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

The local authority had a good understanding of its changing local population profile and demographics and were aware of challenges in reaching all communities. Leaders told us Harrow was a very diverse and ever-changing community which included the largest proportion of Romanian people in London and the UK (with settled status). The Annual Director of Public Health Report (2022-23) focused on inequalities in health and wellbeing and highlighted that people with at least 285 different ethnic groups, were reported as living in the borough at the time of the 2021 Census. This included the Asian community (as defined by the Census) which accounted for 45.2% of the population as well as 14892 Romanian residents (5.7% of population).

The local authority were aware of how people's protected characteristics impacted on their experience of health and wellbeing, and in the inequalities they faced. The local authority's strategy and actions for improving health and wellbeing for the whole population, centred around 3 high level priorities for 2023-24, which were to reduce health inequalities, to design and deliver integrated services in partnership with local communities, and to deliver transformational change in care pathways.

A partner organisation confirmed that the local authority were aware that the local community was diverse and included smaller seldom heard groups. They recognised potential barriers to engagement and were trying to connect with these groups.

The local authority's corporate Equality, Diversity, and Inclusion Board received monthly reports relating to equality, diversity and inclusion (EDI). This included information about the local authority's race equality action plan and the progress of equality impact assessments. We could see one of the key priorities from the race equality action plan was to 'change the organisation's culture and behaviour through leadership, training and development. There had been a small increase (0.4%) of staff across all directorates that had undertaken mandatory EDI and anti-racism training. However, there was no separate data for adult social care staff. There was no data on the percentage of adult social care staff by ethnicity, who were participating in any talent management programmes.

The local authority proactively engaged with people and groups identified as experiencing inequalities, to better understand and address the specific risks and issues experienced by them. For example, they had worked with a group of young black men with mental health needs which had led to the development of 'Finding Rhythms'; a 12-week course designed to help people understand their conditions through music and rap. The group had made a 12-track album and had been able to talk about things through this medium. This resulted in fewer crisis points and self-destructive behaviour.

Local authority staff involved in carrying out Care Act duties had a good understanding of diversity within the area and how to engage appropriately. Staff gave us multiple examples of working with harder to reach communities and overcoming challenges in supporting people from diverse backgrounds. These included staff sharing knowledge of their own backgrounds or language to support their colleagues to reach people. They also described working with community groups and having resources available such as the Asian Women's Resource Centre. They said sometimes there might be a reluctance from people to use these resources and where that was the case, they described good social work practice working with people and families to overcome barriers.

We heard employment for people with disabilities was a priority for the local authority and initiatives were being put in place encourage and support people find work. This was reflected in what staff told us about the lack of education, training and employment opportunities for people with learning disabilities within the borough.

Local authority had due regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its care Act functions, they were aware people were at risk of having unmet needs or poor outcomes because of protected characteristics.

Partners in the voluntary sector felt constraints on local authority resources to support diverse communities had an impact on what could be provided which led to some work being "patchy" and not always embedded. Some departments within the local authority worked better with the voluntary sector than others.

Inclusion and accessibility arrangements

A new 'on demand' translation service had been commissioned by the local authority. This supported the front-line staff with engaging effectively with people. Staff told us interpreters were arranged in advance for assessments where needed. Advocacy services were used in hospital discharges when it was appropriate to do so whilst assessing people's needs.

Staff were able to access translators via a video conference when meeting people in the community. This service was not always used for assessments or reviews in care homes. If a translator was needed, sometimes a member of staff from the care home carried out the role if the person involved was comfortable with them. Whilst this enabled the resident to be involved in the assessment this was not good practice as it meant the translator would not be independent.

The local authority had identified they needed to engage community groups and identify ways to safeguard harder to reach communities. Plans were underway for these groups to be better represented on the Safeguarding Partnership Board, so they were more visible to others and able to contribute to learning around safeguarding. The transitions team spoke about working with harder to reach communities and the different approaches they used, such as staging visits over a long period of time, extensive family work or adapting to an initial virtual meeting to gain access to families in communities where they may be a suspicion of social workers. They told us this was making a positive impact on the people they worked with as it meant better engagement with them.

One staff member told us they felt the council needed to do more to embed easy read documents across all aspects of their work for adults with learning disabilities and autistic people, as this was not always readily available for people where needed.

A partner organisation told us that access to the local authority was heavily reliant on online information, which may not be accessible to everyone. Feedback from communities highlighted difficulties in accessing information about available services. For example, the people told us local authority's decision to close their 'front door' building had led to difficulties in accessing support and advice for an ageing population less used to using technology. The local authority told us they recognised that people in Harrow may not be able to make the shift to digital channels for a number of reasons. Two customer access points at other locations had already been opened. These locations were within the boundaries of the town centre so easily accessible with multiple transport links.

The Conversation Cafes had plans to support people who faced digital exclusion through introducing computers to the café and there were further plans to introduce a bus in addition to a mobile cafe van to reach more people.

The conversation cafe could provide information in accessible formats on request and 2 members of the community who attended the cafe spoke 10 languages between them were on hand to support with translation, if needed.

A charity organisation was selected from the Healthy Harrow partnership to provide mental health and wellbeing volunteer champions. They trained and supported 50 volunteers to work in the local community to initiate mental health conversations but then also know where and how to sign post a person to receive help.

A culture of dignity and respect had been embedded through the introduction of the new Equality, Diversity and Inclusion (EDI) strategy and training throughout the workforce.