

# 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

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Telford and Wrekin had clear structures and processes in place for engaging with communities and analysing data on local demographics to improve health and reduce health inequalities to understand the care and support needs of the whole population. The local authority worked closely with internal and external partners, including housing, Public Health, Children's services, health partners, the voluntary and community sector, commissioned providers, and people with lived experiences, to understand current and future service demand in the area.

The borough had an ageing population, with 34% of the population over 65 years old, living on average 22-25 years in poor health in their lifetime. 20.5% of people in the area were living with a disability. In the most deprived areas these health inequalities were impacted further by unemployment, sickness, poor housing, and caring responsibilities. The borough was becoming increasingly diverse, with the proportion of people from non-white British backgrounds increasing to 17% in the 2021 census (from 11% in 2011).

The local authority's Equality, Diversity, and Inclusion strategy (2022-2026) set out the objectives and approaches to promoting equality, both within the workforce and within the borough, setting clear targets for health, accessibility, engagement, and inclusion. This strategy was informed by data within the JSNA 2024 and strengthened by the joint Health and Wellbeing strategy. The strategy aimed to reduce barriers to support and enabled the local authority to target resources toward those who felt socially excluded. This included people with protected characteristics under the Equality Act 2010. The local authority had also signed up to the armed forces covenant and recognised veterans as having the same protection as those characteristics identified in the Act.

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Staff told us consultation and equality officers collated data from people accessing services through joint working with frontline teams (including equality data gathering through case records), recruitment boards, voluntary and community organisations, consultation forums, feedback via complaints, and safeguarding concerns. Adult Social Care teams were also developing links with the 'safer, stronger communities' department to collect data on hate crimes and domestic violence. For example, partners told us they had been commissioned to work with autistic women who had experienced abuse and other safety issues.

Telford and Wrekin's main focus was on supporting people from ethnic minority group backgrounds and people with protected characteristics. This included service personnel and veterans; Gypsy, Roma, Traveller communities; people living with physical disabilities, learning disabilities and autistic people; people living with mental health needs; the LGBTQ+ community; looked after children and care leavers; asylum seekers and refugees; unpaid carers; and those affected by drugs, alcohol and domestic abuse.

Staff and leaders told us community engagement opportunities included access to community hubs, the Independent Living Centre, and awareness events (such as disability pride and LGBTQ+ events, where local authority staff set up pop-up tents to offer advice, information, and signposting to support services. In addition to their Calm Cafés programme (which tackled social isolation for people living with mental health needs), Mental Health teams had also recently arranged a number of Black History Month events, focusing on raising awareness of preventative services in communities who were less likely to engage with support at an early stage.

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Although some partner organisations gave examples of areas they felt the local authority could improve (for example improving representation of all communities on the Making it Real Board), most people and partners told us the local authority genuinely wanted to improve inequalities for people. Senior leaders were seen to be actively engaged in equality activities, attending awareness events and listening to feedback from people with lived experience. The Making it Real Board had recently invited leaders to discussions about concerns regarding the disability living fund and DRE processes. Workshops had led to coproduced information leaflets, videos, and online signposting to support others in the community.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act 2014 functions. There were equality objectives, and coproduced, adequately resourced strategies to reduce inequalities. Data gathered was used to improve the experiences and outcomes for people who were more likely to receive poor care.

The local authority further met its Public Sector Equality Duty, with impact assessments completed for all strategic plans, and staff involved in performing Care Act 2014 duties had a good understanding of cultural diversity within the area and how to engage appropriately. As part of the local authority's drive to support culturally competent recruitment and retention of staff, leaders told us they had introduced new equality data-gathering technology and designed an equal opportunities charter, supported by staff champions, which set out their employment equality promise. Staff told us there were regular opportunities for learning, with staff champions and experts by experience (a person who has personal, lived experience of a type of health or care service, or who cares for somebody receiving a service) sharing their knowledge. For example, during disability awareness month a British Sign Language (BSL) charity ran sessions on deaf awareness and how to engage effectively with people.

## Inclusion and accessibility arrangements

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Overall, the local authority ensured there were appropriate inclusion and accessibility arrangements in place so people could engage with the local authority in ways which worked for them. As with other areas of equality and inclusion, Telford and Wrekin took a coproductive approach to inclusion and accessibility arrangements. The Making it Real Board worked closely with information officers, frontline teams, and marketing and media teams to ensure information, advice and documentation was accessible, relatable, and easy to use. For example, the local authority's new Adult Social Care Portal had people with lived experience of services involved in the planning of web pages and the language-style of information being shared.

People told us the local authority were working to reduce barriers to engagement. For example, a digital inclusion project, delivered with a range of partner organisations, supported people to become familiar with technology, using drop-in sessions to support people to complete online forms, practice their skills and even borrow equipment.

The local authority worked closely with public health and voluntary organisations to engage with seldom heard and emerging communities to raise awareness of health inequalities. For example, the African Caribbean and Community Initiative (ACCI) looked at bridging the gap in services by providing culturally appropriate, community-based support and advice, to provide a safe space for communities to meet, and to build awareness of mental health services in Telford and Wrekin.

Providers told us of examples of the local authority facilitating links between residential and supported living services and local temples and places of worship to support peoples emotional and pastoral needs as well as allowing communication and advice for services looking to provide culturally appropriate activities, food, and celebrations.

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National ASCS (2023) data showed Telford and Wrekin were comparable to national averages for people who use services who were satisfied with adult social care, with 58.78% of people stating were satisfied, compared to national average of 61.21%. Further data provided by the local authority suggested this rate had improved in 2024. 39.22% of carers felt they could access support groups and talk to someone in confidence, which was above the regional average of 29.04% and in line with the national average of 32.98% (SACE 2024).

The Independent Living Centre was seen as a great resource for all communities, though some people felt it was not marketed well and had its own accessibility issues for those with mobility issues. People told us they had made senior leaders aware of these accessibility concerns, which were being reviewed as part of the wider borough accessibility agenda.

Staff and leaders told us accessibility arrangements were integral when planning engagement events. Translators, BSL interpreters, public transport, venue locations, hearing loops, and assistance dogs were all factored in. Documents were available in multiple languages, including most recently Ghanian and Chinese translations, and audio and visual/easy to read versions were also available on request.

Accessibility and Inclusion groups, led by staff and community champions met every 4-6 weeks to help plan thematic awareness events, for example a poetry competition for LGBTQ+ pride history month, and webpages had text to speech, translation, and question/answer functions. However, partners told us there was a lack of representation within the Making it Real Board from people with LGBTQ+ backgrounds and people from ethnic backgrounds.

Voluntary and community organisations supporting inclusion and accessibility included Forum 50+ who promoted opportunities for the over 50s to have their voice heard with regards to local services, planning and facilities; Telford and Wrekin interfaith council who provided shared spaces for activities and workshops; and calm cafes, delivered by Telford MIND to tackle social isolation.

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Partner organisations told us of an overreliance on families translating for people who did not speak English as their first language during the assessment and review processes. Some partners highlighted areas where the local authority could improve accessibility, such as targeting unpaid carers and seldom heard groups who may struggle to attend awareness events.

Others told us of inclusive local authority practices, supporting people's needs and wishes as well as their cultural and ethnic needs. For example, access to culturally appropriate food, bathing facilities, prayer rooms, targeted mental health support, inventive use of direct payments, transgender support, and vaccination outreach programmes (Betty the Bus).