

Change Programme Partnership

LLR SEND and AP Improvement Plan

End of Phase 2 Report

Prepared for:
LLR Stakeholders

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Executive Summary

Phase 2 of the SEND and AP Change Programme reduced the number of work streams and activities within the test and learn programme across Leicester, Leicestershire and Rutland (LLR) though deepened the focus of activity upon inclusive mainstream practice, reflecting the new Government's priorities.

LLR has risen to the challenge, with highlights including, though not exclusive to:

- Agreeing a new Coproduction Charter for LLR to direct our work and place voice and participation at the centre of our work
- Testing a mainstream capacity building approach for mainstream schools, including using a coaching approach (Leicestershire)
- A schools-led approach to develop a common core approach to inclusive mainstream resourced provision (City)
- An inclusive toolkit for speech, language and communication needs [SLCN] (Rutland and Leicestershire Partnership Trust)
- Developing Alternative Provision (AP) tiers of support/guidance/QA for non-registered provision, and testing a Strategic Taskforce (APST) within a medical needs hospital school setting
- Developing an approach to Advice and Information with Educational Psychology oversight, which included appropriate triage and a wider range of educational assessment supporting statutory assessment within the Education, Health and Care Needs Assessment (ECHNA)
- Introducing an approach to better align and integrate Neurodiverse (ND) assessment and profiling within a new ND Inclusion workstream working across the three LAs and health partners
- Gaining DfE consent to trial and use CPP resource to support a new SEND & Inclusion Alliance with roles to support leadership and joint/aligned commissioning for SEND and Inclusion within LLR
- Also gaining DfE support to start up a new East Midlands Regional Assembly for Young People with additional needs, which we hope could lead to a national forum or assembly, in order to place the voices of young people alongside parents and carers in enabling a co-designed and coproduced approach to promoting the inclusion and belonging of children and young people with additional needs
- Continued to build upon the successful ELSEC and PINS programmes across all three places/LAs

We have supported the testing and evaluation with DfE and its partners and are well set to embark upon the final Phase 3 testing of the SEND and AP Change Programme in order to support the intended Schools White Paper and reform of the national SEND and AP system.

Advice and Information

Aim:

To test alternative solutions to provide timely and responsive educational assessments within the statutory process for Education, Health and Care Needs Assessment (EHCNA). Permission was sought from DfE to use an element of CPP resourcing for this area of development, which reflects Educational Psychology being under significant pressure across England and the LLR sub-region is no exception. A conflation of increased demand for EHCNAs and diminishing numbers of EPs has affected timeliness of assessment in areas within the EM region.

How we did this:

Allocated a significant resource to the three LLR LAs (based on 0-19 population) of £720K.

1. Testing sourcing alternative online EP assessments in Leicestershire
2. Using specialist teacher assessments in Leicester City
3. Using a mixture of the two in Rutland

In the event, all three LAs used a mixed economy of approaches to meet assessment demands, particularly addressing a) the 'backlog' of children awaiting EP assessment in Leicestershire (607) and b) the overspend on locum EPs identified within Leicester City.

Outcomes

The backlog has reduced and progress towards the 20-week timeline for Leicestershire has accelerated. 20-week timeliness is currently running at 18.2% in June 25 (cumulative 9% versus 3% in Feb 24) and an average of 26 weeks to issue EHCPs. Budgetary pressures and use of locums has significantly reduced. Local EPs have increased their statutory work to 50% to support the rising national demand.

Whilst locum EP use, once organised, has allowed backlog advice and information to be tackled effectively, staffing issues have impacted on teaching staff (ST) capacity over the earlier parts of the programme (variously pregnancy, illness and staff departure) so that the full impact of the new approach has been slower to take effect.

Since the launch of the test and learn project 60% (114) of cases in Leicester City have included direct involvement with an EP and 40% (85) of cases have been teacher only led advice. This has resulted in a saving of £122,400 (170 days' worth of work) by using internal SENDSS instead of locum EPs.

Rutland LA already used a flexible approach to EP assessment by virtue of being the smallest LA in England and benefited from sharing learning across LLR.

Impact

The programme of testing work has achieved its practical goals in management of caseloads and budgetary pressures and provided each local area with a sustainable and achievable model of future delivery.

Leicestershire has succeeded in eliminating a large caseload backlog, whilst also improving significantly the on-time delivery of EHCPs and maintaining budget targets. The success of the programme in the context of rising demand is a real success story and is paving the way for other initiatives.

Leicester City are still in mid-programme but are demonstrating reduced budgetary pressures using the new model by reducing their reliance on EP locums and developing a sustainable model of advice and information in-house.

Rutland has developed a quality, dependable supply of local EP locums who understand their context and help to meet their statutory duties from the support and recommendations through Leicestershire's relationship with locums.

Advice and Information

Next steps

The project group will continue to progress with actions under this test and learn. Next steps include:

1. Create an action plan following staff feedback - Review feedback and share this with team managers for consider. Create an action plan that can be implemented by the project team
2. Embedding our quality assurance processes - Including all first-time sole advice givers undertaking a consultation session with PEP/ SEP
3. Staff training - Team training lead by PEP/SEP including examples of good advice. Learning and reflection sessions as a standard item across SEND SS and SES
4. Capturing parental feedback - Reviewing feedback regularly and sharing recommendations across the service
5. Evaluation evidence - Continuing to build our evaluation data and evidence to inform a final decision following this test and learn. This will also include a cost analysis to determine if this can be sustained following the end of the test and learn

Learning Points

- The importance of a knowledgeable link person in working with locum staff
- The effectiveness of triage approaches led by the PEP in each LA to ascertain the most appropriate assessment methodology and access for individual children and young people e.g. a locum virtual EP assessment can work well for some ND secondary age students, but a face-to-face EY specialist teacher works better for most under 5s etc
- Widening educational assessment team approaches could address the shortage of EPs across England and support a para-professional approach to manage assessment needs

Summary and Conclusion

The approach across LLR has been highly successful in providing more timely educational assessment and saving money spent on locums, through an approach overseen by the PEPs for each area. This has also driven consideration and discussion regarding an East Midlands model going forward, built into the EM Regional Innovation and Improvement Alliance (RIIA).

Leads

Michelle White and Pat Bullen

Alternative Provision

Aim:

- Develop resources to support schools with understanding of the DFE's 3-tier model and their roles and responsibilities when commissioning AP
- Develop processes to track and monitor AP use
- Develop LA delivered QA processes for unregistered APs
- Pilot top-up funding to support short-term AP placements that support effective reintegration to mainstream
- Establish an APST within CHS
- Forecast and commission to ensure sufficiency of AP in Leicester City
- Develop an AP Strategy Document for Leicester City

How we did this:

- Created an AP handbook with guidance for commissioners of AP: roles and responsibilities, QA, monitoring and reintegration. Shared with all City schools, Leicestershire and Rutland and other CPP LAs.
- Created an AP Directory of 70+ APs known to LLR. Shared with colleagues in Leicestershire and Rutland and all Leicester City Schools
- Currently tracking AP commissioning via part-time timetable forms. Monitoring forms issued for return at the end of placements being piloted now. Digital solution underway, will streamline these processes and make data capture, mapping and analysis much more effective.
- Working with Leicestershire colleagues to commission an organisation to complete QA audits of unregistered APs for health and safety. Curriculum checks will be completed by QIT in City and Inclusion in Leicestershire.
- Pilot top-up funding processes and panel established to support schools with using AP for short-term intervention. Shared with Leicester City schools in June.
- APST established in CHS (refer to APST report below for outcomes).
- Approached Lead Members board for funding as a spend to save project, given permission to recruit (this has been funded by LA, not CPP)

Outcomes

- Handbook and directory completed and shared
- Digital solution commenced, but processes in place to monitor placements in the interim.
- QA procurement process underway for H&S and safeguarding, should launch in September. Curriculum QA being developed over the summer for roll out in Autumn term.
- Pilot funding panel established and functioning.
- APST established
- Recruitment process for AP commissioner is underway

Impact

Handbook: Well received: 86% of City SENDCos surveyed saying it was useful, with 50% of those, finding it extremely useful.

Directory: 78% of City SENDCos found the directory useful, with 50% of those finding it extremely useful. SENDCos commented that QA of APs in the directory would be an excellent addition.

Some data monitoring processes established but impact limited, as a result of Digital Solution delays. (Tracking Tiers 2 and 3: Lead tracking part-time timetable data. Have set up half termly data trawls including SENDSS, Education Welfare, SES to examine reasons, numbers, use of SENDSS. Discussions with schools and support around use P/T timetabling and AP at tier 2 and tier 3.

Alternative Provision

Next steps

- Quality Assurance of Alternative Provision
- Commissioning Officer in post
- Digital solution to support AP placement tracking and impact
- AP strategy document needs finalising and sign off by partners.

Learning Points

Processes that involve outside agencies take a long time to get off the ground

Summary and Conclusion

Much work has been completed to develop schools' understanding of their roles and responsibilities in relation to AP and the DFE's 3-tier model. This has involved training and meetings with Heads and SENDCos and online briefings for CEOs and Heads across LLR. Because this work was being completed as LLR, much time was taken at the beginning of the year to establish systems and processes for managing the work and ensuring we had the right people around the table. We now have a strong relationship between Leicester and Leicestershire colleagues and feel confident that projects in place will continue apace in September. Rutland's involvement is still to be confirmed, as their use of AP is significantly smaller.

Schools have welcomed support around AP, these relationships now need to be nurtured to ensure that AP use is effective with strong reintegration plans.

QA and AP monitoring and commissioning processes will show impact next year, once they are fully established

Leads

Michelle Deeming
Jessica Nicholls
Stephen Deadman

AP SPECIALIST TASKFORCE

Aim:

To establish an AP Specialist Taskforce for medical needs at the Children's Hospital School.

How we did this:

The school had some specialists operating within the organisation prior to 2023, but they did not formally work together within a team and the number of specialists available was limited. Following publication of the APST model by the DFE, the school developed a plan to increase the number of specialists and to bring the team together under a more formal structure to organise and drive their work in a more strategic way.

In May 2024, an APST manager was appointed internally and the school employed Youth and Family support workers, a post-16 transition coach. From September 2024, the school commissioned 20 additional days of an Educational Psychologist (on top of the 12 statutory days allocated by the LA).

We trained additional staff as Thrive practitioners so that each school AP had someone able to deliver this approach to students. Other staff who were able to deliver interventions were identified to bring into the team, for example Forest Schools teacher and art therapy students.

Alongside creating the team, we formalised the structures to improve collaboration and strategic planning of interventions. The team meet weekly to triage student support – putting in interventions when and where they are needed. In addition, the Thrive team meet regularly and supervision for the art therapists was arranged.

Outcomes and Impact

From September 2024 to July 2025, almost 50 students were supported directly by the APST, although many more through informal daily contact.

Morning check ins for students improved their ability to remain in school and attend lessons. Youth workers visited homes to work with students too anxious to leave the house and in many cases, successfully brought them into school.

Youth workers set up group interventions to improve teamwork, self-esteem, resilience and attendance. This included boxing, mindset sessions, yoga and meditation. In addition, teamworking activities off-site were organised.

Family support worker engages with families across all school bases with a range of support and interventions. These include supporting housing applications, financial support and signposting to health services.

The art therapist delivered sessions to identified students and, having completed supervision training, was then able to support placements for University students completing art therapy degrees.

This increased capacity to deliver this intervention.

The post-16 transition coach arranged work experience for students, meets every Year 11 group weekly for a 30 minute careers session and organised other employability activities such as careers fair, mock interviews and visits to colleges and Universities.

The Educational Psychologist engaged with parents to improve understanding of their child's anxiety with the aim of improving attendance. A group session for Year 11 students was arranged specifically around support for exam anxiety. School staff were supported through drop in sessions and there is now direct support for the Youth Workers in the APST. Group and individual sessions were conducted with students, including assessments and ongoing wellbeing support.

Next steps

- Increase specialists within the taskforce, for example, speech and language, OT, family therapist.
- Work with County and Rutland as they explore their own APST model.
- Explore how our APST model works across multiple sites, especially those who aren't geographical close.
- Establish financial sustainability for the APST within CHS.

AP Specialist Taskforce

Impact

Youth workers have improved engagement from young people unable to leave home, in most cases enabling them to attend school and build up attendance.

Case study – Year 9 student had not left the house or attended school for months. The Youth worker made weekly visits to build up relationships and after 4 months of intensive work, the student now attends one of our sites.

After yoga sessions, all students reported feeling calmer and able to focus and deal with problems better.

Feedback from boxing sessions – students reported being able to think more clearly and plan for the future.

Case study – Year 10 LAC student had regular Youth Worker meetings, took part in boxing programme and had a work experience placement arranged (mechanics). Attendance increased from 8% to 56%.

Thrive sessions delivered across 3 school sites. Majority feel more able to manage in school and to be more independent.

EP involvement has enabled students to make plans for post-16 transitions, through developing personalised transition plans.

Case study – Year 11 student with limited academic progress, few aspirations for the future and easily overwhelmed in school. EP met for 1:1 sessions, worked with the student and staff, completed assessments. With reports, an EHCP assessment has been submitted. Student has plans for post-16 and is more optimistic.

Post-16 transition coach supported 82% of Year 11 students to access work experience in October 2024, compared to 70% in 2023. 83% of students leaving the school in 2024 were enrolled on a post-16 course.

After taking part in art therapy, there was a fall in levels of anxiety and depression across all measures. Majority of students felt more able to think positively about things.

Case study – Year 10 student not attending school. Home visits by the art therapist twice weekly built a positive relationship and discussed future hope and dreams. After time, student began to attend and now has attendance of 89%.

Learning Points

- Planning regular (weekly) meetings to triage and make informed decisions about support has been important to the success.
- Dedicating a shared office to the team supports better communication and teamwork.
- Communication between specialists within the taskforce and with wider school staff is crucial for a coordinated intervention plan.
- Work with families and young people is very complex, and finding solutions or a way forward involves multiple interventions from many professionals, not all are based in the school.
- Impact measures attributed directly to the APST are difficult to identify given how many people and services are working with an individual. These are shared successes from a much wider team.
- Direct work with young people can take a very long time before tangible impacts can be seen. Don't expect quick results and keep going when things seem slow.

Summary and Conclusion

The APST has continued to develop over the last 18 months, not only in terms of the specialists involved, but also in the formal working arrangements and organisation that allows support to be targeted in the right places.

There are multiple examples of young people and parents being supported in a way that brings significant improvements in their lives. The holistic approach enables family issues that can impact student's wellbeing and attendance to be addressed, alongside in-school support.

The team work well together, regularly discuss cases and have a formal triage systems which is reviewed weekly to make sure support is in the right place just when it's needed.

The APST sits within the wider school team that together, enables students to improve attendance, wellbeing, attainment and move successfully onto their next phase of learning. This is significant considering most arrive at school having not attended school for many months and very poor wellbeing.

Bands and Tariffs

Aim:

As part of the Change Programme the banding and tariffs reform has a focus on establishing a better understanding of pupil and student level High Needs spending, and existing best practice, in order to support the development of a national framework of banding and price tariffs to support commissioners and providers to meet the expectations set out in the National Standards.

Our aims included:

1.To develop a SEND Funding Survey for settings, schools, colleges and LAs to give their view on SEND funding for our children and young people to be submitted to the DfE.

- Stakeholders' views are listened to and feed into the workstream and shared with the DfE.

2.To create an all through banding model that runs from Inclusive Mainstream Provision to Specialist Provision which can be used as a useful tool for each LA.

- Banding descriptors for both need and provision for all phases of a child or young person's education are developed that encompass need and provision (LLR)
- There is a clear pathway through from inclusive mainstream provision to specialist provision that is transparent to all and allows for movement up and down the pathway throughout a child or young person's educational lifetime.
- There is a clear link between non-statutory and statutory processes.

3. To produce a funding model that represents the varied demographic and school types across LLR as well as the differential funding rates.

-Costs of delivering SEND provision are gathered, collated, and shared with the DfE.

-Current funding models are evaluated for sustainability and feasibility in a national context.

-An LLR funding model is developed to test and learn the sustainability and feasibility of a national funding model.

How we did this:

Bandings and Survey:

- Meet with key stakeholders at network meetings for SENCOs, Early years providers, business managers, finance managers and school senior leadership to share the workstream aims.
- Collaborate with working parties from each section of education to create a SEND funding survey and banding descriptors to cover Early years, mainstream, DSPs and special school from age 9 months to 16 years.
- Share the survey across LLR, collate the results and compile SEND survey report.
- Share draft banding descriptors with working parties regularly throughout to revise and refine.

Tariffs:

- Met with Special Schools to discuss the vision for the new tariffs, with a follow up meeting to share LA vision and suggestions for next steps.
- Special Schools have been asked to provide their class information with staffing deployment and other staff that are not directly working in the classroom with children and young people.
- It is envisaged that, subject to the necessary data being provided, the tariffs work will gain pace in the summer holiday and Autumn term of 2025, starting with special schools.

Outcomes

- Banding descriptors for Early Years, Mainstream, DSP (Resource base/unit) and Special school education have been produced, with four bands, including ordinarily available, for each area of need. These have been coproduced to accurately reflect the need and provision within our education settings. PO16 bandings are in the process of being created in partnership with Leicester City colleges.
- Data from SEND funding survey has been collated and a report on findings has been shared.
- A tariff lead is in post and has been liaising with finance managers across the region. Provisional funding models are being created for Early Years, Mainstream and Special School education phases.

Impact

- Our improved communication over the last year is being celebrated by stakeholders (Early Years settings, schools and colleges).
- We have increased stakeholders' knowledge of SEND funding and identified gaps in knowledge alongside next steps to improved understanding.
- Initial piloting has suggested improved transparency and consistency of multiagency panels (MAPS) for top up funding and resource allocation.

Bands and Tariffs

Next steps

- Review school-based funding survey feedback, share with all relevant parties and implement actions.
- Complete Post 16 banding descriptors and tariffs alongside development of a PO16 ordinarily available inclusive mainstream provision document.
- Analysis of the special school data to determine any correlation in deployment of staffing within similar groups across the school
- Model proposed revised bandings with full breakdown of comprising elements
- Cost proposed revisions and present internally
- Continue to share quarterly updates with the SEND & Inclusion Alliance Delivery and Transformation Group
- Continue to pilot and embed banding descriptors for Early Years, Mainstream, DSP and Special School across SEND support services, such as Multiagency panels, training, advice giving, quality assurance and moderation, non-statutory and statutory funding and sufficiency of specialist places.

Learning Points

- Frequent changes in roles and responsibilities has made it difficult to get the right people around the table consistently which has led to time delays.
- Differing partner priorities has caused some delays to progress.
- Alignment of funding levels may not be possible between LAs due to varying funding structures and methodology.
- Stakeholders understanding on funding and formulas is varied.
- Stakeholders have valued the higher levels of communication, input and collaborative working.
- Banding descriptors are proving beneficial in ways that had not yet been fully recognised at the beginning of the project.

Summary and Conclusion

Although chosen to be discontinued by the government nationally, locally it is felt to be a hugely beneficial piece of work. While not all partners have participated in all aspects of the workstream due to differing priorities, all have shared that learning has been taken and will inform future projects internally.

The survey has allowed for real time support, infrastructure and communication to be put in place to react proactively to the needs of the stakeholders. The bandings and tariffs work has developed more open, solution focussed, supportive lines of communication and strengthened graduated approach support for stakeholders as well as led to more transparent, robust and consistent multiagency panels.

Leads

Shelley Piercy/ Sadie Cobb

Data Dashboard

Aim

To develop a data dashboard comprised of consistent data sets captured across Leicester City, County and Rutland. The purpose of the dashboard is to:

- Inform planning and joint commissioning
- Help us to be inspection ready
- Help us to monitor and improve system and area level performance

How we did this

A steering group was established with a representative membership made up of colleagues with expertise in either data or SEND programme activity from:

- The three local authorities
- Health partners
- Schools Development Support Agency (SDSA)
- DfE

The group reviewed data dashboards from across the country and based on learning and good practice from across the country collectively agreed a set of indicators on which to report. Processes have been agreed for submission and the dashboard has been built.

Outcomes

The dashboard launched at the beginning September with work on phase two due to get underway in October based on feedback to date.

Impact

The dashboard has been reviewed at all three local area SEND and Inclusion boards and has been discussed at the Alliance's Management Group. It is agreed that the dashboard (once fully populated) will fulfil its aims as set out above.

Learning Points

- Consistent understanding and interpretation of indicators has been key
- Having input from data experts AND those who understand SEND from a programme perspective has been important
- Organisational accountability for agreed actions has been important for progress and momentum.

Next Steps

- Additional indicators to be agreed and added based on feedback from the various forums at which the dashboard has been reviewed.
- Processes to be developed for collecting and sharing more localised data sets (neighbourhood / community level).

Summary and Conclusion

The development of the dashboard has highlighted process issues across the system which has enabled us to take steps to address these (e.g. Discrepancies in health data vs LA data around the number of active EHCPs). It has also highlighted some of the challenges in obtaining health data which the team has worked tirelessly to overcome.

We are confident that the dashboard will provide a starting point for curiosity around the data that we collect and act as a conduit for productive conversations that will enable learning and understanding across the system.

Phase two will get underway from October 2025 allowing us to consider data in a more localised way which will further support in our understanding of local need.

Early Language Support for Every Child (ELSEC)

Aims

Improve early identification and support for children and young people with speech, language and communication (SLCN) needs

ELSEC MOU requirement- Children and young people in the ELSEC pathfinder sites with SLCN will have needs identified earlier and appropriate support (whether this is universal, targeted or specialist) is put in place at an early stage.

Reduce rate of specialist referrals

ELSEC MOU Requirement - The ELSEC pathfinders will deliver universal and targeted support offers, reducing risk of exacerbation of need leading to specialist speech Language Therapy (SLT) resource utilisation that includes Education, Health, and Care Plan (EHCP) provision. 'Unnecessary' and expensive referrals for SLTs and EHCPs will be avoided as SLCN will be identified early and appropriate support provided quickly.

How we did this

1.ELSEC clinical pathway embedded as “business as usual” in the local Leicestershire Partnership NHS Trust’s Speech and Language Therapy (SLT) Service offer as a whole population approach.

2.Revision of SLT service referral guidelines to:

- Enable identification and early assessment of SLCN with improved alignment of needs to different levels of the balanced system approach i.e. specifically to universal, targeted or specialist-specific levels.
- Improve the quality of referrals to enable more accurate pathway identification at the point of referral
- Improve referrer expectation to establish universal level strategies and implement targeted intervention prior to referral to specialist services being considered.

3.Targeted clinical pathway established as part of LLR-wide balanced system for children with mild-moderate SLCN

- Offered a coaching model to develop skills of the key adults around children’s learning and development, to offer regular and effective targeted intervention.
- Delivered shorter waiting times than the specialist clinical pathways, ensuring that timely intervention is delivered to prevent unnecessary escalation.
- Thorough clinical assessment at initial contact with a qualified SLT, ensured needs-appropriate and safe intervention offered through the ELSEC clinical pathway. Moderate-severe clinical needs safely escalated to a specialist clinical pathway where required.

4.Speech, language and communication toolkit

- Accessible tools and resources for parent(s)/carer(s), Early Years practitioners, education staff and leadership teams to identify speech, language and communication needs of children and map to appropriate level of support.
- Resources to support children whilst they wait for targeted or specialist intervention, and more specific to their identified SLCN, aiming to prevent escalation of needs and referrals to specialist services.

5.ELSEC training offer

- Universal training packages recorded for a digital format and available to all via LPT webpages. Developed in collaboration with local authority partners to ensure shared ownership and a system-wide graduated approach.
- Targeted intervention training delivered live online or in-person. All training includes identification of need, understanding appropriate provision, and how to provide early intervention.

6.Approved bids through ELSEC workstream to enhance local balanced systems for SLCN.

- Early Talk Boost in Leicester (Speech and Language UK resource)
- Early Talk Boost packs and training offered to an expanded number of Early Years settings.
- Evidence-based early intervention programme aimed at identifying and improving young children’s SLC skills, where needs can be met within the setting.
- School based assessment in SLCN training with content developed in collaboration with Leicester Communication, Learning and Interaction Service and ELSEC team to upskill participants in informal assessment.
- Assessment resources provided to all participants
- REAL Home Learning - Evidence based programme designed to support children’s development at home, focusing on early communication, language and literacy skills. Provides parents and carers with key principles in how to interact and support early speech, language and communication in everyday settings.

Early Language Support for Every Child (ELSEC)

Outcomes and Impact

ELSEC Clinical Pathway

- 586 referrals to the specialist SLT service have been directed to the ELSEC clinical pathway i.e. 586 referrals who are not on SLT Service waiting lists. Caseload size in the specialist teams have plateaued, in comparison to their significant increases over the past 4 years.
- Average waiting time of 60 days for targeted episode of care from ELSEC therapy support workers following initial assessment appointment. For the specialist SLT team this is 18 months,

Speech, Language and Communication Toolkit

- Baseline data was taken with Rutland SENCOs in February 2025, indicating a need for further support with delivering targeted interventions, understanding the Speech and Language Therapy referral criteria and writing appropriate referrals.
- Three SLCN toolkits have been developed and launched across Rutland (Early Years Toolkit, Primary School Toolkit, and Parent/ Carer Toolkit).
- The toolkits are being adapted to reflect locally-specific approaches in graduated response for sharing with Early Years settings and schools across Leicester and Leicestershire.

ELSEC Training Offer

- Elklan 5-11: 13 participants - This course was run over 10 weeks, as half day sessions. It is an accredited training course.
- Running a Language Group: 19 participants
- Word Aware: 14 participants
- Language for Thinking: 30 participants

Next Steps

- SLC toolkit launch in Leicester.
- Evaluation reports from approved bids.
- Expansion and development of LLR training offer.
- Establish and embed an outcome measurement system to understand the impact of intervention on children and young people who access the ELSEC clinical pathway.

Summary

A revised clinical pathway and suite of practical tools have enabled earlier and more accurate identification of SLCN. The embedding of the ELSEC clinical pathway into local SLT services ensures that children's needs are screened safely and efficiently into universal, targeted, or specialist pathways. The introduction of a structured coaching model and timely, needs-based assessment at the point of referral is helping to prevent the unnecessary escalation of mild-to-moderate needs.

The targeted clinical pathway has effectively diverted 536 referrals away from the specialist SaLT service and into targeted care. This has stabilised caseloads in specialist teams and reduced waiting times for those children who are directed towards a targeted speech and language pathway, from 18 months to 60 days. This not only reduces pressure on the specialist workforce but also ensures that children receive timely, effective intervention for better early outcomes.

The LLR ELSEC Pathfinder workstream has successfully embedded a scalable, system-wide approach to SLCN across LLR. It has demonstrated that early identification, timely intervention, and capacity building across education and Early Years sectors can significantly reduce demand on specialist services. Ongoing evaluation and refinement of the tools, training, and intervention approaches will further test this impact and support long-term sustainability.

Learning Points

- Strategy to be implemented to reduce non-attendance at training offers across LLR.
- One-off training and implementation do not support embedding of approaches and learning. Settings and schools require ongoing workshops, training and liaison to support their implementation of tools and approaches to identify and support speech, language and communication needs. This fulfils all of the working principles of a Local Inclusion Support Offer.
- Senior leadership teams must be engaged by specialist services, to ensure speech, language and communication development is central to their approach and strategy.

Early Language Support for Every Child (ELSEC) - Workforce

Aim

Increase workforce capacity.

ELSEC MOU requirement - Innovative workforce models are tested, with emphasis on utilisation of Speech and Language Therapy Assistants, to improve capacity and knowledge of workforce that support children with emerging/mild to moderate SLCN in early years and school settings.

How we did this

Used previous experience and knowledge to inform a sustainable and safe workforce model to ensure skill mix.

- Innovative recruitment of 7.40 WTE Therapy Support Workers (TSW) in 2 cohorts of recruitment. Phase 1 of recruitment: 2.60 WTE, phase 2 of recruitment: 4.80 WTE.
- Each TSW was allocated a mentor (experienced SLT) and buddy (experienced TSW).
- Used established competency approach to assure quality and safety in clinical practice.
- Developed prescriptive episodes of care, with session plans and report templates to ensure equity and consistency in quality of intervention. Episodes of care are based on a coaching model for key adults around a child or young person.
- Each episode of care has an individual 'sign-off' process, to ensure quality and equity in delivery.
- All children received screening and initial assessment by a qualified SLT, ensuring safe delegation and that more complex needs are identified and escalated robustly.
- A robust and evidence based professional development schedule was established for all TSWs, to develop and assure their knowledge of childhood and speech, language and communication development.

Outcomes and Impact

- 222 children and young people have been seen by a therapy support worker, who has offered an evidence-based, high-quality episode of care to meet their needs. At this point, children are discharged with an evidence based and high-quality support plan and resource materials to continue to support their SLCN in their school, nursery or home environments. A coaching model is evidenced to have longer term impact for mild-moderate clinical needs, in creating a sustainable communication environment that offers appropriate, regular targeted intervention.
- Strength in an alternative workforce model to provide targeted intervention for children with mild-moderate speech, language and communication needs.

Learning Points

- A robust and values-based recruitment process is essential. The use of both individual and group interviews ensured that candidates' values, attitudes, and approaches aligned with professional standards and the ethos of the LLR ELSEC model.
- Implementing a new and emerging workforce model requires significant clinical and operational leadership capacity which must be factored into planning / funding to ensure sustainability and success.
- Ongoing input from experienced SLTs and (TSWs) is critical to provide clinical supervision, mentorship, and oversight of competency development. Adequate time and resources must be allocated for this support. A structured and ongoing Continuous Professional Development programme is vital and should focus on foundational knowledge in SLC development, as well as broader aspects of child development.

Next Steps

- Final competencies and episode of care sign off for staff who have been in the team for less than 18 months.
- Develop tool to analyse impact of LLR ELSEC and embed consistent outcome measurement in practice.

Summary and Conclusion

The ELSEC Pathfinder has shown that a skill-mixed, competency-based workforce model using TSWs can significantly increase capacity and improve access to intervention for children with mild to moderate SLCN. By embedding structured clinical oversight, mentorship, and high-quality coaching-based interventions, the model delivers safety and timeliness, and is indicative of a model that could provide impactful and effective care.

Early Language Support for Every Child (ELSEC) - Data

Aim

Improve the quality of data and evidence

ELSEC MOU requirement - To produce a body of evidence that can be used to support future policy and legislation and as 'proof of concept' for early intervention and support for children and young people to be considered for wider roll out beyond the 2-year project timeframe.

How we did this

Optimisation of the electronic patient record (EPR) system (SystmOne) was undertaken to enable efficient data retrieval and analysis, supporting the measurement of impact and outputs of the ELSEC clinical pathway.

A bank data support officer was embedded within the team to lead on EPR optimisation and development, working closely with the data team to ensure data accuracy, consistency, and quality assurance.

The development of ELSEC interventions were informed and guided by the existing evidence base, ensuring that interventions are effective and tailored to meet children's needs.

Outcomes and Impact

Monthly accurate performance reporting through EPR contact for the ELSEC clinical pathway.

High-quality evidence-based interventions for mild-moderate clinical needs.

Learning Points

- A data analyst role should be embedded within the workforce structure to support the optimisation of electronic patient record (EPR) systems. This enables efficient data retrieval, facilitates continuous service evaluation, and provides robust evidence of impact to inform commissioning and strategic planning.
- Outcome measures should be clearly defined and agreed upon at a national level prior to project implementation, to ensure consistency in evaluation, enable meaningful comparison across sites, and support the generation of high-quality evidence to inform future practice and policy.
- Learning from previously funded short-term projects should be systematically captured and shared at a national level, to avoid duplication of effort, promote the adoption of effective practice models, and support more efficient use of resources across services.
- Establishing a formalised data governance framework and outcome measurement strategy:
- To further strengthen data quality and evidence generation, it is recommended to implement a clear governance structure overseeing data collection, security, and usage protocols. Additionally, agreeing on standardised outcome measures nationally would enhance comparability and credibility, supporting broader policy influence and future research.

Next Steps

- Gather case studies to feed into the ICF evaluation and as practice evidence for SEND inspection.
- Assure quality and validity of data to inform service planning.
- Further develop outcome measurement and engagement of key adults / parents / carers for feedback following episodes of care
- Gather data on re-referrals and clinical presentation / needs.
- Demonstrate long term impact on specialist caseloads, which will require additional 2-4 years to begin to see an impact due to the length of waiting times for specialist follow up intervention.
- Evidence of impact on children and young people's clinical presentation and effectiveness of intervention.

Summary and Conclusion

The optimisation of data systems and embedding of dedicated data support roles have significantly enhanced the quality and accessibility of information related to the ELSEC clinical pathway. By grounding therapy support worker episodes of care in robust evidence, the project has ensured that interventions are both effective and tailored to children's needs. Monthly performance reporting is improving and provides some timely and accurate data to monitor progress, demonstrate impact, and inform future service planning, which can be leveraged to support policy development, justify sustained investment, and advocate for the wider rollout of early intervention approaches beyond the project timeframe.

Early Language Support for Every Child (ELSEC) - Integrated Pathways

Aim

Improve integration pathways

ELSEC MOU requirement - Support the development of integrated pathways across education providers, Local Authority and NHS Services to trial new ways of working between health and education.

How we did this

Established a monthly ELSEC steering group within the broader change programme governance framework. This group includes representatives from the three Local Authorities, parent/carers forums, and health partners, providing a dedicated platform for collaboration, strengthening partnerships, fostering innovation, and minimizing service duplication.

Allocated budget within the ELSEC workstream to fund partner-led projects that contribute to the development and delivery of integrated pathways, supporting progress towards the Memorandum of Understanding (MOU).

Outcomes and Impact

- Strengthened collaboration between education providers, Local Authorities, and NHS services, leading to a more cohesive and coordinated approach to supporting children and young people's SLCN.
- Improved communication channels, transparency and trust among stakeholders, which facilitated quicker decision-making and problem-solving across sectors.
- Pilot projects funded through the workstream demonstrated innovative approaches to integrated care and education pathways, with early evidence of improved service delivery and user experience.
- Reduced duplication of services and resources across health and education sectors, resulting in more efficient use of available budgets and workforce.
- Enhanced involvement of parent/carers forums ensured that service developments remained user-centred and responsive to community needs.
- Established foundation for a sustainable Memorandum of Understanding (MOU) that supports ongoing partnership working and integrated service delivery beyond the pilot phase.

Learning Points

- When collaborating across multiple local authorities and health services, it is essential to complete an initial comprehensive mapping of available services and opportunities for children, families, early years settings, and schools to identify gaps in equity and avoid duplication.

Next steps

- Joint commissioning priority for LLR to sustain and embed ELSEC across the system, to provide timely and effective early intervention for children with speech, language and communication needs.

Summary and Conclusion

The collaborative efforts facilitated through the ELSEC steering group and dedicated funding have laid a strong foundation for integrated pathways between education, Local Authorities, and NHS services. By fostering innovative pilot projects and strengthening partnerships, this approach has enhanced cross-sector working and placed families at the heart of service design. These achievements not only support the successful delivery of the current Memorandum of Understanding but also position the system to sustain and expand integrated health and education pathways in the future, ultimately improving outcomes for children and young people across the region.

Internal Alternative Provision (IAP)

Aim:

To establish a fidelity of approach and core principles to support internal resourced provisions within mainstream schools, including continuing to add more schools to the Leicester City IAP (Internal Alternative Provision) network (56/ 83 schools).

How we did this:

- Offered half termly network meetings for schools interested in IAPs and who currently had them, to share good practice; develop QA materials, agree entry and exit criteria and develop assessment tools.
- Provide a Teams Channel for schools to access session ppts and resources
- Provided free training in Attention Autism, Curiosity Programme, PECS
- Completed review visits to 20+ volunteer schools to see their IAP and discuss their self-evaluation document and agree their next steps.

Outcomes and Impact

- Overwhelmingly positive feedback from schools – see previous workbook updates and reviews
- Numbers joining have increased throughout the year
- Schools have been very happy with their visits and more have asked for a visit next term.

The IAP network has helped the primary sector develop confidence in their provision to meet the needs of pupils with SEND. Schools have developed their provisions, as a result of the input, support visits and training as well as from having the opportunity to network and visit other schools in the City. Visits have given the Local Authority (LA) a good overview of the IAP offer at primary stage and has helped us define where pupils are being offered an IAP, with access to mainstream and where the offer is more akin to a SEND Unit, where pupils are supported through a more specialist provision. This work has also resulted in some schools approaching the LA to express interest in developing DSP or SEND Units within their schools, with commissioned places from the LA. This will support the LA, potentially reducing numbers on the special school waiting lists.

Summary and Conclusion

This has been an extremely positive and successful undertaking, which has brought schools together to develop a much-needed provision. It has been particularly timely with the DFE's focus on inclusion and the development of SEND units.

Next Steps

- Because of the extension of the CPP to Phase 3, Outreach will support transition for schools engaged in the programme for summer to autumn transition to next class.
- Continue with the IAP networks.
- Developing the IAP training plan, to be delivered between September – December.
- Support the development of a secondary IAP.
- Continue to QA schools IAP.

Learning Points

- Schools are very responsive to networks that are led by a Headteacher from their sector, rather than LA representatives.
- Schools appreciate opportunities to access high quality training for free.
- Schools buy-in to review processes which are collegiate and supportive in nature.

Joint / Aligned Commissioning

Aim

To co-produce a five-year Joint Commissioning Strategy for SEND and Inclusion (2025-2030) for the Leicester, Leicestershire and Rutland Integrated Care System (ICS)

It is a requirement for the ICS to have a joint commissioning strategy to comply with Ofsted and CQC SEND inspection requirements. The aim of the strategy is to enable the LLR ICS to jointly commission services that improve outcomes and lived experience for children and young people with SEND, and their families; as well as provide the best value for money for LLR commissioning organisations

Outcomes and Impact

The Joint Commissioning Strategy describes how the LLR ICS SEND & Inclusion Alliance will work in partnership to ensure children and young people with special education needs and disabilities (SEND) thrive and achieve their potential, through co-production, inclusive communities and jointly commissioning health, care and education services.

The strategy is high level and detailed annual delivery plans will be developed at Place level to ensure commissioned services meet local need. Development of annual implementation plans will be the priority for the yet to be established Joint Commissioning Group; a formal subgroup of the LLR SEND and Inclusion Alliance Board.

How we did this

We established a strategy writing group whose membership included partners from across the ICB, Local Authorities and Parent Carer Forums. The Strategy was co-produced in line with the LLR co-production charter and submitted for approval to the appropriate ICB and LA governance forums.

Next Steps

Development of place-level implementation plans

Learning Points

There was strong alignment between ICS partners when determining the principles and priorities for joint commissioning. This will provide strong foundations for our proposed Joint Commissioning Group as we develop the underpinning implementation plans over the next 3-6 months.

Leicestershire County Outreach

Aim:

To launch the Leicestershire County CPP outreach project, which sought to embed a capacity-building approach from three county special schools into ten neighbourhood mainstream primary schools (thus promoting a 'throughput' model of equipping the whole school rather than a 'direct input' model supporting individual pupils).

How we did this:

A 'hub and spoke' model has been used. We have enrolled 30 mainstream primary schools across 3 hub areas (North West Leicestershire, Hinckley & Bosworth and Charnwood) to work on increasing the levels of inclusivity in the ordinarily available provision in EYFS and the wider school. Intense audit processes using an SDOC (Strengths, Developments, Opportunities and Challenges) and the GROW (Goal, Reality, Options, Will) model to decipher bespoke solutions and strategies to address greatest areas of need in each individual school.

Special school practitioners deliver strategies using a coaching model. Schools can also access training through an online portal developed by Speakeasy therapy as well as receiving face to face training through their hub. All training is backed up by special school practitioner modelling and supporting to help with embedding strategies learned. Repetition of strategies is offered until mainstream staff feel confident and can implement successfully. Wider school participation encouraged through support with planning whole school inclusive strategies rolling out from EYFS through the school.

Impact

- Improved levels of pupil communication using visual strategies and greater interaction between pupils with SLCN needs and their peers
- Upskilled staff in strategies that work for SEND and mainstream pupils facilitating SEND YP to work alongside mainstream peers
- Greater engagement from SEND pupils in mainstream classroom (less time in IAP)
- 1 school opening a resource hub next year for 10 pupils citing project as being responsible for upskilling staff to level that is needed to manage this
- Some schools better equipped to deal with complex behaviour relating to SEN needs
- Improvements in play skills for a number of pupils leading to a decrease in behaviour issues
- Knowing/doing gap closed between training and implementation

Outcomes

Interim evaluation shows all 30 schools are still involved in the project, at varying levels of progress depending on start date. Positive feedback from schools who are at mid-point citing project support as being successful in helping to improve inclusivity in EYFS and the wider school.

Next steps

Work on the project concludes at the end of December. Within this time, schools will continue to receive coaching and training from CPP special school practitioners as well as having access to SLCN resources through the Speakeasy online portal.

At the end of the project a full evaluation will be carried out, supported by University of Derby.

Leicestershire County Outreach

Learning Points

Modelling and repetition of targeted support is essential to facilitating a more inclusive mainstream setting. Relationship building with schools, over time is key to changing practice and culture. A flexible approach to the needs of the school at that point in time means support can happen where it matters most and therefore makes the greatest impact.

Work around the whole cohort, rather than working solely around the individual offers the most easily adapted and sustainable change.

Summary and Conclusion

Schools who are more progressed in the project are reporting lots of positives related to the learning and upskilling received through the project. The nature of modelling the strategies in the classroom to support inclusivity has been reported to have a number of benefits including a better understanding of the strategies and how they work with children. The model has also meant that a whole staff body can be trained in a strategy within a school day without the need for significant release time.

An independent interim evaluation report from University of Derby, July 2025, concludes that:

‘The professional development of teachers has traditionally involved offsite, asynchronous (online), twilight approaches which provide the teachers with insights into practice but resulting in minimal transferability. The audit process at the start of this project has proved essential in establishing a reflexive opportunity for the EYFS teams to explore what change was needed within their settings. The modelling of suggested interventions demonstrated in situ and in real time what ‘good’ looks like enabled the new knowledge to become embedded at a quicker pace. Having the special schools close by enabled the confidence of the staff to grow as they refined their practice, and the visits enabled feedback to happen quickly. The team approach resulted in habits to be formed within the classes both within the staff team and the class cohort which as above have the potential for sustainability.’

Aims

- To move away from a focus on diagnosis towards a focus on support – to be needs led.
- To celebrate and build on local strengths, such as the work of specialist teachers and SEND services, and to align activity with local values and capacity.
- To map current resources so they can be understood and used effectively by schools, parents, carers and families.
- Develop a central platform to collate resources, to be accessible and link in with and signpost to other areas of ND within the Alliance e.g., PINS and ELSEC.
- To develop a user friendly 'Profiling Tool', drawing from the current [Portsmouth Profiling Tool](#) and Kent and Medway 'This is Me' to meet the population needs of LLR.
- To pilot the tool across a range of education settings and LA professionals before wider circulation across LLR.
- Engage families and educational institutions to ensure understanding and buy-in

Next steps

- ND Inclusion Lead to be recruited
- Complete detailed evaluation of Portsmouth Profiling Tool for LLR adaptation
- Finalise pilot site selection across education settings
- Develop resource mapping methodology
- Establish central platform specifications
- Launch the platform and pilot the profiling tool.

Summary

Foundation work has positioned the workstream well for delivery aligned to CPP Phase 3. Key partnerships are established and there is clear alignment around the needs-led approach. Next priorities are securing a dedicated ND Inclusion Lead appointment and commencing tool and platform development.

How we did this

The ND Inclusion Workstream was established post CPP Phase 1 after identifying concerns around ND waiting lists across LLR. Initial scoping work highlighted the need for a coordinated, needs-led approach. Preliminary research into the Portsmouth Profiling Tool and Kent/Medway 'This is Me' platform informed our approach, and stakeholder mapping identified key partners for multi-agency collaboration.

Outcomes and Impact

- ND Inclusion Taskforce Group established with multi-agency representation
- Workstream proposal developed with clear vision and operational framework
- Business case created for dedicated Workstream Lead position
- Action plan created for LLR Model and platform development.

Strong multi-agency engagement achieved with representation from all three LAs, health, care services, and parent carer forums. The needs-led approach has generated significant stakeholder buy-in, creating a solid foundation for future delivery.

Learning Points

- Multi-agency collaboration requires significant upfront time investment but generates strong buy-in and optimises outcomes when done well
- Existing successful models (Portsmouth, Kent/Medway) provide valuable frameworks but require careful adaptation to local context and population needs
- Early engagement with parent carer forums is essential
- Moving from diagnosis-driven to needs-led approaches resonates strongly with stakeholders but requires clear communication about practical implementation
- Dedicated leadership resource is critical for maintaining momentum across multiple agencies and competing priorities

Partnerships for Inclusion of Neurodiversity in Schools (PINS)

Aims

Meeting the needs of children with Special Educational Needs and Disability (SEND) in mainstream schools is the cornerstone to improving outcomes (across attainment, attendance and wellbeing), parental confidence and delivering the financially sustainable SEND system, as envisaged in the SEND and Alternative Provision (AP) Improvement Plan.

Partnerships for Inclusion of Neurodiversity in Schools (PINS) will bring health and education specialists and expert parent carers into mainstream primary settings to:

- Help shape whole school SEND provision
- Provide early interventions at a school level
- Upskill school staff
- Support strengthening of partnerships between schools and parent carers

This will support a shift away from the need for diagnosis and more intensive levels of support and focus on strengthening knowledge, skills and improving environments to better meet the needs of neurodiverse children and reframe the focus to how a supportive learning environment and well-equipped school can improve the outcomes for this group of children

How we did this

To support mainstream schools in meeting the needs of children with Special Educational Needs and Disabilities (SEND), we implemented a comprehensive and collaborative approach rooted in self-evaluation, targeted training, and strengthened communication with families. Each school was asked to complete a tailored Action Plan based on their individual context and identified needs. This allowed staff to reflect on existing practice, prioritise areas for development, and outline specific steps to enhance SEND provision.

To build capacity across key areas, we delivered a series of training sessions linked to the Menu of Support. These were offered both virtually and face-to-face, ensuring flexibility and accessibility for staff. The training covered a range of topics, equipping teachers and support staff with the skills and knowledge needed to implement inclusive strategies in the classroom.

In addition, every school received a SEND tester Toolkit box containing practical, high-impact resources such as sensory aids, reading materials, ear defenders, and weighted blankets etc. These tools helped staff to immediately trial and embed strategies that reduce barriers to learning and support regulation and engagement for pupils with additional needs. We are still gathering data on the tool kits.

To strengthen communication and collaboration between schools and families, we also held termly sessions in partnership with local Parent Carer Forums (PCFs). These sessions brought together senior leaders, school staff, and parents to discuss progress, share experiences, and co-produce solutions. This open dialogue has been key to improving mutual understanding, building trust, and increasing parental confidence in the support their children receive.

Summary and Conclusion

The PINS Project has had a meaningful and far-reaching influence on project schools ability to support neurodiverse pupils more effectively. Through increased staff knowledge, practical training, and improved access to resources, schools have developed more inclusive approaches that are now being embedded across their settings. The introduction of parent/carers groups has strengthened communication and trust between families and schools, encouraging more collaborative working relationships.

Partnerships for Inclusion of Neurodiversity in Schools (PINS)

Outcomes and Impact

As a result of the PINS Project, schools involved in the project, have reported a wide range of positive outcomes that are contributing to a more inclusive and neurodiversity-aware culture across their settings. One of the key impacts has been the significant increase in staff knowledge and confidence around supporting neurodiverse pupils. This knowledge is now being shared more widely within schools, enabling consistent practice across classrooms and year groups. Staff feel better equipped to disseminate strategies and insights with colleagues, creating a ripple effect that strengthens whole-school provision.

Another important outcome has been the development of parent and carer groups, which have provided a valuable space for open, honest, and constructive conversations between families and school staff. These groups have helped to break down barriers, improve trust, and foster a shared understanding of pupil needs. In turn, this has had a positive impact on the way schools work with families, leading to stronger, more collaborative relationships that centre the child's experience.

Schools have also made practical changes to their environments and practices as a result of the project. Staff are now more confident in using tools for emotional regulation and sensory support, with many implementing strategies such as brain breaks, movement-based activities, and sensory relaxation techniques into the daily classroom routine. Sensory CPD and broader training on neurodiverse diagnoses—including autism, ADHD, and sensory processing differences—have deepened staff understanding and informed the adaptations needed to create more inclusive learning spaces.

In some cases, schools have taken steps to modify classrooms to be more sensory-friendly, ensuring that pupils who are easily overwhelmed have access to calm, predictable environments. These changes, combined with staff training and strengthened home-school relationships, are helping to create more supportive, responsive, and inclusive learning environments where all pupils—particularly those who are neurodiverse—can thrive.

Feedback from project schools highlighted that the PINS Project has had a significant impact on whole-school awareness and approaches to neurodiversity. Staff reported increased confidence in recognising and understanding a wider range of neurodiverse needs, and a shift towards more inclusive and empathetic practices across classrooms. The training sessions helped staff at all levels, from teaching assistants to senior leaders, to develop a shared language and understanding around SEND and neurodiversity, which has fostered a more cohesive and consistent approach across the school. The toolkit resources were particularly valued, enabling staff to trial practical strategies and interventions that could be embedded into everyday teaching. Schools also noted improvements in communication with families, particularly through the structured conversations facilitated by termly PCF sessions. As a result, there is a stronger culture of inclusion, earlier identification of needs, and a proactive rather than reactive approach to supporting neurodiverse pupils.

Learning Points

Several important learnings emerged from the PINS Project, which will inform future practice and planning. Firstly, face-to-face (F2F) training was consistently highlighted by staff as more impactful than virtual delivery. The interactive nature of in-person sessions allowed for richer discussion, peer collaboration, and greater engagement, leading to deeper understanding and more confident application of strategies.

Another key learning was the importance of recognising that a "One Size Fits All" approach is not effective when supporting neurodiverse pupils. Individual needs vary greatly, and flexibility is essential in tailoring strategies to specific contexts, pupils, and families. Schools acknowledged the need to move beyond generic approaches and instead use the knowledge gained to inform personalised support.

Partnerships for Inclusion of Neurodiversity in Schools (PINS)

Next Steps

Cohort 1 – Embed Offer

- Community of Practice (1 per term)
- Health Staff input into schools
- Cross Functional Platform

The Embed Offer remains outstanding and requires finalisation. This includes confirming the scope, aligning on deliverables, and obtaining formal sign-off to ensure consistency in implementation across relevant settings.

Dates for the Community of Practice need to be scheduled. This will involve identifying suitable timeframes that align with key stakeholders' availability to ensure maximum engagement and impact across sessions.

The current proposals for Specialist Teaching Staff require thorough review to assess alignment with strategic priorities. Following evaluation, next steps should be agreed to progress implementation and ensure appropriate support structures are in place. There is also a need to consider the role of Health Services within Educational settings, particularly in terms of how health input can best support inclusive practice in schools. This discussion should explore the scope of involvement and the mechanisms for effective integration.

Finally, options for cross-functional digital platform should be explored to ensure they effectively support delivery including across Shaping SEND Futures (SSF), the ND Inclusion Pathway, and Early Language Support for Every Child (ELSEC). A co-ordinated approach to platform selection will be essential to enable streamlined workflows, data sharing, and collaboration across these key workstreams.

Cohort 2 – Training Offer

The Cohort 2 Training Offer is currently being updated to align with the revised Menu of Support and to reflect feedback received from Cohort 1 schools. Insights gathered from the initial cohort have highlighted a clear preference for more in-depth, face-to-face training opportunities, as opposed to shorter virtual sessions. In response, the updated offer will consolidate content into fewer, but longer, in-person sessions designed to enhance engagement, promote deeper learning, and provide greater opportunities for collaboration and practical application. This refined approach aims to ensure the training is both responsive to school needs and impactful in its delivery.

Leads
Fay Bayliss and Laura Whitehead

This report would like to acknowledge the following groups of staff

Local Authorities (LLR)
Settings, schools and Colleges
University of Derby Young Researchers
Workstream Leads
Leicestershire Partnership NHS Trust

Parent Carer Forums
Department for Education
LLR Integrated Care Board
REACH Consortium

Partnerships for Inclusion of Neurodiversity in Schools (PINS)

Next Steps

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Appendix

Glossary of terms

Glossary	
SENDSS	<i>Special Educational Needs and Disability Support Services</i>
SEND SES	<i>Special Educational Needs and Disability Special Education Services</i>
PEP/SEP	<i>Principle Education Psychologist/Senior Education Psychologist</i>
QIT	<i>Quality Inclusion Team</i>
CHS	<i>Children's Hospital School</i>
ND	<i>Neurodiversity</i>
PECS	<i>Picture Exchange Communication System</i>
EYFS	<i>Early Years Foundation Stage</i>
SLCN	<i>Speech and Language Communication Needs</i>
YP	<i>Young People</i>
IAP	<i>Internal alternative provision</i>

Workstream Leads

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ND Inclusion: Caroline Jolliffe Mark Roberts	Head of SEND Integrated Service 0-25 years, Leicester City Director LPT, now SEND & Inclusion Alliance Director
PINS: Fay Bayliss Laura Whitehead	Assistant Director of Nursing and Integration, ICB PINS Programme Lead, ICB