

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. It analysed equalities data on social care users and used it to identify and support practice to reduce inequalities in people's care and improve experiences and outcomes. The local authority adopted a coproduction and engagement approach to understanding their population. Progress was ongoing to reduce inequalities and there were identified areas of focus to improve support for people.

The local authority identified area for improvement was pathways of support for autistic people and people with neurodivergence. We received feedback that improvement was required in this area: autistic people and people with neurodivergence who did not meet the diagnostic criteria to access the multi-disciplinary learning disability team instead were supported by other frontline staff. This reduced opportunities to access an integrated service with health partners. An unpaid carer told us neurodivergent people who did not qualify for access to learning disability services struggled to get support from the local authority, and this highlighted the risk of potential disparity of support for people depending on diagnosis.

There was ongoing investment to improve outcomes for autistic people and there was a comprehensive action plan which reflected Barnet's Autism Strategy recommendations. A senior leader told us every frontline team had an 'autism champion' and staff were now supported to access specialist training. There was also a commissioned provider to support with autism screening, signposting and referrals.

Awareness of inequalities within the borough was evident throughout staff and leadership teams. For example, a senior leader told us inequality was present due to socio-economic disparities amongst ethnic minorities and hard to reach groups and there were actions in place to reduce socio-economic exclusion in the borough, not all of which were a direct responsibility of adult social care. Leaders also recognised the challenges of diversity and increasing levels of need within the borough, with a significant particular increase in people with learning disabilities in Barnet, this being the highest in London. Leaders were aware of community groups who were at risk of inequality, including asylum seekers.

The local authority utilised data and insights to assess their population and evaluate the equity of their access to services, especially across different ethnicities and people with differing support needs. A disproportionality report completed by the local authority highlighted specific themes, for example, over 61% of people who used services were over the age of 60 and those that identified as Black or Black British were 2.1 times more likely to use services. This insight supported the local authority to target its activity and to build trusted relationships across services through engagement with identified groups and partner organisations to better inform its work to reduce inequalities

The local authority adhered to its Public Sector Equality Duty under the Equality Act 2010 in implementing its Care Act functions. There were equality objectives and a co-produced, well-resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care. Equality objectives were presented within the 'Towards a Fairer Barnet Roadmap,' which aimed to consider and address the complexities of inequality in the borough and how it was shaped by numerous factors affecting people's backgrounds. This initiative was in its early stages, therefore there was no evidence of impact at the time of the assessment.

The local authority proactively engaged with people and groups where inequalities had been identified to understand and address the specific risks and issues experienced. This was evident at different levels within the local authority. For example, the Adults and Health Overview and Scrutiny Committee membership included two people with lived experience of adult social care, who were full voting members of the committee. A senior leader told us their input to the scrutiny process provided invaluable insight and the local authority had ensured suitable investment was in place to support these roles.

Engagement activity was undertaken to better understand communities where inequalities were present. Council wide research into disabled people's experiences of living in the borough, and use of all public services was commissioned in response to council wide resident survey results, which indicated less satisfaction across key indicators for disabled people as compared to people without a disability. The research showed positive experiences of adult social care and identified areas for improvement in relation to wider experience of life in the borough and universal services. The local authority planned to use recommendations from this project to help inform their Equality Strategy Action Plan. A partner told us the local authority was working hard to engage with their communities to better understand their experiences.

Targeted strategies were developed by the local authority to address known inequalities. For example, within the borough it was found black people were twice as likely to access mental health social care support services, in comparison to white people, and this increased to three times more likely for those in the 20 to 39 age range. A local authority mental health workstream, working with health partners, had actions to tackle these inequalities and to improve access to mental health services including a new Front Door and Wellbeing Pathway, an 18-25 pathway, early intervention and preventative services, and community engagement. A partner organisation told us there had been a positive impact from the Prevention and Wellbeing team as people could relate to staff who were recruited from different cultural backgrounds. However, they also told us further work was required to make mental health services more culturally appropriate and accessible across the borough.

Partners who represented marginalised groups told us they had opportunities to engage with the local authority. The local authority's 'People's Voice' forum involved over 200 people from the community with lived experiences of adult social care. The local community was also represented on the involvement board with representation from 12 different community groups. The board oversaw and advised on engagement approaches and helped the local authority to consider how it engaged in meaningful ways with people from different backgrounds. A good example of the positive impact of engagement was the development of a language toolkit for staff to use when working with people from the South Asian female community.

Partners organisations explained housing and homelessness was a concern due to limited housing availability, and the quality of available housing was not always adequate. Homelessness was also reported as being quite prevalent in the borough particularly in more deprived areas. Frontline staff told us there were significant challenges in sourcing housing for people with learning disabilities due to perceived risks of them not being good tenants from within the private sector. The integrated learning disability team had a housing officer whose role was to promote stronger working relationships with housing services and to support people to access suitable accommodation. This joined up approach was having a positive impact on people's wellbeing. While funding was recognised as a barrier for new housing in general, housing projects were ongoing to increase provision for people, particularly people with learning disabilities and autistic people. Relevant strategies were in place to tackle housing and homelessness concerns.

The local authority was tackling potential inequalities experienced by people living with dementia and their unpaid carers. Additional relevant strategies were developed in collaboration with voluntary partners and local communities, for example, a co-produced 5-year Dementia Strategy had involved participation from 140 people living with dementia and their unpaid carers. The local authority was committed to having a 'dementia-friendly' borough, with over 20 dementia-friendly locations already in place. Leaders and staff reflected on the importance of this work.

Commissioning decisions were guided by equality impact assessments, which took demographic details and inequalities into account. The authority evaluated that its commissioning approaches, including those for specialist housing, positively impacted adults from all ethnic backgrounds. A person we spoke with reflected this, they told us how happy they were with the support they received in specialist housing, which had undergone an equality impact assessment. The local authority continued to strengthen their approach to equality impact assessments to ensure the effect of decisions, policies and strategies on different sections of the community were carefully considered.

The local authority provided care providers with access to training resources to help them become more culturally aware and inclusive in their work. Care providers told us this allowed them to give culturally appropriate care and be mindful of preferences of the people they supported, including the LGBTQ+ community. Clear expectations were set for care providers by the local authority for equalities, diversity and inclusion and this was set out in their service specifications and contracts. This included a requirement to develop a diverse and well-trained workforce, as well as delivering services which were person-centred, sensitive, and appropriate for diverse communities.

Staff from the local authority responsible for carrying out Care Act duties demonstrated a strong understanding of the area's cultural diversity and how to engage effectively. The local authority also maintained a diverse workforce that mirrored the community they served. There were a range of staff networks which supported staff of diverse backgrounds and offered support and advice on specific issues. Staff teams were supported to access mandatory cultural competence and unconscious bias training. Staff and people being supported gave examples of accessing culturally appropriate support. A frontline staff member told us how they advocated for a person they supported in hospital to access culturally appropriate food, which increased their appetite and supported them to stay well. Similarly, a person told us how they were supported with culturally appropriate food preparation, something they were not able to complete without support. When commissioning care for individuals, the local authority used information in people's care plans about their cultural requirements to identify care providers who could meet their particular needs.

Inclusion and accessibility arrangements

Feedback on accessibility and inclusivity arrangements for people with hearing impairments, including those who used British Sign Language (BSL), was negative. The local authority acknowledged the accessibility issues encountered by individuals with hearing loss and had made investments to enhance improvements for this community. A project was undertaken to engage with individuals with hearing loss, including British Sign Language (BSL) users, to gather feedback about their experiences. As a result, improvements were made to the information available on the website, and ongoing efforts were put in place to provide BSL translations for website materials. The engagement process also highlighted a knowledge gap among staff and managers regarding the needs of people with hearing loss. In response, the local authority organised deaf awareness 'lunch and learn' sessions, showing a commitment to improving outcomes for the deaf community. Additionally, a 'live' interpreter service was introduced, enabling access to BSL interpreters through the local authority's website or over the phone, facilitating conversations for people with hearing loss. A frontline staff team also provided a successful example of assisting a person with hearing loss in accessing their assessment and subsequent support.

The local authority had a specialist sensory team who assessed people who had a visual impairment, a hearing impairment or both. Staff assessed eligibility for equipment to support people to retain independence, stay safe and maximise wellbeing in their own homes. They also signposted people to specialist organisations for support where appropriate. While this was a positive preventative approach, a partner organisation told us there were no specialist social workers for individuals with hearing impairments, and they provided additional support during more complex assessments. The specific needs of people with hearing impairments were explained by the provider to the social worker undertaking each assessment, but feedback indicated that staffs lack of experience impacted both the timeliness and quality of the assessment outcomes.

Frontline staff recognised the importance of interpreters in ensuring inclusive support for individuals. They reported that access to telephone interpreters through a commissioned service was generally fast, though delays could occur when dealing with less common languages. In such cases, staff used alternative methods, like mobile phone translation applications, to gather basic information and support assessments until a professional interpreter could be involved.

Commissioned partners supported the local authority to promote accessibility and inclusivity for people. Frontline staff told us they had access to using easy read material and Makaton when communicating with people with learning disabilities to ensure they could participate. An unpaid carer who supported a person with a learning disability told us the person's assessment had been very inclusive with all information explained to the person in a way in they could understand.

The local authority recognised the challenges of digital exclusion and the restrictions this placed on people on accessing information and support. A 2023 Barnet 'State of the Borough report' identified 74.2% of those facing deprivation in the borough are also likely to be considered digitally isolated or excluded and 11% of people in the borough had never used the internet compared to 7% in London. The local authority had a 'Digital Inclusion Plan' which included a range of projects and steps to improved digital access and literacy within the area. This included being part of the London Office of Technology and Innovation Digital Inclusion Project to identify areas at considerable risk of exclusion and improve inclusion across the borough. The local authority website facilitated a read aloud function, adjustable font sizes and colours and translation where required to support a range of people to access it. A digital support officer also assisted staff and people to access a range of accessibility tools. A partner recognised the local authority had completed work on digital inclusion but felt this was a key issue for their community members, especially where their first language was not English.

Frontline staff provided examples of proactively supporting inclusivity and accessibility for people. The Prevention and Wellbeing Team visited local libraries and local wards and shared translated posters to encourage people to access support. In some cases, staff shared information such as images of themselves, so people in communities would recognise them and find them more approachable. In another example, a frontline team told us how they altered the words used during engagement with people to make it more appropriate for people from communities where they may be a stigma attached to seeking support. This supported accessibility to local authority services and showed a good understanding of the communities being supported.

Feedback from partners relating to inclusion and accessibility arrangements was mixed. For example, partners told us when people's first language was not English, they were less likely to be aware of the support the local authority offered. A partner told us they were not aware of the local authority using interpretation services to support contact with their community group. They felt language was not adapted to support the people and communities the local authority engaged with.

A partner told us they had reported that information on the local authority website was not accessible, lacking appropriate language options, whereby they had to translate it themselves to support people. When requesting information in other languages on behalf of people they represented, they often felt it was seen as an inconvenience although support varied across departments. However, there were examples of the local authority offering information in a range of languages, such as the adult social care user survey. There were also website accessibility customisation tools which allowed translation of text into over 100 different languages.

A partner fed back interpreters for people who had hearing loss could not be booked for urgent matters and the wait for support was at least 3 weeks. This meant people requiring BSL support were not receiving assessments in a timely manner. There were also concerns about adequate provision to support people with hearing impairments due to increased cost. A partner gave an example of a person receiving less commissioned support from the local authority than required due to the extra cost of the specialist support. They felt this practice was increasing inequality for people with hearing loss. Frontline staff also told us there was a need for more BSL provision within the homecare market to support people.
