

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 and demographics. Its Joint Strategic Needs Assessment (JSNA) chapters were updated through a prioritisation process. Chapters were prioritised based on the impact on health inequalities or population health in Ealing, whether the topic was a partnership priority, and whether the chapter would produce a useful recommendation to effect change. Recent updates to the JSNA chapters focused on mental health, substance misuse, autism, learning disabilities, healthy neighbourhoods, and Race Equality Commission recommendations and census data update on ethnicity population characteristics. Some partners were worried that inequality would continue to rise and that services were not sufficient to meet the needs of communities. While some JSNA chapters had not been updated in recent years, those that had been updated provided a broad focus to understanding people's experiences and recognised the area partnership's identified key health and wellbeing priorities.

There had been an organisational focus on proactively engaging people and groups through the 'your voice, your town' work. The local authority was committed to creating a 'communities that lead' model. The local authority recognised that the 'seven towns' of the borough had very different experiences, inequalities, health, life expectancy, work opportunities, and housing. The implementation of the Community Champions role allowed the local authority to understand and address the specific risks and issues experienced by communities to support continued improvement in health and well-being in the borough. Some partner organisations told us that they wanted to see a broader, strategic debate and a more proactive approach at a community level regarding growing deprivation that was specific to their local communities. This could be reflected in the area's 'seven towns' approach.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) and was working to improve the relationship it had with communities in the borough. There was a strategic focus on tackling inequality. The local authority's Race Equality Commission was set up in 2021 and an Equality, Diversity, and Inclusion action plan and corporate workforce plan were developed in response. The local authority was making some progress on implementing actions. Staff networks were involved in senior manager recruitment through panels or consultation and in developing the social care equalities action plan. This supported the diversity of the management team to better represent the communities of Ealing.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately with local communities. Staff told us ways in which the organisation supported their understanding and practice development related to people's identity and experience. This included 'huddles' focussed on the experience of people and carers who were lesbian, gay, bisexual, transgender and queer (LGBTQ+) in palliative care. Carers had reflected to partner organisations that provider services such as care homes asked prospective residents about their cultural needs. Staff felt people were able access culturally competent care.

Partner organisations recognised a challenge in supporting local Traveller communities. Some partner organisations recognised they had few conversations about or limited representation from older Travellers. This may have limited the ability of care and support services to meet the needs of this community. There was a more general reflection by partner organisations that some areas of the borough had high levels of transient populations, which posed challenges for delivering services to them. The JSNAs supported the local authority's understanding of the area's Traveller communities and supported ongoing conversations with local people regarding the 'seven towns' approach and future service design.

Inclusion and accessibility arrangements

Interpreter services were available, easy to access, and responsive. Staff described being able to reliably access interpreters if needed over the phone. Staff described a collegiate culture of working together to use their language skills to support colleagues and people who needed support. The local authority was proud of the diversity of its staff group and developed practice guidance with their staff networks to support bilingual staff. Staff described working with partner organisations to support translation and communication.

Translation of documents was not always routine. The direct payments booklet, for example, was not available in multiple languages. Some staff told us that Care Act assessments and care plans were not translated. While technological tools were now available to enable people to translate information independently, they felt that some people were not confident using them, and this created a barrier and anxiety.

The local authority had some measures in place for people who required support to complete forms, for example home visits to assist with completing forms for financial assessments. Staff told us there were delays in home visits to support people in this way. A person told us this had caused them anxiety as they were worried about delaying the return of their forms. The local authority told us digital options were being explored, and the council had increased investment into supporting people with their finances and benefits.

British Sign Language was available through the main provider and through an additional service to ensure capacity. Staff described tools they used with people using their mobile phones to magnify or read documents aloud. An easy read format was available for some documents, including the adult social care newsletter, surveys, and the learning disabilities strategy.

Some hubs were available to support face to face queries, but staff were not always clear which hubs were up and running at the time of our assessment, or how they could use them to support people with queries about adult social care. Partners were keen to increase face to face access to services to account for literacy and language barriers. Direct payments staff and people found staff attendance at day centres and coffee mornings had directly improved their access to information and the uptake of direct payments. Paper copies of some information was available in libraries and at GP surgeries. Staff were hopeful that the 'seven towns' community model design would support greater direct accessibility to frontline staff in the local area. The local authority evidenced a strong strategic commitment to improving community connections across the 7 towns in its current delivery plan though it was not yet possible to determine the impact. The local authority's website had some accessibility features. The website could be translated automatically into the 11 most spoken languages in the borough. Website visitors were encouraged to use browser features to translate into other languages. Information was included on the local authority's website where accessibility standards were not met. This included features such as ensuring images and documents were accessible to screen reading technology. This was last tested in August 2020. The local authority told us they were in the process of developing the council website to meet accessibility standards at the time of our assessment.

The Care Place was an online directory of services that supported people to search for community services that would meet their needs. Care Place used in built translation features for over 100 languages. Additional features such as easy changes to font size or coloured backgrounds were available.

While some work in the borough was ongoing to reduce digital exclusion, some people told us that information online was difficult to access. Some co-production work had started to tackle this, though actions were still in development at the time of our assessment.