Sheffield SEND Local Area Partnership Improvement Plan

Sheffield City Council

NHS Sheffield Children's NHS Foundation Trust

NHS South Yorkshire Integrated Care Board

Learn Sheffield

In partnership with

Sheffield Parent Carer Forum

INTRODUCTION

Our vision for children and young people with special educational needs and disabilities (SEND) in Sheffield is that they achieve their full potential in their early years, at school, in further education, and as they prepare for adulthood, leading happy and fulfilling lives.

We want every child in Sheffield to belong. Every child should belong in a loving family, a good quality home, in their local school where they feel they belong, thrive and achieve, in their community where they are valued and respected, and as members of the City of Sheffield, where their voice is heard and makes a difference.

Why we are doing this work

In March 2025, Sheffield's Local Area SEND Partnership was inspected by Ofsted and the Care Quality Commission. The findings, published in May 2025, highlighted serious concerns, including several Priority Actions, alongside some areas of progress.

We take these findings extremely seriously. We know that not all children and families in Sheffield have received the support they need, and we are truly sorry to those who have experienced delays, poor communication, or felt let down.

We are committed to acting with urgency, openness, and determination. This plan sets out how we will work together across education, health, social care, and communities to deliver the improvements that are urgently needed, and to rebuild trust with families.

What is an Improvement plan

The Sheffield SEND Priority Improvement Plan is our shared roadmap for the next 18 months, setting out the key actions and changes we will make in response to the inspection and to the voices of children, families, and professionals. This plan is based on evidence, accountability, and partnership working. It has been shaped by:

- The voices of children and young people

- The experiences of parent carers

- Feedback from schools, health services, and care professionals

- Lessons from inspections and national best practice

This plan focuses on short- and medium-term improvements, the things we must do now to make a real and immediate difference.

How will we lead and oversee this work?

To make sure the improvements in this plan happen quickly, openly, and with the right level of scrutiny, Sheffield has established a new leadership group — the SEND Improvement Board (SIB).

This board is the main group responsible for overseeing all SEND improvement work across the city. It brings together senior leaders from:

- Sheffield City Council
- South Yorkshire Integrated Care Board (ICB)
- Local NHS providers
- Schools and education leaders
- The Sheffield Parent Carer Forum, representing families' voices

We will facilitate the SENDing voices group's active participation on the board, ensuring children's and young people's perspectives shape every decision. An independent chairperson leads the board, ensuring there is strong challenge, accountability, and a clear focus on making real improvements.

What the Board does:

The SEND Improvement Board meets monthly to:

- Track progress against the actions set out in this plan and in response to the 2025 SEND Inspection
- Drive improvements across the entire local SEND system — education, health, and care
- Use data, evidence, and lived experience to understand what is working and what isn't

- Ensure that children, young people and families are central to all decision-making
- Escalate barriers and risks to senior leaders across the Council, NHS and partners, making sure problems are resolved quickly

This board is the place where all partners come together to take shared responsibility for improving the experiences and outcomes of children and young people with SEND.
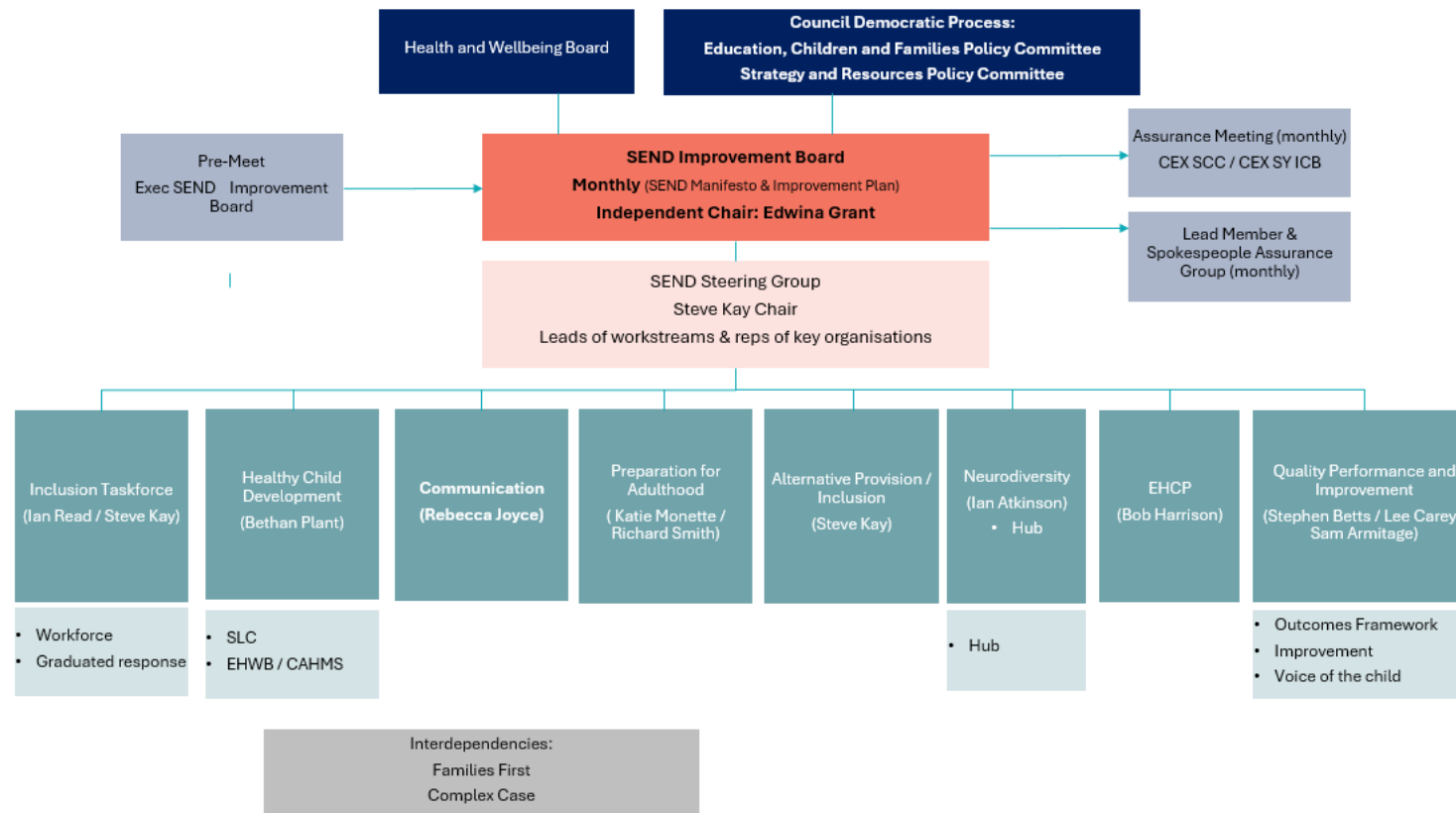
Governance

To make sure no area is missed, the board is supported by a steering group and subgroups that focus on key parts of the system.

These subgroups meet regularly and report back to the main board. They are made up of professionals, managers, and, where appropriate parent carer and youth voice representatives.

Their role is to drive focused improvements and make sure no issue is left behind.

Together, this structure ensures that the SEND system in Sheffield is not just delivering actions, but doing so with strong leadership, clear accountability, and in full partnership with families and young people.

Health and Wellbeing Board

Council Democratic Process:
Education, Children and Families Policy Committee
Strategy and Resources Policy Committee

Pre-Meet
Exec SEND Improvement Board

SEND Improvement Board
Monthly (SEND Manifesto & Improvement Plan)
Independent Chair: Edwina Grant

Assurance Meeting (monthly)
CEX SCC / CEX SY ICB

Lead Member & Spokespeople Assurance Group (monthly)

SEND Steering Group
Steve Kay Chair
Leads of workstreams & reps of key organisations

Inclusion Taskforce
(Ian Read / Steve Kay)

Healthy Child Development
(Bethan Plant)

Communication
(Rebecca Joyce)

Preparation for Adulthood
(Katie Monette / Richard Smith)

Alternative Provision / Inclusion
(Steve Kay)

Neurodiversity
(Ian Atkinson)
• Hub

EHCP
(Bob Harrison)

Quality Performance and Improvement
(Stephen Betts / Lee Carey / Sam Armitage)

• Workforce
• Graduated response

• SLC
• EHWB / CAHMS

• Hub

• Outcomes Framework
• Improvement
• Voice of the child

Interdependencies:
Families First
Complex Case

# How this plan links to the proposed Sheffield SEND Manifesto

This plan doesn't sit on its own. It is rooted in the proposed [Sheffield SEND Manifesto](#), our city-wide commitment to a long-term vision for better SEND services.

The Manifesto was co-produced by the Local Area Partnership supported by Learn Sheffield with input from schools, health and care services, and parent carers. It sets out:

- A clear vision for inclusion and better outcomes

- Five key priorities for change

- The importance of early intervention and preparation for adulthood

- A strong commitment to co-production and working together

Throughout this Priority Improvement Plan, you'll see how each section connects back to those big priorities. In every table of actions, we show how what we're doing now contributes to the future we want to build, as set out in the Manifesto.

To help deliver these changes, we are making sure that the ten areas of focus are fed into key sub groups to drive change and improvement.
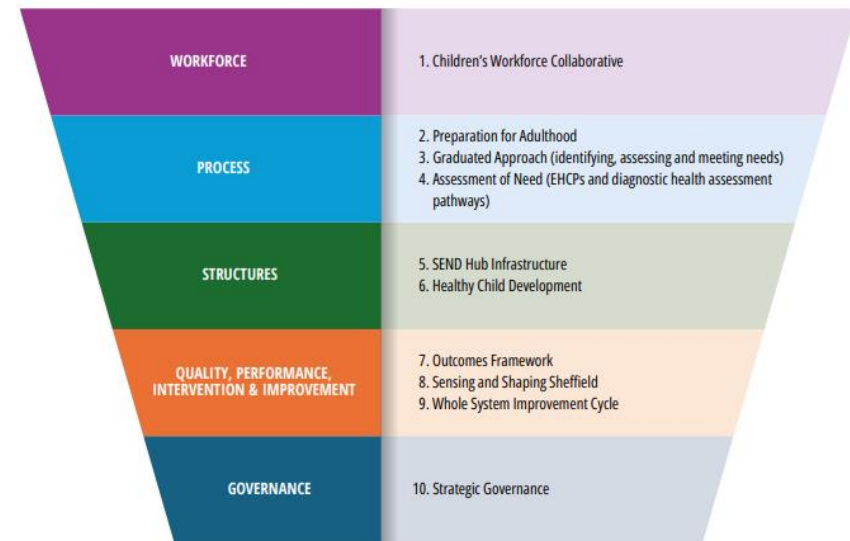
Together, the Manifesto and this plan are driving change, from quick wins to deep, lasting improvements across the whole SEND system.

Checking and Sharing Progress

We will carefully track how well this plan is working with a clear, open system for measuring progress:

- **Interactive dashboards and regular updates**, providing real-time local area partnership metrics on assessment and review turnaround, EHCP completion rates and other key performance indicators.

- **Monitoring EHCP impact**, highlighting where plans meet children's needs and where extra focus is required.

- **Reporting on partnership actions** since the last inspection to tackle priority areas.

- **Evidence of assurance**, showing how leaders have checked that necessary actions for each priority area are underway.

- **Self-evaluation outcomes** from the local area partnership.

- **Voices of children, young people and their families**, gathered through sampling activities, surveys and direct conversations.

We'll publish reports via the SEND Improvement Board and the Health and Wellbeing Board. Transparency is essential, if something isn't going to plan, leaders will explain why and act swiftly to set things right.

Feedback from families and professionals is central to this work. We'll continue to listen through surveys, engagement events, meetings, and regular conversations with the Sheffield Parent Carer Forum, children and youth voice groups, and community partners.

Building Confidence in the SEND System

Throughout this plan, you will see a strong focus on building confidence, but what does that really mean?

To us, confidence means that:

- Families feel listened to, informed, and supported

- Professionals feel they can trust the system and work well across services

- Children and young people feel their needs are understood and met

We know that confidence is just as important as facts and figures. That's why we're developing a new Confidence Framework through sense and shaping in the SEND Manifesto to help us measure how people experience the SEND system, how included they feel, how well supported they are, and whether they believe services are working for them.

This framework will be used alongside our other performance measures, helping us build a full picture of what's improving and what still needs to change. We'll use it to check whether the actions in this plan are really making a difference in people's lives, not just on paper.

What Does a Good SEND System Look Like?

We want children and families in Sheffield to feel supported and confident in the SEND system. To make sure we all share the same vision of "good," we've combined Ofsted's inspection benchmarks with the co-produced Sheffield SEND Manifesto. This shared framework guides our improvement plan and helps us track our progress.

Inspection benchmarks embedded in our plan:

- Right support, right time: children and young people with SEND receive timely, appropriate help

- Strong outcomes and next steps: they're well prepared and achieve positive results

- Inclusion and visibility: they feel valued and belong in their communities

- Ambitious leadership: leaders set high expectations and work alongside families

- Shared understanding: leaders have an accurate picture of local SEND needs

- Strategic commissioning: services and provision match those needs and aspirations

- Continuous improvement: leaders evaluate, learn and adapt

- Collaborative environment: multi-agency working thrives

Key features from our Sheffield SEND Manifesto:

- Children feel safe, supported and heard

- Families are fully involved and confident their voices matter

- Accurate, timely identification and assessment of need

- Good progress in learning, communication, development and wellbeing

- Young people ready for adulthood, with a strong sense of belonging

- Inclusive, high-quality services across education, health and care

- A skilled, cohesive workforce working seamlessly together

- Early support without unnecessary delay

Blending these national benchmarks with our locally shaped features gives us one clear plan that meets both rigorous standards and our community's needs. This shared vision keeps us focused on what matters, building trust and delivering real results for children and families, all tracked through our Confidence Framework.

You can find the full version of the "Features of an Effective SEND System" in the Sheffield SEND Manifesto.

V10.8

Co-production and Engagement

"We are committed to changing the way we interact and work together. We will inform, consult, involve and co-produce in a spirit of mutuality, and with kinship, empathy, a willingness to take relational risks and a commitment to our collective goals. This will be embedded in culture and practice in our local area SEND partnership."

Proposed SEND Manifesto pg.20

Working together with families, children, and young people is at the heart of how we improve SEND services in Sheffield. We are committed to making sure decisions are shaped by the people who use those services every day.

We work closely with the Sheffield Parent Carer Forum, which represents the voices of parents and carers across the city. Their involvement helps shape decisions at every level of the SEND system.

Children and young people also have a strong voice. Through our SENDing voices group and other engagement work, they share their experiences and ideas to help make services better. Their views are helping us build a more inclusive and supportive system.

We gather feedback in lots of ways, surveys, events, workshops, and direct conversations, so, we can understand what matters most and respond to what families tell us.

We have a Co-production Charter that sets out our shared commitment to working in partnership with families. This Charter will be reviewed as part of a new Communication and Engagement Strategy, set out in the SEND Manifesto. This will make sure families, children, and young people are consistently involved in shaping services and decisions.

Communication and Accessibility

We want everyone to be able to read and understand this plan. That includes children, young people, parents, carers, and professionals.

The plan is written in clear, plain English. We will also create visual versions to help explain the key messages in a way that is easier to understand.

You will be able to find the plan on Sheffield's Local Offer website. There, you can use tools to translate it into other languages or have it read aloud.

We will share the plan through schools, health services, and local community groups, so more people know about it.

We'll also keep people up to date with progress and changes. You'll be able to tell us what you think. Your voice matters, and we want to keep listening and improving together.

SHEFFIELD PRIORITY IMPROVEMENT PLAN

Responsible bodies for delivery of areas for priority action are Sheffield City Council & South Yorkshire ICB

The tables below set out our high-level actions and priorities across the partnership. Each commitment will be broken down into detailed operational plans by the relevant sub-groups and overseen by the SEND Improvement Board to ensure clear accountability and timely delivery.

Our improvement plan is built around the **Area SEND Inspections: Framework and Handbook**, jointly produced by Ofsted and the CQC, and the locally co-produced Sheffield SEND Manifesto. Every action and goal are mapped to the handbook's evaluation criteria and the manifesto's features, giving us one shared roadmap that keeps us inspection-ready and focused on delivering real improvements for Sheffield's children, young people and families.

Priority Area 1:

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
Priority Area 1: Leaders across the partnership must act with urgency to: 1.1.1. Ensure that amended EHC plans are completed and issued in a timely way 1.1.2. Ensure EHC plans better reflect the current needs and provision for the child or young person across health, education and social care, particularly as they move through different phases of education 1.1.3. Improve and embed processes for the quality assurance of EHC plans and annual reviews.						
Desired outcome for children and young people: Children and young people with SEND have their needs identified quickly, assessed accurately and supported through timely, high-quality EHCPs, with strong multi-agency oversight. **Meets Area SEND Inspection criteria:** • 51a–d & 53a–d – accurate and timely identification, strength-based assessment, clear referral routes, co-ordinated plans that are regularly reviewed. • 58a–d – leaders gather and share up-to-date information on local needs and use it to shape commissioning.						
1.1.	**Ensure amended EHC plans are completed and issued in a timely way.** **SEND Manifesto alignment:** • **Primary**: Workstream 4 (Assessment of Need) & Process Priority 4**Secondary:** Priority 2 (Diagnostics & Support) & Workstream 3 (Graduated Approach)						

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
	• **Tertiary:** Priority 5 (Governance) – ensuring transparent decision-making structures					
1.1.1	Expand and stabilise workforce capacity and training.	Existing establishments reviewed and necessary posts recruited to.	Recruitment has taken place, and vacancies filled.	Continuous training and development embedded, and impact monitored. Workforce stabilised.	Sheffield City Council (SCC) South Yorkshire ICB	Leaders show an ambitious strategy and embed a culture of high expectations across services Practitioners have the skills to understand children's needs and create an inclusive environment
1.1.2	Improve quality and timeliness	Criteria and processes reviewed and developed to improve timeliness, efficiency, and quality of EHC processes. • New processes implemented to support improvements across services supporting the assessment and plan creation process.	Increase the percentage of EHC plans issued within the 20-week statutory timeframe to at least the national average, with all plan's quality-assured to a minimum of "good" standard.	Continuous raise on-time issuance of EHC plans to within the 20-week statutory timeframe, matching or exceeding top-performing core cities	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB)	Plans and support are developed and provided in a timely way Interim support is in place while awaiting assessment Plans and support are coordinated within and across

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						providers
						Leaders evaluate whether services improve outcomes
						Timely development and provision of plans
						Leaders monitor service sufficiency and take action on gaps
		Support education settings with improved process & communication on overdue annual reviews. • Provide clear expectations on annual reviews and timescales working with Sheffield Parent Carer Forum and Learn Sheffield. • Improved data reporting	Annual reviews completed on time and updating EHCPs (including ceasing where agreed). • Integrate data reporting and where possible automated tracking and reminders to maintain on-time performance.	Ensure annual reviews are reliably completed on time, with EHCP updates (and cessations) consistently applied and showing monthly improvement • Operate a fully automated end-to-end tracking and escalation system—routine reminders run	Learn Sheffield Sheffield City Council (SCC)	Children, young people and families understand their plans (including intended outcomes and timescales) Leaders gather accurate, timely data on SEND needs (e.g., overdue reviews)

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		• Prioritization of any overdue Annual Reviews and where children transitioning between phases.	• Embed review timeliness as a core KPI within all partner governance cycles, driving continuous improvement through quarterly data reviews	without manual input • Live dashboards and quarterly quality-assurance audits confirming ongoing performance		Support is in place before and during transitions Leaders use feedback and data to improve services Plans and support are regularly reviewed and updated to reflect changing needs Processes and systems support timely information-sharing and risk management Leaders use feedback, data and QA findings to drive continuous improvement.
			Conduct baseline and follow-up surveys		Sheffield Parent Carer Forum (SPCF)	CYP and families access impartial information and

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		Design and implement baseline surveys to measure Children & young people, parent/carer and professional satisfaction with process clarity and efficiency.	showing improved parent/carer and professional satisfaction.	Sustain high satisfaction among families and professionals, with clear reporting and minimal escalations managed within business-as-usual processes	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB)	support to make informed choices Leaders use feedback and data from multiple sources to improve services. Leaders jointly evaluate whether services improve outcomes, not just activity Continuous feedback mechanisms drive ongoing improvement
1.1.4	Review of our digital infrastructure, technology platforms, and the systems we use including use of data to inform progress of improving outcomes	Complete an in-depth review of current systems, across education, health, and care. Work with children, young people, parents/carers, and professionals to define requirements and user stories for an improved digital solution.	Tender for digital platforms and secure procurement approvals. Configure, test, and prepare the new digital systems for implementation. Embed training on EHCPs across all sectors/ Children &	All EHCP processes fully digitised and operational, with staff trained and families supported to access the system.	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB)	Plans and support are developed and provided in a timely way Plans and support are coordinated within and across providers

13

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		Review system to hear the voice of the child	young people, Parents and carers			Leaders structure swift decision-making processes to implement service changes

Leaders set an ambitious strategy and high expectations for SEND services |
| 1.2 | Ensure EHC plans better reflect the current needs and provision for the child or young person across health, education and social care, particularly as they move through different phases of education.

SEND Manifesto alignment:
  o   **Primary:** Workstream 1 (Children's Workforce Collaborative) & Priority 1 (Workforce)**Secondary:** Workstream 8 (Sensing & Shaping Sheffield) – capturing real-time learning needs
  o   **Tertiary:** Priority 4 (Quality & Improvement) – linking workforce development to outcomes measurement | | | | | |
| 1.2.2 | Strengthen EHC assessment decisions through partnership working and involvement of families and professionals. | To ensure EHC plans stay accurate, responsive and child-centred from initial request through assessment and beyond, we will embed strengthened decision-making across the entire journey:

Co-produce a decision-making protocol detailing when and how children, | Implement protocol: Distribute the co-produced decision-making protocol to all | Audit 100% of EHCPs for protocol adherence and panel participation | Sheffield City Council (SCC)

South Yorkshire Integrated Care Board (SYICB)

Learn Sheffield | Leaders consider specific needs and best ways to engage CYP in co-production

CYP and families are supported to make choices and contribute to plans |

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		families and professionals must be involved. Design multi-disciplinary conversations (where needed) at each stage (request, assessment, drafting, review). Use structured dialogues to capture the child's voice, family aspirations and practitioner insight. Develop checkpoints before phase transitions to agree priorities and resources.	teams and deliver mandatory training. Establish multi-disciplinary for every appropriate EHCP stage. Embed dialogues: Add structured child-and-family input sections to all EHCP request, assessment and review forms. Formalise co-production checkpoints in transition plans, documenting agreed priorities and resources in each EHCP.	Track metrics on involvement rates, implemented recommendations and transition success Analyse feedback from children, families and practitioners on decision quality Refine protocol and tools based on audit and feedback findings	Sheffield Parent Carer Forum (SPCF)	Systems support practitioners to share information in a timely manner Practitioners understand roles and collaborate effectively CYP and families understand their plans and intended outcomes Leaders give feedback on changes made from CYP input Support is in place before and during transitions Continuous feedback loops drive ongoing enhancement
1.2.3	Develop a multi-agency training plan for professionals	Develop Training Plan & Lay QA Foundations			South Yorkshire Integrated	Practitioners have the skills to understand CYP

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
	contributing to the EHCP assessment and review processes through the advice that they offer.	Identify all professional roles contributing to EHCPs and survey their training needs on integrating education, health and social care outcomes Co-produce core training objectives and modules with SCC, SYICB, SPCF and Learn Sheffield to ensure plans reflect all three sectors Define an audit scope and methodology to check for comprehensive EHC coverage in every plan Develop a multi-agency QA action plan to address gaps in cross-sector content Update EHCP templates and guidance to embed clear sections for health, social care and education outcomes	Roll out the co-produced training to SENCOs, case officers and all professionals who write or use advice, ensuring they can develop holistic, child-centred EHCPs Embed practice improvements by integrating training outcomes into team meetings, supervision and induction programmes Conduct quality audits of EHCPs to confirm they clearly acknowledge and show all three areas within each plan Provide targeted refresher sessions and peer-learning forums to	Audit a representative sample of EHCPs to confirm each includes clear education, health and social care outcomes Integrate these QA checks into routine monthly reviews and governance cycles Feed audit findings back into targeted refresher training and template updates Establish ongoing feedback loops with families and professionals to continuously refine cross-sector content	Care Board (SYICB) Sheffield City Council (SCC) Learn Sheffield Sheffield Parent Carer Forum (SPCF)	needs across education, health and care Leaders set an ambitious strategy for cross-sector practice Systems support timely information-sharing across sectors Leaders use data and feedback to improve services Leaders ensure CYP and families contribute to service shaping through informed professionals Practitioners understand their roles and collaborate effectively EHCPs are coordinated

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
			reinforce skills and share best practice			across services to reflect comprehensive needs Leaders evaluate whether revisions improve outcomes Continuous feedback loops drive ongoing enhancement Leaders challenge each other to refine practice based on real-time evidence

1.3	**Improve and embed processes for the quality assurance of EHC plans and annual reviews.**
	
	SEND Manifesto alignment:
	   o **Primary:** Workstream 3 (Graduated Approach) & Workstream 4 (Assessment of Need) & Workstream 8 (Sensing & Shaping Sheffield)
	   o **Secondary:** Workstream 5 (SEND Hub Infrastructure) – where joined-up pathways will operate
	   o **Tertiary:** Priority 3 (Inclusion & Community) – ensuring hubs support inclusive practice					

1.3.1	Review and embed a local area partnership quality assurance framework for EHCPs.	Work with partners, including parent and carer and children and young people representatives, to review and	Comprehensive training is provided across the partnership, ensuring at least one representative	All service areas have designated QA leads who mentor peers and ensure	Sheffield City Council (SCC)	Plans and support are regularly reviewed and

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		develop an updated multi-agency audit tool. Define the scope, methodology, and evidence required to develop a shared understanding of good practice. Quality Assurance Framework: Co-produce and agree a clear, shared protocol and criteria of "what good looks like" across all partners. Establish a quality assurance policy for all independently commissioned advice givers and NHS/LA commissioned advice givers from independent providers. Establish mechanisms for involving children, parents/carers, and professionals in reviewing the quality of plans.	from each service area is equipped with essential knowledge. Complete a quality review of all EHCP's at key transition stages EY-Primary, Primary to Secondary, Secondary to post 16 and 16 onwards, or where there is a significant change in need that results in a reassessment of the EHCP. EHCPs accurately capture the aspirations, needs, desired outcomes, and required provisions of children and young people. Insights from termly audit reports are actively implemented to enhance EHCP processes and outcomes. Targeted Continued Professional Development (CPD) opportunities support	ongoing adherence to standards. Quality reviews are embedded into the termly cycle, with outcomes reported to governance boards each term. EHCPs consistently include clear aspirations, needs, outcomes and provisions, validated through routine audits. Termly audit insights feed directly into the QA Framework's action log, with progress tracked and reported transparently. A QA-linked CPD programme runs year-round, updating professionals on audit findings and reinforcing best practice.	Learn Sheffield South Yorkshire Integrated Care Board (SYICB)	updated Leaders evaluate whether services improve outcomes CYP and families understand their plans and intended outcomes Leaders monitor service sufficiency and take action on gaps Leaders promote a culture of challenge and reflection for continuous improvement Leaders use data and feedback to improve services Systems support timely information-sharing

Ref	Overarching actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
			ongoing learning and improvement.			

We will know we have achieved our desired outcomes and made an impact in this priority area when:
- Professionals and Families have trust in the system and work together to meet needs of our children
- EHC plans reflect the child's needs and have a positive impact with the child's needs being met and outcomes improving.
- Focus is on meeting needs early and assessment process is streamlined to free up professionals to meet need
- Through a streamlined process EHCP are of a high quality, impactful and timely and are easy to read and easily accessible
- Professionals and Parents know what can be offered to meet needs of children.
- A robust multi-agency quality assurance process is in place and drives continuous improvements in the quality and effectiveness of EHC plans.
- Children, young people, and their families say they feel listened to, well-informed, and supported throughout the EHC process.
- There is an annual evaluation that tells the partnership where in the journey to achieve the above outcomes we are.

Priority Area 2:

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact

Priority area 2: The partnership must continue to strengthen its work to further meet the needs of children and young people by:

2.1. Working at pace to implement the next phase of changes to arrangements for identifying, assessing and meeting the needs of children.
2.2. Developing and implementing arrangements for diagnostic assessment of autism and attention deficit hyperactivity disorder (ADHD)
2.3. Improving the coordination and accessibility of pre- and post-diagnostic support.

Desired outcome for children and young people: Children and young people will have their needs identified and met at the earliest opportunity and receive joined-up pre- and post-diagnostic support.

Meets Area SEND Inspection criteria:
- **51b & 53a** – timely diagnostic assessments and interim support while awaiting formal diagnosis.
- **55a–c** – valued, visible inclusion through community-based early help programmes.
- **58a & 59a–c** – shared understanding of neurodiversity needs and commissioning of evidence-based diagnostic pathways.

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact

2.1.	**Improving the coordination and accessibility of pre- and post-diagnostic support.**
	
	SEND Manifesto alignment:
	   o **Primary:** Workstream 3 (Graduated Approach) & Workstream 4 (Assessment of Need)
	   o **Secondary:** Workstream 5 (SEND Hub Infrastructure) & Priority 3 (Structures)
	   o **Tertiary:** Priority 1 (Impact) – strengthening assessment so plans drive real change					

	Improving the coordination and accessibility of pre- and post-diagnostic support.	Continue piloting a new approach to Targeted Early Help support for children & young people in a locality, using a multidisciplinary team who will test co-ordinated interventions to meet need Strengthen universal support in schools by commencing expanding the PINS (primary level projects) and Autism in Schools (secondary level projects) in a further 11 schools in academic year 2025/26, bringing the total number of schools that we are working with to 20. Continue partnership working with ASCETS who support schools across Sheffield Continue programme of communication with families on the waiting list, signposting	Use pilot learnings and insights from families to develop an effective Targeted Early Help support model, alongside a plan for implementation across Sheffield Detailed review of the impact and learnings from PINS and Autism in Schools to generate leadership insights, and inform future developments Conduct qualitative research into the needs of families on the waiting	Implement a new Targeted Early Help support model, staged across localities, supported by the development of an outcome's measurement framework Build on the detailed review to rollout our universal support offer in schools for academic year 2026/27 Shape future service development in response to research findings	Sheffield Children's NHS Foundation Trust (SCNHSFT) Sheffield City Council (SCC)	SEND children & young people attend school, and achieve their goals Plans and support are developed and provided in a timely way Systems support practitioners to work together and share information in a timely manner Services unblock any barriers so families can access pre- and

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		them to available information and services Work with families to review the accessibility of Sheffield's Local Offer (website and other channels) and ensure criteria for accessing services is understood	list, and what they know about accessing support Co-produce with families and services an updated Sheffield Local Offer which responds to the review	Execute campaign to promote the updated Local Offer, and track the user experience		post- diagnostic support CYP develop the confidence and resilience to participate in universal and specialist activities Services designed around CYP needs, informed by evidence of what works Joint commissioning makes best use of resources to meet CYP needs CYP and families access impartial information and support to make informed choices
2.2.	**Developing and implementing arrangements for diagnostic assessment of autism and attention deficit hyperactivity disorder (ADHD)** **SEND Manifesto alignment:** o **Primary:** Workstream 1 (Children's Workforce Collaborative) o **Secondary:** Priority 1 (Workforce) – ensuring workforce learning links to service redesign					

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
	Tertiary: Workstream 4 (Outcomes Framework) – tying skills development to child-centred success measures					
	Developing and implementing arrangements for diagnostic assessment of autism and attention deficit hyperactivity disorder (ADHD)	Approve ADHD Neighbourhood Service Business Case, and procure a provider	Mobilise the ADHD Neighbourhood service and commence transfer of existing stable ADHD patients	Commence transfer of Right to Choose stable patients and newly diagnosed titrated patients (Capacity for reviews is switched at SCFT to enable additional ADHD Assessments)	Sheffield City Council (SCC) Learn Sheffield Sheffield Children's NHS Foundation Trust (SCNHSFT) South Yorkshire Integrated Care Board (SYICB)	Services designed around CYP needs and evidence of what works Timely support provided based on identified needs Needs identified in a timely way, preventing escalation Interim support during assessment or waiting periods Joint commissioning meets statutory responsibilities for assessing and meeting needs Systems support practitioners to share information in a timely manner
		Innovative models for assessment and diagnosis of autism test & learn project established	Pilot of innovative autism assessment model completed and reviewed	Based on pilot findings a staged implementation of the new model for assessment and diagnosis of autism across Sheffield		
		SCFT specialist transformation programme continues to streamline processes and remove bureaucracy for waiting, assessment, and follow up. This includes how we engage with families and utilisation of digital solutions to improve user experience and save practitioner time.	SCFT continue to translate process efficiencies into increased diagnostic capacity. Capacity modelling will inform this.	Review release of additional capacity based on efficiencies, new diagnostic services, and improvements across Early Help (above)		

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						Leaders use data and feedback to improve services Leaders monitor sufficiency of services and take action to address gaps

2.3.	**Working at pace to implement the next phase of changes to arrangements for identifying, assessing and meeting the needs of children.**
	
	SEND Manifesto alignment:
	  o **Primary:** Workstream 5 (SEND Hub Infrastructure) & Workstream 4 (Assessment of Need)
	  o **Secondary:** Workstream 1 (Children's Workforce Collaborative) – equipping team members with shared tools
	  o **Tertiary:** Priority 4 (Quality & Improvement) – monitoring hub performance via our outcome's framework					

	Working at pace to implement the next phase of changes to arrangements for identifying, assessing and meeting the needs of children.	Confirm re-prioritised funding to enable next phase changes as described in 2.1 and 2.2 above Design and agree engagement/co-production plan with CYP and families Clear implementation plan & timescales developed. This to be include clarity on how improvements will be measured across the board.	Develop workforce development plan (neuro specific) as part of wider Manifesto plan	Continuous evaluation of progress, use of data & insights to drive system-wide change	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB) Sheffield Parent Carer Forum (SPCF) Learn Sheffield	A targeted coordinated service offers focused on enhanced self-help working with education, voluntary sector and community / primary care service – brought together in a joined-up way Specialist led care for smaller number of CYP and targeted to

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
					Sheffield Children's NHS Foundation Trust (SCNHSFT)	those in greatest need. Services and systems are designed around CYP needs, using evidence of what works Leaders monitor service sufficiency and act on gaps Leaders consider best ways to engage CYP in co-production CYP and families are supported to contribute to decision-making about their plans Practitioners have the skills to understand CYP needs and create inclusive environments

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						Leaders jointly evaluate whether services improve outcomes Continuous feedback loops drive ongoing refinement

We will know we have achieved our desired outcomes and made an impact in this priority area when:
- Children and young people's needs are identified promptly, and assessments are completed within expected timescales of our agreed plan.
- New arrangements for autism and ADHD assessments are implemented and reduce waiting times.
- Pre- and post-diagnostic support is well-coordinated, accessible, and clearly understood by families and professionals.
- Families report they feel informed, supported, and confident in the help available to them before, during, and after diagnosis.
- Data shows more children accessing timely assessments, planning, and support that meet their individual needs.
- Clear measurement framework that is clear about baseline and a balanced set of measures across our transformation programme

Priority Area 3:

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
Priority area 3: The local area partnership must continue to work at pace to improve communication by: **3.1.** Transforming the way that they co-produce, inform, consult and involve all partners, especially children and families **3.2.** Deepening and embedding cultural change in relationships between families and practitioners in the local area **3.3.** Further building trust and confidence in the partnership's ambition for children and their approach to improving their experiences and outcomes **3.4.** Ensuring that all key stakeholders in the journey of a child and young person with SEND communicate effectively with one another to ensure the best outcomes for them in Sheffield						

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
... **Desired outcome for children and young people:** Families, children and professionals experience clear, consistent communication and genuine involvement at every stage. **Meets Area SEND Inspection criteria:** • **52a–c & 57a–c** – impartial information, support to make informed choices, structured feedback loops and co-production with CYP and families. • **56a–e** – ambitious leaders embedding a culture of high expectations, swift decision-making, and challenge.						
3.1.	**Transforming the way that we co-produce, inform, consult and involve all partners, especially children and families** **SEND Manifesto alignment:** • **Primary: Workstream 3** (Co-production & Participation) – embedding genuine partnership with children, families and professionals • **Secondary: Workstream 1** (Children's Workforce Collaborative) – equipping all partners with shared co-production tools and approaches • **Tertiary:** Priority 3 (Communication & Culture) – measuring and improving how feedback drives real change					
	Transforming the way that we co-produce, inform, consult and involve all partners, especially children and families	Audit current engagement mechanisms and map all partner forums, including CYP and family groups Co-produce a draft Co-production Charter with children, families and professionals via workshops Launch new feedback channels (online forms, focus groups, digital tools) for real-time input	Embed family voice in all governance structures by rolling out the updated Charter across boards and working groups Expand feedback mechanisms—surveys, youth panels, parent forums—so every decision pathway captures and acts on family input Trained staff on Charter principles and new engagement tools; complete the first full	Conduct a quality audit of co-production: measure family and CYP satisfaction, volume of input and examples of feedback driving change Refine the Charter, governance embedding and feedback mechanisms based on audit findings and lived experiences Report engagement metrics quarterly, publish impact case studies and establish continuous	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB) Sheffield Children's NHS Foundation Trust (SCNHSFT) Learn Sheffield	Better designed services that support families, children and young people well. Greater trust in the local area partnership. Families feel heard and valued in decision-making processes. Children and young people's voices influence real change.

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
			cycle of stakeholder-led consultation .	improvement loops into planning cycles	Sheffield Parent Carer Forum (SPCF)	
3.2.	**Deepening and embedding cultural change in relationships between families and practitioners in the local area** **SEND Manifesto alignment:** • **Primary:** Workstream 1 (Children's Workforce Collaborative) – relational practice training for all practitioners • **Secondary:** Workstream 5 (SEND Hub Infrastructure) – modelling new ways of working through our digital hub and shared resources • **Tertiary:** Priority 4 (Quality & Improvement) – tracking culture-change outcomes via our performance framework					
	Deepening and embedding cultural change in relationships between families and practitioners in the local area	Develop child-centred relational practice criteria emphasising trust and communication Review existing models of relational practice and communication Co-produce core principles via workshops with children, families and practitioners Draft and circulate the criteria for feedback	Embed relational practice criteria and strength-based approaches across the partnership Finalise criteria through stakeholder co-production Incorporate into training and frontline guidance Pilot in three settings and gather feedback on effectiveness	Quality audit and system-wide rollout of relational practice Audit practice against agreed criteria in pilot areas Analyse findings to pinpoint strengths and gaps Refine criteria and implement standards across the partnership	Sheffield Parent Carer Forum (SPCF) Learn Sheffield Sheffield City Council (SCC) South Yorkshire ICB Sheffield Children's NHS Foundation Trust (SCNHSFT)	Processes and systems support practitioners to work together and share information in a timely manner Practitioners have the skills to build trust and Effective communication with children and families Leaders structure decision-making processes for swift service improvements

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						Practitioners understand their roles and collaborate effectively
3.3	**Further building trust and confidence in the partnership's ambition for children and their approach to improving their experiences and outcomes** **SEND Manifesto alignment:** • **Primary:** Workstream 2 (Leadership & Governance) – transparent leadership structures and published improvement dashboards • **Secondary:** Workstream 5 (SEND Hub Infrastructure) – real-time performance data and family-friendly reporting tools • **Tertiary:** Priority 4 (Quality & Improvement) – surveying trust and confidence as key performance indicators					
	Further building trust and confidence in the partnership's ambition for children and their approach to improving their experiences and outcomes	Constitute the SEND Improvement Board (SIB): ToR, membership (incl. family voice), chair, quorum, decision rights. Map governance and set up operational groups with ToR, named leads and draft workplans aligned to priorities. Agree the reporting cycle (KPIs, risks/issues, escalations) into SIB and partner boards. Define the dashboard specification: metrics (aligned to inspection criteria), data	SIB and operational groups meet to schedule; actions tracked and published ("You said, we did" where relevant). Dashboard live with baselines and trend data; routine updates	Governance running as business-as-usual; annual effectiveness review completed, and improvements actioned. Dashboard fully integrated into performance,	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB) Sheffield Children's NHS Foundation Trust (SCNHSFT)	Ambitious shared strategy and high expectations Clear responsibilities and statutory duties Delegation with strong oversight Structured, swift decision-making Engage CYP in co-production

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		sources/owners, update frequency, data quality standards, accessibility (easy-read/translations) and GDPR. Build and test a prototype dashboard.	(monthly/termly) and clear narrative on performance. Train data owners and users; implement a feedback route to refine metrics and visuals.	commissioning and risk discussions; automated data feeds and active data-quality monitoring in place. Evidence of data-informed decisions and service changes; case studies published, and metrics iterated through a continuous improvement cycle.		Give feedback to CYP/families on changes Decisions shaped by CYP/family needs Clear roles and effective collaboration Evaluate whether services improve outcomes Accurate, timely information on needs Systems enable timely information-sharing Use data/feedback from multiple sources Leaders challenge themselves/each other to improve

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						Joint evaluation of outcomes Ongoing leadership challenge sustains improvement
3.4	**Ensuring that all key stakeholders in the journey of a child and young person with SEND communicate effectively with one another to ensure the best outcomes for them in Sheffield.** **SEND Manifesto alignment:** • **Primary:** Workstream 5 (SEND Hub Infrastructure) – a single platform for seamless information-sharing across education, health and care • **Secondary:** Workstream 1 (Children's Workforce Collaborative) – training on shared communication standards and protocols • **Tertiary:** Priority 4 (Quality & Improvement) – auditing communication flows and reducing delays as part of our outcomes framework					
	Ensuring that all key stakeholders in the journey of a child and young person with SEND communicate effectively with one another to ensure the best outcomes for them in Sheffield.	Co-produce a SEND Communications Strategy for the Local Area Partnership. Agree information-sharing protocols across education, health and care (roles, timeframes, data standards, escalation). Co-produce family communication standards (what, when and how families are updated through EHC assessment, planning,	Implemented protocols and family standards across all services; deliver staff training and deploy templates/tools. Run a first compliance audit; fix gaps and publish "You said, we did." Gather structured feedback from parents/carers on clarity and timeliness, report	Evidence sustained improvements: faster responses, fewer delays/chasing, better coordination across agencies. Complete an annual review of protocols and family standards with families, update materials accordingly. Continue periodic audits with clear actions;	Sheffield City Council (SCC) South Yorkshire Integrated Care Board (SYICB) Sheffield Children's NHS Foundation	Processes/systems support timely information-sharing. Practitioners are clear on roles and how to work together. Leaders gather accurate, timely information on local needs.

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		reviews and decisions), with guidance and template letters (incl. easy-read/translations). Prepare staff training and set baseline measures (response times, "chasing" rates, complaints).	findings to the SEND Improvement Board. Begin routine performance reporting (dashboards on response times, information flow, escalations).	integrate communication KPIs into business-as-usual governance. Share case studies demonstrating improved family experience and outcomes.	Trust (SCNHSFT)	CYP/families access impartial information and support. CYP/families understand their plans and intended outcomes. Leaders give feedback on changes and explain when change isn't possible. Leaders consider how best to engage CYP in co-production. Decisions are shaped by CYP/families' needs and experiences.

We will know we have achieved our desired outcomes and made an impact in this priority area when:
- Communication with children, young people, and families is clear, consistent, and timely at every stage of the SEND process.
- Families are actively involved in shaping services and decisions through meaningful co-production and consultation.
- Relationships between professionals and families are built on trust, respect, and shared responsibility.
- All partners communicate effectively with each other, reducing duplication and delays.
- Families report that they feel informed, valued, and confident that services are working together in the best interests of their child.

SHEFFIELD AREAS FOR IMPROVEMENT

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
Area for improvement 1: The local area partnership should continue to work together to ensure that children and young people are able to access timely support for the following services: 1.1. Speech, language and communication therapy 1.2. CAMHS for children and young people to age 25 with SEND 1.3. Video fluoroscopy.						
Desired outcome for children and young people: CYP can access the right specialist help—speech, language, mental health, swallowing—at the right time. **Meets Area SEND Inspection criteria:** • **53a–d –** plans & services provided in a timely way, coordinated across providers, regularly reviewed and updated. • **59a–f –** commissioning arrangements built around CYP needs, with clear interventions and oversight, including alternative provision.						
1.1	**Speech, language and communication therapy (SLT)** **SEND Manifesto alignment:** • **Primary:** Workstream 5 (SEND Hub Infrastructure) – integrated locality hubs for specialist SLT • **Secondary:** Workstream 4 (Assessment of Need) – clear, timely referral and pathway protocols for DLD & early years • **Tertiary:** Workstream 1 (Children's Workforce Collaborative) – building SLT capacity and shared workforce tools					
	Speech, language and communication therapy (SLT)	Continue the implementation of Episodes of Care to reduce caseloads to a clinically safe level and reducing waits to access the service by improving flow in and out of the service to enable the service to see the right children, at the right time. This work continues following significant improvements since June 2024 (overall caseload size reduced from	All children and young people on our open caseload with an EHCP will have up to date information on their SLC needs in their EHCP. This will reflect the Episodes of Care model. Episodes of care model will ensure that by June 2026, the caseload size is able to be maintained	Commissioned capacity increased further or adapted based on learning from year one impact and demand, ensuring sustainability and continued progress. Develop and improve training offer now in place for schools and families based on feedback.	Sheffield Children's NHS Foundation Trust (SCNHSFT) South Yorkshire Integrated Care Board (SYICB)	▢ **51a** – Accurate identification of SEND ▢ **51b** – Timely identification to prevent escalation ▢ **51d** – Clear assessment/access criteria that improve outcomes

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		12,684 in June 2024 to 5,699 in July 2025), by Dec 2025, aim to reduce overall caseload further to under 5,000 open referrals. Longest waiting patients for external referrals across the service have reduced from 81 weeks in September 2024 to 41 weeks in July 2025. Maintain current waits for service for external referrals, while we continue review of existing caseloads. eReferral form and criteria in place ensuring the right children are referred for specialist level support, and those who do not meet criteria for specialist referral are signposted to relevant resources available to all. The SLCN Screening Tool piloted in Locality E is available for use across the city, to support identification of SLCN in children and young people to signpost to the right level of support (including specialist referral where indicated).	at a balanced level. Flow between referrals in and discharges out of the service will be in balance. Waits to access the service will be reduced in line with projected trajectory based on increased workforce. Additional SLT Capacity commissioned and mobilised, targeting universal and targeted and highest need-areas or longest waits, with evaluation framework in place to monitor impact.	Waits to access the service will be reduced in line with projected trajectory based on increased workforce. Consistent use of the Communication Support Framework (based on the CATHS Framework) across the city to create a shared understanding about how everyone can support children at different communication levels.		Families access clear, impartial information and support Timely development and provision of support/plans Support provided while awaiting assessment Support/plans coordinated within and across providers Plans reviewed and updated to reflect changing needs Leaders gather accurate, timely information on local needs Services designed around CYP needs, informed by evidence

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		Upskilling colleagues within the main core offer to reduce the number of referrals in specified highly specialised pathways. This will result in a reduction in internal referrals to those pathways, and waits to access support in selective mutism, voice, EAL and AAC. Consistent, "Accessibility Information Standard" compliant waiting well letters to be issued to all families waiting to access the service. Gap analysis using the Communication Support Framework completed to identify gaps in the city wide SLCN training offer.	Consistent use of the Communication Support Framework (based on the CATHS Framework) across the whole service to create a shared understanding across the service about how we support children at different communication levels.			Joint commissioning uses resources effectively Commissioning meets statutory responsibilities Leaders monitor service sufficiency and act on gaps Leaders use data/feedback from multiple sources to improve services Systems enable timely information-sharing among practitioners Practitioners are clear on roles and collaborate effectively Practitioners have the skills to understand
		Service-led Training Strategy to support schools and families with their SLCN training requirements developed and proposed to the wider system.	Training Strategy implementation commenced and available for schools to access as part of their training and			

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		Using the findings from the Early Help and Locality E projects, to inform a proposed universal and targeted offer for SLCN and scope and plan for increased commissioned capacity to this in line with the SEND manifesto. Proposal to include expected impact of increased workforce on waits to access the service.	development programme in the academic year 26/27.			needs and create inclusive environments
1.2.	**CAMHS for children and young people to age 25 with SEND** • **Primary:** Workstream 6 (Healthy Child Development) – embedding mental health in whole-child support • **Secondary:** Workstream 5 (SEND Hub Infrastructure) – co-located CAMHS pathways within multi-agency hubs • **Tertiary:** Workstream 3 (Graduated Approach) – tiered, Thrive-model alignment across universal to specialist levels					
	CAMHS for children and young people to age 25 with SEND	Review of mental health pathways completed, identifying current processes, access points, and barriers to timely intervention—across services up to age 25. Next phase of improvements planned to further reduce waiting times from referral to intervention, with cross-agency input and clear priorities for improvement.	Continued network collaboration for integrated mental health pathways for SEND and early-phase changes piloted in targeted areas or populations.	Full implementation of pathway changes underway. Progress tracking showing reduced waiting times and improved access in line	Sheffield Children's NHS Foundation Trust (SCNHSFT) South Yorkshire Integrated Care Board (SYICB)	Timely support: reduce referral-to-intervention times. Support while waiting: clear interim help for CYP and families. Coordinated care: joined-up pathways across

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
				with planned trajectory and national standards for children and young people.		education, health and care.
		Initial framework for a graduated mental health offer developed, mapped against the Thrive model, highlighting gaps and existing provision across universal, targeted, and specialist levels.	Graduated system-wide support offer aligned to the Thrive model clearly defined, with partner agencies signed up to shared language, thresholds, and responsibilities.	Thrive-aligned offer embedded across city-wide services and schools, supported by shared tools, referral routes, and communications.		Co-production: CYP/family voice shaping design and decisions. Strong intelligence: accurate, timely data on local needs to steer capacity.
		Continue our evaluation of mental health support in schools, including a baseline assessment of current provision, demand, and training needs.	Increased mental health support in schools delivered through additional training, staffing, or external input, with priority given to areas with the highest unmet need.	Sustained increase in school-based mental health support, informed by evaluation of continued impact and ongoing feedback from pupils, staff, and families.		Needs-led design: pathways built around what works for CYP. Continuous improvement: track sufficiency and use feedback/data to refine.
		Continue co-production with families and young people to shape a guide offering advice and reassurance while waiting for mental health support.	Family support guide updated, co-produced, finalised, and published shared via schools, health services, and community networks	Support guide reviewed and updated, reflecting service changes, new resources, and family feedback to ensure it remains relevant and helpful.		
1.3.	**Video fluoroscopy** **SEND Manifesto alignment:**					

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
	• **Primary:** Workstream 5 (SEND Hub Infrastructure) – specialist diagnostic services delivered via hubs • **Secondary:** Workstream 4 (Assessment of Need) – streamlined diagnostic referral protocols and timely assessment • **Tertiary:** Workstream 7 (Outcomes Framework) – monitoring waiting times and impact on care planning					
	Videofluoroscopy Swallowing Study waits	Comprehensive review of current provision. The service has completed mapping of, capacity, demand, and gaps—supported by data and feedback from professionals, children, young people, and families. Options appraisal to reduce waits down to 6 weeks (in line with other diagnostic pathways) submitted. Funding to be identified to fund additional capacity. Agreed trajectory proposed to bring waits down to 6 weeks within 12 months. Improvements to waits are wholly dependent on increased funding approval and additional capacity being in situ.	Agreed trajectory proposed to bring waits down to 6 weeks within 12 months. Improvements to waits are wholly dependent on increased funding approval and additional capacity being in situ.	Provided funding is approved in a timely way, by 18months, waits will be reduced to 6 weeks.	Sheffield Children's NHS Foundation Trust (SCNHSFT) South Yorkshire Integrated Care board (SYICB)	Timely access: reduce referral-to-test times. Sufficiency & action: monitor capacity and take corrective action. Commissioning/resources: secure and deploy funding/additional capacity effectively. Needs-led design: options appraisal built around CYP needs and evidence. Robust intelligence: accurate capacity/demand mapping to steer the trajectory. Support while waiting: clear

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						interim advice/safety guidance for families. Information-sharing: efficient referral, scheduling and tracking across providers.

We will know we have achieved our desired outcomes and made an impact in this priority area when:
- Children and young people experience shorter waits and improved access to the support they need, because provision is better matched to demand.
- Service gaps have been identified and addressed through targeted commissioning, with additional capacity in place where needed.
- Families and professionals report clearer pathways, more responsive services, and improved experiences of accessing support.
- Monitoring shows a measurable reduction in waiting times or unmet need as a result of service changes.
- The system is better able to flex and respond to future demand through regular reviews and informed commissioning decisions.

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
Area for improvement 2: The partnership should further develop the culture of inclusion by: 2.1. Improving the experience of children, young people and families through enhancing the planning and support around key transition points, such as the move between educational phases, reintegration from AP and in preparation for adulthood 2.2. Improving the understanding of leaders and educators, especially in secondary schools, to better meet the needs of children who are at risk of exclusion.						
Desired outcome for children and young people: Smooth, well-supported transitions and an inclusive school culture that reduces exclusion and prepares young people for adulthood.						

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
Meets Area SEND Inspection criteria: • **54a–d** – preparation for next steps, ambitions reflected in plans, transitions supported from early years through to adult life. • **55a–c** – CYP are visible, included and confident to participate in community and educational settings. • **60a–e & 61a–d** – joint evaluation and multi-agency working, strong safeguards and shared information to support practitioners.						
2.1.	**Improving the experience of children, young people and families through enhancing the planning and support around key transition points, such as the move between educational phases, reintegration from AP and in preparation for adulthood** **SEND Manifesto alignment:** • **Primary:** Workstream 2 (Preparation for Adulthood) – embedding consistent, co-produced transition planning from early years through post-16 • **Secondary:** Workstream 1 (Children's Workforce Collaborative) – equipping practitioners with shared transition toolkits and best-practice guidance • **Tertiary:** Workstream 7 (Outcomes Framework) – tracking transition-related outcomes (e.g. seamless phase moves, reduced breakdowns) as core performance measures					
2.1.1	Work with children, young people, families and practitioners to understand what good transition between stages of education looks like.	Work and listen to develop a transition toolkit and best practice.	Co-produce updated transition planning processes with families and young people, ensuring their voice is central. Work with schools and practitioners to clarify best practice and tools to support a consistent Sheffield approach.	Fully embed new transition planning processes across the system	Learn Sheffield Sheffield City Council (SCC) Sheffield Parent Carer Forum (SPCF)	Preparation for next steps; ambitions reflected in plans; support before/during transitions; early development of skills for adulthood. Plans/support are coordinated across providers and are regularly reviewed/updated.
2.1.2	Staff and professional trained and engaged in transitions	Review current arrangements available for professional development focused on	Implement a revised framework for professional development focused on	Roll out training and professional development across the system to ensure a multi-agency	Learn Sheffield	

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		inclusive practices and supporting key transitions.	inclusive practices and supporting transitions (e.g. trauma-informed reintegration, SEND-aware transition planning).	support programme is in place across the city.	Sheffield City Council (SCC) Sheffield Parent Carer Forum (SPCF)	Co-production with children, young people and families; decisions shaped by their needs and experiences. Families access clear information; are supported to make choices; understand plans and intended outcomes. Systems enable timely information-sharing; roles are clear; practitioners have the right skills for inclusive practice. Leaders evaluate whether changes improve outcomes and use data/feedback to keep improving.
2.1.3	Co-produce new resources to support Sheffield families and professionals to better prepare and plan for transition across key educational phases.	Create toolkits and guidance for effective transitions. Co-develop resources across services, such as timeline templates and joint planning guides. Pilot these tools in selected schools.	Refine and finalise transition toolkits and guidance based on pilot feedback. Share transition toolkits and good practice guidance with schools, settings, and services. .	Full rollout of toolkits; adoption of key indicators by all relevant services Sustained delivery of training, with follow-up support and improved confidence among school staff. Monitor impact and build in continuous feedback loops	Learn Sheffield Sheffield City Council (SCC) Sheffield Parent Carer Forum (SPCF)	

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
2.1.2	**Ensure effective reintegration plans are in place for children and young people who access Alternative Provision.**					
2.1.2.1	Continue and review Alternative Provision (AP) strategy focused on reintegration, belonging and inclusion	Lived experiences from CYP, families, professionals captured; gaps identified Roll out the use of intervention plans for all AP's. Including a focus on reintegration from Alternative Provision (AP).	AP reintegration strategy finalised, endorsed by key stakeholders; implementation plan developed Training on AP reintegration rolled out.	Strategy embedded in practice. Training delivered to APs and mainstream schools. Ongoing monitoring and feedback mechanisms established as a cycle of continuous improvement.	Sheffield City Council (SCC) Multi Academy Trusts (MATs) Learn Sheffield	LA arranges suitable full-time education promptly for pupils in AP (e.g., by day six after exclusion). Each pupil in AP has an intervention plan with clear objectives and next steps (e.g., reintegration). LA evaluates the impact of AP on outcomes and maintains strong oversight of safety/suitability (incl. unregistered AP). Support/plans are coordinated across providers and regularly reviewed/updated.
2.1.2.2	Undertake a comprehensive review and revitalisation of the reintegration approach following exclusion to ensure seamless and timely transitions back to mainstream education.	Conduct a thorough review of the Fair Access Protocol and decision-making frameworks governing reintegration. Identify and address systemic gaps in coordination and communication between Sheffield City Council (SCC), Secondary Schools, SIC and AP provision. Develop and propose an enhanced, standardised reintegration pro forma to streamline planning and monitoring. - Evaluate the current role, effectiveness, and impact of the Reintegration Panel within the reintegration process.	Embed a multi-disciplinary team approach to Improve identification of need Track and monitor reintegration KPI's. Case studies with young people who have been reintegrated to provide lessons learned to refine the process. Formalise and strengthen strategic and operational partnership between SCC and SIC for proactive pupil tracking and monitoring. -Pilot and refine the	Achieve full embedding of revitalised reintegration procedures as standard practice across all relevant settings. Ensure consistent utilisation of the enhanced pro forma and pathway by schools and SIC. Demonstrate measurable improvements in reintegration rates and pupil outcomes through robust data tracking. Establish reintegration as an unequivocal and embedded expectation within the local education	Multi Academy Trusts (MATs) Learn Sheffield	

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		Agree KPI's for reintegration.	revised reintegration pathway, incorporating updated tools and processes, including the reintegration panel if retained.	system culture and operations.		Support is in place before and during transitions (back to mainstream). Systems enable timely information-sharing; roles are clear for effective multi-agency working. Leaders gather accurate, timely information on needs and monitor change (to target reintegration support). Decision-making is structured so leaders can swiftly agree and action service changes. CYP are supported to participate, build relationships,

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						and develop confidence/resilience for inclusion.
2.1.3	**Embed a multi-disciplinary approach to ensuring support is available to the young people of Sheffield who require additional support to prepare for independence in adulthood**					
2.1.3.1	Review the key foundations that need to be in place to enable young people to be prepared for independence in adulthood through good pathways for independence	Embed PFA outcomes into EHCPs from Year 9

PfA training initiated and delivered across the partnership. | PFA outcomes agreed and used in all new and reviewed EHCPs from y9. | PfA outcomes routinely seen in reviews and new EHCPs

PFA outcomes routinely and clearly included in EHCPs, helping young people and families prepare for the future from y9. | Sheffield City Council (SCC) | From an early age, CYP develop the knowledge/ skills/behaviours for adulthood (education, employment, independent living, health, relationships, participation).

Support is in place before and during transition points (including when eligibility changes).

Outcomes most important to CYP and families are understood and planned for. Plans reflect CYP ambitions beyond |

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						minimum support levels. Plans/support are regularly reviewed and updated to reflect changing needs. Plans/support are coordinated within and across providers. CYP/families are supported to understand rights, make choices and contribute to decisions. CYP understand their plans and intended outcomes. Decisions about services are shaped by CYP/families' needs, experiences and ambitions.

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						Practitioners have the skills to understand needs/aspirations and create inclusive environments. Leaders evaluate whether services improve outcomes (not just deliver activity). Leaders use feedback and data from multiple sources to improve services.
2.1.3.2	Implement multi-disciplinary team (MDT) meetings for vulnerable children's transition into adulthood	Obtain cross-agency buy-in for a multidisciplinary team approach to transitions, aligning the Families First Partnership programme with support for children and young people holding an EHCP. Define cohort of children.	Pilot MDT meetings across selected settings for high-need transitions. Gather feedback from children, families, and professionals. Develop shared tools (e.g. MDT meeting	MDT approach embedded across services for agreed cohort of children through EHCP process. Monitoring and review mechanisms established to evaluate outcomes and adjust approach.	Sheffield City Council (SCC)	Support is in place before and during transition points. Plans/support are coordinated across providers. Plans/support are regularly

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
		Identify and prioritise key transition points (e.g., Year 6 to Year 7, post-16, post-18, reintegration from AP) ensuring focus on quality of EHCP through annual review. Develop a consistent referral pathway and decision-making process.	templates, integrated planning frameworks). Begin incorporating MDT input into EHCP reviews and transition planning.	Review of increased consistency, improved planning, and reduced transition breakdowns.		reviewed and updated. Systems enable timely multi-agency information-sharing. Practitioners are clear on roles and collaborate effectively. Decisions are shaped by CYP and family needs/experiences. Leaders evaluate whether changes improve outcomes (not just activity).
2.2.	**Improving the understanding of leaders and educators, especially in secondary schools, to better meet the needs of children who are at risk of exclusion.** **SEND Manifesto alignment:** • **Primary:** Workstream 5 (SEND Hub Infrastructure) – multi-agency panels and single-point information-sharing to coordinate reintegration plans for excluded pupils • **Secondary:** Workstream 4 (Assessment of Need) – integrating Fair Access Protocols and KPI-driven monitoring into statutory assessment pathways					

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
	• **Tertiary:** Workstream 9 (Whole System Improvement Cycle) – auditing reintegration rates and using feedback loops to refine reintegration processes					
2.2.1	Design and deliver inclusive practice training for school leaders and governors to reduce exclusions and build a culture of belonging.	Co-produce an inclusive practice training package" with young people, families, and sector experts.

Align training content with best practice models, including the Carr Manor secondary leadership programme.

Focus modules on early identification of need, trauma-informed practice, SEND leadership, inclusive curriculum, and relational behaviour support.

Build in opportunities for peer reflection, real case examples, and action planning tailored to each school context. | First cohort of Headteachers and Inclusion Leads completed full training cycle.

Early feedback and case study examples gathered from schools who have implemented changes.

Sessions for Governing Bodies introduced, focusing on strategic inclusion and challenge.

Emerging outcomes and reflections shared across citywide forums | Training is embedded as a core offer within citywide school leadership CPD.

Refresher and thematic modules (e.g. intersectionality, race equity, SEMH) developed.

Evidence of culture change in pilot schools: reduced suspensions, increased pupil voice, improved engagement.

Plan in place for sustained delivery and regular updates based on local context and needs | Learn Sheffield

Sheffield City Council (SCC) | Practitioners have the skills to create inclusive environments.

Leaders set an ambitious strategy with high expectations for inclusion.

Leaders challenge themselves and each other to improve outcomes.

Decisions and design are shaped by CYP and families' needs/experiences (co-production).

CYP are supported to participate, make friends and build |

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						positive relationships.

CYP develop confidence and resilience to participate in universal activities.

Leaders evaluate whether changes improve outcomes (e.g., reduced exclusions, better engagement).

Leaders use data and feedback (case studies, surveys) to refine practice.

Practitioners (including governors) are clear on roles and collaborate effectively. |
| 2.2.2 | Expand access to high-quality network of alternative curriculum | Roll out the Compass network into two additional localities, | Compass network available in all localities | Compass network is fully active and inclusive | Sheffield City Council (SCC) | LA arranges suitable full-time education |

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
	which meet the needs of Sheffield children and young people.	increasing access to inclusive alternative provision. Implement a Quality Assurance (QA) framework for all alternative providers, with support from the Local Authority. Identify and engage unregistered AP providers, offering support to meet regulatory standards and begin the registration process.	for schools wishing to engage. QA framework embedded through a programme of regular monitoring visits, feedback, and action planning with AP providers. QA findings actively inform planning and commissioning discussions through the Local Area Partnership (LAP).	citywide, with broad uptake from schools. An up-to-date alternative curriculum map is in place, reflecting the needs and interests of Sheffield's CYP. Data from QA and Compass is used to strategically shape commissioning, supporting sustainability and continuous improvement of alternative provision.	Learn Sheffield	promptly for pupils in AP (e.g., after exclusion). LA evaluates AP impact and maintains strong oversight of safety/suitability, incl. unregistered providers. Leaders monitor sufficiency of provision and take action on gaps (network coverage/capacity). Joint commissioning uses resources effectively to improve outcomes (sustaining AP network). Services designed around CYP needs, informed by evidence

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						(alternative curriculum map). Commissioning meets statutory responsibilities for identifying, assessing and meeting needs. Support/plans are coordinated within and across providers (AP ↔ mainstream).
2.2.3	Increase collaboration between secondary schools to share inclusive practice and strengthen school-led responses to at-risk pupils.	Develop a shared ownership model to promote collective accountability across schools. Introduce transparent monitoring of attendance, suspensions, and exclusions at MAT CEO and HT meetings. Analyse exclusion and at-risk data to identify priority issues and trends (including CYP voice). Co-production of Exclusions Strategy initiated via roundtable sessions held with	Launch a shared ownership model to promote collective accountability across schools. Facilitate citywide peer reviews and cross-MAT collaboration to share inclusive practice and interventions. Increase access to flexible/alternative curriculum opportunities across the city	Embed revised exclusion support and challenge process developed and tested. Joint forums well-established and regularly used for reflective casework, data review, and good practice exchange. Schools' complete self-evaluation of their inclusion/exclusion work and submit impact reviews.	Sheffield City Council (SCC) Learn Sheffield Multi Academy Trusts (MATs)	Ambitious, shared strategy with high expectations. Structured, swift decision-making to improve services. Leaders challenge themselves and each other to improve outcomes.

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		MAT CEOs and secondary HTs.	Agreement in principle secured from schools to apply consistent planning at the point of exclusion. Initial training delivered to schools on new approach, ensuring clarity on expectations and support mechanisms.	Further interventions developed in response to evaluation findings. Reporting embedded into MAT/HT governance cycles, supporting early action. Citywide exclusion strategy finalised and adopted by all secondary MATs and schools. Monitoring framework and early intervention triggers built into revised exclusion process.		Leaders evaluate whether changes improve outcomes (not just activity). Leaders use data and feedback from multiple sources to refine services. Practitioners/leaders are clear on roles and collaborate effectively. Support and plans are coordinated across providers (e.g., schools ↔ AP). LA arranges suitable full-time education promptly for pupils in AP. Each pupil in AP has an intervention plan

Ref	Overarching Actions	6 Months (Dec 2025)	12 Months (June 2026)	18 Months (Dec 2026)	Responsible Organisation	Key Positive Impact
						with clear next steps. Decisions are shaped by CYP and families' needs and experiences.

We will know we have achieved our desired outcomes and made an impact in this priority area when:
- Secondary leaders are confident, and their staff are well-equipped to lead inclusive practice and meet needs of children earlier and respond in a way that meets the needs of all learners, including those with SEND.
- School Leaders collaborate across City to ensure children belong in their local school.
- There is a clear agreed diagnosis of issues and resources and interventions created together as a partnership to support.
- All Families and Community have more confidence in local schools and schools are working in partnership with their local communities to address complex issues.

Glossary

To help everyone stay on the same page, here's a handy glossary explaining the main terms you'll see in this document.

- **CAMHS (Child and Adolescent Mental Health Services)**
  Specialist NHS services providing assessment and treatment for young people with mental health needs.
- **CQC (Care Quality Commission)**
  The independent regulator of health and social care in England that inspects and rates services.
- **Co-production**
  A collaborative approach in which children, young people, families and professionals share power and responsibility equally throughout the design, delivery and evaluation of services.
- **Data Protection Impact Assessment (DPIA)**
  A process to identify and minimise the data-privacy risks of a project or new process, ensuring compliance with GDPR and safeguarding personal information.
- **DCO (Designated Clinical Officer)**
  The named health professional responsible for co-ordinating health contributions to EHCPs and advising on clinical pathways.
- **DfE (Department for Education)**
  The UK government department responsible for children's services and education, which issues statutory guidance and receives formal submissions such as EHCP plans.
- **DSCO (Designated Social Care Officer)**
  The named social-care lead responsible for overseeing children's social-work involvement in EHCP assessments and reviews.
- **EIA (Equality Impact Assessment)**
  A tool used to review proposed policies or changes to check for unintended discrimination or disadvantage to any protected group.
- **EHCP (Education, Health and Care Plan)**
  A legally binding document that describes a child's special educational, health and social care needs, sets out the support required, and the desired outcomes.
- **Families First Partnership (FFP)**
  Sheffield's city-wide early help framework bringing together families with multiple needs, partner agencies and community services to co-design support around whole-family wellbeing.
- **Graduated Approach**
  The four-stage assess–plan–do–review cycle that schools and other providers use to identify and meet children's special educational needs in a structured, evidence-based way.
- **ICB (Integrated Care Board)**
  The NHS body responsible for planning and commissioning health services in a given area, working closely with local councils and other partners.
- **LA (Local Authority)**
  The council body (e.g., Sheffield City Council) that has statutory responsibility for arranging education, health and care services for children with SEND in its area.
- **LAP (Local Area Partnership)**
  The formal partnership of local authority, health, education and voluntary sector organisations that co-produce and deliver the SEND Improvement Plan.
- **MDT (Multidisciplinary Team)**
  A group of professionals from different sectors (e.g., education, health, social care) who work together to assess, plan and review support for individual children and young people.
- **NEET (Not in Education, Employment or Training)**
  A status referring to young people (typically aged 16–24) who are not in education, employment or training.
- **Neurodiversity**
  A concept recognising that neurological differences (e.g., autism, ADHD, dyslexia) are natural variations in the human brain, not "deficits," and that each profile brings unique strengths and challenges.

53

- **Ofsted (Office for Standards in Education, Children's Services and Skills)**
  The Government inspectorate for early years, schools, further education and social care services in England.
- **Outcome Measure**
  Any metric—academic, social, emotional or life skill—that tells us whether a child or young person is making the progress we want, as opposed to simply recording activity (e.g., number of plans completed).
- **PfA (Preparation for Adulthood)**
  The process of planning and preparing young people with SEND for adulthood, including education, employment, independent living and community inclusion.
- **PDR (Performance and Development Review)**
  The formal appraisal cycle used within organisations to review staff performance and plan professional development.
- **PINS (Primary Inclusion Support)**
  A targeted early-help programme in primary schools to support children's wellbeing and inclusion.
- **SENCo (Special Educational Needs Co-ordinator)**
  A qualified teacher in a school or college who has day-to-day responsibility for co-ordinating support for students with SEND.
- **SCHFT (Sheffield Children's Hospital NHS Foundation Trust)**
  The NHS organisation providing specialist children's health services in Sheffield.
- **SEND (Special Educational Needs and Disabilities)**
  A statutory term covering children and young people who have learning difficulties or disabilities that make it harder for them to learn than most children of the same age.
- **SEND Hub**
  A locality-based multi-agency team or physical space where education, health and care professionals jointly deliver assessments, advice and follow-up support.
- **SENDSARS (SEND Statutory Assessment & Review Service)**
  The team and process within the local authority that manages all statutory EHCP assessments, annual reviews and compliance with legal timelines.
- **SIB (SEND Improvement Board)**
  The multi-agency leadership group overseeing the delivery of the Priority Improvement Plan across education, health and care.
- **SLT (Speech, Language and Communication Therapy)**
  Health services that assess and support children with speech, language and communication needs.
- **Thrive Model**
  A framework for organising mental health and wellbeing support in schools and communities, focusing on prevention and early intervention.
- **VFS (Video Fluoroscopy Service)**
  A diagnostic imaging service used to assess swallowing and swallowing disorders in children and adults.