



Shropshire Accelerated Progress Plan 30 Month Review

October 2025

| | |
|---|--|
| Name of the local area | Shropshire |
| Date of inspection | 21–23 November 2022 (Special Educational Needs and Disability (SEND) Revisit) |
| Date of publication of the revisit report | 06 February 2023 |
| Date of 30 month update report | 29 th October 2025 |
| Accountable officers from the LA and ICB | <p>John Rowe (LANO) - Shropshire Council Lisa Taylor (DLANO) - Shropshire Council Jo Kelly (DLANO) - Shropshire Council Sharon Griffiths, Designated Social Care Officer, Shropshire Council David Shaw (Director of Children's Services) – Shropshire Council Vanessa Whatley, Chief Nursing Officer and Executive Lead for SEND, NHS Shropshire, Telford and Wrekin Laura Powell, Designated Nurse for Safeguarding Children and Senior Responsible Officer for SEND Jennifer Griffin – Designated Clinical Officer for SEND, NHS Shropshire, Telford and Wrekin Carrie James – Associate Designated Clinical Officer for SEND, NHS Shropshire, Telford and Wrekin</p> |
| DfE and NHSE advisers | POC Katie Pritchard (DfE), Rebecca Hogan (DfE), Debbie Ward (NHSE) and Penny Teale (NHSE) |

Our journey so far... Where are we now? What impact have we had?

The Accelerated Progress Plan (APP) was implemented following the OFSTED/CQC re-inspection in November 2022, which judged that, despite making good progress in three of the priority areas, there were remaining areas of weakness specifically:

- Significant wait times for large numbers of children and young people on the Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic pathways.
- Significant waiting times for those needing assessment and treatment from the Speech and Language Therapy (SLT) service.
- Inconsistency in the quality of input from education, health and care into EHC assessment and planning

Shropshire Area SEND and AP Partnership has committed to collectively as a partnership addressing the APP through a range of initiatives, largely led through multi-agency workstreams. Governance around the APP has continued to drive strong oversight of progress with actions, monitoring of impact and has provided leverage to assist challenges impacting on progress. Following the completion of the original APP actions, the Local Area Partnership have reflected on progress made to date, what actions are now required to embed the progress made and continue the improvement journey to maximise the positive impact on enhancing the experience for children, young people and their families. This has culminated in the development of a new SEND and AP Strategy, including an Outcomes Framework to enable a consistent approach to identifying the impact of our actions on the lives of children, young people and families.

The [Evidence Bank](#) contains a range of evidence that illustrates the activity that has taken place since the previous monitoring visit in May 2025.

This report sets out the progress made since the monitoring visit in May 2025, and addresses the recommendations set in the 24-month review feedback letter.

Response to the recommendations feedback following the 24 month review

Further development is required to strengthen the oversight of the needs of those waiting for Neurodevelopmental Assessments and Speech and Language Therapy

The Neurodevelopmental team can be accessed for support and guidance whilst children and young people are on a waiting list for diagnostic assessments. The details of the range of support services available can be found on the [Healthier Together website](#) with considerable resources developed in response to the challenges, themes identified and feedback provided. This includes [support available while waiting for your appointment resource](#) and [BeeU Neuro Developmental Service Frequently Asked Questions](#). We acknowledge that whilst CYP wait for their appointment, schools and families often want to speak to someone within the service to understand how long the wait is, escalate any additional concerns or better understand the support available for both ND and SLT. This support includes advice lines with in [SCHT's speech and language therapy service](#) and [Child Development Centre](#) that have been in place for some time.

More recently, BeeU's 5 – 18 Neurodevelopmental Assessment service have implemented a pathway specific duty line. Previously families were only able to contact the generic CAMHS duty line, however there is now a dedicated duty line for those on the ND assessment waiting lists provided by the ND team. This dedicated resource has enabled cases for whom it is appropriate and clinically indicated, to be expedited for assessment. Furthermore, the advice line, as well as the development of internal pathways, has also enabled CYP to be internally referred to core Mental Health services if required in comparison to previously any additional referrals to the core Mental Health services being required from an external referrer.

Assistant Psychologists are in post within BeeU's 5 – 18 ND Assessment service and are proactively contacting families and children and young people who have been waiting the longest; currently focusing on contacting those waiting over 18 months. Families have reported appreciation of this contact and in some cases, it has enabled the CYP to access other Mental Health services such as Cognitive Behavioural Therapy whilst they are waiting. The Assistant Psychologists have been working alongside Parent Carer Forums to also offer support to families through an online drop in. PACC have supported the planning of this within Shropshire.

Additionally, there has been a specific focus on auditing cases of CYP on the waiting list for ND assessment. Shropshire Local Authority partners identified 10 cases in September and met with BeeU in October to discuss these cases. Following these initial discussions a written response from BeeU is being developed to complete the audits of these cases and any learning from the audits. In line with the

NHS 10 year plan, there will be further developments which will enhance this moving forward such as utilisation of approaches like the Integrated Care Records in addition to other system alerts i.e. Child Protection Information Sharing System (CP-IS) which will alert professionals working with children and young people that are subject to child protection planning or are children in care.

For children who are referred to the 0 – 5 Assessment service, the Child Development Centre (CDC) triage panel review all children's cases that are considered to have unmet needs. This includes any parental concerns raised. The team proactively contact parents to provide direct advice and signpost them to support available. An example of this could be for those children not yet in an early years settings; providing advice and support on how to access a place. In situations when settings are not worried about a child and it is only the parent who has concerns, we request to contact the settings, and the team will offer support via the Early Years Advisors SEND team.

Regarding Speech and Language Therapy and managing the current demand for the service, the SLT service have recently received training on the Staffordshire Risk Matrix approach to SLT. This approach allows risk stratification and requires prioritisation based on clinical risk. Whilst this approach gives a more robust framework to prioritising CYP waiting based on risk, it should be noted that the SLT have for a number of years been prioritising CYP who have the greatest need for the specialist skills of SLT such as CYP with needs related to stammering, augmentative and alternative communication etc. The SLT advice line is proactive in problem solving with parents and education settings with regards to how they can support SLCN, for example advising that schools should be completing Talk Boost or other commonly used interventions such as the speech screen with a child.

Further understanding of the impact of 'support whilst waiting' initiatives is required

In Shropshire there has been a significant increase in funding and resource to support those with needs related to neurodivergence without requiring a diagnosis, for example the implementation of ND Practitioners, SEND Education Quality Advisers and the roll out of The Partnership for Inclusion of Neurodiversity in Schools. This increased provision is enabling an enhanced offer for those on the Neurodevelopmental assessment waiting list.

We can continue to demonstrate that partnership developed resources such as those on the Healthier Together website are regularly visited with over 250 visits per month albeit noting a reduction in August in line with school holidays. The following pages are in the top 10 most visited pages on Healthier Together website include; support for neurodivergent children 5-18, BeeU, FASD, support for neurodivergent children and their families and neurodiversity. Similarly, the jointly commissioned KIDS Universal Autism Support received 285 referrals in their first 6 months demonstrating that families are accessing support which is available without requiring a diagnosis.

Further evidence of the impact of support whilst waiting will be shared at the monitoring meeting on the 12th November 2025.

Further exploration required to understand and address the barriers related to slow uptake of additional Neurodevelopmental Assessments delivered by an external provider

It should be noted that this issue has now resolved and there is a stronger uptake of Autism Assessments provided by Healios. Analysis undertaken following the last review indicated that families chose not to pursue the Healios assessments for a number of reasons including; the child or young person being very close to the top of the list to receive an appointment for BeeU, preferred face to face contact, preferred to waiting to receive the assessment from BeeU as a trusted provider and fear of having to wait again should intervention be required by BeeU post assessment with Healios.

As the limited take up became apparent, work was undertaken to re-issue communications across the partnership to encourage the uptake of Healios assessments. This had a great impact and resulted in the further uptake of the service. Additionally, Healios were commissioned to take on the onboarding element of these referrals which has again supported the process and uptake of assessments. As of September, 266 children and young people had been accepted to have their assessment undertaken by Healios. In view of there being a total 600 assessments funded, there is ongoing work to continue onboarding the children and young people to receive assessment by Healios.

Regarding EHCPs, continue to enhance communication and feedback mechanisms in the EHC assessment and planning.

The number of Education, Health and Care Plans (EHCPs) in Shropshire has continued to rise, reaching 3,188 as of November 2025, compared to 3,027 in May 2025. Between October 2024 and March 2025, the team faced a significant staffing challenge, operating at a 40% deficit following the departure of agency staff; however, successful recruitment has now restored the team to full capacity.

In May, Touch Point was introduced which sets out important stages of an education, health and care assessment, where key decisions are made and where parent carers will be contacted or invited to meet with professionals. There was a soft roll out of touch points in the summer term with it being fully implemented from September onwards to provide clear communication and guidance to parent carers about the EHCP process.

For schools, an escalation process has been developed where there are concerns with respect to the ECHP process. This has been shared with schools and has been designed to support effective communication and efficiency.

Since May 2025, timeliness has improved, with the proportion of EHCPs issued within 20 weeks increasing from 10% in March to 20% in May. A consistent updated Quality Assurance Framework has been introduced for all new and amended plans, ensuring that only those rated 'good' or better are sent out. Recovery work remains ongoing to address delays and backlogs, including more efficient use of the Synergy case management system and embedding new working practices. The team is committed to consistently delivering high-quality EHCPs within statutory timescales, working closely with Educational Psychology, Social Care, and Health colleagues to improve statutory assessment paperwork, and developing and delivering training for schools and settings to improve the quality of requests and annual reviews.

Continue to develop joint commissioning plans to enable effective and sustainable SEND improvements. This should be done whilst fostering stronger collaboration between agencies to streamline processes, improve outcomes and cultivate a culture of continuous improvement and learning from good practices, such as PINS.

Work has taken place to establish a Shropshire, Telford & Wrekin wide SEND joint commissioning group (TOR included in evidence bank). This cross Local Authority area approach gives opportunity to share learning and develop cohesive plans in line with a single Integrated Care Board. Discussions are underway with commissioners and Parent Carer Forums to identify priority areas. Whilst this work is underway, a number of commissioning opportunities have been progressed through joint work across the Education, Health and Care Sectors. These include:

- New commissioning of Occupational Therapy to support the Outshine Outreach service supporting children and young people with sensory needs and in mainstream settings to be supported swiftly, especially where there is a link to SEMH need type.
- New commissioning of Speech and Language Therapy and Occupational Therapy to support the SEND Hubs (Service Level Agreements included in [Evidence Bank](#))
- Recommissioning of the CAMHS service
- Review of commissioning arrangements regarding Augmentative and Alternative Communication devices

In addition to this work, quarterly meetings between the ICB SEND team and PACC now include representation from the ICB commissioning team to support conversations, identification of themes and areas of priority in relation to gaps and potential commissioning discussions.

Recommendation to adopt a solution-focused approach to co-production, ensuring that feedback identifies areas of concerns but also contributes to shaping and influencing a more collaborative partnership

As a partnership, the feedback we receive shapes service developments as can be evidenced in the [You Said We Did reports](#)

- [November 2023](#)
- [May 2024](#)
- [October 2024](#)
- [May 2025](#)

As part of the CAMHS review, redesign and commissioning piece of work, the ICB undertook robust engagement with a variety of stakeholders including patient and public representatives and experts by experience. This ensured we harnessed their comments, thoughts, insight, concerns and needs in our planning and redesign work. Consolidated engagement insight is always used to develop new services, pathways or make changes to existing services or pathways. The commissioning team also completed an Integrated Impact Assessment that ensured all potential impacts had been considered and thought through as part of the whole design, development and commissioning process.

Furthermore, the current work taking place regarding the ASD and ADHD Service Review has been wide reaching and seen a range of engagement activities. Details of the engagement completed and underway until 31st October are included in the [evidence bank](#).

New workstream and meetings have been initiated during the reporting period. The SEND team have ensured all Terms of Reference specifically reference the requirements for co-production (see evidence bank).

The partnership has shared information and examples of their coproduction work through the Local Offer and PACC media platforms. An example of this includes the [Social Care Coproduction](#) page and health coproduction piece which is due to be published soon.

The Local Area Partnership are committed to communicating with parent carers, CYP and stakeholders. There are regular SEND newsletters which detail the activity which is underway to enable improvements to services for CYP with SEND. Details of the public newsletters shared since May 2025 can be found [here](#), with additional briefings and SEND and Inclusion Newsletters provided to education settings, partners and practitioners [here](#).

SEND Newsletters for Parent Carers

[Issue 36](#) - 15 October 2025

[Issue 35](#) - 1 July 2025

[Issue 34](#) - 20 May 2025

In April 2025, Shropshire Council co-hosted with the Parent Carer Council (PACC) the launch of the Shropshire Co-production framework. This aims to provide a shared understanding of co-production and embed this as daily working practice of the local authority.

Recently representatives from across the partnership met with parent carers and schools at an event hosted by Julia Buckley, MP. The event, entitled SEND Roundtable, aimed to gather the views of attendees to inform governmental decision making around the pending SEND White Paper. During the session parent carers expressed their desire to have a greater awareness of positive steps which the partnership is making to improve the lives of CYP with SEND. The partnership committed to responding to those in attendance, but also to increasing the amount of communication shared with parents and carers a response is under development.

SEND data dashboard development to consolidate monitoring and oversight of children and young people, including tracking progress, identify areas for improvement, impact and outcomes across the partnership.

The SEND data dashboard continues to be progressed and work on this is now led by Telford and Wrekin Local Authority colleagues in partnership with health. Please see 'SEND Dashboard [Recovery](#) Plan' in evidence bank. There is now an established dashboard for health data which is being utilised to form the basis of the partnership wide dashboard with an end goal to include pupil identifiable data in order to achieve seeking granular data. The ICB SEND team continue to work with both partnerships to develop an effective SEND system dataset. Whilst this initial was developed to capture health data, of which it has achieved, the next stage to achieve wider objectives in becoming a partnership data set to measure impact and outcomes is now in development. The recovery plan included within the evidence pack demonstrates the progress within the ICB and the plans for expansion upon this to include locality specific data and long-term patient identifiable information to seek granular detail of positions across the area. Whilst this provides mainly quantitative data, we continue to collate qualitative data which provides rich detail of lived experience which is key for actively listening to our families and understanding true impact. The teams continue to work with colleagues across the system to develop the JSNA which continues to be under development.

Data is also being used to support multi-agency case audits by applying filters to identify children and young people with specific characteristics (for example, pupils in receipt of free school meals, pupil missing education, etc). This will support the partnership in identifying specific successes and challenges and consider further improvements to systems and processes; contributing towards the objectives of the systemwide SEND data dashboard.

Further to this there has been work completed to look at where CYP on the 5 – 18 ASD assessment waiting list live, undertaken by the Local Authority commissioner for Autism. Further work will be done to consider the needs of this group and learning where possible from the geographical spread.

In Children's Social Care, SEND now forms part of the wider Social Care and Early Help suite of performance monitoring. This performance suite will now also track the quality and compliance of Social Care advice for EHC needs assessments and help us focus where we need to make improvements. Long term, it is envisaged these will align including both health and LA data.

Consider contingency planning in changes in leadership to ensure continuity of SEND system improvements.

The NHS Government Reset Programme launched April 2025 continues to be progressed. Whilst we acknowledge there is likely to be an impact on role across the ICB, currently to what extent and the impact on the wider partnership is unknown. It is confirmed Shropshire, Telford and Wrekin are clustering with Staffordshire and Stoke on Trent and the Chair and Chief Executive roles have been announced. As the ICB move into the executive consultation phase, further roles, directorates and structures will be developed which will inform future structures within SEND. Regular updates are being provided to the board as they are received in addition to updating the risk register to reflect the current position.

Local Authority leaders have remained largely consistent with only a few changes. Following the planned restructure of the Council Senior Leadership Team, David Shaw moved into the Director of Children's Services role from August 2025 and John Rowe, Head of Education Quality and Safeguarding, moved into the Local Area Nominated Officer (LANO) role from July 2025. As part of these changes, there were further alterations to the teams within Learning and Skills to support more effective leadership. Amongst other changes this included the organisation of the Change Programme activities as an integral part of the work of Education Quality Advisers.

In addition, we have also appointed an Assistant Director as the Strategic Lead for the Families First Partnership (FFP) program, Natasha Moody, who started in Shropshire part time from September and then full time from the 20th October. We expect the FFP reforms to

influence and help shape the development of FFP response, particularly focussing on transforming our Early Help services into Family Help services as we move forwards.

Key developments since May 2025 – Neurodiversity; Diagnosis and Support

Please refer to previous reports for information regarding all initiatives related to this area

The referral rates for Neurodevelopmental Assessments continue to be at an all-time high. Therefore, despite funding increases, the waiting times for Autism and ADHD assessments have not significantly or sustainably reduced. This challenge of the continued high referral rates nationally across age ranges is being considered through the All-Age Autism and ADHD Service Review. The aim of this group is to commission 'needs led provision that fosters a sense of belonging and is strengths based', the output of this service review will be to produce an evaluation summary together with a set of recommendations to inform service redesign. Oversight of this work is held by the LD ND Partnership Group which was established in May 2025.

It should be noted that progress has been made with regards to waiting times in the 0 – 5 service, the waiting list has moved from many waiting over 70 weeks to just 6 children across Shropshire breaching 52 weeks. The service aims to see all children waiting over 52 weeks by the end of this year, this modelling allows for sustainability which ensures children should not wait over 52 weeks going forward. This has been supported by subcontracting 70 ASD assessments across STW to reduce the number of children waiting, SCHAT are considering subcontracting a further 25 assessments.

As referenced in the May 2025 submission the system has worked to develop resources to clarify what is available whilst on a waiting list. Since May 2025 work has been underway to continue to promote these resources across parent carers and practitioners through a range of channels including PACC, BeeU, Local Offer SEND newsletters, SEND and AP Partnership Board. This has been supported by a partnership communications meeting which takes place monthly. We acknowledge that the awareness of these resources continues to be inconsistent, and more work is needed to raise awareness further.

In April 2025, the Neurodiversity Practitioners (NDPs) became permanent members of the Shropshire Educational Psychology Service. Their current traded offer of support is based upon the best practice identified through the NDP Pilot, Partnerships in the Inclusion of Neurodiversity in Schools (PINS) and Autism in Schools. As well as their traded support in schools / settings, over this academic year, the NDPs are able to offer pre-commissioned support to all Shropshire Secondary Schools through the Supporting the Enhancement of Neuro

inclusion in Secondary Schools (SENSES) project and are working as part of a multidisciplinary team exploring and enhancing transition support for our neurodiverse learners from secondary to post-16 education. Moreover, the NDPs are part of the Shropshire Outreach Pilot, providing more longitudinal individual and systemic support for CYP (described further below). Adding to this, the NDPs are continuing to produce and facilitate training offers for schools / settings, professional teams and parent carers, which has now broadened to include awareness raising and support training for CYP presenting with ADHD and Foetal Alcohol Spectrum Disorder (FASD), as well as contributing to the development and delivery of the Shropshire Neuroinclusive Training Offer.

The Shropshire Neuroinclusive Training Offer has been developed to meet the aspirations and needs identified in Shropshire schools and settings supporting CYP across the 0-25 age range. Since May 2025, over 320 members of staff from over 24 schools / settings have attended the Autism Education Trust (AET) Good Autism Practice (GAP) training, with more schools / settings making requests for the systemic training. We have also had enthusiasm, a high uptake and very positive feedback for the Early Years GAP training which is being delivered in different locations around the county to enable attendance. This training has also been attended by colleagues in health services to further enable consistent messages and support across teams. We have also produced a broad range of neuroinclusive training opportunities over the academic year for different areas of need (e.g., toileting, ADHD, transitions) as well as for staff at different stages of training / systemic positions (e.g., Early Careers Teachers, Senior Leadership Team).

The Education Quality Advisers continue to offer advice, challenge and signposting to schools and settings regarding inclusion of neurodiverse pupils; this is often around individual cases where schools are struggling to meet needs. In October 2025, a specialist outreach pilot was launched offering mainstream settings blocks of support in school from outreach specialists (NDPs or staff from local special schools and SURPs). This outreach support is intended to upskill mainstream staff and build the capacity of mainstream settings to meet the needs of some of their pupils with more complex needs. In addition, the Primary Inclusion Development Grant has been launched which offers schools the opportunity to submit a business case to request capital and revenue funding for developing inclusive practice (such as sensory rooms, nurture and internal AP) in order to meet the needs of all pupils, including those who are neurodiverse. It is anticipated that the newly recruited Early Years Advisory SEND team will take the learning from ELSEC, PINS and ND Practitioners as they shape the support delivered for Early Years.

In Shropshire, 35 schools have received extra support through the Partnership for Inclusion of Neurodiversity in Schools (PINS). The local delivery of the PINS programme has been given national praise as a model of good practice, harnessing local expertise which has enabled synergy with the 'core' offer of support. This has resulted in coaching, training and support for schools to better support the inclusion of all children irrespective of whether they have a diagnosis relating to neurodivergence. This has also enabled additional support for families which has been delivered by PACC Parent Carer Forum. More information can be found [here](#)

The Shropshire, Telford & Wrekin Neurodiversity Workstream continues to meet on a 6 weekly basis to drive improvements to support, [please watch this video to find out more about the Neurodiversity Workstream](#). It should be noted that the Neurodiversity Workstream has progressed Task and Finish Groups focused on FASD, Tics and Tourette's, Neuroaffirming Language and Meeting Sensory Needs, all of which are co-producing resources to support the respective communities.

Recommissioning of CAMHS has been undertaken. It was announced on 24th October 2025 that Midlands Partnership University NHS Foundation Trust (MPFT) has been awarded the contract to deliver a new model of Child and Adolescent Mental Health Services (CAMHS) across Shropshire, Telford and Wrekin. While MPFT is our current CAMHS provider, this marks the beginning of a fundamentally redesigned service, shaped by extensive engagement with children, young people, families, and professionals. The new model focuses on early help, accessibility, and joined-up care, and will be delivered using existing funding but with a renewed approach to achieving better outcomes and value for money. We're now entering the mobilisation phase, with the refreshed service expected to go live on 1 April 2026. Some elements of the new model will be in place from 1 April 2026, while others will be introduced and embedded gradually as part of a three-year transformation programme, so teams and stakeholders can expect gradual changes rather than a 'big bang' shift. Further updates and resources, including FAQs and transition materials, will be shared to support staff, partners, and service users through this journey.

We'll continue to keep stakeholders and the wider population informed through regular briefings, and there will be opportunities to contribute and collaborate throughout the mobilisation phase. We are engaging leaders across the partnership to support in helping us communicate clearly and consistently with families and professionals so we do all we can to ensure a smooth transition and successful implementation of the new service.

Key developments since May 2025 – Speech, Language and Communication Needs

Please refer to previous reports for information regarding all initiatives related to this area

The Shropshire, Telford & Wrekin Speech, Language and Communication workstream continues to meet on a bimonthly basis to drive improvements to support across the partnership.

The school aged SLT service for mainstream schools have recently made some fundamental changes to their service delivery model, with the implementation beginning in October 2025. The service has committed to piloting the following actions for children in mainstream schools and some early years children

- Where possible, seeing children on the waiting list for SLT in their mainstream school or nursery attached to mainstream school rather than in clinic. Parent carers will be invited to attend the assessment sessions in school. When an assessment letter is sent out parent carers will be asked to call the SLT admin on **01743 450800 (option 4)** if they are able to attend. When you are sent an assessment appointment letter you will also receive a case history form to be completed and returned, we value your completion of this form.
- Increased opportunities for school SENCoS to speak with SLT to get more support and advice around meeting children's speech, language and communication needs. This will include discussions between the SENCo and SLT service about any possible new referrals.
- In the future we would like to offer more support to parent carers via coffee mornings and training workshops delivered in schools.
- The SLT advice line **01743 450800 (option 4)** and universal training continues to be available and can be accessed [here](#)
- As well as SLT there is a range of other support to help children with speech, language and communication needs. Some of this support is set out below
 - [SCHT SLT Facebook Page](#)
 - [SCHT SLT Website](#)
 - [Support for Speech, Language and Communication Needs](#) (Healthier Together)
 - [Support available while waiting for your appointment](#) (Healthier Together)
 - [Healthcare Ordinarily Available Inclusive Provision](#) (NHS STW Website)
 - [Speech and Language Therapy \(SALT\) Service](#) (Shropshire Local Offer)

The above is an extract of a communication shared across the partnership with the target audience of parent carers; another similar communication was sent to schools. These changes were based on feedback from schools and settings, experiences learnt through the implementation of the ELSEC programme and feedback from parent carers. The proposed changes were shared at the SEND and AP Partnership Board and received resounding endorsement from all partners.

The SLT service are making consistent inroads into the number of CYP waiting over 52 weeks, as of 23.09.25, 21 children were waiting over 52 weeks however CYP being booked in for appointments before Christmas have been waiting for around 40 weeks. The service is

on target for their trajectory of no CYP waiting longer than 40 weeks by January 2026. It is anticipated that the change to the service delivery model will further support a reduction in waiting times for SLT. When considering the rolling average for the financial year, it has been acknowledged that the average as of Sept 2025 (157 to date average across STW), was lower than the average as of Sept 2024 (188 to date average across STW). The referral rates will continue to be closely monitored to understand any impact of the change in service delivery.

The Severe Speech and Language Impaired Children's Team (SSLIC) offers a school-based service that works with schools and parents to support children with developmental language disorders or severe speech disorders. The team provides specialist interventions in school on a weekly basis and offers online training to schools and parents. Referrals are made by local speech and language therapists or therapists at the Child Development Centre. Recruitment is underway for posts within the SSLIC teacher team, it is anticipated that 2 part time posts will be recruited to by the Spring term 2026.

In September 2025 the ELSEC team have begun to support 14 new schools and early years settings in Shropshire. To date almost 2500 children across Shropshire, Telford and Wrekin have been screened through the ELSEC programme with more children benefitting indirectly from the programme. The findings from the programme thus far are that significant improvements in the speech, language and communication skills have been achieved for those children involved, and the confidence and skills of the staff in schools who support them. Details of the settings being supported can be found [here](#).

Workforce challenges regarding Speech and Language Therapists continue to be a concern nationally. Locally we have worked to address the pipeline of SLTs, which has been supported by the clear mandate from the ELSEC programme to think creatively regarding this matter. Utilising the model of speech, language and communication specialist higher level teaching assistants within ELSEC resulted in a number of practitioners already working locally in schools moving into these short-term specialist posts, applications to the HLTA roles have been oversubscribed resulting in a quick turnaround in recruitment. Two HLTAs who worked in Year 1 of the ELSEC project have now secured permanent roles within Shropshire LAs Early Years advisory team, one HLTA who worked in Year 1 has moved to a permanent SLT Assistant role within SCHAT and will be applying to the SLT apprenticeship course at Keele University. It should be noted that promising links have been developed with those leading the soon to be launched SLT apprenticeship course at Keele University

Key developments since May 2025 – EHCP

Please refer to previous reports for information regarding all initiatives related to this area

The number of EHCPs in Shropshire has continued to rise, with 3,188 plans in place as of November 2025, up from 3,027 in May 2025. The team faced a significant staffing challenge between December 2024 and March 2025, operating at a 40% deficit of Case Officers due to agency staff departures. Recruitment has now established full and permanent staffing, and timeliness of plan issuance is improving, with the proportion of plans issued within 20 weeks doubling from 10% in March to 20% in May 2025.

The EHCP team has implemented a consistent Quality Assurance Framework for all new and amended plans, based on regional and national best practice. No plans are sent out unless rated “good” or better.

Recovery work is ongoing to address delays and backlogs, including more efficient use of the Synergy case management system and embedding new practices into business-as-usual. The team is working towards consistently delivering high-quality EHCPs within statutory timescales.

The team collaborates with Educational Psychology, Social Care, and Health colleagues to improve the quality of advice and paperwork for statutory assessments. Training for schools and settings is being developed and delivered to improve the quality of requests and annual reviews.

Monitoring of advice requests and timeliness is conducted weekly, with area leaders following up as needed.

Where there is a pattern of increased requests for statutory assessments during the year, the Educational Psychology Service is now having a focus twice a year for three weeks (September and February) on completing only statutory assessments. Recruitment of Assistant Educational Psychologists is underway alongside recruitment of Educational Psychologists to reduce agency staffing and increase internal statutory assessments and support to schools. Growth modelling for the service is underway with business finance partners to make sure the Educational Psychology Service has capacity to support 700 statutory assessment requests.

Additional fixed-term Case Officers have been appointed to focus on annual reviews, particularly for children at key transition points and those with complex needs. The aim is to ensure every EHCP receives an annual review within 12 months, and timely amendments are made.

Data hygiene work has identified plans requiring cessation, with a new panel established to support ongoing review and ceasing of plans.

The team actively seeks feedback from families, professionals, and children/young people to improve the EHCP process. Improvements are being recognised by stakeholders, with a reduction in complaints and increase in positive feedback from Schools Forum and the Parent Carer Council.

The proportion of EHCPs issued within statutory timescales is rising, and the quality of plans is consistently rated as “good” or better.

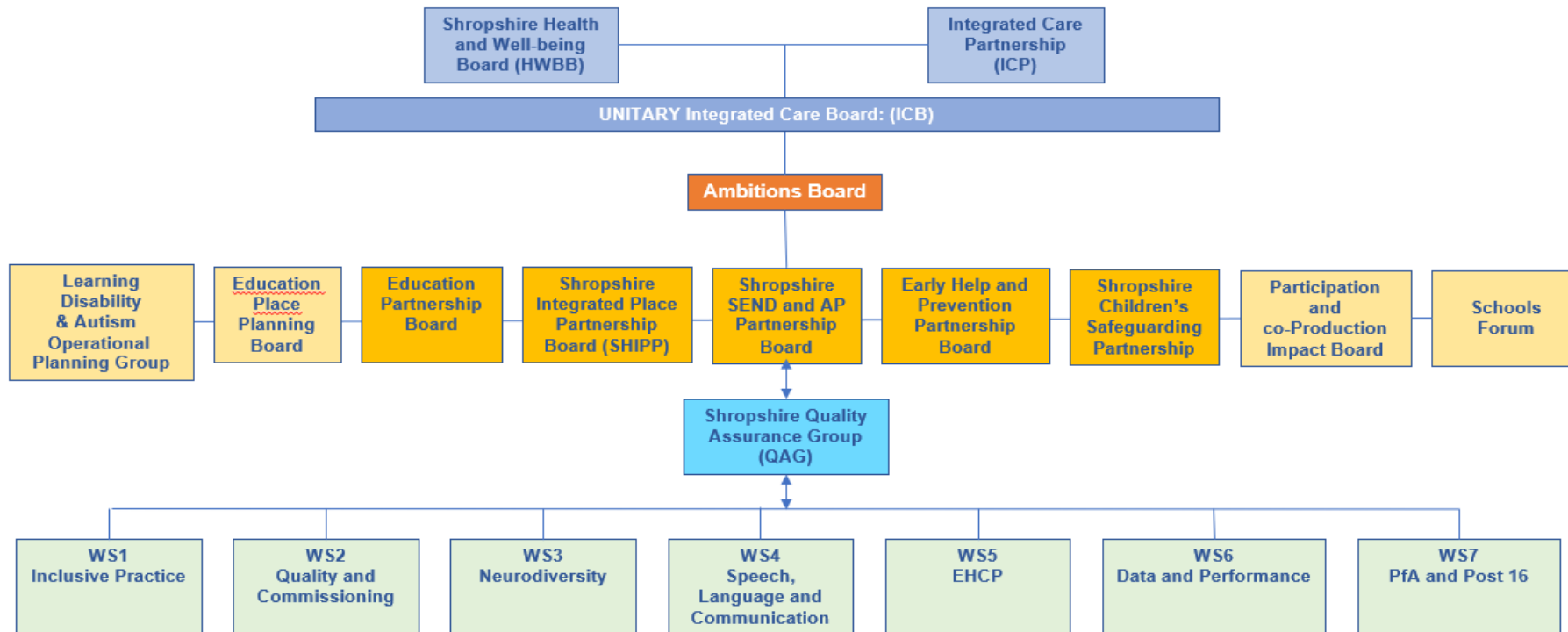
The annual review recovery programme is also making a positive impact, with over 700 EHC plans being updated since January 2025. The projected completion of this recovery work with the remaining 1300 EHC plans is by May 2026, following additional investment in the recovery programme.

The team’s work supports earlier intervention, better planning for transitions, and improved outcomes for children and young people with SEND.

Feedback from families and professionals highlights the positive impact of the team’s communication, responsiveness, and person-centred approach.

The EHCP team’s efforts are contributing to more efficient multi-agency working, better data management, and improved monitoring of key performance indicators.

Governance and Accountability Structures and Processes



In addition to the governance detail above, there has been further developments since May 2025 with regards to ICB led governance which is relevant to CYP with SEND. An infrastructure of governance which sits under the System Transformation Group has been developed, and encompasses partnership groups focused on CYP, Mental Health and Learning Disabilities and Neurodiversity. [The governance can be found in the evidence folder.](#)

Risks and mitigations

The Risk Register is included in the pack.



Priority Area 3: Significant wait times for large numbers of children and young people on the autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) diagnostic pathways.

RAG: R: Delayed or Low confidence of completion;
A: Completion delayed or at risk but being managed;
G: Completion on track and will be met;
C: Completed;

Area of weakness identified in the original inspection

Priority Area 3: Significant wait times for large numbers of children and young people on the autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) diagnostic pathways.

Overarching Aspiration: The needs of CYP related to ASD & ADHD are effectively identified at early stages and there is high quality support both pre, during and post diagnosis

Actions designed to lead to improvement

| Them able e of Actions | Completed Actions to October 2025 | 30 Month update | Original date | Completed | RAG |
|---|--|---|---------------|-----------|-----|
| 3.1 Actions to ensure clarity about the support avail | 3.1.1 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 0 - 5 | All support available for Neurodivergent Children and their families are listed here <u>Local Support</u> <u>National Support</u> Regular communication is shared regarding support available for those with ND. Recently updates have been shared in the following places - <u>SEND Local Offer Newsletter</u> - LA Education Updates - Early Years communications | May 23 | Aug 23 | |
| | 3.1.2 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 5 - 18 | | Jul 23 | Jul 23 | |
| | 3.1.3 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 18+ | The Healthier Together page for 18-25 went live on the website early June 2024. Feedback from young people attending Shrewsbury College, Severndale Special School and Derwen College has been | Aug 24 | Aug 24 | |

| | | | | | |
|--|---|---|----------|------------|--|
| | | received and shared with ICB representatives. | | | |
| | 3.1.4 Have a specific ASD area on local offer website (as requested through the Local Offer working group) | The ND Workstream made the decision to have a Neurodiversity area on the <u>Local Offer</u> which links through to the resources developed on the <u>Healthier Together website</u> | Jun 23 | Oct 23 | |
| | 3.1.5 Publish all the support available on the local offer website | | Sep 23 | Oct 23 | |
| | 3.1.6 Promote the support on offer via SEND newsletter, local offer website, healthier together website, PACC newsletters, Special Educational Needs Coordinator (SENCo) and Head Teacher networks | Activity has taken place to promote the support available, most recently through the <u>Shropshire SEND newsletter</u> We note promotion and communication is an ongoing requirement. | Sep 23 | Oct 23 | |
| | 3.1.8 Develop a plan to improve CYP co-production with the ND workstream such as: clear pathways for CYP to contribute to the ND workstream; a CYP version of the parent carer newsletter; awareness raising videos using the young person's voice about neurodiversity and what good support looks like. | An initial meeting with core schools has taken place, during which next steps were identified. Schools that have reviewed the Workstream video believe it will be supportive for children and young people (CYP) and their parents. A meeting with Shropshire Communications (Comms) has also occurred, and the video has been shared with them. Comms approval has been sought, and next steps have been outlined with Telford & Wrekin (T&W) and the Integrated Care Board (ICB). Progress in these areas continues to be made. Additionally, a plan has been developed and completed, which was an extra action from January 24 not included in the original APP. Progress continues to be made. February 2025 update - A plan has been developed. | Aug 24 | Feb 25 | |
| | 3.1.9 Complete 6 monthly reviews of the healthier together resources for parent carers. | The review of the action to collate information on "Healthier Together" will take place at the next Workstream meeting | Aug 2024 | April 2025 | |

| | | | | | |
|---|---|--|--------|------------|--|
| | | on April 10, 2025. These pages will be reviewed and updated on a regular basis (service responsibility) therefore action closed. | | | |
| | 3.1.11 Accessible information easy reads for the DSR / CETR and accessible videos for DSR / CETR / Key working. | Work on videos has been completed and shared. | Oct 24 | Nov 24 | |
| 3.2 Actions to ensure good quality support for Early Years and Educational Settings | 3.2.1 Gather & analyse feedback from early years & educational settings regarding neurodiversity and how to support identified needs | Feedback has been gathered & analysed from early years & educational settings regarding neurodiversity and how to support identified needs, this has informed future training plans | May 23 | Oct 23 | |
| | 3.2.2 The multiagency ND Training Steering Group will co-produce a plan to meet the identified needs of schools and settings including training and coaching to enable early identification and support for needs related to ASD and ADHD | Action superseded by action 3.2.6. Has been completed for ASD; action amended to address ADHD in partnership with Telford & Wrekin colleagues. | Jul 23 | Superseded | |
| | 3.2.3 Review and develop the outreach support available to early years & education settings to ensure that CYP's needs are identified early and supported well | Although the Neurodiversity Practitioners are part of the Outreach Pilot, AET GAP training is being delivered across the age ranges in Shropshire (with school-aged training including competency and standards frameworks being completed which can be used as neuroinclusive audits). EQAs are also going into schools to complete audits. | Sep 25 | Superseded | |
| | 3.2.4 Early years settings to complete a self-evaluation of their inclusivity and their approach to admittance – in each locality there will be one setting who has done the SEN review and is engaged in supporting other settings in their locality | As above | Sep 25 | Superseded | |

| | | | | | |
|---|--|--|--------|------------|--|
| | 3.2.5 Education settings to complete a self-evaluation of their inclusivity and their approach to enabling pupils to remain in mainstream education and thrive– in each locality there will be a professional learning network to collaborate and share practice (peer review programme) | As above | Aug 25 | Superseded | |
| | 3.2.6 The multiagency ND Training Steering Group will co-produce a plan to meet the identified needs of schools and settings including training and coaching to enable early identification and support for needs related to ADHD. | Neuroinclusive training for EY and school age has been planned, including costing and dates. There's a wide range of training coming up with options for it to be delivered centrally and in schools / settings. EY GAP training has started, and provisional dates and venues are planned across Shropshire for the rest of the year. The first central ADHD training is arranged for 26th Nov in Church Stretton (followed by a North and Central over the academic year). Training posters and booking info is being shared on Shropshire Learning Gateway on the CPD page. | Jun 24 | Aug 25 | |
| 3.3 Actions to ensure good quality support for parents and carers | 3.3.1 Continue the Autism West Midlands offer of support which does not require a diagnosis to access | <u>Autism West Midlands</u> contract has been extended for 2 years until 31/03/2025. We recognise and celebrate that there has been an increased uptake of the Autism West Midlands summer programme in 2023. | Apr 23 | Oct 23 | |
| | 3.3.2 Develop and launch the Child Development Centre CDC advice line which will be accessible to children for whom there are concerns, and help in navigating the system and what's available | The <u>Child Development Centre</u> advice line is live following a soft launch. The advice line is accessible to those known to CDC and those within a 6-month period following discharge. | Jun 23 | Oct 23 | |
| | 3.3.3 Roll out of the Healthier together website with advice and guidance for the ND population | As detailed above pages relevant to the neurodivergent CYP population and their | Apr 23 | Oct 23 | |

| | | | | | |
|--|--|--|--|--|--|
| | | families have been developed on the Healthier Together website . Clinical oversight of these pages is in place if further adaptations are required. We note promotion of this resource is ongoing. | | | |
|--|--|--|--|--|--|

| Theme of Actions | Incomplete Action | 30 Month update October 2025 | Original date | Proposed date | RAG |
|---|---|--|---------------|---------------|-----|
| 3.1 Actions to ensure clarity about the support available | 3.1.10 Task and finish group to agree on terminology and language for consistency, and to evaluate whether this is consistent across STW e.g. in various strategies etc Including terminology around Learning Disability. | A neuro-affirming language guide has been developed. The document is near completion. Feedback on the Reference Guide has been received. Adaptations will be made so the document can be shared in the Workstream before being published. | Aug 2024 | Nov 25 | |
| | 3.1.12 BeeU to publish expected waiting times for ASD and ADHD on the BeeU website. | There are ongoing discussions around data quality. However, there is information about the 2-year expected wait time in their recently developed Frequently Asked Questions document | Sep 2024 | Nov 2025 | |
| 3.2 Actions to ensure good quality support for Early Years and Educational Settings | 3.2.7 Develop a resource which details support available for schools and settings link with SOAP document and associated toolkit. | The original SOAP document has been reviewed, and three new documents are in progress for Early Years, school age and post-16. The initial drafts have been shared with stakeholders and, in response to feedback, are being redrafted with a view to being published in December 2025. The Change Programme's new focus on development of a LISO will be tied to these documents and therefore they are likely to be reviewed again during 25/26. Health's OAIP is now live on the ICB website. | Sep 24 | Dec 25 | |
| 3.3 Actions to ensure good | 3.3.4 Establish a task and finish group to support workforce | Updates and challenges across teams were shared in a multi-agency meeting. DSCO to take forwards. | Dec 24 | Nov 25 | |

| | | | | | |
|--|---|--|--|--|--|
| quality support for parents and carers | development of the social care workforce. | | | | |
|--|---|--|--|--|--|

Area of weakness identified in the original inspection

Priority Area 3: Significant wait times for large numbers of children and young people on the ASD and ADHD diagnostic pathways.

Overarching Aspiration: CYP who require a diagnostic assessment, easily access a high-quality diagnostic assessment in a timely way

Actions designed to lead to improvement

| Theme of Actions | Completed Actions to October 2025 | 30 Month update October 2025 | Original date | Completed | RAG |
|---|--|--|---------------|-----------|-----|
| 3.4 Actions to enable trial of enhanced support | 3.4.1 Develop and recruit to the roles of ND Practitioners to support a targeted cohort. | Recruitment to the roles of ND Practitioners is underway, with the aim to start in post in January 2024 Job description ND Practitioner | Sep 23 | Nov 23 | |
| | 3.4.2 Review the impact of the ND Practitioners to inform the requirements for support in the 2nd year | Explorations for next steps are ongoing, with a focus on integrating the learning from the PINS project. KM is developing a business case with PL. There has been recent interest in NDP support from youth justice, and the CEO of AET has arranged a meeting to discuss the NDP support offer in Shropshire. Although the plan to make NDPs a permanent part of the EPS structure was supposed to be presented to the Workforce Development Board in December 2024, the meeting was cancelled. Nevertheless, NDPs are now permanent roles within the EPS structure. KM and the NDPs are developing a brochure to highlight the support NDPs can offer to schools, and they are utilizing marketing opportunities in the EQA newsletter and SENCO forum. With the NDPs now being permanent, this action is considered complete, albeit slightly adapted from the original APP. The NDP brochure has now been published. | Oct 24 | Feb 25 | |

| | | | | | |
|--|---|--|--------|--------|--|
| | 3.4.3 Develop the Dimensions Tool and clarity regarding how the tool will be utilised initially and evaluated prior to further roll out. | An options appraisal was developed to review the likely impact of rolling out the Dimensions Tool. It was agreed through the Quality Assurance Group that the Dimensions Tool would not be pursued at this time. Options appraisal | Sep 23 | Oct 23 | |
| 3.5 Actions to ensure referrers know how to make good referrals which are accepted | 3.5.1 Clear criteria and referral route for current ASD diagnostic pathway in place - 0-5 | The CDC website has been redesigned in co-production with parent carers to detail helpful information about the diagnostic pathway | Apr 23 | Oct 23 | |
| | 3.5.2 Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place - School age | The BeeU website includes information about referral pathways Work is ongoing to co-produce a Frequently Asked Questions section with parent carers | May 23 | Oct 23 | |
| | 3.5.3 Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place | Information regarding the ASD referral route has been detailed on the Healthier Together website – Autism Assessments The equivalent information will shortly be uploaded to the relevant ADHD page on the Healthier Together website. BeeU have recently updated their referral process, including new referral forms which can be found in the 'getting more help' section of the BeeU website | Apr 23 | Dec 23 | |
| | 3.5.5 For the 5 – 18 service promote the 'Advice and Support Recommendations for Referrers' document via SENCo and Head Teacher networks, Primary Care network, SEND Health Operational Group | BeeU have shared guidance on the referral route to all main referrers including schools and GPs. | Jul 23 | Sep 23 | |

| | | | | | |
|--|---|--|--------|--------|--|
| | 3.5.6 New referral paperwork needs to be shared with referrers - including information session for SENCOs and GPs. | There is ongoing promotion of the new referral forms, BeeU in particular report the appropriate usage of new referral forms | Aug 24 | Aug 24 | |
| 3.6 Actions to ensure communication from 5 – 18 diagnostic service is clear | 3.6.1 Review communications which are sent out with local SEND parent carer forums | Work has taken place to review and amend communications sent out for the 5 – 18 diagnostic service. This has included the addition of letters being sent to those waiting on the diagnostic pathway to provide assurance that they are still in the system, and signpost to support available. | May 23 | Sep 23 | |
| | 3.6.2 Implement changes to improve communications and feedback changes to the SEND Quality and Assurance Group to review the impact on CYP/family experiences | QAG now has regular attendance from MPFT strategic leads, to ensure consistent and ongoing communication and updates can be shared | Sep 23 | Sep 23 | |
| 3.7 Actions to avoid CYP going into crisis whilst waiting for diagnosis by implementing robust approaches to manage risk | 3.7.1 All referrals considered at a Multi-Disciplinary Team discussion (including ASD practitioners, OT, nurses, social workers, psychiatry, ADHD specialists, psychology, Cognitive Behavioural Therapy) | This process has been embedded in BeeU. | Apr 23 | Sep 23 | |
| | 3.7.2 Upon acceptance of referral CYP to be offered an initial holistic assessment which enables access to range of support available within BeeU | This process has been adopted in BeeU. | Apr 23 | Sep 23 | |
| | 3.7.3 Protocol in place for prioritising CYP for ASD assessment based on factors such as whether their placement is at risk of breaking down | This process has been adopted in BeeU and led some more effective joint working between health and social care. | Apr 23 | Sep 23 | |

| | | | | | |
|---|--|--|--------|--------|--|
| | <p>3.7.4 Further promotion of how families and CYP can contact the service if their situation changes so their prioritisation can be reconsidered (currently stated in letter)</p> | <p>The Child Development Centre has launched an advice line which can be contacted by those waiting. See the 'Impact of CDC Advice Line Case Study 1 & Case study 2' for evidence of impact. The BeeU service have recruited to 2 assistant psychologists with the specific remit to support families whilst they are waiting for assessment. These practitioners have proactively contacted those families waiting the longest for assessment and have also met with roughly 50 attendees at coffee mornings and events, one of the aims of these sessions has been to encourage that contact is made with BeeU if a CYP's needs have changed whilst they are waiting. See 'Final funding review presentation' for evidence of impact</p> | Sep 23 | Feb 24 | |
| | <p>3.7.5 Enhance the risk management approach through additional funding from the Learning Disability and Autism LDA program</p> | | Sep 23 | Feb 24 | |
| | <p>3.7.6 Complete an audit of cases waiting over 6 months to assess the impact of waiting and review the effectiveness of approaches to manage risk. Share the learning from audits with the SEND Partnership Board and Learning Disability and Autism Board</p> | <p>This audit was completed regarding those waiting for the BeeU 5 – 18 diagnostic service in 2024. Further audits have been completed by SLT looking at those waiting over 52 weeks, the report has been presented to SCHAT Quality and Governance meeting which has led to improved harm identification and assessment processes and a harm task and finish group to understand social harm and improve reporting, and understand harm caused to parent carers and family. Report re SLT will be shared with ND workstream to consider next steps</p> | Jul 23 | Aug 25 | |
| <p>3.8 Actions to ensure capacity of the diagnostic service meets the demands</p> | <p>3.8.1 Commissioner understanding of current waiting times from referral treatment for ASD 0 - 5</p> | <p>Monthly contract review meetings include details of waiting times, this information is shared at termly SEND Partnership Boards.</p> | Jun 23 | Jun 23 | |
| | <p>3.8.2 Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 5 - 18</p> | <p>Monthly contract review meetings include details of waiting times, this information is shared at termly SEND Partnership Boards.</p> | Jun 23 | Jun 23 | |

| | | | | | |
|-------------------|--|--|--------|--------|--|
| of the population | 3.8.3 Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 18+ | Monthly contract review meetings include details of waiting times, this information is shared at termly SEND Partnership Boards. | Jun 23 | Jun 23 | |
| | 3.8.4 Develop, fund and recruit to short term recovery plans | In the financial year 2023 – 2024 short term recovery funding was committed to procuring additional diagnostic services for the 5 – 18 BeeU service. This has been delivered through Healios. The SCHAT 0 – 5 CDC service have also procured some additional diagnostic assessments through AXIA. As referenced previously, long term funding has been agreed to ensure diagnostic assessment capacity meets the current demand for assessments. | Jun 23 | Apr 24 | |
| | 3.8.5 Understand the capacity of the services currently | The ICB commissioner has led on work to understand the current capacity and demand of these services. Work has been done with children’s services to provide additional funding to ‘right size’ the services based on the current and recent level of demand. | Jun 23 | Jan 24 | |
| | 3.8.6 Develop a trajectory of future growth and capacity required to meet the needs | A funding request to increase funding into the BeeU and SCHAT ASD / ADHD diagnostic services has been successful. See slide 8 of the BeeU Contract Update to understand the expected reduction in waiting times as a result of the additional funding. This will result in a doubling of the workforce completing ASD / ADHD assessments and support. The impact of this is expected to be that by March 25, those waiting for an ASD assessment only wait 24 weeks and those waiting for an ADHD assessment only wait 18 weeks. SCHAT are in the process of developing this trajectory regarding the impact that additional funding will have on waiting times. | Jun 23 | Apr 24 | |

| | | | | | |
|---|---|--|---------|--------|--|
| | 3.8.7 Develop a business case to fund the increased demands across the age range | A funding request to increase funding into the BeeU and SCHAT ASD / ADHD diagnostic services has been successful. See slide 8 of the BeeU Contract Update to understand the expected reduction in waiting times as a result of the additional funding. SCHAT are in the process of developing this trajectory regarding the impact that additional funding will have on waiting times. | Jun 23 | Jan 24 | |
| | 3.8.8 Services are reviewing their skill mix to mitigate the impact of challenges with recruitment and retention, in the context of increased demand. | Considerable work has been done to review the skill mix with SCHAT CDC with successful recruitment to Lead Specialist Nursery Nurse posts. BeeU have reviewed their skill mix during the process of developing their waiting list trajectory for 24 – 25. | Jan 24 | Apr 24 | |
| | 3.8.9 Midlands Partnership Foundation Trust (MPFT) reviewing internal processes, progressing recruitment into 1 vacancy | MPFT BeeU service have recruited to maternity leave cover, and some additional staffing through the service underspend. | Jun 23 | Sep 23 | |
| | 3.8.10 Recruit to an enhanced Learning Disability and Autism team structure | The Lead CYP and LDA commissioner took up post in October 2023, with other commissioner roles filled too. | Jun 23 | Oct 23 | |
| | 3.8.12 Continue to routinely monitor waiting times & staffing levels through contract review meetings | Laura Powell (SRO for SEND – ICB) attends the Contract Review Meetings for MPFT, while Jane Williams, Performance Manager for the ICB, provides oversight of the data. This process has now become part of the routine business operations. | Ongoing | Nov 24 | |
| 3.9 Actions to monitor and escalate long waits to ICS | 3.9.1 Clear data reporting of waiting list from providers with oversight from performance & assurance manager | The data quality from service providers has improved since March 2023. | Jun 23 | Oct 23 | |
| | 3.9.2 Ensure the quality team have assurance in place around harm review and risk process | Quality team have oversight regarding measures in place to avoid harm. | Jun 23 | Oct 23 | |

| | | | | | |
|--|---|--|--------|--------|--|
| | 3.9.3 Dependant on level of harm as ascertained by harm review and risk process, ensure the potential risks of long waits are noted on the ICB risk registers | Quality team have confirmed that waiting lists related to ND are on the System Quality Group risk register within the ICB. | Jul 23 | Oct 23 | |
|--|---|--|--------|--------|--|

| Theme of Actions | Action not completed | 30 Month update October 2025 | Original date | Proposed date | RAG |
|--|---|--|---------------|---------------|-----|
| 3.5 Actions to ensure referrers know how to make good referrals which are accepted | 3.5.4 Clear criteria and referral route for current ASD & ADHD pathway published on the local offer | <p>This action has been completed for all age Autism and 6 – 18 ADHD Assessment services, the information sits on the provider websites however it is linked from the Local Offer Page via the Healthier Together Website</p> <p>It should be noted that this action still stands for adult ADHD diagnosis</p> | Jul 23 | April 2026 | |
| 3.8 Actions to ensure capacity of the diagnostic service meets the demands of the population | 3.8.11 Based on new funding develop a trajectory of recovery to reduce waiting times (BeeU and CDC) | BeeU shared their trajectory of recovery with the ICB in 2024 which ran until March 2025. BeeU have outsourced additional Autism assessments to Healios which has meant increased capacity however the demand has continued to increase. In 2025, the CAMHS service (BeeU) has gone under a re-commissioning process with the outcome still pending. However, work is underway with BeeU to develop a new trajectory based on staffing capacity and current level of demand which has increased since original trajectory. There has been a focused task and finish group commenced to address this. | Aug 24 | Nov 25 | |

| | | | | | |
|--|---|--|--------|------------|--|
| | | The 0 – 5 Autism assessment service have a clear trajectory of no children waiting over 52 weeks by the end of 2025. The next cohort being focused on is those waiting over 40 weeks. Additional funding for 45 outsourced assessments has been agreed from slippage within SCHAT. | | | |
| | 3.8.13 Work alongside national and regional team to develop plans to meet the increasing demand of ASD and ADHD assessments for those over 18 | NHS Shropshire, Telford and Wrekin (Integrated Care Board), system partners and stakeholders have established a time limited group to be hereby known as the All-age Autism and ADHD Stakeholder group. The purpose of this group is to collectively and democratically contribute to the review of current Autism and ADHD services, and then to inform and start to strategically shape an improved integrated quality service provision for our local residents. | Aug 24 | March 2026 | |

Impact measures to be achieved

| | Expected Impact | 18/24 months Sept-April 2024/25 expected | 18 months October 2024 (actual) | 24 months April 2025 (actual) | 30 months October 2025 (actual) |
|-----|---|---|---|---|---|
| 3.1 | CYP report that they received support when they needed (Using definitions from the SEND Inspection Questionnaire) | 80% | <p>Adding to the work already being done, a pupil voice project is underway which is being led by the NDP team. It is hoped that the strategy developed in the core group of schools can be extended to schools across Shropshire, thereby enabling CYP to share their experiences of the support they receive with the ND Workstream to inform their future actions.</p> <p>The initial self-completed post- NDP support surveys are showing higher scores than the pre-surveys across all areas. Also, anecdotally, children are reporting positive impacts following support, though there is recognition that more positive change can still be realised.</p> | <p>Q - 'My child or young person received the support that they needed'.</p> <p>78% of parent carers disagreed with this statement, therefore this will be an action taken forward.</p> <p>Since the survey has been completed the ICB have developed their support whilst waiting resource and communication is being shared in relation to this to improve access.</p> <p>BeeU have revised their signposting information at point of referral/ acceptance, this is currently in draft format.</p> <p>BeeU's ND Service Lead will provide a focus group which includes representation from across the partnership including PCF to revise the referral documentation – due to take place May 25.</p> | <p>Q - 'My child or young person received the support that they needed'.</p> <p>79% of parent carers disagreed with this statement.</p> <p>Plans are underway to explore the Talking Mats approach to better get the opinion of children and young people with SEND.</p> |

| | | | | | |
|---------------------|---|--|---|--|---|
| 3.1, 3.3, 3.4 | Families report that they know and can access the full range of support available & this support met the needs of the CYP and have the experience of waiting well if applicable | 80% | Repeat survey March – April 25 49% agreed they had a good understanding of support available 50% agreed CYP could access support available 58% agreed CYP received the support they needed 9% agreed support received over the past 6 months whilst waiting for diagnosis helped | 32% agreed they had a good understanding of support available, a further 14% neither agreed or disagreed. 11% did not disagree that the support which was received over the past 6 months whilst waiting for diagnosis helped. A further 16% were not applicable. Comments suggest systemwide difficulties such as access to education, EHCP processes and health. | 40% agreed they had a good understanding of support available, a further 14% neither agreed or disagreed. 28% did not disagree that the support which was received over the past 6 months whilst waiting for diagnosis helped. A further 21% were not applicable. |
| 3.1 | Professionals report that they know and signpost to the range of support available | Evidence of local induction process for new starters. Practitioner information added | Review of the Healthier Together website has taken place (Sept 24) to ensure that the support offers shared are up to date. Reviews will occur every 6 months and the website is being regularly shared within communication to school colleagues and other professionals. Moreover, the ND Workstream and NDPs are reaching out to services and professional teams for collaboration in the development / enhancement of the support offer for our neurodivergent CYP and to | Healthier Together website has a vast amount of resources to signpost both professionals and families to support. ECHNA training for health staff includes signposting to the Healthier Together website and Local Offer. Healthier Together website https://stw-healthiertogether.nhs.uk/ including Neurodiversity (stw-healthiertogether.nhs.uk) and Supporting 18-25 year olds ICB “Waiting well” page developed that provides signposting links for those waiting for appointments/assessments SEND | The BeeU Care Plan Letter, which is the letter issued when a CYP is accepted onto the BeeU ND Assessment waiting list, has been updated to include sign posting to the healthier together resources as well as other support available. A training event for schools and SENCOs held in summer term 2025 enabled show casing of the resources developed on the healthier together website, as well as the support available from ND practitioners and through the PINS project. Promotion on |

| | | | | | |
|-----|---|--|---|--|--|
| | | | promote joint-up, holistic support. | <u>(Special Educational Needs and Disability) and Support available while waiting for your appointment</u> | resources is an ongoing requirement. |
| 3.2 | Lower rates of suspensions and permanent exclusion where CYP are SEN support or have an EHCP Note this is not specific to the ND cohort | 40% reduction compared to previous year. | <p>Number of permanent exclusions: 2022-23 EHCP 13, 2023-24 EHCP 11 (16% reduction)</p> <p>2022-23 SEN supp. 41 2023-24 SEN supp. 18 (56% reduction)</p> <p>Number of suspensions: 2022-23 EHCP 762 2023-24 EHCP 499 (35% reduction)</p> <p>2022-23 SEN supp. 1307 2023-24 SEN supp. 1407 (7% increase)</p> | <p>Number of permanent exclusions: 2022-23 EHCP 13, 2023-24 EHCP 11 2024-25 EHCP (to date) 6</p> <p>2022-23 SEN supp. 41 2023-24 SEN supp. 18 2024-25 SEN Supp (to date) 11</p> <p>Number of suspensions: 2022-23 EHCP 762 2023-24 EHCP 499 2024-25 EHCP (to date) 389</p> <p>2022-23 SEN supp. 1307 2023-24 SEN supp. 1407 2024-25 SEN Supp (to date) 940</p> | <p>Number of permanent exclusions: 2022-23 EHCP 13, 2023-24 EHCP 11 2024-25 EHCP 8</p> <p>2022-23 SEN supp. 41 2023-24 SEN supp. 18 2024-25 SEN Supp. 11</p> <p>Number of suspensions: 2022-23 EHCP 762 2023-24 EHCP 499 2024-25 EHCP 561</p> <p>2022-23 SEN supp. 1307 2023-24 SEN supp. 1407 2024-25 SEN Supp 1340</p> <p>2025/26 - First half of Autumn tern</p> <p>Suspensions (data for for same period in 24/25 in bracket) 2025-26 SEN supp. 267 (265) 2025-26 EHCP 99 (92)</p> <p>Permanent Exclusions 2025-26 SEN supp. 2 (1) 2025-26 EHCP 0 (2)</p> |

| | | | | | |
|-----|--|---|---|---|---|
| 3.2 | Higher rates of attendance for CYP who SEN are support or have an EHCP. Note this is not specific to the ND cohort | SEND support and EHCP gap with all pupil's attendance reduces by (% to be confirmed following baseline) | 2024/25 academic year to date EHCP attendance 92.8% SEN Support 87.1% Note: not specific to the ND cohort | 2024/25 academic year to date EHCP attendance 86% SEN Support 91.1% Note: not specific to the ND cohort | 2024/25 academic year EHCP attendance 2024-25 84.8% 2025-26 to date 88.2% SEN Support 2024-25 90.2% 2025-26 to date 92.4% Note: not specific to the ND cohort |
| 3.2 | Early years and Education settings are well supported to meet the needs of CYP who may have ASD and ADHD | 85% of Early Years and Education settings will have received training specific to these areas | Health are working to enhance Shropshire's OAP and have met with 0-19 service leads to further develop and understand the offer for early intervention and support. The NDPs are working in 49 schools (eight secondaries) and 20 schools are part of the PINS project (eight are participating in both projects). As described above, numerous training programmes are either running or are being coproduced to enhance schools' and settings' understanding and knowledge on neurodiversity and | Health have worked to enhance Shropshire's OAP and have met with 0-19 service leads to further develop and understand the offer for early intervention and support as part of the inclusive practice document. The NDPs are working in 49 schools (eight secondaries) and 20 schools are part of the PINS project (eight are participating in both projects). There is an extension of PINs schools (15 schools). As cited throughout the document, training programmes are either running or are continuing to be coproduced to enhance schools' and settings' understanding and | Early Years AET training is being rolled out free of charge to all Early Years settings and schools with nurseries. The training has been enhanced to include a further session around toileting. 12 settings attended the first round of training in Autumn 1 2025 – a further 4 training courses are being offered in 25/26 at various locations around the county to maximise attendance and reach. In November 2025, the first of 4 free training sessions to meet the needs of pupils with complex needs (including intensive interaction, visuals, |

| | | | | | |
|----------|--|------------------------|---|---|--|
| | | | neurodivergence and how they may best support CYP. | knowledge on neurodiversity and neurodivergence and how they may best support CYP. | attention and work stations) were delivered. These are being delivered jointly between health, education and our largest special school. |
| 3.2, 3.4 | Early Years and Education setting staff report a greater understanding of needs related to ND (ASD & ADHD) and how to meet those needs | 40% more than baseline | Reviews of the NDP schools' action plans are showing progress is being made towards the school's best hopes to support their neurodivergent children. Audits in PINS schools has also enhanced understanding, i.e., in where strengths and gaps in knowledge relating to neurodiversity and neurodivergence lies. Moreover, the NDP team is being contacted by other schools outside of the pilot projects about training to enhance support and understanding. | Reviews of the NDP schools' action plans are showing progress is being made towards the school's best hopes to support their neurodivergent children. Audits in PINS schools has also enhanced understanding, i.e., in where strengths and gaps in knowledge relating to neurodiversity and neurodivergence lies. Moreover, the NDP team is being contacted by other schools outside of the pilot projects about training to enhance support and understanding. | The EQA team will commence dip sampling of settings in receipt of EIAG and GSP funding from Autumn 2, 2025 to assess how schools and settings are using funding, meeting needs and accessing additional services. EQA team to continue to offer SEND reviews and to review action plans with schools and settings. Feedback is being collated from AET and neuroinclusive training offers and will be used to shape further support. |
| 3.2 | Early Years and Education setting staff can demonstrate how they ensure good inclusive practice | 40% more than baseline | Reviews of the NDP schools' action plans are showing progress is being made towards creating inclusive learning environments and support strategies. Moreover, | Reviews of the NDP schools' action plans are showing progress is being made towards creating inclusive learning environments and support strategies. Moreover, the NDPs have been involved in | Through PINS and from working with the NDPs within their traded capacity, schools are completing audits / self-reflective measures are taken to gauge their confidence in |

| | | | | | |
|-----|--|---|---|--|---|
| | for CYP with needs related to ND (ASD & ADHD) | | the NDPs have been involved in the development of the SOAP document, e.g., including neuro-affirmative language and neuro-affirmative support strategies are included as universal inclusive practice. | the development of the SOAP document, e.g., including neuro-affirmative language and neuro-affirmative support strategies are included as universal inclusive practice. | different areas and monitor change and impact over time. These measures also contribute to the school's best hopes and the agreed actions to move them towards their neuroinclusive goals. |
| 3.3 | Families accessed support which enabled them to understand their CYP's needs and how to support them | 80 families access formal support each year | AWM - April 2023/March 2024 – the total number of unique families receiving training from us was 110. Understanding Your Child with SEND group, parents attending: 2022-23 22 2023-24 44 Early help drop in – Nos helped Nov 23 to present. 40 parents | Healthier Together website https://stw-healthiertogether.nhs.uk/ including Neurodiversity (stw-healthiertogether.nhs.uk) and Supporting 18-25 year olds ICB “Waiting well” page developed that provides signposting links for those waiting for appointments/assessments SEND (Special Educational Needs and Disability) and Support available while waiting for your appointment | There have been 285 referrals to KIDS to date with a range of workshops being offered. Activity is overseen by the Shropshire ASD Commissioner and ICB Commissioner. A range of new workshops have been delivered by KIDS including Eating Challenges, Pathological Demand Avoidance and Sleep More information about the service can be found here . |
| 3.4 | For those CYP who have a 'ND Practitioner Plan' created, those who support them will have a better understanding their needs and how to support them | 100% | Ongoing feedback demonstrates the positive impact the NDPs are having in supporting CYP, their families and schools. Evidence: NDP Impact Paper. | NDPs now sit within the Educational Psychology team. Feedback continues to be sought as part of service development. | The NDPs continue to receive positive feedback relating to their individual and systemic support offers in school. As well as individual casework, schools are increasingly opting to have additional coaching support, e.g., for particular classes to enable a greater |

| | | | | | |
|-----------|--|------------------------|---|--|--|
| | | | | | understanding and meeting of needs at a school/class level. They are also being asked to deliver more systemic training to enable all members of staff to gain a greater understanding of needs and how they can be met. |
| 3.5 - 3.9 | Access to the 0 – 5 ASD diagnostic assessment service within 18 weeks | 95% | <p>For the 18 weeks there is a reduction in ASD (Q1 reporting June)</p> <p>CDC - Community Paeds and SaLT are in the process of recruiting additional members of staff.</p> <p>Preparing to merge pathways with a view to improving experience.</p> <p>Working to develop universal service offer of support (OAP), universal services can support with onward referrals.</p> | <p>As of March 2025 – Shropshire data – ASD assessment – of those waiting, 19.8% of CYP seen within 18 weeks</p> <p>Health practitioners Inclusive Practice document currently being developed by the ICB with Therapies and CDC information complete. This will link with LA Inclusive Practice guidance. (timeframe Sept 25) to support a graduated response with universal services (including 0-19 service).</p> | As of 23rd Sept 2025, of those waiting 32.2% had been waiting less than 18 weeks, 32.2% (ASD outsourced 8.3%) |
| 3.5 - 3.9 | Reduction in average waits to access the 0 – 5 ASD diagnostic assessment service | Average wait: 4 months | <p>As above.</p> <p>Median Q1 data demonstrated a reduction in ASD assessment.</p> | <p>As of March 2025 – Shropshire data – ASD assessment – median wait time is 32 weeks.</p> <p>70 assessments will be subcontracted for STW children this year.</p> | <p>As of 23rd September 2025 – of those waiting the median wait time is 30 weeks. As of those waiting for outsourced assessments the median wait time is 38.5 weeks.</p> <p>Subcontracted face to face assessments have taken</p> |

| | | | | | |
|-----------|---|------------------------|--|--|--|
| | | | | | place with three local provider organisations. |
| 3.5 - 3.9 | Access to the 5 – 18 ASD diagnostic assessment service within 18 weeks | 85% | BeeU Service Manager is working with the new Neurodevelopmental operational team lead to develop a plan to reduce the wait list for assessment and the improve the timeliness of these assessments. Further to this, continuing the work with our partner Healios to increase the number of assessments offered. | <p>Increase in Healios work to support ASD assessments (600 assessments in total).</p> <p>As of March 2025 – Shropshire, Telford and Wrekin data – ASD assessment – 21% of CYP seen within 18 weeks (97% on ND pathway)</p> | <p>As of October 2025, CRM – Shropshire, Telford and Wrekin data – ASD assessment – 0% (7 CYP) seen within 18 weeks. 41% on ND pathway (completed waits).</p> <p>All CYP now referred to ND pathway.</p> |
| 3.5 - 3.9 | Reduction in average waits to access the 5 - 18 ASD diagnostic assessment service | Average wait: 4 months | As above, BeeU working with partners. | As of March 2025 – Shropshire, Telford and Wrekin data – ASD assessment – Median waiting time is 263.5 days and 28 days for ND pathway. | As of October 2025, CRM, Shropshire, Telford and Wrekin data – ASD assessment – Median waiting time is 643 days (average waiting time) ND pathway currently 282 days. |
| 3.5 - 3.9 | Access to the 18+ ASD diagnostic assessment service within 18 weeks | 50% | See previous 12-month entry. | <p>As of Sept 24 – Shropshire data – ASD assessment (18-25 year olds) is 50%. Proportion of adults aged 18 and over as a whole is 80%.</p> <p>Recommissioning of the service has taken place. As of April 25, this service will be provided by MPFT.</p> | As of Sept 25, there are 463 18 – 25 year olds on the waiting list. |

| | | | | | |
|-----------|--|------------------------|--|--|---|
| | | | | It is anticipated 18-25 years of age data will be captured in the SEND data dashboard to improve oversight and monitoring. | |
| 3.5 - 3.9 | Reduction in average waits to access the 18+ ASD diagnostic assessment service | Average wait: 8 months | See previous 12-month entry. ICB working with partner agencies to develop and SEND Data Dashboard, initial scoping exercise has been completed. Commissioning and Provider colleagues have met to move this work forward which will include data for 18-25's going forward. This will help to understand the needs of the population and inform strategic planning. | As of Sept 24 - 66 weeks (as 18 years and over). Recommissioning of the service has taken place. As of April 25, this service will be provided by MPFT. It is anticipated 18-25 years of age data will be captured in the SEND data dashboard to improve oversight and monitoring. | Of those waiting 83% of 18 – 25 year olds waiting for an ASD Assessment are waiting over 18 weeks. The longest waiting times for those 18 – 25 is over 4 years. Average waiting times for this age range is not collected. |
| 3.5 - 3.9 | Access to the 6 – 18 ADHD diagnostic assessment service within 18 weeks | 95% | See previous 12-month entry. New referral information has been developed. | As of March 2025 – Shropshire, Telford and Wrekin data – ADHD assessment – 11% | As of October 2025, CRM – Shropshire, Telford and Wrekin data – ADHD assessment – 0% (21 CYP) seen within 18 weeks. 41% on ND pathway (completed waits). All CYP now referred to ND pathway. |
| 3.5 - 3.9 | Reduction in average waits to access the 6 – 18 ADHD diagnostic assessment service | Average wait: 4 months | BeeU Service Manager is working with the new Neurodevelopmental operational team lead to develop a plan to reduce the wait list for assessment and | As of March 2025 – Shropshire, Telford and Wrekin data – ADHD assessment – median wait of 328.5 days. Current review of the CYP on waiting lists being undertaken in addition to the ND pathway being commenced. | As of October 2025, CRM, Shropshire, Telford and Wrekin data – ADHD assessment – Median waiting time is 594 days (average waiting time) |

| | | | | | |
|-----------|---|---------------------------|--|--|---|
| | | | the improve the timeliness of these assessments. Further to this, continuing the work with our partner Healios to increase the number of assessments offered. | | ND pathway currently 282 days. |
| 3.5 - 3.9 | Access to the 18+ ADHD diagnostic assessment service within 18 weeks | 95% for 18 – 25-year-olds | See previous entry. ICB working with partner agencies to develop and SEND Data Dashboard, initial scoping exercise has been completed. Commissioning and Provider colleagues have met to move this work forward which will include data for 18-25's going forward. This will help to understand the needs of the population and inform strategic planning. | It is anticipated 18-25 years of age data will be captured in the SEND data dashboard to improve oversight and monitoring. | There is ongoing work with the providers to be understand the position regarding the 18 – 25 age range. |
| 3.5 - 3.9 | Reduction in average waits to access the 18+ ADHD diagnostic assessment service | Average wait: 8 months | As above. | It is anticipated 18-25 years of age data will be captured in the SEND data dashboard to improve oversight and monitoring. | As above |



Priority Area 4: Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Area of weakness identified in the original inspection

Priority Area 4: Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Overarching Aspiration: Speech language and communication needs of children are effectively identified at early stages and there is high quality support at universal and targeted levels to reduce the number of children who require more specialist support

Actions designed to lead to improvement

| Theme of Actions | Completed Actions to October 2025 | 30 Month update | Original date | Completed | RAG |
|---|---|---|---------------|------------|------------|
| 4.1 Actions to ensure clarity about the support available | 4.1.1 Collate details of all support currently available from Public Health for those with SLCN including from the Best Start to Life programme | The mapping of Public Health support for those with SLCN has been completed. Close working is taking place in relation to the <u>Best Start for Life</u> initiatives with SLTs involved and influencing the programme of work. | May 23 | Oct 23 | Blue |
| | 4.1.2 Collate details of all support currently available from Early Years Settings for those with SLCN | Action superseded | May 23 | Superseded | Light Blue |
| | 4.1.3 Map the full offer of current SLT support – SLT Handbook | The <u>SLT Handbook</u> for parent carers and partners has been developed to support understanding of the clinical offer from the SLT service. Additionally certain clinical pathways have been mapped against the iThrive model. | Apr 23 | Dec 23 | Blue |
| | 4.1.4 Collate details of all other support currently available for SLCN (excluding Speech and Language Therapy SLT) | Action superseded | Aug 23 | Superseded | Light Blue |
| | 4.1.5 Publish all the support available on the local offer website | Final documentation signed off and published Oct 24 | Oct 24 | Oct 24 | Blue |
| | 4.1.6 Promote the support on offer via SEND newsletter, local offer website, SCHAT NHS (National Health Service) SLT | Regular communication is shared regarding support available for those with | Aug 23 | Feb 24 | Blue |

| | | | | | |
|---|--|--|--------|--------|--|
| | website, PACC newsletters, SENCo and Head Teacher networks | SLCN. Recently updates have been shared in the following places <ul style="list-style-type: none"> - SEND Local Offer Newsletter - Schools Inclusive Forum Day - SCHT SLT Facebook Page - LA Education Updates - Early Years communications | | | |
| | 4.1.7 Have a specific SLCN area on local offer website (as requested through the Local Offer working group) | Final documentation signed off and published Oct 24 | Oct 24 | Oct 24 | |
| | 4.1.8 Continue the multiagency SLCN workstream to enable the continuation of support for SLCN being delivered by all | The SLCN workstream has continued with strong multiagency attendance which has driven many of the system wide improvements. | Apr 23 | Oct 23 | |
| | 4.1.10 Collate details of all other support currently available for SLCN (excluding Speech and Language Therapy SLT and support delivered by schools / EYS (as covered in action above) | Final documentation signed off and published Oct 24 | Aug 24 | Oct 24 | |
| | 4.1.11 Develop an annual communications schedule for the SLCN workstream | Final documentation signed off and published Nov 24 | Sep 24 | Nov 24 | |
| 4.2 Actions to ensure good quality support for Early Years and Educational Settings | 4.2.1 Education to promote the use of SLC UK data tracking to support the implementation of Talk Boost | Usage of the SLC UK data tracking has increased across the area and is reviewed at SLCN workstream meetings. We note promotion of this tool is ongoing. | Jun 23 | Oct 23 | |
| | 4.2.3 Evaluation of the impact of Talk Boost, including the impact on the early identification and support of SLCN. This evaluation to be reported to the SLCN workstream, Quality & Assurance Group and SEND Partnership Board. | Evaluation has been gathered through the SLC UK Talk Boost tracker which indicates there has been a closing of the language gap for 65% of children for whom baseline, and subsequent performance was reported. There are some signs of reduction in referral rates to SLT services. | Jul 23 | Feb 24 | |

| | | | | | |
|--|---|---|--------|--------|--|
| | 4.2.4 Planned Inclusion sessions for early years and educational settings including SLCN | Sessions have been held with both the schools and early years workforce, feedback from these sessions has been positive with comments such as “useful to hear about routes to support” and “good links to research with lots of thinking about how to adapt the curriculum offer to meet needs” | Apr 23 | Apr 24 | |
| | 4.2.5 Review and develop the outreach support available to early years & education settings to identify needs early and provide good quality support, including best practice SLCN Teaching (SLCN Primary Talk and Early Talk ICAN) | Three EY send support officers have been recruited and will be starting on 3/11/2025. Two of whom have experience as ELSEC practitioners and so will be able to support SLCN. EY SEND support officers without ETB training will be offered it. | Sep 23 | Mar 25 | |
| | 4.2.6 Pilot the roll out of Talk Boost Year 7 | Action discontinued due to national policy change | Sep 23 | Apr 24 | |
| | 4.2.7 Continue to deliver Early Years, KS1 and KS2 of Talk Boost training to ensure sustainability | The delivery of Talk Boost training has been ongoing, plans are in place for future training to the education workforce. | Apr 23 | Oct 23 | |
| | 4.2.8 Videoing SLT training offer to make it more accessible to support early identification and addressing CYP's needs | The SCHAT SLT service have recorded a number of <u>training packages</u> , some of which are available online. The online videos have had roughly 200 views since they were put up in February. Education settings and parents have commented that having the videos available to access at any time has been beneficial. <i>“The course was done via You Tube so could be accessed at a convenient time to the school and could be done in more than one session if needed. It allowed other staff to access it too, which was really useful.”</i> | Sep 23 | Feb 24 | |

| | | | | | |
|---|---|---|--------|--------|--|
| | | | | | |
| | 4.2.9 SLT relaunching traded services offer for ELKLAN | Will not relaunch traded services until fully staffed. Staffing level linked to ELSEC secondments. | Sep 23 | May 24 | |
| | 4.2.10 Establish the Speech Language UK 'Talk For Work' offer from LSAT service for KS3 and 4 settings for 24/25. | Delivered by EIT | Dec 24 | - | |
| | 4.2.11 Explore further SLCN training requirements with education settings across LA and SLT - supported by ELSEC universal offer. | We have ELSEC whole school offer, communication audits and recommendation (inc training) and training via video plus PINS training offer. Training gaps include further interaction and training for children with complex needs in mainstream. This action is being discontinued as it is now superseded by a structured approach to annual training priorities identification. | Jan 25 | Aug 25 | |
| | 4.2.12 SLT service engage with Education settings to develop a dynamic needs led whole setting support offer towards a link therapist offer | In the autumn term 2025 the SLT service launched their redesigned service to deliver the majority of their work in school settings and provide a link therapist for schools to discuss referrals and support. As this redesign has just been launched it is currently in a pilot phase. | Mar 25 | Sep 25 | |
| 4.3 Actions to ensure good quality support for parents and carers | 4.3.2 Videoing SLT training offer to make it more accessible | The SCHAT SLT service have recorded a number of <u>training packages</u> , some of which are available online. The online videos have had roughly 200 views since they were put up in February. Education settings and parents have commented that having the videos available to access at any time has been beneficial. <i>"The course was done via You Tube so could be accessed at a convenient time to the</i> | Sep 23 | Feb 24 | |

| | | | | | |
|--|--|--|--------|--------|--|
| | | <i>school and could be done in more than one session if needed. It allowed other staff to access it too, which was really useful."</i> | | | |
| | 4.3.3 Publicise the commitment to SLCN being everyone's responsibility and that everyone has a role to play in supporting SLCN | There is an acknowledgement across the system that all parties have a role to play in supporting children and young people's speech, language and communication needs. This has resulted in some slowing of referral rates to the SLT service. | Apr 23 | Oct 23 | |
| | 4.3.4 Maintain the SLT service advice line | The <u>SLT advice line</u> has been maintained, and SLT staffing has been allocated to this element of the service moving forward. | Jul 23 | Dec 23 | |

| Theme of Actions | Incomplete Actions | 30 Month update October 2025 | Original date | Proposed date | RAG |
|-------------------------|--|---|----------------------|----------------------|------------|
| | 4.1.9 Collate details of support currently available from Early Years Settings and schools for those with SLCN to be linked with the EYS SOAP and SLCN tool kit. | An Inclusive practice document is being reviewed and is due to be published by spring term 2026 | Sep 24 | Apr 2026 | |

| | | | | | |
|--|--|---|--------|----------|--|
| 4.2 Actions to ensure good quality support for Early Years and Educational Settings | 4.2.2 All settings to utilise the SLC UK data reporting on Early Talk Boost | 30% primary schools who take 3 and 4 year olds are using SLC UK data reporting and 21% group settings, childminders are yet to access this way of reporting data; Considering adding an appendix to our provider agreement for our group and school-based providers including childminders that requires settings to submit their EY Talk boost data. | Sep 23 | Sept 26 | |
| | 4.2.13 To develop and deliver system wide resources and processes to capture the voice of children and young people with SLCN link with ELSEC. | First steps for Talking Mats approach to be adopted have been scoped - training for in house staff and plans for further training for system partners autumn and spring terms. Considering part traded offer longer term. Agreed commitment to progressing the use of talking mats across agencies | Jul 25 | Sept 26 | |
| 4.3 Actions to ensure good quality support for parents and carers | 4.3.1 Enhance the peer support offer for families regarding SLCN, adopting a SLCN champions model | Peer support offer enhanced in ELSEC schools with positive feedback and will continue with Phase 2. To be considered for ELSEC Phase 3 Engagement events to be planned when gap analysis of what is known of parent views is completed with PACC. SCHAT seeking to pilot Super Penguin app to improve the support offer for parents digitally. We have not made the progress with this that we would like. To return to SLCN workstream for discussion. | Apr 24 | March 26 | |

Area of weakness identified in the original inspection

Priority Area 4: Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Overarching Aspiration: CYP who require Speech and Language Therapy support can access this in a timely way

Actions designed to lead to improvement

| Theme of Actions | Completed Actions to October 2025 | 30 Month update October 2025 | Original date | Completed | RAG |
|---|---|---|-----------------|-----------|-----|
| 4.4 Actions to ensure the capacity of the SLT service meets the demands of the population | 4.4.1 Complete triage upon referral and implement specialist clinical pathways to ensure CYP who have the greatest clinical need for specialist SLT are seen most quickly | The process of triaging CYP and expediting referrals based on clinical needs has enabled CYP requiring specialist clinical pathways to be seen more quickly. | Apr 23 | Oct 23 | |
| | 4.4.2 Complete an audit of cases waiting over 6 months to assess the impact of waiting and review the effectiveness of triage. Share the learning from audits with the SEND Partnership Board and CYP and Families System Board | QI report shared with quality and governance group internal to SCHT and approved. Report has led to streamlined harm identification and assessment process, improved tracking, plans for improved reporting and a 'harm task and finish group across C and F services to consider social harm and harm related to Parent Carer and family caused by long waits and other issues accessing care. That will report in March 26 | Jul 23 | Aug 25 | |
| | 4.4.3 Complete analysis of current commissioning arrangements across, LA, schools and Health to meet need | These actions have been completed jointly by ICB and LA commissioners, as well as SEN leads across the system. Further to this, commissioners have completed analysis of need to identify areas which require additional intervention. To plan for the ELSEC project schools were rated as priority based on analysis of needs as evident in the Early Years Foundation Stage Outcomes, SLCN prevalence within a school at SEN and EHCP level and deprivation indicators. | May 23 | Dec 23 | |
| | 4.4.4 Commissioners to understand current spend, both block contract and individual commissioning and school spend to enable benchmarking | | May 23 | Jan 24 | |
| | 4.4.6 Develop, fund and recruit to short term recovery plans | | Jun 23 | Jan 24 | |
| | 4.4.8 Develop a trajectory of future growth and capacity required to meet the needs including early indicators of the impact of Talk Boost on referral rates | | Jun 23 / Nov 23 | Oct 23 | |
| | 4.4.9 Develop a business case to fund the increased demands across the age range | | Jun 23 / Dec 23 | Dec 23 | |

| | | | | | |
|--|---|---|--------|--------|--|
| | 4.4.5 Commissioner to understand current waiting times from referral to treatment | Information regarding waiting times is reported to the ICB and reported to the SEND partnership board. | Jun 23 | Oct 23 | |
| | 4.4.7 Understand the capacity of the services currently | The SLT service have provided details of the capacity within the service with the ICB. | Jun 23 | Oct 23 | |
| | 4.4.10 Review the SLT service specification and ensure that it meets the needs of the population whilst being supported by a context of SLCN being supported by all | A meeting between the Local Authority (LA) and the Integrated Care Board (ICB) with the provider took place on November 5, 2024, to discuss progress with the specification. Agreement on Key Performance Indicators (KPIs) and Quality Indicators with the ICB is required. The review is complete, with the final section on KPIs in development. No specific demand and capacity work has been completed as part of this review. The process has been completed and shared with the ICB. March 25 update – SLT Service Specification completed and agreed at Contract Review Meeting. To be included in 2025/26 contract. | Jan 25 | Feb 25 | |
| | 4.4.11 Analyse trends of referral rates to understand impact of Talk Boost, ELSEC and Link Therapist. | Initial reports suggest that the ELSEC program will enhance the identification of Speech, Language, and Communication Needs (SLCN). The number of children known to Speech and Language Therapy (SLT) in each school has been shared with the ELSEC team. This data will be used to select schools for ELSEC Phase 2. The impact of the TB initiative shows that 75-80% of children have moved from amber to green status. Over 30 STW TB 'red' children will be taken from the SLT waiting list for assessment and targeted interventions by ELSEC. Unmet needs have been identified, as some TB 'red' children were not referred. | Mar 25 | Feb 25 | |

| | | | | | |
|---|---|---|---------|--------|--|
| | | ELSEC will offer assessment and intervention for these children, where BEST and Narrative approaches are likely to be appropriate, preventing the need for SLT referral. Persistent amber children will also receive support to prevent later referral to SLT. While referral data by school is not yet available, caseload data is being used effectively for now. | | | |
| | 4.4.12 LA to understand current spend on SALT | Completed in Nov 24 and informs action 4.4.13 | Aug 24 | Nov 24 | |
| | 4.4.14 Continue to routinely monitor waiting times & staffing levels through contract review meetings. | An ICB SEND Team representative (SRO) attends the Contract Review Meetings for SCHT and Performance Manager for the ICB provides oversight of this data. Business as usual. | Ongoing | Nov 24 | |
| 4.5 Actions to monitor and escalate long waits to ICS | 4.5.1 Clear data reporting of waiting list from providers with oversight from performance & assurance manager | SLT data reports are now consistently split to separately reflect Shropshire and Telford & Wrekin children and young people. | Jun 23 | Oct 23 | |
| | 4.5.2 Ensure the quality team have assurance in place around harm review and risk process | The ICB quality team have an oversight of processes in place to mitigate risk and identify any harm. The SLT service have embarked on an audit process to review potential harm for those waiting over 6 months. | Jun 23 | Oct 23 | |
| | 4.5.3 Dependant on level of harm as ascertained by harm review and risk process, ensure the potential risks of long waits are noted on the ICB risk registers | The ICB quality team review the risk register through the System Quality Group. SLT waits are not currently held on the System Quality Group risk register. | Jul 23 | Oct 23 | |

| Theme of Actions | Incomplete Actions | 30 Month update October 2025 | Original date | | Proposed date | RAG |
|--|---|---|---------------|--------|---------------|-----|
| 4.4 Actions to ensure the capacity of the SLT service meets the demands of the population | 4.4.13 LA to jointly explore any alternative opportunities that support and improve the EHCNA process, earlier identification of need and provision of support (linked to 4.4.12 understanding LA spend on SALT). | SEND Joint Commissioning Group has convened and developed a TOR. Speech and Language will be prioritised as requiring whole system review Agreed commissioning of SLT service for hubs via change programme funds for 1 year. Review impact and consider longer term commissioning. Progress with understanding the issues in relation to AAC needs (alternative and augmentative communication) | Aug 24 | Nov 25 | | |

Impact measures to be achieved

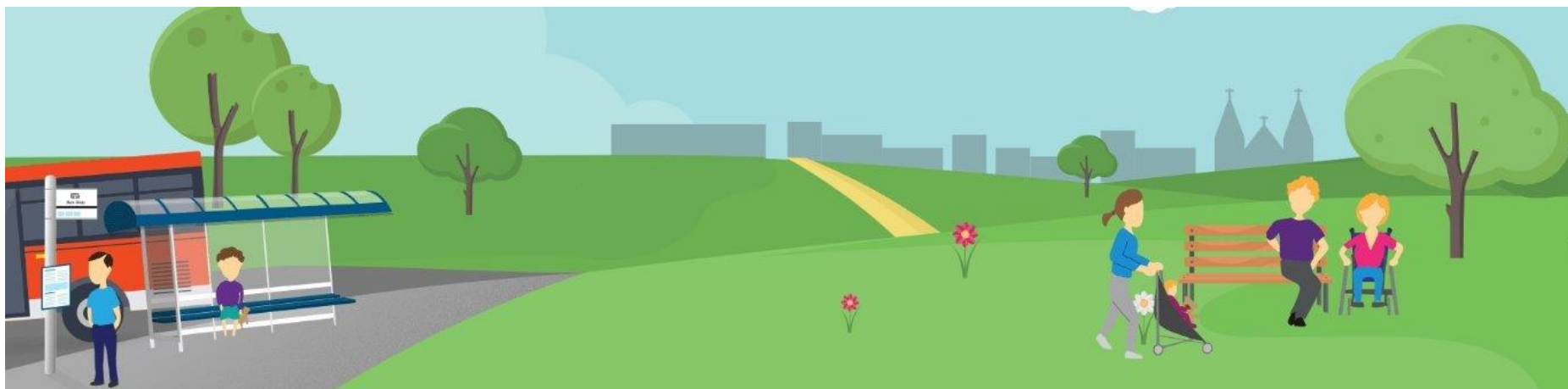
| | Expected Impact | 18/24 months Sept-April 2024/25 expected | 18 months October 2024 (actual) | 24 months April 2025 (actual) | 30 months October 2025 (actual) |
|----------|---|--|--|---|---|
| 4.1, 4.2 | CYP report that they received support when they needed it, (Using definitions from the SEND Inspection Questionnaire) | 80% | The Outcomes Framework has been developed, and a Coproduction Framework 2024 has been produced and is now ready to launch This document was co-produced with representatives of the Shropshire community. The Participation Strategy is in progress through the Early Help Participation Lead and is on track to be completed in the next few months | <p>Q - 'My child or young person received the support that they needed'.</p> <p>16% of parent carers agreed or strongly agreed that their CYP received the support when they needed it.</p> <p>Actions are in place to mitigate against the longest waiting times.</p> <p>Actions are in place to improve signposting and communication for Parent Carers and Professionals.</p> <p>Speech & language therapy advice is still accessible.</p> <p>Support for Speech, Language and Communication Needs (SLCN)</p> | <p>Q - 'My child or young person received the support that they needed'.</p> <p>22% of parent carers agreed or strongly agreed that their CYP received the support when they needed it.</p> <p>Plans are underway to explore the Talking Mats approach to better get the opinion of children and young people with SEND.</p> |
| 4.1, 4.3 | Families report that they know and can access the full range of support available | 80% | Repeat survey September 2024 47% agreed they had a good understanding of support available 40% agreed CYP could access support available | 38% agreed they had a good understanding of support available, a further 16% neither agreed or disagreed. | 22% agreed they had a good understanding of support available, a further 28% neither agreed or disagreed. |

| | | | | | |
|-----|---|--|---|---|---|
| | & this support met the needs of the CYP and have the experience of waiting well if applicable | | <p>40% agreed CYP received the support they needed 14% agreed support received over the past 6 months whilst waiting to see SLT helped</p> | <p>22% agreed CYP could access support available, 6% did not agree or disagree.</p> <p>16% agreed CYP received the support they needed, with 3% neither agreeing or disagreeing.</p> <p>13% agreed support received over the past 6 months whilst waiting to see SLT helped, with a further 16% neither agreeing or disagreeing, a further 16% not applicable.</p> <p>See point 4.4, 4.5 for further comments re wait list.</p> | <p>22% agreed CYP could access support available, 6% did not agree or disagree.</p> <p>22% agreed CYP received the support they needed, with 6% neither agreeing or disagreeing.</p> <p>17% agreed support received over the past 6 months whilst waiting to see SLT helped, with a further 17% neither agreeing or disagreeing, a further 22% not applicable.</p> |
| 4.2 | Professionals report that they know and signpost to the range of support available | Evidence of local induction process for new starters | <p>See previous entry.</p> <p>ELSEC Launch (Sept 2024) initial feedback from settings has been positive.</p> <p>Further work to enhance the OAP is in progress, 0-19 universal services will be part of this.</p> <p>SEND Health Operational Group ensures that themes are explored and speakers from other services areas can share their service offer with SCHAT and MPFT leads.</p> | <p>ELSEC feedback continues to be positive.</p> <p>Inclusive practice document includes all elements of health (including 0-19 service) currently being progressed.</p> <p>Healthier Together website provides additional resource Support available while waiting for your appointment</p> <p>Support for Speech, Language and Communication Needs (SLCN)</p> | <p>We receive feedback that schools regularly signpost to the SCHAT SLT page, and the healthier together website.</p> <p>There are ongoing conversations with regards to joined up initiatives across education and health, including the commissioning from Local Authority of training sessions on Intensive Interaction.</p> <p>The 0 – 19 service are members of the SLCN workstream, and public health</p> |

| | | | | | |
|-----|---|---|--|--|--|
| | | | | | commissioners are part of this too. |
| 4.2 | Early years and Education settings are well supported to meet the needs of CYP who have SLCN | 85% of Early Years and Education settings will have received training specific to these areas | As 12 month entry. ESLEC Launch (Sept 2024) has received positive feedback thus far. Plans to engage more Early Years settings in the programme. | ELSEC feedback continues to be positive. | The EQA team continue to deliver training in TalkBoost and Talk for Work interventions and link with the ELSEC team to ensure quality of training and consistent messaging. Two of the EY Inclusion officers starting post in November 2025 are previous ELSEC practitioners and will support with delivering high quality training and advice for EY settings. The development of the LISO through the Change Programme will include working with stakeholders to identify what further training, advice and direct delivery of support schools and settings need, and this will be fed into LISO action plans. |
| 4.2 | Early Years and Education setting staff report a greater understanding of needs related to SLCN and how to meet those needs | 40% more than baseline | 98.5% of early years settings (including child minders) have been rated as good or outstanding through the OFSTED framework, this is higher than the national average. Evidence: ‘SLT FFT comments Apr23 - Mar24’ | As previous | See above |
| 4.2 | Early Years and Education setting staff can | 40% more than baseline | There have been over 250 positive comments regarding support from the SLT service, | As previous | The EQA team will commence dip sampling of settings in receipt of EIAG and GSP |

| | | | | | |
|-------------|--|--|---|---|--|
| | demonstrate how they ensure good inclusive practice for CYP with needs related to SLCN | | many of these comments regarding training and support delivered to schools. | | funding from Autumn 2, 2025 to assess how schools and settings are using funding, meeting needs and accessing additional services. EQA team to continue to offer SEND reviews and to review action plans with schools and settings. |
| 4.2 | Children completing the Early Years Foundation Stage progress well with their speech, language and communication skills despite the impact of Covid. | Maintain the level of 83% | 81.5% of children achieved expected levels in the area of Communication and Language In the EYFSP at the end of reception 2024. | 81.5% of children achieved expected levels in the area of Communication and Language In the EYFSP at the end of reception 2024. | In 2025, 80.8% of children achieved expected levels in the area of Communication and Language in the EYFS at the end of Reception 2025. |
| 4.4, 4.5 | Timely access to specialist and general pathways within the SLT service | Specialist pathways: 95%, General pathway: 95% | Waiting list initiative took place as planned. We do not have detail broken down by LA area The headline impact was reducing the numbers of children waiting over 52 weeks from 130 to 8 and over the summer with follow up appointments for those who were not brought or could not attend, now to 0 (Sept) | Waiting list initiative took place with a good effect noted. However, due to complexity of need, increase in referrals and workforce challenges there are currently (as of March 25) 34 CYP waiting over 52 weeks (Shropshire). 48.1% of CYP are seen within 18 weeks. In total for Shropshire there are 568 CYP awaiting SLT intervention. | SLT as of September 2025, there were 21 CYP waiting over 52 weeks (Shropshire). Of those waiting 55.5% had been waiting less than 18 weeks. In total there are currently 510 CYP waiting for SLT intervention. |

| | | | | | |
|----------|--|------------------------|---|--|--|
| | | | <p>At the end of the initiative the service was offering appointments to children waiting 36 weeks. The overall waiting list for combined specialist and general pathways in Shropshire is of those waiting 50% are within 18 weeks.</p> <p>The numbers of children waiting for assessment were briefly stabilised and are now rising again.</p> | Flash reports provide context, trajectories and actions being taken. | |
| 4.4, 4.5 | Reduction in average waits to access the SLT service | Average wait: 4 months | <p>Referral rates across STW have risen from 167 to 213 per month-100 per month Shropshire (Sept). Based on Month 6 the median wait (open clocks) is 18 weeks. The longest wait is 48 weeks</p> | As of March 2025 the median wait for SLT is 19 weeks with the longest wait being 62 weeks. | As of September 2025, of those waiting the median wait for SLT is 14.5 weeks with the longest wait being 67 weeks, noting this is an outlier due to an appointment being cancelled due to illness. |



Priority Area 5: Inconsistency in the quality of input from education, health and care into EHC assessment and planning

Area of weakness identified in the original inspection

Priority Area 5: Inconsistency in the quality of input from education, health and care into EHC assessment and planning

Overarching Aspiration: Improve consistency and quality of EHCP’s supported by a good assessment and planning process

Actions designed to lead to improvement

| Theme of Actions | Completed Actions to October 2025 | 30 Month update October 2025 | Original date | Completed | RAG |
|--|---|--|---------------|------------|-----|
| 5.1 Actions to ensure the quality of new EHC Plans is improved | 5.1.1 Improve the pre- EHCNA pathway to ensure that the requests received from settings contain person-centred information and focus on holistic outcomes which relate to the child’s/ young person’s aspirations to allow appropriate planning for the EHC assessment, where agreed, to be carried out | Task and finish group was established with SENDCO representation. EHCNA request, Annual Review and Appendix B paperwork has been reviewed and substantially redesigned and signed off in Feb 2024. Was launched to SENDCOs in network meeting and is currently in use and being evaluated. | Sep 23 | Feb 24 | |
| | 5.1.2 Co-produce new statutory advice templates for education, educational psychology, health, and care and review the process for obtaining the CYP voice (“all about me”) and parent/carer views | Revised Appendix E shared with workstream and agreed. Social care, EP and Health have all shared their latest versions presented at QAG on 20 December and now in use and being evaluated. | Sep 23 | Feb 24 | |
| | 5.1.3 Develop a rolling multi-agency joint workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children’s training resources | Task & finish group in December 2023 pinpointed remaining training needs. SEN Team have a rolling programme of training that is needs led with a minimum half termly refresh. Last one on 4 March. Next refresh in May on | Apr 23 | Superseded | |

| | | | | | |
|--|---|---|---------------|---------------|--|
| | | <p>annual reviews. Education settings: 11 Apr booked session with Marches Academy Trust SENCOs re EHC Assessment requests and annual reviews. Plan to roll this out to academy trusts on rolling programme. SENCOs now attend panel on a rolling programme for CPD purposes. This action will be split to better track very different multiagency workforce training programmes.</p> | | | |
| | <p>5.1.4 Review arrangements to ensure an assessment of social care need is completed for each EHCNA and, where a child is not known to statutory social care services, ensure that advice and information relating to care needs and provision is requested from other professionals who know our families and CYP well so that the early help offer is embedded as part of the Education Health Care process</p> | <p>The Social Care questionnaire is now available on the Local Offer, forming part of the suite of EHCP forms. It is designed to identify the care needs, including Social Care, of children and young people (CYP) at the time an EHCNA request is made. Each completed questionnaire is triaged by Early Help/Social Care in a weekly meeting scheduled with the DSCO and EH SEND Operational Lead, or another member of the T.E.H/E-HAST team in their absence. Parent carers are either directed to community support services or offered a comprehensive Early Help Assessment for the entire family.</p> <p>From 27th February to 14th May 2024, 52 Social Care questionnaires were submitted. Of these, 21 children/young people were not previously known to Social Care, 11 were actively engaged with Social Care via a Social Worker or Early Help Family Practitioner, and one family was receiving Early Help support from their school. Four out of the 52 questionnaires led to referrals to community services, and 13 prompted an offer of an Early Help Assessment (EHA). Three</p> | <p>Sep 23</p> | <p>Mar 24</p> | |

| | | | | | |
|--|--|--|--------|--------|--|
| | | <p>parent carers declined the EHA, six were referred to our Family Hubs for Targeted Early Help support, and four received assistance from E-HAST.</p> <p>The week commencing 20th May 2024 has marked a notable increase, with 14 Social Care questionnaires returned as part of an ECHNA request.</p> | | | |
| | 5.1.5 Review commissioning arrangements and update health service specifications to ensure health advice is provided where a CYP is known to the service | Speech and Language Service Specification has been agreed at CRM and will form part of the 2025/26 contract. This includes detail in relation to EHCP. | Sep 23 | Aug 25 | |
| | 5.1.6 Review arrangements for provision of advice from health teams less frequently involved in EHCNAs eg. Epilepsy team, wheelchair services | Training has been delivered to epilepsy teams, wheelchair services, and Bernardo's keyworkers on EHCPs. Support for the diabetes team has been via the Children's Community Nurse with support from DCO. Processes now in place for DCO to offer support for requests that are made of those who don't regularly provide advice. | Sep 23 | Oct 23 | |
| | 5.1.7 Develop and deliver a revised induction and EHC plan writing training programme for Special Education Needs and/or Disability Case Officers | Draft Plan Writing IPSEA and CDC training programme completed by 8 case officers. Refreshed 3 weekly internally. All new staff to receive IPSEA training on a rolling programme. Feedback from QA process used to develop case officer plan writing skills | May 23 | Oct 23 | |
| | 5.1.8 Develop a performance monitoring system to provide reporting and Power BI dashboard data to monitor 20-week timescale for issuing finalised plans | A performance monitoring system is in place. Weekly meetings with Assistant Director and Head of Service with SEN Team to discuss 20-week performance. Performance data is sent monthly to DfE and reviewed in meeting with DfE SEN adviser. Data captured and reported to | Jun 23 | Oct 23 | |

| | | | | | |
|--|---|--|--------|------------|--|
| | | SEND Partnership Board half termly. Monthly performance is circulated to all SEND staff. Power BI dashboard is in production. | | | |
| | 5.1.9 Improve the quality and timeliness of statutory social care advice for EHCNAs and Annual Reviews. | DSCO continues to track all requests for advice and offer consultations to those workers providing the advice. Reminders are sent to practitioners at the four-week stage. Early Help SEND Operational Lead operates the same system in Early Help. SEN Team provide a weekly report detailing advice due so that DSCO and EH SEND Operational Lead can make further attempts to follow up outstanding advice. All advice goes through a quality assurance process carried out by the DSCO and EH SEND Operational Lead, in-line with the SEND QA Framework. A dip sample of social care advice is audited on a quarterly basis by the DSCO and feedback from audits is provided individually to practitioners via their supervision and thematic feedback is provided to the social care workforce. Findings from QA and audit are then used to inform the Social Care SEND and EHCP training and staff SEND induction, both of which are offered on a monthly rolling programme. | Sep 23 | Superseded | |
| | 5.1.10 Improve the quality and timeliness of statutory Health advice for EHCNAs and Annual Reviews. | Timeliness of health advice has varied over the past 12 months. At present the timeliness of advice provided by SCHAT is regularly delayed from the community paediatrics service. Advice from BeeU is provided in a more timely way. Recent benchmarking across West Midlands has indicated that timeliness of advice in Shropshire is on a par with many other local areas. | Sep 23 | Superseded | |

| | | | | | |
|--|---|---|--------|--------|--|
| | | Quality of advice from SCHAT continues to be generally good, quality of advice from BeeU requires more support. Over the past 12 months we have seen an increase in advice from secondary and tertiary health services. Evidence: ' Overview of Education, Health and Care Plan Quality Assurance From Health Autumn & Spring Term 2023 / 2024 ' and ' Overview of Health Quality Assurance to ensure understanding of SEND and good quality Education, Health and Care Plans ' | | | |
| | 5.1.11 Develop a recruitment / retention strategy to ensure sufficient capacity within the Educational Psychology Service | Recruitment has taken place for 2 additional psychologist, 1 main grade (started Sep 23), 1 specialist senior (Started Jan 24). Significant investment made in securing locum, associate and agency capacity to address increasing demand in statutory work. | Sep-23 | Nov 23 | |
| | 5.1.12 Reinstate SEND Health Operational Group to address quality of EHCP advice and improve consistency | This group has been re-established with membership from SCHAT and MPFT. This group has met regularly. | Apr 23 | Oct 23 | |
| | 5.1.13 Review the Special Education Needs and/or Disability Team structure and develop a recruitment / retention strategy to ensure sufficient capacity to complete all statutory tasks | Streamlined the internal structure/process to be able to amend and QA plans. Structure within the team for weekly supervision of case officers to support workload and wellbeing. | Sep 23 | Dec 23 | |
| | 5.1.15 Improve quality of health advice with a focus specificity of outcomes and provision. | This is now standard process, and quality is reported to have improved. | Dec 24 | Oct 24 | |
| | 5.1.17 Develop a rolling Education workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled | Plans are underway to develop the team to include training, with an identified staff member tasked with identifying needs in schools and collaborating with EQAs on quality aspects, such | Apr 25 | Feb 25 | |



| | | | | | |
|--|---|--|--------|--------|--|
| | Children's training resources. Ensure all practitioners have good understanding of their role and how it fits with other agencies. Build upon existing training/support document for advice writers as a live document and develop into self-help training materials. | as Appendix B, and providing support where needed. EQAs are rolling out training for schools, which will be compiled into slides and training materials as portfolios for ongoing support. Training is being conducted at every SENDCo network meeting, and the training materials have been posted on the Local Offer. | | | |
| | 5.1.19 Continue to deliver and promote rolling health training programme covering EHCP advice and annual reviews, ensuring an appropriate level of uptake from health. | This rolling programme/ offer of training is in place for health colleagues. A programme of attendance at Social Care team meetings is scheduled to refresh practitioner knowledge and understanding around the Social Care roles and responsibilities and legislation in respect of EHCP's. Annual Review training for Social Care practitioners is currently under development. | Sep 24 | Oct 24 | |
| | 5.1.20 Develop a rolling Educational Psychology workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children's training resources. Ensure all practitioners have good understanding of their role and how it fits with other agencies. Build upon existing training/support document for advice writers as a live document and possibly turn into training materials. | Educational Psychology workforce training programme is ongoing/business as usual. | Dec 24 | | |
| 5.2 Actions to ensure an effective quality | 5.2.1 Publish Education Health Care Plan quality standards and coproduce a Quality Assurance Framework to agree the "Shropshire standard" of what a good quality plan looks like. | Quality standards were developed to agree what a good plan looks like. | Jul 23 | Oct 23 | |

| | | | | | |
|--------------------|--|---|--------|--------|--|
| assurance process. | 5.2.2 Establish and embed a multi-disciplinary quality assurance process to monitor and improve the quality of new and amended Education Health Care Plans | Quality standards have been developed and signed off. These standards have been put into practice for routine and multiagency QA activity resulting in a marked improvement in EHCP quality | Jul 23 | Oct 23 | |
| | 5.2.3 Develop and implement quality standards for statutory advice, including education, education psychology, health and social care and roll out a workforce training programme for practitioners | Quality standards have been completed. Ongoing training for those submitting advice will be addressed by proposed new actions. | Sep 23 | Feb 24 | |
| | 5.2.4 Undertake monthly multi-disciplinary audits to ensure improved consistency of Education Health Care Plans | Regular termly multi-disciplinary audits take place and learning fed back into multi-agency training. Autumn Term 2023 QA Report.docx / Spring Term QA Report 2024.docx | Sep 23 | Oct 23 | |
| | 5.2.5 Recruit Associate DCO for SEND to increase capacity to support EHCP quality within health | The Associate DCO started in May 23 and regularly attends SEN panels, contributes to the QA process as well as providing advice and support to plan writers, and advice contributors. | Jun 23 | Oct 23 | |
| | 5.2.6 Engage in external peer review process for monitoring the quality of EHCP's | The Assistant Director has undertaken LGA peer review training and completed a peer review in another LA. We have further external QA review planned with the DfE SEND Advisor | Sep 23 | Dec 23 | |
| | 5.2.7 New EHC Needs assessment paperwork for schools will show an improvement in quality by [RAG] rating quality of information in paperwork by how easy it is to make a decision from schools and advice. | In place at Panel | Aug 24 | Jul 24 | |
| | 5.2.8 Investigate how effective are new Appendix B templates? How have they impacted upon quality? Capture effectiveness by [RAG] rating quality of | A RAG rating system is in place to assess effectiveness of school submissions. A survey has been created to capture feedback from school staff using the templates. | Aug 24 | Aug 24 | |

| | | | | | |
|--|---|---|--------|------------|--|
| | information in paperwork by how easy it is to make a decision. | | | | |
| | 5.2.9 Include multidisciplinary QA on amended plans | In Place | Nov 24 | Oct 24 | |
| 5.3 Actions to ensure all current EHC Plans are updated and amended to meet new quality standards and issued within statutory timescales | 5.3.1 Develop and implement an annual review recovery plan and develop business case to ensure sufficient capacity to amend all Plans issued prior to August 2023 to ensure they meet the new quality standards | Plan and business case have been developed. We have appointed an additional senior case officer and two further case officers. 99 EHCPs have been reviewed and completed so far this term. | Sep 23 | Oct 23 | |
| | 5.3.2 Create a suite of co-produced new annual review templates and guidance, including key phase transition and preparation for adulthood templates | Annual review templates and guidance produced and signed off in February and are now in use. New, more focused actions will take this forward to develop resources for PfA and Phase Transfer | Sep 23 | Feb 24 | |
| | 5.3.3 Review Special Education Needs and/or Disability Team operating model with a specific focus on capacity to update Education Health Care Plans following amendments agreed via annual review | Planned as part of sufficiency moving forward | Apr 24 | Sep 23 | |
| | 5.3.5 Create a multi-agency (including Education Settings) training plan to ensure all staff are aware, understand and implement the local annual review processes | The annual review strand within the workforce training programme is underway with monthly team updates. A full review of annual review processes is being undertaken to streamline and enhance administration and further training will take place as required to ensure all staff are implementing new robust and efficient annual review processes. | Sep 23 | Superseded | |
| | 5.3.6 Review and update the local processes for annual reviews and publish an updated pathway on the local offer | Processes for annual reviews are undertaking a major review currently and new actions have been proposed. Information on the Local Offer has been reviewed and updated and checked. | Sep 23 | Oct 23 | |

| | | | | | |
|--|---|--|--------|--------|--|
| | | Guidance for practitioners to be reviewed and updated | | | |
| | 5.3.7 Complete an audit of the quality of health advice, to include a sample of amended plans as well as standalone advice. | Reviewing Health advice is now standard practice. Weekly oversight completed by DCO. | Dec 24 | Oct 24 | |

| Theme of Actions | Incomplete Actions | 30 Month update October 2025 | Original date | Current date | RAG |
|--|---|--|---------------|--------------|-----|
| 5.1 Actions to ensure the quality of new EHC Plans is improved | 5.1.14 Strengthen coproduction of EHCPs at an individual level by exploring and procuring an on-line digital Education Health Care system to enable families, professionals, and education settings to engage, contribute and collaborate on EHC assessments, plans and reviews | Work on Magic Notes with Beam to test if it's suitable to produce good quality EHCP. Testing until November 2025. Magic Notes contract agreed for further 1 year from 18 th October 2025. | Apr 24 | Nov 25 | |
| | 5.1.16 Improve timeliness of statutory Health advice for EHCNAs and Annual Reviews. | ADCO and Shrop Comm's Locality Clinical Manager have met to address timeliness of Paeds advice. A request is being put forward to provide locum support. They discussed the quality of BeeU's advice with the admin lead and QA lead for the service, the progress of this will be reviewed. ADCO is liaising with Audiology to develop a suitable health advice template. ADCO is developing an annual review medical questionnaire checklist to be completed ahead of the annual review process. | Sep 24 | Nov 25 | |

| | | | | |
|---|---|---------------|---------------|---|
| <p>5.1.18 Develop a rolling social care workforce training programme for all practitioners completing statutory EHC advice utilising the Council for Disabled Children's training resources. Ensure all practitioners have good understanding of their role and how it fits with other agencies. Build upon existing training/support document for advice writers as a live document and possibly turn into training materials.</p> | <p>Co-produced Social Care and Early Help training has been developed and is being built into Leap into Learning as a mandatory virtual offer which is due to go live week commencing 01/12/2025 following approval at Social Care Managers End to End SEND SC & EHCP training reviewed July 2025.pptx Appendix E - How 2 training for Social Care Practitioners- Full No Audio.pptx Training was also delivered over social work practice week (30/09/2025) with 20 Social Care Practitioners attending. The DSCO is delivering a Lunch and Learn session on SEND, Social Care and EHCP's to staff on 27/11/2025. This will support the launch of the new e-learning. We have a 12-month rolling programme of SEND inductions for all new staff which includes an overview of the EHCNA process and the statutory responsibilities for Social Care DSCO presentation for SEND induction including EHCP overview updated June 2025 (2).pptx Since the monthly SEND Induction recommenced in June 2025 (following a period of DSCO sickness) on average 25% of staff booked onto the sessions have attended. This challenge is being raised with social work team managers over this quarter and was raised at the quarterly Directors Assurance meeting on 17/10/2025.</p> | <p>Sep 24</p> | <p>Dec 25</p> |  |
| <p>5.1.21 Improve the quality of statutory social care advice for EHCNAs.</p> | <p>A business case (Business Proposal Digitising Appendix E via LCS and EHM (1).docx) which has been presented to Social Care Senior Leadership Team to move the Social Care advice form onto EHM/LCS has been approved</p> | <p>Dec 24</p> | <p>Dec 25</p> |  |

| | | | | |
|--|--|---------------|---------------|--|
| | <p>to better enable us to QA the advice given in a timely way. The form will go live on Liquid Logic week commencing 01/12/2025 following testing and approval at Social Care Managers End to End. There is a process map to support this new way of working Process Social care advice for EHCP (1).docx</p> <p>The QA process is that the EH SEND Lead quality assures all Social Care advice and then the DSCO carries out monthly dip sample audits of advice and produces a quarterly report and learning brief which is shared with staff. Individual audit feedback is provided to managers so that this can be shared during staff supervisions. Thematic learning informs amendments to training and closes the learning loop.</p> <p>A guide to support Social Care practitioners to complete advice has been developed and is available on the Social Care Professional Development Hub Companion Guide - Appendix E's (4).docx</p> | | | |
| <p>5.1.22 Ensure that all EHC needs assessments are completed within the statutory 20 weeks by improving internal process.</p> | <p>The timeliness of issuing final plans remains a significant issue, due to a backlog of statutory assessments that accrued during the restructure and training of new staff and increasing numbers of requests for statutory assessments. A clear improvement plan is in place following the restructure of the team. This is shared routinely with SEND and AP Partnership Board each meeting and People Overview and Scrutiny in October 2025 to raise awareness of the challenges, actions underway and further plans. Average of 32 weeks to issue a plan.</p> | <p>Aug 24</p> | <p>May 26</p> | |

| | | | | | |
|--|--|--|--------|---------|--|
| 5.2 Actions to ensure an effective quality assurance process. | 5.2.7 New EHC Needs assessment paperwork for schools will show an improvement in quality by [RAG] rating quality of information in paperwork by how easy it is to make a decision from schools and advice. | Quality of submissions from schools remain inconsistent and the feedback loop to schools requires a process to ensure learning is captured. Changes of staff in schools, new SENDCOs for example, mean that we have decided to make training mandatory. Ongoing support and feedback at SEND and Inclusion Network meetings have been built in. Guidance documents for schools are currently being considered and Needs Descriptors that are being written for a banding document as well as the Ordinarily Available Provision documents will all help. | Aug 24 | July 26 | |
| 5.3 Actions to ensure all current EHC Plans are updated and amended to meet new quality standards and issued within statutory timescales | 5.3.4 Develop a performance monitoring system to provide reporting and Power BI dashboard data to monitor timescale for issuing finalised plans following annual review. | Data & Insights are currently developing first 3 screens of the dashboard to enable the monthly manual data capture to be automated. | Sep 23 | Nov 25 | |
| | 5.3.8 Ensure that social care, early help, EP, Health and other partners receive timely notification of upcoming annual reviews. | Internal infrastructure to support this need has been problematic but is now resolved for Social Care. They missed the end of Summer Term roll out as the report wasn't ready but is scheduled to go out in October. For health this hasn't been possible due to the nature of support coming from a range of organisations with the ICB being a separate entity to provider organisations thus making the process ineffective. | Dec 24 | - | |
| | 5.3.9 Ensure that all annual review processes are completed within the statutory 12 months by improving internal process. | Additional resources have supported the erosion of the backlog that was created, and additional resource (x4) EHCP Case Officers recruited from September 2025 to support ARs moving forward. They will focus on those in special schools including INMSS. Further recruitment to move the finish date for the annual reviews that | Dec 24 | Dec 26 | |

| | | | | | |
|--|---|---|----------|----------|--|
| | | are still outstanding prior to Jan 2025, to May 2026 is being investigated. Development of training for partners is underway to support timeliness. Planning for phase transfers is secure. Focus needs to remain to support the developments. | | | |
| | 5.3.10 Improve the quality of statutory social care advice for Annual Reviews. | Currently there is no way of capturing the amount or quality of reviews. Therefore, a business case has been presented to Social Care SLT to move the Social Care advice and Annual Review report template for Social Care Practitioners onto EHM/LCS to better enable us to QA the advice given in a timely way. The Annual Report template is due to go live on Liquid Logic in April 2026 following approval at Social Care Managers End to End. | April 25 | April 26 | |
| | 5.3.11 Create a suite of co-produced new annual review guidance for key phase transition and preparation for adulthood. | Senior EHCP Officer has begun collating views from Case Officers, on the revised EHCP Template and will marry this up with AR paperwork to correlate. A task and finish group is being arranged to collaborate with partners. Aim to complete by Jan 2026. As part of the AR paperwork, a questionnaire for the child/young person and their parent/carer is being developed as per the SEND and AP Strategy and Outcomes Framework, that will also contribute to impact measures and child and family voice. | Dec 24 | Jan 26 | |

Impact measures to be achieved

| Theme | 18/24 months Sept-April 2024/25 expected | 18 months September 2024 (actual) | 24 months April 2025 (actual) | 30 months October 2025 (actual) |
|----------|--|--|--|---|
| 5.1, 5.3 | 100% of families and children and young people have their special educational needs met in an appropriate and timely way | 38% of parents felt that the Education, Health and Care Plan (EHCP) meets their child/young person's special educational needs, however, in our routing feedback, 83% of parents agreed that the content of their EHCP reflects their child/young person's health and care needs. 29% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time, within the expected timeframe we committed to | 41% of parents felt that the Education, Health and Care Plan (EHCP) meets their child/young person's special educational needs, however, in our routing feedback, 86% of parents agreed that the content of their EHCP reflects their child/young person's health and care needs. 17% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time, within the expected timeframe we committed to | 28% of parents felt that the Education, Health and Care Plan (EHCP) meets their child/young person's special educational needs, however, in our routine feedback, 100% of parents agreed that the content of their EHCP reflects their child/young person's health and care needs. 12% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time, within the expected timeframe we committed to |
| 5.1, 5.3 | 100% of families and children and young people feel included and well supported prior to EHCNA request | 47% of parents felt that during the Education, Health and Care Needs Assessment/review process, their child/young person was included and well supported at their educational setting if they attend one | 41% of parents felt that during the Education, Health and Care Needs Assessment/review process, their child/young person was included and well supported at their educational setting if they attend one | 46% of parents felt that during the Education, Health and Care Needs Assessment/review process, their child/young person was included and well supported at their educational setting if they attend one |
| 5.1, 5.3 | 100% of families and children and young people feel that their views and aspirations are | 57% of parents, when the Education, Health and Care Needs Assessment (EHCNA) or review was requested, felt their child/young person's wishes and aspirations for the future | 45% of parents, when the Education, Health and Care Needs Assessment (EHCNA) or review was requested, felt their child/young person's wishes and aspirations for the future recorded | 54% of parents, when the Education, Health and Care Needs Assessment (EHCNA) or review was requested, felt their child/young person's wishes and aspirations for the future recorded and captured in the application and 40% felt |

| | | | | |
|----------|--|--|--|---|
| | reflected in the holistic outcomes | recorded and captured in the application and 47% felt that their child/young person's wishes and aspirations for the future were reflected in the plan. In recent routine feedback 69% of parents felt that their child/young person's wishes and aspirations were obtained and included in the EHC plan (see below). | and captured in the application and 36% felt that their child/young person's wishes and aspirations for the future were reflected in the plan. In recent routine feedback 100% of parents felt that their child/young person's wishes and aspirations were obtained and included in the EHC plan | that their child/young person's wishes and aspirations for the future were reflected in the plan. In recent routine feedback 80% of parents felt that their child/young person's wishes and aspirations were obtained and included in the EHC plan |
| 5.1, 5.3 | 100% of families and children and young people feel listened to and included in the assessment process | 55% of parents felt that the professionals involved in the assessment/review process accurately reflect their child/young person's needs in their reports. and 52% felt listened to and included by the professionals involved in their child /young person's assessment/review. 53% of parents felt that their child/young person's Education, Health and Care Plan (EHCP) accurately describes them. In recent routine feedback 80% of parents felt they were involved, able to participate and express their wishes and aspirations throughout the EHCNA process (see below). | 41% of parents felt that the professionals involved in the assessment/review process accurately reflect their child/young person's needs in their reports. and 37% felt listened to and included by the professionals involved in their child /young person's assessment/review. 30% of parents felt that their child/young person's Education, Health and Care Plan (EHCP) accurately describes them. In recent routine feedback 100% of parents felt they were involved, able to participate and express their wishes and aspirations throughout the EHCNA process | 35% of parents felt that the professionals involved in the assessment/review process accurately reflect their child/young person's needs in their reports. and 39% felt listened to and included by the professionals involved in their child /young person's assessment/review. 44% of parents felt that their child/young person's Education, Health and Care Plan (EHCP) accurately describes them. In recent routine feedback 80% of parents felt they were involved, able to participate and express their wishes and aspirations throughout the EHCNA process |
| 5.1, 5.3 | 100% of partners have increased confidence and | 70% of partners have confidence and understanding of what is required in EHCNA process | 73.3% of partners have confidence and understanding of what is required in EHCNA process | 84.6% of partners have confidence and understanding of what is required in EHCNA process (agree/agree strongly). |

| | | | | |
|---------------|---|---|--|---|
| | understanding of what is required in EHCNA process | (agree/agree strongly). 22.5% felt the SEN team communicated well. 37.5% have received training | (agree/agree strongly). 6.7% felt the SEN team communicated well. 10% have received training | 34.6% felt the SEN team communicated well. 42.3% have received training |
| 5.1, 5.3 | 100% of new plans are good or outstanding | 96.4% of new plans are rated good or better. In addition, in our routine feedback, 83% of parent carers felt that the content of their child's EHCP reflects your child/young person's health and care needs. | 100% of new plans are rated good or better. In addition, in our routine feedback, 86% of parent carers felt that the content of their child's EHCP reflects your child/young person's health and care needs. | 100% of new plans are rated good or better. In addition, in our routine feedback, 100% of parent carers felt that the content of their child's EHCP reflects your child/young person's health and care needs. |
| 5.1, 5.3 | 100% of families and children and young people have received their EHCP within statutory timescales | 29% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time. | Over the past 6 months 34% of new plans were issued on time and 67% of amended plans were completed within 12 weeks of the annual review meeting. 17% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time. | Over the past 6 months 15.4% of new plans were issued on time. 12% of parents agreed their child /young person's Education, Health and Care Plan (EHCP) or Amended Plan delivered on time. |
| 5.1, 5.2, 5.3 | Maintain minimum 100% compliance of EP advice received within 6 weeks of request | Jun 2024 to Sep 2024 84% of EP advice on waiting list has not waited more than 6 weeks. 47% of advice received within 6 weeks of request | 10% of all EP advice since last review is completed within 6 weeks of request. | 9% of all EP advice since last review is completed within 6 weeks of request. |
| 5.1, 5.2, 5.3 | Maintain minimum 100% compliance of Social Care advice received within 6 weeks of request | June to September 2024, 93% of Social Care advice on waiting list has not waited more than 6 weeks. 95% of advice received within 6 weeks of request | 94% of all Social Care advice is completed within 6 weeks of request. | 70% of all Social Care advice is completed within 6 weeks of request. |

| | | | | |
|---------------|---|--|---|--|
| 5.1, 5.2, 5.3 | Maintain minimum 100% compliance of Health advice received within 6 weeks of request | <p>Average compliance it is 50% year to date for SCHT. SCHT are in the process of recruiting new members of staff to Comm Paeds and SaLT.</p> <p>Currently missing compliance from MPFT which is now under discussion with the provider.</p> <p>SEND Data Dashboard work is in progress now which will include EHCNA activity.</p> | 50% of all Health advice is completed within 6 weeks of request. | 58% of all Health advice is completed within 6 weeks of request. |
| 5.1, 5.2 | Ensure minimum 100% of all new EHCP's are rated good or outstanding at audit points | 96.4% of new plans are rated good or better | 100% of new plans are rated good or better | 100% of new plans are rated good or better |
| 5.1, 5.2, 5.3 | Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate development updates | Learning from draft EHCP QA is routinely embedded in the statutory assessment panel and routinely shared with partner services. Learning is routinely fed back to EHCP case officers via weekly team briefs, 1:1 feedback and support and termly whole team days. All case officers attend Resource Allocation Panel and this serves as a peer | The last multi-agency workshop was around Post 16 / PfA. Learning continues to be embedded in training, supervision and shared with partner services. It has been acknowledged that further work is required on provision for post 16 in EHCPs with a need to appropriately reflect the age and needs of a young person as well as a college environment. Support for the | No formal multiagency training during the past 6 month reporting period. Work is in underway to redesign multi agency training as per EHCP Annual Review Workshop held in October. |

| | | | | |
|-----|--|--|---|--|
| | | learning opportunity. 95% of Early Help staff who contribute advice have received training. | EHCP team via the EPS as part of their programme of training will be provided in May 2025. Training will similarly be provided for the EPS using National Development Team for Inclusion (PfA) resources on EHC Planning. | |
| 5.3 | 100% of EHCP's issued before August 2023 to be reviewed and updated | 36.7% of EHCP's issued before August 2023 reviewed and updated. (figure is lower due to number of plans in this category that have been ceased) | 65.9% of plans issued prior to August 2023 have been reviewed and updated | There remain 96 active plans issued prior to August 2023 that have not been reviewed and updated |
| 5.3 | 100% of EHCP's issued before August 2023 are rated good or outstanding | Current rating for amended EHCPs, 90% rated good or better | Current rating for amended EHCPs, 100% rated good or better | Current rating for amended EHCPs, 100% rated good or better |

