

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Stage One Screening Record 2026**

*Please note that part A and part B of this document should be completed.*

**A. Summary Sheet on Accountability and Actions**

<b>Name of proposed service change</b>
Aquamira Learning Disability Day Service

<b>Name of the officer carrying out the screening</b>
Daniel Powner

<b>Decision, review, and monitoring</b>
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Decision	Yes	No
Initial (Stage One) ESHIA Only?	Yes	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		No

<b>Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations</b>
<p>The proposal is to transfer Aquamira Day Service to an alternative venue in Shrewsbury, currently proposed as Abbots Wood, and to close the Aquamira building, including the hydrotherapy pool, subject to completion readiness work, individual Care Act reviews and transition planning. Following public consultation, the current stocktake assessment indicates likely negative equality and social inclusion impacts in two of the Protected Characteristic groupings defined in the Equality Act, ie Age and Disability, and in the local protected characteristic groupings of Carers and of Social Inclusion, recognising vulnerabilities and intersectionalities in and across groupings. In order to ensure that service user input was gained, they were contacted directly about the consultation, rather than relying solely on general public notices or online channels, and their responses are included in the total responses received. The Council has also considered evidence including demographic data, recognising the importance of making decisions based upon all the information currently available including likely equality impacts now and into the future</p> <p>The evidence indicates that Aquamira is highly valued by people who use the service and by carers because of its quiet and predictable environment, specialist staff support, sensory facilities, and hydrotherapy access for some individuals. Consultation responses identify concerns about the loss of a calm setting, continuity of staff and support, longer or more difficult journeys, and whether an</p>

alternative site can safely and appropriately meet the needs of people with profound disability, autism, sensory sensitivities, limited mobility, and complex health needs.

Those affected are particularly adults with what may be a range of profound and multiple learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, and carers and families of existing service users whose caring roles may be affected by changes to routine, respite, confidence in the suitability of the environment, and travel arrangements. There may also be negative impacts in relation to age where younger adults and older carers are affected, and in relation to social inclusion where households face transport, access or financial pressures.

For the grouping of veterans and serving members of the armed forces and their families, to whom we are required to give 'due regard' under the Armed Forces Act 2021, there is potential for low to medium negative impact in the future where an individual from this grouping may present with needs that may be supported through hydrotherapy.

At this stage, there is no clear evidence of differential impact for the other protected characteristic groupings as defined in the Equality Act 2010, or for our further local protected characteristic grouping of Young People Leaving Care, albeit intersectionality is recognised.

Initial mitigation will include continued direct engagement with individuals and carers; accessible information and communication; completion of individual reviews, reassessments where required, and carers' assessments where relevant; person-centred transition planning; confirmation that the receiving site can meet assessed needs for a calm sensory-friendly environment, specialist equipment, personal care and safe staffing; and review of transport and other access barriers so that reasonable adjustments and further mitigations can be identified before implementation.

### **Assessment of likely neutral, negative or positive impact of the service change in terms of health and wellbeing considerations**

The initial assessment indicates likely negative health and wellbeing impacts for some people who use Aquamira, particularly where the current service contributes to physical wellbeing, sensory regulation, emotional security, social interaction, routine and carer respite. Consultation and wider evidence indicate that risks may include increased anxiety or distress associated with change, reduced access to a calm and familiar environment, potential loss of benefits currently associated with hydrotherapy for some individuals, and reduced wellbeing if travel, transition or the receiving environment are not managed appropriately.

There may also be negative wellbeing impacts for carers, including increased stress, reduced respite, uncertainty about the suitability of alternative

arrangements, and additional time or cost pressures linked to transport and support.

At a wider community level, there is a potential indirect risk that if needs are not effectively mitigated, pressure could increase on families, health services and social care. Initial mitigation will include individual Care Act reviews and reassessments where required; carers' assessments where relevant; person-centred transition planning; confirmation that the receiving site can safely meet assessed needs relating to environment, equipment, personal care and staffing; consideration through care planning of how outcomes currently linked to hydrotherapy or sensory support will be met in other ways where necessary; and ongoing communication, monitoring and post-move review to identify and respond to any adverse effects on health and wellbeing.

### **Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations**

The service area will review and monitor the equality, social inclusion and health impacts of the proposed change throughout decision-making, transition planning and implementation. This will include ongoing oversight of individual Care Act reviews, reassessments where required, carers' assessments where relevant, and person-centred transition plans, together with monitoring of whether the receiving site continues to meet assessed needs relating to accessibility, sensory environment, specialist equipment, personal care, staffing and transport.

Particular attention will be given to impacts on people with disabilities, carers, younger adults and households who may face access, rurality or financial pressures. Feedback from consultation has already identified strong concern among service users and carers, and engagement will therefore continue directly with people who use the service, families, carers, advocates and staff, using accessible formats and non-digital routes as needed to reduce the risk of exclusion. The service will collect and review evidence before implementation and at regular intervals following any move, including feedback, attendance, travel and transition issues, incidents/complaints, and any themes arising from care reviews or post-move monitoring, so that further mitigations can be identified and acted on promptly. Review activity will be undertaken with relevant council officers and informed where appropriate by ongoing liaison with health and care professionals, elected members and other stakeholders involved in supporting affected individuals.

It is important to clarify that the Council does not have a statutory obligation to offer access to a hydrotherapy pool. Nonetheless, the Council remains responsible for meeting eligible needs and agreed outcomes as determined by Care Act assessments and care and support planning.

### **Associated ESHIAs**

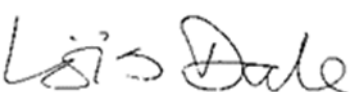
This is the second ESHIA carried out following Consultation. The first ESHIA is attached to the Cabinet report from January 2026.

**Assessment of likely neutral, negative or positive impact, and actions to review and monitor overall impacts, with regard to climate change impacts and with regard to economic and societal impacts**

At this stage the likely climate change impact is assessed as broadly neutral to uncertain pending implementation detail, because the proposal would reduce use of the Aquamira building but may also affect transport patterns for people who use the service, staff and carers. The associated Climate Change Appraisal for the report should therefore be read alongside this ESHIA. In economic and societal terms, the proposal is intended to address the financial sustainability issues associated with the Aquamira building and hydrotherapy pool, but it may also have negative impacts for some individuals and families if transport, travel time or other indirect costs increase, and for the wider community through loss of access to the current Aquamira site and hydrotherapy facility.



At this stage there is no evidence base within this ESHIA to conclude wider economic growth benefits beyond the service sustainability objectives. Workforce impacts are expected to require careful management through the service change process, particularly if staff transfer with the service and new working arrangements, environments or travel patterns arise. There may also be human rights considerations, particularly in relation to dignity, private and family life, and the practical ability of individuals to access support that continues to meet assessed needs. These impacts will be reviewed through implementation planning, ongoing monitoring of travel and access issues, staffing arrangements, complaints and incidents, care reviews, and continued engagement with affected individuals, carers and staff so that any adverse effects can be identified and addressed promptly.

**Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer for the proposed service change</i>		15-05-26
<i>Officer carrying out the screening</i>		15-05-26
<i>External support* Mrs Lois Dale Senior Insights and Research EDI Specialist</i>		17-05-26

*\*This refers to support external to the service and within the Council, e.g., the Senior Insights and Research EDI specialist, the Integration & Inequalities Officer – Public Health, other Insights and Research or Public Health colleagues, the Feedback and Insight Team, Climate Change specialists, etc.*

**Sign off at Stage One screening stage**

Name	Signatures	Date
Lead officer's name		15-05-26
Service manager's name		15-05-26

*\*This may either be the Head of Service or the lead officer*

**B. Detailed Screening Assessment**

<b>Aims of the service change and description</b>
<p>This ESHIA relates to a proposed change to Aquamira Day Service in Shrewsbury. Aquamira is a specialist day opportunity service for adults with profound and multiple learning disabilities (PMLD) and other complex needs, including people who may require a calm sensory-friendly environment, specialist equipment, intensive personal care, PEG and medication support, one-to-one supervision, and access to facilities such as a multi-sensory room and hydrotherapy pool.</p> <p>Four options were considered:</p> <ul style="list-style-type: none"> <li>(1) retain Aquamira and operate the hydrotherapy pool;</li> <li>(2) retain the day service but place the pool into inactive status;</li> <li>(3) transfer the day service to an alternative location and close the Aquamira building; and</li> <li>(4) explore partnership/shared-use models.</li> </ul> <p>On balance, and subject to the safeguards set out in this business case, Option 3 is recommended not on cost alone, but because it provides the strongest overall basis for a lawful and sustainable decision. The recommendation reflects the Council's Best Value duty, the need to secure longer-term service sustainability, the evidence that eligible needs can continue to be met through alternative arrangements, and the consultation and equality information that must inform Cabinet's public law balancing exercise.</p> <p>The proposal being considered is to transfer the day service to an alternative venue in Shrewsbury, currently proposed as Abbots Wood, and to close the Aquamira building, including the hydrotherapy pool, subject to decision-making and completion of required safeguards.</p> <p>The purpose of the proposed service change is to consider how the Council can continue to meet eligible Care Act needs lawfully and safely for this specialist</p>

cohort while addressing the financial sustainability of the current building-based model. The business case states that the case for change arises primarily from the high and rising cost base of the Aquamira building and the operational and maintenance demands associated with the hydrotherapy pool, rather than from concerns about the quality of the service itself.

The consultation material shows that Aquamira supports a small but highly complex cohort. Current attendance information in the business case shows between 6 and 8 attendees per day across the week, with 15 people attending the service overall, of whom 10 live at home with family support and 5 live in 24-hour supported accommodation. The staffing establishment is identified as 5.6 FTE Day Service Workers and 0.8 FTE Locality Lead. Consultation findings indicate strong opposition from clients and carers to the proposal, with 95% of respondents who gave an overall view opposing it and 73% of respondents who answered the impact question saying they would be affected 'a lot'.

The evidence indicates that Aquamira is highly valued by people who use the service and by carers because of its quiet and predictable environment, specialist staff support, sensory facilities, and hydrotherapy access for some individuals. Consultation responses identify concerns about the loss of a calm setting, continuity of staff and support, longer or more difficult journeys, and whether an alternative site can safely and appropriately meet the needs of people with profound disability, autism, sensory sensitivities, limited mobility, and complex health needs.

Professional and stakeholder feedback is more mixed. While many respondents recognise the therapeutic and preventative value of hydrotherapy and the lack of accessible alternatives for some people, others also identify that the pool is expensive to operate, staff-intensive, and affected by repeated breakdowns and periods of closure.

The relevant legal and strategic context includes the Council's duties under the Care Act 2014 to meet eligible needs and support carers, the Public Sector Equality Duty, consultation law, and Best Value duties in the context of the Council's financial emergency. The Council is not under a statutory duty to provide access to a hydrotherapy pool as a facility in its own right. The key issue for decision-making is therefore whether eligible needs and agreed outcomes can continue to be met lawfully through alternative arrangements, supported by individual review, care planning, equality assessment and transition planning.

This ESHIA therefore considers the likely impacts of the proposed change on people who use Aquamira, carers, staff and the wider community, and records the actions currently anticipated to mitigate negative impacts. These include confirmation through feasibility and readiness work that the receiving site can meet assessed needs; individual Care Act reviews and reassessments where required; carers' assessments where relevant; person-centred transition planning; and monitoring of impacts before and after any implementation.

### **Intended audiences and target groups for the service change**

The primary intended audiences and target groups for this proposed service change are the people who currently use Aquamira Day Service, their families, unpaid carers, advocates and representatives, and the staff currently delivering the service. This includes adults with profound and multiple learning disabilities (PMLD), autism, limited mobility, sensory sensitivities and complex health or personal care needs who may be directly affected by any transfer of service location and by closure of the hydrotherapy pool.

Wider audiences include relevant Adult Social Care and in-house day opportunity staff, social work and care management staff, health and care professionals involved in supporting affected individuals, and any organisations or professionals with a current connection to the Aquamira service or hydrotherapy provision. Local elected councillors are also an intended audience given their community leadership and representational roles, alongside Cabinet members and other decision-makers considering the proposal.

The proposal is not a change affecting the whole population, but it is of wider interest to the local community because it concerns a specialist council service and the future of the current Aquamira site and hydrotherapy facility. Partnership working is relevant where affected individuals also receive support from health services or other agencies, and ongoing liaison may therefore be required with relevant NHS and partner professionals as part of review, care planning and transition arrangements.

### **Evidence used for screening of the service change**

The screening has been informed by the Aquamira business case, the Day Centres Consultation Feedback Report (April 2026), current service information and the ongoing feasibility and readiness work relating to the proposed receiving site. Evidence used includes current attendance and staffing data for Aquamira, financial information on running costs and income, consultation survey results, written responses, face-to-face engagement feedback, and professional and stakeholder feedback specific to the Aquamira proposal.

Key evidence points include that Aquamira supports a small but highly complex cohort; that current attendance recorded in the business case is between 6 and 8 people per day, with 15 people attending overall; that 10 attendees live at home with family support and 5 live in 24-hour supported accommodation; and that the staffing establishment is 5.6 FTE Day Service Workers and 0.8 FTE Locality Lead. Financial evidence in the business case identifies 2026/27 service running costs of £405,970 against non-care related income of £22,240, and also records hydrotherapy pool repair costs of approximately £21,000 in 2024/25. The consultation evidence further indicates strong opposition from clients and carers to the proposal, with 95% of respondents who gave an overall view opposing it and

73% of respondents who answered the impact question saying they would be affected 'a lot'.

This evidence has informed both the proposal and the current assessment of impacts. It supports the view that the case for change arises from financial sustainability concerns and the operational fragility and cost of the hydrotherapy pool, rather than from concerns about service quality. It has also informed the identification of likely negative impacts for people with disabilities, carers and others, and the need for mitigations. As a result of consultation and subsequent review, the proposal is now framed more clearly around the need to continue meeting eligible needs lawfully through individual Care Act review, care planning and transition arrangements, rather than around cost alone. The current approach also places emphasis on safeguards, including feasibility and readiness assessment of the proposed receiving site, individual reviews and reassessments where required, carers' assessments where relevant, transport and access considerations, and continued engagement before any implementation.

### **Specific consultation and engagement with intended audiences and target groups for the service change**

Specific consultation and engagement on the Aquamira proposal was undertaken as part of the wider Day Centres consultation which ran from 29 January 2026 to 26 March 2026, following the Cabinet decision in January 2026 to consult on the potential transfer of Aquamira Day Service to Abbots Wood. People directly affected were contacted individually and consultation was not limited to online methods. The consultation included online surveys for clients and carers and for professionals and stakeholders, written responses by email and letter, one-to-one conversations where requested, and face-to-face engagement sessions with clients, carers and professionals.

Engagement methods were designed to reduce barriers to participation. Consultation documents were issued directly to current service users and carers, rather than relying only on general publicity, and Easy Read material was made available where appropriate. Written correspondence was used alongside digital routes, advocacy support was available, and officers confirmed that people affected by the proposal could request assessment, advice and support during the process. This was intended to reduce the risk of digital exclusion and to support participation by people who might otherwise have difficulty engaging independently.

Responses relating to Aquamira were received from people who use the service, family members and unpaid carers, staff and professionals with direct knowledge of the service, and local residents. The consultation report records strong opposition from clients and carers to the proposal, with 95% of respondents who provided an overall view opposing it and 73% of respondents who answered the impact question saying they would be affected 'a lot'. The main issues raised were the importance of a calm and specialist environment, continuity of trusted staff and

routines, concern about travel and transport, and the perceived value of hydrotherapy and sensory provision for some individuals. Professional and stakeholder feedback was more mixed, but also raised issues about accessibility, suitability of alternative provision, staffing intensity, pool reliability and cost, and the need for realistic mitigation and transition planning.

The consultation feedback has informed the current form of the proposal and the safeguards now identified within the business case and this ESHIA. In particular, it has reinforced the need for feasibility and readiness assessment of the proposed receiving site, individual Care Act reviews and reassessments where required, carers' assessments where relevant, person-centred transition planning, transport and access planning, and continued engagement with affected individuals, carers, advocates, staff and relevant professionals before any implementation. Consultation and engagement will therefore continue as part of decision-making and transition planning, using accessible and non-digital methods where needed.

**Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)**

*Please rate the impact that you perceive the service change is likely to have for a grouping, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).*

*Please also record in here your headline rationale for the ratings you have given.*

<b>Protected Characteristic groupings and other groupings locally identified in Shropshire</b>	<b>High negative impact Stage Two ESHIA required</b>	<b>High positive impact Stage One ESHIA required</b>	<b>Medium positive or negative impact Stage One ESHIA required</b>	<b>Low positive, negative, or neutral impact (please specify) Stage One ESHIA required</b>
<u>Age</u> (please include children, young people, young carers, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			<i>There are likely impacts for younger adults with complex needs and for older carers, particularly where changes affect routine, travel and caring arrangements.</i>	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's)			<i>The proposal directly affects adults with what may be a range of profound and multiple</i>	

disease; physical and/or sensory disabilities or impairments)			<i>learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, with risks relating to environment, routine, specialist provision and access to hydrotherapy.</i>	
<b><u>Gender re-assignment</u></b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<b><u>Marriage and Civil Partnership</u></b> (please include associated aspects: caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<b><u>Pregnancy and Maternity</u></b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<b><u>Race</u></b> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<b><u>Religion or Belief</u></b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism,				<i>No evidence of differential impact for this</i>

Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				<i>protected characteristic within the available evidence.</i>
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Other: Social Inclusion</u> (please include households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rough sleepers and those at risk of homelessness; and rural communities)			<i>Likely impacts where households face transport barriers, rurality, financial pressures or reduced access to services, potentially affecting inclusion and participation.</i>	
<u>Other: Carers</u> (please include families and friends with caring responsibilities)			<i>Carers may experience increased stress, reduced respite and additional time or cost pressures linked to travel and uncertainty about alternative provision.</i>	
<u>Other: Veterans and serving members of the armed forces and their</u>				<i>Potential for low to medium negative impact where an</i>

<u>families (as per Armed Forces Act 2023)</u>				<i>individual from this grouping may present with needs that may be supported through hydrotherapy</i>
<u>Other: Young people leaving care</u>				<i>No evidence of differential impact for this grouping within the available evidence.</i>

### **Initial health and wellbeing impact assessment by category**

*Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).*

*Please also record in here your headline rationale for the ratings you have given.*

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b></p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			<i>There are likely impacts for younger adults with complex needs and for older carers, particularly where changes affect routine, travel and caring arrangements.</i>	
<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			<i>The proposal directly affects disabled adults with profound and multiple learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, with risks</i>	

			relating to environment, routine, specialist provision and access to hydrotherapy.	
<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			<p>There is a potential indirect risk that if needs are not effectively mitigated, pressure could increase on families, health services and social care, alongside impacts relating to transport, access and community inclusion.</p>	
<p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			<p>There is a potential increase in demand on health and social care services if needs are not fully met through alternative arrangements, particularly where carer resilience reduces or individuals experience deterioration in wellbeing.</p>	

## Initial health equity assessment

For the following categories, please complete with the expected impacts of this service change on wider inequalities, not just those that are health-related (whether positive, negative, or neutral) – include any additional information you feel is pertinent or useful.

Consider and record which you can control, which you can influence, and which may be out of your control.

Which population groups/demographics will face health impacts as a result of this change (if any)?

- Socio-Economically Deprived
- Geographic Deprivation (inc. Rurality) – *if so, where?*
- Inclusion Health & Vulnerable Groups<sup>1</sup>
- Other

The groups most likely to face wider inequality impacts from this proposal are disabled adults with profound and multiple learning disabilities and other complex needs, together with their families and unpaid carers, particularly where households already face financial pressure, limited transport options or difficulty accessing specialist provision. There may be negative impacts for some socio-economically disadvantaged households if a change in location increases indirect costs such as transport, travel time or the amount of unpaid support required. Geographic and rurality issues are also relevant because some people travel into Shrewsbury for Aquamira and longer or more complex journeys could create additional barriers to attendance, routine and respite, particularly for those living outside the town or in parts of the wider Shropshire area with more limited transport options. Inclusion health and other vulnerable groups may be affected where individuals have multiple overlapping disadvantages, including disability, reliance on carers, communication barriers, sensory sensitivities, limited mobility or dependence on specialist support and predictable routines. At this stage, the main specific geographical focus is Shrewsbury as the location of both Aquamira and the proposed receiving site, with wider access considerations for those travelling from elsewhere in Shropshire. The service can directly control its review, reassessment, communication and transition planning arrangements; it can influence transport planning, accessibility mitigations and multi-agency support; but wider issues such as household income, availability of broader community transport and general rural access constraints are only partly within service control.

What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?

Mitigations already identified or planned include completion of individual Care Act reviews and reassessments where required, carers' assessments where relevant, and person-centred transition planning for each affected individual. Before any implementation, the service will need to confirm through feasibility and readiness work that the receiving site can meet assessed needs in relation to accessibility, sensory environment, specialist equipment, personal care, safe staffing and transport arrangements. The service will continue direct engagement with people who use Aquamira, families, carers, advocates and staff, using accessible and non-digital communication methods where needed to reduce exclusion. Transport and travel implications will be reviewed on an individual basis so that barriers can be identified early and reasonable mitigations considered. Where outcomes currently linked to hydrotherapy or the

	<p>existing sensory environment are identified through review and care planning, the Council will need to consider how those outcomes can be met in other ways through lawful care and support planning, including alternative arrangements where appropriate. The proposal does not lend itself to digital replacement of the core day service, given the nature of the cohort and the support provided, but digital methods may still be used where appropriate to support communication, information sharing and engagement with carers and representatives.</p>
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