

# 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

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The local authority demonstrated a good understanding of the local population and demographics. Leaders and staff had due regard for groups of people living in Middlesbrough who were more likely to experience health and social care inequalities such as ethnically diverse communities, people who sell sex, people who are homeless, people who misused substances and alcohol, older people, and people who were neurodivergent. Further work to analyse equality data on social care users to identify and reduce inequalities in people's care and support experiences and outcomes was in early development.

The local authority had started to proactively engage with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. For example, the local authority had recognised the need to develop an 'Autism' Strategy. In January 2024, they commissioned a partner organisation to conduct a 3-month consultation to find out how they could improve services for autistic and neurodivergent adults across Middlesbrough and Redcar and Cleveland. During the consultation 24 lived experience experts, 18 parents or carers and 10 professionals were consulted with. However, only 22% of those people lived in Middlesbrough. Whilst this was a small sample from the reported 20,000 autistic people living in the South Tees area, the results represented their views and experiences.

The results included 8 key themes such as, a need for more autism specific support, an increased understanding of autism, accessibility of services and better communication. It also produced several recommendations including promoting acceptance, working in co-production with autistic people, developing tailored support services and improving communication. However, the strategy was still in draft format and the action plan describing what the local authority would do next was not completed.

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The local authority had awareness of its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. There was an equality and inclusion policy dated 2021 – 2024 in place. The policy outlined the local authority's aims and commitment to equality and inclusion as a community leader, a commissioner and provider of services and as an employer. However, equality objectives and a co-produced and adequately resourced strategy to reduce inequalities, and to improve the experiences and outcomes for people who are more likely to have poor care was in initial stages.

Leaders told us they had recognised the gap in addressing inequalities in adult social care, and in response to this, a draft strategy had been produced to tackle the issue. The strategy for 'Identifying and Reducing Inequality of Experience and Outcomes in Adult Social Care' dated April 2024, outlined targeted actions and interventions aimed at ensuring equitable experiences and outcomes for all service users.

With the strategy being in draft, the process of how the local authority was formally assuring itself they were engaged with all communities, and that those communities were accessing services in a culturally sensitive way was not fully embedded. A manager told us there was a plan in place to conduct a self-assessment tool called 'Diverse by Design' developed by the Local Government Association to measure where Middlesbrough were in terms of equality, diversity, and inclusion.

There was recognition of diversity within the local authority. The local authority held information regarding the changing nature of their communities from census and survey data. A range of approaches were in place across service areas to engage with disadvantaged or seldom heard from groups, such as sensory support drop-in sessions, a Dementia hub and an "In Out of the Cold" event held each year for people who were homeless. Much of this activity was coordinated through Public Health South Tees (managed from within Adult Social Care).

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Public Health South Tees jointly funded a Public Health Consultant based within the local acute Trust with a focus on health inequalities. Public Health as representatives of the local authority coordinated the 'Health Determinants Research Collaborative' with a local University that aimed to tackle inequalities and barriers to health and wellbeing.

In practice, leaders and staff demonstrated they had considered the impact of how their plans and services would impact on people with different protected characteristics. Action had been taken in areas where inequalities had been identified. For example, a specific home care contract was in place with an organisation who delivered care to people in culturally diverse communities. And, a bespoke day service was in place provided by the Tees Valley Asian Welfare Forum.

The local authority had completed the implementation and improvement of a safeguarding data dashboard to highlight areas of inequalities and risk. For example, the data had been broken down further to the name of a care home rather than just by the service type. This meant if a concern or pattern was emerging, staff could immediately see which care home needed additional support or input from other teams within adult social care.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area, and they told us about plans to better engage with people. The workforce was not reflective of the communities they served, and staff were aware of the challenges of reaching the seldom heard voices in Middlesbrough. However, recruitment of staff from ethnically diverse communities to work in specific communities had recently taken place. Staff said these roles would provide improved insight to the issues and challenges experienced by individual communities. There was an equalities officer in post and plans were in place to appoint champions for each of the protected characteristics.

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A partner organisation told us they had recently worked with an ethnically diverse community network group to produce a series of videos for carers in those communities. They said the local authority supported them in the work to identify hidden carers and redistribute information and the social media they produced.

## Inclusion and accessibility arrangements

There were inclusion and accessibility arrangements in place so people could engage with the local authority in ways that worked for them, for example British Sign Language (BSL) or interpreter services. However, there were mixed responses from staff, people and partner organisations about the availability and effectiveness of these services.

Some staff told us they had good access to translation services for BSL interpreters and multiple languages, this could be done face to face or by telephone appointments. However other staff told us whilst there was a contract in place for the provision of translation services, there could be challenges in fulfilling requests for translators where requests were received at short notice.

A partner organisation told us they had recently carried out some joint work during deaf awareness week. They said in the past the local authority did not have a text only service for deaf people to access, but through their partnership the service was now in place.

The local authority's 'Rekindle' project had been developed to support people to become 'digitally included' with a focus on increasing their skills, confidence and participation in the use of technology to reduce isolation and loneliness and enhance wellbeing. This project enhanced the local authority's ability to support people in a more equitable way by addressing various barriers to digital access inclusion. Whilst there were challenges with BSL training and interpreter availability, Rekindle supported the use of digital tools that could help bridge those gaps, such as text-based communication platforms, and they were in the process of exploring translation apps.

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Some carers told us they had not been provided with information they were able to access or understand. They shared an interpreter had not been offered despite the cared for person having a language barrier. One carer told us a local authority partner organisation had provided relevant information, but they had received nothing from the local authority. However, another carer told us information and advice had been provided to them about services, and support had been provided to ensure they were accessing all the benefits available for both the carers and the cared for people within their household.

Middlesborough Matters website provided people with the ability to search for care and community services for adults, including personal care, domestic support, and advice around living with ill-health. The website was easy to navigate, using pictorial guides as well as text. It was updated frequently and had links to many statutory and voluntary bodies. However, considering the population of ethnically diverse people in the area stood at 17.6% of the total, information and advice for these groups were not immediately apparent. The use of the 'Search' function revealed a list of six separate services aimed at these groups, with contact details supplied. However, it was not straightforward for people with limited internet access or skills and language difficulties to access them.