SOLIHULL SEND & ALTERNATIVE PROVISION PARTNERSHIP

Improving outcomes for children and young people

Solihull Additional Needs and SEND Strategy - Statement of Intent

November 2026

In partnership:

NHS Birmingham and Solihull

NHS University Hospitals Birmingham NHS Foundation Trust

NHS Birmingham and Solihull Mental Health NHS Foundation Trust

OUR VOICES HEARD

Solihull Parent Carer Voice

Solihull Metropolitan Borough Council

Why we are publishing this statement

Our Additional Needs Strategy 2022-2025 has reached the end of its term and the Solihull local area SEND and alternative provision partnership will publish a new strategy by the end of April 2027.

We do not want to let the strategy lapse without explanation, or rush a full rewrite while our reform and improvement work is still taking shape. This statement explains what is happening, what the new strategy will build on, and how we will develop it with you.

Our Additional Needs Strategy 2022 – 2025 set out what children, young people and parent carers told us mattered most: to be listened to, to feel included, and to get the right support at the right time. That vision still matters, but the national and local context has changed substantially since the strategy was published in December 2021.

What has changed since 2022

Four developments now shape our direction and will define the new strategy:

National Reform

(February 2026)

Solihull's Local SEND Reform Plan

(June 2026)

The local area SEND inspection

(July 2026)

Progress made against the Additional Needs Strategy

(up to December 2026)

National Reform (February 2026)

In February 2026, the Department for Education released its education white paper (Every child achieving and thriving) and SEND reform consultation (Putting children and young people first). The white paper focuses on raising standards, improving outcomes, increasing inclusion and ensuring **every** child can access a high-quality education. Alongside this, the SEND reforms aim to ensure that children and young people receive the right support at the right time and can access appropriate education and support within their local area; all within a more responsive, consistent and sustainable system. These propose changes over a 10-year reform period, recognising the work that is needed to ensure success.

Solihull's Local SEND Reform Plan (June 2026)

As part of the national SEND reform agenda all local areas were required to set out plans to create the right conditions for upcoming changes to have the desired outcome for children and young people. Our plan sets out a three-year roadmap to March 2029 to build a more inclusive 0-25 system through:

- More inclusive settings, and stronger partnership
- A stronger and more confident workforce
- Greater confidence in settings and services among families
- More stable finances with investment in early support

To achieve this, our SEND Reform Plan includes the creation of inclusion support and specialist bases within mainstream schools, developing an 'Experts at Hand' offer to build capacity within settings, setting out what settings are expected to offer children through Ordinarily Available Inclusive Guidance and refreshing our governance and co-production arrangements.

Our plan was co-produced with all education settings, health partners and parent carers, signed off by the Council and ICB Chief Executives, and approved by the Department for Education in October 2026.

The local area SEND inspection (July 2026)

In July 2026, our local area SEND partnership was inspected by Ofsted and the Care Quality Commission (CQC). Their inspection report published in September 2026 (Solihull) found that: *"The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements".*

Inspectors recognised many strengths across the SEND system in Solihull including:

- ✓ a strong collaborative partnership and multi-agency working with a coherent strategy
- ✓ a culture of children, young people and families shaping support
- ✓ alternative provision supporting those with SEND
- ✓ early help and early years services supporting prompt identification of needs
- ✓ robust social care oversight of children and young people
- ✓ effective health support in number of areas

They also made five areas for improvement which cover:

- ➢ waiting times for therapy, neurodevelopmental assessment and mental health support
- ➢ preparation for adulthood across the partnership
- ➢ post-16 mental health waits and the transition out of CAMHS
- ➢ the quality of EHC plans
- ➢ access to the children with disabilities social care team

Ofsted and CQC have asked us to develop a Priority Action Plan to respond to the findings in the inspection and to update our strategic plan in response.

Progress made against the Additional Needs Strategy

(up to December 2026)

At the end of December 2026, we will publish a report which evaluates the progress we have made in delivering the improvement activities parent carers and children and young people have told us are important to them.

We have made progress in identifying SEND needs earlier with more children and young people achieving with SEN support and improving academic outcomes. We have also had positive feedback about improvements in multi-agency decision making and the quality of EHCPs and annual reviews.

However, we remain committed to continuing to improve parental confidence, support more children and young people in mainstream schools, enable more young people to make positive education, employment and training decisions and reduce the waiting lists for health assessments and support.

Our commitment

We will develop a new SEND strategy, approved by partnership leaders and published by April 2027. The new strategy will:

- **Build on the Reform Plan -** The strategy will set the long-term vision, principles and outcomes served by the national reforms and local delivery; so families and professionals see one coherent story rather than several separate documents. This will help us to identify and meet children and young people's needs earlier and in a setting closer to where they live.
- **Take account of the inspection -** It will respond to the five areas for improvement, and it will protect the strengths inspectors identified. We will strive for greater consistency in outcomes and experiences for all our children and young people and pay particular attention to reducing waiting times for support, improving the quality of EHCPs and better transitions into adulthood.
- **Keep what worked in 2022–2025 -** We will review what the previous strategy achieved and what it did not, and carry forward its vision, its promises to families and its plain-English style.
- **Cover 0–25 across the whole system -** It will span education, health, social care, early years, post-16 and adult services, and align with our Education Sufficiency, Alternative Provision, Best Start in Life, Mental Health Transformation and Autism and Learning Disabilities strategies and the Families First Programme .
- **Be co-produced -** It will be written with parent carers, children and young people, Solihull Parent Carer Voice (SPCV), Our Voices Heard, SENDIAS, education settings and health partners, using our refreshed Co-production Charter, and will come with accessible and young people's versions.

- **Retain the principles behind our co-produced strategic outcomes** – we believe the Additional Needs Strategy outcomes are still relevant and partnership working, belonging, transitions, co-production and effective support and provision for children and young people are at the heart of our new SEND reform plan. We believe these outcomes remain relevant, although we will test this through our engagement and co-production with stakeholders.



What it will include

The new strategy will draw together the delivery plans and projects within our Inspection Action Plan (details on pages 8-18) and Reform Plan (details on page 19) and incorporate any other local priorities identified through the engagement work we undertake. We will take time to co-produce this - so what we are trying to achieve, and how we intend to do that, is clear for all involved; especially our parent carers.

We have begun to map these delivery plans to our strategic outcomes but will want to engage with stakeholders on what this looks like as we develop the strategy:

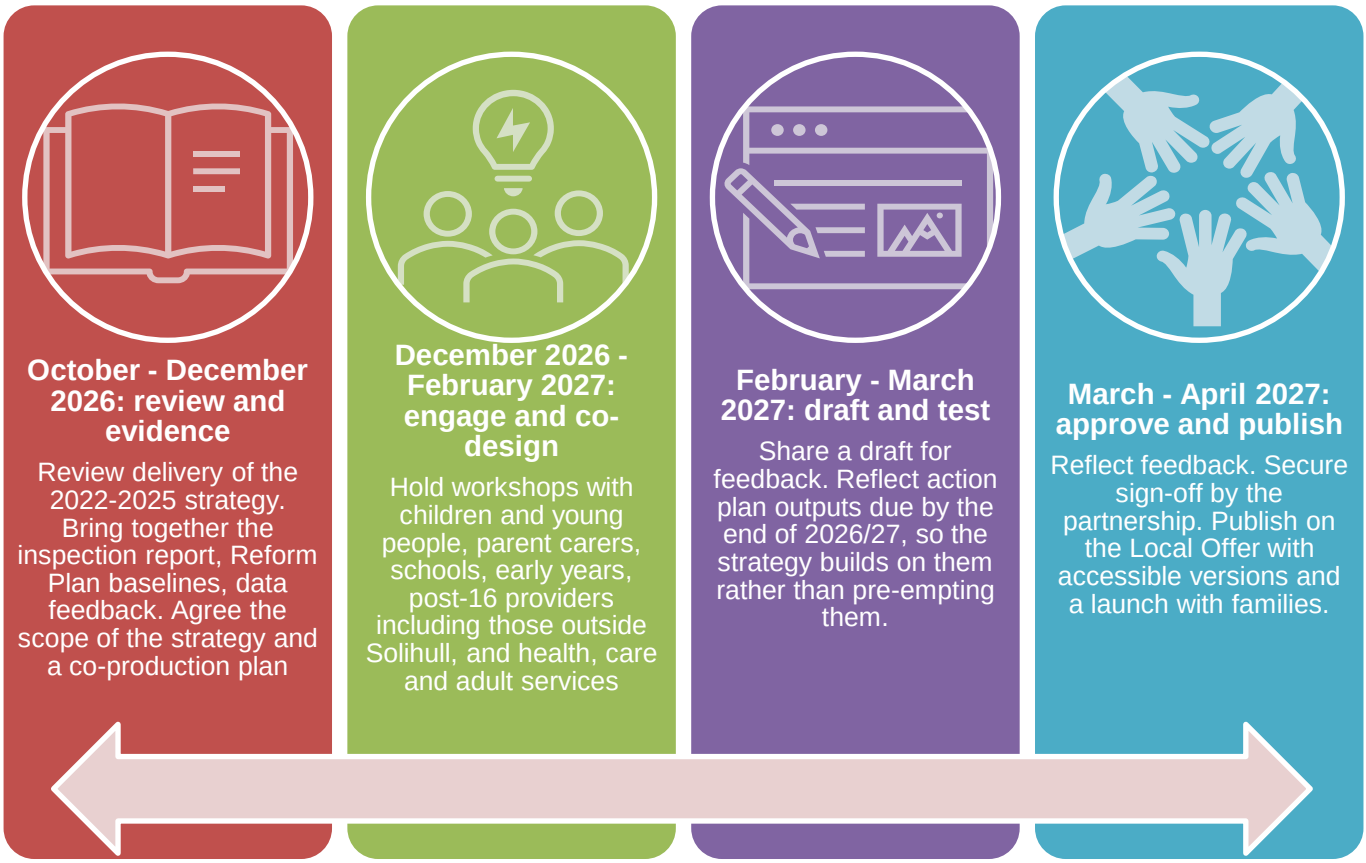
I can see that everyone is working together to help me make my life better	***I can see that Solihull has the services and support I need***	***My voice is heard, and it makes a difference***
SEND Reform Plan actions: - Governance and accountability (SRP4.1) - Partnership data (SRP4.2) - School groups – (SRP3.2) Inspection actions: - EHCP quality (AoI 4)	SEND Reform Plan actions: - Specialist bases (SRP1.1) - Finance and commissioning (SRP4.4) Inspection actions: - Children with disabilities (AoI 5)	SEND Reform Plan actions: - Engagement and co-production (SRP4.3)

I feel welcome, understood, valued, appreciated and included wherever I go	*In planning for my future I know what will happen, when it will happen and who I can communicate with about this*	*I can get the right support I need at the right time for me*
SEND Reform Plan actions: - Ordinarily Available Inclusive Guidance (SRP3.1) - Mediation and SENDIAS (SRP3.5)	SEND Reform Plan actions: - Early years transitions (SRP3.3) - Post 16 (SRP3.4) Inspection actions: - Preparation for adulthood across the partnership (AoI 2) - Post 16 CAMHS (AoI 3)	SEND Reform Plan actions: - Support bases (SRP1.2) - Experts at Hand (SRP2) Inspection actions: - Health wait times (AoI1)

SRP – SEND Reform Plan, and number denotes related project on page 20. AoI – Area of Improvement within the inspection action plan, and number denotes each recommendation on pages 9-19.

How and when we will develop it

We will work in four stages, finishing with publication in April 2027. The timetable below is proposed and engagement may last longer if needed to capture all views.



In the meantime…

We want to take time to get our new strategy right. We want to make sure stakeholders, including parent carers and children and young people, understand what impact we expect the national reforms to have and help us to implement these in a way which are meaningful in Solihull. We know that true co-production takes time so we will not rush this.

Until the new strategy is published, this statement sets out a summary of our actions and key commitments, and to the way we will work:

- **The 2022–2025 promises still stand.** Doing what we say, being honest, communicating clearly and listening remain how we want to work.

- **Progress will be visible.** Delivery against our SEND Reform Plan and inspection action plan will be tracked monthly, reported quarterly with progress ratings, reviewed six-monthly, and shared publicly and with SPCV.

- **The Local Offer will carry the story.** We will publish this statement and regular progress updates there.

- **Governance is being refreshed.** Our SEND governance is under review during 2026/27, and the new strategy will reflect the arrangements that result. The governance structure is attached on page 20.

SEND Inspection Areas for Improvement

Area of Improvement -1	Leads
Local area partnership and ICB leaders should establish clear accountability processes and milestones in their work to reduce waiting times and improve outcomes across speech and language and occupational therapy services, neurodevelopmental pathways and mental health services so that improvements are achievable, sustainable and equitable.	ICB Director of Nursing – Safeguarding, Children in Care & CDR & ICB Designated Clinical Officer

Specific activity and output	Intended Outcome	Completion date	Assurance Process
UHB Solihull Community Paediatrics and Paediatric Therapies to work with BSol trusts and system partners over 3 years to deliver redesigned pathways of needs-led support and assessment for autism and ADHD. BSol ND Delivery Group outputs to include: - Single Point of Access for Referrals - Needs-led support offer not reliant on diagnosis - Shared care scheme in general practice - Mobilised waiting list initiative	Children and young people's needs are assessed in a timely manner - More children, young people and families receive needs-led support resulting in meaningful improvement in presenting issues. - Waiting times for assessment and diagnosis are reduced in a phased manner, with no child waiting longer than 52 weeks by March 29, with the aim of achieving 80% in 18 weeks - More children and young people with a diagnosis of ADHD are supported under shared care arrangements in general practice.	Timelines for outputs to be confirmed by BSol ND Delivery Group. Waiting List Initiative [first phase] End March 27, ASD wait reduced to no more than 104 weeks. Trajectory beyond 104 weeks to be agreed via BSol ND Delivery Group.	BSol ND Delivery Group (Chair, Suzanne Cleary) to confirm milestones and report on progress via JAND (Solihull) and Cluster ND Oversight Group (System) - UHB waiting list activity to be reported to ICB via Contract Quality Review Meetings (CQRM) - UHB will continue with monthly monitoring meetings to review waiting times and continue with internal developments to maintain efficiency.
UHB to continue to report monthly activity on wait times for ND (ASD and ADHD) assessments and community paediatric therapy services (OT/SLT/Physio) including reasons for changes in these.	To ensure visibility and accountability of wait times and service challenges in reducing wait times to the LA partnership including children and young people, parents and carers.	Ongoing monthly reporting Sept 26.	Contract team provide monthly report to ICB, with quarterly reports provided through JAND group.

Paediatric SLT redesign and experts at hand offer attached to the SEND Reform. UHB Paediatric SLT, OT and physio services will work alongside SMBC, the ICB and partners across education and social care to create a more integrated and preventative model of support for children and young people. The redesign will focus on meeting needs earlier, reducing reliance on specialist interventions where appropriate, and ensuring that children receive the right support at the right time. Through the Experts at Hand approach, practitioners will work collaboratively to embed universal communication, sensory and motor strategies within schools, early years settings and community services, building the confidence and capability of the wider workforce. This redesign supports Solihull's ambition to deliver an integrated SEND system where support is accessible, collaborative and focused on enabling children and young people to thrive in their everyday environments. The ICB has provided non-recurrent funding to reduce SLT waiting times in Solihull through additional therapy workforce and administrative capacity alongside pathway and productivity changes.	Embedding universal strategies to support children's communication, sensory and motor needs in a collaborative approach, within care provision and educations settings. Earlier identification and support for speech, language and communication needs. Improved access to advice, guidance and intervention through a graduated response. Increased capacity within schools and settings to meet children's needs through universal and targeted approaches. Stronger partnership working between health, education and social care. Reduced waiting times and demand for specialist services through preventative and needs-led support. Improved experiences and outcomes for children, young people and their families. Revised baseline: 497 children waiting over 18 weeks (current) to 269 by February 2027; 0 waits over 52 weeks by end March 2027 80% of children to be seen within 18 weeks by March 2029.	Ongoing monthly reporting already in place with SMBC Deliver plan is in place until July 2029.	Progress and delivery will be overseen through the Experts at Hand Reform Plan and monitored via monthly commission meeting involving stakeholders across the partnership. Utilisation of waiting list initiative funding reported via ICB CQRM

Increase efficiency and patient flow within UHB Occupational Therapy pathways to support a reduction in waiting times and improve timely access to services. This work will be delivered alongside the Reform Experts at Hand programme. A review of job planning and patient allocation processes will be undertaken following implementation of the new assessment pathway to establish the time required for assessment activity and align caseloads with true clinical capacity. The initial objective is to reduce waiting times from 31 weeks to 26 weeks by March 2027, while maintaining quality and timely access to Occupational Therapy support.	New patient allocations will be based on the time required to complete the full Occupational Therapy assessment pathway, ensuring activity is aligned to true clinical capacity. This will improve patient flow, enhance efficiency within weekly timetables, and enable earlier access to Occupational Therapy interventions, supporting improved patient outcomes.	Reduce waiting time from 31 weeks to 26 weeks by end of March 2027.	Monitored internally through UHB monthly performance reporting and reviewed monthly through commissioning meetings with SMBC.
Implement and continue delivery of the SOLAR Mental Health Waiting Time Improvement Programme, including waiting list validation, routine clinical risk reviews, 12-weekly contact for those waiting, and targeted recovery plans for children and young people experiencing the longest waits. Outputs: validated waiting lists, risk review process, recovery trajectories and waiting time dashboards.	Waiting lists are actively managed, risks are identified and mitigated, and overall waiting times reduce through a structured and sustainable recovery programme. Children and young people remain engaged and supported whilst awaiting intervention.	By December 2026 all children and young people on core wait list will be allocated. Improvement set to continue beyond this date due to the merge into the CYP directorate by April 2027.	Weekly performance and quality meetings, Trust governance reporting, commissioner oversight, waiting list audits and monitoring of recovery trajectories.
Increase capacity and productivity through workforce reviews, service redesign, active caseload management and improved utilisation of clinical appointments. Outputs: increased clinical capacity, reduced unused appointment time and improved service productivity.	More appointments are available for children and young people, supporting reductions in waiting times and improved access to assessment and treatment.	By December 2026 all children and young people on core wait list will be allocated. Improvement set to continue beyond this date due to the merge into the CYP directorate by April 2027.	Workforce and capacity reviews, activity monitoring, caseload audits and monthly performance reporting.

Review and improve care pathways, discharge arrangements and use of routine outcome measures to improve service flow and intervention effectiveness. Outputs: streamlined pathways, strengthened discharge processes and enhanced outcome reporting.	Reduced delays and duplication within pathways, improved flow through services, better clinical outcomes and improved patient experience.	By December 2026 all children and young people on core wait list will be allocated. Improvement set to continue beyond this date due to the merge into the CYP directorate by April 2027.	Performance dashboards, outcome measure reporting, pathway reviews and quality governance processes.

Area of Improvement - 2	Leads
The local area partnership needs to improve its provision for children and young people with SEND as they progress into adulthood, coordinating services effectively across education, health and social care and ensuring the support is specified in EHC plans, where these are in place.	SMBC Head of SEND & SMBC Head of Service Adult Social Care

Specific activity and output	Intended Outcome	Completion date	Assurance Process
Adult Social Care and SEND to coordinate relevant social care assessments and reviews with EHCP annual reviews for young people who may need adult care and support from Year 9, including those educated outside Solihull. SEND to share review dates in time for ASC advice to inform planning; ASC to identify and provide the appropriate contribution.	Young people and families have clearer, coordinated plans for adulthood, with timely identification of potential care and support needs and ASC advice reflected in relevant EHCPs. Planning supports the young person's aspirations and independence alongside education and health outcomes. ASC involvement is based on individual needs, not assumed for every young person with an EHCP.	Oct-26	Joint review activity is underway, with further work needed for young people educated outside Solihull. The Head of SEND and Head of Service Adult Social Care will use review records and EHCP quality assurance to check timely invitations, ASC contributions and how advice is reflected in plans. Gaps and corrective actions will be reported through SEND governance and joint directorate oversight, linked to Area of Improvement 4. Completion against the October 2026 milestone requires evidence of consistent arrangements, not simply meetings taking place.
Refresher training for EHCP staff on Preparing for Adulthood (PfA) outcomes.	Staff better able to reflect PfA outcomes in EHCP content.	Dec-26	Staff supervision and team meetings. Improved quality of plan content to be monitored through QA sampling.
Include PfA in Childrens Social Care practice guide for social workers.	Staff better able to consider PfA outcomes in planning and decision making.	Dec-26	Staff supervision and team meetings. Improved quality of plan content to be monitored through QA sampling.

Specific addition to Quality Assurance (QA) template whether EHCP reflects PfA outcomes clearly.	EHCP team know the priority and where to include in the plan. Content from the 'how I communicate' box will be added more routinely to Section B if required.	Jul-27	Add to QA template from Jan 27. From July 27 specific monthly report from QA session on this element.
Currently outcomes in EHCPs are identified as PfA outcomes, we will now state explicitly which PfA theme this relates to.	Greater clarity around PfA for young people and those supporting them.	Jul-27	QA sampling to monitor compliance, feeding into staff supervision and team meetings.
Develop a PfA proforma for use in annual reviews from year 9 and above; attached as an appendix to the EHCP	Settings are explicitly asked to consider PfA outcomes as part of annual reviews which can be incorporated into plan amends.	Dec-27	EHCP Service review of amended plans by settings.
Co-produce a health transition toolkit to provide young people and P16 settings with information about transition arrangements for specialist health pathways and access information for universal services such as GP, Dentistry and Sexual Health services	Young people and Secondary and P16 education settings have access to good quality information to support access to local health services, inform multi agency transition planning and PfA	27-Dec	Progress updates provided against post inspection action plan.
Guidance for health practitioners on PfA outcomes to be developed and distributed to teams and added to existing training resources.	Health practitioners and advice writers will be more informed about PfA outcomes for inclusion in specialist advice for EHCP.	27-Jul	Distribution through communication within health services.

Area of Improvement - 3	Leads
Local area partnership and ICB leaders should prioritise reducing waits for post-16 young people approaching adulthood within CAMHS pathways and ensure appropriate interim support, risk management and transition planning are in place so that needs are addressed effectively before transition to adult services.	ICB Director of Nursing – Safeguarding, Children in Care & CDR & ICB Designated Clinical Officer

Specific activity and output	Intended Outcome	Completion date	Assurance Process
Continue targeted wait list reduction programme focused on young people aged 17+ who are approaching transition to Adult Mental Health Services (AMHS). Regular review of the age profile of waiting lists to identify those most at risk of delayed transition.	Reduction in waiting times for young people closest to transition age, ensuring timely access to assessment and intervention before adulthood.	Mar-27	Monthly wait list review through RAP governance meetings and reporting to SOLAR Performance Board.
As numbers of young people aged 17+ waiting reduce, extend targeted wait list reduction work to young people aged 16+ approaching adulthood.	Progressive reduction in waiting times for all post-16 young people within CAMHS pathways.	Jun-27	Quarterly audit of waiting list age profile and trajectory.
Ensure all post-16 young people awaiting assessment or treatment receive interim support information, crisis advice and risk review appropriate to level of need.	Young people are supported whilst waiting and risks are identified and managed promptly.	Ongoing	Clinical risk audits and supervision oversight.
Continue regular monthly transition meetings with AMHS to ensure the right children are being transferred to adults and are not closed before adults have seen them.	For young people to be transitioned without delay in care and treatment.	Ongoing	Monthly oversight through governance structures and caseload management supervision

Area of Improvement - 4	Lead
Leaders across the partnership should accelerate their work to improve the quality of EHC plans. They should ensure that: • EHC plans accurately reflect children's and young people's health and social care needs and provision • EHC plans better reflect children's speech, language and communication needs, and the support required to meet those needs	SMBC Head of SEND

Specific activity and output	Intended Outcome	Completion date	Assurance Process
Children's Social Care (CSC) pulling a report to identify all children with EHCPs known to their teams.	Social care staff aware which children they work with have EHCPs to be contributed to.	Sep-26	Reported to CSC senior and directorate leadership teams.
UHB Trust to review and communicate the Trust Standard Operating Procedure (SOP) for EHCPs.	Improve engagement of UHB health professionals with EHCP processes.	Dec-26	Ratification of updated SOP and communication to Trust employees.
UHB Trust to provide further education and resources to support Health professionals who are writing/potentially writing EHCP advice.	Improve the quality of EHCP advice being provided by UHB health professionals.	Dec-26	Staff Newsletter with training resource information to all relevant team leads for communication within their teams. Access to CDC training via Trust Moodle.
UHB Trust to review the Health advice report template and update this within the Trust SOP.	Improve the accuracy of transfer of health advice to the EHCP document.	Dec-26	Ratification of updated SOP and communication to Trust employees.
UHB to work with Local Authority and ICB to make health advice template available on the Solihull Local Offer professionals pages.	Ensure all health staff completing EHCP advice reports are using the most up to date version that is available.	Jan-27	Access to local offer for health employees verified. Finalised health advice document to be uploaded.

CSC to develop a methodology for alerting Social Workers (SWs) when EHCP reviews are due,	Ensure SWs know and are reminded of timescale for updates.	Jan-27	Data of timely input into new plans and reviews.
Develop a practice guidance document for CSC input into draft EHCPs.	SWs to feel confident and provide good quality content.	Jan-27	Quality of CSC content in EHCPs.
Training for EHCP team on Speech & Language (SLC) content and support for communication. Specific addition to Quality Assurance (QA) template whether EHCP reflect SLC clearly and support for these.	EHCP team know the priority and where to include in the plan. Content from the 'how I communicate' box will be added more routinely to Section B if required.	Dec-26	Add to QA template from Jan 27. From July 27 specific monthly report from QA session on this element.
Adult Social Care and SEND to coordinate relevant social care and EHCP reviews, as set out in Area of Improvement 2, and check that ASC advice on assessed needs, outcomes and provision is accurately reflected in EHCP content.	Relevant EHCPs accurately describe the young person's assessed social care needs and agreed provision, with clear links to preparation for adulthood outcomes and care and support planning.	Oct-26	The Head of SEND, working with the Head of Service Adult Social Care, will use EHCP quality assurance to check the accuracy and specificity of ASC content against social care advice and plans, including for young people educated outside Solihull. Findings, gaps and corrective actions will inform the joint reporting under Area of Improvement 2, avoiding duplicate reporting.
Revised UHB SOP and health advice template to be shared with system health partners for implementation.	Sharing of learning and good practice across health partnership.	27-Feb	Communication to health SEND partnership
Working with health to identify any SLC needs. Request settings submit any information from speech and language assessments (including screening from WellComm delivered through Experts at Hand) to inform EHCP content.	Clearer identification of needs at an earlier stage.	Apr-27	QA framework and EAH monitoring

Area of Improvement -	Lead
The local area partnership should ensure that there are clear pathways and access to support provided by the social care children with disabilities team. In particular, when the need for support is identified, this should be communicated well and understood by children, young people and professionals.	SMBC Head of Systemic Practice and Family Therapy

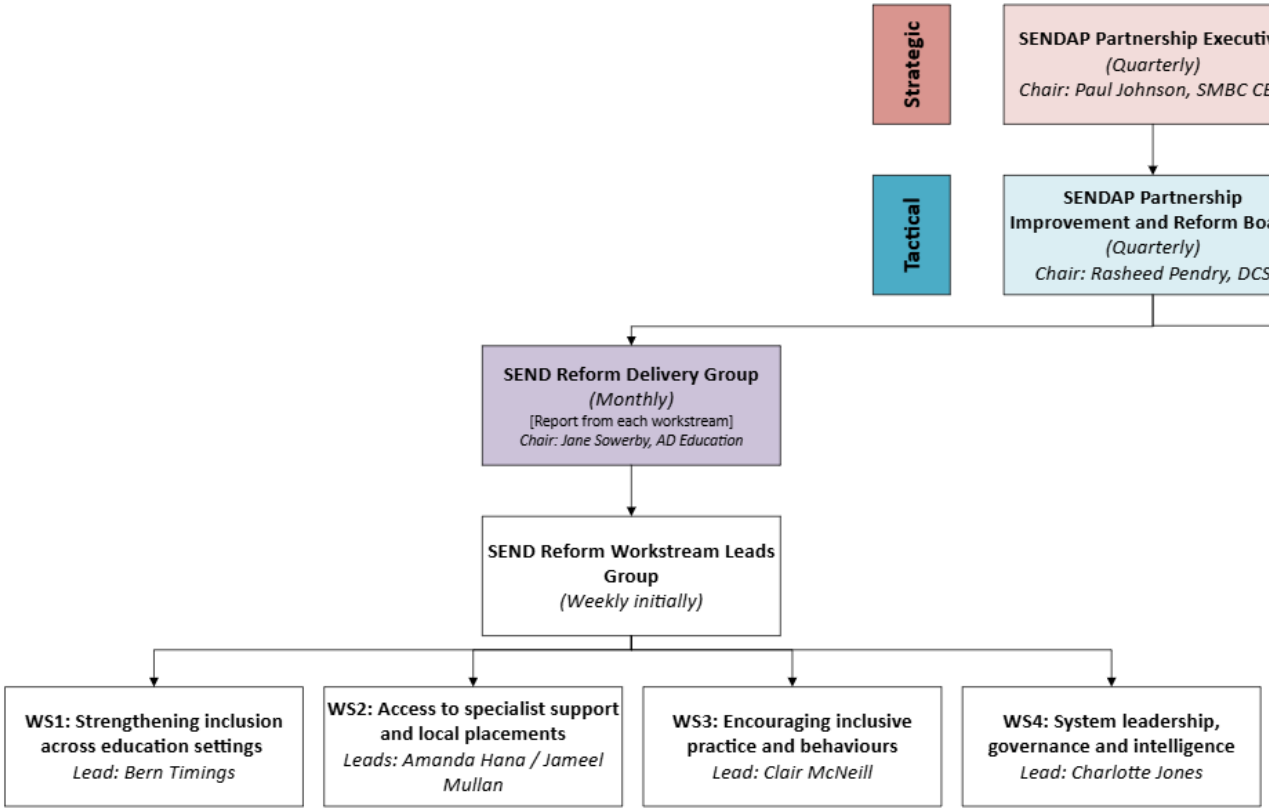
Specific activity and output	Intended Outcome	Completion date	Assurance Process
Undertake a multi-agency review of the current Children with Disabilities Team pathway, including referral routes, thresholds, eligibility criteria, communication points and family experience. **Outputs** • Current-state pathway map • Gap analysis • Agreed future-state pathway	A single, clearly understood pathway exists across education, health and social care, reducing confusion regarding access to support.	Dec-26	Pathway review completed and agreed through SEND governance arrangements.
Work with children, young people, families, parent carers and professionals to develop accessible information describing referral routes, eligibility criteria, assessment processes and available support. **Outputs** • Published pathway guidance • Family-friendly guide • Local Offer updates • Professional guidance document	Children, young people, parents and practitioners understand how to access support and what services are available.	Feb-27	Co-production feedback, publication of guidance and parent/carer feedback regarding clarity and accessibility.

Develop and implement communication standards for referrals, assessments and decisions, ensuring families receive clear explanations regarding eligibility, outcomes, next steps and alternative sources of support where threshold is not met.**Outputs**• Communication protocol• Standard letters/templates• Signposting guidance	Families understand decisions made, alternative support available and next steps.	Mar-27	Case file audit, parent feedback and monitoring of complaints relating to pathway access and communication.
Implement a communication and engagement plan to ensure professionals across social care, education, health and partner agencies are aware of the pathway, eligibility criteria and routes to support. **Outputs** • Partnership briefing programme • Communication materials • Frequently Asked Questions resource	Professionals make appropriate referrals and provide accurate advice to children, young people and families.	Apr-27	Professional feedback, review of referral patterns and feedback from partner agencies.

Reform Plan: what we will deliver in 2026/27

Workstream	Project	Key delivery in 2026/27
1. Strengthening inclusion across education settings	1. Specialist inclusion bases	Design principles and sufficiency analysis; co-design with schools, families and young people; pilot primary and secondary bases by end of 2026
	2. Support bases	Design principles 'The Solihull Way'; pilot bases
2. Access to specialist support and local placements	1. Experts at Hand	Multidisciplinary offer tested with pilot groups of settings and scaled through the year; depends on recruiting educational psychologists, speech and language therapists and occupational therapists
	2. Special school outreach	Additional staffing and coaching capacity in place; fully commissioned outreach offer planned from year two
	3. Educational psychology and therapy capacity	New EP capacity and assistant psychologist roles; additional speech and language and occupational therapy posts commissioned; more consistent, proactive therapy offer to settings through 2027
	4. Alternative provision Tier 1	AP framework drafted; Solution Circles model piloted; Tier 2 practice at The Canopy tested
	5. Parent engagement and training	SPCV-led parent engagement groups extended across schools; Neuroinclusive Education Network training for settings refined and expanded into 2027/28
3. Encouraging an inclusive culture and behaviours	1. Universal offer	Co-produced Ordinarily Available Inclusive Guidance and Universal Offer Agreement developed and tested
	2. School groups	Locality school groups structure agreed by January 2027
	3. Early years	Sufficiency data collection, early identification pathways and transitions into Reception tested
	4. Post-16	Multi-agency NEET and pathways strategy finalised, and clearer Local Offer content published, by March 2027
	5. Mediation and SENDIAS	Early resolution routes (Way Forward meetings and mediation) in use, with a single commissioned mediation provider
4. System leadership, partnership and co-production	1. Governance and accountability	Revised governance with agreed decision and escalation routes; single SEND improvement framework and shared outcomes baseline
	2. Partnership data	Shared data vision, principles and core dataset agreed; shared SEND dashboard developed
	3. Engagement and co-production	Co-production Charter relaunched in September 2026 and applied to priority workstreams by March 2027
	4. Finance and commissioning	Shared baseline of the system's financial position and a single view of funding, spend and forecasts

SEND Governance



Potential workstreams:

- Post-16 and PfA* (Lead: Amanda Hana)
- Pathway redesign, transformation and comms * (Lead: Aimee Wright)
- (NHS) Waiting times* (Lead: Di Rhoden)
- EHCP quality assurance* (Lead: Amanda Hana)
- Children & Young People voice (Lead: Levain Preston)
- Digital

Inspection response