

Support and aspiration: A new approach to special educational needs

Pathfinder Application Form

*This completed application form must be sent to
SEND.contracts@education.gsi.gov.uk by Midday, 15 August 2011*

I – Applicant details

Name(s) of local authority/ authorities	Signature of Chief Executive(s) LA(s))
Name(s) of PCT(s)	Signature Chief Executive Officer(s) of PCT Cluster (s)

II – Background information

Please provide figures below for each LA area in the pathfinder

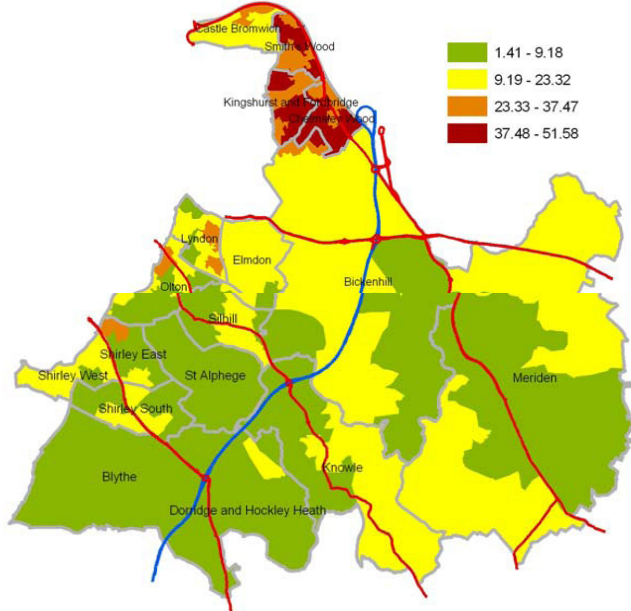
Number of children and young people Approximately	% and number of children and young people with Statements of SEN
<ul style="list-style-type: none"> • 50,200 children and young people between ages of 0 – 19 - 2010 census • 61700 children and young people between ages of 0 – 24 - 2010 census 	Solihull currently maintains 1110 Statements this equates to 2.2% of 0-19 population
% and number of Looked After Children	% and number of Looked After Children placed out of area
404 (0.9%) includes 116 UASC	243 (60%)
% and number of Looked After Children placed in your area	% and number of Children in Need
161 (40%)	1554 (3.5%)
Number of Tribunal cases and % successful	% SEN statements completed in 26 weeks
19 appeals were registered during the period Sept 2010 to date. 13 cases (68%) were withdrawn/settled prior to hearing as a consequence of negotiation and formal	94.4%

mediation. 2 cases (10.5%) went to formal hearing and were partially successful parts 2/3, both were unsuccessful against part 4. 4 cases are still in process with hearings set 10/11 to 01/12	
Please state whether this pathfinder is an NHS early implementer	Please state whether any partner in this pathfinder is already engaged in:
Solihull NO	<ul style="list-style-type: none"> • piloting personal health budgets NO • Piloting DfE Individual Budgets NO

Please describe the socio-economic make-up of your area (max 100 words)

Solihull has a very diverse socio-economic profile, ranging from areas of high affluence through to high levels of deprivation. An analysis of the Super Output Areas (SOA) identifies that four SOAs fall within the 1% and 27% within the 10% least deprived areas in the country (South Solihull). However, ten SOAs (North Solihull) fall within the category of the 10% most deprived in the country. The demographic profile identifies that the population in the north of the borough is denser and has a younger age profile.

Map 1: Deprivation in Solihull: shows deprivation within Solihull, using the Index of Multiple Deprivation score, where 1.41 is the least deprived in the Solihull MBC and 51.58 is the most deprived.



Population age profile:

Age Structure	Exemplar Ward – North Solihull	Solihull	West Midlands	England	Solihull Range
Pre-School Children (0-4)	8.1%	5.4%	6.1%	5.9%	3.5 - 8.1%
School Age Children (5-15)	15.1%	14.0%	13.4%	12.9%	11.4 – 16.7%
Young Adults (16-24)	15.1%	11.3%	12.3%	12.1%	8.6 – 15.1%
Mature Working Age (25-64)	48.7%	51.7%	51.8%	53.1%	47.9 – 58.0%
Older People (65+)	13.0%	17.5%	16.4%	16.0%	11.7 – 23.6%
BME Population	6%	5%	11%	9%	2 - 8%

III- Basic Information (see section 5)

Partnership arrangements:

Solihull can evidence its commitment and contribution to strong multi-agency partnership regionally, sub-regionally and locally on both a strategic and operational level. On a regional level the West Midlands ADCS (Association of Directors of Children's Services) is focusing on improvement and efficiency work which is led through the Health, Care and Additional Needs work-stream, this includes supporting the on-going work of the SEN Regional Partnership with a remit to focus on the Green Paper and the efficient commissioning and contracting of placements for LLDD.

In addition, the West Midlands have a commissioning partnership, which seeks to improve the commissioning process and secure efficiencies. This regional group brings in Third Sector (VCS) groups.

Sub-regionally Solihull works in close collaboration with Coventry and Warwickshire e.g. joint commissioning through Total Place and has a strong partnership with Birmingham. If successful we would intend to collaborate with our partners in implementing the pathfinder and widening the test area.

Locally Solihull maintains a range of multi-agency panels focusing on SEN, Disability and Transition. This enables us to integrate the decision making process e.g. The Complex Needs Panel approves the joint funding of provision through health, education and social care and reviews the outcomes.

Partnerships are further secured through the Council's customer focused structures. The People Directorate incorporates education, children's services and adult social care under one secure management structure with a single Director. The Director is clear that services will integrate to support the needs of families and young people through transition.

Work with a range of front line services:

Solihull currently demonstrates strong partnership working with front line services across the board through our integrated model of working and through our CT work streams, this includes a range of VCS partners. We consider this to be a basic offer.

Examples include:

Emotional health and well-being strategy: With this we aim to support partnership working between CAHMS, Community Nurses, Social workers both Adults and Children's, Commissioners, Meadow Centre, Occupational Therapy, GP's and others

Special Schools as providers: We plan to support our special schools to further develop their extended services to families thereby better utilising the facilities out of hours and will include their broader services and expertise as part of the revised local offer. Work is under-way with a local specialist college to offer courses that can support an integrated timetable. We are currently scoping the creation of an enterprise scheme for LDD in the form of a high street shop.

Role of VCS sector:

Our VCS provides a varied range of complimentary work partnering that of the local authority. We have partnership work supporting the development of new approaches and our work has innovatively focussed on empowering communities to develop their own systems of support e.g. Sign Post Inclusion SPI CIC

We have a Compaq for working with VCS that helps to support our joint working practices. We have a VCS board, an initiative to support new companies and an information delivery system, through a VCS provider called Sustain that supports effective working relationships.

The VCS is represented on all decision making bodies and has a link back, via the VCS sector forum, to other members. In Solihull we have grown to understand the needs of the VCS through our active partnerships and have been keen to support this sector to develop with us and in some

areas lead the way for us into new ways of working.

In advance of a formal commissioning process, three VCS groups: KIDS, The Children's Society, and SOLO have expressed a strong interest in supporting the implementation of a single assessment and plan offering advocacy, consultancy, and direct services.

Engagement of parents:

We have several projects supporting this agenda. Solihull CAN (our parent's forum that sits within the VCS) links with all parent groups and feeds into decision making through the CT. Family Information Service (FIS) supports this work with newsletters via a growing contacts list that lets parents and families know what we have done with the information we have received from them and any actions taken. We use Children's Centres parent support, our parent groups, SPI CIC, and volunteer parent champions to feed into Solihull CAN and FIS to support strategic development.

Through the CAF (known locally as LiNCS) team and the Early Support training programme within Solihull we are developing some core training that supports parents understanding of how the authority works and enables them to participate in strategic planning in a more informed way. We have increased parent participation through this model of working as they can see how they can influence local authority agendas. The LiNCS Team has recently appointed a family worker to work directly with parents and carers to support their engagement in the LiNCS process.

Our work with Parent Champions and through our FIS has been nationally recognised as best practice and has been used in a number of government reviews.

Engagement of children and young people:

Our partnership with The Children's Society (TCS) supported young people to understand and give input into our Children's Plan. From this TCS developed an 'askability' web site for young people which enables them to understand what is going on within Solihull.

<https://www.askability.org.uk/> More recently a young people's group in partnership with schools forums, TCS and the Dyspraxia Association have identified that they wish to support other disabled young people to have a say. This work has given us a platform to build on for more work supporting partnership with our young people within the community and is currently supporting our work around Emotional Health and Well Being and also our work supporting our understanding of how to Extend ES and LiNCS to better meet the needs of older young people and young adults. We have had national interest in both our work with parents and our work with young people.

Capacity to test and innovate:

We have ambitious plans for innovation, and the capacity to re-direct staff within our current workforce to prioritise this programme management role and a clear understanding of the complex nature of the task.

- We are already placed to work across the region with aspirations to support developments nationally – some of the innovation has already taken place and we are set to evaluate work undertaken
- We have strong monitoring processes in place looking at both finance qualitative/quantitative evaluation.
- We have the principles of how the pathfinder will work already set up with a track record of success
- Our legal department has a secure knowledge of the legal frameworks supporting SEN and social care and we can procure specialist advice and support if and when required through our contract with KBW. Solihull has a track record of previous work relevant to this project specifically in relation to adult services; our innovative early support pathfinder spanning (over six years) and as the lead administrative authority for the West Midlands SEN Regional Partnership.

Project plans:

Solihull's focus on the single Education, Care and health plan will initially target children and young people with a lifelong learning disability including those with severe learning difficulty, autism and challenging behaviours, sensory and medical needs. This group is most likely to meet the access criteria for all partners including Statements of SEN, learning disability social care and health services, respite care and direct payments. They are also the group that are regarded as the most vulnerable. This will enable all partners to fully engage in the agenda and support those families who experience multiple assessments, bureaucracy and repetition.

The criteria for identifying the initial target group will include all families identified as requiring an early learning assessment unit; those attending specialist schools or identified through CAF (Lincs) as having complex needs. Families will be invited to consider joining the pilot. Families will be offered 'training' to enable them to understand:

- a the advantages of a single plan, and its potential effectiveness
- b how to manage a partnership approach to working
- c how to support 'their team' to use an integrated approach to working

Solihull's Early Support already has the experience of delivering training workshops (part of DCATCH) that can be readily adapted.

Capacity in terms of the volume of cases that can be effectively managed as part of the pilot will have to be carefully considered and agreed. It is intended that the integrated plan will bring together the statutory assessment process, social care initial/core assessment, health care plans and section 139a assessments into a single assessment process. The construction of the plan will model the CAF and Team around the Family plan, whilst incorporating the statutory components of all elements.

If successful the initial broad project plan would be as follows:

Month one (September):

- Project facilitator appointed;
- Strategy Board initial meeting
- Communication strategy developed
- Resource strategy agreed

Month two (October):

- Current process analysis begins – LEAN review commences
- Partners workshop/s

Month three/four: (November/December)

- Current panels reviewed with plans to rationalise overlaps
- Initial integrated assessment process identified
- Engagement of first group of families (circa 6)
- Detailed project plan in place

Month five: January 2012

- Pilot implementation begins building on the success of the current LINC's process and the joint commissioning Complex Needs Panel

Optional Areas:

We have joint work streams already in place with resources identified in the areas of:

- **Banded funding:** There is a project plan associated with this agenda brought together under the Disabled Children and Young Person's strategy led by the CT Team. Eligibility for short breaks group identified with two pilots underway – Project development would

look at broader banding with education and health banding, using the 'care calculator' as a development tool.

- **Age range and Employment:** Transition work ongoing. We are supporting the development of transition with a focus into education and employment. Development would look at transition funding and would bring in appropriate long term planning earlier, supporting the commissioning of care and education.
- **Support to Parents and Young People:** We are currently rolling out ES to include parents of older children and young people themselves. This will enable us to support this process to bring in a broader view of the child's needs supporting the plan to look at areas including, training and education, health and social care, thereby developing a single plan.
- **Support to Vulnerable Children:** Solihull as a detailed project plan associated with this agenda supported by ES and LiNCS
- **Data Information System:** There is a detailed project plan associated with this agenda which includes the role out of this data information system across services identified in the Short Breaks plan. Extending this work would include synergy between education and social care.

As a product of developing any optional area of work we would commit to developing, in partnership with the other agencies and VCS providers, project plans that are clear and comprehensive and include resource management, for all aspects of testing;

Evidence base.

Solihull's strong partnership ethos and organisational structure and culture, enables us to build on existing practice of integrated working. Education, health and social care managers and front-line staff are committed to providing effective early intervention that meets the needs of our children, young people and families integrated services within a value for money framework that evidences positive outcomes. The data we currently hold is used to identify future commissioning needs on a single agency basis, the joint needs analysis will inform future joint commissioning of services.

At a strategic level, Solihull can evidence a strong Local Area Partnership. We are committed to working with our regional and sub-regional partners.

On an operational level, we have evidenced, through our DCATCH evaluation, Early Support evaluation and through our consultations with parents and children, that simple changes have made a huge difference. We have shown that there is not a high cost to this introduction, that the changes are relatively simple and that the components are in place.

We understand that the barriers are systemic, cultural, cumulative and institutional. We have shown that successful change can occur when dynamic and inspirational individuals, in partnership with families and young people, persistently challenge the perceived status quo and are successfully supported to change policy.

We have identified that we would like capacity to test our systems through both quantitative and qualitative data analysis (via DIS and other methods) but also through tracking families and case studies that look at operational activity, the impact on families and cost effectiveness. We would like to work with our families, schools and the VCS to identify how we can continue to move forward with our understanding of the long term impacts of decisions made and cumulative cultural impacts on outcomes for our communities of disabled children young people and adults.

IV – Core testing areas (see section 6)

Describe how this pathfinder will test key areas of reform. Text must include reference to all the headings listed:

The development of a single assessment and plan, will be outcome focused, with the aims of:

- Engaging with families earlier, ensuring their understanding of the assessment process and empowering them to plan in partnership to meet need and entitlement
- Remove unnecessary bureaucracy and conflict
- Extend access to mediation services for social care and health services
- Develop advocacy through the VCS
- Delivering what is promised and evaluating effectiveness
- Ensuring the efficient and effective use of resources

Impact on children and young people of all ages (0-25):

Our integrated processes (LiNCS and ES) provide a model for a single plan that will be adapted to absorb the requirements of the statutory frameworks.

We anticipate that a single plan will provide the following positive outcomes for children and young people:

- Young people and their families will 'have their say' at the initial stages of assessment and feel that they have been given ownership of the process. They will feel confident in expressing their views and be able to self-advocate or access an advocate at any stage throughout the process.
- The assessment will be based on the Borough's person centred planning toolkit that is used for transition pathways 14 -19 and therefore reflect the young person's hopes and aspirations making clear what can and what cannot be delivered.
- The plan will be holistic and meaningful, making clear those elements of support and provision that must be provided by whom and have an inherent review process to ensure its currency, thus enabling the plan to lead into transition – e.g. employment, education or training.
- The plan will be costed to enable young people and their families to understand any resource constraints and empower them to consider more effective ways of 'personalising' any financial allocation.

Currently LiNCS focuses on vulnerable children and young people 0 – 16. ES and Extended ES for disabled children and young people currently supports the age range 0 – 11. Through our pathfinder status we would extend both to 25 bringing in the other assessment areas and using systems to support synchronisation of funding and new models of commissioning.

Strategic outcomes:

At a strategic level. We will use work centred on Short Breaks (We have two pilots in progress looking at the systems needed to put in place personalisation which includes a focus on eligibility) and the developments coming through our Emotional Health and Wellbeing Board create an additional platform to bring in cross agency working. We aim to test and analyse the impact of the changes made to date on process and how this impacts on families and young people's outcomes.

- Supporting parents, young people and professionals to have aspirations we will identify if the single plan is supporting a broad agenda and what needs to be in place to support this to happen
- We will look at identified outcomes in a single plan and understanding how a single plan

has supported these needs to be met.

- Clearly understanding the identified needs of families through cross regional consultation and drawing on consultation nationally already undertaken.
- Identify outcomes for families through a plan with cost implications
- Reflect on data collection, monitoring and evaluation techniques and look at how this can support planning and help develop commissioning.
- Look at our VCS providers and develop capacity for them to support us with this process.

Person-centred planning approach:

Solihull will implement the principles of Person Centred Planning to develop the single plan around the whole family with a focus on the young person. This will be readily secured through current social care assessment standards.

We currently provide training to all sectors and parents on ES and we aim to develop workshops for young people on this model of working. This approach ensures that assessment and planning is family focused, and reflects the views of parents, carers, children and young people;

- ES champions the positive participation of families and develops professional's abilities to enable families to be partners in developing any solution to an unmet need.
- We would continue to roll out the partnership approach to families, young people and professionals extending the professional, parent and young person training throughout the age range working in partnership. We envisage working with the external provider who gains the ES tender to secure this.
- We would consider supporting VCS to provide person centred planning training cost effectively. We already have a community organisation that supports our ES training

Links between planning and assessment:

The Complex Needs Joint Panel comprises of commissioners from education, health and social care. The panel is developing its strategic planning role by utilising shared data of need to inform future planning and commissioning. The Strategic Transitions Group is currently analysing the future demand for external placements as a consequence of gaps in local provision and the west Midlands Regional SEN Group (through ACDS) has analysed the total regional spend on external education, health, care placements for school aged young people by age and type of need. This provides strong evidence of sub-regional and regional gaps in provision. In addition, analysis has been undertaken to identify gaps in provision following the transfer of responsibility for FE provision for LDD.

The strategic overview will enable partners to consider areas for commissioning and de-commissioning.

The DCATCH Accessibility Project and Data Information Systems Project was recently set up to look at how agencies could be more anticipatory. It looked at synchronising funding streams, sharing resources across services and making use of resources currently stored, unused, around the borough. The aim was to identify where services might be commissioned more effectively. We found that some commissioning is best done on an individual basis but the economy of scale means that some commissioning is better done through a more centralised processes. Solihull recognises through its consultations that families have different capacity to cope with additional responsibility and the single plan could reflect this. This whole area is one we are interested in looking at and covers issues of equipment, human resources, capital developments with buildings as well as individual services and care packages.

- It is anticipated that the pathfinder project, through understanding the child within the context of the family, will enable us to commission effectively on their behalf
- Professionals will understand the true cost of services and support each other to find cost effective solution and not just quick fit.
- Commissioned projects including those through the VCS will have qualitative outcomes written within service level agreements that support better outcomes for young people

Plans for more transparency about what is provided:

Using Short Breaks and Emotional Well Being as an initial platform we would look at what parents and professionals are asking for to support more transparency. We would look at what is necessary in a core offer and where eligibility/banding can be used to identify service provision based on need and entitlement.

The Pathfinder project would develop this work to include the support currently available from education, (including schools and colleges) health and social care agencies, including those on Health and Wellbeing Boards.

Outcomes from this (using partnerships with different agencies and work with parents and young people) would include identifying gaps in provision, cost effective responses to need and as a consequence work around stimulating the market from innovative commissioning approaches.

Using our communications mechanisms through FIS and other yet unidentified means, including VCS involvement, would develop greater transparency.

The key professionals who will support new planning regime:

The bid emphasises the culture and leadership direction within Solihull to provide a seamless integrated service for families. The assessment process will identify the specialist practitioners required to work with the family to support the identification of need. It is anticipated that this will be supported through a named key worker.

The pathfinder will be overseen by a strategic management group, which incorporates commissioners from all agencies. The group will identify any provision gaps and consider how these might be addressed in an environment of restricting resources, taking into account overall priorities. It is envisaged that innovative ways to address for example therapy needs will need to be encouraged.

As part of the Pathfinder we would test how agencies and service providers **work together** to assess and provide support, share information and knowledge, in order to prevent repetition and lengthy processes. This would be monitored through the case study and tracking of individuals and monitoring of commissioned services. The learning will continuously inform the organic development of the process. Currently, Solihull has experienced minimal disruption to its staffing structures and is therefore able to engage in the pilot with confidence of sustainability. If this remains the position key professionals will be able to 'mainstream' learning into ordinary operational activity.

A new single plan with focus on outcomes:

As mentioned in section Impact on children and young people of all ages (0-25): we are aiming to explore how we can develop our integrated model of working which includes a single plan and integrated model of assessment and delivery to include the three main areas of support (education, social care and health). We would be testing whether this way of working supported a focus on achieving better **outcomes**, for example improved health, for children and young people and their families.

We want to test whether the current processes involved in Early Support and LiNCS can be rolled out across the age range and identify how it can be adapted to meet the needs of young people incorporating a person centred approach.

Currently the brokerage for families is done through a number of agencies and we would aim to bring that process together. The emotional health and well being strategy is looking at this possibly through the mechanism of 'any front door' leading to a combined process.

Alignment of resources:

Solihull has an evidenced track record of aligning budgets to jointly commission services. This is apparent in our joint placement processes, delivering of therapies and the provision of specialist equipment and auxiliary aids and will continue.

Resource alignment may further develop hand in hand with joint processes. However, the project would have to be mindful of the changes within health commissioning and the impact of the commissioning role that GPs may have in the future.

The project would however, use the testing and evaluation to highlight how pooling budgets and aligning resources would provide better outcomes for less (spend to save opportunities). Successful examples of this approach include: the Access Initiative and Coordination project led by the Occupational Therapy Department and supported by the Data Information Systems Project, Increasing Access to Childcare Project and the Inclusion resource base which is now Sign Post Inclusion CIC. One innovative solution that we have worked with is using a VCS provider to support this work. It is an area that Solihull is keen to investigate.

Join-up between key agencies:

The Governance of this work will be led by the Complex Needs Joint Panel, reporting to the Directors and Chief Executive of the PCT.

Solihull would be keen to explore how the new health reform structures can be used to improve services for children and young people, for example exploring the opportunity for the Health and Wellbeing Board to promote strategic coordination or identifying the expertise required by clinical commissioning groups. We have already started to look at this through our Health and well Being Strategy le jointly by our PCT and Children's Trust Commissioning Team.

Use of mediation:

Thirteen of the fourteen West Midlands LAs currently commission a statutory mediation service through an independent provider 'mediation Works'. The mediation process is well regarded by LAs and families, because it facilitates a structured conversation that promotes understanding and negates conflict. Almost without exception, where Solihull has engaged in mediation, settlement has been reached, Tribunals withdrawn and positive relationships secured.

Mediation Works is cited in the Green Paper as an exemplar of good practice. Mediation Works has confirmed that it will accept social care, health and combined referrals as part of a pilot project. We would envisage extending the role of both the parent Partnership service (which is externally commissioned through Prospects) and mediation Works.

Transferability of plan:

West Midlands LAs have committed to sharing any practice emanating from successful pilot bids. It will be possible to target Solihull residents attending out of authority schools, or Solihull LAC resident out of authority. Solihull would investigate a commitment from other LAs to accept and implement the single plan for any young person who moves across borders during the pilot or provide a statutory Statement of SEN, Core assessment and section 139a if necessary in order to protect the interests of the child and family

Value for money and assessment of cost of change.

In terms of assessment, we envisage that there would be no long-term additional costs, as the process ought to reduce the professional inputs by reducing bureaucracy and duplication of assessment. In terms of change management, Solihull aims to assess what it could cost local areas to reform the systems using the experience of setting up the integrated model of working and adding the cost of additional developments. We shall also aim to explore how to achieve value for money and efficiencies in the new system. Understanding the true cost of this, as it is a

change management process with the additional complexity of understanding potential cost savings, will be difficult to ascertain. We know that external providers have looked at systems to support authorities understand cost mechanism and as a result of this have already contacted a potential provider with a view to accessing support if we are successful.

Within Solihull we are developing a process called 'lean thinking' and we are undergoing a series of 'lean reviews'. This programme would capitalise on this expertise within the authority and implement a lean review within the project. This review would look at cross agency practices and bring in the identified outcomes highlighted within the current Pathfinder application and any subsequent developments brought in following a period of set up in partnership with the DFE.

Will this plan support applications for funding and services e.g. link into access to transport and be part of our review for transport policy for schools and short breaks.

We want to understand

- The cost of implementation in a sustainable way should be equitable to current spend.
- Add effective analysis and monitoring and impact
- Add transparency of service delivery
- Add better understanding of user and therefore greater ability to steer agenda
- Cost for delivery understood
- Cost of services and resources

We also want to know:

- If we are making the most of the resources at our disposal and using them in a cost effective way to produce the best outcomes?
- Will the cost of the service provide better outcomes for children and families?
- Will the support cross regional working mean parents have a broader range to purchase from?
- Will supporting the system to work cost more in the short term but ultimately save money by building in more competition?

We understand that much of the analysis is long term and the true potential may not be observable initially. We want to set up a process that continues to evaluate usefulness so that long term sustainable gains in cost efficiencies are recorded and understood.

V – Optional areas (see Annex C)

Please rank from 1 to 5 (1= preferred to test, 5 = least preferred) the optional testing areas in order of preference. It is acceptable choose more than one 'favourite' option: please make sure your ranking reflects this. Please note that we will prioritise applications from pathfinders wishing to work on children's personal budgets. Please indicate how many additional options your pathfinder could reasonably test.

Number of options	5
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Personal Budgets	1	Additional - already working on this and have two pilots in operation
Banded Funding	2	Additional – looking at this linked to eligibility criteria for personal budgets
Age Range & Employment	3	Additional – looking at this with mental health and transition into adulthood with LLDD
Support to parents and young people	1	Integral – this is cross regional and links to our ES forum and our parent partnership work. We have a FIRB CIC that hosts our training

		and capacity building across the region.	
Support to vulnerable children	1	Integral	

VI - Contact details

Please provide a lead contact for the pathfinder as a whole and for each local authority and PCT cluster engaged in this bid

Lead Pathfinder Officer

Name of local authority	Solihull MBC
Name of lead contact	[REDACTED]
Position of lead contact	[REDACTED]
E-mail of lead contact	[REDACTED]
Tel of lead contact	[REDACTED]
Address of lead contact	[REDACTED]

Local authority 1

Name of local authority	[REDACTED]
Name of lead contact	
Position of lead contact	
E-mail of lead contact	
Tel of lead contact	
Address of lead contact	

Local authority 1

Name of local authority	[REDACTED]
Name of lead contact	
Position of lead contact	
E-mail of lead contact	
Tel of lead contact	
Address of lead contact	

Local authority 2

Name of local authority	[REDACTED]
Name of lead contact	
Position of lead contact	
E-mail of lead contact	
Tel of lead contact	
Address of lead contact	