What works in SEND

Ingredients for improving delivery of services for children with Special Educational Needs and Disabilities drawing on the experiences of the Delivering Better Outcomes Programme

Summary report

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Introduction

In this research deliverable our focus was local areas that had received improvement intervention from the Delivering Better Outcomes Together (DBOT) programme. Our purpose was to understand ingredients (antecedents, barriers and facilitators) for service improvement, i.e. that which is implemented and sustains, even scales up, with positive outcomes for children and young people with special educational needs and disabilities (SEND).

DBOT, a consortium of three organisations; Mott MacDonald, the Council for Disabled Children (CDC) and the National Development Team for Inclusion (NDTi) delivered specialist advice, training and support between 2014 and 2022, primarily to support local areas in their implementation of the Children and Families Act, 2014. National, regional and local training and support focused on: improving co-production with agencies and parent carers and children and young people; leadership; Preparation for Adulthood (PfA); development of outcomes frameworks; and improving quality of Education, Health and Care Plans (EHCP's).
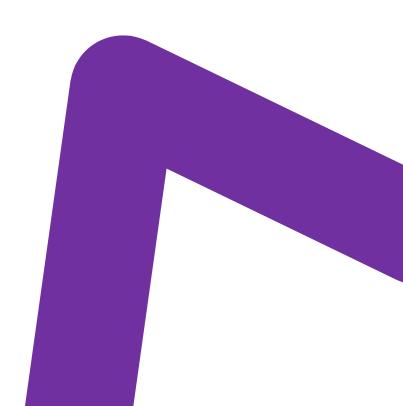
Methods

The research was undertaken in two key phases:

- Qualitative semi-structured 'scoping' interviews with 10 policy-makers and senior level stakeholders involved in commissioning and implementation of DBOT and;

- Qualitative semi structured interviews with 24 senior leaders, managers and practitioners working in SEND across education, health, social care and early help across 7 local areas.

Interviews covered: aims, purpose and delivery of DBOT; implementation; and impact and accountabilities. This included questions on key ingredients for improving service delivery. The final sample included: two county authorities, one metropolitan authority, one inner London and three outer London boroughs, predominantly in Southern England. Semi structured interviews with senior leaders were predominantly Education based SEND staff, but included staff in health and social care.

Ethical approval was provided by the University of Warwick Humanities and Social Science Research Ethics Committee.

Antecedent context

Experience of DBOT varied. Rolled out between 2014 and 2022, research participants were often reflecting on experiences from a distance of several years, these impacted by improvement journeys at that time and by how far they had travelled (or not) since the Children and Families Act, 2014. There were a number of overarching national factors/pressures that backgrounded local area experiences of DBOT and SEND improvement, these included:

- COVID-19: impact on SEND services and service-users;

- Closure or reduced preventative services, family support and youth work;

- Escalating demands for SEND services, especially EHCPs;

- Cost of living crisis and impact on families with children with SEND and SEND workforce;

- Increasing child poverty and widening gap in health and welfare inequalities;

- Workforce shortages, staff churn and increasing reliance on agency staff;

- Financial pressures on local authorities and health providers;

- Increasing refugee families;

- Policy changes: SEND Review (2022) SEND and AP improvement Plan (2023); Independent Review of Children's Social Care (2022); The Schools White Paper (2022); Health and Social Care Act (2022) introducing Integrated Care Board/Integrated Care System (ICBs/ICS's); Local Area SEND Inspection Framework (2022).

Antecedental relationships between agencies, systems and cultures also had an impact on local SEND services: for example, the co-location of SEND with Social Care was positive, whilst inappropriate and outdated IT systems had impeded progress. Specific events impacted on 'corporate memory', examples included: Ofsted failures in Children's Social Care, negative media attention and safeguarding cases. These events impacted culture, sometimes leading to risk aversion and blame. The demography of local areas also affected service development: in large county authorities services were dispersed, whilst in smaller boroughs, services for a child or young person might be delivered across several local areas. Complexity of need also challenged service delivery in socioeconomically and ethnically diverse populations.

Readiness for change

There was widespread appreciation of the high-quality knowledge DBOT offered. Embedded in extensive practitioner experience, the moral imperative of DBOT was valued, described as the 'antithesis of consultancy' by one participant. Timeliness and bespoke support – particularly following a Written Statement of Action (WSoA)- allowed areas to focus on weaknesses and design appropriate interventions in partnership with DBOT, benefitting from their expert knowledge and fresh approach. As DBOT evolved however, there was a shift as interventions became more closely aligned with a WSoA.

Embedding sustainable improvements in SEND depended on local areas' readiness for change. In some areas, a pre-existing values-based culture impacted positively on how DBOT was received. Timing of interventions also impacted as local areas engaged with DBOT at different points of their SEND improvement journeys.

We now turn to the key ingredients of SEND service improvement. This is drawn from research participants' reflections on the DBOT intervention and experiences in SEND service delivery.

Key ingredients

Co-production: agency partners in SEND

Co-production between professionals was key to sustaining change, and was described as a set of *'values'* at the *'heart of what we do'*. DBOT supported agencies to build strong relationships, which was particularly valued by areas who experienced a 'bruising time' following Ofsted/Care Quality Commission inspections and COVID-19.

> *'It gives you a bit of time together as a team. Cause they'd had a brutal restructure, my statutory assessment team so it brought more than a room. You know, it's an opportunity to kind of get to know each other. It's.. there's lots and lots of good stuff that comes from training just by people being in a room together. And that was also sort of the unintended consequence of that delivery.'*

Time allocated to DBOT facilitated informal networking with opportunities for mutual learning, understanding and respect for perspectives. As DBOT was partly delivered during COVID-19, online engagement became routine. This was a mixed blessing: facilitating wide engagement but also limiting informal networking, important for developing partnerships and driving change.

Establishing common language was important: some referred to differences between agency definitions of the child or young person: as 'patient' (the 'medical model': Health), 'pupil' (Education) or 'child in need/in need of protection', 'looked after' child (Social care). Breaking these boundaries, to focus on the individual child as a common purpose, was vital.

> *'When you talk to the sort of the schools, the SENCo or the schools about children, they talk about the pupil. When you talk to the NHS, we're talking about the patient...it's the child, it doesn't matter what their need is, whether actually this is about attainment or whether this is about they need an asthma pump. This is about this kiddie and what they need.'*

Differing conceptualisations of 'inclusion' and 'co-production' was also problematic. With a dearth of national definitions, there were inconsistencies in understanding. In Education for example, language in policy led to early years and post-16 services feeling they inhabited a 'Cinderella' space, that participants described as having implications for implementation in terms of service priorities.

Particularly striking was limited adherence to the SEND Code of Practice. Non-compliance – particularly in Health and Social Care – of legal obligations towards children and young people with SEND, was exemplified in one description of young people *falling off a cliff edge* at age 16, unsupported by SEND services.

Co-production varied in local areas although health was reported as more reluctant to engage, with poor attendance at meetings and tribunals. Aligning health priorities to those of SEND was described as a key lever for effective co-production including joint commissioning.

On ICBs, the *voice* of SEND varied, often depending on *champions*: the tenacity of Designated Clinical Officers (DCO's) was important. Amongst our participants, partnerships with mental health services seemed minimal and reliant on informal relationships, surprising given the rise in demand for these services.

As with Health, in Education, workforce churn and workloads presented barriers to SEND engagement. In one area, Education was persistently absent from EHCP review meetings for young adults, due to lack of staffing in the EHCP team. Resultant delays to Further Education placements led to frustration, particularly for the young person and family involved.

To improve co-production some local areas were developing strategies such as devolved funding arrangements, encouraging partnership working at district level, for example, with localised peer to peer network groups.

Co-production with parent carers and children and young people with SEND

Although local areas varied in embedding of co-production practices, there was broad agreement that this was a key ingredient for improvement, at both operational and strategic levels. Where there were successes, it was understood that meaningful co-production required sensitive negotiation with emphasis on nurturing trusting relationships, this took time to develop and sustain, particularly in areas with a legacy of poor relationships with parent carer groups. Listening and taking tangible action to improve services, acknowledging responsibility for mistakes were key principles.

A significant challenge to maintaining co-production related to demands on the time and resources of parent carers, many of whom were also working and caring for children and young people with SEND. Lack of funding and the largely voluntary nature of co-production were barriers, particularly when there were multiple requests for participation. Further challenges related to lack of diversity in Parent Carer Forums and managing expectations of some parent carers whilst encouraging others to engage with professionals when previous experiences may have been challenging.

In some areas SEND services were involving children and young people with SEND on interview panels, this was valued for developing appropriate services and role-modelling. Young adults and parent carers of children with SEND were also employed in services, challenging local area cultures. Regular meetings between the Director of Children's Services and parent carers; and parent carer involvement on SEND Partnership Boards were further examples of local area co-production. Through systems such as '*you said, we did'*, local areas could respond to requests from service-users demonstrating tangible change, and *Voice days* afforded opportunities for service-users to contribute to service improvement.

Leadership

Leadership was key to driving change, with buy-in from leadership emphasised as vital for embedding change initiated by DBOT. NDTi's leadership training *helped to identify vision as a leader in SEND and ability to communicate vision better*. Furthermore, CDC's 'train the trainer' programme where leaders cascaded practice through the ranks was a lever for embedding change.

Leadership was particularly effective if values-led, driven by a moral responsibility for children and young people with SEND and based on a shared vision for outcomes, instilling honesty and an openness to learning. By championing SEND, senior leaders were pivotal for advocating business cases; developing relationships; and compelling engagement from partner agencies including at ICB level, navigating competing agendas.

> *'Seriously, I think having a very well-respected director of children's services, who's made this a specific priority, has helped.' 'Buy-in at the top and the ICB have equally taken it seriously'*

Leaders prepared to take brave decisions was also important: for example, short-term spending to effect longer term change. That such behaviours were considered 'brave' was illustrative of tensions between immediate pressures ('firefighting') and preventative activities. Additionally, leadership had a steadying 'anchoring' role during turbulent periods, guiding staff by communicating priorities.

> *'Because those key people bring everything back in line when everything is whirling and everything seems a priority, which is always what happens in written statements, special measures....They are the anchors. And they pin each bit and they bring it back on course.'*

New leaders following a WSOA often sought to review and refresh services, unimpeded by the historical 'baggage' and antecedents which might affect negative behaviour patterns within the organisation. Long term stability was important however, so that cultural change could be embedded.

Cross-cutting leadership was an important driver for raising the status of the SEND agenda across agencies. 'Change agents' could be a lever for SEND improvement throughout the system hierarchy: operating across boundaries of the SEND system, Designated Clinical Officers/Designated Medical Officers and Designated Social Care Officers could inhabit this role. Special Educational Needs Coordinators (SENCo's) also had a potential *cross-cutting* position with key relationships with agencies and parent carers.

Workforce capability, stability and morale

A capable workforce was pivotal for driving SEND service improvement. DBOT provided multi-agency training to instil shared understand of SEND, although as a short-term intervention, embedding learning was challenging. Links with local Higher Education was a strategy in one area, seen as a key to achieving sustainable cultural change. This local area was also improving career paths for longer-serving workers. It was suggested that SENCos and SEND caseworkers should similarly have access to quality training and career paths, particularly as these roles were pivotal in the SEND system.

Workforce churn or '*haemorrhaging*' of employees was a pressing challenge, exacerbated by COVID-19. High staff turnover was particularly impactful when leaders, key decision-makers and/or champions of innovations left local areas, eroding the impetus for change. In SEND teams, local areas were struggling to compete with inflated salaries in agencies: this risked eroding relationships with parent carers who found themselves repeating their SEND '*story*'. Staff churn also risked loss of 'corporate memory', the contextual knowledge developed over time in organisations.

'The impact can be that you then have to spend a lot of time going back over old ground, redoing and re-saying things that you've already said. People may have left since we've had these CDC sessions and new people have come in so you're trying to familiarise them with the landscape of where you are at the moment so that can be an impact. It can be that they're just trying to learn their job and they don't have the time to give it.'

COVID-19–19 impacted workforce stability disrupting office-based working and triggering some to re-think jobs and lifestyles. Local areas varied in responses: some allowing remote working with others favouring presenteeism to embed teamworking, although this was in an employment market dominated by agencies competing for staff. COVID-19 also exacerbated rising demands for SEND services and participants had concerns that *'firefighting'* put longer- term strategic thinking at risk.

Frustration and anger with the SEND system were often levelled at individuals in SEND teams, at times taking its toll. Participants referred to workers reaching 'burnout' – the stress of working in a relentlessly under-resourced system with the mental load of the shortfall in available help for children and young people with SEND. Beleaguered staff found celebrating successes difficult: as an EHCP team manager explained, there was guilt associated with this.

'It's like you have to feel guilty if you want to celebrate that something is going on because someone is somewhere suffering extremely and there should be a lot of thought about this, because what satisfaction does a professional get in my neck of the woods?'

Organisational culture

A key ingredient for improvement in SEND services was the presence of a strength-based culture based on values which engender a whole child approach to service provision and an ethos of inclusion and co-production. One local area referred to their human rights-based approach to Preparing for Adulthood, their Supported Internships programme instilling high aspirations.

'We're very human-rights based in our practice and kind of community led support, and I know when I speak to.. when we, when we interviewed, definitely when we interviewed people from out of area, there's definitely a different slant on how they work, because there are differences to how we practice, but that is just having that kind of human rights based and very much aspirational.'

Value alignment between DBOT and local areas were key conditions for DBOT to thrive and embed. Conversely in areas with *operational challenges* and/or where silo working was very much *'bread and butter'*, affecting change was challenging. At times, cultural inclination was frustrated by restricted resources. For example, in one local area supporting young people into employment was frustrated by poor understanding of SEND by employers. According to a PfA lead, this was indicative of inadequate national policy on inclusion in workplaces: whilst local areas might be striving to provide support, *'part of the chain's not ready to receive'*.

In most local areas SEND was under the auspices of the Education Directorate, although in some it sat within Early Help or was separate to both Education and Inclusion teams: this could hamper close relationships with Education partners limiting access to crucial data from schools for example (e.g. exclusion statistics). Whilst for some access to robust data such as this was crucial, in others this was not prioritised and/or was hampered by outdated IT systems. Multi-agency co-ordination of data was particularly challenging with data gathering and recording differing across SEND partners. Inconsistencies in EHCP processes was also a barrier.

The opportunity afforded by DBOT to develop multi-agency data collection was valued (through the Turning the Curve workshops), particularly in local areas where this was a recognised shortfall. Reflecting on the purpose of data went hand-in hand with the development of a shared outcomes framework for children and young people with SEND: whilst engendering a holistic approach, it also presented challenges for measuring meaningful outcomes beyond statistical measures. For some local areas this led to the development of case-studies to illustrate outcomes.

The tendency for risk adverse cultures to develop in the aftermath of a WSoA could be a barrier to innovative work in local areas. It was also recognised that 'blame' cultures where agencies developed defensive and counterproductive narratives could lead to situations of stale-mate. By embedding stronger models of co-production in local areas, allowing partners to improve mutual understanding, relationships of trust could be re-built. At the core of this was the importance of listening, acknowledging frustrations with the system and finding a transactional way forward together that benefitted everyone.

Accountability

Systems of accountability were key for SEND service improvement. An important message from participants was the dichotomy between required partnership working between agencies and the concentration of accountability in SEND teams. Challenges with this were: lack of SEND teams power to hold partners to account, despite the legal requirement that all partners should engage with the EHCP process and; specific difficulties holding health partners to account as inspection regimes were differentially applied to SEND.

Accountability was often dependent on informal relationships with responsibility for SEND driven by moral imperative rather than legal obligation. In some areas, lines of accountability had been addressed as part of co-production work. Specific roles, such as DCO's operated to join up agencies, encouraging ownership and collective responsibilities in a number of local areas, although enforcement of this varied according to the status assigned to the role.

A further complexity for accountabilities related to local education providers and adherence to an inclusion agenda. As local areas often consisted of a mix of schools including academy, maintained and sometimes grammar schools, local authorities struggled to hold individual schools to account. A clear driving principle for engendering inclusivity was where all schools – regardless of status – accepted collective responsibility for all children in a local area.

When academies in particular failed to comply with this, holding behaviour to account was complex with reliance on informal co-operation amongst school leaders. Further barriers to instilling inclusion included: pressures on budgets and rising EHCPs creating disincentives for adherence to a 'graduated approach' through SEN Support and; weak accountability measures to account for such shortfalls.

Lack of synergy between central government policies was a barrier to driving improvement. There was frustration with what was perceived as fragmented national policy which fails to acknowledge the complexity of a SEND system legally obliged to support children and young people from 0–25 years with significant overlap and implications but a sufficient join-up across them. For example, the fragmentation of employment, social care and SEND policy was described as having impacting on ability to place young adults with SEND in work. There was also a perceived lack of alignment between the SEND Review/Green Paper, the Independent Review of Children's Social Care and changes in Education including the Skills Act 2022. Policy churn was also problematic: interim guidance was suggested as a useful tool whilst policy was in progress (the production of a new inspection framework for SEND before a new Code of Practice has been published was seen as problematic). A pertinent suggestion by a participant in this respect was policy documents should routinely be written according to core principles of Equality, Diversity and Inclusion under the Diversity Act, 2010.

Discussion

We have identified five key ingredients for service improvement in SEND: co-production; leadership; workforce capability, stability and morale; organisational culture and; accountability. These ingredients were individually significant, but also dynamic and interdependent, impacting and influencing each other in different ways and at different times. To this end, they would be drawn upon in varying measures as part of a 'recipe' for SEND service improvement. Local areas were at different stages in their SEND 'journey' towards improving outcomes for children and young people with SEND. SEND partners were working to improve and innovate within the boundaries of national policy whilst responding to local needs – analysis of key tensions in the system include: inclusion versus specialist provision; short-term reactive behaviours and a preventative, longer term vision; and closely aligned with this, needs-led versus resource-led approaches. Cross-cutting, was the challenge of effective multi-agency working for children and young people with SEND from 0–25 years. Whilst local areas were aware of their legal obligations in this respect, the co-ordination of services from early years through transition to adults' services and until young adults are 25, was rife with complexities and holding agencies to account was not always straightforward.

The purpose of DBOT was to support local areas to improve SEND services, but in a few areas, it was not taken forward or faced challenges sustaining improvement for three reasons: firstly , it was not the 'right time' for the local area; secondly, it was not the 'right fit' and did not meet the particular needs of the local area; and thirdly, blockages in communication, systems and processes in the local area impeded progress. The short-term nature of interventions in DBOT was problematic for some areas who even when highly motivated struggled to implement change and stay on track. Longer-term engagement with the DBOT programme would have allowed for prolonged support commensurate with needs, additional time for reflection, learning and for the intervention to embed, especially if accompanied by accountability measures such as regular *check ins*.

Local areas varied in their receptiveness to DBOT, whilst receptiveness was driven by a range of factors, the following conditions where DBOT learning had been taken forward were noted. Not all local areas had *all* these factors in place prior to DBOT, but the first three were of particular importance supporting improvement and helping maintain momentum following the intervention:

- Prioritisation of SEND with senior leader buy-in and resource mobilisation (this may have occurred following a WSOA)

- Strong, stable leadership;

- Established and effective co-production between SEND agency partners (horizontally and vertically) with clear processes/systems to implement improvement (e.g. task and finish groups); partners held to account;

- Organisational culture – values: child-centred, human-rights; strength-based; evidence-based; learning: openness, honesty, acknowledging weaknesses;

- Data driven: evidence-based focus.

DBOT was important for local areas in terms of the time and space afforded to professionals to receive improvement advice, support and training. This functioned on four levels:

- Psychological space: time for developing understandings of SEND within and between agencies, i.e. language, systems and thresholds, in open and honest forum;

- Reflective space: 'permission' to step away from day-to-day work to consider practice, focus on strategy (e.g. development of outcomes frameworks and SEND vision) and harness creativity and innovation in re-thinking services;

- Learning space: development of theoretical knowledge to support improvement (e.g. with the leadership programme);

- Networking space: opportunities for meeting with, and learning from, colleagues within and beyond the local area with development of peer-to-peer support.

The extent to which these *spaces* were drawn upon varied depending on the needs and contexts within local areas. Relationships developed through access to *psychological* and *networking spaces* impacted positively on partnership working, engendering co-production between agencies; whilst *learning* and *reflective* spaces afforded opportunities for identifying weaknesses; developing strategies for improvement and innovation in services, upskilling the workforce and informing planning for change. If receptive to change, the *spaces* afforded by DBOT had the potential to be fully realised: one participant described this as '*swimming with the tide*'. Allied to this was the time that some areas described as being assigned to posts for strategic work (without management responsibility) and when new staff were brought in following re-structuring, often after a WSoA.

Co-production founded upon strong, trusting relationships was a key ingredient for improving SEND services: this was a fundamental principle and a necessity for driving change in local areas. At the heart of partnerships are relationships of trust, vital for driving improvement.

Developing a shared language, understanding each other's organisational culture and aligning agency priorities together was a fundamental part of improving relationships, but this required time, resources and the *space* which in this case was provided by DBOT.

Effective relationships between partners were bolstered by a consistent, stable and capable workforce – having the *'right people in the right places'*. This was particularly key for leadership positions where values and culture were embodied and role-modelled, but also throughout all levels of the SEND system, within and including partner agencies. Leaders, particularly those with financial control, had powerful leverage to nurture relationships across agencies through SEND Executive Boards, potentially obtaining mandates from senior leaders (political leaders, DCS/ICB). A pivotal skill for leaders driving change was the fostering and nurturing of relationships with professionals in SEND agency partners, parent carers and children and young people, along with wider relationships with political leaders and others. Engendering relationships based on trust was helped by having a values-based culture, with leaders driving changes for SEND who modelled the value of listening, transparency, honesty and openness, applying these principles to service design and delivery. There were numerous examples in the research, of the difference that strong, trusting relationships and a co- production approach could make in overcoming difficulties, helping to re-establish trust following the domination of a defensive 'blame culture' or adversarial relationships with parent carers.

Participants in the research described common but varying challenges with their workforce with no area claiming 'success' in all aspects. COVID-19–19 impacted on local area workforces: challenging 'workspace' and 'place', affording employees opportunities to break geographical boundaries. Such behaviours risked the loss of acquired local knowledge and networking – particularly pertinent in casework teams where relationships with parent carers and SEND agency partners were key. Attempts to ameliorate this, improving job satisfaction and professional development was set against a working environment beleaguered by heavy workloads and demoralised staff. Strategies to boost morale included: spotlighting successes, although this was uncomfortable for some under pressure to respond to growing demands; opportunities for SEND teams (focused on EHCPs) to visit schools and to attend conferences; along with the suggestion that a specialist qualification for SEND caseworkers could be a positive lever for raising the status of this employee group.

Values-led organisations with strength-based approaches were the most likely to be making progress on SEND service improvement. The co-production of a shared vision focused on outcomes for children and young people was crucial to this, necessitating widespread partnership working within and across local area SEND partnership agencies. Coherent and collective data gathering was also key, this facilitating effective planning and targeting of need. DBOT interventions had impacted on local area strategies for achieving this, including through peer networks which were a welcomed source for knowledge-sharing. Whilst by their own assessment, there were inconsistencies in SEND service provision across the local areas, there were identifiable pockets of positive and innovative practice that had potential to be scaled up. Celebrating and sharing this with peers was significantly valued: local areas were open to gaining insights and learning from experiences within other local contexts. DBOT afforded this opportunity and had encouraged local areas to take this forward, when and where capacity allowed.

Recommendations

1. DfE programmes (such as DBOT) should be sufficiently funded to allow for assessment for readiness for change prior to intervention work so that support can be targeted, effective and bespoke leading to improved outcomes and cost effectiveness;

2. DfE programmes (such as DBOT) should provide a menu of support to include short-term and longer-term deliverable and support packages to provide structured responses developed according to local needs. A number of progress 'check ins' would instil motivation and accountability;

3. Develop good practice guidance for local areas in working together for SEND improvement;

4. Provision of meaningful time and space (job role or provision within job description) for strategic overview of SEND system with an improvement focus. This would seek to: improve mutual understanding of multi-agency contexts; develop strategic direction; provide 'conduit' role for networking to enhance co-production amongst all SEND agency partners;

5. Address the need for shared language, understandings and agency alignment through the provision of better local training implemented using national (and therefore consistent and co-produced) resources. Part of this is ensuring national training for new SEND staff is mandatory;

6. Increase capacity of SEND workforce by increasing funding available but also by raising the status of SEND caseworkers encouraging retention by improving professional pathways (e.g. professional qualification for SEND caseworkers); supporting well-being through regular assessment of workloads and flexible working options to avoid the risk of 'burnout';

7. Address ambiguities around 'inclusion' by co-producing a definition. This work should include contributions from all SEND agency partners with children and young people the centre. This definition should then be embedded within Equality, Diversity and Inclusion policy as an integral part of all Government policy.

About What Works in SEND

The What Works in SEND programme is part of a programme of work led by the RISE Partnership bringing together thought leaders from the SEND system who have the necessary understanding of system change and specialist knowledge of SEND.

The RISE (Research and Improvement for SEND Excellence) Partnership is led by the Council for Disabled Children in partnership with ISOS Partnership, the National Development Team for inclusion (NDTi) and the University of Warwick. The What Works in SEND programme is led by the University of Warwick research team encompassing three departments relevant to service improvement in SEND: Warwick Business School; Warwick Medical School (Warwick Evidence); and Centre for Research in Intellectual and Developmental Disabilities (CIDD), and delivered in collaboration with colleagues in the RISE Partnership, specifically Isos Partnership and CDC.

Warwick Business School
Warwick Business School has considerable expertise and experience in applied research focused upon public services improvement, encompassing health care, social care and education.

Warwick Medical School
Warwick Medical School has considerable expertise in systematic reviews through Warwick Evidence, which constitutes the second institutional component of the University of Warwick research team. Warwick Evidence (2011–2022) is an established, successful, multidisciplinary, academic technology assessment review team.

Centre for Research in Intellectual and Developmental Disabilities (CIDD)
CIDD is a specialist research-only department in the University of Warwick. CIDD is focused on applied educational and psychological research in the field of special educational needs and disability (SEND) across the lifespan and has a 30+ year history of contribution in this field.

Council for Disabled Children
The Council for Disabled Children (CDC), hosted by the National Children's Bureau (NCB), are sector leaders with an expert senior management team, experienced in working across Government to support decision makers in Education, Health and Care. Our practice teams deliver wide reaching programmes of bespoke intervention in local areas enabling service improvements and system change.

Isos Partnership
Isos Partnership led widely-recognised national research that has explored the enablers of system-wide improvement in local **children's services, in the development of local early help offers, the development of effective support** for school inclusion, and the development of effective whole-system approaches to SEND.