NORTHUMBERLAND

Northumberland County Council

1: Directorate's key functions and services

The Directorate's purpose is to:

- Promote people's independence and wellbeing
- Provide the support that people need in the community rather than in institutions
- Work "seamlessly" together with different organisations and specialists.

It does this by developing a system of support with the following four elements:

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- **Prevention** - keeping people well for as long as possible: supporting people to remain active and engaged in community life by linking with activities which are attractive to the whole community and include disabled people and those with disabling long-term health conditions.
- **Reablement** – helping people regain independence after illness: providing people with the immediate support they need to recover their independence after a health crisis or an accident – ranging from advice and guidance through to time-limited periods of care or intensive programmes of rehabilitation.
- **Long term support** – supporting people with longer term needs: arrangements which maximise control over how support is provided, and which make sure that all elements of public sector support are well coordinated and organised.
- **Keeping people safe** – protecting from neglect or abuse: taking action to prevent harm happening in the first place; responding effectively to concerns about alleged and suspected abuse; and putting plans in place to help protect adults at risk.

2: Information on protected groups

2.1 Disability

Disabled people face a range of barriers in accessing services including: physical and environmental barriers (such as poor access to buildings); communication barriers (such as poor access to BSL interpreting, accessible information, loop

systems etc.); social inclusion barriers (such as poor access to public transport and community facilities); and attitudinal barriers. Disabled people have long recognised that equality will only be achieved if the focus is on the barriers that disabled people face in society, rather than on disabled people's impairments.

This concept of a 'social model of disability' and the related framework of 'independent living', developed by disabled people, are now accepted as key principles by government and in the personalisation agenda in social care.

2.1.1 What do we know?

Physical disability

Just over one in five (21%) of the population in the United Kingdom is estimated to be disabled (Family Resource Survey, 2010), though this proportion is higher (1 – in 4) in the North East region.

Northumberland estimates of the proportion of people of working age (18-64) who have a moderate or severe physical disability also show a higher proportion both in the North East and in Northumberland, as shown on the table below.

People aged 18-64 with a moderate or severe physical disability,		
Northumberland - working age, physical disability	20,608	11.3%
North East - working age, physical disability	166,495	10.4%
England - working age, physical disability	3,399,208	10.1%

From: Pansi.org.uk, December 2017

(This estimate based on prevalence rates from Health Survey for England, 2001 applied to ONS population predictions.)

Northumberland estimates of people aged 65 and over who have a limiting long-term illness show a slightly higher proportion than in the region, but one that is closer to the national average (see the table below).

People aged 65 and over with a limiting long-term illness, by age, 2017		
	2017	**%**
Northumberland:	37,225	2.0%
North East	285,810	1.8%
England:	4,912,607	2.0%

from poppi.org.uk, December 2017

Mental health

Northumberland estimates of people of working age who have a mental health problem show very similar proportions to regional and national averages, as shown below:

People aged 18-64 predicted to have a mental health problem	Number	%
Northumberland	29,373	16.1%
North East	258,632	16.1%
England	5,436,208	16.1%

from pansi.org.uk (December 2017)

Estimates of depression in people aged 65 and over show a similar pattern, with little difference between the proportions locally, regionally and nationally, as shown in the table below.

People aged 65+ predicted to have depression	Number	%
Northumberland	6,515	8.6%
North East	44,389	8.6%
England	865,218	8.6%

from poppi.org.uk (December 2017)

Adult social care service users

According to our client information system (October 2017), there are currently 6,884 people accessing adult social care services in Northumberland. All of these people will have some form of disability, illness or long term condition. Clients are broken down into the following teams: Physical Disability, Learning Disability and Mental Health as shown in Figure 3:

Profile of clients by team type

Client Category	Total
Learning Disability	1264
Mental Health	2286
Physical Disability	3334
Total	**6884**

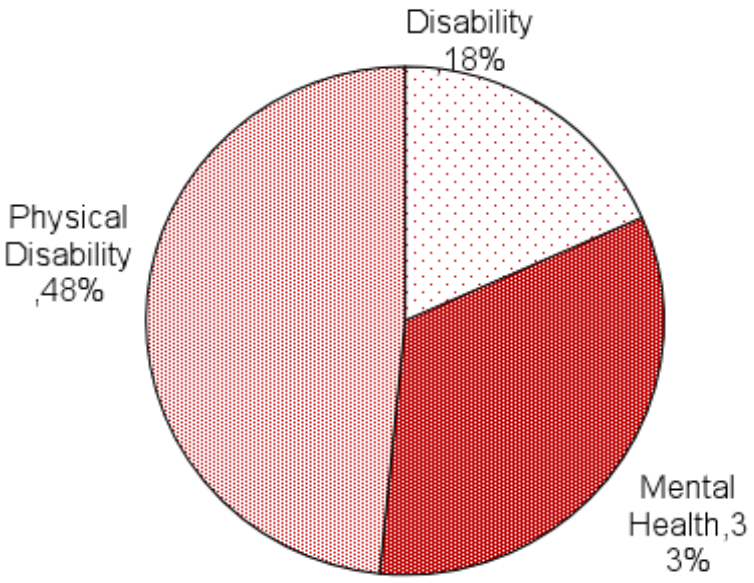
(NCC, 2017)

Proportion of clients accessing key services or support

Service/Support	No. of Clients	% of Total

Residential / Nursing Care	2285	35%
Home Care Services	2530	39%
Day Care Services	855	13%
Receiving Direct Payments	775	12%

(NCC 2017)
Adult Social care breakdown by client category

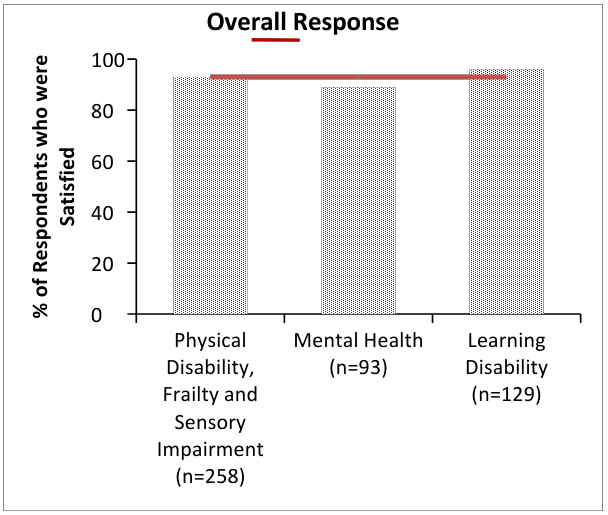


Further statistical information is available on the numbers of disabled people with disability at the Northumberland County Council website as part of its Health and Well-being Assessment or Joint Strategic Needs Assessment ("JSNA") on this link:

http://www.northumberland.gov.uk/Campaigns/jsna/Our-people/People-with-disabilities.aspx

Regular and on-going mechanisms for gathering people's experiences of using care management and care services are in place and feedback is generally very positive. A survey of clients using our in-house services was conducted in 2017 demonstrating a high level of satisfaction with the care and support provided. 232 people completed a questionnaire. 97% said that the staff were friendly and polite and 90% said that they felt the staff treated them with respect. 93% said that if they were not happy with an aspect of the service they would feel able to tell someone about this to get it put right.

The figure below gives a breakdown of overall satisfaction by primary client group.



2.1.2 What are the key impacts on disabled people?

- Prevention services (such as Support Planners, partnership work with Carers Northumberland on the wellbeing of carers, Telecare, home improvement – also involving services referred to as “reablement”) work with disabled people to make sure they remain active, independent and engaged in community life for a long as possible and safe. They are a key part of integrating the lives of disabled people with those of their neighbourhood, friends and family and of aligning their life experience as closely as possible with the community as a whole.

- Early Intervention services (such as the Short term Support Service, the Early response services and the Hospital to Home teams) work by co-ordinating the different skills needed to give a quick response and/or a short period of specialist care to enable people to live in their own home or to return home as soon as possible from a stay in hospital. They therefore are key to avoiding institutionalised care and providing the support needed to ensure disabled people have the confidence to remain safely in their communities.

- Independent living schemes (such as supported living schemes, “shared lives” schemes and learning disability services such as the Horticultural skills unit at and café at Hepscott Park) maximise choice and control for people with longer term support needs. A revised approach to supported housing means that we are now matching available housing with support needs more systematically, and producing more personalised and individual solutions to living.

- Commissioning strategy influences the quality of services for which we pay, its location (e.g. closer to family and friendship networks), its responsiveness to different living requirements (e.g. diet) and openness to the surrounding community. It also has an important link with obligations under equalities law – so that evidence of compliance is collected to ensure that the operation of a service delivers its contractual commitments.

- Safeguarding service: this provides an effective response to cases where there is a risk of neglect or abuse of vulnerable people. Changes to process have made responses quicker and more effective – and also have worked much more closely with police and children's services. This helps ensure that information know to different services is shared and acted upon earlier and in a more co-ordinated fashion.

2.1.3 What have we got in place?

- Personal Budgets and Support Planning in social care to help disabled people have more choice and control over their lives.
- The Short Term Support Service - established to help ill and disabled people regain their independence and facilitate improved discharge from hospital.
- Mechanisms to involve disabled people in quality assurance and service planning and development (e.g. User Forums, representation on strategic groups, the Single Equalities Forum, Mystery Shopping).
- Training for staff on issues around disability equality.
- Systems to provide appropriate BSL interpreting and information in other formats such as Braille and easy read.
- Monitoring arrangements to check disabled people's satisfaction with our services.
- Safeguarding arrangements to protect vulnerable people at risk of harm or harassment.
- Commissioning and contract monitoring arrangements for independent sector care services which are aligned with the Care Quality Commission's ratings and match our standards for quality of services with their "Key Lines of Enquiry.
- Performance management processes in place to monitor quality against key local and national indicators.
- Support for carers of ill and disabled people, working in partnership with the likes of Carers Northumberland.
- The Health and Wellbeing Board to improve opportunities for ill and disabled people.
- Learning Disability Partnership Board restructured the involvement mechanism to support greater involvement of people in their local areas through a network of forums. Provided a programme of training for people with learning disabilities on being a representative and leadership skills. Facilitated the members of the North Forum to work in partnership with Alnwick Gardens on a joint programme of activities to commemorate the centenary of World War I.
- Our in-house Home Improvement Service which covers disabled adaptations, a handy person service and the fitting of telecare equipment.
- Applicants with housing need that are related to their disability are recognised and additional priority is awarded.
- Healthwatch Northumberland has been established to work with and to represent the views of local people in relation so the services that support them by sharing views and experiences.

2.1.4 What else do we need to do?

- We will roll out an intergenerational project to link care homes, schools and young people's projects.

- We will work in partnership with Northumberland Sport to deliver the Ageing Well active agenda – a key part of our work on prevention of older people's illness and disability

- The Home Improvement Service will work in partnership with local builders and specialist contractors to streamline and speed up the delivery of major adaptations using our framework process.

- We will continue to develop the working relationship between the different skill sets involved with "reablement", e.g. by

    - We will explore the "discharge to assess" model to "walk side by side" with people until their needs are clear rather than delay their retrun home from hospital.

    - We will develop a "bridging" service which can step into provide care at home until the usual care providers have the capacity to take over.

- We will develop supported living arrangements for people with more complex needs for young people moving from Children's to Adult services and for people on the autistic spectrum.

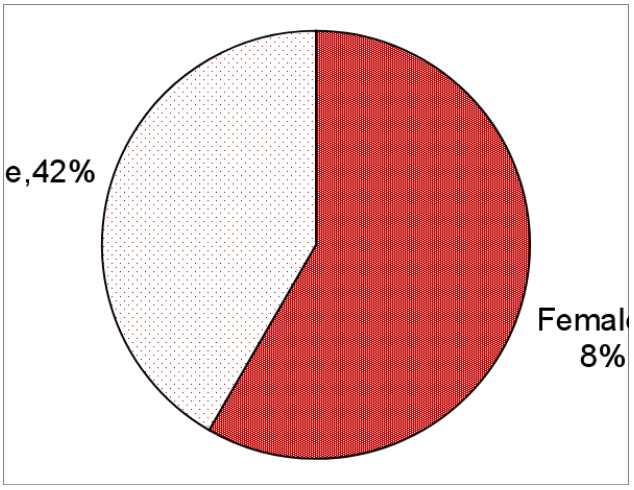
- We will work with other local authorities to develop good practice in Shared Lives, to increase client numbers and widen the range of client groups using the service.

- We will work closely with staff and partners to identify barriers to young carer involvement in care planning and discharge and continue to look at home staff and family carers can work together to improve the experience of the whole family

2.2 Sex

Sex equality means to be treated the same as others in society regardless of being a man or woman, and to have the same opportunities. This means, the same access to services and to job opportunities at the same rate of pay (relative to experience and qualifications), to work within polices and guidelines which do not discriminate because a person is a carer or parent, man or women; and the same opportunities to develop careers and still have a family/home life.

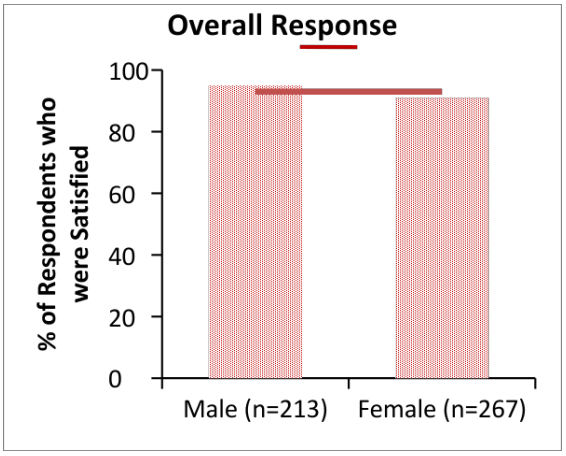
There are a higher proportion of women accessing social care services in Northumberland than men. This is due mainly to the fact that the life expectancy of women is higher than that of men, although there is evidence that the gap is now narrowing. Figure 5 illustrates the gender profile of clients:



Gender	Total
Female	4027
Male	2857
Total	**6884**

A majority of the population of older people, and in particular frail older people, are women, as women tend to live longer than men. 46.3% of people over 65 in Northumberland are men, 53.7% women (poppi.org, 2017) according to recent mid-year population estimates from the Office for National Statistics.

From the last survey of social care clients in 2014/15, levels of satisfaction with care and support services do not appear to differ greatly between men and women as shown in Figure 6:



2.2.2 What are the key impacts on men and women?

- Having a choice of gender of professional to provide personal care may sometimes be difficult to accommodate given that the vast majority of social care staff are females. This may therefore have a particular impact on men accessing social care services. Also, clients may also prefer a particular gender of staff member to provide support and advice, particularly in situations where gender is a central issue, such as homelessness as a result of domestic violence.
- It is important to acknowledge that services may need to be provided differently to men and to women in order to achieve the same outcomes (e.g. may have different 'motivators' in reablement).
- There are some types of gender related disabilities/long term conditions e.g. breast cancer, prostate cancer, and also a greater prevalence of some conditions amongst men or women (e.g. more women than men are diagnosed with MS).
- In Northumberland there are estimated to be around 35,000 carers providing unpaid caring support (Census, 2011). Overall, women are more likely to be carers although there is evidence that as age increases, a higher proportion of older men become carers. Older men may find it particularly challenging if they have previously taken on more 'traditional roles' within the relationship and home and may therefore need extra support to continue to provide care.
- Statistically, women are still likely to have fewer financial resources than men. The overall impact of this is that means tested charges for services (particularly significant in adult care) will generally have a greater impact on men than on women.
- Women are more likely to be victims of domestic violence.
- Older women - who may have caring and other family responsibilities, or who may be coming to terms with other life-changing events – appear to be deterred from taking their own health issues seriously

2.2.3 What have we got in place?

- Processes to accommodate choice in the gender of worker wherever possible both for in-house and commissioned services.
- Activity planning in day services that takes account of gender related preferences and needs.
- Provision of gender specific equipment as appropriate (e.g. urinal equipment, specialist watches that come in a range of sizes etc.).
- Dedicated domestic violence service for women, but also floating support for male victims of domestic violence.

- Access to health information targeted specifically at conditions impacting on men or on women (e.g. cervical screening, prostate cancer etc.).
- Commissioning and contract monitoring arrangements to ensure that services are providing a range of gender appropriate activities within residential and day services.
- Domestic violence training for social workers: Social workers are learning to deliver specialist training to both victims and perpetrators of domestic violence. The Freedom Programme examines the roles played by the attitudes and beliefs involved in this kind of abuse and the responses of victims and survivors. The aim is to help them to make sense of this experience and understand how lives are improved when the abuse is removed. Seven social workers attended a three-day "training the trainers" programme in July.

2.2.4 What else do we need to do?

- Continue to monitor satisfaction rates with different services between men and women.
- We need to continue to monitor the gender profile of people accessing different services, within social care. Given that a high proportion of staff are female, there is a need to monitor whether male service users are having problems with personal care because of the lack of choice of a same-sex support worker, with the possibility if problems do emerge that we would need to consider using 'Positive Action' to recruit more male staff.
- Evaluate the take up of referral to health services from wellbeing checks, with specific reference to gender differences.

2.3 Race

2.3.1 What do we know?

According to CSCI (2008), the key to achieving appropriate social care services for black and minority ethnic people is personalised support that addresses the needs of the individual, rather than adapting services based on generalisations about cultural requirements. Services need to take a systematic approach to removing barriers that may prevent black and minority ethnic (BME) people receiving appropriate support. These barriers include organisational processes or assumptions and the behaviour of individual staff, which may amount to either intentional or unwitting discrimination.

According to a recent report 'Living in the Margins' produced by the Afiya Trust in 2012 suggests that, nationally, the cuts in adult social care are having a disproportionate impact on BME groups with many councils failing to undertake proper equality impact assessments relating to race when making funding decisions. However, in Northumberland, robust mechanisms are in place to ensure that race is

fully considered alongside each of the other protected characteristics in making such decisions.

Ethnic Group (headline categories taken from the 2011 Census)	No. of Clients (Oct 2017)	% of Total	% in N'land Population (Census 2011)
White	6,752	98.1%	98.4%
Asian / Asian British	17	0.2%	0.8%
Black / African / Caribbean / Black British	4	0.1%	0.1%
Mixed / multiple ethnic groups	10	0.1%	0.5%
Any other Ethnic Group	11	0.2%	0.1%

Gypsies and travellers form a minority ethnic group in Northumberland and for the first time were identified separately in the 2011 Census which indicated that there were 156 people from this group living in the County.

The Equality and Human Rights Commission published research in 2009[1] which found extensive inequalities experienced by the Gypsy and Traveller communities and identified specific challenges that social care services need to address in order to ensure that the needs of this group are fully met.

Six in ten Northumberland residents who live in a diverse community (62%) agree that people of different background get on well in the local area which is higher than the council's consortium average (58%). (Northumberland Place Survey 2012).

2.3.2 What are the key impacts on people from different racial groups?

- Through the introduction of Self Directed Support and Personal Budgets, the opportunity to put in place more "personalised" forms of social care support for Black and Minority Ethnic disabled people may mean they have greater access to more culturally appropriate support where relevant.
- However, it should also be acknowledged that given the race profile of Northumberland, there is likely to be a shortage of culturally appropriate services and workers available locally.

[1] EHRC (2009) Inequalities experienced by Gypsy and Traveller communities: A review.

- There may be a need to arrange access to an interpreter or to have information translated into other languages in order to enable BME clients make informed choices about services and support.
- There may be a need for increased flexibility of service times and tasks to help BME clients maintain contact with their communities and meet their cultural/religious needs.
- Particularly in the delivery of home and residential care, there may be some cultural issues to take account of in relation to dietary needs or the delivery of personal care or end of life care.
- Certain ethnic groups, particularly Gypsies and Travellers, face prejudice in the community. In addition, because of their itinerant lifestyles, Gypsies and Travellers' ability to access services can be limited.

2.3.3 What have we got in place?

- Mechanisms are in place to provide interpreters and to get information translated into other languages.
- Staff training which covers race equality.
- Leaflets about rights to an interpreter and how to make a complaint in a range of different languages.
- A DVD has been produced for the GRT community to support their ability to access services
- Diversity of images used in public documents to reflect different racial groups.
- Specific strategy and working group in place for improving services and support for Gypsies and Travellers, and a liaison officer.
- Links with regional BME groups who can act as a source of advice and support to improve community cohesion, and race relations.
- The Voluntary and Community Sector Assembly to help us engage better with different groups of people from across the range of protected characteristics.
- Black and Minority Ethnic Allies training: training tailored to black and minority ethnic women volunteers, designed to broaden the available ways of accessing services by involving people who understand the barriers that some older people may experience. At the request of Blyth Buffalo Northumberland BME Sisters (BBNS) two days' training was adapted to ensure that it was suitable for people from a variety of backgrounds, including Indian, Polish, Bangladeshi and Lithuanian.

2.3.4 What else do we need to do?

- We need to continue to monitor the racial profile of people accessing social care services and support. If there is a significant changes in the numbers of BME

clients, we may need to consider using 'Positive Action' to recruit greater numbers of BME staff to help us provide more culturally appropriate services.
- We need to continue providing awareness training to staff around race equality and some of the specific considerations in relation to social care, health and housing.
- Continue to identify ways to further engage with the BME communities to inform service development ensure services are fully inclusive and accessible.
- Consider specific consultation with Gypsy and Travellers as their transient lifestyle may make it difficult to consult them on allocation policy and service issues.
- Develop options for Gypsy and Travellers to ensure that they have a safe place to stay.

2.4 Sexual Orientation

2.4.1 What do we know?

Research has shown that lesbian, gay and bisexual (LGB) people experience prejudice and discrimination both in relation to employment and as users of health and social care services, resulting in poorer outcomes in key areas including mental health, substance misuse, screening and housing.

A recent survey conducted by Stonewall (2011) into LGB people in later life found that nearly half of their respondents would not feel comfortable about being out to care home staff, and a third would not feel comfortable about being out to a housing provider.

Significant numbers of disabled LGB people also reported they have not accessed the social care, mental health or health services in the last year information and support to access services needs to be targeted to this group.

For *2 Minutes of your time*, we had 5,497 of responses last year. The breakdown by sexual orientation is below. This total includes a further 1,039 that did not answer. There was a high satisfaction rate with services of 99%

2 Minutes of your time: sexual orientation of respondents		
Sexual orientation	**Number**	**% of respondents**
Bisexual	50	0.9%
Gay man	53	1.0%
Heterosexual	4,391	79.1%
Lesbian/Gay woman	16	0.3%
Did not answer	1,039	18.7%
Total	5,549	100.0%

The very high percentage of non-respondents suggests that a different approach is needed in order to assess this issue or explain how the data will be used and why it is important to complete this.

2.4.2 What are the key impacts on people with different sexual orientations?

- Like all other clients, LGB clients need support to live the lives that they choose; with choice about their social life, leisure activities and relationships. For many people, this means support to have contact with other LGB people. Therefore, this needs to be something that LGB clients feel comfortable about exploring in assessment and supporting planning, and it is essential that members of staff respond positively when a client 'comes out' about their sexuality to enable them to discuss how this may impact on their choices around services and support.
- Often assumptions made by staff can make it difficult for LGB people to talk openly about their sexuality. Assumptions such as: there are not likely to be any LGB people using the service; that disabled people or older people are unlikely to have any issues around sexuality; and that the needs of LGB people are no different to heterosexual people can all have an impact.
- LGB people are more likely to be single, live alone, less likely to have children and less likely to be in touch with their family. Therefore, they are much less likely to have a carer to support them through illness or disability. Reduced carer support needs to be taken account of in assessment and support planning.
- It is possible that same sex couples may face prejudice in finding care home placements and social housing, and therefore it is important to monitor that the same policies that apply to heterosexual couples wanting to live together in care homes or social housing are applied to same sex couples.
- There is a greater prevalence of homelessness and substance misuse amongst LGB people, therefore this needs to be taken account of in service planning and development.

2.4.3 What have we got in place?

- Personal budgets and individual support plans allowing greater flexibility to choose support that can take account of sexual orientation diversity.
- Process in place to review key policies to ensure they are inclusive of LGB people in relation to use of language and rights.
- An LGBT Champion and LGBT Staff Network to act as a source of advice, support and raise awareness about issues that LGBT people face when accessing health and social care services.
- Staff training that includes LGB equality.

- Mechanisms to engage with the LGB community and links to local LGB groups including the Voluntary and Community Sector assembly and regular active participation in the PRIDE event.
- Stonewall Diversity Champions status allowing us greater access to information and support.
- The older people's Network Group received a presentation on LGBT people (lesbian, gay, bisexual and transgender): the group considered issues about appropriate care in retirement homes, which may not be equipped or willing to support same sex partners or understand the needs of people changing their birth gender. They also discussed possible difficulties with social support which can arise when "families of choice" – the extended "families" within the gay community - have care needs of their own which make it difficult to provide the social support that may be necessary.

2.4.4 What else do we need to do?

- Continue to ensure that staff are aware of the specific health, social care and housing needs of LGB people and address it appropriately in assessments and the development of support plans.
- Continue to engage with LGB people to ensure social care and housing services are inclusive and accessible.
- Through commissioning and contracting, monitor that independent services are inclusive of LGB people.
- Encourage take up of health services particularly by disabled LGB groups

2.5 Age

2.5.1 What do we know?

Age equality is concerned with responding to differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups. Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on people – on their quality of life, access to services and choices, employment, and other opportunities.

Research has indicated that the majority of people aged over 65 think that health and social care staff do not always treat older people with dignity.

Adult Social Care:

The need for social care support increases with age and therefore there is a higher proportion of older people accessing adult social care services as shown in Table 10:

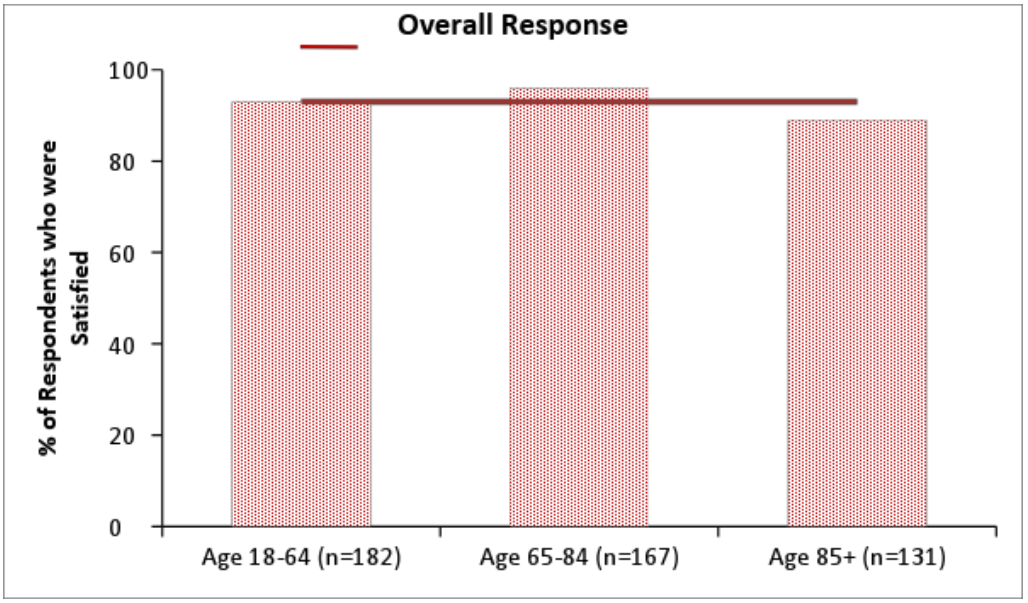
Table 10 Age Profile of Adult Social Care Clients

Age Range	No. of Clients	% of Total
Under 18	15	0.2%
18-24 years	335	4.9%
25-44 years	814	11.8%
45-54 years	623	9.0%
55-64 years	692	10.1%
65-74 years	919	13.3%
75-84 years	1564	22.7%
85+ years	1922	27.9%

(NCC, 2017)

From the last survey of social care clients in 2014/15, levels of satisfaction with care and support services do not appear to differ greatly between different age groups as shown in Figure 7, over.

Figure 7 Satisfaction with Care and Support broken down by Age Groups



2.5.2 What are the key impacts on people of different ages?

- Moving from children's services into adult services (transitions) can be a significant change for young disabled people and have a big impact on their lives. Similarly some opportunities and availability of support changes when someone moves from being a 'working age adult' to 'an older person'. There are similar key life transitions affecting people's housing needs.
- Interests, the type of activities people may want to engage in, and the type of support and the way it is delivered may differ depending on the age of the person and so services need to take account of this and provide age appropriate services.
- Many disabilities and long term conditions are age dependent.
- Older people are more likely to live in poverty and poor housing, and are often more vulnerable to certain types of abuse.
- As the proportion of home owners amongst older people increases, the problems of repair and maintenance will also become more significant.

2.5.3 What have we got in place?

- Self-directed support and Direct Payments provide the opportunity to put in place more "personalised" forms of social care support for people of different ages.
- The age criteria for the Short Term Support Services has been extended from 'over 65' to '18 and over' to enable adults of all ages to access the service.
- A transitions protocol is in place to support an effective move from children's to adult services.
- Safeguarding arrangements to protect vulnerable people of any age.
- Young carers support.
- The Ageing Well Northumberland initiative.

Partnership work with older people and other agencies to raises the profile of older people and support them to stay active, healthy and connected, enjoying life and staying in touch. Activities include

  - Step into Spring' and 'Winter Warmer' events bring together local information, health advice, opportunities for socialising and help to stay active, safe and well. 'Information covers options to suit different interests from gardening to the arts, table tennis to target golf, supported walks to exploring the internet.

    - Dementia friendly' communities through dementia awareness training for bus drivers, work with local pharmacies, private landlords and housing providers.
    - Ageing Well Allies: offers one day's training is offered to partner agencies with the aim of ensuring any worker or volunteer with regular access to older people has a basic knowledge and understanding of key public health messages, safeguarding and carers issues and can confidently signpost people to help, information or lifestyle advice.

- Dementia walks, Blooming Well events offer alternatives to people with dementia and their carers.
- A Young People's Participation Network Involving young people with additional needs, such as young carers, teenage partners, and young people who identify as LGBT.
- A number or Intergenerational projects.
- Adult/Children's joint working aims to ensure an individualised approach to meeting needs. A member of staff from the Disabled Children's Team at county hall will be located with adult social care staff at Dene Park. A multi-disciplinary Transitions Forum will bring together expertise from education, social care, housing, mental health and careers. Progress will be tracked using a "Dynamic Register" – a live, on-going log mapping the progress of each individual.
- The aim will be to bridge the gap between the services' different cultures and practices to achieve better continuity of care; a more personalised approach; and a smoother transfer between different organisations as complex needs are identified earlier and preparation for change takes place over a longer period.

2.5.4 What else do we need to do?

- Need to continue to monitor the take up of key welfare benefits for older people.
- Continue to modernise day services to ensure they provide support that better meets individual needs.
- The Ageing Well in Northumberland Programme has funded research into older people's priorities and aspirations for meeting their housing needs in the future. The results will be used to inform emerging housing and support strategies and policy within the Council and Northumbria Healthcare Foundation Trust.
- Develop Lifetime Neighbourhoods which offer a range of appropriate services in the same area, as indicated in the draft Core Strategy- the council's statutory planning document.
- Ageing Well involvement forums will offer a rolling programme of topics likely to help people to live well with dementia, focusing on people talking in a practical and non-threatening way about the impact of dementia on everyday life.

2.6 Religion or Belief

2.6.1 What do we know?

Religious and cultural views on the beginning of life can influence attitudes towards a range of social care and health issues. Views on dying, death and the afterlife can also influence attitudes e.g. towards pain relief, coping strategies for people with a disability or illness and for terminally ill people. The degree to which we respect Religion or Belief reflects the organisation's commitment to delivering patient centred care and how well it responds to our local communities.

Adult Social Care:

The Religion or Belief of 63% of clients is currently recorded on SWIFT, a breakdown is given in Table 12, although there appears to be an under representation of people who have no religious beliefs in these figures:

Table 12 Religion/Belief Profile of Adult Social Care Clients

Religion/Belief	No. of Clients (where Religion recorded)	% of Total
Church Of England	2587	65.6%
Roman Catholic	392	9.9%
Christian	392	9.9%
Methodist	238	6.0%
Church Of Scotland	48	1.2%
United Reformed	51	1.3%
Presbyterian	40	1.0%
Jehovah'S Witness	32	0.8%
Atheist	34	0.9%
Protestant	29	0.7%
Salvation Army	13	0.3%
Agnostic	12	0.3%
Baptist	11	0.3%
Spiritualism	15	0.4%
Anglican	8	0.2%
Jewish	5	0.1%
Muslim	6	0.2%

Buddhist	7	0.2%
Evangelist	4	0.1%
Church Of Jesus Christ Of Latter-Day Saints (Mormon)	3	0.1%
Humanist	2	0.1%
Quaker	3	0.1%
Orthodox	3	0.1%
Sikh	3	0.1%
Hindhu	3	0.1%
Baha'I	1	0.03%
Church Of Ireland	1	0.03%
Nonconformist	1	0.03%
Pagan	1	0.03%
Plymouth Brethren	1	0.03%
TOTAL	3946	
Not Recorded	2938	
GRAND TOTAL	6884	

2.6.2 What are the key impacts on people with different religions/beliefs?

- People with different religions or beliefs may have specific needs around food preparation (e.g. Muslims and Halal food, and Jews and Kosher food) – this may impact on home care, day care and residential care services.
- Enabling people to continue to practice their religion or beliefs should be considered in support planning and use of personal budgets.
- People with certain religions or beliefs may have particular views and requirements around death and dying. Therefore services (such as residential care) need to take these into account in providing and arranging care for terminally ill people, for example, and their families.
- May be certain religious festivals or key religious events that services and staff need to acknowledge and respond to (e.g. Christmas, Eid etc.) and some people may need support to enable them to take part and get involved.
- For people with certain religions, specific days/times of day, are considered to be sacred, therefore services may need to take account of the opening time of services to ensure they do not conflict with any religious requirements.
- People with certain religions or beliefs may need to prayer at specific times during the day, therefore consideration may need to be given to providing a quiet space to enable this to happen (e.g. in day services, at consultation events etc.).

2.6.3 What have we got in place?

Check with quarterly updates…..

- Personal budgets which allow greater flexibility for people to continue with the things that are important to them, including support to continue practising their religion.
- Training for staff which includes religion or belief equality.
- Direct Payments and support to employ care workers directly, supporting a more fallible and individualised approach.
- Promote different cultures and religions – staff newsletters etc.
- Links with local groups and networks supporting diversity within communities including religious diversity, humanist organisations and membership of the North East Regional Faith Network
- Improved links with key religious groups in Northumberland.

2.6.4 What else do we need to do?

- Need to improve the recording of religion or belief.
- Increase awareness of different religions and beliefs amongst staff and better promote religious festivals and events.
- Ensure religion or belief are taken account of in commissioned services.

2.7 Transgender

2.7.1 What do we know?

Commissioners and providers of health and social services face challenges in caring for the trans community. The growth in the number of people, of all ages, who are seeking medical treatment for profound and persistent gender dysphoria is likely to place an increasing strain on both health and social services for trans people in the UK.

Adult Social Care:

We do not currently record on SWIFT if someone is transgender.

2.7.2 What are the key impacts on transpeople?

- Some transgender people may have specific personal care needs and handle these sensitively; for example, trans women who have transitioned later in life may still need to shave regularly. Trans people who need assistance going to the

toilet or bathing require support from workers who understand that their body may not match their gender identity.

- Confidentiality around someone's transgender status is important. Whether someone wishes other people to know about their status may change over time, particularly if the person is in transition.

- Gender Reassignment can have major implications for mental health, with trans people more likely to experience depression and attempt suicide.

2.7.3 What have we got in place?

- Check material from the quarterly updates……the talks, Keith presentationre: care homes.

- Training for staff which includes trans equality.
- An LGBT Champion and LGBT Staff Network that act as a source of advice and guidance for staff and service users.
- A Young People's Participation Network project has targeted young people who have additional needs, including young people who identify as LGBT.

2.7.4 What else do we need to do?

- Further engagement with all groups to ensure services are accessible and fair.
- Continue to work in partnership with Northumbria Healthcare NHS Trust to raise awareness and reduce health and social care inequalities.
- The Young People's Participation Network will improve the way that services are branded, advertised and delivered to engage better with young people including those who identify as LGBT,
- to engage effectively with young people

2.8 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

2.8.1 What do we know?

Adult Social Care:

The Government's policy position is that the main difficulty facing disabled parents and carers stems from the lack of suitable support for their needs, rather than from their disability or caring responsibilities (the social model of disability).

The government has therefore made it clear that help with parenting for disabled adults is an essential task for adult social services teams, and that children should not automatically be seen as in need of help just because they have a disabled parent or carer.

An increasing number of adults with learning difficulties are becoming parents. In about 50% of cases their children are removed from them, usually as a result of concerns for their well-being and/or an absence of appropriate support, but research also suggests that closer working between different agencies could help prevent this.

A local study of LGBT people in Northumberland (NCDN, 2012) suggested that same sex couples may need more support also around pregnancy and maternity.

2.8.2 What are the key impacts around pregnancy and maternity?

- Pregnant disabled women and their partners may have particular anxieties about pregnancy, childbirth and being parents and may need extra time and support. Women with a learning disability, for example, may need information about pregnancy and parenting in other formats that explains information in a more accessible way.
- Pregnant disabled women with progressive conditions such as MS or rheumatoid arthritis may fear exacerbation of their condition following birth, and women with existing mental health problems may be more prone to post natal depression.
- Disabled parents and 'teenage' parents may face particular prejudice from others in society, and assumptions are made by some about their ability to be parents.
- Parents with a learning disability may face barriers to the provision of appropriate support due to negative, or stereotypical, attitudes about parents with learning difficulties on the part of staff in some services.

2.8.3 What have we got in place?

- Self-directed support and personal budgets allow greater choice and control over the support disabled people who are pregnant or have young children or are breastfeeding receive.

- Information about pregnancy, birth and parenting available in a range of different formats and languages.
- Targeted work with people with a learning disability about sex, relationships and parenting.
- Training for staff which includes pregnancy/maternity equality.
- Close links with Children's Social Services.

2.8.4 What else do we need to do?

- Review what additional support may be needed for parents and prospective parents with a learning disability.
- Continue to work closely with children's services to ensure that the right support is made available to disabled parents.

2.9 Addressing the Data Gaps

The equality analysis has identified a number of areas where consideration of strengthening or reviewing data could be made. These include:

- Whilst recording around Religion or Belief is improving it is still not recorded for all social care clients.

- We need to do more detailed work on the housing needs and aspirations of excluded groups, particularly:
    - older people and disabled people in rural communities
    - black and minority ethnic groups, and
    - young people not engaged with services.

- The principles established in the extra care and telecare strategy will be applied to specific opportunities as they arise.

3: Consultations/engagement

Specific engagement Initiatives to find out people's experiences

Engagement with disabled people

Two minutes of your time: This survey gathers customer experience feedback across 60 community service settings. For the period April 2016-March 2017:

- Over 6,500 responses were receivedOverall satisfaction rate is 99%
- 99% said they would recommend the service to friends and family
- Comments received across all services are positive and highlight excellent, professional services with skilled staff.

- Many comments relate to experiences of being treated with dignity and respect and having confidence in staff skills.
- Main themes suggesting improvement were linked to
- lack of information.

Action arising: Establish a robust mechanism for gathering **'you said, we did'** feedback from teams based on customer comments.

Short Term Support Service (STSS) Customer Experience: In order to meet CQC requirements a more detailed inquiry than that gained through 'two minutes' is conducted by the ISD team. A focussed questionnaire was distributed to 600 people who had used STSS within 3 months, with 207 returns. Further detailed information was gathered from a small number of semi-structured interviews with service users in their homes, conducted independently by the Involvement and Service Development Team. The interviews proved useful in exploring some of the findings from the questionnaire and consolidating recommendations.

- Overall satisfaction rate was 95%.
- 95 % would recommend STSS to friends and family.
- Overall the service was regarded as valuable and useful.
- Comments were largely positive and reflected effective improvements in the service.

Adult Social Care, Carers' Survey 2016: The survey concerns the views of family/friend carers who provide unpaid support to relatives or friends who are ill, disabled or frail and live in Northumberland, focussing predominantly on the carers' experiences of support received from adult community services.

- The survey was mailed to 1271 carers randomly chosen across social care teams and there were
- 506 responses (response rate 40%).
- 76 % of respondents were "Extremely satisfied", "Very satisfied" or "Quite Satisfied "with the care
- received from social services in the last 12 months.
- The greatest area of improvement was in the proportion of carers that find it easy to find
- information about services in Northumberland, increased from 68.4% in 2014 to 72.1%.
- The results are comparable to regional figures and, as in the previous two surveys, all results are above the average results for England.

Action: In response to the survey, a detailed report and recommendations have been drawn up to inform Northumberland Carers' Strategy and operational action plans. Recommendations have been made in the following areas:

- Information and advice
- Carer health
- Older carers
- Financial issues
- Communication with professionals
- Access to support

Single Point of Access ("SPA"): The Mystery Shopping Exercise was carried out in partnership with HealthWatch. A total of 10 mystery shopper volunteers were recruited and carefully trained in all aspects of the mystery shopping exercise and the scenarios that were to be used. Volunteers completed questionnaires immediately after each mystery shopping experience. In total 45 completed questionnaires were returned in April 2016. Results demonstrate that satisfaction levels remained consistent at 78%. Most calls were dealt with by staff who were courteous, helpful and handled the call professionally and there has been a significant improvement in use of the protocol for the initial greeting of callers, which was highlighted last year. Caller frustration was centred on not being able to speak to the pertinent staff member, often having made previous failed attempts.

In addition a SPA call evaluation was completed involving a selection of 50 recorded calls to the service in 3 time periods in June 2016. Overall call handlers were identified as being very pleasant, helpful and respectful towards callers and the results supported the mystery shopping findings:

Action: A full report and recommendations were made to SPA to inform a service action plan:

- In-service performance monitoring of telephone queuing times
- Review of the call handler protocol
- Review of training and mentoring of call handlers to ensure consistency of service and
- information provided
- Ensuring call handlers check callers have access to the internet when providing online
- information and providing alternatives when this is not the case.

The Long Term Conditions Forum: This group acts as a reference group for the Safeguarding Adults Board and among other things, in the last year, helped develop new service information for Marie Curie, discussed implementing a home care standards toolkit, informed inclusive sport and leisure activity with Active Northumberland, and were consulted on the impact of Care Act implementation on access to support. The format of the group was changed in 2017/18to create a stronger and more inclusive Long Term Conditions Network including engagement with condition specific groups countywide in partnership with Healthwatch.

Learning Disability Forums: These self-sufficient groups operate across the county, and among other things, have influenced the development of the Jack and Josephine training project and act as a reference group for Healthwatch Northumberland in developing accessible information.
In the north they undertook an accessibility audit and all groups ran Learning Disability Week events. Representatives are elected for key roles including co-chairing of the Learning Disability Partnership Board (LDPB).

Engagement with older people

Ageing Well Programme: The programme has engaged with older people through service user forums, road shows, events and Health Trainer interventions across the county, and strategically through the Ageing Well Partnership Board. It continues to have active support from a number of statutory, voluntary and community organisations, teams and individuals, through a well-established and vibrant Ageing Well information and partnership network, regular newsletter and strategic meetings.

By doing more together locally this allows people to feel more empowered and endorses the role of older people as assets within their community, not a burden. Regular evaluations of programme activities indicate improved social contact and connectedness and enriched health and wellbeing which all support a good quality of life. Feedback continues to show high levels of satisfaction with the activities and events by those who participated or attended; including:

- feeling better informed about what was available
- enjoying the increased social interaction
- experiencing health and wellbeing benefits beyond the activity itself
- valuing opportunities to contribute to the planning and delivery of the programme

Ageing Well Allies This programme is aimed at reaching people who may be isolated, by training anyone whose work brings them into contact with older people, including community volunteers, to inspire confidence in recognising signs and symptoms of when an older person might need some support, basic health information or advice and to enable signposting to appropriate services for help.

Ageing Well Information and Involvement Forums: a new format introduced in 2016 provides a rolling programme of information sessions in each locality. Key topics of interest included keeping safe; living with dementia; keeping fit and active. These informal groups are open to anyone enjoying later life or caring for an older relative or friend in Northumberland. With a prevention aim, the sessions aim to inform people as well as an opportunity to hear and understand the issues facing the ageing community and inform solutions and developments. All sessions are dementia-friendly and venues wheelchair-accessible.

In order to widen the reach, more effective and inclusive approaches to gathering the views of older people are being planned for 2017/18. This will involve establishing regular communication with established community- led interest groups across the county.

Engagement with LGBT people

Northern Pride is the biggest Lesbian, Gay, Bisexual and Transgender (LGBT) festival in the North East. This year, the event took place July 2017 on the Town Moor in Newcastle upon Tyne with thousands of people attending.

Adult social care staff from Northumbria Healthcare NHS Foundation Trust teamed up with Northumberland County Council to attend the event to promote services and

to find out from LGBT people what organisations such as the trust and the council could do better to make their services more inclusive to LGBT employees and service users/patients.

A consultation exercise was carried out at the event to capture the views of LGBT people of how to make the trust and the council more inclusive for LGBT service users and employees and also more responsive to the health and social care needs of LGBT service users and patients and to gather views on how to increase diversity within the workforce

4: Good practice examples of improving services or employment opportunities for people with protected characteristics

Addressing housing needs at the same time as care needs: Housing must often be addressed at the same time as care to be successful and personalised; to promote independence and maximise quality of life; and to help with preventing, reducing or delaying needs. The multi-disciplinary Housing Database Group uses expertise from Occupational Therapists; learning disability nurses; care management and commissioning staff; and children's services staff to match people, property and providers of care:

- **People:** up to date and accurate understanding of individual needs often involves longer term planning or pre-planning so that we can respond in a timely way to opportunities or vacancies when they arise.
- **Property:** a flexible approach is needed to take up different sorts of housing from different sources, using different arrangements: Social and private landlords, sheltered housing, shared housing, handyperson schemes, minor works, equipment or adaptations.
- **Providers:** Improvements in care, and changes to policy and good practice mean that specialist care and support is needed particularly for people with long term conditions living longer with older carers/parents; people moving from children's to adult services, under the SEND reforms; people with learning disability and complex needs or challenging behaviour; people with enduring mental illness; and people with physical disabilities requiring complex care.

Increasing community-based options for people with specialist needs: A revised approach to meeting housing need means housing associations, private landlords, social care and health staff have been brought together to consider the enhanced needs of people with a learning disability as part of the transformation of care to more community-based solutions for people with challenging behaviour.

The housing meeting enables more accurate matching between people and available accommodation based on a shared and jointly agreed understanding of clinical and health needs – and more individual understanding of housing needs and local knowledge of physical accommodation available and the area in which is located. This approach is consistent with Work on an easier transition between adults and children's services (using a "dynamic register"

Collaborative approach to needs assessment: Building on the changes to recording which are described elsewhere (section 9), we are taking advantage of "agile" working using portable recording equipment to make needs assessment more inclusive and less bureaucratic.

A record of clients' views can now be made with the client and checked immediately by the client rather than after staff have returned to the office. This makes for an assessment of needs that is carried out more collaboratively, *with* the client rather than *for* the client, making for a more personalised process and maximising services users' involvement.

Asset-based approaches to older people: Ageing Well in Northumberland helps older people stay active, connected and well by working with support agencies in their communities to promote their health and wellbeing and value their skills, experience and energy. The campaign's annual conference this year was attended by over 100 people and offered keynote speakers, workshops and a market place showcasing local older people's organisations and charities. Topics covered included the extent of radicalisation in Northumberland; legal issues for vulnerable people; transforming justice for vulnerable people; and using new technology in dementia care.

Ageing Well Allies

This innovative approach supports our wellbeing agenda and increases role satisfaction for volunteers and workers in the community. One-day training is offered to potential allies from partner agencies, with the aim of ensuring any worker or volunteer with regular access to older people in Northumberland has a basic knowledge and understanding of key public health messages, safeguarding and carer issues and is able to confidently signpost people to help, information or lifestyle advice.

Improving the "front door" to health and social care services: This continues to be a major focus involving work with a range of organisations to ensure quick and appropriate access to services– and aiming to reach people as early as possible as part of our approach to preventing, reducing and delaying health and social care needs. A number of initiatives are being developed:

The Single Point of Access ("SPA"): We continue to work towards a fully integrated model - for a range of services across adult social care, children and health services - for professionals and for families in Northumberland. The idea is to offer one number for the public and professionals so that they get the right support from the right professional at the right time, every time.

Care navigation training for CCG staff: we are working with commissioners to improve GP receptionists' knowledge of social care services and how and when to access them. These staff are many people's first point of contact with services and a key influence upon effective early intervention. This approach will mean a range of response – from low/no-cost community-based services (via our Support Planners) to the relevant professional services (guided by the combined expertise of a Multi-disciplinary team).

Early Response Services working with the Ambulance Service: Since the summer the early response team has been joined by a paramedic who is able to take referrals directly from the ambulance service. This is targeted at patients who can be safely managed at home using different professional skills – rather than attending hospital. Following referral the paramedic will visit with a member of the early response team within two hours to assess their needs and arrange the right support.

Integrated working of reablement staff: the short term support service staff are developing new skills in order to ensure that people are able to return home as soon as it is practical and safe, even when this is outside usual office hours. This has meant maximising the contact time with service users and will enhance our responsiveness to the anticipated pressure on services during the winter period.

Tele-assistance pilot: A small pilot has been launched, initially in North Northumberland, by our Telecare service. The pilot, similar in design to an approach used successfully in Spain, supports vulnerable people in the community enabling them to remain living independently in their own homes for as long as possible. Telecare call handlers pro-actively contact existing clients to carry out wellbeing checks and to identify if any additional support is needed. This will then be offered before it a more urgent response is necessary – and a potential hospital admission avoided.

Inter-generational working: Adult and children's staff collaborate on support for 0–25 year-olds: Joint working on the transition between children's and adult services aims to ensure an individualised approach to meeting needs.

A member of staff from the Disabled Children's Team at county hall will be located with adult social care staff at Dene Park. A multi-disciplinary Transitions Forum will bring together expertise from education, social care, housing, mental health and careers. Progress will be tracked using a "Dynamic Register" – a live, on-going log mapping the progress of each individual.

The aim will be to bridge the gap between the services' different cultures and practices to achieve better continuity of care; a more personalised approach; and a smoother transfer between different organisations as complex needs are identified earlier and preparation for change takes place over a longer period.

5: Action on Council quality objectives taken or planned

1: Improve collection of data about customer experiences of people with protected characteristics

Adults Social Care Carers Survey 2016: This bi-annual survey concerns the views of family/friend carers who provide unpaid support to relatives or friends who are ill, disabled or frail and live in Northumberland, focussing predominantly on the carers' experiences of support received from adult social care services.

Recommended action in response to the survey covers: information and advice, carer health, older carers, financial, communication with professions and access to support.

From the last survey of social care clients in 2014/15, levels of satisfaction with care and support services do not appear to differ greatly between men and women as shown in Figure 6:

Adult Service User Survey shows overall level of satisfaction

This annual survey is completed by all local authorities in England and Wales with social services responsibility. Its aim is to find out what people think about help provided to them and to understand the impact of this support on their life and welling. The results are used by the Care Quality Commission, the Department of Health and the Health and Social Care Information Centre.

It is a postal survey based on a random sample of almost 1,400 people - of whom just over 500 responded - and it is structured around four themes. Key findings for each theme are given below

Overall satisfaction with social care support: 93% of people told us they were extremely, very or quite satisfied with the care and support they receive from social services.

Quality of life: 94% said the care and support they receive helps them to have a better quality of life. Answers to more detailed questions are shown in the box overleaf.

Knowledge and information: 60% said they had found it easy to find information and advice about support, services or benefits.

Health and wellbeing: 60% felt their general health was very good or good.

Next steps: The survey results will be shared with operational management groups and will be used, together with the results from the mock inspection (described elsewhere), to inform action planning for the future.

Two minutes of your time:

This survey gathers customer experience across 60 community settings. The breakdown by sexual orientation is below.Levels of satisfaction were high and comparable to other groups but fewer disabled LGB people accessed health care services.

Bisexual	50	1.1%
Gay man	53	1.2%
Heterosexual	4391	97.4%
Lesbian/Gay woman	16	0.4%
Grand Total	**4,510**	**100.0%**

Mystery Shopping - Single Point of Access: A mystery shopping exercise was carried out in partnership with Healthwatch and cross-checked with detailed evaulation of 50 recorded calls. Overall call handlers were identified as being very pleasant, helpful and respectful towards callers. A service action plan agreed:

- In-service performance monitoring of queuing times
- New call handler protocol
- Review of training and mentoring to ensure consistency of service
- Checking that callers have access to the internet and give alternatives if needed

2: Access to/experience of council services

Black and Minority Ethnic Allies training: The Ageing Well Allies programme was extended to include training tailored to black and minority ethnic women volunteers. This innovative approach aims to ensure that people whose work or volunteering activity brings them into contact with older people have a basic knowledge and understanding of key public health messages, safeguarding and carer issues and are able to confidently signpost people to help, information or lifestyle advice.

The programme is designed to broaden the available ways of accessing services by involving people who understand the barriers that some older people may experience. At the request of Blyth Buffalo Northumberland BME Sisters (BBNS) two days' training was adapted to ensure that it was suitable for people from a variety of backgrounds, including Indian, Polish, Bangladeshi and Lithuanian.

Modernising Learning Disability Services: Following the refurbishment of our Horticultural Skills Unit at Hepscott Park and the opening of the café on the site in 2012 we are continuing to develop our trading activities to promote what can be achieved by our service users. The user activities produce and sell jewellery, photographic prints, horticulture, baking and cooking sales, artisan bread, handmade soaps and furniture reclamation from our day centres. This year has seen a steady increase in visitors to our sites; growth in sales through the Hepscott Park café; sales through tourist information centres; trial sales within town centres; and the partnership with Aln Valley Railway in Alnwick supporting them to deliver café facilities on the site.

We have established Made in Northumberland, a recognisable local brand for all of our activities, including the potential to develop a website and web sales to promote the brand internationally and nationally whilst offering opportunities to people with disabilities in training, voluntary and/or paid employment.

Joint approaches to 0–25 year-olds: Joint working on the transition between children's and adult services aims to ensure an individualised approach to meeting needs.

A member of staff from the Disabled Children's Team at county hall will be located with adult social care staff at Dene Park. A multi-disciplinary Transitions Forum will bring together expertise from education, social care, housing, mental health and careers. Progress will be tracked using a "Dynamic Register" – a live, on-going log mapping the progress of each individual.

The aim will be to bridge the gap between the services' different cultures and practices to achieve better continuity of care; a more personalised approach; and a smoother transfer between different organisations as complex needs are identified earlier and preparation for change takes place over a longer period.

Aligning the experience of people with learning disability with the rest of the community: Preventing inappropriate hospital stays for people with learning disabilities: Weekly meetings of community nurses have now been established to discuss individuals experiencing changes in their wellbeing who may be at risk of hospital admission. Individuals with increased needs are referred to a "Dynamic Register" held by CCG and Care Treatment Reviews (CTRs) held to prevent unnecessary admissions and aid effective and safe discharges.

This is in line with the national transformation model for people with learning disabilities, challenging behaviour and autism which sets a framework to ensure community support is available to prevent inappropriate hospital admissions

Ensuring equality in commissioned services

Social care staff were part of this year's round of visits to the providers of care services, both in residential homes and in clients' own homes, which included an increased focus on equality issues.

Inspections looked for evidence of policies, procedures and practices that take into account people's beliefs, background and way of life, personal needs or circumstances. This requirement applied to everyone connected with a service - residents, staff or visitors. (See extract below)

Residents are:

- Enabled to exercise choice and control (e.g. Deprivation of Liberty and Mental Capacity Act) over the aspects of their life important to them
- Assisted to live a lifestyle that they value
- Enabled to make their own decisions as to how to plan their day (e.g. time resident chooses to get up and go to bed)
- Assisted to identify and participate in preferred activities which help them remain part of their local community wherever possible
- Supported by staff to exercise their rights to vote in local and national elections – including engaging family support or arranging postal votes.

[From Northumberland's Quality Standards for care homes]

These criteria are specifically linked to obligations under equalities law, and statutory duties to avoid discrimination and promote fairness in relation to protected groups. Evidence of compliance is collected covering both policies and procedures – and the proof that they have been read and understood.

Carers of people with dementia: Detailed analysis of the Carers Survey focusing on the carers of people with dementia.

Findings included high levels of satisfaction with support and services, and in particular with practitioners/staff. A wide range of recommended action is included in an plan drawn up with the CCG and Adult social care covering health, social care and community interventions.

Ensuring disabled people take up the benefits to which they are entitled:
"Introduction to benefits" training promotes disabled people's take up of benefits: Training provided by our Welfare Rights staff provides an introduction to the main benefits – what you might be entitled to and how to claim it.

This is not intended as a substitute for specialist advice but to improve social work staff's awareness and maximise the take up of benefits to which disabled people are entitled – thereby increasing their income.

Welfare Rights staff led seven sessions providing an introduction to benefits in Quarter 3, attended by over 60 adult services staff.

Attending these sessions makes it more likely that people will be able to claim what they are entitled to.

Interpretation services for social care: The Big Word, Northumbria's provider for all interpretation and translation services is now available for social work staff for a range of services including:

- Translation services
- Face-to-face interpreting
- Telephone interpreting
- Desktop publishing/design (for translation only)
- Audio into text (transcription)
- Text into audio (recording)
- Foreign audio into English text (audio translation)
- Voice over
- Braille
- BSL (British Sign Language)
- Lip-speaking
- Large print
- Deaf-blind interpreting.

3: Employment

Creating employment opportunities for disabled people: we are extending the use of "job carving" in adult social care – a technique which takes positive action to support people with a learning disability who meet the essential criteria for the job description of particular posts. Three people have already been employed in this way and plans are in place to add a fourth.

Promoting a more inclusive workplace – Open talks: An "Open talks" event was held in April covering the counselling, cognitive behaviour therapy and resilience training provided by the occupational health service and the work of the Autistic Spectrum Disorder Staff Network to make our workplace more inclusive. Representatives from public sector organisations and unions attended an event in May which described the challenges Trans* people face and the measures which can be put in place to promote inclusion in all areas of work, care and treatment.

Promoting a more inclusive workplace – Finding out about our staff with caring responsibilities: a pilot information hub – a collaboration with Carers Northumberland and North Tyneside Carers Centre (our independent carers' organisations) - was staffed outside canteens at North Tyneside and Wansbeck hospitals, and targeted at health staff who are also carers but offering advice to both staff & carers supporting patients using hospital services.

Almost all the carers who made direct contact with Carers Northumberland at the information stand stated that they feel well supported by their employer and able to be open about their caring responsibilities in the workplace. Some have been

able to use flexi working to accommodate attendance at hospital and other appointments with their cared-for person.

As a result of the project a new information leaflet for staff will be developed to ensure all are aware of access to support and options before deciding to give up work to care.

Case study of a member of staff who is a carer: A female member of staff working part-time has been working and caring since her husband had a stroke. Her line manager is aware of her responsibilities but so far she has not had to make any changes to work as a result. She has never received any outside help with her caring and had not heard of Carers Northumberland. She feels she has to continue working because of financial need but said she is struggling with juggling both aspects of her life. She requested any information about what she may be entitled to in terms of support and allowances/benefits and expressed concern about her own health in the long term.

After being given all the information possible on the day, the carer attended a drop-in session at the main office of Carers Northumberland. She was able to get support emotionally and physically to find out what she might be able to access and has since had a full benefits check; she has registered with Social Services so she and her husband can both get full assessments of their needs; and she felt confident enough to go to her GP to discuss her own health concerns. She is now hoping to join her local monthly support group if her shift pattern allows and says that she no longer feels alone.

4: Hate incidents or crimes

A Multi-Agency Safeguarding Hub ("MASH") has been developed by police adult and children's services: Many of the findings from serious case reviews emphasise information-sharing between different organisations as a key issue contributing to system failure when responding to safeguarding concerns.

Northumbria Police staff have now joined children services and adult social care at Foundry House as part of the development of an all-age Multi-Agency Safeguarding Hub or MASH, a structure designed to facilitate information-sharing and decision-making on a multi-agency basis often, though not always, through co-locating staff from the local authority, health agencies and the police.

Work continues with other partner organisations to develop the model which could include eventually integrating staff from for example Northumbria Community Rehabilitation Company who deliver probation services, Northumberland Fire and Rescue and key health services.

Work also continues to look at electronic solutions to support inter-disciplinary working and to provide automatic assistance to collate information held in separate systems.

Social workers trained in addressing domestic violence: Social workers are learning to deliver specialist training to both victims and perpetrators of domestic violence. The Freedom Programme examines the roles played by the attitudes and beliefs involved in this kind of abuse and the responses of victims and survivors. The aim is to help them to make sense of this experience and understand how lives are improved when the abuse is removed. Seven social workers attended a three-day “training the trainers” programme in July.