

SW RIIA CSC and SEND Regional Plan 2025 to 2026 V2

(with revised SEND KPI August 2025)



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Introduction

The South West Regional Improvement and Innovation Alliance (SW RIIA) is set to receive approximately £1.6 million in Department for Education (DfE) grants to support its sector-led improvement work across Children's Social Care and Special Educational Needs and Disabilities (SEND), including Alternative Provision. This includes £1,190,200 for SEND and Alternative Provision and £428,388 for Children's Social Care, representing a significant uplift from previous years and aligning more with the scale of CRABB funding in 2021.

This investment supports a region-wide commitment to strengths-based, collaborative improvement. The SW RIIA's approach is rooted in the belief that improving practice is an effective route to improving outcomes for children, young people, and families. The funding is governed by a Detailed Statement of Requirements, which outlines expectations for planning, delivery, and reporting. These include robust governance, data-driven diagnostics, universal and targeted support, and a commitment to peer-led challenge and learning.

The final award is contingent upon the submission of a standardised RIIA Delivery Plan by Thursday 3 July.



Overview of the SW RIIA Regional Improvement Plan

1. Context and Foundations

The SW RIIA builds on a long-standing tradition of regional collaboration among the fifteen local authorities in the South West. Established through the collective efforts of the **Association of Directors of Children's Services (ADCS)**, the **Local Government Association (LGA)**, and other key stakeholders, the Alliance embodies the principles of **sector-led improvement** — trust, mutual support, and shared accountability.

2. Vision, Aim, and Purpose

- **Vision**: To create a collaborative and self-improving regional system where all children and young people in the South West thrive supported by ambitious, evidence-informed, and resilient local services working together to drive excellence.
- **Aim**: To drive sustained development and improvement in services for children and young people by fostering collaboration, innovation, and evidence-informed practice across the region.
- Purpose: The SW RIIA unites all fifteen local authorities to strengthen outcomes for children, young people, and families. Through early
 identification of challenges, rapid response, and the sharing of best practices, the Alliance supports continuous improvement in safeguarding,
 SEND, early years, youth work, and family support.

3. Key Components of the Improvement Plan

The plan is set out into four areas for both SEND and CSC there are data, diagnostics, universal support and targeted support.

• **Data and Diagnostics**: Dedicated resources support the collection, analysis, and use of data to inform regional self-assessment, peer challenge, and targeted interventions.





- Universal Support: Activities are rooted in regionally agreed priorities, ensuring relevance and shared ownership.
- Targeted Support: Tailored improvement partner activity addresses specific challenges, enabling bespoke support where it is most needed.

The DfE has outlined clear requirements that necessitate specific actions and measurable outcomes. Some of these initiatives are already in progress, while others are new. The foundation of this framework is built upon:

Governance: Strategic oversight and leadership from chief executives, lead members, and directors of children's services ensure alignment and accountability from the SW RIIA board and the SW ADCS.

Strengths-Based Practice: The Alliance promotes a strengths-based approach, focusing on recognising and building on the positive aspects of local systems, empowering practitioners, and enhancing resilience in children, families, and services.

Practice Improvement for Better Outcomes: Central to the SW RIIA's mission is a dedication to improving practice as the primary means of achieving better outcomes. This includes investments in workforce development, reflective supervision, and evidence-informed interventions.

Collaboration and Challenge: Peer review and challenge processes are integral to the model, fostering a culture of openness, learning, and continuous improvement.





SEND Grant Application Plan - Introduction and Overview

Overview of the 4 key aims of the SEND Delivery Plan (to April 2026)

1. Better Use of Performance Data

- A team of performance and data experts will be in place.
- A new dashboard will help track and understand SEND data.
- Performance data will be shared more easily and used more effectively across the region.
- Regular reports will help leaders make informed decisions.

2. Clearer Picture of What's Working

- Every local area will go through a peer review to see what's working well and what needs improving.
- These review themes will be shared so everyone can learn from each other.
- The findings will help shape future support and funding.

3. Stronger Regional Universal Support

- Key partners (like health services, schools, and parent groups) will be more connected and working together.
- New improvement projects will be up and running, focused on real needs identified in the region.
- Experts will be secured to support schools and councils in making inclusive education more effective.

4. Targeted Help Where It's Needed Most

- Councils that need extra help will get tailored support packages.
- A fair and transparent system will be in place to decide who gets help and how.
- Progress will be tracked and shared to make sure the support is working.

Summary:

By April 2026, the region will have:

- A stronger performance data system,
- A clearer understanding of SEND challenges and what's working well,
- More joined-up universal working across services,



• And targeted support making a real difference where it's needed most.

SEND Grant Application Plan

SEND Data Capacity and Capability

To support the better use of data by individual LAs and as a collective region to enable SEND and AP service improvement.

Sub-Requirement Detail	Planned activity to meet	Key Performance Indicator (KPI)
	requirements	*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises ** KPI numbers relate to the planned activity numbers not all activities have a KPI and some actions have more than 1 KPI where this is the case letters are used.
1.1 Develop data collection	1.1.1 We will appoint a performance	1.1.1 Action KPI By 31 December 2025, appoint a regional performance
expertise and experience	coordinator / manager to lead actions in	coordinator, with evidence of improved strategic oversight and alignment across
within the RIIA. Use this	section 1 of the plan.	all 15 LAPs, measured by governance feedback and delivery milestones met in
expertise to identify issues		Q4.
in the collection of SEND and	1.1.2 We will Identify and commission a	1.1.2 Performance KPI By 31 December 2025, commission a provider to deliver
AP data including the sharing	provider to deliver a SEND and AP data	a regional data dashboard, with at least 86 % (13/15 LAP) of LAPs reporting
of SEND and AP data across	dashboard solution and analytical tools	improved access to actionable data and evidence-informed decision-making by
different agencies and	tailored to the region's strategic and	Q4.
institutions in the region.	operational needs, ensuring full	1.1.3 Action KPI By 31 December 2025, appoint a data coordinator to support
Work towards resolving	engagement from across the region.	operational data functions, with quarterly reporting showing improved data
those issues where possible.		quality and submission compliance across LAPs.
	1.1.3 We will appoint a data	1.1.4 Action KPI By 1st March 2026, engage with at least 86 % (13/15 LAP) of
	coordinator to assist with operational	LAPs in scoping a data sharing MOU, with documented contributions and
	data functions.	agreement, resulting in a draft MOU that reflects shared priorities and promotes
		collaborative data use.
	1.1.4 We will develop and agree a data	1.1.5 Action KPI By 1st March 2026, a regional data sharing plan will be
	sharing MOU.	agreed, embedding data quality and validation as a core principle and enabling



	1.1.5 We will ensure data quality and validation to be part of MOU with agreement on targeted offer for support for those facing challenging with compliance.	targeted support for LAPs facing compliance challenges. – this will include data submission deadlines and a regional summary report (including key data, barriers, enablers, insights, inconsistencies). 1.1.6A Action KPI By 31 December 2025, develop a universal workforce development programme on data use, with at least 75% of participants reporting increased confidence and capability in applying data for service improvement by end of Q4.
	1.1.6 We will design and deliver universal regional learning and development events to support the successful use of data to support insights.	1.1.6B Performance KPI By 1st March 2026, plan targeted workforce support for LAPs with identified data literacy gaps, with follow-up showing measurable improvement in data handling and reporting accuracy in at least 75% of supported LAPs.
1.2 Develop analytical	1.2.1 We will review and strengthen the	1.2.1A Performance KPI By 31 December 2025, ensure 86% (13 out of 15 LAPS)
expertise and experience	membership and terms of reference for	of LAs are actively engaged in the regional performance leads group, with
within the RIIA. Use this	the regional performance leads group.	attendance logs and meeting minutes recorded.
expertise to identify trends,	Group to be organised by newly	
outliers and policy issues	appointed regional performance lead	1.2.1B Action KPI By 31 December 2025, co-design a new network group with
both quantitatively and	and will cover issues such as	opportunities for 100% of LAPs to input, including agreed terms of reference and
qualitatively within local and	collection, analysis, and reporting. Data	priority themes.
regional SEND and AP data.	will include SEND, AP and early years	1.2.1C Action KPI By 31 December 2025, facilitate collaborative sessions
The resource should directly	data including partners data where	available to 100% of LAPs to agree on methodologies, dashboard formats, and AI
support senior regional	necessary. Strengths of combining	tool usage, with progress reports submitted.
leaders to drive	SEND, AP and CS performance leads	1.2.2A Performance KPI By 28 February, complete a region-wide review of data
improvement and work	groups will be discussed.	collection practices with 86% (13 out of 15 LAP) LAP participation, and publish a
collaboratively with the		summary of findings and recommendations.
Children's Improvement	1.2.2 Review of current data collection	1.2.2B Action KPI By 31 January 2026, launch a financial support programme for
Board (CIB) to improve	practices to be undertaken with a focus on identifying issues, suggesting	LAPs to apply for data capacity funding, with application criteria and review panel established.



avaraight of the regions	recolutions and identifying gans Where	1.0.2 Parformance KDI Pu 21 January 2020, publish the first versional
oversight of the regions	resolutions and identifying gaps. Where	1.2.3 Performance KPI By 31 January 2026, publish the first regional
SEND system.	persistent challenges remain a	performance report and share it with DCSs, with at least 86% (13 out of 15) of
	summary to be written detailing	LAPs confirming its use in strategic planning, demonstrating the RIIA's role in
	obstacles, impact and solutions. Funds	providing high-quality intelligence to drive improved outcomes.
	available for LAP to apply for if they	
	need to build data capacity in their	1.2.4 Action KPI By 31 January 2026, implement an AI project application
	teams.	process for LAPs, with guidance documents, review timelines, and funding
		criteria.
	1.2.3 Performance Information report	
	to be circulated to support senior	
	regional leaders with high-quality	
	intelligence that enables targeted	
	action, improves outcomes, and	
	informs future regional improvement	
	plans.	
	·	
	1.2.4 Al initiative to boost capacity in	
	SEND will be supported and	
	encouraged across the region.	
1.3 Collaborate with the	1.3.1 Work jointly with the Department	1.3.1A Action KPI By 31 March 2026, establish termly meetings with DfE to discuss
Department to support the	to support the development and	SEND/AP data development, with agendas, minutes, and action logs maintained.
development and	improvement of SEND and AP data	
improvement of SEND data.	ensuring accuracy and completeness	1.3.1B Action KPI By 31 March 2026, co-produce a regional risk register with DfE,
Highlight any issues that are	and relevance of metrics.	documenting data issues, resolution status, and escalation pathways.
identified in collecting,		
reporting and analysis of		
SEND and AP data in the		
region. Please share how		



these have been resolved,	
where issues persist, and if	
and how national and cross-	
departmental intervention	
may help.	

SEND Regional Diagnostics

To support the identification of issues in SEND and AP within LAs and across the region

Sub-Requirement Detail	Planned activity to meet	Key Performance Indicator (KPI)
	requirements	*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises ** KPI numbers relate to the planned activity numbers not all activities have a KPI and some actions have more than 1 KPI where this is the case letters are used.
2.1 Design a delivery	2.1.1 Work with key partners to	2.1.1 Action KPI By 30 December 2025, ensure 100% of LAPs have the
strategy for Regional	design and agree a strategy to	opportunity to contribute to the co-design of the regional diagnostics tool, with
Diagnostics. The aim of	review SEND performance of local	documented input and feedback, ensuring the tool reflects both local and
the diagnostics should be	area partnerships and the whole	regional strengths and development areas.
to review area(s) of SEND	region. A key focus will be the	
performance within LAs in	strengths and effective practices as	2.1.2A Action KPI By 30 January 2026, finalise and sign off the diagnostics and
the region and area(s) of	well as areas for development.	delivery strategy through governance approval, ensuring a published framework
performance across the	Coproduction of the strategy will	that clarifies roles, responsibilities, and review processes, thereby
region as a whole. It	include reference to regional and	strengthening regional accountability and consistency in diagnostic
should identify areas of	national data averages, the 5	implementation.
strength and effective	enablers of SEND, CDC local area	2.1.2B Performance KPI By 29 February 2026, ensure 86% (13/15 LAP) of LAPs
practice that can be	relationships, self-assessment and	attend at least one regional event focused on the diagnostics strategy, with
disseminated and areas of	DBV tool kit.	attendance logs and post-event feedback collected.
weakness that can be		
targeted for improvement.		



The strategy should	2.1.2 Delivery strategy to include an	2.1.2C Action KPI By 29 February 2026, implement a documented escalation
consider the 5 SEND	escalation process for when an area	process for LAPs not engaging with support offers following diagnostics,
Enablers (Annex 1) and the	for development has been	including criteria, timelines, and accountability mechanisms.
Delivering Better Value in	identified, support offered and not	
SEND Toolkit where	taken up.	
appropriate.		
2.2 Deliver the designed	2.2.1 Revision of last year's RCPC	2.2.1 Performance KPI By 31 December 2025, ensure 86% (13 /15 LAP) of
Regional Diagnostics.	processes to improve for 2025.	LAPs participate in the Regional Collaboration Peer Challenge (RCPC), with
Ensure delivery is		peer review reports completed and shared within 4 weeks of each challenge.
available to every LA in the	2.2.2 Work to produce mini	
region. Delivery can take	thematic SEND reviews based on 5	2.2.2 Action KPI By 31 March 2026 (Q4), enable 100% of LAPs to request a
any form the RIIA and LA	enablers of SEND and agreed	mini thematic review aligned to the 5 SEND enablers, with a published process
deems appropriate and	approach to which key partners will	and request form available.
could include a self-	deliver the diagnostics work.	
assessment and peer		
challenge programme		
2.3 Collate and share	2.3.1 Regional team write event	
headline learnings from the	report summarising findings and	2.3.1 Action KPI By end of March 2026, the regional team will present a
Regional Diagnostics with	themes from region-wide diagnostic	diagnostic event report to governance groups, ensuring strategic oversight and
LAs and across the region to	event produced by end of Q4.	that areas for improvement are actioned through the year.
inform continuous		
improvement and sharing of	2.3.2 The event report is shared with	2.3.2 Action KPI By 31 March 2026, agree and embed regional priorities into
good practice. Liaise with	all partners and recommendations	the next improvement plan, using insights from diagnostics and inspection
the CIB sub-group to share	and themes are used to develop	themes, with documented approval and alignment.
learnings from Regional	regional priorities for the next plan	
Diagnostics.	together with inspection themes.	2.3.3 Performance KPI Following each inspection, invite LAPs to present
		learning reflections at regional events, with at least 86% participation and feedback captured to inform future planning.



	2.3.3 Continue to share inspection	2.3.4 Performance KPI Publish at least 12 monthly newsletters by 31 March
	intelligence through regional	2026, each including evidence-informed practice, legal updates, and policy
	networks.	developments, with distribution metrics tracked.
	2.3.4 Continue to share evidence-	
	based practice through website and	
	newsletters.	
2.4 Ensure the Regional	2.4.1 Regional SENDCO and	2.4.1 Action KPI By 30 September 2025, hold monthly regional team
Diagnostic informs and	Regional Performance coordinator	meetings to align diagnostics with support offers, with agendas and action logs
aligns with the RIIAs SEND	will liaise to ensure the regional	demonstrating integration of insights into planning.
Targeted Support offer	diagnostics informs the universal	
(section 4 of the Statement	and targeted support offers.	
of Requirements).		
2.5 Ensure the Regional	2.5.1 Focussed work on	2.5.1 Action KPI By 30 September 2025, initiate monthly KIT meetings with
Diagnostics informs and	communications and relationships	structured agendas, attendance tracking, and conduct monitoring, to support
aligns with, and supports	to ensure that regional diagnostics	professional dialogue and coordinated support.
other resources /	align with other work. The demands	
programmes, such as those	and restrictions upon partners will	2.5.2 Action KPI By 31 March 2026, ensure that readiness for change is a
provided by the Department.	be acknowledged with partners	standing item in regional discussions, with partners supported through
This includes Departmental	sharing information and knowledge	strengths-based dialogue and documented implementation plans.
programmes such as Sector	in a respectful way that maintains	
Led Improvement Partners	professional relationships and	
and Improvement advisors.	supports confidentiality.	
	Discussions will be curious,	
	supportive, respectful purposeful,	
	positive, strengths based and	
	professional.	



2.5.2 Discussi	ns will also focus on
readiness for o	nange to ensure
partners are re	ady to implement
new practices	and legislation
should it be no	cessary.

SEND Universal Improvement

To support SEND and AP improvement need(s) for all LAs within the region in preparation for upcoming national reforms.

Sub-Requirement Detail	Planned activity to meet	Key Performance Indicator (KPI)
	requirements	*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises ** KPI numbers relate to the planned activity numbers not all activities have a KPI and some actions have more than 1 KPI where this is the case letters are used.
3.1 Design and deliver activity	3.1.1 Building on insights from the	3.1.1A Performance KPI By 31 March 2026, at least 75% of LAPs will report
to drive improvement across	last peer challenge and on the	that family engagement and coproduction activities have directly influenced
the region on an identified	work of the strategic and	regional SEND priorities, evidenced by published charters and feedback
regional SEND priority (or	operational steering groups, we	analysis.
priorities). Where possible,	will continue to work on the	
the design of this activity	strategic SW SEND plan. This plan	3.1.1B Action KPI By 30 September 2025, funding agreements with PCF,
should draw upon the SEND	has been coproduced with key	CYPSA, and SENDIAS will be in place, with quarterly reporting showing how
Regional Diagnostic work and	partners including SW DCS, DFE,	resources have enabled inclusive system leadership and improved
work completed in the	educational setting	engagement outcomes.
Delivering Better Value	representatives, LGA, PCF, Health	
programme and/or the What	colleagues). The plan is overseen	3.1.1C Performance KPI By 31 March 2026, at least 75% of professionals
Works in SEND resource.	by the strategic steering group and	participating in regional SEND training will report increased confidence and
	has clear priority areas for action	relevance to their role, with training quality rated as agree or strongly agree
	and milestones, and metrics.	with positive learning statement in post-event evaluations.



	There are 4 priority areas for action: (1) Engaging families and coproduction, (2) Stronger workforce, (3) Robust and consistent measures and insights and (4) Strengthening the Regional Inclusive systems (see below). 3.1.2 Relevant capacity will be secured to enable delivery of the plan. This will include recruitment of subject matter experts with a range of experience.	 3.1.1D Performance KPI By 31 March 2026, regional data dashboards will be used by 86% of LAPs to inform planning, with at least 1 documented example of data-driven improvement actions taken. 3.1.1E Performance KPI By 31 March 2026, inclusive charter will be available to 100% of LAPs, with at least 50% of LAPs reporting improved inclusive practices through feedback and monitoring. 3.1.2A Performance KPI By 31 March 2026, 100% of LAPs will have accessed at least one universal offer, with reach and impact monitored quarterly, and 75% satisfaction reported in post-engagement surveys. 3.1.2B Action KPI By 30 December 2025, appoint subject matter experts and increase project officer capacity to strengthen infrastructure and ensure timely, high-quality delivery of regional improvement activities. 3.1.2C Action KPI By 30 November 2025, host LAs and full on-costs for new staff will be confirmed, with infrastructure approved by SW ADCS.
3.2 Design and deliver activity	3.2.1 We will establish programmes	3.2.1A Action KPI By 30 December 2025, co-produce a regional OAP
that enables LAs in the region	to facilitate increased mainstream	document with CDC to establish a shared understanding of inclusive provision
to support and drive progress	inclusion, addressing barriers and	and improve consistency across education settings.
towards greater inclusion in	promoting best practices. Establish a	
mainstream settings and the	sector-led group to draft an Inclusive	



reduction of high-cost
placements and home-to-
school travel. This is intended
to help prepare the region for
upcoming larger scale reforms
and should retain flexibility to
incorporate any emerging
enablers for reform or policy
priorities as directed by the
Department.
•

Charter, defining a shared model of Ordinarily Available Provision (OAP). Use existing networks (HT associations, Trust leaders' groups, ADCS) to engage stakeholders in this work. Strengthen regional partnerships, including health partners, SEND regional NHSE colleagues, the NNPCF, and education providers.

- **3.2.2** We will upskill the workforce by linking regional OAP initiatives with national SEND Inclusion discussions, Teaching School Hubs, and NPQ improvements. Work with partners to develop a Professional Development Toolkit, spotlighting best practices and outreach efforts to enhance expertise in mainstream classrooms.
- **3.2.3** We will work closely with our SW CPP to disseminate learning from their research.
- 3.3 Develop and establish strong regional partnerships with wider stakeholders and regional system partners
- **3.3.1** We will run a comprehensive approach integrating networks for collaboration, websites for accessible resources, study days for

- **3.2.1B Performance KPI** By 31 March 2026, deliver commissioned work that brings education and LAPs together, with measurable improvements in relationships and inclusive practice evidenced through increased engagement and joint meetings.
- **3.2.2A Action KPI** By 30 December 2025, appoint a 0.6 FTE project officer, with a focus on education establishments network, engagement increasing by 25% over baseline by Q4.
- **3.2.2B Action KPI** By 30 December 2025, appoint a 0.5 FTE education lead to develop education setting networks, ensuring strategic leadership capacity for inclusive education.
- **3.2.2C Action KPI** By 31 March 2026, establish a school improvement network with TOR and events cycle, with 2 documented examples of peer-led improvement initiatives.
- **3.2.3A Action KPI** By 31 March 2026, CPP research findings will be shared regionally, with at least 2 LAPs reporting changes based on evidence from CPP work.
- **3.2.3B Action KPI** By 30 December 2025, publish a statement articulating clear links between school effectiveness, RISE, RIIA, and CPP to ensure strategic coherence across inclusion initiatives.
- **3.3.1A Performance KPI** By 31 March 2026, deliver a full programme of evaluated events, monthly website updates, and 12 newsletters to enhance regional communication, collaboration, and professional learning.



including health partners (i.e. NHS providers, Integrated Care Boards and Regional CYP teams) via SEND regional NHSE colleagues, the National Network of Parent Carer Forums (NNPCF), and education settings.

focused learning, conferences for knowledge exchange, leadership courses for capacity building, legal training for regulatory compliance, peer challenge and workforce development to enhance skills and expertise across the sector.

- **3.3.2** We will develop further structured collaboration with NHS providers, Integrated Care Boards, Regional CYP teams, and other health partners to align efforts and drive partnership improvements.
- 3.3.3 Develop further effective working relationships with SEND regional NHSE colleagues and the NNPCF to ensure meaningful engagement with parent carers and community representatives.
 3.3.4 We will foster connections with education settings to support the alignment of SEND initiatives with

school and learning environments.

- **3.3.1B Performance KPI** By 31 March 2026, host 3 regional conferences, with post-event feedback showing 75% of attendees gained actionable insights for local improvement.
- **3.3.2** Action KPI By 30 December 2025, appoint a 0.5 FTE health colleague, with structured collaboration evidenced in at least 2 joint initiatives by Q4.
- **3.3.3 Performance KPI** By 31 March 2026, assess partnership effectiveness using reach and impact metrics, with 75% of stakeholders reporting improved joint working.
- **3.3.4** Action KPI By 30 September 2025, confirm financial arrangements with PCF, SENDIAS, and CYPSA, with delivery milestones tracked and reported quarterly to RIIA board.



SEND Targeted Support

In addition to the delivery of section 3 above, this section (4) creates an option to support improvement in specific areas of practice for LAs within the region where there are strong LAs able and willing to provide the required support. This support should be in line with reform priorities.

Sub-Requirement Detail	Planned activity to meet	Key Performance Indicator (KPI)
	<u>requirements</u>	*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises ** KPI numbers relate to the planned activity numbers not all activities have a KPI and some actions have more
		than 1 KPI where this is the case letters are used.
4.1 Deliver packages of	4.1.1 Develop and implement a	4.1.1 Performance KPI By 31 March 2026, publish a comprehensive targeted
targeted improvement	system of tailored improvement	support programme with documented baseline monthly delivery capacity,
support to individual Local	packages. This will include the	ensuring equitable access for 100% of 15 LAPs and readiness for bespoke
Authorities in the region	identification of the range of support on	support.
as may be required.	offer, how to access the support and	4.1.2 Performance KPI By 31 March 2026, produce a report detailing the
Packages can take any	how the impact will be evaluated,	number, type, and impact of support packages delivered, with at least 75%
form the RIIA and	alignment with local needs and	showing measurable improvement against agreed outcomes.
recipient LA deems	regional priorities. Design principles	
appropriate. Where	will focus on transparency and equity.	4.1.3A Performance KPI By 31 March 2026, complete an evaluation of the
packages are arranged,	We will implement support through	support system, with at least 75% of LAPs reporting increased trust,
they should have clear	various models as deemed appropriate	transparency, and peer-led improvement aligned with the partnership and co-
objectives (using Regional	by the RIIA and participating LAs,	production enabler.
Diagnostic data where	including a Sector Led Improvement	
appropriate), measurables	Partnership approach, supervision,	4.1.3B Action KPI By 31 March 2026, establish and publish a baseline showing
and a mechanism to	induction, mentoring where relevant.	whether 100% of LAPs had access to support, with gaps identified and
evaluate and share the		addressed.
progress and outcomes of	4.1.2 Establish clear goals for each	
the support with the RIIA	support package, incorporating	4.1.3C Performance KPI By end of 31st March 2026, data will be available on
and, where appropriate,	insights from Regional Diagnostic data	escalation cases and risk resolution, reflecting effective governance and
the CIB sub-group and the	where applicable.	accountability.



Department. The support should retain flexibility to incorporate any emerging enablers for reform or policy priorities as directed by the Department.

- **4.1.3** Agree mechanisms to evaluate and track progress, ensuring measurable outcomes that reflect meaningful improvements.
- **4.1.4** A clear governance framework will underpin this work with systematic reporting on the impact and effectiveness of support packages, fostering transparency and continuous learning. The governance framework will further ensure oversight of commissioning and monitoring support packages agreed escalation routes for underperformance or delivery risks, and regular reporting to the CIB subgroup and the Department.
- **4.1.5** Support initiatives will be designed to retain flexibility within to integrate emerging enablers for reform and evolving policy directives as determined by the Department.
- **4.1.6** Care will be taken during design and implementation to create a collaborative environment where Local Authorities feel

- **4.1.4 Action KPI** By 31 March 2026, implement a functioning governance structure with documented roles, escalation routes, and quarterly reviews of support delivery.
- **4.1.8** Action KPI By 31 January 2026, financial arrangements with PCF, SENDIAS, and CYPSA will be in place to support their role in targeted support, reinforcing co-production and system-wide collaboration.
- **4.1.9 Action KPI** By 31 January 2026, published criteria for identifying suppliers will ensure transparent and consistent decision-making aligned with regional priorities.
- **4.1.10A Action KPI** By 31 January 2026, published criteria for matching LAPs to support offers will ensure needs-based allocation and fair access.
- **4.1.10B** Action KPI By 31 December 2025, confirm financial arrangements with external partners to deliver targeted support, with contracts signed and delivery plans in place.
- **4.1.11 Action** KPI By 31 March 2026, publish a prioritisation framework for support allocation, with governance approval and application in at least 3 support cases.
- **4.1.12A Action KPI** By 31 March 2026, a support package will be available to all 15 LAPs, with options for bespoke support and clear quality assurance, ensuring flexibility, fairness, and alignment with the 5 SEND enablers.



confident in seeking support, the RIIA will continue to foster a culture of trust, transparency, and peer-led improvement. This includes ensuring equal participation across the region, offering safe spaces for honest dialogue, and promoting a 'no-blame' ethos that encourages shared problemsolving. This work is a improvement project rather than an intervention. A dedicated support request mechanism, with clear guidance on how to engage and confidentiality safeguards, will further facilitate timely requests for assistance.

- **4.1.7** We will regularly review and refine our offer and a continuous learning loop will be embedded, ensuring that the outcomes and insights from targeted support inform regional priorities and shape future planning.
- **4.1.8** Key partners (for example, PCF, SENDIASS, Health colleagues, MATS) will play an important role in this process and will be encouraged to take part in discussions about the support needed.

4.1.12B Performance KPI By 31 March 2026, host a regional learning event with at least 86% (13/15) LAP participation, showcasing outcomes and lessons from targeted support.



- **4.1.9** Working with the region we will develop clear and objective criteria for identifying suppliers and recipient LAs, ensuring consistency and alignment with regional priorities.
- **4.1.10** We will design a structured methodology with partners for pairing suppliers with LAs based-on needs assessment and capacity, integrating best practices from the 5 SEND Enablers, the Delivering Better Value in SEND Toolkit, and Regional Diagnostics work.
- **4.1.11** We will define and agree transparent prioritisation framework to allocate resources effectively, ensuring timely intervention in areas of highest need through an iterative process of design and comment.
- **4.1.12** Through discussion we will implement safeguards to guarantee all LAs have fair opportunities to receive targeted support, regardless of size, capacity, or existing provision levels thus ensuring that all LAs in the region



	have access to Targeted Support packages, aligning with their unique needs and priorities.	
4.2 Regularly liaise with the Department and LGA regarding targeted support packages to ensure coordinated and coherent arrangements are in place locally and regionally to deliver improvements and address challenges. Ensure there is	 4.2.1 We will establish and maintain regular engagement with the Department and LGA to ensure consistency and alignment in support initiatives. 4.2.2 We will coordinate targeted support packages to align with local needs and regional priorities, ensuring a unified approach to addressing 	 4.2.1 Action KPI By 31 December 2025, establish a cycle of monthly meetings with the Department and LGA, with agendas, minutes, and attendance logs confirming strategic alignment. 4.2.2A Performance KPI By 31 March 2026, publish a baseline for turnaround times from support request to delivery, with average time tracked and reported quarterly. 4.2.2B Performance KPI By 31 March 2026, implement a satisfaction and engagement tracking system, with at least 75% of partners reporting positive
coordination with any support in place for LAs from the Department's SEND improvement and intervention national programme.	 4.2.3 We will maintain oversight of existing Department-led SEND improvement and intervention programmes, ensuring synergy with regional efforts. 4.2.4 We will facilitate communication and collaboration between Local Authorities (LAs), regional partners, and national bodies to optimize support delivery. 	4.2.5 Performance KPI By 31 March 2026, data on repeat support requests will be available, providing insight into sustained impact, areas of recurring need, and opportunities for deeper intervention.





4.2.5 We will track the effectiveness of
coordinated efforts, assessing
improvements and identifying areas for
further intervention.



Children's Social Care Grant Application Plan – Introduction and Overview

Overview of the 4 Key Aims of the Children's Social Care Delivery Plan (to April 2026)

1. Developing the Existing Performance Data Offer

- The region already benefits from a strong foundation in performance data for children's social care. The focus will now be on showcasing existing strengths and sharing good practice across local authorities.
- Development areas will include improving electronic access to data and enhancing integration with partner systems.
- Continued investment in regular reporting will support evidence-based decision-making and strategic planning.

2. Clearer Picture of What's Working

- The region will strengthen its use of data and diagnostic tools, such as peer reviews and individual local authority diagnostic reviews, t better understand regional strengths and areas for development. These processes will support a culture of self-awareness and continuous improvement.
- Learning from what works in the region and across regions will be shared, enabling a collaborative approach to tackling shared challenges.
- There will be a stronger focus on developing the qualitative data space, ensuring the voices of children, young people, and families are central to understanding impact and shaping services.

3. Stronger Regional Universal Support

- Stronger partnerships will be developed between local authorities, health, education, police, and voluntary sector partners.
- Regional improvement projects will continue to address shared priorities and challenges, while also supporting and scaling approaches that are already working well—such as regional practice networks, shared learning events, and multi-agency training offers.

4. Targeted Help Where It's Needed Most

- Building on existing targeted support mechanisms in children's social care, tailored support packages will be further developed and enhanced.
- A transparent and equitable process will be used to allocate support and resources.
- Progress will be monitored and shared to ensure impact and accountability.



Summary:

By April 2026, the region will have:

- A more advanced and accessible performance data system that builds on existing strengths,
- A deeper understanding of what's working and where improvement is needed, informed by both data and lived experience,
- Stronger collaboration and shared learning across the region and with partners,
- And an enhanced targeted support offer that drives meaningful change where it's most needed.

CSC Data Capacity and Capability

To support the better use of data by individual LAs and as a collective region as an enabler to CSC service improvement

Sub-Requirement Detail	Planned activity to meet requirements	Key Performance Indicator (KPI)
		*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises
5.1 Continue to collect and	5.1.1 Review the current data collection processes to	5.1.1 Complete a comprehensive review of all regional data
report on the core children's	ensure they meet requirements and identify	collection and validation processes by 31 December 2025 ,
services indicators. Submit	opportunities to improve.	producing a report that identifies at least three key areas for
these indicators to the		improvement and outlines a plan to address gaps against
Department for Education on a	5.1.2 Continue to collect and validate the core CSC	national requirements and regional priorities.
termly basis. For further	indicators across all 15 participating LAs. Validate	
information about the	submitted data through agreed QA processes and	5.1.2 Achieve 100% submission and validation of core CSC
indicators, please consult with	support all 15 LAs to submit validated returns to RIIA	indicators from all 15 LAs each academic term , using agreed QA
the relevant regional team in	each term, for onward submission to DfE. To include data	processes, with support provided to any LA needing escalation
the Department.	from existing projects such as Fostering SW and South	within 10 working days of data quality issues being identified.
	West Sufficiency Project.	
		5.1.3 Ensure data function remains fully staffed (regional
	5.1.3 Maintain a staffed data function that is the point of	coordinator, analyst, and lead officer) throughout the 2025–26
	contact for the department and other stakeholders on all	period, responding to 85% of external data queries within 5



things data, including the collaboration with existing regional data mechanisms.

- **5.1.4** Submit termly (quarterly) data returns to the Regional Improvement and Innovation Alliance (RIIA) in line with national requirements, and RIIA will submit to the Department for Education (DfE).
- **5.1.5** Ensure continued alignment with the regional performance framework and integrate with the Children's Social Care Dashboard for benchmarking develop guidance on benchmarking methodologies by Q3 2025.
- **5.1.6** LA's to submit quarterly data to the DfE, including current and extended data parameters.
- **5.1.7** Performance Leads network meets quarterly to discuss and review indicators, including updates from existing projects (Fostering SW, Graduating Care SW and South West Sufficiency Project)
- **5.1.8** Engagement and attendance at ADCS Standards Performance and Inspections Policy Committee (SPI), Children's Services National Performance and Information Management Group (NPIMG), and Star Chamber Scrutiny Board (STAR) committees continue and feedback to the region.

working days, and receiving at least **75% positive feedback** from stakeholders in annual survey.

- **5.1.4** Submit **100% of required termly data returns** to the DfE via the RIIA within **5 working days** of the internal deadline, with no return rejected due to data quality issues.
- **5.1.5** By **Q3 2025**, ensure that **100% of core CSC indicators** reported by LAs are aligned with the regional performance framework and are integrated into the Children's Social Care Dashboard, with quarterly reviews confirming consistency across all 15 LAs.
- **5.1.6** Support all 15 LAs to submit **quarterly BAU data returns** to the DfE on time, with at least **95% submitted by the initial deadline** each quarter and any exceptions resolved within 7 working days.
- **5.1.7** Hold at least 4 PL network meetings annually, with 80% attendance from LA performance leads and agenda and minutes circulated within 10 working days of each meeting.
- **5.1.8** Ensure **100%** attendance at SPI, NPIMG, and STAR Chamber committee meetings by a RIIA data representative, with a written summary of key messages shared with the PL network and RIIA team within **10** working days of them being shared with the representative.



	5.1.9 Maintain an internal log to track all feedback from national groups and its incorporation into RIIA activity.	5.1.9 Maintain an internal log of national group feedback updated within 10 working days of each meeting, with quarterly reviews to ensure at least 80% of relevant feedback points are actioned or considered in RIIA planning.
5.2 Develop data collection	5.2.1 Conduct a review of current data collection and	5.2.1 Complete a comprehensive review of all regional data
and analytical expertise and	validation processes by end of 2025 to ensure they meet	collection and validation processes by 31 December 2025 ,
experience within the RIIA that	national requirements and regional priorities, identifying	producing a report that identifies at least three key areas for
can collect and utilise local	areas for improvement.	improvement and outlines a plan to address gaps against
and regional CSC data to		national requirements and regional priorities.
identify regional trends,	5.2.2 Build internal RIIA capacity for data capturing,	
outliers and issues both	analysis and interpretation, including both quantitative	5.2.2.A Recruitment and on-boarding of regional data analyst by
quantitatively and	and qualitative methods.	Q2.
qualitatively. The expertise		
should also support oversight	5.2.3 Use regional data to identify trends, outliers, and	5.2.2.B Deliver a minimum of two capacity-building workshops
and drive improvement	emerging issues.	and establish a peer support network for data analysis by
activity of the RIIA and inform		September 2025, with at least 80% of participating RIIA team
senior leaders in the region	5.2.4 Provide regular insight reports to DCS, RIIA Board	members reporting increased confidence in using quantitative
and the Children's	and the Children's Improvement Board (CIB).	and qualitative methods (via post-training survey) and increased
Improvement Board (CIB) to		skills and confidence in the analysis of the data captured.
ensure that national partners	5.2.5 Facilitate data-informed decision-making and	
are able to support and	improvement planning across the region.	5.2.3 Produce quarterly regional data summaries starting Q3
enhance regional activity		2025, identifying a minimum of two emerging trends or outliers
effectively. The Children's	5.2.6 Recruit a regional data analyst to analyse and	per report to inform system-wide discussion and planning.
Social Care Dashboard can be	present data, support LA teams, and develop narratives.	
used to support this, using the		5.2.4 Provide insight reports to DCSs, the RIIA Board, and the
regional comparison function	5.2.7 Data analyst to report to RIIA board, SW ADCS	Children's Improvement Board at least every quarter from Q3
to identify trends.	groups, PL network, individual LAs, and national teams.	



- **5.2.8** Liaise with Data 2 Insight and other regions to ensure consistency and alignment with reforms.
- **5.2.9** Data analyst to be part of the performance leads network to maintain reform engagement and to link with existing regional priorities and projects (exp. SWSP, FSW and GCSW).
- **2025**, with a delivery compliance rate of **90% or higher** over the year.
- **5.2.5.A** 80 % of LAs receiving tailored data support from the analyst.
- **5.2.5.B** By **December 2025**, facilitate at least **three regional workshops or forums** using data insights to inform improvement planning, with **participation from all LAs** and **positive feedback from at least 80% of attendees** on the usefulness.
- **5.2.6** A regional data analyst is recruited and in post by **30 December 2025**, with an induction completed within **6 weeks** and delivery of an initial regional data product (e.g., trend dashboard or LA support plan) by 28th February 2026. Analyst to engage with **100% of LAs** by January 2026 to assess data support needs and ensure the sharing of data across local authorities via medium like PowerBi.
- **5.2.7** From Q4 2025, the data analyst will provide tailored data updates to the RIIA Board, SW ADCS groups, PL network, at least 50% of LAs, and national teams on a bi-monthly basis, with reports or presentations shared and recorded in meeting minutes.
- **5.2.8** By **December 2025**, establish and maintain bi-directional communication with **D2I** and at least two other regional data leads, holding at least 3 joint sessions per year to share



	learning, align reporting practices, and inform reform implementation.
	5.2.9 Ensure the data analyst is an active member of the regional performance leads network , attending 100% of scheduled meetings (minimum 4 annually) and contributing at least one reform-related update or insight per meeting , evidenced through shared agendas and action logs.

CSC Regional Diagnostics

To support the identification of issues in CSC provision within LAs and across the region.

Sub-Requirement Detail	Planned activity to meet requirements	Key Performance Indicator (KPI) *Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises
6.1 Design a delivery strategy for Regional Diagnostics. The aim of the diagnostics should be to review area(s) of CSC performance within LAs of the region and area(s) of	6.1.1 Co-develop and publish a formal Regional Diagnostics Strategy. By Q3 2025, co-produce a written Regional Diagnostics Strategy with all 15 LAs. Led by the RIIA team, with input from the PL network, ADCS, thematic groups, and existing SWRIIA projects, the strategy will define:	 6.1.1 Ensure the Regional Diagnostics Strategy is completed, reviewed, and formally approved by all 15 LAs by 30 September 2025, with publication logged and version controlled. 6.1.2 Agree and publish a schedule covering planned diagnostics for at least 80% of LAs by end of Q3 2025,
performance across the region as a whole. It should identify areas of strength and effective practice that	 Diagnostic types (peer challenge, self- assessment, thematic review) 	endorsed by the SW ADCS.



can be disseminated and areas of weakness that can be targeted for improvement. The strategy should be underpinned by the CSC National Framework, utilise the CSC Dashboard and consider preparedness of LAs and the region to participate in the wider CSC reform programme, such as the Families First Partnership Programme.

- Methodologies (including use of CSC Dashboard data, case audits, practitioner and young people voice)
- QA processes
- Roles and responsibilities
- Process for identifying, validating, and sharing learning
- **6.1.2** Develop a schedule and calendar of diagnostic activity. Develop an annual schedule of planned diagnostic reviews and a formal peer challenge calendar, coordinated by the RIIA and agreed via the SW ADCS in Q3 2025. Each diagnostic will have named leads (RIIA and host LA), timelines, and review methods (e.g. virtual case mapping, site visit, or hybrid approach) and will include Children's Social Care, SEND and Fostering South West.
- **6.1.3** Standardise reporting and learning from each diagnostic. Design and implement a standard reporting template to be used in all diagnostics, capturing findings, strengths from October 2025 onward use the standard reporting template, with a learning summary produced within 4 weeks of each

- **6.1.3** 100% of diagnostics from **October 2025** onward use the standard template, with learning recorded in the regional learning log within **4 weeks** of review completion.
- **6.1.4** Finalise and distribute the written Regional Diagnostics Offer to all LAs by **31**st **October 2025**, with inclusion in the regional improvement programme documents.
- **6.1.5** Publish **two thematic briefings annually** and update the regional learning log within **4 weeks** of each diagnostic review. Log access and usage monitored quarterly.
- **6.1.6** All diagnostic reports to include **at least one evidenced strength** and **one area for improvement**, with findings added to a regional learning log updated **quarterly**. By **March 2026**, disseminate at least **4 examples** of strong practice identified through diagnostics and initiate at least **2 targeted improvement support offers** in response to identified development areas.
- **6.1.7** From **October 2025**, RIIA diagnostics explicitly align with DfE template and include a statement on LA reform readiness.
- **6.1.8** Feedback from at least **3 network groups** (e.g. PL, Workforce, QA Leads) incorporated into diagnostic methodology and tools by **March 2026**. At least **3 best**



review. This will include a strengths and areas for development summary and regional learning log.

- **6.1.4** Formalise the offer and communication to LAs. Publish a Regional Diagnostics Offer by October 2025 as an appendix to the main strategy. This will set out:
 - What LAs can expect from diagnostics
 - How to request a peer challenge
 - Eligibility and participation expectations
 - The agreed schedule and review calendar
- **6.1.5** Collate and share learning from diagnostics with stakeholders. Develop a regional learning log managed by the RIIA team, collating strengths, improvement themes, and peer challenge insights. Share learning via:
 - Biannual thematic briefings
 - Updates to SW ADCS, PL network, and CIB
 - Regional workshops and Communities of Practice
- **6.1.6** Disseminate effective practice and target improvement support Ensure that each diagnostic

practice case studies or examples shared regionally via bulletins or showcases by July 2026. Hold 2 regional 'What Works' learning events showcasing diagnostic learning in 2025–26.

6.1.9 100% of diagnostic planning discussions use Regional and CSC Dashboard data to scope focus areas from **October 2025** onward. By **June 2026**, the RIIA will have collaborated with the LGA and at least **2 other regions** to review and align diagnostic and peer challenge methodologies.



identifies both areas of effective practice for dissemination and areas of development for either universal or targeted regional improvement support, and use the learning log to identify strong practice for sharing (via briefings, peer networks, or learning events) and flag areas of weakness to RIIA board for targeting support or sector-led improvement funding. Involve the LGA in this process where appropriate.

- **6.1.7** Align diagnostics with CSC National Framework and reform readiness. Design all diagnostics to reflect outcomes in the CSC National Framework and assess LA readiness for reforms such as the Families First Programme and Fostering Reforms.
- **6.1.8** Incorporate feedback from network groups and formalise best practice sharing. Establish a feedback loop and knowledge-sharing mechanism by:
 - Collecting structured feedback from at least three network groups after each round of diagnostics into revisions of tools/templates,
 - Formalising best practice sharing through quarterly "What Works" sessions, an online



repository, and featured case studies in learning bulletins.

RIIA coordinator and diagnostics lead to collate feedback and coordinate sharing activity.

- **6.1.9** Use data from the CSC Dashboard and collaborate with partners. Maximise the use of CSC Dashboard data and external collaboration by:
 - Using dashboard data and our own regional data to identify diagnostic priorities, trends, and outliers,
 - Ensuring CSC Dashboard and our data analysis informs scoping meetings for all diagnostics,
 - Collaborating with the LGA to align peer challenge methodology and attend at least two cross-regional learning or benchmarking sessions.

The RIIA data analyst and diagnostics lead will jointly support data interpretation and partner engagement.



6.2 Deliver the designed Regional Diagnostics. Ensure delivery is available to every LA in the region. Delivery can take any form the RIIA and LA deems appropriate and could include a self-assessment and peer challenge programme.

6.2.1 Deliver Regional Diagnostic Assessments Across All LAs

- Implement a structured diagnostic template for regional work across 100% of Local Authorities (LAs) in the region.
- Diagnostics to include a baseline selfassessment template covering leadership, workforce, data readiness, and practice quality.
- Each LA to complete the selfassessment with optional facilitation support.

6.2.2 Facilitate Peer Challenge Programme

- Design and deliver a peer challenge model involving Directors of Children's Services (DCS) and Principal Social Workers (PSWs).
- Peer challenges to include:

Pre-visit document review (e.g., self-assessment, performance data)

- **6.2.1** By March 2026, 75% of Local Authorities in the region will complete a baseline self-assessment using the structured diagnostic template, with initial results reported to the RIIA Board.
- **6.2.2** By March 2026, deliver a regional peer challenge with least 75% of Local Authorities, with each involving a minimum of one DCS and one additional lead from a different LA, and produce a feedback report for within 14 working days.
- **6.2.3** By February 2026, complete at least one data maturity assessment or workshop with 100% of LAs using the regional data maturity matrix, and produce a regional summary benchmarking report by March 2026.
- **6.2.4** Ensure that 100% of peer challenges and diagnostic activities are reviewed by the RIIA Board, DCS Network, and Performance & QA Leads Network within one month of completion, with meeting records demonstrating discussion and actions; Regional Coordinator to provide logistical and QA support for 100% of those engagements.

6.2.5

KPI 1 (Learning Summaries):

Produce and disseminate at least **2 learning summaries** from peer challenges and diagnostics **by March 2026**, with



1-day virtual or in-person visit

Feedback report with strengths and areas for development

 Peer teams to be drawn from other LAs in the region to ensure objectivity.

6.2.3 Focus on Data Preparedness for CSC Reform

- Conduct targeted peer challenges or workshops on LA data maturity and readiness for Children's Social Care (CSC) reforms.
- Use a regional data maturity matrix to assess and benchmark progress.
- **6.2.4** Coordinate Through Key Regional Network Groups. Peer challenges and diagnostics to be overseen by the Regional Improvement and Innovation Alliance Board (RIIA). SW DCS Network Regional Coordinator to provide logistical and quality assurance support.
- **6.2.5** Share Learning and Promote Joint Working; Produce and disseminate learning summaries from diagnostics and peer challenges. Host joint workshops with LA Leads, CIA, and Transformation

summaries shared within 6 weeks of each activity and made available to all regional partners.

KPI 2 (Workshops):

Deliver a minimum of **2 joint workshops** by March 2026 involving LA Leads, CIAs, Transformation Leads, and at least two external partner sectors (Health, Police, Education), with at least **80% of participants reporting improved understanding of shared challenges** and learning in post-event feedback.



	Leads and Partner Leads (Health, Police, Education) to embed learning and promote cross-sector collaboration.	
headline learnings from the Regional Diagnostics with LAs and across the region to inform continuous improvement and sharing of good practice. Liaise with the CIB to share learning from Regional Diagnostics.	 6.3.1 Summarise and format Key Findings from Regional Diagnostics - Develop a standardised summary template to capture headline findings, themes, and recommendations from each diagnostic. 6.3.2 Disseminate Insights to Local Authorities (LAs) and Regionally - Share summaries via a quarterly regional bulletin and present findings in regional improvement network meetings. 6.3.3 Liaise with the Children's Improvement Board (CIB) to Disseminate Learning - Present key learning themes and case studies at each CIB meeting and provide a written update. 6.3.4 Formalise and Share Peer Challenge Outcomes - Create a repository of peer challenge reports and develop a quarterly digest of outcomes and good practice. 6.3.5 Strengthen Engagement with Lead Members 	 6.3.1 By September 2025, produce and format 100% of diagnostic summaries using the agreed template within 2 weeks of each diagnostic completion 6.3.2 Share at least 4 learning summaries with LAs and the CIB by December 2025 through bulletins and presentations. 6.3.3 Present learning at 100% of all requested CIB meetings in 2025/26 and submit a written update within 1 week of each meeting. 6.3.4 By March 2026, compile and share 100% of peer challenge outcomes in a central repository and include them in at least 2 quarterly newsletters 6.3.5 Conduct at least 2 information sessions by March 2026, with 75% of attendees reporting increased awareness of regional learning.
	and Southwest Councils - Schedule biannual information sessions with lead members and	



		Southwest Councils to align on priorities and share learning.	
6.4	Ensure the programme informs and aligns with the RIIAs CSC Targeted Support offer (section 8 of the Statement of Requirements).	 6.4.1 Integrate Diagnostics with CSC Targeted Support Priorities - Review each diagnostic report to identify overlaps with CSC Targeted Support themes and ensure recommendations are aligned with national improvement priorities. 6.4.2 Develop and Promote Proactive Regional Support Offers - Design a forward-looking regional support structure informed by diagnostic trends, including pre-emptive offers such as thematic learning events, targeted peer support, and resource toolkits. 	 6.4.1 By November 2025, ensure that 100% of diagnostic reports include a section explicitly mapping findings to CSC Targeted Support priorities, reviewed quarterly for consistency. 6.4.2 Launch at least 2 proactive support initiatives by January 2026, with 75% of those LAs engaging providing feedback positive through a postengagement survey.
	Ensure the Regional	6.5.1 Map Diagnostic Themes to Departmental	6.5.1 By Decembe r 2025 , complete and share a mapping
1	gnostics informs, aligns	Programmes - Conduct a quarterly mapping exercise	report for 100 % of diagnostics conducted,
	n and supports other	to align diagnostic findings with key Departmental	updated biannually and shared with stakeholders.
	ources / programmes,	programmes (e.g., SLIPs, Improvement Advisers,	6.5.2 Hold at least 2 joint planning sessions by March
	uding those provided by	Families First).	, , ,
	Department. This	6 F 9 Facilitate laint Planning with Departmental	2026 , with 80 % of attendees reporting improved alignment
	udes Departmental	6.5.2 Facilitate Joint Planning with Departmental	and collaboration.
	grammes such as Sector	Programme Leads - Host biannual coordination	6.5.3 Include at least 4 Practice Guide workshops or
	Improvement Partners, tering South West,	meetings with leads from SLIPs, Improvement	newsletter spotlights in regional communications



Improvement Advisers, the
Families First Partnership
Programme, and Practice
Guides.

Advisers, and Families First to align support offers and avoid duplication.

6.5.3 Promote Practice Guides Through Regional Learning Channels- Feature the Practice Guides in regional bulletins, learning events, and peer networks, linking them to diagnostic themes.

6.5.4 Track and Report on LA uptake of RIIA Support - Monitor and report on how LAs are engaging with RIIA programmes following diagnostics, using feedback loops and follow-up surveys.

by **February 2026**, with engagement tracked via click-through or attendance rates.

6.5.4 By **March 2026**, collect feedback from **100**% of LAs receiving RIIA Support (targeted or universal), with at least **70**% reporting they accessed or planned to access a linked RIIA offer.



CSC Universal Improvement

To support CSC improvement need(s) for all LAs within the region.

Sub-Requirement Detail	Planned activity to meet requirements	Key Performance Indicator (KPI)
		*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises
7.1 Design and deliver activity	7.1.1 Conduct a comprehensive regional diagnostic	7.1.1 See sections 5 and 6.
to drive improvement across	review using CSC Dashboard indicators and peer	
the region on an identified	challenge outcomes by Q1 2025. (see SoR 5 and 6)	7.1.2 Ensure that there are at least 3 universal support
regional CSC priority (or		programme activities in 2025/26 focused on extra-familial
priorities). The priority should	7.1.2 Deliver targeted training programmes on extra-	harm, CSA, or domestic violence. (details tbc)
be identified in terms of the	familial harm, CSA, and domestic violence, co-	
outcomes of the Children's	designed with Bournemouth University, Dialogue and	7.1.3 Deliver 4 Practice Guide workshops by Q3 2025. 75%
Social Care National	LGA.	of LAs report embedding Practice Guide principles in
Framework statutory		operational practice by Q4 2025 via survey feedback .
guidance. Identify areas for	7.1.3 Support local authorities to implement and	
improvement through the CSC	embed the practice guides into everyday practice	7.1.4 Hold 2 virtual learning sessions for the region that
Regional Diagnostics work, as		has good practice examples from network feedback and
well as considering the	7.1.4 Host quarterly regional learning events to	Community of Practice meetings in 2025 with 80% LA
indicators within the CSC	disseminate good practice and case studies.	participation.
Dashboard. The region may		
want to give particular	7.1.5 Collaborate with external partners (police,	7.1.5 Deliver 2 joint initiatives with external partners by Q4
attention to reviewing how LAs	health, education, VCS) to co-design and deliver	2025. Regional improvement activities co-designed with
identify and respond to extra-	joint interventions to enhance support for children	external partners via creation of a partner engagement group
familial harms, child sexual	and families.	for the CSC activities.
abuse (in response to IICSA)	7.1.6 RIIA activity continues to have in place a SPOC	
and domestic violence under	programme delivery manager	7.1.6 Programme Manager RIIA coordinator in place
Outcome 3 of the National		



Framework – children and young people are safe in and outside of their homes – to identify areas of good practice and share learning.		
7.2 Ensure that the activity for	7.2.1 Ensure applicable improvement activities are	7.2.1 See KPI 7.2.3
7.1. is based on, or considers,	aligned with the Practice Guides (e.g., Kinship Care)	
the principles and	and the CSC Framework.	7.2.2 Deliver at least 3 workshops by November 2025 , to
recommendations set out in		support the embedding of Practice Guide principles across
Practice Guides. Existing	7.2.2 Develop and deliver a series of workshops to:	participating Local Authorities. By December 2025 , at
Practice Guides cover Kinship	Raise awareness of the relevant Practice Cylines among all Legal	least 65% of Local Authorities report that Practice Guide
Care and Parenting Through Adversity (0-10).	Practice Guides among all Local Authorities (LAs).	principles are being integrated into their operational practice
	 Support LAs in embedding the principles into operational practice. Facilitate peer learning and discussion on practical implementation. 	 7.2.3 Mapping improvement activities to DfE framework outcomes and enablers By October 2025, 80% of planned improvement activities will be mapped to at least one outcome or enabler from the Children's Social Care National
	7.2.3 Cross-check diagnostic and improvement work against DfE guidance by:	Framework and/or a recommendation from a practice guide.
	 Mapping each improvement activity to the outcomes and enablers outlined in the Children's Social Care National Framework. Engaging with sector-led improvement partners to validate approaches and ensure consistency with national 	By March 2026, 75% of LAs will have participated in at least one peer review session facilitated by a sector-led improvement partner, with documented outcomes.



7.3 Establish, or further develop, a regional community of practice for children's social care improvement. This community should draw on the CSC **Regional Diagnostics work and** regularly bring together senior practice leaders from each local authority within the region to share learning and good practice on chosen priorities. This community of practice should consider the information and questions outlined in Annex 2 of the **Statement of Requirements** document.

- **7.3.1** Establish a structured Community of Practice (CoP) for CSC improvement, informed by CSC Regional Diagnostics. The CoP will likely consist of senior practice leaders or Principal Social Workers from each Local Authority (LA) in the region, meeting quarterly to share learning, discuss challenges, and co-develop solutions on priority themes. This will develop on the strong standing of the current established CSC networks.
- **7.3.2** Convene quarterly meetings of senior practice leaders from each LA to share learning, discuss challenges, and co-develop solutions. The meetings will include thematic workshops, case study presentations, and peer-led discussions, with facilitation support to ensure inclusive participation.
- **7.3.3** Facilitate thematic workshops and peer-led discussions during CoP meetings to promote collaborative problem-solving.
- **7.3.4** Capture and disseminate outcomes from each meeting through summary reports, a regional knowledge hub, and newsletters and presentations at regional forums.

- **7.3.1** Host at least 3 **Community of Practice meetings** with Local Authorities by **March 2026**. This may be adapting existing networks in CSC, ensuring the senior practice lead for each local authority is identified by **August 2025**.
- **7.3.2** Achieve participation from at least **80% of Local Authorities** in at least one Community of Practice meeting by **March 2026**.
- **7.3.3** Ensure that **100% of CoP meetings** include at least one thematic workshop or peer-led session.
- **7.3.4** Produce and share **3 outcome reports** summarising key learning and actions from each CoP meeting.
- **7.3.5** Establish a formal governance structure for the CoP by **September 2025**, with documented terms of reference and leadership rotation plan.



	7.35 Formalise existing networks into the CoP with clear amendments to terms of reference regarding their link and input into the CoP.	
7.4 All activity should work in collaboration with stakeholders and regional partners to facilitate strong regional partnerships for	7.4.1 Begin to Co-develop a Regional Priorities Dashboard - Collaborate with Local Authorities and key partners (Health initially then police and Education) to co-design a digital dashboard that captures, tracks, and visually presents regional	7.4.1 Identify a list of data indicators that could be collected and that link to regional priorities through targeted initiatives or interventions by December 2025 , that could be tracked via the co-developed dashboard.
example with police, health leaders and education leaders. Regions should also	priorities. Integrate data from thematic reviews, LA submissions, and stakeholder feedback to ensure transparency and shared ownership.	7.4.2 Hold 2 peer review sessions by January 2026 on CSA and extra-familial harm.
consider the role of voluntary and community services in delivering improvements.	7.4.2 Conduct Thematic Peer Reviews. Facilitate quarterly peer review sessions focused on key themes such as extra-familial harm, CSA, and domestic violence. Use findings to inform targeted	7.4.3 Deliver at least 2 targeted training programmes by January 2026 , with 85 % of participants reporting increased confidence in applying learning.
	improvement plans. 7.4.3 Deliver Targeted Training and Development	7.4.4 Produce a map detailing existing partnerships, collaborations, network representation and gaps by October 2025
	Design and implement training programmes based on identified regional needs, in collaboration with LAs and LGAs. These will include workforce leadership development which partners can access	
	(not funded) and sessions on trauma-informed practice, contextual safeguarding, and multi-agency working.	



7.4.4 Strengthen Multi-Agency Engagement. Formalise engagement with police, health, education, and VCS partners through joint boards and working groups. Support partners to contribute to reviews and co-author improvement reports. This will be done by;

1. Map Existing Partnerships

Action: Identify current partnerships with police, health, education, and VCS organisations across the region. Use a stakeholder mapping tool or spreadsheet to log contact points, existing collaborations, and gaps.

2. Establish or Join Strategic Boards

Action: Ensure representation from regional networks on key boards such as: Local Safeguarding Children Partnerships (LSCPs), Health and Wellbeing Boards, Community Safety Partnerships. Reps to request a standing agenda item for CSC improvement priorities and then feedback into established networks and CoP.

- 3. Co-Design Improvement Activities
 Action: Invite partners to co-develop specific improvement projects (e.g., joint audits, training, or campaigns).
- 4. Formalise Collaboration



Action: Request members to join the regions CoP. This may mean developing Memoranda of Understanding (MoUs) or partnership agreements that outline roles, responsibilities, and contributions to reviews or reports.

5. Monitor and Report Impact

Action: Track the number and quality of joint initiatives and partner contributions. Tool: Use a shared reporting template or dashboard to capture outcomes and feedback. (to be designed)



CSC Targeted Support

To support CSC improvement need(s) for specific LAs within the region

Sub-Requirement Detail	Planned activity to meet requirements	Key Performance Indicator (KPI)				
		*Where all 15 LAP are mentioned, this is unless unforeseeable situation such as inspection arises				
8.1 Design and develop	8.1.1 Initiate with a regional stakeholder workshop	8.1.1 By 30 September 2025 , hold the initial stakeholder				
criteria and a process,	(including LA reps, DfE, LGA) to co-design the	workshop and produce a summary report.				
agreed across the region's	support criteria and access process.	8.1.2 By 30 October 2025 , finalise and approve the regional				
local authorities, through which packages of targeted	8.1.2 Draft and circulate a written offer template for	support criteria and access process.				
support can be delivered to individual LAs. The process should set out clearly how	targeted support, including scope, objectives, and expected outcomes.	8.1.3 By 31 November 2025 , implement the written offer template and matching protocol.				
suppliers and recipient LAs are identified, how they are	8.1.3 Formalise the supplier-recipient matching process through a documented protocol.	8.1.4 By 31 December 2025 , ensure 100% of new support packages include evaluation and feedback mechanisms.				
matched, any prioritisation protocol and how equity of access is ensured. These	8.1.4 Include additional measures such as:Evaluation framework for each support	8.1.5 By 31 December 2025 , at least 80% of LAs report awareness of and ability to access support packages.				
packages should draw on findings from the CSC Regional Diagnostic work,	packageFeedback loop from recipient LAs	Quarterly , publish a support activity tracker and report to the SW ADCS and SW RIIA Board on alignment with national programmes (e.g., Families First).				
including how LAs identify and respond to extra-	Equity audit of access	programmes (c.g., ramides rinst).				
familial harms, child sexual	8.1.5 Develop and maintain a support activity tracker					
abuse (in response to	to log all offers, uptake, and outcomes.					
IICSA) and domestic						
violence (see 7.1), and any						



other forms of LA engagement and feedback.	8.1.6 Deliver tailored training/workshops based on regional diagnostic findings.	
	8.1.7 Hold quarterly coordination meetings with DfE and LGA via the SWRIIA Board meetings.	
	Quarterly - Produce quarterly reports for SW ADCS and the SW RIIA that can be shared with the DfE, LGA, and CIB sub-group.	
8.2 Deliver the designed	8.2.1 Work with each identified Local Authority (LA)	8.2.1 By March 2026, co-design and deliver at
Targeted Support packages.	to co-design and deliver a tailored support package	least 2 tailored support packages to LAs identified as
Ensure delivery is available	aligned with CSC National Framework enablers and	needing support, with each package aligned to at least 1
to every LA in the region who need that support.	outcomes.	CSC National Framework priorities.
Delivery can take any form	8.2.2 Ensure each support package includes a built-	8.2.2 By March 2026, ensure that 100 % of delivered support
the RIIA and LA deems	in evaluation framework with baseline indicators,	packages include a completed evaluation report with
appropriate so long as it	progress indicators, and post-delivery impact	baseline, progress, and outcome statements.
supports improvement in LA CSC services. It should	assessment.	8.2.3 By March 2026, provide up to 39 days of formalised LA-
not fund surge capacity	8.2.3 Facilitate up to 39 days of formalised LA-to-LA	to-LA support per package for at least 2 LAs receiving
between LAs in the region.	support as part of each support package, tailored to	targeted support.
Targeted support could	the needs of the receiving LA.	8.2.4 Submit formal progress and outcome reports
include a Sector Led Improvement Partnership	8.2.4 Formally share progress, learning, and	for 100 % of delivered support packages through SW RIIA and
style approach. Packages should have clear	outcomes from support packages through quarterly SWRIIA and SWADCS reports, that can be shared	SW ADCS on a quarterly basis by March 2026.

with CIB and DFE.

objectives, measurables and a mechanism to



evaluate and share the progress and outcomes of the support with the RIIA and, where appropriate, the CIB sub-group and the Department. The objectives should be linked to the CSC National Framework enablers and outcomes.

NOTE:

The SW RIIA plans to have a formal process as details in 8.1 but will be non-statutory and will be strengths based and is likely to include:

- Performance Data Analysis
- Use regional and national datasets to flag LAs with declining or consistently low performance.
- Indicators might include inadequate or requires improvement Ofsted judgments, high re-referral rates, delays in assessments or care proceedings
- workforce instability or high agency use.
- Self-Assessment and Peer Review
- Encourage LAs to submit self-assessments aligned to the CSC National Framework. Use peer challenge sessions or regional moderation panels to validate and compare findings.
- Escalation or Early Warning from DfE or SWRIIA
- Monitor informal concerns raised by the Department for Education or regional intelligence.



	- Can still include LAs under formal	
	intervention or with recent DfE engagement.	
	 Feedback from Sector-Led Improvement 	
	Activity	
	- Use insights from previous support packages,	
	learning reviews, or regional improvement	
	networks to identify recurring or emerging	
	needs.	
	- Requests for Support	
	- Allow LAs to request support directly, with a	
	light-touch needs assessment to validate and	
	prioritise.	
8.3 Regularly liaise with the	8.3.1 LGA and DfE participate in existing regional	8.3.1 Hold at least 6 contact meetings with DfE and LGA by
Department and LGA	governance structures, including quarterly SW RIIA	December 2025 , using existing forums (SW RIIA, SW ADCS)
regarding targeted support	and SW ADCS meetings. Engage LGA, LM, and	and 6-weekly RISL meetings, with documented attendance
packages to ensure co-	CEX/DCS-level representatives through their roles on	and outcomes. Invite DfE to attend relevant portions of SW
ordinated and coherent	the SW RIIA. Share regular invites and updates	RIIA meetings.
arrangements are in place	through the SW ADCS network.	
locally and regionally to		8.3.2 Ensure that by July 2025 the meetings are set up and
deliver improvements and	8.3.2 Establish 6-weekly coordination meetings	shared into diaries up until March 2026. Maintain a 80 %
address challenges. Ensure	between DfE RISLs (for CSC and SEND), the regional	attendance rate at 6-weekly RISL coordination meetings
there is coordination with	coordinators, Chair DCS, and regional SLI and SEND	across 2025.
any support in place for LAs	DCS leads.	0.0.0 Fatablish at least 0 asting Communities of Burning
from the Department's CSC		8.3.3 Establish at least 2 active Communities of Practice by
Improvement and		March 2026, with participation from 80% LAs in the region.
Intervention national		



programme and other departmental programmes, such as the Families First Partnership Programme.

- **8.3.3** Establish and maintain Communities of Practice networks to share learning and promote consistency across the region
- **8.3.4** Engage with and attend meetings and provide regular updates to the CIB when requested.
- **8.3.5** Share quarterly updates with national ADCS and the Council of Reference to ensure national engagement and alignment.
- **8.3.6** Share quarterly reports with DfE and LGA summarising regional support activity and alignment with national programmes.

Maintain a contact list of key stakeholders from DfE, LGA, and regional leadership to ensure consistent communication and coordination.

- **8.3.4** Ensure the regional CIA is a member of the SW RIIA board. Attendance and contribution to any CIB meeting is shared with the RIIA.
- **8.3.5** Quarterly national ADCS updates for the CoR are shared with the chair DCS and SLI lead DCS prior to submission and **2 will be shared by December 2025.**
- **8.3.6** Produce and share 4 quarterly reports with DfE and LGA by end of each quarter, with confirmation of receipt. First report shared by end of **Q3 2025** and then at the end of every quarter

Create a contact list by **September 2025**





Appendices

Appendix I **Grant Costings SEND**

Area of DFE Grant	Finance Projected Spend	Q2 (20% grant allocation)	Q3 (30% grant allocation)	Q4 (50% grant allocation)	Total Projected Spend per Area	DfE Allocation	Variance Spend vs Grant
SEND Data Capacity and Capability This section funds all the KPI in section 1 1.1.1 to 1.1.3B 0 = actions that do not require separate funding	£89,429	£17,886	£26,829	£44,715	£211,859	£160,000	£51,859
	£25,000 £89,429	£5,000 £17,886	£7,500 £26,829	£12,500 £44,715			
	£8,000	£1,600	£2,400	£4,000			



	63	63	£0	£0			
	£0	0 2	03	03			
SEND Regional Diagnostics This section funds all KPI in section 2 2.1.1 to 2.5.1	£2,000	£400	£600	£1,000	£19,000	£60,000	-£41,000
	£2,000 £15,000	£400 £3,000	£600 £4,500	£1,000 £7,500			
SEND Universal Improvement Universal Project management This section funds all KPI in		£21,374	£32,061	£53,434	£266,563	£200,000	£66,563
section 3 3.1.2B as it has been costed separately	£28,330 £131,365	£5,666 £26,273	£8,499 £39,409	£14,165 £65,682			



SEND Universal Improvement Workstream This section funds KPI in section 3 Excluding 3.1.2B							
	£0	£0	£0	£0			
					£368,529	£400,000	-£31,471
	£30,000	£6,000	£9,000	£15,000			
	£20,000	£4,000	£6,000	£10,000			
	£20,000	£4,000	£6,000	£10,000			
	£60,000	£12,000	£18,000	£30,000			
	£20,000	£4,000	£6,000	£10,000			
	£10,000	£2,000	£3,000	£5,000			
	£4,000	£800	£1,200	£2,000			
	£4,000	0083	£1,200	£2,000			
	£14,500	£2,900	£4,350	£7,250			



	£25,000	£5,000	£7,500	£12,500			
	£18,731	£3,746	£5,619	£9,366			
	£57,792	£11,558	£17,338	£28,896			
	£10,000	£2,000	£3,000	£5,000			
	£30,000	£6,000	£9,000	£15,000			
	£44,505	£8,901	£13,351	£22,252			
SEND Targeted Support Offer							
This includes all KPI in section	£228,310	£45,662	£68,493	£114,155			
4					£324,250	£370,200	-£45,950
	£30,000	£6,000	£9,000	£15,000			
	£65,940	£13,188	£19,782	£32,970			
Totals	£1,190,200	£238,040	£357,060	£595,100	£1,190,200	£1,190,200	£0



Appendix II **Grant Costings** CSC

Area of DFE Grant	Sub Requirement	Plan activity and KPI Numbers	Finance Projected Spend	Q2 (20% grant allocation)	Q3 (30% grant allocation)	Q4 (50% grant allocation)	Total Projected Spend per Area	DfE Allocation	Variance Spend vs Grant
CSC Data Capacity and Capability To support the better	5.1 Continue to collect and report on the core children's services indicators. Submit these indicators to the Department for Education on a termly basis. For further information about the indicators, please consult with the relevant regional team in the Department.	5.1.1 to 5.1.9	£14,500	£2,900	£4,350	£7,250			
use of data by individual LAs and as a collective region as an enabler to CSC service improvement	5.2 Develop data collection and analytical expertise and experience within the RIIA that can collect and utilise local and regional CSC data to identify regional trends, outliers and issues both quantitatively and qualitatively. The expertise should also support oversight and drive improvement activity of the RIIA and inform senior leaders in the region and the Children's Improvement Board (CIB) to ensure that national partners are able to support and enhance regional activity effectively. The Children's Social Care Dashboard can be used to support this, using the regional comparison function to identify trends.	5.2.1 to 5.2.9	£65,500	£13,100	£19,650	£32,750	£80,000	£80,000	£0



CSC Regional Diagnostics To support the identification of issues in CSC provision within LAs and across the region.	6.1 Design a delivery strategy for Regional Diagnostics. The aim of the diagnostics should be to review area(s) of CSC performance within LAs of the region and area(s) of performance across the region as a whole. It should identify areas of strength and effective practice that can be disseminated and areas of weakness that can be targeted for improvement. The strategy should be underpinned by the CSC National Framework, utilise the CSC Dashboard and consider preparedness of LAs and the region to participate in the wider CSC reform programme, such as the Families First Partnership Programme.	6.1.1 to 6.1.9	£12,000	£2,400	£3,600	£6,000			
	6.2 Deliver the designed Regional Diagnostics. Ensure delivery is available to every LA in the region. Delivery can take any form the RIIA and LA deems appropriate and could include a selfassessment and peer challenge programme.	6.2.1 to 6.2.5	£32,000	£6,400	£9,600	£16,000	£48,000	£48,000	£0
	6.3 Collate and share headline learnings from the Regional Diagnostics with LAs and across the region to inform continuous improvement and sharing of good practice. Liaise with the CIB to share learning from Regional Diagnostics	6.3.1 to 6.3.5	£800	£160	£240	£400			
	6.4 Ensure the programme informs and aligns with the RIIAs CSC Targeted Support offer (section 8 of the Statement of Requirements).	6.4.1 to 6.4.2	£1,200	£240	£360	£600			
	6.5 Ensure the Regional Diagnostics informs, aligns with and supports other resources / programmes, including those provided by the Department. This includes Departmental	6.5.1 to 6.5.4	£2,000	£400	£600	£1,000			



	programmes such as Sector Led Improvement Partners, Improvement Advisers, the Families First Partnership Programme, and Practice Guides.								
CSC Universal Improvement To support CSC improvement need(s) for all LAs within the region.	7.1 Design and deliver activity to drive improvement across the region on an identified regional CSC priority (or priorities). The priority should be identified in terms of the outcomes of the Children's Social Care National Framework statutory guidance. Identify areas for improvement through the CSC Regional Diagnostics work, as well as considering the indicators within the CSC Dashboard. The region may want to give particular attention to reviewing how LAs identify and respond to extra-familial harms, child sexual abuse (in response to IICSA) and domestic violence under Outcome 3 of the National Framework – children and young people are safe in and outside of their homes – to identify areas of good practice and share learning.	7.1.1 to 7.1.6	£89,000	£17,800	£26,700	£44,500	£200,000	£200,000	£0
	7.2 Ensure that the activity for 7.1. is based on, or considers, the principles and recommendations set out in Practice Guides. Existing Practice Guides cover Kinship Care and Parenting Through Adversity (0-10).	7.2.1 to 7.2.3	£31,000	£6,200	£9,300	£15,500			
	7.3 Establish, or further develop, a regional community of practice for children's social care improvement. This community should draw on the CSC Regional Diagnostics work and regularly bring together senior practice leaders from each local authority within the region to share learning and	7.3.1 to 7.3.5	£12,000	£2,400	£3,600	£6,000			



	good practice on chosen priorities. This community of practice should consider the information and questions outlined in Annex 2 of the Statement of Requirements document.								
	7.4 All activity should work in collaboration with stakeholders and regional partners to facilitate strong regional partnerships for example with police, health leaders and education leaders. Regions should also consider the role of voluntary and community services in delivering improvements.	7.4.1 to 7.4.4	£68,000	£13,600	£20,400	£34,000			
CSC Targeted Support To support CSC improvement need(s) for specific LAs within the region	8.1 Design and develop criteria and a process, agreed across the region's local authorities, through which packages of targeted support can be delivered to individual LAs. The process should set out clearly how suppliers and recipient LAs are identified, how they are matched, any prioritisation protocol and how equity of access is ensured. These packages should draw on findings from the CSC Regional Diagnostic work, including how LAs identify and respond to extra-familial harms, child sexual abuse (in response to IICSA) and domestic violence (see 7.1), and any other forms of LA engagement and feedback.	8.1.1 to 8.1.5	£2,388	£478	£716	£1,194	£100,388	£100,388	£0
	8.2 Deliver the designed Targeted Support packages. Ensure delivery is available to every LA in the region who need that support. Delivery can take any form the RIIA and LA deems appropriate so long as it supports improvement in LA CSC services. It should not fund surge capacity	8.2.1 to 8.2.4	£70,000	£14,000	£21,000	£35,000			



Partnership Programme.	Total	£428,388	£85,678	£128,516	£214,194	£428,388	£428,388	£0
8.3 Regularly liaise with the Department and LGA regarding targeted support packages to ensure coordinated and coherent arrangements are in place locally and regionally to deliver improvements and address challenges. Ensure there is coordination with any support in place for LAs from the Department's CSC Improvement and Intervention national programme and other departmental programmes, such as the Families First	8.3.1 to 8.3.6	£28,000	£5,600	£8,400	£14,000			
between LAs in the region. Targeted support could include a Sector Led Improvement Partnership style approach. Packages should have clear objectives, measurables and a mechanism to evaluate and share the progress and outcomes of the support with the RIIA and, where appropriate, the CIB sub-group and the Department. The objectives should be linked to the CSC National Framework enablers and outcomes.								