

To deepen an exceptional neuroinclusive, therapy-informed model in which barriers are identified early, provision is adapted precisely and pupils, families and professionals shape decisions that improve access, participation, independence and achievement.

Headline evaluation

Current self-evaluation: Inclusion is transformational because removing barriers changes what pupils with the greatest complexity are able to access, participate in and achieve, enabling greater communication, regulation, independence, belonging and readiness for adulthood.

Lead responsibility: Emma Dunn

Challenges & Context

- Inclusion is the foundation of curriculum, teaching, safeguarding, behaviour, therapy, family partnership and preparation for adulthood rather than a separate intervention.
- The stage-not-age Engagement, Core and Extended pathway model must remain responsive as pupil complexity, communication, regulation, health and physical needs continue to change.
- Integrated SaLT and OT are embedded within everyday provision; 2026/27 evaluation needs to make the impact of this model increasingly explicit and consistent across pathways.

Why this matters

The implementation plan shows a clear line of sight from context and identified barriers to action, evidence, intended impact and next steps. It builds on securely embedded strengths while concentrating improvement activity on the refinements identified through the September 2026 SEF and Year 5 Horizon.

Intent

Priority intent	2026-27 statement
Early identification of barriers	Use assessment, observation, PLIMs, therapy, attendance, behaviour, safeguarding, and family insight to identify barriers before they become entrenched.
Neuroinclusive practice	Sustain consistent total communication, sensory-aware pedagogy, relational practice, and visible consistencies across all pathways.
Integrated therapy	Ensure therapy and classroom practice operate from shared knowledge of EHCP, communication, sensory and physical needs.
Co-production	Strengthen pupil, family and professional influence on provision, transition and strategic decisions and policies.
System leadership	Use Fusion, NEN, university and partner-school work to improve practice beyond school while bringing learning back into Cleaswell Hill.

Cleaswell Hill School - Inclusion Implementation Plan 2026-27

Whole-School Inclusion Priorities

Priority	Actions	Leads	Impact / evidence of success
1. Precision of inclusion	Use termly cohort/pathway review and pupil-level case sampling to identify intersecting barriers and evaluate adaptations from individual starting points.	DHT Inclusion / Pathway Leads	Leaders can show which barriers were identified, what was adapted and the sustained difference to access, regulation, participation and progress.
2. Neuroinclusive consistency	Use learning walks, professional dialogue, and coaching to strengthen the use of communication, regulation, sensory and relational approaches relating to visible consistencies in classrooms.	DHT Inclusion / PL&D / Therapy	Staff articulate why approaches are used and evidence impact rather than describing provision alone.
3. Integrated therapy	Align therapy assessment, classroom strategies, EHCP/PLIM priorities and pathway review; evaluate universal, targeted and specialist input.	Lead SaLT / Lead OT / Phase Leads	Therapeutic expertise increasingly builds staff capacity and pupil independence; direct therapy is used where it adds greatest value.
4. Family partnership	Develop and evaluate the Family Partner role and wider co-production, including transition and early-help work.	DHT Inclusion / Family Partner	Family insight shapes provision earlier; engagement, consistency and transition evidence improve.
5. External inclusion impact	Evaluate Fusion, NEN, university and partner-school work through changes in practice, repeat engagement and reciprocal learning.	SLT / Fusion / NEN Leads	The school can demonstrate external impact and clear benefits brought back into internal provision.

Implementation approach

- Use the SEF, Year 5 Horizon, relevant strategy documents, pupil-level evidence and external quality assurance as one coherent improvement cycle.
- Review implementation half-termly and impact termly; adapt actions when evidence shows a different barrier, stronger approach or unnecessary workload.
- Triangulate quantitative trends with learning evidence, therapy, pupil/family voice, case sampling and external challenge rather than relying on headline measures alone.
- Keep improvement activity proportionate: securely embedded practice remains normal business while leadership attention is concentrated on the priorities above.

Cleaswell Hill School - Inclusion Implementation Plan 2026-27

Evidence Base and Monitoring Cycle

Evidence strand	Examples of evidence to hold/review
Core evidence	Inclusion Strategy and Accessibility Plan; Pathway/cohort review and vulnerable-group analysis; Integrated therapy assessment/case studies; Learning walks and staff voice; Family Partner and co-production evidence; Fusion/NEN/partner-school impact evaluation
Operational review	Half-termly lead review of implementation, barriers, workload and emerging pupil need.
Strategic evaluation	Termly SLT/governor review of impact, typicality, vulnerable groups and whether actions require adaptation.
External assurance	SIP, governor and relevant external/partner quality assurance used to test leaders' evaluation and avoid inward-looking judgements.
Annual evaluation	Update SEF and implementation plan; identify what is securely embedded, what remains variable and what should carry into the next strategic cycle.

Termly Review Questions

- Are barriers identified early enough and are adaptations proportionate to assessed need?
- Can staff explain the rationale and impact of neuroinclusive and therapy-informed practice?
- How does family and pupil voice alter provision in practice?
- What evidence shows outward-facing work improves both partner settings and Cleaswell Hill?

Expected Impact by July 2027

Inclusion remains exceptional because it is visible in normal classroom, therapeutic, pastoral and strategic practice. Pupils experience increasingly precise support, greater participation and independence, and families and professionals contribute meaningfully to decisions.

2026 Ofsted Toolkit Alignment

This plan is written to align with the September 2026 state-funded school inspection toolkit and Cleaswell Hill's evidence-led improvement cycle. It emphasises typicality, sustained impact, barriers to learning and/or wellbeing, starting points, stakeholder experience, professional expertise and fair, valid triangulation of evidence.