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.

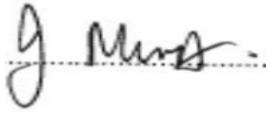
The expectation is that this plan is discussed, agreed, and signed off at your relevant SEND Governance Board. As a minimum, the plan must be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Service (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: Rochdale Borough Council (RBC)

Name of Integrated Care Board: Heywood Middleton and Rochdale, part of Greater Manchester ICB

Local SEND Reform Plan SRO: Charlotte Mitchell, Assistant Director Schools and Inclusion

Signatories

Role	Name	Signature	Email contact	Date
Chief Executive (GM ICB)	Colin Scales		Colin.Scales1@nhs.net	18/06/26
ICB NHS Place Director	Nichola Thompson		Nichola.Thompson@Rochdale.Gov.UK	18/06/26
Interim Chief Executive Officer (RBC)	Julie Murphy		Julie.Murphy2@Rochdale.Gov.UK	16/06/26
Director of Children's Services (RBC)	Sharon Hubber		Sharon.Hubber@Rochdale.Gov.UK	15/06/26
Deputy Chief Financial Officer/ S151 Officer (RBC)	Gareth Davies		Gareth.Davies@Rochdale.Gov.UK	18/06/26

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*

Greater Manchester (GM) partners across education, health and care are committed to a consistent, collaborative approach to delivering SEND reform across all ten localities through a joined-up, sustainable system with strong governance, commissioning and delivery mechanisms to maximise shared resources, reduce duplication, and improve outcomes and experiences for children, young people, and families.

Rochdale operates as part of GM and has strong foundations for inclusive education, underpinned by committed schools, skilled professionals and a shared moral purpose through Raising Rochdale. There is recognised expertise across schools, trusts, the local authority and health, alongside innovative practice in early intervention, inclusion support and meaningful co-production with families. Strong relationships and a willingness to collaborate are evident, creating a positive culture for improvement. These strengths provide a solid platform on which to build further system coherence and impact. Please see **appendices**: 1. Rochdale's Change Story, 2. Rochdale CDC Case Study, 3. Raising Rochdale Video, 4. What works in SEND Co-production Case Study and 5. Rochdale's Best Start in Life Plan.

A range of further deep dives into Rochdale's effective practice can be found in the **appendices**: 6. SENDAP and DBV Test of Change, 7. SEND Advice Service Impact Report 2026, 8. Transition Funding, 9. Rochdale's Journey in Transforming Speech and Language and 10. Alternative Provision Taskforce.

However, the Local Partnership Maturity Assessment highlights that the system does not yet work consistently well for schools or families. While there has been significant progression in local authority and health integration, and increased collaboration between schools, the system does not yet operate as one. Effective practice exists, but it is not always connected, sustained or scaled across the system. Education governance and SEND leadership are not sufficiently aligned at a strategic leadership level, leading to fragmentation, variability and uneven access to support. Inclusion can therefore feel complex, reactive and difficult to navigate, with needs escalating when earlier, coordinated intervention could have prevented this.

Although Rochdale is data rich, shared intelligence is not yet routinely used to support early identification, targeted action or longer-term sustainability planning. Workforce development activity is extensive but fragmented, making it harder for schools to access, prioritise and embed learning systematically. Confidence among children, young people and families in the system is variable, particularly where communication is unclear or support feels inconsistent. Financially, continued reliance on statutory processes and high-cost specialist provision places significant pressure on schools and the local authority, reducing capacity to invest upstream in prevention and mainstream inclusion.

In three years, Rochdale will operate as a confident, joined-up education and inclusion system, where responsibility for children and young people with additional needs is genuinely shared across education, the local authority and health. Governance arrangements will be aligned, decision-making will be transparent and timely, and accountability for inclusion will be collective and clearly understood at every level.

Mainstream schools will be well equipped, confident and consistent in meeting a wide range of needs inclusively. Ordinarily available provision will be clearly defined, accessible and well supported, including through digital tools, assistive technology and responsive specialist advice, reducing dependence on statutory escalation. Data will be used proactively to identify emerging need, target early support and inform sufficiency planning, shifting the system from reactive firefighting to planned, preventative intervention.

Children, young people and families will experience a predictable, relational and trustworthy system, with co-production embedded as standard practice. Clear communication, shared ownership and intelligent commissioning will support financial sustainability, enabling reinvestment in local, inclusive provision and a system defined by belonging, shared responsibility and ambition for every child and young person.

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

Rochdale's vision is to create a cohesive, inclusive SEND system where every child and young person is:

- Supported to achieve and thrive in their school and local community
- Has the right help at the right time and in the right place
- Has their needs met without crisis escalation

In Rochdale children and young people with SEND will achieve their full potential, their unique needs will be identified early, they will belong in inclusive mainstream settings and supported via experts at hand and strong team around the school partnership arrangements, if and when required. By 2029, children with SEN support needs will:

- Be educated by skilled and inclusive professionals and achieve positive outcomes.
- Attend and participate successfully in education in a mainstream setting close to their home, friends and community.
- Feel a sense of belonging and value within their school and communities
- Have increased access to support when required

■ Attend schools consistently and progress into adulthood with skills, independence and access to education, training, employment or meaningful occupation.

Children and young people with SEND, and their families will be supported by trusted professionals, who lace them at the centre of decision making and offer timely support, at the right time and in the right place when required.

Our Goals:

1. Improve outcomes for children and young people with SEND: Needs will be identified and supported earlier resulting in:
    - Improved attendance
    - More children educated in mainstream settings
    - Improved attainment at school
    - Reduced suspensions and exclusions.
2. Increase confidence of parents, carers and young people: Families will experience a more responsive and transparent system, evidenced by:
    - Improved levels of parental satisfaction
    - Increased confidence in mainstream provision
    - Improved timeliness of EHC processes.
3. Secure financial sustainability and value for money: Services will operate within a sustainable financial framework, resulting in:
    - Reduced spend on independent and out of area provision
    - Increased investment in mainstream inclusive provision
    - Stabilisation of the high needs' deficit trajectory
    - Delivering support and service within the financial envelope.

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
Building blocks *Strengthening inclusion across education settings* *Access to specialist support and local placements* *System leadership, local partnership collaboration and co-production* *Encouraging inclusive culture and behaviours* **Enablers** *E.g.* *Capital – investment strategy across EY, mainstream, FE* *Workforce* *Data/digital systems*	*(A short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)* **1. Strengthening inclusion across education settings** **Where are we now:** Rochdale has made strong progress in embedding inclusive practice across education over the last four years, underpinned by diagnostics (IMPOWER, DBV, SENDAP). This has resulted in a tangible shift toward meeting needs closer to home, with a reduced rate of EHCP growth and comparatively strong performance in maintaining children with EHCPs in mainstream settings (42.7%, significantly above statistical neighbours and national averages). Investment in sufficiency has strengthened the system, including expansion of Resource Hubs and SEN Units and the opening of two new special schools. Outreach from specialist provision into mainstream settings is improving practice and supporting inclusion. The Inclusion Toolkit and Balanced System approach (with named therapists linked to schools) are beginning to embed consistent, needs-led support. What is working well: Strong inclusion outcomes relative to comparators (EHCP trends and mainstream retention) Increased local sufficiency and specialist outreach into mainstream Early impact of therapeutic alignment and inclusion tools What needs to change: Greater consistency in how inclusive practice is implemented across all settings Stronger shared understanding and application of inclusion tools Continued shift from reactive to earlier intervention Enablers status: Infrastructure largely in place (places, tools, services) Digital enabler (TITUS platform) at implementation stage Workforce offer strong but fragmented	*(A short summary of the vision for your local system in the next three years including the system enablers, reflecting how your Experts at Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well.)* By 2029, Rochdale will operate a fully embedded, inclusive and balanced SEND system, in which early identification, timely access to specialist expertise and confident mainstream practice are the norm across the 0–25 age range. **1.Strengthening inclusion across education settings** **Where we will be in 3 years:** Rochdale will have a fully embedded, system-wide inclusive education model where all settings share a consistent understanding of inclusion and deliver high-quality adaptive practice as standard. The majority of children and young people, including those with complex needs, will be supported effectively within mainstream settings close to home. Inclusive practice will be evidenced through improved outcomes, sustained reduction in EHCP growth, and consistently high levels of children with identified needs remaining in mainstream provision. Internal inclusion provision (including SEN Units and renamed resource hubs) will be fully integrated into school systems, supported by specialist outreach and neighbourhood-based expertise. **What will define success:** • Inclusion is “business as usual” across all settings • Consistent application of the Inclusion Toolkit and digital support (TITUS) • Strong mainstream capacity, reducing reliance on specialist placements **Enablers in place:** • Designated Education Officer (DEO) leading inclusive practice • Fully embedded digital and therapeutic infrastructure • Scaled workforce capability through unified training

	2. Access to specialist support and local placements **Where we are now:** Rochdale has developed a more coordinated early help and specialist offer through the SEND Advice Service and Local Inclusion Support Offer (LISO), which are starting to function as a single front door and multidisciplinary triage system. These provide earlier intervention and reduce escalation to statutory processes. The system includes a broad integrated offer (Family Hubs, RANS, EP service, AP pathways), but access routes remain inconsistent and not fully understood by schools. While some initiatives (e.g. Dale Futures AP, APST, Balanced System) are demonstrating positive impact, they are currently limited in scale or reliant on time-limited funding. What is working well: SEND Advice Service beginning to streamline access and navigation LISO model enabling multidisciplinary early discussion and intervention Reduction in therapy waiting lists and targeted AP interventions What needs to change: Clear, consistent single front door for all services Scaling successful pilots across all neighbourhoods Improved clarity and understanding in schools about accessing support Enablers status: Strong integrated commissioning framework in place Proven models tested but not yet fully embedded or sustainable Need to align funding and scale through Experts at Hand	**2. Access to specialist support and local placements** **Where we will be in 3 years:** See **Appendix 11. Experts at Hand Change Story** Rochdale will operate a fully integrated, easy-to-navigate system with a single front door through the SEND Advice Service, aligned to neighbourhood-based Local Inclusion Support Offer (LISO) panels. All children, families, and schools will have timely access to coordinated, multidisciplinary support through Experts at Hand. Early intervention and prevention will be the norm, with targeted and specialist input deployed swiftly to prevent escalation. Proven models (e.g. AP pathways, EP early intervention, Balanced System therapies) will be scaled borough-wide and sustainably funded. Sufficiency will be strong across all phases, including early years, mainstream, specialist, and post-16 provision. **What will define success:** • Clear, equitable, and consistent access routes understood by all • Reduced waiting times and earlier support delivery • Decreased reliance on high-cost and out-of-area placements **Enablers in place:** • Experts at Hand fully operational across all neighbourhoods • Integrated commissioning aligned to JSNA intelligence • Sustainable funding model aligned to what works
	3.System leadership, partnership collaboration and co-production **Where we are now:** Rochdale has strong foundations in system leadership and partnership working, with the SEND Alliance and SENDAP Change Programme strengthening shared accountability, governance, and a common language of inclusion. The borough is recognised for co-production, including being a What Works in SEND case study area. However, leadership across the system remains somewhat disjointed,	**3. System leadership, partnership collaboration and co-production** **Where we will be in 3 years:** See **Appendix 12. Current and Revised Governance Structures** and **NHS GM SEND Governance June 2026.** Rochdale will have a fully aligned, high-functioning partnership system with shared governance across education, health, local authority, and communities. A co-produced Belonging Strategy

	particularly with insufficient education representation in key partnerships. While co-production is strong at a strategic level (e.g. Parent Carer Voice, SEND Ambassadors), it is not yet consistently embedded at all levels or connected into school-level practice. What is working well: Strong SENDAP Change Programme driving system alignment Established co-production structures with families Positive national recognition for practice What needs to change: Stronger alignment and cohesion across partnerships Greater leadership and engagement from education sector A “golden thread” linking strategic co-production to practice in schools Enablers status: Governance and partnership structures established Cultural shift towards shared ownership underway Requires strengthening of connectivity and representation **4. Encouraging inclusive culture and behaviours** **Where we are now:** There is a clear cultural shift towards inclusion across Rochdale, supported by shared language, investment programmes, and workforce development. The SENDAP programme and associated initiatives (e.g. Inclusion Toolkit, TITUS platform, workforce training across trusts and LA) are helping to build confidence and capability. However, cultural change is not yet consistent across all settings. Multiple access points, differing approaches between trusts and services, and variable understanding of inclusion mean that practice is not yet fully aligned. While there is strong appetite across the system to unify approaches, this has not yet been fully realised. What is working well: Strong appetite and commitment to inclusion across partners Workforce development offer in place Emerging shared language and tools What needs to change:	will underpin all activity, with clear, jointly owned outcomes and accountability at every level. Co-production will be embedded from strategic decision-making through to practice in schools and neighbourhoods, with a strong “golden thread” linking Parent Carer Voice, SEND Ambassadors, and school-level engagement. Education providers will be fully represented and active within system leadership structures. **What will define success:** • Fully integrated governance with clear shared accountability • Co-production embedded at all levels of the system • Strong partnership culture driving continuous improvement **Enablers in place:** • Achieving Excellence Board and aligned governance structures • Neighbourhood-based leadership and partnership forums • Regular joint learning, induction, and leadership development **4. Encouraging inclusive culture and behaviours** **Where we will be in 3 years:** Rochdale will have a strong, consistent culture of inclusion across all partners, underpinned by shared values, language, and behaviours. Leaders and practitioners will operate with collective responsibility for all children, supported by clear expectations, aligned training, and routine collaboration. A single, coherent workforce development offer will ensure all staff have the skills and confidence to deliver inclusive practice. The system will prioritise belonging, wellbeing, attendance, and prevention, with inclusion driving decision-making at all levels. **What will define success:** • Consistent inclusive behaviours across all settings and services • High levels of workforce confidence and capability • Improved attendance, reduced exclusions, and better outcomes **Enablers in place:** • Single access point for workforce development • Data-driven identification of skills gaps and training needs

	Greater consistency in behaviours and expectations across all settings Simplification of systems to reduce fragmentation Embedding inclusive practice as “business as usual” Enablers status: Workforce offer strong but not yet unified Digital tools and training programmes in place Opportunity to consolidate through Experts at Hand and neighbourhood model	• Fully embedded digital tools supporting day-to-day practice **Overall 3-Year Impact** By this point, Rochdale will have a **joined-up, neighbourhood-based inclusive system** where: • Schools an wider professionals are well trained and confident in meeting need • Children’s needs are met earlier and locally • Demand for EHCPs and specialist placements is reduced • Outcomes, attendance, and belonging significantly improve • Financial sustainability is strengthened through smarter, evidence-based investment
Success measures *Drawing on metrics from the accompanying data template, e.g.,* *Improve attendance of pupils in all maintained schools (mainstream and special) with SEN* *Reduce reliance on independent special school places* *Mainstream settings with increased access to Education Psychologists/SaLT/OT* *Reduced NEET rates for SEND YP at age 16*	*Baseline* *(Outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template) 0-16* Percentage of children (SEN support) with a good level of development (GLD) at 5 years old **2024/25: 21.4%** Percentage of pupils (SEN support) meeting the expected standard in reading, writing and maths at KS2 for all state funded schools, local authority-maintained schools and academies **2024/25: 23.0%** Key Stage 4 - Attainment 8 at KS4 for all state funded/maintained schools and academies (SEN support) **2024/25: 27.9%** Percentage of young people (16-17) not in education, employment, or training (NEET) (SEN support) **2025: 7.4%** Permanent Exclusion rate per 100 pupils (SEN support) **2025: 0.89**	*Target Metrics* *(Outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the metrics in the data template)* Percentage of children (SEN support) with a good level of development (GLD) at 5 years old **Target: 25.0%** Percentage of pupils (SEN support) meeting the expected standard in reading, writing and maths at KS2 for all state funded schools, local authority-maintained schools and academies **Target 28.0%** Key Stage 4 - Attainment 8 at KS4 for all state funded/maintained schools and academies (SEN support) **Target: 33.0%** Percentage of young people (16-17) not in education, employment, or training (NEET) (SEN support) **Target: 7.0%** Permanent Exclusion rate per 100 pupils (SEN support) **Target: 0.40**

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.'*

Rochdale's baseline position is strong and built upon *effective* leadership practice and system design – see **Appendix 2**. Rochdale CDC Case Study. This methodology will be replicated to co production of a new Belonging Strategy, setting out how inclusive practice, neighbourhood delivery and shared accountability and drive forward the implementation of Experts at Hand and SEND Reform. The Belonging Strategy will create a sustainable catalyst for Rochdale's long term improvement plan. Rochdale has won 4 National Awards for this approach (CYP Now 2022, MJ 2023, National Transformational Awards 2024, What Works in SEND Shared System Vision 2026).

Rochdale's Experts at Hand Change Story (see **Appendix 11**) aspirations shifts SEND support from reactive, referral-based services to proactive, embedded expertise. Specialists now work alongside schools and families, enabling early intervention, reducing waiting times and EHCP reliance, and building mainstream capacity—creating a more inclusive, responsive, and sustainable system.

We will begin by understanding system views, drawing on the lived experiences of schools, families, children and partners across education, the local authority and health. Through structured engagement, we will identify key challenges, strengths and areas for improvement, ensuring that all voices — including those traditionally less heard — inform our direction.

In parallel, we will review quantitative and qualitative data across education, SEND, Alternative Provision and assessment pathways. This will create a Belonging JSNA and enable us to triangulate insight, identify pressure points and surface key system themes, particularly where escalation could be prevented through earlier, coordinated support.

Using independent facilitation, and by commissioning local school improvement inclusion experts in local Mainstream and Special Schools we will bring leaders together across schools, trusts, the local authority and health to adopt a relational approach to leadership. This will create time and space to reconnect around the *Raising Rochdale* vision, rebuild shared intent and jointly agree a small number of shared outcomes for children, families and schools.

We will then use a logic model to agree what needs to change and what we will do differently — clarifying inputs, activities, outputs and intended outcomes across mainstream inclusion, assessment centres, SEND hubs, Inclusion Bases and Alternative Provision. Clear metrics and measures will be agreed to track progress, quality, voice, impact and system confidence over time. Governance will be redesigned, and strong programme management oversight will drive deliverables.

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

   To support the completion of the maturity assessment tool, the following engagement activities took place:

Activity/ Meeting	Date
SEND system workshop event	Wednesday 25th March
Local Authority Multi-Agency Trust (MAT) CEOs	Thursday 26th March
Pioneers Trust	Friday 27th March and Friday 5th June
Rochdale Parent Carer Voice (RPCV)	Tuesday 21st April Thursday 11th June
Children's Social Care DMT	Thursday 23rd April
SEND Ambassadors	Wednesday 29th April
Early Help, Early Years and Neighbourhood DMT	Tuesday 5th May
SEND Alliance	Tuesday 12th May

See separate completed 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 *Strengthening inclusion across education settings* *Access to specialist support and local placements* *System leadership, local partnership collaboration and co-production* *Encouraging inclusive culture and behaviours* **Enablers** *E.g.* *Capital – investment strategy across EY, mainstream, FE* *Workforce* *Data/digital systems*	**Year 1: 2026/27 – Foundations for Improved Outcomes, Confidence and Sustainability** *Focus: Establish system conditions for change* **How this year delivers against our goals** For detailed deliverables see **Appendix 13a. Key Deliverables aligned to Pillars Years 1-3** and **Appendix 13b. High Level Delivery Plan – Year One** **Improving Outcomes (Goal 1):** Mapping of inclusion practice and workforce capability to identify gaps Increased SEND advice service single point of access capacity and early intervention pathways Design of Balanced System Model (EP/OT/SLT) to improve access to support Introduction of Risk of Exclusion Panel to reduce suspensions and exclusions Expansion of APST/EBNA/Outreach functions **Increasing Confidence (Goal 2):** Recruitment of Co-production Lead and audit of CYP/parent voice Neighbourhood listening events and co-designed Inclusion Voice Strategy	**Year 2: 2027/28 – Embedding Practice and Delivering Impact** *Focus: System-wide implementation and behaviour change* **How this year delivers against our goals** **Improving Outcomes (Goal 1):** Implementation of whole-school inclusion improvement plans Launch of Locality Inclusion Support Offer (LISO) and neighbourhood teams Expansion of SEMH/nurture and AP for earlier intervention aligned intervention hubs Increased reintegration into mainstream provision **Increasing Confidence (Goal 2):** Fully operational co-production networks and annual voice conference Launch of Raising Rochdale Belonging Strategy Improved transparency through live dashboards and shared reporting More consistent experiences across schools and services **Financial Sustainability (Goal 3):** Implementation of sufficiency strategy and capital planning	**Year 3: 2028/29 – Sustainability, Value and System Maturity** *Focus: Optimised, self-improving inclusive system* **How this year delivers against our goals** **Improving Outcomes (Goal 1):** Fully embedded inclusive practice across mainstream schools Sustained improvements in attendance, attainment and behaviour Stronger outcomes through early identification and intervention Embedded Team Around the School (Experts at Hand/APST/Risk of Exclusion/EBNA/Attendance) **Increasing Confidence (Goal 2):** Embedded culture of co-production and transparency Consistently positive experiences for families across the system Improved timeliness and effectiveness of SEN/EHC processes **Financial Sustainability (Goal 3):** Reduced EHCP request rates and slower growth

	Redesigned governance aligned to Raising Rochdale, improving transparency Joint Strategic Needs Assessment and shared Outcomes Framework **Financial Sustainability (Goal 3):** Review of sufficiency strategy and demand modelling Belonging JSNA Increase mainstream inclusion capacity and capability Redesign of AP and outreach models to reduce reliance on high-cost provision Workforce and provision mapping to ensure efficient resource use and reporting framework (Jan – March 27)	Increased mainstream capacity reducing demand for specialist placements Earlier intervention reducing escalation to EHCP and high-cost provision	Reduced reliance on INISS
Success measures ***Drawing on metrics from the accompanying data template*** *E.g.* *Improve attendance of pupils in all maintained schools (mainstream and special) with SEN* *Reduce spend on ISS places* *Increase # children and young people supported by Education Psychologists/SALT/OT in maintained provision* *Improve overall effectiveness of provision* *NEET data* *Leading indicators*	**Key Success Measures (Year 1)** Early signs of improved attendance and reduced exclusions Increased participation of families in co-production Increased early intervention (EP/OT/SLT access) Reduction in part-time timetables and AP use System confidence baseline established	**Key Success Measures (Year 2)** Increased % of CYP with SEND educated in mainstream Reduction in exclusions (primary and secondary) Increased parental confidence and satisfaction Improved attainment and wellbeing (BeeWell) Increased access to early help (SEMH, EP/OT/SLT) Reduced demand for specialist and independent provision	**Year 3 Success Measures (2028/29)** **1. Improved Outcomes for Children and Young People with SEND** Sustained increase in attendance for pupils with SEND Continued reduction in suspensions and exclusions (primary and secondary) Higher attainment outcomes for CYP with SEND across key stages Increased % of CYP with SEND successfully educated in mainstream settings Sustained reduction in NEET figures Evidence of earlier identification and reduced escalation of need **2. Increased Confidence of Parents, Carers and Young People**

			Measurable increase in parental satisfaction (survey and feedback) Increased confidence in mainstream provision Sustained high levels of co-production participation in decision-making Improved timeliness and consistency of EHCP processes Positive improvements in BeeWell outcomes (sense of belonging, wellbeing) **3. Financial Sustainability and Value for Money** Reduction in EHCP request rates and slower demand growth Reduction in INMSS (specialist placement) requests Significant reduction in independent and out-of-area spend Clear cost avoidance evidence linked to early intervention and inclusion Increased proportion of funding invested in mainstream provision Stabilisation of the High Needs deficit trajectory System operating within the agreed financial envelope

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.

Workstream (Building Block)	Outcome	Success Measures	Lead	Q2 Milestones & Trajectory	Q3 Milestones & Trajectory	Q4 Milestones & Final Trajectory	E@H Investment (Year 1)	Funding Breakdown (Admin / Transformation / Experts at Hand)
WS1: Co-production & Inclusion Culture	Increased co-production, participation and trust across families and system partners	- # CYP & parents engaged - % reporting influence on decisions	Co-production Lead	Recruit Co-production Lead; audit existing voice; launch early engagement activity *Baseline: 5 CYP / 15 parents*	Deliver sustained engagement programme; draft Voice & Influence Strategy *Trajectory: 25 CYP / 50 parents*	Strategy embedded across governance; routine reporting and feedback loops established *Final: 50+ CYP / 100+ parents*	£45k–£75k	**Admin:** Co-production lead, engagement coordination **Transformation:** System culture change, participation design, engagement frameworks
WS2: System Leadership & Governance	Strong, accountable system leadership with clear delivery discipline	- Maturity Matrix progress - Governance confidence ratings	Transformation Lead / Strategic Head	Governance redesign; recruit PMO; establish programme boards and reporting cycles	Education Partnership Board fully operational; performance framework embedded	Governance fully embedded; measurable maturity improvement against baseline	£288k	**Admin:** PMO staffing, programme coordination, reporting **Transformation:** System redesign, leadership development, JSNA commissioning, facilitation
WS3: Data, JSNA & Intelligence	Intelligence-led system with shared understanding of need and demand	- No. of dashboards - Evidence of data informing decisions	BI Lead	Define data architecture; begin dashboard build; agree core metrics	Power BI dashboards live and used in governance decision-making	JSNA completed and embedded into strategic planning and commissioning cycles	£100k	**Admin:** Data management, BI capacity **Transformation:** Digital infrastructure, analytics capability, JSNA development
WS4/5: Inclusive Mainstream & Specialist Support (Experts at Hand)	High-quality inclusive provision in mainstream settings, reducing escalation to EHCP and specialist placements	- ↑ SEN Support - ↓ EHCP demand growth - ↓ exclusions - ↑ access to early specialist advice	DEO / Head of SEND	Recruit and mobilise multidisciplinary **Experts at Hand Team**: - Educational Psychologists (EP) - Speech & Language Therapy (SLT) - Occupational Therapy (OT) - Advisory/Peripatetic Specialist Teachers (APST) - SEMH practitioners	Locality outreach model operational; inclusion hubs and school-facing support live Training delivered to >75% schools Early indicators of increased SEN Support	Fully embedded **graduated response model**; reduced exclusions; stabilised EHCP growth; measurable shift to earlier intervention	**£1.65m**	**Experts at Hand (Core Delivery):** - EP capacity (assessment, consultation, systemic work) - SLT workforce (communication, language interventions) - OT workforce (sensory, functional support in schools) - APSTs (specialist teaching/outreach across needs)

Workstream (Building Block)	Outcome	Success Measures	Lead	Q2 Milestones & Trajectory	Q3 Milestones & Trajectory	Q4 Milestones & Final Trajectory	E@H Investment (Year 1)	Funding Breakdown (Admin / Transformation / Experts at Hand)
				Launch Inclusion Charter and Risk Panel				- SEMH teams & behaviour support **Transformation:** - Inclusion model design (graduated response, outreach pathways, hubs) - Workforce redesign and integration across health/education **Admin:** - Coordination of referrals, triage (Risk Panel), programme management
WS6: Workforce Development	Increased workforce capability, confidence and consistency of inclusive practice	- Training uptake - Staff confidence measures - Awareness of inclusion offer	DEO / Workforce Lead	Map workforce capability; identify gaps; design Learning Academy model	System-wide training rollout linked to inclusion priorities (SEND, SEMH, neurodiversity)	Training embedded into ongoing CPD; increased workforce confidence demonstrated	£30k–£60k	**Admin:** Training coordination, programme delivery **Transformation:** Workforce strategy, Learning Academy development, practice change
WS7: Attendance & Vulnerable Learners	Reduced exclusions escalation to EHCP, particularly for SEND and vulnerable groups	- ↓ SEN exclusions - ↑ attendance for SEN cohorts	APST	Identify priority cohorts/schools; deploy EBNA keyworkers and outreach support	Integrated attendance model operational (education, SEND, family support aligned)	Sustained improvement in attendance with reduced persistent absence	£200k+ (within staffing envelope)	**Experts at Hand:** SEMH and APST outreach supporting attendance **Transformation:** Integrated inclusion/attendance model **Admin:** Keyworker coordination, tracking and case management
WS8: Sufficiency & Financial Sustainability	Increased local provision capacity and reduced reliance on high-cost external placements	- ↓ external placements - ↑ use of local hubs - DSG stability trajectory	Sufficiency Lead / Finance	Review demand and sufficiency; develop AP and specialist provision strategy	Expansion of inclusion hubs and resourced provision aligned to need	Reduced out-of-area placements; financial savings realised and reinvested	TBC	**Transformation:** Place planning, provision redesign, inclusion hub model **Experts at Hand:** Outreach enabling mainstream sustainability **Admin:** Commissioning, financial modelling, contract management

See also **Appendix 14. Year 1 Change Journey Narrative**.

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.

A robust delivery infrastructure is in place to ensure the Local Area has the capacity and capability required to implement the plan at pace and scale. At a strategic level, the existing SEND Reform Project Board will transition in June 2026 into a SEND and Inclusion Transformation Board, providing clear system leadership, oversight and accountability. This is underpinned by aligned terms of reference, defined escalation routes, and regular performance reporting, including quarterly highlight reports to the Senior Leadership Team and routine performance monitoring within governance forums. Delivery is further strengthened through subgroups aligned to the seven pillars of reform, who will report monthly progress via highlight reports, alongside a System Enablers Group responsible for corporate functions including HR, finance, digital, data and communications. This ensures organisational capacity is fully aligned to delivery priorities and supports effective resource deployment.

A dedicated Transformation Programme function is established, including a Transformation Programme Manager and programme team funded through transformation resources. This provides structured programme management, including milestone tracking, risk and dependency management, prioritisation, and benefits realisation, ensuring delivery remains on trajectory. Clear workstream ownership is in place, with senior accountable leads for each area, supported by strengthened leadership capacity through key roles including the Designated Education Officer, Head of Belonging and Co-production Lead.

Capacity is further enhanced through a whole-system service redesign (0–19), bringing together Early Years, SEND, Education and Post 16 under one Inclusion Umbrella. Team Around the School will be mapped via existing resources and enhanced with the ‘Experts at Hand’ model delivered through multidisciplinary, neighbourhood-based teams. Progress will report into Neighbourhood

Partnerships to align community assets. This approach maximises the use of existing resources, reduces duplication, and enables targeted early intervention aligned to need, improving overall system efficiency.

Significant focus is placed on strengthening data and analytics capability to support delivery and decision-making. Investment in Business Intelligence capacity and digital infrastructure will deliver Power BI dashboards, integrated data systems and a Joint Strategic Needs Assessment (JSNA). This enables real-time tracking of key measures, including attendance, exclusions, SEN Support and EHCP demand. Data will be routinely triangulated with qualitative insights from co-production activity, ensuring a comprehensive understanding of performance.

Critically, data is embedded within governance, enabling a closed intelligence loop where performance information informs decision-making, prioritisation and resource allocation. This ensures early identification of risk, targeted intervention, and continuous improvement.

Together, this approach demonstrates strong project delivery capability, corporate alignment and data maturity, ensuring the Local Area has the capacity, discipline and intelligence required to deliver the plan, optimise resources, and achieve sustained improvements in outcomes, confidence and financial sustainability.

8. **Other funding Local Authorities**.

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

The original intention of the block transfer was to help to maintain balance within the High Needs Block. As pressures have increased, it now serves as an un-hypothecated contribution to slightly mitigate against the overspend.

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.

Rochdale's High Needs Capital Strategy sets out a clear, inclusion-led approach across the 0–25 age range, fully aligned to SEND reform principles. Capital investment is deliberately prioritised to ensure that mainstream provision is the default, with targeted development of inclusion infrastructure enabling earlier intervention, improved accessibility, and reduced reliance on specialist placements.

The strategy demonstrates strong evidence of increasing capacity within mainstream settings. Rochdale has already moved from 3 to 11 formal Inclusion Hubs since 2022, alongside significant expansion of internal pupil support units (PSUs) and SEN Hubs (satellite hubs ran by Special Schools) in mainstream provision. Building on this, the LA has a clear and deliverable pipeline:

- Two new primary hubs opening in 2026 and two further planned for 2027
- Expansion of existing secondary hubs, including schemes increasing capacity fourfold
- Development of SEN hubs in additional secondary schools to ensure borough-wide coverage
- Continued rollout of "Enhanced SEN" mainstream adaptations (36 schemes already delivered), with further phases planned.

The strategic ambition is to ensure equitable access to inclusion bases, with two primary hubs per neighbourhood and a hub in each secondary school. These are designed as integrated, needs-led provisions, with a particular focus on speech, language and communication needs in early phases, alongside SEMH and autism where required.

Crucially, these provisions are not standalone specialist units. They operate as part of a whole-school, system-wide model, aligned to Experts at Hand and neighbourhood teams, ensuring they build mainstream capability and support reintegration, rather than create parallel pathways. This directly contributes to increased SEN Support, reduced exclusions, and slower EHCP growth that Rochdale has demonstrated over the last 3 years.

The strategy does include re-provision of special school and AP capacity to replace unsuitable and expensive leased accommodation. The special school re-provision will replace generic special places with accommodation for children with the most complex autism. Rochdale continues to see high numbers of autistic children being placed in expensive specialist independent placements. The AP reprovision is aimed at improving attendance and reducing NEETs through the reprovision of accommodation designed for vocational teaching.

A significant strength of the strategy is its focus on improving the suitability of the mainstream estate, directly aligned to the Accessibility Strategy. Investment includes:

- Adaptation of physical environments (sensory spaces, therapeutic areas, accessibility improvements)
- Creation of flexible assessment and intervention spaces within schools
- Expansion of assistive technology, including a borough-wide lending library supporting inclusive practice

These investments enable schools to meet a broader range of needs confidently, reducing escalation and supporting children to remain in local mainstream settings.

Capital investment is fully aligned to wider reform workstreams, including workforce development, co-production and data-led planning, ensuring that physical capacity is matched by specialist expertise and system capability.

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.

Engaging the system meaningfully in delivering SEND and inclusion reform requires clear leadership, structured engagement, shared ownership, and sufficient capacity to work differently. From Year 1–3, Rochdale will implement a comprehensive, phased and proactive engagement plan, embedded alongside a redesigned delivery structure aligned to the seven pillars of the Local Partnership Maturity Assessment and the Raising Rochdale vision. A dedicated Communications Lead will join the System Enablers group and champion the Communication and Engagement Strategy aligned to the Raising Rochdale Belonging Strategy.

A full-service restructure of business-as-usual functions will align leadership, accountability, and expertise to each pillar, ensuring a purposefully organised workforce with clear responsibilities for driving inclusion. A joint LA–Health leadership role will strengthen integrated commissioning, ensuring alignment across education, health and care and enabling rapid access to advice, challenge, and intervention through Teams Around the School and Experts at Hand.

Dedicated system leaders will be explicitly aligned to the maturity pillars, with shared objectives and collective accountability, repositioning the LA as a proactive system steward. This will build system confidence alongside this, a clearly structured engagement programme from Year 1-3 will ensure stakeholder involvement is embedded and sequenced through listening, co-design, implementation feedback and continuous improvement.

Comprehensive and Inclusive Stakeholder Engagement

The engagement plan covers all key stakeholder groups through tailored approaches:

- Children and young people, parents and carers through voice networks, co-design workshops and regular neighbourhood listening events
- Schools, trusts, early years, alternative provision and post-16 providers (including out-of-area settings via Virtual school, Designated Officer Networks, NWADCS, GM SEND Networks) through leadership forums and networks of practice
- Virtual School and services supporting cared for and care-experienced children to ensure alignment for vulnerable groups
- Health and social care partners through integrated commissioning structures and joint governance

Community and voluntary sector organisations via neighbourhood partnerships

Focus will be given to engaging seldom-heard and underrepresented groups, through targeted outreach, accessible communication methods, and community-based engagement activity to ensure equity of voice.

Embedded Co-production and Decision-Making

Engagement is led by a dedicated Co-production Lead, but critically, co-production is embedded across all workstreams, informing service design, delivery and evaluation. Lived experience is systematically captured, analysed and triangulated with performance data, creating a closed feedback loop where insight directly informs governance, prioritisation and resource allocation.

Managing Change and Transitions

Clear mechanisms are in place to support role changes and system transitions, particularly through the implementation of neighbourhood delivery models. Structured communication plans, workforce engagement sessions, and leadership development forums ensure change is collaboratively owned, clearly understood, and consistently embedded across the system.

Innovative and Data-Driven Engagement

Innovative engagement approaches will broaden participation, including:

- Digital platforms and real-time feedback tools
- Peer networks and communities of practice
- Accessible and youth-friendly participation approaches

This is supported by strengthened data and analytics capability, including Power BI dashboards aligned to the plan, enabling real-time tracking of outcomes, triangulation with stakeholder voice, and transparent reporting through governance.

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 1-5	Likelihood	RAG	Mitigation	Residual RAG
IF there is resistance to change and that schools, partners. Parent Carers or parts of the system perceive the restructure as “top-down” change THEN this will lead to disengagement, passive resistance or uneven buy-in.	Delivery targets are compromised, project delay, targets over run (Critical)	Possible	Red/Amber	Independent facilitation, early engagement, co-production, shared outcomes linked to Raising Rochdale, communications plan, DCO aligned to each area, creation of DEO. Coherent voice and coproduction strategy	Green/Amber (Marginal- Human behaviour factor outside of control with external partners)

IF the ICB does not have a stable workforce and consistent staff are lost or move on THEN new silos may emerge between the LA and Health particularly in the commissioning of Experts at Hand and maintaining local health offers	Significant impact to objectives and sustained disruption to activity (Critical)	Possible	Red/Amber	Mitigation: Joint LA/Health leadership role, aligned governance, shared metrics, regular system leadership forums	Green (Negligible)
IF pressures in other parts of the system continue e.g., EHCP demand; Inspection Readiness THEN this will reduce the capacity in schools facing services and continue to cause unease in the system	Significant impact to objectives and sustained disruption to activity (Critical)	Likely	Red	Investment in EHCP Timeliness Recovery Plan; Phased implementation, interim arrangements, Ed Psych Locums commissioned corporately; dedicated leadership and management oversight, clear communications; Restructure to enable role clarity	Amber/Green (Possible)
IF Workforce recruitment and retention face challenges with the recruitment of specialist therapy roles and new leadership roles (e.g., Strategic Leads, Experts at Hand roles, APST, Business Analyst) THEN there will be delays to delivery	Delivery targets are compromised. Project delay/budget overrun (Moderate)	Possible	Red/Amber	Clear role purpose, strong professional offer, strong recruitment communications plan; system visibility, use of secondments and step up where appropriate; redesign of Educational Advice to plans to free up local EPs to delivery Experts at Hand and outsource plan writers (with core funding); alignment of local capacity to Experts at Hand.	Green (Marginal)
IF financial sustainability is not realised at pace, THEN benefits from improved mainstream inclusion and sufficiency planning may take time to materialise, while demand pressures continue in the short term.	Cannot deliver Reform Plan. Failure of mission critical activity (Crisis)	Possible	Red	Clear financial milestones, invest-to-save modelling, celebrate early wins (APST, resource units, hubs); clear evidence of impact	Green/Amber (Marginal) Unknown position regarding drivers associated with reform and national panic

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

The Children and Young People's Partnership (CYPP), Directorate Plan and SEND Reform future state and roadmap have been developed to remain resilient and align to system reform. Over the next two years, all plans will be overseen through strong system leadership. The Children's Senior Management Team (CSMT) and Wider Leadership Team (WLT) will hold a shared priority to deliver a single, joint SEND Reform Plan, underpinned by clear governance, shared accountability and adaptive, outcomes-focused implementation

NHS reforms continue to influence Children's Services nationally. But in Rochdale, long-standing shared budgets, roles and joint commissioning arrangements provide a strong foundation. A new Strategic Lead for Children's Health will sit within the local authority and work closely with the ICB to ensure that reforms maintain a neighbourhood health focus, improve the timeliness of health advice within EHC processes, and sustain jointly commissioned therapeutic models such as the Balanced System, Neurodiversity Hub and Dynamic Support. These arrangements will mitigate risks linked to changes in ICB structures or leadership. Oversight of the SEND Maturity Matrix will sit with the Integrated Care Partnership Committee alongside Cabinet, with support from Greater Manchester ICB. The established SEND Alliance will oversee shared performance frameworks, while flexible workforce models, including Experts at Hand, and joint pathway redesign will help manage capacity pressures and protect statutory duties.

Children's Social Care reforms, including the expansion of Families First, will further strengthen multi-disciplinary working for vulnerable learners. Neighbourhood Experts at Hand teams will be co-located with Family Help Teams, enabling more coordinated support for learners with additional vulnerabilities. Joint data dashboards will align inclusion, SEND and vulnerability indicators so that resources can be targeted more effectively and duplication reduced. Clear escalation routes and shared decision-making will support timely responses, while coordinated workforce development across SEND, Early Help and Social Care will promote consistent practice, improve understanding and reduce siloed working.

Best Start in Life and Family Hubs present a significant opportunity for early identification and intervention. Rochdale currently has 17 Family Hubs, strong early years offer, high childcare take-up and sustained neighbourhood youth services. Early Years and Family Hub SEND offers will be brought together to improve consistency. Family Hubs will form a core part of the SEND early intervention system, embedding SEND screening, advice and support within universal and targeted provision. Clear pathways, shared data arrangements and co-production with families will ensure accessibility and equity.

The Best Start in Life Strategy will increase investment across the 0–5 system, prioritising early identification and targeted SEND support. Experts at Hand will complement this offer to ensure system flow and consistency. SEND is fully embedded within Best Start objectives, delivery plans and governance, aligning outcomes, commissioning and performance, and reinforcing prevention and inclusion from the earliest years.

Curriculum and assessment reform may impact inclusive practice and demand for SEND support. To mitigate this, Rochdale will strengthen shared system leadership with schools and trusts, aligning LA support, outcomes and quality assurance. This will support inclusive curriculum design and assessment practices aligned with emerging national expectations.

See **Appendix 15. Internal Schools and Inclusion Team for Redesign**.

See **Appendix 12. Current and Revised Governance Structures and NHS GM SEND Governance June 2026**.

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.

Progress against the three strategic goals will be monitored through a comprehensive and integrated performance framework, combining real-time data, programme delivery tracking, robust project management oversight, and stakeholder feedback. This ensures both delivery milestones and system outcomes are consistently measured, reported, and used to drive continuous improvement.

A strong Transformation Programme Management Office (PMO) will provide delivery grip and assurance. The PMO will utilise structured tools including detailed delivery plans, milestone trackers, risk and issue logs, dependency mapping, and benefits realisation frameworks. Each workstream will have a named accountable lead, with progress reported through monthly RAG-rated highlight reports, escalation routes, and oversight through the SEND and Inclusion Transformation Board and Senior Leadership Team. This ensures clear accountability, early identification of risks, and effective prioritisation.

Goal 1: Improve Outcomes for Children and Young People with SEND

Progress will be tracked through a defined set of outcome and leading indicators, monitored via Power BI dashboards, SEND operational dashboards, and workstream reporting. Key measures include:

- Attendance and persistent absence
- Suspensions and exclusions
- Percentage of CYP with SEND educated in mainstream
- GLD, Attainment outcomes and NEET Post 16 rates
- System effectiveness will be assessed through early intervention indicators such as:
- SEN Support levels
- Access to EP, SaLT, OT and SEMH services
- Use of Alternative Provision and part-time timetables

Performance will be reviewed through monthly operational meetings and quarterly governance reporting, enabling timely intervention where performance deviates from trajectory.

Goal 2: Increase Confidence of Parents, Carers and Young People

Confidence and experience will be monitored through both quantitative and qualitative indicators, including:

- Parent/carer satisfaction surveys and pulse feedback

- BeeWell outcomes (belonging and wellbeing)
- Confidence in mainstream provision
- EHCP timeliness, tribunals and complaints

Co-production will be tracked through:

- Participation levels and diversity (including seldom-heard groups)
- Engagement in voice networks and co-design activity
- Evidence of stakeholder influence on decisions (captured through governance audits)

Regular listening events and engagement activity will ensure continuous feedback, triangulated with performance data to inform service improvement.

Goal 3: Financial Sustainability and Value for Money

Financial performance will be monitored through aligned demand, cost and efficiency indicators, including:

- EHCP requests and assessment rates
- Spend on independent and out-of-area placements
- High Needs Block position and deficit trajectory
- Cost per pupil and spend distribution

Efficiency will be tracked through:

- Increased utilisation of mainstream provision
- Reduced reliance on high-cost placements
- Cost avoidance linked to early intervention

These will be monitored through financial dashboards, DSG reporting systems, and benefits realisation tracking, aligned to programme delivery.

Integrated Monitoring and Feedback

Rochdale will integrate performance data, financial monitoring, and stakeholder feedback. The redesigned SEND operational dashboard will provide a single view across education, health and care, used regularly by teams to identify trends, manage demand, and support engagement with schools.

Data will track:

- Demand: EHCP requests, referrals, AP usage
- Delivery: workforce deployment and inclusion places
- Quality: parental satisfaction and process timeliness
- Outcomes: attendance, exclusions, attainment and NEET

Adaptation and Continuous Improvement

Formal feedback loops include co-production forums, school engagement, and practitioner insight. Where monitoring identifies risks or underperformance, adaptive responses—including resource reallocation, commissioning changes, or service redesign—will be implemented through PMO oversight.

Continuous feedback: Formal feedback loops will include co production forums with parents, carers and young people; Regular engagement with school leaders through locality and neighbourhood arrangements; Practitioner feedback from frontline staff and service leads.

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.

See separate data template.

Section 4 – Governance

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

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

Governance Mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision Rights** *What decisions can this governance mechanism make?*	**Escalation Route** *Where can this governance mechanism escalate issues or decision to?*	**SRO for SEND**
Integrated Care Partnership Committee (ICPC)	Strategic oversight of health and care integration; monitors	LA, NHS ICB, VCSE, Elected members	Quarterly	System decisions,	GM ICB	Attends as required

	performance, transformation and risks.			prioritisation, oversight		
Health and Wellbeing Board	Strategic oversight of health and care/ strategic priorities	LA, NHS ICB, VCSE, Elected members Police	Pending	System decisions, prioritisation, oversight	Integrated Care Partnership Committee (ICPC)	Attends as required
Cabinet (RBC)	Political leadership, policy approval, budget and major programmes	Elected members	Monthly	Formal policy and financial decisions	Full Council	Attends as required
Health, Schools and Care Overview and Scrutiny (RBC)	Political leadership, policy approval, assurance and delivery	Elected members	Monthly	Formal policy and financial decisions	Cabinet	Attends as required
Joint Leadership Team (RBC)	Leads Council Services; oversees performance, statutory duties and improvement	Chief Executive, Directors	Weekly	Formal operational and policy, service and financial decisions	Cabinet/ Overview and Scrutiny	Attends as required
Children's Senior Leadership Team	Leads Children's Services; oversees performance, statutory duties and improvement	DCs ADs, HR, Comms	Weekly	Formal operational and service decisions	Cabinet/Corporate	Member
Children and Young People's Partnership	Multi-agency delivery of CYP strategy, priorities and improvement outcomes	LA, NHS, Police, Schools, VCSE	Quarterly	Partnership alignment decisions	ICPC/Health and Wellbeing Board	Member
Raising Rochdale Belonging Alliance	Drive inclusion and make joint decisions on improvement priorities, oversee progress against statutory delivery and associated improvements	Education, LA, NHS, PCV, Youth Voice, VCSE Chaired by SRO for SEND Reform Plan	Monthly	Strategic partnership inclusion priorities	CSMT/ICPC/CYPP	Chair

SEND and Inclusion Achieving Excellence Board	Oversight of statutory duties, voice, data, performances, improvement planning	LA staff with health a PCV reps Chaired by SRO for SEND Reform Plan	Monthly	Quality and Assurance oversight	Directors Assurance/CYPP	Chair
Belonging Transformation Board	Oversee the delivery of the SEND Reform Transformation Plan. Monitor progress, risks and impact	LA, NHS, Commissioners, Education Leads	Monthly	Delivery and oversight assurance	Raising Rochdale Belonging Alliance/CYPP	Chair
SEND Stakeholders	Wider engagement forum to test and coproduce, inform inclusion, SEND and belonging strategy. Provides feedback from stakeholders and lived experience. Reports on impact of operational services.	Schools, PCV, Youth Voice, LA, Health, VCSE	Monthly	Delivery and oversight assurance	Raising Rochdale Belonging Alliance	Delegated to Head of SEND
Pioneers	Collaboration forum for secondary school and college leaders to share practice, shape education priorities, and provide system leadership input.	Secondary Headteachers, Colleges, Primary Rep, PRU/Special LA reps.	Monthly	Advisory role influencing education, inclusion strategy and implementation.	Raising Rochdale Belonging Alliance	Member
Rochdale Alliance of Early Years and Primary Heads (RAEYPH)	Collaboration forum for early years and primary school leaders to share practice, shape education priorities, and provide system leadership input.	Primary Headteachers, EY leaders, LA reps.	Monthly	Advisory role influencing education, inclusion strategy and implementation.	Raising Rochdale Belonging Alliance	Member
Special School Heads	Collaboration forum for special school leaders to share practice, shape education priorities, and	Special School Headteachers, LA reps.	Monthly	Advisory role influencing education, SEND strategy	Raising Rochdale Belonging Alliance	Member

	provide system leadership input.			and implementation		
Multi-Academy Trusts CEOs	Collaboration forum for multi-academy trust school leaders to share practice, shape education priorities, and provide system leadership input.	Multi-academy trust leaders, LA reps.	Quarterly	Advisory role influencing education, inclusion strategy and implementation	Raising Rochdale Belonging Alliance	Member

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

See **Appendix 12. Current and Revised Governance Structures and NHS GM SEND Governance June 2026**.

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

We would welcome support focused on the following areas:

- Specialist advisory input on inclusion base delivery and capital sequencing, drawing on national learning and comparative insight to support timely, efficient implementation aligned to local sufficiency, place-planning and efficiency considerations.
- Workforce planning tools, skills-audit and workforce training and development offers across LA, health and schools.
- Digital and AI support aligned to data and support for schools and families.
- Use of evidence-based needs led assessment tools such as Valuing SEND (IMPOWER).
- Sharing of national best practice models as opportunity to learn from other areas.
- Standardised data integration templates and statistical neighbour, GM, Northwest and National benchmarking, enabling greater consistency in reporting, more meaningful comparison across local areas and clearer tracking of progress against reform objectives.
- Removal of data sharing barriers across health and care (e.g. standardised use of NHS number).

- Facilitation of regional peer learning and school-group development, bringing together local authorities, trusts and schools to share effective inclusive practice and support scaling of delivery through collaboration.
- The autonomy to test models that are aligned to place and neighbourhood working, defined by local needs rather than a one size fits all approach which will allow for coproduction and trust across parent carer community and schools.
- A professional development offer for schools that are part of smaller trusts.
- This targeted national support would complement existing local delivery arrangements, reinforce strong partnership working, and help ensure that the intentions of national SEND reform translate consistently into effective local practice and improved outcomes.
- If any additional funding available to support wider system infrastructure (outside of Rochdale) we would be happy to expand the video capability of our Titus digital platform.

Annex B - Supporting Documents

Document	Link
The Schools White Paper	Every Child Achieving and Thriving
SEND Consultation Document	SEND reform: putting children and young people first.
LA and Schools Budget 2026-27	Schools Operational Guide 2026-27
Local Partnership Maturity Assessment Guidance and Tool	Included in commission pack
Local SEND Reform Plan – Data template	Included in commission pack
Local SEND Reform Plan Quality Assessment Framework	Included in commission pack
Local Inclusion Partnership Grant 2026-27	To be published Spring 2026
Experts at Hand Guidance	To be published Spring 2026
High Needs Capital Allocations 2026-27	To be published Spring 2026
Guidance on Inclusion bases	To be published Spring 2026

Annex C – Risk Matrix

IMPACT DESCRIPTION	IMPACT LEVEL	PROBABILITY/LIKELIHOOD				
		≤ 10%	>10% - <30%	>30% - <60%	>60% - <90%	>90%
		Very Unlikely	Unlikely	Possible	Likely	Very Likely
Cannot deliver Reform Plan; Failure of mission critical activity.	Crisis					
Significant impact to objectives; Significant and sustained disruption to activity.	Critical					
Delivery targets are compromised; Project delay / budget overrun.	Moderate					
Limited impact on delivery targets; Deviations from project resource, timescale or targets.	Marginal					
Minimal impact on delivery targets; Minimal impacts to project / programme efficiency.	Negligible					

The Local Partnership Maturity Assessment Tool

HOW TO USE THIS TOOL	
Purpose of the tool	This tool is intended for use by local SEND & AP partnerships (which should include local authorities, integrated care boards, education providers and representatives of families and children and young people) to identify their relative maturity in terms of collaboration and partnership working, providing a shared understanding of opportunities to strengthen the culture and practice of partnership in context. It has been co-developed with input from stakeholders and refined through testing as part of the SEND & AP Change Programme. To be most useful, it is important to complete this tool as honestly and transparently as possible. It will be used to support ongoing conversations across your local area partnership, and as a vital foundation to inform DfE officials' and health regional SEND leads' work with local areas on SEND improvement and reform.
How to complete it	The **'ASSESSMENT'** tab below contains summaries of the maturity descriptors for each dimension which can be selected via a drop-down. There is a fuller framework with more detailed descriptors available in the document 'Partnership Maturity Assessment Guidance' that accompanies this tool. Local areas can use this additional guidance where needed, for instance to help guide your assessment in an area where partners cannot reach consensus, or to provide more input into plans for improvement. In addition to the rating, we encourage areas to summarise into this tab the identified strengths/successes or work in progress, along with issues/gaps that they want to address and (where possible) any agreed focus areas for improvement. Local partnerships can approach completing the tool in whatever way works best in their context. There are a number of principles that support the most effective use of the tool: 1) **Input from a wide range of partners**, ensuring that the overall assessment is an 'on balance' judgement that reflects the collective views of the partnership 2) **Maximise space for dialogue** about where the partnership is currently, as well as reflecting on how you got here and where you would like to go next; 3) **Consider what you need to focus** on as a result of the assessment and what it would take to further mature your partnership working and collaboration 4) **Encourage constructive challenge** between partners, ensuring there is a robust assessment of factors such as culture, behaviour, and leadership not just formal arrangements. Assessment ratings should be based in evidence and examples but it is not necessary to exhaustively capture these in the assessment tool. Illustrative examples should be used to help demonstrate why the relevant rating was arrived at and where practice is varied, the boxes on strengths and gaps can be used to highlight any areas that are positive or negative outliers relative to the overall rating.

How to use the results and the role of DfE	The partnership can use the tool's results to reflect, plan, act, and evolve collaboratively - ensuring that local improvement activity is strategic and evidence-led, enabling wider changes to provision for SEND and AP focused on meaningful outcomes for children, young people and families. In addition, sharing your results with the Department for Education, including identified gaps/issues and related improvement activities, also helps to build a national picture of the support required for local partnerships to be consistently strengthened.
Description of the ratings	
ASSESSMENT	The tool uses four levels of maturity for the assessment of partnership arrangements - an overview of what is meant by each of these levels is included below as a guide but local areas should consult the more comprehensive guidance if required.
0 - NOT YET EMERGING	There are currently no significant arrangements or plans in place for this area. Collaboration or partnership working has not yet been considered or initiated. There may be little to no awareness of the need for development, and no structured discussions or intentions are evident at this stage.
1 – EMERGING	If you are 'emerging' it is likely that only basic arrangements are in place and any plans to improve or extend these arrangements are at an early stage or have not yet been fully formulated. There may be a range of positive relationships and partner intentions but these have not yet resulted in sustained collaboration and partnership working.
2 – DEVELOPING	If you are 'developing', arrangements are established and being actively strengthened. Collaborative working is increasingly consistent across partners, with shared goals and clear responsibilities. There is growing evidence of joint initiatives and improved outcomes, as partnerships deepen and systems evolve. Continuous improvement is recognised and partners regularly reflect on progress and refine their approaches together.
3 – MATURING	If you are 'maturing', collaborative arrangements are well-established and fully integrated into everyday practice. Partnership working is sustained, effective, and widely recognised for driving improved outcomes. Continuous feedback and joint decision-making are routine, and a strong culture of trust and shared responsibility ensures that improvement is ongoing and adaptive to changing needs.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
Parental representatives are not involved in SEND and AP partnership meetings. The Parent Carer Forum (PCF) is not formalised or in early stages, without wider parental representation evident. PCF Chair is not involved in SEND strategic partnership board meetings. Views of CYP and parents/carers not gathered. Very little evidence of the partnership engaging with parents/carers in co-production.	There is limited parental engagement in the SEND and AP partnership meetings. The area has a PCF that has a formalised structure but is not always supported to actively engage with local partners or is a recent newly formed forum. The PCF strategic leads of the local PCF do not regularly attend partnership board meetings and there is limited engagement. There is an awareness of the principles of co-production and parents, carers and children and young people are beginning to be involved in discussions about services. The partnership is beginning to engage with parents/carers but a clear approach of co-production has not yet been fully embedded as best practice. Relations with families / PCF are not entirely positive and key groups of parents are vocal in their concerns.	The area has an active, effective, and sustainable PCF. Local SEND and AP youth forums or user groups are engaged with throughout planning and delivery. The partnership is developing practice to co-produce with parents and children and young people. Some aspects of service planning and review cycles actively seek input, but participation is not yet universal or embedded.	The area has an active PCF which meets regularly with the system partners. Strong feedback mechanisms ensure that children, young people and families know how their views influence decisions. There is strong evidence that their views shape services and outcomes. Co-production is a core feature of planning, delivery and review. Parents, carers and children and young people are equal partners, with clear and regular opportunities to influence strategic priorities, service design and quality assurance. The partnership has embedded practices to co-produce with parents and children and young people.	**2 - DEVELOPING**	11.06.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> Co-production with parent carers is a clear strength in Rochdale. > PCV representatives embedded as genuine partners in strategic and operational SEND work and regular involvement in leadership meetings, project groups, SEND staff recruitment and co-production workshops. > PCV representatives matched to workstreams based on experience and consistently valued and influence system change. > Parent listening events have improved trust and relationships and there has been a reduction in complaints due to better follow-up processes and ongoing parent support. There are also Advisory Boards aligned to our 17 Family Hubs and Neighbourhoods enabling community led voice. > The creation of a community parent group, in addition to the PCV has strengthened SEND communication and feedback > Rochdale's approach reflects a shift from consultation to shared ownership of SEND improvement and co-production continues to develop as part of wider system reform. > Borough-wide SEND Ambassadors group that actively contributes to local initiatives, including the recent development of Council-owned children's homes. > The SEND Ambassadors group has represented Rochdale at professional events regionally and nationally, e.g., regional SEND voice event, London visit, etc. > There are pockets of excellent voice work with children with SEND in schools. > Independent research by Warwick University - What Work in SEND (CDC)	> Feedback loops are not yet consistent or systematic and some parents, carers and CYP remain unclear about how their input has influenced system change. > Co-production with children and young people is less developed than with parent carers. > The borough-wide SEND Ambassadors group does not reflect the full diversity of SEND experiences or connect with voice work in schools and colleges. > Children's voice is gathered inconsistently, particularly for younger children and engagement tends to be project-based rather than embedded system-wide. > Under-represented groups are not yet fully involved in co-production activity. > The borough-wide SEND Ambassadors would welcome further opportunities to contribute ideas and shape service improvement.	> Recruit dedicated lead for Coproduction and Voice Strengthen and formalise feedback loops so parents, carers and CYP can clearly see how their input influences decisions. > Map CYP voice groups across the borough and use feedback systematically to inform decision-making. > Develop a whole-system approach to CYP's voice, extending beyond the SEND Ambassadors group to establish a Rochdale-wide SEND Ambassadors Forum with strengthened links between school-based SEND Ambassadors. > Develop neighbourhood-based voice networks aligned to RPCV and Family Hubs. > Move CYP participation from project-based activity to an embedded, sustainable model. > Create a clear "golden thread" linking school-based pupil voice to strategic SEND governance. > Ensure consistent and intentional inclusion of under-represented groups in co-production. > Align co-production approaches across education, health and care to support system maturity. > Develop a new co-production strategy. > Ensure voice and co-production work is linked to the Families First Voice workstream and Best Start in Life. > Roll-out EHCP portal to CYP and their families or representatives to support co-production of EHC plans.

Pillar 2: Effective system leadership and governance

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
Key leaders lack requisite knowledge and skills, either with vacant posts or with interim staff, resulting in ineffective practice. Local governance structures are not fully established and local partners are unclear where and how decisions are made about SEND and AP provision and services. No clear communication strategy and limited sharing of data performance measures.	Leaders are in place and starting to influence strategic direction and build partnerships. Partners are working with initial governance structures and developing clarity on where strategic decisions are made. Opportunities exist to further engage stakeholders in operational and strategic planning. Communication is identified as an area for improvement. Accountability is supported by existing processes and compliance measures. The partnership is focused on strengthening outcome measures and building shared understanding of system performance.	Leaders have developed structures and forums for decision-making which are established and increasingly understood, with partners contributing meaningfully to discussions. Feedback pathways between operational and strategic levels are being implemented. Communication channels exist but need strengthening in parts of the system. An outcomes-based approach is developing, with agreed shared outcomes and initial steps to use data for evaluation. Partners are starting to communicate openly about progress, and feedback is more routinely discussed.	Leadership is effective, and well-defined and embedded governance ensures decisions are collectively made at appropriate levels. All partners have clarity on their roles and can easily influence both operational and strategic planning. Processes are continually reviewed for improvement. Commissioning is well understood and integrated across the partnership. Robust, transparent systems for measuring and reporting outcomes are fully embedded. Success is judged by impact on CYP and families, and services are continually improved in response to honest evaluations involving all partners. Decision-making is both aspirational and innovative.	**2 – DEVELOPING**	05.06.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> Rochdale has a strong governance foundation, including SEND Alliance and Parent-Led Stakeholder Group; There are well established networks for schools and colleges who work towards a shared ambition of Raising Rochdale (Pioneers, RAEYPH, Special, MAT CEOS) > Governance is well embedded at a corporate and system level across LA and health via the LCO and ICPC and joint risks are held and supported. > Leadership decision-making is seen as aspirational and innovative. > Outcome focussed approach - Raising Rochdale > There is a strong integrated commissioning model, shared budgets, and joint roles across Health and LA in place.	> Changes in ICBs, workforce losses, and leadership turnover have reversed previous progress and reduced momentum. >Disconnect and silo working exists across SEND services and education governance and strategy e.g., disconnect between schools' governance structures and the SEND Alliance. > Representation across key forums is inconsistent, particularly from health and social care partners. > Communication and dissemination of plans across the system need strengthening. > Commissioning is not consistently understood or applied across the system.	> Implementation of revised governance framework. Establish aligned governance and co-produced outcomes across Early Years, education, LA, health, and partners linked to a new Belonging Strategy. > Achieving Excellence Board to strengthen alignment with the education sector and ensure sustainability of health partnerships. > Improve communication co-production with education partners and co-produce the Local Authority's approach to supporting schools. > Clarify and standardise escalation pathways for concerns across the system. > Build stronger working relationships with the ICB. > Strengthen system-wide communication channels. > Ensure governance structures are translated into consistent frontline understanding and impact. > Commission independent Leadership Development capacity to revisit the Raising Rochdale Vision; agree a set of shared outcomes and theory of change; and write a new Joint Raising Rochdale Belonging Strategy.

Pillar 3: Accurate understanding of needs and experiences of CYP through effective use of quantitative and qualitative data

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
There is limited evidence of using data effectively to inform commissioning of services based on the needs profile of children in the local area. Data analysis is simple and descriptive. Qualitative data is not collected. The LA Self Evaluation does not accurately reflect provision and / or is incomplete, or has not been shared.	Data gathering methods are being established or updated and provide an initial understanding of needs and gaps. Planning is supported by available quantitative data, with opportunities to develop more comprehensive use of family and CYP perspectives. Commissioning is underway within each sector, with some early cross-agency conversations. Providers are engaged with current sufficiency, and there is scope for increasing dialogue and alignment to proactively meet future needs.	Partners collaborate to gather both quantitative and qualitative evidence of needs. There is a growing sophistication in analysing current provision against future demand, and plans are underway to address identified weaknesses and gaps. Partners are working together more actively, consulting providers and starting to coordinate commissioning processes. Efforts are made to co-produce solutions and align plans across agencies, with some shared ownership and responsibility.	A robust and comprehensive evidence base underpins strategic planning. Rich quantitative and qualitative data is routinely collected, shared, and used to monitor trends and inform sufficiency planning. Joint commissioning across the partnership ensures that services are in place to meet the range of needs and achieve positive outcomes for CYP with SEND.	**1 – EMERGING**	23.04.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> There are strong joint commissioning arrangements in place with health with a shared data dashboard in spreadsheet format There is a new Achieving Excellence Board in place to enable a strong grip on performance and delivery > Data dashboards have been developed across sectors to monitor and drive improved outcomes, e.g., SEND system dashboard. > There is alignment between the Children and Young People's Partnership Plan (CYPP) and SEND priorities. > Effective collaboration between partners to gather and share evidence and data is in place. > Data is increasingly used to inform and shape service development, e.g., the Balanced System, Riding the Rapids, sleep training, Neurodiversity Hub, etc.	> Significant challenges in strategic integration and effective use of data due to low data maturity and limited analytical capacity. > Data is often collected in silos and not routinely shared or used to monitor trends or inform commissioning decisions. > Schools' inclusion and SEND data is not triangulated with the SEND system dashboard to inform targeted intervention. > CYPP voice is not routinely collected or triangulated. > Culture of data-driven continuous improvement is not yet embedded across the system. > SEND placement decisions are often reactive - demand forecasting and commissioning need to better align. > Limited analytical insight from collected data and how it is being used to inform action and plan targeted support, e.g., additional hubs, resources, etc..	> Undertake a mapping exercise to identify gaps in data capture, accuracy issues, and inconsistencies. > Explore options for developing a live SEND system dashboard using Power BI to improve data accessibility, visualisation, and support decision-making. > Develop a JSNA to understand needs across schools, MATs, neighbourhoods, and local areas to help inform commissioning and improvement. > Triangulate data with voice, QA audits and deep dives to drive practice improvement. > Ensure strong governance oversight of data via the Achieving Excellence Board, with regular reporting into Overview and Scrutiny, ICP, GM governance, and CYPP. > Align Experts at Hand data with the JSNA and wider performance management systems through the digital Help at Hand platform. > Monitor and track inclusion practices in schools, with Beewell voice data aligned to Belonging Strategy priorities. > Introduce a unified data system for Early Years (including pre-Reception) to improve consistency. > Refresh the Education Sufficiency Plan to align with demand and data insights. > Build a shared understanding between schools and the local authority on consistent data collection categories.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
No consistent guidance or support for schools to identify needs; inclusive practices are minimal and fragmented. Limited or no targeted interventions in place; AP is poorly integrated and rarely considered as part of the continuum of support. Statutory decision-making is inconsistent and delayed; quality assurance processes are absent or ineffective; specialist provision planning is reactive rather than strategic.	There is some guidance and support in place to support schools in identifying needs, but provision is inconsistent and AP is not well integrated. Schools and settings are beginning to expand their offer for CYP with SEND, but it remains largely focused on statutory responsibilities. Statutory decision-making is inconsistent and often delayed, with limited evidence of effective quality assurance processes and partnership engagement. SEND sufficiency planning is in development and looking at future projections but provision not able to meet demand.	Support services are developing; schools and settings are improving in identifying needs and accessing provision, including AP, evidenced in improving outcomes for CYP with SEND. Schools and settings are broadening their provision and starting to embed inclusive practices, with growing use of AP, and reducing requests for specialist provision. Processes are becoming more consistent and timely, with evidence of quality assurance and improvement. There is a strategic SEND sufficiency plan in place but recognition of some challenges in implementation.	There are effective arrangements and services in place to support schools and settings to identify needs and put in place appropriate provision, including Alternative Provision, evidenced in positive outcomes for CYP with SEND. Schools and settings are delivering a broad offer for all children and young people with SEND (beyond solely statutory responsibilities) that enables inclusive practice across the system, including Alternative Provision, and a higher% of CYP with EHCPs in mainstream. Decision-making and practice relating to statutory decisions is consistent and timely. SEND sufficiency planning is strategic and partners have confidence in the system's capacity to meet needs for the majority of children.	**1 – EMERGING**	05.06.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> High quality inclusive service delivery exists a at universal, targeted and specialist levels in some areas, e.g., Family Hubs, SEND Advice Service, Neurodiversity Hub, the Balanced System, etc.. > There are pockets of excellent practice, e.g., Inclusion Toolkit, transitions work and inclusive approaches within primary collectives and MATs. > Schools and settings are increasingly broadening provision and embedding inclusive practices. > There is a growing use of Alternative Provision (AP) and EHCP requests and the use of INMISS provision are reducing compared to neighbours. > Established tools and approaches are supporting consistency, e.g., Inclusion Toolkit, WellComm, ELKLAN for SLCN. > Key initiatives are in place, including the Alternative Provision Specialist Taskforce (APST) and Local Inclusion Support Offer (LISO). Positive partnership working, e.g., Parent Carer Forum (PCF) work with Early Years teams Strong Family Hub, neighbourhood, and integrated working models	> Inconsistent inclusion offer across schools and a disconnect from the wider SEND agenda. > Sustainability challenges due to short-term funding and changes in ICB commissioning. > Many initiatives operate in silos, with limited coordination across teams, e.g., transitions, internal inclusive provision. > Lack of shared learning and system-wide dissemination of effective practice across Rochdale. > Need to strengthen the 0–19 continuum of support, addressing both its richness and associated risks. > Greater focus required on preventative and early intervention approaches to reduce demand for later interventions and specialist services. > Inconsistent adoption of strong practice, with pockets of excellence not embedded system-wide. > Resources are linked to finances and training, e.g., capacity of staff to attend, etc. > Financial pressures on schools, including implications of EHCP funding arrangements. > Identified gaps in SEMH support, particularly for pupils at risk of permanent exclusion (highlighted through LISO). > Variability in inclusion practice influenced by school culture, leadership and available resources. > There are still a range of gaps aligned to mainstream schools managing complex needs, children at risk of educational breakdown or non school attendance, suitable environments in schools and the classroom, staff competency around reasonable adjustments, augmentative technology or moving and handling which require a joint response.	> Designated Education Officer (DEO) to coordinate efforts in developing a cohesive joint Rochdale inclusion strategy and share best practice across the system. > Embed lead roles to drive a culture of inclusion and shared accountability. > Develop universal offer with DEO as named LA lead and single point of access for inclusive mainstream provision with responsibility for mapping and coordinating good practice, creating practice networks, quality assurance of internal and resourced provision, implementation of improvement programmes, etc. > Develop new targeted 0-25 offer, i.e., Team Around the School model including Experts at Hand (EP,OT, SLT) incorporating all services previously developed at Rochdale, e.g., SEND Advice Service, LISO, Inclusion toolkit, Tier 3 AP, APST; existing services, e.g., RANS, Neurodiversity Hub, EY, Family Help Offer, PfA , etc.; and new investment in Primary Aged 3 Tier AP/ APST, early intervention and prevention in EP and EBNA, OT capacity and multi-disciplinary dedicated health team for children with very complex needs. We will implement neighbourhood models, workforce training, access to swift advice and support, whole school approaches, moving and handling, competency sign off and monitoring, audit and training offers for school, support for children not in school. > Develop specialist support offer for children who require a temporary funding intervention, e.g., at key transition points, with targeted funding aligned to prevent escalation and long-term requirement for plans. > Embed Specialist Experts to support whole schools/ system training as required. > Embed aligned Experts to support SEN Hubs and ensure Maintained Special Schools offer

		Outreach Support to SEN Units and Inclusion Bases where required. > Allocate named officer/ therapist with targeted and specialist intervention to support YP out of area for post-16 providers. > Support childcare providers to implement and deliver inclusive priorities.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
Education Providers: Limited evidence of joint planning or collaboration. Schools generally operate in isolation with no shared inclusion strategies. Engagement with local authority is minimal.	**Education Providers:** All school types are involved in some way and contribute to the local offer, with engagement variable but developing across providers. Collaborative planning processes and networks are being strengthened, and schools are starting to partner with the LA on inclusion strategies.	**Education Providers:** All settings, including AP, post-16, and early years settings, are represented and most take part in partnership work, with regular consultation on inclusion. Joint processes for planning and provision are developing. Fair access protocols show improving outcomes and growing confidence. SENCO and leader networks are forming, and shared responsibility for inclusion is growing.	**Education Providers:** All providers are fully represented and actively engage in strategic planning, sharing updates with their settings. Evidence shows collaborative work improves planning, transitions, and inclusion. Fair access protocols are trusted and effective. Strong networks enable clusters of schools to commission, support, and respond to needs.	**1 – EMERGING**	05.06.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> Strong schools-based collaboration in place, with some LA representative involvement. > Education are visible in some LA meetings such as the Children and Young People's Partnership (CYPP). > The Multi-Academy Trust CEO (MAT CEO) meeting is well established and works well.	> Schools often work in isolation, with limited sharing of effective inclusion strategies. > Collaboration exists but is not always shared or scaled effectively. > Missed opportunities for early intervention have seen some children remain in unsuitable provision. > Health and social care partners need to be securely integrated into school forums. > Resource hubs are developing but are underutilised, i.e., children currently access approx. 50% of the time and we need to increase SEN Hub capacity and satellite hubs > Lack of clarity around terminology and intent leading to confusion across multiple initiatives. > Need for a more proactive, coordinated system approach. > Dedicated lead needed to drive strategy, alignment and accountability.	> Deliver a Local Inclusion Support Offer via Neighbourhood Panels aligned to the Families First frameworks for additional family help. > Set up a Team Around the School (Experts at Hand) in each neighbourhood with named specialists aligned to support individual targeted support plans, training, supervision and inclusion hub capabilities. > Develop fair access protocols to promote equity and trust. > Allow protected time for senior leaders across education, health and the LA to reflect, learn and grow. > Develop a joint induction programme for new leaders. > Develop a Raising Rochdale Belonging Strategy with co-produced vision and outcomes to bring together key actions. > Ensure commissioning is intelligence led and joined-up across schools, the LA and ICB. > Undertake a DEO led system audit and co-production of solutions with partners. > Fully align governance framework with SEND governance. > Strengthen and sustain existing partnerships and collaboration. > Ensure SEND hubs are school- and MAT-led for greater consistency and ownership.

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
Health Services: No established communication or referral pathways between education and health. Health partners are not providing evidence of awareness of SEND responsibilities or participating in planning. There is very little data sharing to inform commissioning.	**Health Services:** Education providers are aware of relevant NHS services and how to signpost or refer to them, with at least limited contact between education and health partners. Understanding of ICB SEND roles is developing, setting the stage for stronger partnerships and health is seeking to understand more about needs from education.	**Health Services:** Positive working relationships with NHS and hospital AP are developing, and strategic engagement is increasing. Health providers are aware of designated ICB leads and the executive SEND lead, but board engagement is still limited. Inspections highlight need for further improvement.	**Health Services:** Partnerships with health are strong and joint commissioning is routine, with clear feedback and resource sharing. Lines of communication with ICB and NHS including health providers are well-established. Inspection reports confirm effective collaboration.	**3 – MATURING**	12.05.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> Rochdale has a long history of integration across the LA and health. > There is a joint SEND Strategy and health reps are embedded across governance. > There are joint commissioning arrangements in place for key inclusion priorities. > There are a range of services on offer that include multi disciplinary team working, e.g., the Neurodiversity Hub; APST; Rochdale Additional Needs Service and Family Hubs. > The LA has invested in a range of health posts. > There is a jointly funded Strategic Lead for Health in post.	> Change in the ICB has impacted traction of some key projects as key long term staff have moved on and there are vacancies across system. > There is multiple change impact across ICB, local ICB and provider. > Public health funding pressures place risks for universal health services.	> Continue to nurture relationships; share information; and utilise ICPC to escalate risks.

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
Social Care/Local Authority: No evidence of strategic collaboration with education or health. Providers do not access local care offers. Early intervention models are not in place. There is very little data sharing to inform commissioning.	**Social Care / Local Authority:** Providers access the local care offer and engage with care teams for individual CYP needs. Strategic collaboration is starting, and the LA is initiating work on early intervention models, such as Families First reforms.	**Social Care / Local Authority:** Positive working relationships with LA care teams and managers are emerging. Designated social care officer helps embed care priorities. The LA is embedding Family Help and child protection reforms, and strategic coordination is improving.	**Social Care / Local Authority:** Strong, embedded relationships between education, health and care ensure joint planning and resource sharing. FFP and multi-agency reforms are routine. Children and families receive early support, and joint commissioning is mature.	**2 – DEVELOPING**	23.04.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> Strong working relationships with local authority care teams and wider partners. > Effective joint working to support children experiencing challenges, e.g., behaviour, attendance), including close collaboration between the Step Ahead Service and the Virtual School. > Improved information sharing, including visibility of EHCPs and out-of-borough children via LCS. > Positive partnership with Rochdale Football Club, though capacity is limited. > Good collaboration within Youth Justice Service though mainly at strategic/board level rather than practitioner level > Families First Programme (FFP) progressing well with strong partnership engagement and oversight across Children's Services > Family Safeguarding Partnership demonstrates strong communication and effective reform work with schools. > Strong partnerships are contributing to increased numbers of children and young people in education, employment, or training (EET)	> Limited alignment with SEND in some service areas, particularly for young people post-18. > Lack of engagement between DSCO and Cared for Children / Step Ahead Service. > Weaknesses in support for young people with an EHCP beyond age 18. > Insufficient education provision for care-experienced and cared for young people, especially aged 16+. > Disproportionate representation of children with SEND in the Youth Justice Service. > Practitioner-level connectivity is not consistently embedded, e.g., link worker reviews YP with SEND or an EHCP. > Some good partnership working with SaLT, but connectivity is inconsistent.	> Strengthen connectivity across social care and SEND service at a practitioner level. > Embed the DCSO role.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
No structured training or development plan for SEND across education, health, and social care. Many staff lack confidence and skills to effectively deliver support for CYP with SEND. No recognition of the need for coordinated training to share best practice.	The LA workforce is beginning to access training and support as a means to building capacity and consistency into supervision, decision-making, casework and managing difficult conversations. Some education settings are beginning to build awareness and skills to support children with SEND, with early-stage training and resource development underway. There is initial recognition of the need for coordinated training across health, education, and social care. Early efforts are being made to identify best practices and include lived experiences.	The LA workforce accesses structured training and support. Supervision practices are being strengthened, leading to improved consistency in decision-making and casework quality. Education settings are developing the skills and confidence to meet the needs of children with SEND, supported by more coordinated training and guidance. Training and development across the SEND system is becoming more proactive and collaborative, with increasing integration of best practice and lived experience into professional learning.	The LA workforce is well-trained, regularly updated, and appropriately supported, managed and supervised. Wider workforce across education settings is skilled in meeting the needs of children with SEND. There is pro-active shaping of training and development of all practitioners in the local SEND system, including health and social care, to ensure there is a broad understanding of best practice, incorporating lived experiences into practitioners' professional development.	**1 – EMERGING**	05.06.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> Extensive training offer already in place across the system. > REAL Trust is a key partner in supporting and structuring delivery. > New DSCO is effective in strengthening practice. > Inclusion toolkit training is coordinated and delivered by a range of partners. > Effective collaboration between education and social care colleagues can be evidenced with the delivery of the weapons programme.	> Training is fragmented across multiple platforms causing confusion and inconsistent engagement, e.g., REAL Trust, Engage. > Commissioning arrangements are inconsistent and there is a lack of buy-in from key stakeholders, e.g., multi-academy trusts (MATs). > Wider system does not consistently see training as a shared responsibility. > Training delivery is inflexible and does not account for school pressures, e.g. staff shortages, limited resources, etc. > Lack of strategic, long-term planning; approach is often reactive rather than proactive. Need for clearer alignment and separation of roles across local authority, education, health, and social care > Role of the DSCO is unclear or not embedded in this area. > High number of newly qualified social workers. > Increasing complexity of needs, including SEMH, requires more targeted training support. > Overall mismatch between breadth of training offer and system capacity to engage effectively.	> Provide continuous workforce training offer with a single point of access, i.e., centralised, accessible platform. > Align the whole-school approach to inclusion and SEND to mental health in schools' model.. > Ensure training offer is informed by data, intelligence and identified skills gaps. > Provide greater flexible in the delivery of training, e.g., INSET days and online learning options, etc. > Explore Greater Manchester (GM) training models. > Identify inconsistent practice through audits and reviews.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED
No clear strategy for sufficiency or place planning and capital projects lack alignment with needs. Review and evaluation processes are absent or extremely limited and stakeholder input is not systematically gathered. The Local SEND Reform Plan is incomplete or missing and there are no clear mitigating actions to ensure efficient use of resources or value for money.	Review and evaluation processes are being used periodically, and stakeholder input informs some service adjustments. Processes for regular monitoring and service improvement are taking shape. The Local SEND Reform Plan provides limited information on mitigating actions to improve the efficient use of resources and secure value for money.	Regular reviews are taking place, drawing on broader stakeholder input including schools, families, and young people. Performance is benchmarked against other areas and findings inform targeted improvement plans. The Local SEND Reform Plan provides evidence of efficient use of resources and value for money.	Comprehensive, ongoing monitoring using multiple sources of data and qualitative insights drives continuous improvement. Deep dives into specific issues lead to strategic changes, and effective benchmarking ensures consistent progress toward the best outcomes. There is clear evidence of efficient use of resources and a focus on value for money.	**1 – EMERGING**	05.06.26

STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
> LA's Education Sufficiency Strategy shows a more coherent and mature approach to resource planning, now led by the School Place Planning Manager. > A comprehensive review (Autumn 2025) strengthened alignment with local and national policy, particularly integrating SEND and mainstream sufficiency planning. > Regular progress reviews and increased stakeholder input (schools, families, young people) are improving transparency and inclusivity in decision-making. > A robust High Needs Provision Capital Plan supports more strategic, evidence-led use of capital resources and enables prioritisation of investment that increases local capacity, supports inclusive practice and delivers value for money by reducing reliance on independent placements and associated transport costs. > Cabinet approval of the Sufficiency Strategy and Capital Plan in December 2025 reflects strengthened governance and organisational confidence in the LA's direction of travel. > Early impact includes: 6.3% of SEND pupils placed in SEN Units/Resourced Provisions (as of September 2025); opening of a new 75-place ASC special school; development of two new 64-place satellite provisions for SEMH and PRU learners. > Achievements demonstrate a shift from planning to delivery, using resources in a more targeted, efficient and forward-looking way that aligns with the Local SEND Reform Plan and supports sustainable improvement in local SEND sufficiency. > Bids submitted for smaller capital funding opportunities to support additional projects.	> Need to strengthen the collaborative use of data so that sufficiency planning and decision-making become increasingly evidence-driven and aligned with wider strategic priorities. > The SEND team's strong understanding of the nuanced needs of CYP with SEND needs to be captured and shared in a more systematic and consistent way across services. > A more robust data infrastructure is needed to support regular, informed reviews and enable broader stakeholder input, including schools, families and young people, into the planning process. > Improved data collation and analysis is needed to support benchmarking against other areas, to help the LA understand relative performance and identify targeted improvement priorities. > Need a more collaborative approach with schools re commissioning with a focus on long-term planning and transformation. > Too reactive with SEND placements and sourcing specialist places.	> Strengthen approach to targeted and judicious use of resources by improving the collation, analysis and sharing of data across services. > Undertake more regular and informed reviews of sufficiency planning, with increasing opportunities for broader stakeholder input, including schools, families and young people. > Expand benchmarking and best practice activity to compare performance and outcomes with statistical neighbours and similar LAs. > Incorporate benchmarking outcomes into strategy updates and use to shape targeted improvement plans and support a more evidence-driven approach. > Embed approaches to ensure future provision planning is shaped by a clearer, evidence-based understanding of need, supporting more efficient and value-for-money use of resources in line with the Local SEND Reform Plan. > Progress collaborative delivery of planned SEN Resourced Provisions and SEN Units with schools and academy trusts and ensure capital investment is aligned with identified need and delivers value for money. > Include provisions for small capital funding projects that schools can bid for to improve SEND provision to empower schools to address localised needs and contribute to the overall sufficiency plan.

EXECUTIVE SUMMARY: LOCAL SYSTEM "CHANGE STORY"

LOCAL AREA

OUR CONTEXT	Rochdale is an area of significant deprivation, which impacts on the demand for services. Its SEND system has evolved from a historically fragmented position into one with clear direction and strong foundations for reform. Following a critical 2016 inspection, the local landscape was characterised by disjointed services, weak coordination across education, health and care and inconsistent experiences for children and families. Access to support was slow and outcomes were variable. The local context is shaped by rising demand for SEND support, increasing complexity of need within mainstream settings, and national pressures on Education, Health and Care Plans (EHCPs). These pressures have been compounded by workforce constraints, particularly in specialist services and structural changes within health systems. Schools report growing frustration where demand outpaces available support. Despite these challenges, Rochdale has developed a distinctive approach rooted in co-production, inclusion, and outcomes-based accountability. The authority has worked extensively with partners and families to define what a “good life” looks like for children and young people with SEND, ensuring that services are aligned to lived experience. This ethos, "Nothing about us without us,” is central to Rochdale’s identity. Rochdale also faces financial constraints typical of the national SEND system, particularly limitations on using the High Needs Block for preventative work. This has required innovation, including the use of time-limited funding to test new approaches, e.g., Delivering Better Value and SENDAP Change programmes . Overall, Rochdale operates within a high-pressure but opportunity-rich environment: a system under strain, yet one that has already demonstrated the capability to lead innovation, improve inclusion and build a sustainable SEND model focused on early intervention and local provision.

WHERE ARE WE NOW?	Rochdale is now in a position of significant progress, with strong foundations established for systemic reform. Over the past three years, the borough has implemented a series of coordinated initiatives that collectively shift the system toward early intervention, inclusion, and financial sustainability. A key strength is the move from reactive, service-led provision to a proactive, outcomes-based system. Early intervention approaches, such as strengthened SEND Support, the Inclusion Toolkit and transition funding are reducing reliance on EHCPs while improving pupil experience. However, use of the Inclusion Toolkit across settings is inconsistent. Multi-agency coordination has been enhanced through the Local Inclusion Support Offer (LISO), which has supported over 400 children, many of whom would otherwise have escalated to statutory processes. Capacity within mainstream schools has been significantly strengthened through SEN units, resourced provision and hubs, enabling more children to be educated locally. Targeted interventions, including therapeutic alternative provision and specialist taskforces, are reducing exclusions and reintegrating pupils successfully into mainstream education (81% reintegration rate). Rochdale is privileged to have maintained its Educational Psychology Service in LA, but demand for EHCP assessments has outstripped capacity which has reduced the capacity available for early intervention and prevention. For SLT the Balanced System has been implemented in primary schools with a named lead in each, however capacity does not reach into EY and Secondary/Post-16 and needs to increase. Dedicated SLT leadership of augmented technology is also a gap. There is no reach into settings for OT. Financially, Rochdale has demonstrated a strong “invest-to-save” model. These combined approaches are projected to deliver multi-million-pound savings over five years, including up to £28.6m through expanded local provision and further savings through reduced EHCP demand and improved coordination. However, the system remains inconsistent. Implementation varies between schools, data integration is underdeveloped, and alignment between strategy and delivery is incomplete. Despite progress, demand continues to rise and waiting times for specialist services persist. There are currently approximately 4,001 CYP with EHCPs and 5,561 with SEN Support in Rochdale (18.05.26). Confidence varies across schools and the parent community. Rochdale is therefore best described as a system in transition: no longer fragmented, but not yet fully coherent or consistently implemented.

WHERE HAVE WE COME FROM?	Rochdale's transformation journey reflects a deliberate shift from fragmentation to coherence. Following systemic weaknesses identified in 2016, the authority embarked on a fundamental redesign of its SEND approach beginning in 2021, supported by the Council for Disabled Children. The starting point was a radical reframing, i.e., rather than focusing on services, Rochdale defined success through outcomes for children and families. A year-long co-production process brought together stakeholders across education, health, social care and the voluntary sector. This resulted in a shared outcomes framework and a system-wide commitment to accountability and collaboration. We would like to repeat this methodology with the development of a Belonging Strategy. This work has achieved national recognition, receiving multiple awards and marked a cultural shift from siloed working to shared ownership. Two key priorities, i.e., (i) ensuring children are in school; and (ii) ensuring children remain close to home now anchor all decision-making. Implementation of Delivering Better Value in SEND and the SENDAP Change programme have allowed us to test and refine a range of initiatives, that are providing evidence of early intervention and changes in life trajectories. We are confident that mainstream settings can meet more need with appropriate support and that specialist expertise must be accessible rather than scarce. Not all initiatives were successful, but this iterative approach has strengthened the system's evidence base. A significant milestone has been the reduction in EHCP growth rates from among the highest increases to below regional comparators. This demonstrates improved demand management. Crucially, Rochdale has moved from dependency on high-cost specialist placements toward building local capacity and prevention-focused models. This journey has laid the groundwork for the next phase: integrating these improvements into a single, coherent system.

WHERE DO WE WANT TO GO NEXT?	Rochdale's next phase is to turn its strong ambition for inclusion into a consistently delivered, system-wide reality. Current data highlights a system under increasing pressure: rising numbers of children awaiting EHCP assessment have led to delays against statutory timelines, impacting both outcomes and family confidence. Alongside this, there has been a notable increase in children with Education, Health and Care Plans (EHCPs), reflecting growing and more complex levels of need, particularly in areas such as ASD and SEMH. The provision profile also evidences challenge. A significant proportion of pupils continue to be educated in maintained and independent special schools, with independent placements contributing to rising overall spend. This trend indicates both insufficiency in local provision and limited capacity within mainstream settings to meet need earlier. Workforce constraints—particularly in Educational Psychology and Speech and Language Therapy—further exacerbate delays and restrict preventative support. In response, Rochdale aims to shift from a reactive, assessment-led system to one grounded in early intervention and inclusion. Scaling the "Experts at Hand" model will embed specialist expertise into everyday practice, reducing reliance on EHCPs as the primary route to support. Strengthened Team Around the School approaches will ensure consistent, neighbourhood-based multi-agency support for all settings. By improving data integration and rebalancing the system toward mainstream inclusion, Rochdale's goal is to reduce delays, manage demand more effectively, and ensure more children are supported early, locally, and successfully within their communities. This is how we will measure our progress (3 year targets): > Percentage of children (SEN support) with a good level of development (GLD) at 5 years old: 2024/25: 21.4% Target: 25.0% > Percentage of pupils (SEN support) meeting the expected standard in reading, writing and maths at KS2 for all state funded schools, local authority-maintained schools and academies: 2024/25: 23.0% Target 28.0% > Key Stage 4 - Attainment 8 at KS4 for all state funded/maintained schools and academies (SEN support): 2024/25: 27.9% Target: 33.0% > Percentage of young people (16-17) not in education, employment, or training (NEET) (SEN support): 2025: 7.4% Target: 7.0% > Permanent Exclusion rate per 100 pupils (SEN support): 2025: 0.89 Target: 0.40 We will also track attendance for children and young people with SEN support and spend against the High Needs Block.

WHAT WILL IT TAKE TO GET THERE ?	Delivering this next phase will require both cultural and structural change, underpinned by targeted investment. The maturity assessment highlights that successful reform depends on aligning governance, embedding new ways of working and building system-wide consistency. Firstly, workforce capacity must be expanded. Investment is needed to increase availability of speech and language therapists, educational psychologists, and occupational therapists, particularly aligned to neighbourhoods and education settings. This will enable the “Experts at Hand” model to function effectively and eliminate waiting times. Secondly, funding must support prevention and early intervention. Many successful initiatives have relied on short-term funding, e.g., Delivering Better Value and SENDAP programmes and are currently sustained through reserves. Long-term investment is required to secure these programmes and scale them sustainably, particularly where High Needs Block constraints limit preventative spending. Thirdly, digital infrastructure requires further development. Continued investment in digital tools will enhance access to advice, enable remote consultations and strengthen workforce training, ensuring support is immediate and embedded. Fourthly, system alignment is critical. This includes strengthening data integration, improving consistency across schools and ensuring that strategy translates into practice. Leadership development and co-production will remain essential enablers. Importantly, Rochdale’s model demonstrates that investment generates returns. Early intervention, local provision and improved coordination deliver significant cost avoidance; potentially tens of millions over five years; while improving outcomes for children. In summary, achieving this vision will require sustained, strategic investment in people, prevention and system infrastructure, creating a financially sustainable model where better outcomes and cost efficiency are mutually reinforcing. In year one we will build upon what works and build system infrastructure and codesign a new system. In year 3 we will have a mobilised neighbourhood offer with Team Around the Schools and Experts at Hand fully aligned to EY, schools and colleges. We will have increased our sufficiency and the confidence of teachers and parents. In year 5 we will begin to turn the curve, will have stemmed growth of EHCPs, increased the universal and targeted offer and reduced use of specialist provision.

Department for Education

The Local SEND Reform Plan

Operational and Outcome Data

Initial submission alongside a completed Local SEND Reform Plan in June 2026, establishing a base line, with quarterly updates where forecasts have changed.

Financial summary

1. Forecast expenditure for High Needs Block (£000)				
Financial Year	2024-25	2025-26	2026-27	2027-28
Mainstream school or academy placements	£11,462	£14,478	£18,148	£21,461
Support bases in mainstream settings	£0	£0	£0	£0
Specialist bases in mainstream settings	£921	£1,305	£1,573	£2,058
Maintained special school or special academy	£19,514	£20,750	£22,072	£23,361
NMSS or independent school placements	£12,807	£20,899	£38,373	£59,511
Alternative Provision placements	£6,392	£7,587	£7,107	£7,155
Hospital school placements	£0	£0	£0	£0
Mainstream Post 16 provision	£1,926	£2,835	£3,500	£3,813
Mainstream Post 16 specialist provision	£0	£0	£0	£0
Specialist Post-16 institutions	£307	£424	£1,027	£1,166
Elective Home Education (EHE)	£0	£0	£0	£0
Other arrangements by LA (EOTAS)	£0	£116	£334	£403
Health, social care, therapy services and care	£248	£217	£223	£230
Other spend	£4,561	£4,806	£4,951	£5,099
Total	£58,138	£73,418	£97,308	£124,257
Block transfers	-£1,090	-£1,176	-£1,227	£0
Other income	-£1,380	-£1,783	-£1,836	-£1,892
Total net	£55,668	£70,459	£94,245	£122,365

% change year on year for High Needs Block expenditure		
2025-26	2026-27	2027-28
26%	25%	18%
42%	21%	31%
6%	6%	6%
63%	84%	55%
19%	-6%	1%
-100%		
47%	23%	9%
38%	142%	14%
	187%	21%
-13%	3%	3%
5%	3%	3%
26%	33%	28%
8%	4%	-100%
29%	3%	3%
27%	34%	30%

1.1 Forecast expenditure against total DSG (£000)				
Financial Year	2024-25	2025-26	2026-27	2027-28
Outturn DSG expenditure	£303,407	£349,179	£389,963	£426,562
Total expenditure against DSG	£303,407	£349,179	£389,963	£426,562
Total expected DSG income	-£290,625	-£326,437	-£343,755	-£355,567
Other income	-£931	-£857	-£823	-£848
Total in-year surplus (+) or deficit (-)	-£11,850	-£21,885	-£45,385	-£70,147

% change year on year for total DSG expenditure		
2025-26	2026-27	2027-28
15%	12%	9%
15%	12%	9%
12%	5%	3%
-8%	-4%	3%
85%	107%	55%

2. Current and forecast unit cost of support for children and young people with SEN by setting type (£000)				
Financial Year	2024-25	2025-26	2026-27	2027-28
Mainstream school or academy placements	£9	£10	£10	£10
Support bases in mainstream settings	£0	£0	£0	£0
Specialist bases in mainstream settings	£8	£9	£10	£10
Maintained special school or special academy	£28	£29	£30	£31
NMSS or independent school placements	£75	£81	£85	£89
Alternative Provision placements	£24	£25	£26	£27
Hospital school placements	£0	£0	£0	£0
Mainstream Post 16 provision	£4	£4	£4	£4
Mainstream Post 16 specialist provision	£0	£0	£0	£0
Specialist Post-16 institutions	£26	£23	£24	£25
Elective Home Education (EHE)	£0	£0	£0	£0
Other arrangements by LA (EOTAS)	£0	£3	£3	£3
Health, social care, therapy services and care	£0	£0	£0	£0
Other spend	£0	£0	£0	£0
Total	£175	£185	£192	£199

% change year on year for unit cost of support		
2025-26	2026-27	2027-28
1%	3%	3%
19%	3%	3%
4%	3%	3%
8%	6%	4%
4%	3%	3%
3%	3%	3%
-12%	3%	3%
	3%	3%
6%	4%	3%

3. Forecast SEN transport expenditure (£000)				
Financial Year	2024-25	2025-26	2026-27	2027-28
Pre-16 SEN expenditure	£6,146	£6,480	£7,400	£8,383
Post-16 SEN expenditure	£265	£125	£141	£159
Total expenditure	£6,411	£6,605	£7,541	£8,542

% change year on year for SEN Transport expenditure		
2025-26	2026-27	2027-28
5%	14%	13%
-53%	13%	12%
3%	14%	13%

Children and young people (CYP) summary

4. Current and projected number of all CYP in local area categorised by age					
Calendar Year	2025	2026	2027	2028	2029
Under 5	13,995	13,820	13,604	13,595	13,594
Age 5 to 10	18,714	18,557	18,361	18,041	17,827
Age 11 to 15	16,231	16,169	16,168	16,041	15,873
Age 16 to 19	11,974	12,173	12,287	12,355	12,370
Age 20 to 25	15,926	16,135	16,360	16,647	16,894
Total number	76,840	76,854	76,780	76,679	76,558

% change year on year for total number of all CYP in local area by age			
2026	2027	2028	2029
-1%	-2%	0%	0%
-1%	-1%	-2%	-1%
0%	0%	-1%	-1%
2%	1%	1%	0%
1%	1%	2%	1%
0%	0%	0%	0%

5. Current and projected number of all CYP with EHC plans or receiving top ups by age					
5.1 Total number of EHC plans by age group (with estimated future projections)					
Calendar Year	2025	2026	2027	2028	2029
Under 5	126	223	254	287	318
Age 5 to 10	1,317	1,502	1,711	1,931	2,142
Age 11 to 15	1,250	1,476	1,681	1,898	2,105
Age 16 to 19	778	942	1,073	1,211	1,343
Age 20 to 25	336	307	350	395	438
Total number	3,807	4,450	5,069	5,723	6,347
5.2 Total number of CYP receiving individual top ups with no EHC plan by age group (with estimated future projections)					
Calendar Year	2025	2026	2027	2028	2029
Under 5	63	74	84	95	105
Age 5 to 10	0	0	0	0	0
Age 11 to 15	81	95	108	122	135
Age 16 to 19	0	0	0	0	0
Age 20 to 25	0	0	0	0	0
Total number	144	168	192	216	240
5.3 Total number of CYP supported by the high needs block with no EHC plan or individual top up (with estimated future projections)					
Calendar Year	2025	2026	2027	2028	2029
Under 5	24	27	30	33	36
Age 5 to 10	92	104	115	127	139
Age 11 to 15	6	7	8	8	9
Age 16 to 19	0	0	0	0	0
Age 20 to 25	0	0	0	0	0
Total number	122	137	153	169	184

% change year on year for CYP with EHC plans or receiving top ups by age			
% change year on year for total number of EHC plans by age group			
2026	2027	2028	2029
77%	14%	13%	11%
14%	14%	13%	11%
18%	14%	13%	11%
21%	14%	13%	11%
-9%	14%	13%	11%
17%	14%	13%	11%
% change year on year for total number of CYP receiving individual top ups with no EHC plan by age group			
2026	2027	2028	2029
17%	14%	13%	11%
17%	14%	13%	11%
17%	14%	13%	11%
% change year on year for total number of CYP supported by the high needs block with no EHC plan or individual top up			
2026	2027	2028	2029
13%	11%	10%	9%
13%	11%	10%	9%
17%	14%	0%	13%
12%	12%	10%	9%

6. Current and projected number of all CYP with EHC plans by provision

Calendar Year	2025	2026	2027	2028	2029
Early Years settings including PVIs	44	46	49	54	60
Mainstream schools or academies	1,635	1,911	2,177	2,458	2,726
Support bases in mainstream settings	0	0	0	0	0
Specialist bases in mainstream settings	145	175	227	259	279
Maintained special schools or special academies	712	732	752	836	856
NMSS or independent schools - LA funded placements	295	526	741	928	1,170
NMSS or independent schools - other suitable arrangements	0	0	0	0	0
Alternative Provision	23	18	18	18	18
Mainstream Post 16 provision	768	830	869	908	947
Mainstream Post 16 specialist provision	37	0	0	0	0
Specialist Post-16 institutions	21	23	24	25	26
Elective Home Education (EHE)	39	44	48	52	56
Other arrangements by LA (EOTAS)	38	41	43	45	47
Other (including hospital schools where applicable)	87	104	121	140	162
Total number	**3,807**	**4,450**	**5,069**	**5,723**	**6,347**

% change year on year for projected number of EHC plans by provision

2026	2027	2028	2029
5%	7%	10%	11%
17%	14%	13%	11%
21%	30%	14%	8%
3%	3%	11%	2%
78%	41%	25%	26%
-22%	0%	0%	0%
8%	5%	4%	4%
-100%			
8%	5%	4%	4%
12%	9%	8%	8%
8%	5%	4%	4%
20%	16%	16%	16%
17%	14%	13%	11%

7. Current and projected number of all CYP with EHC plans by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	1,387	1,565	1,782	2,012	2,232
Hearing Impairment	73	82	82	82	82
Moderate Learning Difficulty	156	200	227	257	285
Multi- Sensory Impairment	5	6	6	6	6
Physical Disability	158	178	203	229	254
Profound & Multiple Learning Difficulty	65	72	82	93	103
Social, Emotional and Mental Health	936	995	1,150	1,315	1,473
Speech, Language and Communications needs	809	858	977	1,103	1,223
Severe Learning Difficulty	147	183	209	236	261
Specific Learning Difficulty	34	26	29	33	37
Visual Impairment	30	35	35	35	35
Other Difficulty/Disability	7	5	5	5	5
SEN support but no specialist assessment of type of need	0	247	281	318	352
Total number of EHC plans	**3,807**	**4,450**	**5,069**	**5,723**	**6,347**

% change year on year for projected number of EHC plans by primary need

2026	2027	2028	2029
13%	14%	13%	11%
12%	0%	0%	0%
28%	14%	13%	11%
18%	2%	0%	0%
13%	14%	13%	11%
11%	14%	13%	11%
6%	16%	14%	12%
6%	14%	13%	11%
25%	14%	13%	11%
-25%	14%	13%	11%
16%	1%	0%	0%
-34%	14%	5%	0%
	14%	13%	11%
17%	14%	13%	11%

7.1 Current and projected number of all CYP with EHC plans in Early Years Settings including PVIs by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	10	7	8	9	10
Hearing Impairment	3	2	2	2	2
Moderate Learning Difficulty	1	1	1	1	2
Multi- Sensory Impairment	0	0	0	0	0
Physical Disability	9	7	7	8	9
Profound & Multiple Learning Difficulty	2	2	3	3	3
Social, Emotional and Mental Health	1	2	3	3	3
Speech, Language and Communications needs	15	15	16	18	19
Severe Learning Difficulty	0	0	0	0	0
Specific Learning Difficulty	0	0	0	0	0
Visual Impairment	2	1	1	1	2
Other Difficulty/Disability	1	1	1	1	1
SEN support but no specialist assessment of type of need	0	7	7	8	9
Total number of EHC plans	**44**	**46**	**49**	**54**	**60**

% change year on year for projected number of CYP with EHC plans in Early Years Settings including PVIs by primary need

2026	2027	2028	2029
-25%	7%	10%	11%
-38%	7%	10%	11%
24%	7%	10%	11%
-24%	7%	10%	11%
24%	7%	10%	11%
149%	7%	10%	11%
-1%	7%	10%	11%
-38%	7%	10%	11%
-38%	7%	10%	11%
	7%	10%	11%
5%	7%	10%	11%

7.2 Current and projected number of all CYP with EHC plans in Mainstream Schools or Academies (including Support Bases) by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	551	556	633	715	793
Hearing Impairment	40	36	41	46	51
Moderate Learning Difficulty	59	66	75	84	93
Multi- Sensory Impairment	1	1	1	1	1
Physical Disability	51	59	67	75	83
Profound & Multiple Learning Difficulty	8	7	8	9	10
Social, Emotional and Mental Health	415	422	481	543	602
Speech, Language and Communications needs	555	558	636	718	796
Severe Learning Difficulty	30	27	31	35	39
Specific Learning Difficulty	14	10	12	13	15
Visual Impairment	11	13	14	16	18
Other Difficulty/Disability	3	2	2	2	3
SEN support but no specialist assessment of type of need	0	155	177	200	221
Total number of EHC plans	**1,738**	**1,911**	**2,177**	**2,458**	**2,726**

% change year on year for projected number of CYP with EHC plans in Mainstream Schools or Academies (including Support Bases) by primary need

2026	2027	2028	2029
1%	14%	13%	11%
-11%	14%	13%	11%
11%	14%	13%	11%
-36%	14%	13%	11%
15%	14%	13%	11%
-13%	14%	13%	11%
2%	14%	13%	11%
1%	14%	13%	11%
-9%	14%	13%	11%
-27%	14%	13%	11%
16%	14%	13%	11%
-36%	14%	13%	11%
	14%	13%	11%
10%	14%	13%	11%

7.3 Current and projected number of all CYP with EHC plans in Specialist Bases by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	75	75	95	115	135
Hearing Impairment	7	22	22	22	22
Moderate Learning Difficulty	22	42	62	62	62
Multi- Sensory Impairment	0	0	0	0	0
Physical Disability	1	0	0	0	0
Profound & Multiple Learning Difficulty	0	0	0	0	0
Social, Emotional and Mental Health	1	6	6	6	6
Speech, Language and Communications needs	18	30	42	54	54
Severe Learning Difficulty	0	0	0	64	64
Specific Learning Difficulty	0	0	0	0	0
Visual Impairment	0	0	0	0	0
Other Difficulty/Disability	0	0	0	0	0
SEN support but no specialist assessment of type of need	0	0	0	0	0
Total number of EHC plans	**124**	**175**	**227**	**323**	**343**

% change year on year for projected number of CYP with EHC plans in Specialist Bases by primary need

	2026	2027	2028	2029
Autistic Spectrum Disorder	0%	27%	21%	17%
Hearing Impairment	214%	0%	0%	0%
Moderate Learning Difficulty	91%	48%	0%	0%
Multi- Sensory Impairment				
Physical Disability	-100%			
Profound & Multiple Learning Difficulty				
Social, Emotional and Mental Health	500%	0%	0%	0%
Speech, Language and Communications needs	67%	40%	29%	0%
Severe Learning Difficulty				0%
Specific Learning Difficulty				
Visual Impairment				
Other Difficulty/Disability				
SEN support but no specialist assessment of type of need				
Total number of EHC plans	**41%**	**30%**	**42%**	**6%**

7.4 Current and projected number of all CYP with EHC plans in Maintained Special Schools or Special Academies by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	335	326	334	343	352
Hearing Impairment	7	7	7	7	8
Moderate Learning Difficulty	33	35	36	37	38
Multi- Sensory Impairment	2	2	2	2	2
Physical Disability	38	36	37	38	39
Profound & Multiple Learning Difficulty	47	39	41	42	43
Social, Emotional and Mental Health	87	77	80	82	84
Speech, Language and Communications needs	131	109	112	115	118
Severe Learning Difficulty	61	69	71	73	75
Specific Learning Difficulty	7	4	5	5	5
Visual Impairment	5	3	3	3	3
Other Difficulty/Disability	1	0	1	1	1
SEN support but no specialist assessment of type of need	0	23	24	24	25
Total number of EHC plans	**754**	**732**	**752**	**772**	**792**

% change year on year for projected number of CYP with EHC plans in Maintained Special Schools or Special Academies by primary need

	2026	2027	2028	2029
Autistic Spectrum Disorder	-3%	3%	3%	3%
Hearing Impairment	0%	3%	3%	3%
Moderate Learning Difficulty	7%	3%	3%	3%
Multi- Sensory Impairment	0%	3%	3%	3%
Physical Disability	-5%	3%	3%	3%
Profound & Multiple Learning Difficulty	-16%	3%	3%	3%
Social, Emotional and Mental Health	-11%	3%	3%	3%
Speech, Language and Communications needs	-17%	3%	3%	3%
Severe Learning Difficulty	13%	3%	3%	3%
Specific Learning Difficulty	-36%	3%	3%	3%
Visual Impairment	-40%	3%	3%	3%
Other Difficulty/Disability	-50%	3%	3%	3%
SEN support but no specialist assessment of type of need		3%	3%	3%
Total number of EHC plans	**-3%**	**3%**	**3%**	**3%**

7.5 Current and projected number of all CYP with EHC plans in Non-Maintained Special Schools or Independent Schools by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	108	209	294	368	465
Hearing Impairment	0	0	0	0	0
Moderate Learning Difficulty	5	8	11	14	18
Multi- Sensory Impairment	0	0	0	0	0
Physical Disability	4	5	7	8	10
Profound & Multiple Learning Difficulty	0	0	0	0	0
Social, Emotional and Mental Health	144	238	335	419	529
Speech, Language and Communications needs	29	48	68	85	108
Severe Learning Difficulty	4	7	10	12	15
Specific Learning Difficulty	0	0	0	0	0
Visual Impairment	1	5	7	8	10
Other Difficulty/Disability	0	0	0	0	0
SEN support but no specialist assessment of type of need	0	7	10	12	15
Total number of EHC plans	**295**	**526**	**741**	**928**	**1,170**

% change year on year for projected number of CYP with EHC plans in Non-Maintained Special Schools or Independent Schools by primary need

	2026	2027	2028	2029
Autistic Spectrum Disorder	93%	41%	25%	26%
Hearing Impairment				
Moderate Learning Difficulty	62%	41%	25%	26%
Multi- Sensory Impairment				
Physical Disability	15%	41%	25%	26%
Profound & Multiple Learning Difficulty				
Social, Emotional and Mental Health	65%	41%	25%	26%
Speech, Language and Communications needs	67%	41%	25%	26%
Severe Learning Difficulty	73%	41%	25%	26%
Specific Learning Difficulty				
Visual Impairment	362%	41%	25%	26%
Other Difficulty/Disability				
SEN support but no specialist assessment of type of need		41%	25%	26%
Total number of EHC plans	**78%**	**41%**	**25%**	**26%**

7.6 Number of all CYP with EHC plans in Alternative Provision or Hospital Schools by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	4	2	2	2	2
Hearing Impairment	0	0	0	0	0
Moderate Learning Difficulty	1	1	1	1	1
Multi- Sensory Impairment	0	0	0	0	0
Physical Disability	0	0	0	0	0
Profound & Multiple Learning Difficulty	0	0	0	0	0
Social, Emotional and Mental Health	16	14	14	14	14
Speech, Language and Communications needs	2	1	1	1	1
Severe Learning Difficulty	0	0	0	0	0
Specific Learning Difficulty	0	0	0	0	0
Visual Impairment	0	0	0	0	0
Other Difficulty/Disability	0	0	0	0	0
SEN support but no specialist assessment of type of need	0	0	0	0	0
Total number of EHC plans	23	18	18	18	18

% change year on year for projected number of CYP with EHC plans in Alternative Provision or Hospital Schools by primary need

2026	2027	2028	2029
-47%	0%	0%	0%
-47%	0%	0%	0%
-11%	0%	0%	0%
-47%	0%	0%	0%
-22%	0%	0%	0%

7.7 Current and projected number of all CYP with EHC plans in Post-16 (Further Education or Specialist Further Education) Settings by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	328	329	344	359	375
Hearing Impairment	22	28	29	30	32
Moderate Learning Difficulty	47	60	63	66	69
Multi- Sensory Impairment	2	3	3	3	3
Physical Disability	48	51	53	56	58
Profound & Multiple Learning Difficulty	8	9	9	10	10
Social, Emotional and Mental Health	198	193	202	211	220
Speech, Language and Communications needs	63	62	65	68	71
Severe Learning Difficulty	48	51	54	56	59
Specific Learning Difficulty	13	9	9	10	10
Visual Impairment	10	12	13	13	14
Other Difficulty/Disability	2	1	1	1	1
SEN support but no specialist assessment of type of need	0	22	23	24	25
Total number of EHC plans	789	830	869	908	947

% change year on year for projected number of CYP with EHC plans in Post-16 (Further Education or Special Further Education) Settings by primary need

2026	2027	2028	2029
0%	5%	4%	4%
26%	5%	4%	4%
29%	5%	4%	4%
29%	5%	4%	4%
6%	5%	4%	4%
13%	5%	4%	4%
-3%	5%	4%	4%
-1%	5%	4%	4%
7%	5%	4%	4%
-31%	5%	4%	4%
22%	5%	4%	4%
-36%	5%	4%	4%
	5%	4%	4%
5%	5%	4%	4%

8. Current and projected number of all CYP with SEN in local area not in education

Calendar Year	2025	2026	2027	2028	2029
Under 5	1	0	0	0	0
Age 5 to 10	6	7	7	7	7
Age 11 to 15	2	3	3	3	3
Age 16 to 19	38	47	48	48	48
Age 20 to 25	30	24	24	25	25
Total number	77	82	83	83	84

% change year on year for total number of CYP with SEN not in education by age

2026	2027	2028	2029
-51%	-2%	0%	0%
16%	-1%	-2%	-1%
74%	0%	-1%	-1%
24%	1%	1%	0%
-21%	1%	2%	1%
7%	1%	1%	0%

9. Current and projected number of all CYP with SEN in Elective Home Education (EHE)

Calendar Year	2025	2026	2027	2028	2029
Under 5	1	1	1	1	1
Age 5 to 10	16	17	18	20	21
Age 11 to 15	24	23	25	27	29
Age 16 to 19	2	2	3	3	3
Age 20 to 25	1	1	1	1	2
Total number	44	44	48	52	56

% change year on year for total number of all CYP with SEN in Elective Home Education (EHE)

2026	2027	2028	2029
-41%	9%	8%	8%
4%	9%	8%	8%
-4%	9%	8%	8%
18%	9%	8%	8%
18%	9%	8%	8%
-1%	9%	8%	8%

10. Current and projected number of all EHCNA requests by CYP age

Calendar Year	2025	2026	2027	2028	2029
Under 5	206	243	277	313	355
Age 5 to 10	303	337	384	435	493
Age 11 to 15	246	303	345	391	442
Age 16 to 19	24	28	32	36	41
Age 20 to 25	0	0	0	0	0
Total number	779	911	1,037	1,175	1,331

% change year on year for total number of all EHCNA requests by CYP age

2026	2027	2028	2029
18%	14%	13%	13%
11%	14%	13%	13%
23%	14%	13%	13%
16%	14%	13%	13%
17%	14%	13%	13%

11. Current and projected number of all EHC Needs Assessments by CYP age

Calendar Year	2025	2026	2027	2028	2029
Under 5	150	190	216	246	273
Age 5 to 10	237	274	312	356	394
Age 11 to 15	179	210	239	272	302
Age 16 to 19	25	17	20	23	25
Age 20 to 25	0	0	0	0	0
Total number	591	691	787	896	994

% change year on year for total number of all EHC Needs Assessments by CYP age

2026	2027	2028	2029
26%	14%	14%	11%
16%	14%	14%	11%
17%	14%	14%	11%
-30%	14%	14%	11%
17%	14%	14%	11%

12. Current and projected number of all EHCNAs that result in an EHCP					
Calendar Year	2025	2026	2027	2028	2029
Under 5	145	185	211	240	266
Age 5 to 10	232	265	302	344	381
Age 11 to 15	168	197	224	256	284
Age 16 to 19	21	14	16	19	21
Age 20 to 25	0	0	0	0	0
Total number	**566**	**662**	**754**	**858**	**952**
	95.8%	95.8%	95.8%	95.8%	95.8%

% change year on year for total number of all EHCNAs that result in an EHCP			
2026	2027	2028	2029
28%	14%	14%	11%
14%	14%	14%	11%
17%	14%	14%	11%
-31%	14%	14%	11%
17%	14%	14%	11%

Capital and sufficiency summary

13. Current and projected number of available specialist places (capacity) per provision					
Financial Year	2025	2026	2027	2028	2029
Mainstream settings					
Support Bases - Early Years					
Support Bases - Schools (primary, secondary, 6th form)	144	160	160	160	160
Support Bases - Post-16					
Specialist Bases - Early Years					
Specialist Bases - Schools (primary, secondary, 6th form)	145	175	227	259	279
Specialist Bases - Post-16					
Specialist settings					
Special Schools - Early Years					
Special Schools - Primary, Secondary, 6th form	712	732	752	836	856
Specialist post-16 institutions (SPIs)					
Independent special schools / NMSS - All phases					
Alternative Provision - All phases	230	230	254	318	318
Other					
Total number	**1,231**	**1,297**	**1,393**	**1,573**	**1,613**

% change year on year for projected capacity per provision			
2026	2027	2028	2029
11%	0%	0%	0%
21%	30%	14%	8%
3%	3%	11%	2%
0%	10%	25%	0%
5%	7%	13%	3%

14. Current and forecast capital spend by provision (£000)					
Academic Year	25-26	26-27	27-28	28-29	29-30
Mainstream settings					
Mainstream adaptations or improvements					
Support Bases - Early Years					
Support Bases - Schools (primary, secondary, 6th form)	£400	£500	£500	£500	£500
Support Bases - Post-16					
Specialist Bases - Early Years					
Specialist Bases - Schools (primary, secondary, 6th form)		£1,853	£4,000	£4,000	£4,000
Specialist Bases - Post-16					
Specialist settings					
Special Schools - Early Years					
Special Schools - Primary, Secondary, 6th form	£1,173	£100		£14,900	
Specialist post-16 institutions (SPIs)					
Independent special schools / NMSS - All phases					
Alternative Provision - All phases			£3,600	£13,900	
Other					
Total number	**£1,573**	**£2,453**	**£8,100**	**£33,300**	**£4,500**

Not applicable

Health, social care, therapy services and care summary

15. Current and planned workforce FTE

Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	28.3	35.2	42.7	42.7
Occupational Therapists (OTs) and support workers	14.7	18.7	23.7	23.7
Educational Psychologists (EPs) and support workers	10.3	21.8	33.5	33.5
Total number	53.3	75.7	99.9	99.9

% change year on year for planned workforce FTE

2026-27	2027-28	2028-29
24%	21%	0%
27%	27%	0%
112%	54%	0%

16. Total planned LA and ICB spend on professionals (£000)

Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	£1,720	£6,424	£8,711	£8,232
Occupational Therapists (OTs) and support workers	£725	£516	£375	£375
Educational Psychologists (EPs) and support workers	£785	£2,644	£2,922	£2,629
Total number	£3,230	£9,584	£12,008	£11,235

% change year on year for total LA and ICB spend on professiona

2026-27	2027-28	2028-29
274%	36%	-6%
-20%	-27%	0%
237%	11%	-10%
-58%	131%	0%

16.1 Total planned LA spend on professionals (£000)

Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	£365	£4,891	£5,325	£5,107
Occupational Therapists (OTs) and support workers	£384	£162	£375	£375
Educational Psychologists (EPs) and support workers	£785	£2,644	£2,922	£2,629
Total number	£1,534	£7,696	£8,622	£8,110

% change year on year for total LA spend on professionals

2026-27	2027-28	2028-29
1240%	9%	-4%
-58%	131%	0%
237%	11%	-10%
4%	-100%	

16.2 Total planned ICB spend on professionals (£000)

Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	£1,355	£1,534	£3,386	£3,125
Occupational Therapists (OTs) and support workers	£341	£354	£0	£0
Educational Psychologists (EPs)and support workers	£0	£0	£0	£0
Total number	£1,696	£1,888	£3,386	£3,125

% change year on year for total ICB spend on professionals

2026-27	2027-28	2028-29
13%	121%	-8%
4%	-100%	

17. Number of CYP without EHCP or specialist placement supported by Speech & Language Specialists and support workers

Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5	1,306	1,624	1,971	1,971
Age 5 to 10	1,978	2,460	2,984	2,984
Age 11 to 15	282	351	425	425
Age 16 to 19	50	62	75	75
Age 20 to 25	2	2	3	3
Total	3,618	4,500	5,459	5,459

% change year on year for CYP supported by SaLTs

2026-27	2027-28	2028-29
24%	21%	0%
24%	21%	0%
24%	21%	0%
24%	21%	0%
24%	21%	0%
27%	27%	0%

17. Number of CYP without EHCP or specialist placement supported by Speech & Language Specialists and support workers				
Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5	1,306	1,624	1,971	1,971
Age 5 to 10	1,978	2,460	2,984	2,984
Age 11 to 15	282	351	425	425
Age 16 to 19	50	62	75	75
Age 20 to 25	2	2	3	3
Total	3,618	4,500	5,459	5,459

% change year on year for CYP supported by SaLTs		
2026-27	2027-28	2028-29
24%	21%	0%
24%	21%	0%
24%	21%	0%
24%	21%	0%
24%	21%	0%
27%	27%	0%

18. Number of CYP without EHCP or specialist placement supported by Occupational Therapists and support workers				
Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5	315	401	508	508
Age 5 to 10	386	491	622	622
Age 11 to 15	110	140	177	177
Age 16 to 19	27	34	44	44
Age 20 to 25	0	0	0	0
Total	838	1,066	1,351	1,351

% change year on year for CYP supported by OTs		
2026-27	2027-28	2028-29
27%	27%	0%
27%	27%	0%
27%	27%	0%
27%	27%	0%
112%	54%	0%

19.Number of CYP without EHCP or specialist placement supported by Educational Psychologists and support workers				
Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5	7	15	23	23
Age 5 to 10	75	159	244	244
Age 11 to 15	32	68	104	104
Age 16 to 19	1	2	3	3
Age 20 to 25	0	0	0	0
Total	115	243	374	374

% change year on year for CYP supported by EPs		
2026-27	2027-28	2028-29
112%	54%	0%
112%	54%	0%
112%	54%	0%
112%	54%	0%

Parental experience summary

20. Proportion of appeals to tribunals					
Calendar Year	2025	2026	2027	2028	2029
Tribunal appeal rate	20%	20%	20%	20%	20%

% change in tribunal appeal rate			
2026	2027	2028	2029
0%	0%	0%	0%

Assumptions and data confidence

Green	Strong confidence in quality and accuracy of data
Amber Green	Reasonable confidence in quality and accuracy of data
Amber Red	Some confidence in quality and accuracy of data
Red	Minimal confidence in quality and accuracy of data

Assumptions	Data Confidence RAG	Comment
Please set out any assumptions that underpin your submitted values, particularly assumptions that underpin forecast values, in the relevant sections below; and indicate your level of confidence in the quality and accuracy of your data. Where some or minimal confidence in quality and accuracy of data is selected (**Amber-Red** or **Red**), please include details of specific data challenges in the comment column and include in your plan (Question 7) how your strategy to build capacity and capability in your data and analytics function will improve the quality and accuracy of your data.		
1 **Forecast expenditure for High Needs Block and against total DSG**	**Amber Red**	Most areas of spend are derived from multiplying the unit cost by the data in Table 6. **Block transfer 2027/28** - assumption that Schools Forum won't agree to this transfer, given the 90% funding. 3% inflationary increase in DSG has been assumed
2 **Current and forecast unit cost of support by setting type**	**Amber Red**	Unit costs inflated at 3% over the period. Exceptionally, NMSS unit cost has been inflated at 5% for newly added pupil numbers with 3% retained for existing ones. This is to recognise that there may be some exceptional market pressure increases. The increases in unit costs from 24/25 into 25/26 are viewed in part as one off, given the impact of National Insurance changes
3 **Forecast SEN transport expenditure**	**Amber Red**	Unit costs inflated at 3% over the period. Numbers of pupils transported increase by rate of growth in total EHCPs, but dampened by 10% for school age children and 30% for post-16 to reflect updated policy promoting more independent options.
4 **Current and projected number of all CYP in local area categorised by age**	**Green**	ONS Mid year population estimates.
5 **Current and projected number of all CYP with EHC plans or receiving top ups by age**	**Amber Green**	Rises in EHCPs from 2024 to 2025 were 28%, which is significantly above normal increases. Because of this and the number of applications to date for EHCPs in 2026 we have projected a rise of 16.9% by the end of 2026, a rise of 13.9% for 2027, 12.9% for 2028 and 10.9% for 2029. The breakdown by age is predicted using the percentages of total EHCPs in the year in each age band averaged over the preceding 4 years. The top ups for children with no EHCPs are the children for whom "transition funding" was allocated, so children moving into Reception or Year 7, where additional time limited funding was allocated to stop an EHCP being applied for.

6 Current and projected number of all CYP with EHC plans by provision	**Amber Green**	Projections of children by provision have been done with the following methodology:- **Early Years:** following the breakdown by age band used for 5.1 the projection increased in line with annual percentages in 5.1 i.e. 13.9%,12.9%, and 10.9% **Mainstream:** data for 2025 shows 42.9% of Rochdale EHCPs are in mainstream. This percentage of total projection is then used for 2026 to 2029. **Support bases:** Most mainstream schools have support bases but the LA does not monitor the number of children that are supported **Specialist bases:** Data is the specialist bases are in pipeline projects using High Needs Capital funding **Maintained Special Schools**: Increases aligned with additional year 7 places at the newly opened Heywood Academy. From 2028 an additional 64 places at a purpose built complex autism satellite base. **NMSS (paid by LA):** These numbers are all the children projected in overall increase who will not go in mainstream, will not be accommodated in additional specialist bases and who cannot be accommodated in maintained special schools. **AP:** numbers kept constant as LA does not as a rule have EHCP children in permanent AP Post 16, EHE,EOTAS, other: increased in line with overall totals
7 Current and projected number of all CYP with EHC plans by primary need	**Amber Green**	By Primary Need assumptions: HI,MSI,VI,Other: kept constant, or only rise with background demographics. All other categories: overall total rise calculated as Section 6, then historic data use to calc average percentage distribution of primary need compared to total. So percentage occurrence then used to predict forward. Q7.1 Total EY projected forward then distributed as percentage by primary need average profile Q7.2 Calc performed as 7.1 Q7.3 Data input using SEN Units and Resourced Provision primary need.
8 Current and projected number of all CYP with SEN in local area not in education	**Amber Red**	Projection increased in line with underlying demographics data in Q4.
9 Current and projected number of all CYP with SEN in Elective Home Education (EHE)	**Amber Red**	Projection totals from Q6 and then distributed into age bands using average age profile for 2024 and 2025 data.
Current and projected number of all EHCNA requests by CYP age	**Amber Red**	Forecasts are based on recent trends in assessment requests and assumed growth aligned to EHCP increases. Demand remains volatile and is influenced by external factors such as SEND system reform, parental confidence, and school inclusion capacity. Numbers projected forward with annual percentage increase used for EHCP totals in Q6.
Current and projected number of all EHC Needs Assessments by CYP age	**Amber Red**	Assessment volumes are modelled in line with request levels and conversion rates. While trends are broadly consistent, delivery is dependent on workforce capacity and system pressures, which introduces uncertainty into future projections. Numbers projected forward with annual percentage increase used for EHCP totals in Q6.
12 Current and projected number of all EHCNAs that result in an EHCP	**Amber Green**	Conversion rates are based on established local trends and appear relatively stable over time. While this provides a reasonable level of confidence, there remains some sensitivity to changes in thresholds, moderation processes, and national reform. Numbers projected forward with annual percentage increase used for EHCP totals in Q6.

13 Current and projected number of available specialist places (capacity) per provision	**Green**	Capacity projections are aligned to planned capital programmes and sufficiency strategy. However, delivery risks remain in relation to timelines, funding, and provider readiness. Actual capacity will depend on successful implementation of these developments.
14 Current and forecast capital spend by specialist provision	**Amber Green**	Spend against "Support bases" is capital spend by the LA to enhance inclusion. Assumption that LA will recieve £4.5m per year HN capital from 2027/28 onwards
15 Current and planned workforce FTE	**Green**	This data includes ICB and LA commissioned roles only, i.e., not schools.
16 Total planned LA and ICB spend on professionals	**Amber Green**	LA Spend increased in line with planned increase per report on EHCP processing capacity increase, and 3% pa salary uplifts. Spend falls once backlog of EHCP requests is tackled. ICB projected growth in SALT & OT capacity is conditional on the receipt of associated EAH funding.
17 Number of CYP without EHCP or specialist placement supported by Speech & Language Specialists and support workers	**Amber Red**	Number of CYP has been forecast based on % increases in number of current and planned workforce FTE. Will review on receipt of Experts at Hand guidance - will apply Balanced System methodology.
18 Number of CYP without EHCP or specialist placement supported by Occupational Therapists and support workers	**Amber Red**	Number of CYP has been forecast based on % increases in number of current and planned workforce FTE. Will review on receipt of Experts at Hand guidance - will apply Balanced System methodology.
19 Number of CYP without EHCP or specialist placement supported by Educational Psychologists and support workers	**Amber Red**	Number of CYP has been forecast based on % increases in number of current and planned workforce FTE. Will review on receipt of Experts at Hand guidance - will apply Balanced System methodology.
20 Proportion of appeals to tribunals	**Amber Green**	Appeal rates are based on known local trends and are relatively stable. However, future projections are subject to change depending on national policy changes, system reform, and local decision-making practices.

Impact Assessment Results

Impact Assessment	Impact Rating	Comments, Actions and Mitigations
Sustainability Assessment		
No Poverty	**A**	**Long term or significant positive impact** on residents financially; people living in poverty; and people living in fuel poverty, i.e., more children and young people with SEND in mainstream settings nearer to home. **Short term negative impact** on the accessibility of financial support for vulnerable and disadvantaged people, i.e., reduction in number of EHCPs issued could impact on eligibility to access financial support. **Long term or significant positive impact** on the provision of early help and support for vulnerable and disadvantaged people to prevent them falling into crisis and on building the resilience of those most vulnerable and disadvantaged, i.e., Experts at Hand offer will deliver easier and more timely access to help and support.
Zero Hunger	**N/A**	
Health & Wellbeing	**G**	**Long term or significant positive impact** on the availability and accessibility of health and social care services in the local area; on the opportunities for children and young people getting a healthy start; on the opportunities for preventing or reducing illness, injury and death; on the opportunities for reducing substance misuse; and on the opportunities for physical and mental wellbeing, i.e., Experts at Hand offer will deliver easier and more timely access to experts such as Educational Psychologists, Speech and Language Therapists and Occupational Therapists without the need for statutory assessments. **Long term or significant positive impact on loneliness and isolation,** i.e., fewer children and young people with SEND home-educated as needs better met in mainstream settings.
Quality Education	**G**	**Long term or significant positive impact** on the availability and accessibility of educational services, i.e., creation of new school places for children and young people with SEND in mainstream settings via new inclusion bases and in special schools. **Long term or significant positive impact** on the availability and accessibility of informal education and training in the local area, i.e., Rochdale's existing training offer for professionals will be further enhanced to support the delivery of SEND reforms. **Long term or significant positive impact** on the ability of local people to use digital technologies, e.g., roll-out of Titus Inclusion Tools and Speech and Language modules/ Can-Do speech and language e-learning platform. **Long term or significant positive impact** on the opportunities to educate people on important issues to influence behaviour change and promote sustainable development, i.e., more children and young people with SEND will be in education and more visible and included in mainstream settings.
Gender Equality	**N/A**	
Clean Water & Sanitation	**N/A**	
Affordable & Clean Energy	**N/A**	
Decent Work & Economic Growth	**G**	**Long term or significant positive impact** on the local authority budget and on local and community assets and **short term positive impact** in increasing local spend, i.e., on successful approval of Rochdale's Local SEND Reform Plan, the Council will be eligible to receive a High Needs Stability Grant covering 90% of its High Needs related Designated Schools Grant (DSG) deficit accrued up to the end of 2025-26. This equates to £41.4m. The Council will also receive transformation funding to support delivery of the SEND reforms - the allocation for Rochdale is £2.1m in Year 1 and 3.6m in Year 2 (final figures TBC). **Long term or significant positive impact** on employment or volunteering opportunities for local people, i.e., more children and young people with SEND in mainstream settings nearer to home will result in more opportunities, etc.. **Long term or significant positive impact** on working conditions of employees in the local area, e.g., the Experts at Hand offer will deliver easier and more timely access to help and support to those that need it and Rochdale's existing training offer for professionals will be further enhanced to support the delivery of SEND reforms - this should help to reduce stress levels for employees working with children and young people.
Industry, Innovation and Infrastructure	**N/A**	
Sustainable Cities & Communities	**N/A**	
Responsible Consumption & Production	**N/A**	
Climate Action	**N/A**	
Life Below Water	**N/A**	
Life On Land	**N/A**	
Peace, Justice & Strong Institutions	**G**	**Long term or significant positive impact** on safeguarding local people, bringing communities together and supporting cohesion and opportunities for local people to contribute in their local community, i.e., more children and young people with SEND will be in education and more visible and included in mainstream settings.
Partnerships For The Goals	**G**	**Long term or significant positive impact** on the participation of local people in decision making, co-designing and co-producing services and on how local people are engaged, consulted and communicated with, i.e., children and young people with SEND and their families have been involved in the development of Rochdale's SEND reform plans and there are proposals within the overall Plan to strengthen and embed existing co-design and co-production practices. **Long term or significant positive impact** on the opportunities for partnership working, i.e., the Local SEND Reform Plan has been developed in consultation with health, education and social care colleagues and will be delivered collaboratively. **Long term or significant positive impact** on the practice of 'Good Help' in service delivery, i.e., Rochdale's SEND reform plans will ensure children and young people have easy and access to support when needed.
Equality Assessment	**G**	Positive impacts have been identified re Age, Disability and Carers, i.e., the successful implementation of Rochdale's SEND reform plans should result in benefits for people with these protected characteristics.
Carbon Assessment	**RR**	Scope 1, Scope 2 and Scope 3 implications are currently not known.