Leicester City Local Area SEND Inspection

Improvement action plan 2026-2028

Content

Introduction

The Leicester Local Area SEND inspection took place from 22 to 26 September 2025. Inspections deemed that the local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

Inspectors recognised that Children and young people with SEND, and their families are central to the work of Leicester's local area partnership. There is a strong culture of collaboration, with shared ambition to secure the best possible outcomes for children and young people. However, despite recent positive developments, experiences are inconsistent. This is because many of these changes are still embedding and have yet to fully deliver the intended impact, and therefore fully realise partnership leaders' strong ambitions.

Leaders have a clear understanding of the diverse needs of children and young people with SEND. Strategic planning has resulted in strengthening the graduated response, expanding specialist provision in mainstream schools, and developing additional AP. These approaches help children remain in their communities with their friends and prioritise specialist places for those children and young people who require this support.

Inspections identified 5 areas of improvement for the Local Authority:

- Leaders should strengthen quality assurance processes so that all professionals have access to accurate and current information reflecting the needs of children and young people. Leaders need to ensure that children's and young people's EHC plans are updated promptly following annual reviews and improve the quality of the outcomes in EHC plans.

- Education leaders should continue to improve the sufficiency of appropriate educational provision to meet the needs of children and young people with SEND

- Leaders across the partnership should expedite their recovery plans to improve the timeliness and coordination of assessment and diagnostic pathways for neurodevelopmental conditions. The local area partnership should also strengthen their offer to children waiting for neurodevelopmental assessments, to ensure that children, young people and their families receive appropriate support while waiting

- The local area partnership should ensure that their strategic approach to transition enables children and young people to receive the right help and support they need in preparation for adulthood. This should include a particular focus on ensuring that:

  o consideration is given as to how to meet the child's or young person's preparation for adulthood outcomes across education, health and social care; and

  o increasing numbers of children and young people with SEND are supported to access sustained education, employment or training post-16.

- The local area partnership should improve the quality of disabled children's plans when they receive support from early help or statutory social care services. This should include information to reflect the support provided by multi-agency partners.

Present during time of inspection:

Laurence Mackie-Jones Strategic Director of SCE Leicester City Council	**Sara Bailey** Assistant Director of Nursing LLR Integrated Care Board
Sophie Maltby Director of SEND and Education Leicester City Council	**Damian Elcock** Director of Childrens Social Care Leicester City Council

Strategic Vision (as referenced in the Self-Evaluation Framework)

Children and young people receive the right help at the right time

Leicester City is committed to ensuring that children and young people with SEND receive the *right help at the right time*. Over the past three years, we have reshaped our local offer to build capacity in mainstream schools, develop provision between mainstream and specialist, and reform funding so that support can be delivered earlier and more effectively. We have strengthened our collaborative working with health, social care, settings and parent carers to increase confidence in the inclusive mainstream offer that is available in Leicester City. These changes mean that more children and young people are now able to thrive in inclusive settings close to home, with their needs met in the right place and time.

Context

In common with many other local areas, Leicester City has experienced a significant increase in demand for SEND provision over the last five years. Our strategic analysis showed that, as we became better at identifying needs, gaps in our local spectrum of provision meant that too many children and young people were placed in specialist settings when their needs could have been met in mainstream or provision closer to mainstream.

This mismatch created two challenges:

- Children and young people were sometimes placed in provision that was more specialist than necessary, which risked limiting inclusion.

- Capacity pressures on specialist provision increased, reducing flexibility and choice for families.

Ensuring the right help at the right time

In response, the local area has worked in partnership with schools to strengthen inclusive practice and expand provision. This approach is designed not only to ensure that children and young people receive the right support in the right location at the right time, but also to manage demand on our most specialist provision more effectively.

Strategic Approach

To address this, the local area has worked systematically with schools and partners to build capacity across the whole continuum of provision. Our strategy has focused on five strategic outcomes as identified in the [Local Area Inclusion Plan](#).

Co-production and lived experience: commitment and next steps

Leicester City is committed to working in genuine partnership with children and young people with special educational needs and/or disabilities (SEND), and with parents and carers, to shape improvements across the local SEND system. Co-production is central to the partnership's ambition to improve experiences and outcomes and is recognised as essential to sustainable and meaningful change.

Acknowledgement of context and timing

This post-inspection improvement plan has been developed at pace following the Local Area SEND inspection in September 2025. The primary focus during this immediate post-inspection period has been on stabilisation, recovery activity and setting out a clear, deliverable framework for improvement across education, health and social care. The partnership recognises that, due to the timescales involved, it has not been possible to fully co-produce all elements of this plan at the point of submission.

The partnership has been careful not to retrospectively describe consultation or engagement activity as co-production. Instead, this plan sets out a clear and transparent commitment to embed co-production meaningfully as the improvement programme moves into delivery.

What has informed the plan to date

While the actions within this plan have not yet been fully co-produced, they have been informed by:

- inspection evidence and feedback from children, young people and families gathered during the inspection process;

- existing themes from parent and carer feedback, SENDIASS enquiries, complaints and service-level engagement;

- learning from frontline practitioners across education, health and social care regarding system pressures and barriers experienced by families.

- Drafts have been shared with all partners of the SEND and AP Board, including the PCF, for comment and amendment

These sources have helped shape priorities and identify areas where improvement is most urgently needed.

Commitment to co-production during delivery

As the improvement programme moves into its delivery phase, the partnership commits to embedding co-production in a structured, proportionate and meaningful way. Co-production will focus on influencing *how* improvements are implemented, *what good looks like* in practice, and *how impact is measured*, rather than retrospectively endorsing decisions already taken.

Co-production activity will be prioritised where it can add the greatest value, including:

- refining processes, templates and guidance that directly affect family experience (for example Annual Reviews, EHCP content and Preparing for Adulthood planning);

- shaping quality standards, success measures and definitions of impact;

- improving communication, accessibility and clarity of information for children, young people and families;

- reviewing lived experience feedback to inform continuous improvement.

Existing engagement structures will be used wherever possible, including the Parent Carer Forum, children and young people's participation groups, SENDIASS feedback mechanisms and targeted task-and-finish groups linked to specific improvement areas. Engagement will be inclusive and accessible, with attention given to ensuring that seldom-heard voices are represented.

Avoiding tokenism and ensuring integrity

The partnership is committed to ensuring that co-production activity is meaningful and transparent. Co-production will not be rushed or undertaken solely to meet assurance requirements. Feedback and challenge from children, young people and families will be documented, and where views cannot be fully incorporated, the reasons for this will be clearly communicated through "You said, we did" feedback loops.

Governance and accountability

Oversight of co-production activity will sit within existing SEND governance arrangements. Progress, themes and learning from co-production will be reported through the SEND & Education Delivery Group and escalated to the SEND & AP Partnership Board as appropriate.

This will ensure that lived experience directly informs decision-making, quality assurance and future prioritisation across the improvement programme.

Partnership accountability and shared responsibility

The Leicester City Local Area SEND improvement programme is jointly owned and delivered by partners across education, health and social care. All partners recognise their collective responsibility to address the findings of the Local Area SEND inspection and to work together to secure consistent improvement in experiences and outcomes for children and young people with SEND and their families.

Each improvement area within this plan has a named lead and supporting partners, with clear expectations for delivery, contribution and reporting. While actions may be led by individual services or organisations, accountability for impact is shared across the partnership. Partners are expected to contribute in line with their statutory responsibilities and professional roles, including through timely information-sharing, attendance at agreed forums, and active participation in quality assurance and improvement activity.

Progress against this plan will be monitored through established SEND governance arrangements, including the SEND & Education Delivery Group and the SEND & AP Partnership Board. These forums will provide oversight, challenge and support, and will be used to identify risks, agree corrective action and escalate issues where progress is not on track. Health and social care partners will also report through their own organisational governance structures to ensure alignment and accountability.

The partnership is committed to transparency and collective challenge. Where progress is slower than expected, partners will work together to understand barriers, re-sequence activity where necessary and agree remedial actions. This plan will remain a live document, reviewed regularly to reflect progress, learning and changing needs, and to ensure that all partners remain accountable for delivering sustained improvement.

Governance

SEND and AP Partnership Board:

The SEND and Alternative Provision Partnership is a multi-agency strategic partnership ambitious for supporting children and young people with special educational needs and/or disabilities (SEND) and their families in Leicester. This partnership has been operating as the SEND Transformation Board since 2021. The aim of the board is to:

- To steer the SEND and AP strategic programme and oversee delivery of the Leicester Local Area Inclusion plan

- To ensure all partners across the local area contribute to improving the outcomes for children and young people with SEND

- To ensure that the system enables young people and parents to co-produce, participate and shape the local area offer

- To hold all partners across the local area to account according to the SEND code of practice, the SEND reforms, SEND inspection framework and the national Special Educational Needs and Disabilities and alternative provision delivery plan
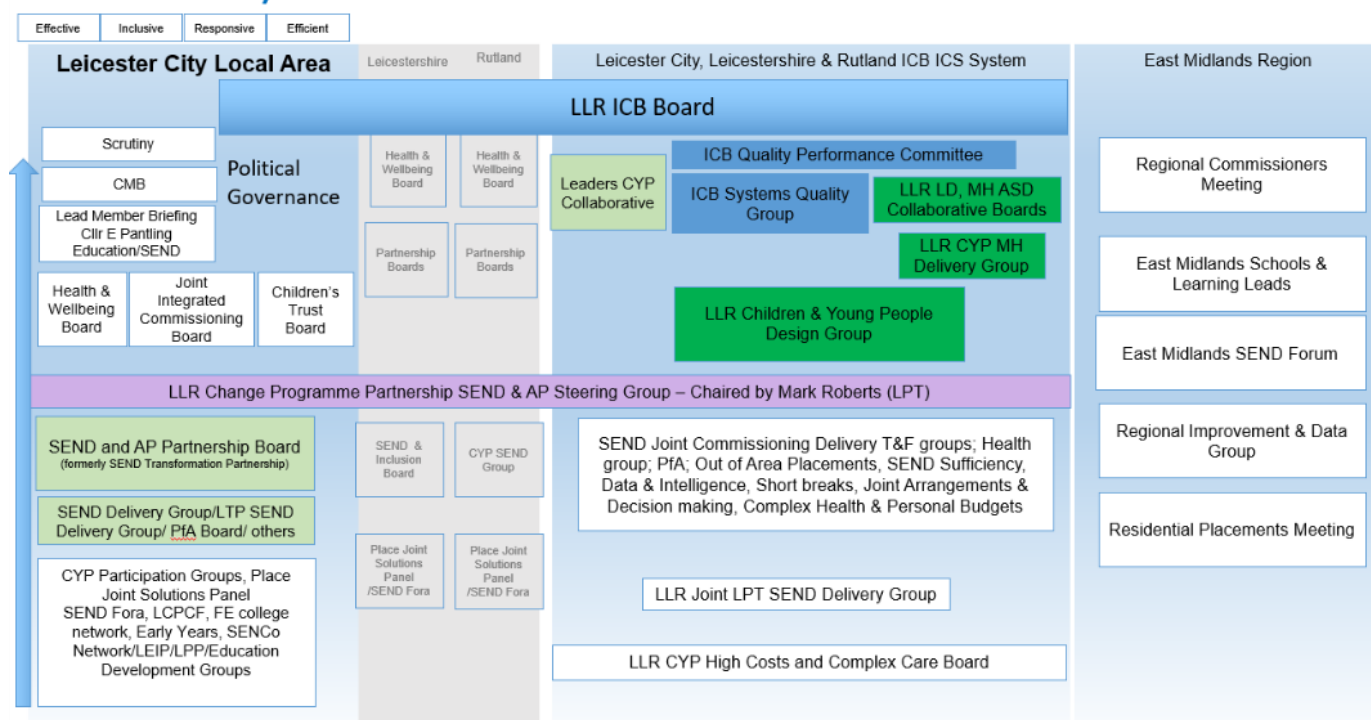
SEND and Education Delivery Group:

The Leicester City SEND Delivery Group is a multi-agency partnership working together to support our children and young people with special educational needs and/or disabilities (SEND) and their families in Leicester.

The Leicester City SEND Delivery Group works together to plan, evaluate and develop a collaborative and inclusive SEND system that offers children and young people access to the right support, in the right place and at the right time, so they can fulfil their potential and lead happy, healthy and productive adult lives. The group will be responsible for ensuring this plan progresses.

Governance Arrangements

Monitoring progress

The SEND and Education Delivery Group (chaired by the Director of SEND and Education) will oversee the improvement plan. This group will meet every 6-8 weeks to monitor progress against timescales and key performance indictors (KPIs). This group includes members from across the partnership including the local authority, integrated care board (ICB), Leicester Partnership Trust (LPT), Social Care, Schools and Parent Carer Forum representatives.

The SEND and AP Partnership Board will receive updates every 3 months through a dashboard report which will include risks and issues identified by action leads.

Both ICB and LPT partners will share updates through their relevant governance arrangements every 3 months.

Areas of improvement – action plans

Each improvement area has a detailed action plan which includes specific timescales, KPIs and designated action leads.

Areas of development
1. Leaders should strengthen quality assurance processes so that all professionals have access to accurate and current information reflecting the needs of children and young people. Leaders need to ensure that children's and young people's EHC plans are updated promptly following annual reviews and improve the quality of the outcomes in EHC plans.
2. Education leaders should continue to improve the sufficiency of appropriate educational provision to meet the needs of children and young people with SEND.
3. Leaders across the partnership should expedite their recovery plans to improve the timeliness and coordination of assessment and diagnostic pathways for neurodevelopmental conditions. The local area partnership should also strengthen their offer to children waiting for neurodevelopmental assessments, to ensure that children, young people and their families receive appropriate support while waiting.
4. The local area partnership should ensure that their strategic approach to transition enables children and young people to receive the right help and support they need in preparation for adulthood. This should include a particular focus on ensuring that: consideration is given as to how to meet the child's or young person's preparation for adulthood outcomes across education, health and social care; and increasing numbers of children and young people with SEND are supported to access sustained education, employment or training post-16.
5. The local area partnership should improve the quality of disabled children's plans when they receive support from early help or statutory social care services. This should include information to reflect the support provided by multi-agency partners.

Areas of improvement
1. Leaders should strengthen quality assurance processes so that all professionals have access to accurate and current information reflecting the needs of children and young people. Leaders need to ensure that children's and young people's EHC plans are updated promptly following annual reviews and improve the quality of the outcomes in EHC plans.
2. Education leaders should continue to improve the sufficiency of appropriate educational provision to meet the needs of children and young people with SEND.
3. Leaders across the partnership should expedite their recovery plans to improve the timeliness and coordination of assessment and diagnostic pathways for neurodevelopmental conditions. The local area partnership should also strengthen their offer to children waiting for neurodevelopmental assessments, to ensure that children, young people and their families receive appropriate support while waiting.
4. The local area partnership should ensure that their strategic approach to transition enables children and young people to receive the right help and support they need in preparation for adulthood. This should include a particular focus on ensuring that: • consideration is given as to how to meet the child's or young person's preparation for adulthood outcomes across education, health and social care; and • increasing numbers of children and young people with SEND are supported to access sustained education, employment or training post-16.

Areas of improvement
5. The local area partnership should improve the quality of disabled children's plans when they receive support from early help or statutory social care services. This should include information to reflect the support provided by multi-agency partners.

Immediate progress following the SEND inspection outcome
Leicester City Council • Special Education Service (SES) expansion • Scoping session undertaken to identify action areas for post 16 project
LPT • Recruitment of 1wte ND Inclusion mental health practitioner to Mental Health Support Teams in Schools Service. To commence in role in April 2026 and will support workforce development and effective practice for children and young people referred to the service with ND and mental health needs. • LLR leadership involvement in national planning for DfE/NHSE guidance to merge ELSEC and PINS from 1 April 2026 as a more integrated SLCN/ND inclusion support offer for children 0-11 years. • Review by health practitioners of draft LLR ND profiling tool with planning for which LPT teams to include in trial of its use in the first 6 months of 2026. • Resource requests submitted to LLR SEND and Inclusion Alliance for ND inclusion test and learn projects to support impact on waiting times and support while waiting i.e. ADHD medication reviews carried out by nursing workforce in schools with a move away from a "medical" model and a specific, tailored offer for children/young people educated other than at school; partnership approach to additional CAMHS support to promote safer transitions for children with ND from primary to secondary.

Action Plans

Improvement area 1:

Leaders should strengthen quality assurance processes so that all professionals have access to accurate and current information reflecting the needs of children and young people. Leaders need to ensure that children's and young people's EHC plans are updated promptly following annual reviews and improve the quality of the outcomes in EHC plans.

Context

Leicester City currently supports over 4,000 children and young people with active EHCPs, more than double the number since the pandemic. While the service has maintained strengths in meeting statutory timescales for new EHCPs, the inspection highlighted that:

- The quality of written outcomes in EHCPs is inconsistent, often lacking sufficient detail for professionals, children, and families to understand intended outcomes.

- Annual Reviews do not consistently result in timely updates, so plans may not fully reflect the current needs of children and young people.

- Workforce pressures, reliance on manual processes, and increasing caseloads have created challenges in delivering timely, high-quality Annual Reviews.

This presents an opportunity to:

- Strengthen Annual Review processes and embed person-centred, meaningful outcomes in EHCPs.

- Modernise data and workflow systems to improve timeliness and accessibility.

- Equip staff with the skills, guidance, and resources needed to deliver high-quality, compliant EHCPs consistently across the city.

Co-production and lived experience

As this improvement area moves into delivery, the partnership will work with parents, carers and children and young people to refine Annual Review processes, templates and guidance, with a particular focus on clarity, timeliness and the quality of outcomes. Lived experience will be used to inform what good looks like in practice, including how outcomes are written and reviewed, and how families experience communication before and after Annual Reviews. Feedback will inform ongoing quality assurance activity and continuous improvement, with learning reported through SEND partnership governance.

Governance and Accountability

All actions in this Improvement Area are jointly overseen by Education, Health, and Social Care partners, with progress reviewed through the SEND & AP Delivery Group (6–8 weekly meetings) and the SEND & AP Partnership Board (quarterly meetings). Escalation protocols are in place for risks, delays, or issues affecting statutory compliance.

Aims

1. Strengthen the quality and consistency of EHCPs, ensuring outcomes are meaningful and detailed.
2. Ensure Annual Reviews are timely, person-centred, and inclusive, with active participation from children, young people, and their families.
3. Improve access to accurate and current information for all professionals involved in supporting children and young people.
4. Embed continuous learning and improvement across the SEND system, using feedback and audit findings to drive service enhancements.

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Ensure timely, person-centred, high-quality Annual Reviews, through improved capacity, structure and performance management.	Annual Reviews completed on time for all children and young people with EHCPs	• Redesign SES team structure to strengthen oversight and workflow • Redistribute caseloads to achieve equitable allocation and improve timeliness • Recruit additional officers to increase capacity and reduce backlog • Provide targeted training to support consistent delivery of Annual Reviews • Monitor officer performance through supervision and performance dashboards	• % of ARs completed on time: **40% by Sept 2026** (baseline **25 %**) • % of SES officers with caseloads at target levels: **90%** • % of planned new officer posts filled and operational: **90%** • % of staff completing targeted AR training: **90%** • Staff performance ratings post-	Sept 25 – Sep 26	Head of SENDIS/ SES Service manager	Team redesign in place with app caseloads

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
			training: **≥75% "competent/confident"** *(The 40% milestone reflects year-one recovery while clearing backlog and embedding new systems. A phased trajectory is set to reach 70–75% by 2027 and 95–100% by 2028, supported by workforce growth, digitalisation and improved school compliance.)*			
Build staff skills and confidence to deliver statutory-compliant, person-centred Annual Reviews (including Preparation for Adulthood)	Deliver a comprehensive workforce development programme for SES staff and schools (including SENCos)	• Deliver a structured training programme for SES staff, including induction for new officers • Deliver ongoing SENCo training, including induction where required • Use quality assurance findings and supervision feedback to shape training priorities and refreshers	• % of SES staff trained in statutory compliance, person-centred reviews and PfA: **90%** • % of staff reporting improved confidence in AR delivery: **≥75%** • % of ARs meeting quality standards: **≥75% by July 2027**	By July 27 (then ongoing refresh through 28)	SES/QIT	
QA the Annual Review process	Gateway 1 Identify and support schools / settings	• Provide training for schools on AR planning across the	• % of schools submitting ARs on	Sept 25 – July 27	SES Service	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
through a series of gateways	where Annual Reviews are missing or submitted late	school year and statutory timescales • Provide training on decision pathways (amend / not amend / change of placement) • Compile and analyse data to identify schools/settings with missing AR submissions • Compile and analyse data to identify schools/settings with late submissions • Provide targeted support and challenge to improve submission timeliness • Incorporate advice and input from Health and Social Care colleagues to ensure multi-agency perspective in guidance and follow-up support.	time: ≥70% by July 2027 • % of identified schools/settings receiving targeted support: 100% identified • % reduction in late submissions compared to baseline: ≥25% improvement • % of ARs where Health/Social Care advice was provided and incorporated: ≥80% by July 2027		Manager/ SES QIT	
	Gateway 2 Improve accuracy and timeliness of Annual Reviews being logged and tracked from point of receipt	• Increase the number of Annual Review co-ordinators • Deliver comprehensive training for AR Co-ordinators • Introduce systems and checks to ensure Annual reviews are logged and statutory timelines initiated consistently. • Apply consistent criteria for amend / not amend / change of placement decision-making • Identify and deploy dedicated business support to	• % of ARs logged within 5 working days of meeting: ≥40% • % of AR coordinators trained and operational: 100% • Number of errors in logging ARs per month: ≤5%	Jan to Dec 26	SES/QIT /BS	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		strengthen timely logging and administration • Engage Health and Social Care colleagues in reviewing logged advice contributions to ensure full representation of needs.				
	Gateway 3 Ensure amended EHCPs (draft and final) are issued within statutory 12-week timescale	• Develop training videos to support new EHCP officers • Identify and deploy dedicated business support to strengthen administration and throughput • Monitor completion rates through supervision and performance management • Track progress weekly using internal performance dashboards • Ensure Health and Social Care advice is actively sought, recorded, and incorporated into each amended EHCP before issue (where appropriate) • Conduct regular quality checks to confirm multi-agency input has been applied and feedback is provided to officers.	• % of ARs issued within statutory 12-week timescale: ≥40% by Dec 2026 • % of backlog overdue ARs cleared: 100% by September 2026 • % of amended EHCPs where Health/Social Care advice is incorporated before issue: ≥40%	Dec 26 (initial improvement milestone), then ongoing monitoring through 26	SES/QIT/BS	
Streamline submission and tracking of Annual	Schools, parents, and professionals using	• Implement digital portal, templates and guidance	• % of schools onboarded to digital portal:	Dec 26	SES Manager and Local	All schools onboarded;

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Reviews through digital system.	digital portal for Annual Reviews	• Onboard schools/settings and provide training/support • Strengthen communication and signposting via Local Offer • Support parent/carer access and gather feedback through surveys • Monitor school-level submission rates and targeted follow-up activity	100% by March 2026 • % of parents reporting system easy to use: ≥75% • % improvement in AR completion within statutory timescales following portal implementation: + 10–15% by Dec 2026 (baseline to be confirmed)		Offer Officer /LISO	
Increase Annual Review completion within statutory timescales and eliminate backlog over a three-year improvement period	All overdue and upcoming Annual Reviews completed within statutory timescales, with sustained improvement year-on-year	• Monitor caseloads and prioritise overdue reviews using risk-based triage • Use additional staffing capacity created through team redesign and recruitment to reduce backlog • Implement routine system checks at team and individual level to monitor performance and unblock delays • Report timeliness and backlog position through operational and partnership governance	• % of ARs completed on time improves over a three-year period: 2026: 40%; 2027: 70–75%; 2028: 95–100% • % of overdue ARs cleared: 100% by Dec 2026 • % of ARs completed within statutory 12-month cycle: 100%	Ongoing through 26-28 (with interim annual milestones)	SES Service Manager	
Strengthen parent and carer engagement and confidence in the Annual Review process	Increase parent/carer participation and improve experience of Annual Reviews and EHCP updates	• Strengthen communication before and after Annual Reviews through accessible guidance and templates	• % of parents/carers reporting satisfaction with clarity and	Sept 25 – July 27	SES and QA Team	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		• Use surveys and feedback tools to gather parent/carer experience and identify improvements • Provide "You said, we did" updates to demonstrate how feedback has shaped service improvements • Use feedback themes to inform workforce development, process changes and quality assurance activity	timeliness: ≥80% by 2028 • Reduction in complaints linked to Annual Review timeliness and EHCP updates: ≥50% by 2027 • Termly feedback summary produced and reviewed through quality assurance arrangements: 100%			
Improve timeliness of Annual Review paperwork returns from schools/settings/colleges to support statutory compliance	Ensure timely receipt of Annual Review paperwork to support the statutory 12-week timescale for issuing amended EHCPs	• Record expected return dates and actual receipt dates for AR documentation. • Monitor and report on delays at school/setting/college level. • Provide targeted support and challenge where late returns impact statutory timescales • Escalate persistent delays through SEND partnership governance arrangements where necessary	• % of schools/ settings/ colleges submitting AR paperwork on time: ≥70% by Dec 2026 • % reduction in late submissions compared to baseline: ≥25% • % of cases escalated due to persistent delays: ≤5% of total cases	Sept 25 – Dec 26	SES Service Manager	
Strengthen quality assurance of Initial EHCP plans to ensure	Gateway 1 Advice Givers— improve the quality and consistency of	• Moderate advice-giver contributions and provide structured feedback to advice givers	• % of advice moderated with feedback delivered: 100%	Dec 26 (then embedded	QA Team/ DCO ICB	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
they are accurate, detailed, and statutory-compliant through a series of gateways	professional advice provided for EHCPs	• Feed learning themes into supervision and workforce development twice yearly (inc schools, settings, health and social care) • Use moderation findings to drive consistent expectations across the partnership system	• % of advice meeting quality criteria: ≥80% • Two advice-giver learning summaries produced per year: **100%**	as routine practice)		
	Gateway 2 Decision making Improve the quality and consistency of EHCP decision-making and application of thresholds across panels.	• SES Service Managers share learning from panel decision-making with Team Managers, PEP and partners • Provide targeted feedback to Education, Health and Social Care advice givers where improvements are required • Track improvement through repeat sampling and audit	• % of panel decisions shared with relevant stakeholders and acted upon: 100% • % of cases demonstrating improvement post-feedback: ≥80%	Sept 25 - Dec 26	QA Team/SES Managers	
	Strand 3 Parent Feedback –— use lived experience insight to drive improvement and quality assurance	• Collate parent/carer feedback termly and share learning themes within SES and wider partnership (inc health and social care) • Feed feedback themes into audit activity, workforce development and process improvements • Track actions taken in response to feedback	• % of parent feedback analysed and reported termly: 100% • % of recommendations implemented: ≥80%	Nov 26	Service Manager SES	
	Strand 4 EHCP Audit -embed Annual Reviews into the EHCP audit	• Include Annual Reviews as part of routine EHCP audit sampling	• % of EHCPs sampled through	Sept 26 - Jan 27	QA Team/SES Manager/	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
	programme and strengthen follow-up actions	• Broaden audit representation across Education, Health, Social Care and schools through training and participation planning • Ensure actions identified through audit are assigned, tracked and completed • Where improvement is required, agree corrective actions and trigger additional review activity where needed	audit activity: **5% of all EHCPs** • % of audit sample that includes Annual Reviews: **≥50%** • % of flagged actions completed within agreed timescales: **100%** • % of audit findings translated into workforce development and process improvement: **100 %** • Audits taking place have cross organisation representation from social care, health and education: 95%		DCO ICB	
	Strand 5 Group Moderation— establish consistent audit standards and shared agreement across partners	• Undertake joint moderation three times per year (Feb, May, Nov) with representation across Education, Health, Social Care and schools • Compare learning across cycles to evidence improvement over time	• Number of moderation audits completed as planned: **3 per year** • % agreement in moderation across auditors: **≥90%** • % of relevant staff trained based on	Feb 26 May 26 Nov 26	QA Team (with multi-agency partners)	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		• Use data and themes to influence future training and practice development	audit learning themes: **90%**			
Learning and Development linked to Audit findings- Embed continuous learning and improvement through audit-driven workforce development	Deliver a rolling learning and development programme for advice givers, panel members, EHCP auditors and moderation participants	• Share themes from audits and moderation across agencies through training and quarterly QA reporting • Use learning themes to shape supervision, coaching and refresher sessions • Track workforce participation and impact	• % of relevant staff trained: 90% • % of staff attending follow-up sessions: ≥90% • % of audit learning themes addressed through training programme: 100%	May 25 – Dec 26	QA Team	
Improve frequency, quality, consistency and impact of reporting across the partnership	Strengthen quality assurance reporting to support shared accountability and improvement	• SES Service Manager provides regular performance and QA reports to Education, Health and Social Care partners • Provide updates to SEND and AP Delivery Group on a routine cycle • Report progress and impact to SEND and AP Board at agreed intervals	• % of termly QA reports submitted on time: 100% • % of QA recommendations implemented: ≥90% • Stakeholder satisfaction with reporting: ≥80% positive	Dec 26	QA Team (with multi-agency partners)	

System-wide success measures and impact for Improvement Area 1

The following system-wide success measures and impact statements provide a concise view of progress across Improvement Area 1, linking operational delivery to outcomes for children, young people, and their families.

To enable clear oversight and benchmarking of progress, the partnership will monitor a small set of system-wide indicators alongside detailed operational KPIs. The operational KPIs will continue to drive delivery and improvement. These indicators will be triangulated with benchmarking data (national and statistical neighbours) and reviewed through SEND partnership governance arrangements. Where

baselines are provisional, benchmarking against national and statistical neighbour data will be used to contextualise progress and demonstrate system improvement.

1. Timeliness of Annual Reviews

- Baseline (2024): 25% completed on time
- Sept 2026: 40%
- 2027: 70–75%
- 2028: 95–100%

2. Timeliness of amended EHCPs following Annual Review

- Baseline: 27%
- Dec 2026: ≥40% issued within statutory 12-week timescale
- 2027 onwards: progressive improvement year-on-year

3. Quality of EHCP outcomes

- Baseline: TBC (via audit programme)
- By July 2027: ≥75% of EHCPs rated Good or Outstanding for outcome quality

4. Parent/carer confidence and experience of Annual Reviews

- Baseline: TBC
- By 2028: ≥80% of parents/carers reporting satisfaction with clarity and timeliness of Annual Reviews

Impact for children, young people and families and co-production

Health and social care partners contribute through advice, attendance at panels and working groups, and input into outcomes, ensuring a multi-agency approach that fully reflects children and young people's needs.

Children, young people, parents, and carers have helped shape this Improvement Area. Feedback from surveys, parent forums, and digital portal testing has informed Annual Review templates, guidance, and training. As a result:

- Children and young people will receive timely EHCP updates with clear, meaningful outcomes reflecting their needs and aspirations, including Preparation for Adulthood.
- Parents and carers will see how their feedback shapes service design through "You said, we did" updates.
- System improvements will reduce delays, backlog, and plan drift, improving everyday experiences for families.

This improvement area is jointly owned and formally signed off by Education, Health, and Social Care partners through the SEND & AP Partnership Board.

Improvement area 2:

Education leaders should continue to improve the sufficiency of appropriate educational provision to meet the needs of children and young people with SEND.

Context

Our ultimate aim is to create sufficient capacity to meet the demand for SEND provision. However, it is acknowledged that creating sufficient capacity for SEND is a significant challenge for the majority of Local Authorities as SEND demand exceeds the resources available through high needs capital and revenue funding. Our vision is to aim for sufficiency through creating greater support and capacity for mainstream inclusion through Designated Specialist Provisions and SEND Units within mainstream schools. This provides specialist places for pupils in their local area as well as increasing the overall inclusiveness and SEND skills of mainstream schools. It is recognised that there will still be a need for special school and independent specialist provision for statutory school age and post-16 pupils. Working with partners and stakeholders, we will develop plans to increase capacity through capital works to create additional places through expansion, satellite sites and new provision.

Co-production and lived experience

During delivery of this improvement area, the partnership will engage parents, carers and young people to inform how sufficiency plans translate into improved experiences on the ground, including accessibility of provision, clarity of pathways and local inclusion. Lived experience will be used to shape communication, expectations and evaluation of new and expanded provision, alongside consideration of travel, stability and choice. Feedback will be used to inform future planning and commissioning decisions and will be reviewed through established governance arrangements.

Quality assurance, performance reporting and escalation for this improvement area will align with the approach set out in Improvement Area 1, including the use of shared KPIs, RAG-rated action monitoring, and review through SEND partnership governance.

Aims

1. Create more specialist provisions in mainstream across primary and secondary phases through Designated Specialist Provisions or SEND Units.
2. Explore options with special schools to increase capacity through temporary or permanent expansion, including satellite sites.
3. Explore opportunities for new specialist provision through the DfE processes
4. Increase and develop post-16 provision with collages and FE providers for SEND pupils
5. Encourage and engage independent specialist schools and Alternative Provisions to provide local capacity for complex SEND pupils.
6. Continue to develop SEND Forecasting and working with wider partners to provide accurate forecasts to meet future SEND demand.

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Create more specialist provisions in mainstream across primary and secondary phases through Designated Specialist Provisions or SEND Units.	Identify opportunities for mainstream school to create places for DSP or SEND Units	• Develop and secure approval for DSP phase 3 project ○ Schools asked for expressions of interest to open a DSP or SEND Unit. • Review of forecasted demand and type of need, including locality of provisions to support agreed projects.	• 200 new DSP places are created	February - March 26 (seek executive approval). Expressions from schools already open to schools. Start Projects at schools for places from September 26	HoS Sufficiency HoS systems, quality and performance, HoS SEND integrated services, lead teacher for DSPs	
Explore options with special schools to increase capacity through temporary or permanent expansion, including satellite sites.	Work with special schools to explore options for additional places	• Work with Estates and Buildings Services to identify possible solutions to create additional capacity in schools, including expansion, satellite sites or temporary solutions. • Explore with the DfE opportunities to create additional special school places. • Review current SEND projects and the impact of the pending SEND white paper.		Meet with special schools to explore options by February 26. Works to create immediate capacity for September 26 agreed by March 26. Review and develop potential projects	HoS Sufficiency HoS systems, quality and performance, HoS SEND integrated services, lead teacher for DSPs, development consultant officers	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
				with EBS by May 26.		
Explore opportunities for new specialist provision through the DfE processes	Discuss with the DfE opportunities through a special free school or future programme.	• Discussion with the DfE about options available and future special school capital projects available. • Options for a special free school in future developments			Director of SEND and Education, HoS Sufficiency, HoS systems, quality and performance, HoS SEND integrated services	
Increase and develop post-16 provision with colleges and training providers for SEND pupils	Expand and continue to develop specialist provision at Leicester College Create additional capacity at colleges and training providers	• Work with Leicester College to expand and develop their SEND provisions and pathways. • Work with Specialist FE provisions in the city to expand their offer and capacity to support more pupils with SEND, particularly in vocational and work-based pathways.		Sept 26 May 26 with a view for capacity to be available from Sept 26 to Sept 27.	HoS Sufficiency HoS systems, quality and performance, HoS SEND integrated services, Transformation Manager	
Encourage and engage independent specialist providers and Alternative Provisions to	Engage independent and AP providers Establish a procurement process to secure appropriate provision.	• Meet with independent and AP providers to share demand and need, including procurement and quality assurance processes. • Establish a robust procurement process for	• Number of providers who attend 3x engagement events • Feedback from provider events to	March 26 June 26 January 27	HoS Sufficiency, HoS systems, quality and performance, HoS	Engagement meeting with providers held and future meetings planned

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
provide local capacity for pupils with complex SEND needs.		securing high quality places to meet demand.	influence changes to the framework		SEND integrated services, Transformation Manager	whilst developing procurement.
Continue to develop SEND Forecasting and working with wider partners to provide accurate forecasts to meet future SEND demand.	Improve the quality of SEND data and develop our analysing and SEND forecasting.	• Move education data and systems including SEND over to a new software system • Continue to develop the SEND forecast in line with DfE and LA requirements • Work with partners to expand the quality of data sources for SEND • Explore the use of analysis tools to create greater insights into SEND requirements and reporting		SCAP 26 to be completed by July 26 New system by August 26	HoS Sufficiency, HoS systems, quality and performance, Oizamsi Akande, Michael Lacey	

Improvement area 3:

Leaders across the partnership should expedite their recovery plans to improve the timeliness and coordination of assessment and diagnostic pathways for neurodevelopmental conditions. The local area partnership should also strengthen their offer to children waiting for neurodevelopmental assessments, to ensure that children, young people and their families receive appropriate support while waiting.

Context

Leicester continues to experience significant demand and extended waiting times for neurodevelopmental assessment and diagnosis pathways. Partnership leaders recognise that improvements must focus both on:

1. timeliness and coordination of pathway assessment and diagnosis, and
2. a strengthened support offer while waiting, ensuring children and young people receive timely, needs-led support in education and community settings, regardless of diagnostic status.

Co-production and lived experience

As this improvement area moves into delivery, the partnership will embed co-production with children, young people and families to inform the development and refinement of neurodevelopmental pathways and the support available while waiting for assessment. Lived experience will be used to shape priorities for improvement, accessibility of information, and the design and use of tools and resources intended to support children and families prior to diagnosis.

Co-production activity will focus on understanding family experience of waiting times, communication and support, and on ensuring that improvements reflect what matters most to children and young people in education and community settings. Feedback will be used to inform ongoing pathway development, quality assurance and communication, with learning reviewed through neurodevelopmental pathway governance and wider SEND partnership arrangements.

Quality assurance, performance reporting and escalation for this improvement area will align with the approach set out in Improvement Area 1.

Aims
- Improve the timeliness and coordination of ND assessment and diagnostic pathways.
- Ensure clear system governance, shared accountability and consistent pathway oversight.
- Strengthen the support offer while waiting, focused on earlier identification, intervention and inclusion.
- Improve education settings' capacity to meet neurodivergent needs through consistent inclusive practice.
- Improve family experience through better communication, accessible resources and equitable support.

Actions related to improving the timeliness of assessments

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Leaders across the partnership should expedite their recovery plans to improve the timeliness and coordination of assessment and diagnostic pathways for neuro	Establish ADHD and Autism Pathway Board	**Incorporation and joint working:** • Establishment of ADHD & Autism Pathway Board; actions led by ICB/LPT. Clear health leadership with education linkages (MHST, LISO, PINS). **Milestones and monitoring** • Board will oversee delivery of ADHA & Autism pathway work programme, maintain a	• Board membership and ToR agreed and signed off. • Work programme developed based on system priorities. • Board ToR, decision logs • Quarterly Performance data	May 26 To be confirmed jointly by Leaders across the partnership To be confirmed jointly by Leaders	Dr Louise Ryan (ICB)	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
developmental conditions.		decision log, monitor pathway performance, and report into appropriate commissioning and partnership governance committees and SEND and AP Board.		across the partnership		
Improve timeliness and coordination	Optimise health diagnostic capacity (Autism)	• Implement a skill-mix staffing model to increase autism assessment capacity within the LPT Paediatric Autism Assessment Team, including speech and language therapists and clinical psychologists.	• Full recruitment and job plan compliance achieved (within budget). • Increased diagnostic assessment capacity demonstrated through activity data (baseline to be confirmed).	Dec 26	Vic Evans (LPT)	
Improve timeliness and coordination	Optimise health diagnostic capacity (ADHD)	• Redesign ADHD workforce model to include specialist neurodevelopmental nursing roles and improve throughput.	• Full recruitment achieved (within budget). • Increased assessment throughput (baseline to be confirmed).	Dec 26	Vic Evans (LPT)	
Improve timeliness and coordination	Increase efficiency through digital ADHD medication reviews	• Implement digital contacts / reviews for ADHD medication, releasing clinical capacity to support diagnostic assessment activity.	• % increase in effective digital reviews. Reduction in in-person ADHD medication review appointments. • Additional diagnostic assessment slots created (baseline to be confirmed).	June 26	Vic Evans (LPT)	
Improve coordination and reduce escalation	Build capacity and capability within LLR Mental Health Support Teams	• Deliver MHST ND inclusion training through the LLR Local Inclusion Support Offer (LISO). Embed MHST expertise in the ND profiling tool and mobilise	• Number of MHST staff trained. MHST mental health expertise embedded in profiling tool.	June–Dec 26	LPT / MHST leads	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
	(MHST) to co-develop neuro developmentally inclusive schools in 50% of schools that MHST is currently present i.e reducing escalation of need for a diagnostic assessment.	consistent use across MHST workforce. • Co-develop ND practice in schools through a combination of training, coaching and consultation.	Number of MHST staff using profiling tool consistently. • MHST will co-develop a defined ND inclusive practice offer in at least 50% of MHST-supported schools (baseline number of schools to be confirmed). • Evidence of increased school confidence and capability in meeting ND needs (baseline/measure to be confirmed). • Reduction in escalation of need towards diagnostic assessment pathways from MHST-supported schools (baseline/measure to be confirmed).			
Improve earlier identification and consistent triage	Develop LPT ND Inclusion role capacity	• Recruit to ND Inclusion post funded through SEND and Inclusion Alliance. Contribute to profiling tool development, pilot implementation with PINS schools, and develop training/competency framework for system roll-out.	• ND Inclusion post recruited and active. Version 1 profiling tool completed. • Pilot implemented and evaluated. • Training/competency framework developed.	Apr–Sep 26	Vic Evans / ND Inclusion postholder (LPT)	

Actions related to improving the offer available to children and young people waiting for an assessment

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Improve support while waiting and earlier help	ND Profiling Tool development & pilot	Joint multi-agency profiling tool for education, health and social care, used at point of emerging concern and prior to referral to diagnostic pathways. Pilot in schools, provide training and ensure quality assurance through multi-agency audit.	• Tool agreed and piloted by Sep 2026. • At least 80% of pilot schools + relevant health services using tool. • At least 80% of profiles completed before referral. • Quarterly audits show at least 80% of profiles meet quality standards.	Jan–Sep 26 (pilot launch Sep 26)		
Improve interim support for CYP awaiting placement	Targeted support through LISO for CYP awaiting special school placement	Specialist teachers from EYST/LCI/SEMT deliver tailored advice, modelling, planning and intervention for CYP awaiting specialist placement so learning and wellbeing continue to progress.	• 90% of children on waiting lists receive specialist support. • At least 75% of schools report positive impact on the intervention provided. • Reduction in escalation events (complaints received across the partnership / exclusions / placement breakdown) for supported cohort (Baseline to be confirmed jointly by partners through early delivery monitoring and reported through SEND governance)	Apr 26 – Jul 27	HoS systems, quality and performance, HoS SEND Support Services	
Strengthen inclusive practice across all schools	Increase schools' capacity for neurodivergent inclusion	SENDSS specialist teachers + EPs provide targeted advice, guidance and intervention support. BERA implemented to inform adjustments. Deliver	• At least 90% of referred CYP receive targeted support.	Sep 25 – Sep 26	HoS systems, quality and performance HoS SEND	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		training on adaptive teaching and reasonable adjustments. Quality Inclusion Team supports access to funding and timely support.	• 90% schools complete BERA and apply findings. • At least 80% schools report confidence. • At least 85% of advice implemented within agreed timescales. • 90% CYP on ND waiting lists receive interim school-based support.		Support Services	
Embed inclusive practice through targeted school partnerships	Delivery of year 2 of PINS programme	Incorporation & joint working Cohort 2 delivery (12 city schools), training plan aligned to school needs, Community of practice for Cohort 1, evaluation and next steps. SENDSS supports embedding practice.	• 12 schools engaged in Cohort 2. Training delivered as work plan. • Number of staff who undertake 2x training sessions • Evaluation feedback following 2x training sessions • 80% of schools in cohort 1 and 2 felt more confident following undertaking training • Evaluations completed and next steps agreed.	12 schools complete the programme by March 26 Impact evaluation completed and reported to partnership governance by April 26 May 26	PINS Project Manager ICB	
Improve family experience while waiting	Improve access to information and resources	Develop accessible web-based resources (e.g., Autism Space) and align to Thrive strategy to ensure families understand	• Resources published and accessible via Local Offer. Uptake/usage monitored (baseline to be confirmed). Parent feedback	Dec 26	Local Area partnership (Social Care (DSCO),	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		available help while awaiting assessment/diagnosis. Review health information on Local Offer Review social care information on Local Offer	improvements (measure to be confirmed). • Children and young people feedback improvements. • Numbers accessing autism space		Health (and Education)	
Ensure equitable access to ND inclusion support	Review criteria and remove barriers to support without diagnosis	Review ND Inclusion service criteria and pathways to ensure CYP can access appropriate support based on need, regardless of confirmed diagnosis.	Review completed and criteria clarified/updated by **June 2026** Evidence of increased access to ND support for CYP without formal diagnosis (baseline to be confirmed; measured quarterly from **July 2026**) Reduction in number of inappropriate rejections / bounced referrals linked to "no diagnosis" (Baseline to be confirmed jointly by partners through early delivery monitoring and reported through SEND governance)	Dec 26	Local Area partnership	

Improvement area 4:

The local area partnership should ensure that their strategic approach to transition enables children and young people to receive the right help and support they need in preparation for adulthood. This should include a particular focus on ensuring that:

- consideration is given as to how to meet the child's or young person's preparation for adulthood outcomes across education, health and social care; and
- increasing numbers of children and young people with SEND are supported to access sustained education, employment or training post-16.

Context

Ensure that children and young people with SEND in Leicester are well prepared for adulthood, with the skills, confidence and support they need to achieve positive outcomes and move into sustained education, employment or training.

Inspection findings and local intelligence highlight variability in the quality and consistency of transition planning, particularly in how Preparation for Adulthood (PfA) outcomes are embedded across education, health and social care. While there are examples of effective practice, this is not yet consistently applied across the system, and outcomes for some young people post-16 remain of concern, including higher levels of NEET, including for vulnerable groups.

This improvement area focuses on strengthening strategic oversight, embedding outcome-focused PfA planning within EHCPs, improving post-16 participation and sustained destinations, and ensuring that young people and families are supported through key transition points.

Co-production and lived experience

Children and young people, including those with complex needs, and their families will be actively involved in shaping delivery of this improvement area as it progresses. Co-production will focus on refining Preparing for Adulthood outcomes, transition planning, accessible information and post-16 pathways, ensuring these reflect what matters most to young people as they move into adulthood. Feedback from young people and families will inform adjustments to delivery, resources and quality assurance and will be reviewed through the PfA Delivery Group and SEND partnership governance.

Quality assurance, performance reporting and escalation for this improvement area will align with the approach set out in Improvement Area 1.

This work will be supported by strengthened partnership governance, including a *proposed* Education, Employment and Training workstream for young people with SEND. Oversight will be provided through the PfA Delivery group, with progress reported to the SEND & AP Board once governance arrangements are agreed.

Aims

1. Work collaboratively across education, health and social care to improve transition planning and reduce potential cliff edges.
2. Strengthen the quality and consistency of Preparing for Adulthood outcomes, particularly within EHCPs, ensuring they are person-centred and outcome focused.
3. Improve post-16 education, employment and training outcomes, including reducing NEET among young people with SEND.
4. Support the development of independence, life skills and wellbeing, alongside educational and vocational pathways.
5. Ensure the voices of young people and families continue to inform service design, delivery and improvement.
6. Provide clear leadership, governance and accountability, with progress monitored and reported through the SEND & AP Board.

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Embed core principles across all PfA activity	Ensure child-first, person-centred planning, independence and travel training, partnership working, and accessible information are applied to all priority themes.	• The QA team will undertake quarterly multi-agency review of programmes and EHCPs, checking evidence of PfA principles across education, health and social care contributions. • Findings will be reported to PfA delivery group and used to identify gaps, agree corrective actions, and inform workforce development, commissioning and service improvement activity.	• 75% of programmes and EHCPs demonstrate application of PfA principles.	Jan 26 – Jul 27	QA Team /PfA Group	
Strengthen multi-agency oversight and governance	To improve governance, accountability, and decision-making across PfA delivery, ensuring that responsibilities, escalation routes, and reporting lines are clear. To focus specifically on improving EET outcomes for young people with SEND, ensuring they access and sustain education, employment, or training post-16.	• Propose creation of an EET Delivery Workstream to focus on education, employment and training outcomes. • EET Workstream will report to the PfA Multi-Disciplinary Working Group and the SEND & AP Delivery Group, escalating key issues to the SEND & AP Board. • Monthly meetings with minutes and action logs to ensure accountability. • Roles, responsibilities, and expectations for all groups clearly defined in terms of reference.	• EET Delivery Workstream established and operational once agreed by SCE Directors • 100% of meetings documented with agreed actions • Termly progress reports submitted to PfA Multi-Disciplinary Working Group and SEND & AP Delivery Group • Key risks or issues escalated to the SEND & AP Board	Jan 26 – Dec 26	PfA Panel Chair / SEND Service	Directors to decide panel option

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
			• Governance structures clearly documented and agreed by SEND & AP Delivery Group and Board			
Embed outcome-focused Preparing for Adulthood (PfA) goals in EHCPs – *Link to Action Area One.*	Ensure that all EHCPs include clear, person-centred, measurable PfA outcomes that support preparation for adulthood.	• Update EHCP templates and guidance to include PfA goals • Deliver staff training on embedding PfA outcomes • Implement a QA process to review PfA outcomes termly, linked to EHCP QA plan • Track outcomes for consistency and improvement	• ≥90% of EHCPs reviewed contain clear, outcome-focused PfA goals • QA checks completed and documented termly	Jan 26 - July 27	QA Team	
Improve post-16 education, employment, and training outcomes for young people with SEND.	Increase participation in education, employment, training and apprenticeships, and reduce NEET among young people with SEND.	• Use the EET Delivery Workstream to oversee EET-focused activity for young people with EHCPs. • Strengthen joint working between education, Connexions, employers, and post-16 providers. • Develop and implement clear EET pathways for young people with EHCPs (including supported internships, apprenticeships, education, and training routes). • Review EET outcomes annually and align planning with PfA outcomes in EHCPs.	• NEET rate for young people with EHCPs reduced from 15.6% to 12% by Sep 2026 • 80% sustained engagement in education, employment, or training at 6 months post-16 for young people with EHCPs • Clear EET pathways written and agreed for young people with	Sept 25 – Jan 27, with interim progress review annually.	HoS SEND integrated services / Connexions Service Manager/QI	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
			EHCPs as part of transition planning • Number of supported internships and apprenticeships created and filled per year, with annual targets agreed through the EET Delivery Workstream and reviewed via PfA and SEND & AP governance • Annual EET performance reports reviewed through PfA and SEND & AP governance			
Support the development of independence, life skills, and wellbeing, alongside educational and vocational pathways.	Deliver practical Increase the number of young people with SEND who can travel independently, safely, and confidently, supporting their preparation for adulthood and access to education, employment, or training.	• Develop and deliver a structured **travel training programme** across schools, post-16 settings, and community venues. • Provide training and support to staff delivering travel training. • Monitor participation and progress through termly reviews and QA activity.	• At least % of young people with EHCPs complete travel training (baseline and target to be confirmed) • Evidence of increased independence in daily travel for participants	Dec 27, with termly progress reviews	Managers of Independence and Transport/DCS/ PfA Lead Officer/Caroline Jolliffe	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		• Integrate travel training outcomes into EHCPs and PfA plans.	• Termly QA checks and monitoring reports completed • Travel training outcomes linked to PfA goals in EHCPs			
Smooth transitions to adult health services.	Ensure young people with SEND have clear, planned transitions from child to adult health services.	• Implement a pilot for a Preparing for Adulthood Health Action Plan. This plan will be available from 14 years old and support the journey through preparation for adulthood with an emphasis on existing health needs and who will be supporting identified needs in adult services.	• 10 Preparing for Adulthood health action plans to be completed between March 2026 and September 2026 with qualitative data gathered from young people, families, and health professional feedback. • Audit of completion of tools to required standard.	Jan -Sept 26	Associate Designated Officer for SEND (ICB) Directorate Lead for Preparing for Adulthood in SEND (LPT)	
Provide accessible information and resources.	Ensure young people with SEND and their families have clear, easy-to-use guidance and support materials.	Develop digital and print resources, including multi-language guides. Run parent workshops to support understanding of PfA. Maintain and update the Local Offer website.	**Digital / resource engagement** • ≥70% of target families (with young people with EHCPs) accessing digital or print PfA	Jan 26 – Dec 27, with iterative review of resources and feedback	Local Offer Team/LISO officer	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
		Gather feedback from families and young people to inform improvements and updates.	resources by Dec 2027 • ≥80% of users reporting increased understanding and satisfaction via survey **Workshop participation** • ≥80% of parents/carers of young people with EHCPs attending PfA workshops by Dec 2027 • ≥80% of attendees reporting the workshop was useful and improved understanding **Website access** • Track access to SENDIASS and Local Offer resources • Track access to SENDIASS website			

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Strengthen leadership and oversight of post-16 education for young people with SEND.	The Post-16 Lead Teacher will provide strategic leadership, monitor the quality of post-16 education, and support schools and colleges in improving transitions, pathways, and outcomes for learners.	• The additional growth post of Post-16 Lead Teacher will provide strategic leadership and support. • Carry out termly monitoring visits and review post-16 EHCP goals. • Deliver staff training to relevant post-16 staff. • Coordinate with and report to the PfA Panel and SEND & AP Board to address gaps or emerging issues.	**Transition plans reviewed and quality-assessed:** • 90% of post-16 EHCP transition plans reviewed with QA showing clear PfA goals and actionable next steps **Impact of improvements:** • At least 80% of schools/colleges implement identified improvements following monitoring visits **Staff capacity and confidence:** • ≥80% of post-16 LCC staff complete training • ≥80% of staff report increased confidence and competence in supporting PfA outcomes (via post-training survey)	Jan 26 – Dec 27, with termly monitoring and annual reporting.	Post-16 Lead Teacher/ Transformation Manager	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
			Learner outcomes • Track progress on EET participation, independence, or NEET reduction for young people with post-16 EHCPs linked to the monitoring visits			

System-wide success measures and impact

Purpose:

To provide a concise view of progress across PfA actions, linking operational delivery to outcomes for children, young people, and families. Metrics are tracked across all actions, triangulated with benchmarking data, and reviewed through SEND governance.

Key Metrics:

1. EET and NEET outcomes – NEET rate for young people with EHCPs (Baseline 15.6%, Target 12% by Sept 2026), ≥80% sustained engagement, annual tracking of internships/apprenticeships
2. EHCP PfA goal coverage – ≥90% of EHCPs with clear outcome-focused PfA goals
3. Independence and life skills programmes – ≥80% measurable gains, validated scales
4. Travel training – % completion of eligible young people, evidence of increased independence
5. Accessible information/resources – ≥70% access digital/print resources, ≥80% report understanding improved, workshop participation ≥80%
6. Post-16 leadership/oversight – 90% plans reviewed, improvements implemented, staff trained

Impact:

• Children and young people receive timely, meaningful PfA outcomes in EHCPs with clear post-16 pathways
• Families have accessible information and support
• System improvements reduce transition delays and drift
• Co-production ensures children, young people, and families influence programmes and resources

Joint Ownership:

This Improvement Area is jointly owned and formally signed off by Education, Health, and Social Care partners through the SEND & AP Partnership Board. Actions, monitoring, and reporting are overseen collaboratively to ensure accountability and alignment with PfA outcomes.

Improvement area 5:

The local area partnership should improve the quality of disabled children's plans when they receive support from early help or statutory social care services. This should include information to reflect the support provided by multi-agency partners.

Context

Children and young people with disabilities in Leicester City may receive support through early help, Family Help or statutory children's social care services. Where this support is in place, plans should clearly reflect the child's needs, the impact of disability on daily life, and the contribution of education, health and social care partners.

The Local Area SEND inspection identified inconsistency in the quality of disabled children's plans and social care input, including variability in how needs, outcomes and multi-agency support are recorded. In some cases, plans do not provide sufficient clarity for families or consistently reflect coordinated support across agencies.

This improvement area therefore focuses on strengthening the quality and consistency of disabled children's plans, improving practitioner confidence and guidance, and ensuring that multi-agency contributions are clearly captured. The aim is to improve family experience, support effective intervention, and reduce the risk of escalation through clearer, more coordinated planning.

Co-production and lived experience

As this improvement area moves forward, parents, carers and young people will be involved in shaping improvements to disabled children's plans, short breaks and Family Help processes. Co-production will focus on ensuring plans reflect lived experience, are clear and meaningful, and support families effectively at the right time. Feedback will be used to inform training, guidance and quality assurance activity, with learning shared through social care and SEND governance arrangements.
Quality assurance, performance reporting and escalation for this improvement area will align with the approach set out in Improvement Area 1.

Aims
- Improve the quality of social care input into EHCPs through the roll out of training for social care staff
- Develop clear and effective pathways for children and young people to access short break services when required

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
Improve the quality of social care input on EHCP, specifically section D.	Training social care staff on giving social care advice to an EHCP via face to face 2 hours training session	• Delivering a 2 hour training session for social staff who have responsibility of completing EHCP advice	• 50% of social care staff who have responsibility of completing EHCP advice have undertaken training • Feedback survey findings from staff (including improvement in confidence) • Improvements identified from QA audits (review from May 27 onwards)	Roll out from early Feb 26 – Feb 27 Review staff take up to identify further training date	DSCO/ Transformation Manager/ QA lead	Training content has been agreed and set to be delivered in February 2026.
To have a clear and effective short break service	**Short term** 1. Complete sampling of self-assessment with approx. 20 parent/carers. 2. Gain feedback from self-assessment sampling and present at SMT. **Medium term** 1. Have an improved local offer on our website. 2. Administration roles to be clear.	**Short term** • Attend PCF to get gain perspective on the self-assessment. • Look at 10-20 parent/carers to complete the sample template (offers of support will not be actioned following completion). • Evaluate feedback of the sample and present findings and next steps at SMT. **Medium term** • Research providers (desktop and visiting providers) and update our activities available in the city.	• Reduction of children with disabilities becoming looked after by 2% by end of 2026-27. • To keep complaints under 10 per year (6 received in 2025-26). • To increase the number of children receiving a short break via the local offer. 5% reduction of those receiving a short break via	Paper to be presented at SMT/DMT by end of April 26	DSCO/ BCCM	

Aims	What	How	KPIs	Timescale	Who	Updates / Comments
	3. Improving the use and process of direct payments.	• Speak to those responsible for processing payments/QA and understand what is working and what needs to be strengthened.	formal assessment.			
To have an effective Family Help assessment and plan for all children and families.	Clarity of recording practice regarding disability. Training for practitioners to improve awareness/knowledge/ confidence when supporting and working with children with disabilities and their families /carers. IT systems/forms to explore impact of disabilities on children and families. Roll out of the Family Help models: Ensure better understanding of the support services, pathways and programmes available to families (social care, health and education)	Linked to ILACS Ofsted improvement plan to improve the quality and consistency of care plans 1. Quality assurance activity on children with disabilities to identify key learning points and case studies for learning and development activity. 2. Clear guidance to practitioners completing assessments to identify what is the impact of the child's additional needs, how does this affect family functioning, understanding of child / parents / family of the child's needs and how best to meet these. Ensure plans address practical skills and responses to meet identified needs 3. Discuss at CLUGG 4. Training package to be developed in modules being led by CSC Learning team. Research if training needs to be bought in (Family Hubs/Prevention grant) and built on with expertise.	1 and 2: 100% of Family Help practitioners to be trained by Dec 2026. 85% of audits for children with disabilities to be good/outstanding. 100% of practice observations to be good/outstanding 3: Forms and pathways on Liquid Logic to be updated in line with Family Help assessment/plan	1 and 2: Dec 26 3: June 26 4: March 27	DSCO and L&D team HoS Childrens Social Care teams, HoS Early Help & Disabled Childrens Service and Liquid Logic colleagues Director of Childrens Social Care and HoS Childrens Social Care teams	

Joint partnership sign-off

This Local Area SEND Improvement Plan has been developed jointly by partners across education, health and social care in response to the findings of the Local Area SEND inspection. The partners listed below confirm their collective commitment to delivering the actions set out in this plan, to working together to address the identified areas for improvement, and to securing sustained improvements in experiences and outcomes for children and young people with SEND and their families in Leicester City.

Partners recognise that this is a live improvement plan. Progress will be monitored through established SEND governance arrangements, and the plan will be reviewed and updated regularly to reflect learning, delivery progress and the views of children, young people and families.

By signing below, partners confirm their shared accountability for delivery of this plan and their commitment to continued collaboration, transparency and challenge.

Signed on behalf of the Leicester City Local Area SEND Partnership

Organisation	Name	Role	Signature	Date
Leicester City Council	**Laurence Mackie-Jones**	**Strategic Director of Children's Services**	L.Jones	**29.01.26**
Integrated Care Board	**Sara Bailey**	**Chief Nurse / Executive Lead for SEND**	S.Bailey	**29.01.26**