

# 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.

Understanding and reducing barriers to care and support and reducing inequalities

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The local authority had some data on equality issues and demographics but did not use data to plan services around inequalities in experiences or identify people at risk of having unmet needs, systematically. The Joint Strategic Needs Assessment (JSNA) showed the life expectancy gap in the borough had worsened in recent years. Life expectancy between most and least deprived parts of the local authority was significant, at 13 years for men and 10.6 years for women. Public health related work around health inequalities was a self-assessed priority for the local authority, with new leadership in place.

The adult social care engagement and co-production strategy 'Stronger Together' demonstrated a commitment to engaging with people and involving them in service planning. It detailed their intention to engage with people from the local community, seldom heard voices and those with protected characteristics. Co-production principles were evident, however the delivery of it in practice, was at an early stage. There was a new equality, diversity and inclusion guide which had been published in 2024. Leaders, in their self-assessment, said the local authority took a whole-system approach and were developing an interactive dashboard of population-based health and care data. However, they recognised there was more to do to support minority and seldom-heard groups.

Some minority or seldom heard groups had been identified and worked with, such as the Gypsy, Roma and Traveller community. Staff and partners described working with people on a number of occasions on the front-line to improve access to services. Leaders told us about work with faith groups, such as engaging with a mosque in one area of the local authority.

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Partners said some engagement had taken place through commissioned services with young people, people with learning disabilities, mental health groups, carers groups and people with sensory difficulties. Other partners said they felt the local authority had an understanding of the barriers around inclusion and wanted to address them. We heard about the VCSE steering group which involved voluntary organisations, the NHS, local authority councillors and officers and was a platform to raise topics for discussion and they had discussed areas of vulnerability and inclusion. Partners said the voice and experiences of marginalised groups and communities such as Lesbian, Gay, Bisexual, Transgender plus groups (LGBT+), older people and refugee and asylum seekers were represented by organisations as part of the multi-agency VCSE steering group. They said there was less representation for ethnic minority groups than was ideal. They reported the local authority had listened to and positively worked with the group. Some partners said the large Asian and Eastern European population had been harder to engage with and referenced historic racial barriers. We heard one partner had delivered a dementia friendly session in Bengali which had been facilitated through contacts within the local authority.

Staff gave many examples of working in a person-centred and culturally specific way in their day-to-day work and leaders told us about champions having been established to help embed equality, diversity and inclusion work (EDI) in practice. Leaders talked about anti-racist practice training, gender-identity training and felt confident people from all ethnic minority communities were accessing services. Leaders said they were assured of equitable access to social care services because 2% of all populations and communities had open cases with them.

Specific work had been undertaken in 2016 to support Syrian asylum seekers including providing interpreters to visit homes. This was led by a VCSE organisation which was later commissioned by the local authority to continue to provide refugee and asylum seeker support. Staff also said they used a 'make every contact count' (MECC) approach when engaging with people and gave an example of supporting a person from the Gypsy, Roma, Traveller community and felt this work had been very positive to increase links within that community.

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## Inclusion and accessibility arrangements

Feedback was mixed about accessibility arrangements, with most people saying there was information on the web page about services available. Some people said it was not easily accessible and there were limited options in different formats such as British Sign Language (BSL) or Talking Mats. Other people said the website was very accessible with additional languages and easy-read options available. We heard examples about staff using pictorial communication cards appropriately to support involvement of the person receiving care.

The local authority had recently improved its online service offer and information. They had commissioned a directory of services and had involved local people in checking how accessible the information was. We heard an example where a safeguarding concern had been raised about a person with care, support and sensory needs who was routinely leaving their door unlocked. A sensory worker had visited alongside the safeguarding team and acted as the BSL interpreter. Staff said interpreters were otherwise generally accessible through a dedicated service used by the local authority. The internal sensory team were also effectively used to personalise support for people with visual, hearing and dual-sensory needs.