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 understood its local population profile, using demographic and equality data, such as languages spoken, gender identity, sexual orientation, religion and ethnicity, to identify inequalities and shape services. For example, data showing diverse language needs and small but significant LGBTQ+ communities helped the authority recognise gaps in culturally responsive care. This insight informed a Culturally Responsive Services Action Plan, which prioritised improving experiences for ethnic minority groups, strengthening service specifications and building workforce capability.

Engagement with communities and partners played a central role in identifying barriers. Feedback from partners highlighted the value of targeted engagement with homeless people, refugees and ethnic minority groups, although they also reported gaps in outreach to LGBTQ+ communities and some long-established minority groups. Insights gained through the Public Health Engagement Fund supported decisions about where resources were most needed, and joint work on maximising benefits uptake addressed inequalities linked to poverty.

The local authority also had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and a coproduced and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who are more likely to have poor care. The local authority demonstrated compliance with the Public Sector Equality Duty by embedding equality considerations into policy design, commissioning, and service delivery. It used Equality Impact Assessments to identify risks and mitigate negative impacts, ensuring changes promoted fairness and inclusion. Strategies such as the Joint Health and Wellbeing Strategy and the South West London Mental Health Strategy aimed to tackle health inequalities and improve equity of access.

Richmond's Corporate Plan 2022–2026 prioritised protecting vulnerable residents amidst rising living costs, guiding how adult social care is delivered. Strategies including the Adult Social Care Annual Report, Carers Strategy, Market Position Statement, Learning Disability Big Plan, and Dementia Strategy set out clear priorities and commissioning intentions to improve outcomes. The Big Plan 2023–2028 strengthened independence, accessibility, and community inclusion for adults with learning disabilities and autism, supported by ongoing monitoring and resident feedback. The Dementia Strategy demonstrated measurable progress through enhanced prevention programmes, improved diagnostic pathways, and expanded post-diagnosis support, leading to better resident wellbeing and service access. The Carers Strategy 2020–2025 also shows sustained delivery, with quarterly oversight, a co-produced Carers Charter, and initiatives that improve recognition and support for unpaid, adult, and young carers. This includes counselling, advice, emotional support, and targeted programmes contributing to improved resilience and reduced inequalities for carers.

Equality objectives were embedded in corporate plans, and socio-economic duty was considered alongside protected characteristics. Directorate Equality Groups monitored delivery through annual action plans. Equality Impact Needs Assessments (EINAs) were used to identify and mitigate risks. For example, an EINA revealed under-representation of ethnic minorities in day services, prompting collaboration with community organisations to redesign these services. Audits of support plans and staff feedback showed the need for better consideration and recording of cultural needs, resulting in targeted improvements to monitoring tools and contract requirements. Data gaps highlighted during care home re-procurement led to further work with providers to improve the recording of protected characteristics.

The local authority also recognised persisting health inequalities, including challenges experienced by people who were homeless or from Traveller communities. Digital exclusion remained a significant barrier, particularly for people facing cost-of-living pressures. Initiatives like Connect to Tech offered training and home visits to improve access to online services and reduce isolation. Support for refugees and asylum seekers was strengthened through a dedicated team and investment in grassroots organisations.

The local authority demonstrated strong compliance with the Public Sector Equality Duty by embedding equality considerations into policy design and implementation. Co-production with residents, carers and community groups ensured lived experience shaped priorities. For example, feedback from people highlighted digital barriers and cultural needs, which informed service redesign and training.

Staff demonstrated enhanced skills and confidence in responding to equality-related needs. Mandatory training was complemented by additional cultural competence and sessions on gender identity. Staff feedback and audit findings identified a need for greater professional curiosity around protected characteristics, leading to bite-size training that improved confidence. Staff from brokerage teams used provider information to arrange culturally appropriate support, including matching people with language-specific carers.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreter services. The local authority had acted to ensure people could access services in ways that suited their needs. It understood the diverse demographics of its population and used this knowledge to shape culturally responsive services. For example, data showed 88.69% of residents spoke English as their main language, while smaller proportions spoke Spanish, Polish, Turkish, and other languages. This informed an action plan that aimed to improve the availability of culturally appropriate care and strengthen specifications, so commissioned services reflected the cultural needs of people. In terms of impact, this meant that people were more likely to receive care that respected their identity and preferences, reducing barriers to engagement.

The local authority had also worked to address language needs in practical ways. For instance, brokerage teams maintained a database of providers' ability to meet cultural and language requirements. This enabled them to respond quickly when a person needed a Gujarati-speaking carer, arranging a smooth handover to ensure continuity of care. Similarly, locality reviews described how an out-of-borough placement was arranged for a person who wanted to live in a Spanish-speaking environment. These actions meant people could communicate in their preferred language, which improved their sense of belonging and wellbeing.

Digital inclusion was another area where the local authority acted to remove barriers. Co-production feedback highlighted that people who were not online faced significant challenges in accessing health and social care. In response, the local authority funded initiatives such as 'Connect to Tech', which provided home visits and training sessions to help people use technology. This not only enabled people to access online resources but also reduced isolation by helping them stay in touch with family through video calls. In terms of impact, this meant people who were previously excluded could engage with services and maintain social connections.

The local authority also recognised that some communities faced cultural or social barriers to accessing support. For example, voluntary sector partners reported that symptoms of dementia were sometimes viewed as a natural part of ageing rather than a medical condition, which delayed help-seeking. To address this, public health initiatives such as the health bus were used to raise awareness of dementia and its risk factors across all communities. This proactive approach helped people understand their health needs earlier, improving access to timely support.

Equality and diversity were embedded in workforce development and commissioning processes. Staff told us they received training on equality and diversity and had access to forums that supported inclusion. The local authority introduced cultural competency training for commissioning staff and planned to extend this across the provider market. These measures strengthened the ability of staff to deliver care that respected people's cultural and personal identities, which improved the quality of assessments and support planning.

Progress over time was evident in the evolution of equality strategies. Earlier self-assessments acknowledged gaps in data collection on protected characteristics, which limited the ability to identify inequalities. In response, the local authority adapted contract monitoring workbooks and developed Power BI dashboards to capture more granular equality data. This improved understanding of who was accessing services and where barriers remained, enabling targeted actions to reduce inequalities.

The local authority also worked with partners to reach seldom-heard communities. For example, engagement funds were used to support small voluntary organisations to hold targeted events with residents, gathering intelligence about health and wellbeing issues. This information helped the local authority direct resources to areas of greatest need. Similarly, the Borough of Sanctuary initiative provided dedicated support for refugees and asylum seekers, including workers with expertise in housing and health. These actions ensured that people from marginalised groups were not left behind and could access care and support that met their needs.
