Ealing Local SEND Reform Plan 2026

Local Area Partnership — Ealing | Submission: June 2026

SRO: Aretha Banton, Assistant Director SEND and Inclusion/ Jennifer Roye – Chief Nursing Officer.

London Borough of Ealing

NHS West and North London

Annex A: Local SEND Reform Plan

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

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

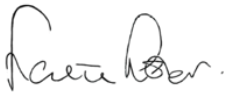
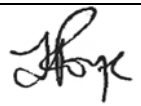
The expectation is that this plan is discussed, agreed, and signed off at your relevant SEND Governance Board. As a minimum, the plan must be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Service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

Name of Local Authority: Ealing

Name of Integrated Care Board: West and North London ICB

Local SEND Reform Plan SROs: Aretha Banton - Assistant Director SEND and Inclusion/ Jennifer Roye – Chief Nursing Officer.

Signatories

Role	Name	Signature	Email contact	Date
Local Authority Chief Executive (CEO)	Tony Clements		ClementsT@ealing.gov.uk	18.06.2026
Integrated Care Board (ICB) Interim Chief Executive	Katie Fisher		katie.fisher20@nhs.net	17.06.2026
Local Authority Director of Children's Services (DCS)	Robert South		SouthR@ealing.gov.uk	18.06.2026
Integrated Care Board (ICB) Chief Nursing Officer	Jennifer Roye		j.roye1@nhs.net	17.06.2026
Integrated Care Board (ICB) Chief Transformation Officer	Sarah McDonnell-Davies		sarah.mcdonnell1@nhs.net	17.06.2026
Local Authority Chief Financial Officer (CFO / Section 151 Officer)	Emily Hill		HillEm@ealing.gov.uk	19.06.2026

Executive Summary

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

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

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

Ealing Local System Change Story - Local Context

Ealing is located within the area covered by the newly (April 2026) formed West and North London Integrated Care Board (WNL ICB), that covers 13 local authorities (see appendix 1) [1] Ealing is one of England's most diverse boroughs, with 59% of pupils speaking English as an additional language across more than 180 community languages, and significant variation in affluence and deprivation across localities. The SEND cohort is substantial and growing. The January 2025 statutory return showed 16.51% of pupils identified as having special educational

[1] Appendix 1 – slide 4

needs, comprising 11.01% at SEN Support and 5.49% with an Education, Health and Care Plan — a 46% increase in EHCPs over five years.

Where We Are Now

The SEND and health reforms, as articulated through the NHS 10 Year Health Plan and national SEND reform programme, underpin our shared ambition to shift resources towards prevention and early identification, strengthening support within local communities. Neighbourhood teams will support through a population health approach - proactive care, early intervention and identification of need for CYP and those with SEND and through the establishment of Child Health Hubs (CHH) aligned to Best Start Family Hub. In Ealing, this provides a significant opportunity to transform SEND provision by delivering integrated, multidisciplinary support closer to home, reducing reliance on specialist services and improving outcomes for children and young people (see appendix 1).[2]

The September 2025 Area SEND Partnership Inspection identified significant strengths: an inclusive culture in mainstream schools, strong academic outcomes for pupils with SEND, effective early years identification, and meaningful co-production with families. It also identified areas requiring improvement: variability in EHCP quality and timeliness, long waiting times for speech and language therapy, wheelchair services and neurodevelopmental assessments, and inconsistency in preparation for adulthood support. Families have told us through co-production forums and SEND roadshows that navigating services remains complex and communication between partners is inconsistent. These perspectives, alongside inspection evidence, are the starting point for this reform plan.

Where We Want to Be in Three Years

By 2029, Ealing will have built a genuinely inclusive 0-25 system where the majority of children and young people with SEND are supported effectively in mainstream settings without statutory assessment, families experience timely and well-coordinated services, and the partnership has achieved financial sustainability through earlier intervention and rebalanced placement patterns.

A fully operational Experts at Hand offer will provide rapid access to educational psychology, speech and language therapy, occupational therapy, and specialist teaching without statutory assessment. Total EHCP numbers are forecast to reach approximately 5,445 by 2029 as early intervention begins to moderate the growth trajectory, with stabilisation and reduction the longer-term ambition beyond the current data

[2] Appendix 1 – slides 5,6,8,10,11, 12, 24, 25 & 26

template period. Specialist bases will grow from 397 to 676 places and independent placements will reduce from 296 to 206 through phased capital delivery between 2026 and 2028. The proportion of plans rated good or above will rise from 63% toward 85% by 2029. The High Needs Block deficit is projected to increase over the plan period consistent with national trends, with invest-to-save activity expected to begin bending the growth curve beyond 2027-28, building on £6.287 million in cumulative post-16 cost avoidance.

Current and Forecast Performance Against Headline Metrics

The proportion of the school population with an EHCP stands at 5.49% (January 2025). Total plan numbers are forecast to grow from 4,545 in 2025 to approximately 5,445 by 2029, with stabilisation and reductions over the longer-term as early intervention strategies embed (see appendix 6 for working Forecasted EHCPs - background workings, mitigated and unmitigated to 2035-36).

The 20-week timeliness rate holds at 80%, above the national average of 46.4%, with a trajectory toward 85% by 2029. Tribunal appeals resolved without hearing stand at 80%. The NEET rate at age 16 to 17 is 3.4% against a national benchmark of 10%; at age 20 to 24 the rate is 89.9%, the primary Preparation for Adulthood improvement target over the plan period.

The three-year trajectory targets specialist bases increasing from 397 to 676 places, maintained special school capacity from 1,155 to 1,237, and independent placements reducing from 296 to 206.

The High Needs Block deficit is forecast to increase over the plan period in line with national trends, with invest-to-save activity expected to begin moderating the trajectory beyond 2027-28.

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

Ealing's Vision and Strategic Goals

Ealing's vision is that every child and young person with SEND is welcomed, valued, and supported to achieve and thrive within their local community. This requires a system built on prevention, early identification, skilled mainstream practice, and genuinely integrated partnership—where families experience confidence and transparency, practitioners work to shared standards, and financial sustainability is achieved through timely, targeted investment.

The partnership has agreed four strategic goals of equal weight.

- **Goal 1: Strong outcomes and preparation for adulthood.** Outcomes will be sustained above national benchmarks across all key stages. Early years identification and intervention, strengthened through SEND reforms and Best Start in Life, will establish school readiness foundations. Preparation for Adulthood will be embedded from Year 9, with varied pathways into employment, training and independent living developed alongside further education colleges, post-16 schools and employers. The primary target is reducing the post-19 NEET rate from 89.9% toward the national average of 73%.

- **Goal 2: Timely, coordinated services and family confidence.** Plan quality, co-production, and dispute avoidance will drive measurable improvement in parental confidence across education, health and care. Families will experience clear communication, transparent pathways, and plans reflecting their child's voice.
- **Goal 3: Mainstream capacity and early intervention.** The Experts at Hand model, Inclusion Bases, and phased capital programme will rebalance placement mix toward local maintained provision, reducing independent placements and statutory assessment escalation. Early years settings will be supported to identify and meet need before school entry; post-16 providers will be active partners in building sustainable pathways.
- **Goal 4: Financial sustainability and improved outcomes.** Strengthened personal budget oversight through refreshed partnership policy will clarify joint funding principles across therapies, Section 19, transport, alternative provision and care-related EHCP provision. The revised Short Breaks funding model will enable access without an EHCP, reducing avoidable escalation. A formal post-16 and post-19 sufficiency review will support stronger transition into local pathways. Commissioning discipline will drive value, with the High Needs Block deficit trajectory expected to moderate beyond the current plan period as invest-to-save activity takes hold.

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
Strengthening inclusion across education settings	• Ealing has strong foundations of inclusive practice and above-national outcomes across all key stages. At Key Stage 2, pupils with SEN outperform the national average by seven percentage points; at Key Stage 4, the SEND cohort achieved a Progress 8 score of -0.1 against -0.63 nationally; in the early years, Good Level of Development for children on SEN Support is twelve percentage points above national. • The Ealing Learning Partnership's 85 member schools and five Learning Clusters, the Therapeutic Thinking model, Spirals of Enquiry, and the SEND Family Partnership Award (23 schools) provide a consistent framework for inclusive practice. • The Inclusive Leadership and Practice Programme reached 160+ practitioners in 2024-25. Despite this, the system relies too heavily on statutory assessment. EHCPs have grown 46% over five years to 4,545, with 5.49% of the school population holding a plan. • *CYP Neighbourhood Approac*h - Local neighbourhood infrastructure is developing across WNL with variation in delivery models	**Inclusion, OAP and workforce** • Refreshed OAP framework launches September 2027 via the Schools System Leadership Network, with clear local guidance on Inclusion Bases — school-funded targeted provision as the first response to need before specialist involvement • School effectiveness team working directly with all settings through visits, auditing and coaching to embed consistent standards across phases - 50% of mainstream schools receiving 3+ training offers Year 1, rising to 80% by 2029; • SENCOs positioned as strategic whole-school leaders through ELP network and bespoke leadership development. **Experts at Hand** • MDT operational Q2 2027, co-located in school settings: EP, SLT, OT, clinical psychology, specialist teaching (autism, VI, HI, SEMH), assistant practitioners, and special school and AP outreach • Consultative, capacity-building model accessed via Joint Front Door without statutory assessment — success measured by reduction in statutory escalation, not volume of children seen • Pan West and North London advanced practitioner SLT roles to support strategic leadership and workforce development approaches; co-produced commissioning principles agreed with LA, aligned to therapies Model of Care and neighbourhood approach

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
	and approaches, including Child Health Hubs, NT4C pilots, Family Hubs and local integrated working arrangements. • *MHSTs Expansion (CYP Mental Health*) - MHSTs are established across WNL and continue to expand through national rollout programmes.[3] Key pressures include: • Placement mix weighted toward higher-cost provision: 38.8% mainstream, 8.2% specialist bases, 25.4% maintained special, 6.5% independent • SENIF funding not yet calibrated to individual need through co-produced criteria • Health contributions to EHCPs variable in timeliness; annual reviews not systematically shared with health partners • West and North London ICB acknowledges significant demand and capacity pressures across CYP therapies, with long waits and variation in local models contributing to inequity across boroughs • Neurodevelopmental pathway requires sustained transformation to reduce waiting times and strengthen pre and post-diagnostic support.	**Specialist capacity** • Eight new Specialist Bases by September 2028: four primary, four secondary, 30 places each, plus two special school satellites - Specialist bases: 397 to 676 places; maintained special schools: 1,155 to 1,237; independent placements: 296 to 206 • Capital works commence Q4 2026; first places online Q3 2027*CYP Neighbourhood Approach* - A more consistent CYP neighbourhood infrastructure is in place across WNL, supporting earlier intervention, integrated working and stronger links between health, education and local authority services. • *MHSTs Expansion (CYP Mental Health* - CYP receive timely emotional wellbeing and mental health support through integrated school and community-based approaches. MHSTs are embedded within local systems of support for CYP with SEND pathway improvements support a more consistent, person-centred and needs-led approach across WNL. **Early years** • SENIF revised funding from Sept 2026: criteria co-produced and calibrated to individual need, aligned with Best Start in Life to strengthen identification and school readiness at the earliest milestones. **Post 16 pathways** • Post-16 providers will be embedded within the inclusive system rather than operating at the edge of it. A formal post-16 inclusion framework will set clear expectations for Ordinarily Available Provision, transition planning and graduated support in sixth forms, colleges and training settings, aligned to the refreshed

<table>
<tr><th>Local blueprint for the next 3 years</th><th>Where we are</th><th>Where we will be in the next 3 years</th></tr>
<tr><td></td><td></td><td>OAP framework and Preparation for Adulthood priorities.
Further education colleges, school sixth forms and specialist post-16 providers will access the Experts at Hand offer through consultative support, workforce development and earlier problem-solving, helping providers meet need without unnecessary escalation to statutory processes or out-of-borough placements.
Transition into post-16 will be planned earlier and more consistently, with Year 9 onwards planning focused on sustained education, employment and training participation, stronger vocational profiling, and clearer routes into local pathways. Success will be measured through reduced post-16 and post-19 NEET, improved local participation, and fewer young people requiring high-cost specialist placements because mainstream pathways were not sufficiently inclusive.</td></tr>
<tr><td>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</td><td>Baseline
(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)<table><tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr><tr><td>System demand</td><td>Total EHCPs: 4,545 (2025) EHCNA requests: 838 (2025) EHC needs assessments: 694 (2025)</td><td>Sections 5.1, 10, 11, 12</td></tr></table></td><td>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)<table><tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr><tr><td>System demand</td><td>Growth moderating; EHCNA requests reducing to 420 by 2029; assessments to 326 by 2029</td><td>Sections 5.1, 10, 11, 12</td></tr></table></td></tr>
</table>

Local blueprint for the next 3 years	Where we are			Where we will be in the next 3 years		
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*		EHCNAs resulting in EHCP: 613 (2025)		Placement mix	Specialist bases: 676 places by 2029 Independent placements: 206 by 2029 CYP in mainstream: 2,445 by 2029	Sections 6, 7.5, 13
	Placement mix	CYP in mainstream: 1,762 (38.8%) (2025) Specialist base capacity: 397 places (2025) Independent placements: 296 (6.5%) (2025)	Sections 6, 7.5, 13	Experts at Hand reach	CYP supported by SaLTs, OTs and EPs without EHCP increasing year on year as EAH model embeds	Sections 17, 18, 19
	Experts at Hand reach	CYP supported by SaLTs without EHCP: 1,075 (2025-26) CYP supported by OTs without EHCP: 134 (2025-26) CYP supported by EPs without EHCP: 4,326 (2025-26)	Sections 17, 18, 19	Workforce and investment	SaLT: 96.8 FTE by 2028-29 OT: 45.6 FTE by 2028-29 EP: 27.9 FTE by 2026-27 sustained	Sections 15, 16
	Workforce and investment	SaLT FTE: 84.2 (2025-26) OT FTE: 37.5 (2025-26) EP FTE: 23.9 (2025-26)	Sections 15, 16	Tribunal appeals	47 appeals by 2029 80% or above resolved without hearing maintained	Section 20
	Tribunal appeals	Appeals registered with SEND Tribunal: 82 (2025) Proportion resolved without hearing: 80%	Section 20	Workforce training and support	50% of schools receiving 3+ training offers Year 1; 80% by 2029 KS2, KS4 and EYFS outcomes maintained above national benchmarks CAMHS and ND waiting times reducing year on year	Local metric
	Workforce training and support	This has not been quantified across school effectiveness, ELP and SEND so cannot be baselined				

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Access to specialist support and local placements	• Since 2014, 667 additional places have been created across special schools and resourced provision. • The Commissioning Alliance has generated £8.27 million in negotiation savings to 2025, with £6.287 million cumulative post-16 cost avoidance since 2019. • Supported internship participation has grown from 24 in 2022-23 to 40 in 2024-25, with 12 young people progressing to paid employment in 2023-24. • *Therapies Transformation* - Therapy services face demand, capacity and variation challenges across WNL. A review and draft model of care have been ***d***eveloped. • *EAH – Speech and Language Advanced Practitioners* -- National guidance for Expert at Hand Advanced Practitioner roles has recently been published. WNL is working collaboratively with local authorities, providers and system partners to define the role, understand local requirements and develop an approach to implementation, governance, workforce development that will complement local Experts	**Place planning** • Eight new Specialist Bases by September 2028: four primary, four secondary, 30 places each, plus two special school satellites • Specialist bases: 397 to 676 places; maintained special: 1,155 to 1,237; independent placements: 296 to 206 • Capital works commence Q4 2026; first places online Q3 2027 - Independent placements actively managed down **Preparation for Adulthood** • LAP transition strategy in place Q3 2026; 100% of Year 9 and above plans with personalised PfA section by Q4 2026 • Vocational profiling expands from two to four special schools Year 1, all special schools by 2029 – • Supported Internship programme: 40 to 45 or more Year 1, 60 or more by 2029; progression to paid employment increasing year on year • EET rate at 16 to 17 maintained below 5%; post-19 NEET rate reducing toward national average • Sixth form pathways expanded through special school and FE college partnerships, enabling graduated step-downs • Phase transfer specialist expanded by two FTE Year 1; post-16 team reconfigured with clear induction, codified practice and training • Post-16 and post-19 sufficiency review commenced Year 1

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
	at Hand approaches (see appendix 1).[3] • *ND Pathway* - Demand for ND services continues to grow and pathways vary across WNL. Work is underway to reduce waiting times, developing support whilst waiting and more needs-led approaches. Key pressures include: • 296 children in independent or non-maintained placements — the single largest High Needs Block pressure • Transition planning inconsistent; vocational profiling in only two special schools • Phase transfer does not yet deliver early, targeted work with parents and schools • Post-16 team capacity limited relative to transition complexity • Sixth form provision lacks graduated Preparation for Adulthood step-downs • Therapies accessed primarily through EHCP processes; limited early intervention capacity outside the statutory route • Health contributions to EHCPs and sufficiency	with special schools, FE colleges, adult social care, health partners and families • *Therapies Transformation* - A transformed therapies model supports access to specialist expertise earlier and more consistently and supports inclusion through stronger workforce capability and improved access to support within education setting • *EAH – Speech and Language Advanced Practitioners* - Advanced Practitioners provide strategic leadership across WNL, supporting workforce development, neighbourhood working and **earlier intervention for CYP with SEND.** • *ND Pathway* - Needs profiling and pathway improvements support a more consistent, person-centred and needs-led approach across WNL. • Health contributions to EHCPs provided within statutory timescales more consistently, with integrated oversight of waiting lists across West and North London and provider trusts • Greater neighbourhood working will increase opportunities for joint and aligned offers of health, education, and social care support. Health involvement in Preparation for Adulthood strengthened, including management of long-term conditions, transition to adult health services, and supporting sustained post-16 participation - Annual health checks for young people

[3] Appendix 1– slide 14

<table>
<tr><th>Local blueprint for the next 3 years</th><th>Where we are</th><th>Where we will be in the next 3 years</th></tr>
<tr><td></td><td>planning not consistently integrated with further work on aligned commissioning approaches required
• Personal budget governance requires a refreshed partnership policy across education, health and care.</td><td>aged 14 and over with a learning disability maintained and strengthened through primary care

Personal budgets and Short Breaks
• Refreshed personal budget policy scoped Year 1, implemented Year 2: covering therapies, Section 19, transport, AP and care-related provision, with joint funding principles and dispute resolution pathways
• Short Breaks revised funding model developed Year 1, implemented Year 2, enabling access without an EHCP.</td></tr>
<tr><td>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</td><td>Baseline
(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)
<table><tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr><tr><td>Place sufficiency and capital</td><td>Specialist bases: 397 places (2025) Support bases: 0 (2025) Maintained special school places: 1,155 (2025) Independent placements: 296 (2025) SEN transport: £15.270m (2024-25)</td><td>Sections 6, 13, 14, 3</td></tr></table></td><td>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)
<table><tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr><tr><td>Place sufficiency and capital</td><td>Specialist bases: 676 places by 2029 Support bases: 150 by 2029 Maintained special: 1,237 by 2029 Independent placements: 206 by 2029 SEN transport growth moderating</td><td>Sections 6, 13, 14, 3</td></tr></table></td></tr>
</table>

Local blueprint for the next 3 years	Where we are			Where we will be in the next 3 years		
school places *Mainstream settings with increased access to Education Psychologists/SaLT/OT* *Reduced NEET rates for SEND YP at age 16*		Capital spend: £0 (2025-26)		CYP not in education and EHE	CYP with SEN not in education reducing to 216 by 2029	Sections 8, 9
	CYP not in education and EHE	CYP with SEN not in education: 358 (2025) CYP with SEN in EHE: 69 (2025)	Sections 8, 9	Financial sustainability	HNB deficit growth moderating in line with national trends; invest-to-save activity bending curve beyond 2027-28	Sections 1, 1.1
	Financial sustainability	HNB total expenditure: £86.610m (2024-25) In-year deficit: £3.786m (2024-25)	Sections 1, 1.1	Tribunal appeals	47 appeals by 2029 80% or above resolved without hearing maintained	Section 20
	Tribunal appeals	Appeals registered: 82 (2025) Proportion resolved without hearing: 80%	Section 20	PfA	Supported internships: 45+ Year 1; 60+ by 2029 Progression to paid employment increasing year on year Vocational profiling in all special schools by 2029; NEET rate at 16-17 maintained below 5%; post-19 reducing toward national average	Local metric
	PfA	Supported internship numbers: 40 (2024-25) Progression to paid employment: 12 (2023-24) Vocational profiling: 2 special schools Commissioning Alliance savings: £8.27m to 2025 Post-16 cost avoidance: £6.287m cumulative	Local metric			

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
System leadership, local partnership collaboration and co-production	The Local Area Partnership has demonstrated strengthened collaborative practice over the past twelve months: • SEND Partnership Board brings together the Local Authority, West and North London ICB, health provider partners, schools, early years, post-16 and voluntary sector partners • Co-production infrastructure revised: dedicated Co-production Lead Officer in post, SEND Co-production Charter drafted, parent working groups in planning phase • SEND and Inclusion conference March 2026 brought staff and parents together for joint training • EHCP timeliness improved significantly: 20-week compliance at 82%, CAMHS achieved 100% EHCP return rate • Parent confidence improved across all sectors: 71% in education, 76% in health, 64% in care — each up 10 to 11 percentage points Key pressures include: • Partnership working between the Local Authority and West and North London ICB would benefit	**Governance and shared accountability** • SEND and AP Partnership Board established as the primary accountability forum for reform delivery, reporting to the BBP CYP Partnership Board, with quarterly RAG-rated performance reporting. W&N London ICB SEND Governance (see appendix 1).[4] • Governance arrangements reflect shared responsibility across education, health and care; • Clear partnership expectations codified via the SEND Partnership Board, with mutual accountability and collective problem-solving as the basis for managing gaps and risks • Local Area Partnership arrangements help increase the visibility and impact of work to tackle health issues, giving more opportunities for clinical expertise to be a part of local co-production activities. Local Area Partners continue to build on collaborative working, including acting as critical friends providing robust challenge and support for improving the offer for local children and young people. **Plan quality and statutory process** • Plan quality improving from 63% to 75% in Year 1 and 85% by 2029 • Annual review backlog cleared: 50% of plans updated Year 1,

[4] Appendix 1– slide 7

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
	from a period of stability allowing maturation of collaborative working practices. • Health contributions to EHCPs variable in timeliness; assessment requests and annual reviews not yet systematically shared with health partners • Plan quality, while improving, stands at 63% rated good or above • Families' experience of co-production in the plan process remains uneven • Consistent involvement of children and young people at all stages has not yet been achieved	all plans current by 2029 • AI-assisted plan writing implemented; moderation programme extended across all plans • 20-week EHCP timeliness maintained at 82% or above, improving to 85% by 2029 • Assessment requests and annual reviews shared with all health partners as standard from Year 1 **Co-production, early intervention and family confidence** • Co-production is the primary mechanism for building family confidence and reducing escalation • Early joint problem-solving between families, schools, health partners and the Local Authority will be embedded as the first response to emerging disagreement, with school-based resolution supported through the Experts at Hand model before formal processes are initiated • SEND Co-production Charter published and embedded as the foundation for all engagement across the partnership • SEND roadshows delivered across all seven towns in Year 1 and annually thereafter • Youth Social Network formally embedded in reform governance, contributing to service design and annual self-evaluation • Parents feeling listened to in education increasing from 71%; in health from 76%; in care from 64% — tracked and reported year on year

<table>
<tr><th>Local blueprint for the next 3 years</th><th>Where we are</th><th>Where we will be in the next 3 years</th></tr>
<tr><td></td><td></td><td>Dispute resolution
Tribunal appeal rate reducing from 82 in 2025 toward 47 by 2029
Proportion resolved without formal hearing maintained at 80% or above
Dispute resolution pathway clearly communicated through the digital front door and roadshow engagement
Mediation services maintained and strengthened through effective contract monitoring</td></tr>
<tr><td>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</td><td>Baseline

(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)

<table><tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr><tr><td>EHCP quality and timeliness</td><td>20-week timeliness: 82% (2025) EHCNAs completed: 694 (2025) Plan quality rated good or above: 63%</td><td>Sections 11, 6; local metric</td></tr><tr><td>Tribunal and dispute resolution</td><td>Appeals registered: 82 (2025) Proportion resolved without hearing: 80%</td><td>Section 20</td></tr></table></td><td>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)

<table><tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr><tr><td>EHCP quality and timeliness</td><td>Plan quality: 75% good or above Year 1; 85% by 2029 20-week timeliness: 85% by 2029 Annual review backlog cleared by 2029</td><td>Sections 11, 6; local metric</td></tr><tr><td>Tribunal and dispute resolution</td><td>47 appeals by 2029 80% or above resolved without hearing maintained</td><td>Section 20</td></tr></table></td></tr>
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Local blueprint for the next 3 years	Where we are			Where we will be in the next 3 years		
Education Psychologists/SaLT/OT *Reduced NEET rates for SEND YP at age 16*	Workforce	SaLT FTE: 84.2; OT FTE: 35.9; EP FTE: 23.9 (2025-26)	Sections 15, 16	Workforce	SaLT: 96.8 FTE; OT: 45.6 FTE; EP: 27.9 FTE by 2028-29	Sections 15, 16
	Parent/ Carer. CYP engagement	Parental confidence: 71% education; 76% health; 64% care Health EHCP return rate: 100% (CAMHS, 2025)	Local metric	Parent/ Carer. CYP engagement	Parental confidence improving year on year across education, health and care SEND roadshows: 7 of 7 towns delivered annually Youth Social Network embedded and reporting annually Health EHCP compliance maintained and improving	Local metric

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Encouraging inclusive culture and behaviours	• Ealing has the structural foundations of inclusive practice in place • Strong school outcomes, co-production infrastructure established, and parent confidence improving across all sectors • Ealing Learning Partnership fosters a culture of collaborative professional development across 85 member schools • Therapeutic Thinking model, Spirals of Enquiry, and the SEND Family Partnership Award (23 schools) provide an established framework for inclusive practice • Inclusive Leadership and Practice Programme reached 160+ practitioners in 2024-25; three leadership conferences focused on inclusion have built shared professional understanding Key pressures include: • Practitioners across education, health and social care are not consistently working in a joined-up way • The Local Offer does not yet provide the clarity of signposting families need to navigate services without statutory escalation • Disproportionality in SEND identification, exclusion and access to support — particularly across Ealing's highly diverse communities — is	**Locally agreed definition of inclusion** • Locally agreed definition of inclusion published September 2026, co-produced with schools, families, young people and partners - Definition anchored in five principles: child-centred; know me to teach me; personalisation; high expectations; and co-regulation before compliance • Definition is the organising framework for the OAP refresh, SSLN, workforce training and Inclusive Mainstream Fund guidance • Every school evidences practice against the definition through self-evaluation, peer review and annual audit against the SEND Expectations framework **Disproportionality** • Disproportionality baseline established in Year 1 across exclusions, suspensions and SEND identification disaggregated by ethnicity • Ealing's population is among the most ethnically diverse in London and system improvements cannot be assumed to reach all communities equally • Data tracked quarterly, disaggregated and reported at partnership level • Schools with highest exclusion and suspension rates for pupils with SEND receiving targeted support through school effectiveness team and Experts at Hand • Early years settings in areas of higher deprivation receiving prioritised specialist support through Family Hub model

	an identified strategic theme requiring explicit, evidence-based action • Communication between the partnership, families and practitioners requires improvement	**Inclusive culture and workforce** • Cycle of multi-agency training created and delivered to improve communication across services and ensure all partners understand ways of working and thresholds across service areas • Inclusive Leadership and Practice Programme maintained and scaled, ensuring inclusion is championed by middle and senior leaders across every school, not solely by SENCOs • ELP three annual leadership conferences continue to feature SEND leadership spotlights; schools demonstrating exemplary practice given platforms to share approaches with peers • SEND and Inclusion conference held annually, bringing practitioners, families and young people together for joint training and dialogue • Spirals of Enquiry embedded as the local professional language of inclusion across phases and settings **Digital front door and Local Offer** • Local Offer co-produced with parents, carers and young people and developed as a self-help digital front door with clear signposting to local services and graduated support pathways • Chatbot developed further to provide clearer signposting to Joint Front Door access and graduated support • Provision map outlining services available across health, education and care published on the Local Offer and kept current • SEND roadshows delivered across all seven towns

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<td>annually, ensuring engagement is geographically equitable and accessible to communities that do not engage through formal channels

Young people's voice
• Youth Social Network formally embedded in reform governance, contributing to service design, annual self-evaluation and evaluation of the local definition's impact in practice
• Young people with SEND assess whether inclusion principles are visible in their lived experience of education
• CORAM advocacy framework implemented in Year 1, ensuring advocacy informs commissioning, personalised planning and quality assurance</td>
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<tr>
<td>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</td>
<td>Baseline

(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)

<table>
<tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr>
<tr><td>CYP not in education and EHE</td><td>CYP with SEN not in education: 358 (2025) CYP with SEN in EHE: 62 (2025)</td><td>Sections 8, 9</td></tr>
<tr><td>EHCP distribution by primary need</td><td>ASD: 1,350; SEMH: 579; SLCN: 1,183; SLD: 409 (2025)</td><td>Sections 7.2, 7.4</td></tr>
</table>
</td>
<td>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)

<table>
<tr><th>Theme</th><th>Data</th><th>DfE Template Reference</th></tr>
<tr><td>CYP not in education and EHE</td><td>CYP with SEN not in education reducing to 216 by 2029</td><td>Sections 8, 9</td></tr>
<tr><td>EHCP distribution by primary need</td><td>ASD: 1,739; SEMH: 680; SLCN: 1,513; SLD: 580 by 2029</td><td>Sections 7.2, 7.4</td></tr>
</table>
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school places *Mainstream settings with increased access to Education Psychologists/SaLT/OT* *Reduced NEET rates for SEND YP at age 16*	Tribunal appeals	Appeals registered: 82 (2025) Proportion resolved without hearing: 80%	Section 20	Tribunal appeals	47 appeals by 2029 80% or above resolved without hearing maintained	Section 20
	Equity	Schools evidencing practice against local inclusion definition: to be baselined Year 1 Disproportionality data (exclusions, suspensions, SEND identification by ethnicity): to be baselined Year 1 SEND Family Partnership Award holders: 23 schools Young people's feedback on inclusion principles: to be baselined Year 1	Local metric	Equity	All schools evidencing practice against local inclusion definition through annual audit Disproportionality gaps narrowing, evidenced through quarterly data Young people's feedback on inclusion principles sought and reported annually SEND Family Partnership Award holders increasing year on year	Local metric

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.'*

Ealing's reform strategy is grounded in a clear theory of change: sustainable improvement in outcomes for children and young people with SEND requires a fundamental shift from a system organised around statutory processes and specialist intervention to one built on early identification, skilled mainstream practice, and genuinely integrated partnership.

The Ealing Learning Partnership's nationally recognised education infrastructure is rated Maturing, providing a strong platform for mainstream reform and system leadership. Co-production, system leadership and governance, data and needs understanding, tiered service delivery, health and social care partnership working, and workforce development are all rated Developing—the primary focus for reform investment over the three-year period.

Four reinforcing mechanisms drive the strategy.

- **Early intervention** is the primary engine of change. The Experts at Hand model scales this into a full multidisciplinary offer accessed through the Joint Front Door without statutory assessment. Therapies outreach contracts, pivoted toward early years to Year 2 intervention from 2026-27, extend reach into the earliest stages of development, ensuring support begins before statutory processes become default.
- **Workforce development** is the key enabling function. If teachers and SENCOs have the skills and confidence to implement specialist advice and sustain it independently, mainstream schools build genuine resilience. Adaptive teaching, Spirals of Enquiry, and bespoke SENCO and headteacher development are core structural investments. Every Expert at Hand interaction transfers knowledge and capability into the school, directly reinforcing this mechanism.

- **Local capacity and financial sustainability** are driven by the phased capital programme delivering new Specialist Bases and satellites between 2026 and 2028, the phase transfer specialist role enabling earlier and more targeted placement decisions, and child-level review of non-maintained independent placements at key-stage transfer points. This strategy reduces independent placements from 296 to 206 and reinvests savings into earlier intervention.
- **Health partnership**, currently rated Developing, is a significant dependency for expanding therapies outreach improvement and aligning NHS 10-year plan improvements with SEND partnership improvements.

4. **Please upload a completed copy of the Local Partnership Maturity Assessment Tool.**
   INSERT DOCUMENT UPLOAD LINK see appendix 2

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 BUILDING THE FOUNDATIONS	2027/28 EMBEDDING AND SCALING	2028/29 DELIVERING THE VISION
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*	**Building Block 1 — Strengthening Inclusion** • Schools System Leadership Network launches September 2026, facilitated by the Assistant Director of SEND and Inclusion, bringing headteachers across all phases together to shape inclusion priorities, OAP refresh, workforce development and Inclusive Mainstream Fund deployment • Locally agreed definition of inclusion published September 2026, co-produced with schools, families and young people • Experts at Hand model scales existing elements — OT and SLT system support, EP consultation, VI and HI specialist teaching, special school and PRU outreach — accessed via Joint Front Door without statutory assessment • Joint Front Door design and protocols agreed, MDT roles defined across Best Start in Life, Families First Partnership and SEND pathways, with trial commencing Q3 2026 • Early Years SENIF funding criteria refined and implemented Sept 2026, calibrated to individual need through co-produced criteria, aligned with Best Start in Life programme to strengthen identification and school readiness at the earliest milestones • EOTAS and Section 19 support refreshed with clearer tiered offer from pupil referral units and alternative providers	**Building Block 1 — Strengthening Inclusion** • Full Experts at Hand multidisciplinary team operational from Q2 2027, co-located in schools and Family Hubs and integrating SEND early intervention with Best Start in Life, Families First Partnership, health visiting and early years services • Joint Front Door fully live • Refreshed OAP framework launches September 2027, co-produced through Schools System Leadership Network, with clear local guidance on Inclusion Bases — school-funded targeted provision as the first response to need before specialist involvement • Three-tier alternative provision model embedded • School effectiveness team and Experts at Hand services working in tandem to disseminate consistent standards across all phases • Early Years SENIF funding model reviewed against outcomes data from Year 1 implementation • *CYP Neighbourhood Approach* – • Expand Child Health Hubs across NWL patch (+6 hubs set up and launched = 100% established) • Strengthen implementation of neighbourhood approaches and integration with CYP transformation programmes. • Expand learning and adoption of effective neighbourhood models and approaches.	**Building Block 1 — Strengthening Inclusion** • All eight Specialist Bases and two special school satellites operational by September 2028 • Experts at Hand operating at full scale across all five Learning Clusters with demonstrable impact on escalation rates • OAP framework fully embedded and reviewed annually through the Schools System Leadership Network • Three-tier AP model fully embedded • 80% of mainstream schools receiving three or more training offers • Digital platform operating as full one-stop-shop for families, with school-facing SEN Support dashboards at scale • *CYP Neighbourhood Approach* – • Neighbourhood infrastructure embedded across WNL, supporting integrated early intervention and joined-up care. • Strong integration with Family Hubs, SEND and wider CYP pathways. • Neighbourhood model informs commissioning and service planning. • *MHSTs (CYP Mental Health)* **-**MHST Wave 19 Roll Out • Support achievement of national ambitions for MHST coverage across WNL. MHSTs operating as part of integrated early intervention infrastructure

	• Local Offer co-produced with parents, carers and young people and relaunched as self-help digital front door with clearer signposting to local services and graduated support pathways • *CYP Neighbourhood Approach* - Review learning from NT4C and Child Health Hub models, to inform shared vision and principles for CYP neighbourhood working across WNL. Set up and launch 15 new Child Health Hubs across NWL Strengthen interfaces between existing Child Health Hubs and Family Hubs and Best Start in Life • *MHSTs (CYP Mental Health*) - Deliver Waves 15/16 implementation and local mobilisation activity. Support local implementation planning.	• *MHSTs (CYP Mental Health*) - Deliver subsequent MHST expansion (Wave 17) and share learning across WNL. Embed MHST learning within neighbourhood and SEND approaches.	
	Building Block 2 — Access to Specialist Support and Local Placements • Place planning programme commences: all Specialist Base sites confirmed, Trust and school engagement underway, capital programme governance established • LAP transition strategy in place Q3 2026; 100% of Year 9 and above plans with personalised Preparation for Adulthood section by Q4 2026 • Vocational profiling expands from two to four special schools • Supported internship participation grows from 40 to 45 or more • Phase transfer specialist role reconfigured and expanded by two FTE, with sharper focus on phase	**Building Block 2 — Access to Specialist Support and Local Placements** • First Specialist Base places online Q3 2027 in line with capital programme phasing; remaining bases in capital development • Independent placements actively managed down toward 206 by 2029; midpoint trajectory 246 by end of Year 2 (data table Section 6, 2028 projection) • Vocational profiling expands further across special schools • Supported internships continue to grow toward 50 or more • Sixth form pathways expanded through reconfiguration and workforce development partnerships between	**Building Block 2 — Access to Specialist Support and Local Placements** • Specialist base capacity: 676 places • Maintained special school capacity: 1,237 places • Independent placements at or approaching 206 • Vocational profiling embedded in all special schools • Further education internal progression: 75% or above; progression to employment, supported internship or apprenticeship: 25% or above • NEET rate for young people with EHCPs maintained below 5% at age 16 to 17; post-19 NEET rate reducing toward national average of 73%

	transfer and non-maintained independent placement work to enable more targeted placements and clearer need-to-place matching data • West and North London ICB provides strategic commissioning expertise through a therapy review to improve the equity of access, experience, and outcome for healthcare • Therapies outreach contracts expanded and pivoted toward early years to Year 2 intervention, providing direct intervention independent of the school-based Experts at Hand offer; waiting times for therapies targeted at 20% reduction across all cases in Year 1 • West and North London ICB neighbourhood commissioning approach aligned with Experts at Hand and Family Hub model from Year 1, with health neighbourhood boundaries aligned with school cluster geography where possible to support integrated working across health, education and local authority services • Personal budget oversight scoped in Year 1, developing refreshed partnership policy covering therapies, Section 19, transport, AP and care-related provision in EHCPs, with clarity on joint funding principles and dispute resolution pathways • *Therapies Transformation* - Complete co-production and agree future model of care. Identify priority investment requirements. Agree commissioning and contracting *approach.* • *EAH – Speech and Language Advanced Practitioners* - Recruit and	special schools and further education colleges, enabling graduated Preparation for Adulthood step-downs • Post-16 team fully reconfigured with enhanced induction, codified practice and training, supporting clearer transitions into adult social care pathways • West and North London ICB therapies transformation programme embedding: further waiting list reductions • Personal budget oversight policy implemented from Year 2, including governance, joint funding principles and dispute resolution pathways • Short Breaks revised funding model implemented Year 2, enabling access without an EHCP and reducing avoidable escalation to statutory processes • Post-16 and post-19 sufficiency review underway with special schools, FE colleges, adult social care, health partners and families • *Therapies Transformation –* • Implement transformation priorities and workforce initiatives. Additional workforce capacity in place. Review impact of therapies and EAH service changes. • *EAH – Speech and Language Advanced Practitioners* - Support implementation of EAH and workforce development initiatives. Develop strategic workforce approaches informed by system mapping. Support shared learning and collaboration across WNL. • *ND Pathway* - Implement learning from ND pilots and support pathway	• Sixth form specialist support expanded via satellites and specialist bases • Post-16 team fully reconfigured with succession planning in place • Post-16 and post-19 sufficiency review complete • West and North London ICB therapies transformation programme fully embedded; sustainable therapy models in place supporting better outcomes across all 13 boroughs • *Therapies Transformation* - Embed transformed therapies model. Sustainable workforce capacity embedded. Model informs ongoing commissioning and planning. • *EAH – Speech and Language Advanced Practitioners* - Advanced Practitioner roles and networks fully embedded within WNL workforce and transformation programmes. Workforce pipelines and training partnerships established. • *ND Pathway* - ND waiting list backlog reduced across WNL Scale successful approaches and use insights to inform commissioning and service planning. Needs-led approaches embedded within ND pathways.

	establish AP roles. Develop relationships across providers, local authorities and universities. Complete system mapping and baseline assessment • *ND Pathway* - Deliver digital needs profiling pilots in two boroughs (NWL) and support backlog reduction activity (NCL). Continue ND waiting list backlog reduction initiatives through approved business case investment	improvements informed by findings. Share learning of ND profiling tool pilots across WNL.ND waiting list backlog reduced across WNL	
	Building Block 3 — System Leadership, Co-production and Governance • SEND and AP Partnership Board established as primary accountability forum for reform delivery, reporting to the BBP CYP Partnership Board, with quarterly RAG-rated performance reporting and defined escalation routes • Governance arrangements reflect shared responsibility and mutual accountability across education, health and care; partnership expectations codified with collective problem-solving as the basis for managing gaps and risks • Local Area Partnership arrangements ensure health leadership, clinical expertise and neighbourhood knowledge are a part of shared decision-making at every tier of the system • Co-production Charter published and embedded as the foundation for all engagement; SEND roadshows delivered across all seven towns • Youth Social Network formally embedded in reform governance	**Building Block 3 — System Leadership, Co-production and Governance** • Plan quality at 80% rated good or above • All plans current following completion of annual review backlog clearance • 20-week EHCP timeliness improved to 83% or above • Health contributions to EHCPs tracked and improving; • Neurodevelopmental pathway transformation milestones on track; pathway redesign embedded; pre and post-diagnostic support strengthened through Best For You (NWL) and Waiting Room (NCL) • Co-production fully embedded in planning, review and commissioning — genuine involvement at the point of plan development and review, not consultation after decisions have been taken	**Building Block 3 — System Leadership, Co-production and Governance** • Plan quality at 85% rated good or above • 20-week EHCP timeliness at 85% or above • Co-production fully embedded in governance, commissioning and individual planning • Tribunal appeals at or below 47 by 2029 (data table Section 20) • Proportion resolved without formal hearing maintained at 80% or above • Parents feeling listened to in education: 85%; in health: 85%; in care: 80% • Mediation uptake maintained; dispute resolution pathway operating effectively across the partnership

	• AI-assisted plan writing implemented; QA framework refresh complete; moderation programme extended • Annual review backlog clearance begins — 50% of plans updated in year • Assessment requests and annual reviews shared with all health partners as standard from Year 1 • Dispute avoidance pathway sharpened and resourced; early joint problem-solving between families, schools and health partners embedded as first response to emerging disagreement before formal processes are initiated		
	Building Block 4 — Encouraging Inclusive Culture and Behaviours • Locally agreed definition of inclusion published September 2026 and embedded across OAP refresh, SSLN, workforce training and Inclusive Mainstream Fund guidance • SEND Family Partnership Award criteria aligned to local definition • Disproportionality baseline established in Year 1 across exclusions, suspensions and SEND identification disaggregated by ethnicity — baseline only, no targets set until data confirmed • Cycle of multi-agency training created and delivered across services to improve communication and ensure all partners understand ways of working and thresholds • SEND engagement events held on a regular cycle for family feedback and communication	**Building Block 4 — Encouraging Inclusive Culture and Behaviours** • Local inclusion definition evidenced through school self-evaluation and peer review across all Ealing Learning Partnership clusters • Schools with highest exclusion and suspension rates for pupils with SEND receiving targeted support through school effectiveness team and Experts at Hand • Early years settings in areas of higher deprivation receiving prioritised specialist support through Family Hub model • Disproportionality data tracked quarterly, with progress reported to the SEND and AP Partnership Board • Inclusive Leadership and Practice Programme maintained and scaled to embed inclusion across senior and middle leadership	**Building Block 4 — Encouraging Inclusive Culture and Behaviours** • All schools evidencing practice against local inclusion definition through annual audit • Disproportionality gaps narrowing, evidenced through quarterly data • Young people's feedback on inclusion principles in practice sought and reported annually • Inclusive culture embedded across all phases, evidenced through SEND school self-evaluation data and lived experience surveys

Enablers	• Assistive technology investment underway across mainstream estate • Workforce — SSLN established; EP service restructure completed; Experts at Hand MDT recruitment underway; Therapeutic Thinking scaled to 85 schools; phase transfer specialist expanded by two FTE; post-16 team reconfiguration underway • Data and digital — SEND and Inclusion Data Dashboard iteration 1 live Q4 2026; data analyst post operational Q3 2026; JSNA refresh completed Q3 2026; chatbot integrated into Children's Services digital platform; Local Offer relaunched as self-help digital front door	• Capital — First Specialist Base places online Q3 2027; remaining bases in capital development; assistive technology investment continuing • Workforce — Experts at Hand MDT fully recruited and operational from Q2 2027; EP restructure embedded; Therapeutic Thinking reaches all schools; post-16 team reconfiguration complete • Data and digital — Dashboard fully embedded as single source of truth; integrated early years SEND data operational; post-16 outcomes tracking live; school-facing SEN Support dashboards piloted	• Capital — All eight Specialist Bases and two satellites operational; assistive technology investment embedded across mainstream estate • Workforce — Full MDT embedded at scale; succession planning in place for senior SEND roles, jointly led by LA and West and North London ICB; AHP vacancy rates below London average; standard supervision framework embedded across SEND and related services • Data and digital — Full one-stop-shop digital platform operational; integrated data driving commissioning and sufficiency decisions; systematic benchmarking embedded in partnership reporting; school-facing SEN Support dashboards at scale
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*	• EHCP stock: 4,545 baseline; growth moderating • EHCNA requests: 838 baseline; reducing toward 820 • Independent placements: 296 baseline; actively managed down • Specialist base capacity: 397 baseline; capital programme on track • Plan quality: 63% baseline; toward 75% by year end • 20-week timeliness: 82% baseline; maintained or improving • Therapies waiting list: reduction across all cases evidenced • SaLT FTE: 93.4; OT FTE: 43.5; EP FTE: 27.9 • Sustain and increase investment in therapist capacity across the LAP • 50% of mainstream schools receiving 3+ training offers • Supported internships: 45 or more participants	• EHCP stock: growth moderating; trajectory toward stabilisation • EHCNA requests: reducing toward 823 • Independent placements: reducing toward 246 (data table Section 6, 2028) • Specialist base capacity: 578 places • Plan quality: 80% rated good or above • 20-week timeliness: 83% or above • Therapies waiting list: reduction per quarter across all cases sustained • SaLT FTE: toward 96.3; OT FTE: toward 45.5; EP FTE: 27.9 sustained • 65% of mainstream schools receiving 3+ training offers • Supported internships: 50 or more participants • NEET (EHCP 16-17): maintained below 5% • Tribunal appeals: reducing from 82 baseline toward 47 by 2029	• EHCP stock: stabilising; growth trajectory moderating toward longer-term ambition beyond plan period • EHCNA requests: reducing to 420 by 2029 (data table Section 10) • Independent placements: 206 by 2029 (data table Section 6) • Specialist base capacity: 676 places by 2029 (data table Section 13) • Maintained special school capacity: 1,237 by 2029 (data table Section 6) • Plan quality: 85% rated good or above • 20-week timeliness: 85% or above • SaLT FTE: 96.8; OT FTE: 45.6; EP FTE: 27.9 sustained (data table Section 15) • 80% of mainstream schools receiving 3+ training offers • Supported internships: 60 or more; 20 or more progressing to paid employment annually

	• NEET (EHCP 16-17): maintained below 5% • Tribunal appeals: at or below 82 baseline (data table Section 20) • HNB deficit: increasing in line with national trends; invest-to-save trajectory established	• Parental confidence: education 80%; health 82%; care 73% • HNB deficit: increasing in line with national trends; invest-to-save activity taking hold	• NEET (EHCP 16-17): below 5% and reducing; post-19 NEET reducing toward national average of 73% • Tribunal appeals: 47 by 2029 (data table Section 20) • Parental confidence: education 85%; health 85%; care 80% • FE internal progression: 75% or above; progression to employment, supported internship or apprenticeship: 25% or above • HNB deficit: growth moderating; invest-to-save bending curve beyond plan period
Leading indicators	• Experts at Hand referral volumes increasing • SaLT and OT waiting list reducing • Plan quality improving quarter on quarter • SSLN engagement across all phases • Therapeutic Thinking scaled to 85 schools • Phase transfer specialist referrals active • SENIF revised funding in place from September 2026 • Assessment requests shared with health as standard	• Experts at Hand reach across all five clusters evidenced • SaLT and OT waiting list reduction sustained • First Specialist Bases occupied • FE progression rising • Sixth form pathways operational • Post-16 team reconfiguration complete • Parental confidence improving across all three sectors	• EHCP applications reduced • Experts at Hand impact evidenced in escalation rate reduction • Tribunal appeals at or below 47 • Lived-experience surveys showing inclusion principles visible • All capital places delivered • Post-16 and post-19 sufficiency review complete

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

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

2026-27 Local delivery plan		**Q2**		**Q3**		**Q4**	
Workstream outline – mapped to building block ***Outcome -*** *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*
BB1 — Workstream 1: Operationalise Experts at Hand **Outcome:** • Consultative, capacity-building MDT operational across all five Learning Clusters, accessed via Joint Front Door without statutory assessment. Graduated support from specialist teachers embedding OAP through to full multidisciplinary EAH services. • Local Offer developed as self-help digital front door.	**AD SEND and Inclusion (SRO)** Head of SEND and AP (operational lead) Principal EP Head of Commissioning (joint operational leads)	EAH commissioning model agreed MDT job description scoping complete EP service restructure milestones on track EPS traded offer refresh published Digital platform architecture agreed	Initial referrals received and enacted LO Design phase complete with co produced content rollout	Direct LA recruitment underway Early Years SENIF revised funding criteria agreed and ready for September 2026 implementation Framework contracts and spot purchase routes operational AP, EOTAS and Section 19 refreshed tiered	SENIF: implemented in settings receiving SENIF funding; 30% increase in uptake from current baseline targeted by year end	EAH MDT mobilisation continues into Q1 2027-28 for full Q2 2027 operation EAH impact baseline established via data analyst Therapies outreach contract expansion commissioned — pivot toward EY to Year 2 intervention underway	MDT recruitment 50% or more complete EAH referrals via JFD: trial cohort active Baseline EAH metrics live in dashboard Therapies outreach EY cohort: baseline to be established from Q3 2026 as contracts are commissioned; Year 1 target to be

Success measures: • MDT recruitment milestones on track • 50% of team recruited to vacant posts • Local Offer engagement and navigation data	West and North London ICB	Local Offer co-production commenced with parents, carers and young people **CYP Neighbourhood Approach** **MHSTs (CYP Mental Health)** **Therapies Transformation** **EAH – Speech and Language Advance Practitioners**	Project management support arrangements in place for Child Health Hub programme. •Review existing neighbourhood models across legacy NCL / NWL. Local implementation planning completed for Wave 15/16 Baseline therapies review completed and draft model of care developed. Engagement and co-production on draft model completed. Funding, role specification and hosting arrangements agreed. Governance arrangements confirmed	support offer published **CYP Neighbourhood Approach** **MHSTs (CYP Mental Health** **Therapies Transformation** **EAH – Speech and Language Advanced Practitioners** **ND Pathway**	WNL neighbourhood vision and principles agreed. Strengthen links with Family Hubs and Best Start in Life programmes. MHST trainee mobilisation underway. Business case completed for areas identified for prioritised investment (based on equity) through review Commissioning and contracting approach agreed Recruitment for Speech and Language Advanced Practitioner launched . Additional backlog capacity mobilised. Needs profiling pilots commence.	Advanced SLT practitioner function drives strategic improvements **CYP Neighbourhood Approach** **MHSTs (CYP Mental Health)** **Therapies Transformation** **EAH – Speech and Language Advanced Practitioners**	set once baseline confirmed Local Offer relaunched as self-help digital front door Learning from NT4C and Child Health Hub implementation incorporated into future neighbourhood model. Priorities for 2027/28 agreed. Established pan WNL MHST network for shared learning and best practice Commence implementation and recruitment activity. Delivery mobilisation underway. Advanced Practitioner role(s)in post. System mapping and baseline assessment completed.

		ND Pathway	ND backlog business case approved (NCL). ND Profiling Tool Pilot governance and evaluation arrangements agreed (NWL).			**ND Pathway**	Backlog reduction programme fully operational. Initial learning and implementation priorities identified for ND profiling tool.
BB2 — Workstream 2: Place Planning Programme **Outcome:** • Local specialist capacity expanded through phased delivery of new Specialist Bases and satellites 2026-2028; reduction in independent placements; sufficiency rebalanced toward local maintained provision. **Success measures:** • Specialist Base places by phase (Section 13) • Independent placements (Sections 6 and 7.5) • Resourced provision capacity (Section 13) • Capital spend (Section 14) • Phase transfer referral volumes and outcomes	**Director of Children's Services (SRO)** Head of Education and Sufficiency Planning Head of SEND and AP (joint delivery leads)	All Specialist Base sites confirmed Trust and school engagement complete Capital programme governance established Cohort needs analysis published Phase transfer specialist role profiles revised Recruitment to two additional phase transfer FTE commenced	Sites confirmed: all confirmed Independent placements: 296 baseline established Phase transfer specialist: revised role profiles in place	Phase transfer specialist additional two FTE in post Need-to-place matching data framework agreed with data analyst	Resourced provision: 397 start position Phase transfer: all children with EHCPs at Years 5, 9 and 11 as Year 1 cohort; volume to be confirmed from EHCP stock data	Communication to families and schools on phasing Phase transfer Year 1 cohort review complete — outcomes data feeding into place planning projections	Capital spend: on track against programme Phase transfer Year 1 cohort: all children at key phase transfer points reviewed with targeted placement outcomes evidenced.
BB3 — Workstream 3: Strengthen QA and Parental Confidence **Outcome:** • Improved EHCP plan quality, family voice in plans, and visible co-production driving measurable	**AD SEND and Inclusion (SRO)** Head of SEND and AP	QA framework refresh complete Annual review backlog clearance programme commenced		Co-production Charter published AI-assisted plan writing implemented First two SEND roadshows		Annual review backlog cleared Year 1 family confidence survey launched Moderation of plans 50% or more complete	20-week timeliness: 82% or above Voice of child evidenced in 50% of moderated plans in Year 1 Plan quality: 75%

improvement in parental confidence. Dispute avoidance pathway sharpened and resourced. **Success measures:** • Plan quality rated good or above: toward 75% (% moderated) • 20-week timeliness: maintained at 82% or above • Parental confidence: education, health and care • Voice of child evidenced in moderated plans • Tribunal appeal rate (Section 20): at or below 82 baseline • Mediation uptake maintained	Participation Officer (operational leads)			delivered by Dec 2026		Voice of child audit completed across moderated plans	Tribunal appeals: at or below 82 baseline SEND and Inclusion Data Dashboard iteration 1 live
BB2 — Workstream 4: Personal Budgets and Short Breaks Reform **Outcome:** • Refreshed partnership policy governing personal budgets for therapies, Section 19, transport, AP and care-related provision in EHCPs. • Short Breaks funding model revised to enable access without an EHCP. • Year 1 scoping and policy development; implementation from Year 2. **Success measures:**	**AD SEND and Inclusion (SRO)** Head of SEND and AP Head of Commissioning (joint operational leads)	Personal budget oversight scoping commenced Current policy reviewed against legal compliance and value-for-money requirements Baseline data on personal budget request volumes and cost established		Short Breaks funding model scoping commenced Co-production with families and voluntary sector partners commenced on both workstreams	Baseline established: personal budget request volumes and costs confirmed through Q2 2026 audit across therapies, Section 19, transport and AP Draft personal budget policy: in consultation Short Breaks revised model: co produced draft developed	Short Breaks revised funding model in development Draft refreshed personal budget policy developed including joint funding principles and dispute resolution pathways Short Breaks revised and co produced funding model finalised ready for Year 2 implementation	Scoping complete Short Breaks revised model: finalised and ready for Year 2 implementation - Co-production feedback incorporated

• Personal budget policy refresh completed (Year 1 milestone) • Short Breaks revised model developed (Year 1 milestone) • Volume of personal budget requests tracked and baselined							
Projected Investment Spend per quarter *Please specify funding source for each category* *Example categories*: Programme oversight/additional leadership capacity. Workforce Recruitment Workforce training and development Data/Digital **Total Spend**		**Investment categories (a)** • Programme oversight / leadership capacity (14% of EAH) £0.056m • Workforce recruitment — EAH staffing (80% of EAH) £0.320m • Data / digital (6% of EAH) - £0.040m **Total investment £0.416** **Funding source (a)** • Experts at Hand grant - £0.416m **Investment categories (b)** • Support / inclusion bases (IMF) £2,405,809 • Inclusive Early Years provision - £321,519 **Funding source (b)** • Inclusive Mainstream Fund - £2,405,809 • Inclusive Early Years Fund - £321,519 ***See appendix 7 for proposed staffing costs for year 1***		**Investment categories** • Programme oversight / leadership capacity (14% of EAH) £0.960m • Workforce recruitment — EAH staffing (80% of EAH) £0.168m • Data / digital (6% of EAH)- £0.080m **Total investment £1.208** **Funding source** • Experts at Hand grant -£1.208m ***See appendix 7 for proposed staffing costs for year 1***		**Investment categories** • Programme oversight / leadership capacity (14% of EAH) £0.960m • Workforce recruitment — EAH staffing (80% of EAH) £0.168m • Data / digital (6% of EAH) - £0.080 **Total investment £1.208** **Funding source** • Experts at Hand grant -£1.208m ***See appendix 7 for proposed staffing costs for year 1***	

INSERT DOCUMENT UPLOAD LINK see appendix 7

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 SEND Reform Programme Officer will be established by Q2 2026 to manage delivery across the four Year 1 workstreams, owning the integrated programme plan, milestone tracking, risk and dependency management, and quarterly DfE reporting. The Programme Officer will draw on existing transformation capacity within Children's Servies and the Council's central Programme Management function, with additional project management capacity brought in where needed for the place planning. HR will support MDT recruitment across the Experts At Hand workstream. Additional staffing investment in Year 1 includes expansion of the phase transfer specialist team by two FTE, reconfiguration of the post-16 team with new induction and codified practice, and a dedicated communications officer spanning SEND, Best Start In Life, and Families First Partnership reforms to ensure coherent and consistent messaging across the three interdependent programmes. Programme delivery is resourced at 1.0 FTE and starts in Q1, supported by existing transformation and central programme management capacity.

Data and analytics capability will be strengthened through the new SEND Data Analyst post, operational by Q3 2026, and the SEND and Inclusion Data Dashboard iteration 1 live by Q4 2026. A digital analyst post will support ongoing development of the Children's Services digital platform and Local Offer.

Corporate functions – finance, HR, procurement, legal, and communications – are aligned through existing transformation governance, Procurement and legal capacity will provide dedicated support for the Experts At Hand commissioning model, therapies outreach contract expansion, and the personal budget policy refresh. Finance will maintain real-time tracking of the High Needs Block position and capital programme spend. HR will support MDT recruitment across the Expert At Hand workstream.

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.

250 words

Ealing Schools Forum agreed to continue the block transfer for 2026/7. This has been agreed over consecutive years. This years transfer was £1.685m

The transfer is agreed on the basis and principle that early intervention and workforce development supports better outcomes and manages demand and top up costs. Therefore, funds activities such as outreach, early identification and support planning, alternative provision for eligible year 11 in year admissions, development of inclusive practise in schools. information advice and guidance. Shrot term exceptional provision and (STEP) curriculum development support funding for schools meeting complex needs where a plan is not yet in place and puts the school's financial sustainability at risk

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.

500 words

The majority of capital funding is committed to increasing local state sector specialist provision to reduce the use of NMI, out of borough placements, enable step down from NMI and special schools, and to meet new demand. This is through Inclusion Bases -resourced provision, satellite special school places. See delivery plan Appendix 5. We have sufficient early years and PRU provision which we will continue to target effectively.

We will be delivering up to 500 places by 2031, to reduce NMI, reduce OOB placements, reducing NEETs and EOTAS, meet planning list demand where LA recommendation was specialist provision, meeting a proportion of new demand 900 more plans by 2029 of which a proportion will require specialist provision,

Increasing mainstream inclusion is a priority, the overall condition is strong, and availability of spaces for schools to use flexibly as part of their inclusion strategies. We will continue to assess the requirements for additional funding to schools to contribute to adaptations and equipment as plans develop. There is flexibility in the programme to respond to emerging opportunities. Ealing schools have already been establishing informal support basis, with schools continuing to respond to local demand, complexity, and reform expectations, we are working with schools to establish capacity oversite, peer support networks, and expectations. School and Trust engagement runs through the established capital programme board and the Schools forum, with all maintained schools and academies consulted each throughout the year as per published agenda. Local trusts with relevant resourced provisions expertise are engaged in site selection, target cohort and design, ensuring sufficiency decisions are made with, not for, the sector.

We have and will continue to work with post 16 providers across mainstream and specialist provision to respond to need. This includes small projects and adaptations to support specialist learn pathways primarily in FE colleges. We are also considering development of pathways in mainstream school 6th form.

We will be updating our local sufficiency plan Autumn 2026.

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

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

  Ealing's reform plan has been developed through existing partnership infrastructure and implementation will draw on the same channels, deepening engagement as reform progresses.

- **Schools and early years settings.** Engagement is led through the Ealing Learning Partnership's school co-governance model and five Learning Clusters, which include all six maintained special schools. The Schools System Leadership Network, launching September 2026 and chaired by the Assistant Director of SEND and Inclusion, will bring headteachers across all phases together to shape inclusion priorities, the OAP refresh, workforce development and Inclusive Mainstream Fund deployment. SENDCo clusters, with 88% participation, and the Schools Forum provide established routes for operational engagement. Early years settings will engage through the Family Hub model, the Early Years SENDCo network, and the EYFS specialist teacher service. The SENIF funding reform, implemented from September 2026, will be co-produced with early years providers and families to ensure revised criteria are understood and applied consistently across settings.

- **Alternative providers**. Ealing's 108 AP providers are engaged through the AP quality assurance framework, the CCRAG risk-rating process, and the Children's Provider Risk Panel. The Fair Access Protocol and multi-agency attendance panels provide regular forums

for operational dialogue. The refreshed EOTAS and Section 19 tiered support offer will be co-produced with providers in Year 1 and communicated to schools through the Schools System Leadership Network and the Local Offer.

- **FE and post-16 providers, including out-of-area.** Engagement is led through the post-16 and Preparation for Adulthood team, the Commissioning Alliance, and the Supported Internship Forum. Sixth form pathway reconfiguration will be developed through structured partnerships between special schools and further education colleges. Out-of-area FE providers are engaged through individual placement reviews, joint moderation of EHCP transitions, and quarterly commissioning conversations. Employer mapping in Year 1 will broaden engagement into the local labour market, supporting the expansion of supported internship and employment pathways.

- **Parents and carers**. The Ealing Parent Carer Forum, ESDEG, Ealing Mencap, Ealing Anchor, HSENA, PARC, Contact Ealing, and SENDIASS hold formal seats across all three reforms. Service Level Agreements with these organisations will be refreshed in Year 1 to strengthen representation of marginalised communities. Engagement is delivered through the Co-production Charter, SEND roadshows across all seven towns, parent working groups, the Participation Officer, and the annual SEND and Inclusion conference. The partnership would welcome the contribution of DfE senior officials to summer term engagement events with education leaders and parent carer forum leaders.

- **Children and young people with SEND**. The Youth Social Network, established October 2023 and shortlisted for the 2025 YEF Big Impact Award, is formally embedded in reform governance. The CORAM advocacy framework will be implemented in Year 1. The reverse mentoring scheme will be expanded, and young people will contribute to the annual self-evaluation of the reform plan's impact on lived experience.

- **Changing roles in the context of the White Paper.** Schools will increasingly hold responsibility for meeting need at SEN Support without statutory escalation, supported by the Inclusive Mainstream Fund and Inclusion Bases. The Local Authority's role shifts toward system convening, quality assurance, and specialist commissioning. The Schools System Leadership Network is the primary forum for managing this transition collaboratively, with a dedicated communications officer spanning SEND, Best Start in Life, and Families First Partnership reforms ensuring coherent messaging as roles evolve.

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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.

The Ealing Partnership risks are shown in the table below. W&N London ICB risks in Att A – slide 21

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Risk 1 – ICB Risk The nationally mandated headcount reductions in WNL ICB results in lack of engagement from health services in the development and implementation of the local SEND Reform Plan	Critical	Likely	**Red**	• Confirmed named senior leads for NCL & NWL from WNL ICB shared with all local authorities • Colleagues from across WNL ICB involved in local meetings, workshops and reviewing documents • High level structure and governance information shared for all local plans to include • Continue to utilise strong working relationships with health providers alongside ICB	**Amber**
Risk 2 — EHCP demand trajectory Requests for EHC needs assessment continue to grow faster than mitigation activity can stem demand, driven in part by parental anxiety about SEND reform changes. If EHCP numbers continue to rise at the current rate, the financial sustainability case and the placement rebalancing trajectory will be materially compromised.	Significant impact on financial sustainability, statutory process capacity, and reform plan objectives.	Likely (60-90%)	**Red**	• Experts at Hand model and Joint Front Door operationalised in Year 1 as the primary demand management lever, providing earlier intervention and reducing statutory escalation • Phase transfer specialist role expanded and focused on key-stage transfer decision points as a targeted sufficiency intervention • Child-level review of non-maintained independent placements, EOTAS and high-cost placements at key-stage transfer points embedded as standard practice • EHCP request rate, conversion rate and total stock trajectory monitored monthly	**Amber**

				through the SEND and Inclusion Data Dashboard with quarterly DfE reporting • SENIF revised funding criteria implemented from September 2026 to strengthen early years intervention and reduce avoidable escalation from the earliest stage • • Dedicated communications officer in post providing clear, proactive messaging to families and schools about SEND reform to reduce anxiety-driven requests • (see appendix 6 for working Forecasted EHCPs - background workings, mitigated and unmitigated to 2035-36).	
Risk 3 — Workforce capacity National Allied Health Professional recruitment pressures, combined with insufficient specialist workforce across education, health and social care, risk undermining delivery of the Experts at Hand multidisciplinary team and the broader inclusion ambition. Without sufficient skilled practitioners across EP, SLT, OT and specialist teaching, the early intervention engine of the reform strategy cannot operate at scale.	Critical — failure to recruit and retain the Experts at Hand MDT would directly compromise Building Block 1 and the primary mechanism of the theory of change.	Possible (30-60%)	**Red**	• Experts at Hand commissioned through a hybrid model of direct Local Authority employment, framework contracts and spot purchasing to reduce dependency on a single recruitment route • EP service restructure (2025-2027, underway) aligning capacity and skill mix to reform requirements • Standard supervision framework designed in Year 1, jointly led by the Local Authority and West and North London ICB, drawing on mature health supervision models to strengthen retention and professional accountability • Partnership-wide succession planning for senior SEND roles jointly led by the Local Authority and West and North London ICB — scoped Year 1, implemented Year 2 • • Therapies outreach contracts expanded to provide direct intervention capacity independent of the Experts at Hand MDT, reducing single-point-of-failure risk	**Amber**
Risk 4 — Capital delivery	Moderate — delivery targets compromised; potential budget overrun and programme delay.	Unlikely (10-30%)	**Amber**	• Capital programme governance established in Q2 2026 with clear milestones and escalation routes	**Green**

Planning, procurement or construction delays could push first Specialist Base places beyond the Q3 2027 target, with knock-on effect on the independent placement reduction trajectory and the High Needs Block financial sustainability case.				• All Specialist Base sites confirmed and Trust and school engagement complete before capital works commence Q4 2026 • Planning permissions sought in parallel with detailed design work • Programme Officer owns integrated delivery plan with monthly capital progress reporting to the Director of Children's Services • Contingency planning in place for phased delivery should individual sites face delays, ensuring overall place trajectory is maintained across the programme • • Any material delay reported immediately to the SEND and AP Partnership Board with revised delivery assumptions	
Risk 5 —HNB and financial sustainability The High Needs Block deficit is forecast to increase over the plan period in line with national trends. If Experts at Hand does not deliver projected reduction in statutory escalation, or if capital delivery slippage delays rebalancing of placement mix from independent to maintained provision, the deficit trajectory will worsen materially, undermining financial sustainability and constraining investment in early intervention at scale.	Significant — financial sustainability case and reform plan trajectory compromised; potential impact on invest-to-save realisation and sufficiency rebalancing.	Likely (60-90%)	**Red**	• Real-time tracking of High Needs Block position and capital programme spend via the SEND and Inclusion Data Dashboard, with monthly reporting to the Director of Children's Services. • Clear escalation routes where trajectories deviate from plan assumptions. • Phased capital programme governance with monthly milestone reporting and contingency planning for site delays. • Experts at Hand impact monitored quarterly against escalation rate reduction targets. • Commissioning discipline maintained to drive value for money. • Any material change to funding assumptions or allocation methodology reported immediately to the SEND and AP Partnership Board with revised delivery assumptions.	**Amber**

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

NHS reforms

NHS reforms, as set out in the NHS 10 Year Health Plan and SEND reforms are closely aligned, with both prioritising prevention, early intervention and reducing reliance on specialist services. Increasing demand, workforce pressures and long waits across therapies and mental health highlight the need for transformation. Central to this is the development of neighbourhood team infrastructure, bringing together health, education and local authority partners to deliver integrated, community-based support. Models such as Family Hubs enable earlier identification of need, coordinated multidisciplinary working and a needs-led approach. Delivery will be supported through joint governance arrangements, alongside strengthened workforce planning, data sharing agreements and clear referral pathways, ensuring coordinated, effective services that improve outcomes for children and young people with SEND while reducing long-term demand.

Reforms to Children's Social Care

The Families First Partnership reforms are an enabler for this plan rather than a dependency risk, providing the infrastructure for the Joint Front Door and the Family Hub co-location model. However, the pace of FFP implementation affects the timeline for full Joint Front Door operationalisation from Q2 2027. The partnership is managing this through joint programme governance across SEND, FFP and Best Start

in Life, with a dedicated communications officer spanning all three programmes to ensure coherent delivery.

Best Start in Life including Family Hubs

The Best Start in Life programme and Family Hub model are central to the early intervention strategy in this plan — providing the co-location base for the Experts at Hand multidisciplinary team from Q2 2027 and the infrastructure for the therapies outreach pivot toward early years to Year 2 intervention. Dependency risk is managed through joint planning across Best Start in Life and SEND workstreams, with the SENIF funding reform implemented from September 2026 designed to complement and align with Best Start in Life investment in early years settings.

Curriculum and Assessment Review

The outcomes of the national Curriculum and Assessment Review will shape the Ordinarily Available Provision framework refresh planned for September 2027 and the workforce development priorities shaped through the Schools System Leadership Network. The partnership is monitoring the Review's progress and has built sufficient flexibility into the OAP refresh timeline to incorporate national guidance when confirmed.

Schools and Education Workforce

The success of the reform plan depends on schools' capacity to embrace early intervention and inclusion without statutory escalation. This requires sustained investment in workforce development—SENCO leadership, adaptive teaching, and embedding Spirals of Enquiry across all phases. The Ealing Learning Partnership provides significant advantage: 85 member schools, five Learning Clusters, established governance, and shared professional language enabling rapid scaling of good practice. The Therapeutic Thinking model, Spirals of Enquiry, and the SEND Family Partnership Award (23 schools) provide foundations; the Inclusive Leadership and Practice Programme has reached 160+ practitioners. However, teacher recruitment and retention pressures—particularly in specialist SENCO and sensory impairment roles—could constrain workforce development pace. The partnership will manage this through the Schools System Leadership Network positioning headteachers as system leaders, structured SENCO succession planning, and university partnerships on initial teacher training pathways. Critically, the pace of mainstream capacity building must align with Experts at Hand rollout and Inclusion Base establishment; schools cannot meet SEN Support need without concurrent upskilling and specialist support infrastructure. The Ealing Learning Partnership's collaborative track record provides confidence this dependency can be managed, provided resources are sustained and reform pace is calibrated to realistic school implementation capacity.

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.

The Ealing Local Area Partnership will monitor reform delivery through an integrated framework of operational dashboards, governance reporting, quality assurance cycles, and structured feedback mechanisms, tracking demand, service delivery, quality, and lived experience with clear escalation routes where trajectories deviate from plan.

The SEND and Inclusion Data Dashboard, live by Q4 2026, will be the single source of truth for reform delivery monitoring, integrating education, health and care intelligence and tracking performance against the four reform goals and four Year 1 workstreams. Operational teams will use it weekly to identify demand trends and inform conversations with schools and settings. The SEND and Inclusion Strategic Partnership Board will review the full KPI set quarterly, with RAG-rated trajectory reporting aligned to the DfE data template. The SEND Data Analyst post, operational by Q3 2026, will own dashboard integrity, produce quarterly DfE trajectory reports, and cross-reference layered datasets to drive commissioning and workforce planning decisions. Health data will be integrated through the Whole Systems Integrated Care (WSIC) data platform, enabling West and North London ICB and provider data to be brought alongside education and care intelligence for integrated performance oversight at partnership level.

Data on demand, service delivery, service quality and outputs

EHCP request rates, conversion rates, and total stock trajectory will be monitored monthly at child level. Phase transfer cohort data, non-maintained independent placement reviews, and sufficiency data will be reported quarterly to the SEND and Inclusion Strategic Partnership Board. EP assessment timeliness, monthly plan throughput, Stage 1 panel timeliness, and 20-week statutory compliance will be monitored weekly by operational leads. Experts at Hand referral volumes, SaLT and OT waiting list reductions, and therapies outreach cohort outcomes will be tracked from baseline. Capital programme milestones will be reported monthly to the Director of Children's Services. EHCP quality will be tracked through the moderation programme quarterly against the Year 1 target of 75%. AP quality assurance, CCRAG risk ratings, and the Children's Provider Risk Panel will provide quarterly oversight of AP provider quality. Health KPI audits, including CAMHS EHCP protocol compliance and therapy outcome measures, will be reported to the SEND and Inclusion Strategic Partnership Board.

Feedback and adaptation mechanisms

Parental confidence will be measured through an annual structured survey, disaggregated by education, health, and care sectors, benchmarked against the current baseline of 71%, 76% and 64% respectively. Complaints volumes, tribunal appeal numbers, and mediation uptake will be monitored quarterly as leading indicators of family confidence. Co-production feedback from roadshows, parent working groups, and the SEND and Inclusion conference will be structured through a 'You Said, We Did' reporting cycle reported

to the SEND and Inclusion Strategic Partnership Board. The Youth Social Network will contribute to the annual self-evaluation of reform plan impact on lived experience. Where trajectories are off track, the Programme Officer will convene a rapid review with the relevant workstream lead, producing an exception report for the SRO within five working days and a revised delivery assumption for Board approval within four weeks.

Reporting to DfE

The partnership will submit quarterly data returns to DfE against the specified key metrics using the attached data template, with data confidence levels recorded where reforms are being implemented within the current statutory framework.

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.

INSERT DOCUMENT UPLOAD LINK see appendix 3

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?*
Assistant Director of SEND and Inclusion **Jennifer Roye – Chief Nursing Officer.** **— Named SROs for the Local SEND Reform Plan**	Single point of executive accountability for reform plan delivery. Accountable for the integrated programme plan, Year 1 workstream delivery, quarterly DfE data returns, and RAG-rated progress reporting. Responsible for identifying and escalating risks and dependencies at	N/A — individual role	Continuous operational oversight; formal reporting monthly to Director of Children's Services and quarterly to SEND and AP Partnership Board and DfE	Operational delivery decisions across all four Year 1 workstreams. Commissioning decisions within delegated authority. Escalation of partnership-level risks to the Director	Director of Children's Services → LA Chief Executive ICB quality assurance via Head of SEND to Director of Safeguarding

	the earliest opportunity. Reports to the Director of Children's Services on reform delivery and to the SEND and AP Partnership Board on partnership-wide progress.			of Children's Services.	ICB commissioning via Director of BCYP
SEND and AP Partnership Board	Primary accountability forum for Local SEND Reform Plan delivery across the Local Area Partnership. Oversees quarterly RAG-rated performance reporting against the reform plan data template. Holds partners to their commitments across education, health, and care. Reviews and approves revised delivery assumptions where trajectories deviate from plan. Codifies partnership expectations and ensures transparency of decision-making across the system. Receives exception reports from the SRO where delivery is off track.	Director of Children's Services (chair). West and North London ICB representative. Head of SEND and AP. Representatives from the Ealing Learning Partnership, maintained special schools, FE and post-16 providers, NHS health providers (CAMHS, 0-19, children's therapies). Contact Ealing.	Quarterly (minimum). Additional extraordinary meetings convened by SRO where material risks require urgent Board decision.	Strategic direction and prioritisation of reform plan delivery. Approval of revised delivery assumptions and exception reports. Strategic alignment of agreed commissioning approaches. Approval of annual self-evaluation against the reform plan.	BBP CYP Partnership Board → LA Chief Executive and West and North London ICB Chief Officer
BBP Children and Young People Partnership Board	Strategic oversight of the health and care contribution to SEND reform delivery within the wider Ealing Better Borough Partnership. Ensures health reform commitments are integrated with the West and North London ICB thirteen-borough footprint. Oversees ICB commissioning agreements, health workforce deployment, and health KPI compliance	Co-chaired by the Strategic Director for Children, Young People and Families and the Nominated health partner	Quarterly as minimum.	Recommends pathway improvements and alignment, with links where needed to ICB commissioning team, public health commissioning team, and education and social care commissioning teams .	ICB quality assurance via Head of SEND to Director of Safeguarding ICB commissioning via Director of BCYP Director of Children's Services → LA Chief Executive

	against the reform plan. Provides the escalation route for unresolved health and education boundary disputes.				Director of Public Health → LA Chief Executive
Schools System Leadership Network (SSLN)	System leadership forum for education partners, shaping inclusion priorities, OAP refresh, workforce development, and Inclusive Mainstream Fund deployment. Provides the primary mechanism through which schools shape SEND reform rather than receive it. Feeds intelligence on mainstream capacity, inclusion practice, and demand patterns into the SEND and AP Partnership Board. Oversees governance arrangements for the Experts at Hand offer and Joint Front Door at education system level.	Chaired by the Assistant Director of SEND and Inclusion. Headteachers from all phases (primary, secondary, special schools, AP, FE and post-16). SENCO cluster leads. Ealing Learning Partnership representatives. Head of SEND and AP.	Minimum half-termly (six times per year).	OAP framework priorities and standards. Inclusive Mainstream Fund deployment guidance. Workforce development programme priorities. Inclusion definition embedding and annual audit standards.	SEND and AP Partnership Board

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

INSERT DOCUMENT UPLOAD LINK

Refer to appendix 1– A – slide 7 W&N London ICB Governance for SEND

See appendix 4 for Partnership Board Governance

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

1. First, clarity on the Experts at Hand national allocation methodology is the single most time-sensitive dependency for Year 1 delivery. Early confirmation of funding assumptions and allocation timelines would enable the partnership to commission and mobilise the multidisciplinary team at pace, without the uncertainty that currently constrains workforce planning and contracting decisions.
2. Second, Ealing would welcome a structured opportunity to share innovation and best practice with DfE and peer local areas. The partnership has developed approaches that are generating measurable impact and national interest, including the OT and SLT Learning Walk model with evidence of prevented EHCP applications across 56 schools, the level descriptors model supporting consistent placement decisions, the Youth Social Network as an embedded vehicle for young people's voice in strategic governance, and the post-16 cost avoidance programme generating £6.287 million in cumulative savings since 2019. Ealing is willing to contribute these models to national learning and peer exchange.

3. Third, peer learning from areas where Joint Front Door integration of SEND, Best Start in Life, and Families First Partnership pathways is most advanced would accelerate local design and reduce the cost of trial and error.
4. Fourth, workforce development support — specifically in relation to Allied Health Professional recruitment, retention, and national supply pipeline — would strengthen the Experts at Hand model and address the systemic recruitment pressures that represent a material delivery risk across all local areas.
5. Fifth, updated national guidance on personal budget frameworks, including clarity on joint funding responsibilities between local authorities and ICBs for provision in EHCPs, would support the partnership's Year 1 policy scoping work and reduce the risk of inconsistent local interpretation.
6. Sixth, DfE senior official engagement at summer term 2026 events with Ealing's education leaders and Parent Carer Forum would be welcomed to build confidence in the reform programme across schools and families during the critical early implementation period.

Appendix

1. **WNL ICB SEND Reform Plans Supporting Information**
2. **Maturity Matrix**
3. **Local reforms data Template**
4. **Partnership Board Governance**
5. **Specialist places delivery plan - June 2026**
6. **Forecasted EHCPs - background workings, mitigated and unmitigated to 2035-36)**
7. **PROPOSED TBC - staffing costs - experts at hand**

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**					