

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 but recognised reducing inequalities in experience and improving outcomes was a continued area for development. This was recognised as a priority of the 'Haringey Deal' which sought to reduce inequalities in Haringey, supporting people to live a secure, healthy, and fulfilling life. Senior leaders understood the impact of inequalities across the borough, with identifying and listening to seldom-heard groups a priority for the local authority.

Haringey is the 4th most deprived borough in London with deprivation concentrated in the east, as compared to the west (Index of Multiple Deprivation 2019). The local authority told us high levels of deprivation contributed to lower healthy life expectancy. This was as low as 55 years of age in some wards. This meant people were starting to experience poor health and wellbeing much younger than the national average of 63 for men and 64 for women.

The borough was ethnically diverse. 65.1% of the population identified as from black and minority ethnic groups (BME) or other white ethnic groups (Office of National Statistics Census 2021). The local authority had also identified health inequalities across ethnic groups. For example, disparities in health outcomes were particularly stark for eastern Europeans and black African Caribbean, as compared to white British people.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act 2014 functions. However, strategies to reduce inequalities and improve outcomes for people were an area for development. For example, we were not assured strategies in this area had been coproduced and therefore fully represented people's needs. Equality strategies, objectives, and action plans did acknowledge and include plans to improve coproduction in this area.

The local authority used equality impact assessments (EIAs) to support decision making. However, a senior leader told us they felt the quality of equality information and data in EIAs could be improved to better inform decision making. The adult social care commissioning peer review (2022) also identified updates being needed to Equality Impact Assessments.

The local authority worked closely with key partners to better understand and reduce local health inequalities. For example, a senior leader told us they worked closely with public health and had developed an anti-racism coordination partnership group to support a reduction in inequalities.

The local authority commissioned research to better understand its communities and their needs. For example, 'Community Voices' used researchers who represented their own community groups to speak with a range of people from different ethnic backgrounds to understand their experiences of the cost-of-living crisis. The research informed opportunities and actions for the local authority to improve their relationships and support for communities.

The local authority had established links to community partners to support understanding of their communities and tackle inequalities. This included the use of the Borough Partnership Board and the more recently established Equality, Diversity and Inclusion (EDI) working group to support people to have a voice and reduce inequalities. Impact of the EDI working group was not yet clear. Some community partners highlighted there was still work to be done to understand and support seldom heard communities.

Haringey commissioned a range of health inequalities projects, with 17 projects overseen by a Neighbourhoods & Inequalities Board. For example, there was a specific project to support Somali mental health, which was an area identified for development by a partner. The local authority monitored projects and received positive feedback which supported their continued funding in most cases. The local authority recognised involvement of the voluntary and community sector in projects led to better outcomes for people, and it was recognised some projects would benefit from reaching out to these partners.

The local authority had also supported the introduction of community health champions and proactively approached to engage communities such as the Gypsy, Roma and Traveller community.

The local authority's move to a locality-based model was an opportunity to be closer to, and better understand communities. The Adult Social Care Strategy Action Plan (2024-2025) outlined plans to develop outreach into communities at a locality level for better engagement. This was also in line with an identified action from the Community Voices research project, which highlighted improvement to contact points for people. This work was still under development and there remained scope for increasing outreach at a frontline level for adult social care.

Support for unpaid carers from ethnic minority communities was an area for development. Partners told us there was a need for more work with these communities to support people in their caring role. The local authority had begun to reach out to unpaid carers from different backgrounds through, for example, their carers co-production group. The newly commissioned carers online service was also supporting with identifying 'hidden carers' which included those from minority backgrounds.

People and staff gave examples of staff having a good understanding of cultural diversity. For example, a frontline team told us they took steps to meet people's diverse needs, such as support for people to access places of worship. A person told us how they were able to have culturally appropriate meals from their commissioned support and this was very important to them, having a positive impact on their life.

Inclusion and accessibility arrangements

People's experience of accessibility arrangements was not always positive, and this created barriers when accessing support. The Office of National Statistics Census (2021) highlighted the importance of translation provision in Haringey with 30% of Haringey residents not speaking English as their first language and approximately 1 in 4 of this group identifying as not speaking English well or not at all.

Partners told us there was a lack of information available in other accessible formats and said the local authority's website did not include information in different languages for people whose first language was not English. The local authority's website had a translation function for multiple languages, but the local authority recognised this function was not always easy to find for people using the website. This created a barrier to people accessing information in a language they understood, especially for those not digitally competent.

Provision of accessible information for people was variable. For example, a frontline team told us they would use online tools to translate documents rather than access local authority translation services. Another frontline team told us they had internally requested translated versions of documents, such as assessments, for people. This highlighted an inconsistent approach being taken by frontline teams.

The local authority had commissioned interpretation services to support people. Staff were positive about access to these services when speaking with people. A staff team told us over the phone and in person interpreters could be booked and in place in a timely manner. This included access to British Sign Language (BSL) interpretation.

The local authority's use of easy-read information to support people with learning disabilities and/or neurodivergence was inconsistent. A person's relative told us communication needs were not considered before the person's assessment, such as easy-read information, to prepare them for the process. A partner also told us they felt there was a lack of easy-read information available for people.

Staff teams, however, told us how they adjusted processes to improve accessibility for people. A frontline team told us they could link in with the learning disability team to access easy-read material to support them in their role.

The local authority supported staff to access training to support people with diverse needs. Frontline teams told us how they received training to support communication with people with learning disabilities, autism, neurodivergence and hearing impairments. This supported staff to make conversations more accessible for people.

The local authority had a rehabilitation officer who supported people with sensory needs, such as those who had a sight and/or hearing loss. They supported people with sensory assessments and to use services, such as transport. There was only one staff member in this role, and this increased wait times to access services. A partner also told us there was a lack of commissioned services for people with sight loss. A staff team told us the local authority planned to increase the number of rehabilitation officers.

The local authority had provision to provide documents in formats accessible for people with sensory impairments. For example, large print, braille and audio tape was available for people with sight impairment.

Partners felt digital exclusion was a barrier for people in accessing services. The local authority recognised this, and digital inclusion was a priority area within the Adult Social Care Prevention Strategy (2024-2026). This included expanding digital training programmes to help residents use online services; providing access to digital tools and equipment through community hubs; developing online platforms to facilitate virtual support and social connections.

The local authority held events for people which were accessible and inclusive of communities. For example, the local authority's dementia co-ordinator held dementia friendly events for people. These events allowed people and unpaid carers to connect to a range of community groups and services who supported people to access information in appropriate languages. Groups and services at these events supported the borough to be more dementia-friendly and inclusive.