Kirklees Local SEND Reform Plan

March 2026



Annex A: Local SEND Reform Plan

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

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

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

Name of Local Authority: Kirklees Council

Name of Integrated Care Board: West Yorkshire ICB

Local SEND Reform Plan SRO: Jo-Anne Sanders – Kirklees Council

Please note – this plan is based on guidance provided prior to 4th June in order to achieve the required sign off flightpath.

Signatories

Role	Name	Email contact	Date
Chief Executive – Kirklees Council	Steve Mawson	steve.mawson@kirklees.gov.uk	18/06/26
Integrated Care Board (ICB) Chief Executive	Jonathan Webb	jonathanwebb@nhs.net	16/06/26
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Integrated Care Board NHS Place Director	Vicky Dutchburn	v.dutchburn@nhs.net	18/06/26
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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*

Kirklees response :-

The Kirklees Local Area Partnership has been working collaboratively for several years to ensure that children and young people have the best possible start in life. Our shared focus has been on prevention and early intervention, alongside the development of integrated services across health, education and social care.

Our improvement journey began in 2020 when, as a partnership, we agreed our co-produced Inclusive Ambitions, which have underpinned our approach over the last five years. These ambitions have continued to evolve and have directly informed our overarching strategy, The Big Plan, which also incorporates our post-inspection action plan.

The Big Plan has been co-produced with children, young people, families and a wide range of stakeholders across Kirklees. We are proud of its breadth, ambition and accessibility. It provides strong foundations on which to build as we deliver the SEND reforms. We are committed to developing a system that is early, local, fair, effective and shared.

We are equally proud of our workforce across Kirklees and feel privileged to work alongside committed colleagues in education, health and social care, including our partners in the West Yorkshire Integrated Care Board (ICB) and provider organisations. Throughout our improvement journey, we have demonstrated that we are an outward-looking partnership, actively learning from regional and national best practice while also contributing to it. Over the past six years, we have developed innovative approaches and high-quality provision, supported by a strong and established partnership infrastructure, with the West Yorkshire ICB playing a key role in shaping integrated commissioning, pathway development and service delivery.

We already have important building blocks in place, including:

- 18 well-established cluster communities, which provide a foundation for our Experts at Hand model
- A strong focus on whole-school approaches to inclusion, including through our PINS programme
- Early support through enhanced early years funding and Portage services
- Established partnership working, including with the West Yorkshire Integrated Care Board (ICB), that supports integrated commissioning and delivery across the system

However, we recognise that there is more to do. Key challenges include:

- Variability in inclusive practice across settings
- Ensuring more children's needs can be met effectively within mainstream provision
- Strengthening and developing our workforce across the partnership
- Improving the timeliness of assessment and support across education, health and care
- Enhancing our offer to support preparing for adulthood

We also face challenges in ensuring the financial sustainability of the system. Too many children are currently educated in high-cost independent provision, often due to capacity constraints or lack of confidence in the local offer. We are addressing this through strengthening inclusion in mainstream settings, investing in Additionally Resourced Provisions, developing new special school capacity, and establishing a new Alternative Provision free school, alongside closer joint planning with the West Yorkshire Integrated Care Board (ICB) to support more sustainable local pathways and earlier access to integrated support. However, further progress is required.

In addition, too many children and young people with SEND continue to experience suspensions, permanent exclusion, reduced timetables, and lower levels of attendance and attainment than their peers. Feedback from children and families highlights that, at times, they feel they struggle to access support or are not fully listened to. We are clear that this must change.

A fuller analysis of our local system is set out in our SEND Self-Evaluation Framework (SEF) and inspection materials (see attachments).

We have already established a mature and well-developed SEND transformation programme, with clear workstreams, objectives and success measures across the partnership. This means we are already delivering against these priorities and are now scaling this approach consistently across the system. Our Local Area SEND Reform Plan will sit within this existing programme and reflects that we are moving from established foundations into scaled delivery over the next three years, focused on the following key objectives:

- **Early and timely support**: Ensuring high-quality support is available at the earliest opportunity through integrated delivery across Best Start in Life Hubs, Family Hubs, Families First, and Integrated Neighbourhood Health Teams, in partnership with the West Yorkshire Integrated Care Board (ICB)
- **Experts at Hand model**: Commissioning a comprehensive multi-agency Experts at Hand service, building on cluster arrangements to provide timely, high-quality support to settings so children's needs can be met locally, with active involvement from West Yorkshire ICB-commissioned services and provider partners
- **Strengthening the graduated approach**: Developing a clear, co-produced and shared understanding of the universal, targeted, targeted-plus and specialist offer across all partners, with shared expectations and accountability across education, the local authority and

the West Yorkshire Integrated Care Board (ICB)

• **Expanding inclusion capacity**: Continuing to invest in inclusion bases, particularly in secondary schools, to support more children to remain in mainstream provision, supported by aligned planning across the local authority, education partners and the West Yorkshire Integrated Care Board (ICB)

• **Integrated health support**: Working with the West Yorkshire Integrated Care Board (ICB) and provider partners to align community health services, including therapies, with the Experts at Hand model and neighbourhood teams, with shared accountability for consistent delivery across the system

• **System leadership and governance**: Ensuring our multi-agency Local Ambition Board, including the West Yorkshire Integrated Care Board (ICB), provides oversight of all children's reforms, aligns programmes of change, and is accountable to the Health and Wellbeing Board

This approach will reduce escalation to statutory assessment and reliance on high-cost specialist provision by strengthening earlier support, increasing local capacity and improving confidence in the mainstream offer.

Our detailed delivery plan is structured around the seven pillars of the SEND reforms, setting out clear baselines, objectives and success measures, with joint oversight and delivery assurance across the partnership, including the West Yorkshire Integrated Care Board (ICB).

Please note, there is an overview document which lists all attachments and also hyperlinks to key documents. Please see attached / links for Kirklees futures strategy; Inclusive ambitions; Big plans – 1,2 and 3; Cluster communities; Kirklees experts at Hand; SEF 2025; Local Area SEND Inspection outcome; Governance diagram.

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

Kirklees response :-

Vision and Ambition for SEND in Kirklees

Our overarching vision is set out in the SEND Big Plan, the Kirklees Futures Strategy, and is aligned with the ambitions in the NHS 10-Year Plan. We will continue to build on our established partnership infrastructure and approach to delivering SEND transformation. Through our Local Area Reform Plan, we are setting out a clear, shared vision and a set of ambitions for the next three years.

Our Three-Year Vision

In three years, we will have further strengthened our local system so that children and young people in Kirklees can learn, thrive, and feel a strong sense of belonging.

Children, young people and families will experience a system that:

• Offers support as early as possible
• Provides high-quality local school places within their communities
• Is fair, consistent and timely in its decision-making

• Delivers evidence-based and cost-effective provision
• Works in a fully integrated way across education, health and social care

Families will have greater confidence in a more joined-up system. They will be able to access early help more easily and will feel listened to, without needing to fight to be heard or to secure the right support.

Inclusive Local Provision

Wherever possible, children and young people's needs will be met in mainstream schools and settings, from the earliest years onwards.

Schools and settings will be supported to play a full role in inclusion, with:

• Clear and shared understanding of ordinarily available provision
• Consistent application of the graduated approach
• Stronger collaboration across clusters, with shared responsibility, expertise and specialist capacity across education, health and social care partners

Preparing for Adulthood

Our young people will be better prepared for adulthood.

Transitions into post-16 education, training and adult services will be smoother, better coordinated and more joined-up, ensuring continuity of support and improved outcomes.

A Clear and Proportionate System

Individual Education Plans and Education, Health and Care Plans (EHCPs) will be in place for those requiring the most specialist level of support.

Families and settings will have a clear understanding of the support available at each stage of the graduated approach, reducing reliance on statutory plans where needs can be identified and met earlier, close to where they live.

Early Intervention and Sustainability

The system will invest more consistently in early intervention so that, wherever possible, needs are identified and met before they escalate or become more complex.

This will:

- Improve experiences and outcomes for children and families
- Reduce demand on specialist and high-cost provision, including reliance on independent placements
- Support more sustainable use of public resources, in line with our financial strategy

Overall, children, young people and families in Kirklees will experience a system that is fair, connected, inclusive and human.

Goals and Measures of Success

The full set of measures is outlined in the strategy section of this plan.

Our goals for the next three years are set out below and will be delivered through measurable improvements in inclusion, demand, attendance and the use of specialist provision across the system.

Together, these goals describe a more consistent and earlier-supporting local system, where more needs are met locally and reliance on specialist provision reduces over time.

At a high level, success will mean:

- More children and young people having their needs met effectively in mainstream settings, with reduced reliance on EHCPs where appropriate, including through IEPs supported by the Experts at Hand model

- Reduced reliance on independent and out-of-area specialist provision, with more children and young people supported locally
- Earlier access to support and improved timeliness, including faster assessment and improved access to therapies through the Experts at Hand model
- Improved attendance and reduced exclusions for children and young people with additional needs, reflecting a more inclusive education system
- Increased parental confidence in the system, with reductions in complaints and tribunal activity
- More sustainable use of resources, including reduced high needs expenditure through greater use of local, cost-effective provision

Please note, specific measures are listed in subsequent sections.

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.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Building blocks *Strengthening inclusion across education settings*	In Kirklees we have a strong baseline from which to build upon across many aspects of the inclusion agenda. We have good, co-produced guidance for schools and early years settings in relation to the graduated approach, with training available to support its implementation, although there is further work to do to embed this consistently across all settings • We have a strong Early Years Specialist Team that includes Portage and Portex workers, and Kirklees are a key partner of Dingley's Promise on their Changemakers national training programme for early years inclusion. Kirklees has worked with and promoted Dingley's Promise across the area with parent champions receiving national recognition • We have developed our mainstream Cluster Communities where funding is delegated to (17) groups of schools and there is expert advice available from the Team around the Cluster (made up from EPs, Early Years expertise, Specialist Teachers and Early Help Consultants) which will	In the next 3 years we expect to have a comprehensive, co-ordinated approach that is equitable for our schools and learning settings, in being able to confidently secure the right support for provision for our children from 0-25 years to support them to thrive in mainstream because there is capacity across the district to access specialist support and training. Building on what is working well in our Cluster Communities, there will be a co-designed offer across the Early Years, for those accessing Alternative Provision and those receiving their education in Post 16 settings. We will have in place a system that is responsive in identifying and meeting need at the earliest opportunity and this will be coordinated across Best Start in Life Hubs, and across Social Care with support from the system leadership roles of the Designated Social Care Officer, the Designated Clinical Officer. The model will continue to evolve based on learning and evidence, with clear standards and expectations consistently applied across the system.

	provide a strong foundation for us to build the Experts at Hand Model upon. • The development of Experts at Hand has been discussed with the emerging health place-based provider partnership, who support the overall direction. This includes aligning wider community health services with Experts at Hand and Cluster Communities through Integrated Neighbourhood Health Teams. Health partners are also investing in additional Speech and Language Therapy capacity, with a shared ambition to ensure the core health offer and Experts at Hand operate as a complementary, joined-up system • PINs (Partnership in Neurodiversity) – Led by our parent carer forum, the partnership in neurodiversity has been a successful project over the last 2 academic years. We now have 22 primary schools that have been able to access support to embed a whole school approach. Evaluation has shown this has been impactful. • Kirklees Keep in Mind – Mental Health in Schools Teams – our schools have access to MH support development including ELSAs (Emotional literary support assistants). In terms of challenges; • There are increasing requests from mainstream schools at Annual Reviews or at request to assess for a specialist placement, this is placing pressure on place availability. We need to be able to develop greater confidence in schools, so they feel able to meet need with workforce development, access to support and expertise.	• Consistent, system-wide understanding and application of ordinarily available provision, with the graduated approach embedded across all settings and phases alongside whole school training and mentoring. • Experts at Hand fully operational across clusters, with all settings inc post 16 able to access timely advice and support with setting feeling confident to meet the needs of children local to their school supported by inclusion bases in most settings. • Reduced variation in inclusive practice between schools, evidenced through Quality Assurance, reasonable adjustments being well understood, with attendance for those with additional needs improving, exclusion and suspensions decreasing and achievement and progress outcomes at key stages for the cohort beginning to stabilise • Cluster communities and the team around the cluster operating as the default delivery model for experts at hand access to early intervention, enabling shared responsibility, workforce development and peer support • Mainstream settings confidently supporting a wider range of needs, including autism, SEMH and speech, language and communication needs with fewer requests for specialist placements. • PINS approach embedded and integrated with Experts at Hand, informing whole-setting practice across primary, secondary, AP and post-16. • At least 50% of maintained primaries will have received support from a coproduced PINS approach, and co-designing an approach for Secondary Schools will be in progress.
beAccess to specialist support and local placements	• We have in place a sufficiency strategy where the evidence has underpinned the delivery of 2 new buildings and expansion of state funded special school planned places for Joseph Norton Academy (SEMH) and Woodley School and College (Autism), as well as securing additional places through satellite provision • We have bolstered capacity across our Additionally Resourced Provisions as part of an ongoing strategy, these are commissioned by the Local Authority, and we have Service Level Agreements in place. These are likely to fit the criteria of Specialist Inclusion Bases as outlined in the SEND White Paper. • We have confirmation that we have secured an Alternative Provision Free School via the Department and are keen to see this developed alongside the Specialist Task Force Model and are considering how we can secure the task force ahead of the new school opening. In terms of challenges; • Our Local Area has more to do to plan pathways for post 16 opportunities and routes into employment. Consistent communication and engagement opportunities need to be improved, both with parents and carers, children, and between partners	• Earlier access to specialist advice through Experts at Hand reduces reliance on statutory assessment and crisis intervention, with pathways to support being described in plain English to support children and families to know what they can expect. • Inclusion bases (both support bases and specialist bases) established across most secondary settings and expanding across primary and post-16, with a clear trajectory of increasing use over the three-year period. • Increased local sufficiency knowledge with the ability to commission (and decommission) based on need at each Key stage, with more children educated within state funded provision in Kirklees, close to where families live and fewer independent places and out-of-area provision required. • Alternative Provision operating as part of a planned pathway, aligned to the specialist taskforce model and preventing permanent exclusion wherever possible • AP free school operational and integrated into the wider system, supporting CYP with SEMH and complex needs and reducing high-cost placements • Improved pathways into post-16 education, employment and training, with clearer routes and reduced NEET outcomes for CYP with SEND • Improved timeliness and quality of EHCP processes, supported by earlier intervention and reduced system pressure.

	• The timeliness of EHC Needs Assessments and Annual Reviews have improved, but with pressure on capacity from the workforce, including the EHCP Team, advice givers from Health, Educational Psychology and Social Care this is impacting upon statutory timelines being adhered to.	
System leadership, local partnership collaboration and co-production	• We have a strong and respectful working relationship with our Parent Carer Forum • Children and Young People have influenced strategy and operational reality directly e.g. the creation of our 'Big Plans' and the future building and external spaces of our 2 new builds. • We have existing schools, Multi Academy Trusts and partners who have indicated their willingness to be creative in finding solutions to enable improved inclusive practices • Our existing governance and data dashboard has enabled support/resource to be unlocked to enable a range of investment opportunities that underpin creative solutions to be unlocked, for example we have had the opportunity to test and learn with a range of Assistive Technology	• Fully embedded partnership governance with shared accountability across LA, ICB, education and wider partners, evidenced through joint decision making and delivery • Co-production and co-design operating as standard practice across all workstreams, with clear "you said, we did" feedback loops • Parent Carer Forum and youth voice demonstrably influencing commissioning, service design and evaluation • Stronger alignment between education, health and care workforce planning, commissioning and delivery • Consistent communication and engagement across partners, reducing fragmentation and improving system confidence
Encouraging inclusive culture and behaviours	• Kirklees has IMAP – Inclusion multi-agency panel where we encourage schools to reach out early so support can be provided. • Cluster communities are developing traction – example of feedback from a headteacher 'Collaborative working, sharing good practice and resources and being able to network so as to not feel isolated with SEND issues.' • Our Parent and Carer Network have been commissioned to training on 'a day in the life of a parent / carer' to deepen awareness of the experiences of our families. This has been delivered to strategic senior leaders as well as a cross cut of senior leaders, managers and staff. • Following our Local Area Inspection we've been developing opportunities for PfA. We've engaged with, and had the benefit of, RISE support and a peer review conducted by the RIIA has given a solid platform for improvement. • Our PINS project covered above has been pivotal in supporting behavioural change. • Over 2000 Kirklees practitioners have accessed the Dingley's Promise Training with 70 settings achieving the Dingley's Mark of Achievement – the 2nd highest LA out of 32 who have been involved in the 5-year Comic Relief project. The training created resources to enhance skills, improve confidence, and inspire early years educators to cultivate an inclusive environment for all children. • A high-quality teaching audit tool graduated approach and inclusion counts documents have been coproduced with schools and our parent / care forum and partner such as therapists. • Energy and resources have invested to embed assistive technology. This includes the provision of an equipment loan bank, increased	• Inclusion is understood as a shared responsibility across all partners, with clear expectations and behaviours embedded at all system levels • Leaders across schools, services and organisations modelling and driving inclusive practice • Workforce confident in supporting SEND needs, reducing reliance on escalation or specialist referral • Reduced use of exclusion, part-time timetables and EOTAS for children with SEND • Families reporting improved trust, clearer communication and a more joined-up experience • Children and young people reporting a stronger sense of belonging in their local settings

	training for teachers and assistants on the use of technology – maximising the potential / use of existing tools. Positive feedback has been received from children / young people; parents and carers; and schools. The work has been recognised with nominations for national awards. **Best Start Family Hubs and Family Hubs – (Please see attachment)** We have been developing our Best Start in Life Family Hubs and wider Family Hubs offer as a core part of our place-based approach to supporting children and families from pregnancy through to age 19, and up to 25 for children and young people with SEND. This model strengthens prevention, early support and whole-family support by bringing together health, early years, family support, SEND and community services in a more connected and accessible way. Our hub-and-spoke model is designed to ensure that families can access support in their own communities, through trusted relationships and a clear route into help. It provides a stronger front door to support, improves outreach to families who may be less likely to access services, and creates better links between universal, targeted and specialist provision. This is particularly important for children with emerging additional needs, where timely support, joined-up pathways and earlier identification can reduce escalation and improve family experience. Within this approach, our Best Start in Life priorities are focused on the first 1001 days, school readiness and reducing inequalities in outcomes for children and families. Through integrated Best Start Family Hubs, children and families will be supported through joined-up pathways spanning pregnancy, infant feeding, parent-infant relationships, perinatal mental health, speech, language and communication, parenting support, early years inclusion and transitions into nursery and school. We will also utilise the key roles of Best Start Inclusion Practitioners to effectively bridge early years inclusion, family support and SEND. This will help ensure that children receive the right support earlier, including those with SEND and those at risk of poorer outcomes. We expect this work to contribute to improved child and family outcomes over time, including stronger school readiness and increases in Good Level of Development, alongside better early identification of need, improved access to developmental and family support, and greater parental confidence in the local offer. It will also support a more inclusive system by strengthening the interface between Family Hubs, early years settings, health services and SEND pathways, so that emerging needs are identified and responded to earlier and more consistently.	• Families can access timely, joined-up support more easily in their local communities • Stronger partnership working across health, early years, family support, SEND and community services leads to earlier identification of need and faster access to the right help • Improved school readiness, speech, language and communication, parent-infant relationships and family confidence, particularly for children at risk of poorer outcomes • More children with emerging SEND and developmental needs are supported earlier through coordinated pathways, reducing escalation to crisis and strengthening transitions into nursery and school • A more inclusive, preventative system contributes to improved Good Level of Development, reduced inequalities and better experiences for children and families.

	<u>Families First Programme</u> (Please see attachment) We are nearing the implementation of a service redesign to rebalance the social care and early help system. We have developed a Multi-Agency Child Protection Team (MACPT) model, a Multi-Disciplinary Family Help Service and an approach to working alongside families using family group decision making. The development of this model will aim to support families to stay together and get the help they need. This approach and offer will also support our children, young people and families with SEND needs, particularly accessing our family help model. **Families First Partnership Programme key principles** • Establish a seamless, non-stigmatising offer of support which combines the strengths of targeted early help and section 17 work, with an emphasis on whole family working. • Establish community based multi-disciplinary family help teams. • Establish Multi-Agency Child Protection Team (MACPT), bringing together expertise across agencies to deliver decisive action and integrated child protection activity. • Establish Lead Child Protection Practitioner role, embedded in MACPTs and ensuring experienced social workers with child protection expertise lead child protection decision making. • Building a 'family first' culture with the integration of family group decision making (FGDM) from family help and at every point throughout the children's social care system. • Offer of family group decision making at the pre-proceedings stage.	• Children being supported by their family and networks. • Families having positive experiences of help and support where they feel listened to and treated with dignity, respect, compassion and care. • Children will benefit from an inclusive system that meets their needs. • Children will benefit from a joined up and inclusive system that delivers effective and timely support. **Family Help** **In Kirklees we will have:** • Established 8 locality based multi-disciplinary Family Help teams, delivering across our 4 best start family hubs which will have a mix of qualified Social Workers and alternatively qualified Family Help Practitioner as well as partner agencies such as health, police, education and VCS organizations. • Professionals will have clear, updated practice guidance setting out how professionals work with families to identify needs, provide support, and prevent harm or crisis. • A clear operating model, giving increased clarity on decision making. • Ensured that children and families have one assessment and one plan which will be a single, coordinated way of understanding a family's needs and delivering support, and which benefits families by reducing duplication, simplifying services, and ensuring they receive consistent, joined-up help. • Have a revised 'threshold' document which will set out a broad continuum of Family Help, showing the range of needs for all children that will be supported
Enablers **E.g.** **Capital – investment strategy across EY, mainstream, FE** **Workforce** **Data/digital systems**	Capital • We have clear governance via our Childrens capital board. This views strategic opportunities to invest in buildings to meet childrens needs and commissions exploratory work. It feeds into our corporate capital board and council capital plan. The combination ensure we prioritise our limited available resources and a business case process ensures VFM via robust challenge. • As covered above, we are currently re-building 2 special schools. Our young people have been involved in and have informed the design. The impact will be positive on our young people's experience as well as increasing sufficiency to help meet demand. • Further capital investment to support children with additional needs in early years is being considered. • We have an AP free school approved by the DfE. A kick off meeting has taken place and a site identified for refurbishment. Workforce	Capital & sufficiency • Capital investment has delivered a planned increase to our existing network of inclusion bases and expanded local provision aligned to need • Education estate increasingly supports inclusive practice, with adaptations improving accessibility across mainstream settings • Clear evidence of reduced travel distances and more children accessing provision locally, and independently as they are able. Workforce • Multidisciplinary workforce model established through Experts at Hand, reducing reliance on scarce specialist roles • Increased workforce confidence and capability across mainstream settings • Recruitment and retention stabilised through system-wide workforce planning and development • Training via Special schools – a strong, co-ordinated offer is in place which is well understood by all partners.

	• PINS investment in training covered above is noted. • Our special schools are currently offering training to some schools and there is an opportunity to co-ordinate and scale this. • Basic SEND awareness training has been coproduced with our parent and carer forum / partners and made available across the system. Learning is used to inform and shape partnership Workforce Development and Service Plans, ensuring continuous improvement in staff skills and practice. • CACHE Level 3 SENDCO Award made available to PVI providers. • Training and support for whole school approach to emotional health and wellbeing covering a wide range of areas provided across all schools. • Specialist outreach training for universal and targeted support across all areas of need supporting graduated approach provided across all schools. Data • Dashboards are reviewed at our programme board, Ambition Board, Assurance Panel and with elected members to inform strategic and operational action. • Qualitative data is also reviewed via our assurance board which is overseen by our DCS. • Critical data is also brought into view of our Executive Leadership Team, led by our Chief Executive monthly for challenge and support. • We have invested in a new IT platform for EHCP, which is helping is to be more robust in both in processes and the quality assurance of or plans. • We track and report on attendance, exclusions and suspensions, but some of our systems would benefit from further investment. This is seen as a priority.	Data & insight • Shared, real-time data dashboards used across the partnership to track demand, performance and outcomes • Data routinely informs commissioning, prioritisation and early intervention • Improved ability to forecast demand and identify emerging pressures early • Clear line of sight between investment, activity and impact (cause and effect) across the system

Success measures ***Drawing on metrics from the accompanying data template E.g.*** *Improve attendance of pupils in all maintained schools (mainstream and special) with SEN* *Reduce reliance on independent special school places* *Mainstream settings with increased access to Education Psychologists/SaLT/OT* *Reduced NEET rates for SEND YP at age 16 – PC proposed % change?* *AP & inclusion bases* *Specialist task force*	*Baseline* • Reduction in independent special school places. • Greater participation in Post 16 opportunities therefore less NEET. • Less families seeking EOTAS arrangements. • Increase in children in mainstream settings • Additional capacity and expert advice from Alternative Provision based on the 3-tier model.	*Target Metrics* • Sustained reduction in escalation to specialist and statutory routes, with a clear shift towards earlier intervention and planned support, with opportunities to access support for exceptional need • Increased access to specialist advice (EP, SaLT, OT) within mainstream settings • Improved timeliness of EHCP assessments and annual reviews • Improved parental confidence, evidenced through feedback and complaints data • Improved post-16 participation and reduced NEET rates • Reduction in children educated other than in school (EOTAS) • Reductions in tribunals, more resolutions secured. • Where complaints are raised resolutions are found. 1. Increase the proportion of CYP with SEND supported in mainstream settings from 63% to 64.5% 2. Improve overall attendance for school aged pupils with SEND from 89.67% to 91.17% 3. Reduce exclusions for SEND pupils a. Suspension rate from 29.6% to 28.1% b. Permanent Exclusions rate 0.40% to 0.39% 4. Reduce reliance on independent placements and associated spend from what would have been £19.0m but now expected to be £16.239m 5. Reduce demand for statutory assessment through earlier support from 613 to 603 It is noted that these figures relate to the previously anticipated position versus the new aspiration.

Please note, there is an overview document which lists all attachments and also hyperlinks to key documents. Please see attached / links for Best Start strategy; Famies First model; Cluster communities; Kirklees experts at Hand.

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.'*

Kirklees response :-

Partnership approach and delivery model

In Kirklees, we have a long and established history of partnership working and co-production to improve outcomes for children and young people across education, health and social care. This is a strength of our system, with children, young people and families actively shaping both strategy and delivery.

Our SEND transformation arrangements provide a **mature and effective framework** and well-established programme infrastructure to deliver significant system change. We take a strategic commissioning approach, informed by:

- data and clear understanding of need
- financial trajectories and sustainability
- the voice of children, young people and families
- evidence-based practice and research
- local and national best practice
- strong links to frontline delivery

This means we are building on an established system that is working well to deliver transformation and not having to start from scratch. We already have a strong foundation of delivery, governance and partnership working in place across the local authority and wider system. This will be further strengthened and targeted in key areas over the next three years to support delivery of the Local Area Reform Plan.

Our change story

Our change narrative recognises both our achievements and our challenges as a partnership, as set out in the Executive Summary. In response, our reform strategy is designed as a single, connected system response to the issues identified through our partnership maturity assessment, wider analysis of need, demand and experience, and feedback from children, young people, families and partners. While strong foundations are in place, further work is required to improve consistency, reduce delay, strengthen mainstream confidence and ensure education, health and social care operate as one system around children and families.

Our strategy brings together six connected priorities.

1. Early and integrated support

We will strengthen early support through Best Start in Life Hubs, Family Hubs, Families First and Integrated Neighbourhood Health Teams so that need is identified earlier and help is easier to access. This is the early foundation of the system and will support children and families before issues escalate.

2. Experts at Hand

We will establish a locality-based, multi-agency Experts at Hand model, building on our Cluster Communities to provide earlier specialist advice, workforce support and a clearer route into help for education settings. This model will support needs to be met locally, at the right time and in the right place, and will extend across early years, school-age provision, alternative provision and post-16.

3. Strengthening the graduated approach

We will work across the partnership to further develop and embed the graduated approach so that universal, targeted, targeted-plus and specialist support are clearly defined and consistently applied. This will help ensure that families and professionals understand what support should be available without unnecessary escalation to statutory routes.

4. Inclusive local provision

We will continue to strengthen local inclusion capacity, including through inclusion bases, capital investment and improved sufficiency planning, so that more children's needs can be met in mainstream settings wherever appropriate and fewer children need to access distant or higher-cost specialist placements.

5. Joined-up health and therapy provision

Health partners are part of the delivery model from year one. We will work closely with the ICB and provider partners to ensure community health services, particularly therapies, are aligned with the Experts at Hand model, integrated with neighbourhood teams and delivered as part of a consistent and coordinated local offer.

6. Value for money and sustainability

We will use data, governance and financial grip to ensure the reform programme improves outcomes and supports more sustainable use of resources. This includes reducing reliance on high-cost independent specialist provision by strengthening earlier support, increasing local capacity and improving the confidence of mainstream settings to meet a wider range of needs.

Governance, co-production and system leadership

Our existing governance arrangements provide a **mature and effective framework** for delivering the reform plan, bringing together senior leaders across the local authority, the Integrated Care Board, education partners and the Parent Carer Forum. This ensures shared ownership of challenges, clear decision-making and collective accountability for delivery.

Co-production is embedded across our approach. Children, young people and families actively shape priorities, test emerging models and influence decision-making through structured engagement and ongoing programme-level co-design.

Our theory of change brings together key reform programmes, including SEND transformation, Families First, Best Start in Life and wider health reforms. These are aligned through shared principles:

- early identification and intervention
- support delivered locally within communities
- reduced escalation through timely support
- a whole-system, family-centred approach

This ensures that children, young people and families experience a more joined-up system, rather than separate services operating in isolation.

Maturity, strengths and areas for development

The Local Partnership Maturity Assessment highlights clear progress from more fragmented arrangements to stronger, more established collaboration, particularly in governance, co-production and education-led partnership working. Children, young people and families are increasingly influencing priorities and shaping service design.

However, the assessment also identifies key areas for development that this reform plan is designed to address:

- inconsistent experiences for children and families
- delays in access to assessment and support
- variable confidence in mainstream inclusion

- gaps in alignment with health provision and workforce capacity

The workstreams in this plan are a direct response to these findings, with a focus on improving consistency, strengthening integration and building workforce capability across the system.

Delivery model and impact

Together, these priorities describe one coherent delivery model: earlier identification of need, clearer routes into help, stronger local capacity, reduced escalation, and more needs met locally through mainstream and community-based support.

This approach is intended to reduce escalation to statutory assessment, increase the proportion of children and young people supported effectively in mainstream settings, and reduce reliance on independent and out-of-area provision, including reduced growth in EHCP requests, increased use of mainstream and inclusion bases, and reduced reliance on independent provision, as reflected in the demand, placement and financial trajectories set out in the accompanying data return.

By the end of year one, settings in the initial localities will have a consistent route into multi-agency support through Experts at Hand, with earlier access to specialist advice from education and health and increasing workforce confidence to meet needs without escalation.

Early improvements will be seen in access, timeliness and workforce confidence in year one, with measurable changes in demand, placement patterns and cost becoming more evident from year two onwards.

Across the three-year period, this will improve experiences for children and families, strengthen confidence in mainstream inclusion, and reduce reliance on high-cost specialist provision.

These changes will be driven directly by the reform programme. Earlier support through Experts at Hand and integrated neighbourhood working will reduce the need for escalation to statutory assessment. Strengthened inclusion capacity, including inclusion bases, will enable more children to be supported locally within mainstream provision, with an increasing proportion of children supported through local inclusion bases over time. Together, these changes will shift demand, placement patterns and cost over time.

These improvements will be reflected in measurable changes in system performance over time. By the end of the financial year 2027/28, we aim to:

1. Increase the proportion of children and young people with SEND supported in mainstream settings from 63% to 64.5%
2. Improve overall attendance for school-aged pupils with SEND from 89.67% to 91.17%
3. Reduce exclusions for pupils with SEND, including:
    - reducing the suspension rate from 29.6% to 28.1%
    - reducing the permanent exclusion rate from 0.40% to 0.39%
4. Reduce reliance on independent placements and associated spend from a projected £19.0m to £16.239m
5. Reduce demand for statutory assessment through earlier support from 613 to 603

These figures reflect the difference between the previously projected trajectory and the improved position expected through delivery of the Local Area Reform Plan. This reflects a measured initial shift in placement patterns over the three-year period, with more significant movement expected beyond this period as local capacity continues to expand. We have been realistic in setting the above targets considering current trajectories in relation to demand, the relative lack of evidence base available in relation to the efficacy of the experts at hand model and potential demand spikes as a reaction to the white paper changes. We of course will review the impact of the aforementioned on a regular basis and adjust our plans accordingly.

Progress will be tracked through a focused set of measures including mainstream inclusion, use of inclusion bases, EHCNA demand, independent and out-of-area provision, attendance, exclusion and parental confidence.

Please note, there is an overview document which lists all attachments and also hyperlinks to key documents. Please see attached / links as shared above, but also our Children and Young People's voice; and ISOS partnership feedback demonstrating our effective co-production.

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

    Please see attached.

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

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

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

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

Local roadmap for the next 3 years	2026/27 – Stabilise & meet core minimum requirements	2027/28 – Embed & scale	2028/29 – Sustain & optimise
Strengthening inclusion across education settings	• Establish a shared standard for high-quality inclusive practice across all mainstream settings aligned to national inclusion standards • Audit current practice in Inclusion Bases and ARPs (Specialist Bases) and agree a scaling strategy across secondary schools • Embed Cluster Communities as the primary mechanism for early intervention and graduated support • Begin to scope the commission for AP Specialist Task Force Support	• Scale consistent inclusion practice across all clusters • Reduction in variation between schools evidenced through QA and performance data • Inclusion expectations embedded through workforce development and governance	• Inclusive practice embedded as business as usual • Sustained reduction in escalation to statutory and specialist provision
Access to specialist support and local placements	• Expand Experts at Hand locality model building on Cluster Communities (Autumn 2026) • Extend model to Early Years and begin interface with post 16 • Commission additional capacity from special schools to stabilise and coordinate local expertise and sufficiency	• Expand specialist taskforce model aligned to AP Free School development • Increased specialist advisory input delivered earlier in mainstream settings • Early evidence of reduced escalation to statutory assessment and specialist placements	• Earlier specialist support demonstrably preventing escalation • Fewer children placed out of area and improved local sufficiency
System leadership, partnership collaboration & co production	• Reset system governance with widened ownership across LA, ICB, schools, and partners • Refresh & hardwire programme board membership • Strengthening parent / carer and CYP influence, co-production, co-design inc through PCAN and youth forums, with visible feedback loops (you said / we did) • Secure workstreams with named owners and deliverables	• Partnership accountability embedded through regular assurance cycles • Co production consistently shaping prioritisation and service improvement • Strengthen programme performance & assurance	• Mature partnership culture with shared accountability for outcomes • Strong inspection and DfE assurance evidence

	• Further align partnership governance to SEND priorities • Whole partnership engagement on SEND / Inclusion reform • Communication strategy created • Consultation evidence engine in place		
Encouraging inclusive culture and behaviours	• Refresh system wide expectations on inclusive behaviour and practice • Workforce development aligned to SEND reforms and inclusion priorities	• Culture change embedded through clusters / experts at hand, SENCO networks and leadership development	• Inclusive culture sustained across the system, not programme dependent
Enablers	**2026/27**	**2027/28**	**2028/29**
Capital & sufficiency	• Capital strategy aligned across early years, mainstream, FE and special provision • Audit 'Inclusion Base' existing practise (including Additionally Resourced Provisions) and develop a strategy to scale across Secondary schools	• Capital and revenue investment aligned to demand trends • Woodley School and College build completion • Planned expansion of Specialist Bases/ARPs and specialist capacity evidenced	• Sufficiency planning demonstrably reducing reliance on high cost placements
Workforce	• Workforce plan aligned to Experts at Hand, inclusion and PfA priorities • SEND reform training embedded • Joseph Norton Academy build completion	• Workforce capability embedded across education, health and care	• Skilled workforce sustaining early intervention and inclusive practice
Data & digital systems	• Child and Family Portal live • Live dashboards for EHCP timeliness, inclusion and specialist input • Mechanisms created to capture qualitive and qualitative live service information • Embed and enhance Local Partnership Maturity Assessment • Core data set / baseline and trajectory • Establish routine performance infrastructure	• Data increasingly used proactively to target support	• Data maturity supporting predictive planning and assurance
Governance & assurance	• Reset system governance with widened ownership across LA, ICB, schools, and partners • Refresh & hardwire programme board membership • Strengthening parent / carer and CYP influence, co-production, co-design inc through PCAN and youth forums, with visible feedback loops (you said / we did) • Secure workstreams with named owners and deliverables • Further align partnership governance to SEND priorities • Whole partnership engagement on SEND / Inclusion reform • Clear ownership, escalation routes and reporting cadence in place • Please see governance section below for further info and the attached diagram.	• Assurance focused on impact and improvement	• Governance embedded as business as usual
Success measures	• Early improvement in attendance and reduction in suspensions for pupils with SEND in priority cohorts / settings	• Sustained improvement in attendance and further reduction in suspensions/exclusions across the system	• Strong and sustained attendance rates for pupils with SEND, with minimal variation between settings

Drawing on metrics from the accompanying data template *E.g.* *Improve attendance of pupils in all maintained schools (mainstream and special) with SEN* *Reduce spend on ISS places* *Increase # children and young people supported by Education Psychologists/SALT/OT in maintained provision* *Improve overall effectiveness of provision* *NEET data*	• Stabilisation of independent and out-of-area placements (no further growth, early signs of reduction in new placements) • Increased access to specialist advice in mainstream settings (experts at hand coverage in initial localities) • Improved consistency in EHCP timeliness in priority stages (particularly advice return / annual reviews) • Baseline established for post-16 participation and NEET, with early improvement in targeted cohorts	• Measurable increase in CYP with SEND supported in mainstream settings • Reduction in reliance on independent and out-of-area placements (clear downward trend) • Increased and more consistent access to specialist advice across all phases (not just early adopters) • Improved EHCP timeliness across all statutory stages • Increased post-16 participation and reduction in NEET rates	• Low and stable levels of suspension/exclusion for pupils with SEND • Majority of CYP with SEND educated within local mainstream provision where appropriate • Significant reduction in independent and out-of-area placements, with improved local sufficiency • Consistent, timely access to specialist advice embedded across the system • Sustained improvement in post-16 participation and low NEET rates
Leading indicators To ensure early visibility of progress and risks, the partnership will use: • Live performance dashboards combining quantitative and qualitative data • Cluster level intelligence on inclusion practice and early intervention	• Number of settings accessing Experts at Hand support (coverage / reach) • Number of staff trained / supported through cluster and inclusion activity • Reduction in requests for specialist placements at key pressure points (e.g. annual reviews) • Number of CYP supported through early intervention routes without escalation to EHCP • Establishment of live dashboards and regular use in decision-making	• % of schools/settings actively using Experts at Hand • Consistency of inclusion practice across clusters (QA / audit evidence) • Use of AP aligned to defined pathways and thresholds (not ad hoc) • Increased use of early intervention pathways vs statutory routes • Evidence of data driving commissioning and resource decisions	• Stable demand profile (reduced growth in EHCP requests relative to population) • Predictive use of data to plan sufficiency and workforce • High levels of family confidence (complaints down, positive feedback up) • Stable placement patterns (fewer breakdowns / moves) • Workforce confidence evidenced through reduced escalation behaviour

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

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

2026-27 Local delivery plan		Q2		Q3		Q4	
		Year 1 is expected to show stabilisation in headline outcomes, with progress evidenced mainly through leading indicators and improved system grip; measurable shifts in system-level outcomes are expected from 2027/28 onwards.					
Workstream outline – mapped to building block ***Outcome -*** *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*
Building block - Workstream 1 Coproduction, Voice and Partnership Engagement *Outcome* *Children, young people and families can see that their experience shapes system decisions and priorities, with coproduction happening across education, health and social care* *Success measure* Clear evidence that lived experience has informed system-wide decisions, with feedback showing what changed as a result.	Voice, Influence, Advocacy and Participation Service Manager	• Coproduction workshop to undertake next level of planning • Collate and synthesise existing engagement insight (PCF, youth forums, prior consultations) to inform reform priorities • Agree and implement revised PCAN commissioning/ engagement model (including increased reach expectations) • Establish structured youth engagement routes (primary and secondary forums) aligned to reform workstreams • Implement 'you said / we did' feedback mechanism across core reform areas	• Engagement outcomes not expected to shift; baseline established and reporting in place. • Leading indicators show readiness: agreed measures of reach and representation are being captured, with early signals limited during the main holiday *period*	• Run the planned youth engagement cycle (primary and secondary forums) and publish a short "what we heard / what we're changing" summary. • Co-produce and agree the minimum partnership standard for engagement and coproduction (including feedback loops) and apply it to year 1 priorities.	• No material shift expected in headline satisfaction measures yet. • Leading indicators improve, higher engagement reach and representation compared to Q2, with clear evidence of feedback loops and influence being recorded.	• Repeat the youth engagement cycle (primary and secondary forums) and evidence changes made as a result ('you said / we did' update). • Publish a year 1 coproduction impact summary (what changed in delivery plans, thresholds, access routes, communication), for governance assurance	• Early confidence signals may begin to emerge in qualitative feedback, but system-level measures remain broadly stable. • Leading indicators show maturity: repeatable engagement cycle in place and consistent evidence of changes made as a result
Building block - Workstream 2 System Leadership, Governance & Accountability *Outcome* Families experience a more joined-up system because partners are jointly accountable for decisions, delivery and problem-solving across education, health and social care	Service director – learning and inclusion / ICB lead (SROs)	• Coproduction workshop to undertake next level of planning • Refresh SEND governance structure (ToR, membership, decision rights) aligned to reforms • Confirm partner involvement for all workstreams	• No direct change expected in service outcomes. • Leading indicators show improved grip: consistent reporting cadence operating, risks and dependencies	• Embed refreshed governance: first full quarterly assurance cycle using the programme reporting pack (milestones, risks, dependencies, trajectory).	• Outcomes stable. • Leading indicators improve, fewer 'stalled' decisions, faster escalation and resolution, and clearer cross-partner accountability	• Complete the second assurance cycle with clear evidence of decisions taken, issues escalated, and corrective action where delivery is off track.	• Outcomes stable, with early signs of improved delivery pace in some areas. • Leading indicators show embedding: repeated assurance cycle completed with

Success measure Governance is operating with named leaders, clear decision routes and regular assurance that shows progress, risks and what is being done about them.		• Establish programme reporting pack (milestones, risks, trajectory) and monthly Programme Board cadence • Agree escalation routes across LA, ICB and education partners	visible, decisions tracked	• Implement consistent workstream reporting (highlight reports) and escalation routes across LA/ICB/education partners.	evidenced through reporting.	• Confirm year 2 governance refinements based on lessons learned (what needs simplifying / speeding up / strengthening).	corrective actions taken where delivery is off track
Building block - Workstream 3 Understanding Need, Demand and Experience (Data & Insight) Outcome Children and families get support that fits earlier because the partnership uses a shared view of need, demand, experience and performance to plan and act. *Success measure* An agreed evidence base is routinely used to set priorities and track progress, including demand trends, lived experience and performance data (aligned to quarterly monitoring)	Data and insight enablement lead	• Coproduction workshop to undertake next level of planning • Agree core SEND dataset across partnership (including demand, timeliness, sufficiency and outcomes) • Develop and launch initial system dashboard (baseline view) • Align data definitions with DfE returns and internal reporting • Establish routine performance reporting into Programme Board and partnership governance	• Demand and outcome measures unchanged; baseline established. • Leading indicators show improved visibility: shared dataset and dashboards in use for decision-making, but no demand shift expected yet.	• Produce and sign off the first partnership "single view" performance pack (demand, timeliness, sufficiency, inclusion indicators, experience) for decision-making. • Establish routine qualitative intelligence capture (cluster intelligence + lived experience themes) alongside dashboards, so narrative and data are linked.	• Demand measures remain stable. • Leading indicators improve, regular use of dashboards plus qualitative intelligence to prioritise and intervene earlier, with clearer understanding of variation and drivers.	• Deliver the first quarterly "deep dive" (choose one high-pressure area: exclusions/attendance, EHCP timeliness pinch points, or out-of-area placements) and agree corrective actions. • Evidence that data is driving decisions: show at least one example of reprioritisation/resource shift based on dashboard + lived experience insight	• Demand measures still broadly stable. • Leading indicators show stronger control: at least one themed deep dive completed and actions agreed, with evidence that data is influencing decisions and resource allocation
Building block - Workstream 4 Inclusive Universal Offer (Mainstream First) *Outcome* More children's needs are met well in inclusive local settings, earlier, so fewer families have to fight for support or wait for escalation before help arrives *Success measure* *Evidence of stronger inclusive mainstream practice with earlier targeted support, and reduced*	Head of SEND and education inclusion	• Coproduction workshop inc school leaders to undertake next level of planning • Define and publish "what good looks like" for inclusive mainstream provision • Map existing cluster community offer and identify gaps in coverage and consistency	• Attendance, exclusions and escalation measures not expected to shift during year 1 set-up. • Leading indicators show readiness: baseline of variation identified and priority settings agreed, with limited in-school signals	• Agree and begin implementing the partnership-wide universal offer statement (what settings can expect, and what is expected of settings), aligned to graduated approach and inclusion expectations. • Start targeted support to reduce	• Headline outcomes stabilise rather than improve. • Leading indicators improve, reduced variation in practice measures within priority clusters (early assurance signs), and early reduction in escalation	• Embed universal offer expectations through governance and cluster practice (shared tools, consistent messaging, and QA checks). • Demonstrate early impact signals: reduced variation in practice indicators (e.g., fewer	• Headline outcomes remain broadly stable; early directional signals may emerge in priority areas only. • Leading indicators show embedding: wider consistency across clusters and clearer evidence of needs being met

escalation into statutory or specialist routes		• Agree approach to strengthening graduated response across all phases • Begin alignment of PINS, cluster model and wider inclusion activity into a single coherent offer • Review guidance on inclusion bases – support and specialist	over the holiday period.	variation: identify priority clusters/settings and deploy workforce development / peer support approaches through cluster mechanisms • Confirm plan for inclusion bases – support and specialist in line with new guidance	behaviour at key decision points, not yet reflected in system totals	escalations for specialist placement requests in priority areas, improved inclusion practice assurance) — framed as early direction of travel rather than final outcome. • Implement inclusion base plan	earlier without escalation
Building block - Workstream 5 Earlier Specialist Advice & Intervention (Expert Support) (Skilled workforce and effective specialist input) *Outcome* Children, young people and families receive earlier access to specialist advice and support through a consistent, locality-based Experts at Hand model, supported by a skilled, multi-agency workforce across education, health and care. This enables needs to be met more effectively in mainstream settings and reduces unnecessary escalation to statutory assessment and specialist provision. Success measure Increased and more consistent access to specialist advice and intervention across education, health and care partners, with a strengthened and confident workforce supporting needs earlier. This is reflected in improved timeliness, more needs met locally, and early evidence of reduced escalation to EHCP requests and specialist placements.	Principal educational psychologist	• Coproduction workshop to undertake next level of planning • Agree initial Experts at Hand delivery model (including role of clusters, special schools, health partners) • Identify workforce capacity requirements and commissioning approach • Begin engagement with schools, early years and AP to shape access model • Confirm Q3 pilot scope (localities, cohorts, settings)	• No change expected yet in EHCP volumes or system outcomes. • Leading indicators show readiness: baseline of access and current routes to specialist input established, with limited uptake signals during holiday period	• Confirm the Experts at Hand implementation plan for year 1 (scope, access route, workforce model, governance, success measures) and begin delivery in 1 of the 4 areas as an early implementer. • Extend interface work to early years and post-16 so the model does not become school-only by default.	• Headline outcomes stable. • Leading indicators improve increasing coverage and utilisation of earlier specialist advice, with early reduction in escalation behaviour in pilot areas, not yet reflected in system-level totals	• Evidence operational delivery: Experts at Hand access route working in practice (coverage, responsiveness, and learning captured) and agree what scales in year 2. • Confirm year 2 scale plan (what expands, what stops, what gets redesigned), based on data + practitioner/ family feedback loops.	• Headline outcomes still broadly stable. • Leading indicators show embedding: more consistent access across settings (reducing variation between proactive and less proactive settings) and clearer evidence of earlier intervention preventing escalation in specific cohorts.

Building block - Workstream 6 Preparing for Adulthood (PfA) & Post16 *Outcome* Young people and families experience smoother transitions into adulthood, with clearer pathways and joined up planning across services through post 16 and into adult life. *Success measure* Young people and families report better coordination and clearer 'what happens next', with fewer hand-offs and delays at key transition points.	Chair of PfA board	• Coproduction workshop to undertake next level of planning. • Agree and publish co-produced PfA framework. • Map current post-16 pathways, including gaps in provision and transitions. • Engage FE providers and partners to agree shared expectations for PfA. • Establish baseline measures for post-16 participation and NEET outcomes.	• No shift expected in post-16 outcomes or NEET in year 1. • Leading indicators show readiness: baseline established for pathways and transition points, with limited partner engagement signals during holiday period.	• Implement the PfA framework across priority partners and settings (start with agreed early adopters) and begin quality check/audit cycle. • Agree priority actions with post-16 partners to improve transitions and clarity of pathways (including information flow and 'what happens next').	• Outcomes stable. • Leading indicators improve, increased consistency in PfA planning in early adopters and clearer transition pathway measures available to governance	• Embed the PfA framework and complete the first quality assurance cycle (audit + improvement actions) across early adopter partners. • Produce a partnership adoption summary showing improved consistency in PfA planning and transitions (what is changing in practice).	• Outcomes stable. • Leading indicators show embedding: PfA planning quality and consistency improving in audit/QA, and clearer 'what happens next' pathway information in practice
Building block - Workstream 7 Resources, Sufficiency & Financial Sustainability *Outcome* Children and families benefit from a SEND system with the right provision in the right places, closer to home, earlier support where possible, and resources used in a way that is affordable, planned and sustainable over time *Success measure* Evidence of a credible financial trajectory and sufficiency/capital plan, with commissioning aligned and a demonstrable shift from reactive spend to planned, preventative support, giving confidence in High Needs sustainability	Head of Education, Places and Access / Head of Strategic Finance	• Coproduction workshop to undertake next level of planning. • AP vision, principles and quality standards agreed; pathways and thresholds defined. • Complete initial sufficiency refresh (demand, current capacity, gaps by cohort). • Confirm high-level capital and inclusion base strategy approach (pending guidance). • Align financial planning assumptions with trajectories and reform priorities	• Placement and cost position largely unchanged in year 1. • Leading indicators show control: improved visibility of sufficiency gaps and demand drivers, with capital and pathway planning ready for autumn activity	• Complete initial sufficiency refresh (demand, current capacity, gaps by cohort). • Confirm high-level capital and inclusion base strategy approach (pending guidance). • Align financial planning assumptions with trajectories and reform priorities	• Majority of partners aligned to defined AP pathways and expectations. • Overall placement mix stable. • Leading indicators improve, increased consistency in decision-making against agreed thresholds and early reduction in 'new' high-cost decisions at key points, not yet reflected in totals.	• Embed AP pathways/thresholds and evidence improved consistency through audit/oversight (decision quality, escalation, placement stability). • Finalise year 2 sufficiency/capital pipeline (inclusion bases / ARPs / specialist provision decisions) using the agreed "mainstream first" threshold test	• Placement mix still broadly stable, with early directional signals possible in new decision flow. • Leading indicators show embedding: improved consistency evidenced through audit/ oversight and a defined year 2 pipeline aligned to 'mainstream first'.

Projected Investment Spend per quarter *Please specify funding source for each category* <u>Experts at hand spend for 2026-27</u> Programme oversight/additional leadership capacity. Workforce Recruitment Workforce training and development Data/ Digital Commissioned services / support **Total Spend** **Note – expected spend of £164,948 in quarter 1. Year 2 funding takes account of the increased allocation. Experts at hand model has been based on guidance prior to the update received on 5th June**	 £122,249 £375,319 £5,000 £34,854 £200,00 £737,422 + qtr 1 of £164,948	 £196,582 £770,113 £5,000 £45,767 £270,000 £1,287,462	 £196,582 £770,113 £5,000 £45,767 £297,500 £1,314,962

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.

Kirklees response :-

Delivery, Workforce and Infrastructure Narrative

As set out elsewhere in this plan, we already have a well-established delivery infrastructure underpinned by strong programme and project management discipline. This provides a solid foundation for delivering system-wide change. We will build on this by maintaining our existing governance, prioritisation and delivery approach, while bolstering capacity where needed to accelerate implementation. This is reflected in our proposed use of transformation funding.

We have taken a proactive and planned approach to workforce capacity. This includes the creation of new roles where required, alongside the targeted release of capacity within existing senior roles to ensure dedicated leadership in year one. Workstream leads are clearly identified, with strong accountability arrangements in place. The local authority will act as the system convenor, coordinating delivery across partners during the first phase of implementation.

As we move forward with co-design, we are also strengthening commissioning and partnership capacity to extend specialist expertise across the

system. This includes commissioning from special schools to share and scale their expertise, as well as working closely with school and Multi-Academy Trust partners, including Delta Academies Trust, to secure early access to specialist support ahead of new provision coming online. This approach enables us to scale delivery at pace while remaining realistic about workforce recruitment timelines.

Our **Experts at Hand** model builds on our established **Cluster Communities** and our existing investment in early years support. Cluster Communities bring together mainstream schools within defined geographical areas, supported by a "Team Around the Cluster" to respond to emerging needs at both a cohort and individual level. These teams currently include educational psychologists, specialist teachers, Families Together consultants, early years SEND colleagues, our EHCP service and school SENDCOs. Funding has been devolved to clusters to support targeted interventions, workforce development and system-wide capacity building.

Across Kirklees, our 18 clusters are organised into four geographical areas: Huddersfield, The Valleys, Dewsbury and Mirfield, and Batley and Spen, which mirror our Best Start Family Hubs and Families First community based teams.

In year one, our priority is to strengthen this existing infrastructure by increasing specialist capacity, particularly through additional educational psychology and specialist teaching support.

We will also deliver a significant expansion of therapy capacity, with the ambition to secure:

- At least **6 FTE Speech and Language Therapists**
- At least **6 FTE Occupational Therapists**

This additional expertise will be deployed across our geographical areas to maximise reach and impact, with a focus not only on mainstream schools but also extending access to early years, post-16 settings and alternative provision. During years two and three, we will co-produce how this enhanced offer integrates fully with Integrated Neighbourhood Teams to ensure a consistent and sustainable model.

We are also committed to harnessing wider expertise across the system to drive improvement across the 0–25 pathway. This includes:

- Commissioning specialist input from our special school sector
- Investing further in independent travel training
- Expanding our **Speech Stars** initiative, building on our partnership with the University of Huddersfield
- Sustaining and building on the success of our PINS programmes
- Aligning Experts at Hand, Best Start Hubs, Family First Delivery and Integrated Neighbourhood Health models to ensure a cohesive delivery model for children, young people , families and settings.

To ensure we can robustly track impact and drive continuous improvement, we are strengthening our data and analytics capability. This will allow us to track demand, activity and outcomes against agreed baselines, providing clear and shared insight across the partnership. This will support informed decision-making, prioritisation and timely course correction as implementation progresses.

Finally, co-production remains central to our approach. We are investing in the capacity of the Parent Carer Forum and Our Voice (our children and young people's participation function) to ensure that delivery is continuously shaped by lived experience. This will ensure that system change reflects what matters most to children, young people and families.

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.

Kirklees response :-

Block transfers from the Schools Block to the High Needs Block were a core part of our Safety Valve strategy and have already enabled delivery of key inclusion priorities. This includes funding the set-up of specialist outreach and supporting the development of additionally resourced provisions (ARPs), which work incredibly well, enable good outcomes for children and will be specialist inclusion bases.

This investment means we are starting from a stronger position for reform delivery. Funding has been used to build capacity within mainstream settings, enabling schools to access specialist advice and support earlier, reducing reliance on statutory processes.

Block transfer funding has also supported targeted interventions at key transition points. For example, Reception transition funding provides additional short-term support for children moving from early years into school, allowing needs to be understood and supported without immediately progressing to an Education, Health and Care Plan. This approach has informed the development of our cluster communities model and the devolved funding model to clusters and wider graduated response.

Overall, block transfer funding aligns directly with our reform priorities by strengthening inclusion in mainstream settings, building local capacity, and supporting earlier intervention. It provides a practical foundation to scale delivery in line with our first-year plan, ensuring resources are used to reduce demand on specialist placements and improve outcomes for children and young people.

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.

Kirklees response :-

Our capital strategy is focused on enabling inclusion in mainstream settings, increasing local capacity and reducing reliance on specialist placements.

We will work with schools, trusts, early years and post-16 providers to develop a network of inclusion bases across all phases. All secondary schools will be supported to establish inclusion bases that provide targeted, time-limited support, bridging mainstream and specialist provision. Delivery will reflect the two national models, with support bases led by trusts and settings, alongside specialist bases commissioned by the local authority to meet identified gaps.

We have built into our modelling, the establishment of at least four specialist inclusion bases per year from 2027/28, prioritised through sufficiency analysis and aligned to areas of highest demand. Initial cohorts include autism, SEMH and speech, language and communication needs. Early engagement with schools in relation to support bases has been completed, with further co-production planned with academy trusts and providers across all phases.

Our approach prioritises adapting the existing estate, repurposing space and improving accessibility to support inclusion. This is supported by our 10-year education estate strategy ('a decade of renewal'), and it should be noted our capital development and delivery team are able to call upon external capacity as required. We will also consider the constraints and opportunities presented by existing PFI arrangements within our secondary estate.

All proposals will be tested against a clear threshold of whether need can be met in mainstream, supported by an inclusion base, or requires specialist provision. Expansion of specialist places will be limited to clearly evidenced gaps.

We have a strong track record of delivering additional places through ARPs/Specialist Bases and inclusion models. This will be strengthened through delivery of a new AP free school with Delta Academies Trust, targeting CYP with SEMH and complex needs who are at risk of exclusion. Early work is underway to secure outreach and in-reach support ahead of opening, enabling earlier intervention and reducing reliance on distant and high cost placements.

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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.

Kirklees response :-

Voice of children and young people – our starting point

A three-pronged approach to engaging children and young people underpins development and delivery of the Local SEND Reform Plan.

First, we will use the SEND Youth Forum as the primary mainstream route to reach young people who experience SEND in mainstream settings, through a termly forum model. We will strengthen this further by engaging via school clusters to increase reach, diversity and representation.

Second, we will continue our established approach of targeted engagement on specific projects or decisions, working directly with children and young people who have lived experience of, or are likely to experience, the impact of change. This ensures decisions are shaped by those closest to the issue.

Third, children, young people and families have told us clearly, 'we've told you things before – use what we've already told you.' We will therefore make systematic use of existing insight, feedback, forum outputs and engagement evidence rather than repeatedly asking the same questions. This principle will apply across all engagement activity.

Parents and carers
Parental voice will be strengthened by building on existing co-production arrangements and widening access. The Parent Carer Forum will remain a core partner and will be further resourced to support early, sustained involvement in shaping priorities, testing proposals and supporting implementation, with clear feedback on how contributions have influenced decisions.

Alongside this, we will open additional engagement routes for parents and carers who are not part of a formal forum, recognising that not all families engage through representative structures. This will include engagement through schools and early years settings, themed activity linked to key reforms or transition points, community-based approaches and accessible digital channels. Wherever possible, we will draw on existing parental insight rather than duplicating engagement.

Governance and routes into decision-making
We are building on established SEND governance, which will remain the primary decision making and assurance route, providing continuity, clear accountability and pace of delivery. Governance includes representation from early years, schools, MATs and further education, alongside ICB and Parent Carer Forum representation, with a single named Senior Responsible Officer accountable for delivery and outcomes.

Using the opportunity afforded by SEND reform, we will refresh the terms of reference and membership of key boards so governance is fit for the next phase of system change. The Ambition Board will hold the strategic ring around the wider reform landscape (of which SEND is one element), aligning education, health, police and wider partners around inclusion, prevention and place-based priorities. The SEND Programme Board will be refreshed to widen formal stakeholder involvement and ownership across the partnership.

Education partners and post-16
We will continue structured engagement with early years, mainstream, specialist, alternative provision and post-16 providers, using large-scale engagement and focused delivery groups aligned to first year priorities, including the Experts at Hand offer. Where young people attend provision outside Kirklees, we will work across the Yorkshire and Humber Region and for example FE networks and neighbouring partnerships to ensure Kirklees children are able to receive inclusion support.

DfE support
We would welcome DfE senior official input at the start of the new academic year at sessions with education leaders and Parent Carer Forum leaders to reinforce collective responsibility, clarify emerging national policy and provide constructive challenge on readiness for implementation.

Please note, there is an overview document which lists all attachments and also hyperlinks to key documents. Please see attached / links for Children and Young People's voice; ISOS partnership; and Governance diagram.

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
Lack of availability of specialist staff leading to market competition and workforce churn. The local risk could increase due to the Health system also looking to recruit to similar roles / from the same pool. Risk summary There is limited availability of specialist SEND professionals regionally and nationally. Increased competition between local authorities could create a “race to recruit”, driving up market costs, increasing agency reliance, and exacerbating workforce churn as staff move between areas.	4 Critical	4 Likely	Red Critical	Focus on workforce retention and development alongside targeted recruitment, reduction of reliance on scarce specialist roles through multidisciplinary and locality-based models, regional collaboration where possible, and active monitoring of market costs and workforce churn. Recruitment strategy / approach jointly created with the ICB.	Amber
Drip-feed of national guidance limit’s ability to plan and submit a fully consistent Reform Plan by 19 June. Risk summary	4 Critical	4 Likely	Red	Principles-led planning aligned to published reform requirements, clear articulation of assumptions and dependencies within the Plan, active engagement with DfE advisers, and	Amber

Ongoing and incremental clarification from DfE creates uncertainty and limits the time available to develop a fully cohesive Local SEND Reform Plan ahead of the 19 June submission deadline. This also creates a risk that local authorities submit plans on different bases, reducing consistency and increasing the likelihood of challenge or rework.				flexibility to refine and iterate elements post-submission where further national clarification is provided. Alternatively, the DfE may choose to hold providing further guidance until post June 19th to enable consistent plans to be created.	
System partners do not consistently commit capacity, resources or decisions at the pace required. Risk summary Delivery relies on sustained, shared commitment across LA, ICB, schools/colleges and providers. Any drift to LA-only delivery or slow joint decision-making undermines reform credibility and pace.	5 Crisis	3 Possible	Red	Clear system governance with named SRO, formal partner sign-off, routine performance reporting, and agreed escalation where partner engagement or decision-making slows.	Amber
Financial and planning assumptions do not materialise due to lack of time to create fully cohesive plan.	5 Crisis	3 Possible	Red	Reform activity is tightly aligned to demand reduction and cost drivers, supported by strong financial governance, realistic assumptions, transparent reporting, and active DfE engagement.	Amber

Pace of implementation exceeds workforce capacity and operational readiness. Risk summary National and local timelines are ambitious relative to current workforce pressures, skills gaps and existing improvement activity.	4 Critical	4 Likely	Red	Phased implementation focused on highest-impact actions, with active dependency management and flexibility to adjust pace in recognition of workforce capacity constraints, concurrent system change, and the time needed for genuine co-production.	Amber
National policy uncertainty drives churn and rework during implementation. Risk summary Local delivery is progressing while national reforms are still being finalised, creating risk of realignment or redesign.	3 Moderate	3 Possible	Amber	Principles-led reform approach with 'no-regret' actions prioritised, regular policy scanning, and ability to adapt delivery as national detail is confirmed.	Green
Reforms result in increased parental anxiety leading to a systemic drive for EHCNA requests and subsequently, increased EHCPs.	4 Critical	5 Very likely	Red	Co-production of plans with Parent Carer forum and partners; Wide communication of intent and approach; Cluster communities / experts at hand approach meaning parents see they receive the support at the earliest opportunity.	Amber

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

Kirklees response :-

- The proposed SEND future state and delivery roadmap will be significantly influenced by a number of national and local reform programmes that are developing in parallel. Our approach recognises this uncertainty and is deliberately designed to remain flexible, aligned and resilient as the wider policy landscape evolves.
- NHS reforms, including the ongoing development of Integrated Care Systems and changes to commissioning and workforce models, represent a key dependency. These reforms may affect capacity, roles and decision-making across health partners, particularly in relation to therapy, mental health and paediatric services. The local SEND partnership will manage this risk through joint governance structures with the Integrated Care Board, shared priorities within the Local SEND Reform Plan, and phased implementation that allows service models to adapt as national direction becomes clearer.
- Local Government Reorganisation presents a further dependency, with potential implications for leadership arrangements, statutory responsibilities and financial planning. To mitigate this, the SEND reform programme is being embedded within wider council transformation and medium-term financial planning, ensuring continuity of direction and clear accountability regardless of future structural change.
- Reforms to Children's Social Care, including changes to early help, family support and placement sufficiency, are closely connected to SEND outcomes. There is a risk of misalignment between SEND and social care reform if not actively managed. This will be addressed through integrated planning across SEND, social care and early help, shared performance measures and strengthened multi-agency oversight, ensuring children and families experience a coherent system of support.
- Best Start in Life, including the development of Family Hubs and the local Best Start in Life Strategy, is a critical dependency for early

identification and intervention. The SEND future state assumes stronger universal and targeted early years support. To manage reliance on this programme, SEND workstreams are being explicitly aligned to Best Start governance and delivery plans, with shared objectives around inclusion, speech and language development and support for families in the early years.

- Finally, the national Curriculum and Assessment Review may have significant implications for inclusion, accountability and mainstream capacity. Changes to assessment methods or curriculum expectations could alter demand patterns and workforce development needs. Our roadmap therefore avoids over-specification of delivery models in the short term, focusing instead on building inclusive practice, workforce capability and data insight that remain relevant under different national scenarios.
- Overall, dependencies are being managed through strong system leadership, regular horizon scanning, and an iterative delivery approach. This ensures the local area can continue to make progress on improving experiences and outcomes for children and young people with SEND while remaining aligned to national reform as it develops.

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.

Kirklees response :-

How our local area partnership will know delivery is on track

Governance of the Local SEND Reform Plan is led by a named Senior Responsible Owner, accountable for delivery, outcomes and system performance across the local authority and Integrated Care Board (ICB). Oversight is provided through a refreshed Inclusion Partnership Board with senior representation from the local authority, ICB, education sector and parent/carer forum, with clear roles, decision rights and escalation routes. Programme governance is aligned to wider partnership forums, including joint executive leadership (local authority and ICB) and Health and Wellbeing governance, to ensure shared system ownership.

Delivery is monitored through a single SEND performance dashboard and a structured monthly review cycle, enabling risk identification and mitigation, timely decision-making and intervention across partners. Where performance falls below agreed standards, formal escalation and recovery processes are enacted across the partnership, ensuring transparent, accountable and outcome-focused leadership that maintains pace and grip across the reform programme.

The local area partnership will know delivery is on track through a combination of regular performance monitoring, structured governance oversight, and clear feedback and learning loops that enable timely adjustment of approach.

Monitoring tools and processes

Delivery of the Reform Plan will be tracked through a central SEND operational dataset, drawing together education, health and social care information, including ICB-commissioned services. This dataset is reviewed routinely by operational teams and provides a shared

view of demand, performance and outcomes across the system. It is used to identify trends, highlight emerging pressures, and support problem-solving conversations with schools, settings, health providers and service leads.

Key delivery milestones and outcomes are tracked through a programme-level delivery plan, aligned to the Reform Plan pillars, with RAG-rated progress updates, risks and dependencies reviewed monthly by the Partnership Board. This enables early escalation where delivery is off track and informs decisions about prioritisation, sequencing and resource allocation across partners.

A focused set of Key Performance Indicators is reviewed monthly to provide assurance on system performance and to inform strategic decision-making by the local authority and ICB. Data is triangulated rather than viewed in isolation, with narrative analysis used to explain variation and avoid perverse incentives.

The partnership uses data to track:

• Demand: volumes and trends in EHC needs assessment requests, timeliness at each statutory stage, tribunal activity, and presenting levels of need.

• Service delivery: deployment and capacity of services such as Speech and Language Therapy, Educational Psychology and specialist outreach, including ICB-commissioned provision; sufficiency of specialist and alternative provision places; and progress against workforce and market development plans.

• Service quality: multi-agency audit findings, quality assurance reviews, complaints and compliments, and parental and practitioner feedback.

• Outputs and outcomes: attendance, exclusions, part-time timetables, sustained placements, and preparation for adulthood indicators, supplemented by national data returns.

The partnership will submit quarterly data returns to the Department for Education using the agreed template and will use benchmarking outputs to inform joint local authority and ICB decision making and challenge.

Feedback and adaptation mechanisms

Progress is reviewed through multiple feedback loops to ensure learning leads to action. Parent and carer experience is captured through regular surveys, targeted engagement activity, and ongoing dialogue with the Parent Carer Forum. Children and young people's views inform service design and review through co-production activity and case-level learning.

Frontline practitioner feedback is gathered through operational forums, cluster meetings and service reviews across education, health and care partners to identify what is and is not working in practice. Multi-agency audit and thematic deep dives are used to understand root causes rather than symptoms.

Learning is formally captured through lessons learned reviews and fed back into delivery plans, workforce development and commissioning activity across the partnership, including the ICB. Where data or feedback indicates limited impact, the partnership will adjust pace, scale or approach and report these changes through governance arrangements, ensuring delivery remains responsive, transparent and focused on outcomes.

13. Reporting to DfE

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

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

Please see attached Kirklees response.

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 *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision Rights** *What decisions can this governance mechanism make?*	**Escalation Route** *Where can this governance mechanism escalate issues or decision to?*
Health and Wellbeing Board	Strategic oversight by the Kirklees partnership of the plan.	Lead member is usually char (board currently dissolved due to recent elections – will be reformed imminently). Populated from across the strategic partnership, including Health and Education.	Quarterly	System leadership & alignment. Holds partners to account & has public transparency.	This is the top of the governance structure

Executive Leadership Team	Provides collective leadership of the LA. Ensures strategy is translated into delivery. Provides leadership across organisational boundaries.	LA chief executive and directors including Director of Childrens Services	Weekly	Holds directors to account for delivery, performance & risk management.	Health and Wellbeing Board; Cabinet.
ICB board	Provide strategic oversight, ensure statutory duties met and hold system to account for SEND outcomes.	ICB Chief Executive, Chair, Executive Directors and Non-Executive Directors. Varying governance groups which report into the ICB Board have partnership representation from Health, Education and PCF's	Quarterly	Statutory duties for SEND related areas. Commissioning leadership that supports SEND improvement.	Health and Wellbeing Board.
Childrens Ambition Board	Terms of Reference are being updated this will be the governance groups that will provide coordination across all reforms; SEND, Best Start in Life and Families First Partnership	Partners/System leaders chaired by the DCS; Elected Members, Parent Carer Forum (PCAN) Childrens and Adults Social Care, Best Start in Life Public Health, ICB, Secondary School, Primary School, Alternative Provision, Early Years, Post 16 Housing Police Kirklees Safeguarding Partnership – independent scrutineer.	Quarterly	Holds the programme to account.	ICB, ELT or Health & Wellbeing Board

Education learning Partnership Board	Holds strategic oversight for the development, leadership, and quality-assurance of 'Our Kirklees Futures' and will draw on and complement regional and national strategies. It will also direct, develop and take decisions about services used by schools and education. In doing this, it will ensure that the services the council provides for schools are of the highest quality, are fit for purpose, innovative, draw on best practise and promote financial resilience.	Chair is the Kirklees Council Cabinet Portfolio Holder for Education Representation from; Chair of Kirklees High School Heads Chair of Kirklees Primary Heads Special School Head Representative Early Years Representative FE College Representative School Governor Representative	6 weekly	Key strategic system engagement forum for all Learning related strategies in line with the both the Kirklees 'Big Plan' and the Kirklees Learning Strategy 'Our Kirklees Futures'	Ambition board and cabinet
Schools forum	The purpose of the Kirklees Schools Forum is to provide unambiguous professional advice and strategic direction from Headteachers to education decision-makers regarding the funding of schools, including arrangements for the education of pupils with special educational needs.	Headteacher, Governor and Multi-Academy Trust representation from the local school system proportionate to the number of pupils in each category. Plus, up to a third of non-school members including Early Years, Post 16 and TUs. LA officers and lead cabinet member also support.	4 times a year formally in public and additional briefings.	As per statutory guidance the role is consultative in terms of arrangements for the education of pupils with special educational needs but they do have some powers including authorising block transfers from the schools block	Through crossover of membership, Education Learning Partnership Board and Cabinet. Secretary of State in some instances.
Transformation & Commissioning Group	Partnership oversight. Reporting includes trajectories and deliverables; System	Service Director for Learning and Inclusion (SRO) is the chair; a cross cut of partners from across	Termly	Inform strategic and operational opportunities, co-	Ambition board and Executive Leadership Team.

	initiatives are brought into view to enable connections to be exploited and interdependencies to be understood.	all parts of the Local Area Partnership including; Parent Carer Forum (PCAN) Health Partners SENDCOs Head Teachers (all phases, AP and Special) FE representation Third Sector partners Our Voice Team (to bring Children and Young People's Voice) C + K Careers Real Employment.		production, communication and shared ownership	
Programme Board (Please note, from Autumn, this will be the Inclusion Partnership Board with refreshed system membership	Strategic oversight and delivery grip. Alignment of partners, resolving barriers, sequencing and tracking of the programme. Receives project highlight reports.	Director for Learning and Inclusion (SRO) is Chair; Workstream leads and programme support	Monthly	Operational decisions in line with strategic direction	All of the above as appropriate.

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

Please see attached governance diagram.

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

Kirklees response :-

- Targeted expert support that is enabling rather than directive. This should focus on providing access to specialist advice, coaching and challenge at key points (for example, sufficiency planning, inclusion models and system redesign), while maintaining local ownership of decisions and delivery. Support is most effective where it builds local capability, strengthens confidence in approach, and helps unblock specific issues, rather than duplicating or displacing local leadership.
- Workforce support must move beyond guidance to delivery levers. This includes national action on workforce supply (education, health and therapy roles), alongside funded development programmes aligned to reform priorities, not generic training offers.
- We need standardised, usable tools. The national data template is a strong starting point, but local areas would benefit from shared methodologies, projection models and dashboards to reduce duplication and improve consistency, particularly given known data limitations and complexity.
- Facilitated peer learning should be strengthened. The Change Programme and REACh model showed the value of regional collaboration, practice sharing and direct feedback loops into policy design; this should be scaled as a core delivery mechanism.
- Stronger system-level coordination is needed across DfE, NHS England and regulators, including clearer guidance where policy or regulatory requirements conflict, and faster routes to resolve barriers locally.

Annex B - Supporting Documents

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

Annex C – Risk Matrix

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