

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 09 June 2026

Report Title

Experts at Hand (EAH) – Rotherham SEND Reform and Inclusion Model

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

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Ward(s) Affected

Borough-Wide

Report Summary

The School's White paper (2026) required all Councils to build an Experts at Hand (EAH) multi-disciplinary teams for children and young people aged 0 to 25 years of age. The EAH teams should include educational psychologists, specialist teachers, speech and language therapists, occupational therapists and local special schools. This report provides an overview of the development and implementation of the EAH model in Rotherham as part of the local SEND reform programme.

EAH proposal is a major change to how SEND support is delivered and aims to improve inclusion and outcomes. It introduces a new multi-agency approach that provides support earlier and more consistently, reducing reliance on statutory processes and improving equity of access to specialist expertise.

The report outlines the national policy context, the rationale for system reform, and the specific design and delivery model being implemented in Rotherham. It also sets out the expected impact of the model, including improved inclusive practice, better attendance and engagement, and more sustainable demand across the SEND system.

Recommendations

1. The ILSC review the EAH delivery model and provide advice on implementation and delivery.

List of Appendices Included

Appendix 1 Glossary of Terms

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Experts at Hand (EAH) – Rotherham SEND Reform and Inclusion Model

1. Background

- 1.1 The SEND system is being reformed at a national level following the publication of the Schools' White Paper (2026) and associated consultation.
- 1.2 Central to this reform is the introduction of the Experts at Hand model, supported by £1.8 billion investment over three years, aimed at improving early intervention and mainstream inclusion. Locally that will be an investment in the region of £2.2 million in the first year. At least 80% of funding must be spent on EAH direct delivery for all settings, staff and their children and young people.
 - No more than 10% of funding can be spent on admin costs for delivering the EAH offer.
 - No more than 10% of funding can be spent on local authority transformation costs, including staff or other associated costs.
- 1.3 The aim is to ensure children and young people with SEND receive timely, high-quality support within mainstream settings wherever possible, reducing the need for escalation to Education, Health and Care Plans (EHCPs) and specialist placements.
- 1.4 The Experts at Hand model provides a new route for education settings to access specialist advice and support from education and health professionals. It focuses on improving how whole schools and settings support children, rather than mainly working with individuals. This reflects a national shift toward an early help, capacity-building model, where mainstream provision is better equipped to meet a wider range of needs.
- 1.5 There is a range of specialist services in Rotherham that currently supports children and young people across early years, schools and post-16 provision in Rotherham, including educational psychology, specialist teaching, therapy services, and targeted programmes such as SEMH outreach and mental health support.
- 1.6 While there is a strong universal infrastructure, access to specialist support is uneven. A significant proportion of capacity is focused on statutory activity or delivered through traded models, which can limit consistent access, particularly for early intervention in mainstream settings.
- 1.7 There is also a clear imbalance across phases, with stronger provision for school-age children and more limited support in early years and post-16, particularly into adulthood.
- 1.8 Overall, the current system is characterised by:
 - capacity tied up in statutory processes
 - variability in access to early intervention
 - reliance on traded services

- reduced support beyond age 16

1.9 The EAH model builds on existing strengths in partnership working while addressing these challenges, improving equity of access, strengthening early intervention, and supporting more consistent inclusive practice across the system.

2. Key Issues

2.1 While many schools demonstrate strong inclusive practice, access to specialist expertise can be improved, particularly in early years and post-16 provision.

2.2 Existing specialist services are often constrained by structural factors. For example, a significant proportion of educational psychology capacity is focused on statutory work at the point a child needs an EHC plan, and much specialist teacher support operates through traded models, limiting equitable access. This creates pressure on the system and limits early intervention.

2.3 The Experts at Hand Model in Rotherham

2.3.1 The EAH model introduces a new, non-statutory, consultation-based approach to accessing multidisciplinary expertise. It is additional to existing services and does not replace statutory duties or EHCP provision.

2.3.2 The model prioritises whole-setting, group-level and workforce development activity. This includes consultation, training, coaching, modelling and environmental adaptation to improve inclusive practice at scale.

2.3.3 Delivery is through multidisciplinary teams (MDTs), including educational psychologists, specialist teachers, speech and language therapists, and occupational therapists, working collaboratively to provide coherent, education-focused support.

2.4 An example of how the EAH Model can Work:

2.4.1 A school notices that many children are struggling with speech, language and communication.

2.4.2 In response, a small team of specialists (for example a speech and language therapist, educational psychologist, occupational therapist and specialist teacher) visit the school. They spend time looking around lessons, reviewing what is taught, and understanding what support the school already provides.

2.4.3 After this visit, the team gives the school clear, practical advice. This might include:

- simple changes to make the school more communication-friendly
- ideas to adapt lessons so all children can access them
- training for teaching assistants so they can deliver speech and language support

- tips to manage sensory needs so children feel calmer and ready to learn

2.4.4 The team may also provide training for staff and help turn their advice into everyday classroom activities.

2.4.5 Importantly, the support doesn't stop there. The team comes back to check how things are going, help staff refine their approach, and see what difference it is making for children.

2.5 **Expected Impact**

2.5.1 The EAH model changes how and when specialist support is provided to schools. By providing support earlier into mainstream settings, the early years and Post-16 colleges, the model changes the response to emerging SEND needs. Instead of escalation towards statutory assessment. Schools gain timely access to multidisciplinary consultation, modelling, training, advice and coaching that strengthens their ability to act early and confidently.

2.5.2 This approach is expected to change how schools respond to SEND needs, not just the support they provide. Having the EAH model being consultation-based, time-limited and actively monitored will avoid becoming just another referral system. The emphasis on whole-setting and MAT-level work, combined with proactive deployment informed by system data, means capacity is directed where needs are greatest. As a result, the EAH model is expected to contribute to school meeting the needs of children at SEND Support, improved attendance and inclusion for key cohorts, and greater confidence among families that support can be secured early. This represents a shift from managing pressure within the SEND system to shaping demand through earlier, better-supported mainstream inclusion, which is central to long-term sustainability.

2.6 **The Model**

2.6.1 The EAH model will be delivered through a coordinated multidisciplinary team, bringing together education and health expertise into a single, coherent offer for schools and settings.

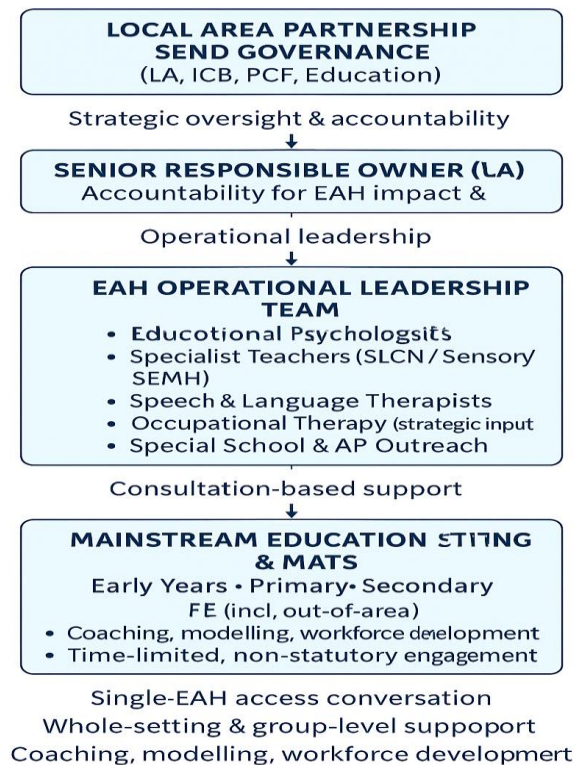
2.6.2 At its core, the model will include:

- Educational Psychologists providing consultation, assessment-informed advice, and system-level support
- Specialist Teachers supporting inclusive practice across a range of needs
- Speech and Language Therapists and Occupational Therapists contributing clinical expertise to improve communication, sensory and functional outcomes
- A small leadership and coordination function to oversee delivery, deployment and performance

2.6.3 The team will operate as a single, integrated service, working collaboratively with education providers to deliver consultation, training, coaching and modelling. Support will be deployed flexibly, based on identified need and system priorities, rather than through individual referrals.

2.7 Delivery and Governance

2.7.1 EAH in Rotherham will be delivered through a local authority-led, jointly commissioned model with the Integrated Care Board (ICB), ensuring shared accountability across education and health.



2.7.2 The local authority acts as system convenor, with responsibility for equity, quality and value for money.

2.7.3 Governance is provided through Local Area Partnership arrangements, with a Senior Responsible Owner accountable for delivery and impact.

2.7.4 Operational leadership is supported by a dedicated Programme Manager responsible for coordination, deployment and performance monitoring.

2.7.5 Delivery is guided by a clear performance framework, including measures of coverage, timeliness, balance of activity and system impact.

2.7.6 Implementation is structured through parallel workstreams covering governance, workforce, access, delivery and monitoring, enabling pace while maintaining system control.

2.7.7 The model is being implemented in phases, beginning with priority cohorts and localities, and scaling over time based on learning and impact.

2.8 Implementation, Monitoring and Learning

2.8.1 In 2026/27, the partnership will prioritise establishing MDT capacity, publishing clear operating principles and access arrangements, and phased deployment starting with priority localities and cohorts.

2.8.2 Delivery of EAH will be monitored through a clear performance framework, including measures of coverage, equity of access, timeliness of response, balance of activity and contribution to wider system outcomes. Activity will be reviewed termly to ensure EAH remains focused on preventative, capacity-building support and does not replicate referral-led or statutory models. Learning from delivery will inform ongoing refinement of the offer over the three-year reform period.

3. Options considered and recommended proposal

3.1 Option 1 – Phased Implementation with Priority Cohorts (Recommended)

3.1.1 Adopt a phased rollout of the EAH model, beginning with priority localities, phases (e.g. Early Years and Post-16), and cohorts where demand pressures and inclusion challenges are greatest, before scaling borough wide.

3.1.2 Advantages:

- Enables targeted use of resource where need and impact is highest
- Supports controlled implementation and learning before scaling
- Reduces risk of overwhelming workforce capacity in year one
- Aligns with current plan for staged delivery

3.1.3 Disadvantages:

- Some schools/settings may experience delayed access
- Perception of inequity during early phases if not clearly communicated

3.2 Option 2 – Universal Light-Touch Offer with Targeted Intensification

3.2.1 Provide a universal baseline EAH offer to all settings (e.g. training, consultation access), alongside enhanced multidisciplinary support for identified priority settings or cohorts.

3.2.2 Advantages:

- Ensures all schools have some level of access from the outset
- Balances equity with targeted impact
- Helps build system-wide understanding of the model

3.2.3 Disadvantages:

- Risk of diluting impact if resource is spread too thinly
- May limit depth of support in highest-need areas

3.3 **Option 3 – Locality-Based Delivery Model**

3.3.1 Deploy EAH teams aligned to defined localities or clusters (e.g. family hub footprints or school partnerships), with responsibility for population-level outcomes.

3.3.2 **Advantages:**

- Strengthens partnership working at a local level
- Enables better alignment with Family Help and Best Start priorities
- Improves understanding of community need and context

3.3.3 **Disadvantages:**

- Potential variation in delivery between localities
- Requires strong coordination and performance management

3.4 **Option 4 – Centralised Deployment Based on System Data**

3.4.1 Operate a centrally coordinated model where EAH deployment is directed based on real-time data (e.g. EHCP trends, exclusions, attendance, Ofsted outcomes).

3.4.2 **Advantages:**

- Maximises impact on key system pressures
- Supports strategic demand management (e.g. EHCP growth)
- Ensures resources are dynamically allocated

3.4.3 **Disadvantages:**

- May feel less responsive to individual school requests
- Requires strong data infrastructure and transparency

3.5 **Option 5 – School-Led Access within a Managed Framework**

3.5.1 Allow schools to request EAH support (within defined thresholds and criteria), with prioritisation managed centrally to maintain focus on early intervention and system impact.

3.5.2 **Advantages:**

- Empowers schools and increases ownership
- Likely to build positive engagement and trust
- Responsive to emerging needs in real time

3.5.3 **Disadvantages:**

- Risk of demand-led pressure shifting model toward referral behaviour
- May disadvantage schools with less confidence/capacity to engage

3.6 **Recommended Approach**

3.6.1 Option 1 (Phased Implementation with Priority Cohorts), combined with elements of **Option 4 (data-informed deployment)**, is recommended.

This approach:

- Aligns with the current planned phased delivery and system reform journey
- Ensures resources are focused where they will have greatest impact on inclusion and demand
- Provides a structured route to scale while embedding learning and managing risk

4. Consultation on proposal

4.1 Consultation of the EAH model was included in the consultation and engagement of the Local Areas SEN Reform Plan This include:

- The SEND and AP Strategic Partnership Board (which includes Early, Years, School and Post- 16 education providers, Social Care and Health Partners. Local Authority Officers, and Parents.
- The SEND and AP Executive Board
- The Rotherham Education Strategic Partnership (forum where Multi-Academy Trust, LA officers, LA maintained schools meet)
- A summit that brought tother Parents, Social Care and Health partners

5. Timetable and Accountability for Implementing this Decision

5.1 Implementation of EAH will take place over a three-year reform period beginning in 2026/27.

5.2 Initial priorities include establishing governance arrangements, recruiting and deploying multidisciplinary teams, and publishing clear access arrangements.

5.3 Delivery will begin in priority areas during the first year, with progressive scaling across all phases and settings.

5.4 Performance will be monitored termly through a defined framework, with accountability sitting within Local Area Partnership governance and oversight by the Senior Responsible Owner.

6. Financial and Procurement Advice and Implications

6.1 There are no direct financial implications outlined in this report.

7. Legal Advice and Implications

7.1 There are no direct legal implications outlined in this report.

8. Human Resources Advice and Implications

8.1 HR must be consulted for advice on any potential implications of staffing.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 EAH will improve early support, inclusion and outcomes, ensuring more children can access support without escalation to EHCPs.
- 9.2 The Experts at Hand model is expected to have a significant positive impact on children and young people, particularly those with SEND.
- 9.3 By improving early intervention and strengthening inclusive practice in mainstream settings, children will be better supported to access their education, achieve positive outcomes, and remain within their local communities.
- 9.4 The model will also help reduce inequalities by ensuring more equitable access to specialist expertise, regardless of setting or background.

10. Equalities and Human Rights Advice and Implications

- 10.1 The Experts at Hand (EAH) model is expected to have a positive impact on equality of access to support for children and young people with special educational needs and disabilities (SEND), who are protected under the Equality Act 2010. By strengthening early intervention and improving access to specialist expertise within mainstream settings, the model aims to reduce disparities in access to support that can arise from differences in school resources, awareness or ability to navigate statutory processes.
- 10.2 The model promotes inclusive practice and supports the Council in fulfilling its Public Sector Equality Duty by advancing equality of opportunity for children and young people with SEND. By focusing on whole-setting approaches, workforce development and environmental adaptations, the model seeks to remove barriers to participation, learning and engagement, particularly for those who may otherwise be at risk of exclusion or underachievement.
- 10.3 The EAH approach aligns with human rights principles, including the right to education and the right to participate fully in community life. By enabling more children and young people to be supported effectively within their local mainstream settings, the model supports their right to inclusion and reduces reliance on more restrictive or segregated provision, where appropriate.
- 10.4 There is a potential risk that, during phased implementation, access to the EAH offer may vary between settings or localities. This will be mitigated through clear access criteria, transparent communication, and ongoing monitoring of equity of access and impact across different groups and communities.
- 10.5 Equality considerations will be kept under review throughout implementation, with data used to monitor outcomes for different groups (including by disability, age, and socio-economic background). This will ensure that the model continues to promote fairness, reduce inequalities and respond to any unintended differential impact.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 The Experts at Hand (EAH) model is not expected to have a significant direct impact on CO₂ emissions or climate change. The model primarily focuses on service delivery reform through workforce deployment, training, and consultation within existing education and health infrastructure.
- 11.2 There may be minor indirect impacts associated with travel by multidisciplinary teams visiting education settings. However, these will be mitigated through locality-based working, effective scheduling, and the use of virtual engagement, where appropriate, to reduce unnecessary travel.
- 11.3 The model aligns with broader Council sustainability objectives by promoting more efficient, coordinated delivery of services. By strengthening local provision and reducing the need for more intensive or out-of-area interventions over time, there is potential for a small positive environmental impact through reduced travel and system demand.

12. Implications for Partners

- 12.1 The model strengthens joint working between the Council, ICB and education providers, ensuring coordinated and effective delivery.
- 12.2 EAH is inherently partnership-based, requiring close collaboration between the Council, the Integrated Care Board, education settings, and specialist services.
- 12.3 Joint commissioning and shared governance arrangements will strengthen alignment between education and health, ensuring that expertise is deployed effectively and consistently.
- 12.4 The model also supports stronger system integration, aligning with wider initiatives such as Family Help and Best Start Family Hubs while avoiding duplication of provision.

13. Risks and Mitigation

- 13.1 There is a risk that EAH could be perceived as an alternative referral pathway, leading to demand pressures and dilution of its intended purpose. This will be mitigated through clear operating principles, consultation-based access, and active monitoring of activity balance.
- 13.2 There is also a risk related to workforce capacity and recruitment, particularly in specialist roles.
- 13.3 This will be addressed through phased implementation, use of existing capacity, and strategic workforce development, including the introduction of advanced practitioner roles.

Accountable Officer(s)

Niall Devlin – Service Director, Education & Inclusion

Approvals obtained on behalf of:

	Name	Date
The Strategic Director with responsibility for this report	Stuart William – On behalf of Nicola Curley	26/05/26
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Children and Young People - Councillor Cusworth	Click here to enter a date.

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