

Equity in experience and outcomes

Indicative score:

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

Staff showed some understanding of working with people from seldom heard and ethnic minority groups. However, staff and partners identified this as an area where more work was needed to better reach people and communities.

Suffolk predominantly had a large White British population, but there were diverse communities throughout, such as a travelling community in Ipswich and some areas had higher levels of poverty and deprivation, such as Ipswich West. There were non-English speaking communities, as well as a smaller number of people originally from Eastern European countries. In the past, the focus in Suffolk had been more around older people but now the local authority was interacting with a wider range of communities, for example Gypsy and Traveller communities. Staff told us people from minority groups sometimes declined support from the local authority and they were aware there was more for them to do to engage with people better.

Staff working in the Waveney locality team gave very positive feedback about knowing their communities well and felt they tailored their work for the people there, working hard at building and maintaining relationships. For example, Lowestoft was one of the most deprived areas in the country, and staff recognised the impact this had on people.

Staff equality networks at the local authority had undertaken some work with staff around equality, diversity and inclusion, but felt they were behind in terms of how they worked with people in their communities. Each team had a lead member of staff and champion who worked alongside other staff to focus on learning and development, and a variety of equality training was provided to educate teams. Alongside this, webinars were held on relevant topics and an annual equality and inclusion week focused on promoting practices and celebrating cultures.

Work around race standards had also taken place to increase staff awareness. Policies had been reviewed and updated to give clearer guidance to managers about how to better support staff, for example when they faced discrimination themselves. Social work forms had been amended to include people's identity and culture, so staff could better understand the individual needs of people using services.

Staff were able to work with people supported by a range of internal services. A translation and interpretation service offered face-to-face, telephone and video interpreting including British Sign Language, as well as written translation services.

Collecting better data was a key area of focus to drive improvements and create services that were accessible and catered for the needs of people in Suffolk. Senior staff were continuing work to improve the collection of equality, diversity and inclusion data, to be better able to target under-represented groups and raise awareness of the support and services available. The local authority race equality action plan included a priority action to collect quantitative data identifying which people and groups were accessing services, which were under-represented and qualitative data on experiences of these people.

Staff told us there was much more of a system approach taken with partners working together in relation to health inequalities, but they did not feel they did this particularly well yet and this was still evolving. Partners told us there were overall good links between the local authority and the voluntary sector. However, they did not think the local authority reached out specifically to diverse groups.

Partners told us about a large amount of unmet need in the Waveney area where for example, community transport links from rural and coastal areas made it difficult to access some acute services such as the hospital. Challenges included areas of poverty, a lack of infrastructure in some places, and a resistance from people to engage with services at times. Voluntary services such as the 'Rural Coffee Caravan' worked well with the local authority and aimed to address social isolation by providing information in rural communities.

Some community work was taking place with people from ethnic minority groups in Ipswich. Other partners confirmed that the local authority worked with them to find out about 'seldom heard' communities or individuals, and they were asked to try to get people involved in co-production activities with the local authority, although the take-up of this was not always high. The local authority identified co-production with people as an area to develop. By doing this, it would help them to better understand the diverse communities in Suffolk and their needs, engage better with them and for this to influence service design.

Health partners told us about positive relationships with the local authority and how they were aware of the differences between communities in Suffolk. They told us there was not a huge focus on equalities and 'hard to reach' groups, but they were jointly thinking about resources and how they could be better used to hear from these groups. Priorities were around coastal communities and people's health in urban areas, including people from ethnic minority groups. They told us all relevant agencies were involved in these conversations and there was a positive culture and a shared purpose to do this better.

© Care Quality Commission