Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2024

A. Summary Sheet on Accountability and Actions

Name of proposed service change
SEND & AP Strategy/Outcomes Framework consultation

Name of the officer carrying out the screening
Stephanie Woods

Decision, review, and monitoring

Decision	Yes	No
Initial (Stage One) ESHIA Only?	x	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		x

If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.

Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations
The SEND and AP (Alternative Provision) Strategy is aimed at supporting the SEND and AP Area Partnership to improve and streamline all services for children and young people (0-25) with special educational needs and or disability, including looked after children and young people and care leavers with SEND to age 25. This is an overarching strategy that involves a number of partners working together, from Education, Health and Care services, as well as a range of commissioned providers.   The outcomes framework aims to take a single, unified approach to tracking impact across all the services that are part of the SEND and AP Area Partnership. This will ensure that we are aware of the impact of these services on any members of our target audience and their families and care givers.   The strategy and outcomes framework are aimed at improving services and to ensure that services work together effectively to deliver better outcomes.   Ahead of the consultation, the likely anticipated impact in equality and social inclusion terms is therefore for this to be positive across all the Protected

Characteristic groupings, as defined in the Equality Act 2010, particularly the groupings of Age, Disability, and Sex.

There is also a recognised intersectionality across the Protected Characteristic groupings of Age, Disability and Sex, as defined in the Act, eg considerations for parents with caring responsibilities in terms of the young people, and the varying and often complex needs of the children and young people themselves. This is particularly so within the grouping of Disability, given that children and young people on the SEND register may present with a number of interrelated social, emotional and mental health needs (SEMH), communications challenges or difficulties, and or physical and sensory disabilities, and that these may change over time.

There would also be a projected positive impact for those individuals and households that we may consider to be vulnerable by virtue of their circumstances. Whilst these are not defined as Protected Characteristics within equality legislation, it has been a matter of good practice in Shropshire for us to consider their needs as well, within a tenth grouping termed Social Inclusion. This includes low income households, households in rural areas, and young people leaving care.

The category of young people leaving care is now considered as a local protected characteristic grouping by the Council, as is the case in Telford and Wrekin. Also as with Telford and Wrekin, the Council now separates out the grouping veterans and serving members of the armed force and their families, in order to visibly demonstrate that 'due regard' is being given to people in this grouping, as per the requirements of the Armed Forces Act 2021.

Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of health and wellbeing considerations

Ahead of consultation, the impact across groupings is anticipated to be positive in health and wellbeing terms and is identified as follows in the health impact assessment table.

- Quality SEND and AP services will potentially have a positive impact on the mental health of children and young people with SEND
- Quality SEND and AP services will potentially improve the mental health and wellbeing of their parent carers
- This will have a positive impact on the education and employment opportunities for children and young people with SEND, which in turn will have an anticipated positive impact upon their mental and physical well being.
- New processes will identify children and young people with SEND to access the right support at the earliest opportunity and this should serve to reduce the families reaching crisis without support

This links directly into the following themes identified by the Council and partners:

1. *Develop local, high quality, inclusive provision across the system. Including strengthening the graduated response and ordinarily available provision (SOAP) whilst ensuring consistency and effectiveness of the emotional health and mental wellbeing offer in mainstream education settings, across all phases.*

2. *Enable early identification and the right help at the right time, including reducing waiting times for speech and language therapy and neurodiversity assessments.*

3. *Enable children and young people to communicate confidently, contribute to decisions, and feel visible and valued members of their community.*

4. *Develop a proactive, supportive, and clear alternative provision offer.*

5. *Develop a system that makes sense and works together, improving co-production, communication and engagement with families and professionals from all services. Including improving the quality and timeliness of Education Health and Care plans, annual reviews, and transition pathways*
   .
6. *Develop a data informed and intelligence rich approach.*

7. *Enable children and young people to feel visible and valued members of their community, ensuring they are supported to be as socially and economically independent as possible to achieve their next steps in life.*

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

Using the outcomes framework, we aim to involve all service providers that form the SEND and AP Area Partnership in routine and periodic review and feedback activity. This will involve:

- An annual 'Big SEND Survey' in different versions aimed at parent carers, practitioners and children and young people. Engagement with children and young people will be enabled by adults who normally work with or have contact with the CYP or focus groups/direct feedback will be gathered to better differentiate / adapt approaches to enable voices of different groups of CYP.
- An analysis of 'lived experience'. A more nuanced approach that involves a 'deep dive' into a small number of case studies that are randomly selected based on key emerging themes.

- Routine feedback collected at the point of contact with services, but using questions selected from/based upon the outcomes framework.

With questions being used across services, we can more easily and consistently access the experience of a wide range of children and young people and their families, as well as the practitioners/partners who work within SEND and AP.

All of this information will be used to inform our regular self-evaluation, ongoing continuous improvement of services and commissioning of new services.

Associated ESHIAs

A second screening ESHIA will be carried out at the end of this period of consultation. There are also links to be made with current ESHIAs being carried out in relation to consultation with families and stakeholders around discretionary areas of school and college transport for children and young people on the SEND register.
This proposed service change aligns with overall corporate priorities within the Shropshire Plan, to which reference may also usefully be made.

Actions to mitigate likely negative impact, enhance positive impact, and review and monitor the overall impacts with regard to climate change impacts and with regard to economic and societal impacts

Climate Change Appraisal

Ahead of the consultation it is envisaged that increasing the local SEND provision available to CYP and families should also have a positive impact on SEND Transport. This is because there would be less distance travelled to education settings across what is a large and sparsely populated rural county, and therefore a reduction not only in the time spent travelling but also in emissions from transport, whether private or subsidised.

Economic and societal impacts

Ahead of the consultation, it is envisaged that there are likely positive impacts as follows:
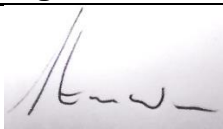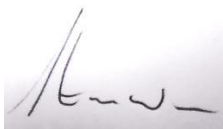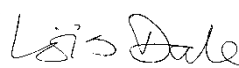
- More children and young people with SEND entering paid employment via supported internship route
- Better respite and holiday provision to help parent carers to remain economically active in the workplace where appropriate.

This links directly into the following themes identified by the Council and partners:

Enable children and young people to communicate confidently, contribute to decisions, and feel visible and valued members of their community.

Enable children and young people to feel visible and valued members of their community, ensuring they are supported to be as socially and economically independent as possible to achieve their next steps in life.
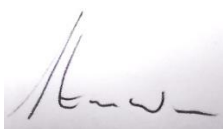
Scrutiny at Stage One screening stage

People involved	Signatures	Date
Lead officer for the proposed service change *Stephanie Woods*		27/09/2024
Officer carrying out the screening *Stephanie Woods*		27/09/2024
Any other internal service area support*		
Any external support** **Mrs Lois Dale** **Rurality and Equalities Specialist**	Lois Dale	30/09/2024

*This refers to other officers within the service area
**This refers to support external to the service but within the Council, e.g, the Performance and Research Specialist for Rurality and Equalities, Public Health colleagues, the Feedback and Insight Team, performance data specialists, Climate Change specialists, etc.

Sign off at Stage One screening stage

Name	Signatures	Date
Lead officer's name *Stephanie Woods*		27/09/2024
Assistant Director name *David Shaw*		30/09/2024

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

B. Detailed Screening Assessment

Aims of the service change and description

This draft SEND & AP strategy and outcomes framework are built upon a range of engagement activities covering partners, families and children and young people. It also builds upon the learning from the extensive self-evaluation activity of the SEND and AP Area Partnership. This involved a series of 10 meetings that involved stakeholders from across the SEND Area Partnership.

The priorities of the draft strategy are as follows:

The draft proposed system wide priorities will enable the implementation of our vision and address the themes emerging from our self evaluation;

1. Develop local, high quality, inclusive provision across the system. Including strengthening the graduated response and ordinarily available provision (SOAP) whilst ensuring consistency and effectiveness of the emotional health and mental wellbeing offer in mainstream education settings, across all phases.

2. Enable early identification and the right help at the right time, including reducing waiting times for speech and language therapy and neurodiversity assessments.

3. Enable children and young people to communicate confidently, contribute to decisions, and feel visible and valued members of their community.

4. Develop a proactive, supportive, and clear alternative provision offer.

5. Develop a system that makes sense and works together, improving co-production, communication and engagement with families and professionals from all services. Including Improving the quality and timeliness of EHC plans, annual reviews, and transition pathways.

6. Develop a data informed and intelligence rich approach.

7. Enable children and young people to feel visible and valued members of their community, ensuring they are supported to be as socially and economically independent as possible to achieve their next steps in life.

Our shared commitment to the SEND & AP vision

"Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life.

We want them to have, and to expect, the same opportunities in life as other children and young people.

We want them to thrive and live their best life."

Intended audiences and target groups for the service change

- General public
- SEND Area Partnership member organisations:
  - Shropshire Council
  - Shropshire Telford & Wrekin Integrated Care System
  - Shropshire Community Health NHS Trust
  - NHS Shropshire, Telford & Wrekin
  - Early years, school and FE settings
  - Parent & Carer Council
  - Shropshire IASS
- children and young people with SEND
- Parent carers
- Families
- Local elected councillors and portfolio holder

The consultation will ask the following to assist analysis:

If you are responding as an organisation, which type are you responding on behalf of?

	Representative of a business
	Councillor representative of a Shropshire Ward, Town or Parish Council
	Representative of a Voluntary Community Sector (VCS) organisation, community or faith group
	Provider of public services
	Organisations with strategic and cross boundary interests
	A local partnership body or network
	Other

Evidence used for screening of the service change

This draft SEND & AP strategy and outcomes framework are built upon a range of engagement activities covering partners, families and children and young people. It also builds upon the learning from the extensive self-evaluation activity of the SEND and AP Area Partnership. This involved a series of 10 meetings that involved stakeholders from across the SEND Area Partnership.

Performance data and surveys from all partners, including routine feedback and public surveys advertised widely, including on social media also fed into the self-evaluation.

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

See above for evidence base in regard to engagement with target groups and stakeholders in strategy development to date

A period of public consultation will now commence for two pivotal documents that will shape the future of support and commissioning for children and young people with special educational needs and disabilities (SEND) in Shropshire.

The first document, Draft SEND and AP Strategy, sets the direction and commitment from the Area SEND and AP Partnership to develop a system that supports not only those with SEND but also those accessing alternative provision (AP). It builds upon previous strategies and incorporates feedback from various inspections and plans.

The second document, Draft Outcomes Framework, outlines our shared commitment to ensuring that all children and young people with SEND in Shropshire are healthy, happy, safe, and able to achieve their potential. It details the framework we aim to use to measure our performance and the impact of our work on these young individuals over time.

The consultation will go live on the Council website as a self-complete survey for members of the public and for interested professionals.

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 on a group, through stating this in the relevant column.
Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Protected Characteristic groupings and other groupings locally identified in Shropshire	High negative impact *Stage Two ESHIA required*	High positive impact *Stage One ESHIA required*	Medium positive or negative impact *Stage One ESHIA required*	Low positive, negative, or neutral impact (please specify) *Stage One ESHIA required*
Age (please include children, young people, 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)			Positive: this strategy and outcomes framework is aimed at children and young people	

			with SEND, age 0-25	
Disability (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 disease; physical and/or sensory disabilities or impairments)			Positive: this strategy and outcomes framework is aimed at children and young people with SEND, age 0-25, who by definition may have physical disabilities, learning disabilities, or SEMH needs	
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral to low positive
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)				Neutral to low positive
Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Positive: SEND CYP are sometimes identified at the earliest by maternity services	
Race (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				Neutral to low positive
Religion or Belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				Neutral to low positive
Sex (please include associated aspects: safety, caring			Positive: this strategy and	

responsibility, potential for bullying and harassment)			outcomes framework is aimed at children and young people with SEND, age 0-25. This includes their families and carers	
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Neutral to low positive
Other: Social Inclusion (please include families and friends with caring responsibilities; 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; rural communities)			Positive: this strategy has the potential to impact upon the social inclusion of parent carers	
Other: Veterans and serving members of the armed forces and their families				Neutral to low positive
Other: Young people leaving care			Positive: this strategy and outcomes framework is aimed at all children and young people with SEND, age 0-25, some of whom will be CYP leaving care	

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.
Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Health and wellbeing: individuals and communities in Shropshire	High negative impact *Part Two HIA required*	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a *direct impact* on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .			Quality SEND services will potentially have a positive impact on the mental health of children and young people with SEND	
Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? .			Quality SEND services will potentially improve the mental health and wellbeing of their parent carers	
Will the policy have a *direct impact* on the community - social, economic and environmental living conditions that would impact health? For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .			This will have a positive impact on the education and employment opportunities for children and young people with SEND.	
Will there be a likely change in *demand* for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health,			New processes will identify children and young people with SEND	

Local Authority services including Social Services? .			earlier, therefore enabling the right support at the earliest opportunity and this should serve to reduce the families reaching crisis without support	

Guidance Notes

1. **Legal Context**

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding. It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Stage One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, a Stage One ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify

the target audiences, and assess at that initial stage what the likely impact of the service change could be across the national Protected Characteristic groupings and our additional local categories. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second Stage One ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review impacts in order to mitigate the negative and accentuate the positive.

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement across groupings and to thus visibly show we are taking what is called 'due regard' of the needs of people in Protected Characteristic groupings.

If the screening indicates that there are likely to be high negative impacts for groupings within the community, the service area would need to take advice on whether or not to carry out a full report, or Stage Two assessment. This is resource intensive but will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

2. <u>Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health</u>

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government. The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIAs) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet or to Strategic Licensing Committee.
- What target groups and audiences you have worked with to date.

- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any likely positive effects for a group or groupings; and
- What actions you are planning to monitor and review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions, or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

There are nine Protected Characteristic groupings defined in the Equality Act 2010. The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief. We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then a wider additional local category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

Please note that the armed forces are now a grouping to whom we are required to give due regard under recent Armed Forces legislation, although in practice we have been doing so for a number of years now.

We are now also identifying care leavers as a distinct separate local grouping due to their circumstances as vulnerable individuals.

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose. You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council.

Carry out an ESHIA:

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove or reconfigure a service.
- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

Carry out and record your equality and social inclusion approach:

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.
- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

3. **Council wide and service area policy and practice on health and wellbeing**

A better understanding across the Council of these impacts will better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

Health in All Policies – Health Impact Assessment

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.

- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

Individuals

Will the proposal have a *direct impact* on health, mental health and wellbeing?

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Communities

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community**?**

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

Demand

Will there be a change in demand for or access to health, local authority and social care services?

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

For further advice: please contact
Lois Dale via email lois.dale@shropshire.gov.uk, or
Phil Northfield via email Phillip.Northfield@shropshire.gov.uk