

Appendix B

SEND & AP PARTNERSHIP SELF-ASSESSMENT								
ASSESSMENT CONTEXT - please add any relevant information about how you have completed the tool, including any limiting factors in arriving at a shared assessment.			Joint Drafting (CCC, CWPT, ICB, PCF) 03/03/2026 and 06/03/2026 Review and Revision 20/4/2026; Draft 2, Circulated 20/4/2026; Approval by SEND and AP Partnership Board 18 May 2026				STATUS - use this box for version control (e.g. DATE, v1.0) and to record any formal decisions/agreements about the assessment.	20/4/2026 V2.0
Pillar 1: Co-production with parents and carers and children and young people								
0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	FOCUS AREAS FOR IMPROVEMENT
Parental representatives are not involved in SEND and AP partnership meetings. The Parent Carer Forum (PCF) is not formalised or in early stages, without wider parental representation evident. PCF Chair is not involved in SEND strategic partnership board meetings. Views of CYP and parents/carers not gathered. Very little evidence of the partnership engaging with parents/carers in co-production.	There is limited parental engagement in the SEND and AP partnership meetings. The area has a PCF that has a formalised structure but is not always supported to actively engage with local partners or is a recent newly formed forum. The PCF strategic leads of the local PCF do not regularly attend partnership board meetings and there is limited engagement. There is an awareness of the principles of co-production and parents, carers and children and young people are beginning to be involved in discussions about services. The partnership is beginning to engage with parents/carers but a clear approach of co-production has not yet been fully embedded as best practice. Relations with families / PCF are not entirely positive and key groups of parents are vocal in their concerns.	The area has an active, effective, and sustainable PCF. Local SEND and AP youth forums or user groups are engaged with throughout planning and delivery. The partnership is developing practice to co-produce with parents and children and young people. Some aspects of service planning and review cycles actively seek input, but participation is not yet universal or embedded.	The area has an active PCF which meets regularly with the system partners. Strong feedback mechanisms ensure that children, young people and families know how their views influence decisions. There is strong evidence that their views shape services and outcomes. Co-production is a core feature of planning, delivery and review. Parents, carers and children and young people are equal partners, with clear and regular opportunities to influence strategic priorities, service design and quality assurance. The partnership has embedded practices to co-produce with parents and children and young people.	2 - DEVELOPING	20/04/26	<ul style="list-style-type: none"> Parent Carer Forum (PCF) representatives attend SEND and AP Partnership Board, and have made a sustained and embedded contribution; the PCF have also contributed to strategic activities such as the PINS project and establishing a sensory library. There are clear examples of effective co-production at an individual level, with SEND professionals, schools and families working collaboratively to develop and review personalised support plans. Meaningful engagement with children and young people is evident, particularly within special school settings. Initiatives such as AmbaSENDors demonstrate strong practice, although the approach is not yet consistently embedded within mainstream provision. Examples of effective co-production practice exist within schools; however, a more systematic understanding of practice across the local area is required to enable consistency and the sharing of learning at scale. 	<ul style="list-style-type: none"> Shared principles for co-production are not yet consistently articulated across the partnership. There is a need to agree and formalise these through a clear co-production charter or memorandum of understanding to support consistent practice. Opportunities for families to influence system level improvement are not yet sufficiently systematic. More regular and accessible touchpoints are required to enable families to share experiences, identify challenges and contribute to improvement activity. Feedback loops to families and children and young people require strengthening. A clear "we said – we did" mechanism within the Local Offer is needed to demonstrate how engagement informs SEND reform delivery and system change. Partnership workspaces are not yet fully accessible to parents and carers. Further joint work is required to improve accessibility and enable meaningful co-production of strategy and delivery of the SEND reform Plan. Engagement with children and young people is not yet sufficiently regular or embedded in strategic development. More structured and systematic approaches are required to ensure their views consistently inform priorities and decision-making. 	<ul style="list-style-type: none"> Agree, publish and embed a co-production charter (shared principles and expectations) across the partnership. Establish regular, accessible routes for families and CYP to influence the Local Offer and wider SEND reforms. Strengthen "you said – we did" feedback so families can see how engagement leads to changes in the Local Offer and service delivery. Embed co-production in governance, with clear roles, decision points and assurance reporting.
Pillar 2: Effective system leadership and governance								
0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
Key leaders lack requisite knowledge and skills, either with vacant posts or with interim staff, resulting in ineffective practice. Local governance structures are not fully established and local partners are unclear where and how decisions are made about SEND and AP provision and services. No clear communication strategy and limited sharing of data performance measures.	Leaders are in place and starting to influence strategic direction and build partnerships. Partners are working with initial governance structures and developing clarity on where strategic decisions are made. Opportunities exist to further engage stakeholders in operational and strategic planning. Communication is identified as an area for improvement. Accountability is supported by existing processes and compliance measures. The partnership is focused on strengthening outcome measures and building shared understanding of system performance.	Leaders have developed structures and forums for decision-making which are established and increasingly understood, with partners contributing meaningfully to discussions. Feedback pathways between operational and strategic levels are being implemented. Communication channels exist but need strengthening in parts of the system. An outcomes-based approach is developing, with agreed shared outcomes and initial steps to use data for evaluation. Partners are starting to communicate openly about progress, and feedback is more routinely discussed.	Leadership is effective, and well-defined and embedded governance ensures decisions are collectively made at appropriate levels. All partners have clarity on their roles and can easily influence both operational and strategic planning. Processes are continually reviewed for improvement. Commissioning is well understood and integrated across the partnership. Robust, transparent systems for measuring and reporting outcomes are fully embedded. Success is judged by impact on CYP and families, and services are continually improved in response to honest evaluations involving all partners. Decision-making is both aspirational and innovative.	2 - DEVELOPING	20/04/26	<ul style="list-style-type: none"> Governance arrangements are well-established and inclusive, with leaders demonstrating a strong understanding of the local SEND system. These structures are used effectively to provide appropriate support and constructive challenge across the partnership. Schools are confident and experienced in commissioning specialist SEND support, supported by clear local frameworks, including the Coventry Alternative Provision Framework and traded service agreements. Data, including the views and experiences of children, young people and families, is routinely shared through partnership governance and networks and is used to inform strategic discussion and decision-making. 	<ul style="list-style-type: none"> Collaboration across the West Midlands is established; however, there is scope to strengthen this further through more systematic and structured peer review arrangements. Strategic and operational governance arrangements require clearer mapping and realignment to ensure they are fully aligned to, and effectively support, delivery of the SEND reform programme. These arrangements also need to be more consistently understood and embedded across the partnership. A clear and coherent communications strategy is required to support the delivery of SEND reforms, ensuring consistent messaging, shared understanding of priorities and effective engagement across education, health and care partners. 	<ul style="list-style-type: none"> Realign strategic and operational governance so it is consistent with SEND reform principles, with clear decision-making, accountability and escalation routes. Ensure that representation and strategic engagement from health providers is sustained. Implement a partnership communications and engagement strategy to ensure consistent messaging, shared understanding of priorities and evidence of reach and impact. Strengthen strategic oversight of delivery against outcomes for children and young people.

Pillar 3: Accurate understanding of needs and experiences of children and young people through effective use of quantitative and qualitative data

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS.	GAPS/ISSUES TO ADDRESS.	PRIORITIES & SUPPORT NEEDS.
<p>There is limited evidence of using data effectively to inform commissioning of services based on the needs profile of children in the local area. Data analysis is simple and descriptive. Qualitative data is not collected. The LA Self Evaluation does not accurately reflect provision and / or is incomplete, or has not been shared.</p>	<p>Data gathering methods are being established or updated and provide an initial understanding of needs and gaps. Planning is supported by available quantitative data, with opportunities to develop more comprehensive use of family and CYP perspectives. Commissioning is underway within each sector, with some early cross-agency conversations. Providers are engaged with current sufficiency, and there is scope for increasing dialogue and alignment to proactively meet future needs.</p>	<p>Partners collaborate to gather both quantitative and qualitative evidence of needs. There is a growing sophistication in analysing current provision against future demand, and plans are underway to address identified weaknesses and gaps. Partners are working together more actively, consulting providers and starting to coordinate commissioning processes. Efforts are made to co-produce solutions and align plans across agencies, with some shared ownership and responsibility.</p>	<p>A robust and comprehensive evidence base underpins strategic planning. Rich quantitative and qualitative data is routinely collected, shared, and used to monitor trends and inform sufficiency planning. Joint commissioning across the partnership ensures that services are in place to meet the range of needs and achieve positive outcomes for CYP with SEND.</p>	<p>2 – DEVELOPING</p>	<p>20/04/26</p>	<ul style="list-style-type: none"> The local area has a SEND-specific Joint Strategic Needs Assessment (JSNA), including a dedicated data supplement that is refreshed bi-annually. This provides a strong evidence base to inform self evaluation, priority setting and strategic planning across the partnership. Qualitative insight is routinely gathered from children, young people and families through individual services, with a clear focus on SEND. This is complemented by a structured programme of multi-agency audits, the findings of which are shared with and scrutinised by the SEND Partnership Board to support system learning and improvement. A cross agency Quality Assurance Group is established, with responsibility for coordinating data collection, analysis and assurance activity across the local area. This is underpinned by a shared Quality Assurance Framework, supporting consistency, transparency and robust oversight. The local authority has an established and systematic approach to assessing demand and capacity for placements, working proactively with providers to increase local availability where required. The resulting five year demand projection directly informs the local area's sufficiency strategy and longer term planning. 	<ul style="list-style-type: none"> The Local Offer is currently being refreshed following the transition to a new online platform. Further work is required to ensure the offer is clear, accessible, up to date and effectively promotes available support and pathways across education, health and care. Data analysis requires further development, so that qualitative and quantitative intelligence from across the partnership is more effectively integrated. This will support more concise reporting, stronger insight into impact, and clearer alignment between evidence, self evaluation and strategic planning. Stronger joint working is required to support effective place planning, including closer collaboration between education and health on specialist workforce planning to ensure the timely and sustainable development of new inclusion bases. 	<ul style="list-style-type: none"> Refresh and quality-assure the digital SEND Local Offer so it is clear, accessible, up to date and routinely reviewed. Integrate qualitative and quantitative intelligence across partners to strengthen insight, evaluation of impact and commissioning decisions. Review contracting arrangements between the ICB and health providers to ensure that data is requested, gathered and analysed in a way which supports the development of the SEND Local Offer. Refresh the SEND Data Supplement from the Joint Strategic Needs Assessment - ensuring it is shared with SEND Board and informs planning. Review the way in which we gather the views of children and families.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS.	GAPS/ISSUES TO ADDRESS.	PRIORITIES & SUPPORT NEEDS.
<p>No consistent guidance or support for schools to identify needs; inclusive practices are minimal and fragmented. Limited or no targeted interventions in place; AP is poorly integrated and rarely considered as part of the continuum of support. Statutory decision-making is inconsistent and delayed; quality assurance processes are absent or ineffective; specialist provision planning is reactive rather than strategic.</p>	<p>There is some guidance and support in place to support schools in identifying needs, but provision is inconsistent and AP is not well integrated. Schools and settings are beginning to expand their offer for CYP with SEND, but it remains largely focused on statutory responsibilities. Statutory decision-making is inconsistent and often delayed, with limited evidence of effective quality assurance processes and partnership engagement. SEND sufficiency planning is in development and looking at future projections but provision not able to meet demand.</p>	<p>Support services are developing; schools and settings are improving in identifying needs and accessing provision, including AP, evidenced in improving outcomes for CYP with SEND. Schools and settings are broadening their provision and starting to embed inclusive practices, with growing use of AP, and reducing requests for specialist provision. Processes are becoming more consistent and timely, with evidence of quality assurance and improvement. There is a strategic SEND sufficiency plan in place but recognition of some challenges in implementation.</p>	<p>There are effective arrangements and services in place to support schools and settings to identify needs and put in place appropriate provision, including Alternative Provision, evidenced in positive outcomes for CYP with SEND. Schools and settings are delivering a broad offer for all children and young people with SEND (beyond solely statutory responsibilities) that enables inclusive practice across the system, including Alternative Provision, and a higher% of CYP with EHCPs in mainstream. Decision-making and practice relating to statutory decisions is consistent and timely. SEND sufficiency planning is strategic and partners have confidence in the system's capacity to meet needs for the majority of children.</p>	<p>2 – DEVELOPING</p>	<p>20/04/26</p>	<ul style="list-style-type: none"> There is a strong early intervention offer within schools, supported by expert SEND services operating through a traded model. As a result, a higher proportion of children and young people with SEND have their needs met at SEN Support without requiring an Education, Health and Care Plan (EHCP) when compared with other local areas across the West Midlands. An effective alternative provision (AP) outreach offer is in place, underpinned by a well-established and robust quality assurance framework that supports consistency and continuous improvement. A comprehensive programme of network support is established across the system, including for SENCOs, headteachers, schools operating enhanced resource provision (ERP), special schools and settings delivering adaptive provision. This supports shared learning, system leadership and inclusive practice. Statutory decision-making processes are subject to regular quality assurance, supporting consistency, transparency and improved outcomes for children and young people. There is a clear strategic approach to embedding SEND within Families First Partnership Programme (FFPP) reforms, led by seconded local headteachers and a dedicated SEND Partnerships Lead within the local authority, ensuring alignment between SEND priorities and wider children's services reform. 	<ul style="list-style-type: none"> Although there is a strong local offer that is not diagnosis dependent, there remains a persistent perception among some families and professionals that a formal diagnosis is required to access support. Further work is needed to strengthen communication and engagement to promote the local offer, clarify pathways to support, and reinforce that access is based on identified need rather than diagnosis. The local area's ordinarily available inclusion provision is currently being refreshed, and this work is a key priority to ensure greater clarity, consistency and shared understanding across education, health and care partners. Statutory decision-making processes are not yet sufficiently timely, and further improvement is required to ensure decisions are made within expected timescales and lead to effective outcomes for children and young people. 	<ul style="list-style-type: none"> Strengthen communication of the neurodivergent support offer and pathways so access is based on need (not diagnosis) and expectations are clear for families and professionals. Update and embed the Ordinarily Available Provision guidance and use it to review and strengthen the Local Offer and consistency in practice. Improve timeliness of EHC needs assessments and increase the proportion completed within statutory timescales, supported by quality assurance and performance oversight. Share learning from the second cycle of the PINS programme (through network groups and within the SEND reform delivery structure) and use this to refresh the SEND training and development offer, ensuring it extends into secondary schools. Review how sufficiency planning is shared with partners, including parents and families. Co-produce an 'Inclusion Charter' for inclusion bases, which is jointly owned by young people, families and settings.

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

0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS.	GAPS/ISSUES TO ADDRESS.	PRIORITIES & SUPPORT NEEDS.
<p>Education Providers: Limited evidence of joint planning or collaboration. Schools generally operate in isolation with no shared inclusion strategies. Engagement with local authority is minimal.</p>	<p>Education Providers: All school types are involved in some way and contribute to the local offer, with engagement variable but developing across providers. Collaborative planning processes and networks are being strengthened, and schools are starting to partner with the LA on inclusion strategies.</p>	<p>Education Providers: All settings, including AP, post-16, and early years settings, are represented and most take part in partnership work, with regular consultation on inclusion. Joint processes for planning and provision are developing. Fair access protocols show improving outcomes and growing confidence. SENCO and leader networks are forming, and shared responsibility for inclusion is growing.</p>	<p>Education Providers: All providers are fully represented and actively engage in strategic planning, sharing updates with their settings. Evidence shows collaborative work improves planning, transitions, and inclusion. Fair access protocols are trusted and effective. Strong networks enable clusters of schools to commission, support, and respond to needs.</p>	3 – MATURING	20/04/26	<ul style="list-style-type: none"> • Strong partnerships between the local authority, mainstream and specialist settings are well-established and have contributed to a sustained increase in local capacity to meet need. • A mature workforce development strategy is in place and is increasingly coordinating specialist offers across education, health and care services, supporting greater system coherence and impact. • Relationships across the partnership are strong, respectful and constructive, characterised by appropriate professional challenge and a shared commitment to continuous improvement. • A well-established Early Years offer supports both educational improvement and SEND outreach, contributing positively to early identification, inclusion and Early Years workforce development. 	<ul style="list-style-type: none"> • Place planning discussions are not yet consistently aligned across education and health, resulting in gaps in strategic oversight. Strengthening joint commissioning arrangements is required to ensure clearer links between the increasing number of children and young people with EHCPs and the availability, sufficiency and timeliness of therapeutic provision. • Further development is needed to strengthen collective governance and shared accountability across education and health, to support more effective joint decision-making, clearer ownership of actions and improved system impact. • Representation from all education and care settings on the SEND Partnership Board is not yet consistent, and improving breadth and consistency of representation is necessary to ensure system-wide perspectives inform strategic planning and delivery. 	<ul style="list-style-type: none"> • Review, refresh and re-launch governance arrangements so they align with SEND reform principles, with clearer shared accountability, representation and oversight of delivery and impact.
<p>Health Services: No established communication or referral pathways between education and health. Health partners are not providing evidence of awareness of SEND responsibilities or participating in planning. There is very little data sharing to inform commissioning.</p>	<p>Health Services: Education providers are aware of relevant NHS services and how to signpost or refer to them, with at least limited contact between education and health partners. Understanding of ICB SEND roles is developing, setting the stage for stronger partnerships and health is seeking to understand more about needs from education.</p>	<p>Health Services: Positive working relationships with NHS and hospital AP are developing, and strategic engagement is increasing. Health providers are aware of designated ICB leads and the executive SEND lead, but board engagement is still limited. Inspections highlight need for further improvement.</p>	<p>Health Services: Partnerships with health are strong and joint commissioning is routine, with clear feedback and resource sharing. Lines of communication with ICB and NHS including health providers are well-established. Inspection reports confirm effective collaboration.</p>	3 – MATURING	20/04/26	<ul style="list-style-type: none"> • Joint commissioning arrangements have been in place for many years. The organisational changes within Health / the ICB require these to be reviewed but there are strong expressions from both parties that Joint commissioning arrangements remain a priority and will be supported going forward. • There are multiple workstreams in place covering a wide variety of issues to establish joint and collective solutions to a number of challenges. • The restructure of the ICB into clusters (and the introduction of a Deputy DCO) is improving commissioning oversight of SEND and contribution to strategic planning. 	<ul style="list-style-type: none"> • Organisational change within the ICBs will require a review of governance and reporting arrangements once in place these will strengthen governance oversight and reporting within Health. • A number of workstreams are continuing to identify optimum referral pathways as part of wider transformation programmes (e.g. ADHD / autism and Speech & Language Therapy). • Combined data dashboards are being explored to ensure consistent understanding of performance and emerging issues across all partners. 	<ul style="list-style-type: none"> • Review and refresh health governance and reporting so it aligns with SEND reform principles and strengthens oversight of joint commissioning, referral pathways and system performance.
<p>Social Care/Local Authority: No evidence of strategic collaboration with education or health. Providers do not access local care offers. Early intervention models are not in place. There is very little data sharing to inform commissioning.</p>	<p>Social Care / Local Authority: Providers access the local care offer and engage with care teams for individual CYP needs. Strategic collaboration is starting, and the LA is initiating work on early intervention models, such as Families First reforms.</p>	<p>Social Care / Local Authority: Positive working relationships with LA care teams and managers are emerging. Designated social care officer helps embed care priorities. The LA is embedding Family Help and child protection reforms, and strategic coordination is improving.</p>	<p>Social Care / Local Authority: Strong, embedded relationships between education, health and care ensure joint planning and resource sharing. FFP and multi-agency reforms are routine. Children and families receive early support, and joint commissioning is mature.</p>	2 – DEVELOPING	20/04/26	<ul style="list-style-type: none"> • Children's Services is working closely with partner agencies to develop and embed Family Help and to implement the child protection reforms effectively across the system. • Children's Services has strong partnership with education and health colleagues, creating a well-established multi-agency approach across the service that has strengthened local capacity to identify and meet children's needs effectively. • Multi-agency relationships are positive, solution-focused and respectful, with professionals across all sectors demonstrating constructive challenge and a shared commitment to improving outcomes for children and families. • Early Support and Early Years pathways are well developed, enabling earlier identification of need, stronger practices that supports practitioners across health, education and children's services. 	<ul style="list-style-type: none"> • Joint planning is not yet fully aligned across Children's Services, education and health. This inconsistency limits shared strategic oversight and makes it harder to plan effectively for the growing number of children and young people requiring EHCPs. Stronger joint commissioning arrangements are needed to develop a shared understanding of how increasing levels of need impact the availability, sufficiency and timeliness of therapeutic and specialist provision. • Collective governance and shared accountability across education, health and Children's Services require further strengthening. More cohesive structures would support clearer ownership of actions, more effective joint decision-making and greater system-wide impact for children and families. • Representation on the SEND Partnership Board is not yet sufficiently consistent across education and care settings. Improving the breadth and stability of representation is essential to ensure Children's Services, alongside partners, can draw on a full range of system perspectives to shape strategic planning and drive improvement across the SEND system. 	<ul style="list-style-type: none"> • Embed Family Help and Child Protection reforms consistently across the partnership, with clear governance, workforce readiness and quality assurance to evidence impact on early intervention and safeguarding. • Strengthen joint strategic planning and commissioning with education and health to manage rising EHCP demand and improve timeliness, sufficiency and outcomes. • Use shared data and performance oversight to monitor impact, address variability and drive continuous improvement.

Pillar 6: Skilled and organised workforce across local authority, education settings, health and social care								
0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS.	GAPS/ISSUES TO ADDRESS.	PRIORITIES & SUPPORT NEEDS.
<p>No structured training or development plan for SEND across education, health, and social care. Many staff lack confidence and skills to effectively deliver support for CYP with SEND.</p> <p>No recognition of the need for coordinated training to share best practice.</p>	<p>The LA workforce is beginning to access training and support as a means to building capacity and consistency into supervision, decision-making, casework and managing difficult conversations. Some education settings are beginning to build awareness and skills to support children with SEND, with early-stage training and resource development underway.</p> <p>There is initial recognition of the need for coordinated training across health, education, and social care. Early efforts are being made to identify best practices and include lived experiences.</p>	<p>The LA workforce accesses structured training and support. Supervision practices are being strengthened, leading to improved consistency in decision-making and casework quality. Education settings are developing the skills and confidence to meet the needs of children with SEND, supported by more coordinated training and guidance.</p> <p>Training and development across the SEND system is becoming more proactive and collaborative, with increasing integration of best practice and lived experience into professional learning.</p>	<p>The LA workforce is well-trained, regularly updated, and appropriately supported, managed and supervised. Wider workforce across education settings is skilled in meeting the needs of children with SEND. There is proactive shaping of training and development of all practitioners in the local SEND system, including health and social care, to ensure there is a broad understanding of best practice, incorporating lived experiences into practitioners' professional development.</p>	<p>3 – MATURING</p>	<p>11/03/26</p>	<ul style="list-style-type: none"> • Strong leadership stability is in place across key statutory and strategic roles, including the Director of Children's Services (DCS), Strategic Leads, Designated Clinical Officer (DCO) and Local Authority Head of SEND. There is no reliance on agency staff, which has supported continuity, effective decision-making and well-established, trusting relationships across the system. • Capacity pressures have been clearly identified and proactively addressed, including through targeted increases in statutory assessment capacity, supporting improved system resilience and responsiveness. • Robust clinical supervision arrangements are embedded across education, health and care, ensuring consistent professional oversight, high-quality practice and effective multi-agency working. • A comprehensive and increasingly mature SEND Workforce Development Programme is in place, with strong links to schools, early years settings and health partners. The programme makes effective use of local specialist expertise, including educational psychologists, specialist teachers and speech and language therapists, to build system-wide capability and promote inclusive practice. • CWPT has introduced a new 'front door' for mental health services, to ensure that the available workforce are efficiently deployed. 	<ul style="list-style-type: none"> • There are identified capacity pressures within elements of the health workforce and the educational psychology service, which are impacting system responsiveness and sustainability. These pressures are recognised as priority areas for further development. • Workforce development planning requires stronger alignment with health partners, to ensure a fully integrated, system-wide approach to recruitment, retention, training and deployment across education, health and social care. • The absence of a full-time Designated Social Care Officer limits social care leadership capacity within the SEND system. Strengthening this role will further support effective multi-agency decision-making, accountability and practice oversight. • Use data on training delivery to assure engagement is consistent across educational settings. 	<ul style="list-style-type: none"> • Develop and implement a sustainable local area SEND workforce strategy aligned with the EAH/EHC offer, including recruitment and retention, training, supervision and deployment, with measures to evaluate impact.
Pillar 7: Targeted and judicious use of resources including place planning, sufficiency and use of capital								
0 - NOT YET EMERGING	1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	DATE COMPLETED	STRENGTHS/SUCCESSES/IN PROGRESS.	GAPS/ISSUES TO ADDRESS.	PRIORITIES & SUPPORT NEEDS.
<p>No clear strategy for sufficiency or place planning and capital projects lack alignment with needs. Review and evaluation processes are absent or extremely limited and stakeholder input is not systematically gathered.</p> <p>The Local SEND Reform Plan is incomplete or missing and there are no clear mitigating actions to ensure efficient use of resources or value for money.</p>	<p>Review and evaluation processes are being used periodically, and stakeholder input informs some service adjustments. Processes for regular monitoring and service improvement are taking shape.</p> <p>The Local SEND Reform Plan provides limited information on mitigating actions to improve the efficient use of resources and secure value for money.</p>	<p>Regular reviews are taking place, drawing on broader stakeholder input including schools, families, and young people. Performance is benchmarked against other areas and findings inform targeted improvement plans.</p> <p>The Local SEND Reform Plan provides evidence of efficient use of resources and value for money.</p>	<p>Comprehensive, ongoing monitoring using multiple sources of data and qualitative insights drives continuous improvement. Deep dives into specific issues lead to strategic changes, and effective benchmarking ensures consistent progress toward the best outcomes. There is clear evidence of efficient use of resources and a focus on value for money.</p>	<p>3 – MATURING</p>	<p>11/03/26</p>	<ul style="list-style-type: none"> • The local area has consistently maintained a balanced position within its High Needs funding block and is not currently in an overall deficit. This has been achieved through a targeted and judicious approach to resource allocation, alongside sustained investment in local provision to support inclusion and value for money. • Funding decisions are made transparently and collaboratively, with oversight through the Schools Forum and other established network groups. Partner agencies contribute to strategic decision-making, including the prioritisation of spend in line with shared system objectives. • A five year demand projection for places is in place, providing a clear understanding of future pressures and their potential impact on system capacity and sufficiency planning. • Mainstream provision is prioritised within the local area's SEND strategy, reflecting a clear commitment to inclusion and to meeting needs at the earliest point, wherever possible, within universal and targeted settings. 	<ul style="list-style-type: none"> • The five year demand projections require wider sharing and active use across the partnership, to ensure they consistently inform strategic decision-making across the local authority, NHS and education and care settings, particularly in relation to capacity, sufficiency and future investment planning. • Further work is required with health partners to strengthen assurance around value for money, ensuring greater consistency, transparency and alignment between health spend and agreed SEND priorities and outcomes. 	<ul style="list-style-type: none"> • Strengthen assurance and value-for-money oversight of commissioning for therapeutic services, including transparent spend, outcomes monitoring and alignment to agreed SEND priorities.