

# 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 worked in partnership with a number of organisations to ensure they formed closer links to the community to understand the inequalities.

The Derby Health Inequalities Partnership worked together with the local authority to co-ordinate activity across local partners with the aim of reducing health inequalities in Derby. There were examples of joint working across public health and the local authority such as community connectors who also ensured engagement with a range of groups who represented people with protected characteristics, in the community. The connectors helped to address barriers and concerns for these groups, winning a Local Government Chronicle award in 2024 for diversity and inclusion. This initiative was set up in response to inequalities identified as a result of the Covid-19 pandemic and included a range of projects focussing on issues such as asylum seekers, support with the cost of living and getting people more active. Staff told us this had been successful, but gaps were identified related to the low representation of people with learning disabilities.

Staff told us that Derby feels dynamic in relation to its diverse communities, and they felt they were aware of the issues in the community. Staff were proud of projects such as the Black Lives Matter action group, which supported them to reach out to communities who would not normally have contact with the local authority.

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Partners expressed having a good relationship with the local authority providing examples of recent work with the Asian carers which was developed into a video. The local authority had a range of groups and partnership boards with terms of reference that included the involvement of people with lived experience. However, despite this, concerns were raised by partners about the lack of representation across partnership Boards specifically the carers group and the learning disability partnership Board. Both providers and staff identified that there were gaps in relation to the provision for the established deaf community. It was unclear whether targeted work specific to adult social care needs was taking place with the emerging European communities and the lesbian, gay, bisexual, transgender, queer (LGBTQ+) community. Partners told us that different communities engaged in different ways and more work was needed to obtain feedback in a face-to-face manner with the voluntary sector that provided services, this would demonstrate that the local authority was engaging with all communities and getting the voice of seldom heard groups.

The local authority told us that insight was used to shape the delivery of services. Staff told us that they needed to further explore and understand groups of people who accessed services in order to work with the community in a targeted way.

There were examples of good partnerships and successful targeted projects particularly in relation to health inequalities, however, there was less clarity around the authority's strategic approach to deliver its Public Sector Equality Duty (Equality Act 2010) in the way it delivers its Care Act 2014 duties across all protected groups. It was clear that co-production had not been embedded strategically across adult social care which meant the local authority did not always proactively engage with the people and groups where inequalities had been identified.

## Inclusion and accessibility arrangements

There were mixed feelings about the inclusion and accessibility arrangements in place. The experiences of people with lived experience and partners had raised concerns around how effective the arrangements were.

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The local authority had commissioned an interpreter service which offered face to face, video, telephone and written translation. Publications were available in large print English and in the four main languages of Derby. Staff told us that people had choice and could use a family interpreter which ensured people had access to a person-centered approach.

There was a bespoke team to support deaf people and British Sign Language (BSL) interpretation was made available and accessible from multiple sources. However, partners told us that they did not always provide adequate face to face translation and that accessible information documents weren't always available. Partners felt that meeting the needs of deaf impaired people is a recognised challenge throughout Derby. This was having an adverse effect on the deaf community as it meant that there were a number of services which were not accessible. The local authority's interpretation service within the council was arranged through personal budgets. Partners felt that the direct payments methods were not always suitable for the BSL community and the result of this was that it created barriers and had left people without other alternatives.

Partners felt that a more joined up approach was needed to support advocacy services with better planning between social work front line teams. Partners felt that accessible information and provision was not always readily in place to support people. The capacity of assessment beds meant that people with autism and the Deaf community were often excluded due to lack of service provision which matched their needs. This was also an issue for people who were partially sighted who experienced barriers of access to services.

People felt that difficulties were experienced by first time carers where English was not their first language, it was felt they were not always receiving information and needed more face-to-face support not just language line. This had a direct effect on the South Asian carers in the community, who fed back that they did not always feel they were understood.

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