Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. The county had a predominantly white population, with a significantly high level of rurality. The local authority used a number of measures to understand its changing population and it analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes.

The Shropshire Inequalities Plan recognised that their current methods for identifying deprivation and health inequalities in rural areas needed improvement. The local authority worked with partner agencies, including health and the voluntary and community sector to understand the communities within the county, such as through the information they had commenced gathering from the Joint Strategic Needs Assessments (JSNA) to meet the specific needs for its localities. For example, the local authority used a fire and rescue building in an area as a community base as it was being under used.

The local authority recognised the impact the cost of travel had upon rural citizens and the inequalities of access to services. Staff told us that direct payments or a domiciliary care package could be increased due to a rise in travelling costs to remote areas and the local authority paid enhanced rated as required in rural areas where there were difficult to reach circumstances.

A Rural Proofing in Health and Care Task and Finish group set out key findings and recommendations to delivering and addressing inequalities in health and care to rural communities. Some recommendations accepted and being actioned by the local authority included undertaking an evaluation of the impact of digitalisation on vulnerable demographics.

Senior leaders told us there was consideration of all age intersectionality in relation to inequality, for example consideration of caring responsibility, mental wellbeing, dependency of drugs and alcohol, and age overlap resulting in disadvantages for people.

Public health had community outreach teams who supported the priorities of the Shropshire Plan and the Health and Wellbeing Board in improving health and reducing inequalities. The teams engaged with local communities to gain knowledge and insight into the needs of people within the communities.

The local authority had an Equality Objective action plan, which outlined actions to promote and foster good relationships between diverse communities, for example by using social media and face to face meetings to engage with groups that had protected characteristics. We received mixed feedback from people and partners about how well the local authority had engaged with people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them.

There were a number of outreach programmes for example, the Ethnic Minority Outreach Programme was used to improve understanding about the barriers to health and well-being support and gaps in services. Specific work was also being undertaken with the Gypsy and Traveller community for those living in Shropshire and any people passing through. The local authority also had outreach staff working with the Bulgarian community to support their health and wellbeing needs and understand the barriers to access support.

Voluntary sector partners told us the police and mental health services relied heavily on leaders within the community to support their community for people who did not speak English. Partners wanted the local authority to also take more of a leading role to strengthen the local authority's relationships with these communities and understand the barriers to people's access to health and care services first-hand.

There was support in place for refugees in the area. A voluntary organisation told us they sat on a recruitment board to help the local authority recruit people to work with refugees and the local authority had a base in the organisation's hub to allow closer links with the local community. There was a refugee support scheme which was designed to help refugees to move into employment.

The local authority had an awareness of issues facing people who were LGBTQ+. They had partnered with a university to look at how they provided support for the LGBTQ+ community who were ageing and they had also signed up to the Safe Ageing No Discrimination (SAND) Covenant. SAND was a community organisation, whose goal was to improve the experiences and increase the expectations of LGBTQ+ people as they age in Shropshire, Telford & Wrekin. A voluntary partner said whilst the local authority was engaged in raising awareness of LGBTQ+ issues, they had not always taken the opportunity to embed LGBTQ+ and older people's issues into strategic partnership boards.

We also heard positive feedback from unpaid carers where social workers had worked in person-centred ways and considered the person's sensory needs, and made sure placements were suitable and adapted to meet their individual needs.

Senior leaders told us that whilst they could use data to identify any the themes and trends of complaints, their current data did not identify if there were any inequalities with particular groups of people, for example if people who had protected characteristics were not receiving certain types of services and why. They acknowledged this was a gap which needed to be addressed.

Senior leaders told us they did not have full representation on the Making it Real Board. The Making it Real Board was co-produced with people who had experience of accessing health, social care and housing services. A senior leader said the local authority had reached out to people to sit on this board, and they hoped the new co-production lead who would be in post from July 2024, would be able to improve this.

Within the local authority, the Shropshire Council Anti Racism Forum (SCARF) for staff had a corporate lead and 4 co-chairs from different ethnic groups. The group met regularly to discuss any issues in the locality. Staff told us they had regular training around equality, diversity and inclusion (EDI) and that data was recorded around the workforce's gender, sexuality and ethnic backgrounds.

Inclusion and accessibility arrangements

Appropriate inclusion and accessibility arrangements were not always in place for people to engage with the local authority in ways that worked for them. The local authority website needed updating to make it more accessible.

The local authority had written translations services and British Sign Language services for staff to use with people. Access to a visual interpreting and communication service which supported people who were deafblind, deaf and hard of hearing were also available.

We had mixed feedback from staff about access to interpreters and translation services. Staff told us inclusion and accessibility were not just about providing translation and interpreter services for people, but they should also be working to understand diverse communities. Some teams said interpreters and translation services was not always available in a timely manner. However other staff reported they had good support from the interpreting services and sign language services, and they were often able to offer support in less than a day when needed.

The local authority had face to face, telephone and interpreting services. There were also outreach teams who could provide support to access services in face-to-face settings for people who could not go online. The support could include assisting people to access social care and to call the FPOC service.

Whilst some paid carers who spoke languages other than English were sought for people needing care and support, this was not always possible for everyone who did not speak English as their first language The gypsy traveller service provided advice and support to people.

Partner organisations told us it was positive that the local authority was able to produce information in a ‘easy read’ format. Some teams used picture tools and communication aids to support people with a learning disability and autistic people. We were told an example of how people with hearing impairments achieved good outcomes for a safe discharge with support at home. This involved the input of interpreters and using a 'loop' hearing device.

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