

Accelerated Progress Plan for an Area following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection

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
Accountable Officers from the LA and CCG	David Shaw (LANO) – Shropshire County Council Tanya Miles – Exec Director of People Shropshire County Council Gareth Robinson, Director of Delivery and Transformation and Executive Lead for SEND, Shropshire Telford and Wrekin Jennifer Griffin – Designated Clinical Officer for SEND, NHS Shropshire, Telford and Wrekin
DfE and NHSE Advisers	Gabrielle Stacey (DfE) and Debbie Ward (NHSE)

Co-production, Communication and Engagements

This Accelerated Progress Plan (APP) has been achieved through commitment from stakeholders across the SEND System. PACC (Parent Carer Forum), IASS (Information Advice and Support Service) have been integral to the co-production of this plan both through the local SEND Quality and Assurance Group (QAG), and dedicated workshop sessions focused on developing the actions required and expected impact which will be experienced by Children and Young People (CYP) with SEND and their families. Additionally, the APP has been developed through contributions from the Neurodiversity (ND) workstream, Speech, Language and Communication Needs (SLCN) workstream and Strategic Leads for Education, Health and Care Plans (EHCP).

The draft APP has been presented to both the SEND Partnership Board, in January and March 2023, and the Shropshire Council People Overview Committee, March 2023. Feedback from both the board and committee have been incorporated in the Accelerated Progress Plan.

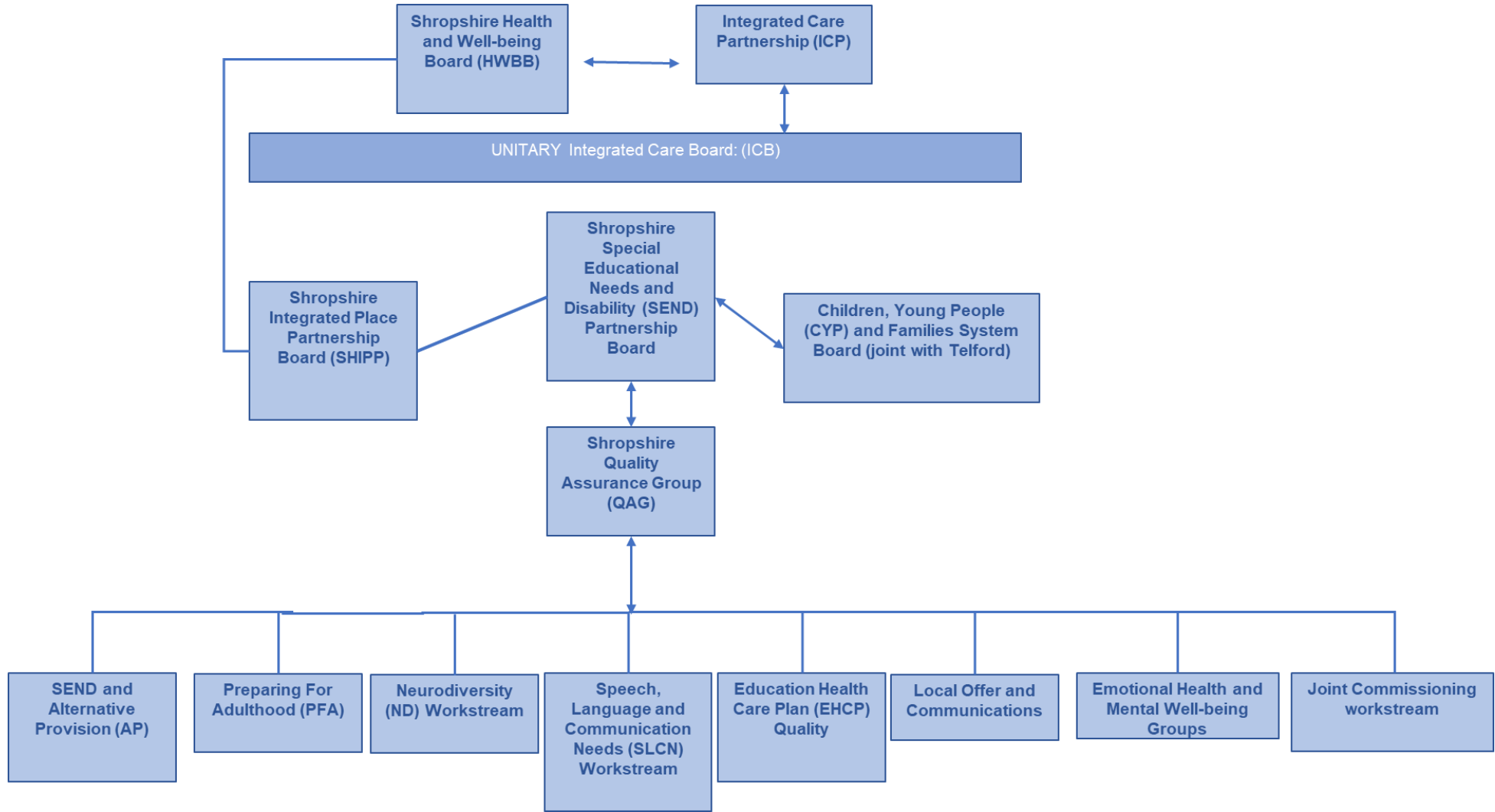
Further co-production, communication and engagement activities are planned to ensure that CYP (Children, Young People) with SEND, their families, practitioners who support CYP with SEND and the wider community are fully sighted and engaged on the progress of the APP. In January 2023 the local area hosted a workshop entitled Embedding Co-production with attendance from across the partnership, at this workshop the local area committed to developing co-production standards which will further embed the commitments set out in the APP.

All the workstreams established to deliver this APP have multi-agency attendance including attendance of lead representatives from PACC. As a local area one of our priorities to further improve co-production and engagement is to work more closely with CYP with SEND. We recognise that currently we are missing the opportunity and benefits of strategic co-production directly with CYP with SEND and we look forward to remedying this.

Through acknowledging that SEND is everybody's business it is essential that as a local area we have a clear overarching communication strategy underpinned by an annual communication plan bringing together SEND and PACC newsletters, social media platforms, Local offer website and ICS communications to ensure that CYP with SEND, their families and broader stakeholders are aware of both the progress with the APP and also the opportunities available for CYP with SEND. In line with this we commit to strengthening our transparency regarding actions taken following feedback, utilising the Local Offer website to publicise what CYP with SEND and their families told us, and then what we as a system did to improve things.

To reinforce the local area's commitment to SEND we are developing the SEND and AP Strategy 2023-2028, this will comprise of a relaunch of the SEND Strategy and will include Alternative Provision (AP) to give a greater focus on inclusion.

Governance and Accountability Structures and Processes



Accelerated Progress Plan

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.

Actions designed to lead to improvement

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

Theme of Actions	Action	Responsible officers	By When	Action RAG
3.1 Actions to ensure clarity about the support available	3.1.1 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 0 - 5	ND Workstream led by Co-Chairs (Dr Kathryn Morgan & Liam Laughton)	Apr 23	A
	3.1.2 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 5 - 18	ND Workstream led by Co-Chairs (Dr Kathryn Morgan & Liam Laughton)	Jul 23	G
	3.1.3 Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 18+	ND Workstream led by Co-Chairs (Dr Kathryn Morgan & Liam Laughton)	Sep 23	G
	3.1.4 Have a specific ASD area on local offer website (as requested through the Local Offer working group	ND Workstream led by Co-Chairs (Dr Kathryn Morgan & Liam Laughton) & Local Offer Team	Jun 23	G
	3.1.5 Publish all the support available on the local offer website	ND Workstream led by Co-chairs (Dr Kathryn Morgan & Liam Laughton)	Sep 23	G
	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	ND Workstream led by Co-Chairs (Dr Kathryn Morgan & Liam Laughton)	Sep 23	G

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	Dr Kathryn Morgan, Specialist Senior Educational Psychologist	May 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	Co-Chairs of ND Training Steering Group, Principal Educational Psychologist	Jul 23	
	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	Karen Levell, Service Manager SEND & Inclusion	Sep 23	
	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	Sue Carrol, Early Years SEND Lead & Alison Rae, School Improvement Adviser	40% of settings by end of Jan 24	
	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)	Steve Laycock Principal Educational Psychologist	40% of settings by end of Jan 24	
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	Yvonne Oliver - LA Commissioner	Apr 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	Alison Parkinson, Clinical Services Manager Shropshire Community Health NHS Trust (SCHAT)	Jun 23	
	3.3.3 Roll out of the Healthier together website with advice and guidance for the ND population	Millar Bownass, CYP's Mental Health Commissioner	Apr 23	
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	Dr Kathryn Morgan, Specialist Senior Educational Psychologist & Steve Laycock, Principal Educational Psychologist	Sep 23	
	3.4.2 Review the impact of the ND Practitioners to inform the	Dr Kathryn Morgan, Specialist Senior	Apr 24	

	requirements for support in the 2 nd year	Educational Psychologist & Steve Laycock, Principal Educational Psychologist		
	3.4.3 Develop the Dimensions Tool and clarity regarding how the tool will be utilised initially, and evaluated prior to further roll out	Dr Kathryn Morgan, Specialist Senior Educational Psychologist & Steve Laycock, Principal Educational Psychologist	Sep 23	

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.

Actions designed to lead to improvement

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

Theme of Actions	Action	Responsible officers	By When	Action RAG
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	Alison Parkinson, Clinical Services Manager SCHAT	Apr 23	
	3.5.2 Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place - School age	BeeU Strategic Leads, Midlands Partnership Foundation Trust (MPFT)	Apr 23	
	3.5.3 Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place - 18+	Frances Sutherland, Commissioner for NHS Shropshire, Telford & Wrekin	Apr 23	
	3.5.4 Clear criteria and referral route for current ASD & ADHD pathway published on the local offer	BeeU Strategic Leads, MPFT	Jul 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 Strategic Leads, MPFT	Jul 23	
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	BeeU Strategic Leads, MPFT	May 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	BeeU Strategic Leads, MPFT	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)	BeeU Strategic Leads, MPFT	Apr 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	BeeU Strategic Leads, MPFT	Apr 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	BeeU Strategic Leads, MPFT	Apr 23	
	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)	BeeU Strategic Leads, MPFT	Sep 23	
	3.7.5 Enhance the risk management approach through additional funding from the Learning Disability and Autism LDA program	Hillary McGlynn, NHS STW	Sep 23	
	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	Raphael Chichera, Senior Quality Lead Mental Health and LDA, NHS Shropshire, Telford and Wrekin	Jul 23	
3.8 Actions to ensure capacity of the diagnostic service meets the demands of the population	3.8.1 Commissioner understanding of current waiting times from referral treatment for ASD 0 - 5	Led by Associate Director of Transformation and Commissioning	Jun 23	
	3.8.2 Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 5 - 18	Led by Associate Director of Transformation and Commissioning	Jun 23	
	3.8.3 Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 18+	Led by Associate Director of Transformation and Commissioning	Jun 23	
	3.8.4 Develop, fund and recruit to short term recovery plans	Led by Associate Director of Transformation and Commissioning	Jun 23	
	3.8.5 Understand the capacity of the services currently	Led by Associate Director of Transformation and Commissioning	Jun 23	
	3.8.6 Develop a trajectory of future growth and capacity required to meet the needs	Led by Associate Director of Transformation and Commissioning	Jun 23	
	3.8.7 Develop a business case to fund the increased demands	Led by Associate Director of	Jun 23	

	across the age range	Transformation and Commissioning		
	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.	Helen Cooper, CYP lead for Nursing, AHP and Operations, SCHAT	Jan 24	
	3.8.9 Midlands Partnership Foundation Trust (MPFT) reviewing internal processes, progressing recruitment into 1 vacancy	BeeU Strategic Leads, MPFT	Jun 23	
	3.8.10 Recruit to an enhanced Learning Disability and Autism team structure	Brett Toro-Pearce, AD of Transformation & Delivery	Jun 23	
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	Jane Williams, Performance & Assurance Manager NHS Shropshire Telford & Wrekin	Jun 23	
	3.9.2 Ensure the quality team have assurance in place around harm review and risk process	Vanessa Whatling, Deputy Director of Nursing & Quality NHS Shropshire Telford & Wrekin	Jun 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	Tracey Jones, Director of Mental Health, Learning Disabilities & Autism, and Children & Young People	Jul 23	

Impact measures to be achieved

Relevant Theme of Actions	Expected Impact	How are we measuring the impact	Baseline	6 months	12 months	18 months
3.1	CYP report that they received support when they needed (Using definitions from the SEND Inspection Questionnaire)	Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	To be sought in June 23	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	60%	80%
3.1, 3.3, 3.4	Families report that they know and can access the full range	Survey - to be developed in May 23	Inspection report indicated a 'lack of	NA <i>Progress will be</i>	60%	80%

	of support available & this support met the needs of the CYP and have the experience of waiting well if applicable	Baseline June 23 Review Dec 23 Review June 24	clarity'	<i>monitored at 9 months following review survey in Dec</i>		
3.1	Professionals report that they know and signpost to the range of support available	Audit	Members of the ND workstream report that they know some of the support available	Members of the ND workstream report that they know all of the support available	Evidence of routine signposting to relevant support	Evidence of local induction process for new starters
3.2	Lower rates of suspensions and permanent exclusion where CYP are SEN support or have an EHCP - <i>Note this is not specific to the ND cohort</i>	Baseline to be identified with separate impact measures for primary and secondary schools	To be confirmed using 2022/23 suspension/exclusion trends.	10% reduction compared to previous year.	30% reduction compared to previous year.	40% reduction compared to previous year.
3.2	Higher rates of attendance for CYP who are SEN support or have an EHCP - <i>Note this is not specific to the ND cohort</i>	Educational Psychology Services supporting EBSA to record prevalence Attendance figures, separate for primary and secondary schools	To be confirmed using the DfE Attendance Portal once full Spring term 23 information is included.	SEND support and EHCP gap with all pupil's attendance reduces by (% to be confirmed following baseline)	SEND support and EHCP gap with all pupil's attendance reduces by (% to be confirmed following baseline)	SEND support and EHCP gap with all pupil's attendance reduces by (% to be confirmed following baseline)

3.2	Early years and Education settings are well supported to meet the needs of CYP who may have ASD and ADHD	Attendance at training	Early years and Education settings have identified that they want support with: -inclusive practice -upskilling school staff	The plan for training and support will be coproduced by the ND Training Steering Group	65% of Early Years and Education settings will have received training specific to these areas	85% of Early Years and Education settings will have received training specific to these areas
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	Survey - to be developed in May 23 Baseline June 23 Review Dec 23 Review June 24	To be sought	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	20% more than baseline	40% more than baseline
3.2	Early Years and Education setting staff can demonstrate how they ensure good inclusive practice for CYP with needs related to ND (ASD & ADHD)	Survey - to be developed in May 23 Baseline June 23 Review Dec 23 Review June 24	To be sought Available from Sept 23 onwards.	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	20% more than baseline	40% more than baseline
3.2	Families report that they can access their preferred early years placements, with support from the LA where appropriate	Early Years School Improvement team to record prevalence of challenges getting an early year's placement	To be sought	NA	95%	100%
3.3	Families accessed support which enabled them to understand their CYP's needs and how to support them	Record of course attendance and course outcomes	30 families access formal support each year	50 families access formal support each year	65 families access formal support each year	80 families access formal support each year
3.4	For those CYP who have a 'dimensions tool plan' created	Outcome of intervention summary	To be sought	NA	90%	100%

	those who support them will have a better understanding their needs and how to support them					
3.5 - 3.9	Access to the 0 – 5 ASD diagnostic assessment service within 18 weeks	Service Performance Metrics	0 – 5 Service: 61% seen within 18 weeks	70%	85%	95%
3.5 - 3.9	Reduction in average waits to access the 0 – 5 ASD diagnostic assessment service	Service Performance Metrics	Average wait: 11 months	Average wait: 10 months	Average wait: 7 months	Average wait: 4 months
3.5 - 3.9	Access to the 5 – 18 ASD diagnostic assessment service within 18 weeks	Service Performance Metrics	5 – 18 Service: 49% seen within 18 weeks	60%	75%	85%
3.5 - 3.9	Reduction in average waits to access the 5 - 18 ASD diagnostic assessment service	Service Performance Metrics	Average wait: 11 months	Average wait: 10 months	Average wait: 7 months	Average wait: 4 months
3.5 - 3.9	Access to the 18+ ASD diagnostic assessment service within 18 weeks	Service Performance Metrics	Average wait: 2 years	NA	40%	50%
3.5 - 3.9	Reduction in average waits to access the 18+ ASD diagnostic assessment service	Service Performance Metrics	Average wait: 2 years	Average wait: 18 months	Average wait: 12 months	Average wait: 8 months
3.5 - 3.9	Access to the 5 – 18 ADHD diagnostic assessment service within 18 weeks	Service Performance Metrics	80% <i>Nov 2022</i>	Maintain 80%	95%	95%
3.5 - 3.9	Reduction in average waits to access the 5 – 18 ADHD diagnostic assessment service	Service Performance Metrics	Average wait: 6 months	Average wait: 6 months	Average wait: 5 months	Average wait: 4 months
3.5 - 3.9	Access to the 18+ ADHD diagnostic assessment service within 18 weeks	Service Performance Metrics	55% <i>Figure for all adults Nov 2022</i>	NA	65% for 18 – 25 year olds	95% for 18 – 25 year olds
3.5 - 3.9	Reduction in average waits to access the 18+ ADHD diagnostic assessment service	Service Performance Metrics	Average wait: 2 years	Average wait: 18 months	Average wait: 12 months	Average wait: 8 months

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.

Actions designed to lead to improvement

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

Theme of Actions	Action	Responsible officers	By When	Action 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	Steph Jones, Health Child Programme Coordinator supported by the SCHAT 0 – 19 Service	May 23	
	4.1.2 Collate details of all support currently available from Early Years Settings for those with SLCN	Sue Carrol, Early Years SEND Lead	May 23	
	4.1.3 Map the full offer of current SLT support – SLT Handbook	Alison Parkinson, Clinical Services Manager SCHAT	Apr 23	
	4.1.4 Collate details of all other support currently available for SLCN (excluding Speech and Language Therapy SLT)	SLCN Workstream led by Chair (Alison Parkinson)	Jul 23	
	4.1.5 Publish all the support available on the local offer website	SLCN Workstream led by Chair (Alison Parkinson)	Aug 23	
	4.1.6 Promote the support on offer via SEND newsletter, local offer website, SCHAT NHS (National Health Service) SLT website, PACC newsletters, SENCo and Head Teacher networks	SLCN Workstream led by Chair (Alison Parkinson)	Aug 23	
	4.1.7 Have a specific SLCN area on local offer website (as requested through the Local Offer working group)	SLCN Workstream led by Chair (Alison Parkinson) & Local Offer Team	Aug 23	
	4.1.7 Continue the multiagency SLCN workstream to enable the continuation of support for SLCN being delivered by all	Alison Parkinson, Clinical Services Manager SCHAT supported by ICB Commissioner – to be recruited	Apr 23	
4.2 Actions to ensure good quality	4.2.1 Education to promote the use of SLC UK data tracking to support the implementation of Talk Boost	Sue Carrol, Early Years SEND Lead	Jun 23	

support for Early Years and Educational Settings	4.2.2 All settings to utilise the SLC UK data reporting on Talk Boost	Sue Carrol, Early Years SEND Lead	Sep 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.	Sue Carrol, Early Years SEND Lead supported by Alison Rae, School Improvement Adviser	Jul 23	
	4.2.4 Planned Inclusion sessions for early years and educational settings including SLCN	Karen Levell, Service Manager SEND & Inclusion	Apr 23	
	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)	Sue Carrol, Early Years SEND Lead & Dr Kathryn Morgan, Specialist Senior Educational Psychologist	Sep 23	
	4.2.6 Pilot the roll out of Talk Boost Year 7	Sue Carrol, Early Years SEND Lead	Sept 23	
	4.2.7 Continue to deliver Early Years, KS1 and KS2 of Talk Boost training to ensure sustainability	Alison Rae, School Improvement Adviser supported by Sarah Court, Telford & Wrekin's Learning Support Advisory Teachers	Apr 23	
	4.2.8 Videoing SLT training offer to make it more accessible to support early identification and addressing CYP's needs	Alison Parkinson, Clinical Services Manager SCHAT	Sept23	
	4.2.9 SLT relaunching traded services offer for ELKLAN	Alison Parkinson, Clinical Services Manager SCHAT	Sep 23	
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'	SLCN Workstream led by Chair (Alison Parkinson)	Apr 24	
	4.3.2 Videoing SLT training offer to make it more accessible	Alison Parkinson, Clinical Services Manager SCHAT	Sep 23	
	4.3.3 Publicise the commitment to SLCN being everyone's responsibility and that everyone has a role to play in supporting SLCN	SLCN Workstream led by Chair (Alison Parkinson)	Apr 23	
	4.3.4 Maintain the SLT service advice line	Alison Parkinson, Clinical Services Manager SCHAT support by ICB Commissioner – to be recruited	Jul 23	

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.				
Actions designed to lead to improvement				
Overarching Aspiration: CYP who require Speech and Language Therapy support can access this in a timely way				
Theme of Actions	Action	Responsible officers	By When	Action 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	Alison Parkinson, Clinical Services Manager SCHAT	Apr 23	Green
	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	Alison Parkinson, Clinical Services Manager SCHAT	Jul 23	Green
	4.4.3 Complete analysis of current commissioning arrangements across, LA, schools and Health to meet need	Led by Associate Director of Transformation and Commissioning & Local Authority Commissioning Lead	May 23	Yellow
	4.4.4 Commissioners to understand current spend, both block contract and individual commissioning and school spend to enable benchmarking	Led by Associate Director of Transformation and Commissioning & Local Authority Commissioning Lead	May 23	Yellow
	4.4.5 Commissioner to understand current waiting times from referral to treatment	Led by Associate Director of Transformation and Commissioning	Jun 23	Yellow
	4.4.6 Develop, fund and recruit to short term recovery plans	Led by Associate Director of Transformation and Commissioning	Jun 23	Yellow
	4.4.7 Understand the capacity of the services currently	Led by Associate Director of Transformation and Commissioning	Jun 23	Yellow
	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	Led by Associate Director of Transformation and Commissioning	Jun 23	Yellow
	4.4.9 Develop a business case to fund the increased demands across	Led by Associate Director of		Yellow

	the age range		Transformation and Commissioning	Jun 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		Led by Associate Director of Transformation and Commissioning & Local Authority Commissioning Lead	Sep 23		
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		Jane Williams, Performance & Assurance Manager NHS Shropshire Telford & Wrekin	Jun 23		
	4.5.2 Ensure the quality team have assurance in place around harm review and risk process		Vanessa Whatling, Deputy Director of Nursing & Quality NHS Shropshire Telford & Wrekin	Jun 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		Tracey Jones, Director of Mental Health, Learning Disabilities & Autism, and Children & Young People	Jul 23		
Impact measures and milestones to be achieved						
Relevant Theme of Actions	Expected Impact	How are we measuring the impact	Baseline	6 Months	12 months	18 months
4.1, 4.2	CYP report that they received support when they needed it (Using definitions from the SEND Inspection Questionnaire)	Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	To be sought	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	60%	80%

4.1, 4.3	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	Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	To be sought	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	60%	80%
4.2	Professionals report that they know and signpost to the range of support available	Audit	Members of the SLCN workstream report that they know some of the support available	Members of the SLCN workstream report that they know ALL of the support available	Evidence of routine signposting to relevant support	Evidence of local induction process for new starters
4.2	Early years and Education settings are well supported to meet the needs of CYP who have SLCN	Attendance at training	Early years and Education settings have identified that they want support with: - inclusive practice -upskilling school staff	The plan for training and support will be coproduced by the ND Training Steering Group	65% of Early Years and Education settings will have received training specific to these areas	85% of Early Years and Education settings will have received training specific to these areas
4.2	Early Years and Education setting staff report a greater understanding of needs related to SLCN and how to meet those needs	Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	To be sought Available from Sept 23 onwards.	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	20% more than baseline	40% more than baseline

4.2	Early Years and Education setting staff can demonstrate how they ensure good inclusive practice for CYP with needs related to SLCN	Survey - to be developed in May 23 Baseline Jun 23 Review Dec 23 Review Jun 24	To be sought Available from Sept 23 onwards.	NA <i>Progress will be monitored at 9 months following review survey in Dec</i>	20% more than baseline	40% more than baseline
4.2	Children completing the Early Years Foundation Stage progress well with their speech, language and communication skills despite the impact of Covid.	Early Years Foundation Stage Framework – communication, literacy and language Progress with ECHP outcomes related to SLCN	83% of children achieved expected levels in communication and language <i>October 2022</i>	NA	Maintain the level of 83%	NA
4.4, 4.5	Timely access to specialist and general pathways within the SLT service	Service Performance Metrics	45% of all CYP waiting for SLT are seen within 18 weeks Those waiting for the specialist pathways are typically seen within 18 weeks	Specialist pathways: 95% General pathway: 50%	Specialist pathways: 95% General pathway: 75%	Specialist pathways: 95% General pathway: 95%
4.4, 4.5	Reduction in average waits to access the 18+ ADHD diagnostic assessment service	Service Performance Metrics	Average wait: 10 months	Average wait: 8 months	Average wait: 6 months	Average wait: 4 months

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

Actions designed to lead to improvement

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

Themes for Action	Action	Responsible Officers	By When	Action 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	Karen Levell – Service manager SEND & Inclusion	Sep 23	Green
	5.1.2 Co-produce new statutory advice templates for education, education psychology, health, and care and review the process for obtaining the CYP voice (“all about me”) and parent/carer views	Fran Davis – SEN Team Manager	Sep 23	Green
	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	Fran Davis – SEN Team Manager Sharon Graham – DSCO Jennifer Griffin - DCO	Apr 23	Green
	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	Sharon Graham – DSCO Heidi White – Early Help SEND Operational Lead	Sept 23	Yellow
	5.1.5 Review commissioning arrangements and update health service specifications to ensure health advice is provided where a CYP has a clinical requirement for input rather than being based on referral status	Jennifer Griffin – DCO ICB Commissioner – to be recruited	Sep 23	Yellow
	5.1.6 Review arrangements for provision of advice from health teams less frequently involved in EHCNAs eg. Epilepsy team, wheelchair services	Jennifer Griffin – DCO	Sep 23	Yellow
	5.1.7 Develop and deliver a revised induction and EHC plan writing training programme for Special Education Needs and/or Disability	Fran Davis – SEN Team Manager	May 23	Green

	Case Officers			
	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	Samantha Bradley – Performance and Integration Manager	June 23	
	5.1.9 Improve the quality and timeliness of statutory social care advice for EHCNAs and Annual Reviews	Sharon Graham - DSCO	Sep 23	
	5.1.10 Improve the quality and timeliness of statutory Health advice for EHCNAs and Annual Reviews	Jennifer Griffin - DCO	Sep 23	
	5.1.11 Develop a recruitment / retention strategy to ensure sufficient capacity within the Educational Psychology Service	Steve Laycock – Principal Educational Psychologist	Sep 23	
	5.1.12 Reinstate SEND Health Operational Group to address quality of EHCP advice and improve consistency	Jennifer Griffin, DCO	Apr 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	Karen Levell – Service Manager SEND & Inclusion	Sep 23	
	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	David Baker – Head of Automation and Technology	Apr 24	
5.2 Actions to ensure an effective quality assurance process.	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.	Fran Davis – SEND Team Manager	Jul 23	

	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	Fran Davis – SEND Team Manager	Jul 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	Fran Davis – SEND Team Manager	Sep 23	
	5.2.4 Undertake monthly multi-disciplinary audits to ensure improved consistency of Education Health Care Plans	Karen Levell – Service Manager SEND & Inclusion	Sep 23	
	5.2.5 Recruit Associate DCO for SEND to increase capacity to support EHCP quality within health	Jennifer Griffin - DCO	Jun 23	
	5.2.6 Engage in external peer review process for monitoring the quality of EHCP's	Karen Levell – Service Manager SEND & Inclusion	Sep 23	
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	Fran Davis – SEND Team Manager	Sep 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	Fran Davis – SEND Team Manager	Sep 23	
	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	Karen Levell – Service Manager SEND & Inclusion	Apr 24	
	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	Samantha Bradley – Performance and Integration Manager	Sep 23	
	5.3.5 Create a multi-agency (including Education Settings) training	Fran Davis – SEND Team	Sep 23	

	plan to ensure all staff are aware, understand and implement the local annual review processes	Manager		
	5.3.6 Review and update the local processes for annual reviews and publish an updated pathway on the local offer	Fran Davis – SEND Team Manager	Sep 23	

Impact measures and milestones to be achieved						
Relevant Theme of Actions	Expected Impact	How are we measuring the impact	Baseline	6 Months	12 months	18 months
5.1, 5.3	Families and children and young people tell us they have their special educational needs met in an appropriate and timely way	Survey	Complete baseline survey to review experience of families and children and young people to show improvement in EHCP	Based on the initial baseline and increased response rate of more than 50% of families and children and young people have their special educational needs met in an appropriate and timely way	Based on the initial baseline and increased response rate of more than 75% of families and children and young people have their special educational needs met in an appropriate and timely way	Based on the initial baseline and increased response rate of more than 100% of families and children and young people have their special educational needs met in an appropriate and timely way
5.1, 5.3	Families and children and young people tell us they feel included and well supported at SEND support	Survey	Complete baseline survey to review experience of families and children and young people to show improvement in EHCP	Based on the initial baseline and increased response rate of more than 50% of families and children and young people feel included and well supported prior to	Based on the initial baseline and increased response rate of more than 75% of families and children and young people feel included and well supported prior to	Based on the initial baseline and increased response rate of more than 100% of families and children and young people feel included and well supported prior to

				EHCNA request	EHCNA request	EHCNA request
5.1, 5.3	Families and children and young people are confident that their views and aspirations are reflected in the holistic outcomes which underpin the basis of an EHCNA when the decision to assess is made	Survey	Complete baseline survey to review experience of families and children and young people to show improvement in EHCP	Based on the initial baseline and increased response rate of more than 50% of families and children and young people feel that their views and aspirations are reflected in the holistic outcomes	Based on the initial baseline and increased response rate of more than 75% of families and children and young people feel that their views and aspirations are reflected in the holistic outcomes	Based on the initial baseline and increased response rate of more than 100% of families and children and young people feel that their views and aspirations are reflected in the holistic outcomes
5.1, 5.3	Families and Children and Young People tell us that the advice accurately reflects the Children and Young People's special educational needs and that they feel listened to and included in the assessment process	Survey	Complete baseline survey to review experience of families and children and young people to show improvement in EHCP	Based on the initial baseline and increased response rate of more than 50% of families and children and young people feel listened to and included in the assessment process	Based on the initial baseline and increased response rate of more than 75% of families and children and young people feel listened to and included in the assessment process	Based on the initial baseline and increased response rate of more than 100% of families and children and young people feel listened to and included in the assessment process
5.1, 5.3	All partners, including PCF report improved communication and understanding of what is required of them and across the different organisations within the statutory EHCNA process	Survey	Complete baseline survey across all partners to review communication and understanding within the ENCNA process	Based on the initial baseline show 50% of partners have increased confidence and understanding of what is required in EHCNA process	Based on the initial baseline show 75% of partners have increased confidence and understanding of what is required in EHCNA process	Based on the initial baseline show 100% of partners have increased confidence and understanding of what is required in EHCNA process

5.1, 5.3	Children and Young People will have their social care and health needs and provision accurately identified within the Education Health Care Plan	Audit	Establish baseline measure of Good or Outstanding Plans	Ensure minimum of 50% of new plans are good or outstanding	Ensure minimum of 75% of new plans are good or outstanding	Ensure minimum of 100% of new plans are good or outstanding
5.1, 5.3	Families and Children and Young People report that they receive their EHCP's within statutory timescales	Survey	Complete baseline survey to review experience of families and children and young people to show improvement in receipt of EHCP statutory timescales	Based on the initial baseline and increased response rate of more than 50% of families and children and young people have received their EHCP within statutory timescales	Based on the initial baseline and increased response rate of more than 75% of families and children and young people have received their EHCP within statutory timescales	Based on the initial baseline and increased response rate of more than 100% of families and children and young people have received their EHCP within statutory timescales
5.1, 5.2, 5.3	Audit activity demonstrates all EP advice is completed within 6 weeks of request.	Performance Measures	Current baseline established around 85% of EP advice received within 6 weeks of request	Maintain minimum 85% compliance of EP advice received within 6 weeks of request	Maintain minimum 90% compliance of EP advice received within 6 weeks of request	Maintain minimum 100% compliance of EP advice received within 6 weeks of request
5.1, 5.2, 5.3	Audit activity demonstrates all Social Care advice is completed within 6 weeks of request.	Performance Measures	Current baseline established around 85% of Social Care advice received within 6 weeks of request	Maintain minimum 85% compliance of Social Care advice received within 6 weeks of request	Maintain minimum 90% compliance of Social Care advice received within 6 weeks of request	Maintain minimum 100% compliance of Social Care advice received within 6 weeks of request
5.1, 5.2, 5.3	Audit activity demonstrates all Health advice is completed within 6 weeks of request.	Performance Measures	Current baseline established around 85% of Health advice received within 6 weeks of request	Maintain minimum 85% compliance of Health advice received within 6 weeks of request	Maintain minimum 90% compliance of Health advice received within 6 weeks of request	Maintain minimum 100% compliance of Health advice received within 6 weeks of request

			weeks of request			
5.1, 5.2	All Education Health Care Plans are judged good or outstanding when measured against agreed Quality Assurance framework using the multi-agency audit tool	Performance Measures	Current baseline assumed 0%	Ensure minimum 50% of all new EHCP's are rated good or outstanding at audit points	Ensure minimum 75% of all new EHCP's are rated good or outstanding at audit points	Ensure minimum 100% of all new EHCP's are rated good or outstanding at audit points
5.1, 5.2, 5.3	Learning outcomes are routinely used to inform workforce training and development to continually improve the quality of Education Health Care Plans	Multi-agency training workshop	Ongoing development cycle	Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate development updates	Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate development updates	Hold multi-agency training workshop to identify and share learnings and 100% of workforce have engaged in appropriate development updates
5.3	Audit activity demonstrates all current Education Health Care Plans issued prior to August 2023 are rewritten/amended	Audit measures	Increased number of EHCP's issued prior to August 2023 are rewritten/amended	33% of EHCP's issued before August 2023 to be reviewed and updated	66% of EHCP's issued before August 2023 to be reviewed and updated	100% of EHCP's issued before August 2023 to be reviewed and updated
5.3	Audit activity demonstrates all current Education Health Care Plans issued prior to August 2023 that have been rewritten/amended are rated good or outstanding	Audit measures	From new quality standards introduced, establish baseline of number of current plans rated good or outstanding	33% of EHCP's issued before August 2023 are rated good or outstanding	66% of EHCP's issued before August 2023 are rated good or outstanding	100% of EHCP's issued before August 2023 are rated good or outstanding

Risk Register

Priority	Risk	Severity/Impact	Mitigation	Progress following action
3, 4	Commissioning capacity to undertake the necessary activities to address the current gaps in service and monitor provider's performance	High	Create capacity to develop a business case to recruitment to new team Recruit new team – commenced Strengthened senior leadership – currently active	
3, 4, 5	Recruitment challenges across the partnership	Medium	Commenced Agency staff recruitment and training ICS People's System Plan to improve recruitment and retention	
3, 4	Operating within a financially challenged system	Medium	Section 75 partnership arrangement around LDA funding Mental Health Investment Standards System Development Funding monies for LDA and Mental Health	
5	Lack of robust data for baselining and monitoring impact	Medium	Performance and Integration Manager appointed. Development of Power Bi tool underway NHS data dashboard development / SEND Partnership Board reporting	
5	Poor response to satisfaction surveys	Low	Engage Parent Carer Forum (PFC) and IASS in development of surveys and use of social media platforms to promote. Developing overarching surveys rather than separate ones.	

3, 4, 5	Demand continues to rise putting further pressure on the system Requests for EHC Needs assessments increase	High	Developing Shropshire Ordinarily Available Provision (SOAP) Strengthen Outreach Offer Workforce development and training Communication plan	

Annex B: Supporting statement for the Accelerated Progress Plan

We recognise that, like everywhere, the Covid-19 pandemic impacted on our progress. In September 2022 the 7- day rate of positive covid cases per 100k of population was significantly higher in Shropshire (55.9) than that in West Midlands (45.0) and England (45.4). This has resulted in Shropshire experiencing an extended reaction to the pandemic and the subsequent challenges.

During this time a significant number of practitioners, clinicians and health commissioners were re-deployed to support the Covid-19 Vaccination Programme. As with Health and Care organisations, Shropshire Council's workforce were also re-deployed to assist other areas to cope with the impact of Covid-19. These factors on workforce had direct impact on our progress in addressing the areas of weakness detailed in the original inspection report (March 2020).

Factors accounting for insufficient progress	How we are addressing these
Priority Area 3 & 4:	
Temporary additional funding was used to reduce waiting times however this did not lead to sustained improvements	<ul style="list-style-type: none"> Restructuring of the ICB Partnership Directorate including additional capacity in the Transformation and Commissioning Team to develop business cases for long term/recurrent funding
Significant staff changes in senior leadership in both provider and commissioner teams	<ul style="list-style-type: none"> Since summer 2022 there has been a change and enhancement in strategic leadership within MPFT's BeeU service Within commissioning, interim commissioning cover has been sought however permanent recruitment is underway
Insufficient priority and governance in connection to the length of waits and impact of these waits during the migration from the CCG to ICB	<ul style="list-style-type: none"> The draft ICS Joint Forward Plan gives clear priority to CYP and SEND A full review of the governance structure for CYP and SEND within the ICB is underway and due to be completed by June 2023, with the establishment of a Children, Families and SEND System Board Established Executive Lead for SEND, and Senior Responsible Officer for SEND within the ICB
Increased demand for diagnostic and specialist services	<ul style="list-style-type: none"> Enhancing the graduated support offer to meet needs earlier and support CYP to be supported well whilst they wait for a diagnosis if necessary Reviewing the demand and capacity within services Develop a trajectory of future growth and capacity required to meet the needs Develop a business case to fund the increased demands across the age range

	<ul style="list-style-type: none"> • Exploring the skill mix, recruitment and retention and taking action in line with the ICS Workforce Strategy
Priority Area 5:	
Significant staff changes in senior leadership and weak strategic planning	<ul style="list-style-type: none"> • New permanent leadership Recruited to key strategic roles – Assistant Director – Education and Achievement (new role from March 22) • Developed new DSCO role • Renewed our governance arrangements – now a single SEND Partnership Board from March 23. Previously there were two Boards • Development of SEN Data Dashboard to measure timeliness and quality of EHCP's • Developing and embedding agreed co-production standards across the partnership
Recruitment /retention issues within Educational Psychology and very high turn- over of SEN Team staff	<ul style="list-style-type: none"> • Recruited to PEP role through long term agency contract • EPS workforce strategy to be developed and implemented • SEND Team staff training plan – IPSEA and NASEN casework award • Restructuring SEN caseworkers work plans and monitoring workload
Workforce Capacity issues	<ul style="list-style-type: none"> • Working with business analysts to adopt LEAN process • Exploring use of digital platforms to be developed, procured and implemented • Increased roll out of SEN portal for annual reviews • Enhance SEN workforce – developed senior SEN caseworker role • Reviewing the SEND team structure to ensure sufficient capacity to carry out statutory tasks in light of increasing demand
Gaps in education, health and care practitioners' knowledge of EHC assessment and planning education, health and care practitioners	<ul style="list-style-type: none"> • Developing new workforce training and development plan • Reviewing and publishing new EHC assessment and annual review pathways • Recruiting to an Associate Designated Clinical Officer for SEND post
Increase in number of EHC assessment requests and an increase in the number of EHCPs to review and maintain	<ul style="list-style-type: none"> • Launch of Inclusion framework (SOAP) to ensure EHC thresholds are agreed and understood • Review of EHC request paperwork

	<ul style="list-style-type: none"> • Develop annual review recovery plan
Inadequate EHC QA process	<ul style="list-style-type: none"> • Development of new multi-agency QA framework • Set up new multi-agency QA panel • Reporting results of QA audits to Partnership board and incorporating learning into workforce training and development • Develop and embed new process for obtaining and utilising feedback following the assessment and Annual Review process

We will ensure Partners, including Children, Young People and Families, are fully aware and kept informed of our actions and progress by

- Committing to developing co-production standards as agreed through our recent “embedding co-production” workshop
- Further strengthening our governance arrangements and new terms of reference to ensure good representation and accountability from all partners at SEND & Inclusion Partnership Board
- Ensuring full stakeholder representation in all our workstreams
- Ensuring multi-agency attendance at provider network events such as governor training, headteacher and SENCO briefings/ networks
- Continuing to develop and improve Shropshire’s Local Offer and enhance the workforce capacity to regularly publish our progress on the Local Offer
- Utilising feedback from our SEND surveys for parents/carers and CYP following EHCNA and A/R processes and publishing our learning on our Local Offer
- Holding Q&A sessions for SENCO’s through our SENCO networks
- Continuing to produce our SEND Newsletter and PAAC newsletters and including regular summaries and updates from the SEND & Inclusion Partnership Board within our newsletters and communications
- Developing our usage of social media platforms
- Developing our overarching communications strategy including an annual communication plan
- Relaunch SEND Strategy in tandem with the new Inclusion Strategy

Support and challenge we feel would be most helpful over the coming months

We have seen significant change in our strategic leadership over the last 12 months. The management of change has been especially challenging, particularly considering the staff turn-over and the COVID-19 pandemic which continues to impact, and we recognise the continued challenge of delivering our SEND action plan within the financial climate.

We believe co-production is strong however we would value further support in developing our CYP voice and young person’s engagement at a more strategic level.

In terms of external support, additional advice on national best practice in terms of quality assurance of EHCPs and in particular, multi-agency QA frameworks would be helpful alongside external scrutiny of our quality of EHCPs.

We have agreed DfE monitoring of EHC monthly performance indicators would be a helpful process and we will utilise the findings from this to further improve our EHCP processes.

In order to measure our success in improving the quality of our EHCP's, we recognise that there is an inter dependency with the wider SEN System.

We would therefore welcome support in other co-related areas of work as follows:

- Co-produce an inclusion framework and associated toolkit which sets out expectations of the support that should be ordinarily available for Children and Young People with Special Education Needs and/or Disability within mainstream settings to ensure that CYP who require an EHCNA are correctly identified
- Develop a specialist outreach offer (learning and behaviour support)) for schools and settings to build capacity and confidence to ensure that provision is made to meet the individual needs of CYP with SEND within mainstream settings and that CYP are supported through the graduated response (SEND Support)

GLOSSARY

Dimensions Tool – The Dimensions Tool is being developed in Shropshire to enable practitioners to consider a range of 'dimensions' when addressing a CYP's needs. The tool considers different dimensions including; worry and anxiety, mood and enjoyment, sleep, relationships, family situation, sensory responses, work and education, addictions, eating and connections with others.

Healthier Together Website - This website provides advice for parents, young people and pregnant women, as well as clinical resources to support healthcare professionals.

Talk Boost - Talk Boost are targeted interventions for children with delayed language helping to boost their language skills to narrow the gap between them and their peers. The programme aims to accelerate children's progress in language and communication by an average of six months, after a nine-week intervention. The Talk Boost programme has a helpful Parent Hub.

Elklan Training – Speech, language and communication training delivered to practitioners including early years and education settings by accredited trainers.

SLT Handbook - A handbook for parents, carers and practitioners detailing the SLT service offer

IASS Website - Shropshire Information Advice and Support Service

Local Offer - Shropshire SEND Local Offer website

PACC – Shropshire Parent Carer Forum

Acronyms:

ADHD - Attention Deficit Hyperactivity Disorder

AP - Alternative Provision

APP - Accelerated Progress Plan

ASD - Autism Spectrum Disorder
BeeU - (CAMHS) Child and Adolescent Mental Health Service
CBT - Cognitive Behavioural Therapy
CDC - Child Development Centre
CYP - Children and Young People
EHCP - Education, Health and Care Plan
HWBB – Shropshire Health and Wellbeing Board
IASS - Information Advice and Support Service
ICB – Integrated Care Board
ICP – Integrated Care Partnership
LDA - Learning Disability and Autism
MDT - Multi-Disciplinary Team
MPFT - Midlands Partnership Foundation Trust
ND - Neurodiversity
NHS - National Health Service
PACC - Parent Carer Forum
PB – SEND Partnership Board
PFA - Preparing for Adulthood
QAG - Quality and Assurance Group
SCHAT - Shropshire Community Health Trust
SENCo - Special Educational Needs Coordinator
SEND - Special Educational Needs and Disability
SHIPP – Shropshire Integrated Place Partnership Board
SLCN - Speech, Language and Communication Needs
SLT - Speech and Language Therapy
SOAP - Shropshire Ordinarily Available Provision