Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

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

Promoting people's equity of experience and outcomes was a central aim of the local authority's transformation of adult social care. The local authority had considered its Public Sector Equality Duty (Equality Act 2010) to consider how people with different protected characteristics are affected in the way it carried out its Care Act functions. Senior leaders were passionate about changing the culture and direction of the council to ensure equality of outcome for all the communities across Wiltshire, with evidence of this in developing strategy, policies and services.

Senior leaders described how they were assured people were not discriminated against during the assessment process, this monitored through audits, case sampling, feedback, and performance groups. Staff reflected this commitment and demonstrated a person-centred approach when they talked to us about their work with people. They gave specific examples where they had adopted a flexible approach to ensure people's diverse needs were met, for instance incorporating faith and cultural information in needs assessments.

Senior leaders acknowledged strengthening knowledge and practice about equality, diversity and inclusion was an area for development and were already taking action to address this. For example, the local authority had commissioned the, "Voice It, Hear It" project to help ensure people from minority groups voices were being heard. The local authority had completed a thematic equality, diversity and inclusion audit, and was using the findings to encourage improvements in this area. Generally, the audit was positive about staff attitudes but highlighted a lack of staff awareness about the understanding of different cultures. Actions taken in response included requiring senior leaders to take part in the reverse mentoring programme. Reverse mentoring involves pairing senior leaders with more junior staff. The local authority told us they were using this approach to help enhance managers' understanding of people's protected characteristics. Training provision had also been improved. Staff told us they had attended a cultural competence course as part of this initiative and described how this learning had helped them have a greater understanding when working with local communities.

Leaders and staff told us Wiltshire was becoming more diverse, despite being a largely 'white British' population. However, systems and data collection were still being adapted to allow leaders to fully understand the equality of outcomes for people from ethnic minority groups . For example, it was refining the safeguarding data it currently collected about people's religions, to provide increased granularity and insight into the experiences and outcomes for people with different religious beliefs.

Some staff told us although data and performance was discussed at team meetings, there was limited information on the experience of people with specific protected characteristics, for example, whether people from the LGBTQ+ community or from different ethnic groups accessed services equitably. Leaders told us they were working with people from diverse backgrounds to adapt audit questions to help them better analyse the impact on people and feedback learning to frontline staff.

The local authority was working in partnership with public health and other stakeholders to tackle inequalities across Wiltshire. There was a focus on reducing the inequalities arising from the rural nature of Wiltshire such as social isolation, lack of amenities and public transport. Some actions had been taken to reduce the impact of this, including public health initiatives such as 'pop-up' clinics at local horse fairs and developing a flexible pre-bookable public transport service.

The local authority had a good understanding of barriers to care and support about local communities, in particular the military and boating communities, as well as resettled communities, such as people who had arrived in Wiltshire from Ukraine. There had been proactive engagement with these communities, which enabled the local authority to develop strategic priorities informed by local people. Wiltshire Council's boater survey, carried out in 2023 incorporated the voices of 218 people who lived on boats, which offered a valuable means of understanding their perspectives and concerns. Senior leaders described how they had targeted preventative funding in response to findings from the survey.

Wiltshire had the largest military settlement nationally and the local authority outlined the multiple ways they had engaged with military and veteran representatives to promote equality of opportunity. Veteran representatives confirmed their involvement with the local authority, including developing a 'Military Covenant', which reflected the council-wide commitment to their community. The council led the Military Civilian Integration Partnership which was the first of its kind in the country and brought together stakeholders to promote joint working in this area. Staff and community representatives working with veterans felt staff had a good awareness of the community's needs. However, they described how the general lack of resources for people experiencing a mental health crisis and the move of information online had a negative impact on veteran's wellbeing and outcomes.

There were limited examples of adult social care leaders working strategically with smaller community groups and their representatives to help inform the direction of travel and improve equity of outcomes. One person from a minority community group told us improved direct engagement and targeted support to smaller ethnic groups was needed to ensure their unique needs were met. Staff responsible for housing, migration and settlement were part of the adult social care workforce in the local authority. This provided oversight of the work being done with communities, such as people arriving from Afghanistan. Along with supporting prevention work, the migration and resettlement team could help people access adult social care services who might otherwise have experienced barriers or felt they could not ask for support.

The local authority had a hearing and vision team to provide dedicated specialist support and help minimise barriers to equality for people with a sensory impairment. This team included staff with lived experience of sensory loss which provided the team with a greater understanding of the barriers faced by the people they worked with. A partner told us the local authority could improve how it involved people with sensory loss strategically in the development of practice and services. They told us there was often a focus on risk at the expense of promoting independence. Other partners told us how the culture in the local authority was changing and leaders were now listening more to the right people when designing services. This was evident in the development of the new carer's strategy. Senior staff told us the local authority had listened to views of people they had not traditionally heard from in the past and incorporated these voices into the strategy.

The local authority understood the importance of having a social care workforce which was representative of the demographic profile of the area. They had produced a corporate Inclusive Workforce Strategy as part of their equality objectives. The strategy outlined the workforce data being collected, which was used to understand the experience of staff. For example, data was collected about the reasons for leaving employment and where possible this was broken down for staff with different protected characteristics. An equality, diversity and inclusion steering group had been set up to support the delivery of the strategy and address any findings and gaps. Measures taken included the creation of staff networks, such as the armed forces, carers and disability staff networks.

Inclusion and accessibility arrangements

The local authority had inclusion and accessibility arrangements which took into consideration people's varied communication needs and preferences. These included British Sign Language interpreters, lip speakers, deaf translators, speech to text reporters, note takers, interpreters for deafblind people and remote interpreting.

The local authority produced information in different formats to support people to have equal access to information, for example, enabling their website to be read using speech recognition software. Information was also available in different formats such as braille, easy read, large print or audio recording. A document for people enquiring about social care was available as a booklet, electronically and available in an audible format.

A partner organisation told us the local authority's website was not very clear, particularly for younger people who used their mobile phones to access information. Another organisation told us local authority staff sent out information in large print for people who asked for it. We were told that systems needed to be more joined up to provide information to specific people in the format they needed, rather than people having to ask for it multiple times to different departments. The local authority had recognised where improvements were needed and said they were frequently hampered by technical limitations. They had produced a website accessibility statement which outlined where measures were being taken to encourage improvements, such as working with developers to make improvements and ensuring all new content met accessibility standards.

Partners told us some people found it difficult to access information equally while living in rural locations or because of digital exclusion. Staff from the advice and contact team felt it was important when people rang the contact centre they always spoke to a person and there was a focus on outcome and solution focused conversations, not just referring people to their website or signposting them if they needed more support to access information.

The local authority had considered how rurality and digital exclusion impacted on equal access to the information as part of their public health strategies, including their work with Gypsy, Roma, Traveler and Boater communities. A partner told us veterans and other disadvantaged groups who may struggle to access information electronically had suffered as a result of the closure of physical community hubs. Actions taken in response to this had included providing appointments and postal resources for rural clients as well as access to tablets through the digital inclusion scheme.