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: Rotherham Metropolitan Borough Council

Name of Integrated Care Board: NHS South Yorkshire Integrated Care Board

Local SEND Reform Plan SRO: Niall Devlin, Service Director – Education & Inclusion

Signatories

Role	Name	Signature	Email contact	Date
Service Director, Education and Inclusion	Niall Devlin		niall.devlin@rotherham.gov.uk	19.06.2026
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Section 151 Officer, Rotherham Council	Judith Badger		judith.badger@rotherham.gov.uk	19.06.2026
Chief Executive, Rotherham Council	John Edwards		john.edwards@rotherham.gov.uk	19.06.2026

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*

Rotherham's SEND Reform Plan sets out a system-wide transformation to improve outcomes for children and young people with SEND while ensuring long-term financial sustainability.

This Plan has been explicitly shaped by the Local Partnership Maturity Assessment (March 2026) and the SEND Self-Evaluation Framework (January 2026). These confirm Rotherham has an increasingly mature, effective partnership, with strong governance, co-production, joint commissioning and data capability. However, there is more to be done in frontline practice, mainstream inclusion and workforce confidence and consistency.

The need for reform is driven by sustained growth in demand, increasing complexity of need, and rising financial pressure.

Demand for statutory support continues to increase significantly. Requests for assessment increased from 1,114 (2024) to 1,556 (2025) and Education, Health and Care Plans (EHCPs) increased from 3,623 (2024) to 4,062 (2025). They are projected to reach 5,564 by 2029 (37%).

Demand is particularly concentrated in:

- Autism Spectrum Disorder (ASD): 1,559 cases
- Speech, Language and Communication Needs (SLCN): 865 cases (up from 645)

High demand for speech and language and occupational therapies is resulting in significant waiting times with children seen within 18 weeks reducing from 77.7% in 23/24 to 47.4% in 24/25 for SALT and from 44.1% in 23/24 to 43.4% in 24/25 for OT.

Stakeholders report that Emotionally Based School Avoidance is increasing and severe absence has increased for children with EHCPs

from 10.3% in 23/24 to 11.3% in 24/25 and for SEN Support from 4.4% in 23/24 to 4.8% in 24/25.

By 2029, the system will support more children and young people to achieve and thrive; expanded inclusion bases will create more inclusive settings, and we will maximise the strength of our local partnerships to ensure accountability through improved quality assurance.

This will mean a clear structural shift in the system to ensure that:

- EHCPs in mainstream settings increase from 1,417 to 2,433 (+72%)
- Inclusion bases expand from 120 to 258 places (+115%)
- Special school placements remain broadly stable (1,221 → 1,246)
- Independent placements reduce from 116 to 100 (-14%)
- Waiting times reduce so 70% of children are seen within 18 weeks (+20%)

Financially, unmitigated High Needs Block expenditure is projected to increase from £62.98m to £80.5m in 2028/29 and £85.5m in 2030/31 due to the rate of demand growth. Successful delivery of this reform plan would see projected High Needs Block expenditure at £78m in 2028/29 and £78.1m in 2030/31 demonstrating that the programme is bending the cost curve through system redesign.

Mainstream provision provides ten times greater value for money than independent placements, underlining the importance of shifting provision locally. Capital investment is aligned to this approach, with targeted accessibility investment in mainstream settings to continue to shift placement patterns and specialist capacity increasing minimally from 2,003 to 2,164 places.

We will tilt the system decisively towards earlier help in mainstream settings with a rebalancing of provision so that mainstream education becomes the primary setting for meeting need, supported by targeted specialist input. A central mechanism for delivering this change is the Experts at Hand (EAH) model, which provides consultation-based, multidisciplinary support to settings improving capacity and capability. This shifts specialist expertise earlier in the system and reduces reliance on statutory escalation. This will be evidenced by increases in children supported without EHCPs:

- Educational Psychology: 1,027 → 1,562 (+52%)
- Speech and Language Therapy: 1,489 → 1,713
- Occupational Therapy: 238 → 329

A co-produced quality assurance framework with new measures for parental confidence and children's experience will supplement our performance and monitoring arrangements to ensure we track progress and impact. Effective communication and responsive leadership will ensure we focus on what matters to children, families and stakeholders improving confidence and readiness of the system.

Section 1 – Vision and Goals

1. **What the local area partnership is trying to achieve?**
   Please set out your goals for your local system. These should be clear, aligned to the vision set out in the Schools White Paper, small in number and measurable. These goals should include clear reference to:
   - *Outcomes for children*
   - *Confidence of parents, carers and young people in the system*
   - *Management of finances to secure value for money*

Rotherham is just as ambitious for children and young people with SEND as for every other child. The partnership's vision is to deliver a consistently inclusive 0–25 system where needs are identified early, supported effectively, and met locally wherever possible so that every child achieves their potential.

Four strategic goals, linked to co-produced outcomes underpin this ambition so that by 2029 we:

- **Improve early identification and access through timely multi-disciplinary support**
  100% coverage of Experts-at-Hand means the % of children educated in mainstream settings increases so at least 70% of the SEND cohort will be SEND Support and 70% of CYP access therapies within 18 weeks.

- **Strengthen inclusive practice by reducing absence, exclusions and variation, while improving attendance and participation**.
  Delivery of a shared expectations framework, clear pathways and accessible CPD means children experience reduced variation in inclusive practice so 73.3% of children achieve GLD, persistent absence rate (EHCP cohort) reduces to ≤35%, severe absence rate (EHCP cohort) reduces to ≤10%, persistent absence rate (SEN Support) reduces ≤28%, severe absence rate (SEN Support) reduces to ≤4.5%, suspension rates for SEND reduce to ≤55% and permanent exclusion for SEND reduces to ≤65%.

- **Re-shape demand through co-production and improved confidence in the system.**
  Co-produced QA, SEND dashboards and "inclusion insights report" create one shared view of demand and capacity, informing transparent challenge and efficient use of resources so a new parental confidence measure demonstrates improvement, EHCP growth reduces to 6% and ISP usage reduces to ≤2, reducing ISP spend growth.

- **Develop strong local provision, mainstream capacity and system accountability**
  Inclusion bases strengthen mainstream capability, placement stability and reintegration. Special school capacity used strategically for the most complex needs so the % EHCP cohort in mainstream and inclusion base provision increases to ≥40%, achieving value for money through maximisation of cost-efficient places.
  Please see Appendix: VG01 – Vision and Goals Target Metrics.

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.

Our strategy is aligned with the Schools White Paper, Every Child Achieving and Thriving, Best Start in Life, Neighbourhood Health and the Families First Partnership Transformation Programme. We have worked in equal partnership on our maturity assessment, ensuring this reflects an accurate position on the strengths and areas for development, operational and strategic challenges across the health and education (all sectors) landscape. Our SEND reform plan is built on learning from innovation and the work already underway in our early years provisions, schools, academies and colleges, e.g. Partnership for Improvement of Neurodiversity (PINS), Education led Multi-agency Neuro-developmental pathway, 0-19 early identification and SEND support team.

We have set out our vision for a mature multi-agency Experts-at-Hand model ensuring fair and equitable access through our enhanced non-traded Specialist Inclusion Team offer. This has been shaped by our learning from co-production with children, young people and local partners, and is informed by evidence from the national Change Programme and What Works in SEND. More detail can be found in Appendix: S02 – Experts at Hand (EAH) Offer – Rotherham.

To ensure delivery of our ambition, vision and goals, we will continue activity to improve pathways; scale inclusion bases across phases; deliver high quality and impactful workforce development; strengthen performance, quality assurance and governance; and use special school capacity strategically for the most complex needs.

Where we are	Local blueprint for the next 3 years	Where we will be in the next 3 years
The SEND Self Evaluation Framework (SEF) highlights that escalation into statutory processes is often driven by inconsistent access to early, joined-up support and variation in school confidence when concerns first arise. The Maturity Assessment indicates that the partnership is well placed to standardise early multi-disciplinary team (MDT) support, moving away from informal and inconsistent routes. Earlier, reliable intervention is essential to moderating demand and improving outcomes. Without action, demand for EHCPs will	Building blocks <u>Strengthening inclusion across education settings</u> Inclusion Bases “Inclusion Bases” are a new collective term for specialist provision located within mainstream education settings. Support Bases are flexible, school-led inclusion hubs that provide structured, targeted intervention while keeping pupils fully connected to mainstream education (children placed by school, funded by the school). Specialist Bases are locally planned, high-expertise provision within mainstream	Inclusion bases will be scaled across phases to meet local need clusters, strengthening mainstream capacity and reducing reliance on distant specialist placements. Clear entry and exit criteria will ensure these provisions support reintegration and build mainstream capability.

continue to rise, waiting times for services will increase, more children will be out of school (severely or persistently absent) or require ISP provision to meet their needs, Fewer young people will progress into employment, training and further education (EET). While the SEF evidences strong leadership and high-quality co-production, it also identifies variability in inclusive practice, particularly within mainstream settings. The Maturity Assessment confirms that governance, data and relationships are sufficiently robust to move from guidance to clearer expectations and accountability. Reducing this variation is critical to improving equity and inclusion. Increasing complexity of need, alongside pressure on specialist provision and attendance, is evident. However, sufficiency data shows that many needs could be met locally with the right support. The partnership is now in a position to use inclusion bases strategically to strengthen mainstream provision, rather than as standalone alternatives. Attendance, persistent absence and exclusion remain key challenges for children and young people with SEND. These issues drive poorer outcomes and increase parental anxiety and escalation, making them a central focus for improvement.	schools, offering an alternative to special schools while maintaining strong links to mainstream education (EHCP children placed by LA, commissioned by LA). <u>Capital</u> The approved Capital Investment Strategy (July 2026) includes improving accessibility across education settings. This will support development of inclusion bases aligned with co-produced criteria. <u>Access to specialist support and local placements</u> EAH Experts At Hand will be delivered through a local authority led, jointly commissioned model, with shared ownership between Rotherham Council and the Integrated Care Board (ICB). Delivery will be undertaken through **multi-disciplinary** teams (MDTs), bringing together specialist education and health expertise. Access to Experts at Hand is consultation based rather than referral led. Deployment is informed by system wide data, and measures of parental confidence. EAH will support **consultation-based** work, workforce development and system level problem solving. Specialist Teachers form the core delivery workforce and operate at setting	Over the next three years, Rotherham will establish a mature, co-produced, multi-agency Experts at Hand (EAH) model spanning Early Years, primary, secondary and Further Education, ensuring equitable access across all localities. This model will enable earlier access to support when concerns first arise, strengthening school confidence in meeting children's needs and embedding a more consistent and inclusive system. Delivery will be coordinated through multi-disciplinary teams (MDTs), bringing together specialist education and health expertise, including Educational Psychology, Specialist Teaching, special school and alternative provision outreach, Speech and Language Therapy, and Occupational Therapy. These

Strong data and performance systems are in place, and the partnership is capable of using this intelligence to drive change. Benchmarking data (including financial data) could be improved to include more measures providing better evidence of value for money. Financial data collected (e.g. the unit cost information for SEN provision including EHCP/ special/ ISP) is not explicitly visible and benchmarked. Sustained focus on moderating demand, strengthening governance and ensuring inclusive engagement will be essential to securing long-term system improvement and better outcomes for children and families.	and trust level, with advanced practice strands aligned to key areas of need, including speech and language, sensory and motor needs, and emotional regulation. These roles work closely with health professionals to translate clinical expertise into sustainable educational practice. Enablers <u>Co-production / Engagement – Experts at Hand (EAH)</u> Feedback from Rotherham Parent Carer Forum (RPCF), including 2,391 parent engagements, has shaped the Experts at Hand model, reflecting priorities such as EHCPs, access to therapies, assessment waiting times and education placements. Insights from the Best Start Summit (December 2025), Rotherham Education Strategic Partnership (RESP), Place Board (health and care partners) and multi-agency workshops (February 2026) further informed development, particularly around confidence, workforce capability and therapy access. A summit hosted by the RPCF in April approved the local area maturity assessment and defined the key principles of Experts at Hand. As soon as recruitment allows, the proposed model will be piloted around a specific need/ location dependent upon recruitment and capacity. Dynamic review of EAH Offer will take place throughout. The SENDAP partnership board will receive feedback from all stakeholders following implementation in line with Rotherham's learning culture. The	teams will operate under formal partnership agreements with shared performance expectations. Support will be delivered directly into education settings, with a focus on workforce capability, environmental adaptation and inclusive practice, rather than reliance on individualised provision. EAH will be consultation-based rather than referral-led. Settings will access support through professional dialogue focused on their context, priorities and capacity to meet needs. MDTs will then determine the most appropriate response, which may include whole-setting support, group interventions, coaching or modelling. Individual observation or assessment will be used selectively to inform practice but will not lead to ongoing provision. EAH will not act as a gateway to statutory assessment, nor duplicate wider family support, social care or mental health services, instead aligning with existing pathways such as Family Help and health services. Senior Educational Psychologists will provide strategic leadership, supporting consultation-based practice, workforce development and system-level problem solving. Specialist Teachers will form the core delivery workforce, working across settings and trusts, with advanced expertise in priority areas such as speech and language, sensory and motor needs, and emotional regulation. A regional Speech and Language Therapy

	operating procedures will be reviewed to ensure the model is scalable and agile. <u>System leadership, local partnership collaboration and co-production</u> Data Improve consistency in school-level data quality and primary need identification. Strengthen integration of health data and SEND dashboards. Enhance tracking of vulnerable groups and resource use across mainstream, AP and specialist settings extended to Early Years and Post 16. Develop “insights” report to share data with schools. Align commissioning, capital and data to local need so that there is one shared view of demand and capacity. <u>QA</u> A co-produced quality assurance framework will include unique child voice and measures of parental confidence. These will be incorporated into the inclusion insights report. <u>Co-production</u> Increase reach and consistency. <u>Governance/ Escalation</u> Effective contract negotiation and challenge via commissioning. Clear escalation process across education,	Advanced Practitioner will ensure quality, sustainability and alignment with national expectations. A South Yorkshire MOU will ensure equitable access to Experts at Hand for cross-border children. The Specialist Inclusion Team will be enhanced to deliver this MDT approach. Improved system intelligence, including SEND dashboards, health data and setting-level information, will inform commissioning, resource allocation and transparent challenge. Communication with education providers will be strengthened through regular reporting on key inclusion measures, such as attendance, exclusions and EHCP performance. Improved use of benchmarking data and visibility of unit cost information will improve decision making and provision to ensure value for money. A co-produced quality assurance framework will incorporate child voice and parental confidence, alongside strengthened participation from diverse communities. The Four Cornerstones model will be embedded across all settings, supported by improved engagement with Early Years and Post-16 providers. Regular SEND Quality Checks with schools will provide clear challenge and support to improve

	health and LA. Enablers <u>Data / Digital Systems</u> Enhanced analytical capacity, improved reporting and a new education management system will improve data sharing and decision-making across the system <u>Quality Assurance</u> RPCF will co-produce a quality assurance framework focused on parental confidence and child experience, ensuring broader representation across SEND communities <u>Encouraging inclusive culture and behaviours</u> Threshold of Need and Graduated response: quality assurance cycles will explicitly demonstrate fidelity to the graduated response and Threshold of Need Pathways: co-production of reviewed and improved pathways for support for EBSA, EHE and PfA. Enablers <u>Workforce</u> The workforce has actively influenced the plan. Increased capacity in Educational Psychology, therapies and specialist teaching will strengthen confidence. Co-produced thresholds and a clear graduated response will support consistent	practice. Effective commissioning will ensure value for money. Clear escalation process ensures accountability across education, health and LA. The enhanced Specialist Inclusion Team and MDT approach, in addition to QA, is supporting fidelity to the co-produced Threshold of Need and shared expectations framework for the graduated response across all phases. Earlier identification and stronger pathways between health, Early Years, education and the Child Development Centre will improve outcomes, including communication, language and literacy development and increasing the proportion of children achieving a Good Level of Development. A recruitment and retention plan led by advanced practitioners is ensuring availability of key roles including Education Psychologists, experienced Occupational Therapists and Speech and Language therapists. Historic barriers to CPD engagement outside

	practice, while barriers to CPD, such as limited INSET time, will be addressed. .	INSET days and QA and performance activity inform CPD offer. Engagement and impact are consistently positive and workers report increased confidence in practice. This will improve consistency, reduce variability in decision-making and ensure that ordinarily available provision meets SEND needs. Overall, this approach will reduce variation in inclusive practice, improve placement stability, and support more children and young people with SEND to thrive within mainstream education.
Baseline ***(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)*** ***Persistent absence (EHCP cohort) 39%*** ***Severe absence (EHCP cohort) 11.3%*** ***Suspension rates for SEND 61.5%*** ***ISP 4.9% (EHCP Cohort)*** ***0% coverage achieved (EAH)*** ***EET 83.9%*** ***SALT: 59.8%*** ***OT: 45.1%*** ***SEND Support is 68% of SEND cohort*** ***Tribunal appeal rate is 2.41***	Success measures *Drawing on metrics from the accompanying data template E.g.* *Reduce persistent absence (EHCP cohort) from 39% to ≤35%* *Reduce suspension rates for SEND (50%)* *Reduce reliance on independent special school places* *Mainstream settings with increased access to Educational Psychologists/SaLT/OT* *Increase EET rates for SEND YP* *Improved access to therapies* *Increase children with SEN in mainstream* *Reduced tribunal appeal rate*	*Target Metrics (outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the metrics in the data template)* *Persistent absence (EHCP cohort) ≤35.5%* *Severe absence (EHCP cohort) reduces to ≤10%* *To be aligned with national suspension rates for SEND (50%)* Persistent absence rate (SEN Support) reduces ≤28%, Severe absence rate (SEN Support) reduces to ≤4.5% *(ISP) to ≤2% of EHCP cohort* *100% coverage achieved (EAH)* *EET 87.0%)* *SALT 70%* *OT 70%* *SEND Support is at least 70% of SEND Cohort* *Tribunal appeal rate reduces to 2.35*

Please see Appendix: S01 – Detailed 3-year blueprint.
Please see Appendix: S02 – Experts at Hand (EAH) Offer – Rotherham

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.'*

Rotherham's theory of change is set out in **Appendix S03 – a. Detailed Theory of Change** and illustrated in the accompanying diagram Appendix **S03 – b. Theory of Change Diagram**, it explains how Rotherham will move from a system under pressure to one that is inclusive, consistent and sustainable.

Rising EHCP demand, poor attendance/ engagement, variable outcomes and pressure on specialist provision are driven by inconsistent early support, differences in school confidence, and uneven access to services which impact parent confidence and children's experiences. In response, the model prioritises earlier intervention and stronger mainstream capacity.

Through the Experts at Hand model, multi-disciplinary support is deployed at the point concerns first emerge, enabling schools to respond more confidently and consistently without escalation. This is reinforced by a shared Threshold of Need and a consistently applied graduated response, alongside inclusion bases, workforce development, and coordinated co-produced quality assurance measuring parental confidence and children's experiences. **Appendix: S04 - Rotherham Reform Priorities Key Activities** provides additional detail about how this will be delivered**.** The strategic logic is that if needs are met earlier, locally and consistently, then reliance on (and preference for) statutory processes will eventually reduce. Aligning commissioning, capital investment and data to a single view of demand ensures resources are targeted effectively and system behaviour shifts from reacting to demand to shaping it.

In the short to medium term, this leads to improved confidence, reduced escalation, reduced tribunal appeals and more children supported in mainstream settings. Over time, it delivers better outcomes for children and young people with SEND, stabilised costs, and a resilient, inclusive system.

Appendix S03 – a. Detailed Theory of Change and illustrated in the accompanying diagram

Appendix S03 – b. Theory of Change Diagram,

Appendix: S04 - Rotherham Reform Priorities Key Activities

4. **Please upload a completed copy of the Local Partnership Maturity Assessment Tool.**
   Included in the commission pack

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

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

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

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building blocks *Strengthening inclusion across education settings* *Inclusion Support Bases and Specialist Bases* *Access to specialist support and local placements* *EAH* *System leadership, local partnership collaboration and co-production* *Data* *QA* *Co-production* *Governance/ Escalation* *Encouraging inclusive culture and behaviours* *Threshold of Need and Graduated response* *Pathways* ***Enablers***	***EAH coverage & standards*** *Co-produce operating standards* *Recruit initial multi-disciplinary Team* *Identify pilot theme/ area.* *Deploy first EAH offer.* ***Inclusion bases*** *Design first wave (EY/primary/secondary/FE)* *Develop curriculum access model.* *Open a test site*	***EAH coverage & standards*** *Fully recruit to MDT. Scale EAH coverage.* *Dynamic review via SENDAP partnership Board including RPCF.* *Develop and embed outcomes framework.* ***Inclusion bases*** *Open second wave sites* *Embed curriculum access model (EY/primary/secondary/FE)* *Quality assure provision* *Dynamic review*	***EAH coverage & standards*** *Full EAH coverage* *Independent review* *Recommendations considered/ agreed at SENDAP partnership Board including RPCF* ***Inclusion bases*** *Open third wave sites* *Optimise flows* *SEN2 trajectory shows shift to increased mainstream/ SEN Support* *Quality assure provision* *Dynamic review*

Co-production / Engagement – Experts at Hand (EAH) *Feedback from Rotherham Parent Carer Forum (RPCF), including 2,391 parent engagements, has shaped the Experts at Hand model, reflecting priorities such as EHCPs, access to therapies, assessment waiting times and education placements. Insights from the Best Start Summit (December 2025) and multi-agency workshops (February 2026) further informed development, particularly around early years confidence, workforce capability and therapy access. Final proposals were co-produced with partners at the SENDAP Summit (March 2026).* *As soon as recruitment allows the proposed model will be piloted around a specific need/ location dependent upon recruitment and capacity. Dynamic review of EAH Offer will take place throughout. The SENDAP partnership board will receive feedback from all stakeholders following implementation in line with Rotherham's learning culture. The operating procedures will be reviewed to ensure the model is scalable and agile.* ***Workforce*** *The workforce has actively influenced the plan. Increased capacity in Educational Psychology, therapies and specialist teaching*	***Practice & pathways*** *(EBSA, ASD, SLCN, SEMH)* *Launch boroughwide graduated pathways.* *Agree revised (more accessible) CPD offer for 27/28.* ***Capital & sufficiency*** *Agree pipeline & travel impact assessment*	***Practice & pathways*** *Deepen fidelity* *Dynamic review of pathways* *Reduce suspensions/exclusions* *Deliver and evaluate revised (more accessible) CPD offer, develop offer for 28/29.* ***Capital & sufficiency*** *Publish annual Capital programme*	***Practice & pathways*** *Reduce suspensions/exclusions* *Consolidate review and publish impact* *Deliver and evaluate CPD offer for 28/29, develop offer for 29/30* ***Capital & sufficiency*** *Complete agreed pipeline* *Publish annual Capital programme*

will strengthen confidence. Co-produced thresholds and a clear graduated response will support consistent practice, while barriers to CPD, such as limited INSET time, will be addressed. ***Capital*** *The approved Capital Investment Strategy (July 2026) includes improving accessibility across education settings. This will support development of inclusion bases aligned with co-produced criteria.* ***Data / Digital Systems*** *Enhanced analytical capacity and a new education management system will improve data sharing and decision-making across the system.* ***Quality Assurance*** *RPCF will co-produce a quality assurance framework focused on parental confidence and child experience, ensuring broader representation across SEND communities.*	*Publish annual capital programme* *Process accessibility applications to agree capital funding for new model inclusion bases* ***Data & monitoring*** *Single dashboard; Regional SEND dashboard; DfE data template live* *Implement new management information system* ***Quality Assurance*** *Agree proposal and Specification/ Grant agreement for co-produced QA framework with:* *1. A co-produced set of 5–10 Parent Confidence Standards* *2. A measurable baseline of parental confidence by January 2027*	*Deliver capital works including accessibility upgrades.* ***Data & monitoring*** *Automated run-charts & benchmarking* *Share Inclusion insights report with schools.* ***Quality Assurance*** *Deliver QA activity* *Embed parental confidence and child experience measures in reporting* *Informed strategic decision making*	*Deliver capital works including accessibility upgrades* *Publish sufficiency impact* ***Data & monitoring*** *Benefits realisation report* ***Quality Assurance*** *Benefits realisation report*
Success measures *Drawing on metrics from the accompanying data template E.g.* *Reduce persistent absence (EHCP cohort) from 39% to ≤35%*	*Baseline* *(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)*	*Target Metrics* *(outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the*	*Target Metrics* *(outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the*

Reduce severe absence (EHCP cohort) from 11.3% to ≤10% *Reduce suspension rates for SEND (50%)* *Reduce reliance on independent special school places* *Mainstream settings with increased access to Educational Psychologists/SaLT/OT* *Increase EET rates for SEND YP* *Improved access to therapies* *Increase children with SEN in mainstream* *Reduced tribunal appeal rate*	*Persistent absence (EHCP cohort) 39%* *Severe absence (EHCP cohort) 11.3%* *Suspension rates for SEND 61.5%* *ISP 4.9% of EHCP cohort 60% coverage achieved; (EAH)* *EET 83.9%* *SALT: 59.8%, OT: 45.1%* *SEND Support is 68% of SEND cohort* *2.41*	*metrics in the data template)* *persistent absence (EHCP cohort) ≤38%* *severe absence (EHCP cohort) ≤10.8%* *To be aligned with national suspension rates for SEND (55%)* *ISP to ≤5% of EHCP cohort 85% coverage achieved (EAH)* *EET 85.0%)* *SALT 60%* *OT 60%* *SEND Support is 69% of SEND Cohort* *2.35*	*metrics in the data template)* *persistent absence (EHCP cohort) ≤35.5%* *Severe absence (EHCP cohort) reduces to ≤10.3%* persistent absence rate (SEN Support) reduces ≤28%, severe absence rate (SEN Support) reduces to ≤4.5% *To be more aligned with national suspension rates for SEND (55%)* *ISP to ≤2% of EHCP cohort* *100% coverage achieved (EAH)* *EET 87.0%)* *SALT 70%,* *OT 70%* *SEND Support is at least 70% of SEND Cohort* *Tribunal rate 2.35*

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	
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 *WS1: Specialist Support and Local Placements* *EAH coverage & standards* ***Outcome*** *Equitable MDT coverage* ***Success measure*** *% settings reached;* ***Building block - Workstream 2*** *WS2: Strengthening Inclusion* *Inclusion bases* *Capital & sufficiency*	*EAH Lead* *Head Of Service – Sufficiency and Transformation*	***EAH coverage & standards*** *Recruitment to MDT approved and underway* *Workshops to co-produce operating standards and identify initial theme/ area.* *Inclusion bases* *Workshop to design first*	*Coverage ≥10% settings* ***N/A***	***EAH coverage & standards*** *Initial team recruited.* *Co-produced operating standards and area for first EAH offer approved.* *Inclusion bases* *Wave 1 sites approved;*	*Coverage ≥30% settings* ***N/A***	***EAH coverage & standards*** *Co-produced operating standards shared and understood.* *Initial multi-disciplinary Team in place.* *First EAH offer deployed.* *Inclusion bases* *first wave designed.*	*Coverage ≥60% settings* *Test sites open* *Min 40 places in inclusion bases*

Outcome *In-borough mainstream capacity up* ***Success measure*** *#inclusion bases opened; placements in bases* ***Building block - Workstream 3*** *WS3: System Leadership, Local Partnership Collaboration and Co-production* *Data and Monitoring* ***Outcome*** *Single view of performance* *Improved co-production QA framework* ***Success measure*** *Improved parental confidence/ children's experiences* *Template submitted; monthly KPI run-charts*	*Head of Service, Performance and Quality* *Head Of SEND*	*wave and develop curriculum access model (EY/primary/secondary/FE) held.* *Capital & sufficiency Agree pipeline & travel impact assessment.* *Publish annual capital programme.* *Engage schools in Accessibility applications for inclusion bases.* *Data & monitoring Baseline and template completed* *QA proposal received and agreed.*	***N/A***	*Capital & sufficiency Accessibility applications received.* *Data & monitoring Implement new management information system.* *Quality Assurance Specification/ Grant agreement in place for co-produced QA framework.*	***N/A***	*(EY/primary/secondary/FE) curriculum access model developed.* *Test site opened – placements in base.* *Capital & sufficiency Process accessibility applications to agree capital funding for new model inclusion bases.* *Data & monitoring Develop regional single SEND dashboard with benchmarking* *A co-produced set of 5–10 Parent*	*N/A* *persistent absence (EHCP cohort) ≤38% severe absence (EHCP*

Building block - Workstream 4 *WS4: Inclusive Culture and Behaviours* *Practice & pathways* ***Outcome*** *Graduated response consistent* ***Success measure*** *Attendance↑; PA↓; exclusions↓*		*Practice & pathways* *Multi-agency workshops to develop EBSA pathway* *Develop (more accessible) CPD offer for 27/28.*		*EBSA pathway launched. Workshops to develop ASD/ SLCN/ SEMH pathways held.* *Approve revised (more accessible) CPD offer for 27/28.*		*Confidence Standards established. A measurable baseline of parental confidence by January 2027.* *Practice & pathways (EBSA, ASD, SLCN, SEMH).* *Launch all boroughwide graduated pathways.* *Publish revised (more accessible) CPD offer for 27/28.*	*cohort) ≤10.8% To be aligned with national suspension rates for SEND (55%)*

Projected Investment Spend per quarter
Please specify funding source for each category

Experts At Hand Funding - Spending Plan	**Q2 (£)**	**Q3 (£)**	**Q4 (£)**
Direct workforce:			
Educational Psychologists	*0*	*168,500*	*168,500*
Specialist teachers	*118,500*	*376,750*	*376,750*
Outreach capacity	*0*	*75,000*	*75,000*
SALT practitioners & OTs	*0*	*104,400*	*104,400*
EAH Lead / Coordinator and other direct staff	*28,333*	*66,333*	*66,333*
Recruitment costs	*19,333*	*19,333*	*19,333*
Other direct delivery costs incl. training, travel, etc	*6,667*	*18,637*	*18,637*
Admin & support - data/digital, systems, QA, etc	*63,500*	*63,500*	*63,500*
Transformation - lead, support, etc	*48,333*	*48,333*	*48,333*
Participation, engagement & comms	*18,667*	*18,667*	*18,667*
Total Spend	***303,333***	***959,453***	***959,453***

Please see Appendix: S05 - Local SEND Reform Plan – Year 1 Delivery Plan

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.

The programme manager will engage all stakeholders ensuring the relevant organisational corporate functions are lined up supporting implementation and accountability for the delivery they have responsibility for. Rotherham has a proven track record for delivering transformation with well-established programme management tools and partnership governance.

We recognise the key risks and dependencies likely to impact delivery of the first-year plan (detailed in section 11) and the accountability across partners necessary to ensure progress and impact. Although parallel activity across workstreams will be required, delivery milestones are phased to ensure demand does not exceed capacity and strong performance and programme management will provide oversight.

Delivery of the first-year plan will be coordinated through a clear structure with ICB and LA strategic management capacity, a dedicated programme manager and project support/ performance functions funded via the transformation grant, ensuring sufficient capacity, and capability across the partnership. This approach brings together leadership, programme management and delivery functions to ensure that priorities are implemented at pace and with consistency.

Information sharing is well embedded, providing a solid platform to develop the analytical reporting the programme requires. The local area has already invested in a new management information system to enable improved reporting across education, health and care. The additional capacity in performance functions will support development of multi-agency dashboards and tracking of vulnerable children to inform a revised “inclusion insights report” measuring inclusive practice.

The first-year plan will include strengthening governance through clearer shared accountabilities, a more explicit performance challenge function, and transparent escalation routes where agreed standards or delivery milestones are not met, to achieve collective ownership of reform delivery.

Reform plan delivery is organised through defined workstreams aligned to the reform building blocks and Rotherham priorities, with performance and risk management within each area and named leads responsible for implementation.

Tracking against the measures in this Reform Plan is explicitly designed to test whether reform activity is resulting in the intended system change. Reviews will take place monthly (Partnership Board), quarterly (SEND Executive) and annually (SEN2 modelling, Cabinet CYPS Capital Programme update and SEF refresh), and this will inform decision making and use of governance/ escalation if expected change is not observed.

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.

The partnership is committed to ensuring that all available funding, including revenue and capital, is used strategically to support the transition to a more inclusive, sustainable SEND system. This includes prioritising investment in early intervention, mainstream capacity and local provision to improve outcomes while reducing long-term cost pressures.

Without reform, high needs demand and associated costs will continue to grow at an unsustainable rate, with projections indicating a cumulative DSG deficit of over £68.9m by 2030/31. This plan sets out a clear 'invest to save' approach, where targeted investment in early intervention, inclusive mainstream provision, and local capacity will reduce demand, moderate cost growth, and improve financial sustainability.

Schools Block to High Needs Block Transfer – 2026/27

For 2026/27, Schools Forum agreed a 0.5% transfer from the Schools Block to the High Needs Block, equivalent to £1.3m. The agreed transfer has been incorporated into the High Needs budget for 2026/27 and provides a clear, endorsed funding basis for delivery of the first year of the local SEND Reform Plan.

The transfer supports targeted activity in response to ongoing pressures arising from inflation, rising demand and SEND sufficiency challenges, particularly across SEMH provision and alternative provision, while longer term capacity is developed within the local system. Investment in additional SEND places in Resource Provision within local mainstream schools and special schools remains a key priority; however, the benefits from these developments will take time to be realised. The block transfer enables the authority to manage pressures in a planned and controlled way during this transition period.

In line with the First Year Delivery Plan, block transfer resources will be focused on system critical priorities, including increasing mainstream inclusion capacity, increasing local SEND places and sufficiency, and enhancing data and performance management arrangements. Delivery will be phased and targeted to areas of greatest pressure, with clear oversight and accountability.

This approach provides short-term stability while the reform programme takes effect, with the expectation that reliance on block transfers will reduce as system changes begin to moderate demand.

The financial model demonstrates that, through delivery of this strategy, cumulative pressures can be reduced significantly over time. This improvement is driven by a combination of demand management and system redesign.

Key mitigations include investment in mainstream inclusion bases and support, enabling more children to be supported locally and reducing reliance on high-cost independent provision. Additional savings are delivered through improvements in post-16 pathways, more effective commissioning, and reductions in unit costs for specialist provision.

These financial improvements are directly dependent on successful delivery of the core strategy. Moderating demand for EHCPs and reducing reliance on high-cost placements will be achieved through earlier intervention, improved consistency of inclusive practice, and increased local provision capacity.

The mitigations are considered achievable and reflect a realistic but ambitious shift in system behaviour. However, risks remain—particularly if demand growth exceeds projections or if inclusion improvements do not deliver the expected impact. These risks will be actively managed through robust governance, performance monitoring, and phased implementation.

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.

Rotherham's high needs capital strategy is designed to deliver the national SEND Reform outcomes by placing inclusion at the core of sufficiency planning. Investment will focus on increasing capacity within mainstream settings wherever possible, improving the accessibility and suitability of the physical estate, and ensuring more children and young people with SEND can access suitable places in mainstream locally across the 0–25 age range. This approach supports reduced reliance on out-of-area placements and long-distance travel while strengthening system sustainability.

Capital funding will primarily be targeted at improving inclusion and accessibility in mainstream settings. This activity is aligned to the Schools Accessibility Strategy and includes targeted adaptations linked to the needs of individual pupils and cohorts, individual capital contributions through an established equipment panel, and a rolling mainstream accessibility small grants programme. The grants programme will operate twice yearly and be open to all phases, supporting a planned and equitable approach to accessibility improvements. More information is included in **Appendix: S06 - Accessibility Funding Framework.**

As the primary mechanism for increasing capacity capital investment will prioritise the development and sustainability of inclusion bases so that every child or young person who needs a place can access one. Expressions of interest from schools are captured through established processes, with capital due diligence undertaken jointly with education and property colleagues. Experts at Hand support curriculum design and quality assurance will ensure consistency and effectiveness. Continued investment in Rotherham's existing network of fourteen resource provisions will also enable settings to support a broader range of needs through high-quality, specialist environments within mainstream schools.

Where sufficient capacity does not exist within the current estate, the authority will explore repurposing existing space, including schools with falling rolls. This will be supported through a coordinated council-wide approach involving Children and Young People's Services, Property Services, Asset Management and Legal Services.

Increases in special school places will be limited, targeted and time-bound. In the first two years of the plan, additional places will only be created where clear evidence demonstrates that needs cannot be met within mainstream settings or inclusion bases. Beyond this period, specialist place numbers are expected to stabilise, with capital focused on adapting buildings to better meet the needs of pupils with the most complex requirements.

The impact of capital investment will be monitored through a single performance scorecard, measuring mainstream places created, the proportion of the EHCP cohort accessing mainstream provision, and reductions in transport costs resulting from improved local capacity.

The 2026/2027 programme is supported by a High Needs Capital Allocation grant of £3.4m by the DfE. The new SEND Sufficiency

Strategy was approved by Cabinet in February 2026. The Strategy shows the anticipated demand for SEND provision across both mainstream and special schools until 2030. The proposed SEND Sufficiency priorities identified for 2026-2027 (subject to Cabinet approval early July) are: Schools' Accessibility - Mainstream Small Grants Programme and Individual Adaptations: £1m; Schools' Accessibility - Special Schools: £1m; Inclusion Base Development: £750k; and Special School Growth and Alternative Provision: £500k. In addition, capital works at Newman special school will provide a new build block on the main Whiston site and a refurbishment of the listed corridor.

Please see **Appendix: S07 Cabinet report – CYPS Capital Programme (draft)**

Please see: **Appendix: S06 - Accessibility Funding Framework.**

Appendix: S07 Cabinet report – CYPS Capital Programme (draft)
Appendix: S08 - Mapping of Capital Investment to SEND Reform Outcomes

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.

Rotherham's SEND system is built on a foundation of nationally recognised co-production underpinned by the Four Cornerstones principles of welcome and care, value and include, communicate and work in partnership, and at the heart of these is trust.

The stakeholder engagement plan **Appendix: S09 - Stakeholder Engagement Plan** provides detail of how the partnership will engage key groups in the development and delivery of the SEND reform plan. Key groups include; Children & Young People, Rotherham Parent Forum, Schools & Settings (including early years and FE), Health Partners, VCS & Community, Elected Members & Governance, Support Services - Genuine Partnerships/ SENDIASS. The plan, which will be reviewed regularly, details the purpose of engagement, initial methods and times of engagement and who will lead.

A sub-regional Memorandum of Understanding will detail the terms of engagement by each South Yorkshire authority to ensure that where children attend cross border provision stakeholders are kept informed and are able to influence delivery without being overwhelmed. E.g. families with children attending cross border schools will be able to engage in the development and delivery of the plan in the area where they reside and the area their child attends school.

Despite the uncertainty within Integrated Care Boards, Rotherham has robust shared governance and accountability, demonstrated by the joint Service Director role in CYPS which provides a solid foundation for the shift outlined in the 2026 Schools White Paper. We will build on our shared goal for earlier intervention, integrated and joint commissioning and willingness to work together across the health and education landscape to ensure improved access to health practitioners and earlier access to health support for children attending mainstream schools, colleges and early years settings.

Existing relationships with Schools, Trusts and FE providers provide a strong platform to shift the education landscape and add impetus to achieve the necessary systemic transition toward early intervention, mainstream inclusion, and universal participation. Engagement will harness good practice e.g. the Accessibility Strategy and associated funding framework which evidences what can be achieved when we work together to make schools more inclusive. Enhanced performance reporting, building on information already shared individually with secondary Head Teachers, communication and escalation processes will strengthen transparency and accountability supporting schools to meet their new legal duties regarding inclusion.

Our Local SEND Reform Plan is built on the priorities identified in our co-produced SENDAP strategy; this ensures we can be confident that our system partners, stakeholders, and importantly children, young people and families, will continue to be committed to working with us to shape how these are achieved. We will continue this active engagement with parent/carer forums to improve confidence and ensure continuous feedback to shape our delivery.

The Rotherham Parent Carer Forum will take a lead role alongside other voice and influence partners e.g. Guiding Voices, SENDIASS, Voluntary Sector Groups to ensure that more diverse children, young people and families are involved in reviewing and shaping the plan. This will include facilitated opportunities for parent carer and children and young people participation at events or activities.

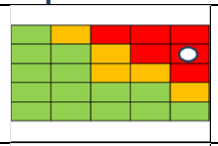
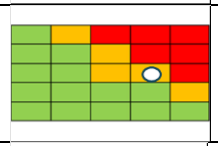
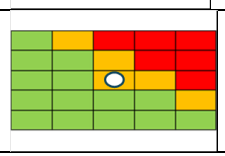
Please see Appendix: S09 - Stakeholder Engagement Plan

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.

Core Risks have been identified and adapted from the existing SENDAP Risk Register. Each workstream will identify and assess individual risks, with these collated at a Programme Level and updated monthly at the SENDAP partnership Board. This ensures risk management is dynamic, allowing for multi-agency ownership and response. Each risk has a clear owner, mitigations and escalation point. Successful implementation of the SEND Reform Plan will be included on the Education and Inclusion Risk Register and CYPS Directorate Risk Register. This is in line with the local approach to managing and mitigating risks ensuring Strategic oversight and ownership.

A summary of the SEND Reform Plan risks identified is below a comprehensive RAID (Risks, Actions, Issues and Decisions) Log is included as Appendix: S10 RAID log SEND Reforms.

Risk	Impact	Likelihood	Risk Rating ^Likelihood > Impact	Mitigation Summary
1. Workforce Capacity Recruitment/ Retention e.g. Therapy workforce constraints delay EAH impact	4	5		Joint LA/ICB recruitment; group models; commissioning
Inclusion base openings slip (estates/planning)	3	4		Early feasibility; trust MoUs; travel impact assessment
Graduated response inconsistency drives demand	4	5		Universal offer agreement; QA reviews; SIT outreach
Financial Plan	4	5		Commissioning challenge (EHCP/ Special/ ISP); in-borough capacity; PfA routes
Data quality/latency hampers decisions	3	3		Single dashboard; definitions; QA cycles; training

Please see Appendix: S10 RAID log SEND Reforms.

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*

Delivery of the Rotherham SEND Reform Plan is dependent on a set of critical local and national conditions. These represent the structural, operational and partnership factors that must be in place to enable successful delivery.

Detailed information about dependencies is included in Appendix: S17 –RAID (Risks, Actions, Issues, Dependencies). Dependencies are actively managed through the programme governance framework, aligned to the local RAID (Risks, Actions, Issues and Decisions) Log. Each dependency is assigned a clear owner, monitored for status, and escalated through the appropriate governance route where delivery risks emerge.

Where dependencies create risk, the programme will undertake detailed impact assessment, including implications for delivery timelines, workforce capacity, financial sustainability and outcomes for children and young people, with mitigation and escalation through the SEND Executive and Partnership structures.

Key Dependencies

NHS Changes
Impact: 1. Local Area Partnership Governance and Multi-Agency Structures 2. Workforce Capacity 3. Integrated Health System and NHS Service Alignment 4. Data, 5. Joint funding

Risk: MDT may not include relevant health expertise, inconsistent messaging, poor quality health data, limited resources to meet medical needs.

Mitigation: Engagement with provider organisations, Joint commissioning, integrated workforce planning, aligned priorities

Wider Reform

Impact: 6. Early Help, Early Intervention and Family Hub Delivery 7. Best Start in Life 8. Inspection Framework and Continuous Improvement

Risk: Pathways do not align

Mitigation: Joint planning, Integrated Governance, Alignment of pathways

Demand

Impact: 9. Forecasting and Sufficiency Planning 10. Capital Investment and High Needs Funding 11. Digital and Operational Infrastructure 12. Graduated Response and Mainstream Inclusion Capacity 13. Post-16 Pathways and Preparation for Adulthood

Risk: Insufficient resource to meet need/ resource in the wrong place, gaps in inclusive practice in mainstream schools remain

Mitigation: Forecasting and sufficiency planning undertaken jointly and informed by comprehensive analysis of data. Governance and escalation to support mainstream engagement.

Parental Confidence

Impact: 14. Co-Production and the Four Cornerstones

Risk: Poor parental confidence continues to drive demand inappropriately.

Mitigation: Co-produced quality assurance including parental confidence measure informs development and delivery of the plan.

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.*

Monitoring under this Reform Plan is explicitly designed to test whether reform activity is resulting in the intended system changes identified through the SEF and maturity assessment.

Monitoring will focus on four areas:

- Demand and escalation: EHCP requests, repeat requests, timeliness of early intervention. Unit costs
- Delivery and fidelity: EAH deployment, inclusion base utilisation, QA findings on graduated response. Capital Programme impact reporting.
- Outcomes: attendance, persistent absence, exclusions, placement stability, post 16 participation.
- System confidence: co-produced parent/carer feedback, variability between schools and trusts, workforce confidence indicators.

The existing performance scorecard is aligned to the SEND Strategy; this predominantly focuses on monitoring Demand and Escalation and Outcomes measures.

Additional Delivery and Fidelity measures will be consolidated. Some of these measures will include:

- EAH response times to requests for support
- Volume and reach of Specialist Inclusion support provided to schools including hours delivered and pupil beneficiaries
- Measurable reduction in Therapies waiting times
- Completion rates and findings from Quality Assurance visits
- Annual report demonstrating progress and impact of capital investment including number of applications received, volume of schemes progressed and completed.
- Co-produced quality measures including a set of 5–10 Parent Confidence Standards

The plan recognises the need to strengthen reporting with a baseline and template completed in Q2, the new management information system implemented in Q3 and development of a single dashboard by then end of year 1 followed by automated run-charts & benchmarking in year 2 and a benefits realisation report in year 3.

The plan recognises that strengthening system and parental confidence is central to delivering lasting impact and outcomes. Included in the delivery plan is the intention to develop a refined set of co-produced quality measures. This will build on the feedback that is already captured during quality assurance visits, parent/carer listening events, professional network events and existing grant monitoring arrangements. Aligning quality measures to specific workstreams will ensure measures are targeted, influence future implementation of the plan, demonstrate system maturity and distance travelled. By Q2 the specification/ grant agreement will be in place for the co-produced QA framework to enable a measurable baseline of parental confidence by January 2027 with subsequent reporting against this in future periods.

Reviews will take place monthly (Partnership Board), quarterly (SEND Executive) and annually (SEN2 modelling, Cabinet CYPS Capital Programme update and SEF refresh), with governance mechanisms enabling timely adjustment where expected change is not observed. Project management and delivery functions will ensure that priorities are implemented at pace and with consistency. Delivery is organised through defined workstreams aligned to the reform building blocks and Rotherham priorities, with performance and risk management within each area and named leads responsible for implementation. Highlight reporting will ensure that the overall delivery plan and road map remain relevant and up to date. Overall accountability for delivery sits with the Senior Responsible Owner (SRO), supported by a dedicated Programme Manager and programme management function.

Please see Appends:

- **ME01 - Safety Valve Monitoring Data Dashboard - 1st November 2025**
- **ME02 - SENDAP Scorecard Q3 25 26**
- **ME03 - SENDAP Scorecard Exception Q3 2025 26**
- **ME04 - Schools Accessibility Capital Programme – Best Practice**

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.

The Local SEND Reform Plan Data template - March 2026 is included in the commission pack.

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?*
SEND Executive	Owns outcomes and system reform; signs off plan and monitors delivery	Joint Chairs - Director of Children's Services and Integrated Care Board (ICB) Executive Lead for SEND. LA Service Director, Education and Inclusion CYPS Finance Director Head of SEND Designated Clinical Officer Local Authority and ICB Joint commissioner. Service Director, Adult Social Care Designated Social Care Officer Chair and Vice Chair of the Rotherham Parent/Carer Forum (RPCF).	Quarterly	Approve plan, targets, resource shifts	Health and Wellbeing Board / DfE/NHSE review

		Head of Early Years Chair of Schools' Forum Head of Nursing, The Rotherham NHS Foundation Trust Managing Director, The Rotherham NHS Foundation Trust Care Group Director, Rotherham, Doncaster and South Humber NHS Trust Assistant Director, Children's Care Group, Rotherham, Doncaster and South Humber NHS Trust			
SENDAP Strategic Partnership Board	Operational delivery oversight; resolves risks/dependencies SENDAP Partnership Board will continue to ensure that system partners and key stakeholders are accountable for delivering, reviewing and shaping the plan. Representatives take responsibility for ensuring engagement with key stakeholders in their sector.	Joint Chairs - LA Service Director, Education and Inclusion and Chief Executive Officer, Rotherham Parent Carer Forum. Integrated Care Board (ICB) Executive Lead for SEND CYPS Finance Director Head of SEND Designated Clinical Officer Local Authority and ICB Joint commissioner – Children and Adults.	Monthly	Prioritise actions; deploy resource	Executive Board

		Service Director, Adult Social Care Designated Social Care Officer Chair and Vice Chair of the Rotherham Parent/Carer Forum (RPCF). Consultant, Public Health Head of Early Years Head of Safeguarding Head of Service, Access to Education Principal Educational Psychologist Mainstream school representative (primary and secondary) Special school representative Further education (FE) and training representative Aspire Guiding Voices Matron, Community CYPS, The Rotherham NHS Foundation Trust Deputy Head of Nursing, The Rotherham NHS Foundation Trust Service Manager – Children's Care Group,			

		Rotherham, Doncaster and South Humber NHS Trust Assistant Director, Children's Care Group, Rotherham, Doncaster and South Humber NHS Trust			
SRO (Service Director)	Accountable for delivery and outcomes; co-chairs Partnership Board with PCF	Senior Responsible Officer + PMO	Weekly	Authorise decisions within scheme	DCS / Partnership Board
Guiding Voices	Oversight of delivery and outcomes; undertakes QA activity; provides CYP voice to influence decision making	Group of young people with SEND aged 10 and above who get together to share our voices	Monthly	Use voice to influence decisions on behalf of other CYP	SRO + PMO Partnership Board
Schools' Forum	Oversight of delivery, sufficiency, performance and financial arrangements.	The Rotherham Schools Forum is a statutory body chaired by a nominated Head Teacher. It provides a formal channel of communication between RMBC and schools across the borough. It also serves as a mechanism for consultation on school funding. There are three types of Forum member; school member, non-school member and	Quarterly	Local education funding issues, including allocation of the High Needs Budget.	Executive Board Partnership Board

		other attendees. Membership is fully representative and proportionate across different school sectors. Other attendees include representation from Rotherham Council.			
Rotherham Parent Carer Forum	Takes a lead role alongside voice and influence partners e.g. Guiding Voices, SENDIASS, Voluntary Sector Groups to ensure engagement with children, young people and families. Leads the co-production and development of the QA reporting regarding parental confidence and child experience.	Parent carer forum led facilitated opportunities for parent carer and children and young people participation, including SEND Connect face to face evening and daytime meet-ups, coffee mornings held in schools, consultations (online and in person), workshops, meetings and Boards.	Weekly	Use voice and QA to influence decisions.	
Rotherham Cabinet	Approval of the Council role in the SEND reform plan, the overarching strategy and aligned resourcing.	The Cabinet is comprised of the Leader and seven other councillors, who are all members of the biggest political group on the Council. It has overall responsibility for services that the Council provides and works	Monthly	Approve overarching strategy and aligned resourcing.	Council

		within the overall policies and budget agreed by the Council.			
Audit Committee	Independent review of governance, risk management and control frameworks and financial reporting.	Nominated Councillor is identified as Chair; members include cross party-political representation.	Bi-monthly	Deploy internal audit and external audit.	Cabinet

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

Please see Appendix: G01- Rotherham SEND Governance

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*

Support to strengthen alignment across education, health and care in line with the wider reform agenda. Clarity about the available levers to bring schools to the table in a meaningful way using their resources to further develop and deliver the plan. Clarity on expectations for LA would support consistent partner accountability, and clear escalation routes where delivery across the ICB, schools, providers or regional partners is not aligned to agreed reform priorities.

Further guidance to support high-quality, consistent completion of the national data template. E.g. where data is held across organisational boundaries or is not routinely captured, including health caseloads for young people without an EHCP. Ongoing benchmarking and comparative data, including statistical neighbour insights, would strengthen sufficiency planning.

Certainty about future funding levels, early visibility and confirmation of funding streams, including High Needs block, capital allocations and Experts at Hand, is critical to enable delivery of our sufficiency strategy and inclusion-led model. This will ensure we can scale provision in line with demand and maintain financial sustainability.

Support to address system-wide workforce challenges, e.g. Educational Psychology and therapies (SaLT and OT). Guidance on flexible workforce models, cross-boundary delivery and integrated commissioning approaches with the ICB.

Greater national clarity on expectations for inclusion bases, staffing, curriculum design, unit costs and QA, would support consistent implementation of our graduated inclusion model. Structured opportunities for peer learning and early access to emerging specialist provision models would further strengthen local delivery and continuous improvement across the partnership.

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**					