SEND Reforms & the Kirklees Partnership

20/07/26

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- Interesting that both are right, but there could be different reasons why.
- To a scientist it's a glass that's 50% full.
- To an engineer it's a glass that's twice as big as it needs to be.
- To someone crossing a desert it's a lifesaver.
- To someone who has just spilled the drink it's a disaster.
- The point is that people can look at exactly the same thing and see something completely different.

- Over the last year, families, schools, health services, social care and local authority teams have all looked at the SEND system from different perspectives.
- You've seen different challenges.
- You've identified different opportunities.
- You've brought expertise that others don't have.

- Today isn't about agreeing whether the glass is half full or half empty.
- It's about understanding each other's perspective and deciding together what happens next.

What will we cover today

- Looking back – what you told us and how it shaped the submission
- Looking forward – what we've committed to
- Assumptions & how the system will work differently
- Break & networking
- Table discussion 1 - What do the reforms (& what you've heard today), mean for me / my service / my setting?
- Table discussion 2 – Measuring parental confidence in a more joined up system
- Next steps

You told us…	How it shaped the submission
Earlier support is more important than waiting for EHCPs or crisis intervention	Experts at Hand became a central feature of the plan, alongside Best Start, Family Hubs and earlier intervention, with a focus on reducing escalation and meeting needs earlier
Inclusion must be everyone's responsibility, not just SEND's responsibility	The plan strengthens mainstream inclusion, inclusion bases, shared accountability and system-wide leadership across education, health and care
Health and social care must be as accountable as education	The submission places greater emphasis on integrated health support, ICB involvement, joint governance and shared accountability across partners
Workforce and capacity are critical risks to delivery	The plan includes a dedicated workforce workstream and commitments around workforce development, Educational Psychology, Speech and Language Therapy, Occupational Therapy and Experts at Hand capacity
Parents, carers and young people must influence change rather than simply be consulted.	Co-production is embedded throughout the plan, with strengthened Parent Carer Forum involvement, youth voice activity and 'you said, we did' feedback loops
Wanted clarity about delivery, not just ambition	The final submission was strengthened with a three-year roadmap, year one delivery plan, governance arrangements, explicit assumptions, milestones and success measures

You did not ask us to change direction. You asked us to make the direction clearer, more deliverable and more accountable

What have we committed to

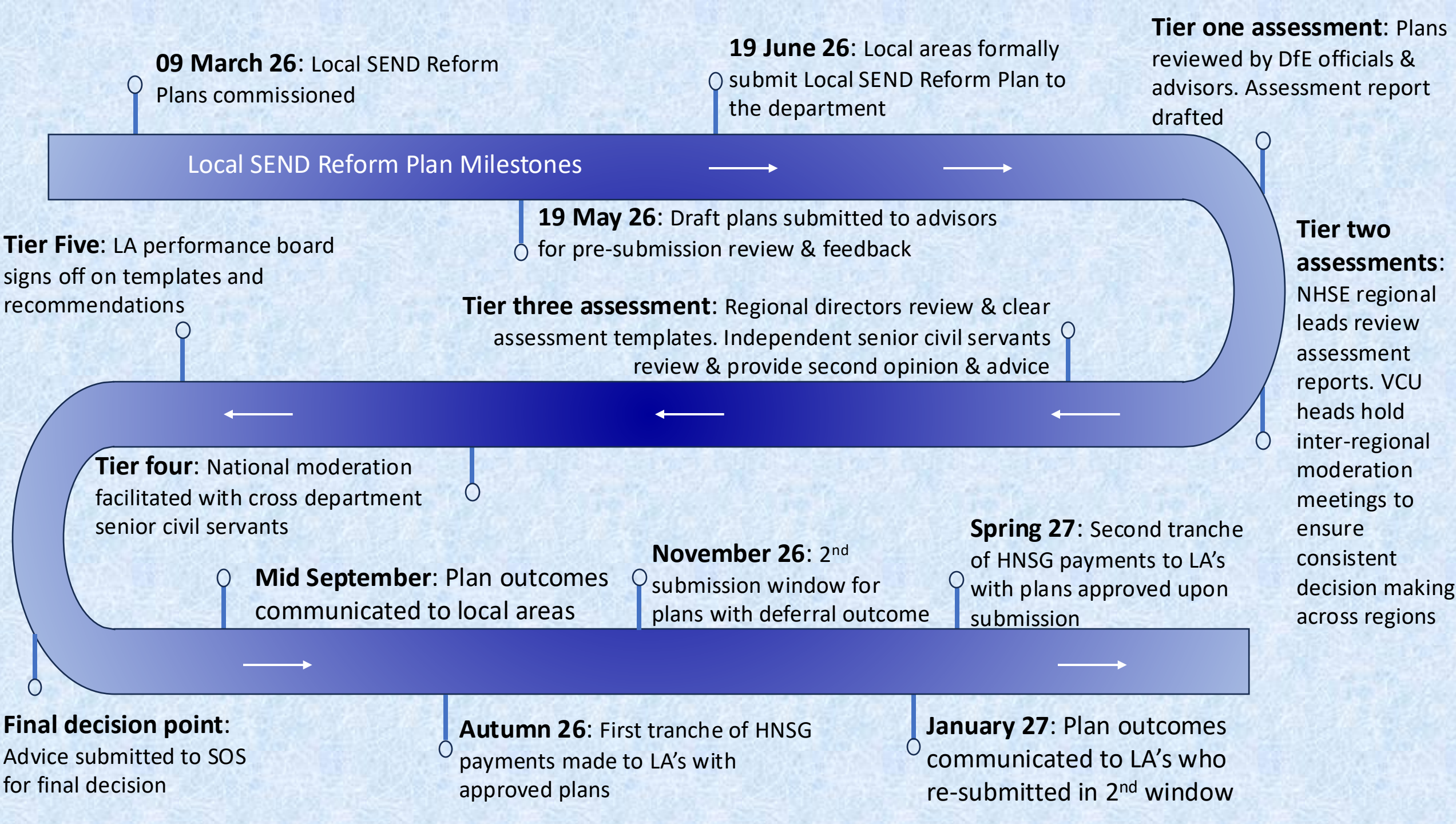
Core commitments

- More needs met in mainstream settings
- Earlier support - not waiting for crisis or EHCP
- More consistent experience for families / improved confidence
- Better use of specialist support across schools
- Investment in roles
- Less reliance on high-cost placements
- Improved post-16 participation and reduced NEET rates

By 2027/28 we aim to see

- Increased mainstream inclusion including :-
  - ✓ All secondary schools supported to establish inclusion bases
  - ✓ At least 4 specialist inclusion bases per year from 2027/28
- Improved attendance
- Reduced exclusions
- Reduced reliance on independent placements
- Shorter waiting times for assessment and support, including improved access to therapies through the Experts at Hand model.

These lead to increased parental confidence, with reductions in complaints and tribunal cases.


09 March 26: Local SEND Reform Plans commissioned
19 June 26: Local areas formally submit Local SEND Reform Plan to the department
Tier one assessment: Plans reviewed by DfE officials & advisors. Assessment report drafted
Local SEND Reform Plan Milestones
19 May 26: Draft plans submitted to advisors for pre-submission review & feedback
Tier Five: LA performance board signs off on templates and recommendations
Tier three assessment: Regional directors review & clear assessment templates. Independent senior civil servants review & provide second opinion & advice
Tier two assessments: NHSE regional leads review assessment reports. VCU heads hold inter-regional moderation meetings to ensure consistent decision making across regions
Tier four: National moderation facilitated with cross department senior civil servants
Mid September: Plan outcomes communicated to local areas
November 26: 2nd submission window for plans with deferral outcome
Spring 27: Second tranche of HNSG payments to LA's with plans approved upon submission
Final decision point: Advice submitted to SOS for final decision
Autumn 26: First tranche of HNSG payments made to LA's with approved plans
January 27: Plan outcomes communicated to LA's who re-submitted in 2nd window

What assumptions have been made

Demand assumptions

- If nothing changed, EHCP numbers would continue to increase by around 9% per year.
- The figures submitted to DfE assume the reforms make a difference:-
  a. **2028 projections reduced by 5%**
  b. **2029 projections reduced by 7%**
- We expect the greatest impact in younger age groups, where earlier intervention is most likely to change outcomes:-
  a. **5–10 age group reduced by a further 5%**
  b. **11–15 age group reduced by a further 10%**

Delivery and funding assumptions

- **£3.5m Experts at Hand funding** is fully utilised (subject to recruitment and delivery timelines).
- Continued Schools Block transfer (subject to agreement).
- **£3m Inclusive Mainstream Funding** allocated to schools.
- Workforce can be recruited and retained to support delivery.

Bottom line

The figures assume that earlier support, stronger inclusion and increased local capacity reduce demand over time, with the greatest impact expected in primary and early secondary age groups.

How will the system work differently

- Experts at Hand (multi-agency support building on cluster communities)
- Stronger graduated approach (clear expectations)
- Increased inclusion capacity (bases + mainstream support)
- Health working as part of the system (not separate)
- Earlier support and intervention inc through Best Start / Family Hubs

This is one system around children and families,
not separate services operating independently

Looking ahead

What's been happening

- SEND Reform has emerged and moved from planning into delivery
- Best Start in Life continues to develop
- Families Together is becoming established
- Integrated Neighbourhood Health Teams are emerging
- Expectations around inclusion continue to grow

Looking ahead

- Moving from SEND Programme to Inclusion Partnership
- Greater focus on cross-programme dependencies
- Stronger alignment with Health and family support reforms
- Ambition Board taking a broader view across children's reform

The destination hasn't changed –
The scale of the journey has

Moving from SEND Programme to Inclusion Partnership

SEND programme

Focused predominantly on:-

- SEND Reform
- EHCP demand
- SEND improvement activity

Inclusion partnership

Focuses on:-

- Experts at Hand
- Inclusion capacity
- Graduated approach
- Workforce development
- Health integration
- Performance and outcomes

Key interdependencies

- Best start
- Families together
- INHT's

Governance & grip 7 pillars = 7 workstreams

Co-production with parents and carers and Children and Young People

Effective system leadership and governance

Accurate understanding of needs and experiences of children and young people through effective use of quantitative and qualitative data

High quality service delivery at universal, targeted and specialist level to promote inclusion

Effective partnerships working across education, health and social care (includes PfA)

Skilled and organised workforce across local authority, education settings, health and social care e.g. support for ND

Targeted, judicious and sustainable use of resources including sufficiency, place planning and use of capital e.g. Specialist inclusion bases

Break & Networking – 15 mins

What's changed since we started these discussions in March

Info from the DfE :-

- More detail on key areas has appeared over time.
- Detail on experts at hand shared days before submission due – no expectation that our return / plans had time to incorporate the new info.
- Inclusion bases – more guidance provided post submission.
- Starting to work with West Yorkshire Local Authorities as a wider group…

What hasn't changed – our focus on our children and families.

Table discussion 1

What do the reforms (& what you've heard today) mean for me / my service / my setting?

Each table to answer:-

a. What will need to change in practice in my part of the system?
b. What would help us do that?
c. What would get in the way?

- 20 minutes to discuss
- Capture thoughts on the flipcharts
- When someone writes on the flipchart, please put the organisation that the note relates to
- 1 pertinent point to feedback to the wider group

Table discussion 2
Parental confidence in a more joined up system

We have committed to improving parental confidence.

- Families reporting improved trust, clearer communication and a more joined-up experience

a. How should we measure it and when? Not can, should …
b. How do we get wider views, not just where its gone wrong or gone really well?
c. What would tell us confidence is improving?

- 20 minutes to discuss
- Capture thoughts on the flipcharts
- When someone writes on the flipchart, please put the organisation that the note relates to
- 1 pertinent point to feedback to the wider group

What happens next

- DfE consider our submission – we find out in Sept / Oct (if not approved, we do more work and re-submit)
- Info from DfE on Inclusion bases just received
- Start to put the detail to the plan with partners
- Best start and Families first – joining the picture together
- New governance - new Inclusion Partnership Board for the autumn
- Year 1: getting the model in place (you'll see changes in access, not outcomes yet)
- Years 2–3: impact starts to show (demand, placement, behaviour)

The challenge is no longer designing reform. It's providing the collective leadership needed to deliver it.

Summary

- Not changing direction – changing the system
- Better to start and then adjust than wait for perfect
- Where we start is not where we finish. The next challenge is turning a shared plan into shared action.

What we need from you …

A. Please don't leave today's discussion in this room. - use the summer to think and reflect and step forward to help us implement.

B. Take it away, test it, challenge it, talk to your people

C. Come back to us with what will make delivery successful and what you can do.

If not now then when?
If not us then who ?

What assumptions have been made

- We used national population forecasts to estimate how many children and young people are likely to live in Kirklees in future.
- We then looked at how EHCP numbers grew in Kirklees between 2022 and 2025 and projected that trend forward. If nothing changed, we would expect EHCP numbers to continue increasing by 9% per year.
- The figures submitted to DfE assume the reforms make a difference -2028 projections have been reduced by 5% and 2029 projections by 7%
- We expect the greatest impact to be seen in younger age groups, where earlier intervention is most likely to change outcomes - 5–10 age group reduced by a further 5% & 11–15 by a further 10%
- These reductions reflect the expected impact of earlier support, Experts at Hand, stronger inclusion and increased local capacity.
- These are assumptions, not guarantees, and will be reviewed as delivery progresses.
- Assumption had to be made that people can be recruited.
- EAH spend of £3.5m will all be spent (but risk around timelines) - not yet sure if DfE will claw back any underspend.
- Safety Valve funding no longer contributing.
- Continuation of schools block transfer subject to agreement
- Inclusive Mainstream Funding will also be allocated to schools sector (circa £3m).

Bottom line

- The numbers assume that earlier support and stronger inclusion reduce the need for EHCPs over time, with the biggest impact initially expected in primary and early secondary age groups.