Cumberlands Local Area SEND Plan

FINAL June 2026

Annex A: Local SEND Reform Plan

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

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

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

Name of Local Authority: **Cumberland Council**

Name of Integrated Care Board: **North East North Cumbria ICB**

Lancashire and South Cumbria Board

Local SEND Reform Plan SRO:

Cumberland Council: Jo Atkinson; Director or Corporate and Transformation Services

ICB NHS Lancashire and South Cumbria SRO**:** Peter Chapman Interim Associate Director of Children Services (SEND and Complexities)

ICB North East and North Cumbria SRO: Alan Bell Senior Head of Commissioning North Neighbourhood

Signatories

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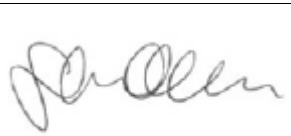
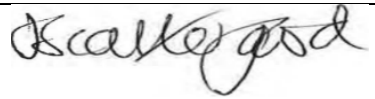
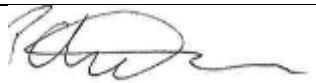
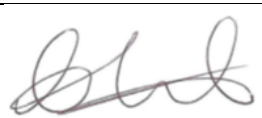
NENC ICB Chief Executive	Sam Allen		s.allen24@nhs.net	18/06/2026
LSC ICB Chief Executive	Aaron Cummins		aaron.cummins1@nhs.net	18/06/2026
LSC ICB Interim Chief Nurse	Jane Scattergood		Jane.scattergood@nhs.net	18/06/2026
ICB NHS Commissioning Director - North	Rachel Mitcheson		r.micheson@nhs.net	16/06/2026
ICB NHS Lancashire and	Peter Chapman		peter.chapman10@nhs.net	18/06/2026

South Cumbria SRO				
Cumberland Council Chief Executive	Andrew Seekings		Andrew.seekings@cumberland.gov.uk	18/06/2026
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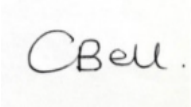
Cumberland Council Section 151 Officer	Catherine Bell		Catherine.bell@cumberland.gov,uk	18/06/2026

Cumberland Council Executive Member for Lifelong Learning and Development	Cllr Elaine Lynch		Elaine.Lynch@cumberland.gov.uk	18/06/2026
SENDAC – Parent Carer Forum Chair of SENAC	Georgina Grant	The Parent Carer Forum has not endorsed the national SEND Reform Plan, reflecting their concerns regarding the national direction of inclusion. However, they remain committed to working in partnership to co-produce Cumberlands local SEND Plan.	Chair@SENDAC.org	18/06/2026
Strategic SEND & AP Partnership Board	Core Members including all sector settings	Complete on behalf of the Partnership	SENDPartnershipInspection@cumbria.gov.uk	18/06/2026

Executive Summary

A brief summary of your local system 'change story' – your local context, where you are now, where you want to get to in the next 3 years, how you know you are succeeding and how you will know you have achieved your vision for the next 3 years. Please include a brief qualitative summary. This summary should also include your assessment of current and forecast performance against the headline metrics.

Please structure your 'change story' using the following aims:

- *Build a 0-25 system where children and young people receive support to achieve and thrive through (a) more inclusive settings and (b) stronger local partnerships*
- *Improve capacity and capability of the mainstream and specialist workforce to identify and meet need*
- *Improve confidence of children, families, and stakeholders in reform and readiness of the system*
- *Stabilise finances and improve value for money*

500 words

Cumberland's Local SEND Reform Plan sets out a three-year transformation programme to deliver a single, coherent 0–25 SEND system that improves outcomes for children and young people, rebuilds confidence for families, and secures a sustainable high needs system. The plan aligns with national SEND and AP reform, Cumberland's SEND & AP Strategy 2025–2028, the post-inspection action plan, and the High Needs DSG Cost Improvement Plan.

SEND local area reform acts as a key vehicle for implementing the NHS 10 Year Plan's priorities for children and young people. By focusing on prevention, community-based care, integrated system working and neighbourhood health, these reforms aim to ensure that children and young people receive timely, coordinated support closer to home and tailored to their needs. This better reflects the wider direction of NHS reform toward more accessible, joined-up and preventative care delivered through neighbourhood-based partnerships

The local area is operating within a system under sustained pressure. Demand for SEND support and statutory assessment has risen significantly, with a projected increase in Education, Health and Care Plan (EHCP) demand driven by rising complexity of need. Workforce capacity across education, health and care is constrained, and reliance on statutory processes and specialist placements has increased. Current performance is characterised by inconsistent inclusion, variable access to early support, and increasing financial pressure across the high needs system.

Over the next three years, the partnership will deliver a step-change to a more inclusive, preventative and partnership-led system, structured around four core reform priorities.

First, building an inclusive 0–25 system, Cumberland will strengthen mainstream capacity through a clearly defined graduated response and a co-produced Local Offer. This will reduce avoidable escalation to statutory processes, with a clear ambition to stabilise EHCP demand and supported by a higher proportion of need met effectively at SEN Support.

Second, improving workforce capacity and capability, the partnership will implement a system-wide workforce development programme alongside an "Experts at Hand" model. This will ensure timely access to specialist advice, enabling mainstream settings to identify and meet need earlier, improve attendance and participation, and reduce exclusions.

Third, increasing confidence of children, young people and families, coproduction will be embedded across governance and service design. Timeliness, communication and quality assurance will improve through clearer pathways, strengthened EHCP processes, and learning from complaints and tribunal activity.

Fourth, securing financial sustainability and value for money, the partnership will deliver a stronger local continuum of provision, including expanded inclusion bases and specialist capacity aligned to need. This will reduce reliance on independent and out-of-area placements, with a target to maintain the stability of the budget over the next 3 years, alongside reduced spend on placements currently costing over £6.4m annually and rising. Our expectation is exclusions will reduce and attendance will remain stable.

Progress will be measured through defined performance indicators. Baseline evidence shows high rates of absence and exclusion for children with SEND and rising EHCP demand. By 2028–29, success will be evidenced through: improved

attendance and reduced exclusions; increasing proportions of need met at SEN Support; stabilisation of EHCP growth in line with target trajectories; reduced reliance on high-cost placements; and improved parent and carer confidence.

Delivery will be underpinned by strengthened partnership governance, integrated commissioning across education, health and care, and a shared performance dashboard to track demand, timeliness, quality, outcomes and spend. These changes will shift Cumberland from a reactive and fragmented system to a proactive, inclusive and financially sustainable 0–25 SEND system where children and young people receive the right support, at the right time, in the right place.

Section 1 – Vision and Goals

1. **What the local area partnership is trying to achieve?**

   Please set out your goals for your local system. These should be clear, aligned to the vision set out in the Schools White Paper, small in number and measurable. These goals should include clear reference to:

   - Outcomes for children
   - Confidence of parents, carers and young people in the system
   - Management of finances to secure value for money

   250 words

Cumberland's vision is to deliver a high-quality, inclusive 0–25 SEND system where every child and young person can achieve and thrive in their local community. In line with the Schools White Paper, this means ensuring that mainstream education is the default, that high standards are maintained for all, and that support is delivered early, consistently and effectively through strong partnership working across education, health and care.

Our first goal is to improve outcomes and life chances for children and young people with SEND. We will strengthen inclusive practice across early years, schools and post-16 provision so more children can succeed in mainstream settings. This will improve attendance, participation and attainment, and support preparation for adulthood, including employment and independence.

Our second goal is to ensure needs are identified and met earlier, reducing reliance on statutory processes. Through consistent national expectations, a strengthened graduated response and access to timely multi-agency support, we will increase the proportion of needs met at SEN Support and stabilise EHCP growth in line with planned trajectories.

Our third goal is to increase confidence, transparency and consistency for families, reflecting the White Paper ambition for a more navigable system. We will improve the clarity of the Local Offer, strengthen co-production, and ensure timely, high-quality EHCP processes and decision-making.

Our fourth goal is to deliver a sustainable, accountable and high-quality system, with strong local partnerships and commissioning arrangements. We will expand inclusive local provision, reduce reliance on high-cost placements, and ensure resources are used effectively to deliver value for money and improved outcomes.

Section 2 – Strategy

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

   A description of what your local system would look like in the next 3 years in line with the national vision set out in the Schools White Paper and set within the context of where you are starting from as a local system.

   In particular, as commissioning system partners, you should reflect on and agree what your fully fledged **Experts At Hand Offer** model should be and how this will be deployed via mainstream settings and providers (including those not based in your area – e.g. further education colleges attended by your young people) to build their capacity as well as identify and meet the needs of children and young people earlier and without the need for a statutory assessment for Education, Health and Care.

To help you fully consider the scope and scale of change required, you may find it useful to structure your response using these 4 building blocks of an inclusive system, reflecting on what is working well in your system, what you are most worried about, what needs to change, and how the enablers will help you achieve your 3 year vision.

When summarising where your local area partnership currently is, please include an assessment of where you are in reference to the core minimum requirements above and how you bridge the gap, making reference to and attaching additional documents that provide underlying evidence for your summary.

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

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

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

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

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Inclusive mainstream practice and outcomes. The Cumberland Local Area Partnership will develop and implement a co-produced Universal SEND Offer, setting out clear and consistent expectations for inclusive practice across early	Mainstream settings are under pressure and confidence in meeting a wide range of needs is variable. Too many children experience poor attendance, exclusion or escalation to specialist provision. Inclusive practice is inconsistent across phases. Our population data shows that we have a declining rate in Primary, however an	Mainstream early years, schools and colleges are consistently inclusive and better equipped to meet a wider range of needs. There is a strengthened use of alternative Provision in the area to support Young people to engage in education Core workforce training focused on ASD,

years, schools and post-16 provision. The universal offer will: • Define the ordinarily available provision expected across all settings • Be informed by local needs analysis and aligned to national inclusion standards • Be formally agreed by the local authority, ICB, education partners (including MATs) and the Parent Carer Forum The offer will be embedded through: • A shared inclusion framework and quality assurance processes • Workforce development and leadership support • Alignment with the Local Offer and clear communication with families • Development of an Inclusion Hotline getting the right help and the right time • School level dashboards identifying SEN Support, EHC's, attendance, suspensions and exclusions. The universal offer will be reviewed annually and refreshed through co-production, ensuring it remains responsive to emerging need and	increasing rate in Post 16. The majority of EHC requests is concentrated in the area on ASD, SLCN and SEMH all increasing by up to 38% over the next 3 years. There is a significant increase of children outside mainstream education pathways, for example EHE where we are projected to see a 48% increase by 2029 identifying to us that there are inclusion challenges and system disengagement. Attendance in compulsory school age overall in Cumberland has improved, for SEN support learners (90.2%) and maintained for EHC learners (87.6%) Suspensions remain high, including those at SEN support, demonstrating a continued reliance on exclusions for this cohort. For exclusions there has been a reduction in SEN Support learners, however we have seen a slight increase for learners with an EHCP. (5 – 15 learners in 25/26 to date)	SLCN and SEMH to support settings to understand how to support SEN needs. This should then increase Attendance and participation for children and young people with SEND. Exclusions and suspensions have reduced, and more needs are met successfully without escalation, settings feel confident and supported with the use of an Inclusion Hotline to get the right advice and support at the right time. We would expect that at least 30% of our schools and settings used the Inclusion Hotline. Exclusions for children with EHCP's will remain stable. This will lead to earlier identification of need, which in turn will reduce demand for statutory assessment. As a result, more children will have needs met at SEN Support, reducing escalation to specialist placements and improving financial sustainability.

system learning.		
Success Measures	• Persistent absence for pupils with SEND remains above the all-pupil average across Cumberland mainstream schools. • Suspension and permanent exclusion rates for pupils with SEND are disproportionately high. • A high proportion of requests for additional support escalate to statutory assessment or specialist placement. • School confidence in meeting need at SEN Support is variable across phases and localities. • Participation and positive outcomes for CYP with SEND are inconsistent between settings.	• Persistent absence for pupils with SEND reduces year on year and the gap to all pupils narrows. • Suspensions and permanent exclusions for pupils with SEND reduce across all phases. • A greater proportion of need is met successfully at SEN Support. We will stabilise EHCP growth. • The proportion of mainstream settings evidencing strong inclusive practice increases through QA and self-evaluation. • More CYP with SEND attend, participate and achieve in their local mainstream setting. Reduces projections on finance relating to ISP's and travel arrangements. We would want in 2029 for 75% of CYP with an EHCP are educated in mainstream settings rises year-on-year - currently at 72%, want to

		stabilise by year 3, to then review and indicate if this will be higher from 2030
Early identification and pathways: The partnership will strengthen early identification and intervention through a coordinated early years SEND model aligned to *Best Start in Life* and Family Hub delivery. This will include: • Assessment of sufficiency of early years SEND provision, including specialist places for children with complex needs • Strengthened early identification pathways involving health visitors, early years providers, paediatricians and early help services • Integration of SEND support within Family Hubs to provide accessible advice and intervention • Improved transitions from early years to primary through consistent information sharing and earlier planning	Support is often accessed late, with inconsistent thresholds and pathways across education, health and care. Families experience delays and reliance on statutory assessment as a route to support.	Children and young people receive the right support earlier through clear, consistent pathways and a strengthened graduated response. Needs are identified and addressed promptly, with reduced reliance on statutory assessment. This will include: • Clearly defined pathways into and out of further education, including out-of-area provision • Expansion of supported internships and employment pathways • Earlier transition planning from Year 9 onwards • Closer alignment between education, employment and social care

Success Measures	• Pathways into support differ across education, health and care, with variable thresholds and referral routes. • Families often report that support is only secured after needs escalate or statutory assessment is requested. • Timeliness from identification of need to first support offer is inconsistent. • Graduated response documentation and evidence of ordinarily available provision are variable in quality. • A significant proportion of assessments are requested without clear evidence that early intervention pathways were exhausted.	• Consistent multi-agency pathways are implemented and used across all localities. • Time from identification of need to first support offer reduces year on year. • A higher proportion of CYP receive support through graduated response pathways before statutory assessment is considered. • Quality assurance shows improved use of ordinarily available provision and assess-plan-do-review cycles. New success measure to add into the MA audits • Reliance on EHCP assessment as the default route to support reduces.75% of needs successfully met at SEN Support meaning we have fewer EHCS requests without a prior graduated response.

Experts at Hand offer: The EAH model will be delivered through a joint commissioning arrangement between Cumberland Council and North East and North Cumbria Integrated Care Board (ICB). Delivery will be achieved through a blended model including: • Local authority services (e.g. Educational Psychology, Specialist Advisory Teachers) • ICB-commissioned services (e.g. Speech and Language Therapy, Occupational Therapy, Mental Health support) • Commissioned partners through service level agreements (SLAs) where additional capacity is required Access to EAH will be structured through a graduated and locality-based access model, ensuring proportional and equitable access across all settings, including: • Universal access (training, resources, consultation) • Targeted support (referral pathways and locality panels) • Priority escalation routes based on agreed risk indicators	Through the Inclusive Provision Panel (Cumberland wide) which has been agreed through Schools Forum to start in Yr1 to access support at the right time: • Access to EP, SaLT, OT and mental health advice is often delayed. • Mainstream settings report limited access to timely consultation around complex need. • Requests for specialist advice frequently escalate because support is not available early enough. • Workforce confidence in responding to neurodiversity, communication, sensory and SEMH needs is variable. • Access arrangements for FE settings attended by Cumberland young people at SEN support are not yet consistently embedded. NEET overall 4.6% EHCP: 7.1% SEN Support 6.8% Cared for children: 27.3%	By reviewing the impact of the Inclusive Provision Panel in YR 1 there is an opportunity to move this into a Locality model, aligning with BSIL and FFP with a team around the locality: • The number and proportion of mainstream settings accessing Experts at Hand increases year on year. • Average waiting time from request to specialist consultation reduces across EP, SaLT, OT and mental health input. • School feedback shows improved confidence following specialist consultation and follow-up. • Escalation to crisis response, specialist placement or statutory assessment reduces where early specialist input has been provided. • The offer is embedded across mainstream schools, early years settings and relevant FE providers attended by Cumberland CYP. • 50% of settings using the EAH and outreach from special School settings The Experts at Hand model represents a shift from reactive referral-based services to proactive system support. By 2028–29, this will result in: a reduction in EHCP requests linked to unmet need at SEN Support; reduced waiting times for specialist input; and increased mainstream

This approach ensures that access to support is not dependent on setting capacity or proactivity, but is systematically aligned to need.		setting confidence evidenced through annual survey data.
Local provision and sufficiency Cumberland's sufficiency strategy is informed by analysis of: • Rising Education, Health and Care Plan (EHCP) demand • Increasing complexity of need, particularly in speech, language and communication, autism and SEMH • Current reliance on independent and out-of-area placements The local area will implement a graduated sufficiency model, prioritising: 1. Strengthening mainstream inclusion and capacity 2. Expansion of inclusion bases and resourced provision 3. Targeted specialist provision where needs cannot be met in mainstream	Heavy reliance on specialist, independent and out-of-area placements due to limited local capacity. Our current Specialist provision occupancy is at 160% and overcapacity locally. For example, our independent sector is due to increase to 152 placements by 2029 and our special school placements to increase to 778 by 2029. The top primary area of need for our projections is based on ASD, SLCN and SEMH. There is a gap in our current provision for these needs in the right geographical location, including Early Years. Alternative provision is variable across the north and west and not always focused on reintegration.	A strong local continuum of provision is in place: inclusive mainstream, expanded inclusion bases and Post 16 pathways with an EET focus, high-quality specialist provision and effective alternative provision focused on reintegration and positive destinations. The planning of provision will be steered on place-based planning in the Cumberland area, focusing on secondary Inclusion bases.

Where proposals include expansion of specialist provision, these will be supported by a clear rationale demonstrating why needs cannot be met through mainstream or inclusion bases, ensuring alignment with national expectations. High needs capital investment will be used to: • Expand inclusion bases across priority phases and need types • Improve accessibility and suitability of mainstream settings • Reduce reliance on out-of-area placements All capital proposals will consider: • Local demographic demand and geographic variation, including rurality • Opportunities from estate changes (e.g. falling rolls) • Impact on travel distances, journey times and transport costs		

Success Measures	Baseline	Target metrics
	• Cumberland relies heavily on independent and out-of-area placements for a cohort of CYP with SEND. • Local inclusion bases, resourced provision and specialist capacity do not yet meet current demand. • Alternative provision pathways are variable and reintegration outcomes are not consistently tracked. • Placement decisions are influenced by limited local sufficiency in some areas of need and geography. • Whilst 89.5% of our EHC 16 / 17yr olds are in education and training. Some positive post-16 destinations are in place however our apprenticeship are reducing and the NEET cohort are increasing from young people who have been EHE.	The proportion of CYP placed in independent and out-of-area stabilises based on the 2026 data, to not see an increase in placements • Local specialist, resourced and inclusion base capacity increases in line with forecast demand. • More CYP with SEND are educated within Cumberland in placements closer to home. • Alternative provision shows improved reintegration rates and clearer tracking of positive destinations. • The proportion of SEND young people who are EET at age 16 to 19 improves and NEET rates reduce stopping the year-on-year deterioration.

Confidence and co-production. **Co-production Framework** Cumberland will adopt a structured co-production model aligned to recognised best practice, ensuring meaningful involvement of children, young people and families in decision making. This will include: • Formal partnership arrangements with the Parent Carer Forum • Distinct mechanisms to capture the voice of children and young people • Regular “You said, we did” reporting • Annual self-assessment against a co-production benchmark SENDIASS will provide independent advice and guidance, with clear arrangements to support transparency and confidence in mediation processes	Families report variable experiences, limited transparency and a lack of confidence in decision-making. Co-production is present but not embedded consistently	Co-production with children, young people and families is embedded in governance and service design. Decision-making is transparent, confidence is improved, and complaints and disputes are reduced. The partnership will: • Maintain clear and accessible mediation pathways • Monitor performance through metrics including timeliness and resolution rates • Use insight from complaints, mediation and tribunal activity to drive system improvement This approach will support a reduction in disputes and increased confidence in the system.
Success Measures	• Parent and carer feedback indicates variable confidence in the local area SEND system.	• Parent/carer and CYP feedback shows improved confidence in SEND decision-making and local

	• Co-production activity is taking place but is not yet embedded consistently in governance, service design and review. • Complaints, disputes and requests for clarification reflect concerns about transparency and timeliness. • Children and young people's voice is captured inconsistently across planning and decision-making forums. • Feedback loops to show 'you said, we did' are underdeveloped.	services. • Co-production is evidenced in governance terms of reference, service redesign and routine performance review. Complaints, mediation requests and formal disputes reduce by 30% by 2029 • More services can evidence regular 'you said, we did' reporting and visible response to feedback. • Participation of children, young people and families in strategic forums increases and becomes routine.
Commissioning, governance and value for money	Commissioning and placement decisions are reactive, with fragmented accountability and an unsustainable high needs financial trajectory.	Commissioning partners take shared responsibility for outcomes and resources. Joint planning, robust placement governance and a shared performance dashboard support better decisions, reduced reliance on high-cost placements and a stabilised high needs position.

Success Measures	• High needs spend is rising and current patterns of demand are placing pressure on financial sustainability. • Placement and commissioning decisions are not yet consistently supported by shared multi-agency governance and performance information. • Use of high-cost placements has increased in response to limited sufficiency and reactive decision-making. • Joint commissioning arrangements and shared accountability for outcomes are still developing. • Performance reporting is not yet sufficiently integrated to drive timely strategic action across partners.	• A shared SEND performance dashboard is used routinely by commissioning partners to monitor outcomes, demand and spend. • Joint commissioning arrangements show clearer links between investment, service capacity and improved outcomes for CYP with SEND.

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

   A brief summary of your local system's theory of change or reform strategy. Reflect on the output of your **Local Partnership Maturity Assessment Tool**, particularly your *Local System 'change story.'*

   250 words:

Cumberland's local area partnership will deliver its reform strategy through a clear, evidence-led theory of change grounded in its Local Partnership Maturity Assessment and wider system "change story." The assessment identifies that, while there is strong commitment across partners, the system is largely at an emerging stage, with fragmented governance, inconsistent practice, and an over-reliance on statutory processes and reactive decision-making.

In response, the partnership's strategy is to shift the system upstream—from escalation and crisis response to prevention, early identification, and consistent graduated support. This is underpinned by a small number of critical system reforms: strengthening inclusive mainstream provision, embedding early intervention pathways, and aligning education, health and care partners around shared outcomes and accountability.

The core delivery mechanism is the development of a coherent 0–25 inclusive system, where mainstream settings are supported through a co-produced universal SEND offer and an embedded Experts at Hand model. Specialist expertise will be deployed into mainstream provision through joint commissioning, enabling earlier access to advice and reducing reliance on statutory assessment and specialist placements.

Alongside this, the partnership will address structural system weaknesses identified in the maturity assessment by strengthening governance, establishing a shared multi-agency data dashboard, and embedding co-production as a routine part of planning, commissioning and quality assurance. This will ensure decisions are informed by outcomes, data and lived experience rather than organisational boundaries.

Overall, the strategy is designed to move Cumberland from an emerging, fragmented system to a maturing, integrated partnership, where early support reduces demand, improves outcomes for children and young people, and delivers a financially sustainable SEND system over the next three years.

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

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

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

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

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

Local roadmap for the next 3 years	**2026/27**	**2027/28**	**2028/29**
Building blocks	**Stabilise and establish**	**Embed and expand**	**Sustain and demonstrate impact**

Strengthening inclusion across education settings	Refresh and agree the local inclusion expectations across early years, mainstream schools, specialist settings, AP and post-16 providers. Develop a shared inclusion framework linked to ordinarily available provision, attendance, behaviour and SEN Support quality. Begin targeted support for settings where attendance, exclusion and escalation data indicate highest need.	Embed consistent use of the inclusion framework through QA, peer review and leadership development. Scale targeted support so that more settings can meet a wider range of need at SEN Support. Develop reintegration pathways and improve consistency of practice across phases and localities.	Demonstrate sustained improvement in inclusive practice across the local area, with more children and young people with SEND attending, participating and achieving in their local setting. Use assurance evidence to show reduced variation between settings and stronger mainstream capacity over time.
Access to specialist support and local placements	Implement the first phase of clearer early identification and multi-agency pathways. Develop the Experts at Hand approach to improve access to EP, SaLT, OT and mental health advice. Map current provision, placement trends and sufficiency gaps to inform investment and commissioning priorities.	Expand timely specialist consultation and outreach support so that more needs are met earlier without escalation. Increase local inclusion base, resourced provision, specialist and AP capacity in line with forecast demand. Improve consistency of alternative provision	Deliver a stronger local continuum of provision with fewer children and young people requiring independent or out-of-area placements. Ensure specialist advice is routinely available earlier, pathways are used consistently, and local provision better meets need close to home.

		pathways and reintegration planning.	
System leadership, local partnership collaboration and co-production	Clarify governance, accountability and shared priorities across education, health and care partners. Strengthen joint oversight of placement decisions, sufficiency and high needs spend. Agree a co-production approach with children, young people and families and improve transparency in decision-making and communication.	Embed routine partnership delivery through joint governance forums, shared performance review and service redesign activity. Increase the visibility of co-production in commissioning, pathway development and quality assurance. Use partnership data more systematically to support timely strategic decisions.	Evidence mature partnership working with shared responsibility for outcomes, resources and reform delivery. Co-production is routine across governance and service improvement, and the local area can demonstrate stronger confidence, reduced disputes and more integrated decision-making.
Encouraging inclusive culture and behaviours	Set clear leadership expectations that inclusion is the responsibility of the whole system. Promote practice that values early intervention, participation, preparation for adulthood and keeping children close to home where appropriate. Begin workforce development to improve	Build inclusive leadership behaviours into routine practice, workforce development and service standards. Increase staff confidence, strengthen family relationships and reinforce a culture of solution-focused planning, transparency and	Inclusive culture is visible in how services work with families, make decisions and deploy support. Leaders and practitioners consistently demonstrate high expectations, earlier intervention and collaborative approaches that improve confidence, belonging and

	confidence in responding to neurodiversity, communication, sensory and SEMH needs.	shared problem-solving across agencies and settings.	outcomes for children and young people with SEND.
Enablers E.g. capital, workforce, data/digital systems	Agree the capital and investment strategy across early years, mainstream, specialist, AP and FE. Review workforce capacity and skills across SEND and AP services. Establish the core data set and reporting approach for attendance, exclusions, placements, timeliness, cost and outcomes. Align delivery plans, governance terms of reference and programme management support.	Target investment into priority local sufficiency gaps and service models with strongest impact. Deliver workforce development and role redesign to support earlier intervention and specialist outreach. Improve data quality, dashboard functionality and the use of shared intelligence across partners.	Use mature planning, workforce and digital enablers to sustain reform. Ensure capital investment, commissioning and workforce models remain aligned to forecast demand and local priorities. Maintain an integrated performance dashboard that supports routine strategic oversight and value for money.
Success measures Drawing on metrics from the accompanying data template	Baseline established and tracked consistently across the partnership. Early signs of improvement include more settings engaging with inclusion support, increased	Year-on-year improvement is evident across key measures, including attendance, exclusions, SEN Support confidence, timeliness of support, uptake of Experts at	Sustained improvement is demonstrated across strategic outcome measures, including reduced reliance on high-cost and out-of-area placements, improved attendance and

	access to early specialist advice, clearer pathway use, and improved visibility of performance and spend.	Hand, local placement capacity, reintegration outcomes and parent/carer confidence.	participation for CYP with SEND, stronger EET outcomes, fewer disputes, and a more stable high needs position.
Leading indicators	Number of settings engaged in inclusion framework activity; proportion of settings accessing Experts at Hand; pathway compliance; workforce training completion; dashboard in place; baseline established for attendance, exclusions, placement mix, complaints and timeliness.	Improved QA findings; reduced waiting times for consultation; increased proportion of needs met through graduated response; growth in local provision capacity; stronger reintegration tracking; increased evidence of co-production in governance and redesign.	Reduced escalation to EHCP assessment where early support is appropriate; reduced use of independent and out-of-area placements; narrowing attendance gap for pupils with SEND; reduced suspensions and exclusions; improved EET rates and reduced NEET; improved family confidence and fewer formal disputes.

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

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

2026-27 Local delivery plan		Q2		Q3		Q4	
Workstream outline – mapped to building block ***Outcome -*** *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*

Building block - Workstream 1 **Inclusive mainstream system** *Outcome* Schools, settings, parents and carers can access clearer early-help, SEN support and inclusion information, improving confidence in mainstream support and reducing escalation to statutory processes. *Success measure* Increased use of the Local Offer and SEN support pages; improved engagement with online inclusion resources; attendance at core CPD offer; reduction in inappropriate referrals into services and maintain requests for EHC needs assessment.	*Natalie Bevan*	Complete review of current Local Offer content; agree structure for revised SEN support pages; scope online resource library; map current training offer across EPS, SATs, school improvement, VST, early years and health.	Baseline established for Local Offer usage, SEN support page visits, training offer coverage and current referral volumes. Draft content architecture and CPD prospectus agreed.	Review the refreshed Local Offer and first phase of online inclusion support resources; publish annual universal and targeted SEND CPD programme; promote through schools and settings.	Increase in page visits and downloads from the refreshed Local Offer; all schools receive the CPD offer; evidence of schools accessing self-help tools before referral.	Review usage data and user feedback; refine content and training offer; embed routine signposting by services and schools.	Sustained increase in Local Offer engagement, improved feedback from schools on knowing where to access support, and an early reduction in avoidable service referrals and EHCNA requests.

Building block - Workstream 2 **Specialist support for children that need it** *Outcome* Children and young people with emerging and complex needs receive earlier specialist input in mainstream settings, improving progress, confidence and inclusion while reducing avoidable escalation. *Success measure* Reduction in SALT referrals where needs can be met earlier; reduction in requests for EHCPs where SLCN is the primary need; increased uptake of outreach and specialist training; increased school confidence in meeting need; improved access to assistive technology support. EHC growth stabilises or	*Sam Barron / Peter Chapman / Lisa Studholme*	Confirm delivery model for SLCN SATs, HLTAs and SALT partnership; define outreach model and referral pathway; identify assistive technology library requirements; scope specialist TA training and hotline model.	Baseline agreed for SALT referrals, EHCP requests linked to SLCN, current outreach demand and training capacity. Staffing and commissioning requirements confirmed.	Implement first phase of SLCN and outreach offer; begin specialist TA training; pilot assistive technology support arrangements; launch an inclusion hotline or equivalent access route for schools.	Schools begin to access a broader menu of specialist support; increased number of schools supported through outreach and training; early evidence of more timely advice and intervention.	Evaluate impact of pilot activity; refine pathways; plan scale-up for wider roll-out; align support with locality and EAH processes.	Measured improvement in school confidence, greater specialist support reach, and early downward movement in avoidable SALT referrals and EHCP requests linked to unmet earlier intervention.

reduces in line within he target in the 3 year plan							
Building block - Workstream 3 **Efficient and effective local delivery** *Outcome* Decision-making, planning and specialist capacity are better coordinated across the local area, with stronger pathways for inclusion, sufficiency and alternative provision. *Success measure* Reduced reliance on out-of-area or escalated placements where needs can be met locally; improved timeliness and consistency of panel decisions; better transition and post-14 pathways; reduction in NEET and persistent	*Sarah Flockton / Sophie Scott / Natalie Bevan*	Confirm governance and operating model for Experts at Hand and locality inclusion panels; review current SRP placements and SLAs; begin specialist placement planning and analysis of secondary inclusion base opportunities; scope review of 6th day provision and HHTS.	Baseline established for panel activity, SRP provision, specialist placement pressures, NEET indicators and exclusion data. Priority developments and review timetable agreed.	Implement locality-based panel arrangements; complete initial SRP and alternative provision review findings; identify options for 14+ provision and specialist assessment nursery need; begin stakeholder engagement on inclusion	Improved consistency in local decision-making and clearer commissioning options. Emerging evidence of more effective pathways into support and provision.	Agree next-phase delivery decisions on provision development, commissioning and sufficiency actions; embed locality panel model; finalise recommendations for 14+ provision, nursery assessment need and inclusion	Local delivery model operating with clearer pathways, agreed sufficiency priorities and strengthened provision planning, with progress against NEET, exclusion and placement pressure indicators tracked into

exclusion indicators over time.				base development.		base planning.	the following year.

Projected Investment Spend per quarter on the EAH funding.				
Category	**Funding source**	**Q2**	**Q3**	**Q4**
Administration (10%)	**EAH funds**	**£60,000**	**£60,000**	**£60,000**
Project Management	**EAH funds**	**£60,000**	**£60,000**	**£60,000**
Workforce development	**EAH funds**	**£645,984**	**£397,008**	**£397,008**
Totals		**£807,480.00**	**£496.260.00**	**£496.260.00**

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

Please set out how you will ensure the required capacity and capability is in place from organisational corporate functions to support implementation of the plan. This could include reference to how you plan to build or bring in project delivery capability to manage delivery against the plan, support prioritisation, and effective use of resources; and how you plan to build the capacity and capability in data and analytics to support effective tracking against the measures in the plan and reporting that informs decision making.

250 words:

Cumberland's local area partnership will deliver its reform strategy through a clear, evidence-led theory of change grounded in Gaps identified directly inform Year 1 priorities, including workforce development, governance and improving data integration. The assessment highlights a system at an emerging stage, with fragmented governance, inconsistent inclusion practice, and an over-reliance on statutory processes, which has resulted in reactive decision-making and variable experiences for children, young people and families.

In response, the partnership will shift the system upstream—from escalation and crisis response to prevention, early identification and a consistent graduated response. This will be achieved by strengthening inclusive mainstream provision, embedding clear multi-agency pathways, and aligning education, health and care partners around shared outcomes, accountability and demand management.

The core delivery mechanism is the creation of a coherent 0–25 inclusive system, supported by a co-produced universal SEND offer and an embedded Experts at Hand model. Through joint commissioning, specialist expertise—including educational psychology, speech and language therapy, and mental health support—will be deployed directly into mainstream settings. This will build workforce capability, enable earlier intervention, and reduce unnecessary escalation to statutory assessment and specialist placements.

Alongside this, the partnership will address structural system weaknesses identified in the maturity assessment by strengthening governance, embedding shared leadership, and implementing a multi-agency performance dashboard. Co-production with children, young people and families will be a core principle, ensuring lived experience informs planning, commissioning and quality assurance.

Together, these reforms will move Cumberland from an emerging, fragmented system to a maturing, integrated partnership, improving outcomes, restoring confidence and delivering a financially sustainable SEND system over the next three years.

8. Other funding Local Authorities.

Block Transfers: If you have made a block transfer (Schools Block to High Needs Block) for 26-27, please set out how your plans for this funding align with the activities outlined above.

Schools Forum have not passed any block transfers from the Schools Block to the High Needs Block since 2024/25 and are not expected to in future years due to increase in AWPU funding not aligning with the increase in costs for Schools.

Capital: We have announced at least £3 billion in high needs capital between 2026-27 and 2029-30 to support children and young people (CYP) with SEND, or those requiring alternative provision (AP). This funding is intended to support place delivery across the full 0-25 age range, including early years and post-16. We expect funding to support the following outcomes:

a. Inclusion at the core of high needs sufficiency strategy, resulting in more children and young people with SEND accessing suitable places in mainstream settings, across all phases of education

b. Every child or young person who needs a place in an inclusion base can access one

c. Fewer children and young people with SEND needing to travel a long way to access a suitable placement

d. Improved suitability of the mainstream estate to support children and young people with SEND, with adaptations to improve inclusivity and accessibility of the physical environment

We also welcome innovative uses of high needs capital to drive inclusion, for example, investment in assistive technology for use in mainstream settings.

Please outline your strategy for how this funding will meet the outcomes above, with reference to the core minimum requirements and other workstreams in this reform plan where appropriate. We would like to see detail around your plans to increase capacity for inclusion bases (formerly known as SEN units, resourced provision and pupil support units – SU/RP/PSUs), such as schools, colleges or early years providers identified, engagement with relevant settings and trusts, and target cohort of needs.

If your plans include increases to places in special schools or specialist post-16 institutions, please include a clear rationale, showing the need that is being met, and why it cannot be met through other types of provision, such as inclusion bases.

If you are receiving additional capital funding to replace one or more planned special or AP free schools, please set out how this funding will meet need in your area, and plans for engaging relevant trusts in your sufficiency planning.

Cumberlands high needs capital strategy is underpinned by an inclusion-first sufficiency approach, informed by our annual SEND Sufficiency Plan and SCAP forecasting, providing a robust understanding of current and future demand across the 0–25 system, including early years and post-16, and identifies gaps in provision, travel patterns across our vast area alongside capacity pressures.

We are prioritising expanding inclusion bases inline with the white papers request to increase access to mainstream provision, across nursery, schools (primary / secondary) and post-16 settings. We actively engage with maintained schools, academies and trusts identifying sites with surplus capacity that can be remodelled to create local specialist provision. Our targeted approach ensures that capital investment maximises additional delivery across all our schools while maintaining children in their communities. Priority cohorts include communication and interaction needs, social, emotional and mental health needs 0-25 years, and children at risk of exclusion.

While we continue to invest in our statutory school age specialist inclusion bases where gaps are identified, we also intend to invest heavily in specialist inclusion bases for our Early Years and Post-16 sector as one of our key priorities (*pg 21 and 22 of SEND Sufficiency Plan 2025). This is in line with our SEND Sufficiency plan as we do not currently have any inclusion bases within our Early Years sector however the data shows that there is a significant need within this sector for such provision. Although this wouldn't save the Local Authority financially in the immediate term this would stem the flow and avoid a further

increase in costly out of authority places. This would increase sustainability within the Local Authority Area without reliance on out of area provision and the independent sector.

Alongside this, a multi-agency SEND Accessibility Panel has been established to ensure consistent, transparent and needs-led decisions regarding adaptations to the mainstream estate. This supports earlier intervention, improves physical accessibility and ensures equitable allocation of resources. Consideration of reasonable adjustments before major capital works ensures value for money while improving inclusivity across settings.

Our strategy is designed to reduce reliance on expensive, distant placements. 224(*pg 16 Sufficiency plan) children 0-25 are placed outside of Cumberland due to limited specialist capacity across our huge area, resulting in long journeys and higher costs, totalling* **£6.4m 24/25 and £7.1m 25/26***. To address this, we are developing additional local specialist capacity through the delivery of satellite provision linked to our 3 existing special schools, where need cannot be met through inclusion bases. Our approach is supported by clear sufficiency evidence, including over-occupancy across our special schools (serving an area of 3012 square km) and forecasted demand growth. Expansion of specialist provision is targeted, proportionate and focused on meeting the needs of our children with the most complex profiles where mainstream options are not appropriate nor would not meet need and delivering future proofed and financially viable models.*

Delivery of an additional 120 place Alternative Provision model in partnership with Cumberland Education Trust is progressing. Our model distributes provision across multiple sites improving accessibility, enabling earlier intervention, including extending the age range to include primary pupils. This will be complemented by developing our existing AP and time-limited placements supporting inclusion in all mainstream settings.

In line with the White Paper our approach is developed in partnership with education providers and increasingly informed by feedback from families and stakeholders through ongoing SEND engagement activity, through the resource and sufficiency

workstream. Our sufficiency plan is reviewed annually, supported by continuous monitoring of placement trends, occupancy, travel distances and most importantly outcomes, enabling responsive and evidence-led decision making.

Our approach ensures that capital investment is targeted, sustainable and aligned with our wider SEND and AP Reform programme and reflective of the need for additional inclusion bases. It prioritises inclusion, reduces inequalities in access, and delivers the right provision in the right place at the right time for children and young people across Cumberland. Our plan will lead up to 7 million of HNB savings based on the average Independent Special School placement versus the average cost of a local special school placement. This will lead to improving outcomes, reducing long distance travel and ensuring children can remain local to their communities.

9. **System partner and stakeholder engagement, and co-production.**

   Please outline how the local area partnership plans to engage system partners and stakeholders to develop and implement the plan – include planned engagement with schools and early years settings, alternative providers, FE and post-16 providers (including those your young people attend that are not within your local area), Parents and Carers and children and young people with SEND, with reference to the core minimum requirements. Consider changing roles and responsibilities in the context of the Schools White Paper and how you work collaboratively to manage the transition. Please indicate where additional support is required to engage partners or stakeholders - senior officials at the Department for Education will be available to contribute to summer term events with education leaders and parent carer forum leaders.

   500 words:

Effective delivery of Cumberland's SEND Reform Plan will be underpinned by strong, sustained engagement with system partners and meaningful co-production with children, young people and families. The Local Partnership Maturity Assessment

identifies that partnership working, co-production and communication are currently at an emerging stage, with inconsistent engagement across education, health and care and variable experiences for families.

In response, the partnership will adopt a structured, system-wide engagement model aligned to the Schools White Paper and core minimum requirements, placing shared accountability and inclusive practice at the centre of delivery. Schools, early years settings, trusts and colleges will be engaged through established locality forums, SENCO networks and sector partnerships, supported by targeted engagement linked to the Universal SEND Offer and Experts at Hand rollout. This will support a shift in roles, with mainstream providers taking greater ownership of early identification, graduated response and inclusion, enabled by clearer pathways and improved access to specialist advice.

Alternative provision and specialist settings will be engaged as strategic partners within a clear continuum of provision, with clear expectations around reintegration, quality and outcomes. Further education and post-16 providers, including those outside Cumberland attended by local young people, will be engaged through commissioning arrangements, service specifications and inclusion within the Experts at Hand model to ensure continuity of support across transitions and preparation for adulthood pathways.

Co-production with children, young people and families will be a central feature of the engagement strategy. Building on emerging practice identified in the maturity assessment, the partnership will work closely with the Parent Carer Forum and participation structures to embed co-production within governance, service design, commissioning and quality assurance. This will include focused feedback loops, regular "You said, we did" reporting, and clearer mechanisms to ensure lived experience informs decision-making and drives improvement.

Health partners, including both Integrated Care Boards and commissioned providers, will be engaged through joint commissioning arrangements and shared governance, ensuring alignment of pathways, workforce and delivery models such as Experts at Hand. Social care and early help services will be engaged through alignment with Family Hubs, Best Start in Life and wider children's reforms to support earlier intervention and integrated planning.

The partnership recognises that additional support may be required to engage partners consistently at pace, particularly with education leaders and parent carer forums. Cumberland will therefore utilise support from the Department for Education, including senior official involvement in key engagement events during the autumn term, to reinforce expectations, drive collective ownership and support system-wide transition.

Through this comprehensive approach, engagement and co-production will move from emerging and inconsistent to embedded and routine, enabling the partnership to deliver a coherent, inclusive and sustainable SEND system.

10. **Risks and Mitigations**

What are the key risks that could affect the successful implementation of your Local SEND Reform Plan, and what mitigation strategies are in place to manage these risks? Please include a maximum of 5 risks with impact and likelihood RAG for each risk. See Annex C for suggested risk matrix.

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Insufficient system capacity to deliver reform at pace (including programme management, commissioning, finance, legal and specialist capacity and the ICB given changes in the structure)	Slippage in milestones, inconsistent delivery across workstreams, reduced credibility of reform and the finances from the government not being issued	High		Establish dedicated SEND Reform Programme Team with clear SRO Prioritise activity through phased Year 1 plan Use time limited external expertise to build internal capability	Structural capacity constraints remain despite strong programme controls
Mainstream settings lack confidence or capability to meet needs earlier, limiting impact of inclusive practice and Experts at Hand Model	Continued escalation to EHCPs and specialist placements; limited	Medium / High		Targeted workforce development linked to graduated response Embed Experts at Hand support directly into settings Clear inclusion expectations and support through QA and locality engagement	Workforce development will improve confidence but impact will take time

	improvement in outcomes				
Fragmented commissioning and partner alignment.	Delays in accessing specialist support; poor value for money; inconsistent pathways	Medium		Agree joint commissioning principles and governance Commission EP, SALT and OT to deliver on Experts at Hand model following further guidance Strengthen joint placement and cost assurance arrangements	Governance and alignment should substantially reduce risk
Data quality and analytics capacity insufficient to support decision making and reporting	Inability to evidence progress, manage demand or respond early to pressure	Medium		Implement shared SEND performance dashboard Agree common definitions and data standards Embed routine performance review and escalation	Technical mitigations are deliverable and within LA control
Loss of confidence from parents, carers or partners if change is not visible quickly	Increased complaints, disputes and	Medium		Embed coproduction in governance and delivery	Dependent on visible progress; remains sensitive

	disengagement from reform			Clear communication of priorities and progress “You said, we did” feedback loops and transparent reporting	

11. **Dependencies**

Please detail the key areas of the local area partnership’s proposed SEND future state and roadmap that may be impacted by wider reforms nationally and locally and outline how you will manage these. We expect these will include but not be limited to:

- NHS reforms
- Local Government Re-organisation
- Reforms to Children’s Social Care
- Best Start in Life, including Family Hubs
- Best Start In Life Strategy
- Curriculum and Assessment Review

500 words

Cumberland’s SEND future state and three-year roadmap are being delivered within a context of significant national and local reform. The Local Partnership Maturity Assessment and wider change story highlight that successful implementation depends on proactively managing external dependencies that influence system capacity, governance, commissioning and delivery.

NHS reforms present a critical dependency, particularly in relation to commissioning structures, workforce capacity and leadership stability across two Integrated Care Boards. Changes to ICB arrangements risk disruption to established pathways, data sharing and service delivery. Cumberland will mitigate this through sustained joint leadership, aligned commissioning models, and integration of health services within the Experts at Hand framework. Shared governance and performance reporting will ensure that health partners remain accountable for SEND outcomes and that continuity of provision is maintained through periods of change.

Local Government Reorganisation (LGR) continues to shape the local authority's operating environment. While LGR has created opportunities to reset governance and systems, it also presents ongoing risks in relation to organisational capacity, consistency of practice and corporate alignment. The partnership will manage this by maintaining a single, stable SEND governance structure, programme management capacity, and embedding clear roles, accountability and decision-making processes across the system.

Reforms to Children's Social Care are a key enabler of SEND transformation, particularly in early help and multi-agency planning for children with complex needs. However, misalignment of thresholds, assessment processes and workforce capacity may limit impact if not addressed. The partnership will align SEND pathways with social care reforms, embedding consistent multi-agency processes and strengthening social care participation within governance, commissioning and quality assurance arrangements.

Best Start in Life, including Family Hubs, represents a significant opportunity to support earlier identification and intervention. The dependency lies in ensuring SEND pathways are fully integrated within these delivery models. Cumberland will embed SEND within Family Hubs, aligning early years services, health visitors and early help to create consistent entry points into support and reduce reliance on statutory processes.

The Best Start in Life Strategy provides a wider national framework that influences early years practice, workforce development and inclusive provision. The partnership will ensure SEND reform is integrated within this strategy, aligning early identification, developmental support and workforce capability to support inclusive practice from the earliest stages.

A system-wide SEND Workforce Strategy will underpin delivery, including a baseline of staffing across education, health and care; identification of workforce gaps; and a three-year recruitment and development plan aligned to the Experts at Hand model and inclusion priorities

Finally, the Curriculum and Assessment Review may impact expectations around inclusion, attainment and accountability for schools. While outcomes are not yet fully defined, the partnership will work closely with education leaders to ensure SEND

reform remains aligned to emerging policy, supporting inclusive practice while adapting to any changes in curriculum or assessment expectations.

Across all dependencies, Cumberland will mitigate risks through strong partnership governance, shared data and performance systems, and embedded co-production. These enablers will ensure that the partnership can respond flexibly to national and local reforms while maintaining progress toward a coherent, inclusive and financially sustainable 0–25 SEND system.

Section 3 – Monitoring and Evaluation

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

Please set out how you will monitor and track progress referencing:

- ***Monitoring tools and processes*** - the specific tools, systems, and data you will use to track delivery milestones and measure the impact on outcomes.

> *Some Local Area Partnerships hold data in a central SEND operational dashboard. This is used by teams on a weekly basis to identify trends in demand or inform conversations with local school or setting leaders.*
>
> *In some Local Area Partnerships, a view of the Key Performance Indicators (KPIs) is reviewed monthly by a SEND Board to take decisions on prioritisation, resourcing and delivery of services informed by regular data.*

Please set out how you will use data to track demand (e.g., EHCP applications for assessment), Service delivery (e.g., Speech and Language Specialists deployment; places created), Service quality (e.g., parental satisfaction) and outputs (e.g., pupil attendance; pupil exclusions)

- ***Feedback and adaptation mechanisms*** - what feedback loops and stakeholder input you will use to review progress and adjust your approach.

Monitoring tools and processes

Progress will be tracked through a comprehensive A single integrated multi-agency dashboard will be implemented, bringing together education, health and care data, including demand, timeliness, outcomes and financial performance, aligned to agreed KPIs and reviewed as set out below:

- ***Weekly operational tracking**: The partnership will use established weekly trackers to monitor Education, Health and Care (EHC) timeliness, including key milestones such as 6-week advice requests and 20-week compliance. This enables rapid identification of delays, pressures, and emerging risks at a service level.*
- ***Monthly strategic oversight**: Senior Management Team (SMT) reviews will provide monthly assurance of performance, focusing on trends, risk mitigation, and delivery against key milestones.*
- ***Half-termly partnership governance**: The SEND & AP Partnership Board will receive integrated performance reports and action trackers, ensuring collective accountability across education, health and care partners. Action tracking and risk management are embedded within Board governance to ensure progress is routinely scrutinised and addressed.*
- ***Quarterly monitoring:** All data within this plan is aligned to the statutory data return and DfE template to ensure consistency across narrative, financial modelling and performance reporting*

Use of data to track progress and impact

The partnership will use a balanced set of indicators to monitor demand, service delivery, quality and outcomes:

- ***Demand**: Tracking volumes of EHCP requests, assessment activity, and referral rates into services (including health pathways) will provide early insight into system pressures and emerging need. Data on waiting times and access will support planning and sufficiency.*
- ***Service delivery**: Metrics such as deployment of specialist services (e.g. Speech and Language Therapy), number of placements created, and capacity within local provision will be monitored through commissioning data and service reports.*
- ***Service quality**: Quality assurance activity, including EHCP audits and feedback surveys, will track parental satisfaction, timeliness of communication, and quality of plans. The partnership is developing a data collection on lived experience to ensure this is routinely captured and analysed.*
- ***Outcomes and outputs**: Core outcome measures, including attendance, exclusions, and participation indicators, will be reported regularly to the Partnership Board, enabling oversight of whether reforms are improving children and young people's experiences and outcomes.*

Together, these indicators will be reviewed through an integrated performance dashboard to identify trends, variation and impact, ensuring that delivery is both measurable and outcome-focused.

Feedback and adaptation mechanisms

Continuous improvement will be driven through strong feedback loops and co-production:

- ***Parent and carer feedback**: Regular surveys and engagement with SEND Alliance Cumbria (SENDAC) will provide qualitative insight into experiences of the system, particularly the EHCP process and service responsiveness.*
- ***Children and young people's voice**: Engagement activities will ensure that lived experience informs evaluation and service redesign.*
- ***Multi-agency review and challenge**: The Partnership Board and commissioning groups will use data and stakeholder feedback to identify variation, challenge performance, and adapt delivery models accordingly.*
- ***Risk and performance discussion**: Routine discussion of risks, pressures, and impact at Board level will ensure that emerging issues are addressed promptly and collectively.*

Through this integrated approach—combining real-time tracking, strategic oversight, robust data analysis and co-produced feedback—the partnership will maintain a clear line of sight from activity to impact, ensuring delivery remains on track and is responsive to the needs of children and young people with SEND.

13. **Reporting to DfE**

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

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

Section 4 – Governance

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

Please outline the governance structures in place to oversee delivery. Clearly set out who is responsible for overseeing reform delivery, what each governance group or individual is accountable for, and how these arrangements ensure progress is monitored and decisions are made transparently. Please identify where the named SRO for the Local SEND Reform Plan sits within the governance structure and ensure your response incorporates the core minimum requirements.

Governance Mechanism	**Purpose/ Responsibilities**	**Membership**	**Cadence**	**Decision Rights**	**Escalation Route**
SEND and AP Strategic Partnership Board	This is a senior level, multi-agency Partnership Board. It is accountable for the delivery of the SEND and AP Strategy and the Local Area Reform Plan. The Transformation Oversight Group reports on progress and risks to Strategy Delivery, post	This Board comprises both ICBs from the local area (NENC and L&SC), Cumberland Council children's social care, adult social care, public health, early help, youth justice, partnership and improvement, commissioning, SEND, Inclusion and Education, SENDIASS, SENDAC (PCF), health and education providers,	This Board meets half termly	This Board includes senior level attendance (Director level) and can make decisions on service delivery, workforce and financial matters as appropriate	This Board reports to Cumberland's Health and Wellbeing Board

	inspection actions and the LARP to this Board.	DCOs from both local ICBs (NENC and L&SC) and the elected member portfolio holder. Joint Senior Responsible Officers (SROs) are in place across the Local Authority and Integrated Care Board.			
SEND and AP Transformation Oversight Group	Reporting to the SEND and AP Strategic Partnership Board, this group reports on progress, risks and barriers to delivery of the SEND and AP Strategy, wider action plan and the LARP and ensures a touchpoint for all the workstreams for interconnected actions and pieces of work.	This group comprises all the workstream leads (see below rows for individual workstream information). The group includes Cumberland Council, SENDAC (PCF), ICBs, health and education providers, children and adults social care. This group is chaired by the SEND	This group meets half termly ahead of the SEND and AP Strategic Partnership Board.	This group makes decisions on how to report progress and escalate risk and barriers to the SEND and AP Partnership Board	This group reports to the SEND and AP Strategic Partnership Board

		Transformation Lead at Cumberland Council			
Vital Signs Data and Quality Assurance workstream	This workstream provides system-wide assurance that partners identify needs early, assess accurately, plan and commission effectively, and deliver high-quality support that improves outcomes for children and young people with SEND, including those accessing Alternative Provision. This workstream also ensures progress on the actions allocated to it in the strategy delivery and wider action plans.	This workstream comprises Cumberland Council, ICBs, SENDAC (PCF). It is chaired by Senior Manager Partnerships and Improvement at Cumberland Council	This workstream meets 6 weekly	This workstream makes decisions about appropriate progress, themes, risks and barriers to report to the Transformation Oversight Group	This workstream reports to the Transformation Oversight Group

Resources and Sufficiency Workstream	The purpose of this workstream is to manage and optimise the allocation of SEND resources . This entails ensuring that sufficiency of placements, funding, and specialised support services meet the statutory requirements and the bespoke needs of eligible children and young people with SEND. This workstream also ensures progress on the actions allocated to it in the strategy delivery and wider action plans.	This workstream comprises Cumberland Council, Education leaders, SENDAC (PCF), health and social care professionals, the ICBs and finance officers from the LA. This workstream is chaired by Senior Manager – Strategic Development Education, SEND & Inclusion	This workstream meets 6 weekly	This workstream makes decisions about appropriate progress, themes, risks and barriers to report to the Transformation Oversight Group	This workstream reports to the Transformation Oversight Group
Joint Commissioning Workstream	This workstream provides strategic planning, oversight and	This workstream comprises commissioning	This workstream meets 6 weekly	This workstream makes decisions about	This workstream reports to the

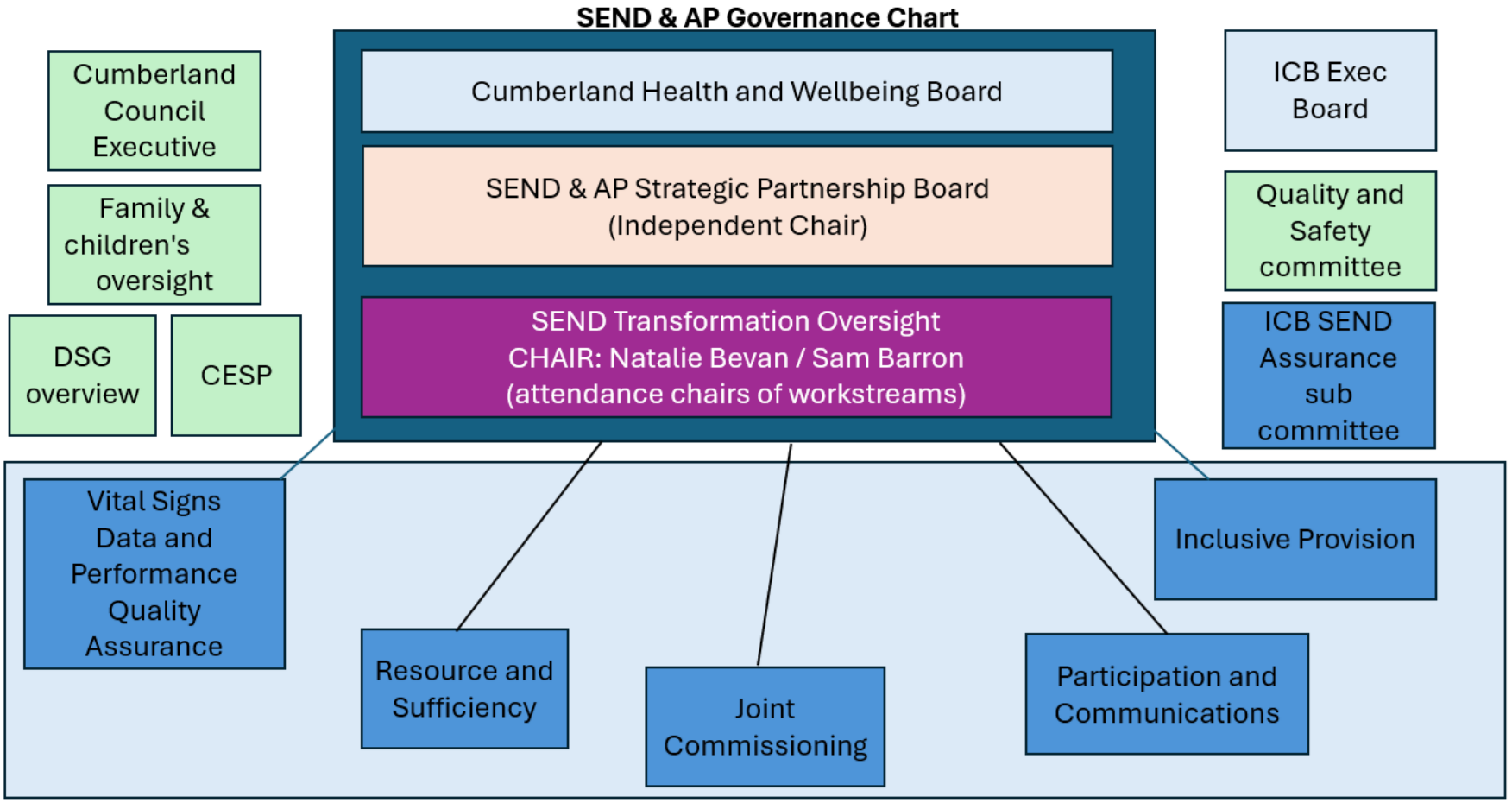
	coordination of jointly commissioned services for children and young people with SEND and those accessing Alternative Provision. Joint commissioning have shared outcomes, aligned contracts and integrated performance reporting, ensuring resource allocation is directly linked to demand management and improved outcomes. This workstream also ensures progress on the actions allocated to it in the strategy	managers from Cumberland Council and the ICBs, health, education providers, SENDAC (PCF) and voluntary/community sector partners. This workstream is chaired by a senor commissioning lead.		appropriate progress, themes, risks and barriers to report to the Transformation Oversight Group	Transformation Oversight Group

	delivery and wider action plans.				
Participation and Communications	This workstream provides informed inputs and insights to all partners and ensures the voices of children, young people and their parents/carers are heard and acted upon. Additionally, it monitors and evaluates the implementation and impact of SEND strategies and policies, and ensure communication is effective and impactful. This workstream also ensures progress on the actions allocated to it in the strategy	This workstream comprises Cumberland Council, SENDAC (PCF), SENDIASS, education and health providers, advocacy and non-profit organisations focused on SEND and children and young people with SEND. This workstream is chaired by Communications and SEND Project Manager at Cumberland Council	This workstream meets 6 weekly	This workstream makes decisions about appropriate progress, themes, risks and barriers to report to the Transformation Oversight Group	This workstream reports to the Transformation Oversight Group

	delivery and wider action plans.				
Inclusive Provision Workstream	The Inclusive Provision Workstream will lead a multi-agency, co-produced approach to improving inclusive practice across Cumberland, ensuring: Mainstream settings can meet common and predictable needs early and effectively Specialist and Alternative Provision (AP) is used appropriately and proportionately Children and young people (CYP) with SEND, including those at SEN support This workstream also ensures progress on	This workstream comprises Cumberland Council SEND services, School Improvement, Post 16, School and setting representation SENDAC (PCF), ICBs, children and adults social care, this workstream is chaired by the SEND & AP Transformation and improvement Lead at Cumberland Council	This workstream meets 6 weekly	This workstream makes decisions about appropriate progress, themes, risks and barriers to report to the Transformation Oversight Group	This workstream reports to the Transformation Oversight Group

	the actions allocated to it in the strategy delivery and wider action plans.				

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


SEND & AP Governance Chart
Cumberland Council Executive
Family & children's oversight
DSG overview
CESP
Cumberland Health and Wellbeing Board
SEND & AP Strategic Partnership Board (Independent Chair)
SEND Transformation Oversight
CHAIR: Natalie Bevan / Sam Barron
(attendance chairs of workstreams)
ICB Exec Board
Quality and Safety committee
ICB SEND Assurance sub committee
Vital Signs Data and Performance Quality Assurance
Resource and Sufficiency
Joint Commissioning
Participation and Communications
Inclusive Provision

Section 5 – Central Government Support

15. **How can we help you?**

Please outline any practical support you need from central government to implement your plan effectively.

This may include:

- Access to specialist expertise or advisory support
- Help with workforce development or recruitment challenges
- Tools or templates to support data collection, reporting, or evaluation
- Facilitation of peer learning or regional collaboration
- Support with system-level coordination across education, health, and care
- Guidance on navigating regulatory or policy barriers

- ***Workforce development remains a key dependency. While local investment is strengthening capacity, national support is needed to address recruitment and retention challenges across education, health and care, alongside access to national training frameworks to build confidence in inclusive practice and the graduated response***
- ***The development of robust data and performance infrastructure would be accelerated through nationally agreed tools and templates, supporting consistent implementation of integrated dashboards tracking demand, timeliness, outcomes and spend across partners.***

- ***We would also welcome facilitation of regional and national peer learning to share effective models of inclusion, commissioning and system leadership, enabling faster adoption of proven approaches.***
- ***Finally, clear and timely national guidance to address regulatory and policy barriers will support local areas to move from a reactive, statutory-led system to one focused on prevention, early support and shared accountability for outcomes***