements aligned- including better forward planning for strategic commissioning group – ensuring CYP commissioning is more widely embedded	See Q4	• Procurement plans in place with timescale • Review of s.75 agreement completed and a holding position finalised, pending long term arrangements being finalised • Principles and governance arrangements documented for formal joint commissioning approaches (CMR) • Shared understanding	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those

commissioning approaches will be used (CMR) Shared understanding developed regarding opportunities for integrated commissioning and resource alignment (CMR)		- Interim arrangements in place for medical needs training and enteral feeding - Joint commissioning working group established to progress the priority commissioning areas - Monthly meetings between BCC and ICB to discuss CYP joint commissioning priorities recommenced - Improve resource alignment through exploration of formal resource sharing opportunities		First draft of refreshed s.75 agreement finalised		developed regarding opportunities for integrated commissioning and resource alignment (CMR)	evaluated annually.
Success measure - Commissioning priorities of partners understood via key strategic governance groups – knowledge sharing and best practice dissemination - Regional discussions in place around coordinated commissioning approach							

Building block - Workstream 4 – Encouraging inclusive culture and behaviours

Early Years <i>Outcome</i> Workstream 6 of the Best Start in Life strategy established to align Birmingham early years inclusion and SEND reform with Family Hubs, Stronger Practice Hubs and the Inclusion Charter. Greater awareness across the sector of the Inclusion Charter, inclusive pathways and EY OAG principles, Improved universal practice supported through the OAG, BEYN offer and free national EY inclusion PD offer. Brokerage approach and targeted support to challenge discriminatory practice and support inclusive practice	Head of Early Years SEND/Head of Early Years and Childcare	Publish final version of BSiL strategy with associated workstream milestones Plan to raise EY sector awareness of the Inclusion house following schools launch in June	See Q4	Set -up Workstream 6 as identified in the BSiL Strategy and establish ToR and membership. Launch Inclusion House to EY sector. Promote ongoing engagement with EY OAG through a series of awareness /engagement sessions Scope extended model of support and challenge from brokerage team with additional Area SENCo team capacity	See Q4	Accountability for BSiL SEND/ Inclusion workstream through established governance system Collate and publish examples of best practice within digital offer. Review KPI and impact of work of BEYN in respect of embedding OAJ Deliver awareness, training and brokerage support to promote inclusive practice	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
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to prevent placement breakdown.							
Success measure - Increase in EEE take up for all Children/Children with SEND - Reduction in % of Children with SEND in reception on Part-Time timetables - Increased Reception Attendance for Children with SEND - Increase in % of Children with SEND achieving expected GLD - Increase in % of children achieving expected level of development at both ASQ and GLD							
School Age							
Outcome - Autism practice strengthened through school reviews and co-produced QA, with good practice captured and shared via case studies. (CMR) - Inclusion leadership strengthened through pilot challenge/support model and local events to share and embed good practice.	CAT Team Lead Head of SAIS/Head of School Improvement	- Framework for QA developed with PCF and school reps. (CMR) - City-wide Inclusion Conference delivered.	See Q4	- QA framework for autism action plans tested with group of schools and PCF. - Peer challenge/support approach developed.	See Q4	- QA framework developed and shared with schools and their parent working groups. - Peer challenge/support approach tested with groups of schools.	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.

Success measure

- Improved Attainment (progress and achievement) at KS2 and KS4 (for children with SEN) compared to national averages(and compared to Birmingham average to look at gap)
- Improved Attendance for SEN Children (Overall absence, persistent and severe absence, part timetable, fixed-term exclusions)
- Increase in % of children with ECHPs educated in mainstream setting

Post 16

Outcome

1. New Careers and Participation (CaPs) team launched	1)Head of SENDs/GR6 CAPs	1)CaPs service launched July 26	See Q4	1)CaPs Training and partnership needs identified	See Q4	1)Training delivered to CaPs – partnerships built with key stakeholders	Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.
2. NEET data and processes, reporting, data sharing reviewed with deep dives agreed	2)Head of SEND/Head of Data and Performance	2)GR5 DEPs appointed		2)GR5 DEPs starts and starts to review data and processes		2) Data review complete and deep dives agreed	
3. Completed deep dive into SENAR P16 consultation declines	3)Head of SEND	3)Agreed deep dives leads and plan		3)Start deep dive		3)Completed deep dive, findings shared and next steps agreed	
4. Championing Inclusion - P16 leaders alongside school leaders have developed and supported the shared principles and values within the Inclusion Charter.	4) Head of SENDs/GR6 CAPs	4) City-wide Inclusion Conference delivered		4) Peer challenge/support approach developed.		4) Peer challenge/support approach tested with groups of settings – including P16	

Success measure

- An increase in the number of supported Internship opportunities in the city- (baseline being established) [\(CMR\)](#)
- Reduction in NEET and not known for SEN (16 yr olds) and ECHP (16- 18yr old) [\(CMR\)](#)
- % increase in transition to mainstream from specialist at KS5

Sufficiency/Joint Commissioning

Outcome

Increase continuous review via robust QA and contract management to drive quality and value together with uniformity of locality provision and access

Head of Commissioning / Head of Sufficiency

All annual QA visits complete. Ongoing due diligence of new providers

See Q4

Expansion of Due Diligence and QA cycles into P16, AP, FE [\(CMR\)](#)

See Q4

Contract monitoring and review in place for all providers – plans in place for provision packages including tuition, EOTAS arrangements [\(CMR\)](#)

Expect workstream activities to positively impact on success measures by Year 2 of Road Map. Scorecard will illustrate data changes in all measures apart from those evaluated annually.

Success measure

- Evidence of high-quality review outcomes and consistency/uniformity of locality provision and access

Projected Investment Spend per quarter <i>Please specify funding source for each category</i> <i>Example categories:</i> Programme oversight/additional leadership capacity. Workforce Recruitment Workforce training and development Data/Digital Total Spend	Workforce - £2,387,484 Recruitment - £100,000 Training - £266,667 Transformation - £ 329,630 Total - £3,083,780	Workforce - £2,387,484 Recruitment - £100,000 Training - £266,667 Transformation - £ 329,630 Total - £3,083,780	Workforce - £2,387,484 Recruitment - £100,000 Training - £266,667 Transformation - £ 329,630 Total - £3,083,780
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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.

To ensure successful delivery of the Birmingham Local Area SEND Reforms first-year plan, we will enhance our programme management and data support to deliver the plan and support prioritisation. The SEND & AP Improvement Programme is well established and will be further developed to ensure the capacity and capability required to deliver the SEND Reforms are in place.

These enhancements will be delivered through SEND Reforms Programme Management Office supported by data analytics and reporting, which will consist of:

- **Programme Manager** – to provide management of the programme, monitor progress, manage risks, and provide reporting to the Board to support effective oversight.
- **Project Manager** – to manage workstreams, track progress, and contribute to reporting.
- **Business Analyst** – to design cross-partnership service models and develop the linkages, handovers, access criteria, and other elements required for delivery models.
- **Performance and Data Officer** – to work with existing SEND data teams to collate data and produce monitoring and performance analysis reports for the Board.

We will build on the strong foundations already established with our council's corporate functions, such as HR who will support our workforce recruitment, and Finance will support our high needs and capital work. Both these and other functions see themselves as delivery partners with the SEND Reforms being seen as a corporate priority rather than just being the focus of Children's Services.

These developments will ensure that we have the programme capacity, capability, and data insight required to deliver our ambitious first-year plan on time and achieve our measures of success.

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.

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.

Birmingham City Council's capital funding strategy in response to the SEND Reforms recognises both the scale of local demand and the progress already made in reshaping the SEND estate. Birmingham supports one of the highest numbers of children and young people with EHCPs nationally, requiring a capital strategy that is ambitious, deliverable at pace and closely aligned to system reforms.

The Council is already prioritising High Needs Capital funding to expand SEND provision within mainstream schools through the development of Resource Bases (RBs) across both primary and secondary phases. This has enabled Birmingham to shift the balance of provision towards earlier intervention, mainstream inclusion and supporting children and young people closer to home. The ongoing delivery of RBs also demonstrates that capital investment can be deployed relatively quickly, at lower cost than new special schools, and with positive impact on placement sufficiency.

Birmingham has also used its Access Works programme to support children with additional needs to remain within mainstream settings through delivery of a wide range of physical adaptations to schools. These include the creation of Primary Care Facilities, installation of lifts, ramps and accessible entrances, and

reconfiguration of internal spaces to support mobility, medical and sensory needs. This investment has been critical in removing physical barriers to inclusion, enabling schools to meet a broader range of needs without escalation to specialist placements.

The capital funding strategy will continue to treat RB expansion as a core component of the SEND Reforms response. Future investment will be guided by robust demand modelling and targeted towards priority needs and geographies, ensuring an appropriate balance across early years, primary and secondary. In Early Years, this will primarily focus on improving accessibility, suitability and inclusion in mainstream nursery and childcare settings. This approach is underpinned by the Early Years Foundation Stage (EYFS), which requires that children with SEND are supported to access high quality, inclusive early education wherever possible. Standardised design approaches, phased expansions, and close partnership with schools will continue to support maximum value for money and speed of delivery.

The strategy will also sustain investment in specialist provision where this delivers the greatest benefit and meets need. The approval of a new SEND Free School for Birmingham represents a significant opportunity to increase local special school capacity in response to significant increases in numbers of CYP with Autism and over 280 CYP currently awaiting provision in special schools rather than RBs. Capital planning will therefore ensure that the Free School is fully embedded within Birmingham's SEND sufficiency strategy, commissioning plans and placement pathways.

Given the evolving nature of SEND Reforms, the Council will ensure that capital funding strategy retains flexibility, as national policy, updated thresholds and changes to pathways are likely to influence future demand profiles. Birmingham's approach maintains a prioritised but adaptable pipeline of capital schemes, enabling re phasing or re purposing of projects, and strong governance links between the SEND Reform Programme, capital planning (**capital spend detail is highlighted in the data template and 3 year blueprint**) and commissioning.

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

Birmingham's approach to system partner and stakeholder engagement and coproduction to develop and deliver the SEND reforms will be grounded in the city's established Co-Production Charter and collaborative practices set out within the Working Together framework.

Birmingham benefits from strong, established relationships across its Local Area Partnership. Engagement and co-production is a golden thread and a strength recognised in the recent Ofsted/CQC inspection.

A central element of Birmingham's approach is its partnership with the Birmingham Parent Carer Forum (PCF) and our jointly designed engagement activities. These includes PCF led community lounges and monthly engagement sessions for parent carers, which will be extended within settings, and where appropriate, enabling children and young people to contribute. Working Together Ambassadors will further strengthen co-production practices, bringing lived experience to the Experts at Hand model.

PCF representatives are embedded within governance and decision-making structures, attending key multiagency reform meetings and will continue to attend the Improvement Board, which provides strategic oversight of the delivery plan.

Children and young people's engagement is focussed and delivered through existing and trusted participation routes such as Youth Service's fortnightly engagement with SEND young people. Birmingham also utilises established relationships with special schools, further education and alternative provision settings, including student councils and Birmingham Learners Together. Youth Futures Hub will further strengthen engagement with young people up to the age of 25.

To support our co-production approach we have commissioned three established mediation providers to facilitate the resolution of disagreements relating to the statutory process. These services offer impartial support to families and professionals, helping to resolve issues before they progress to formal appeals.

Relational and restorative practices underpin our interventions, aiming to settle disputes positively, with the wellbeing of families always at the forefront.

Rates of mediation use and outcomes are monitored through monthly performance clinics and dashboards, which include detailed analysis, identification of next steps, and sharing of learning across teams. This cycle supports continuous improvement and strengthens accountability throughout the partnership.

Engagement with schools and education settings is embedded within established structures and SEND reforms updates and opportunities for feedback will be shared through Schools Forums, SENCO briefings, consortia meetings, alongside P16 Exec Board and AP Providers Working Group. Webinars and in person engagement activity will support understanding of reforms with support from the School Improvement Team

Early years engagement will be delivered through existing Early Years Forum arrangements, family hub provision and established parent carer groups, supported by webinars for nursery schools, PVI providers and childminding sector.

We have also been on a robust improvement journey with our SENDIASS service, which is pivotal in ensuring Parent/Carers feel supported through the Reforms. We have built a strong team who are able to build trusted relationships and provide sound advice and guidance. SENDIASS will continue to work closely with Parent groups to ensure the SEND Reforms are understood and our families continue to be supported.

Success will be measured through stakeholder feedback from events and surveys, monitoring sentiment and gauging increased confidence and understanding of the reforms.

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
Workforce -There is a risk of not attracting and retaining qualified staff, contributing to an overall shortage within our workforce. This situation is further compounded by gaps in the required skill set and competition from other Local Area Partnerships making it harder to fill critical positions across our local area partnership.	Critical	Likely	RED/AMBER	Ensure that Birmingham is offering a strong employment offer when advertising vacancies across the partnership. This includes competitive salary, a comprehensive CPD offer and flexible working where possible. Support career development pathways (Grown your Own) such as increase bursary numbers and funding for trainees and non-qualified support/assistant posts.	AMBER/GREEN
Capital Constraints -There is a risk that the Council's capital programme is not sufficiently aligned, flexible, or	Critical	Likely	RED	Ensure close alignment between the SEND Reform programme, SEND sufficiency strategy, and the capital programme, with capital representation embedded in SEND Reform	AMBER/GREEN

deliverable at pace to support the changes required by the SEND Reforms. This could arise from uncertainty in future demand, changes to thresholds and pathways, revised commissioning models, or delays in national policy clarity. As a result, capital investment may not deliver the right type, scale, or location of provision at the right time, leading to continued pressure on high-cost out-of-area placements, inability to meet statutory duties, and reputational risk to the Council.				governance. Maintain a flexible, prioritised pipeline of capital schemes that can be re-phased or adapted as reforms are clarified, including modular and resource base solutions where appropriate. Use High Needs Capital allocations strategically to accelerate delivery of local provision that supports reform objectives (e.g. earlier intervention, mainstream inclusion) Strengthen joint planning with Education, Health, and Commissioning colleagues to align capital investment with revised pathways and demand modelling. Keep the capital programme under regular review to respond to emerging DfE guidance, funding announcements, and local demand intelligence.	
High Needs Budget- There is a risk of the High Needs DSG going into a cumulative deficit position prior to the finalisation of the SEND reforms and agreement of our SEND Reform plan.	Critical	Likely	RED	Close monitoring of the number of EHCP's approved over the medium term. Continue to assess the impact of overall cost against funding and review any bandings to bring budget back into line. Review funding that should be covered through the general fund rather than DSG. Potential for transferring 0.5% from Schools Block to High Needs block from 2027-28 onwards. Estimate would be additional £6.4m into High Needs Block but this has its own risks around schools forum agreement and achievability.	AMBER

Joint Commissioning Immaturity-There is a risk that the ad hoc rather than formalized Joint commissioning /S.75 arrangements with the ICB having lapsed, capacity and budgetary pressures experienced by local area partners particularly the LA and ICB have delayed appropriate forward planning of services, forecasting of need and budget pooling for maximum value for money.	Crisis	Very Likely	RED	Although formal s.75 joint commissioning arrangements expired in 2024, informal joint commissioning with the ICB continues to be progressed through task and finish and joint commissioning working groups on an ad-hoc basis. Through newly reconfirmed joint commissioning meetings, the ICB have recommitted their intention to secure formal joint commissioning arrangements with the LA following conclusion of the merger of Bsol ICB with Black Country and conclusion of the management of change process. In the meantime, collaborative commissioning continues in the short term through a short-term holding arrangement and in the medium to long term with joint forward planning and setting joint commissioning intentions with clear milestones and budgets. Currently the ICB and BCC commissioning team meet three weekly to progress urgent joint commissioning priorities- after a period of uncertainty the relationships are now stable and established. Other joint commissioning arrangements are also being procured with stakeholders across the system including the Council Wide strategic commissioning group and the Joint Commissioning Oversight group with the Trust. It is expected that this formalised governance will increase efficiency of forward planning, forecasting of joint risks and avoid duplication in spend. (CMR) We have also secured commitment from the ICB and the Trust to improve data sharing with a view	AMBER
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				to appropriately and accurately forecasting needs and planning services.	
Lack of School/Provider Consistent Engagement with Mainstream Inclusion- There is a risk that Schools and settings may not engage and develop at a fast enough pace to provide a suitable mainstream/inclusion offer in the time required by the SEND Reforms due to the scale/number of Schools within the City.	Crisis	Very Likely	RED/AMBER	Work will need to be ongoing with schools/settings to keep them informed, engaged and up to date with changes. We also need to move the inclusion house digital platform at pace, which includes the ordinarily available guidance. We will set up mechanisms to measure the take up of EAH and other inclusion initiatives and approaches. The results will be shared across the partnership to ensure accountability and ensure there is a plan of action put in place for areas of slow response and/or take up.	AMBER/GREEN

11. Dependencies

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

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

NHS Reforms/Neighbourhood Model

A key dependency to the delivery of the SEND Reforms is the alignment with NHS and Integrated Care System reforms and changes to commissioning arrangements within the Integrated Care Board (ICB).



Neighbourhood health provision will provide access to health multidisciplinary teams in local communities as part of integrated models of support. These will support health needs earlier on, reduce use of A & E / ED by Children and Young People and support school attendance. There is also an opportunity to work together to align and link with Experts At Hand delivery in schools and settings. These mitigations will be overseen by the ICB SEND Assurance Group and the shared partnership governance arrangements via the themed SRO workstreams and SEND & AP Improvement Board.

Social Care Reforms

Family Help brings together targeted early help into one coherent offer, reducing handovers and ensuring families experience greater continuity of relationships and support within their communities. Family Help has been introduced in line with the national reform programme following a pilot in the Hodge Hill district of Birmingham and rolled out citywide between October and December 2025.

A central feature of the Family Help offer is the introduction of a district operating model, which brings together a range of practitioners, including domestic abuse specialist workers, child exploitation leads and education safeguarding leads.

In relation to the introduction of Multi-Agency Child Protection Teams (MAC-PTs), Birmingham Children's Trust has established a multi-agency development group to develop an initial design and plan for a pilot by September 2026.

Best Start in Life and Family Hubs

The Best Start in Life Strategy aims to give every child the strongest start by aligning early childhood services to reduce inequalities, support families early, and improve outcomes through prevention and seamless support.

The SEND roadmap stresses early identification, inclusive practice, integrated commissioning, and clear accountability. Impacts include better early years SEND pathways, improved data sharing, workforce development, and more graduated support. Aligning Family Hubs, health visiting, early education, and parental support is vital.

These impacts can be managed through a jointly owned implementation plan, clear governance between the SEND and Best Start partnerships, and shared milestones within both roadmaps. Co-production with parents, carers and providers, alongside regular review of outcomes and system pressures, will help ensure alignment supports delivery rather than duplication or drift.

Curriculum and Assessment Review

The curriculum and assessment reforms identify challenges such as attainment gaps, weaknesses in the KS3 curriculum, preparation for future education, curriculum overload and access barriers. Our focus on improving transitions between curriculums and developing inclusive curriculum pathways are designed to address these.

The approach emphasises aspirational principles, reflective frameworks, enabling schools to review practices against guidance.

OAG, Experts at Hand, and skill audits support planning, delivery, evaluation of alternative curriculums, recruitment and workforce development. The focus prioritises early intervention and the sharing of effective practice; available to all through local area partnerships.

Impact will be measuring through Y1 of these reforms with pilots commencing in September 2026. Risks include engagement potentially being limited until the new academic breadth measure is fully implemented.

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.

We will ensure that delivery is on track through a combination of:

Oversight

Birmingham's approach to monitoring SEND reform progress will rely on **dashboards**, **multi-agency data systems**, and **regular governance reviews** through SRO-themed workstreams and the Local Area Partnership SEND & AP Improvement Board. This approach will be supported by:

- **The Birmingham Local Area Improvement Plan**, which tracks improvement actions and supports effective management of assumptions, dependencies, and risks.
- **The outcomes-based SEND Data Dashboard**, developed with multi-agency partners to capture indicators aligned to strategic outcomes such as learning, health, safety, and wellbeing. It brings together statutory datasets, local service data, and the voices of children and families.
- **Operational SEND data dashboards**, which provide partners with the business intelligence needed to design and deliver services.

Tracking Demand

Demand will be monitored through:

- **EHCP application and assessment data** from SENAR systems and School Census datasets.
- **Multi-agency datasets** within the **SEND Data Dashboard**, including indicators relevant to local need and commissioning.

Tracking Service Delivery

Service delivery will be monitored through:

- Deployment data for **speech and language therapists**, educational psychologists, and other specialists.
- **New places** created in specialist and mainstream settings, tracked through capital planning systems.
- **Regular KPI reviews** by the SEND & AP Improvement Board.

Tracking Service Quality

Quality will be assessed using:

- **Parental satisfaction measures**, including surveys, complaints analysis, and Parent Carer Forum feedback.
- Quality indicators within the **outcomes-based dashboard**, including children and young people's voice data and qualitative KPIs.
- Findings from audits, case reviews, and multi-agency quality assurance activity.

Tracking Outputs and Outcomes

Key outcomes including **attendance**, attainment, **exclusions**, and **post-16 destinations** will be monitored through the outcomes-based dashboard, supporting the measurement of education, health, safety, and wellbeing outcomes across the 0–25 system. Targets related to these outcomes will be reviewed and updated annually but the overall aim for all these will be for Birmingham to achieve National benchmarks as a minimum by Year 3 of the Plan (realistic for some areas like SEN Support attainment but a stretch goal for others such as ECHP attainment).

Feedback Loops and Stakeholder Input

Progress and feedback will be reviewed through:

- **Six-weekly SEND Board meetings**, using stakeholder feedback and KPI dashboards to inform decisions and adjustments.

- **Parent Carer Forum engagement**, ensuring co-production and lived-experience insight.
- **Operational Performance Dashboards and clinics** where services review a range of evidence to share good practice and identify and respond to challenges.
- **School and setting leader forums**, informed by weekly operational data.
- **Multi-agency workshops**, using dashboard outputs to refine priorities.
- **Annual feedback surveys**, enabling year-on-year comparison.

Our approach to monitoring and evaluation is underpinned by:

- **A comprehensive programme management plan** with clearly defined dependencies, assumptions, and risks, supported by partnership-wide governance and oversight.
- **User feedback** and accurate data to inform decision-making and continuous improvement.
- **Effective use of data systems and insight** to provide measurable evidence of performance and trends.

Together, these measures will help Birmingham adapt delivery models, target resources effectively, secure value for money through commissioning, **and improve outcomes for children and young people with SEND.**

13. Reporting to DfE

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

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>
The governance mechanism to oversee the Birmingham Local Area SEND Reforms Delivery Plan is based around the long standing and effective SEND & AP Improvement Plan governance process	The purpose/ responsibilities of the governance mechanism is to provide oversight and support for the workstreams listed in attachment fig 2 . The specific role and responsibilities of the	The membership is partnership wide please see attachment fig 3 for the membership consisting of: -Executive Directors from the Local Authority, Social Care and NHS. -DfE and NHSE advisers. -PCF Chair. -NHS Providers.	There are two levels to the governance structure with the meeting frequencies aligned to ensure that tracking of progress and	Decision making is aligned with the two levels of the governance structure: -The themed workstreams each have an SRO from one of the Local Area Partners and	The escalation path within the governance mechanism has two levels: -within each themed workstream from the action leads to

overseen by the SEND & AP Improvement Board. In support of the Board is the SEND Management Group (SMG) which is made up of the partnership Executive Directors and is the key decision making group that feeds into the Board. The SRO is Helen Ellis-Director of Early Years SEND & Inclusion BCC. please see attachment fig 1 for detail on the governance structure and its flow.	SEND & P Improvement Board are to: 1. Create a sustainable SEND and Alternative Provision system in Birmingham that is both inclusive and ensures children and young people with SEND achieve positive outcomes. 2) Ensure that the Partnership has aligned sufficient investment for the local area SEND and Alternative Provision activities, so it delivers high quality and equitable provision (across the area) for all children and young people with additional needs. 3) To take responsibility for ensuring the SEND & AP Improvement Plan (including the 2025 SEND Post Inspection Action Plan) outcomes and KPIs are delivered to meet the DfE and NHS England requirements. 4) To deliver strategic oversight and provide guidance to the leaders of SEND and Alternative Provision services (for all children and young people	-Cabinet Members. -School Heads.	reporting are integrated. The workstream themed meetings listed in attachment fig 2 meet on a monthly basis in the month preceding the Board which will meet at six week intervals.	they are able to make decisions on: -the allocation of leads to actions/outcomes. -agreeing revised delivery timescales. -approving progress reports for Board and other updates as required for Members etc. -The board is the strategic decision making entity in terms of: -approving revised plans. -declaring any risks and issues. -on-boarding of any major new additions to the scope of any of the themed workstream's. -any joint financial decision making is currently delegated to the sovereign organisations within the Local Area Partnership.	the individual SRO's. -the SRO's will then if required escalate up to the Board/ Chair.	
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	with additional needs) across the local area. To support and challenge the local partnership, to help remove barriers to service improvements and to monitor the implementation of Birmingham's SEND and Inclusion Strategies. 5) To provide oversight, challenge and support to ensure the Local Area Partnership continues to develop the quality services and outcomes for SEND and Alternative Provision across the Birmingham Local Area. 6) Provide oversight of delivery of the SEND Reforms Plan and pre commissioning tasks for SEND Reform. The information reported to the Board is: a) The voice of the Child experience. b) Performance of key service measures in the SEND & AP Scorecard. c) Progress against post SEND inspection actions. d) Progress against the actions in the SEND & AP Improvement Plan.					
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	e) The impacts of SEND & AP improvements for SEND Children and families. f) Progress on delivery of the actions/outcomes in the SEND Reforms Plan.				
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If you have a diagram to show the relationship between these governance mechanisms, please upload this here.

[See Governance Structure Explanation and Board Membership Document](#)

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

Access to specialist expertise or advisory support.

DfE support required to increase training places for EPs, OTs and SALTs as well as time for associated professional supervision and CPD and expertise to deliver EAH model.

Help with workforce development or recruitment challenges.

Developing materials that could support a local advertising campaign specifically for Early Years linked to a national campaign. Ensure the training programme offered is suitable for all EY Providers and not just schools.

Tools or templates to support data collection, reporting, or evaluation.

Provision of a template to support us to monitor the use and impact of the Early Years Inclusive Mainstream fund.

Facilitation of peer learning or regional collaboration.

Include the SEND Reforms work as part of the ongoing Regional and National network support meetings that are available to LAs rather than establish something separate.

Access to a range of local authority Experts at Hand models that are put out as examples of good practice.

Access to or a directory of quality training and clarity on the essential/desirable training for schools and settings across the sector e.g. understanding autism – can this be mandatory?

Support with system-level coordination across education, health, and care.

Continue to promote the join-up across Government Departments (DfE/DHSC/NHS) and ensure timelines are co-terminus.

Where ICBs are involved in delivery elements of the plan a practical element of support will be to facilitate sessions, learning and monitoring aligned to their health footprint which can then be tailored and brought back into local areas.

Guidance on navigating regulatory or policy barriers.

Continue to make available webinars to support when new guidance is issued

Practical guidance on delivering the plans against other relevant/overlapping policy and legislation e.g. attendance, belonging regs, high needs guidance.