APPENDIX A
Report for People and Families Scrutiny Committee 11 January 2024
Adult Social Care: Update on Equality, Diversity & Inclusion Work

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1. **Introduction**
   This paper and the accompanying slide pack outline the work in Adult Social Care (ASC) on equality, diversity and inclusion (EDI). This is a key priority to ensure that we improve outcomes for all people for whom we have responsibility under the Care Act 2014. As a public sector organisation, the council has specific duties under the Equality Act 2010.

2. **Background – why is Equality, Diversity & Inclusion Important?**
   Evidence suggests that we will not achieve good outcomes for the whole population if we don't pay attention to and address barriers to access and different experience of support. Improving our understanding and our delivery is vital in showing we 'live' our anti-discrimination values and we are meeting our Public Sector Equality Duties as set out below (from gov.uk website).

   We also know from evidence that some communities are more impacted by some health conditions than others. For example
   - People of South Asian origin are more likely to develop diabetes which can lead to sight impairment, heart problems and limb amputations if not diagnosed and treated early.
   - Some religious communities do not recognise mental illness which can inhibit people disclosing that they are ill or seeking early treatment.
   - For people with sensory impairment, awareness and understanding of their condition can support them to access buildings and participate fully in activities.
   - People of African Caribbean origin are more likely to develop high blood pressure which can lead to strokes if it is undiagnosed and untreated.

   The public sector equality duty came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities... are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

   (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010,

   (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

   (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish:

Equality objectives, at least every four years..

Information to demonstrate their compliance with the public sector equality duty

The protected characteristics under the Equality Act 2010 are

Age

Disability

Gender reassignment.

Marriage and civil partnership.

Pregnancy and maternity.

Race

Religion or belief.

Sex.

3. **Approach in Adult Social Care**
   In 2021 as a result of staff feedback, we started work to understand the diversity of our workforce and the experience of staff with different protected characteristics. We have been running a series of 'Quests' looking at staff experience linked to their protected characteristics under the Equality Act .

   In 2022 we undertook a self assessment as part of the ongoing peer review process with the Local Government Association and Association of Directors of Adult Social Services. As part of this process we also worked with Ray James our sector led improvement partner and undertook a peer review visit. Through this work, we identified the need to improve our knowledge, understanding and the impact of our work on how people in Essex are experiencing inequity in adult social care.

4. **The challenge**
   We identified that ASC needs to have a better understanding of both practice and performance through the 'protected characteristic' lens. In particular we identified a range of areas for improvement:

- The Quest work with our directly employed staff has highlighted the need for ASC staff to better consider issues relating to equality and diversity within the workforce and the impact on recruitment, retention and career progression.

- The performance of our services is not routinely reported for how representative they are of the population as a whole, nor for analysis of differential wellbeing outcomes. Collation and analysis for this area are currently manual, time consuming and ad-hoc, and has not been sufficiently part of mainstream thinking around our performance.
- In our case management system, we haven't mandated recording of protected characteristics. Therefore recording was not consistent and there are some significant data gaps. This is particularly pronounced in sexual orientation and religion, and our gender/sex recording needed updating.
- In our contracts with commissioned services such as home care, care homes and day services, we do not always mandate and receive information on the protected characteristics of people who access services.
- The variation in recording and reporting has meant we haven't been able to systematically analyse differences in access to services, outcomes for people and whether people have a different experience of care and support.

5. What action are we taking?

Whole ASC function

- Look at national and international evidence of where we would expect to see the impact of and ways to address inequity.
- Consider how we build understanding of multiple inequity, (ie where people have more than one protected characteristic) and the relationship with deprivation
- Work with NHS, district, borough and city councils and the voluntary sector to share information.
- Regularly analyse our key performance measures to understand differences in access and outcomes
- Consider differences in expected demand for directly delivered and commissioned services, access to assessments and services, utilisation of services and outcomes, charging and debt collection
- Implement the agreed recommendations from the Quest work to date
- Maintain and continue our work started with the Quests to identify and address equity, diversity, and inclusion issues for our employed workforce.
- Identify and support people with lived experience, including in our workforce, to co-produce our approach and actions.
- Ensure that co-production and lived experience insight is reflective of the diversity of the population we serve or need to serve and we are considering insight and action on reducing inequity as part of this.
- Set measurable equity objectives and targets as part of our key transformation programmes and including these in our new business plan.

Practice

- Adult social care front line practitioners have a strong focus on the characteristics of the people we support, and this is routinely incorporated into a person-centred approach to meeting their needs.
- Data collection requirements are clear and data requirements reflect good practice in recording eg for gender and ethnicity
- Front line practitioners are supported to record accurately and the insight derived from this is used practically to improve services.
- Practice assurance includes how diversity has been considered and supported in all aspects of service delivery, and is included in strategic reporting within teams and to ALT.
- Ensure training and development addresses EDI – embedded into existing training to improve awareness and understanding.

Commissioned services

- Improve collection and analysis of data based on the protected characteristics.
- Identify commissioned services data quality/completeness areas in relation to protected characteristics and agree action plans to improve recording
- Support people completing Equality & Community Impact Assessments (ECIAs) to improve quality and understanding in conjunction with the corporate EDI team.
- Work with care providers to promote and embed understanding of EDI issues for their workforce and for the adults they support. Ensure they are focussed on delivering for the diversity of our population in Essex.
- Consider what the training and development approach should be with providers.

6. **How will we know things have improved?**

- Baseline and where possible benchmark information in key prioritised areas.
- Reports in place showing equity impact and trends
- Key improvement measures in place showing impact over an agreed period
- People with lived experience describe a difference
- Staff and care providers tell us they have improved understanding about what drives inequity and ways it can be addressed

7. **Examples of why this work is important**

Waiting times
We identified that people with learning disabilities were more likely to wait longer for a review of their care and support as part of our overall work on people waiting. We have targeted social work resource to reduce long waits in this cohort.

Advocacy

We commission independent advocacy services for people who are detained in mental health hospitals, for their own safety, under mental health legislation. Analysis showed that children and young people were less likely to access the service. We introduced a specific service for children and young people. We are also working with services to ensure that children and young people are automatically offered advocacy rather than needing to ask for it.

Life expectancy for people with mental illness or learning disabilities

National evidence shows that people with mental illness and people with learning disabilities die, on average, 20 years younger than the wider population. They generally do not die as a result of their condition, but of preventable or treatable diseases such as heart disease or cancer. Smoking prevalence for people with mental illness is much higher than in the general population. We are working with NHS partners to ensure that people with mental illness and people with learning disabilities access routine health checks and screening with appropriate adjustments.

Care staff wellbeing

We have been made aware of incidents of racist abuse of care staff by adults and their families. We have put in place a 'zero tolerance' policy and changed our operational process on how we work with adults, carers and their families to address discrimination against care staff.

Workforce recruitment and retention

Analysis of our workforce data showed that we have good representation from ethnic minority staff at lower grades of staff including our social workers. But we have low representation at senior levels. We have been testing 'reverse mentoring' where ethnic minority staff work with senior managers to reflect and discuss their mutual experience. We have also tested diverse interview panels for senior appointments where a member of staff will attend the panel with a focus on equality, diversity and inclusion. Both of these approaches have been well received in the function and we are seeking to roll them out. We are also working with the corporate workforce EDI lead on whether these approaches could be extended across the organisation. We have also developed a set of anti-discrimination practice standards in line with similar work the Children's Services.

8. **Next steps**
   - We have set up an Equality, Diversity and Inclusion Steering Group to oversee our improvement work and act as a point of escalation.
   - We are in the process of updating our case management system to include mandating and improved recording of protected characteristics.
   - We have recently under-taken a 'deep dive' of our recorded information with a focus on access and outcomes.
   - We will work across the function to review this data and agree any associated improvements and actions we need to take as a result

Glossary of terms

For the purposes of this work, the term EDI also encompasses "Equity".
- **Equality** means offering the same rights and opportunities to all people.
- **Diversity** is understanding that each person is unique. It means embracing people's differences, including their beliefs, abilities, preferences, backgrounds, values, and identities.
- **Inclusion** is an extension of equality and diversity. It means that all people, without exception, have the right to be included, respected, and appreciated as valuable members of the community.
- **Equity** means offering rights and opportunities fairly, catering to people's differences so they are given fair access to opportunities. It means providing various levels of support depending on specific needs or abilities.
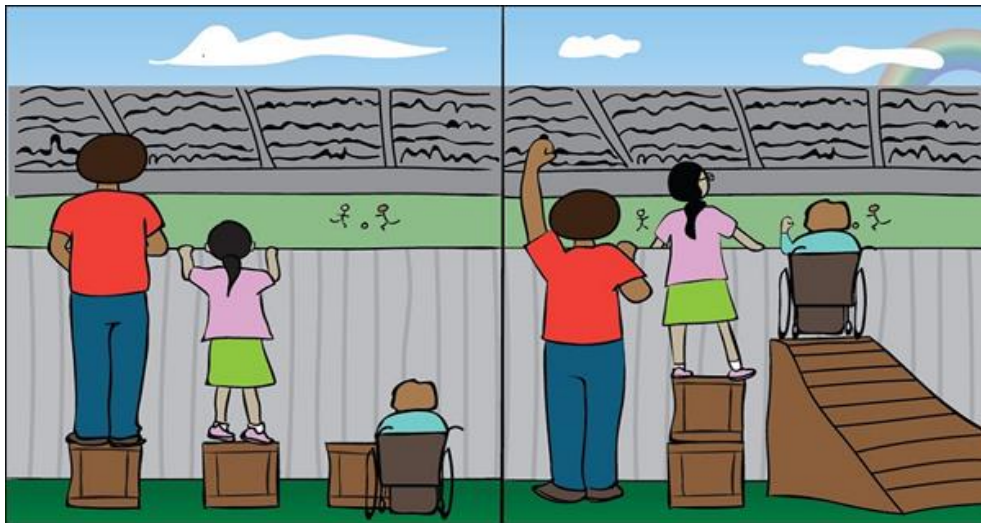
This illustration by Maryam Abdul-Kareem shows the difference between equality & equity.

The Care Act 2014:
UK act of the Parliament that received royal assent on 14 May 2014. The main purpose of the act was to overhaul the existing 60-year-old legislation regarding social care in England. The Care Act 2014 sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support.

The Equality Act Care Act 2010:
UK act of Parliament with the primary purpose of consolidating, updating and supplementing the numerous prior Acts and Regulations, that formed the basis of anti-discrimination law. These consisted, primarily, of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, the Disability Discrimination Act 1995 and three major statutory instruments protecting discrimination in employment on grounds of religion or belief, sexual orientation, and age. The Act offers protection against discrimination based on a person's nationality and citizenship, and also extending individuals' rights in areas of life beyond the workplace in religion or belief, disability, age, sex, sexual orientation and gender reassignment.

Quests:
ASC Quests have taken place over the past year and explore the challenges and opportunities to create positive change for our workforce. They are led by employees and each is sponsored by a Senior Leader. Quests which have taken place so far focused on Race, Disability, LGBTQIA+, Age: First 20 years, and Age: Last 20 years. There is a further Quest proposed for next year (2024) on the subject of Mental Health.

Practice:

Practice Standards set out best practice which should be followed for a range of key functions. The main purpose of these Practice Standards is to enable consistency in practice across service areas and amongst social workers and practitioners.

Protected Characteristics:

The protected characteristics under the Equality Act 2010 are
- Age
- Disability
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race
- Religion or belief.
- Sex.

Case Management System (Mosaic):

The current Social Care Case Management System is called Mosaic. This system is used by multiple Local Authorities across the UK. The system enables social care professionals to undertake case recording; complying with statutory requirements and configure their workflows to support practice requirements.

Intersectionality:

Protected Characteristics apply singular denominations; of course, many individuals who have a number of these characteristics. Having an 'intersectional identity' often generates a feeling that someone does not completely belong in one group or another. The Open university provides the following examples as part of its Diversity and inclusion in the workplace course to explain this further:
- "A gay man has to deal with homophobia. A black man has to deal with racism. But a black gay man will have to deal with homophobia and racism (often at the same time). It is often the case that he will face racism inside the LGBT community and homophobia in the black community."
- "Similarly, a disabled lesbian Muslim will have to deal with ableism, homophobia, Islamophobia, racism and sexism. She might find physical barriers to accessing LGBT venues, but even when she can get into the building she might still face racism and Islamophobia from the white LGBT community."

Assessment:

In the context of Adult Social Care, an assessment is carried out by social services to find out what help and support a person needs - like healthcare, equipment, help in their home or residential care.

Lived Experience:

'Lived experience' recognises the personal knowledge and impact of people who access health and care services such as those living with a long-term condition, disabled people or family carers. It might also be people who have specific experience of a health service such as Inpatient mental health services.