**Workshop 1 - Children, young people and Health Inequalities in Lancashire and Cumbria in Lancashire and Cumbria to inform the Lancashire & Cumbria Health Equity Commission (HEC)**

**1.30pm Fri 15th October 2021**

**Overarching message:**

* Need to work in a way that enables effective partnerships, in place (e.g. schools), that are family and children led (and not service-led) and which get the balance between a universal offer, and targeting of resource to make the difference to those most in need – need brave leadership to harness the appetite in services to work differently and enable partners to work together to achieve this.

**Actions:**

* Explore the possibility of CYP participating in Community Journalist Initiative – to ensure that their experiences and voice are included in the HEC
* Tammy to follow-up with Nicola Turner to get information on coverage of Mental Health Support Teams in primary and secondary schools

**Key points for each question (see appendix for verbatim nearpod contributions):**

**1. What are the key local issues for Children & Young People CYP and their health in Lancashire and Cumbria?**

* **Top issues from the nearpod:** 
  + Need to understand and work better together as partners
  + Poverty (intergenerational); ‘Broken communities’, lack of aspiration/opportunity, lack of exposure to positive experience, lack of hope (partly attributed to environmental issues)
  + Mental health, anxiety amongst young people, adverse childhood experiences
  + Obesity
  + Hospital admission due to alcohol related issues
  + Hidden children in terms of social, emotional and mental health (SEMH), special educational needs and disabilities (SEND), Autism
  + Families disengaging from services
  + General decimation of CYP services e.g. youth centres, children’s centres
  + Poor transport and connectively (including digital in Cumbria)
* **A number of nearpod issues also centred on *how* services worked:**
  + Lack of a joined-up approach (including joined-up data)
  + Lack of integrated services, difficult to understand availability and navigate what’s on offer
  + Lack of timely access to right services when needed, inequitable access/delivery
  + Lack of whole family approaches
  + Short-term funding, small-scale projects
* **Key concerns of the group:** 
  + The importance of ‘digging down’ into data because in a number of areas in Lancashire (e.g. West Lancashire, Fylde and Wyre) the outcomes average out at a district level and hide pockets of severe deprivation and poor health
  + Identifying the best ways of bringing disparate partners and services together in a way that works for children and young people – the Teams in Schools and Settings was felt to be working well because instead of people prioritising their own concerns/agenda, the setting of the school gives providers a shared ***lens*** through which to work; the Mental Health Support Teams (MHSTs) are also felt to be another model that demonstrates how health and education can be ***integrated*** to provide more dynamic and responsive input not just to children but also parents and families
  + Negotiating the tension and getting the balance right between delivering a universal offer at Lancashire County level (and arguably trying to be all things to all people and not doing anything as well as necessary), and on the other hand delivering hyper local and targeted supported that people feel would really make a difference to lives of people in ‘hot spot’ areas – the worry with the ICS is that actions become overly centralised and different partners lose their ability to influence and inform the agenda and feed in the in-depth and nuanced local intelligence that partners have
  + Emphasis on doing *with* communities, and not *to* communities; and not just limiting ourselves to the ‘usual suspects’ in terms of partners – the scale of the challenge requires broad brush engagement and support and it’s not just mental health teams who deal with or are invested in the mental health of CYP for example

**2. What actions are working and what actions should be taken for CYP for better health and wellbeing? Who should be responsible/leading this?**

* **Initiatives from nearpod:** 
  + Parenting courses; HAF programme (Holiday Activities and Food); Baby Friendly Initiative; Resilience Networks; SEND Improvement Programme; Early intervention partnership; Voluntary Sector input; Cumbria Communication Project; Health Visitor oral health interventions; Food hubs; Healthy Child Programme; Trauma Informed Care; Mental Health Support Teams; Love Barrow Families; Vulnerable Families; Sure Start; West Cumbria Mental Health Partnership.
* **Partnerships, joined-up working, and whole family/whole system approaches:** 
  + Things work well when people know about them but often, from VCFS perspective, it takes a lot of time and energy to find out what is available and were there are opportunities to work together
  + Using schools as a ‘conduit’ to reach children and families and as a site to improve the interface/interconnection between schools and health services

**3. What message would you send to the HEC that you feel would make the greatest changes for CYP to improve health inequalities?**

**The HEC needs to:**

* Think wider family, not just CYP
* Be brave! Give permission and advance ideas for how people can work differently that is supported at a strategic level (e.g. pooled budgets, change funding flows, devolve budgets to families, support radical help approaches) and remove bureaucracy from services (e.g. unhelpful performance management, complex referral processes and thresholds for intervention)
* Find out what is working e.g. what models of service delivery are making the difference – don’t need new small-scale projects, need to improve what’s already being done in a sustainable way – examples of effective models being mental health support teams in schools, family hubs where partners are all in the one place and working to same agenda
* Promote partnership working – links with schools have improved but need more community-based social action and engagement
* Prioritise early years (i.e. pregnancy and first two years)
* Acknowledge that responses to local challenges may differ and make best use of resources (i.e. targeting where need is greatest)
* Support initiatives that can help to broaden horizons, aspirations, opportunities for CYP

**4. What are the barriers that prevent you from making a step change in health inequalities?**

* Funding
* Complex referral processes; organisational boundaries impeding joined-up working; lack of joined-up data
* Lack of investment in early intervention means that people are in crisis by the time they meet services
* Thinking about CYP in isolation from parents, wider family

**5. Where are the greatest opportunities for improvement?**

* Building on the relationships that developed during Covid and the experience that you can by-pass bureaucracy
* Supporting the AMAZING people on the front line to really make things happen/make a difference for the people they work with
* The workforce has an appetite to work differently, it just needs to be supported
* Putting places/settings (i.e. schools) at the heart of service delivery
* Sharing good practice
* Targeting resource and listening to needs of CYP and families
* Adopting a CYP Charter across all organisations?
* Dedicated staff to support different groups e.g. maternity staff for Black and Minority Ethnic groups

**Appendix: Contributions from nearpod**

**1. What are the key local issues for Children & Young People CYP and their health in Lancashire and Cumbria?**

|  |
| --- |
| * Generational poverty * ACES * Mental/emotional health and wellbeing * Rurality South Cumbria * Lack of aspiration * Lack of investment * Self-harm * Healthy weight pathway * Confused organisational boundaries that make it hard to progress * Isolation, poor public transport * Child poverty * Broken communities – YP need to belong so open to criminality * First 1001 days – integrated approach * Access to right opportunities/services at the right time * Lack of joined up approach between partners: LA, district councils, NHS, VCFS * Lack of opportunity for better paid employment * Warranted v unwarranted variation due to inflexible service models * Services are not as integrated as they should be * Lack of exposure to positive experiences and opportunities so don’t know what they can be/do * Fragmented services, statutory services unable to engage those most at risk * Timely access to support services * 10 years equals a government ideology – how does that change * Poor internet connectivity in places in Cumbria * Reduced access to targeted youth support * Workforce challenges * Children’s centres dues to enable services to work together at the local level but they have been decimated * Racism, homophobia, discrimination * Services being overloaded * Community-based support * Obesity – Barrow * True partnerships – but however hard we try there are still soloes and ‘this is how we do it here’ approaches * Ongoing cuts to budgets and services * Hidden children in terms of SEMH/Autism, systems in schools managing presenting behaviours as opposed to finding root causes – tension between progress 8 expectations/funding/exhausted workforce * Silo working – multiple action plans and projects but they don’t add up to really making a difference * Using substances, alcohol, smoking as self-medication for dealing with life * Some poor delivery, not equitable in terms of commitment, skill, capacity * Poor housing, poverty * Reality for families/family life and organisational plans/actions/provision * Parental ill-health * Services need to needs-led and not service driven – need for outreach, work within communities, going to where families are to reach those most in need * LGBTQ plus * We at Twinkle House as part of our young people’s sleep service are currently running 2 courses for young people that is a response to heightened awareness of anxious 9 – 11 year olds and for 12 – 16 year olds * Lack of whole family and community approaches * Lack of trust * Embedding community engagement as BAU – to improve provision * Lack of hope amongst young people – the environmental issues have a major impact on young people’s well being * Unaffordable activities and lack of activities for CYP when they need them * High rate of hospital admission for alcohol specific conditions in under 18’s Furness Cumbria * Resources too stretched – not a lack of will, but a lack of capacity * Future workforce – not enough, curriculum may not be current, influencing the growth of workforce and type of workforce for future models of working * Forgotten families, forgotten communities * Short-term funding as sticking plasters for things that need long-term funding * Parent-infant relationships – minding the ‘baby blind spot’ * No closed door, no closed file approach needed * Services not working together in the best interests of the child * To many bitty projects * Poor transport for young people to access services in rural locations * Constant negative narrative about CYP and life in some areas of Lancashire and South Cumbria * We create inequity MHST’s in only 50% of schools – government directive yes, but what about the 50% left? * Lack of any real investment in the VCFS, even though talk about partnerships * Lack of cohesion between adult and children’s services – we need a think family approach * Mental Health Support Teams in Schools (Trailblazer) is amazing – schools say they make a huge difference – but the national ambition is only to do this in 50% of schools. We need to group together to put this in place in all schools * Ward level or smaller poor health hotspots * Our systems and structures are so complicated that schools don’t know where to get help – so families have no hope of knowing where to go * Lack of joined up data, especially across the early years * Number of CYP persistently missing education * I’m SEND lead so you’d expect me to say this – with ICS changes there is a danger that SEND gets boxed into LD&A/ Mental Health / CYP transformation for new architecture – it’s much more than each of those and there is are risks for SEND due to changes * Hard to reach services – stakeholders unsure on how to access services which are not always ‘local’ – lack of Children’s centre/ neighbourhood hubs * The numbers of children on a child protection plan are the lowest rate for some years. High % of cases where withdraw of consent/non-engagement of family after work was commenced in early help services * The prevalence with decayed, missing teeth, aged 11 * Need for trauma-informed approach across the system * There is some really worrying emerging anecdotal evidence about increases in families disengaging from services, families refusing core health visitor visits * For mental health seeing in terms of demand in pressures in the system particularly eating disorders |

**2. What actions are working and what actions should be taken for CYP for better health and wellbeing? Who should be responsible/leading this?**

|  |
| --- |
| * the youth alliance in BwD has been impactful * NEET - There are some strong partnerships between LA, schools and colleges in Lancs which are improving overall outcomes - but lots more to do particularly for most vulnerable * We are all responsible! We need that joint accountability - that starts with a joint action plan with joint outcomes. * HENRY Parenting courses * HAF programme worked well in BwD and Lancashire because of the strong partnership between the VCFSE sector and LA's * We need a joined up approach to attachment/building parent-child relationships. Millom had a project on this where all public sector organisations joined up in an approach to support parent-infant attachment * BFI Baby Friendly Initiative - breastfeeding support * Resilience networks in Barrow & South Cumbria have worked well during pandemic - in Barrow this has become a one stop shop for sign posting, etc. Green Doctor service offering free energy saving advice. * SEND support to families and diverse representation on key communication and decision making boards * SEND Improvement Programme is working reasonable well - more improvements to make for sure. But our model of ICS lead with local authority area and place-based support. Strong integration, developing partnerships in most areas etc. * Early intervention partnership across the voluntary sector and LCC has been effective in providing direct support for children and getting positive outcomes * our voluntary sector do amazing work at a hyper-local level, they know how to work with local communities - and can make a huge difference but need funding and need statutory services to support and enable and work through them * Food hubs that offer recipe cards and cookery demonstrations * Oral health - distribution of toothbrushes, toothpaste and sippy cups by HVs * HAF programme within West Lancashire very successful over the summer * relationship based work that is able to gain trust and engagement of young people outside of statutory settings * Trauma informed and trauma aware services and communities * Ditto for the HAF programme and the VCFSE partnership. There is something about finding those orgs that can facilitate between the large stat orgs and grass roots * Great local partnerships and relationships, passionate leaders at all levels * voluntary sectors are amazing and we are lucky to have them * Cumbria Communication Project - aimed at 0-3 year olds = home based, nursery and centre based learning with practitioner training and parental involvement * direct engagement with young people to identify what support they need * Healthy Child Programme - in BwD the commission required the lead provider to work with the VCFSE sector. LCC didn't follow the same model which (i think ) impacted on the delivery. * Trauma Informed Care implemented across all services * Mental Health Support Teams * There are some amazing projects but they remain as projects - they don't get embedded and eventually the funding stops. We need to use these projects to inform how we can turn around the way statutory services work to focus on more holistic outcomes * The projects that are really effective bring together really different ways of working in a more holistic way eg things like Love Barrow Families, Vulnerable Families, Sure Start etc * Although not South Cumbria - the West Cumbria Mental Health Partnership has a significant family well-being element and we have seen how key partnership working has been for the success of the programme * Solihull or alternative psychoanalytical approach to parenting and care giving (including how schools, settings, health visiting services understand behaviour) - links to Trauma Informed Care * SEND schools need updated facilities to give effective care with adequate space and resources * CVFSE pick up the people that fall through the cracks * Integrated working and positive relationships across Public Health, Local Authority and Social Care services for children. This needs to extend across borders to reduce the risk of inequitable access to services for families * Whole school approaches * ACE informed practice * work is focussed in schools but community centres have been so impacted by funding cuts that work there now is so restricted if available at all * Building infants'/children's brains and emotional development - starting with supporting transition to parenthood and supporting loving, responsive, safe parent (or carer) and infant or child relationships. |

**3. What message would you send to the HEC that you feel would make the greatest changes for CYP to improve health inequalities?**

|  |
| --- |
| * Give permissions to people to work differently - so many people feel they are bound by old ways of working even when they can see what needs to change * we need to understand what other areas have done to make a difference & have the evidence to persuade senior leaders to change the way the funding flows * Listen to children and young people * Think wider family, not just CYP * be brave and pool budgets to work differently at very local level ("Radical Help" type approaches) * Ensure schools are aware of and have access to the 'partners' spoken of so that CYP and families can be signposted appropriately. * Partnership working is absolutely vital to success * agree on the models that will make the difference- stop dreaming up new projects with different names - we need to change the way we do the mainstream work * Enable 'partners' to work within schools to support CYP and families within a setting that they trust. * Example of working differently - work we have delivered on transitions in healthcare has been achieved by removing performance management and adopting support, coaching, negotiating, co-producing and most importantly hearing the voices of CYP etc Zoe * devolve budgets to teams around the family so that the families can get involved in how money is spent * we need a high level strategic plan that moves resource to a proportionate universalism approach and empowers local communities and services to work differently in ways that really make a difference * funding cuts have meant that we have made the best we can from statutory provision and we have really developed partnership and school working but community working and community based social action and engagement is also needed * If an issue effects a parent or carer it effects a child- holistic approaches matter - but also funding of sports centres, recreation, transport * investment in pregnancy and first two years key to improving outcomes, rather than responding to challenges later down the line * Identify and broaden your own thinking beyond who should be part of this conversation. For example Twinkle House would not be identified as a young peoples organisation but we support families across many elements, issues, concerns. Don't silo * Stop funding small projects for short term delivery and address sustainability with longer term funding - and preparedness to have flex about where money is assigned to in order to meet current needs not past models * enable families to have ambition and access to paid (and worthy) jobs * working on partnerships with services for adults to meet parental needs to support children - addiction, debt, housing, employment * Fund school clusters to enable initiatives to be implemented at ground level... * Accept that the solutions to local challenges may differ * invest big time in early years joined up support - early support and early identification of issues is critical - how can we have children arriving at school with special needs but never having had any contact with services * Direct ICS funding to early years so that those young children don't become users of their services in the future * Don't spread resources too thinly. Target where outcomes are lowest. * Need to use graduated responses, move away from the need for diagnosis to get support in school, health and schools working together better to provide early intervention without need for diagnosis * reduced bureaucracy to allow things to flow and work better , utilise natural communities (ie through schools, through villages-eps in rural) and linking with the local GP practices, try to reduce the thought it is a 'problem' or a health problem * The Sure Start approach worked - there were so many SS centres in L&SC so families accessed them. Even if family hubs replace these, there are so few that access isn't good for many * Use the opportunity of Growing Up Well Project with the DfE support to ensure that there is a focus on improving outcomes for those most in need, not just making life universally easier * It is totally unacceptable that Health Visitors are not seeing families face to face and their needs are going un-noticed |

**4. What are the barriers that prevent you from making a step change in health inequalities?**

|  |
| --- |
| * NHS Local authority cuts * funding * Funding * onerous referral processes * Different health/Local AUthority boundaries make it impossible to really join up, agree the priorities and make the best use of our resource * Lack of capacity and capability, short term funding, too many layers to decision-making, NHS change that we're going through now, some people being inflexible to change * faceless services * Failing to see the whole system as part of the solution - hospitals are not the (sole) answer to health inequalities * Lack of cross-organisational data that allows tracking from pregnancy through to infancy, early years and into school years across - for all of L&SC. Need to be able to see the short, medium and longer term impact of our interventions. * People have said about being brave - we actually need to be vulnerable * sticking plaster approach * service gaps in some really key areas - some of our most disadvantaged groups fall through the net & dont meet criteria for services. Eg children with autism who have really complex needs * Knowing what very local orgs need - funding? Support in other ways? To feel empowered? All the above? * Health IT systems that are a barrier to information sharing * funding incredibly challenging for VCSE and stretched for Trusts/Foundations * Understanding what the infrasturcture orgs are for VCFS across Lancs are - who do we get better at working with such a diverse sector * Parents say to me that it doesn't matter what priorities, strategies or charters we have if we continue to work in the ways we've always worked. We need to get to a place where we are enabled to work differently, supported to work differently. * central government policies that have cut budgets and created a myth of the ability of underfunded services to be able to change the impact of directly discriminatory actions * understanding the contemporary world of young people * Poor housing * Because we don't invest in families who need support, young people end up in crisis and too often families breakdown and children end up in care esp young people with autism who fall through the net for other services * Complex health pathways and each service being wedded to their pathway, their approach - create clarity. If we can't describe what we do in 30 seconds then it's not clear. * Trying to fix things for children without always focussing on wider family |

**5. Where are the greatest opportunities for improvement?**

|  |
| --- |
| * Naoimh SEND is a great opportunity for improvement - driven by inspections, but if we improve things for CYP with SEND, we improve things for all CYP in many cases - but can't do that without capacity to deliver. * mental health transformation programme We have built some really positive relationships during COVID that we can drive forward, the work demonstrated that we can break down beaurocracy and work togther We have tremendous people on the front line - Yak talks about us needing to "scaffold" our front line workers - they are working incredibly hard but dont know how to make things happen for the people they work with * Working at a local level to address local issues - empowering staff to come up with local solutions - but not just leaving them too it - goving them the resource and support * This relates to the previous comments about single gender work, 30 years ago there was alot of inititaves around single sex work and I support all the comments. Some of our stuff isn't new but because of funding and short term The will - people want to work in a different way - we need the support and permission to do this * Collaboration - there's strength in numbers not by going it alone! * Team Around the School and Settings can be a real driver to put schools at the heart of our communities and reach more people who may be reluctant or anxious about accessing formal services * The Universal 0-19 health offer, a huge reach and opportunity to see families face to face * Strengthened partnerships & developing joint bids for multi year funding (partnerships should be funded) * Changing commissioning to being 0-25 for all CYP not only SEND ... though we're not there yet for SEND anyway * Sharing good practice across Lancashire and South Cumbria, some fantastic examples and ideas shared today, not enough opportunities for this * Focusing on very localised areas that need really different ways of working - this is where we could have the biggest impact and we need to move money and resources to do this * To listen to the needs of our young people and families from their perspective * Mental health Support Teams are proving to be really effective but we need to mobilise our joint resources to make them available to all schools. * we need to change our ways of working to proactively reach out to the families and communities who are least likely to attend services or least likely to engage * get away from the need for referrals - work locally in networks where you know who to contact to get the support you need for a family (Mental health Teams in schools do this brilliantly - it works) We need a single Lancashire & Cumbria strategic plan with a pledge to shift resource to children/young people and to do proportionate universalism love the idea of Yak's Children and young People's Charter across multiple organisations - could we all adopt it? * Ensure every member of staff working with children and families knows what their role is in reducing inequalities and is empowered and supported to make a difference - the Wigan approach where they really empowered front line to work holistically * We have 2 maternity diversity champions as part of our MBay Maternity Voices Partnership - their role is to hear the voices of our BAME and under-represented families. This is a tiny step but we have to put resources into engagement that reaches out |

**Notes from talk by Katie Whitehead, Divine Days Community**

Divine Days is a social enterprise based in the third sector based which operates in Skelmersdale in West Lancashire and runs a variety of projects aimed at tackling inequalities in health in West Lancashire. Started out using the arts as a catalyst for change for people (e.g. dance, creative arts – therapeutic, creative, contemporary art and performance). Example projects include Man-archy (a men’s mental health initiative commissioned via the CCG for men struggling during and after lockdown), the Legacy project (an initiative originally commissioned by the CCG but now the LA and which supports people with disabilities in crisis using a national model of supported internship). Divine Days also operates ‘Gateway support’ which is a wraparound service for families with children with learning disabilities and provides advice, guidance, befriending, and support to people who are trying to navigate what services and support are available, something which is especially difficult when in crises. system and what’s available and what’s out there and if it’s hard for CCG to find out, it’s almost impossible for parents and families, especially when in crisis. And a Community Connections project which takes an asset-based approach to support people with mental health conditions who are referred into the service. One of the key issues that Katie flagged related to both a ‘brain drain’ and ‘disability drain’ in Skelmersdale where people are leaving their communities due to a lack of training, employment, provision and when they return they find that they are very isolated in the community.

**Attendees** (**roles pulled from LinkedIn/internet, might not be 100% correct, couldn’t find some people!**)**:**

|  |  |  |
| --- | --- | --- |
| Alexandra Murphy |  | alexandra.murphy5@nhs.net |
| Alison Moore |  | Alison.Moore2@lancashire.gov.uk |
| Andrea Sandiford | Early Help Partnership Officer | Andrea.Sandiford@lancashire.gov.uk |
| Angela Allen | Chief Executive Officer, | angela.allen@springnorth.org.uk |
| Anne Burns | Cabinet Member for Children's Services, Cumbria | Anne.Burns@cumbria.gov.uk |
| Cathryn Beckett | Public Health Manager | Cathryn.Beckett@cumbria.gov.uk |
| Claire Williams |  | dephead@hillside-pri.lancs.sch.uk |
| Dave Carr | Director of Policy, Commissioning and Children’s Health | Dave.Carr@lancashire.gov.uk |
| David Cassidy | ? Project Lead at Cumbria CVS | David@inspiringbarrow.co.uk |
| Emma Dixon |  | Emma.Dixon@phe.gov.uk |
| Jayne Worden | ? Team Leader, Lancashire and South Cumbria NHS Foundation Trust | Jayne.Worden@lscft.nhs.uk |
| Jayne Ivory | Director of Children's Services and Education | jayne.ivory@blackburn.gov.uk |
| Judith Shorrock |  | judith.shorrock2@nhs.net |
| Julia Westerway | Commissioning manager at Lancashire North CCG | julia.westaway1@nhs.net |
| Juan Shimmin | Project Co-ordinator, Cumbria Youth Alliance | Juan@cya.org.uk |
| Kathryn Moffit | Senior Partnership Development Manager at West Lancs Borough Council | Kathryn.Moffitt@westlancs.gov.uk |
| Katie Whitehead | Founder, Managing Director & Lead Creative Arts Practitioner, Divine Days | katie@divinedays.co.uk |
| Kevin ? Davidson | Chief Executive, Shares Lancashire |  |
| Kirsty Hammer |  | kirsty.hamer@nhs.net |
| Lindsay Ormesher | Children and Families Public Health Lead at Cumbria County Council | lindsey.ormesher@cumbria.gov.uk |
| Liz Petch | Public Health Specialist, Blackpool Council | liz.petch@blackpool.gov.uk |
| Lyndsey Shorrock |  | lyndsey.shorrock@nhs.net |
| Maria Thornton | NHS Engagement Officer | maria.thornton@lancaster.ac.uk |
| Nicola Turner |  | Nicola.Turner@blackpool.gov.uk |
| Nighat Parveen | Lancashire County Council’s (LCC) Children and Family Wellbeing Service |  |
| ? Joanne Easthorpe | Head Teacher | head@overton-st-helens.lancs.sch.uk |
| Sarah Thompson | Grants and Programmes Officer, Cumbria Community Foundation | Sarah@cumbriafoundation.org |
| Shirley Goodhew | Public Health Specialist | shirley.goodhew@blackburn.gov.uk |
| Stella Connell | CEO at the Birchwood Centre | stella@wlcrisiscentre.org.uk |
| Sue Cotton | CEO Child Action Northwest | scotton@canw.org.uk |
| Twinkle House |  | Enquiries@twinklehouse.co.uk |
| Yak Patel | Chief Officer, ldcvs | yakpatel@lancastercvs.org.uk |
| Zoe Richards | Senior Manager for SEND |  |