Annex A: Local SEND Reform Plan

Name of Local Authority: Tameside Metropolitan Borough Council

Name of Integrated Care Board: Greater Manchester ICB

Local SEND Reform Plan SRO: Emlyn Wright

Signatories

Role	Name	Signature	Email contact	Date
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Executive Summary

Tameside is committed to delivering a sustainable, inclusive and effective 0–25 SEND system that ensures children and young people (CYP) receive timely support to achieve and thrive. The reform programme focuses on inclusive mainstream and specialist provision, strong local partnerships, workforce capability, restored confidence and improved financial sustainability.

This work takes place within a highly challenging context. Children's Social Care has been judged inadequate since 2016, reflecting long-standing systemic weaknesses across the wider children's system. Against this backdrop, the local area SEND system has been subject to sustained scrutiny. A Written Statement of Action for SEND followed an Ofsted inspection identifying ten areas for significant improvement. Insufficient progress led to a Department for Education Notice to Improve in February 2025, and a further SEND inspection in May 2025 identified wide and entrenched systemic weaknesses across the SEND partnership, underlining the urgency and scale of reform required.

These findings align with the conclusions of the Commissioner appointed in March 2024, whose report, published in September 2024, identified deep-rooted systemic challenges including fragmented accountability, historic churn in senior leadership and significant political and corporate instability. This context is critical to understanding Tameside's SEND Reform Plan which will be implemented against a backdrop of continued rapid improvement.

Since early 2025, conditions for improvement have stabilised. A new Director of Children's Services was appointed in January 2025, providing clearer leadership and stabilising areas of children's services (as reflected in recent MV). Following the May 2025 SEND inspection, Tameside developed a Priority Action Plan for SEND alongside a wider Inclusion Plan, with progress monitored through a Local Area SEND Inclusion Board, strengthening governance, challenge and partnership accountability. This has been strengthened by the appointment of a new Assistant Director for Education in February 2026 (with a 12 month gap in this role prior), creating the foundations for rapid improvement in statutory SEND and (with capacity added via funding) consistent delivery of SEND Reform.

We know that children, young people with SEND and their families have not been served well, and that confidence has been eroded. Engagement and co-production have historically been weak. A DfE-commissioned Parent Carer Forum is now in place, alongside a Co-production Charter, with ongoing work to ensure CYP and parent voice is embedded across all TMBC decision-making. Statutory compliance has improved considerably, and we currently have no legacy plans that are overdue for statutory assessment, the average time to complete a plan is now 18.04 weeks.

Delivery of reform in Tameside is structured through three interdependent strands, each directly responding to rising demand, increasing complexity, and financial pressures within the SEND system. EHCP numbers are projected to grow from 3,868 in 2025 to approximately 4,967 by 2029 (around 28% growth overall), with particularly strong increases in post-16 cohorts. Demand for assessment remains consistently high at around 1,000 EHCNA requests annually. At the same time, High Needs Block expenditure is forecast to increase significantly from £47.0m in 2024–25 to £74.1m by 2027–28, underlining the urgency of reform, demand management and cost control. These are the mitigated figures projected alongside this plan; without the mitigations within this reform plan, the scale of growth (~6000 plans by 2029) and associated cost pressure would be considerably higher. The strands can be broadly outlined as:

1)Tameside is building a more inclusive school system through implementation of a Tameside Graduated Approach, aligned to the Greater Manchester Ordinarily Available Provision framework, supporting earlier identification, shared expectations and strengthened mainstream practice.

2) “Experts at Hand” offer is being developed to provide schools with timely access to specialist advice, increasing workforce confidence and reducing reliance on statutory escalation.

3)Tameside is addressing the sufficiency of SEND and Alternative Provision places, aligning provision planning with inclusion priorities, demand management and value for money.

As Tameside is a member of the GM10 local authorities, we will work alongside Greater Manchester colleagues on this reform planning. We have actively collaborated with GM partners on this plan, and our partnership across education, health and care is committed to a consistent, collaborative approach to delivering SEND reform across all ten localities through a joined-up, sustainable system with strong governance, commissioning and delivery mechanisms to maximise shared resources, reduce duplication, and improve outcomes and experiences for children, young people and families. There is a whole-system commitment to jointly fund a single Advanced Practitioner SaLT role with a GM-wide remit. This strategic role will ensure a population-focused, joined-up approach to SLCN across all ten localities, guiding improvement and reducing variation.

Section 1 – Vision and Goals

What the local area partnership is trying to achieve?

Our local partnership will deliver an inclusive, sustainable and trusted SEND system where needs are identified early and met effectively in Tameside, with inclusion as the default and shared accountability across partners.

We have four goals for 2026–29.

Improve outcomes for children and young people (CYP).
More CYP will thrive in mainstream through ordinarily available provision, a consistent graduated response and Experts at Hand support. We will evidence impact through reduced EHCP issuance (480 in 2025 to around 260 by 2028), fewer CYP with SEN missing education (127 in 2025 to around 50 by 2029), and reducing suspension (currently 20 points above national) and repeat suspension (currently 2 points above national) for SEN to national levels by 2029.

Increase confidence of parents, carers and CYP.
We will enhance the reach and quality of our work with PCFs. Families will experience clear pathways, timely responses and transparent decision-making, with co-production embedded and "you said / we are doing" feedback. We will track confidence through stabilised elective home education levels (around 39 in 2025, remaining broadly stable into the mid-40s by 2029) and stable demand, with EHCNA requests held at around 1,000 per year.

Strengthen inclusive capability across settings.
Settings will have clear expectations for inclusive practice and access to specialist advice and coaching to meet high-incidence needs earlier. We will measure this through increased Educational Psychology reach at SEN Support (336 in 2025–26 to around 563 by 2027–28), reduced EHC needs assessments (577 to 430 annually) and improvements in inclusion indicators such as suspension (see above) and attendance.

Stabilise finances and improve value for money.
We will shift resources toward early support and local capacity, expanding specialist bases (230 in 2025 to 510 by 2028 and 630 by 2029) while managing reliance on external placements, alongside stabilising EHCP growth to a managed trajectory (approximately 3,868 to 4,967).



REFORM PLAN
ENGAGEMENT TIMELI

Section 2 – Strategy

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

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

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

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

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

Local blueprint for the next 3 years	**Where we are**	Where we will be in the next 3 years
Tameside's reform programme brings together strong system leadership, co-production, equitable access to local and specialist provision, and a consistently embedded inclusive culture, underpinned by strengthened mainstream practice through the *Experts at Hand* model. This is supported by a clear approach to shared decision-making, with defined governance arrangements (see Section 4), ensuring that partners, children, young people, and families are meaningfully involved in shaping provision. The roadmap sets out a phased transition from a reactive, statutory-led system to a proactive, inclusion-led 0–25 model, with targeted support at key transition points, particularly early years and post-16. All elements of the programme apply across the full 0–25 age range, ensuring continuity of support, alignment with preparation for adulthood pathways, and a planned approach to sufficiency across all sectors. Delivery is enabled through a structured maturity matrix and iterative cycles of review, supported by clearly aligned investment to strengthen capacity and maximise impact. Central to this approach is the systematic embedding of Ordinarily Available Inclusive Provision (OAIP) across all education settings, supported by workforce development, quality assurance, and consistent expectations. This will ensure that needs are increasingly met earlier, locally, and without escalation wherever appropriate. Within this context, Tameside's projected increase in EHCP numbers—while appearing ambitious—is firmly grounded in current performance data and trajectory. The 2026 projection reflects pressures already evident in the system, and available evidence indicates that this level of growth is realistic and achievable. As the reform programme progresses, and inclusive practice and local sufficiency strengthen, the model anticipates a shift from accelerated growth to a more stable and managed increase through to 2029. This stabilisation reflects the intended impact of earlier intervention, improved graduated response, and expanded local provision, particularly at key points of transition. The trajectory therefore balances continued demand with the expected benefits of system reform, including reduced reliance on high-cost and out-of-area provision over time. Recognising the dynamic nature of the system, these projections are iterative and subject to ongoing refinement. Through quarterly monitoring and engagement with the Department for Education, the local area will track delivery against the model and adapt projections where required, ensuring they remain accurate, responsive, and aligned to emerging evidence.		
Strengthening Inclusion across Education Settings **Enablers:** • **Capital:**	***Strengthening Inclusion across Education Settings*** **Strong foundations** • Graduated Response and OAIP established as	***Strengthening Inclusion across Education Settings*** • Strong engagement of the 0-25 education system to ensure OAIP + Graduated Response embedded

Investment in inclusive environments, repurposing estate (including falling rolls), integrated AP model
• **Workforce:** Inclusion champions, SENCO strengthening, specialist outreach, system-led development model
• **Data & intelligence:** Integrated, cross-agency data systems driving early intervention and continuous improvement
• **System coherence:** Alignment of early years, Family Hubs, education and post-16 into a single 0–25 inclusive system
	shared practice frameworks.
	• Mainstream capacity growth underway through inclusion/resource provision and estate adaptation.
	• Early years and family support offer emerging as a platform for earlier identification and support.
	
	Where the system is lacking / lacks coherence:
	
	• School & MAT engagement historically poor ; OAIP/Graduated Response not consistently embedded; thresholds and practice vary by setting.
	• Ordinarily available provision and reasonable adjustments not consistently defined, delivered or quality-assured.
	• AP not consistently integrated as part of the inclusion continuum (early support → targeted → reintegration).
	• 0–25 universal offer not joined up across early years, family support, schools and post-16.
		consistently through a structured implementation programme.
		• Place-based, system-led SEND reform that builds inclusive capacity as the default across early years, schools and post-16.
		• Experts at Hand as the spine of the graduated system, strengthening mainstream capability so needs are met earlier and locally.
		• Alignment of:
		  ○ practice (Graduated Approach + OAIP)
		  ○ provision (bases, AP, specialist pathways)
		  ○ system enablers (workforce, capital, data, governance)
		• Ordinarily available provision and reasonable adjustments are clear, consistent and quality-assured across settings.
		• Workforce confidence strengthened via evidence-based practice and consistent Assess–Plan–Do–Review.
		• Termly inclusion review/peer review cycle spots variation early and triggers targeted support/challenge

System leadership, local partnership collaboration and co-production **Enablers:** • **Workforce (leadership capacity):** Strengthened LA leadership, locality leadership and system-wide accountability; leadership development across schools, MATs and partners • **Data & digital:** Shared "single version of the truth" dashboard enabling joint accountability, performance	***System leadership, local partnership collaboration and co-production*** **Strong foundations** • Co-production strengthening (Charter/PCF engagement) and appetite for shared working. • Governance intent established (shared outcomes, clearer decision rights, locality-based working).	***System leadership, local partnership collaboration and co-production*** • Single, coherent SEND system with shared outcomes, clear decision rights and routine performance review driving corrective action. • Strong locality-based leadership across education, health and care, reducing fragmentation and improving joint accountability. • Experts at Hand as the operational bridge for multi-agency collaboration, aligning practice and

management and transparent decision-making • **Co-production infrastructure:** Parent Carer Forum, Co-production Charter, structured engagement and feedback loops • **Governance:** Local Area SEND Inclusion Board and clear decision-making frameworks	• Move toward shared intelligence ("single version of truth" approach) to support joint accountability. **Where the system is lacking / lacks coherence** • Leadership and accountability inconsistent across partners; decision rights and escalation not always clear. • Co-production not yet routine everywhere; "you said / we are doing" feedback loops not consistently visible. • Family trust remains fragile; escalation still perceived as necessary to secure support. • Shared data not yet routinely used to hold the partnership collectively to account or drive corrective action.	pathways across partners. • SEND Specialist Navigators align education, Early Help, Family Hubs and health pathways, supporting earlier intervention and equitable access. • Embedded co-production through structured engagement, visible feedback loops ("you said / we are doing"), and shared decision-making. • Shared "single version of truth" intelligence supports transparent prioritisation, assurance and continuous improvement.

Access to specialist support and local placements	*Access to specialist support and local placements*	*Access to specialist support and local placements*
Enablers: • **Capital & sufficiency:** Expansion of mainstream-based specialist provision (230 → 500 places); estate adaptation; locality-based sufficiency planning • **Workforce:** Experts at Hand multi-disciplinary teams (EP, SaLT, OT, specialist teachers) and SEND Specialist Navigators • **Data & planning:** Use of EHCP trends, demand forecasting and transport data to plan provision • **System design:** Three-tier model (universal, targeted, specialist) ensuring coherent pathways, mirroring the 3 tier AP model to also be implemented	**Strong foundations** • Pathway clarity improving in priority areas (neurodevelopment and sensory routes). • Inclusion/resource base expansion pipeline approved and underway to grow local capacity. • Data capability improving to support demand and placement pattern insight. **Where the system is lacking / lacks coherence** • Mainstream-based specialist capacity still uneven, driving independent/out-of-borough reliance. • Access to specialist expertise (incl. therapies) variable and often delayed. • Pathways/thresholds inconsistent across education, health and care; navigation uneven. • Placement and sufficiency decisions have been reactive; transport impacts not consistently shaping decisions.	• Experts at Hand (EAH) is the standard graduated route to advice, coaching, group interventions and outreach across 0–25. • Joint LA–ICB ownership with agreed delivery arrangements, service standards, reporting and escalation. • EAH additionality: Will have added capacity for earlier SEN Support; does not replace existing services or statutory duties. • EAH iteration: Our co-produced test-and-learn model will have been reviewed quarterly with thresholds, deployment and pathways refined as evidence emerges so it is a high quality model • EAH integrates with existing referral routes and commissioned services, with clear 'routes in/out' to avoid duplication and drift • Three-tier model: Tier 1 universal; Tier 2 targeted multi-disciplinary support (EP, SaLT, OT + outreach); Tier 3 coordinated support for complex needs. • Equity by design: transparent triage, proactive outreach, and uptake monitoring (incl. out-of-area post-16) to prevent "most proactive settings" dominating access. • SEND Specialist Navigators connect education, Early Help, Family Hubs and health pathways to enable early identification and smoother access. • Local capacity grows through mainstream-based specialist provision across localities; reliance on independent/out-of-borough placements reduces. • Special schools as system leaders: outreach, workforce development and QA to stabilise mainstream placements and reduce escalation. • Sufficiency planning is locality-led, data-driven and transport-aligned to population need and travel reduction. • Capacity pressures managed through phased rollout,

		prioritisation rules and quarterly timeliness/coverage review to adjust delivery.
Encouraging an inclusive culture and behaviours **Enablers:** • **Workforce development:** Borough-wide training programme (SLCN, SEMH, neurodiversity, relational practice) • **Practice frameworks:** Graduated Approach aligned to GM OAIP and Local Inclusion and Support Offer (LISO) • **Co-production:** Embedding lived experience into practice expectations and evaluation • **Digital/AI:** Tools to support guidance, consistency and practitioner confidence	***Encouraging an inclusive culture and behaviours*** **Strong foundations** • Pockets of strong inclusive practice and committed leaders to scale. • Co-production strengthening (Charter and refreshed documents) as a platform for trust. • Workforce development focus emerging (relational practice, neurodiversity, SLCN). • Early digital/AI learning shows potential to improve clarity and reduce burden. **Where the system is lacking / lacks coherence** • Inclusive culture not consistent across settings; variation drives inequity and escalation. • Materials/initiatives not sequenced, embedded or routinely evaluated for impact. • Family experience of voice and inclusion inconsistent; trust remains fragile. • Digital/AI not embedded system-wide; governance and consistent implementation needed.	***Encouraging an inclusive culture and behaviours*** • Inclusion is the default across all settings, underpinned by a shared, co-produced definition of inclusion and a common language for practice. • Consistent expectations are embedded for early identification, reasonable adjustments and the graduated response, so inclusion is predictable and not dependent on individual settings. • Borough-wide workforce development reinforces inclusive cultures and behaviours, focused on SLCN, SEMH/relational practice, and sensory/neurodiversity. • Experts at Hand reinforces culture change by driving environmental adaptations, strengthening relational approaches, and reducing reliance on diagnosis/escalation to access support. • Culture of belonging, participation and equity is actively promoted so children and young people feel welcomed, safe and able to thrive locally ("every child welcome, in every school"). • Capital and sufficiency decisions support this culture by prioritising inclusive environments, local capacity and reduced travel, with clear accountability for value for money.
Success Measures **1) System leadership, local partnership collaboration and co-production** • Improved stakeholder confidence evidenced by reduced SEND-related EHE and fewer CYP	**1) System leadership, local partnership collaboration and co-production** Baseline (2025): • CYP with SEND not in education: 127 • SEND Elective Home Education (EHE): 39 • EHCNA requests: 966 • EHC Needs Assessments: 577	**1) System leadership, local partnership collaboration and co-production** ***(Sections 8, 9, 10–12)*** • Improved system confidence and engagement ○ CYP not in education reduces: 127 → 75

missing education, with routine "you said / we are doing" feedback.
• Stronger system grip evidenced by partnership-wide dashboard use, clear decision rights and consistent performance review driving corrective action.
 	
2) Access to specialist support and local placements
• Increased access to local provision, evidenced by growth in mainstream and mainstream-based specialist placements and reduced reliance on independent and out-of-borough provision.
• Earlier and more effective specialist intervention, reflected in increased support at SEN Support level and reduced escalation to EHCPs and high-cost placements.
 	
3) Encouraging an inclusive culture and behaviours
• Stronger inclusive culture evidenced by consistent ordinarily available provision and reduced exclusions/behaviour-related escalation.
• Reduced reliance on statutory routes evidenced by lower EHCP conversion rates and stronger SEN Support pathway use.
 	
4) Strengthening inclusion across education settings
• More children supported earlier and locally,
	• EHCPs issued: 480 (≈50% conversion from assessment; ≈37% from requests)
	Baseline interpretation:
	• High levels of escalation and statutory reliance
	• Persistent disengagement indicators (CME and EHE)
	• Demand remains high, with assessment requests stabilising at around 1,000 annually, indicating pressure on the front end of the system
	• Confidence in early help and graduated response not yet sufficient to reduce demand
	
	2) Access to specialist support and local placements
	Baseline (2025):
	• Specialist bases in mainstream: 230 places
	• Total specialist capacity: 1,249 places
	• Independent / NMSS placements: 171
	• CYP supported without EHCP:
	  ○ SaLT: 2,924
	  ○ OT: 360
	  ○ EP: 336
	Baseline interpretation:
	• Specialist capacity in mainstream is growing but still limited relative to demand
	• Continued reliance on independent and non-maintained provision
	• Early intervention and therapy reach is established but not yet sufficient to reduce escalation into EHCPs
	• Workforce reach is uneven, particularly for EP and OT
	
	3) Encouraging an inclusive culture and behaviours
		by 2028 → 45 by 2029 *(Section 8)*
		  ○ SEND EHE stabilises: 39 → 45 by 2028 → 44 by 2029 *(Section 9)*
		• More proportionate and confident system use
		  ○ EHCNA requests stabilise: ~966 → ~1,000 annually *(Section 10)*
		  ○ Needs assessments reduce: 577 → 430 *(Section 11)*
		  ○ EHCPs issued reduce: 480 → 260 by 2028 → 220 by 2029 *(Section 12)*
		→ demonstrating reduced escalation alongside sustained front-door demand and increased confidence in SEN Support pathways
		
		2) Access to specialist support and local placements *(Sections 6, 13, 17–19, 7.3–7.5)*
		• Expansion of local specialist capacity and access
		  ○ Specialist bases grow: 230 → 510 by 2028 → 630 by 2029 *(Sections 6 / 7.3)*
		  ▪ Includes planned additional ~60 places from 2026
		  ○ Total specialist capacity: 1,249 → 1,707 by 2028 → 1,877 by 2029 *(Section 13)*
		• Managing reliance on external placements
		  ○ Independent/NMSS placements are projected to rise without intervention: 171 → 301 by 2028 → 302 by 2029 *(Sections 6 / 7.5)*
		  ○ Reform focus is therefore on slowing and reversing this growth through sufficiency

shown through slower EHCP growth, increased numbers supported without EHCP, and improved placement stability.
• Improved value for money and system sustainability, evidenced by stabilising transport demand, reduced high-cost placements and a shift in High Needs spend toward early intervention.
	Baseline (2025):
	• EHCPs issued: 480 from 966 requests (~50% of assessments; ~37% of requests)
	• High-incidence need profile:
	  ○ Speech, Language and Communication Needs (SLCN): 1,294
	  ○ Social, Emotional and Mental Health (SEMH): 989
	  ○ Autism Spectrum Disorder (ASD): 396
	• SEN Support cohort (without EHCP) significant but variable across settings
	Baseline interpretation:
	• Inconsistent application of the graduated approach and ordinarily available inclusive practice
	• High reliance on statutory pathways to secure provision
	• System pressure driven by high-incidence needs (particularly SLCN and SEMH)
	• Variation in school-level inclusion capacity contributing to escalation
	
	4) Strengthening inclusion across education settings
	Baseline (2025):
	• Total EHCPs: 3,797
	• Placement profile:
	  ○ Mainstream placements: 1,510 (~40%)
	  ○ Specialist bases: 230 (~6%)
	  ○ Special schools: 1,122 (~30%)
	  ○ Independent / NMSS: 171 (~5%)
	  ○ EOTAS: 97 (~3%)
	  ○ Other placements (incl. not in education): 127 (~3%)
	System efficiency indicators:
		• Earlier specialist intervention
		  ○ EP reach increases: 336 → 563 → 765 *(Section 19)*
		  ○ SaLT and OT support continues to expand at SEN Support level *(Sections 17–18)*
		
		3) Encouraging an inclusive culture and behaviours *(Sections 7, 10–12)*
		• Earlier intervention and reduced escalation
		  ○ EHCP issuance reduces: 480 → 260 → 220 *(Section 12)*
		  ○ Reduced assessment conversion rates reflect strengthened universal and targeted provision
		  ○ No acceleration at secondary; shift toward earlier intervention *(Sections 10–12)*
		• Improved management of high-incidence need
		  ○ ASD remains broadly stable: 396 → 370 → 390 *(Section 7)*
		  ○ SEMH grows on a slower, managed trajectory *(Section 7)*
		  ○ SLCN increases (1,294 → ~1,939) but is increasingly supported within mainstream and bases *(Section 7)*
		→ indicating improved system response rather than reduction in underlying need
		
		4) Strengthening inclusion across education settings *(Sections 2, 3, 6, 13)*

	• SEN transport expenditure: £8.1m (total)
	• Average unit costs (broad indicators):
	  ○ Mainstream placements: ~£7k–£9k per pupil
	  ○ Specialist and independent placements significantly higher (up to £50k+ depending on type)
	Baseline interpretation:
	• System remains reliant on higher-cost provision routes, particularly specialist and independent placements
	• Placement mix not yet optimised for locality, inclusion, or cost control
	• Over-reliance on specialist and non-local placements reflects insufficient earlier intervention and mainstream capacity
	• Fragmentation evident in EOTAS use and "other" placements, indicating gaps in sufficiency and pathway clarity
		• Shift toward mainstream and local inclusion
		  ○ Mainstream EHCP placements increase: 1,510 → 1,823 by 2028 → 1,878 by 2029 *(Section 6)*
		  ○ Specialist bases absorb growth: 230 → 630 *(Sections 6, 13)*
		• **Improved sufficiency and system efficiency**
		  ○ Total EHCPs grow within a managed trajectory:
		  3,797 → 4,754 by 2028 → 4,967 by 2029 *(Section 6)*
		  ○ EOTAS reduces: 97 → ~44 by 2029 *(Section 6)*
		  ○ "Other" placements reduce: 127 → 75 → 45 *(Section 6)*
		• **Financial sustainability and locality alignment**
		  ○ Transport demand initially rises but stabilises as local provision increases *(Section 3)*
		  ○ Unit costs stabilise over time through earlier intervention and improved commissioning *(Section 2)*

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

The partnership maturity assessment shows Tameside is at an early stage: governance is inconsistent, universal practice varies, system intelligence is fragmented and co-production is uneven. Our strategy sequences delivery, with Year 1 stabilising foundations and Years 2–3 scaling and embedding sustainable improvement.

Our theory of change is that if ordinarily available provision (OAIP) is consistently inclusive, needs are identified early through a robust Graduated Approach (assess–plan–do–review), and specialist expertise is embedded earlier through Experts at Hand (EAH), then drift will reduce, outcomes will improve, confidence will grow and demand for statutory processes will decrease, strengthening value for money.

The roadmap delivers a phased shift from reactive, statutory-led practice to a proactive, inclusion-led 0–25 system, underpinned by a maturity matrix driving continuous assessment, feedback and improvement. Quarterly review of performance data and lived experience will inform refinement of thresholds, workforce deployment and sufficiency decisions.

In Q1 of Year 1, we will establish clear governance, decision rights and a “single version of truth” dashboard; embed OAIP and the Graduated Approach through shared expectations, peer support and co-production; and mobilise EAH as enhanced SEN Support. Delivery will be place-based and integrated with Early Help, Family Hubs and health pathways, ensuring equitable access, including post-16.

Across the 0–25 pathway, we will strengthen transitions, improving early years identification and post-16 preparation for adulthood. Earlier, consistent support will reduce reliance on EHCPs, lower disputes and improve parental confidence. Capital and sufficiency planning will increase local inclusive capacity, reducing reliance on external placements. Within the theory of change document there is a plan on a page, for all three strands of the reform.



Theory of Change for Tameside



SEND Improvement Plan



Core Minimum Requirement Audit wi

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



Tameside Maturity Audit May 2026

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

Local roadmap for the next 3 years	**2026/27** **Build foundations and stabilise the system**	**2027/28** **Embed, expand and shift practice at scale**	**2028/29** **Sustain, optimise and deliver system transformation**
The roadmap is iterative and closely linked to the maturity matrix, enabling continuous assessment, learning and adjustment as the impact of earlier work progresses. It sets out a phased shift from reactive, statutory-led systems to proactive, inclusion-led support across the 0–25 continuum. Delivery is driven through three mechanisms: early intervention, local sufficiency, and workforce capability. It is underpinned by a developing local area partnership, with education, health (ICB) and social care jointly accountable for delivering a coherent, place-based SEND system that meets needs earlier, more consistently, and closer to home.			
Strengthening Inclusion across Education Settings Enablers: **Capital:** Investment in inclusive environments, repurposing estate (including falling rolls), integrated AP model **Workforce:** Inclusion champions, SENCO strengthening, specialist outreach, system-led development model **Data & intelligence:** Integrated, cross-agency data systems driving early intervention and continuous improvement **System coherence:** Alignment of early years, Family Hubs, education and post-16 into a single 0–25 inclusive system **Sufficiency and childcare**	Embed OAIP + Graduated Approach as standard practice across EY–post-16 (clear inclusive expectations). Publish the co-produced Local Inclusion and Support Offer (LISO) (entitlements + routes to support). Establish an Early Years Forum to drive earliest identification/support (0–5) and smoother transition into reception. Map and review SEND childcare sufficiency across the borough, identifying gaps in inclusive early years and wraparound provision and implementing targeted actions to increase capacity and accessibility. Establish clear, co-produced mediation and dispute resolution pathways, including early resolution routes through SEND services, to improve parent/carer	Embed new resource provision/inclusion bases into whole-setting practice with onboarding, training and ongoing support (navigators, outreach, peer support). Make local provision the default where needs can be met, using locality panels/navigators to secure smooth entry and placement stability. Deploy special schools as system leaders (outreach, coaching, QA) to build mainstream capability and prevent escalation. Standardise inclusive practice EY–post-16 through OAIP + Graduated Approach, reinforced by CPD, peer	One coherent place-based ecosystem of provision and pathways (mainstream, bases, specialist, AP) with step-up/step-down routes. New bases fully embedded in whole-setting practice (admissions, review, outreach, workforce support). Placement profile shifts locally: fewer crises and fewer independent/out-of-borough placements. Capital + sufficiency + transport aligned and driven by the SEND dashboard and locality forecasting. EAH/Navigators/outreach embedded as business as

provision: Development of a comprehensive SEND sufficiency model, including childcare, to strengthen identification of gaps in early years and wraparound provision, ensuring sufficient high-quality, inclusive childcare places that meet a range of SEND needs and support earlier intervention. This will enable more targeted planning and alignment with the wider sufficiency strategy. **Mediation and dispute resolution**: Strengthening mediation and dispute resolution arrangements through earlier engagement, clear pathways for resolution, and increased confidence in inclusive provision, reducing reliance on formal processes and ensuring timely, proportionate responses to concerns.	experience and reduce escalation to tribunal. Deliver Year 1 borough CPD: SLCN, SEMH/relational, sensory/neurodiversity. Strengthen voice and assurance: SEND Listening Group (PCF) + CYP strategic voice feeding termly review. Launch Right to Succeed in 20 priority schools (GLD lowest / SEND exclusion highest) to tighten universal practice. Start OAIP-audit-led estate adaptations and align capital/sufficiency/transport to reinforce inclusion. Finalise the SEND dashboard to track delivery, demand and impact and drive decision-making.	improvement and termly assurance. Strengthen transitions (EY→primary; primary→secondary) via aligned pathways, information sharing and continuity of support. Implement the SEND-specific sufficiency model, including childcare, to proactively manage demand, inform commissioning and ensure sufficient inclusive provision across early years, education and post-16. Embed a graduated approach to dispute resolution, with measurable reductions in mediation and tribunal cases linked to improved parental confidence and earlier support. Deliver measurable reductions in escalation, transport demand and placement instability.	usual; special schools act as system leaders. A fully embedded, data-driven SEND sufficiency model, including childcare provision, ensuring sustainable capacity and responsiveness to changing need across the 0–25 system. Dispute resolution operates predominantly at early stages, with mediation and tribunal use significantly reduced as confidence in the system and co-produced solutions are sustained. Digital/AI embedded ethically to improve communication, workforce development and efficiency
System leadership, local partnership collaboration and co-production Enablers: **Workforce (leadership**	Establish 0–25 Universal Inclusive Offer governance (single plan, single route) Strengthen LA inclusion leadership and system accountability Introduce locality-to-borough governance cycles (termly/annual)	Fully embed governance and shared accountability across partners Align MAT-level planning and decision-making to inclusion and sufficiency	Leadership and governance operating as business as usual Fully integrated 0–25 system with shared accountability

capacity): Strengthened LA leadership, locality leadership and system-wide accountability; leadership development across schools, MATs and partners **Governance:** Local Area SEND Inclusion Board with representation from education, ICB and social care, operating shared accountability for outcomes, commissioning and system performance. Joint performance oversight across LA, ICB and social care, enabled through a shared dashboard and aligned decision-making frameworks **Data & digital:** Shared "single version of the truth" dashboard enabling joint accountability, performance management and transparent decision-making **Co-production infrastructure:** Parent Carer Forum, Co-production Charter, structured engagement and feedback loops **Governance:** Local Area SEND Inclusion Board and clear decision-making frameworks	Embed co-production through PCF, SEND Listening Groups and CYP voice Launch shared SEND dashboard and "You said / We are doing" feedback loops	Embed co-production into delivery, assurance and redesign Strengthen data-led performance management and corrective action	Co-production embedded across all levels of decision-making System operating with high trust, transparency and confidence
Access to specialist support and local placements	Launch Experts at Hand model (all 3 tiers) Introduce SEND Specialist Navigators across localities	Fully embed SEND Navigator model and locality teams	Fully developed local SEND provision network across all localities

Enablers: **Capital & sufficiency:** Expansion of mainstream-based specialist provision (230 → 500 places); estate adaptation; locality-based sufficiency planning **Workforce:** Experts at Hand multi-disciplinary teams (EP, SaLT, OT, social care practitioners) operating through jointly commissioned, locality-based models aligned with ICB priorities **Data & planning:** Use of EHCP trends, demand forecasting and transport data to plan provision. **Joint commissioning and ICB alignment:** Education, health and care partners operating shared commissioning intentions, with the ICB and social carefully embedded in sufficiency	Establish multi-agency locality teams (EP, SaLT, OT, outreach) Implement Section 23 triage and Early Years pathways Begin expansion of mainstream resource provision (wave 2 places) Confirm access route for out-of-area post-16 providers attended by Tameside learners.	Expand mainstream-based specialist provision at scale Strengthen placement pathways so local provision is default Reduce reliance on independent placements through active review and step-down Strengthen targeted early years pathways and transitions using all multiagency workstreams	Clear, routinely used step-up and step-down pathways Independent placements limited to genuinely low-incidence need Early intervention and SEN Support pathways preventing escalation

planning, pathway design and resource allocation **System design:** Three-tier model (universal, targeted, specialist) ensuring coherent pathways, mirroring the 3 tier AP model to also be implemented			
Encouraging an inclusive culture and behaviours Enablers: **Workforce development:** Borough-wide training programme (SLCN, SEMH, neurodiversity, relational practice) **Practice frameworks:** Graduated Approach aligned to GM OAIP and Local Inclusion and Support Offer (LISO) **Co-production:** Embedding lived experience into practice expectations and evaluation **Digital/AI:** Tools to support guidance, consistency and practitioner confidence	Agree and publish shared definition of inclusion Launch Year 1 of 3-year workforce development programme (SLCN, SEMH, ND) Strengthen SENCO role and introduce inclusion champions Begin peer review, coaching and inclusive practice audit cycles	Deliver Year 2 of CPD and workforce development offer Embed: relational and trauma-informed practice inclusive curriculum and environments Scale peer improvement, coaching and sector-led learning Narrow variation in practice across schools and settings	Inclusion embedded as the default culture across all settings Workforce confident in meeting high-incidence need without escalation Consistent application of: Graduated Approach OAIP relational practice CYP experience belonging, participation and stability
Success measures over 3 years and key deliverables	**System leadership, local partnership collaboration and co-production**	**System leadership, partnership and co-production**	**System leadership, partnership and co-production**

System leadership, local partnership collaboration and co-production 0–25 Universal Inclusive Offer governance model fully implemented Locality-to-borough governance cycle established and embedded Shared SEND dashboard in routine use for performance and decision-making Co-production embedded (PCF, CYP voice, "You said / We are doing" loops) SEND Specialist Navigators established across all localities as system connectors Aligned decision-making across capital, sufficiency, transport and commissioning **Access to specialist support and local placements** Experts at Hand model fully operational across all three tiers Locality-based multi-agency teams (EP, SaLT, OT, outreach) embedded SEND Navigator model implemented borough-wide Mainstream-based specialist provision expanded and operational Clear pathways for targeted and targeted-plus support established	***(Sections 8, 9, 10–12)*** CYP not in education: 127 → 99 *(Section 8)* SEND EHE: 39 → 43 *(Section 9)* EHCNA requests: 966 → 1,000 (stabilising) *(Section 10)* Needs assessments: 577 → 430 *(Section 11)* EHCPs issued: 480 → 370 (~32% conversion from requests) *(Section 12)* **Position:** Early signs of reduced escalation and improved pathway confidence Demand stabilising but system remains under pressure at the front door Disengagement reducing overall despite fluctuation in EHE **Access to specialist support and local placements** ***(Sections 6, 7.3–7.5, 13, 17–19)*** Specialist bases: 230 → 290 *(Sections 6 / 7.3 / 13)* Total specialist capacity: 1,249 → 1,373 *(Section 13)* Independent placements: 171 → 219 *(Sections 6 / 7.5)* CYP supported without EHCP: EP: 336 → 368 *(Section 19)* SaLT: increasing reach *(Section 17)* OT: increasing reach *(Section 18)* **Position:** Capacity increasing but not yet sufficient to meet demand Independent placements rise temporarily due to lag in sufficiency delivery Early intervention improving but not yet offsetting escalation	***(Sections 8, 9, 10–12)*** CYP not in education: 99 → 75 *(Section 8)* EHE: 43 → 45 *(Section 9)* EHCNA requests stable: ~1,000 *(Section 10)* Needs assessments stable: ~430 *(Section 11)* EHCPs issued: 370 → 320 *(Section 12)* **Position:** Stronger confidence in non-statutory pathways Continued move away from reactive escalation **Access to specialist support and local placements** ***(Sections 6, 7.3–7.5, 13, 17–19)*** Specialist bases: 290 → 400 *(Sections 6 / 7.3 / 13)* Total capacity: 1,373 → 1,527 *(Section 13)* Independent placements: 219 → 301 *(Sections 6 / 7.5)* EP reach: 368 → 563 *(Section 19)* **Position:** Rapid expansion of local capacity External reliance remains a key pressure **Encouraging an inclusive culture and behaviours** ***(Sections 7, 10–12)*** EHCP issuance reduces (320 issued) *(Section 12)*	***(Sections 8, 9, 10–12)*** CYP not in education: 75 → 55 → 50 *(Section 8)* EHE: 45 → 45 → 44 *(Section 9)* EHCNA demand stable (~1,000) *(Section 10)* Needs assessments stable (~430) *(Section 11)* EHCPs issued: 320 → 260 → 220 *(Section 12)* **Position:** High-confidence system Escalation no longer default Engagement and trust significantly improved **Access to specialist support and local placements** ***(Sections 6, 7.3–7.5, 13, 17–19)*** Specialist bases: 400 → 510 → 630 *(Sections 6 / 7.3 / 13)* Total capacity: 1,527 → 1,707 → 1,877 *(Section 13)* Independent placements: 301 → 301 → 302 *(Sections 6 / 7.5)* EP reach: 563 → 765 *(Section 19)* **Position:** Strong local offer but external placement pressure remains Early intervention embedded **Encouraging an inclusive culture and behaviours** ***(Sections 7, 10–12)*** EHCP issuance reduces (220 issued) *(Section 12)*

Step-down processes from independent provision implemented Early years triage (Section 23) and pathways embedded **Encouraging an inclusive culture and behaviours** Shared definition of inclusion co-produced and embedded Three-year workforce development programme delivered SENCO strengthening programme and Inclusion Champions in place Peer review, coaching and sector-led improvement networks established Graduated Approach and OAIP consistently implemented across settings Relational, trauma-informed and inclusive practice embedded **Strengthening inclusion across education settings** Local SEND provision network established across all localities Mainstream-based resource provision and inclusion bases fully embedded Special schools operating as system leaders (outreach and workforce support)	**Encouraging an inclusive culture and behaviours** ***(Sections 7, 10–12)*** EHCP conversion reducing: ~50% → ~37% (assessment to plan) *(Section 12)* High-incidence needs: ASD: 396 → 370 *(Section 7)* SLCN / SEMH continue to grow *(Section 7)* **Position:** Early embedding of graduated approach and OAIP Reduction in reliance on statutory routes begins Earlier identification improving **Strengthening inclusion across education settings** ***(Sections 3, 6, 13)*** Total EHCPs: 3,797 → 4,157 *(Section 6)* Mainstream placements: 1,510 → 1,655 *(Section 6)* Specialist bases: 230 → 290 *(Sections 6 / 13)* EOTAS: 97 → 40 *(Section 6)* Other placements: 127 → 99 *(Section 6)* Position: Demand rising but system beginning to rebalance Reduction in fragmentation (EOTAS / other) Post-16 sufficiency improving	ASD: 370 → 350 *(Section 7)* SLCN continues to grow but increasingly supported earlier *(Section 7)* Position: Inclusive practice embedding more consistently SEN Support strengthening **Strengthening inclusion across education settings** ***(Sections 3, 6, 13)*** Total EHCPs: 4,157 → 4,754 *(Section 6)* Mainstream: 1,655 → 1,823 *(Section 6)* Specialist bases: 290 → 400 *(Sections 6 / 13)* Independent placements: 301 *(Section 6)* Position: System direction clearer but still under pressure Mainstream + base model strengthening	ASD: 350 → 370 → 390 *(Section 7)* SLCN continues to grow but managed locally *(Section 7)* Position: Inclusion embedded as system norm Focus on managing need, not reducing prevalence **Strengthening inclusion across education settings** ***(Sections 2, 3, 6, 13)*** Total EHCPs: ~4,754 → 4,967 *(Section 6)* Mainstream: 1,823 → 1,878 *(Section 6)* Specialist bases: 400 → 630 *(Sections 6 / 13)* EOTAS: → ~44 *(Section 6)* Other placements: 75 → 45 *(Section 6)* Position: More coherent, locality-based system Improved placement mix but continued overall demand growth Greater stability through sufficiency and early intervention

Clear step-up and step-down pathways across provision in place Capital programme delivered and aligned to inclusion and sufficiency SEND data dashboard implemented for forecasting and planning Digital and AI tools introduced to support communication, training and efficiency			



3 Year SEND Reform Shift



Early Help Plan on a Page



TMBC FFPP Delivery Plan

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

Tameside Local area Partnership has workstreams within the DFE building blocks that it has named:

1) A Place based system for inclusive education (Emlyn Wright SRO and AD for Education and Inclusion/Erica Douglas Osborn Principal EP and newly appointed system improvement lead)
2) Experts at Hand and specialist outreach (Hilary Cook Head of SEND/Erica Douglas Osborn Principal EP and newly appointed EAH lead)
3) A Sufficient and suitable environment for CYP with SEND (Katie Twigg- Head of Access)

Each will have leadership accountability within each of the DFE building blocks for delivery.

2026-27 Local delivery plan		**Q2**		**Q3**		**Q4**	
Workstream outline – mapped to building block ***Outcome*** *- what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*
Building block - Workstream 1 **System leadership, local partnership collaboration and co-production** **Outcomes: by the end of Year 1 we will:** A single 0–25 governance model established and operating, with clear accountability across partners Improved system coordination, with reduced CYP not in education (127 → 118) and early reduction in EHE EHCNA demand stabilised (~1,000) with reduced assessments and plans issued (577 → 430; 480 → 370) Co-production visible in practice, with families experiencing clearer pathways and improved engagement Quantifiable success measures in place across all priorities, with baseline, milestone and end-point metrics defined, and progress	*Emlyn Wright and Erica Douglas Osborn*	**single plan for universal inclusive education** Joint 0–25 Universal Inclusive Offer Programme established with agreed membership spanning Early Years, Early Help/Prevention, Education/SEND (and health/VCSE interface as required). Single "Universal Inclusive Education Plan" outline agreed (scope, objectives, decision rights, cadence, reporting lines, how it links to locality governance and borough sign-off). **Strengthened LA leadership team** Inclusive System Improvement Lead role appointed Leadership	**Metrics that begin to move** **System responsiveness** Section 8 – CYP with SEN not in education → Backlog begins to stabilise or reduce as placement flow improves. Baseline confirmed for placement profile, transport costs and locality distribution. **What we start to see** Faster problem solving for children out of education.	**Single plan goes live** Universal Inclusive Education Plan published (Version 1) with clear ownership, governance and delivery cadence. Cross-system delivery meetings commence (routine attendance, decision log established). **Inclusive System Improvement Lead in post** Inclusive System Improvement Lead appointed and mobilised, with 90-day delivery plan agreed. Leadership "grip" mechanisms operating **Board-level accountability structures live (locality → borough)** Locality Universal Inclusion	**Metrics that show directional change** **Proportionality (refined)** Section 12 – EHCPs issued → More consistent conversion rates across localities. Early evidence of increased local capacity in targeted localities. **What we start to see** Reduced variation between settings.	**single plan embedding•** Universal Inclusive Education Plan begins to embedded by system improvement lead. Data systems and external and internal governance ensure tight leadership oversight **Board-level accountability structures live (locality → borough)** Borough-level governance receives first locality reports, signs off corrective actions and publishes Tameside's first universal offer document. **Systemic support (SLCN, ND, SEMH)** Steering groups deliver priorities (implementation	**Metrics that show Year 1 success** Placement profile stabilised; trajectory no longer worsening. **What we start to see** Positive improvements in inclusion indicators for SEND children Strong narrative coherence between Experts at Hand activity and data. Stable trends, slower growth, clearer system control. A credible platform for Year 2 reductions and

reviewed through an iterative "test, learn and refine" approach, including pilot activity to inform scaled implementation Structured and meaningful engagement of children, young people and parents in strategic planning, including formal mechanisms such as SEND Listening Groups, co-production forums, and representation within governance boards, ensuring lived experience informs decision-making, service design, and continuous improvement **Deliverables** 0–25 Universal Inclusive Offer governance model fully implemented, with defined roles, responsibilities and quantifiable success measures (including baseline, milestone and end-point metrics), reviewed through an iterative "test, learn and refine" approach Locality-to-borough governance cycle established and embedded, with clear escalation routes and consistent reporting, supporting continuous improvement and alignment across the system Shared SEND dashboard in routine use for performance and decision-making, providing visibility of agreed metrics across all priorities and enabling tracking of progress and impact over time. Co-production embedded (PCF, CYP voice, "You said / We are doing" loops), with structured and meaningful engagement of children, young people and parents in strategic planning, including SEND Listening Groups, co-production forums, and representation within governance boards SEND Specialist Navigators established across all localities as system connectors, supporting access, coordination and improved experiences for families		structure confirmed (roles, delegated authority, escalation). **Board-level accountability for universal offer (locality → borough)** Locality governance model agreed (what is reviewed locally, what escalates, how locality data informs decisions). Borough-level sign-off route agreed (which board signs off the universal offer plan; termly sense-check; annual refresh). Universal Offer governance cycle documented (including who owns the plan and who assures it). **Systemic support (SLCN, ND, SEMH)** Three steering groups convened with terms of reference and delivery responsibilities (linked to existing structures and GM – decision to stand up / step down required) 3-year programme cycle defined (opt-in sequence, capacity plan, how schools/settings prioritise, completion expectations). Programme selection and "offer menu" confirmed (what is included under SLCN/ND/SEMH and how it links to universal/targeted/targeted-plus). eg Link and monitor engagement of settings in DFE funded programmes such as NELI language screening. **Parent/carer voice & CYP strategic feedback routes** SEND Parent Carer Advisory Board model agreed (membership incl PCF, purpose, decision influence, cadence).		implementation boards commence using locality data to monitor inclusion and experience. Borough-level governance receives first locality reports, signs off corrective actions and confirms universal offer plan. **Systemic support (SLCN, ND, SEMH)** Steering groups deliver Year 1/2 crossover priorities (implementation support, programme recruitment, training schedule). Schools/settings opt-in wave 1 launched (priority order and completion plan agreed) all schools and settings engaged in year 1 of programme. **Parent/carer voice + CYP feedback embedded** SEND Parent Carer Advisory Board convened and operating with documented influence into decisions. SEND Big Listen launched in Tameside CYP feedback route operational (first strategic summary produced). First "You said / We are doing " published covering at least one universal offer decision.		support, programme recruitment, training schedule). Monitoring of implementation in year 1 **Parent/carer voice + CYP feedback embedded** SEND Big Listen in Tameside responded to CYP feedback route operational (first strategic summary produced). Planning commenced for SEND Local Offer Live	deeper inclusion impact.

Aligned decision-making across capital, sufficiency, transport and commissioning, informed by data, sufficiency modelling and ongoing evaluation, including learning from pilot activity to inform scale-up and development of iterative plans. Quantifiable success measures in place across all priorities, with baseline, milestone and end-point metrics defined, and progress reviewed through an iterative "test, learn and refine" cycle, including pilot activity to inform scaled implementation		CYP voice mechanism designed via revised participation strategy (how CYP feedback is gathered, how it reaches strategic boards, how "you said/we are doing " is published).					
Building block – Workstream 2 **Access to specialist support and local placements** **Outcomes: by the end of Year 1 we will:** Experts at Hand operational across all tiers SEND Specialist Navigators and multi-agency teams embedded locally Specialist bases expanded (216 → 316), increasing local capacity Increased early intervention (EP and specialist support at SEN Support) Initial reduction in escalation, with independent placements beginning to stabilise **Deliverables** Experts at Hand fully implemented (universal, targeted, targeted plus) Multi-agency locality teams (EP, SaLT, OT, outreach) embedded SEND Navigator model established borough-wide Expanded mainstream-based specialist provision operational Clear targeted and targeted-plus pathways in place Step-down processes from independent provision introduced Early years triage (Section 23) pathways embedded	*Hilary Cook*	**Early Years Forum + Best Start inclusion practitioners & Section 23 triage model** Early Years Forum established (terms of reference, membership, cadence, agenda). Best Start Inclusion Practitioners role scope agreed (functions, pathways, referral routes, links to family hubs and early help). Section 23 single point of entry design agreed **Mobilisation of EaH (Launching and Early Use)** *Make Experts at Hand visible and available to schools and families.* *Key milestones* Launch locality based, multi agency Experts at Hand teams providing consultation, modelling and problem solving support. Deploy SEND Specialist Navigators to support coordination for schools and families. Begin structured auditing of inclusive practice and graduated response quality in participating schools. Strengthen access to local	**Metrics that begin to move** No further growth in independent or out-of-borough placement numbers. **What we start to see** Faster problem solving for children out of education. Parents receiving clearer, more consistent guidance.	**Early Years Forum + Best Start Inclusion Practitioners & Section 23 single point of entry** Early Years Forum running to cadence with clear action tracking. Best Start Inclusion Practitioners deployed and operating as link between universal EY settings, targeted interventions and specialist routes. Section 23 single point of entry live **Embedding (Consistency and Confidence) in EaH** *Ensure expert support is used consistently and begins to influence system behaviour.* *Key milestones* Embed Experts at Hand as a routine and trusted route for supporting emerging needs. Ensure SEND Specialist Navigators provide continuity and coordination for children with more complex needs. Strengthen Assess–Plan–Do–Review processes through expert input. Use audit findings and feedback to refine expert deployment, targeting	**Metrics that show directional change** **Early inclusion shift** Section 6 – EHCPs by provision type → Early increase in EHCP pupils supported in mainstream or specialist bases. SEN transport costs stabilised with few additional long-distance high-cost routes commissioned. **What we start to see** Greater confidence in mainstream decisions.	**Early Years Forum + Best Start Inclusion Practitioners & Section 23 single point of entry** Early Years Forum running to cadence with clear action tracking. Best Start Inclusion Practitioners deployed and operating as link between universal EY settings, targeted interventions and specialist routes. Section 23 single point of entry live **System support and provision delivery** Commence on-site delivery for first tranche of approved resource provision projects. **Sufficiency and commissioning** Final locality-based sufficiency plans signed off and used to inform commissioning. **Engagement between specialist and mainstream** • Establish formal engagement arrangements between special schools and mainstream settings for system support.	**Metrics that show Year 1 success** A higher proportion of new EHCP placements made locally where appropriate. Slowing transport growth Section 3 – SEN transport expenditure → Growth rates slow, even if reductions are not yet achieved. **What we start to see** A credible platform for Year 2 reductions and deeper inclusion impact.

		targeted interventions, informed by expert advice rather than escalation. Establish routine feedback loops with schools and families on access, timeliness and usefulness of support. **Capital, sufficiency and planning alignment** Confirm programme governance and reporting arrangements for capital and sufficiency. Finalise locality level demand and provision analysis using the data template. Agree delivery priorities with MAT estates and operating leads. Apply transport impact assessment methodology to all approved and pipeline projects.		highest impact support. •Track early directional change in data linked to Experts at Hand (stabilising escalation, increased support without EHCP). **System provision delivery** Commence on-site delivery for first tranche of approved resource provision projects. **Sufficiency planning** Final locality-based sufficiency plans signed off and used to inform commissioning. **System partnership working** Establish formal engagement arrangements between special schools and mainstream settings for system support.			
Building block – Workstream 3 **Encouraging an inclusive culture and behaviours** **Outcomes** Shared understanding of inclusion established across settings Early embedding of Graduated Approach and OAIP Workforce confidence improving through training programme EHCP conversion reduced (~50% → ~37%), indicating stronger early support Schools increasingly meeting need without escalation **Deliverables** Co-produced definition of inclusion embedded Year 1 of 3-year workforce development programme delivered SENCO strengthening and Inclusion Champions established Peer review, coaching and sector-led improvement in place	*Emlyn Wright and Erica Douglas Osborn*	**School/setting-led inclusion review & peer review network** GMOAIP and GA strategic delivery group (MATs and Schools) commences Design of SEND & Inclusion Review process agreed (criteria for selection, methodology, outputs, improvement follow-up). Peer review network model agreed (membership, coaching approach, how it links to inclusion standards and continuous improvement).	**Metrics that begin to move** **Early intervention** Sections 17–19 – CYP supported without EHCP → Increased tracking of support outside statutory plans. **What we start to see** Schools using expert advice earlier.	**Inclusion review and peer review network launch** SEND & Inclusion Review process launched with first cohort of settings identified by data. Peer review network launched (coaching cycles running; shared learning outputs captured). **Right to Succeed programme starts in 20 schools** Wellcomm screening and baseline complete in participating schools. Universal CPD delivered (wave 1) and targeted funding allocations confirmed. Implementation support cycle begins (coaching/check-ins and early impact monitoring).	**Metrics that show directional change** **Workforce shift begins** Sections 15–16 → Evidence of redeployment towards SEN Support/advisory activity. **What we start to see** Greater confidence in mainstream decisions. Less reactive escalation.	**Inclusion review and peer review network launch** SEND & Inclusion Review process launched with first cohort of settings identified by data. Peer review network launched (coaching cycles running; shared learning outputs captured). **Right to Succeed programme starts in 20 schools** Wellcomm screening and baseline complete in participating schools. Universal CPD delivered (wave 1) and targeted funding allocations confirmed. Implementation support cycle begins (coaching/check-ins and early impact monitoring). **Embedding (Consistency and Confidence)**	***Metrics that show Year 1 success*** *Early intervention Sections 17–19 → Clear increase in CYP supported effectively without EHCP.* ***What we start to see*** *Strong narrative coherence between Experts at Hand activity and data.*

Graduated Approach and OAIP consistently implemented Relational, trauma-informed and inclusive practice embedded						*Ensure expert support is used consistently and begins to influence system behaviour.* *Key milestones* • Embed Experts at Hand as a routine and trusted route for supporting emerging needs. • Ensure SEND Specialist Navigators provide continuity and coordination for children with more complex needs. • Strengthen Assess–Plan–Do–Review processes through expert input. • Use audit findings and feedback to refine expert deployment, targeting highest impact support. • Track early directional change in data linked to Experts at Hand (stabilising escalation, increased support without EHCP).	
Building block – Workstream 4 Strengthening inclusion across education settings **Outcomes** Local provision capacity increased, particularly specialist bases More CYP supported in mainstream/local provision (1,510 → 1,655) Early reduction in fragmentation: EOTAS: 97 → 40 Other placements: 127 → 99 System beginning to shift from reactive placement to planned sufficiency **Deliverables** Local SEND provision network established across localities Mainstream-based resource provision and inclusion bases embedded Special schools operating as system leaders Step-up and step-down pathways across provision established	*Katie Twigg*	**Data system leadership (ownership & alignment to outcomes)** Named data strategy owner appointed for inclusive local offer (LA lead role agreed). **Data strategy and dashboard development** Draft data strategy brief agreed: what will be monitored, how data informs decisions, and minimum dataset for the Universal Inclusive Offer and locality governance. Dashboard requirements signed off (operational data + strategic outcomes alignment). **Data sharing agreements & digital infrastructure** Data sharing workstream launched with named leads (education, health, care). Inventory of current	**Metrics that begin to move** **Parental confidence (early signal)** Section 9 – CYP with SEN in EHE → Growth in SEND related EHE slows or plateaus. **What we start to see** Parents receiving clearer, more consistent guidance.	**Dashboard and data strategy operationalisation** Dashboard Phase 1 live for governance use (locality view & borough view), showing agreed "single version of truth" measures. Data-to-decision routine established (dashboard reviewed in locality meetings and at borough board; actions logged and tracked). **Data sharing agreements begin operating** Initial data sharing agreements signed (or agreed in principle and operationalised for priority pathways). Minimum dataset and lawful sharing process implemented for early years pathway and	**Metrics that show directional change** **Stabilising cost pressures (early)** Section 2 – Unit cost of support → Costs stabilise; upward acceleration slows. **What we start to see** Reduced variation between settings.	**Dashboard and data strategy operationalisation** Dashboard Phase 1 live for governance use (locality view & borough view), showing agreed "single version of truth" measures. Data-to-decision routine established (dashboard reviewed in locality meetings and at borough board; actions logged and tracked). **Data sharing agreements begin operating** Initial data sharing agreements signed (or agreed in principle and operationalised for priority pathways). Minimum dataset and lawful sharing process implemented for early	**Metrics that show Year 1 success** Expect to see quarter 3 to quarter 3 the previous year improvements in metrics relating to SEND: attendance (improved), PA and SA (reduced), suspension rate (reduced), 2+ suspension rate (reduced), Permanent Exclusion rate (reduced),

Capital programme aligned to inclusion and sufficiency priorities SEND data dashboard implemented for planning and forecasting Digital and AI tools introduced to support communication, training and efficiency		systems/data flows completed (what exists, gaps, legal/technical barriers). Draft data sharing agreement framework developed (lawful basis, purpose, minimum fields, access controls).		Universal Inclusive Offer monitoring.		years pathway and Universal Inclusive Offer monitoring.	requests for EHE because of unsuitable provision (reduced), mainstream school moves for children with SEND without a change of postcode (reduced). Stabilising cost pressures Section 2 → Sustained cost stabilisation rather than continued escalation. Parental confidence Section 9 – CYP with SEN in EHE → Growth halted or marginally reversed.

Projected Investment Spend per quarter

Total Spend

Categories of Spend	Cost Q2	
Administration costs for delivery -Experts at Hand (Grade K-£76000) -Experts at Hand Team Manager (Grade J-£67000) - Administrator (Grade C - £33000) Finance contribution to new post (£28000)	£204000	10% of total grant
Transformation costs -Digital Delivery £56000) - Transformation staff £102000	£204000	10% of total grant

Categories of Spend	Cost Q1
Administration costs for delivery	£68000
Transformation costs	£68000
EPS Costs	£100000
SALT and OT/Other Health support	£179000
Specialist Teachers	£166000
Specialist Outreach	£100000

Categories of Spend	Cost Q2
Administration costs for delivery	£68000
Transformation costs	£68000
EPS Costs	£100000
SALT and OT/Other Health support	£179000
Specialist Teachers	£166000
Specialist Outreach	£100000

Categories of Spend	Cost Q3
Administration costs for delivery	£68000
Transformation costs	£68000
EPS Costs	£100000
SALT and OT/Other Health support	£179000
Specialist Teachers	£166000
Specialist Outreach	£100000

Directly accountable to the SRO. -Finance contribution to new Post (£46000)						
EPS Costs	£300000	80% of total grant £1637317				
SALT and OT/Other Health support -SALT/OT capacity Increased -LA Sensory OT -Speech and language therapist (SaLT) advanced practitioners	£537000					
Specialist Teachers -SEND specialist Navigators x 8 4 x Specialist Navigator 4 x Deputy Specialist Navigator	£350000 £150000					

- Non-traded specialist teachers					
Specialist Outreach	£300000				


EXPERTS AT HAND PRE PLANNING Q1


Projected changes in EHCP & DSG over Yea

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

We will deliver the first-year plan through a structured programme management approach with sufficient capacity across operational services and corporate functions. Transformation funding will support the appointment of a dedicated SEND Reform Implementation Lead, reporting to the Assistant Director for Education and Inclusion (SRO), alongside programme support. A monthly delivery board and quarterly partnership assurance cycle will provide oversight, pace and accountability, with clear management of risks, issues, dependencies and benefits.

Workforce capacity will be strengthened through a redesigned SEND leadership model, increasing commissioning capability and establishing dedicated leadership for reform delivery, including Experts at Hand (EAH) and system improvement. This will ensure sufficient capacity to deliver both service improvement and business-as-usual performance, aligned with matrix working across education, early years and family services. Key components of this restructure are:

- Additional SEND and AP commissioning capability
- SEND leadership capacity to include addition of 2 x Deputy Head of SEND posts to lead on SEND Reform Implementation and EaH.
- A system improvement coordinator to drive system level improvement to ordinarily available practice and other SEND school improvement matters

Corporate functions will be integrated into delivery to strengthen financial management, sufficiency planning and commissioning oversight. This will include routine monitoring of placement and transport spend, enabling early intervention on emerging pressures and supporting value-for-money decisions.

Data and analytics capability will be enhanced through a dedicated SEND data role within the corporate performance function. A shared "single version of the truth" will be established through integrated dashboards covering demand, delivery, outcomes and experience. These will be embedded within governance, enabling continuous performance monitoring, data-informed decision making and timely corrective action to ensure delivery remains on track.

7. **Other funding** .

Block Transfers:

For 2026–27, Tameside has agreed a block transfer from the Schools Block to the High Needs Block to support the delivery of its Alternative Provision (AP) strategy, responding to rising exclusion rates, increasing complexity of need, and growing statutory pressures under Section 19 of the Education Act 1996. This transfer directly aligns with the local partnership's wider SEND recovery and inclusion priorities.

To support implementation, 0.5% of the High Needs Block will be allocated to the AP strategy and the creation of additional AP places, ensuring provision is responsive, flexible and sustainable. The strategy is explicitly aligned to the DfE's three-tier AP framework.

The block transfer will enable Tameside to respond to current pressures, where AP placement costs for permanently excluded pupils exceed £2.6m, with existing providers operating at or near capacity. Funding will support the expansion of local AP places, development of new partnership-based models, and improved flow between tiers, enabling movement back towards mainstream wherever possible. It will also fund dedicated capacity through SEND and AP commissioners who will lead this work on a four part model that tests is provision is: safe, effective, value for money and / or does it need transformed.

The strategy is underpinned by a strong commitment to early intervention and integrated family support, aligned with Families First, ensuring difficulties are addressed before crisis escalation. In addition, funding will support improved commissioning and oversight of Section 19 arrangements, ensuring suitable, high-quality education and improved value for money for the most vulnerable learners.

Capital strategy (High needs capital 2026–2030)

Tameside will use its £5m high needs capital allocation to deliver a planned, locality-based expansion of inclusive SEND provision across the 0–25 system. Investment will be driven by live demand data, including EHCP trends, placement patterns and transport demand, and reviewed through partnership governance to ensure delivery remains responsive, evidence-led and aligned to sufficiency priorities.

Inclusion bases as the primary route to local capacity (0–25)

The primary focus of capital investment is the expansion of inclusion bases within mainstream settings as the default route to meeting need. Delivery will (wherever possible) prioritise adaptation and repurposing of existing estate to maximise pace, value for money and integration with whole-setting inclusive practice. Provision will focus on need types where enhanced mainstream-based support is most effective, including ASC, SLCN and SEMH. Capacity will increase from 230 to 620 places by

2029, including 60 places in 2026–27, with development phased across localities to improve geographic access. Planned growth is informed by JSNA analysis, with initial focus on Ashton, Dukinfield and Droylesden.

A coherent borough-wide network of inclusion bases will ensure children and young people can access appropriate provision locally. Settings will be selected through structured engagement with the education system (importantly via our newly formed MAT CEO network), aligned with estates strategies, capacity and agreed quality expectations. Demand and sufficiency will be tracked by phase and locality to ensure capacity growth reflects need and supports access for all who require inclusion base provision.

Capital investment will also improve the suitability of the mainstream estate through targeted adaptations, including repurposed space, specialist environments and reasonable adjustments to strengthen accessibility and inclusive learning. Innovative uses of capital, including assistive technology, will support inclusive practice across settings.

Reducing travel and strengthening local pathways

All proposals will be subject to transport impact assessment, with transport demand and cost monitored alongside placement patterns. As local capacity grows, reliance on out-of-borough placements will reduce, improving children and young people's experience and stabilising transport demand.

Mainstream estate adaptations and accessibility

Capital investment will improve the suitability of the mainstream estate through targeted adaptations, including refurbishment and repurposing of underutilised space, development of specialist teaching and therapeutic environments, and reasonable adjustments to enhance accessibility and inclusive learning. These improvements will support the effective integration of inclusion bases within mainstream settings and strengthen whole-school inclusive practice, increasing local capacity and enabling more children and young people to be supported in mainstream provision. Where appropriate, innovative uses of capital, including assistive technology, will be deployed to further enhance inclusion and ensure environments are responsive to a wide range of needs, in line with the local accessibility strategy and sufficiency priorities.

Special school expansion (exceptional and evidence-based)

While inclusion bases remain the central strategy, a small number of children with highly complex needs require provision that cannot be met in mainstream settings. Tameside will therefore progress limited, evidence-based expansion within two special schools and review SEMH provision. This approach is tightly controlled and justified through detailed sufficiency analysis, with inclusion-led provision remaining the primary mechanism for meeting demand.

As a legacy of poor SEND leadership, the Local Authority remains reliant on a significant number of maintained out-of-borough, or over capacity placements in Tameside placements (369). As part of its sufficiency strategy, Tameside aims to develop a modest increase in local specialist capacity to reduce this reliance, improve outcomes for children and young people, and strengthen continuity of provision. A particular focus will be placed on securing clearer, more strategic pathways from primary specialist placements into appropriate secondary specialist provision, where we currently have challenges amounting to ~100 places where there is no clear match up in provision across key stages. This is a particular issue in post 16 where work is ongoing to ensure we have appropriate provision, post 16 college pathways for CYP with SEND.

To underpin this work, a comprehensive, child-centred review of specialist provision and placement sufficiency will be undertaken. This will ensure that future developments are informed by a detailed understanding of need, demand, and the most effective use of specialist places across the borough.



Tameside SEND Sufficiency Strategy 2

System partner and stakeholder engagement, and co-production.

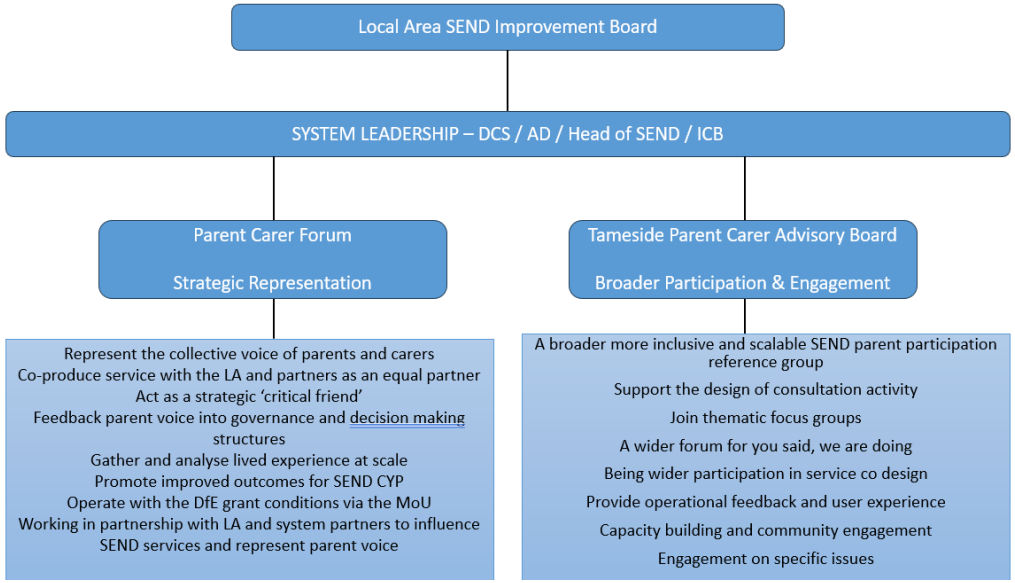
Engagement has been a key element in shaping this roadmap and reflects a strengthened approach set out in Tameside's Co-production Strategy. It marks a shift from engagement as consultation to using it as a precursor to co-production and as a continuous, embedded way of working—where children, young people (CYP), families and partners shape design, governance, implementation and assurance. This builds on past partnership working while recognising previous experiences of families, creating a clearer, more relational foundation for sustained improvement.

The Tameside local area partnership will develop and implement this plan through ongoing, purposeful engagement, building shared ownership, accountability and trust across education, health (including ICB and public health), social care and the voluntary sector. Given the pace and scale of change, the approach prioritises clarity, consistency and follow-through. Engagement is aligned to core minimum requirements, ensuring partners shape delivery models, access routes, governance and success measures throughout implementation.

A key foundation is the Co-production Charter, developed with the Council for Disabled Children and co-produced with parents, carers and practitioners. It provides a shared framework to reset relationships, agree decision-making, and ensure improvement is relational as well as procedural. Parents and carers are engaged through the Parent Carer Forum, alongside wider parent groups and the voluntary sector. This includes adopting Contact's "Genuine Partnerships" as a minimum co-production benchmark to ensure consistency and strengthen practice. The model underpins engagement with all stakeholders and is reinforced through the principle that "co-production is everyone's business," with systematic auditing across the local area to ensure education, health, social care and the voluntary sector demonstrate visible and

measurable improvements for CYP and their families. In addition to the PCF, the Local Authority will work with a wider range of parent support groups through a memorandum of understanding to establish clear ways of working and strengthen parental engagement in strategic planning.

Alongside this, a strengthened participation model is being developed with our PCF, enabling a wider range of parent voices to contribute to service design, provide operational feedback and strengthen community engagement. This complements the PCF's strategic role by extending reach and strengthening feedback into decision-making structures through the formation of the Tameside Parent Carer Advisory Board. This is demonstrated below:



The approach reduces duplication, clarifies routes for influence and ensures participation shapes priorities, delivery and review. CYP contribute through schools, post-16 providers and targeted participation, with a strategic voice influencing design and governance. Transparency is strengthened through termly "You said / We are doing" updates.

Education partners have engaged at scale across all phases, and engagement will remain developmental, focusing on consistent implementation of OAIP, the graduated approach and access to Experts at Hand.

The roadmap reflects this co-produced foundation, setting out a phased shift from reactive, statutory-led systems to proactive, inclusion-led support across the 0–25 continuum, with a strong focus on early years and post-16 preparation for adulthood.


Tameside Co-production Charte


Genuine Partnership Coproduction Audit


Genuine Partnerships Coproduction Guidan


Co-production narrative


Parent Carer Voice Organisation Planning

8. Risks and Mitigations

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG	Risk Owner
Inability to evidence impact and fully realise early intervention benefits.	Reduced sustainability, missed prevention opportunities, and difficulty demonstrating value.	Possible		• Clear outcome framework (timeliness, avoided escalation, user feedback) • Integrated data dashboards • Embedding SEND in Family Hubs and early years provision • Regular performance review and adaptation		Head of SEND
Variable engagement, confidence and inclusive practice across schools and providers.	Inequitable access, inconsistent outcomes, and reduced system impact of reforms.	Likely		• Strong sector engagement via MATs, head forums, SENCO networks • OAIP rollout and QA processes • Partnerships with special schools • Use of early adopters and case studies		Principal EP/School Partnership Head of Service
Provision (particularly inclusion bases and specialist places) does not keep pace with demand within	Pressure on high-cost placements, failure to meet	Likely		• Phased capital programme using existing estate • Demand forecasting and in-year		Head of Access

available resources.	sufficiency, and long-term financial risk.			review cycles • Prioritisation of inclusive local provision • Demonstrating cost avoidance and aligning commissioning		
Insufficient and unstable workforce capacity across education, health, and care to deliver reforms consistently.	Delays in support, increased escalation to EHCPs/specialist placements, reform fatigue, and inconsistent delivery.	Possible		• Phased implementation and prioritisation • Advice & guidance model (Experts at Hand) to extend reach • Workforce development and MDT approaches • Service redesign in SALT, OT and ND pathways		AD Education and Inclusion (SRO) and ICB Place Based Lead for Tameside.
Lack of a shared, coherent understanding and alignment of SEND reform models (e.g. Experts at Hand, Graduated Approach, Family First) across education, health and care.	Fragmented delivery, duplication, inconsistent practice, and reduced confidence from schools and families.	Possible		• Co-produced system-wide frameworks and clear documentation • Alignment through SEND Improvement Board and Family First governance • Embedding via SENCO networks, workforce training, and partnership structures		SEND Reform Implementation Lead

A full overview of identified risks is below in the attachment:



Full Overview of all risks

9. **Dependencies**

The local area partnership's proposed SEND future state and delivery roadmap has been developed with a clear understanding of its dependency on wider national and local reforms. These dependencies create both opportunity and risk; therefore, the partnership will actively align, sequence and adapt delivery, using structured governance and continuous monitoring to ensure sustained progress for children and young people with SEND during periods of system change.

A key enabler is the explicit positioning of SEND as a distinct fourth pillar within Family First delivery planning, aligned to Priority Action Plan Strand 2. This ensures SEND is embedded within children's system reform rather than operating in isolation. The SEND Local Area Improvement Board provides shared governance across education, health and social care, maintaining alignment between reform activity and SEND outcomes. This will mitigate the risk of fragmented delivery by ensuring consistent oversight, escalation and decision-making across partners.

Children's Social Care reform and Family First represent a combined dependency. Tameside's model is strengthened by a Children's Social Care commissioner with oversight of SEND, providing clear system leadership across commissioning, sufficiency, workforce and delivery. In the short term (2026), SEND improvement activity is integrated through aligned graduated approaches, shared auditing and consistent practice standards. In the medium term (2026–27), roles and interfaces will be reviewed as national reforms are implemented, ensuring clarity of responsibility. Longer term, commissioning and sufficiency planning will be fully aligned. If national reforms are delayed or implemented unevenly, local delivery will continue through established Family First structures to maintain continuity.

Best Start in Life, including Family Hubs, is a critical dependency for early identification and intervention. SEND pathways are being co-designed within Family Hub delivery, supported by Ordinarily Available Inclusive Provision (OAIP) in early years. In 2026–27, delivery will be refined in line with national policy; however, Family Hubs provide a stable local platform to mitigate policy or funding uncertainty and ensure early support remains in place.

NHS reform is a significant dependency, particularly in relation to workforce capacity and commissioning models. The SEND future state relies on increased health input through early intervention and advisory approaches. Tameside is working with the Greater Manchester ICB to align local plans with evolving regional models, including neurodevelopmental pathways. Short-term delivery will be secured through joint governance and phased implementation of Experts at Hand (EAH). If workforce growth or pathway reform is slower than anticipated, interim local models and targeted deployment of existing services will ensure continued access to support. Medium and long-term commissioning will align to regional arrangements as they mature.

The Curriculum and Assessment Review and Accountability Framework are s also a key dependency. OAIP and graduated response work will strengthen inclusive practice in the short term, while local guidance, quality assurance and workforce development will adapt to national changes over time. This will be supported by strengthened education partnership capacity, ensuring consistent engagement with schools and trusts and enabling coordinated system leadership throughout reform.

Section 3 – Monitoring and Evaluation

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

Monitoring tools and processes

Tameside is developing a central SEND operational data dashboard, initially produced through DfE Inclusion Support Funding and being further refined to support SEND reform delivery. The dashboard will act as the primary monitoring tool, bringing together education, health and care data into a shared, accessible view for partners. This will enable consistent tracking of delivery across the system and reduce reliance on fragmented or retrospective reporting. This will also be utilised in a Q1 implementation of the LA Education Team Performance and Assurance framework.

Data will be used to monitor demand, service delivery, service quality and outcomes. Demand will be tracked through indicators such as requests for EHCP needs assessment, assessment timeliness, tribunal activity and trends in complexity of need. This will allow the partnership to understand pressure points and respond proactively to rising demand. Service delivery will be monitored through measures such as deployment of specialist services (for example speech and language therapy capacity), progress against workforce plans, and the number and type of education places commissioned or created, including specialist and alternative provision. These metrics will be aligned to delivery milestones in the Priority Action Plan to ensure that planned activity translates into tangible system capacity.

Service quality will be monitored using a combination of performance and experience data. This will include EHCP quality assurance activity, timeliness against statutory processes, and feedback from parents and carers through surveys, engagement events and complaints themes. This ensures that compliance measures are balanced with insight into lived experience. Outputs and early outcomes will be tracked through indicators such as pupil attendance, suspensions and exclusions, placement stability and destination data. Over time, this will support a stronger focus on the impact of reforms on inclusion and longer-term outcomes rather than activity alone.

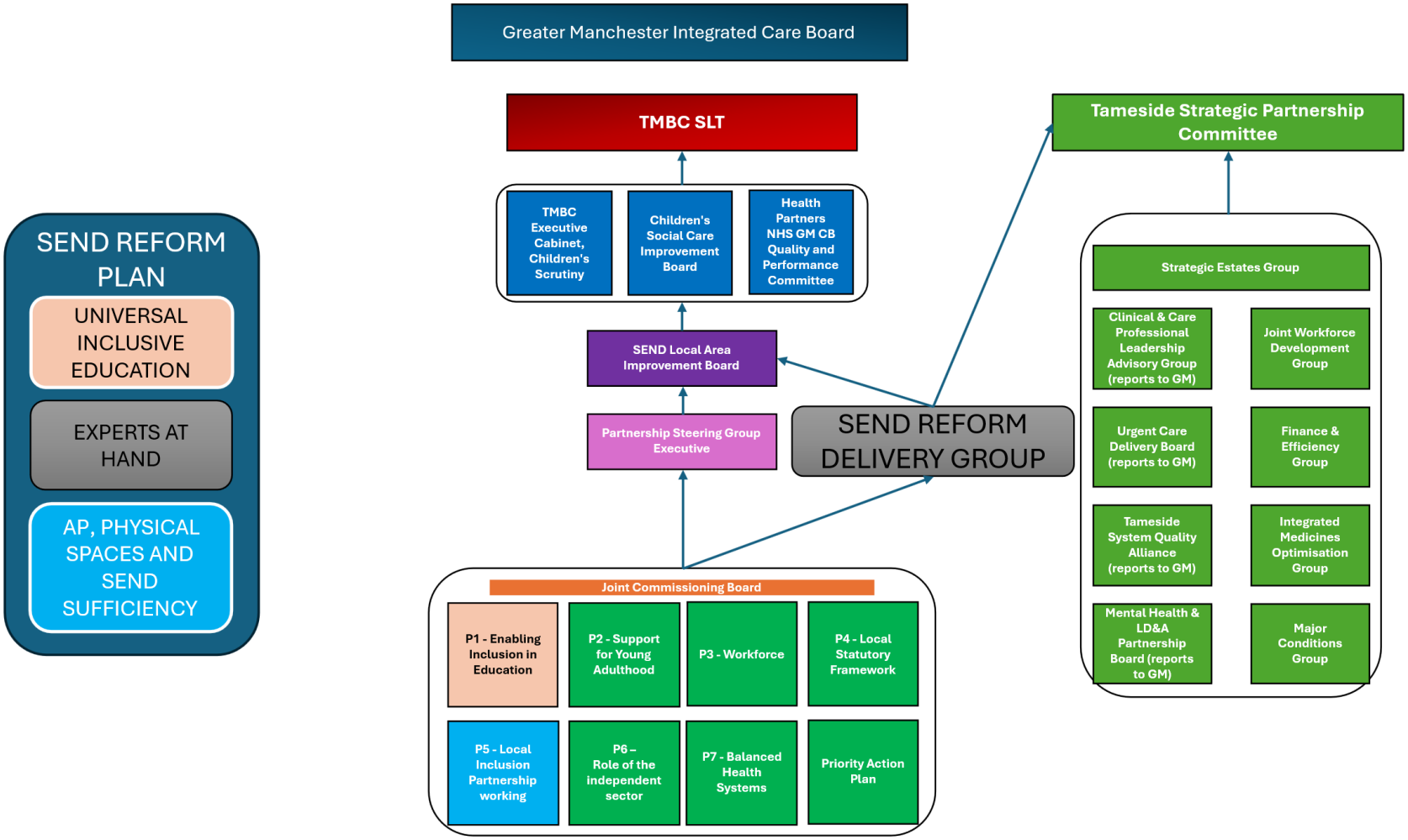
The SEND dashboard will be used weekly at an operational level to support real-time management of demand and delivery, and monthly at a strategic level through review of agreed SEND Key Performance Indicators. Performance information will inform prioritisation, resource deployment and commissioning decisions.

Feedback and adaptation mechanisms

Structured feedback loops sit alongside quantitative monitoring to ensure that delivery remains responsive and adaptive. Regular engagement with children, young people and parent carers will provide qualitative insight into whether reforms are making a meaningful difference. Feedback will be gathered through parent carer forums, co-production activity, surveys and casework themes, and considered alongside performance data. This will be reported to our Local Area SEND Improvement Board.

Operational intelligence from schools, settings and frontline practitioners will also play a key role. Routine dialogue, informed by shared data, will support problem-solving and rapid adjustment where approaches are not delivering the intended impact.

Governance forums, including the SEND Reform Delivery Group and SEND Local Area Inclusion Board, provide clear mechanisms for reviewing progress, challenging underperformance and agreeing corrective action. This ensures that learning from data and feedback is translated into system change. Through this integrated approach to monitoring, feedback and adaptation, the local area partnership will maintain a clear line of sight from delivery activity to outcomes, ensuring SEND reform remains on track and focused on sustained improvement.



11. **Reporting to DfE**

SEND DATA TEMPLATE JUNE 2026 SENT TO DFE as part of REFORM SUBMISSION

Section 4 – Governance

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

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?*
SEND REFORM DELIVERY GROUP	The SEND Reform Delivery Group provides strategic oversight of the local SEND Reform programme. Chaired by the Director of Children's Services, it oversees accountable reform workstreams prepared by the Senior Responsible Officer. The Group monitors progress against the SEND Reform Plan, including delivery milestones, risks	The SEND Reform Delivery Group comprises senior system leaders with responsibility for SEND improvement and reform. Membership includes: • Chair: Director of Children's Services (DCS) • Senior Responsible Officer (SRO) for SEND Reform (Emlyn Wright AD for	The SEND Reform Delivery Group meets on a regular scheduled basis, typically monthly, to review progress against the SEND Reform Plan, monitor delivery risks, and provide strategic direction and challenge.	The SEND Reform Delivery Group has the authority to: • Agree priorities, sequencing and focus across SEND Reform workstreams • Approve delivery plans, milestones and adjustments to the SEND Reform Plan	The SEND Reform Delivery Group can escalate issues, risks or decisions as follows: • Upwards through the SEND governance structure to the SEND Local Area Improvement Board and

	and impacts, and tracks progress towards agreed reform outcomes over time, providing challenge and direction where needed.	Education and Inclusion) • Local Authority senior leads for SEND, education, inclusion and commissioning • Health representation, including the Integrated Care Board (ICB) / NHS SEND lead • Parent Carer Forum (PCF) representation • Other key partners as required, such as social care and early help leads The Group brings together key local authority, health and parent carer stakeholders to provide system-wide oversight and		• Challenge performance and require corrective action where progress is off-track • Manage and escalate strategic risks and issues to corporate or partnership governance as required • Commission further work, assurance or deep dives to support reform delivery The Group does not replace statutory decision-making bodies but provides clear strategic direction and accountability for the	the Partnership Steering Group Executive for system-level resolution. • Within the Local Authority to TMBC Senior Leadership Team (SLT), and where required to Executive Cabinet, Children's Scrutiny or the Children's Social Care Improvement Board.

		assurance of SEND Reform delivery.		delivery of SEND Reform outcomes.	• Across health partners to the NHS Greater Manchester Quality and Performance Committee and, if necessary, the Greater Manchester Integrated Care Board (ICB). • Across the wider place-based system to the Tameside Strategic Partnership Committee, including relevant

					thematic partnership boards and groups. This ensures clear routes for escalation across local authority, health and strategic partnership governance where decisions or support are required beyond the remit of the Delivery Group.
SEND LOCAL AREA IMPROVEMENT BOARD	The SEND Local Area Improvement Board provides system-wide strategic oversight and assurance of SEND performance and improvement across the local area. Its core function is to oversee delivery of the SEND Improvement and	The SEND Local Area Improvement Board comprises senior leaders with system accountability for SEND, including: • External Chair: Director of Children's Services (DCS) from Bolton LA	The SEND Local Area Improvement Board meets on a regular basis, typically bi-monthly or quarterly, with additional extraordinary meetings held as required.	The Board has authority to: • Set strategic direction and priorities for local area SEND improvement • Approve and monitor SEND	The SEND Local Area Improvement Board can escalate issues or decisions to: • TMBC Senior Leadership Team (SLT) • Executive Cabinet and

	Reform agenda, ensuring that statutory responsibilities are met and that outcomes for children and young people with SEND improve over time. The Board is accountable for monitoring local area SEND performance, the impact of improvement activity, and the effectiveness of partnership working between the local authority, health and other key partners. It provides challenge, support and strategic direction where progress is insufficient. The Board receives information including SEND performance data, improvement plan progress, inspection and assurance findings, risk registers, service user feedback	• Local Authority senior leaders for SEND, education, social care and commissioning • Health representation, including senior leaders from the Integrated Care Board (ICB) / NHS SEND leads • Parent Carer Forum (PCF) representation • Other strategic partners as required (e.g. school representatives, early years, post-16, voluntary and community sector) • Tameside Commisioner (Andy Couldrick)		improvement and reform plans • Challenge underperformance and require corrective action • Agree escalation, assurance activity or focused reviews • Influence commissioning and resource decisions across the partnership	Children's Scrutiny • NHS Greater Manchester Quality and Performance Committee and the Greater Manchester Integrated Care Board (ICB) • Strategic Partnership governance, including the Tameside Strategic Partnership Committee This ensures risks and decisions beyond the Board's remit are considered at the

	(including parent carer views), and evidence of impact on children and young people's outcomes.	The Board brings together statutory partners and parent carers to ensure joint ownership and system accountability. Representation from DFE due to issuing of a SEND improvement notice.			appropriate corporate, health or system level.
JOINT COMMISIONING GROUP	The Joint Commissioning Group provides strategic oversight and coordination of joint commissioning activity for children and young people with SEND. Its function is to ensure that education, health and care services are commissioned collectively, efficiently and in line with the SEND Reform and Improvement Plan. The Group is accountable for overseeing sufficiency,	The Joint Commissioning Group comprises senior commissioning and decision-makers across the SEND system, including: • Chair: Senior Local Authority commissioning lead (Sally Atkinson) • Local Authority SEND, education and social care commissioning representatives	The Joint Commissioning Group meets on a regular basis, typically bi-monthly, with additional meetings held as required to respond to emerging pressures or priorities.	The Joint Commissioning Group has authority to: • Agree joint commissioning priorities and strategies for SEND • Oversee and influence allocation of pooled or aligned resources • Commission, decommission or redesign services	The Joint Commissioning Group can escalate issues or decisions to: • SEND Reform Delivery Group • SEND Local Area Improvement Board • TMBC Senior Leadership Team (SLT)

	quality, value for money and outcomes of jointly commissioned SEND services, ensuring resources are aligned to need and support early intervention, inclusion and improved outcomes. Information reported to the Group includes commissioning strategies and plans, needs analysis, sufficiency data, financial and demand pressures, service performance and outcomes, provider quality information, and feedback from children, young people and parent carers.	• Health representation, including Integrated Care Board (ICB) / NHS SEND commissioning leads • Parent Carer Forum (PCF) representation • Other partners as required (e.g. early years, post-16, independent and voluntary sector commissioning) Membership ensures shared ownership across education, health and care.		within agreed delegations • Address sufficiency and market development issues • Recommend investment, disinvestment or service changes Final statutory or financial approvals sit with partner organisations where required.	• NHS Greater Manchester Quality and Performance Committee / Integrated Care Board This ensures commissioning risks, funding pressures or strategic decisions are considered at the appropriate partnership or corporate level.
TAMESIDE STRATEGIC PARTNERSHIP COMMITTEE	The Tameside Strategic Partnership Committee provides overarching place-based strategic leadership for Tameside. Its	The Tameside Strategic Partnership Committee comprises senior leaders with system-wide responsibility, including:	The Tameside Strategic Partnership Committee meets on a regular basis,	The Committee has authority to: • Set and agree borough-wide	The Tameside Strategic Partnership Committee can escalate issues or decisions to:

	function is to oversee collective priorities and outcomes across the borough, ensuring effective collaboration between the local authority, health, voluntary, community and other statutory partners. The Committee is accountable for overseeing delivery of shared strategic ambitions, including improving outcomes for children, young people and families, reducing inequalities and ensuring resources across the system are aligned to need. It provides system-level assurance that partnership activity, including SEND, supports agreed place priorities.	• Chair: Senior elected member or senior system leader (e.g. Council Leader / Chief Executive) *(n/a if individual)* • Local Authority senior leadership and elected members • Health representation, including senior leaders from the Integrated Care Board (ICB) / NHS • Voluntary, Community and Faith Sector (VCF) representation • Police, fire and other statutory partners	typically quarterly, with extraordinary meetings convened where required to address emerging system pressures or risks.	strategic priorities and outcomes • Provide system-level challenge and direction to partnership boards • Endorse major strategic plans, frameworks and transformation programmes • Influence resource alignment and collective system responses • Require assurance or corrective action where progress is insufficient	• Individual partner governance, such as Local Authority Cabinet or NHS / ICB Boards • Greater Manchester partnership structures, where issues require sub-regional or system-wide resolution This provides a clear route for addressing risks or decisions that exceed place-based authority.

	Information reported includes high-level performance and outcomes data, strategic risks, delivery progress against partnership priorities, financial and system pressures, and escalated issues from thematic boards and programme groups, including SEND governance.	• Wider system partners as appropriate • Parent Carer Forum (PCF): Representation typically via SEND governance escalation rather than direct membership, unless agreed This ensures broad place-based leadership across public service partners.		Statutory decision-making remains with individual organisations.	



Governance Model
May 2026

See also the attached governance model for the GM SEND Governance which is linked to the ICB

Section 5 – Central Government Support

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

To support delivery of SEND reform in Tameside, we are seeking DfE support that complements both local priorities and existing system strengths.

We would also request access to specialist expertise and advisory support is a key area where national input would add value. Through the SEND Change Programme, we would welcome support focused on understanding and applying what works in SEND, including access to evidence-based interventions and practical advice on translating national learning into local delivery. This will strengthen inclusion, improve early support and reduce escalation to statutory processes and high-cost provision.

Workforce sustainability remains one of the most significant system pressures. We are therefore seeking support to address workforce development and recruitment challenges, particularly in system-critical roles such as Educational Psychology and Speech and Language Therapy. Support to develop long-term workforce solutions, including training pathways, growing local expertise and succession planning, would help shift from short-term mitigations to a more stable and resilient workforce model.

We would also welcome tools and support to strengthen data and evaluation, including templates, benchmarks and national insight to enable consistent tracking of demand, service delivery, quality and outcomes. This would strengthen understanding of impact and support more confident, evidence-led decision-making. We would also ask that interdepartmental conversations take place with DWP regarding the unintended messages sent to CYP and their parents and carers about the link between claiming disability-based benefits such as PIP/DLA and having an EHCP, as this does drive the EHCP agenda in Tameside for some families .

Tameside benefits from strong peer learning across Greater Manchester, with established collaboration across all 10 boroughs, enabling shared learning, mutual challenge and collective problem-solving. Further strengthening this through reform will support pace, consistency and resilience in Tameside.

Annex B - Supporting Documents

Document	Link
Local Partnership Maturity Assessment Guidance and Tool	Embedded Earlier in the document -section 3
SEND REFORM PLAN Data Return May 2026	Attached to the DFE email/correspondence on 19th June
High Needs Capital Allocations 2026-27	Allocation to Tameside £5,015,450