Notice of Schools Forum

Date: Monday, 21 September 2026 at 10.00 am

Venue: Teams Meeting (Online)

Chairman:	
Geoff Cherrill	Maintained Special
Vice-Chairman:	
Patrick Earnshaw	Academies – Secondary
Kate Carter	Academies – Primary
Esther Curry	Academies – Primary
Chris Jackson	Academies – Primary
Chris Moody	Academies – Primary
Sean Preston	Academies – Primary
Heather Spring	Academies – Primary
Gemma Sutter	Academies – Primary
Mark Avoth	Academies – Secondary
Sian Phillips	Academies – Secondary
Michelle Dyer	Academies – Secondary
Phil Midworth	Academies – Secondary
Matthew Woodville	Academies – Secondary
Vacancy	Academies – Secondary
Sarah McCurrie	Special Academies
Ben Doyle	All Through Academies
Russell Arnold	Alternative Provision Academy
Chris Barnett	Maintained Secondary
Phillip Gavin	Mainstream PRU
Vicky Peters	Early Years
Damon Parker	Early Years
Vacancy	Catholic Diocese
Richard Wharton	C of E Diocese Representative

All Members of the Schools Forum are summoned to attend this remote meeting to consider the items of business set out on the agenda below.

The press and public are welcome to attend this remote meeting and should email any request to do so to the meeting contact below, and a meeting invite will be sent.

https://democracy.bcpcouncil.gov.uk/ieListDocuments.aspx?MId=6782

If you would like any further information on the items to be considered at the meeting please contact: Sinead O'Callaghan on 01202 096660 or
email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 118686 or
email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpcouncil.gov.uk

DEBATE

AIDAN DUNN
CHIEF EXECUTIVE

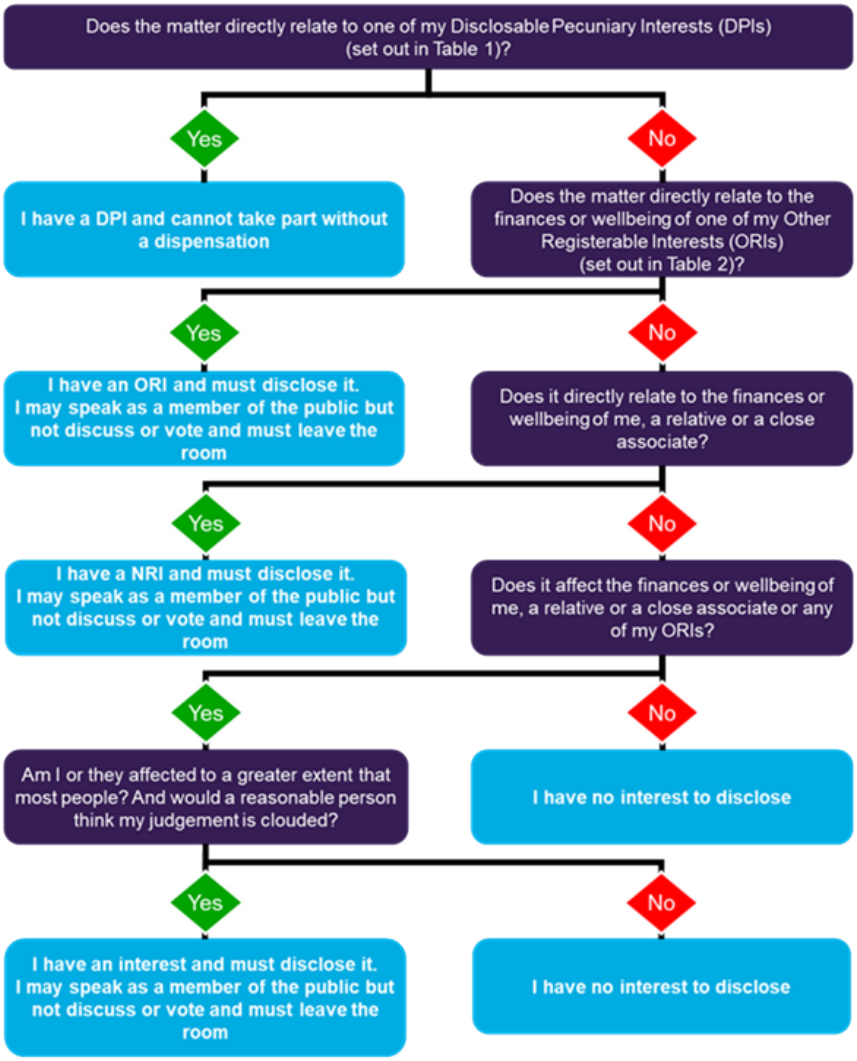
11 September 2026

Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test	Predetermination Test
In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?	At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Election of Chair

To elect a Chair of the Schools Forum until September 2027.

2. Election of Vice-Chair

To elect a Vice-Chair of the Schools Forum until September 2027.

3. Apologies for Absence

To receive any apologies for absence.

4. Declarations of Interest

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance. Declarations received will be reported at the meeting.

5. Minutes of the Previous Meeting 5 - 12

To confirm the minutes of the previous meeting, held on 22 June 2026, as a correct record.

6. School Forum Membership Verbal Report

To provide a update to the Forum on Schools Forum Membership.

7. Dedicated Schools Grant (DSG) - Budget Monitoring and High Needs Update at Quarter One 2026-27 13 - 18

The quarter one budget monitoring for the DSG reported to the council's Cabinet on 2 September 2026 is a projected high needs funding gap for 2026-27 of £95.7m.

Other DSG budgets for 2026-27 are forecast to be balanced.

The cumulative deficit at 31 March 2027 is projected to be £275.5m

8. BCP SEND Reform Plan 2026-2029 19 - 220

Bournemouth, Christchurch and Poole Council, working with NHS Dorset and wider local area partners, submitted its Local SEND Reform Plan to the Department for Education in June 2026. The Plan sets out a three-year roadmap to improve outcomes for children and young people with SEND, strengthen inclusive mainstream provision, improve family confidence and support the long-term sustainability of the High Needs Block. The Plan is underpinned by co-production with children, young people, parents, carers and practitioners, a local partnership maturity assessment, an Inclusive Place Sufficiency Strategy, an Experts at Hand partnership model and a

clear Theory of Change. It responds to increasing demand, including sustained growth in Education, Health and Care Plans, whilst building on BCP's strengths and improving partnership arrangements. A key component of delivery is the introduction of a Targeted Cluster Funding Model, funded through £1.5m per annum from the High Needs Block, to support earlier intervention, inclusion and prevention activity. Schools Forum is asked to consider the proposed approach and provide its views to Cabinet on 30 September 2026.

9. Forward Plan 221 - 222

To consider and note the Forward Plan

10. Dates of Future Meetings

The Forum is asked to note the previously agreed dates:

- 16 November 2026
- 11 January 2027
- 21 June 2027

And to agree to its future meeting dates as outlined below:

- 20 September 2027
- 22 November 2027
- 10 January 2028
- 19 June 2028

11. Any Other Business

To consider any other business, which, in the opinion of the Chairman, is of sufficient urgency to warrant consideration.

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

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BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

SCHOOLS FORUM

Minutes of the Meeting held on 22 June 2026 at 10.00 am

Present:	Geoff Cherrill (Maintained Special) – Chair Kate Carter, TEACH Academies Trust (Academies – Primary) Chris Moody, CFO – Delta Education Trust (Academies – Primary) Chris Jackson, Avonwood Primary (Academies – Primary) Mark Avoth, Bourne Academy (Academies – Secondary) Michelle Dyer, Avonbourne Academies – Principal (Academies – Secondary) Sian Phillips, Poole High School (Academies – Secondary) Russell Arnold, The Quay School – Headteacher (Alternative Provision Academy) Damon Parker, Woodleahouse Day Nursery (Day Nurseries Representative) Phil Midworth, (Academies – Secondary) Chris Barnett, (Maintained – Secondary) Phillip Gavin, (Mainstream PRU) Vicky Peters, (Early Years)
Also in attendance:	Cllr R Burton, Portfolio Holder for Children's and Young People Cllr Carr-Brown, Chair, Children's Services O&S Committee
Officers in attendance:	Lisa Linscott, Director of Education and Skills Nicola Webb, Assistant Chief Finance Officer Jeanette York, Head of SEND Assessment and Review

51. Apologies for Absence

Apologies for absence were received from Sean Preston.

52. Declarations of Interest

There were no declarations of interest on this occasion.

53. Minutes of the Previous Meeting

The minutes of the previous meeting were reviewed and subject to one clarification, were approved as an accurate record.

It was noted that the recommendations relating to the Early Years Single Funding Formula and the central retention of 3% had been agreed.

It was confirmed that Schools Forum had collectively agreed the retention rates and de-delegation of funding; however, the de-delegation decision could not be formally approved at the meeting due to the absence of maintained primary school representatives.

It was noted that the Scheme for Financing Maintained Schools for the current financial year had been approved by the relevant school representatives.

With consensus of the Forum, the Chair requested that Agenda Item 8 - SEND Service – Exceptional Funding, be considered as the first substantive item of the Forum meeting.

54. SEND Service – Exceptional Funding

The Head of Service for SEND presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The report provided an update on Exceptional Circumstances Funding arrangements for mainstream schools in Bournemouth, Christchurch and Poole for 2026/27. It reviewed the 2025/26 funding model, set out the financial and strategic context, and presented revised model options intended to ensure funding was transparent, sustainable and targeted to schools with the highest proportion of pupils with Education, Health and Care Plans. Schools Forum was asked to note the revised models, select the preferred option for 2026/27, and support ongoing review to ensure the approach remains fair, affordable and aligned with SEND reform priorities.

The Forum discussed the Report, including:

- It was clarified that the proposed model, if agreed, could be applied using the summer term census data, with spring term payments having already been made.
- Members supported the proposed percentage thresholds but queried the rationale for retaining the £600,000 exceptional funding envelope and sought assurance that schools exceeding notional SEND budgets would continue to receive appropriate support through existing funding arrangements and inclusion initiatives. It was confirmed that individual circumstances would continue to be considered on a case-by-case basis.
- It was noted that the £600,000 exceptional funding allocation was funded from the High Needs Block and was considered comparable with arrangements used nationally.
- Members emphasised the need for a formal exceptional funding policy to provide clarity and consistency for schools and requested information on historical expenditure against the exceptional funding budget.
- It was confirmed that eligibility calculations would continue to be based on termly census data.
- Concerns were raised about implementing revised arrangements for the summer term, with a preference expressed for implementation from September to allow schools adequate notice and budget certainty. It was agreed that the implementation date would be considered separately.

- Frustration was expressed regarding previous exceptional funding arrangements and the application of national guidance. It was noted that national guidance had existed for some time but had not previously been applied in full to allow schools to retain expected levels of funding while a revised policy was developed.
- An update was provided on the timeliness of Education, Health and Care Needs Assessments, noting a recent decline in performance. Additional investment in locum Educational Psychologists had been made to address delays. Concerns were raised regarding the impact of assessment delays on schools' eligibility for exceptional funding.

The Chair requested Forum Members vote on whether the revised exceptional funding model should be implemented from September 2026 for the 2026/27 academic year, with the existing arrangements remaining in place for the summer term census period

This proposal was supported by the Forum.

The Chair then requested Forum Members to vote on the three proposed funding models. The results of the initial vote were as follows:

• Model One: 1 vote
• Model Two: 3 votes
• Model Three: 3 votes

As Models Two and Three received equal support, a further vote was undertaken between the two options. Model Two received the majority support and was selected as the Forum's preferred option.

The Forum continued to discuss the item and requested the following be undertaken:

- It was requested that the impact of the chosen model be reviewed by the Forum later in the academic year to assess its effectiveness.
- The Forum requested that a formal exceptional funding policy be presented by the September meeting to provide clarity and consistency for schools.
- It was recommended that the policy include guidance on the impact of EHCNA delays and any potential implications for funding eligibility.
- It was confirmed that the exceptional funding allocation had been fully distributed and there was no unallocated funding available from the existing budget envelope.
- Discussion took place regarding historic funding arrangements and the application of previous policies. It was agreed that further discussions would take place outside the meeting to review the issues raised and report back as appropriate.

RESOLVED that Schools Forum:

(a) note the revised Exceptional Circumstances Funding models;
(b) agree the preferred option of model two be implemented for the start of the Autumn 2026/27 term and the 2025/26 funding model be extended for the 2026 summer term; and
(c) support ongoing review to ensure sustainability, fairness and alignment with SEND reform priorities.

Voting: For - Unanimous

55. Schools Forum Future Meeting Arrangements

The Senior Democratic and Overview and Scrutiny Officer presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The Schools Forum was a statutory body established by the local authority in accordance with the School Forums (England) Regulations 2012. It advised the authority on matters relating to the funding of schools and must operate in line with statutory guidance issued by the Department for Education (DfE).

The Forum had, in recent years, operated successfully using virtual meeting arrangements in a hybrid environment.

To reflect this established practice and ensure clarity and compliance with governance requirements, it was proposed that the Terms of Reference were updated to formalise meetings as being held remotely. The revised Terms of Reference ensured that arrangements continue to meet statutory expectations, including openness, transparency and public access.

There was no discussion on this item.

RESOLVED that:

(a) Future meetings of the Schools Forum are held remotely; and
(b) the revised Terms of Reference at Appendix 1 be approved with regards to remote meetings and arrangements for public attendance

Voting – For - Unanimous

56. Dedicated Schools Grant (DSG) Financial Outturn 2025/26

The Assistant Chief Financial Officer presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The report considered the end of year position for the DSG budget 2025-26. The outturn was an in-year funding gap of £66.6m. This was £9.1m

more than the budget, but an improvement compared with the quarter three forecast.

The budget was set with the expectation that the innovation fund would start to have impact in reducing the demand for education health and care plans (EHCPs) alongside the creation of new SEND places in mainstream schools through capital investment to limit the use of higher cost independent provision. There was delay in both initiatives and the SEND reforms announced by government during the year have further fuelled demand. The result had been greater use than budgeted of high-cost independent school places, alternative provision and bespoke arrangements for children and young people unable to attend any school setting.

The trajectory of the accumulated deficit had therefore continued a significant upward path from £113.3m for March 2025, to almost £180m for March 2026. This deficit was carried forward by the Council in a specific negative reserve by a statutory override that suspends the normal accounting practice.

There was no discussion on this item.

RESOLVED that school's forum note the update on the DSG financial position.

Voting: Nem. Con.

57. Local SEND Reform Plan

The Director of Education and Skills provided a verbal update, including:

- An update was provided on the SEND Reform Plan, which was submitted to the Department for Education (DfE) on 19 June and was progressing through the approval process. Given the scale of the High Needs Block deficit, it was anticipated that the plan would receive scrutiny at the highest levels of the DfE. A decision was expected between September and November, with a revised submission required in February if unsuccessful at the first stage.
- It was noted that the SEND Reform Plan would also be considered through local governance processes, including Overview and Scrutiny Committee and Cabinet during September.
- Members were advised that a three-tier capital programme formed part of the SEND Reform Plan and was funded through the High Needs Capital Allocation Grant. Work was underway to develop a longer-term pupil place planning strategy, incorporating annual reviews and strengthened governance arrangements for capital investment.
- It was reported that DfE funding of £2.401 million had been allocated for the Experts at Hand programme for 2026/27. The funding was subject to specific grant conditions, including

requirements on how the majority of funding must be utilised and restrictions on its use within statutory services.

- An update was provided on proposals for a targeted funding model, which would utilise High Needs Block funding to support clusters of schools. Subject to DfE approval of the SEND Reform Plan, the proposal would be presented through the Council's governance process for consideration and approval.
- It was noted that these proposals formed key financial elements of the wider SEND Reform Programme and were intended to support the delivery of sustainable SEND provision across the area.

The Forum discussed the update including:

- It was confirmed that the proposed targeted funding model would provide additional funding and would not replace or reduce any existing funding arrangements.
- Members were advised that implementation of the targeted funding model would require Cabinet approval and would involve an estimated additional High Needs Block investment of approximately £1.5 million per annum.
- It was noted that evidence from other local authorities, including financial and operational impacts, would be presented as part of the business case to support the proposal, with the intention of mitigating future pressures within the High Needs system.
- It was confirmed that the targeted funding model would be included on the Schools Forum forward plan and brought back for further consideration at the September meeting.
- Members were reminded that further information on the SEND Reform Programme had been shared through Headteacher Briefings and other sector communications.

58. BCP Experts at Hand Model

The Director of Education and Skills presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The report provided Schools Forum with an overview of the proposed BCP Experts at Hand partnership model, developed to strengthen early, inclusive and needs-led support for children and young people with SEND across schools and settings. The model was rooted in co-production with children, young people, families, practitioners and partners, and was designed to build confidence and capability within mainstream settings through timely access to specialist expertise, coaching, training, consultation and practical support. It aligned with the Graduated Approach to Inclusion and the emerging cluster-based targeted funding model, creating a coherent locality-based system focused on prevention, early intervention, reduced escalation and improved outcomes.

There was no discussion on this item.

RESOLVED that that Schools Forum notes the development of the BCP Experts at Hand partnership model and its intended alignment with the wider SEND reform programme, the Graduated Approach to Inclusion and the targeted funding cluster model and provides feedback from the perspective / remit of a Schools Forum.

Voting: Nem. Con.

59. Any Other Business

In response to a query, the Chair clarified that a decision on primary school de-delegation had not been taken at the previous meeting due to the absence of maintained primary school representatives. It was subsequently reported that confirmation had been received from maintained primary schools supporting de-delegation, and arrangements would be progressed accordingly.

It was agreed that the de-delegation matter would be recorded as an item of Any Other Business and reflected in the minutes as a follow-up to the previous meeting.

No other items of business had been received.

60. Forward Plan

The Forum considered the forward plan and noted that the SEND Reform Plan would be included on the September agenda, alongside the usual governance and budget monitoring reports.

It was agreed that exceptional circumstances funding would be added to the January agenda to enable a review of the impact of the revised arrangements following the first full term of implementation.

It was noted that the forward plan would continue to be reviewed and updated as required during the year.

The Chair thanked Forum members and officers for their contributions and support throughout the year and noted that the next meeting would take place in September.

61. Dates of Future Meetings

The dates of future meetings were noted.

The meeting ended at 11.03 am

CHAIR

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BOURNEMOUTH, CHRISTCHURCH, and POOLE SCHOOLS FORUM

Subject	**Dedicated Schools Grant (DSG) - Budget Monitoring and High Needs Update at Quarter One 2026-27**
Meeting Date	21 September 2026
Status	Public
Classification	For information
Executive Summary	The quarter one budget monitoring for the DSG reported to the council's Cabinet on 2 September 2026 is a projected high needs funding gap for 2026-27 of £95.7m. Other DSG budgets for 2026-27 are forecast to be balanced. The cumulative deficit at 31 March 2027 is projected to be £275.5m
Recommendations	To note the contents of the report.
Reasons for Recommendations	Budget monitoring is an important element of current year financial management and budget planning for future years.
Portfolio Holder(s):	Councillor Richard Burton – Children and young People
Corporate Director	Juliette Blake – Interim Director of Children's Services
Report Authors	Steve Wade, Principal Accountant email: Steve.Wade3@bcpcouncil.gov.uk Ronke Olarewaju, Finance Business Partner Email: Ronke.Olarewaju@bcpcouncil.gov.uk
Wards	Council-wide
Classification	For Information

Background

1. The DSG budget for 2026-27 was set with a funding gap of £95.7m relating to the high needs block. This budget was set using the latest trends to reflect projected spend. Other funding blocks were planned to be balanced.
2. The final Local Government finance settlements for 2026/27 included the details of government financial support available for the historic and still accruing DSG deficit up to March 2028. This included:
    a. A new high needs stability grant, to cover 90% of the deficit as at the 31 March 2026. This grant is subject to the council securing government approval for a local SEND reform plan. This plan is to reflect the aspirations in the February 2026 Schools White Paper. It was submitted to the government in June with the outcome awaited. If agreement is reached the grant will be paid during the autumn of 2026. It will be applied to the accumulated deficit balance on 31 March 2026 of £179.8m.
    b. There is an expectation that similar support will be given for further deficits that will arise in 2026/27 and 2027/28, although it was recognised that this support would not be unlimited.
3. The current accounting statutory override, which requires the council to hold a negative reserve (not normally permitted) for the DSG in its statutory accounts, will continue until the 31 March 2028.
4. The government has indicated that there should not be further deficits beyond March 2028 because from 2028/29, funding to councils for SEND will increase to fully fund expected expenditure levels. Details are to be confirmed in the 2027 Spending Review for financial year 2028/29.

DSG Funding adjustments in summer 2026

5. The early years block funding was finalised in August for 2025-26 to reflect the January 2026 schools and early year census data. Clawback of funding was anticipated in finalising the accounts for last year as the updated DfE estimate of take up of the free entitlements from the autumn 2024 data for under 2-year-olds had led to a significant increase in funding being paid. The final clawback was £0.1m less than expected.
6. The funding for 2026-27 has also been adjusted since the DSG budget was set in January. The high needs funding has been increased by £0.1m in-year to reflect the change in the number of placements in other council provisions and those hosted by the DfE from the January 2026 census. There is an outstanding query from the DfE regarding the number in specialist post-16 institutions. This could potentially result in a funding decrease of £0.2m.

High needs forecast 2026-27 at quarter one

7. The projection for 2026-27 at quarter one is for a funding gap of £95.7m in line with the budget. There was insufficient data with regards to several new placements were in the process of being agreed to provide a robust forecast. This will continue to be monitored closely with an update expected at quarter two.

Table 1: High Needs Block Budget 2026-27

Expenditure Area	2024/25 Actual £000's	2025/26 Actual £000's	2026/27 Budget £000's
Independent & Non-Maintained (INMSS)	30,248	38,805	49,297
Post 16 only providers	8,063	9,303	12,103
Special Schools	19,020	23,130	26,135
Mainstream & Units	15,570	20,247	21,896
Other provision (below)	11,624	17,463	20,667
Funding for EHCPs	**84,525**	**108,948**	**130,098**
Centrally commissioned (including place funding)	19,511	19,965	24,893
SEND Expenditure	**104,036**	**128,913**	**154,991**
Medical and Exclusion	8,114	8,128	9,042
TOTAL EXPENDITURE	**112,150**	**137,041**	**164,033**
FUNDING	-62,476	-65,446	-68,369
FUNDING GAP	**49,674**	**71,595**	**95,664**

8. The projected in year funding gap has almost doubled in the last 2 years; with the increased projected spend at Independent & Non Maintained Special Schools and Other provision being the 2 largest drivers of the increase in spend.
9. Other EHCP provision includes therapies, bespoke packages, additional special school payments, central SEND budgets for children in pre-schools and the inclusion fund. The main area for growth is for bespoke packages for children unable to attend school. This has risen in recent years from only £3.7m in 2021-22 to £17.4m last year. BCP has been identified as an outlier in all benchmarking groups for the number of children educated in this type of provision (all England, South West and Statistical Neighbours) which is significantly impacting on the budget. This has been attributed to insufficient local provision
10. The Centrally commissioned budget includes funding for core school budget grant (CSBG) and additional national insurance allocations that have been subsumed into the high needs block for specialist providers and mainstream school bases.

Summary of financial implications

11. The cumulative deficit is currently projected to be £275.5 by 31 March 2027.

Table 2: Summary position for Dedicated Schools Grant

Dedicated Schools Grant	£m
Accumulated deficit 1 April 2026	**179.8**
Budgeted high needs funding shortfall 2026/27	95.7
Projected accumulated deficit 31 March 2027	**275.5**

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Appendix DSG Budget Monitoring 2026-27	Early Years £000's	Schools £000's	Central Services £000's	High Needs £000's	Total Budget £000's
DSG under 2 year olds NFF	-18,664				-18,664
DSG 2 year olds NFF	-18,224				-18,224
DSG 3 year olds NFF	-24,456				-24,456
DSG Pupil Premium	-616				-616
DSG Disability Access Fund	-246				-246
DSG Prior Year					0
DSG NFF School Block		-290,017			-290,017
DSG Premises		-1,885			-1,885
DSG Growth Fund NFF		-922			-922
Block Transfer					0
DSG High Needs Block				-68,369	-68,369
DSG Central School Services Block			-2,187		-2,187
Total Funding	**-62,205**	**-292,823**	**-2,187**	**-68,369**	**-425,583**
Providers - under 2 year olds	17,431				17,431
Providers - 2 year olds	17,149				17,149
Providers - 3 and 4 Year olds	22,135				22,135
Providers SEN top up grants	1,559				1,559
Early Years Pupil Premium	616				616
Disability Access Fund	246				246
Contingency	1,229				1,229
Early Years LA duties	1,840				1,840
Mainstream Schools Formula		292,823			292,823
Growth Fund - budget		0			0
School Admissions			518		518
Servicing Schools Forum			8		8
Ex ESG Services (all schools)			1,038		1,038
Commitments - Premature retirements			16		16
Commitments - ASD Base / other			273		273
Licences Purchased by DfE			334		334
Place Funding				15,918	15,918
Top up Funding - State Sector				48,031	48,031
Top up Funding - Independent/NMSS				49,297	49,297
Top up Funding - Post Schools				12,103	12,103
Top up Funding - Pre schools				303	303
Top up Funding - Excluded Pupils/AP				6,045	6,045
Commissioned Services including Outreach				2,635	2,635
Hospital Education Top up				121	121
Bespoke SEN /Therapies				20,364	20,364
Support for Inclusion				175	175
Special Schools Teachers Pay & Pension Grants				6,221	6,221
Inclusion Fund				839	839
Early Years Central SEN support				772	772
Sensory Impaired Service				1,208	1,208
Total Expenditure	**62,205**	**292,823**	**2,187**	**164,032**	**521,247**
In-year (Surplus) / Deficit	**0**	**0**	**0**	**95,663**	**95,664**
(Surplus) / Deficit bf					179,838
(Surplus) / Deficit cf					**275,502**

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SCHOOLS FORUM

Report subject	**BCP SEND Reform Plan 2026-2029**
Meeting date	21 September 2026
Status	Public Report
Executive summary	Bournemouth, Christchurch and Poole Council, working with NHS Dorset and wider local area partners, submitted its Local SEND Reform Plan to the Department for Education in June 2026. The Plan sets out a three-year roadmap to improve outcomes for children and young people with SEND, strengthen inclusive mainstream provision, improve family confidence and support the long-term sustainability of the High Needs Block. The Plan is underpinned by co-production with children, young people, parents, carers and practitioners, a local partnership maturity assessment, an Inclusive Place Sufficiency Strategy, an Experts at Hand partnership model and a clear Theory of Change. It responds to increasing demand, including sustained growth in Education, Health and Care Plans, whilst building on BCP's strengths and improving partnership arrangements. A key component of delivery is the introduction of a Targeted Cluster Funding Model, funded through £1.5m per annum from the High Needs Block, to support earlier intervention, inclusion and prevention activity. Schools Forum is asked to consider the proposed approach and provide its views to Cabinet on 30 September 2026.
Recommendations	**It is RECOMMENDED that Schools Forum:** **(a) Notes the BCP Local SEND Reform Plan and supporting appendices submitted to the Department for Education in June 2026.** **(b) Endorses the strategic direction set out within the Plan, including:** **(i) strengthening inclusive mainstream provision;** **(ii) implementation of the Experts at Hand model;** **(iii) delivery of the Inclusive Place Sufficiency Strategy and associated capital programme; and** **(iv) continued development of co-production and partnership working.** **(c) Supports the implementation of the Targeted Cluster Funding Model, including the proposed allocation of £1.5m per**

	annum from the High Needs Block to support earlier intervention, inclusion and prevention activity across locality clusters. **(d) Recommends that Cabinet approves the continued delivery of the SEND Reform Plan and its associated investment priorities as part of BCP's wider programme to improve outcomes for children and young people and support long-term High Needs Block sustainability.**
Reason for recommendations	The SEND Reform Plan provides a coherent three-year roadmap to improve outcomes for children and young people with SEND through earlier intervention, stronger inclusion, improved partnership working and increased local capacity. The recommendations support implementation of the Plan and the key delivery mechanisms required to achieve its objectives, whilst responding to increasing demand and financial pressures within the SEND system.

Portfolio Holder(s):	Cllr Richard Burton, Portfolio Holder for Children and Young People
Corporate Director	Juliette Blake, Interim Director of Children's Services
Report Authors	Lisa Linscott, Director of Education and Skills
Wards	Council-wide
Classification	For Recommendation to Cabinet

Background

The Department for Education's SEND and Alternative Provision reforms require local area partnerships to develop and submit Local SEND Reform Plans setting out how they will strengthen inclusion, improve outcomes and deliver a more sustainable system for children and young people with SEND.

BCP Council, NHS Dorset and partner organisations submitted the BCP Local SEND Reform Plan in June 2026 following an extensive programme of engagement and co-production with children and young people, parents and carers, schools, colleges, health services and practitioners. The Plan is founded on the shared local ambition: "We belong. We're listened to. We can thrive."

The Reform Plan builds on positive progress already achieved locally, including strengthened partnership arrangements, improving lived experience for children and families, expanded inclusion activity and the development of a shared improvement framework. The Plan also recognises that children, young people and families continue to experience variability in outcomes and support.

A key challenge for BCP, as for many local authorities nationally, is the significant and sustained increase in demand for SEND support. The local area has experienced continued growth in Education, Health and Care Plans, alongside increasing demand for specialist placements and alternative provision. These trends place increasing pressure on the High Needs Block and on the wider SEND system.

The Reform Plan therefore seeks to move the system towards one that identifies and responds to need earlier, supports more children successfully within mainstream settings, strengthens workforce confidence and improves value for money through preventative approaches.

Purpose of this report

This report provides Schools Forum with an overview of the BCP Local SEND Reform Plan and its key delivery mechanisms. It asks Schools Forum to comment on the proposals and provide its views to Cabinet on 30 September 2026.

The report is deliberately framed as a strategic update on BCP's SEND reform programme rather than solely as a report on the submission of a Department for Education plan. The central issue for members is how BCP intends to improve outcomes, strengthen inclusion and support the long-term sustainability of the High Needs Block.

Key components of the Reform Programme

Experts at Hand

A central element of the Reform Plan is the development of the BCP Experts at Hand model. This locality-based, multi-agency approach will provide schools and settings with access to specialist expertise, coaching, training and consultation. The model is intended to strengthen inclusive practice, support earlier intervention and build capacity within settings rather than create dependency on specialist services.

The Experts at Hand model will include clear access arrangements, locality-based clusters, a consistent point of contact for settings and multi-agency input across education, health and wider services. It is a core mechanism for shifting the system from a referral-led model towards proactive, preventative and capacity-building support.

Inclusive Place Sufficiency Strategy

The Reform Plan is supported by BCP's Inclusive Place Sufficiency Strategy, which introduces a whole-system approach to planning education, SEND and alternative provision places from early years through to adulthood. The strategy is designed to ensure that children and young people can access the right support, in the right place and as close to home as possible.

The supporting three-tier capital programme prioritises:

- inclusion as the default through mainstream adaptation;
- expansion of targeted inclusion bases in mainstream settings; and
- specialist provision where needs cannot appropriately be met through mainstream provision or targeted bases.

This approach supports the wider reform ambition by strengthening local pathways, reducing reliance on out-of-area and high-cost provision where possible, and aligning place planning with inclusion and financial sustainability.

Co-production and partnership working

The Reform Plan has been developed through extensive co-production activity involving children and young people, families and practitioners. Children and young people, parents and carers, schools, colleges, health, social care, early help, commissioning and wider partners have helped shape the vision, priorities and delivery model.

This approach will continue through implementation so that delivery remains responsive to local need, lived experience and practitioner insight. The Plan also builds on the Local Partnership Maturity Assessment, which was completed through a robust and honest partnership process and signed off through local SEND and AP partnership governance.

Targeted Cluster Funding Model

A key priority for implementation is the introduction of a Targeted Cluster Funding Model. This is a practical delivery mechanism for moving support earlier in a child's journey and enabling schools and partners to respond flexibly to emerging needs before statutory processes are required.

The model proposes allocating £1.5m per annum from the High Needs Block through locality-based school clusters, aligned with the Experts at Hand model and wider SEND

reform activity. The funding would support earlier intervention, inclusive practice, prevention activity and targeted support within mainstream settings.

The approach is designed to:

- improve outcomes for children and young people;
- strengthen inclusive practice within settings;
- support earlier intervention and prevention;
- reduce escalation to statutory and specialist support where appropriate; and
- contribute to the longer-term sustainability of the High Needs Block.

The model should be understood as an invest-to-save and invest-to-improve approach. It is not possible at this stage to quantify future financial savings arising from the model. The report therefore does not claim a specific savings value. The evidence base and local Theory of Change support the view that earlier intervention and strengthened inclusion should reduce escalation pressures over time and support a more sustainable system.

Governance and performance

Delivery of the Reform Plan will be overseen through established partnership governance arrangements, supported by performance reporting and monitoring of demand, outcomes, family experience, workforce development and financial sustainability. The High Needs Block Board provides strategic oversight of SEND funding, cost drivers, cost containment measures, forecasting and deficit recovery activity.

Implementation will require close alignment between the SEND and AP partnership, education sufficiency governance, health partners, schools, settings, finance leads and relevant Council boards. Regular reporting will be required to ensure that delivery remains on track and that risks are escalated and addressed promptly.

Options Appraisal

Option	Description	Advantages	Disadvantages / reasons not recommended
1	Continue with existing arrangements.	Avoids implementation activity and transition requirements.	Does not address increasing SEND demand; does not support national reform expectations; misses opportunities to strengthen inclusion, prevention and early intervention; risks continued growth in system pressures and High Needs Block expenditure. This option is not recommended.
2	Implement the SEND Reform Plan without the	Allows delivery of core reform activity and	Limits ability to invest earlier in a child's journey; reduces flexibility for schools and

Option	Description	Advantages	Disadvantages / reasons not recommended
	Targeted Cluster Funding Model.	associated governance arrangements.	locality partnerships; weakens a significant mechanism intended to reduce escalation and strengthen inclusion. This option is not recommended.
3	Implement the SEND Reform Plan including the Targeted Cluster Funding Model.	Aligns with the submitted Reform Plan; supports earlier intervention and inclusion; strengthens local capacity and partnership working; contributes to longer-term High Needs Block sustainability; provides a coherent whole-system approach to reform.	Requires investment from High Needs Block resources and ongoing monitoring and evaluation. This is the recommended option.

Summary of financial implications

The SEND Reform Plan includes a programme of reform activity funded through a combination of existing resources, High Needs Block funding, national reform funding and partner investment. A key proposal within the report is the introduction of the Targeted Cluster Funding Model, requiring an allocation of £1.5m per annum from the High Needs Block.

The Plan seeks to increase investment in earlier intervention, inclusion and local capacity whilst contributing to longer-term financial sustainability through reduced escalation and improved value for money. At this stage, quantified financial savings have not been identified for the Targeted Cluster Funding Model. Benefits will therefore need to be monitored through demand, outcomes, financial and value for money measures over time.

Detailed financial modelling, demand forecasts, projected unit costs, workforce assumptions and other financial planning information are contained within Appendix 6, which is exempt from publication for the reasons set out in the appendices section of this report.

Summary of legal implications

BCP Council's responsibilities for children and young people with SEND arise principally from the Children and Families Act 2014, the Education Act 1996 and associated statutory guidance, including the SEND Code of Practice. The Reform Plan supports the Council and local area partnership in meeting responsibilities to identify needs, secure appropriate

support and keep education and training provision for children and young people with SEND under review.

Appendix 6 is recommended for exemption from publication under Schedule 12A, Part 1, Paragraph 3 of the Local Government Act 1972, as amended, as it contains information relating to the financial and business affairs of the Council and other organisations. Legal Services should review and confirm the final legal wording before publication of the agenda papers.

Summary of human resources implications

Implementation of the Reform Plan will require workforce development, partnership working and new ways of working across education, health and care services. The Experts at Hand model includes multidisciplinary working, use of specialist expertise, secondments and development of inclusion leadership capacity across clusters.

The Plan is expected to create staff development and training requirements as inclusive practice, early intervention and locality-based working are strengthened. Any formal workforce changes, secondment arrangements or role changes will need to be managed through appropriate HR processes and engagement with affected staff and partners.

Summary of sustainability impact

The Reform Plan supports sustainability by promoting provision closer to home, reducing unnecessary travel where local suitable provision can be developed, strengthening local community provision and aligning investment with long-term sufficiency planning. The Inclusive Place Sufficiency Strategy and Inclusive Design Charter promote future-ready approaches to educational place planning, including adaptable environments, accessibility and environmental responsibility.

Summary of public health implications

The Plan aims to improve educational participation, belonging, mental wellbeing and life chances for children and young people with SEND through earlier identification, earlier support and improved access to services. It strengthens the connection between education, health and care through a multi-agency delivery model and supports a preventative approach to need, escalation and crisis response.

Summary of equality implications

The report relates directly to improving outcomes, inclusion and participation for children and young people with SEND. SEND is closely linked to duties under equalities legislation, including the need to remove barriers, make reasonable adjustments and promote equitable access to education and support.

The Reform Plan has been developed through co-production with children, young people, parent carers, schools, practitioners and partners. An Equality Impact Assessment or equality screening should be completed or confirmed as part of the Cabinet report process, with any additional actions reflected in the implementation plan.

Summary of risk assessment

Key risks include:

- Demand for SEND support continuing to exceed projections;
- Workforce recruitment and retention challenges affecting delivery pace;
- Delays in implementation of reform programmes or capital schemes;
- Failure to achieve intended changes to inclusion, confidence and system behaviours;
- Continued financial pressures within the High Needs Block;
- National policy or funding changes affecting the assumptions underpinning the Plan; and
- Insufficient evidence of impact if monitoring arrangements are not sufficiently robust.

Mitigating actions include strong partnership governance, High Needs Block oversight, phased implementation, co-production, regular performance reporting, finance monitoring and annual review of the Targeted Cluster Funding Model to assess impact, value for money and any required adjustments.

Background papers

The following documents have been used to a material extent in drafting this report:

- BCP Local SEND Reform Plan June 2026.
- BCP Local Partnership Maturity Assessment.
- Department for Education SEND Reform documentation and guidance (published works).

Appendices

- Appendix 1 - Core Requirements Tracker.
- Appendix 2 - Theory of Change.
- Appendix 3 - Inclusive Place Sufficiency Strategy 2026-2036.
- Appendix 3a - Inclusive Design Charter.
- Appendix 3b - Inclusive Place Sufficiency Presentation.
- Appendix 4 - Experts at Hand Partnership Model.
- Appendix 5 - Co-production Approach.
- Appendix 6 – Proposed governance

Bournemouth, Christchurch and Poole

APPENDIX 1: Core Requirements Tracker

Core Requirements from Reform Plan Guidance	How we meet the requirement
Experts at Hand	
The delivery approach for this offer and the rationale for why the outlined approach is optimal for the local area. This will include setting out if delivery will be local authority-led, contracted to the ICB, in partnership with another area or through an external partner, and setting out the role of Best Start Family Hubs. Where delivery involves an ICB or external partner, please specify the partnership vehicle (such as an SLA or MOU) and how performance will be assured.	This is set out in section 2 of our EAH appendix 4. Our plan sets out a place-based, local authority-led, multi-agency model delivered through clusters, with strong integration of education, health (ICB-linked), and care services. Further detail can be found in section 5 building block 2 of the reform plan.
A summary of the partnership approach to agreeing an optimal delivery model including how all system partners were engaged and how the approach was informed by needs-based data.	Information regarding our partnership approach can be found in section 1 of our EAH appendix 4, with further detail within the co-production appendix 5. Evidence of developing the model based on needs-based data can be found within section 8 of the EAH appendix. Our model has been, and will continue to be co-produced with children, families, and practitioners, and explicitly informed by needs-based data (education, health, demand, deprivation). This ensures system-wide engagement and a responsive design.
How the EAH funding will enhance existing routes to access specialist input, and how the delivery model will be integrated with other services or offers funded separately.	This can be found within the EAH appendix 4 section 2 which describes the delivery model and growth to the team alongside section 11 of the appendix demonstrating the spend and development of the workforce. Additional detail regarding growth has been presented in section 5 of the reform plan. Our EAH model builds on existing services and integrates through a single front door and cluster model, complementing, not duplicating, current pathways.

	Proposal to collaboratively recommission alternative provision to align with the 3-tier model and best practice identified through Alternative Provision Specialist Taskforces (APST) models.	This can be found in section 5 building block 4 of the reform plan which outlines the mobilisation of our 3-tier AP plan.
	Where alternative provision capacity is constrained, whether the LA will contract provision, partner regionally, or share expertise and the route chosen.	This can be found in section 5 building block 4 of the reform plan which outlines the mobilisation of our 3-tier AP plan.
	Proposals for commissioning outreach from high-quality specialist providers, where appropriate.	This can be found within our EAH appendix 4 section 2 which fully outlines our delivery model. Specialist and AP outreach contracts have been aligned for a September 2026 start, integrating into our expert at hand cluster teams.
	Proposal for timely access to health and education professionals (e.g., in educational psychology, occupational therapy and speech and language therapy) for early years, schools and colleges based on assessed local need.	This is set out in section 7 and 8 of our EAH appendix 4 which outlines proposals for timely access and support. Section 5 building block 2 adds further detail to the steps take to achieve this aim.
	A detailed year 1 implementation plan, including recruitment approach and success metrics (e.g. coverage, scale of support available), and a high-level plan for years 2–3.	Our one-year implementation plan is set out in detail throughout section 6, building block 2 of our SEND reform plan. Our high-level implementation plan is detailed within section 5, building block 2.
	A proposed governance and accountability arrangement, as part of the Local Area Partnership Board, including oversight routes, budgets and funding arrangements, reporting cadence and escalation processes. This should include a single, named LA-based SRO to drive improvement and reform.	This is set out in detail throughout section 6, building block 2 of our SEND reform plan. This is detailed with the EAH appendix 4 section 9 with a visual representation of our proposed governance structure. Additional detail of how this will develop can be found in section 5 and 6, building block 2.
	Clear expectations for joint governance, monitoring and shared accountability across education and health partners.	This is detailed with the EAH appendix 4 section 9 with a visual representation of our proposed governance structure. Additional detail of how this will develop can be found in section 5 and 6, building block 2.
	Proposed approach to settings accessing support which ensures support is not disproportionately accessed by the most proactive schools and settings and includes out of area mainstream further education settings attended by local young people with SEND.	This is set out in section 2 of our EAH appendix 4. Our plan sets out a place-based, local authority-led, multi-agency model delivered through clusters, with

	strong integration of education, health (ICB-linked), and care services. Further detail can be found in section 5 building block 2 of the reform plan.
Sufficiency and Place Planning	
A summary of local sufficiency pressures and how planned place growth addresses demand trends, including EHCP drivers and opportunities to meet need through capacity in mainstream settings.	This is referred to in Q8 and is further expanded in our Inclusion Strategy which is attached as appendix 3, 3a and 3b.
How the planned increases in capacity across setting types will reduce reliance on special schools, especially out-of-area placements and independent specialist provision.	This is set out in our three-year roadmap at Q5, in Q8 and in the Inclusion Strategy appendix. It is also indicated through Tables 13 and 14 of the Data Return.
How collaboration between LAs and MATs could be strengthened to identify suitable sites and jointly plan the development of inclusion bases.	This is set out in Q2 – where we are currently and further details developed in Q5
Assurance that proposed inclusion bases in early years settings, schools, and colleges would reflect local demographic need, maintaining high quality standards and clear expectations on type of provision.	This is reflected in Q8 and our Inclusion Strategy appendix
How existing school premises are factored in when planning new inclusion bases, including opportunities created by falling rolls.	This is set out in our local roadmap for the next 3 years (Q5)
Detailed plans to meet need for specialist places, by increasing capacity in mainstream settings through inclusion bases, and to improve the suitability of the physical environment. This should set out how the investment would align with local need and reduce future pressure. Where plans propose use of high needs capital to create additional special school places, this should clearly explain	This is set out in Q8, our Inclusion Strategy Appendix 3, Q6 and is also indicated through Tables 13 and 14 of the Data Return.

why need cannot be met in mainstream, including how the investment would align with local need and reduce future pressure.	
Proposals for flexibility to accommodate rurality and local variation, ensuring provision remains viable and context appropriate.	This is addressed in Q5, Q8 and our Inclusion Strategy Appendix 3
Evidence that an impact assessment of travel arrangements has been carried out for any capital, inclusion base or special school expansion proposal, demonstrating expected changes to travel distances, journey times, and reliance on out of area placements. Including any explicit travel related mitigations.	This is set out in Q5, our local roadmap for the next 3 years.
Strengthening Effective Partnerships and Practice:	
Effective Practice - Universal Offer	
Proposal to co-develop, and regularly refresh, a partnership-wide universal offer agreement with schools, MATs, early years settings and post-16 providers which will be underpinned by up-to-date, needs-based data and signed off by the local authority, ICB, MAT and school representatives and Parent Carer Forum (PCF). The agreed universal offer should draw on approaches that will be set out in the National Inclusion Standards.	This is detailed in sections 5 and 6, building block 1. Our universal offer and ordinarily available provision have also been woven through as a golden thread within our EAH approach, detailed in the appendix 4.
Evidence of the processes and mechanism through which MATs and PCFs are engaged in the development of the universal offer.	This is set out in section 5 building block 1 of the plan. There is also further detail of our co-production workstreams within the specific co-production appendix 5.
How early intervention services will be strengthened, with enhanced mainstream support to prevent escalation of need.	Detail about the strengthening our early help and support team has been addressed through the EAH work, and features in section 2 of the EAH appendix 4. There are links within section 5 and 6 of the reform plan across building blocks 1 and 2.
How a strengthened universal offer will support mainstream settings to meet the most commonly occurring and growing areas of need. This should include how well evidenced early intervention	Detail about the strengthening our early help and support team has been addressed through the EAH work, and features in section 2 of the EAH appendix 4. There are links within section 5 and 6 of the reform plan across building blocks 1 and 2.

approaches focused on speech and language (e.g. ELSEC[1]/NELI[2]), autism spectrum disorder (ASD) and social, emotional and mental health difficulties (SEMH), could be deployed.	
How a strengthened universal offer and group level specialist support will reduce escalation into out-of-area placements with significant travel-assistance requirements.	This is detailed in sections 5 and 6, building block 1. Our universal offer and ordinarily available provision have also been woven through as a golden thread within our EAH approach, detailed in the appendix.
Early Years (plans should align with LA Best Start in Life plans)	
Proposal for assessing sufficiency of current level of childcare provision for 0–5s, detailing: (a) availability of early years places; (b) availability of specialist SEND early years places; and (c) any local gaps for children with complex and emerging needs and plan to address these including the role of wider partners such as Best Start Family Hubs.	This is reflected in our inclusion strategy appendix 3.
Proposal to improve early years identification and intervention strategies, including the role of Best Start Family Hubs.	This can be found in section 6 building block 4
Proposal to strengthen transitions from early years to primary school, ensuring effective information flow and timely specialist input.	This can be found in section 6 building block 4
Post-16	
Proposal to strengthen pathways to adulthood, supporting young people to access education, training, employment and supported internships.	This is set out in section 5 and 6, building block 4 which outlines our cradle to career approach
A clarification of pathways into and out of post-16 settings, informed by consistent information flow and timely, effective specialist support.	This is set out in section 5 and 6, building block 4 which outlines our cradle to career approach

Experts at Hand Offer model should be commissioned with partners, which is likely to include cross-border collaboration.	Our EAH approach is fully detailed with the EAH appendix 4., with the one-year plan in section 5 building block 2, and the high-level plan in section 6 building block 2.
Effective Partnerships	
Evidence of effective, shared, partnership leadership and governance across all system partners, with clear and mutually understood accountability arrangements.	This is addressed in our Local Partnership Maturity Assessment, Q5 and Q6 of the plan, as well as the governance section at Section 4.
Evidence of formal representation from early years, schools, MATs and further education on partnership boards, with appropriate links to Schools Forums to support coherent engagement across all settings.	This is reflected in the governance section in Section 4 and in Q5.
Proposal to underpin partnership working with shared, high-quality data, including joint dashboards and use of a partnership maturity matrix to assess effectiveness.	This is addressed in Q5 our three year roadmap and in Q7 regarding how we will deliver the plan. We have also identified the need to develop digital tools and a dashboard to support implementation of our Experts at Hand model.
How proposed/agreed mechanisms for engaging all schools, early years providers and post-16 providers (including out of area mainstream colleges accessed by local young people with SEND) would support collective responsibility for inclusive practice.	This can be found within the detail in the Expert at Hand Appendix 4.
Proposal to strengthen dispute resolution and decision-making processes so system partners can address issues early and consistently, supported by transparent escalation routes.	This is set out in Q5, our three year roadmap, and in Q6, as well as Q9
A single named SRO who is part of the leadership team, to provide operational leadership and drive reform across the partnership. The SRO should be a senior local authority official.	This has been identified in the governance section of the document
Effective Co-production Practices	

	Proposal to strengthen co-production arrangements so that parent carer forums are properly resourced and consistently engaged in shaping decision making.	Our co- production approach is outlined in Q9 of the reform plan System partner and stakeholder engagement, and co-production. Further detail can be found in the co-production appendix 5 and part one of the EAH appendix 4.
	How the voice of children and young people is captured directly and distinctly from parent voice, with clear evidence of how their views influence decisions.	Our co- production approach is outlined in Q9 of the reform plan System partner and stakeholder engagement, and co-production. Further detail can be found in the co-production appendix 5 and also part one of the EAH appendix 4.
	How SENDIASS will be used to support parents carers with high quality, independent information and guidance, and how the local area will address variability in service quality where it exists, with reference to the minimum SENDIASS service standards. Please include proposed mitigation to any parental concerns about the perceived independence of SENDIASS within mediation processes.	This is set out in section 2 (strategy), with further detail in sections 5and 6, building block 3.
	Proposal to adopt a minimum co-production benchmark (based on NHSE guidance) and self-assess against it in year one, identifying improvement actions where needed.	We have identified the Lundy model as the foundation of our co-production benchmark, recognising the further detailed issued in FAQs to adopt something helpful to our local context. The Lundy model was identified by participants in our co-production workshops.
Mediation		
	A description of local mediation and dispute resolution arrangements, demonstrating how they incorporate the voices of parents and children and young people.	This is set out in section 2 (strategy), with further detail in sections 5and 6, building block 3.
	Proposal to maintain metrics for timeliness, resolution rates and effectiveness to support monitoring and accountability.	This is set out in section 2 (strategy), with further detail in sections 5and 6, building block 3.

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Bournemouth, Christchurch and Poole
APPENDIX 2: Theory of Change

Bournemouth, Christchurch and Poole Theory of Change

BCP begins from a position of strong partnership and growing inclusive practice, but the system remains fragmented, with inconsistent experiences for families, rising EHCP demand above national levels, workforce pressures, and too much reliance on specialist and crisis support. Through our SEND and AP Strategy, we will shift this towards a joined-up, inclusive 0–25 system where support is delivered early, locally and consistently so that every child and young person feels they belong, are listened to, and can thrive. To achieve this, our reform focuses on strengthening inclusive mainstream provision, embedding early identification and intervention, building workforce capacity and confidence, improving partnership working and co-production, and ensuring sustainable, value-for-money use of resources.

Inputs

- Joint leadership across education, health and care Investment in workforce
- Implementation of priorities within maturity matrix
- Capital for inclusive places; data and digital systems;
- Co-production with families;
- implementation of the Experts at Hand, Universal Offer and cluster-based models.
- link with families first/family hubs and neighbourhood health initiative

Outputs

- Expanded mainstream and inclusion base capacity
- Increased access to early multidisciplinary support without referral
- A clear graduated pathway and Universal Offer in all settings
- Locality clusters with a single point of access
- Strengthened governance, co-production and data use.
- Increased skill and confidence across workforce

System changes

- A shift from reactive, referral-led and fragmented services to a proactive, locality-based system delivering early intervention Coordinated multi-agency support
- Inclusive practice embedded across all settings through Experts at Hand with accountability measures secured
- Genuine joined up working and embedded co production

Outcomes

- Earlier identification and support More children supported in mainstream without escalation
- Reduced EHCP requests and reliance on independent/alternative provision
- Improved family experience and trust
- Increased workforce confidence and consistency

Impact

- Children and young people experience greater belonging, improved outcomes and life chances, fewer crisis points, and support closer to home, alongside a more sustainable, value-for-money SEND system.
- Increased trust and alongside a more equitable system where access to support and outcomes are consistent

Assumptions:

- Partners sustain shared accountability and collaboration
- Workforce capacity and skills can be built at scale
- Early intervention will reduce escalation and demand
- Co-production will strengthen trust, engagement and system effectiveness

External factors:

- National reforms (NHS, Children's Social Care, curriculum)
- Funding pressures in the High Needs Block
- Workforce supply challenges
- Wider system changes (e.g. ICB restructuring, Family Hubs rollout) influencing pace and delivery

Inclusive Settings: Inclusive Place Sufficiency Strategy 2026-36

Delivering the Right Place, at the Right Time for Every Child

Foreword: Inclusive Place Sufficiency Strategy 2026-36

Cllr Richard Burton

Portfolio Lead Children's Services

Every child and young person in Bournemouth, Christchurch and Poole deserves to feel that they belong, to be supported to thrive, and to have access to the right help in the right place at the right time.

This Inclusive Place Sufficiency Strategy sets out a clear and ambitious approach to planning provision across our area, so that children, young people and families can access high-quality education and support as close to home as possible. It reflects our commitment to inclusion, early intervention and stronger local pathways from cradle to career.

This is an important strategy for BCP. It recognises that place sufficiency is not only about numbers and buildings but about creating an education system that is inclusive by design, responsive to need, and sustainable for the future. It has been shaped by a strong understanding of local need and by our ambition to work in partnership with schools, settings, families and wider services to build capacity in our communities.

I welcome this strategy and the direction it sets for the next decade as we work together to improve outcomes, strengthen belonging and ensure that children and young people can succeed within their local communities.

BCP's Inclusive Place Sufficiency Strategy 2026-36

Introduction

In BCP we recognise that inclusive practice must start at the point of planning. Therefore, we have developed an Inclusive Place Planning approach that intends to do just that.

Traditionally in England planning for school places has been fragmented with mainstream school places, SEND provision and alternative provision all planned separately. Local Authorities have only been required to include information for special school places alongside mainstream places in the annual School Capacity AP (SCAP) report to the DfE since 2023, and so for BCP as with the majority of the country this combined approach to planning place sufficiency across education is still in its infancy.

1. Developing an inclusive system

To respond to the expectations set out in the new SEND Reform plans for a more inclusive, pathway-driven education system, Local Authorities will need to develop a new approach to pupil place planning.

Within BCP we have developed our Inclusive Place Sufficiency Strategy to provide a framework for this approach. This strategy will seek to develop local pathways from cradle to career, from 0-25, ensuring that every child and young person has a place within the community that they live, and that the Council fulfils:

- Duties under the Childcare Act 2006, as amended by the Childcare Act 2016, to secure sufficient, high-quality **early education and childcare** for working parents and eligible families.
- Statutory duties under the Education Act 1996 to secure sufficient and **suitable education provision for children and young people of compulsory school age (5–16),** including arranging suitable education and alternative provision for those unable to attend school.
- Responsibilities under Part 3 of the Children and Families Act 2014 to keep **education and training provision for children and young people aged 0–25 with SEND** under review, securing the special educational provision set out in Education, Health and Care Plans in line with the SEND Code of Practice (0–25).
- Strategic oversight for **post-16 education and training**, supporting the Raising the Participation Age duty and shaping a coherent local offer through forecasting, commissioning and partnership working. This includes particularly strong and enforceable duties for learners with SEND up to age 25.

2. Key priorities

The Inclusive Place Sufficiency ties into the wider strategies for BCP in regard to ensuring all children and young people have a strong sense of belonging. They also mirror the priorities outlined in the SEND and AP strategy.

The Inclusive Place Sufficiency Strategy will focus on the following priorities:

- **Strong mainstream capacity** - Inclusive practice and belonging in every setting
- **Right Place, Right Provision** – Delivering provision where evidence shows there is need
- **Inclusion by Design** – Supporting diverse needs from the outset, using a locally agreed Inclusive Design Charter
- **Sufficiency as a shared system responsibility** – Working with local education and childcare settings to meet the needs of children and young people
- **Specialist and AP Provision that is local and integrated** - Where required, specialist provision is as local as possible, integrated with local services, and avoids isolating pupils from mainstream opportunities
- **Evidence, Accountability and Continuous Review** – Transparent decisions aligned with need, capital investment and regular review of outcomes against strategies.

3. Ensuring effective and efficient use of resources

The Inclusive Place Sufficiency Strategy will link to the wider BCP's Families First Partnership (FFP) programme and our Experts at Hand partnership with schools, to ensure that Council and Education Assets and capital budgets are aligned with wider service delivery resources.

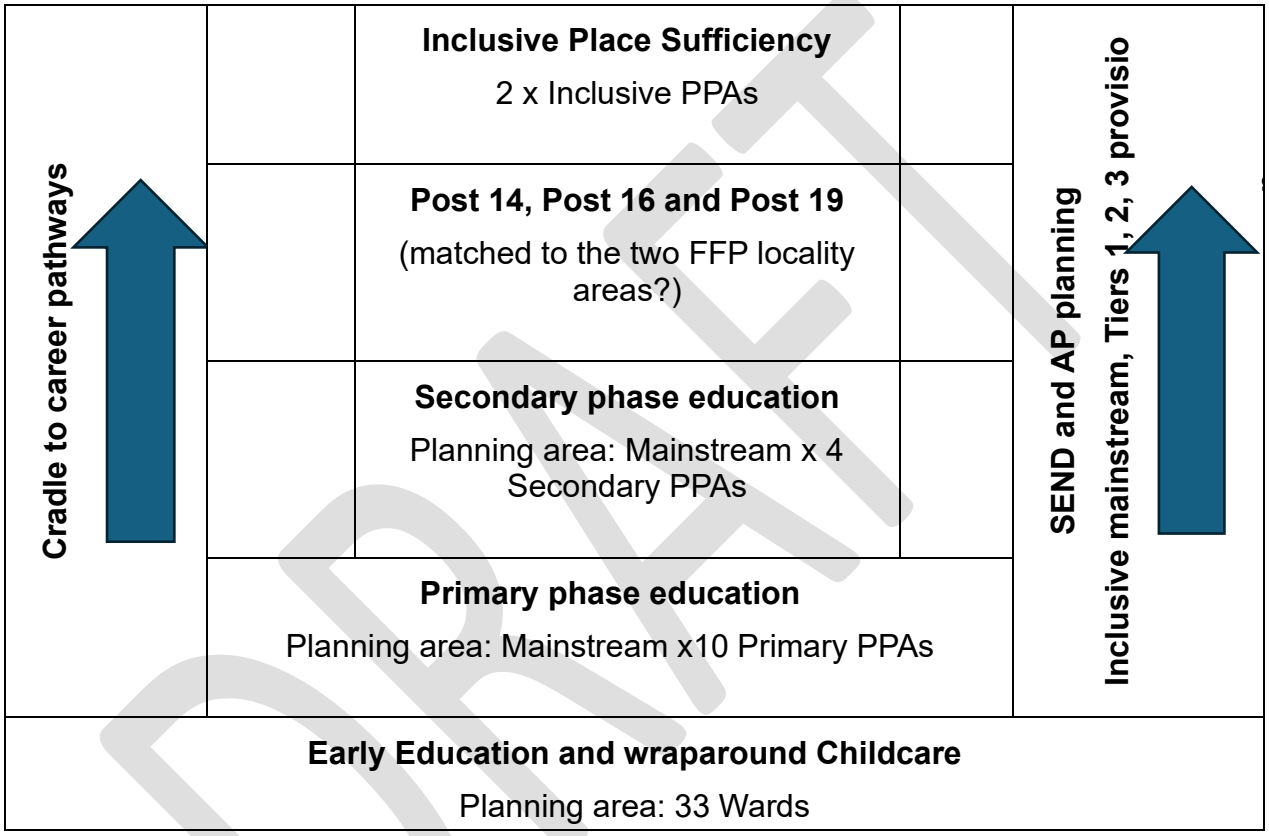
4. Delivering change

In order to deliver the change required across the childcare and education place sufficiency the Inclusive Place Sufficiency Strategy will be underpinned by plans for the following areas:

- **Wraparound Childcare and Early Years Education**, including free early education offer and wraparound childcare for children aged 0-14
- **Mainstream compulsory education**, including Primary and Secondary phase place sufficiency
- **SEND and AP,** including Post 14, Post 16 planning and Post 19 provision

These plans will be built into a planning framework that aims to promote and assess pathways across BCP. This will build up from:

- 33 local wards upon which wraparound childcare and Early Education sufficiency is planned
- 10 Primary PPAs upon which primary phase sufficiency is planned
- 4 Secondary PPAs upon which secondary phase sufficiency is planned
- 2 Inclusive PPAs across which pathways and provision for SEND, AP and Post 16 and Post 19 will be planned



5. Three-tiered Inclusive Capital Programme

BCP's capital strategy will underpin delivery of our Inclusive Place Sufficiency Strategy, translating identified need across the 0–25 system into targeted investment in inclusive mainstream provision, specialist bases, estate adaptation and, where evidenced, special capacity.

The following plans sit under the Inclusive Place Sufficiency Strategy:

- **Wraparound Childcare and Early Years Education**, including free early education offer and wraparound childcare for children aged 0-14
- **Mainstream compulsory education**, including Primary and Secondary phase place sufficiency

- **SEND and AP,** including Post 14, Post 16 planning and Post 19 provision

These plans will each set out:

- forecast demand and required place capacity
- highlight priorities for expansion or reduction
- consider travel distances and access
- be co-produced with system partners to secure ownership

By taking a tiered approach, the Inclusive Sufficiency Capital Programme will support strong governance and outcome focused approach. The tiers will focus on the following:

- **Tier 1 – Inclusion as Default:** Capital investment will prioritise programmes that bring universal inclusion through adapted mainstream environments.

- **Tier 2 – Targeted Inclusion Bases:** Priority will be given to expanding inclusion bases across primary, secondary and post-16 settings (including FE). These bases will target cohorts (e.g. autism, SEMH, communication needs) within mainstream to promote inclusive provision within local communities.

- **Tier 3 – Specialist Provision:** For children and young people whose needs cannot be met safely or cost-effectively in mainstream or bases, investment will support specialist provision in schools and post-16/19 provision, to meet the needs of the most complex cohorts improving sufficiency, placement stability, and reducing reliance on high-cost independent placements.

Cross-cutting outcome: Increased local capacity reduces travel demand and transport costs, aligning with BCP's Home to School Transport Transformation Programme.

Capital programme 2026-29

The capital programme for 2026-29 focuses on the current phases:

- **Phase 1 (Stabilisation)** stabilising system pressures by addressing significant historic capacity deficits through expansion of special school places, reflecting pre-reform commitments and DfE funding.

- **Phase 2 (Rebalancing)** delivering significant growth in specialist bases within mainstream settings, increasing capacity for priority cohorts (autism, SEMH and communication) and enabling more children to be supported locally.

- **Phase 3 (Inclusion at scale)** embedding a rebalanced system, with a greater proportion of need met through mainstream and specialist base provision, reducing reliance on out-of-area and independent placements.

This phased approach supports financial sustainability across the system by improving placement mix, reducing reliance on high-cost provision and enabling more efficient use of High Needs Block resources, while recognising continued short-term cost pressures driven by complexity of need. Increased local capacity across all tiers will directly reduce average travel distances and associated transport expenditure. This aligns with BCP's Home to School Transport Transformation Programme, which supports both improved experiences and cost containment.

Please see Appendix A Three-tiered Inclusive Capital Programme budget 2026-29.

6. Governance

Strategic scrutiny and oversight of the Inclusive Place Sufficiency Strategy and Inclusive Education Capital Delivery Plan is crucial to ensure short-term needs are met and future demand is anticipated across mainstream, specialist, alternative provision and post-16 education.

The key governance boards will be: (TBC)

- *BCP's Strategic Education and Asset Management Board (SEAM)*
- *SEND Improvement Board*
- *Children's Service SLT*
- *Scrutiny*

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Inclusive Settings: Place Sufficiency Design Charter

Delivering the Right Place, at the Right Time for Every Child

2026

Foreword: Inclusive Design Charter

Cllr Richard Burton

Portfolio Lead Children's Services

Every child and young person in Bournemouth, Christchurch and Poole deserves to feel that they belong, to be supported to thrive, and to have access to the right help in the right place at the right time.

This Inclusive Design Charter supports the delivery of our Inclusive Place Sufficiency Strategy, which sets out a clear and ambitious approach to planning provision across our area, so that children, young people and families can access high-quality education and support as close to home as possible. It reflects our commitment to inclusion, early intervention and stronger local pathways from cradle to career.

This is an important charter for BCP. It recognises that place sufficiency is not only about numbers and buildings but about creating an education system that is inclusive by design, responsive to need, and sustainable for the future. It has been shaped by a strong understanding of local need and by our ambition to work in partnership with schools, settings, families and wider services to build capacity in our communities.

I welcome this charter and the direction it sets for the next decade as we work together to improve outcomes, strengthen belonging and ensure that children and young people can succeed within their local communities.

Content

1. Purpose of the Charter

BCP's Inclusive Place Sufficiency Strategy sets out a clear and ambitious approach ensuring that all children and young people have access to childcare and education within safe, inclusive, welcoming and well-organised sites which promote positive experiences, feelings of belonging and increase participation.

This Inclusive Design Charter sits alongside the Inclusive education capital programme to deliver this strategy and give practical effect to the Schools White Paper ambition that every child should access the right provision, in the right place, at the right time, close to home. These documents have been developed in collaboration with key partners including parents and carers, schools and practitioners.

This Charter sets out BCP's agreed expectations for the planning, design, expansion and adaptation of childcare, nurseries, schools and education settings, ensuring they collectively deliver:

- ✓ **Sufficiency** – enough places, of the right type, in the right locations
- ✓ **Inclusion** – environments where children, including those with SEND can belong, thrive and remain locally within their community
- ✓ **Quality** – high-quality places and environments for learning, wellbeing and community life
- ✓ **Sustainability** – buildings and grounds that are resilient, adaptable and future-ready

The Inclusive education capital programme and Inclusive Design Charter also seek to clarify the responsibilities of partners to work together to effectively utilise the resources available to them to deliver place sufficiency.

This includes:

- Schools and settings effectively and purposefully using of the capital resources, spaces and assets available to them to maintain and develop environments that are safe, inclusive, welcoming and well-organised

- BCP Council utilising the education capital resources strategically and effectively to address gaps in provision and strengthen local sufficiency.

2. Strategic Context and Alignment

2.1 This Charter aligns with:

- the **Schools White Paper *Every Child Achieving and Thriving*** (DfE, 2026)
- BCP Council's Inclusive Place Su**fficiency Strategy 2026-36**
- BCP Council's **SEND Strategy and Improvement Plan**
- Local Plan, climate commitments and capital investment programmes
- Section 3 of the Equality Act, which requires schools to produce an accessibility plan to improve the physical environment of the school
- National guidance on the design and performance standards for schools, including those for SEND and Alternative provision

Together, these documents establish that **place sufficiency is not solely a numerical exercise**, but a test of **appropriateness, inclusion, accessibility and sustainability**.

2.2 Governance

The Council's Three-tiered Education Capital Strategy will ensure that all capital proposals demonstrate how this charter has been used to develop and approve projects, including how assistive technology has been considered and integrated in line with this Charter.

Business cases should clearly distinguish between:

- capital-funded infrastructure and assets
- school-funded provision
- high needs or specialist service provision

Proposals that rely on revenue-funded technology to compensate for poor design will not be supported.

2.3 Assistive Technology and Inclusive Digital Design

Assistive technology (AT) forms part of BCP Council's approach to inclusive design. It includes built-in accessibility features, digital infrastructure, and specialist equipment that enable children and young people to access education, communicate, and participate fully in their setting.

The effective use of AT is a shared system responsibility, delivered through a combination of:

- inclusive design in capital investment
- quality first teaching and school-led practice
- specialist assessment and support from wider services

3. Status of the Charter

This Charter applies to:

- All childcare settings, schools and colleges
- new schools (mainstream, special and alternative provision)
- expansions, remodels and adaptations of existing schools, childcare or educational settings
- SEND resourced provisions, units and specialist facilities
- capital investment decisions relating to childcare and education provision

The Charter is to be used by:

- school trusts and governing bodies
- council officers (education, SEND, estates, planning, regeneration)
- developers, architects and design teams

4. Charter Principles

Principle 1: Right Place, Right Provision

BCP Council will support the development and delivery of childcare and early years provision and plan schools and SEND provision **where evidence shows need**, considering:

- population and housing growth
- SEND trends and complexity
- cross-border movement of pupils
- access to early years, health and community services

Implications

- New provision must clearly demonstrate why *this place* improves access and inclusion.
- Long travel distances, delayed placements, or reliance on out-of-area provision indicate **insufficient local planning**, even where total place numbers appear adequate.
- Childcare and education settings should be located to maximise walking, cycling and public transport access and minimise car dependency.

Principle 2: Sufficiency as a shared system responsibility

Sufficiency is a **whole-system responsibility**. BCP Council will:

- lead strategic place planning and commissioning
- work with trusts and schools to align capacity with need
- expect all childcare, schools and educational settings to contribute to inclusion and local sufficiency

Implications

- No part of the system should displace unmet need elsewhere.
- New and existing schools are expected to engage in **fair access, inclusion and local collaboration**.
- Design, capacity and admissions policies must reinforce inclusive practice.

Principle 3: Inclusion by Design

New childcare, schools and SEND settings must be designed to **support diverse needs from the outset**, not through retrofit.

Design must:

- support sensory regulation, calm and predictability
- be easy to navigate and legible for all users
- minimise overcrowding, noise and glare
- provide appropriate space for therapy, small-group and quiet work
- incorporate **assistive technology and digital accessibility as standard**, including infrastructure to support current and future needs

Implications

- Poor environmental design increases placement breakdown, exclusion and escalation to specialist provision.
- Inclusive design is therefore a **core sufficiency and SEND improvement tool**, not an aesthetic consideration.
- Inclusive design includes both **physical and digital environments**. Failure to embed assistive technology at design stage leads to **ineffective retrofitting, increased revenue costs and reduced accessibility**.

Principle 4: Strong Mainstream Capacity

Settings and schools are expected to use the resources available to them to strengthen their whole sites with inclusion and sustainability as key priorities. Leaders in schools will be supported through the B

This includes:

- Using guidance provided through the graduated response website
- Using the checklist in appendix a / undertaking OT audits to assess their sites
- Utilising their maintenance and capital budgets creatively to respond to recommendations arising from audits.

BCP Council will prioritise design approaches that **strengthen mainstream inclusion**, reducing unnecessary escalation to specialist settings.

This includes:

- resourced provisions and specialist bases
- adaptable teaching and breakout spaces
- layouts that support collaborative and flexible learning

Implications

- Mainstream schools should be physically capable of supporting a wider range of needs.
- Capital investment from settings, schools and the Council should increase mainstream resilience and retention, not bypass it.

Principle 5: Specialist and AP Provision that is Local and Integrated

Where specialist or alternative provision is required, it must:

- be located as close to children's communities as possible
- integrate with local services and transitions
- avoid isolating pupils from mainstream opportunities

Implications

- High reliance on independent or distant provision signals a **failure of local sufficiency**.
- Specialist buildings should support outreach, shared use and reintegration wherever possible.

Principle 6: Settings as Community Infrastructure

Childcare and Educational settings are central to BCP's communities.

Design should:

- enable out-of-hours and community use
- support early help, family and therapeutic services
- provide welcoming, noninstitutional civic presence

Implications

- Colocation and shared facilities support early intervention and prevention.
- Settings should strengthen, not fragment, local service ecosystems.

Principle 7: Long Life, Loose Fit (Future-Ready Design)

Education needs changes over time. Buildings must be able to adapt.

Design should:

- allow future expansion or reconfiguration
- support changes in need profiles or designation
- minimise the need for disruptive or costly re-builds

Implications

- Flexibility is a sufficiency risk-mitigation tool.
- Investment decisions must consider long-term system value, not short-term fixes.

Principle 8: Wellbeing, Safety and Belonging

Childcare and Educational settings must feel:

- safe
- welcoming to children, families and staff
- supportive of wellbeing, mental health and dignity

Design must ensure:

- clear sightlines and passive supervision
- safe, inclusive entrances
- separation of areas without creating stigma

Principle 9: Digitally Enabled Inclusion

Settings must be designed and equipped to enable **universal, targeted and specialist use of assistive technology**.

Design should:

- Provide **connectivity, power and infrastructure** to enable assistive technology at scale
- Integrate **fixed accessibility systems** (e.g. soundfield systems, induction loops)
- Enable flexible use of **devices and specialist equipment**
- Support **accessible curriculum delivery** through digital means

Implications:

- Assistive technology is a **core inclusion tool**, not an optional add-on
- Capital investment must ensure settings are **AT-ready from day one**

Principle 10: Environmental Responsibility

BCP Council expects education buildings to:

- support climate resilience and reduction of carbon emissions
- maximise daylight, ventilation and air quality
- use outdoor space to support wellbeing and learning

Implications

- Children with SEND are disproportionately affected by poor environments.
- Environmental quality is therefore a **SEND and inclusion issue**, not only a sustainability one.

Principle 11: Evidence, Accountability and Continuous Review

The Charter supports:

- transparent decision-making
- alignment between need, capital investment and outcomes

- regular review alongside sufficiency and SEND strategies

BCP Council will monitor:

1. placement distance and delays
2. inclusion and exclusion trends
3. use of independent provision
4. parental confidence and appeals

5. Using the Charter in Practice

Through this Charter, BCP Council commits to delivering childcare and education places that are not only sufficient in number, but appropriate, inclusive and sustainable, ensuring that every child can achieve and thrive in their local community.

5.1 This Charter should be used to:

- assess proposals for new or expanded provision
- inform capital bid prioritisation
- guide redesign and adaptation of existing childcare, schools or educational settings
- provide assurance in SEND and sufficiency governance

Appendix A provides a checklist to support this use.

5.2 Responsibilities for Assistive Technology

Education Capital (Local Authority Responsibility)

Responsible for infrastructure, built-in systems and long-life assets:

- Accessibility infrastructure:
  - Soundfield systems, induction loops
  - Fixed AV with accessibility functionality
- Digital infrastructure:
  - Wi-Fi, broadband capacity, server requirements
  - Power, charging and device-ready environments
- Specialist installations:
  - Sensory rooms with integrated technology
  - Fixed AAC or eye-gaze setups where part of provision design
- Inclusion embedded in:
  - New builds
  - Expansions
  - SEND resourced provision
- Ensuring all capital schemes meet minimum accessibility specifications

Test: Is it part of the building / long-term environment / sufficiency solution

Schools and Settings (Delegated responsibility)

Responsible for **day-to-day use, teaching application and low-level technology**:

- Deployment of:

    - Classroom devices (laptops, tablets)
    - Accessibility features already available in systems
- Use of:
    - Text-to-speech, speech-to-text, dyslexia tools
    - Classroom-based apps and software
- Implementation through:
    - Quality First Teaching
    - SEN Support (graduated response)
- Maintenance and replacement of low-value equipment
- Staff training and embedding practice

Test: Is it part of teaching, learning, or day-to-day provision?

High Needs / SEND and Specialist Services

Responsible for **assessment, prescription and high-cost individual solutions**:

- Specialist assessments for AT need
- Provision of:
    - Individual AAC devices
    - Eye-gaze technology
    - Specialist access systems
- Advice on:
    - Appropriate technology use
    - Integration into EHCP provision
- Oversight of:
    - High-cost equipment
    - Loan / reuse models

Test: Is it specialist, individualised, or linked to EHCP-level need?

Other Services (Health, Social Care, Therapy)

Responsible where AT supports **health, care or communication needs beyond education**:

- Speech and language therapy input (AAC recommendations)
- Occupational therapy (physical access tech)
- Health-funded equipment where clinically required
- Integration with education where appropriate

Test: Is the primary purpose health, care, or functional independence?

Appendix A

Inclusive Settings: Place Sufficiency Design Checklist

Delivering the Right Place, at the Right Time for Every Child

- ## Right Setting, Right Place

  - Is there clear evidence that **new or expanded provision is required**, based on:
    - population and housing growth?
    - SEND demand and complexity?
    - cross-border pupil movement?
  - Does the proposal **improve local access** and reduce travel distances for children and families?
  - Is the childcare or educational setting located to serve the **community it is intended to meet**, including SEND pupils?
  - Are entrances conveniently located for children, families, staff and visitors?
  - Can the setting be safely and easily accessed:
    - on foot?
    - by bike?
    - by public transport?
  - Does the design actively **discourage reliance on private car use**?
  - Are routes to the setting safe, legible and inclusive for all users?
  - Can pavements, entrances and routes accommodate peak-time demand **without congestion or risk**?

- ## A setting to be proud of

  - Does the setting provide a **positive first impression** for children, families and the wider community?
  - Does the design respond sensitively to the **local context and character**?
  - Is the building **clearly recognisable as a childcare or educational setting** with a strong civic presence?
  - Does the design reflect the setting's **values, ethos and inclusive ambition**?
  - Are all parts of the setting —mainstream, SEND, specialist or alternative provision— designed to **an equivalent standard of quality and dignity**?

- ## Site Plan

  - Does the design make best use of site characteristics such as:

    - topography?
    - orientation?
    - views and daylight?

  - Has the historic environment been fully considered?
  - Have heritage assets been identified, conserved and, where possible, enhanced?
  - Are air-quality issues identified and appropriately mitigated, particularly for outdoor play and SEND provision?
  - Is the overall layout coherent, legible and calm?
  - Is the site clearly zoned to support:

    - teaching and learning?
    - SEND support and therapy?
    - safeguarding?
    - out-of-hours community use?

  - Have management, servicing and maintenance been considered from the outset?
  - Are service areas discreet, functional and non-detrimental to learning environments?

- ## Setting Grounds

  - Do outdoor spaces relate clearly and purposefully to the buildings?
  - Are outdoor areas safe, inclusive and accessible for children with a range of needs?
  - Are spaces provided for:
    - PE and sport?
    - informal play?
    - calm, reflective or sensory activities?
  - Do outdoor environments support learning, social interaction and wellbeing?
  - Has biodiversity, planting and connection to nature been actively considered?
  - Can grounds support shared or community use where appropriate?

5. Organisation

- Does the layout support the setting's **educational, pastoral and SEND agenda**?
- Does the design maximise natural daylight and ventilation?
- Is the setting easy to navigate for:

    - children?
    - families?
    - visitors?
    - those with additional needs?
- Are entrances clearly defined and welcoming?
- Do circulation routes:
    - minimise travel time?
    - avoid bottlenecks?
    - support calm movement?
- Are routes generous, inclusive and accessible to all?

6. Buildings

- Do new buildings work well with each other and with existing structures?
- Do they respect and respond to the historic or contextual significance of the site?
- Are buildings of **high architectural quality**, with good detailing and longevity?
- Do materials contribute positively to character and sense of place?
- Are materials robust, durable and easy to maintain over time?

7. Interiors

- Are internal spaces well-proportioned, uplifting and filled with natural light?
- Do windows and doors optimise views and connection to the outdoors?
- Have acoustics been carefully considered, especially for SEND and sensory needs?
- Are spaces well-ventilated and thermally comfortable?
- Does the design reduce glare, overheating and distraction in teaching areas?
- Will the building function effectively when **fully occupied and in daily use**?
- Are there appropriate spaces for:

    a. small-group work?
    b. therapy and intervention?
    c. regulation and calm?

8. Assistive Technology and Digital Inclusion

- Does the setting have sufficient Wi-Fi, bandwidth and power to support assistive technology?
- Are classrooms equipped to support audio enhancement and digital accessibility tools?
- Are soundfield systems or equivalent included where appropriate?
- Are induction loops or hearing support systems provided?

- Is assistive technology integrated into specialist and SEND spaces?
- Can spaces accommodate emerging technologies?
- Is there provision for mounting, storage and safe use of specialist equipment?
- Is there clarity on who provides, maintains and replaces assistive technology?
- Does the design avoid reliance on retrofitted or temporary solutions?

9. Feeling Safe

- Has appropriate crime-prevention advice been sought and incorporated?
- Does the design create safe, secure and supportive environments for pupils and staff?
- Are entrances well-lit, visible and overlooked?
- Can access and movement through the building be sensibly controlled?
- Is the reception area secure without feeling institutional?
- Do site boundaries provide security while remaining welcoming and non-intimidating?
- Are public and private areas clearly defined in a way that protects privacy without singling out or stigmatising users?
- Does the design support passive supervision and avoid hidden or dead-end spaces?

10. Long Life, Loose Fit

- Does the design provide a **variety of spaces** that support different activities and needs?
- Can the building and site adapt to:
    - changing pupil numbers?
    - changing SEND profiles?
    - future expansion or reconfiguration?
- Has flexibility been designed in to reduce future disruption and cost?

11. Environmental Resources

- Does the proposal support climate-change mitigation and resilience?
- Does the design promote energy and water efficiency and reduce carbon emissions?
- Has orientation been optimised for daylight and thermal comfort?
- Can daylight reach the depth of internal spaces?
- Has overshadowing of key outdoor areas been minimised?
- Are recycling, waste reduction and sustainable drainage provided?

Bournemouth, Christchurch and Poole
APPENDIX 3B: Inclusive Place Sufficiency Presentation

Planning and building for Inclusion

18th May 2026

LA's duties to place sufficiency

- **Secure sufficient and suitable education provision for children and young people of compulsory school age (5–16),** including arranging suitable education and alternative provision for those unable to attend school - *Statutory duties under the Education Act 1996*

- **Keep education and training provision for children and young people aged 0–25 with SEND under review,** securing the special educational provision set out in Education, Health and Care Plans in line with the SEND Code of Practice (0–25) - *Responsibilities under Part 3 of the Children and Families Act 2014:*

- **Secure sufficient, high-quality early education and childcare for working parents and eligible families** - *Statutory duties under the Childcare Act 2006, as amended by the Childcare Act 2016*

- **Be a system leader for post-16 education and training, supporting the Raising the Participation Age duty** and shaping a coherent local offer through forecasting, commissioning and partnership working. This includes particularly strong and enforceable duties for learners with SEND up to age 25.

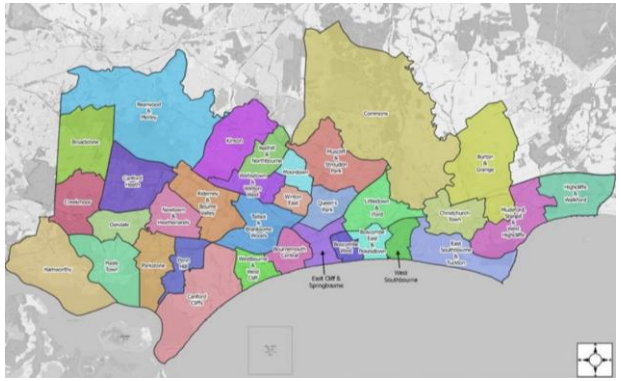
Background to Place Planning

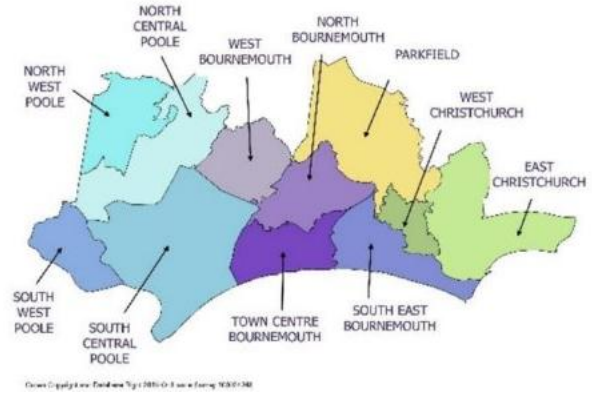
- Traditionally, the DfE and Local Authorities have separately managed:
  - Childcare and Early Years sufficiency
  - Mainstream statutory school place sufficiency, and
  - SEND and AP sufficiency

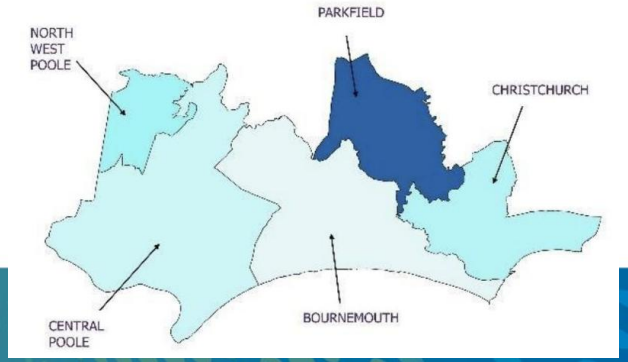
  leading to fragmentation and inefficiencies in the system.

- The DfE has only required LA's to include information on specialist places within their annual School Capacity (SCAP) report since 2023.

- Place sufficiency is planned at:
  - ward level for childcare and Early Years,
  - in primary planning areas,
  - in secondary planning areas and
  - at an area level for Specialist places.







Developing an Inclusive Place Planning system

- The Governments SEND and Inclusion reforms aim to build a more consistent, inclusive mainstream education system with a graduated approach to support.
- For this to be embedded and successful BCP must have an overview of all place need
- An inclusive system requires all children and young people's needs to be included in a single strategy, which will encompass specific plans for key areas

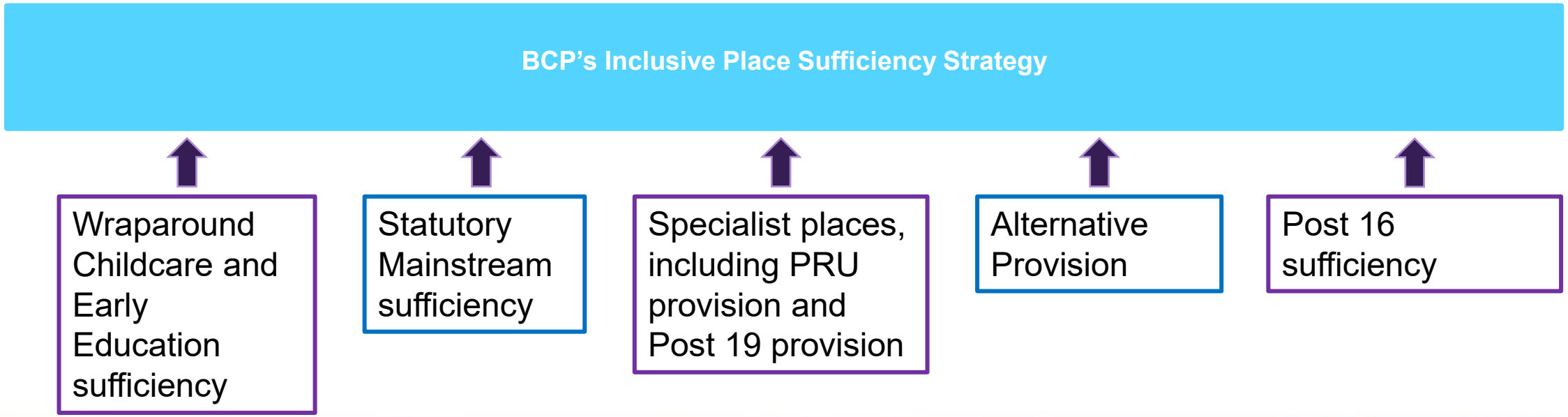
BCP's Inclusive Place Sufficiency Strategy

Building a locality based 'cradle to career' pathway model
where every child belongs

Developing an Inclusive Place Planning system

Requires:

- Data dashboard bringing together:
  - All place sufficiency needs,
  - information on the education estate, and Key partner resources
  - Experts at Hand locality models
- Governance with overview of all the LAs place sufficiency duties



Three-tiered Education Capital Programme

Three-tiered Education Capital Programme

Aligning capital investment directly to the Inclusive Place Sufficiency Strategy to support **demand management, financial recovery and sufficiency**

Tier 1 – Universal Inclusion
(Mainstream Estate Adaptation)

Strategic Aim: Embed inclusion as the default across all education settings

Investment focus:

- Adaptation to increase accessibility and flexibility
- Inclusive environments aligned with Inclusive Design Charter
- Redesign of existing spaces to enable graduated support

Capital principle

Supporting settings to identify and implement low-cost, high-impact adaptations across whole estate

Tier 2 – Targeted Inclusion
(Resource Provision / Inclusion Bases)

Strategic Aim: Expand local targeted provision within mainstream settings to meet cohorts with consistent needs, including those who have been permanently excluded or who are at risk of permanent exclusion

Investment focus:

- Expansion of inclusion bases / specialist bases across phases
- Delivery of additional specialist places within mainstream
- Development of cluster-based models aligned to “Experts at Hand”

Capital principle

Develop targeted provision in mainstream settings as the primary alternative to specialist placements

Tier 3 – Specialist Provision
(Special Schools & complex needs)

Strategic Aim: Ensure sufficient high-quality specialist provision for children whose needs cannot be met in mainstream

Investment focus:

- Expansion and reconfiguration of special schools
- Development of satellite provision and specialist post-16 provision
- Delivery of new maintained specialist school capacity (including pipeline schemes)

Capital principle

Target specialist expansion only where need cannot be met through Teir 1 or Tier 2 provision

Inclusive Design Charter

Developing an Inclusive Design Charter

Intended outcome to ensure children and young people experience safe, inclusive, well-organised sites that promote:

- **positive experiences,**
- **feelings of belonging. and**
- **increased participation**

Purpose of the Charter:

- Sets expectations for planning , design, expansion and adaptation of all education and childcare settings
- Developed through co-production (April 2026)

Key Principles:

- **Sufficiency** – Right number and type of places in the right locations
- **Inclusion** – Children (including those with SEND) can thrive locally
- **Quality** – high-quality environments for learning, wellbeing and community life
- **Sustainability** – Resilient, adaptable and future-ready provision

Inclusive Design Charter - Partnership

Clarifying partner responsibilities to strengthen joint working and **ensure resources are effectively deployed** to secure place quality and sufficiency:

- **Schools and settings:** maximise use of their capital resources, spaces and assets to deliver safe, inclusive, welcoming and well-organised environments
- **BCP Council:** deploy education capital strategically to address gaps in provision and strengthen local sufficiency

It also outlines the responsibilities towards **assistive technology**:

- **LAs Education Capital** = Responsible for infrastructure, built-in systems and long-life assets
- **Schools and Settings** = Responsible for day-to-day use, teaching applications and low-level technology
- **High Needs / SEND and Specialist Services** = Responsible for assessment, prescription and high-cost individual solutions
- **Other Services (Health, Social Care, Therapy)** = Responsible where AT supports health, care or communication needs beyond education

Inclusive Design Charter – In use

The Charter and accompanying principles checklist should be used to:

- Assess proposals for new or expanded provision
- Inform capital bid prioritisation
- Guide redesign and adaptation of existing childcare, schools or educational settings
- Provide assurance in SEND and sufficiency governance

Inclusive Design Charter – Draft Principles

1: Right Place Right Provision - Delivery of provision where evidence shows need

2: Sufficiency as a shared system responsibility - Sufficiency is a whole-system responsibility

3: Inclusion by Design - Supporting diverse needs from the outset, not through retrofit

4: Strong Mainstream capacity - Settings use their resources to strengthen whole sites inclusion and sustainability

5: Specialist and AP Provision that is Local and Integrated - Where required, it must be as local as possible, integrated with local services, and avoid isolating pupils from mainstream opportunities

6: Settings as Community Infrastructure - Enable out-of-hours and community use, support early help, family and therapeutic services, and provide welcoming, non-institutional civic presence

7: Long Life, Loose Fit (Future-Ready Design) - Allowing future expansion or reconfiguration, support changes in need profiles or designation, and minimise the need for disruptive or costly re-builds

8: Wellbeing, Safety and Belonging - Settings must feel safe and welcoming to children, families and staff, and supportive of wellbeing, mental health and dignity

9: Digitally Enabled Inclusion - Designed and equipped to enable universal, targeted and specialist use of assistive technology

10: Environmental Responsibility Sites support climate resilience and carbon reduction, maximise light and air quality, and use outdoor space to support wellbeing and learning

11: Evidence, Accountability and Continuous Review - Decisions must be transparent, aligned with need, capital investment and outcomes, and regular reviewed against strategies

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Bournemouth, Christchurch and Poole

APPENDIX 4: Experts at Hand

Bournemouth Christchurch and Poole – Our Experts at Hand Partnership Model

BCP Inclusion Support Partnership

Building belonging, growing confidence, thriving together

Contents

1. Partnership Co Production and Collaboration

Through our co production events our **children and young people** told us that having 'experts' is a good idea because it brings the right help, at the right time, into the places they feel most comfortable. They talk about valuing support that is early, consistent and built into their everyday experience, rather than something they have to wait for or access separately. They also highlight that they learn best when staff understand them, adapt learning, and understand the right tools, space and relationships.

Children and young people emphasise the importance of feeling safe, included and listened to, with adults who take time to understand their needs and respond quickly before things get harder. Access to specialists in school is seen as positive, especially when it helps staff understand them better and improves the support they receive day to day.

Our families told us that they want an "Experts at Hand" service that is accessible, consistent, and genuinely collaborative, bringing specialist expertise directly into mainstream settings while recognising parents as key partners. They value joined-up, holistic support—including links to health, social care, and the voluntary sector—alongside clear, transparent pathways and easily accessible information. Early intervention, strong support at transition points, and help with preparing for adulthood are critical. Families want experienced, well-trained practitioners who listen, build trusting relationships, and remain consistent, with flexibility to adapt support when needed. There is a clear priority on inclusive practice in schools, with well-trained staff, sufficient capacity, and a focus on understanding each child as an individual to avoid escalation.

Our practitioners want an Experts at Hand model that is preventative, person-centred, and built on trust, with the child at the heart and a focus on meeting need rather than diagnosis. They emphasise the importance of visible, consistent practitioners working alongside schools and families, creating a shared "village" approach with strong partnership and common language across education, health, and care. The service should offer joined up, easily accessible support through a coordinated hub or single front door, bringing together a wide range of expertise and enabling early, flexible intervention without reliance on formal diagnosis. Practitioners also highlight the need for system-wide consistency in inclusive practice, strong workforce development, and sufficient capacity, alongside effective use of shared data and clear pathways. Overall, they want a service that builds local capability, empowers schools and families, and delivers timely, collaborative support that reduces escalation and improves outcomes.

Overall, the message is clear: support is most effective when it is joined-up, responsive, flexible and grounded in strong human relationships, ensuring every child and young person succeeds, belongs and feels confident in their journey. **This shared vision is the golden thread running through our Experts at Hand partnership model.**

1. The BCP Inclusion Support Partnership Model

Our model is a place-based, early intervention approach rooted in our commitment in BCP to inclusive, thriving communities. We want to work alongside schools and settings at the earliest stage, strengthening inclusive practice through our Graduated Approach (www.bcp-gati.com) so children and young people with SEND are identified early, supported quickly, and enabled to succeed.

At its heart, our model is about building confidence and capability within our settings & schools, ensuring needs are met where children are, when they arise. By doing this, we reduce escalation, lessen reliance on statutory services, and create a more responsive, sustainable system that works for families, settings, and partners across BCP. To get this right, we must have a deep and nuanced understanding of our schools and communities, recognising the diversity of need, background and experience across BCP. For example, we know that our local area is becoming more ethnically diverse, with around 18% (70,600) of residents from an ethnic minority background. This diversity is even greater among younger people; 27% (14,600) of pupils in BCP schools (2023/24) identify as non-White British. SEND prevalence is highest amongst pupils from White and Black Caribbean, Gypsy Roma, White British and White Irish ethnic groups. This is an important consideration when developing our model and ensuring its success.

As a partnership we want to build long-term capability within schools, not dependency.

- Focus on “working alongside” staff
- Strengthening confidence and skills in meeting diverse needs
- Embedding sustainable, whole-school approaches

The BCP *Experts at Hand* offer has been developed through a strong co-production approach, ensuring that the voices of practitioners, children and young people, parents and carers, and multi-agency partners are central to its design and delivery. This collaborative process enables the offer to be responsive, relevant, and grounded in lived experience and frontline practice.

Central to this approach is a strong emphasis on building the skills, confidence and capacity of those who work most closely with children and young people, rather than delivering support directly to individuals. Through coaching, training, modelling and consultation, expertise is shared in a way that empowers practitioners within schools and settings to better understand and meet need as part of their everyday practice. This creates a sustainable

model of support, where knowledge is embedded, staff feel equipped and confident, and positive impact extends beyond individual cases to benefit whole cohorts over time.

At its core, the model strengthens early help through a quick-response function, providing timely access to expertise that prevents escalation and wraps around settings to support children and young people at the earliest point of need. It operates across both universal and targeted levels, ensuring that support is accessible to all while also prioritising those with emerging or complex needs.

The offer is underpinned by structured working groups and delivered by multi-agency practitioners, bringing together a breadth of expertise across education, health, and wider services. This integrated approach enhances consistency, builds confidence in settings, and ensures that schools and practitioners can access specialist advice without delay.

The design is informed by needs-based data, including insights and intrinsic links to CAMHS and MHST, ensuring alignment with local mental health and wellbeing priorities. By adopting a needs-led and equity-focused approach, the model prioritises fair access to support and addresses variations in need across different communities and settings. Included in this model will be two Advanced SALT Practitioners who will work across the ICB Cluster to provide clinical oversight, support consistent practice and ensure quality of delivery.

Importantly, our Experts at Hand extends expertise across schools and wider settings, building capacity within the system rather than creating dependency. This supports a sustainable model of inclusion and early intervention, empowering practitioners to respond effectively while ensuring that young people receive the right support, at the right time, in the right place.

EAH Ask	How this will be delivered
Delivered by a multidisciplinary team with specialist expertise	'Expert' representation across Education, Health and Care, including secondments from schools and settings, and co delivery of support from children and young people (CYP) and their families. This reflects a genuinely collaborative partnership, recognising and valuing expertise from across services, settings and lived experience to support shared decision-making and improved outcomes.

Accessible through a clear, consistent request pathway	One point of contact for SENCos and school leaders through the Inclusion lead team model across clusters. One digital platform for referrals featured on www.bcp-gati.com with one triage approach for 'expert' allocation linked through to a clear monitoring and evaluation system.
Responsive, school-based support with defined timescales	We will ensure responsive, school-based support through a clear and accessible model that prioritises timely intervention. A swift 'soft triage' process will enable needs to be identified and addressed within defined timescales. Each setting will have a consistent point of contact who knows their context and can provide tailored support. Requests for help will be simple and accessible, underpinned by a proactive approach so that support is offered without schools needing to formally request it, ensuring timely, informed, and effective responses.
Close partnership with SENCOs, senior leaders and class teachers	**Grow our own 'experts':** SEND Lead Practitioners from settings and schools will be seconded across clusters to enhance the offer and support development of universal support. The secondments will be for two days per week to ensure we retain expertise in our settings and can alternate across the academic years to continue to grow a wider group of inclusion lead practitioners. In addition, we will strategically review themes and needs across the cluster, drawing on a range of data, professional dialogue, and school-level insight, to identify both common priorities and emerging challenges. This will ensure that cohesive, evidence-informed whole-cluster support, training, and guidance are systematically planned, appropriately targeted, and effectively implemented to strengthen inclusive practice and improve outcomes for all learners.

The foundation of the delivery model is rooted in the BCP Graduated Approach to Inclusion (GATI), accessible via **www.bcp-gati.com**. This platform provides a comprehensive baseline of support, guidance, live examples, case studies, and a clearly defined Ordinarily Available Provision (OAP) framework. It ensures that all partitioners have a shared understanding of expectations and access to consistent, high-quality resources to inform inclusive practice.

All schools and settings are expected to engage proactively with this framework, working diligently to develop and evidence a robust and effective ordinarily available offer. Establishing this strong baseline is essential to ensure consistency, accountability, and high standards of inclusion across BCP. This solid foundation enables the delivery team to build and strengthen the wider Expertise at Hand (EAH) model, ensuring universal, targeted and targeted+ support is layered effectively on top of a secure, embedded everyday provision.

The BCP Experts at Hand delivery model is designed to provide a coherent, equitable, and high-impact system of support across all schools and settings. Our model focuses on cluster level, whole schools and group level delivery.

The core team will be led by a Team Lead for BCP Inclusion Leads, supported by five Inclusion Leads. Each Inclusion Lead will cover two of the 10 clusters across BCP. Early Years Area SENCos will be linked to clusters in line with their geographical scope, ensuring alignment between early years settings and school-age provision to support effective transition. There will also be Post 16/FE allocation to the Inclusion Team Lead, who will work closely with the Education Effectiveness lead for pathway planning to ensure support is secured in this space. This structure ensures consistent coverage, clear accountability, and strong locality-based relationships from 0-25.

Inclusion Lead Role Approach - Inclusion Leads will primarily operate at whole cluster level to identify trends, analyse emerging themes, and respond strategically to areas of need. They will provide targeted training support, high-quality guidance, and practical strategies, with a clear focus on strengthening teaching and learning, developing an inclusive curriculum, and building system-wide inclusive leadership. They will ensure that best practice is shared effectively across schools, drawing on successful case studies to promote evidence-based approaches and consistently improve inclusive classroom practice. Through this work, Inclusion Leads will support leaders and practitioners to embed inclusive pedagogy, adapt curriculum design to meet diverse needs, and develop strong, sustainable leadership of inclusion across the system.

At an individual school level, Inclusion Leads will offer more focused support through whole-school inclusion audits, tailored training, and ongoing coaching for SENCos and senior leaders. They will play a key role in building leadership capacity for inclusion, supporting schools to develop and implement robust, sustainable SEND and inclusion strategies. This will include designing and mapping a comprehensive CPD programme that reflects both cluster-wide priorities and individual school needs, ultimately driving consistent, high-quality inclusive practice across all settings.

Within each cluster, the Inclusion Lead will be complemented by two seconded school leaders with strengths based upon the distribution of phase within the cluster, creating a skilled and practice-informed network of 10 secondees across the system. This combination of system leadership and current setting and school-based expertise strengthens relevance, credibility, and practical application in day-to-day educational contexts. We aim to extend this further by adding lead practitioners from both Early Years and Post 16/FE and the Best Start Inclusion Practitioners as the model progresses.

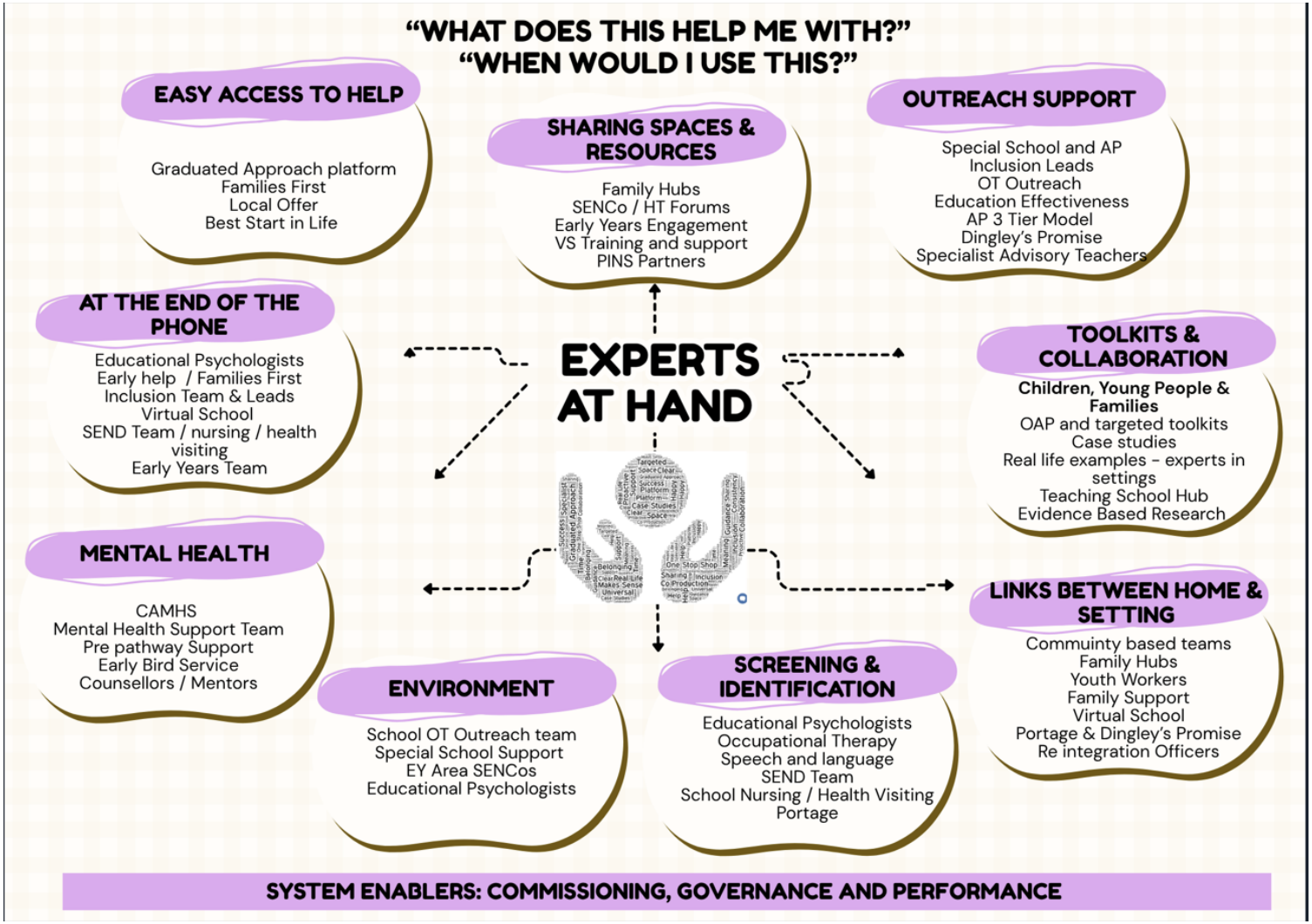
Each cluster is further enhanced by the dedicated involvement of one Educational Psychologist, Occupational Therapy and a Speech and Language Therapist, ensuring access to specialist knowledge that supports both universal and targeted provision. This multidisciplinary approach enables early identification, effective intervention, and the development of inclusive practices across settings. There will be a structured programme of training for identified experts to ensure a consistent approach, build professional strength, and support effective collaboration. This programme will focus on developing shared understanding, enhancing expertise, and fostering a cohesive network of professionals who can work together confidently and consistently to deliver high-quality outcomes.

Oversight and strategic direction are strengthened through increase to Senior EP time, and a Team Manager for Inclusion Leads, who is responsible for scrutinising data, drawing on local intelligence from partners, and applying a robust RAG-rating system across schools. Health leaders will have a key role in this scrutiny, and the Advanced SALT Practitioner will ensure alignment with health level data, whilst also improving cross boundary working and championing the link across local authorities. This ensures that resources are deployed equitably, areas of need are prioritised, and the reach and impact of the model are continuously monitored and refined.

Importantly, every school benefits from a single, consistent point of contact through their Inclusion Lead, supported by a wider “team around the school” that brings together education, health, and local authority expertise. This model also includes out-of-area mainstream and further education settings within its allocation, ensuring comprehensive system coverage.

By bringing together all partners, the model creates a rich, collaborative network of expertise. This integrated approach not only enhances capacity within schools but also ensures that children and young people receive timely, inclusive, and high-quality support making Experts at Hand a strong, sustainable, and forward-thinking model for inclusive education.

2. Our Support Eco System



3. Visual Delivery Model

Area of Need	Universal Offer	Targeted Offer	Expert(s) at Hand
Communication and Interaction 	Guidance, support and coaching: • Promoting the use of clear, consistent language and instructions across all staff • Embedding visual supports such as timetables, symbols or now/next boards into everyday practice • Developing structured routines and predictable classroom environments that support understanding and reduce anxiety • Supporting teachers to create rich opportunities for talk, interaction and language development within lessons • *Audit of the sensory environment* across classrooms and communal spaces (e.g. lighting, acoustics, visual clutter), with practical recommendations to create more inclusive, low-arousal learning environments.	• Guidance on delivering small group language and social communication interventions • Support to implement adapted teaching approaches, including chunking, repetition and modelling • Advice and modelling of effective adult support to scaffold pupil interactions • Development of individual communication strategies, such as visual supports, structured scripts and personalised approaches • group-based sensory regulation programmes (e.g. movement breaks, sensory circuits), alongside training for staff on how to embed strategies into daily routines.	BCP Council Inclusion Leads SEND Lead Practitioners (school leaders) – Universal Special School and Alternative Provision Outreach Team Early Years Area SENCos Speech and Language Therapists Educational Psychology Schools Occupational Therapy Sensory Outreach Service | BCP GATI NHS Occupational Therapy Team The Balanced System
Cognition and Learning	• Promoting quality first teaching with effective scaffolding, enabling all pupils to access learning	• Guidance on delivering small group and 1:1 intervention focused on developing specific skills	BCP Council Inclusion Leads SEND Lead Practitioners (school leaders) – Universal

	• Supporting the use of clear instructions, modelling and worked examples to build understanding and independence • Embedding opportunities for overlearning and repetition to consolidate key skills and knowledge • Developing adaptive teaching approaches to meet the diverse needs of learners within the classroom	• Support with pre-teaching and overlearning of key concepts to build confidence and understanding • Advice on additional scaffolding and adapted resources to enable pupils to access the curriculum more effectively • Development of individual targets and focused support plans to guide teaching and monitor progress	Educational Psychology Special School and Alternative Provision Outreach Team
Social, Emotional, Mental Health (SEMH) 	• Promoting positive, relational approaches to behaviour, rooted in strong adult–pupil relationships • Supporting the development of clear expectations and consistent responses across all staff • Embedding emotional literacy within the curriculum to help pupils understand and express their feelings • Creating safe, calm environments and predictable routines that promote a sense of security and readiness to learn • *Audit of the sensory environment* across classrooms and communal spaces	• Guidance on delivering small group interventions, including social skills and emotional regulation programmes • Support to implement check-in/check-out systems and key adult approaches to strengthen relationships and daily support • Development of individual behaviour and regulation plans tailored to pupil needs • Advice on flexible, responsive approaches to support engagement and participation in learning	Early Years Inclusion Leads Special School and Alternative Provision Outreach offer Mental Health Support Team Educational Psychology CAMHS Virtual School Family Hubs Attendance and Inclusion Service
Sensory and Physical	• Guidance on developing calm, well-organised environments, including the effective management of noise,	• Development of individual sensory strategies and	Specialist Teachers

	lighting and space to support sensory regulation and accessibility • Support to embed regular movement opportunities and brain breaks throughout the day to promote regulation, attention and wellbeing • Advice on flexible classroom approaches, including seating, positioning and layout, to ensure all pupils can access learning comfortably and effectively including the use of assistive technology • Building whole-staff awareness of sensory regulation, including understanding and responding to the needs of pupils with sensory impairments We place a strong emphasis on inclusive practice for pupils who are deaf or visually impaired, supporting schools to: • Optimise acoustic environments and communication approaches for deaf learners • Ensure clear visual access, appropriate positioning and use of resources for blind or visually impaired pupils • Promote inclusive classroom routines and staff awareness so that sensory differences are anticipated and supported as part of everyday practice	personalised support plans tailored to each pupil's needs • Advice on and access to specific resources (e.g. fiddle tools, seating supports, sensory equipment) and including assistive technology, to aid regulation and engagement • Guidance on implementing timetabled movement or sensory breaks as part of structured daily routines • Support to make targeted adaptations to the environment to reduce barriers and optimise access for individual pupils	Special School and Alternative Provision Outreach Team Physiotherapy Service School Nursing Portage NHS Occupational Therapy Health Visiting SEND Sufficiency Team (Accessibility) Schools Occupational Therapy Sensory Outreach Service | BCP GATI

Collaboration and communication with families & young people 	• Expert Advice and Guidance – Practical, timely support to strengthen inclusive practice. • Family Partnership Support – Help to communicate and co-produce effectively with families. • PINS partner programme – Support aligned with the Partnership for Inclusion of Neurodiversity in Schools. • Lived Experience Training – Sessions co-delivered by parent/carers to build understanding and empathy. • Capacity Building – Developing staff confidence and sustainable inclusive practice. • Quick Wins for Teachers – Practical, low-effort inclusive strategies.	Advice and guidance to support improved communication and collaboration • Mediation training support for schools and settings at the targeted level • Autism Awareness (Reality Bus) – Experiential understanding of autism. • Environmental & Sensory Support – Audits and wellbeing strategies. • School Collaboration Networks – Shared learning and joint problem-solving. • Parent–School Partnership Support – Strengthening co-production with families. • Tailored Support Offer – Flexible packages to meet school needs.	Parent / carer guidance Family resource packs Participation team Children and young people Family Support Team and Early Help Family Hubs Youth service

5. Aligning with the Targeted Funding Cluster Model

Experts at Hand (EAH) delivers rapid, specialist support to strengthen practice, while the new Cluster Funding approach provides flexible resources to meet identified needs; together, they form a cohesive, needs-led system where expert insight informs funding decisions and supports sustainable, long-term capacity building.

Element of Alignment	How
Integrated Cluster Model	Align both models to the same cluster structure. Inclusion Leads act as the bridge between: • EAH support (practice) • Cluster funding decisions

Graduated Approach Pathway	**Universal Support**
	• Access to one point of contact and cluster level support
	• Soft triage and requests for help
	• Main offer: Inclusion leads and School/Setting practitioners
	• Coaching, modelling, problem-solving
	Targeted Support linked to cluster funding
	• Funding for:
	  ○ Individual pupils
	  ○ Groups
	  ○ Whole school / cluster wide projects

Single 'Request for Help' pathway	• One digital platform on the Graduated Approach and triage process for EAH • Cluster level monitoring and evaluation to assess impact of EAH, identify key themes and areas for improvement

	• Link EAH cluster level work with the targeted funding • Cluster level decisions to enhance and support EAH work
Cluster Meetings as the Integration	Cluster meetings become the point where: • Cases are discussed (solution-focused) • EAH insights are shared • Best practice is transferred
Funding linked to strong inclusive practice	Funding requests must demonstrate: • Engagement with Graduated Approach / Ordinarily Available Provision • Evidence of EAH involvement where needed

6. Requests for Help

Access to Experts at Hand should be driven by identified need rather than a traditional referral process, ensuring that support is timely, responsive and proportionate. By removing unnecessary thresholds and bureaucracy, practitioners can engage with expertise as soon as challenges emerge, enabling earlier intervention and preventing escalation. This needs-led approach promotes professional agency, supports a culture of collaboration, and ensures children and young people receive the right support at the right time without delay.

This is underpinned by cluster team approach with practitioners who know their schools and settings in depth. Through strong relationships and a human, relational approach, support is proactive as well as responsive — with expertise offered, based on data and contextual analysis, not just requested — building confidence and trust over time.

A simple online digital solution provides a structured pathway for settings and schools to access support. Each setting has a designated point of contact who works with services to discuss concerns, support light-touch triage, and agree appropriate next steps. Our offer and model will be published as a structured support menu on our local offer and BCP Graduated Approach platform.

Where additional support is required, a “Request for Help” can be submitted either alongside the point of contact or independently. The form captures key information, including:

- Details of the universal and whole school offer already in place
- Evidence of ongoing concerns and areas of need
- The type of support being requested

A clear closing the loop approach underpins our model, ensuring that support begins with a shared understanding of need, followed by purposeful, tailored intervention, and a robust evaluation process. Impact is captured through both qualitative feedback (from practitioners, children, young people and families) and quantitative measures, enabling services and settings to evidence progress, refine practice, and inform future support. This cyclical process of assess, deliver, review and record strengthens accountability, builds learning over time, and ensures that support remains responsive and effective. This approach to evaluation will feed through to the termly cluster reporting to consistently recognise and support the wider themes.

Keeping the request form simple and effective

- Mostly tick boxes + very short answers
- Drop-down menus instead of long writing
- Auto-fill from previous submissions where possible
- “Guidance tips” next to each section (e.g. examples of good responses)
- Smart prompts based on earlier answers (e.g. attendance triggers EBSNA support options)

Impact of quick fill form

- Speeds up completion (5–10 minutes max)

- Improves consistency and quality of information
- Supports light-touch triage at submission point
- Reduces unnecessary escalation by prompting reflection
- Allows central triage to quickly match need to the identified support level

All submissions are directed to a triage service, where they are reviewed weekly to enable rapid allocation of support. This ensures the most appropriate level and type of support is identified, providing a coordinated and timely response.

The Request for Help process is designed to be supportive and not a burden for settings and schools. It is intentionally framed as a request rather than a referral, promoting collaboration and early help. The process aims to act as a practical, user-friendly tool that helps settings clearly communicate needs and access the right support at the right time.

Avoiding Bottleneck of requests

To prevent bottlenecks, we will move from fully centralised decision-making to a more distributed model, supported by clear guidance and strong escalation pathways by taking the following steps:

1	**Introduce Light-Touch Triage** At the point of contact, implement a quick 15-minute triage: What is happening, what can be done immediately, what level of support is needed?
2	**Strengthen Points of Contact** Equip Inclusion Leads and EY Area SENCos with: Clear role expectations and authority to act at an early stage
3	**Standardise Decision-Making** Provide a clear decision-making framework and guidance on when to escalate vs manage internally
4	**Enable 'Consult Before Submit'** Offer quick-access informal advice routes (Teams, hotline, drop-ins) to resolve issues early and reduce formal requests.

5	**Build Peer Support Networks** Set up regular case discussions and learning sessions to: Improve consistency, increase confidence and reduce inappropriate referrals
6	**Improve Quality of Requests** Introduce smart request forms, examples of strong submissions and pre-filled insights from triage
7	**Use Data to Predict Pressure Points** Track and review volume and trends in requests, geographic and locality patterns and types of need and seasonal spikes
8	**Implement a Tiered Response Model** Ensure support is proportionate: Universal: signposting and guidance, Targeted: focused support, Specialist: expert intervention

7. Allocation based on data and contextual information

Our data tracking approach is designed to ensure that the deployment of expertise is strategic, equitable, and impact driven. By bringing together multiple data sources, we aim to shift deployment from a reactive model to a preventative one, enabling earlier intervention where need is emerging.

This ensures that resources are allocated fairly, rather than being driven solely by levels of demand or those most able to request support. Through careful analysis, expertise can be targeted to where it will deliver the greatest system-wide benefit, while also building local capacity within settings. Over time, this strengthens inclusive practice and reduces reliance on specialist intervention, creating a more sustainable and resilient system.
We will strategically triangulate using the data sources detailed in the table below to answer three key questions:

1. Where is our help needed the most?
2. Where is the system under pressure?
3. Where will EAH have the greatest impact?

Data Type	What will we track	How it will be used
Demand Data	• Volume of EAH requests • Time from request for help to receiving support (timeliness)	Demand data will identify where schools and services are actively seeking support and where bottlenecks are emerging. High volumes of requests or delays in response times will signal pressure points in the system. This allows for short-term reallocation of experts to manage immediate demand and prevent escalation of need.
Pupil level need data	• Levels of EHC needs assessment requests	This data provides insight into underlying and emerging need at pupil level. Rising EHCNA requests may indicate unmet need earlier in the system. Experts can be deployed upstream into these settings to strengthen early intervention, reduce escalation, and build school capacity before statutory processes are required.
Education Data	Indicators of lost learning: • Attendance and persistent absence (including EBSNA) • Exclusion • Levels of off-site direction • Movement to EHE • Requests for alternative provision • Use of part time timetables	Education indicators reflect how well needs are being met in practice. Patterns of absence, EBSNA, and exclusions highlight cohorts or settings where inclusion may not yet be effective. Experts can be targeted to these schools or groups to support inclusive practice, reduce exclusions, and improve engagement.
Health data	• Speech & Language and Occupational Therapy caseloads • Balanced System Scorecard	Health caseload data highlights demand on specialist services and potential waiting pressures. Where caseloads are high, EAH experts can complement or

	• CAMHS • Mental Health Support Teams	extend provision through indirect support (e.g. staff training, environmental adaptations), helping to maximise impact without duplicating specialist roles.
Capacity Data	• RAG ratings from inclusion audits	Capacity data provides a view of how well settings are equipped to meet needs independently. • **Red settings**: prioritised for intensive, sustained expert involvement • **Amber settings**: targeted support to prevent decline • **Green settings**: lighter-touch or system leadership roles (e.g. peer support, modelling practice) This ensures resources are distributed proportionately and builds long-term system resilience.
Contextual and equity data	• Levels of deprivation and contextual vulnerability	This ensures allocation is equitable rather than purely reactive. Areas of higher deprivation may experience greater complexity of need and reduced capacity to respond. Experts will be proactively deployed to these areas to reduce inequalities and prevent widening gaps in outcomes.
Outcomes Data	• Increased pupil engagement • Reduction in parental requests for EHCNAs • Improved attendance	Outcomes data closes the loop by evaluating whether deployment decisions are having the intended impact. It will inform ongoing refinement of the model, identifying which types of intervention, in which contexts, lead to the

	• Reduced school moves / placement instability	best outcomes, so that future allocation becomes increasingly precise and evidence based.

8. Governance and monitoring

The Experts at Hand governance structure is designed to provide a clear, multi-layered framework that ensures accountability, strategic oversight, and continuous improvement across the system. Rooted in a strong foundation of Ordinarily Available Provision (OAP), the model is monitored at cluster level through regular data-informed review and evaluation, led by Inclusion Leads and supported by practitioners and secondees. Insights from this work are captured through termly and highlight reporting, which provide a coherent picture of impact, emerging trends, and areas for development.

Governance at school cluster level is essential within the Experts at Hand model because it provides clear strategic direction, accountability, and coherence across multiple settings working together to support inclusive practice. By establishing shared expectations, decision-making processes, and quality assurance mechanisms, governance ensures that expertise is effectively mobilised and consistently applied across the cluster, rather than remaining isolated within individual settings/schools. Strong governance also enables efficient use of resources, coordinated professional development, and informed evaluation of impact, which are all critical to improving outcomes for children and young people with SEND.

Strong cluster reports will be scrutinised by the Inclusion Steering Group, before feeding into the SEND and AP System Leadership Board for strategic oversight with a link to joint commissioning to inform partnership-wide decision-making. Under the leadership of the Senior Responsible Officer, this end-to-end governance approach ensures that the Experts at Hand model remains equitable, responsive, and aligned with wider system priorities, with the voices of children, young people, and families embedded throughout.

Outcome measures within the *Experts at Hand* model will align with the emerging A Pupil Engagement Framework that recognises all young people - Academy21, supporting a consistent and inclusive understanding of how all young people experience education. In line with the White Paper expectations, the model will prioritise monitoring key indicators such as pupils' sense of belonging, feelings of safety, quality of relationships with peers and staff, access to inclusive and accessible learning, and levels of motivation and value placed on school. These measures will be explicitly linked to BCP's broader outcomes framework, ensuring that engagement data strengthens the evaluation of inclusion, wellbeing, and participation across the system. Although the national framework is not due for implementation until 2029 and is not yet reflected in current DfE reform guidance, its early

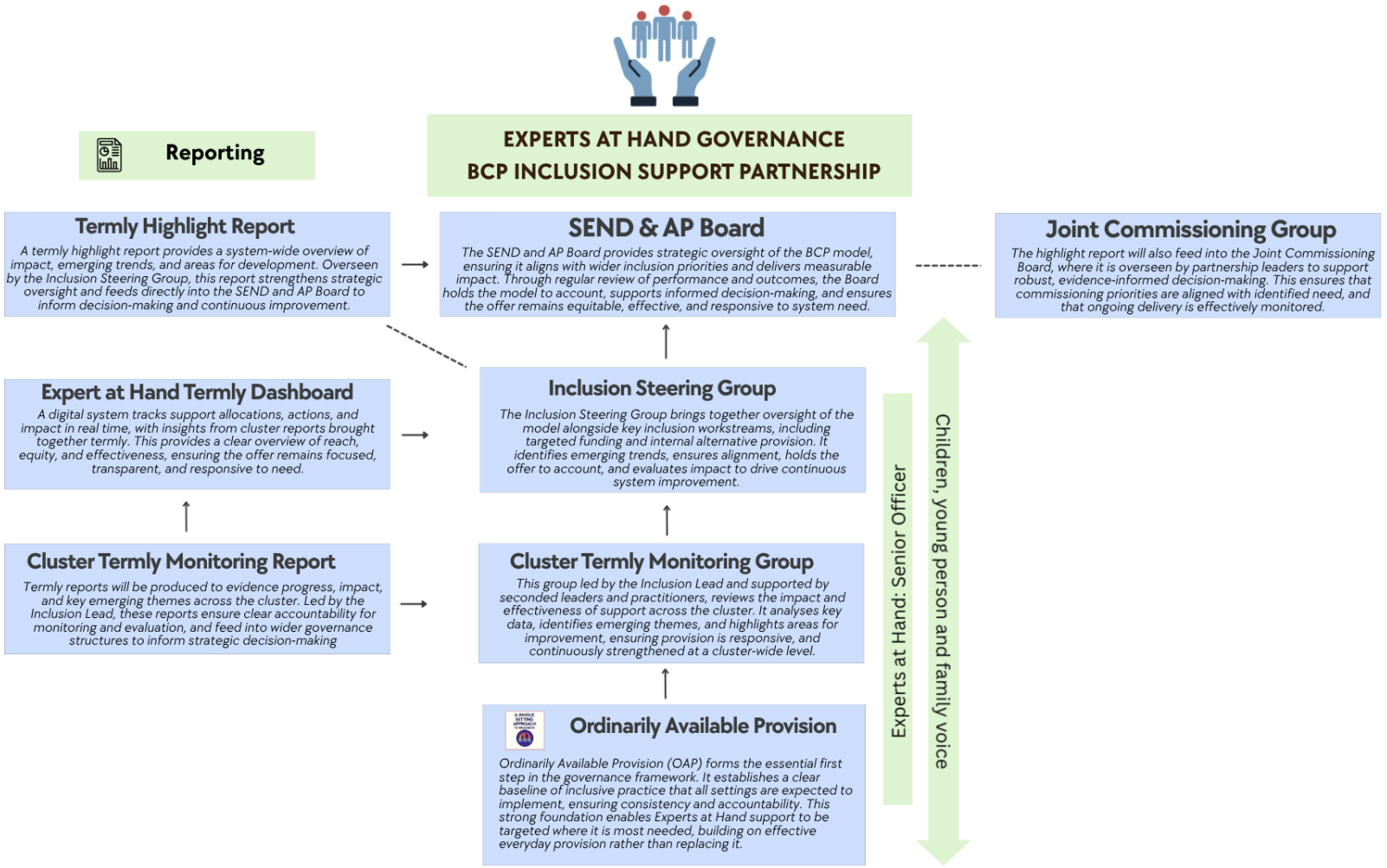
adoption within the model enables proactive alignment with future expectations and supports a more responsive, needs-led approach to delivering improved outcomes.

Partnership wide communication and collaboration

Regular updates will be shared through Headteacher briefings, SENCo forums, and all phase education bulletins to ensure transparency, engagement, and effective communication across the system. Alongside this, we will actively communicate the development and growth of the Experts at Hand model by systematically gathering insight and feedback from practitioners, children and young people (CYP), and families. This ongoing dialogue will enable us to remain responsive and continually refine the offer to meet emerging needs. Monitoring processes will not only track impact but will also be used to celebrate the successes of our schools and settings, showcase innovation, and highlight effective inclusive practice. By sharing these examples widely, we will promote best practice and foster a collaborative, reflective community across the whole of BCP, where learning is shared, expertise is valued, and continuous improvement is embedded.

We will actively engage schools and settings in showcasing the impact of the *Experts at Hand* model through a range of collaborative forums, live practice examples, and the sharing of lived experiences and case studies. This will include opportunities for practitioners to present real-time implementation in action, highlight inclusive strategies, and reflect on outcomes for children and young people. Capturing authentic voices. from staff, pupils, and families, will be central to demonstrating the practical difference the model makes. This approach not only builds shared understanding and confidence across the system but also supports peer-led learning, strengthens professional networks, and promotes consistent, evidence-informed practice. By making the work visible and relatable, we create momentum for wider adoption and ensure that improvement is grounded in what works in real contexts.

Governance and Monitoring Visual



9. 3-year plan to build EAH Team

Year	Teams / Service to be live
YEAR 1	• Inclusion lead Team manager and 5 additional team members • 10 Seconded educational setting leaders (Director of Inclusion, Head Teacher, SENCo) • Expansion of Special School and AP Outreach • Parent Carers Together capacity to implement universal and targeted support offer • Allocation of current Educational Psychology capacity with expansion of Educational Psychologists and Assistant Educational Psychologists • Allocation for SALT per cluster to support at universal and targeted level • Links across existing services to secure reach and equity: BCP Council Schools Occupational Therapy Outreach Service, Early Years Area SENCos, Mental Health in Schools Team and CAMHS • Digital platform to support requests for help, monitoring and evaluation • Governance and monitoring processes • Administrative support • Trial in one cluster to evaluate model and secure final architecture
YEAR 2	• Expansion for Educational Psychology • Joint commissioning with ICB
YEAR 3	• Full BCP Experts at Hand model in place

10. Strengthened Staffing

We will make investment in expanding our staffing structure to ensure a strong, coordinated and high-quality offer across all clusters. This includes the addition of an Educational Psychologists, Assistant Educational Psychologists, Occupational Therapists, Inclusion Leads, School/Setting Secondments, and enhanced High-Level Administrative capacity.

This breadth of expertise ensures that each cluster is fully supported by a multidisciplinary team, bringing together specialist knowledge, frontline practice and strategic oversight. The inclusion of seconded school and setting staff strengthens the connection to practice, while increased administrative capacity ensures efficient coordination and responsiveness. With clear leadership and oversight now firmly in place, this enhanced staffing model positions us strongly to deliver an integrated, efficient and impactful service—ensuring consistent support, improved collaboration and the capacity for all partners to thrive together

Year 1 Costs

Staff Title	Number of Additional Colleagues (FTE)	Funding per staff member with oncosts	Total Year 1
Staffing (Total Cost: £1,967,069) 80%			
EAH Lead	1	£156,000	£156,000
Senior Educational Psychologist	2	£91,321	£182,642
Educational Psychologist	5	£88,575	£442,875
Assistant Educational Psychologist	5	£54,000	£157,000
Occupational Therapist	4	£63,000	£147,000
Occupational Therapist Assistant	1	£35,412	£20,657
Inclusion Lead (Specialist Teachers)	5	£72,000	£360,000
Inclusion Lead Team Manager	1	£75,000	£43,750
School/Setting Secondment Specialist Teachers	10 secondments	£58,500 pa	£316,875

Speech and Language Advanced Practitioner Contribution	Contribution across the cluster	£34000	£5220
Speech and Language Therapists	5	£54,020	£135,050
Administration (Total Cost: £248,250) 10%			
Cluster Co Ordinator	5	£39,000	£113,750
Data Analysis Lead	1	£75,000	£37,500
Data Forecasting	Staff Time	£55,000	£97,000
Transformation (Total Cost: £250,200) 10%			
SEND Reform Project Manager	1	£156,000	£156,000
Joint Commissioning Lead	0.7	£59,800	£29,900
Digital Tools and Dashboard	Staff Time	£20,000	£30,000
Finance Analysis Module	Software	£17,000	£17,000
Finance Adviser Support	Staff Time	£5,000	£5,000
Communications and Web Design	Staff Time	£20,000	£10,000
Co Production Activity	Staff Time	£2300	£2300
		TOTAL	**£2,465,519**

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Bournemouth, Christchurch and Poole
APPENDIX 5: Co-Production

BCP Council

PARENT CARERS TOGETHER
Bournemouth Christchurch Poole

NHS
Dorset

Co-Production of our Local SEND Reform Plan

In BCP we are committed to working together in partnership to shape our plans

At every stage of our preparing our Local SEND Reform Plans we have worked in partnership and through co-production to ensure that our plans are reflective of the needs of our local population and are founded in an accurate and robust understanding of our partnership strengths and areas for further development.

Completion of the Local Partnership Maturity Assessment Tool

Our approach to completion of the tool was robust, thoughtful and honest. The partnership chose to complete the tool early when it was still optional, recognising the value it would add for our partnership's leadership.

We triangulated data, drawing on the outcome of our Local Area SEND Inspection in November 2025; the results of our SEND Survey also in November 2025, which sought the views of parents, carers and children and young people; our SEND Self-Evaluation Framework from November 2025 and our SEND and Alternative Provision Improvement Plan.

This evidence was then reviewed through a SEND Summit Workshop including representation from Parent Carers Together, Health, Education, Social Care, Commissioning and the DfE, where assessment gradings were allocated.

This was then reviewed, including moderation of gradings to ensure consensus, and final formal sign-off was given by the SEND and Alternative Provision System Leadership Group, which has full partnership leadership representation.

Before we started to write our SEND Reform Plan, we worked across our partnership through a series of co-production workshops and events so we could build it collaboratively from the ground up.

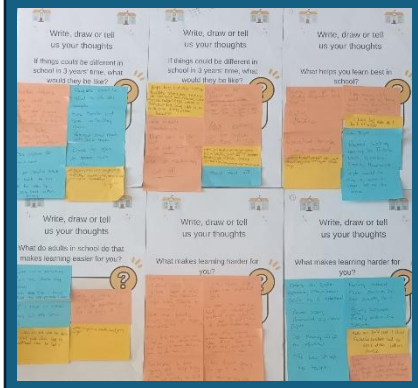
We held 6 sessions with children and young people with SEND in their schools
We had written feedback from students at Bournemouth and Poole College and care experienced young people

Parent Carers Together worked with us and ran two sessions for parents and carers, one in person and one online in the evening

"We want schools to be accepting, welcoming and supporting so that everyone has the same experience in every school."

We held 3 multi-agency practitioner sessions that brought together 130 practitioners from schools, nurseries, colleges, speech and language therapy, occupational therapy, educational psychology, social care, commissioning, place planning and early help.

We listened carefully, and people were really clear about what they wanted.



Children and Young people told us

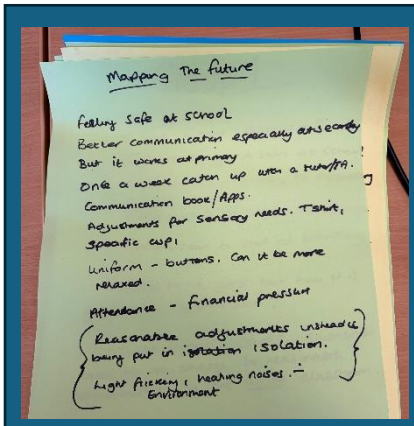
“We want schools to be accepting, welcoming and supporting"

“All schools will be better for people with different needs and disabilities"

"More fun, less sitting still."

“Bring in outside resources that the school doesn’t have”

“More sensory / breakout spaces for those with additional needs”



Parents and Carers told us

We want children to feel safe and thriving, included and understood

We want support that is flexible and based on need

We want good and transparent communication

We want reasonable adjustments including for sensory needs

Practitioners from across education, health and social care told us

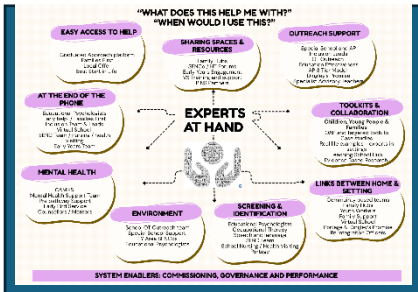
Children and young people should be at the heart

More children should be genuinely included in mainstream education

School environments will be more flexible and adaptive to pupils’ different needs

No wrong door approach – right support at the right time

Early support for parents and practitioners



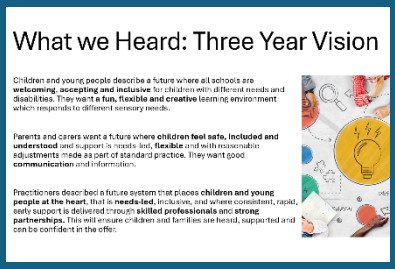
We held 13 workshops with a wide range of practitioners from across education, health and social care, as well as representatives from Parent Carers Together. These shaped initial high-level ideas to share in co-production sessions, then took findings from co-production findings and shaped them into the foundations of our plan

Workshops were structured to cover the core minimum requirements for SEND Reform with a focus on key areas of the plan including Experts at Hand, Co-production, Effective Practice, Partnerships, mediation, early years and post-16.

We held a Local Area Partnership Senior Leader co-production session which brought together all our findings at a strategic level. This session included Parent Carers Together, and school and political representation, as well as our DfE Regional Advisor.

Leaders heard the voices of children and young people, parents and carers and multi-agency practitioners and provided check and challenge to the foundational content produced by our working groups.

By the end of this session we had shaped our theory of change, and reviewed our governance approach and how we will ensure outcomes are achieved



We held two multi-agency co-writing days during which we wrote and edited our plan.

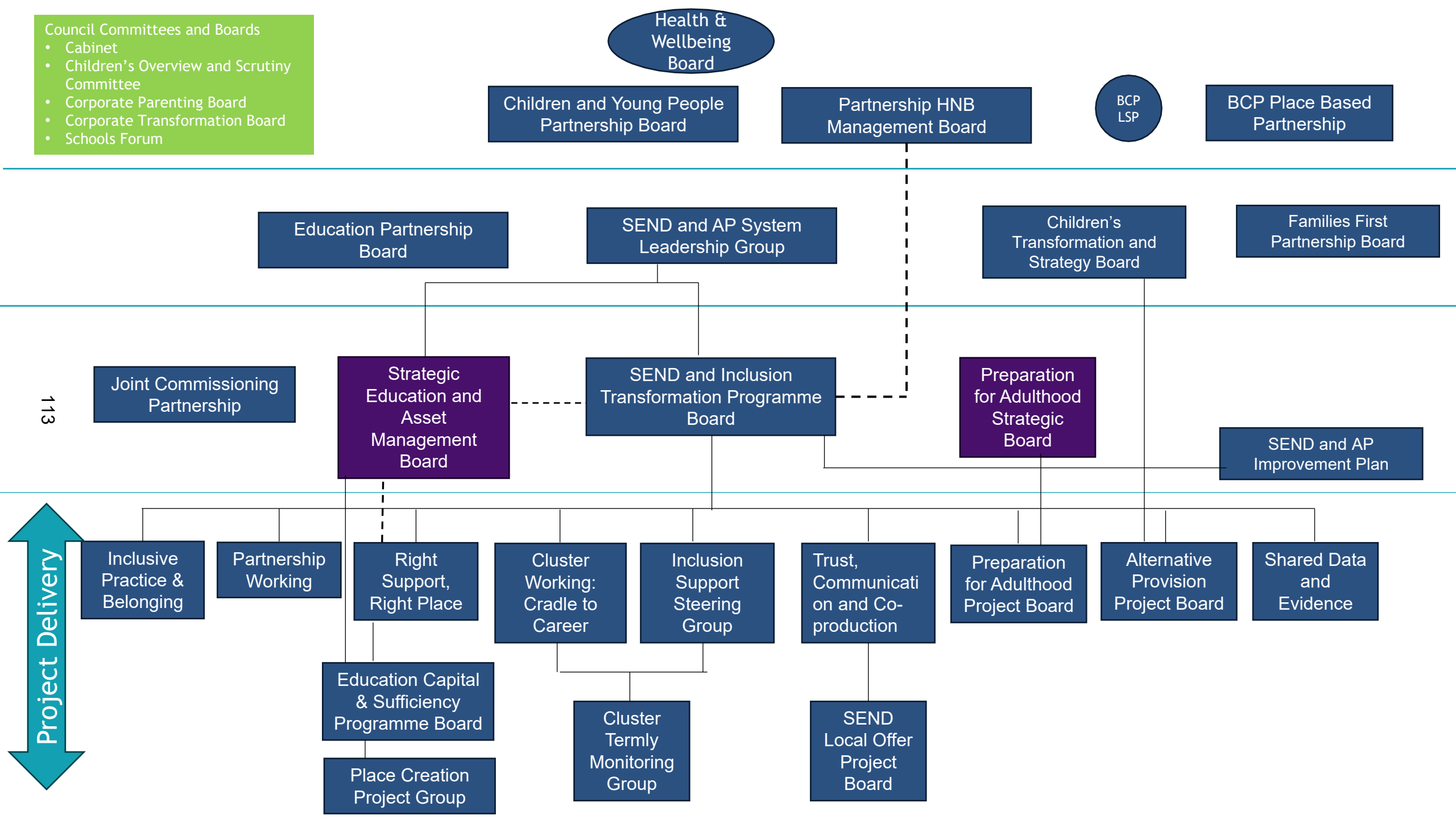
As we wrote the plan we ensured we had a continuous reflection from parents and carers.

Their views and words are threaded throughout our plan and during these sessions we used this to set our vision and goal, and our priorities for the next three years

You Said, We Did

From beginning to end our plans have been developed in co-production. Our three-year roadmap and our strategy for change reflects the voices of children and young people and their families and their words are at the heart of our three year vision.

“We belong. We’re listened to. We can thrive”


Council Committees and Boards
• Cabinet
• Children's Overview and Scrutiny Committee
• Corporate Parenting Board
• Corporate Transformation Board
• Schools Forum
Health & Wellbeing Board
Children and Young People Partnership Board
Partnership HNB Management Board
BCP LSP
BCP Place Based Partnership
Education Partnership Board
SEND and AP System Leadership Group
Children's Transformation and Strategy Board
Families First Partnership Board
Joint Commissioning Partnership
Strategic Education and Asset Management Board
SEND and Inclusion Transformation Programme Board
Preparation for Adulthood Strategic Board
SEND and AP Improvement Plan
Project Delivery
Inclusive Practice & Belonging
Partnership Working
Right Support, Right Place
Cluster Working: Cradle to Career
Inclusion Support Steering Group
Trust, Communication and Co-production
Preparation for Adulthood Project Board
Alternative Provision Project Board
Shared Data and Evidence
Education Capital & Sufficiency Programme Board
Place Creation Project Group
Cluster Termly Monitoring Group
SEND Local Offer Project Board

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EXECUTIVE S
LOCAL AREA
Bournemouth, Christchurch and Poole

SUMMARY: LOCAL SYSTEM "CHANGE STORY"

OUR CONTEXT

What are the most distinctive features of our local area that shape how we respond to the needs of children and young people?

What unique challenges or opportunities do we have here that will affect our journey toward a more inclusive and sustainable education system?

The Bournemouth, Christchurch and Poole (BCP) area is characterised by a combination of coastal geography, demographic diversity, and significant socioeconomic contrasts, all of which shape how services respond to the needs of children and young people. Formed in April 2019, BCP is home to around 404,500 residents (predicted to grow to 405,050 by 2028), population having increased by 4.9% over the past decade, driven largely by net migration. In the BCP area people are generally healthier and live for longer than the England average. However, not everyone has the same experience and BCP has areas of contrast, including some of the most affluent and most deprived areas in the country. 45,500 people live in an area that is amongst the 20% most deprived in England, including 10,900 0-19yr olds. There are 118,557 children and young people aged 0-25 in the area and 8,882 children are from absolute low-income families (less than 60% of median income). The prevalence of SEND in the most deprived decile of LSOAs in BCP is 26% and in the least deprived it is 14%. As children and young people in more disadvantaged communities may experience higher levels of need linked to poverty, housing instability, and reduced access to services. there is a continuing need for targeted early intervention and inclusive practice to address gaps in attainment and wellbeing.

BCP is also becoming more ethnically diverse. Around 18% (70,600) of residents are from an ethnic minority background, and diversity is even greater among younger people; 28% (14698) of pupils in BCP schools (2025/26) identify as non-White British. SEND prevalence is highest amongst pupils from Gypsy Roma, White and Black Caribbean, Black British, White Irish and White British ethnic groups.

A defining feature of the locality is its coastal and urban composition, with three distinct towns that retain their own identities. This creates both opportunity and complexity in service delivery. On one hand, the area benefits from strong community assets, areas of natural beauty, cultural amenities, and access to natural environments that support wellbeing and enrichment. On the other, the geographical spread and variation between communities require flexible, locally responsive approaches to ensure equitable access to education, health, and support services across Bournemouth, Christchurch and Poole.

A further distinctive feature is the high and increasing level of need relating to Special Educational Needs and Disabilities (SEND). BCP has experienced sustained rising demand for specialist provision, Education, Health and Care Plans (EHCPs) which creates pressure on resources but also provides an opportunity to strengthen inclusive practice across all schools and settings, ensuring children can remain within their local communities wherever possible. SEND prevalence varies considerably across BCP with

WHERE ARE WE NOW?

What are the defining strengths and challenges of our current situation? Consider available data e.g.

No. of children awaiting EHCP assessment

Provision mix – No. and % of children by need by setting type (ISS, maintained special, mainstream)

Spend on Independent Special School provision [per place, overall]

Supply of Education Psychologists working with CYP

Supply of SALTs working with CYP

In what ways are we inclusive? Where do we fall short?

How do different stakeholders currently experience our system?

Our recent inspection (November 25) found an increased stability in leadership, a shared commitment to partnership working and a clear, ambitious and shared vision. This has led to improved lived experiences for children and young people with SEND and their families. Feedback from Parent Carers Together illustrates how we have worked to build confidence and trust: "BCP Council and NHS Dorset have strengthened partnership and co-production, embedding trust, empathy, and respect into SEND services. Some families are seeing earlier identification, faster support, and a stronger voice through initiatives like co-designed charters."

Over the last year we have been delivering some key areas of work to build our inclusive practice, supported by the DfE SEND Intervention Support Fund. As a result we have seen a notable improvement across several key indicators when comparing the current academic year to date (Sept-March) with the same period last year. The number of permanent exclusions has reduced from 83 to 58, suspensions have decreased from 4,950 to 4,155, and the number of pupils receiving one or more suspensions has fallen from 1,626 to 1,452. Attendance outcomes have also improved for pupils with known vulnerabilities, with the proportion who are severely absent decreasing from 5.60% to 4.45% in primary schools and from 19.28% to 17.88% in secondary schools.

However, we recognise that fragementation remains within the system and children and young people and their families still have inconsistent experiences. and Parent Carers Together noted that "While progress is encouraging, challenges remain with diagnostic delays, school consistency, and building trust—continued effort is needed to deliver reliable, timely support".

Over the last few years we have seen a sustained increase in the number of EHCPs, 5,090 EHCPs (at 31 March 2026), with the proportion of children and young peopled aged 0-25 with an EHCP increasing from 2.1% in 2020 to 4.3% at 31 March 2026. This has been an 108% increase between 2020 and 2026. We have also seen a significant increase in EHCNAs from 434 in 2022 to 1,101 in 2026, which equates to 154% increase, and is above national and regional trends. as is the percentage of EHCNAs that proceed to an EHCP. The increase in EHCPs has also been reflected in an upward trend in pupils with a SEN support need, with a 21% relative increase from 2019/20 to 2025/26.

We have seen a particular increase in children and young people with needs of Autism (30.1% of maintained EHCPs), social, emotional and mental health (25.8%), and speech, language and

WHERE HAVE WE COME FROM?

What big changes or events have shaped us?

Have there been turning points, either positive or negative?

The formation of Bournemouth, Christchurch and Poole Council in April 2019 marked a major structural change. Bringing together three previously separate local authorities required the alignment of systems, processes, thresholds, and service cultures. This transition created both opportunities for a more consistent and unified SEND offer, and challenges in achieving coherence and equity across the area.

Following a SEND inspection in 2021, BCP was required to produce a Written Statement of Action to address areas of significant weakness. In 2024, the BCP area partnership was issued with a statutory direction, in response to slow progress against the Written Statement of Action. Since that point we have made significant strides in improving outcomes for children and young people with SEND. Our most recent inspection in November 2025 found that as a result of increased stability in leadership, a shared commitment to partnership working and a clear, ambitious and shared vision, partnership leaders are securing better lived experiences for children and young people with SEND and their families. However, we recognise that despite this progress challenges remain, and children and young people with SEND in BCP have inconsistent experiences across education, health and social care provision.

The Written Statement of Action noted that we had poor co-production practice at a strategic and operational level.There is now a clear recognition of the vital importance of co-production with children, young people, and families and increased engagement with parent carer forums and lived experience has helped to shape more responsive and inclusive services, We have worked closely with Parent Carers Together to address historic weaknesses and by the time of our last inspection at the end of 2025 they noted the positive changes we had made to strengthen co-production. We have begun the work of building trust and confidence with our families, and positive feedback is showing that we are making an impact (86% of parents carers reported contibuting to writing EHCPs and 77% felt listened to), but we recognise that, as our inspection report highlighted, we have not yet fully secured the confidence of children and young people with SEND and their families.

Co-production has sat at the heart of our approach to developing this plan, with six sessions held with children and young people in their schools, feedback gathered from students at Bournemouth and Poole College and care experienced young people, two sessions with parents and carers, attendance at a SEND Information event and a padlet for parents and carers to share views. This in addition to three multi-agency pracitioner sessions including 128 practitioners from across health, education and social care and a session for our local area SEND senior leadership. The co-production phase also included

WHERE DO WE WANT TO GO NEXT?

What would true inclusion and sustainability look like here?
How will stakeholders know things are better? Please ground your aspiration in measurable data e.g.
By the end of FY27-28 we aim to:
Improve attendance of pupils in all maintained schools (mainstream and special) with SEN from X to Y
Reduce spend on ISS places from X to Y
Increase no. of children supported by Education Psychologists in maintained provision from X to Y
Improve overall effectiveness of provision from X to Y with particular attention to a, b and c [see recent Ofsted inspection report]

We belong. We're listened to. We can thrive.

We have listened carefully to children, young people and families. As one young person told us: "We want schools to be accepting, welcoming and supporting so that everyone has the same experience in every school." This insight shapes our ambition to build an inclusive system where our local family of schools and settings shares responsibility for children and young people with SEND, and where belonging is part of everyday practice.

We want every child and young person to feel they are valued for who they are, and are supported to flourish in their local community. Our vision is rooted in a shared commitment across education, health, care and the voluntary sector to ensure that all children and young people have the best possible opportunities in life, and that families feel confident, listened to and supported.

We want BCP to be a place where children grow up feeling safe, included and understood, and where support is responsive, needs-led and available early. Through this reform plan, we will strengthen inclusive mainstream education, provide timely and flexible support without unnecessary barriers, and ensure the right provision is available at the right time. Skilled practitioners, strong partnerships and consistent approaches will enable early identification, early help and better outcomes.

We will work together to build trust, improve communication, reduce crisis responses, and use resources sustainably so that children and young people with SEND can thrive - in their schools, their families and their communities.

True inclusion in BCP will mean that children and young people with SEND are educated, achieve and belong in their local communities wherever possible, with mainstream settings confident and skilled in meeting a wide range of needs. Sustainability will be evidenced by a system where need is met early, reliance on high-cost specialist placements is reduced, and outcomes improve without disproportionate increases in spend. Inclusive practice will be characterised by:

Strong universal ordinarily available provision in all settings
Earlier identification and graduated response reducing escalation to EHCPs

WHAT WILL IT TAKE TO GET THERE?

What are our priority shifts/changes?
What help do we need—local and national? *What is our theory of change/reform strategy?*
What will success look like in 1 year, 3 years, 5 years?

Our Local Partnership Maturity Assessment shows that BCP is moving from emerging to developing across most pillars. Leadership stability, governance, co-production and inclusive practice are strengthening, but experiences for children, young people and families remain inconsistent. Too much support is still reactive, fragmented or delayed. Our theory of change is that sustainable improvement comes from coordinated shifts across all pillars, not isolated actions.

Pillar 1: Co-production with parents, carers, children and young people
Co-production is embedded as everyday practice (not a one-off activity), children, young people and families will influence decisions, feel listened to and trust the system. This leads to services that are better designed, more accessible and more effective.

Pillar 2: Effective system leadership and governance
Partners share a clear vision, strong governance and collective accountability, decisions will be timely, transparent and focused on outcomes. This enables consistent practice and reduces variation across the system.

Pillar 3: Accurate understanding of need through data
We use shared quantitative and qualitative data to understand need and demand, so that we can plan sufficiency earlier, target intervention more effectively and prevent escalation, particularly for SEMH and neurodevelopmental needs.

Pillar 4: High-quality service delivery
Inclusive mainstream practice, ordinarily available provision and the graduated approach are consistent across the local family of schools, with flexibility to respond to individual needs, so that more children will have needs met early, and reliance on specialist and crisis provision will reduce.

Pillar 5: Effective partnership working
Education, health and care work as one system through joint commissioning and shared pathways, so that children will experience coordinated support rather than fragmented services.

Pillar 6: Skilled and organised workforce
Embed a workforce that is stable, skilled and confident, so that children and families will experience

Department for Education

The Local Partnership Maturity Assessment Tool

Select the local area partnership this plan relates to from the box below:
839 Bournemouth, Christchurch and Poole

HOW TO USE THIS TOOL	
Purpose of the tool	This tool is intended for use by local SEND & AP partnerships (which should include local authorities, integrated care boards, education providers and representatives of families and children and young people) to identify their relative maturity in terms of collaboration and partnership working, providing a shared understanding of opportunities to strengthen the culture and practice of partnership in context. It has been co-developed with input from stakeholders and refined through testing as part of the SEND & AP Change Programme. To be most useful, it is important to complete this tool as honestly and transparently as possible. It will be used to support ongoing conversations across your local area partnership, and as a vital foundation to inform DfE officials' and health regional SEND leads' work with local areas on SEND improvement and reform.
How to complete it	The **'ASSESSMENT'** tab below contains summaries of the maturity descriptors for each dimension which can be selected via a drop-down. There is a fuller framework with more detailed descriptors available in the document 'Partnership Maturity Assessment Guidance' that accompanies this tool. Local areas can use this additional guidance where needed, for instance to help guide your assessment in an area where partners cannot reach consensus, or to provide more input into plans for improvement. In addition to the rating, we encourage areas to summarise into this tab the identified strengths/successes or work in progress, along with issues/gaps that they want to address and (where possible) any agreed focus areas for improvement. Local partnerships can approach completing the tool in whatever way works best in their context. There are a number of principles that support the most effective use of the tool: 1) **Input from a wide range of partners**, ensuring that the overall assessment is an 'on balance' judgement that reflects the collective views of the partnership 2) **Maximise space for dialogue** about where the partnership is currently, as well as reflecting on how you got here and where you would like to go next; 3) **Consider what you need to focus** on as a result of the assessment and what it would take to further mature your partnership working and collaboration 4) **Encourage constructive challenge** between partners, ensuring there is a robust assessment of factors such as culture, behaviour, and leadership not just formal arrangements. Assessment ratings should be based in evidence and examples but it is not necessary to exhaustively capture these in the assessment tool. Illustrative examples should be used to help demonstrate why the relevant rating was arrived at and where practice is varied, the boxes on strengths and gaps can be used to highlight any areas that are positive or negative outliers relative to the overall rating.
How to use the results and the role of DfE	The partnership can use the tool's results to reflect, plan, act, and evolve collaboratively - ensuring that local improvement activity is strategic and evidence-led, enabling wider changes to provision for SEND and AP focused on meaningful outcomes for children, young people and families. In addition, sharing your results with the Department for Education, including identified gaps/issues and related improvement activities, also helps to build a national picture of the support required for local partnerships to be consistently strengthened.
Description of the ratings	
ASSESSMENT	The tool uses four levels of maturity for the assessment of partnership arrangements - an overview of what is meant by each of these levels is included below as a guide but local areas should consult the more comprehensive guidance if required.
0 - NOT YET EMERGING	*There are currently no significant arrangements or plans in place for this area. Collaboration or partnership working has not yet been considered or initiated. There may be little to no awareness of the need for development, and no structured discussions or intentions are evident at this stage.*
1 – EMERGING	*If you are 'emerging' it is likely that only basic arrangements are in place and any plans to improve or extend these arrangements are at an early stage or have not yet been fully formulated. There may be a range of positive relationships and partner intentions but these have not yet resulted in sustained collaboration and partnership working.*
2 – DEVELOPING	*If you are 'developing', arrangements are established and being actively strengthened. Collaborative working is increasingly consistent across partners, with shared goals and clear responsibilities. There is growing evidence of joint initiatives and improved outcomes, as partnerships deepen and systems evolve. Continuous improvement is recognised and partners regularly reflect on progress and refine their approaches together.*
3 – MATURING	*If you are 'maturing', collaborative arrangements are well-established and fully integrated into everyday practice. Partnership working is sustained, effective, and widely recognised for driving improved outcomes. Continuous feedback and joint decision-making are routine, and a strong culture of trust and shared responsibility ensures that improvement is ongoing and adaptive to changing needs.*

SEND & AP PARTNERSHIP SELF-ASSESSMENT

ASSESSMENT CONTEXT - *please add any relevant information about how you have completed the tool, including any limiting factors in arriving at a shared assessment.*	Our approach to completion of this tool has been robust, thoughtful and honest. The partnership chose to complete the tool at the point that it was still optional as we saw a value in it for the partnership's leadership. Our process was as follows: - The tool was initially completed based on a range of evidence sources in order to ensure robust triangulation. We drew on the outcome of our Local Area SEND Inspection in November 2025; the results of our SEND Survey also in November 2025, which sought the views of parents, carers and children and young people; our SEND Self-Evaluation Framework from November 2025 and our SEND and Alternative Provision Improvement Plan. - This evidence was then reviewed through a SEND Summit Workshop including representation from Parent Carers Together, Health, Education, Social Care, Commissioning and the DfE, where asssessment gradings were allocated. - This was then reviewed, including moderation of gradings to ensure consensus. - The final stage was formal sign off by the SEND and Alternative Provision System Leadership Group, which has full partnership leadership representation.	**STATUS** - *use this box for version control (e.g. DATE, v1.0) and to record any formal decisions/agreements about the assessment.*	Our self-assessment was signed off by BCP's SEND and AP Leadersip Group in March 2026

Pillar 1: Co-production with parents and carers and children and young people

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
Parental representatives are not involved in SEND and AP partnership meetings. The Parent Carer Forum (PCF) is not formalised or in early stages, without wider parental representation evident. PCF Chair is not involved in SEND strategic partnership board meetings. Views of CYP and parents/carers not gathered. Very little evidence of the partnership engaging with parents/carers in co-production.	There is limited parental engagement in the SEND and AP partnership meetings. The area has a PCF that has a formalised structure but is not always supported to actively engage with local partners or is a recent newly formed forum. The PCF strategic leads of the local PCF do not regularly attend partnership board meetings and there is limited engagement. There is an awareness of the principles of co-production and parents, carers and children and young people are beginning to be involved in discussions about services. The partnership is beginning to engage with parents/carers but a clear approach of co-production has not yet been fully embedded as best practice. Relations with families / PCF are not entirely positive and key groups of parents are vocal in their concerns.	The area has an active, effective, and sustainable PCF. Local SEND and AP youth forums or user groups are engaged with throughout planning and delivery. The partnership is developing practice to co-produce with parents and children and young people. Some aspects of service planning and review cycles actively seek input, but participation is not yet universal or embedded.	The area has an active PCF which meets regularly with the system partners. Strong feedback mechanisms ensure that children, young people and families know how their views influence decisions. There is strong evidence that their views shape services and outcomes. Co-production is a core feature of planning, delivery and review. Parents, carers and children and young people are equal partners, with clear and regular opportunities to influence strategic priorities, service design and quality assurance. The partnership has embedded practices to co-produce with parents and children and young people.	**2 – DEVELOPING**	09/03/26	Our most recent SEND inspection in November 2025 highlighted that co-production is a clear priority within the local area partnership. We have been increasingly successful in ensuring the views of children and young people are at the heart of education, health and social care planning, including preparation for adulthood. Leaders are using a growing range of creative and meaningful approaches to capture the views of children and young people and parents and carers and are building trust and confidence with parents, carers and children and young people with SEND. Stronger relationships with the Parent Carer Forum (Parents Carers Together), other parent and carer groups, and SENDIASS are helping to embed a representative collective voice in both strategic planning and operational delivery. Co-production is embedded acros major workstreams such as The Belonging Strategy and Co-production Charter. There is strong parent carer involvement in improvement work including PINS, Autism in Schools, and neurodevelopmental pathway redesign. Children and young people with SEND are prioritised in decision-making. Youth forums are active with young people involved in shaping prepartion for adulthood, the NHS 10 year plan and SEND strategies, and the co-production of the Children and Young People's Partnership Plan has ensured a stronger and more influential voice. There are regular co-production meetings within the EHCNA process, 86% of parents carers who responded our annual SEND survey in November 2025 reported contributing to writing EHCPs, 77% felt listened to during the process, and 61% that their child/young person's views had been included in their support plan. The majority (65%) said they know where where to go to and who to ask for help and support at their child's education setting, and 53% reported their child/young person's interests were at the centre of the help and support they receive. SENDiass4BCP have Parent Champion volunteers who act as a confidential listening and signposting service for families who have children and young people with additional needs in BCP, within community groups and schools. Providing very much needed initial information and support regarding the local offer and universal services. The partnership has co-created a partnership Memorandum of Understanding that is our commitment to working together as a unified BCP SEND and Alternative Provision (AP) Partnership, to improve outcomes for children and young people with special educational needs and disabilities.	Our SEND inspection in November 2025 highlighted the need to further embed our growing strength in co-production to ensure it becomes the typical experience. This will lead to increased trust and confidence from both children and young people and parents and carers, which the inspection concluded had not yet been fully secured. We recognise that for some parents and carers our communication is unclear, delayed or inconsistent. This then restricts them being able to advocate for themselves and their child/young person and from being able to indpendently access support. Awareness of the Graduated Response and SEND Local Offer has historically been uneven. Only 21% of parents and carers who responded to the SEND survey in November 2025 said they would go to the SEND local offer to get information to help their child/young person (half the amount who would look to social media). Only 6% of children and young people would go to the Local Offer. Feedback mechanisms for children and young people are not yet universally embedded across all services. Careers advice offered to children and young people remains variable. Some young people report that provision is not shaped to support their aspirations and future plans well enough. Other groups are not yet well enough catered for, such as the increasing SEMH cohort in the area. Currently, there is a more reactive response for some and their preparation for adulthood is not as effective as it could be. Leaders are now addressing the importance of working with children, young people and their families to begin the preparation for adulthood early.	Improve the SEND Local Offer as a key mechanism to keep children, young people and parents and carers well informed and able to self-advocate. This will address the ask from parents/carers for more information and support. A project has been initiated in spring 2026 to progress this work. Parents, carers and children and young people to be involved in improvement of provision and impact on outcomes particularly those with SEMH needs. Embedding co-production into services with effective approaches and processes across the partnership to hear voices of children and young people and their families, and improved communication. Continue strengthening early-stage co production for improvement work, including school settings. Increase capacity for co-production officer-led events and outreach. Develop new partnership Local Area SEND and AP Strategy shaped by voices of children, young people and their families (this work is already underway). Systems and processes in place to ensure clear communication in plain English with children and young people, their families, education settings and SENDIASS. Review SENDIASS model to ensure it meet needs of children, young people and families.

Pillar 2: Effective system leadership and governance

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
Key leaders lack requisite knowledge and skills, either with vacant posts or with interim staff, resulting in ineffective practice. Local governance structures are not fully established and local partners are unclear where and how decisions are made about SEND and AP provision and services. No clear communication strategy and limited sharing of data performance measures.	Leaders are in place and starting to influence strategic direction and build partnerships. Partners are working with initial governance structures and developing clarity on where strategic decisions are made. Opportunities exist to further engage stakeholders in operational and strategic planning. Communication is identified as an area for improvement. Accountability is supported by existing processes and compliance measures. The partnership is focused on strengthening outcome measures and building shared understanding of system performance.	Leaders have developed structures and forums for decision-making which are established and increasingly understood, with partners contributing meaningfully to discussions. Feedback pathways between operational and strategic levels are being implemented. Communication channels exist but need strengthening in parts of the system. An outcomes-based approach is developing, with agreed shared outcomes and initial steps to use data for evaluation. Partners are starting to communicate openly about progress, and feedback is more routinely discussed.	Leadership is effective, and well-defined and embedded governance ensures decisions are collectively made at appropriate levels. All partners have clarity on their roles and can easily influence both operational and strategic planning. Processes are continually reviewed for improvement. Commissioning is well understood and integrated across the partnership. Robust, transparent systems for measuring and reporting outcomes are fully embedded. Success is judged by impact on CYP and families, and services are continually improved in response to honest evaluations involving all partners. Decision-making is both aspirational and innovative.	**2 – DEVELOPING**	09/03/26	Our recent SEND inspection identified an increased stability in leadership, a shared commitment to partnership working and a clear, ambitious and shared vision. This has led to improved lived experiences for children and young people with SEND and their families. The inspection concluded that "Local area leaders are ambitious and dedicated in their approach to improving the outcomes and experiences for children and young people with SEND in BCP". This has led to strong collaboration, commitment, and active participation from leaders and practitioners across the local area, supporting rapid improvement of SEND provision. It is further strengthened by governance changes that provide clearer oversight and ensure accountability for driving improvements. There is improved partnership accountability with clear roles across education, health and parent groups. Multi-agency decision making is improving and there has been improved NHS Dorset and Local Authority alignment through joint forward planning and co-located commissioning. As a partnership we have improved accessibility and effectiveness, including the introduction of hub-based approaches and link case workers. BCP knows itself well, with its leaders having clear grasp on local strengths and weaknesses. For example, our SEND inspection identified a robust knowledge of Alternative Provision (AP), including where there are gaps and inequities in location and types of AP across BCP. Working together across the partnership with a joint strategy and commissioning has ensured that there is a partnership-wide understanding of this strengthening AP offer. Our 'belonging strategy' which is central to our work in embedding inclusion is prioritised by the partnership across all levels, and there are low numbers of children and young people with SEND educated out of area. Typically, the local area ensures timely issue of EHCPs and completion of assessments, and newer plans are more accurately reflecting needs. Improved partnership working has led to more responsive interventions to support these needs.	Despite significant progress there is still fragmentation, and children and young people in BCP are still having inconsistent experiences and outcomes. There remains variability in practice across schools and settings, alongside differences in the extent to which inclusive cultures are embedded. Joint commissioning is still evolving with some gaps in sufficiency. Some parents and carers point to the need for better joined up working between education, health and social care. There also remain gaps in areas of provision, for example our most recent inspection highlighted the need for the local area partnership to continue to improve the provision and impact on outcomes for children and young people with SEND, particularly those with SEMH needs. Leaders need to ensure the SEND Local Offer more effectively communicates available provision so that children, young people, parents and carers are well informed about the support available for those with SEND. This will help partners to secure the confidence of children and young people with SEND and their families.	Further strengthen integrated commissioning approach. Development of the SEND Local Offer as previously outlined. Development of local area multi-agency Belonging Forums Development of multi-agency Alternative Provision panel and embed and strenghten strategic governance Agreeing NHS Dorset transition guidance for individuals eligible for CHC. Ensuring the Preparation for Adulthood (PfA) pathway includes assessing capacity for our post-16 children and young people. Improving transparency and communication with parent carers Further developing consistent leadership expectations across school partnerships.

Pillar 3: Accurate understanding of needs and experiences of children and young people through effective use of quantitative and qualitative data

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
There is limited evidence of using data effectively to inform commissioning of services based on the needs profile of children in the local area. Data analysis is simple and descriptive. Qualitative data is not collected. The LA Self Evaluation does not accurately reflect provision and / or is incomplete, or has not been shared.	Data gathering methods are being established or updated and provide an initial understanding of needs and gaps. Planning is supported by available quantitative data, with opportunities to develop more comprehensive use of family and CYP perspectives. Commissioning is underway within each sector, with some early cross-agency conversations. Providers are engaged with current sufficiency, and there is scope for increasing dialogue and alignment to proactively meet future needs.	Partners collaborate to gather both quantitative and qualitative evidence of needs. There is a growing sophistication in analysing current provision against future demand, and plans are underway to address identified weaknesses and gaps. Partners are working together more actively, consulting providers and starting to coordinate commissioning processes. Efforts are made to co-produce solutions and align plans across agencies, with some shared ownership and responsibility.	A robust and comprehensive evidence base underpins strategic planning. Rich quantitative and qualitative data is routinely collected, shared, and used to monitor trends and inform sufficiency planning. Joint commissioning across the partnership ensures that services are in place to meet the range of needs and achieve positive outcomes for CYP with SEND.	**1 – EMERGING**	09/03/26	Partnership leaders hold an accurate understanding of the needs of children and young people in BCP. There is a strong underlying data infrastructure, for example the SEND partnership scorecard and DiiS dashboards. There are robust early years identification processes, and section 23 notifications have been digitalised leading to 104% increase in notifications. There is strengthening quality assurance in the partnership. The JSNA was refreshed in 2025 with a full SEND chapter and ADHD/Autism deep dive. BCP knows itself well with its leaders having clear grasp on local strengths and weaknesses. Leaders know the strengths and weaknesses of AP provision, including where there are gaps and inequities in location and types of AP across BCP. Joint strategy and commissioning have resulted in a partnership-wide understanding of the strengthening AP offer. This is intended to support the increasing high levels of needs, particularly around the SEMH of children and young people in the area, albeit gaps in the overall provision remain. Data sharing agreement with all schools enables rich analysis and system-wide discussion.	Our recent inspection found that while leaders hold an accurate understanding of needs there is more to be done to address remaining issues. For example, although the partnership is aware that there is a need to extend SEMH provision, they are also aware the offer is not currently securing consistent experiences for some children and young people. Variability and inequity in the SEND system for children, young people and their families remain. Most children and young people open to neurodevelopmental pathways are waiting too long for neurodevelopmental assessment and diagnosis. Younger children or those open to CAMHS benefit from significantly reduced waits then others; this results in unequal access to appropriate assessment of need. Historically there were manual data collection across partners and this has now significantly improved. Some variability in consistency and quality of shared data flows across the partnership. Analysis of data on partnership rather than individual organisation needed. Only 22% of parents/carers reported in the November 2025 survey that their child/young person had been able to get all the help and support they needed. 36% were happy with the level of communication received from people supporting them / their child/young person	Use of SPC for trends and insights Developing comprehensive use of family and children and young people perspectives Need for insight into impact Continue strengthening multi agency data dashboards and intelligence flows Finalise updated SEND specific JSNA Improve sharing of audit learning and wider thematic insights across the system Improve oversight, monitoring and reporting of Alternative Provision, and quality assurance processes. Improve the rigour of the decision-making, monitoring and oversight of children in EOTAS Enhance identification of children, young people, and adults at risk of admission to mental health settings by improving data collection and information sharing processes across health providers and local authority team to inform the Dynamic Support Register LAP to actively look at affordability, suitability and quality of principles Technology needs to be supported and financed to ensure better data and analysis

Pillar 4: High quality service delivery at universal, targeted and specialist levels to promote inclusion

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
No consistent guidance or support for schools to identify needs; inclusive practices are minimal and fragmented. Limited or no targeted interventions in place; AP is poorly integrated and rarely considered as part of the continuum of support. Statutory decision-making is inconsistent and delayed; quality assurance processes are absent or ineffective; specialist provision planning is reactive rather than strategic.	There is some guidance and support in place to support schools in identifying needs, but provision is inconsistent and AP is not well integrated. Schools and settings are beginning to expand their offer for CYP with SEND, but it remains largely focused on statutory responsibilities. Statutory decision-making is inconsistent and often delayed, with limited evidence of effective quality assurance processes and partnership engagement. SEND sufficiency planning is in development and looking at future projections but provision not able to meet demand.	Support services are developing; schools and settings are improving in identifying needs and accessing provision, including AP, evidenced in improving outcomes for CYP with SEND. Schools and settings are broadening their provision and starting to embed inclusive practices, with growing use of AP, and reducing requests for specialist provision. Processes are becoming more consistent and timely, with evidence of quality assurance and improvement. There is a strategic SEND sufficiency plan in place but recognition of some challenges in implementation.	There are effective arrangements and services in place to support schools and settings to identify needs and put in place appropriate provision, including Alternative Provision, evidenced in positive outcomes for CYP with SEND. Schools and settings are delivering a broad offer for all children and young people with SEND (beyond solely statutory responsibilities) that enables inclusive practice across the system, including Alternative Provision, and a higher% of CYP with EHCPs in mainstream. Decision-making and practice relating to statutory decisions is consistent and timely. SEND sufficiency planning is strategic and partners have confidence in the system's capacity to meet needs for the majority of children.	**2 – DEVELOPING**	09/03/26	Education settings show a growing commitment to inclusion, reflected in local leaders' vision and strategies. Increased use of ordinarily available provision and the graduated response is central to this work and is beginning to improve outcomes. This includes better attainment, reduced suspensions and permanent exclusions, and improved attendance for some children and young people with SEND. Practitioners and children and young people themselves increasingly recognise these positive changes. Our approach to EHC processes continues to strengthen, underpinned by an increasingly robust quality assurance system that is identifying and addressing gaps and inconsistencies in plans. This reflects improving partnership working and the impact of key roles, including Education, Health and Care Co-ordinators (EHCCOs), area SENCOs, the transition planning group and the Designated Clinical Officer (DCO). Assessment information is being used more effectively to shape provision, ensuring support is better tailored to individual needs. Where appropriate, children and young people can access an EHC plan without the need for a formal diagnosis. Plans increasingly reflect relevant contributions across education, health and social care. As a result, a growing number of children and young people with EHC plans, as well as those receiving SEN support, are benefiting from provision that more consistently understands and meets their needs. This is contributing to improved outcomes for children and young people with SEND, from the early years through to post-19 education. BCP Council commissions a range of alternative provision (AP), supported by a directory of registered and unregistered AP to help check their quality used by schools to commission their own AP. Our new 3 Tier approach to alternative provision emphasises early identification and prevention, improving collaboration between services and helping to reduce permanent exclusions. Joint commissioning and strategy has strengthened the overall AP offer and leaders understand strengths and gaps. While the AP offer has strengthened, particularly for rising SEMH needs, some gaps remain. Support at key transition points is improving, with effective early years provision through home-visiting services, family hubs and area SENCOs, leading to better access to health and social care. Preparation for adulthood is developing, moving from reactive to more proactive support. Vulnerable children and young people, including those in care and those known to youth justice services, are supported effectively.	Whilst we believe we are developing in this area we acknowledge the inconsistency of our timeliness and quality assurance processes. While the focus on ordinarily available provision and the graduated approach is delivering impact, practice across mainstream settings remains inconsistent, with variation in how approaches are applied. Some EHCPs continue to be affected by delays, omissions and outdated information. Some parents and carers report long waiting times for assessments and plans, and there can be overly generic education outcomes and insufficiently specific multi-agency provision. Only 41% of children and young people reported being involved in planning for their future health needs as they get older. We recognise that neurodevelopmental waiting times remain too long. There are increasing challenges in commissioning effective alternative provision (AP), with insufficient options for some groups, particularly in early years and key stage 1. As a result, the AP offer is not always well matched to need, with some children placed long term or in provision that is not appropriate, often due to gaps in up-to-date information when they have spent time out of education. There have also been delays in workforce development and induction. In addition, only 34% of parents and carers reported that their child feels safe in the community, while 46% disagreed or strongly disagreed.	Reduce waiting times for neurodevelopmental assessments and on embedding needs-led pathways. During 2026 we have made significant progress in strengthening our universal offger through collaborative work with seconded SENCOs and multiagency working groups, including children and young people, families and partners. This has led to clearer shared expectations about what inclusive practice should look like across settings and schools. Our next phase it to focus on monitoring the impact of this work and ensuring our universal offer is clear, consistent, and embedded as everyday practice in all settings and schools.

Pillar 5: Effective Partnership working across education, health and social care

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
Education Providers: Limited evidence of joint planning or collaboration. Schools generally operate in isolation with no shared inclusion strategies. Engagement with local authority is minimal.	**Education Providers:** All school types are involved in some way and contribute to the local offer, with engagement variable but developing across providers. Collaborative planning processes and networks are being strengthened, and schools are starting to partner with the LA on inclusion strategies.	**Education Providers:** All settings, including AP, post-16, and early years settings, are represented and most take part in partnership work, with regular consultation on inclusion. Joint processes for planning and provision are developing. Fair access protocols show improving outcomes and growing confidence. SENCO and leader networks are forming, and shared responsibility for inclusion is growing.	**Education Providers:** All providers are fully represented and actively engage in strategic planning, sharing updates with their settings. Evidence shows collaborative work improves planning, transitions, and inclusion. Fair access protocols are trusted and effective. Strong networks enable clusters of schools to commission, support, and respond to needs.	**1 – EMERGING**	09/03/26	Our recent inspection found that education settings are demonstrating a strengthened and growing commitment to inclusion, supporting the shared vision and strategic direction of local area leaders. The continued focus on ordinarily available provision and the graduated approach is central to this progress. Positive impact is evident in improved academic and personal outcomes, including rising attainment, reduced suspensions and permanent exclusions, and improved attendance for some groups of children and young people with SEND. Practitioners, as well as by children and young people themselves, are feeling the impact and starting to report more positive experiences. Children and Adolescent Mental Health Services (CAMHS) are delivering effective support through proactive interventions, wellbeing calls and strong collaboration with schools. As a result, more children and young people report feeling safe and engaged while awaiting targeted support. Community nursing teams are also contributing through specialist input and training, strengthening universal provision and supporting the development of more inclusive practice in mainstream settings. Overall, children and young people with SEND are achieving more positive outcomes from early years through to post-19 education. Leaders and practitioners remain focused on addressing remaining gaps and embedding improvements across all settings.	Our recent inspection identified that in some settings, outcomes and provision are not consistently informed by a secure understanding of different phases and contexts. There is variability in how effectively EHC plans support transitions, which can disrupt continuity of support and impede progress towards more positive outcomes for some children and young people. Experiences of education for children and young people with SEND remain inconsistent in some cases. Where this occurs, weaknesses in the SEND offer over time, along with previously ineffective planning, have resulted in some not achieving appropriate qualifications due to low attendance or placement in unsuitable provision. This has impacted how well young people are prepared for their next steps. Feedback from parents and carers reflects these challenges: only 31% reported satisfaction with how services work together to meet needs, while 43% were satisfied with the support provided by education professionals.	Improve collaborative approaches to provision Improve consistency of inclusive practice across school networks ensuring shared buy-in and moral imperative Early intervention funding Tier 1 / 2 System barriers, e.g. MAT, SAT, LA, causing funding issues Sustainable funding models Further embed health, social care, education joint planning in statutory pathways Finalise of co-produced guidance on Emotionally Based School Non-Attendance Develop outreach offer from special schools Standardise best practice for annual reviews with all partners
Health Services: No established communication or referral pathways between education and health. Health partners are not providing evidence of awareness of SEND responsibilities or participating in planning. There is very little data sharing to inform commissioning.	**Health Services:** Education providers are aware of relevant NHS services and how to signpost or refer to them, with at least limited contact between education and health partners. Understanding of ICB SEND roles is developing, setting the stage for stronger partnerships and health is seeking to understand more about needs from education.	**Health Services:** Positive working relationships with NHS and hospital AP are developing, and strategic engagement is increasing. Health providers are aware of designated ICB leads and the executive SEND lead, but board engagement is still limited. Inspections highlight need for further improvement.	**Health Services:** Partnerships with health are strong and joint commissioning is routine, with clear feedback and resource sharing. Lines of communication with ICB and NHS including health providers are well-established. Inspection reports confirm effective collaboration.	**2 – DEVELOPING**	09/03/26	Our November 2025 inspection found that multi-agency working is increasingly effective in securing appropriate support, guidance and provision for children and young people with SEND and their families. A shared commitment to partnership working, alongside a clear and ambitious vision, is contributing to improving lived experiences. Health and social care professionals provide high-quality, person-centred advice within EHC plans, supported by clearer systems, processes and recent training. Joint commissioning with NHS Dorset is strong, and the inspection highlighted the strength in the Designated Clinical Officer (DCO) being able to commission bespoke health provision when needed. Partnership leaders maintain oversight of these arrangements and are working to improve consistency, recognising that some groups may not yet fully benefit from needs-led approaches. Delivery of the Healthy Child Programme supports early identification, while effective multi-agency working with services such as the continuing care team ensures that escalating needs are responded to promptly and appropriately..	Further work is required to fully embed processes for reviewing draft and final EHC plans to ensure advice—clinical and non-clinical—is accurately reflected. Although there has been some improvement, too few children and young people aged 14 and over with a learning disability receive annual health checks in primary care. This limits access to holistic assessment and planning as they prepare for adulthood. Challenges in health workforce recruitment and retention continue to impact capacity. Feedback from the annual SEND survey highlights variable confidence in partnership working: 31% of parents and carers reported satisfaction with how services work together to meet needs, while 34% were satisfied with support from health professionals.	Integrated teams Teams around families Resource investment, shared space to come together as a multi-disciplinary team Earlier identification of needs, right support, right time School readiness in the system, through investment to the healthy child programme Commissioining sleep service Further embed health, social care, education joint planning in statutory pathways and consistent and joined up working between agencies
Social Care/Local Authority: No evidence of strategic collaboration with education or health. Providers do not access local care offers. Early intervention models are not in place. There is very little data sharing to inform commissioning.	**Social Care / Local Authority:** Providers access the local care offer and engage with care teams for individual CYP needs. Strategic collaboration is starting, and the LA is initiating work on early intervention models, such as Families First reforms.	**Social Care / Local Authority:** Positive working relationships with LA care teams and managers are emerging. Designated social care officer helps embed care priorities. The LA is embedding Family Help and child protection reforms, and strategic coordination is improving.	**Social Care / Local Authority:** Strong, embedded relationships between education, health and care ensure joint planning and resource sharing. FFP and multi-agency reforms are routine. Children and families receive early support, and joint commissioning is mature.	**2 – DEVELOPING**	09/03/26	Our November inspection found that greater stability in leadership, alongside a shared commitment to partnership working and a clear, ambitious vision, is leading to improved lived experiences for children and young people with SEND and their families. Children and families accessing the Child Health and Disabilities (CHAD) team benefit from consistent support, often through established relationships with skilled social workers and practitioners such as occupational therapists, resulting in a strong understanding of their needs. More recent EHC plans better reflect children and young people's health, social care and educational needs. Improved partnership working is supporting more responsive interventions, particularly for those previously affected by weak identification. However, challenges remain, including low attendance, poor mental health and limited access to some services. EHC plans increasingly include coordinated multi-agency contributions, with health and social care professionals providing high-quality, person-centred advice underpinned by clearer systems, processes and recent training.	Only 31% of parents/carers were happy with how people work together to meet their child/young person's needs. 24% were happy with how well social care or early help services had supported them and their child / young person (although it should be noted that 25% noted that this was not applicable for them).	Integration of multi-disciplinary team Wrap-around support Earlier family support Further embed health, social care, education joint planning in statutory pathways and consistent and joined up working between agencies Develop a programme for colleagues working with children and young people in education settings and LA teams. Standardise best practice for annual reviews with all partners.

Pillar 6: Skilled and organised workforce across local authority, education settings, health and social care

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
No structured training or development plan for SEND across education, health, and social care. Many staff lack confidence and skills to effectively deliver support for CYP with SEND. No recognition of the need for coordinated training to share best practice.	The LA workforce is beginning to access training and support as a means to building capacity and consistency into supervision, decision-making, casework and managing difficult conversations. Some education settings are beginning to build awareness and skills to support children with SEND, with early-stage training and resource development underway. There is initial recognition of the need for coordinated training across health, education, and social care. Early efforts are being made to identify best practices and include lived experiences.	The LA workforce accesses structured training and support. Supervision practices are being strengthened, leading to improved consistency in decision-making and casework quality. Education settings are developing the skills and confidence to meet the needs of children with SEND, supported by more coordinated training and guidance. Training and development across the SEND system is becoming more proactive and collaborative, with increasing integration of best practice and lived experience into professional learning.	The LA workforce is well-trained, regularly updated, and appropriately supported, managed and supervised. Wider workforce across education settings is skilled in meeting the needs of children with SEND. There is pro-active shaping of training and development of all practitioners in the local SEND system, including health and social care, to ensure there is a broad understanding of best practice, incorporating lived experiences into practitioners' professional development.	**2 – DEVELOPING**	09/03/26	Our recent inspection found improved workforce stability, with a growing number of skilled and committed practitioners supporting children and young people with SEND. This includes SEND champions, social workers, experienced therapists and early years professionals. Community nursing teams provide specialist support and training to schools, contributing to stronger universal provision and a more inclusive culture in mainstream settings. Leaders have prioritised workforce development to build skills and sustain improvement, supported by a clear Workforce Development Plan. Feedback from parents, carers and partners about SEND practitioners is becoming more positive. However, historical reliance on temporary staffing has led to some inconsistency in experience and knowledge, resulting in variable experiences for children, young people and families as greater consistency is established. Training across health, education and social care continues to improve, with families recognising the positive impact of practitioners. Health and social care practioners provide high-quality, person-centred advice within EHC plans, supported by clearer systems, processes and recent training. The Balanced System in speech and language therapy service has led to universal impact.	Our recent inspection found that, for some children and young people with SEND in BCP, levels of need have increased due to weaknesses in provision over time. This has led to a requirement for more intensive support and specialist expertise, alongside a broader rise in SEND demand. As a result, pressures on the system have grown, including increased workload, challenges in workforce development and rising costs. While action to address these issues is underway, it is at an early stage and has not yet resulted in consistently timely and appropriate support for all children and young people. There is recognition of more to do around quality assurance / training in health for providing statutory advice into EHCNA process. The November 2025 inspection highlighted the need for the partnership to ensure that the workforce has sufficient expertise and capacity, and that children, young people and their families are fully involved in planning. Feedback from parents and carers also reflects a need for greater continuity in support. Some reported that frequent staff changes have meant that they have had to repeatedly explain their circumstances to new practitioners.	Embed full Workforce Development Plan across partnership Reduce reliance on locum EPs; recruit to key EP leadership roles Strengthen joint professional learning across settings, health and care. Stable workforce with continuity for families and training including autism, PDA, Tourette's, neurodivergence. Develop SEND system workforce development plan across partnership to improve understanding of SEND code of practice. Develop a programme for colleagues working with children and young people in education settings and LA teams.

Pillar 7: Targeted and judicious use of resources including place planning, sufficiency and use of capital

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
No clear strategy for sufficiency or place planning and capital projects lack alignment with needs. Review and evaluation processes are absent or extremely limited and stakeholder input is not systematically gathered. The Local SEND Reform Plan is incomplete or missing and there are no clear mitigating actions to ensure efficient use of resources or value for money.	Review and evaluation processes are being used periodically, and stakeholder input informs some service adjustments. Processes for regular monitoring and service improvement are taking shape. The Local SEND Reform Plan provides limited information on mitigating actions to improve the efficient use of resources and secure value for money.	Regular reviews are taking place, drawing on broader stakeholder input including schools, families, and young people. Performance is benchmarked against other areas and findings inform targeted improvement plans. The Local SEND Reform Plan provides evidence of efficient use of resources and value for money.	Comprehensive, ongoing monitoring using multiple sources of data and qualitative insights drives continuous improvement. Deep dives into specific issues lead to strategic changes, and effective benchmarking ensures consistent progress toward the best outcomes. There is clear evidence of efficient use of resources and a focus on value for money.	**1 – EMERGING**	09/03/26	Our November 2025 found that local area leaders are prioritising sufficiency of places and support in response to growing demand and rising SEMH needs across BCP. A new tiered approach to alternative provision (AP) emphasises early identification and preventative intervention to reduce escalation and longer-term increase in demand. Leaders demonstrate strong ambition and commitment to improving outcomes and experiences for children and young people with SEND. This is reflected in effective collaboration across the partnership and strengthened governance arrangements, providing clearer oversight and accountability for improvement. Despite ongoing challenges with neurodevelopmental waiting times, children and young people are increasingly able to access needs-led support while awaiting assessment. The most vulnerable groups, including those at key transition points, are appropriately prioritised. CAMHS contributes effectively through proactive interventions, wellbeing contact and joint planning with schools, with more children and young people reporting that they feel safe and engaged while waiting for targeted support. Flexible referral pathways, including both self-referral and professional routes, support timely access to services, with multi-agency processes enabling prioritisation of urgent cases. The SEND Sufficiency Strategy is expanding local capacity, with 319 additional places delivered and a further 224 in development. There has been a slight reduction in reliance on independent and non-maintained special schools. Joint commissioning arrangements, including speech and language therapy and the mental health transformation programme, alongside multi-agency funding panels, are strengthening provision. Improved use of performance data is also supporting more effective commissioning decisions.	As our SEND inspection in November 2025 noted, opportunities for children and young people with SEND to fully participate in their communities remain limited, particularly for those with higher levels of need or SEMH. Current provision is not sufficient to meet demand, and this is reflected in feedback from children, young people, families and practitioners. Leaders also recognise challenges in signposting to the local offer. Local area leaders acknowledge the need to expand provision across BCP, including increasing access to short breaks and overnight care, while ensuring these services are accessible and easy to navigate. The partnership continues to focus on accelerating recovery plans for children and young people awaiting neurodevelopmental assessment, while strengthening support for those on waiting lists and embedding a consistent needs-led approach. Ongoing pressures include budget constraints affecting educational psychology capacity and the wider SEND workforce, limitations in local resources impacting service redesign, and continuing challenges in securing sufficient alternative provision at secondary phase.	Integration of multi-disciplinary team Wrap-around support Earlier family support Further embed health, social care, education joint planning in statutory pathways and consistent and joined up working between agencies Develop a programme for colleagues working with children and young people in education settings and LA teams. Standardise best practice for annual reviews with all partners.

Bournemouth, Christchurch and Poole Local SEND Reform Plan June 2026

BCP Council

PARENT CARERS TOGETHER

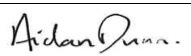
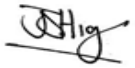
Bournemouth Christchurch Poole

NHS Dorset

Name of Local Authority: BCP Council

Name of Integrated Care Board: NHS Dorset

Local SEND Reform Plan SRO: Lisa Linscott

Role	Name	Signature	Email contact	Date
BCP CEO	Aidan Dunn		Aidan.Dunn@bcpcouncil.gov.uk	16/06/2026
ICB CEO	Jonathan Higman		jonathan.higman@nhs.net	16/06/2026
DCS	Cathi Hadley		cathi.hadley@bcpcouncil.gov.uk	15/06/2026
Local Authority CFO	Matthew Filmer		matthew.filmer@bcpcouncil.gov.uk	18/06/2026
Place Director for CYP and Maternity	Lucy Baker		lucy.baker8@nhs.net	15/6/2026
PCT Parent / Carer Forum	Louise Middleton		louise@parentcarerstogether.org.uk	15/06/2026

Executive Summary

We have listened carefully to children, young people and families in developing our local vison. As one young person told us: *"we want schools to be accepting, welcoming and supporting so that everyone has the same experience in every school".* Our delivery programme sets out how we will build an inclusive 0-25 system where children and young people with SEND are supported early, consistently and close to home, and where belonging is embedded in everyday practice.

Our 3-year ambition is clear: ***"We belong, We're listened to. We can thrive".***

BCP is well positioned to deliver reform, with strong leadership and partnership across education, health, care and the voluntary sector, and a shared commitment to improving outcomes for children, young people and families. Our Local Partnership Maturity Assessment confirms developing strengths in governance, co-production, early identification and inclusion, and our recent inspection recognised improving lived experience. However, challenges remain and children and young people with SEND and their families still have inconsistent experiences and outcomes.

BCP has experienced a sustained increase in Education, Health and Care Plans (EHCPs) in recent years, above national and regional averages, with growth in autism, social, emotional and mental health, and speech, language and communication needs. Use of alternative provision and Independent Special and non-maintained Special Schools is also higher than average.

We will strengthen inclusive practice across settings, provide timely and flexible support without unnecessary barriers, and ensure the right provision is available at the right time. In three years, BCP will have a mature, integrated Experts at Hand model that is a normal, trusted part of everyday practice. The system will be visible, well understood, and positively experienced by settings, families, and practitioners. Everyone will understand their role in supporting children and young people and work together to ensure the right support in the right place at the right time.

We will build skills, confidence and capacity in our workforce across education settings, local authority and health, focusing on inclusive practice, group level interventions and efficient use of specialist expertise. Workforce sustainability and value for money are central to programme delivery.

We will address variability in experience by improving communication, co-production and partnership working. Delivery of our plan will build confidence among children, families and professionals that the system can respond early, fairly and consistently.

By 2029, children and young people with SEND will experience greater belonging, earlier support and improved outcomes. Families will report increased confidence and trust in the system, and partners will share responsibility for inclusion. Through delivery of this plan, we will reduce reliance on crisis responses and escalation, stabilise high needs pressures, improve value for money and support the long-term financial sustainability of the system. We will see reduced request for EHCNAs as more children and young people in mainstream settings will benefit from earlier support as out Experts at Hand model build confidence. We will see a decrease in the use of alternative provision and increase in children and young people remaining in their community settings and schools.

Section 1 – Vision and Goals

We will deliver a fully inclusive 0–25 SEND system in which children and young people feel ***they belong, are listened to, and can thrive***. Through strong partnership working and co-production, children, young people and families will receive high-quality, timely support in their local communities, enabling the majority to succeed in inclusive mainstream settings, with responsive access to specialist support when needed.

Our Goals

A. Improve Outcomes for Children and Young People
Children and young people with SEND achieve strong outcomes.

- Increase attendance of children and young people with SEND
- Increase the proportion achieving a Good Level of Development (EYFS)
- Increase the number sustaining education, employment or training post-16

B. Strengthen Inclusive Mainstream Provision
Mainstream settings are inclusive, confident and equipped to meet needs early.

- Increase the proportion successfully supported in mainstream settings with a strong universal offer
- Increase specialist places and resource base provision within mainstream
- Reduce reliance on EHCPs through earlier intervention
- Increase access to support through the Experts at Hand model
- Reduce reliance on alternative provision through earlier identification

C. Improve Confidence of Children, Families and Partners
Families experience a transparent, responsive, co-produced system.

- Increase parent and carer satisfaction
- Strengthen co-production and engagement with families
- Improve lived experience and feedback from children and young people

D. Deliver Financial Sustainability and Value for Money
Resources prioritise early intervention and inclusion.

- Reduce High Needs Block pressures over time, turning the curve on in year deficits
- Shift investment toward inclusive mainstream provision
- Strengthen financial governance and accountability

E. Strengthen System Leadership and Accountability
Partnership leadership is collaborative, data-driven and outcome focused.

- Embed strong multi-agency governance and decision-making
- Use maturity frameworks to drive improvement
- Ensure robust, data-led performance management across services

Section 2 – Strategy

1. **Where the local area partnership expects to be in the next 3 years**

Strengthening inclusion across education settings– organising places and provision to meet as many needs as possible, as close to home as possible, with all settings and providers moving towards a shared understanding and consistent practices around inclusion.

System leadership, local partnership collaboration and co-production – putting in place the enabling conditions across a local area that ensures planning and provision reflects the local area & is joined up, including strategic co-production with parent carers and children and young people.

Access to specialist support and local placements – improving collaboration between settings and deploying expertise from a range of specialist and expert sources, to support schools and settings to meet the needs of children and young people earlier and locally.

Encouraging inclusive culture & behaviours – using funding and shared accountability towards a system that works for children and families while achieving value for money.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Building blocks • Strengthening inclusion across education settings **(BB1)** • Access to specialist support and local placements **(BB2)** • System leadership, local partnership collaboration and co-production **(BB3)** • Encouraging inclusive culture and behaviours **(BB4)**	BCP has strong foundations on which to build a reformed SEND system. There is a shared ambition across the partnership to improve outcomes for children and young people with SEND, and clear alignment with national reforms, particularly the development of an *Experts at Hand* model. We are well placed to use this moment as a single, integrated reform opportunity that brings together Families First, Best Start in Life and SEND into a coherent, child-centred offer. **What Is Working Well** The Partnership has already delivered meaningful progress in key areas: • **Strong practice already in place**, including Early Years triage, School Outreach OT,	Over the next three years, BCP will deliver a coherent, place-based system of inclusion and sufficiency, underpinned by a clear graduated approach and a three-tier model of provision spanning universal, targeted and specialist support. Through our inclusive sufficiency strategy and Alternative Provision development, we will ensure that children and young people can access the right support at the right time, within their local community wherever possible, with reduced reliance on high-cost or distant placements. This will be enabled through BCP locality-based clusters of schools and partners, aligned with Family Hubs and Best Start in Life delivery, creating strong networks that foster belonging, shared responsibility, peer support and inclusive practice from early years through to post-16 and beyond. This approach is further strengthened by wider NHS

	MHSTs, the Virtual School, and supported employment pathways post-16, with developing practice of Inclusion Leads and EP consultation. **(BB1, BB4)** • **A strengthened universal SEND offer**, co-produced with SENCOs, partners, children and families, which has clarified ordinarily available provision and shared expectations for inclusive practice. Early evidence shows this is supporting earlier intervention and making inclusion "ordinary business" in many settings. **(BB1, BB4)** • **An established approach to the creation and utilisation of inclusion bases,** with several initiatives underway to increase capacity across special schools, satellite sites and specialist bases, with further capital projects planned to expand secondary and post-16 provision. Collaboration between the LA, MATs, schools and colleges to identify sites for development is good, resulting in a number of place creation opportunities for further commissioning or capital investment. **(BB2)** • **Improved partnership, leadership and governance**, with refreshed boards, clearer shared oversight across education, health and the local authority, a collaborative Best Start in Life Plan and increased effectiveness of multi-agency decision making. **(BB3)** • **A High Needs Block (HNB) Board has been established (BB3)** to provide strategic financial oversight for SEND funding. The Board:	system alignment. From 1 April 2026, NHS Dorset Integrated Care Board is clustered with Bath and Northeast Somerset, Swindon and Wiltshire (BSW) ICB and Somerset ICB, embedding improvements for children and young people with SEND in the future operating model. As the ICB strengthens place-based partnerships and moves toward a strategic commissioning function, SEND services will be shaped and delivered through neighbourhood, multidisciplinary teams—supporting more consistent decisions, clearer accountability, and earlier, coordinated support closer to home. **(BB1, BB2, BB3, BB4)** Our Experts at Hand model will bring together a broad and sustainable workforce, drawing not only on Educational Psychologists, Occupational Therapists and Speech and Language Therapists, but also on practising teachers, SENCOs, inclusion leaders and the Parent Carer Forum, embedding lived experience and frontline expertise into everyday practice. This model will shift the system from referral-led intervention to one rooted in consultation, coaching and capacity-building, strengthening inclusive practice at scale and ensuring that early, locally available support becomes the norm. **(BB1, BB3, BB4)** This will be delivered through a BCP cluster model, enabling localised, place-based working, with a single point of contact providing a simple, accessible and consistent route into support. A digitally enabled access system will underpin this approach, ensuring transparency, responsiveness and equity, alongside robust monitoring and evaluation processes that track reach, impact and outcomes in real time. These insights will feed into a strong governance structure, with clear lines of accountability from the Experts at Hand Board through to highlight reporting to the SEND and AP

	• Scrutinises cost drivers and benchmark against comparator authorities • Identifies and monitors cost containment measures to manage demand and expenditure • Ensures value for money through equitable, effective, and sustainable use of resources • Tracks trends in demand, spend, forecasting, and pressures, and implement corrective actions • Monitors quarterly SEND Reform Data Returns • Oversees the deficit recovery plan • **Improved relational practice with families**, particularly at individual case level, supported by a trusted SENDIASS service, effective mediation and Early Dispute Resolution, and growing confidence that families are being listened to within statutory processes. **(BB4)** • **Areas of excellence at key life stages**, notably Early Years (early identification and intervention) and post-16 supported internships and employment pathways, demonstrating what is possible when pathways are well designed around need. **(BB1)** • **Co-produced BCP Three Tier Alternative Provision (AP) delivery plan** is in its mobilisation phase and is supported by an	Board. **(BB2, BB3)** Inclusion leads will play a pivotal role within this model, using data intelligence to target support, address inequities and ensure equitable reach across settings and communities. Delivery will be coordinated through a team manager, who will oversee the deployment of secondees, and inclusion leads, ensuring coherence, consistency and effective multidisciplinary collaboration across clusters**.(BB4)** We will have a trusted, integrated Experts at Hand system that operates as everyday practice across education, health and inclusion. Schools and settings will experience a simple, fair and transparent system where support is available early, locally and without repeated referrals or unnecessary escalation. Specialist expertise will be brought closer to settings through a single, clear route to multidisciplinary advice, focused on consultation, coaching, modelling and capacity building rather than gatekeeping. Mainstream settings will be able to access support at a setting and group level, building their capacity and confidence to support children and young people with SEND from 0 to 25. **(BB1, BB2)** A strengthened and fully embedded Universal SEND Offer will ensure that inclusion is understood as “how we work” across all settings. Supported by Experts at Hand, practitioners will routinely access timely advice and coaching to meet need early, without waiting for diagnosis or statutory processes. This will include a strengthened focus on common and emerging areas of need, including speech and language, autism, ADHD and social, emotional and mental health needs. The development of a neurodiversity-informed system, including the implementation of a Neurodiversity Tool and an all-age needs-based model of care for ADHD

	Alternative Provision Delivery Board and 'The Difference' (a leading education charity). A popular primary network of schools has been established to support improvement at Tier one and development of a secondary network is underway. Provision at one of our Primary Schools has been highlighted to the DfE as an example of best practice. **(BB2, BB3)** • 'Cradle to Career' place-based working is being positively received by schools and health partners, and this work is being supported by The Reach Foundation (a charity which supports leaders, schools, and communities to build stronger systems of support around children) **(BB4)** **What Needs to Change** Despite these strengths, the system is not yet working consistently for all children and young people: • **Delivery remains fragmented**, with unclear roles, thresholds and pathways, variable follow-through, and uneven access which remains overly referral-led. **(BB3, BB1)** • **Impact is not consistently embedded or evaluated**, and learning from complaints, mediation and lived experience is not yet systematically used to drive improvement. **(BB4)** • **Workforce pressures and capacity constraints** affect consistency, early intervention and development of preventative	and autism, will support earlier identification, strengths-based support and reduced reliance on diagnosis-led pathways. **(BB1, BB4)** Aligned delivery of the Children and Young People's Mental Health Transformation Programme will ensure a no-wrong-door approach to emotional wellbeing and mental health, integrated within locality models and Experts at Hand, further strengthening early intervention and reducing escalation. There will also be clear alignment with the work of public health children and young people's 0-19 service with the ambition to increase number of children achieving Good Level of Development (GDL). This will include strong links with the SEND team/pathway within the public health children and young people's 0-19 service. Delivery of this model will be enabled through locality-based clusters of schools and partners, aligned with Family Hubs and Best Start in Life, creating strong networks of shared responsibility and peer support. These BCP clusters will act as the primary delivery mechanism for inclusion, enabling coordinated use of targeted funding, specialist outreach and early intervention, and fostering a strong sense of belonging within local communities. Children and young people will experience consistent, inclusive environments where they are supported to thrive alongside their peers and feel known, understood and valued within their education setting and community. **(BB3)** This will be complemented by a coherent, place-based approach to inclusion and sufficiency, underpinned by a three-tier model of provision spanning universal, targeted and specialist support, and aligned with a reformed Alternative Provision system. Through our inclusive sufficiency strategy and planned capital investment, we will increase capacity within mainstream

	approaches. **(BB3)** • **Persistent gaps and inequalities remain**, particularly for children and young people with SEMH needs, children with autism, those in some secondary settings, early years children outside formal provision, post-16 learners on SEN Support, and young people post-19. **(BB1, BB2)** • **Transitions remain a key risk point**, including into Reception, post-16 and post-19, with late or reactive planning still too common. **(BB1, BB2)** • **Co-production is not yet embedded at a system level**, participation does not fully reflect local diversity, and feedback loops such as "you said, we did" are inconsistent. **(BB4)** • Whilst collaboration between the LA, MATs, schools and colleges is good this needs to sit within a clearer long-term strategy and governance model to ensure resources are focused on areas of priority so there is equity of accessibility across the system. **(BB4)** **Key Enablers** The key enablers of an effective system are **partially in place**: • **Leadership and governance** are strengthening, with shared ambition and improved joint working with NHS Dorset, including joint commissioning group and forward planning. **(BB3)**	settings, including through inclusion bases, whilst ensuring that specialist provision is developed where it is most needed. This will support children to thrive in their local mainstream school, reduce reliance on out-of-area and high-cost placements, support more children and young people to be educated locally, and reduce travel distances over time. A coherent outreach and capacity-building model, drawing on special schools and Alternative Provision, will extend specialist expertise into mainstream settings, supporting inclusive practice at scale through consultation, modelling and workforce development. Alongside this, a cluster-based targeted funding approach will enable flexible, needs-led deployment of resources to support early intervention and prevent escalation. **(BB1, BB2)** Partnership leadership will be mature, transparent and outcomes-focused, with strong governance, shared accountability and clear representation across education phases, health and families. Shared data and intelligence will be routinely used to inform decision-making, target support and evaluate impact. A redeveloped, co-produced SEND Local Offer will provide a clear, accessible and strengths-based front door for families and practitioners, enabling confident navigation of support and reinforcing expectations of ordinarily available provision. **(BB3)** Within three years, co-production will be embedded as a core system leadership principle, with parent carers and children and young people actively shaping design, delivery and evaluation. We will have built on existing mechanisms used in developing this plan to ensure we directly hear the voices of children and young people, as well as parents and carers. Multi-agency Belonging Forums and locality structures will ensure that lived

	• **Data and intelligence** are improving, supporting a better understanding of need, but alignment across partners remains incomplete and limits system-wide planning. **(BB3)** • **Workforce capability and confidence** are mixed; there is strong relational practice in parts of the system, but a need for clearer expectations, shared models of practice and sustained workforce development. **(BB1, BB4)** • **Co-production and mediation** provide solid foundations but need to shift from mainly reactive activity to proactive system shapers, with children and young people's voices more consistently captured and acted upon. **(BB3, BB4)** In summary, BCP has strong foundations, committed partners and clear examples of what works. The next phase must focus relentlessly on **integration, consistency and impact**: embedding practice across all settings, implementing *Experts at Hand*, and ensuring that lived experience, data and workforce development drive a joined-up system that delivers equitable outcomes for all children and young people with SEND.	experience informs decision-making at both strategic and operational levels, strengthening trust, reducing conflict and improving outcomes. Children and young people with SEND and their families will feel listened to and have increased confidence and trust in us. **(BB3, BB4)** In three years' time, the local area will resolve the majority of SEND concerns at the earliest possible starts, with fewer cases escalating to formal routes. This will be embedded through stronger learning loops which will be fully integrated into everyday practice through strengthened quality assurance. From early years through to adulthood, the system will support children and young people through clear, coherent pathways. Early identification will be strengthened through integrated locality partnerships between Best Start Family Hubs, health services and education providers, while Preparing for Adulthood will be embedded from the earliest stages. By 2028–29, young people will access flexible, employment-led pathways, with strong support into education, training and work, reduced risk of NEET outcomes, and improved independence and life chances. **(BB1, BB2)** In summary, the Experts at Hand model, combined with a strengthened universal offer, locality-based delivery and a coherent sufficiency strategy, will act as the engine for change: embedding inclusive practice, building workforce capability, integrating services and ensuring that earlier, fairer and more effective support becomes the norm, and that all children and young people experience genuine belonging within their local communities.

Success measures

By 2029, children and young people with SEND in BCP will experience greater belonging, earlier support and improved outcomes. We expect to see change in the following key indicators that evidence change within our system:

- Increase in the number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers
- Earlier identification and support of needs, reflected in a reduction in escalation to statutory assessment and a lower proportion of EHCNA requests progressing to an EHCP, as needs are met effectively at an earlier stage
- Increase in the number of available specialist places in mainstream settings in specialist bases
- Decrease in the number and proportion of children and young people with EHCPs in non-maintained or independent special schools.
- The number of alternative provision places both registered and unregistered commissioned by the local authority will be maintained after an increase during 26/27 and into 27/28 when they will plateau and then return to current levels in 28/29

Baseline

Number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers	SALT – 2515 OT – 536 EPs - 259
Number of EHCNA requests (and number of all EHCNAs that result in an EHCP)	1182 (686)
Number of available specialist places in mainstream settings in specialist bases	139
Number and proportion of children and young people with EHCPs in non-maintained or independent schools	604 (12.1%)
Number of alternative provision places both registered and unregistered commissioned by the local authority	1780

Target Metrics

Number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers	SALT - 5035 OT – 2518 EP – 3357
Number of EHCNA requests (and number of all EHCNAs that result in an EHCP)	1168 (630)
Number of available specialist places in mainstream settings in specialist bases	405
Number and proportion of children and young people with EHCPs in non-maintained or independent schools	573 (8.8%)
Number of alternative provision places both registered and unregistered commissioned by the local authority	1780

Internally we will also monitor a wider range of indicators including: • Increase in attendance • Further decrease in suspensions and permanent exclusions for children and young people with SEND • Partnership maturity through ongoing evaluation against our Local Partnership Maturity Matrix • Positive experiences for children and young people and their families through co-production and engagement measures • Increased practitioner confidence and consistency of practice across settings and phase in inclusive universal responses measured through inclusion RAG rating • Coverage of developmental checks at 12 months and 2-2.5 years, offering an important opportunity for early identification of support needs.		

2. **What is the local area partnership's strategy for delivering on the above?**

Our Local Partnership Maturity Assessment shows BCP moving from emerging to developing across most pillars. Leadership stability, governance, co-production and inclusive practice are strengthening, but experiences for children, young people and families remain inconsistent. Too much support is still reactive, fragmented or delayed.

Our theory of change is that sustainable improvement comes from coordinated shifts across all pillars, not isolated actions.

- We will strengthen inclusive mainstream practice, ordinarily available provision and the graduated approach so that more children and young people can be supported in their local mainstream provision.
- We will embed early identification and prevention from early years to post-16 so that more children will have needs met early, and reliance on specialist and crisis provision will reduce.
- We will build our Experts at Hand offer so that children and young people receive the right support in the right place at the right time.
- We will embed a sustainable and skilled workforce so that children and families will experience continuity, consistency and better outcomes.
- We will work as one multi-agency so that children will experience coordinated support rather than fragmented services.
- We will embed co-production, hearing the voices of children and young people as well as parents and carers, so that they will influence decisions, feel listened to and trust the system.
- We will align resources to early help and inclusion, so that the system becomes locality based, financially sustainable and outcomes improve.

Together, these changes enable belonging, reduce crisis, and support all children and young to flourish.

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

Document attached to email submission

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

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building block 1: 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.* This approach ensures that capacity is increased within mainstream provision wherever possible, reducing reliance on specialist and out-of-area placements and supporting children and young people to be educated locally.	**Sufficiency and Place Planning** • Develop and publish an updated comprehensive Inclusive Place Sufficiency Strategy (2026–2036) for 0-25, identifying the right mix and distribution of mainstream, specialist, AP and SEND places to meet the needs of children and young people at the right time and as close to home as possible. Strategy will be informed by robust data and forecasting from early years through to post-19 as presented in specific place sufficiency plans, for key areas: Wraparound Childcare and Early Years, Mainstream Statutory places, and SEND and AP. These plans will clearly identify gaps in provision and key estate pressures (such as falling rolls currently progressing through mainstream schools) and outline BCPs agreed response to these to ensure both place sufficiency and system stability.	**Sufficiency and Place Planning** • Improved reintegration processes implemented for children and young people moving from short/medium AP placements into mainstream. • Effective communication strategy and plan delivered to ensure practitioners and families are aware of the timeframes of delivery for inclusive placements across BCP. This to include models for supported placements, developing pathways and admission routes. • Demonstrate increased availability and utilisation of mainstream and targeted provision, with improved reintegration pathways from Alternative Provision into mainstream settings. • Delivery of any additional capital projects arising and agreed through the Inclusive Place Sufficiency plan and tiered Inclusive Education Capital programme with focus	**Sufficiency and Place Planning** • Deliver fully embedded, locality-based sufficiency pathways from cradle to career, with the majority of needs met locally through clear inclusive education pathways from cradle to career. These will be developed across BCP's Inclusive Place Planning areas and communicated to practitioners supporting children, young people and their families. • All partners across BCP are positively engaged, and engaging, in ensuring placements and services are developed and sustained to meet the needs of children and young people. Where issues arise, these are highlighted and actions taken to positively resolve these for the best outcome for children and young people • BCP has place sufficiency, place commissioning and capital programme held

	• Communication of Inclusive Place Sufficiency Strategy to schools and settings ensuring it is well-understood and buy-in is secured. • Initiate delivery of strategy, working with schools and settings to identify early opportunities for maximum impact. • Agree and implement an Inclusive Design Charter, setting out the joint responsibility of education providers and the Local Authority to ensure sufficient places within inclusive, welcoming and well-organised environments that enable children and young people to belong and thrive in their local community. • Agree and initiate delivery of a three-tier Inclusive Education Capital Programme aligned with our Experts at Hand offer and graduated approach, ensuring assessment of travel impact across all developments. This will include: • Inclusion as the default – guidance enabling mainstream settings to develop inclusive	on target cohorts (Autism, SEMH and SLCN) • Strong governance and reporting mechanisms continue to monitor the Inclusive Place Sufficiency Strategy and 3-tiered Inclusive Capital programme. • Embed consistent admission, commissioning and monitoring processes across all placement types: AP tiered approach and FAP protocol support children to be placed in appropriate settings and reintegrate in mainstream places where appropriate. Regular monitoring for all children who have moved back into mainstream to ensure the continued success of the placement and provide swift support where necessary to reduce occurrence of placement breakdown.	together to enable stronger governance, forecasting of need and monitoring of usage and impact, from 0-25, for mainstream and specialist place needs. • We will demonstrate a sustained reduction in out-of-area placements and travel distances, supported by impact analysis of travel time and accessibility.

	environments and on-site inclusion bases; • Targeted inclusion bases – delivery of Local Authority-commissioned provision within mainstream schools; • Specialist provision – planned specialist place developments aligned to evidenced need. • Deliver the Education Capital Programme approved by Cabinet (March 2026), including: • a new DfE approved special school for children with complex SEMH needs; • additional satellite sites linked to special schools; • additional inclusion bases providing specialist places in primary and secondary schools. • Initiate the three-year Home to School Transport Transformation Project overseen by Travel Board which seeks to provide improved outcomes for children and young people, promote independence and preparation for adulthood and		

	deliver significant and recurring financial efficiencies through procurement reform, route efficiencies. **Enablers** *Capital* • In March 2026, the Council committed £13.9 million of High Needs Capital funding to deliver new specialist, alternative provision and inclusive place models across 2025/26–2027/28, with a further £300k allocated to accessibility adaptations across school sites. • In May 2024, BCP submitted a successful bid via the DfE's special free school programme. The DfE accepted the identified need for an additional 180 special school places. Following the reassessment of the programme BCP was reassigned a £9.2m capital funding allocation and a free school site (Parkfield) to enable BCP to deliver new specialist places from September 2028, addressing future demand at significantly	**Enablers** *Capital* • Deliver the three-tier capital investment strategy agreed by Cabinet in December 2026, ensuring ongoing alignment of capital expenditure against identified strategy and objectives. *Digital and Data* • High quality data will enable robust monitoring. *Communication* • Clear communication strategies will ensure the approach is well understood and implemented.	**Enablers** *Capital* • Deliver the three-tier capital investment strategy agreed by Cabinet in December 2026, ensuring ongoing alignment of capital expenditure against identified strategy and objectives. .

	lower long-term revenue cost than non-maintained provision. This remains a key priority as BCP has a significantly higher percentage of pupils in Independent Special and non-maintained Special Schools compared to the national and regional averages. • The DfE also announced in March 2026 an allocation to BCP of £9.2m over two years to deliver specialist school places. This alongside the HNPCA's for 26/27, 27/28 and 28/29 will form the basis for our three-tier capital investment strategy due to go to Cabinet for approval in December 2026. *Digital and Data* • Ongoing investment in place-planning data and forecasting, particularly for children with specialist needs and those accessing or at risk of accessing alternative provision. *Commissioning and monitoring* • Strengthened commissioning, admissions and monitoring arrangements for targeted and specialist provision, ensuring		

	places meet both individual need and local demand.		
Building Block 2: 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* This model sets out a realistic three-year trajectory from the current system, where demand, waiting times and reliance on statutory processes remain key challenges, towards a fully embedded 0–25 Experts at Hand approach. It represents additional capacity across education, health and care, designed to build sustainable inclusion within mainstream settings, reduce escalation to EHCPs and specialist placements, and ensure equitable access to early support across all providers, including those outside the local area. This model represents additional capacity and does not replace existing provision	**Experts at Hand** **Building Blocks** • Analysis and coproduction confirms this is the right delivery model for BCP, with supporting detail and evidence provided in the EAH Appendix • Establish a cluster-based Experts at Hand model as the entry point for SEND early advice and support, aligned to the three-tier AP and graduated approach framework. This will be a 0-25 service aligning the EY SEND leads through to schools age and post 16/FE, including out of area settings. • Define and publish a shared core offer, with consistent language and expectations across education, health and inclusion, supporting universal, targeted and specialist responses.	**Experts at Hand** **Building Blocks** • BCP Council and NHS Integrated Care Cluster will jointly commission the phased delivery of the Experts at Hand (EAH) model, drawing on existing local authority specialist services and NHS community therapies to enable early implementation, ensure continuity, and avoid duplication • Scale and standardise cluster models through clear governance arrangements, agreed quality standards and routine performance monitoring, ensuring consistent access and eliminating postcode variation. • Confirm and establish joint commissioning with ICB to expand model	**Experts at Hand** **Building Blocks** • Experts at Hand is fully embedded as business as usual, operating within strong governance arrangements and widely trusted and valued by schools, health partners and families. • Advanced SALT in post • Specialist expertise is used strategically and equitably, prioritising consultation, coaching and system leadership, with targeted intervention deployed proportionately and at the right tier. • Strong, preventative local inclusion ecosystems are in place, delivering consistent practice and equitable access regardless of setting type or location.

Over the next three years, the model will be implemented through a phased approach, beginning with pilot clusters and scaling to full locality coverage, building capacity across education, health and care while embedding consistent practice and governance. The role of the Advanced SALT with be developed by the Local Area Leadership Team in Q1, but is expected to be in line with the recently received guidance and the four pillars from the Royal College of Speech and Language Therapists being: • Clinical leadership • Enhancing support into education • Strategic leadership • Leading on Research, Innovation and Improvement ***Further detail about the BCP model can be found in the EAH appendix 4***	• Establish the core delivery structure: Appoint a Team Manager and five Inclusion Leads, each leading a cluster of schools with a clear locality-based model. • Deploy a multidisciplinary workforce: Secure 10 seconded education leaders, alongside allocated Educational Psychology, Speech and Language Therapy and Occupational Therapy capacity across clusters to builds sustainable capacity in mainstream settings. • Advanced SALT: Meet with the leaders across the system to agree what the role will and won't do, Write JD and get it banded and go out to recruitment • Confirm and finalise the contract variations for Speech and Language coverage • Launch the single point of contact model: Ensure every school has a named Inclusion Lead and access to a consistent "team around the school" approach. • Implement the digital access and triage system: Go live with	• Fully integrate health, mental health and inclusion services within Experts at Hand delivery, supported by shared accountability, joint decision-making structures and aligned outcome measures. • Strengthen further whole-setting inclusive practice by setting clear system expectations for universal provision and environmental adjustments, underpinned by QA processes, peer review and proportionate challenge. • Extend the model across Early Years, post-16, EHE and key transition points, with defined ownership, oversight and transition assurance to prevent gaps in support. • Use the learning from the pilot use of the neurodiversity tool to inform scalability and related decision making that supports a shift towards a need led model of care. • Expand cluster-based targeted funding and outreach models, supported by transparent governance, clear decision-making criteria and regular review of impact and equity across areas.	• A successful 'grow your own' model is embedded, with a diverse range of school- and setting-based inclusion leads confidently operating as Experts at Hand across clusters. • A needs led neurodiversity model of care is embedded and supports early identification, reduced waiting times and high confidence from practitioners, parent carers and children and young people, reinforced through embedded coproduction. • Clear digital system monitoring and evaluating impact with key metrics such as Reduction in EHCP requests, increased mainstream retention, reduced waiting times and improved attendance / exclusion data

	a single digital platform for requests, supported by a weekly triage panel and a 5-day expert allocation process. Ensure timely access based on assessed local need. • Strengthen universal and targeted offer delivery: Expand Special School and Alternative Provision outreach and embed Parent Carer Forum involvement to support co-produced inclusive practice. • Embed data-led targeting and equity: Use data intelligence, including RAG-rating of schools, to prioritise need, ensure equitable reach, and guide deployment of Inclusion Leads and secondees. • Coordinate workforce delivery effectively: Ensure the Team Manager oversees the deployment, alignment and impact of Inclusion Leads, secondees and multidisciplinary partners across all clusters. • Establish governance, monitoring and reporting: Implement a robust monitoring and evaluation system, with monthly reporting to the Inclusion Steering Group and		

	highlight reports feeding into the SEND and AP Board. • Deliver regular, referral-free multidisciplinary consultation spaces in each locality, underpinned by Educational Psychology consultation models and operating across all AP tiers. • Embed Early Years settings, schools and Best Start Family Hubs within the core operating model to ensure early identification, joined-up pathways and smooth transitions. • Develop and pilot the use of a Neurodiversity Tool to support earlier identification and needs-led support without reliance on diagnosis. • Continue to build upon existing work to recover existing waiting times for formal neurodiversity diagnosis. • Align delivery of the Children and Young People's Mental Health Transformation Programme with Experts at Hand, ensuring a no-wrong-door approach and integrated locality-based support.		

	• Develop and embed a school cluster-based targeted funding model, enabling resources to be deployed flexibly at locality level to meet emerging need and strengthen early intervention. • Trial EAH approach across one cluster with clear monitoring and evaluation to adjust the architecture as required by the end of year **Enablers** *Workforce* • Skilled and sustainable workforce development plan including leaders from schools and families. *Partnership, Governance and Leadership* • Shared vision and practice framework – A consistent, neurodiversity-informed graduated approach aligned to the three-tier AP framework, underpinned by a clearly defined and widely understood core offer.	**Enablers** *Partnership, Governance and Leadership* • Clear governance and accountability – Defined ownership, decision-making and escalation across clusters and partners. *Data and Digital* • Shared quality and assurance framework – • Integrated data and monitoring – Aligned performance measures and reporting across education, health and inclusion	**Enablers** *Partnership, Governance and Leadership* • Strong governance with clear leadership, decision-making and assurance arrangements that embed Experts at Hand as business-as-usual and ensure equity, consistency and trust across partners. • Shared practice model and quality standards A widely understood, neurodiversity-informed framework defining consultation led practice, appropriate use of specialist

	• Cluster-based operating model with clearly defined multidisciplinary teams, referral-free consultation spaces, and embedded partnerships across BCP • A no-wrong-door approach linking SEND, AP, mental health, and neurodiversity pathways support a positive experience for children and young people, their families and carers and seamless transitions across services. *Commissioning* • Flexible, outcomes driven commissioning and cluster funding aligned to AP tiers and need, enabling early intervention, rapid support deployment and reduced escalation	to track access, impact and equity. *Workforce* • Skilled, aligned workforce – Consistent training and support enabling confident delivery of neurodiversity informed, needs-based practice. *Finance and Commissioning* • Transparent, flexible funding – Cluster based commissioning with clear criteria and regular review to reduce variation and target need effectively.	expertise and graduated responses. • Locality and cluster based operating model. Strong local inclusion ecosystems with multidisciplinary teams, outreach and flexible resources, ensuring equitable access regardless of geography or setting type. *Workforce* • A skilled, distributed 'grow your own' workforce Investment in developing school- and setting-based inclusion leads from across phases and settings, with clear progression, support and recognition as Experts at Hand. *Data and Digital* • Integrated data, intelligence and co-production. Robust use of data, lived-experience insight and co-production with parent carers and children and young people to monitor impact, build confidence and drive continuous improvement.

Building Block 3: 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 and is joined up, including strategic co-production with parent carers and children and young people* This approach ensures that strong, shared system leadership and governance across education, health and care is underpinned by meaningful co-production, robust data and transparent decision-making, enabling partners to work collectively to improve outcomes, build trust and resolve issues earlier and more consistently.	**1. Shared Expectations, Culture and Practice** • Co-produce and publish a simple, accessible co-production toolkit including a benchmarking tool (based on the Lundy model) that includes: • clear expectations for co-production across for all partners (families + workforce) • raising and resolving concerns early (including use of mediation where needed) • A focus on BCP's 'language that cares' and respectful dialogue • Run whole-system engagement sessions to test and refine shared expectations in practice • Develop a segmented engagement plan (including children with SEMH needs, less-heard groups etc, how will each be reached, by whom) • Establish locality-based engagement structures for children and young people, linked to clusters/localities	**1. Shared Expectations, Culture and Practice** • Introduce peer review / dip-sampling across services to test whether the standard is being applied consistently • Monitor whether disagreement is being managed constructively • Build co-production expectations into service specifications and contracts • Introduce incentives/support for participation (e.g. transport, childcare, digital access) • Train practitioners in inclusive engagement techniques (not just general co-production) • Monitor to ensure children's and parent carers' (analysed separately) engagement is embedded within locality / cluster working and decision-making and that it routinely influences service design and system priorities • Utilise benchmarking tool to test whether co-production has happened at key points in pathways	**1. Shared Expectations, Culture and Practice** • Externally validate practice (e.g. peer review) to test maturity of co-production practice and system culture, including: • how well the system handles disagreement and builds trust through early resolution • how well co-production with parent carers and children is lived systematically • Shift from participation to shared leadership roles for children, young people and families (e.g. co-chairs, advisers) • Use governance to evidence reduction in escalation over time • Embed co-production into commissioning cycles formally (requirements, evaluation, contract monitoring) • Publish regular public-facing impact reports to close the loop with families

	• Introduce specific mechanisms to capture children and young people's views directly and separately from parent carers, ensuring their voice is distinct • Commission or partner with VCS organisations to reach cohorts the system cannot easily engage • Identify and prioritise a small number of high-impact processes to redesign first • Create process maps showing where co-production must happen • Map all existing feedback routes (complaints, SENDIASS, PCF, surveys etc.) and bring them into one framework • Agree a standard "you said, we did" reporting format **2. Communication and Relationships** • Launch redevelopment of the SEND Local Offer, co-produced with children, young people and families, to improve accessibility, confidence and self-advocacy.	• Align QA frameworks across services to include co-production indicators • Introduce thematic analysis cycles (e.g. quarterly themes from feedback feeding into boards) • Ensure all major programmes demonstrate how feedback has shaped decisions **2. Communication and Relationships** • Introduce real-time feedback tools (e.g. post-contact feedback, digital touchpoints) • Provide targeted support for teams where feedback	**2. Communication and Relationships** • Embed communication quality into performance management and service evaluation

	• Baseline current communication experience
	• Develop and roll out minimum communication standards (including response times and tone)
	• Embed Early Dispute Resolution (EDR) as the default, supported by:
	  • workforce training
	  • clear access routes for families
	• Complete SENDIASS service review and action plan
	• Embed process for learning from complaints, mediation and feedback at a whole system level
	• Strengthen, widen and sustain Parent Carer Forum engagement so it is stable, influential and representative.
	• Embed Parent Carers Together (PCT) as a key role within the Experts at Hand model in order to build schools and settings' skills in engaging with families.
	• Ensure families routinely see the impact of their feedback on service design and delivery.
		highlights weaker relational practice
		• Deliver SENDIASS action plan and monitor impact
		• Embed PCT's communication support programme for schools and settings, refining based on feedback	

	3. Partnership Governance and Accountability
	• Map all existing partnership forums and decision-making routes
	• Rationalise and align governance so co-production has clear influence at each level
	• Include complaints, mediation and tribunal themes within governance reporting
	
	4. Shared Data and Evidence
	• Agree a small, meaningful set of shared indicators
	• Define how lived experience data will be captured consistently across partners
	• Implement shared partnership dashboards, integrating lived experience and co-production feedback
		3. Partnership Governance and Accountability
		• Introduce formal reporting of co-production impact into boards (not just activity updates)
		• Build co-production into risk management and escalation processes
		
		4. Shared Data and Evidence
		• Align data collection methods across organisations (so data is comparable)
		• Train leaders to use combined data + lived experience in decision-making
		• Use shared dashboards to:
		  • identify variation between localities
		  • target support and commissioning decisions
			3. Partnership Governance and Accountability
			• Commission independent review of partnership governance and system effectiveness, including decision-making, accountability and impact.
			
			4. Shared Data and Evidence
			• Use predictive and trend data to proactively identify issues and shape commissioning

	Enablers *Co-production and communication* • Clear routes for families to access EDR and SENDIASS • Launch communications for SEND Local Offer redesign • Transparency around governance and decision making *Partnership, Governance and Leadership* • Formalised partnership governance framework • Agreed roles, accountability, escalation routes • Inclusion of education, health, care, early years, FE • Creation of locality forums (e.g. Belonging Forums) *Finance*	• Evidence routine use of data and lived experience in commissioning and service redesign **Enablers** *Co-production and Communication* • Co-production embedded in service design, commissioning and quality assurance • Strong feedback loops ensuring transparency • Trusted access routes for support and dispute resolution *Partnership, Governance and Leadership* • Shared accountability for outcomes • Locality forums functioning effectively • Performance management against shared outcome *Commissioning and Finance* • Commissioning linked to evidence and outcomes • Investment shifted upstream	**Enablers** *Co-production and Communication* • Strong, representative system reflecting population diversity • Children and young people and families acting as equal partners *Partnership, Governance and Leadership* • Trusted governance with transparency and consistent decision making • Strong collective ownership across education, health, care *Commissioning and Finance* • Mature joint commissioning arrangements • Resources dynamically allocated based on need and impact

	• Funding for co-production programme and development of Parent Carer Forum • Investment in data dashboards and tools *Workforce* • Training programme for all practitioners on co-production and early dispute resolution approaches • Capacity in SENDIASS and co-production/ participation • Data analysist capacity	• Sustainable funding for participation structures *Workforce* • Skilled workforce confidently applying co-production principles and mediation and EDR approaches • Multi-agency practitioners working jointly in clusters *Data and Digital* • Fully operational shared dashboards • Integration of quantitative and qualitative (lived experience) data • Regular reporting cycles across partnership	*Workforce* • Highly skilled system-thinking workforce • Leadership at all levels demonstrating collaborative behaviours and shared ownership *Data and Digital* • Advance, predictive and improvement-driven data use • Routine triangulation of data, lived experience and outcomes
Building Block 4: Encouraging inclusive culture and behaviours *Using funding and shared accountability towards a system that works for children and families while achieving value for money* This approach ensures that inclusive practice becomes the consistent, everyday way of	**Universal Offer** • Embed the Universal Offer as standard practice across mainstream settings from 0-25 • Strengthen inclusive classroom and environment strategies • Establish strong processes for monitoring and evaluating the	**Universal Offer** • Improve consistency and quality of inclusive practice across all settings • Expand locally delivered inclusive support in mainstream provision	**Universal Offer** • Inclusion fully embedded and self-sustaining in all settings • Majority of needs met locally, early and effectively through ordinarily available provision • Clear local pathways reducing escalation and specialist dependence

working across all settings, with a strong universal offer, aligned workforce, funding and accountability driving early intervention, reducing escalation and enabling children and young people to thrive from cradle to career.	impact of ordinarily available provision and universal offer • Begin cultural shift towards inclusion as “core business” • Formal local offer agreement across all partners to secure mutual understanding of the universal baseline **Enablers** *Workforce* • Targeted workforce development for SENCOs and leaders *Capital* • Early capital scoping for inclusive adaptations *Data and Digital* • Baseline data and digital dashboards established *Governance and Leadership* • Clear governance and system leadership arrangements • Stimulate engagement of leaders to sustain key LA and ICB roles for success moving forward	• Increase use of local placements and increase success at earliest stages • Embed coproduction into service design and review • Normalise inclusive behaviours and shared accountability **Enablers** *Workforce* • Sustained workforce strategy (retention, expertise, networks) • Strong multi-agency operational alignment *Data and Digital* • Integrated data and digital systems for tracking impact	• Strong system leadership with shared ownership • Inclusion embedded in organisational culture and behaviours **Enablers** • Long-term capital investment aligned to local needs • Stable, skilled multidisciplinary workforce • Predictive data and intelligence informing planning • Mature partnership and coproduction structures • Mental Health support teams in schools universal offer covers 100% schools (with other support services growing and adding to this offer)

	Cradle to Career *System Establishment and Governance* • Confirm school clusters, targeted funding and engage partners. • Establish cluster governance structures, including leadership and steering groups. • Deliver initial Cradle to Career catalyst phase (three conference days) to identify local priorities. *Early Years and Best Start Delivery* • Establish and operationalise Best Start Family Hubs as inclusive access points. • Design, pilot and embed evidence-based early intervention approaches focused on identification, inclusion and prevention. • Strengthen sufficiency data collection to improve planning and provider engagement. *Family Access and Pathways* • Co-produce clear, accessible, strengths-based information	**Cradle to Career** *Funding, Infrastructure and Governance* • Set consistent financial monitoring, reporting and accountability arrangements. • Recruit or designate key leadership roles *System Alignment and Capacity Building* • Deliver joint training for schools and partners to embed shared practice and approaches. • Deliver Cradle to Career conference programme *Implementation and Continuous Improvement* • Begin delivery of interventions and support through cluster arrangements, testing and refining delivery models based on feedback. • Ensure active engagement and communication with children, young people and families throughout implementation.	**Cradle to Career** *Impact Evaluation and Continuous Improvement* • Establish a robust framework to collect and analyse quantitative data and qualitative feedback from all stakeholders. • Compare outcomes across clusters to identify effective practice and refine delivery. • Evaluate the impact of targeted funding, demonstrating value for money and reduced demand on statutory and specialist services. • Systematically report findings and share impact with schools, partners and decision-makers. *System Consistency and Workforce Development* • Support schools and providers to embed consistent inclusive practice across clusters. • Provide ongoing Cradle to Career learning and support through external partners. *Early Identification and Family Experience* • Ensure a clear, navigable plan for every child from birth, with

	and “self-serve” resources for families. • Develop navigable birth-to-adulthood pathways, including early identification points. • Design and implement a consistent and inclusive support offer for families. *Transition and Inclusion Framework* • Audit transition processes and agree universal, targeted and enhanced (targeted plus) transition expectations, and roles. *Preparation for Adulthood (14–25)* • Develop a clear 16–25 pathway framework with defined routes, progression criteria and gap analysis.	*Pathways, Transitions and Communication* • Agree and implement a transition framework, including development of transition-specific “micro-pathways” (e.g. home to nursery, nursery to Reception). • Pilot shared tools and evaluate impact through data and stakeholder feedback. *Preparation for Adulthood (PfA) and Post-16 Systems* • Embed high-ambition PfA outcomes from KS3–25 across EHCPs, SEN Support, reviews and transitions. • Expand employment pathways, including Supported Internships	early identification embedded at all stages. *Outcomes in Early Years and Inclusion* • Improve early years outcomes, including Good Level of Development (GLD). • Increase inclusion across providers, with all settings supporting children with SEND. *Transition Systems and Practice* • Embed consistent, evidence-informed transition processes across all schools and providers. • Monitor and evaluate transition outcomes through data and stakeholder feedback. *Preparation for Adulthood and 16–25 Pathways* • Embed employment as a core outcome, including expansion of Supported Internships and employer partnerships. • Embed early identification and prevention approaches to

	Enablers *Co-production and Communication* • Early and meaningful engagement with education settings, FE providers, voluntary sector and partners • Co-design and clear communications with stakeholders including parents and carers • BCP Education Conference delivered to secure sector engagement and buy-in *Partnership, Governance and Leadership* • Defined partner roles, responsibilities and shared values • Robust governance arrangements in place, including for transitions *Data and Digital* • Access to high-quality, shared data to identify need and inform priorities	and stronger employer partnerships. **Enablers** *Co-production and Communication* • Simple, shared model documentation and communications • Parent/carer trust: Clear, consistent guidance and fewer surprises. *Partnership, Governance and Leadership* • Clear articulation of partner roles, responsibilities, and values with shared accountability • Trust-building through co-design rather than top-down implementation • Provider confidence: Ongoing coaching, practical problem-solving support. *Data and Digital* • Access to shared, high-quality data to identify need and priorities and evaluate impact	support reduction in NEET and escalation into adult services. **Enablers** *Partnership, Governance and Leadership* • Continued engagement of education settings and partners • Continuous improvement loop: Outcomes shape workforce development and future commissioning. *Data and Digital* • Access to shared, high-quality data to identify need and priorities and evaluate impact • Fully integrated data system: SEND, SEN Support, NEET and outcomes linked for smarter commissioning. *Finance* • Value for money focus: Investment aligned to sustained outcomes, not short-term fixes. *Experts at Hand* • Core infrastructure: Supporting providers, pathways and young people in real time.

	• Initial alignment of SEND, SEN Support, NEET and participation datasets *Commissioning* • Commissioning alignment moving from places to pathways **BCP Three-Tier Alternative Provision Model** • Complete mobilisation phase of three-tier Alternative Provision delivery plan, which aligns with best practice identified through the Alternative Provision Specialist Task Force's models. This will include contracting provision, sharing expertise and identifying pilot schools and area, developing referral pathways, place planning and financial models, designing CPD and an evidence-based Tier 1 resource toolkit. • Align the three-tier Alternative provision model with other developments such as Families First, sufficiency and place planning and the targeted funded school cluster model.	• Participation sustainability tools: Risk indicators, rapid re-engagement mechanisms **BCP Three-Tier Alternative Provision Model** • Complete pilot phase of three-tier Alternative Provision model including the development of Tier One with the support of The Difference (a national education charity) • Evaluate impact through continuous monitoring, lived-experience feedback from children and families, and iterative refinement of referral criteria, placements, training and commissioning arrangements.	**BCP Three-Tier Alternative Provision Model** • Roll out the refined three-tier AP model across all schools, expanding capacity, embedding processes into business-as-usual, and formally launching ratified policies. • Secure sustainability through monitoring, evaluation, final handover from delivery partners, and transition to ongoing governance arrangements.

	• Implement pilot phase of the three-tier Alternative Provision delivery plan with the support of The Difference (a national education charity). **Enablers** *Project Management* • Project management and governance through the AP Working Board *Data and Digital* • Robust baseline data on exclusions, placements, AP usage, attendance and outcomes *Partnership, Governance and Leadership* • Cross-programme working to avoid duplication (for example with Families First, targeted funding school cluster groups, place planning and commissioning). • A common focus on inclusion, belonging and the graduated approach. *Finance* • Agreement to allocate required funding.	**Enablers** *Partnership, Governance and Leadership* • Formal commitment from pilot schools, AP providers and other partners. • Agreed referral criteria, AP Panel processes, placement expectations and reintegration planning allow pilots to operate with confidence and consistency whilst still enabling learning and adaptation. *Workforce* • Pilot-specific training, coaching and peer learning strengthen staff capability to deliver tier one provision and graduated approach within mainstream settings. *Data and Digital* • Systematic collection of data and lived-experience feedback from children, young people and families informs refinements.	**Enablers** *Workforce* • Universal induction for all schools, supported by a scaled CPD offer and accessible Tier One toolkit, ensures schools understand their responsibilities within the graduated approach and can embed Tier One as part of everyday practice. *Co-production and Communication* • Coordinated communications, launch activity and senior leadership endorsement reinforce the model as a shared system responsibility • Scaled-up, consistent approaches to gathering lived-experience feedback are embedded into policy and practice, supporting continuous improvement and accountability *Data and Digital*

			• Routine use of performance data, quality assurance reviews and outcome reporting enables ongoing oversight of access, effectiveness, cost and impact beyond the pilot and scale-up period.
Success measures • Increase in the number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers • Earlier identification and support of needs, reflected in a reduction in escalation to statutory assessment and a lower proportion of EHCNA requests progressing to an EHCP, as needs are met effectively at an earlier stage • Increase in the number of available specialist places in mainstream settings in specialist bases • Decrease in the number and proportion of children and young people with EHCPs in non-maintained or independent special schools. • The number of alternative provision places both registered and unregistered commissioned by the local authority will be maintained after an increase during 26/27 and into 27/28 when they will	• Increased number of available specialist places in mainstream settings in specialist bases • Increase in the number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers	• Increased number of available specialist places in mainstream settings in specialist bases • Increase in number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers • Decrease in the number and proportion of children and young people with EHCPs in non-maintained or independent special schools. • Beginning to see reduced number of EHCNA requests	• Reduction in the number of EHCNA requests and reduction in number of all EHCNAs that result in an EHCP • Increase in number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers • Decrease in the number and proportion of children and young people with EHCPs in non-maintained or independent special schools. (note this **does not** yet lead to a decrease in forecast expenditure against the High Needs Block due to increase in unit costs) • The number of alternative provision places both registered and unregistered commissioned by the local

plateau and then return to current levels in 28/29	**Leading indicators** • Increased workforce FTE in Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers • Increase in attendance rate for children and young people with SEND • Self-evaluation against our Local Partnership Maturity Matrix, indicates progress in key areas • Increased practitioner confidence and consistency of practice across settings and phase in inclusive universal responses measured through inclusion RAG rating • Decrease in suspensions and permanent exclusions for children and young people with SEND • We expect to see an increase in number of EHCNA requests in this year, particularly as	**Leading indicators** • Increase in attendance rate for children and young people with SEND • Decrease in suspensions and permanent exclusions for children and young people with SEND • Decrease in waiting times for autism, ADHD and specialist services. • Increase in positive experiences indicated through co-production and engagement with children and young people and parents and carers • We expect to see some increase and then plateauing in the number of alternative provision places both registered and unregistered commissioned by the local authority	authority will return to May 2026 levels in 28/29 **Leading indicators** • Decrease in suspensions and permanent exclusions for children and young people with SEND • Increase in positive experiences indicated through co-production and engagement with children and young people and parents and carers

	more children and young people identified and supported early through consultation and universal or targeted approaches. • We expect to see an in increase in the number of alternative provision places both registered and unregistered commissioned by the local authority		

5. **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 1: Strengthening inclusion across education settings *Outcome* 1. BCP has a clearly communicated strategic plan for ensuring the right mix and distribution of mainstream, specialist, AP and SEND places	Lindsay Jackson Head of Access to Education	Establish regular meetings for Travel Board to oversee delivery of 3-year (2026-29) Home to school transport transformation project Agree and sign off reviewed SEND	Increased number of available specialist places for recognised target cohorts (Autism, SEMH and SLCN) in mainstream settings in	Formal approval of an Inclusive Place Sufficiency strategy and plan for BCP to meet current, and forecast, need for the oncoming 10 years through Inclusive Place Planning areas that provide appropriate mix and distribution	Increased number of available specialist places in mainstream settings in specialist bases: Numbers maintained	Improved commissioning, admission and monitoring of targeted and specialist places to ensure service meets individual and local needs Gathering baseline of current mainstream	Increased number of available specialist places in mainstream settings in specialist bases: 38 additional specialist places in primary phase

to meet the needs of children and young people at the right time and as close to home as possible. 2. The inclusivity of the physical environment of education settings is strengthened through quality design principles and flexible delivery models *Success measure* Increased number of available specialist places in mainstream settings in support bases and specialist bases		Admissions and placements processes for children being placed in special schools and inclusion bases Strengthen partnership model as enabler to support and improve successful reintegration and inclusion of children from AP, with strong monitoring to ensure sustained inclusion Deliver the Education capital programme agreed by cabinet Mar 2026 to deliver new special and specialist places for recognised target cohorts of need (Autism, SEMH and SLCN); Develop Inclusive Place	specialist bases: 72 additional specialist places in primary phase mainstream settings in specialist bases	of places in a locality-based pathway model. Formal approval a three-tiered Inclusive Education capital programme for oncoming 3 years Agree an Inclusive Design Charter to provide the principles for well-designed, and delivered, educational environments that enable children and young people to belong and thrive Coproduction and consultation for updated Home to school Transport policy for use in Autumn 2027 school admissions and consultation processes		inclusive environments	mainstream settings in specialist bases

		Planning areas and supporting data and forecasting to highlight strengths and areas of development within localised pathways EYs to P19 Develop School Organisation and Asset Management Board – to enable direct strategic collaboration with trusts for place sufficiency plan Review and consultation on Home to School Transport Policy in readiness for implementation for Sept 2027 Application of robust competitive procurement process		Home to School Transport Policy agreed			

Building Block 2: Access to specialist support and local placements *Outcome* **1. A fully implemented, cluster-based Experts at Hand model operating consistently across all areas** A clear, cluster-based Experts at Hand model is in place across all areas, aligned with the Universal Offer, Families First and Best Start in Life, with shared purpose, language and expectations that reflect changing patterns of need and mainstream inclusion. **2. Schools and settings can easily access the right expertise at the right time** Schools and settings can access timely, practical expertise without escalation or "loudness", enabling early adjustments to	Lisa McDonald EAH Project lead Rachel Gravett Director for Commissioning, Resources and Quality Chloe Morley Designated Clinical Officer for SEND	Confirm and document detailed Experts at Hand model, including: Purpose and principles Offer by cluster Access criteria and referral routes Roles, responsibilities and expected outcomes Confirm funding model, contractual arrangements and governance Baseline & Needs Analysis: Finalise cluster-level analysis using SEND, attendance, behaviour,	Increased workforce FTE in Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers	Plan start of pilot for proposed Experts at Hand model in one cluster Implement shared data capture and reporting Continue with recruitment process, shortlisting and arrange interviews Provide systemwide briefings to schools, settings, partners and parent carers Establish regular learning and problem-solving forum Finalisation for contract variations and	Increased workforce FTE in Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers	New posts starting – prepare induction Deliver induction programme for all experts (education, health, secondees) Launch pilot across one cluster Review delivery against outcomes using performance data and stakeholder feedback Address remaining capacity or capability gaps Strengthen workforce development and	Increase in the number of children and young people with SEN without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers. By end of Q4 this will have increased to: SALT – 5,035 OT – 2,518 EP – 3,357

environments, communication and practice through clear, accessible and non-jargonistic support routes. **3. Increased confidence and capability in mainstream settings to meet SEND needs early** Mainstream settings are confident in meeting SEND and emotional wellbeing needs early, using inclusive, outcome-focused approaches, without reliance on diagnosis, and through coaching-based partnerships with families. **4. Reduced escalation to crisis and specialist provision** Earlier, proportionate universal and expert support reduces unnecessary escalation to crisis and specialist provision, ensuring need—not system pressure or parental entitlement—drives decision-making and support.		CAMHS/MHST data Map school readiness against Ordinarily Available Provision (OAP) Identify priority themes and target schools Establish shared performance and learning framework and agreed data set Begin workforce alignment and role clarification across partner organisations Develop systemwide communication plan and service identity: engage Schools / settings & Build Buy-In Develop role profiles, adverts and recruitment campaign		commissioning planning Test and refine access pathways based on early learning Develop shared language, consistent practice expectations, and collaboration protocols		peer support approaches Agree sustainability plan and priorities for the following year Share learning and impact across the wider system. Finalise model – structure, funding and commissioning (SLAS / MOUS) Prepare for full EAH launch, including induction planning Stable, well-understood Experts at Hand model established **I**mplement access and delivery systems: single point of contact, digital platform, triage,	

Success measure Increase in the number of children and young people without EHCP or specialist placement supported by Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers Leading indicator Increased workforce FTE in Speech and Language Therapists, Occupational Therapists and Educational Psychologists, and support workers						and referral-free consultation. Sustainability plan and clear strategic priorities for the next year mapped having reviewed feedback on delivery model Learning, impact and emerging evidence shared across the wider system Refine model based on what is working and local need Drive inclusive practice and early intervention: outreach expansion, neurodiversity approach, Early Years integration, and “grow your own” workforce. Embed data, funding and	

						governance: data-led targeting, cluster-based funding, strong monitoring, and reporting to EAH and SEND/AP boards.	
Building Block 3: System leadership, local partnership collaboration and co-production **Leading Indicator** Self-evaluation against our Local Partnership Maturity Matrix, indicates progress in key areas	Jeanette Yorke Head of SEND	Co-produce and begin development of a co-production toolkit and benchmarking approach (Lundy model), including: • clear expectations for co-production across all partners • "language that cares" and respectful dialogue • expectations for raising and resolving concerns early	No change expected	Launch and test the co-production toolkit and expectations across priority services and clusters Establish and begin delivery of locality-based engagement structures for children and young people, ensuring: • Children and young people's voice is captured directly • Children and young people	No change	Review and refine the co-production toolkit and benchmarking approach based on learning and feedback Evidence how children and young people's voice (captured separately) and parent carer voice are influencing: • service design • decision-making • system priorities Strengthen reach and	Self-evaluation against our Local Partnership Maturity Matrix, indicates progress in key areas

		(including mediation) Run whole-system engagement sessions to test and refine shared expectations in practice Develop and agree a segmented engagement plan, identifying: • children and young people (including less-heard groups) • parent carer groups Design and agree locality-based children and young people's engagement structures aligned to clusters/localities		and parent voice are analysed separately Begin delivery of regular engagement cycles across children and young people, parent carers and partners Introduce and embed "you said, we did" reporting across key programmes and services Implement the shared feedback framework, bringing together: • engagement feedback • complaints • SENDIASS insights • mediation themes		representation of engagement activity, ensuring participation reflects local diversity Embed routine "you said, we did" reporting across the partnership Demonstrate how feedback (including complaints, mediation and lived experience) is: • analysed systematically • used to inform service improvement Refine communication and EDR approaches based on: • family experience	

		Introduce specific mechanisms to capture children and young people's views directly and separately from parent carers Commission or partner with VCS organisations to reach less-heard groups Identify and prioritise high-impact processes for redesign, and map where co-production must happen Map all existing feedback routes (complaints, SENDIASS, PCF, surveys etc.) and design a single partnership feedback framework		Launch redevelopment of the SEND Local Offer, co-produced with children, young people and families Roll out minimum communication standards across services Begin embedding the early dispute resolution (EDR) approach, including: • clear and accessible routes for families • workforce awareness and initial training Begin implementation of the SENDIASS review and		• feedback and escalation patterns Demonstrate improved consistency and responsiveness in communication across services Embed aligned governance arrangements, with clearer: • decision-making • escalation routes • accountability Begin development of shared partnership dashboards, integrating: • service data • lived experience • co-production feedback	

		Agree a standard “you said, we did” reporting format Baseline current communication and family experience Develop and agree minimum communication standards (response times, tone, clarity) Design a shared early dispute resolution (EDR) approach, including: • clear routes for families to raise concerns • the role of mediation Map all existing partnership governance forums and decision-making routes to identify		improvement plan Introduce governance reporting of feedback, complaints, mediation and tribunal themes Implement initial shared data capture and reporting, including lived experience measures		Confirm Year 2 priorities, informed by: • feedback • data • co-production insight	

		duplication and gaps Agree a small, meaningful set of shared indicators, including experience and escalation measures Engage with Schools Forum on Local SEND Reform Plans					
Building Block 4: Encouraging inclusive culture and behaviours **Workstream – Universal Offer** *Outcome* 1. The Universal Offer is embedded as everyday practice across all settings, acting as the consistent first response to need. 2. Practitioners confidently identify needs early, work effectively with families, and use	Lisa McDonald EAH Project Lead Kerry Smith Head of Education Effectiveness Pippa Emerson Head of Early Help & Targeted Interventions	*Universal Offer* Agree and publish a shared definition, language and expectations for inclusion and the universal Offer Co-produced, signed Universal Offer / Local Offer agreement Produce "every child and young person can expect…" statement	Workforce confidence and skills baseline established to enable monitoring and evaluation as we progress through the model	*Universal Offer* Embed Universal Offer within everyday assessment, behaviour approaches and transition planning Deliver targeted workforce development responding to identified confidence and skill gaps Strengthen leadership	Increased practitioner confidence in inclusive universal responses measured through inclusion RAG rating Improved consistency of practice across settings and phases measured through inclusion	*Universal Offer* Review workforce confidence through follow-up checks Evaluate impact of Universal Offer on early identification, inclusion and experience Refine guidance, training and QA processes based on learning and feedback	Increased practitioner confidence in inclusive universal responses measured through inclusion RAG rating Improved consistency of practice across settings and phases measured through inclusion

proportionate support without unnecessary escalation to specialist services. **Workstream – Cradle to Career** **Outcome** Schools work collaboratively through a place-based school cluster model to develop inclusive practice with the support of targeted funding. Family Hubs are inclusive, trusted access points for early support for children, young people and their families Transitions between phases of education promote inclusivity and a sense of belonging for all children and young people. **Workstream – BCP Three-Tier Alternative Provision Model** **Outcome** A three-Tier Alternative provision model is piloted successfully in BCP.		Ensure mutual partnership understanding of adaptive teaching, environment design and ordinarily available provision Ensure alignment of Universal Offer with Families First, Early Help and Experts at Hand, including Best Start in Life & inclusion leads Define the governance structure and feed into the Inclusion Steering board Define metrics for inclusion dashboard and proportionate monitoring Establish baseline workforce		ownership through forums, peer discussion and shared expectations Implement peer review, joint visits and secondments led by inclusion leads Collect and share diverse case studies, including family and young peoples lived experience actively reinforcing shared expectations Promote use of expert advice within universal practice, reducing unnecessary escalation Finalise governance structure and monitoring through inclusion leads and	scorecard RAG	Embed Universal Offer expectations into business-as -usual systems, leadership cycles and strategic plans Publish and routinely use practice exemplars to support continuous improvement Confirm ongoing alignment between Universal Offer and Experts at Hand A coherent, graduated system consistently meeting needs early	scorecard RAG Increase in attendance rate for children and young people with SEND Decrease in suspensions and permanent exclusions for children and young people with SEND

Success measures **Leading Indicators** • Increased practitioner confidence in inclusive universal responses measured through inclusion RAG rating • Increase in attendance rate for children and young people with SEND • Decrease in suspensions and permanent exclusions for children and young people with SEND		confidence and skills audit Map current inclusive practice, leadership ownership and system interfaces Clear understanding of how universal and expert support connect Develop case study framework and identify priority practice areas including lived experience *Cradle to Career* Agree school clusters and governance structure, and engage partners including FE and voluntary sector Agree partnership charter with roles,		finalisation of dashboard *Cradle to Career* Establish and operationalise Best Start Family Hubs as inclusive, trusted access points for early support Develop and agree commissioning framework aligned to 0–25 pathways Review and strengthen		*Cradle to Career* Begin implementation of aligned commissioning across clusters Cradle to Career bespoke BCP conference days delivered as part of a catalyst phase, which identifies Cradle to Career	

		responsibilities and shared values Recruit and embed a Best Start Inclusion Practitioner Begin co-production of clear, navigable pathways for children from birth Audit existing transition processes across phases and settings and identify strengths and areas for improvement Develop single, consistent local inclusion narrative and visual Begin Post-19 Planning with clear post-19 EHCP expectations. Baseline understanding of current transition		sufficiency data oversight Implement regular engagement cycles Co-produce accessible, strengths based 'self-serve' information to support families to understand and access help early Design whole-system family support offer (0–25) aligned to pathways Agree and implement transition principles, systems and processes for the universal, targeted and targeted plus offers across all education phases Agree levels of support, roles		opportunities in each cluster. Cradle to Career approach embedded across clusters Design, pilot and embed evidence based Best Start interventions focused on early identification, inclusion and prevention of escalation Identify, share and embed best practice in transitions across early years and into Reception Embed SEND Reform and Best Start Inclusion Lead priorities within new Health Visitor contracts and service specifications Design and implement a clear, inclusive	

		practice and post-19 pathways and data sets *Three Tier Alternative Provision* Complete mobilisation phase of three-tier Alternative Provision delivery plan, including: • identification of pilot schools and area • developing referral pathways • place planning and financial models • designing CPD evidence-based Tier 1 resource toolkit Establish shared, BCP three-tier Alternative Provision model Confirm budget allocations and		and responsibilities for transition Define what "good transition" looks like at each phase. Develop shared expectations for preparation for adulthood across SEND, SEN Support, education, IAG and commissioning, Strengths based, SEND informed IAG consistently applied, with early pathway conversations embedded. Agree shared metrics and dashboard *Three Tier Alternative Provision* Enter the pilot phase of the three-tier Alternative Provision		transition support offer for families Create and implement a Clear 16–25 Pathway Framework with agreed local routes that is understood by families, providers and practitioners. Embed whole-system family support offer (0–25) aligned to pathways Experts at Hand link: Adopt a clearly defined model aligned to post 16 pathways, prioritising adaptation and sustainment over refusal, and providing targeted support to providers working with young people with complex needs.	

		establish commissioning approach Align three-tier Alternative provision model with other developments Establish referral, decision making and scrutiny processes Plan system wide knowledge-sharing Establish baseline data Advice will align with the AP Specialist Taskforce and will provide targeted, cross-professional expertise to strengthen early identification, assessment, and responsive		delivery plan with the support of The Difference (a national education charity). Alternative provision embedded as time-limited, planned intervention, with clearer reintegration or progression routes in pilot areas. Roll out of tier one toolkit to all settings Commence tracking of live data Implement regular multi agency review and evaluation Test affordability and sustainability across the pilot		Implement data sharing and report cycles Embed regular engagement cycles (forums, feedback loops) *Three Tier Alternative Provision* Evaluate pilot phase and prepare to upscale the model – use baseline vs pilot data to establish measurable outcomes Stronger shared accountability between schools, AP providers and the local authority for keeping children and young people included in pilot areas. Adapt tiers based on evaluation and findings	

		support for children and young people with additional needs, improving consistency and outcomes across the local area.				Implement phased roll out of plan Publish long term sustainable funding model Governance, data systems and partnership transition into business as usual	
Projected Investment Spend per quarter		***Please see table below for spend per quarter*** **Total Spend** • Staffing: £1,967,069 (80%) • Administration: £248,250 (10%) • Transformation: £250,200 (10%)					

Year 1 Spend Per Quarter

Staff Title	Q2	Q3	Q4
Staffing (Total Cost: (£1,967,069) - 80%			
EAH Lead	£31,200	£54,600	£70,200
Senior Educational Psychologist	£36,528.40	£63,924.70	£82,188.90
Educational Psychologist	£88,575	£155,007	£199,293
Assistant Educational Psychologist	£31,400	£54,950	£70,650
Occupational Therapist	£29,400	£51,450	£66,150
Occupational Therapist Assistant	£4131.40	£7229.95	£9295.65
Inclusion Lead	£72,000	£126,000	£162,000
Inclusion Lead Team Manager	£8750	£15,312.50	£19,687.50
School/Setting Secondment Specialist Teachers	£63,375	£110,906.25	£142,593.75
Speech and Language Advanced Practitioner Contribution	£1044	£1827	£2349
Speech and Language Therapists	£27,010	£47,267.50	£60,772.50
Administration (Total Cost: £248,250) - 10%			
Cluster Co Ordinator	£22,750	£39,812.50	£51,187.50
Data Analysis Lead	£7500	£13,125	£16,875
Data Forecasting project work and tools	£19,400	£33,950	£43,650
Transformation (Total Cost: £250,200) - 10%			
SEND Reform Project Manager	£31,200	£54,600	£70,200
Joint Commissioning Lead	£5980	£10,465	£13,455
Digital Tools and Dashboard	£6000	£10,500	£13,500
Finance Analysis Module	£3400	£5950	£7650
Finance Adviser Support	£5000	-	-
Communication, co production, and web design	£2460	£4305	£5535
	Total: £497,103.80	**Total: £861,182.40**	**Total: £1,107,232.80**
		Overall Total	**£2,465,519**

6. **How will the local area partnership deliver the first-year plan?**

The local area partnership will use transformation funding to strengthen its existing project and programme leadership capacity ensuring strong oversight and focus to ensure delivery of the Local SEND Reform Plan and realisation of the outcomes and success measures. We will bring in project lead expertise to support the delivery of the Experts at Hand model. A portfolio management approach will be embedded across the SEND Reform Delivery Plan to track progress, manage risks and ensure efficient use of resources. This will ensure we can provide assurance to the DfE that delivery is on track, highlight risks and address issues at an early stage. We will use a combined approach of drawing on corporate transformation expertise and enhancing it with this additional capacity. This will ensure we continue to grow and share skills across the organisation. This approach is strengthened by NHS system alignment, with the Dorset ICB now operating within a wider cluster and moving toward place-based, multidisciplinary commissioning that enables more consistent decision-making, clearer accountability, and earlier, coordinated support closer to home for children and young people with SEND.

Investment will also focus on developing robust data dashboards and reporting tools to ensure accurate, timely tracking of performance measures and statutory returns. This will be complemented by strengthened data and analytical capacity drawing on existing skills within the organisation and training for existing staff to improve data literacy and analytical skills where required. We will use these tools to enable partnership oversight of a synthesised view of quantitative measures and lived experience insight, ensuring that our plan delivers efficient use of financial resources and improved outcomes and experiences for children and young people and their families.

Together, these measures provide sufficient capacity and capability to deliver the plan and support evidence-based decision making.

7. **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.

Not applicable for BCP

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.

BCP's capital strategy underpins delivery of the Inclusive Place Sufficiency Strategy, translating identified need across the 0–25 system into targeted investment in inclusive mainstream provision, specialist bases, estate adaptation and, where evidenced, specialist capacity. It is informed by analysis of current and projected SEND need across all phases, alongside demographic growth and local insight, with EHCPs forecast to rise from 4,982 to 6,491. Increasing prevalence of autism, SEMH and communication needs is driving demand for both targeted and specialist provision.

The historic deficit in specialist capacity reflects fragmented planning and investment that has not kept pace with rising demand, resulting in a sustained mismatch between need and provision. This is evidenced by reliance on independent and out-of-area placements, delays in securing placements, and increased use of alternative provision. Benchmarking further shows that need across BCP is above national average with greater volatility than national trends, indicating capacity pressures—particularly at secondary and post-16—alongside geographic variation in need. This combination limits timely access to appropriate provision, increases travel and cost, and contributes to escalation into higher-cost placements.

BCP's strategy sets out forecast demand and capacity requirements by phase and need type, addresses historic gaps in specialist provision, prioritises inclusive mainstream capacity (including specialist bases), and strengthens local provision to improve access and reduce reliance on external placements.

Delivery is structured through a three-tier capital programme aligned to sufficiency modelling:

- **Phase 1 (Stabilisation):** addresses historic deficits in specialist capacity identified through the May 2024 DfE bid, reducing reliance on high-cost placements through delivery of a pre-approved programme, including the agreed £9.2m targeted DfE special capital allocation and Parkfield site.
- **Phase 2 (Rebalancing):** expands specialist bases within mainstream settings (Tier 2), increasing capacity for priority cohorts and enabling more children to be supported locally.

- **Phase 3 (Inclusion at scale):** embeds a rebalanced system, with a greater proportion of need met through mainstream and specialist base provision.

This phased approach improves placement mix, supports more efficient use of High Needs Block resources, and contributes to long-term financial sustainability, while recognising ongoing cost pressures linked to increased complexity of need and market factors.

Priorities include:

- expanding and better targeting specialist bases, particularly in secondary and post-16 provision
- delivering capital improvements to mainstream sites to enhance accessibility and inclusive environments
- aligning investment to accessibility planning and inclusive design principles
- developing local specialist pathways to meet complex needs

Where expansion of specialist provision is required, the Council will evidence unmet need, demonstrate that inclusive mainstream options have been fully explored, and ensure all investment aligns to the overall sufficiency strategy in partnership with local trusts.

The co-produced BCP Inclusive Design Charter underpins all capital investment, ensuring the estate is used efficiently, inclusively and sustainably, and supporting delivery of a more equitable, locally accessible SEND system aligned to SEND and AP Improvement Plan expectations.

Further detail can be found in Appendices 3, 3A and 3B

8. System partner and stakeholder engagement, and co-production.

Partnership engagement and coproduction are central to the delivery of SEND reform in BCP. In line with *Every Child Achieving and Thriving*, the partnership recognises that sustainable improvement depends on strong collaboration across education, health, care and the voluntary sector, alongside meaningful involvement of children, young people and families in shaping decisions that affect them. This shared commitment supports a system that is inclusive, transparent and responsive to need.

The local area partnership has strengthened and stabilised governance and leadership arrangements, with refreshed boards and clearer shared oversight across education, health and the local authority. These arrangements provide a strong foundation for effective engagement, shared accountability and collective decision making. Multi-agency forums support coordinated responses, joint commissioning and system-wide learning, while ongoing work continues to improve clarity of roles and escalation routes during periods of change.

Schools and settings play a critical role within the local family of schools. Engagement with early years providers, mainstream schools, alternative provision and post-16 partners takes place through established networks and collaborative forums. The partnership is improving consistency of engagement across phases, building confidence in inclusive practice and ensuring providers contribute to the delivery and monitoring of SEND reform. The cradle-to-career cluster model is central, bringing partners together to meet the needs of children locally.

Coproduction is embedded as everyday practice. Parents, carers, children and young people contribute at individual, service and system levels, including statutory processes and strategic forums. The partnership recognises that children and young people's voices are distinct from parent voice and is strengthening how these views influence decision making and service design.

Inclusive engagement approaches, including digital methods and community-based opportunities, broaden participation and reach less heard groups. Alongside this, workforce development prioritises building confidence in coproduction across education, health and care, while also supporting families to engage effectively.

Clear feedback loops ensure learning from engagement, complaints and dispute resolution informs continuous improvement. SENDIASS provides independent advice, and the partnership remains committed to sustaining confidence in its independence.

Our plan to ensure partners and stakeholders engage in the future development and implementation of the Reform Plan is as follows:

To ensure parents and carers are engaged we will strengthen co-production through the Parent Carer Forum, expand accessible engagement opportunities, and provide clear feedback loops so that families can see how their views influence decision making.

To ensure children and young people are engaged we will further develop youth forums and participation groups, use inclusive and creative approaches to capture voice, and ensure their views are routinely evidenced in service design and review.

To ensure our schools, early years settings and partners are engaged we will, as suggested in the Schools White Paper, take a leadership role in driving, convening and collaboration across the local system, strengthen networks, communities of practice and cluster models to support shared ownership of SEND reform and inclusive practice across all phases

Through transparent communication, strong governance and consistent coproduction, engagement remains integral to delivery, helping to build trust and sustain an inclusive system where children and young people with SEND feel they belong and can thrive.

Further detail can be found in our co production appendix 5

9. Risks and Mitigations

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Insufficient workforce capacity and capability to deliver inclusive practice at scale (education, health and care). Limits delivery of early intervention, Experts at Hand model and inclusion shift.	High	High	Red	Deliver a SEND-wide workforce strategy, including training, recruitment and retention initiatives; strengthen mainstream workforce capability through Experts at Hand; align workforce planning across partners; prioritise capacity in high-demand areas (e.g. therapies, EPs).	Amber
Inconsistent engagement and buy-in from schools, settings and system partners. Risks fragmented delivery and uneven implementation across the system	High	Medium	Amber	Strengthen co-production and partnership governance; use clusters and communities of practice to support shared ownership; provide clear expectations, support and challenge; embed feedback loops and sector-led improvement to build confidence and consistency.	Green
Sustained increase in demand for EHCPs and specialist provision outpacing system capacity. Impacts sufficiency, increases cost and limits progress toward inclusion.	High	High	Red	Accelerate early intervention and graduated approach; expand inclusion bases and mainstream capacity; use data and forecasting to inform sufficiency planning; align commissioning and capital investment to manage demand and reduce reliance on high-cost placements.	Amber

Dependence on external reforms (NHS, CSC, policy changes) creating misalignment or delays. May impact pace, sequencing and delivery of integrated pathways.	Medium	Medium	Amber	Maintain strong joint governance with health and CSC partners; align reform programmes through shared plans and leadership groups; use adaptive planning to respond to policy changes; escalate risks through governance and maintain regular review of dependencies.	Green
Financial pressures within the High Needs Block impacting delivery and sustainability. Constrains ability to invest in reform and deliver value for money.	High	High	Red	Deliver High Needs Block Management Plan alongside SEND reform; align resources to early help and inclusion; strengthen financial oversight through partnership governance; use joint commissioning to improve efficiency and outcomes; monitor cost drivers and placement mix closely.	Amber

10. **Dependencies**

Delivery of BCP's Local SEND Reform Plan is dependent on several national and local reforms that will influence pace, prioritisation and system capacity. In line with the DfE Quality Assessment Framework, the partnership has identified key dependencies and defined mitigation approaches to ensure delivery remains aligned to the core minimum requirements.

NHS reform and health system transformation
Changes within NHS Dorset, including evolving Integrated Care Board (ICB) priorities, commissioning arrangements and service models, will impact delivery of integrated SEND pathways and the Experts at Hand model. There is particular dependency on the availability and sustainability of therapies, CAMHS and community paediatrics.

Mitigation is through strengthened joint governance via the SEND & AP Systems Leadership Group and SEND Health Forum, ensuring health partners are fully embedded in planning and oversight. Joint commissioning and shared datasets will enable aligned decision-making, supporting early intervention, inclusion and improved outcomes.

Local Government reform and system capacity
Wider corporate transformation, financial pressures and potential organisational change present risks to workforce capacity, programme delivery and pace of reform.

BCP will manage this through strengthened programme governance, prioritisation of SEND reform within corporate plans, and investment in delivery capacity and programme management. A continued focus on value for money will ensure alignment with High Needs Block sustainability alongside improved outcomes.

Children's Social Care reform
Reforms linked to Families First and earlier help are critical to building a preventative, integrated SEND system. Dependencies include alignment of thresholds, pathways and workforce practice across education, health and care.

These will be managed through integrated family support models and shared leadership across SEND and Children's Social Care, aligning early help, safeguarding and SEND pathways to reduce fragmentation, crisis response and statutory escalation.

Best Start in Life and Family Hubs
The development of Family Hubs is a key enabler of early identification and intervention, particularly for children aged 0–5. Delivery is dependent on achieving scale and consistency across the system.

BCP will align SEND delivery with Family Hub development, embedding SEND expertise within early years systems, strengthening multi-agency working and improving data sharing. Co-production with families will ensure early pathways are accessible, inclusive and effective.

Curriculum and Assessment Review
National changes to curriculum and assessment will influence inclusive practice in mainstream settings and how outcomes are measured.

The partnership will work with schools, trusts and system leaders to respond to changes, maintaining a focus on inclusion, workforce confidence and consistent implementation through sector-led improvement and ongoing engagement.

Across all dependencies, the partnership will take a proactive approach to management through clear governance, regular review and defined escalation routes. This ensures wider reforms are aligned to local priorities and that delivery remains coherent, integrated and sustainable. Through adaptive planning and strong partnership working, BCP will meet the core minimum requirements and maintain

Section 3 – Monitoring and Evaluation

11. **How will the local area partnership know delivery is on track?**

Delivery is monitored through an integrated performance framework linking operational oversight, strategic governance and the DfE quarterly return. A monthly multi-agency dataset underpins the SEND & AP scorecard reviewed by the SEND & AP System Leadership Group to provide trend analysis, assurance and decision-making across education, health and care. This is complemented by service-level dashboards used by operational leads to track milestones, identify emerging pressures, target support and manage risks.

How we will use data to track progress/demand

We use a shared, multi-agency dataset to track both demand and progress across the system. This includes monitoring EHCP requests and referrals, demand by need type (including SEMH and neurodevelopmental), and pressure points in key pathways to strengthen forecasting and sufficiency planning. We will triangulate operational intelligence with the Joint Strategic Needs Assessment (JSNA) and develop partnership commissioning data (bringing together education, health and care activity, outcomes and costs) to support a shared understanding of need and the impact of current provision. In parallel, we track delivery measures such as timeliness and throughput across assessments and reviews, specialist support activity (SaLT/OT/EP) and progress against delivery-plan milestones (including workforce actions and places created). We triangulate this with quality and experience indicators (e.g., themes from QA activity, complaints, mediation/tribunal and engagement) and outcome measures such as attendance, exclusions/unauthorised absence, placement stability and post-16 participation/NEET, to test whether actions are improving outcomes over time. We will use these insights, alongside developing partnership commissioning data, to inform joint commissioning decisions (including service redesign and targeted investment), prioritise capacity where need is rising, and decommission or adapt approaches that are not improving outcomes or value for money. A High Needs Block (HNB) Board has been established to provide strategic financial oversight for SEND funding. The Board will scrutinise, identify and monitor costs to track demand and oversee the recovery plan.

The partnership also uses the multi-agency Dorset Intelligence and Insight Service (DiiS) SEND dashboards which provide health care data for the SEN Support and EHCP population which together with demographic insights provides a rich picture of the needs of this cohort. This allows to maintain a shared baseline and monitor trends across BCP and Dorset. The wider roll-out of the SEND flag across the DiiS platform will improve cohort tracking and support more consistent segmentation and evaluation.

Finance and value for money will be monitored alongside activity and outcomes, including High Needs Block position, placement mix and unit costs, and key cost drivers (including transport). This will inform prioritisation, commissioning and the shift of resources toward early intervention and inclusive practice.

Feedback and adaptation mechanisms

- **Co-production and engagement:** Review structured feedback from CYP, parents/carers and settings alongside performance data to test lived experience and whether changes are improving access and confidence.
- **Quality assurance:** Use themed audits, case reviews and multi-agency assurance to triangulate data and identify variation.
- **Learning and escalation:** Use themes from SENDIASS enquiries, complaints, mediation and tribunals to drive improvement, with clear escalation where risks arise.
- **Plan–do–review:** Where delivery is off track, agree corrective actions (e.g. reallocate capacity, revise pathways, target support, adjust commissioning) and track impact in the next cycle.

12. 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.

Document attached to email submission

Section 4 – Governance

13. **How will the local area partnership ensure delivery of plans remain on track?**

Governance Mechanism	Purpose/ Responsibilities	Membership	Cadence	Decision Rights	Escalation Route
Lisa Linscott	SRO	Director for Education and Skills, BCP Council	n/a	n/a	n/a
SEND & AP Systems Leadership Group (This will become the SEND and AP Partnership Board in line with DfE guidance)	To provide system-wide leadership and assurance that high standards of practice, effective governance and strong partnership working are embedded across SEND and alternative provision. The Group uses performance and quality assurance evidence to identify gaps and risks, prioritise and track improvement actions, share good practice, and ensure resources are used effectively and services meet legal and regulatory requirements. Where assurance is insufficient, the Group will provide constructive	Current membership which will aligned with DfE guidance Corporate Director of Children's Services Interim Chief Nursing Officer Director of Education and Skills Director of Commissioning, Resources and Quality Director of Children's Social Care Senior CSC and SEND Case Lead Senior Learning Disability and Autism Programme	Bi-monthly	The SEND and Alternative Provision Systems Leadership Group acts as the principal system board for SEND and Alternative Provision across the BCP local area partnership. It provides strategic leadership, collective accountability, and system-wide assurance, and is the primary forum through which partners align, challenge, and agree priorities for SEND and AP improvement	Health and Wellbeing Board (Partnership), Children and Young Peoples Partnership Board (Partnership) Integrated Care Board (Health) Neighbourhood Health and Wellbeing programme (Health), the BCP Safeguarding Partnership and/or the relevant senior leadership team(s) within partner agencies, in line with agreed reporting and

	challenge and escalate issues through agreed governance routes.	Assurance Manager and SEND Lead SEND Advisor Director of Adult Social Care Deputy Director of BCP Modernisation & Place Principal Lead Children and Young People/LDA Deputy Director of Operations Designated Clinical Officer (DCO) Operations Director for MH and Children and Young People Group Director of Operations Director of Inclusion Headteacher of Special School Headteacher of Primary School Parent Carers Rep BCP Public Health Rep			governance arrangements.
SEND Health Forum	Provides health system oversight of SEND reforms across BCP and Dorset to improve outcomes for children	Chief and/or Deputy Nursing Officer NHS Dorset ICB	Monthly	The SEND Health Forum does not hold formal decision making powers; however, it can	Integrated Commissioning Board via the Quality and Commissioning

	and young people aged 0–25 with SEND.	Strategic Parent Carer Forum for Dorset and BCP Place Designated Clinical Officer SEND. NHS Dorset ICB Associate Designated Officer SEND. NHS Dorset ICB Designated Nurse for Children in Care. NHS Dorset ICB All Age Continuing Care representative, NHS Dorset ICB Strategic Commissioner representative NHS Dorset ICB Children and Young People Service Lead representative for Dorset Healthcare (Children, Young People and Family services. Child and Adolescent Mental Health, Speech and Language and Intellectual Disability team). Children and Young People Service Lead representative for		agree collective recommendations and actions on health related SEND pathways and escalate these for decision via the Integrated Commissioning Board and relevant SEND partnership governance boards.	Committee, AP & SEND Systems leadership group

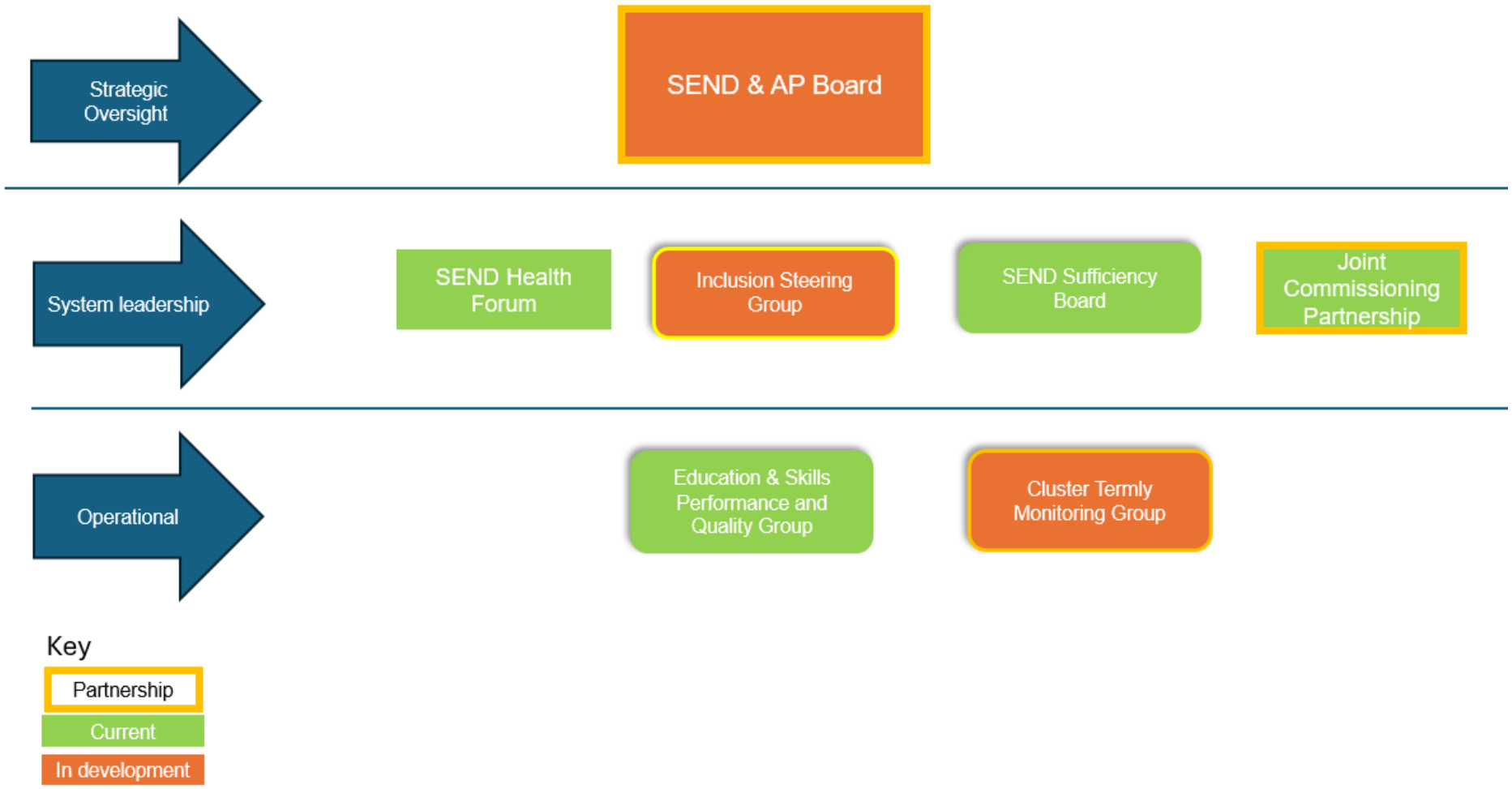
		University Hospital Dorset (Therapies, community nursing, community Paediatrics) Children and Young People Service lead representative for Dorset County Hospital. (Therapies, community nursing, community Paediatrics) Clinical representative from University Hospital Dorset Clinical lead representative Dorset County Hospital ICB Clinical lead representative Head of Programmes BCP Public Health			
Inclusion Steering Group (this is a new group and will be established to oversee experts at hand)	Brings together oversight of the model alongside key inclusion workstreams, including targeted funding and internal alternative provision. It identified emerging trends, ensures alignment, hold the offer to account and evaluates impact to drive	Expert at Hand Lead Head of Education Inclusion Leads Team Leader Principal Educational Psychologist Occupational Therapy Team Manager	6 weekly	Make decisions on staffing, support, whole cluster resource, funding and training.	SEND and AP board

	continuous system improvement.	Speech and Language Lead School and setting representatives Early Years Lead Post 16 Lead Parent/Carer Representation			
SEND Sufficiency Board	Provides strategic oversight of the SEND Sufficiency Strategy, acting as a decision making gateway to ensure SEND provision projects are prioritised, affordable, and delivered to agreed timescales, budgets and quality standards	Director Education & Skills, Learning and Skills (chair) Head of Place Planning, Admissions and Capital Programme Manager – Capital Headteacher – Secondary Headteacher – Primary SEND Finance SEND Service Manager Head of CS Commissioning PCT representation	Monthly	Approve or reject proposals for inclusion in the SEND programme, make decisions on escalated risks and issues, and authorise actions to ensure delivery against agreed timescales, budgets and quality standards.	Cabinet, CMB,
Joint Commissioning Partnership	The Joint Commissioning Partnership (JCP) for BCP Place will establish and embed a collaborative framework through which partner organisations—BCP	Director of Commissioning, Resources and Quality, BCP Council Deputy Director, NHS Dorset	quarterly	Whilst not an internal local authority or partners decision-making Group, the Group will receive proposals and make recommendations for key commissioning	SEND and AP System Leadership Group

	Council, NHS Dorset, Dorset HealthCare, Parent Carers Together and other relevant stakeholders—work together to plan, fund, and deliver integrated services that improve outcomes for children, young people, and families. The aims of the group are to: 1. Improve Outcomes and Experiences for Children Young people and Families 2. Maximise Use of Resources 3. Support Strategic Planning and Integration 4. Strengthen Governance and Accountability 5. Enable Innovation and Flexibility	Designated Clinical Officer for SEND, NHS Dorset Head of Service - Children's Commissioning, BCP Council Head of Children's Services, Dorset HealthCare BCP Public Health Deputy Director BCP Place		issues identified across the partnership taking into account inspections, peer reviews and other external monitoring processes. The group will monitor progress, including receiving relevant performance management information across the system. The expectation is that decisions of the partnership will be agreed through consensus or if necessary, the Chair will carry a casting vote	
Education and Skills Quality and Performance Group	To provide assurance that Children's Services Education and Skills is delivering high standards, with effective governance, and	Director of Education and Skills (Chair) Head of Education Effectiveness	Monthly	The group can agree, by consensus, required improvement actions and risk mitigations, confirm or amend	Where required, the group can escalate performance concerns, risks and any decisions requiring higher-

	scrutinises performance to identify gaps, manage risk and drive improvement.	Head of SEND Assessment & Review Head of School Inclusion, Places & Capital Early Help, Education & SEND Performance Manager Headteacher of BCP Virtual School and College Sendiass Manager		membership, and determine when performance concerns should be escalated to the SEND and AP Systems Leadership Group.	level oversight to the SEND and AP Systems Leadership Group.
Cluster Termly Monitoring Group (this is a new group and will be established to oversee experts at hand)	This group led by the inclusion lead and supported by seconded leaders and practitioners, reviews the impact and effectiveness of support across the clusters. It analyses key data, identifies emerging themes and highlights area for improvement ensuring provision is responsive and continuously strengthened at a cluster-wide level.	Inclusion lead for cluster School / Setting leaders (secondees) Cluster SaLT Cluster Educational Psychologist Cluster Occupational Therapist Early Years SENCo Cluster Coordinator	6 weekly	Cluster specific decisions on to allocate staffing, support, whole cluster resource, funding and training.	Inclusion Steering Group

Proposed SEND Reform Governance



Section 5 – Central Government Support

Specialist advisory and implementation support
Ongoing access to SEND and financial advisers to review emerging delivery, test assumptions and provide challenge will support robust implementation of our roadmap and enable early identification of risks or gaps against the QA framework.

Workforce development and national programmes
Support to develop and scale the specialist and mainstream workforce, including access to national training programmes and recruitment initiatives (e.g. educational psychology, therapies and SEND leadership), will be essential to building sustainable capacity and delivering inclusive practice at scale.

Data, benchmarking and digital tools
Continued development of national data sets, dashboards and benchmarking tools will support more consistent tracking of demand, outcomes and value for money across local areas. Alignment of data definitions and reporting requirements will further strengthen our ability to meet monitoring and reporting expectations.

System leadership and partnership development
Facilitation of peer learning opportunities, regional networks and sector-led improvement will support system leaders to share effective practice, strengthen delivery and accelerate improvement.

Policy clarity and alignment across reforms
Clear and timely guidance on the interaction between SEND reform, Children's Social Care reform, NHS priorities and education policy will support coherent local implementation and reduce duplication or conflicting expectations.

Through this support, BCP will be better positioned to deliver a coherent, inclusive and financially sustainable system that meets the expectations of the SEND reform programme

BCP SEND & Alternative Provision Strategy 2026–2029

Building belonging, growing confidence, thriving together

1. Our vision

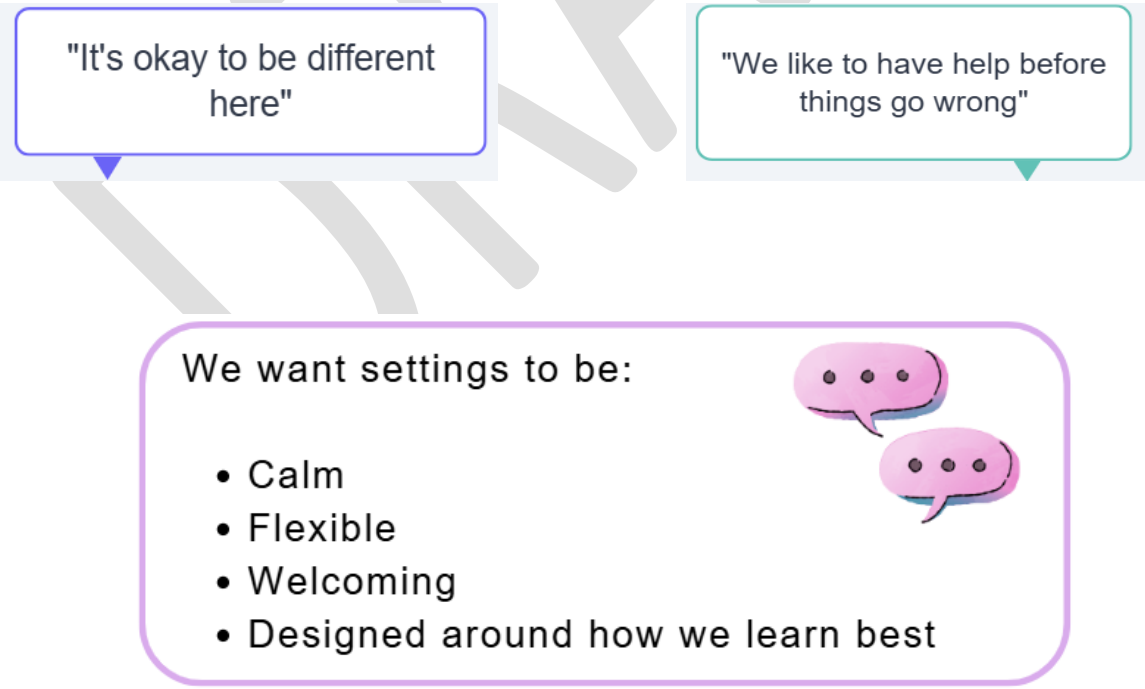
We belong. We are listened to. We can thrive.

In Bournemouth, Christchurch and Poole, every child and young person with SEND should feel seen, valued, and supported to be who they are. Together, we're building a more inclusive BCP, where children and young people with SEND are heard, valued and supported to thrive, through strong partnerships, honest listening, and continuous improvement.

We are committed to making sure every child and young person:

Feels they truly belong in their community
Is understood, listened to, and respected
Gets the right support at the right time
Can thrive in education and in life

Through our co-production work across BCP, children and young people told us clearly:



When we asked children and young people how things could be different in three years' time, they told us:

Parents and carers shared their thoughts with us also:

"Inclusion is important because without it some children are effectively locked out of learning"

"Good inclusive practice looks like consistency, flexibility and focusing on progress"

We want our children to be:

- Happy
- Safe
- Confident
- Included in every day life

We share this vision.

This Strategy sets out our strong commitment to making this a reality – working together with children, young people, families, and partners to create a more inclusive, supportive, and empowering future for all.

2. Our story so far

We are proud of the progress we have made together. Across education, health and care, there is **strong partnership working**, **committed leadership**, and a **shared ambition** to improve outcomes for children and young people with SEND. We have built solid foundations for co-production and a clear focus on inclusion and belonging.

However, we know that too many children and families are **not yet experiencing this consistently.**

Support is often provided **too late**, after needs have escalated. Experiences **vary too much** between schools and settings, and families continue to face **unclear pathways and communication**. At the same time, **demand is growing rapidly,** with increasing levels of need and rising numbers of EHCPs.

Children, young people and their families are clear about what needs to change: support must happen **earlier,** practice must be more **consistent,** and services must **work better together.**

3. What you told us

This Strategy has been shaped directly by children, young people, parents and carers.

Children and young people told us:

Parents and carers told us:

THEY SUPPORT THE DIRECTION OF TRAVEL, PARTICULARLY..

- early intervention
- inclusive schools
- partnership working

HOWEVER, THEY ARE CONCERNED ABOUT...

- waiting times and backlogs
- workforce capacity
- whether change will be consistent across all settings

THEY WANT...

- clear information about support
- better communication
- confidence that their concerns will be taken seriously the first time

Our schools and settings told us:

OUR APPROACH SHOULD BE...

- "a preventative, person-centred model built on trust, with the child at the heart."
- "visible, with a consistent 'village' across schools, families, and services."

OUR SUPPORT SHOULD BE...

- "joined-up and accessible through a single front door, with early help not dependent on diagnosis."

4. What needs to change

How we will work together

We will work as one partnership, guided by shared principles:

- Work together openly and honestly
- Listen to children, young people and families
- Focus on strengths and what matters to each individual
- Act early and prevent problems from escalating
- Take shared responsibility for outcomes

These principles are outlined in more detail in our partnership Memorandum of Understanding **(link).**

5. Our priorities for the next three years

Our priorities for the next three years reflect a clear, shared ambition: to create a system where every child and young person feels they belong, receives the right support at the right time, and is well prepared for their future. Co-production underpins every element of this strategy, with children, young people and families actively shaping design, delivery and review at all levels of the system across every priority:

1. Inclusive practice and belonging in every setting
2. Earlier help through a locality model
3. The right support in the right place
4. A strong and purposeful alternative provision (AP) offer
5. Preparation for Adulthood
6. Trust, communication and co production

Priority 1: Inclusive practice and belonging in every setting

> *"I feel like I belong when teachers support us early and give us clear expectations. Good inclusive practice is help before things go wrong, not just after"*
> **Year 11 pupil**

We will embed consistent inclusive practice through our BCP Graduated Approach to Inclusion. The Local Area Partnership will implement a clearly defined strategy to introduce the Universal Offer and Ordinarily Available Provision (OAP) Universal | BCP GATI, ensuring consistent communication, stakeholder engagement, and equitable access to support for all children and young people with SEND.

A strong Ordinarily Available Provision (OAP) baseline within our settings and schools is the cornerstone of an inclusive system, ensuring that high quality, adaptive teaching and support are consistently in place for all children and young people. By clearly defining and embedding our shared universal practices, we can meet a wide range of needs early and promote equity and belonging. Our robust OAP baseline will strengthen our universal offer and provide clarity, consistency, and confidence for practitioners, families, and partners.

We want to build capacity, confidence and sustainable expertise within schools and settings rather than dependency.

We will ensure all schools and settings:

- understand and meet a wide range of needs
- create calm, flexible learning environments
- deliver strong, inclusive everyday practice

This model will:

- improve consistency across all settings
- strengthen teaching approaches and environments
- ensure children experience inclusion every day

This means that: children will feel safe, included and able to succeed wherever they are.

Priority 2: Earlier help through a locality model

> *"belonging comes from staff understanding needs, and quietly adapting so support feels normal, not different"*
> **BCP Parent**

The BCP Inclusion Support Partnership is a place-based, early intervention approach designed to strengthen inclusive practice across schools and settings. It works by bringing together education, health and care partners to provide timely, coordinated support at the earliest point of need, through a clear graduated approach. At its core, the model focuses on working alongside practitioners to build their confidence, skills and capacity, ensuring that children and young people with SEND are supported effectively within their everyday environments.

We will introduce a new way of working that:

- brings specialist support directly into schools and settings
- provides one clear route for help
- works alongside staff and families

This model will:

- build confidence and capability in schools
- provide timely, practical support
- reduce the need for escalation to specialist services

The approach will be delivered through our cluster-based locality model, ensuring support is rooted in communities and consistent across BCP.

This means that: children will get help earlier, in the right place.

Priority 3: The right support in the right place

> *""It is a priority to make children and young people feel validated whilst providing a safe space for them to learn at different paces"*
> **BCP Teacher**

We will ensure that the right help is in place at the right time by strengthening the teams around the school and securing a graduated approach platform that enables schools and settings to confidently "self-serve" support within their everyday practice. This will build practitioners' knowledge, skills, and confidence to meet a wide range of needs, supported by high-quality specialist and Alternative Provision (AP) outreach and other services. Learning will be rooted in real examples, including case studies and live practice from settings and schools, creating opportunities for colleagues to learn alongside one another. Through this shared approach, school and setting staff will grow in expertise together, embedding inclusive practice and improving outcomes for children and young people with SEND.

We will:

- increase inclusive provision in our local family of mainstream schools
- expand specialist support where needed
- reduce reliance on distant or high-cost placements

This includes:

- developing specialist bases and outreach
- strengthening inclusion in mainstream settings
- improving local capacity to meet need

This will be aligned to our cluster model and targeted funding approach, ensuring provision develops in response to local need. Genuine co-production will be part of service design and frontline practice, not just strategy.

This means that: more children will be supported successfully within their community.

(Link to SEND Sufficiency Strategy)

Priority 4: A strong and purposeful Alternative Provision (AP) offer

> *"I used to go to a different place and now I just have the help of my team in school. I understand that it is important for some students to have help from other people. That is good."*
> **Year 6 Pupil**

We are committed to developing a high-quality, inclusive alternative provision system that keeps children and young people engaged in learning and achieving positive outcomes. Through a locality-based, cluster model informed by national best practice, we will work in partnership to intervene early, reduce lost learning and prevent escalation of need. We will strengthen pathways into and out of AP, supporting reintegration to mainstream where appropriate and ensuring all provision is purposeful, time-limited and outcomes-focused. Our ambition is that AP is a targeted intervention, not a destination, enabling every child and young person to progress and succeed.

We will:

- strengthen early support to prevent lost learning
- improve reintegration back into mainstream education
- ensure AP is high quality and focused on outcomes

Our Alternative Provision will operate in a cluster based locality system, and taking learning from national best practice.

This ensures children and young people receive the right level of support at the right time:

- **Tier 1** – strong inclusive support within schools and clusters to prevent escalation
- **Tier 2** – targeted intervention, supported through our Inclusion Support Partnership
- **Tier 3** – specialist Alternative Provision for those who need it

Our approach:

- focuses on early intervention and prevention
- supports children to stay connected to education
- ensures successful reintegration wherever possible

So that the return to a child/young person's home school :

- is successful and measured through sustained attendance, engagement, and reduced reliance on alternative provision.
- includes phased transitions and ongoing targeted support
- ensures children, young people, and families shape reintegration plans and goals.
- has regular review through multi-agency check-ins to maintain progress and prevent re-escalation.

This means that: children will stay connected to education and achieve positive outcomes.

(Link to three tier AP model)

Priority 5: Preparation for adulthood

> *"We have mentors support and careers guidance. We are supported to pursue our goals and are involved in try outs for our futures"*
> **Year 10 Pupil**

We are committed to embedding a whole system approach to Preparation for Adulthood, ensuring that children and young people with SEND are supported from the earliest years to develop the skills, knowledge and confidence needed to lead fulfilling adult lives.

Our ambition is that every child and young person is supported on a clear pathway from cradle to career, with high aspirations, coordinated support and meaningful opportunities at every stage.

We will:

- Strengthen transitions at all stages, ensuring planning is timely, person-centred and outcomes focused
- Embed Preparation for Adulthood from the earliest years, with a consistent focus on the four PfA outcomes
- Improve post-16 pathways and opportunities, working collaboratively with education providers, training services and employers to increase access to inclusive education, supported internships, apprenticeships and employment
- Support the development of independence and life skills, including communication, decision-making, travel training, financial capability and self-advocacy
- Raise aspirations for all children and young people with SEND, ensuring exposure to real-life experiences, careers education and positive role models throughout their education
- Strengthen partnership working across education, health, social care, families and the voluntary sector to deliver a coordinated and joined up approach
- Ensure person-centred planning is embedded, with clear, ambitious and measurable outcomes reflected in EHC plans and support arrangements
- Equip the workforce with the skills, knowledge and shared understanding needed to support long-term outcomes for adulthood

The PfA Outcomes

This means that:

- Children and young people with SEND will develop early independence, resilience and aspiration
- Families will be informed, engaged and confident in planning for their child's future
- Transitions will be well planned, coordinated and ambitious, reducing uncertainty and improving continuity of support
- Young people will have increased access to high quality post-16 and post-19 opportunities, including education, training and employment
- More young people with SEND will progress into sustained employment, independent living and active participation in their communities
- Young people will be well-prepared for adulthood, with the confidence, skills and support they need to achieve positive outcomes and lead meaningful lives

Priority 6: Trust, communication and co-production

This priority is an anchor to our strategy and not the only place our co production sits

> *"Belonging is important because when anxiety led to school refusal, my child couldn't access education at all. Belonging started with staff who listened, were patient and rebuilt trust"*
> **BCP Parent**

We are committed to building strong, trusting relationships with all partners, especially children and young people (CYP) with SEND and their families rooted firmly in Our Co-Production Pledge. We will work in genuine partnership through co-production, ensuring that their voices are heard, valued and influence decision-making from the earliest stages. By sharing, listening to lived experience and working collaboratively across education, health and care, we aim to design and deliver services that better meet local needs and improve outcomes. Our approach is rooted in openness, respect and a belief that meaningful involvement of CYP and families leads to stronger, more effective and inclusive services.

We will:

- Improve communication with families by providing clear, consistent and accessible information across all services
- Strengthen the SEND Local Offer by ensuring it is up to date, easy to use and reflects the full range of local support
- Ensure families are listened to and involved by embedding co-production and acting on feedback to drive meaningful change

This approach ensures that belonging is not just an aspiration, but a consistent experience across every setting. As a result, families will understand the system and feel confident in it. This shows that lived experience informs day-to-day decision making and support pathways.

This means that:

- Families will receive clear, consistent and accessible information about support, services and pathways
- Parents and carers will know where to go for help and feel confident navigating the system
- The SEND Local Offer will be widely used, trusted and reflective of the lived experience of families
- Families will feel heard, valued and actively involved in decisions that affect their children
- Feedback from families will lead to visible improvements in services and provision
- There will be stronger relationships between families and professionals, built on trust and transparency

- Children and young people will benefit from better coordinated, responsive support as a result of improved communication and co-production

6. How support will work

A locality-based, cradle-to-career approach

Our system is built around a locality model, where support is organised through school clusters that work together to meet the needs of children and young people from early years through to adulthood.

This means:

- support is rooted in local communities
- schools, services and partners work together around shared groups of children
- children and families experience a more joined-up and consistent system

A range of connected workstreams is in place to support a strong and consistent graduated approach across BCP. These focus on helping schools identify needs early, strengthen inclusive practice in the classroom, and provide the right support at the right time. Together, they are designed to build confidence across the workforce, improve the universal offer, and ensure children and young people with SEND get the support they need as early as possible, reducing the need for more specialist interventions later.

The foundation: The Graduated Approach to Inclusion (GATI)

Everything in this Strategy is built on our Graduated Approach to Inclusion, which sets clear expectations for how needs are identified early and supported in everyday practice.

Our approach is a place-based, early intervention model rooted in our commitment across BCP to secure inclusive, thriving communities. We want to work alongside schools and settings at the earliest stage, strengthening inclusive practice so children and young people with SEND are identified early, supported quickly, and enabled to succeed.

Our Graduated Approach has been designed and created alongside settings and schools, children, young people and families, reflecting genuine collaboration and meaningful engagement to ensure it is practical, relevant, and embedded in everyday practice.

This is so it:

- ensures all schools and settings provide strong, inclusive support as part of their everyday practice
- focuses on understanding need early, adapting teaching, and responding quickly
- sets a shared standard for support across BCP

You can explore our approach here:
BCP Graduated Approach to Inclusion (GATI)

This means that:

- every child should receive high-quality support without needing to escalate
- specialist support builds on strong everyday inclusive practice
- support is consistent, clear and easy for families to understand

Clusters as the engine of delivery

Clusters are at the heart of our model. Each cluster brings together:

- schools and settings
- education, health and care professionals
- local intelligence about need

Clusters will:

- identify emerging needs early
- share expertise and good practice
- coordinate support across settings
- act as the point where decisions and support come together

This creates a system where support is local, consistent and responsive.

The Inclusion Support Partnership (Experts at Hand)

Building on this foundation, our **Inclusion Support Partnership** has been co-produced through a multi-agency partnership model and shaped by lived experience. It provides:

- specialist expertise across clusters
- a clear and simple “request for help” pathway
- timely, coordinated support

This model:

- works *alongside* schools and families
- builds capability, not dependency
- provides support earlier, before needs escalate

Access to specialist support when needed

Our Local Area Partnership will deliver a coherent strategy to embed the Universal Offer and Ordinarily Available Provision (OAP) through strong, cluster-based partnerships that know their schools and settings well, enabling proactive planning of support as needs emerge.

This will be underpinned by accessible, responsive “soft triage” support, ensuring timely advice and guidance without always requiring escalation, and promoting early intervention, inclusion, and shared responsibility across the system.

Through the Inclusion Support Partnership:

- there will be a clear “Request for Help” process
- support will be coordinated and timely
- specialists will work alongside schools and families

The system will work in a more joined-up and coordinated way, with partners working closely together across local areas. By building a shared understanding of each setting’s context, strengths and needs, services can respond more consistently and effectively. Strong relationships and shared accountability will help ensure support is well coordinated and delivered at the right time. This collaborative approach will make it easier to plan ahead, respond to emerging needs, and provide support that is tailored to local communities, improving outcomes for children and young people with SEND.

Aligning support with targeted funding

Support is strengthened through our targeted funding model, which is aligned with clusters.

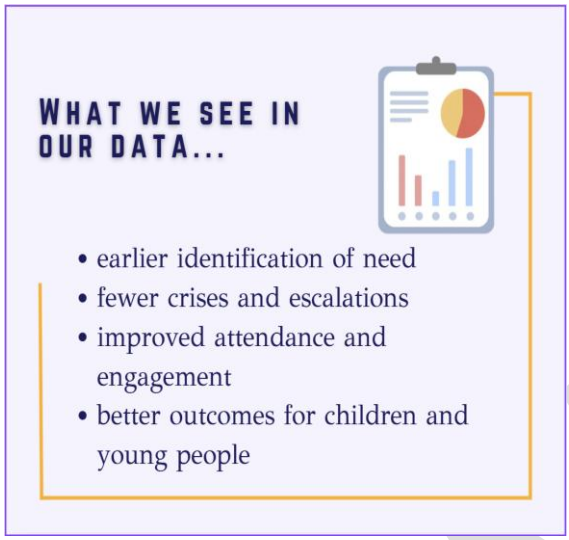
This means:

- funding decisions are informed by local need
- resources can be used flexibly
- support can be tailored to:
    - individual children
    - groups
    - whole-school or cluster-wide priorities

This ensures resources are used effectively and fairly.

7. How we will know it is working

Lived experience will be central to measuring success and Critical for demonstrating that feedback leads to action and system improvement. We will measure this in two ways:



Our quality assurance

We will:

- establish a robust and transparent quality assurance and governance framework across the SEND and AP system.
- build shared understanding across the local area of the graduated approach and the layers of support available.
- strengthen frontline quality assurance through Inclusion Lead roles (0–25).
- introduce a structured review model through the BCP Inclusion Partnership
- embed co-production and clear, transparent feedback loops.
- ensure quality assurance drives continuous improvement and accountability.

This means that:

- Clear oversight will be provided through the SEND Strategic Board, Inclusion Partnership Board (0–25), and BCP Inclusion Partnership, with regular reporting on performance data and lived experience.
- There will be clear standards for the universal, targeted, and specialist offer, with reviews to ensure consistency across schools and services.

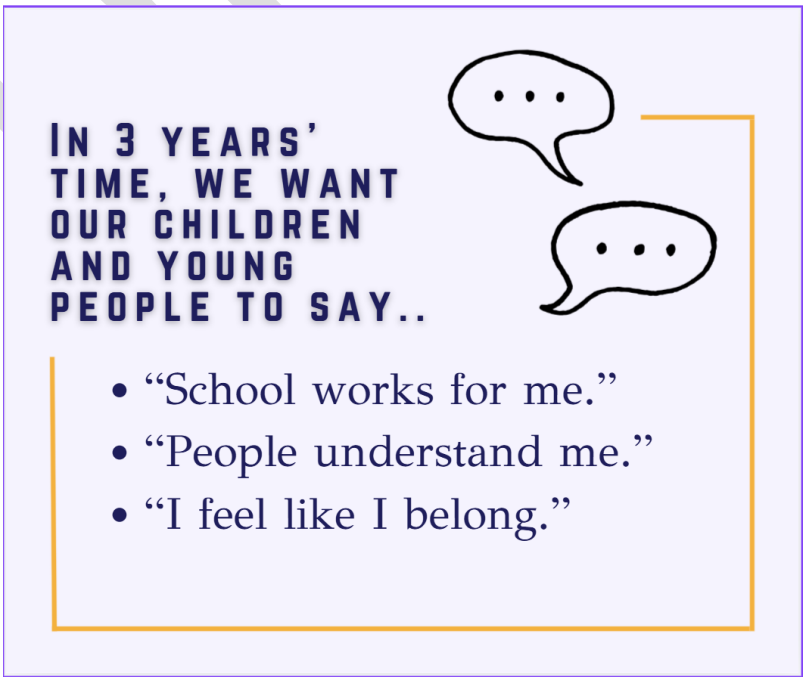
- Inclusion Leads will support and challenge schools, carry out practice reviews, and quality check the universal offer to reduce variation and strengthen inclusive practice.
- Schools and services will be reviewed by multi-agency peers, including parents, carers, and young people, to assess how inclusive and welcoming they are and identify improvements.
- Parents, carers, and young people will play an active role in monitoring progress through surveys, forums, and reviews, supported by clear processes for reporting, action, and escalation.
- QA findings will directly inform action plans, service improvements, and commissioning decisions, with clear accountability and regular public reporting of progress and impact.

8. Our commitment

Together, across the BCP partnership, we make this commitment:

- We will work openly, honestly and with integrity, holding ourselves accountable for the difference we make.
- We will listen carefully to children, young people and their families, and more importantly, we will act on what they tell us.
- We will keep learning, challenging ourselves, and improving so that every experience of support is better than the last.
- We will stay focused on what matters most: the lives, hopes and futures of children and young people with SEND.

Together, we will build a system that is inclusive, ambitious and responsive, where every child and young person feels valued, understood and supported to thrive and succeed.



Bournemouth, Christchurch and Poole Schools Forum

Forward Plan

21 September 2026

- Schools Forum membership
- SEND Reform Plan
- Quarter 1 Budget Monitoring
- High Needs Update 2026–27

16 November 2026

- DSG Budget Monitoring
- High Needs Update
- 2027–28 Financial Settlement
- Early Years Single Funding Formula 2027–28
- SEND Reform Plan
- Forward Plan

11 January 2027

- Financial Settlement and draft budget
- Mainstream School Funding
- Early Years Funding Formula
- Maintained School Services / Central Retention
- Forward Plan

8 February 2027 (if required)

21 June 2027

- DSG Outturn 2026-27
- Exceptional Circumstances funding
- AOB
- Forward Plan

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