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

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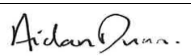
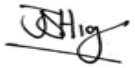
BCP CEO	Aidan Dunn		Aidan.Dunn@bcpcouncil.gov.uk	16/06/2026
ICB CEO	Jonathan Higman		jonathan.higman@nhs.net	16/06/2026
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Executive Summary

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.

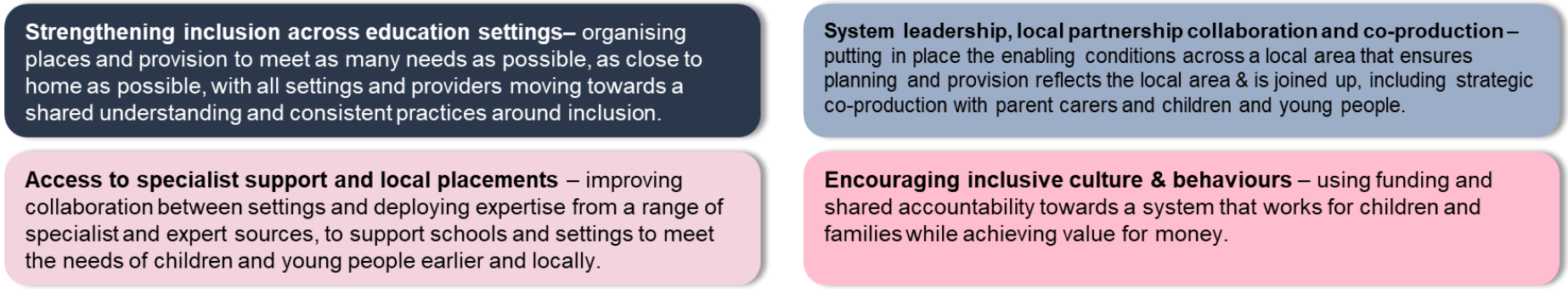
- Reduce High Needs Block pressures over time, turning the curve on in year deficits
- Shift investment toward inclusive mainstream provision
- Strengthen financial governance and accountability

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**



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

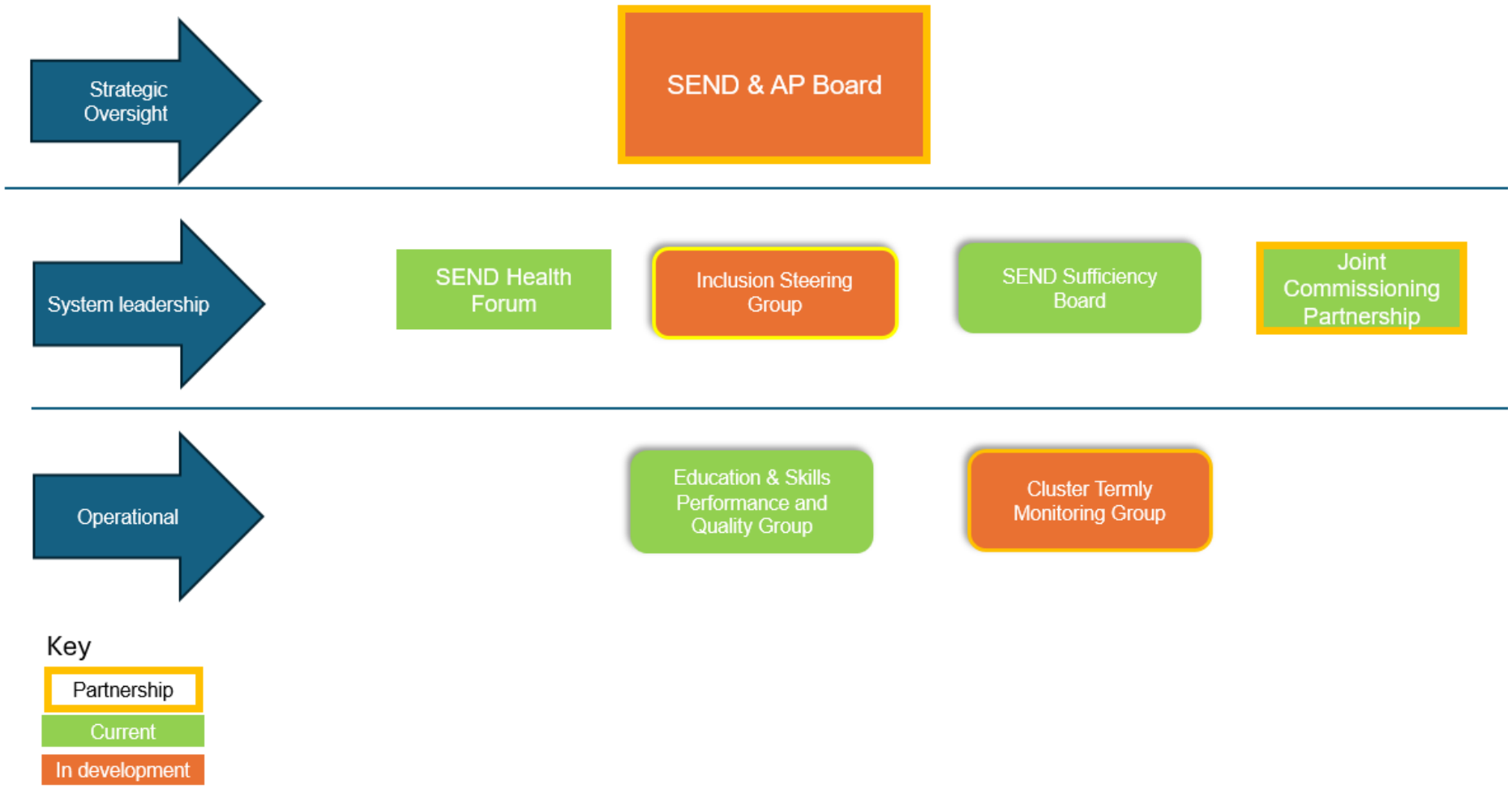
		University Hospital Dorset (Therapies, community nursing, community Paediatrics) Children and Young People Service lead representative for Dorset County Hospital. (Therapies, community nursing, community Paediatrics) Clinical representative from University Hospital Dorset Clinical lead representative 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