Adults: Equality, Diversity and Inclusion Strategic Plan 2025-2028

Vision: To address inequalities and ensure equitable, inclusive and person-centred care and support for people in Manchester who might benefit from or who are already accessing services provided by Adults Social Care.

Purpose: To embed equality, diversity and inclusion (EDI) into all aspects of adult social care delivery, addressing inequalities and ensuring compliance with the Health and Care Act 2022 and the Public Sector Equality Duty, part of the Equality Duty 2010.

Public Sector Equality Duty:

Manchester's Equality Objectives 2024-28 provide a whole system approach to address inequality, advance equity and human rights and improve outcomes for all of our diverse communities. These objectives are key for guiding equalities and inclusion work across the city. They are:

1. Promoting inclusive employment and work
2. Promoting timely and proportionate community involvement and engagement
3. Delivering Inclusive and Accessible Services

Adults Social Care has a responsibility to deliver Care Act duties including assessing needs, determining eligibility, promoting wellbeing, providing information and advice, and safeguarding vulnerable adults in the city. This means we have a significant contribution to promote equality of opportunity and eliminate discrimination to provide inclusive services. As part of both the Local Authority and the Local Care Organisation we are committed to delivery of these Equality Objectives in support of our Public Sector Equality Duty.

What do we know about inequalities of experience in the city?

While Manchester has much to celebrate in relation to the city's growth, there are still significant and systemic challenges faced by people living in the city. We know this substantially impacts on outcomes:

- The life expectancy for men in Manchester is 75, and for women it is 79. A boy born in Manchester can expect to live just under 4 years less than a boy born in England overall. A girl born in Manchester can expect to live around 3 and a half years less.
- These statistics look even starker, when factoring deprivation across the city. Based on data for 2021 to 2023, a boy born in the most deprived 20% of areas of the city can expect to live around 8.8 years less than a boy born in the least deprived 20% of areas. For girls, the gap in life expectancy at birth between the most and least deprived 20% of areas of the city is around 6.8 years.
- The main causes of the differences in life expectancy are heart disease, stroke, cancer and lung disease.

In addition to these health outcomes, census data provides us with the changing picture of Manchester's population, which demonstrates the increasing diversity of the city. This is more heavily weighted to our younger population, but has shown that:

- Our Black, Asian and other ethnic group population has increased from 33.4% to 43.2%; this figure increases to 51% when taking into consideration those who identify as being from an ethnic group other than White British.
- There has been an increase in all Asian ethnic categories from 17.1% to 20.9%, and an increase in all Black ethnic categories from 8.6% to 11.9%. The Pakistani population is the largest ethnic group in Manchester after the White British population with the proportion of residents identifying as Pakistani increasing from 8.5% in the 2011 census to 11.9% in 2021 census.
- 73% of those aged 65+ are White British, compared to 77% in 2011. A further 8% have another white background (6% of whom are Irish). In 2021, 10% of 65+ were another white background. 6% aged 65+ are Pakistani, 3% are Black Caribbean and 2% are African. Other ethnic groups account for less than 2% of the population.
- Nationally and locally Bangladeshi, Pakistani and Caribbean older people experience the highest rates of disability. In addition, 38% of Bangladeshi older people are in 'bad/very bad' health (out of 390 aged 65+) and 26% of Pakistani 65+ (out of 3210). The average is 21%
- National identity: 77.2% of residents most identified with one of the various British categories, down from 83% in 2011. Across the city, 94 languages are spoken with the highest numbers being Urdu, Arabic and Polish.
- Religion: The Christian population has decreased from 48.7% to 36.2%, Muslim population increased from 15.8% to 22.3% and those identifying as 'no religion' increased from 24.7% to 32.4%
- Sexual orientation and gender identity was captured in the 2021 census for the first time. Nationally, around 3.7% of the population identified as LGBTQ+. In Manchester that figure was around 6.6%.
- The census showed that 96,737 people in Manchester said they had an impairment as of March 2021 – 22.3% of the area's population.

While the city has made significant progress, poverty continuities to be a huge challenge for our city and too many of our communities. According to the 2019 Index of Multiple Deprivation, Manchester ranks 6th out of 326 local authorities on deprivation, with those communities who experience discrimination and disadvantage often faring worst across many socio-economic markers. For example, a report published by the Joseph Rowntree Foundation in December 2024 found that people from Bangladeshi, Black African and Pakistani households are 4 to 5 times more likely to experience persistent very deep poverty compared to white households. Many of these communities are also less likely to have access to vital services, highlighting the correlation between race and socio-economic disadvantage.

- 33.6% of Manchester's 66+ population are living in income deprived households, making it the fourth most deprived local authority in England (the top 2 are London boroughs), and the only Greater Manchester local authority within the top 20 most deprived.
- Higher concentrations of income deprived older people live in LSOAs within Ardwick, Cheetham, Harpurhey, Hulme, and Longsight, Brooklands, Sharston and Chorlton Park. These areas rank in the top 1% of income deprivation affecting older people.
- Compared to Core Cities, Manchester has a significantly higher rate of total Pension Credit claimants per 1,000 of the population. This data further highlights the large number of older people in Manchester who are living on very basic incomes with a high dependency on benefit payments to support them
- Single older women are more at risk of poverty: 27 per cent of single women pensioners, compared to 23 per cent of single men and 13 per cent of pensioners in couples.
- Pensioners from racially minoritised communities are also at more risk of poverty: 33 per cent of Asian or Asian British pensioners and 30 per cent of Black or Black British pensioners, compared to 16 per cent of White pensioners
- The percentage of unpaid care provided by those aged 65+ has decreased since the last Census in 2011 from an average of 12.6% across the city to 10.4%. Older women from racially minoritised groups that have the poorest health are most likely to provide 50+ hours of care.

Manchester's approach to addressing inequalities

Tackling these systemic inequalities requires whole system working and the city launched **Making Manchester Fairer (MMF) 2022-27** to tackle these preventable health inequalities. This plan sets out a number of priority areas and 'kickstarter' projects to target the wider determinants of health and also encompasses our Anti-Poverty strategy. The **MMF Community Forum** has been established to ensure that a wide range of

people from under-represented and diverse groups have a voice in shaping strategy and service delivery. A framework of data and insight has been developed for monitoring and understanding health inequity and the foundations for health. Manchester has included two additional themes to the Marmot recommended foundations for health. These are '**Tackling system and structural racism and discrimination'** and **'Communities and Power'**, recognising the impact of racism and discrimination on health and wider determinants of health, and that communities need to be involved in developing solutions through genuine partnership.

Under the Communities and Power theme, a **community engagement maturity index assessment** has been undertaken help understand what has been done well with communities and where more work is needed to understand and address the needs of people experiencing the biggest inequalities in our communities. This has included commissioning insight work into the needs of our Pakistani communities which has confirmed that there are gaps in trusted, culturally appropriate infrastructure and support for people from different Pakistani communities to stay well and at home for as long as possible through a prevention approach.

Making Manchester Fairer is a really ambitious plan and it will evolve but will take time to embed and develop. In the meantime, four schemes are being developed called the **Kickstarters** to give the plan momentum. These schemes will kickstart delivery of the overall plan by exemplifying our principles in terms of health equity, proportionate universalism, and involving and engaging local communities. The focus will be on some of the longer term challenges to help us start narrowing the gap, as well as responding to some of the more immediate challenges local people are facing. The kickstarters will focus on:

- **Children, young people and their families** particularly those most impacted by the cost of living crisis and those from communities that experience racial inequality. This will include a focus on the mental health and wellbeing of young people and, and work to address health, income and education inequalities among the target groups
- **Early help and support for adults experiencing multiple and complex disadvantages,** and barriers to their health and wellbeing. These adults often have a combination of substance misuse problems, mental ill health and homelessness but often don't meet the threshold for statutory services and fall through the gaps in the system. The Adults Early Support Team refers suitable cases into this kickstarter pilot, as they are able to identify people at the Social Care 'front door' who might benefit from this support.
- **Integrating employment, health and wellbeing services for people who are out of work or at risk of being out of work due to physical or mental ill-health with a focus on racially minoritised communities.** This will focus on strengthening the support people with long-

term health conditions can get around employment, skills and training in a person-centred and place based way. This recognises the positive impact of good employment on health and on people's ability to have agency over their lives.

- **Supporting residents to become active in their neighbourhoods and communities;** this means exercise that works for people that they can enjoy and build into their day to day lives. A campaign built on grass-roots activities will celebrate the diversity of Manchester and the broad range of inclusive activities that can help people stay fit and active.

Adults Social Care

Adults Social Care has a significant contribution to make to this citywide plan to tackle inequalities and ensure that people's experience of care and support is inclusive, accessible and reflective of their wishes, values and beliefs. As part of the Local Care Organisation, Adults provide integrated, place-based services with community health services on a neighbourhood or locality footprint. This provides significant opportunities to use community intelligence and insight to shape support to respond to the needs of local people.

The Making Manchester Fairer programme and the existing engagement forums also provide significant opportunities for Adults Social Care to engage with a broad range of people. Insights and intelligence from these forums will be shared with Adults to support the future development of services.

This strategic plan sets out Adults' priority actions which contribute to the city's equality objectives:

Promoting timely and proportionate community involvement and engagement

We need services to be inclusive and responsive to Manchester's communities. This involves listening to, working with and designing services with people. Adults have committed to increasing co-design and co-production through the recruitment of co-production leads who are embedding work to engage, consult and co-produce new interventions. To further increase and strengthen this approach, a priority over the next year is to make stronger connections to the evolving city-wide infrastructure for engaging with different communities.

Adults Social Care Priorities & Improvement Areas	How this will be impactful	Care Act Duties & Responsibilities
1. Self-assess the robustness of our community engagement through undertaking the **Community Engagement Maturity Assessment** and develop an action plan	**Impact:** We want to develop an evidence base for understanding where we might benefit from increased Community Engagement. This will enable us to use community intelligence to develop services that lead to **improved outcomes** for people with different protected characteristics.	To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities
2. **Active participation in engagement and involvement forums to ensure that we improve outcomes for people who experience the biggest inequalities:** Including Manchester Integrated Care Partnership's Patient and Public Advisory Group; the Making Manchester Fairer Community Forum and Community Health Equity Manchester and the six Sounding Boards which form its membership and represent the voices of Black African and Caribbean, Pakistani, Bangladeshi, Inclusion health, LGBTQ+ and disabled people. Embedding NIHR research recommendations, particularly where culturally appropriate services have been explored.	**Impact:** We want to develop services and interventions that respond to the specific feedback of prioritised groups of Manchester's residents to ensure they are accessible, inclusive and equitable. By engaging in these forums, we will see **changes being made to services and interventions which will reduce inequalities and build trusted relationships. This will be based on feedback** and will support increased **engagement and access to services for people with protected characteristics known to be linked to inequity of access, experience and outcomes.**	To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities

3. **Develop co-production framework within My Life, My Way Programme.** To ensure that future service offers for people with a Learning Disability and autistic people are **designed with people, families and carers and that an inter-sectional approach is embedded** which addresses the compounding of inequalities linked to different protected characteristics e.g. poorer access for racially minoritised people with autism.	**Impact:** We want to develop our Learning Disability services based on people's feedback, recognising that people's experiences will depend on their different circumstances and systemic barriers and discrimination and that our engagement needs to reflect this. The impact will be **an increase in interventions that have been shaped through feedback, engagement and genuine co-production.**	Contributing to how we **meet needs** with a range of appropriate support. To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities
4. Continue to build the role of the Learning Disability Board, which is attended by people with lived experience, to explore issues facing people with a learning disability in the city, engaging them in improving services and building trust. Currently, working on defining 'what makes a good support worker' to be incorporated into the practice framework.	**Impact:** We want to develop services and interventions for people with a learning disability based on their lived experience, to deliver accessible and inclusive services. The impact will be **an increase in interventions that reduce inequity of access to services for people with learning disabilities shaped by feedback and engagement.**	Contributing to how we **meet needs** with a range of appropriate support. To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities
5. Embed the 'Our Safeguarding Voices Action Group' as a permanent forum to co-produce interventions that improve safeguarding and ensure that it meets the needs of people with **different protected characteristics and cultural norms.**	**Impact: Increase in positive changes** that are **made to the safeguarding offer and interventions** based on the **feedback** of the Our Safeguarding Voices Action Group	Contributing to greater accessibility and personalisation of **Safeguarding**

Manchester Safeguarding Partnership (MSP) commissioned Healthwatch, African and Caribbean Care Group, Manchester Action on Street Health and Manchester People First to engage with people about their experience of safeguarding, creating an insights log. Contributors to the insights log now make up the Our Safeguarding Voices Action Group. This group is co-producing solutions to challenges raised in this insights log with Service Leads and MSP. The group first focused on the issue of Communication and produced an Easy Read poster that defines what Safeguarding is. This links through to the safeguarding section of the Manchester Council website. The poster's Easy Read status is being peer reviewed by Manchester People First. The group is now recruiting a more diverse range of lived experience participants. Colleagues have linked in with Community Health Equity Manchester Board and reconnected with Manchester Action on Street Health and the African Carribean Care Group to ensure the group better represents the diversity of Manchester.		To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities
6. **Unpaid carers:** We are working to **better understand the needs of unpaid carers** by using **targeted communication and a co-production approach that actively involves carers in shaping the support they receive.** Applying an Equality, Diversity and Inclusion (EDI) approach to unpaid carers helps ensure they are	**Impact:** increased and improved equitable, person-centred services that better reflect and respond to the diverse needs of the population. This approach helps reduce disparities in access and outcomes, ensures that underrepresented voices are heard in service design, and strengthens the role of	Unpaid carers in England are given equal legal rights to those they care for, including the right to a carer's assessment based on their own needs, regardless of the level of

more **effectively identified and supported,** particularly those from **underrepresented or marginalised groups.** A key improvement area is the recognition and support of unpaid carers, who play a vital role in the system. Efforts include improving access to flexible services, respite care, and tailored support, while also ensuring that carers from all backgrounds are heard, valued, and included in decision-making processes.	unpaid carers by recognising their contributions and providing them with the support they need.	care they provide. The Act also requires councils to offer accessible information and advice, promote carers' wellbeing, and support young carers and parent-carers through a whole-family approach. These provisions aim to ensure unpaid carers are recognised, supported, and not left to cope alone.

Delivering Inclusive and Accessible Services

Understanding our services, who is accessing them, who is not and why, is critical to addressing systemic inequalities and barriers to access. We recognise that improved data collection is a key part of the approach to addressing inequalities but that data needs to be analysed alongside community and service user insight to ensure that we take the right actions to reduce equity gaps through trusted relationships with people who experience the biggest inequalities.

Where we develop new offers or interventions in response to gaps or feedback these are developed with the involvement of people who will use those services.

We have a focus on improving accessibility across our interactions with people, from how we provide information and advice through to collaborative and inclusive assessment and support planning.

Adults Social Care Priorities and Improvement areas	How will this be impactful	Care Act Duties & Responsibilities
Delivering Inclusive and Accessible Services		

7. **Strengthen our equalities reporting and recording for Adults Services** to provide increased insights about the profile of people accessing support and how this compares to our current and future population. This includes undertaking the **Diverse by Design** exercise to evidence who is accessing and using services, aligning recording to the council's **Equalities Monitoring Standards** and raising awareness of the importance of recording accurately with staff through **Learning Lunches.** We will also be **incorporating equalities data into routine reporting** to give greater visibility and monitoring of outcomes in relation to protected characteristics. Initial focus on Reablement service to support a test and learn approach before further roll out.	**Impact:** We want to be able to have clear oversight of **access to and outcomes from services for people with different protected and other characteristics** and to ensure that this intelligence is activity **monitored, understood, informs lines of enquiry and the development of clear action to address equity gaps.** We would see an **increase in the recording of protected and other characteristics (veterans, care leavers, carers, homeless, socio-economic status) on Liquid Logic so that we can identify priorities for addressing inequality of access**. As an example, 67% of open LAS cases have null/ not known for sexual orientation (Jan 2025).	To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities
8. Ensure that Equality Impact Assessments are undertaken to understand the potential impact of changes to services for people with different protected characteristics and address potential inequalities of access to and experience of services a. **Equality Impact Assessments (EIAs)** to be undertaken for all transformation work – EIAs produced for these programmes, actions to mitigate against known and unknown inequalities will be embedded into programme management monitored through the Achieving Better Outcomes Together Board.	**Impact:** We want to see evidence of EIAs being used as a tool to inform decision making and course correction alongside the ongoing monitoring of service changes. By ensuring EIAs are being completed before decisions are made which might lead to inequalities for some people, we will ensure that we are implementing the Public Sector Equality Duty. We will see increased **evidence of EIAs informing decision making** about changes to services. Finally, there will be	To support effective **planning, delivery and commissioning of appropriate services** to ensure accessibility and address any identified inequalities

b. Service Managers to complete **Equality Impact Assessments** for new strategy and policy development (including changes to charging for services). This will be reviewed at Service Managers meeting with progress against actions reported to the Equalities Steering Group. c. Commissioners to complete **Equality Impact Assessments** as part of commissioning activity. These will be monitored through the corporate EIA process.	evidence of **ongoing monitoring and delivery of actions as** part of an EIA life cycle.	
9. **Launch the Building Independence Team: A New Strength-Based Service.** Following the *Better Outcomes, Better Lives* evaluation, feedback from staff highlighted that our prevention offer of Reablement did not work with people with a Learning Disability. In response, we're launching the **Building Independence Team**—a new, inclusive service supporting: • People with Learning Disabilities • Neurodiverse individuals • Those with complex support needs **Key Highlights:** • **Co-produced name** reflects our strength-based approach and community collaboration. • **Lived experience** has shaped recruitment and will guide ongoing service design.	**Impact:** Through launching a new prevention service that will work in a person-centred way with a new cohort, we want to see **positive outcomes from the Building Independence Team,** working with people with a Learning Disability, neurodiversity and more complex support needs.	Contributing to increasing **prevention** offers and **wellbeing** for people with different protected characteristics.
10. **Expanding Support for Autistic People.** Since 2022, we've prioritised developing services for Autistic people. Data, research, and community feedback have all highlighted gaps in: • Service provision which meet the needs of autistic people • Practitioner confidence in working with autistic people	**Impact:** Through launching new prevention services to work with Autistic people, we want to see increases in **positive outcomes from the new services being commissioned,** supporting people to live more independently.	Contributing positive approaches to **assessing, meeting needs** and providing **preventative** support for people with Autism.

• Strategic and partnership infrastructure **Actions:** • Launching three new person-centred, preventative services • Continuing collaboration with **Autism@Manchester** on reducing health inequalities through co-produced research with the University of Manchester		
11. **Launch new online advice and guidance website**, **providing an accessible, easy to navigate online directory of services detailing all support available to people.** Whilst the current directory meets basic accessibility requirements, the re-design aims to ensure the directory is co-designed with citizens to be even more intuitive to navigate and to remove potential barriers to engagement. **Accessibility features:** • Translation tool to navigate the directory in different languages • Audio tool to read text and image captions • Text enlarging tool for ease of reading Next steps: **Resident engagement** – co-design sessions taking place with several different audiences to ensure the offer works for a range of communities. For example, the team have consulted with the Age Friendly Manchester Board, to ensure the new design feels intuitive to navigate. Attending Community Health Equity Manchester Board in July.	**Impact:** New online advice and guidance platform that supports people to access information about local services that supports them to stay well, happy and healthy. We want to see **increased engagement** with the new platform, an **increase in people using the accessibility features** to access information and **positive feedback about the new platform** being reported by people with different protected characteristics.	Making our **Information and Advice** offer more accessible.

Promotion and support - We will be partnering with libraries and community hubs to support people that do not feel confident with technology, so they can be supported and upskilled to use the directory to find services that meet their needs. Leaflets will be designed in different languages to promote awareness of the directory.		
12. Launch and roll out of Adults Prevention Strategy. Adults' focus on Prevention is a key priority for the service and the **Prevention Strategy** will describe the prevention offer in Manchester, as well as key objectives and measurables to understand if the offer is having the right impact. To help shape and design this strategy **World Cafes** are being established to **consult and engage, to enable feedback from people** and services to shape the strategy. Engagement sessions have so far been delivered in Day Services, Extra-Care facility, Gaddum Centre and at LMPC (support for South Asian carers).	**Impact:** An **increased awareness and use of the prevention offer across the workforce,** evidenced in advice and guidance being provided or packages of care for people with different protected characteristics. The Prevention Strategy will include specific metrics to evaluate the impact of the Strategy; these are currently under development.	Supporting promotion of **prevention** and **wellbeing**
13. **Commission Dignifi to review policy and procedures through a Trauma informed approach** this will explore an inter-sectional lens to the experience of trauma including racism and discrimination.	**Impact:** Identifying where policies and procedures could benefit from a trauma informed approach to ensure that people can engage and participate in the service offer and are not alienated or discriminated against. The impact will be **policies that support inclusivity and accessibility.**	Contributing to positive approaches to **assessing, meeting needs** shaped by trauma-informed approaches
14. Audit services against the **Accessible Information Standard**	**Impact:** This will provide assurance that services are compliant with the Accessible Information Standard and identify any areas where improvements need to be made. The	Contributing to accessibility of **assessing and meeting needs**

	impact of this will be to ensure that **all our services are compliant with the Accessible Information Standards** and that people routinely have communication requirements identified, recorded and met.	
15. Ensure information is provided in accessible formats to enable people to feel involved in conversations about their assessment and support planning. a. **Improve recording of the need for and use of interpretation and translation services** to ensure conversations about assessment and support can be understood and people feel involved in their care b. Undertake an **audit to understand what written communications (e.g. letters, support plans etc.) are provided in Easy Read**	**Impact:** We want to evidence that **people are receiving information** about their care and support in an **appropriate and accessible way for them**. This includes understanding how many of the written communications someone receives are sent in easy-read or translated formats. Using this data we would be able to work with teams and corporate services to ensure that people receive information in a way that best suits their communication requirements.	Ensuring that when someone receives **Information, Advice and Guidance** or where their **needs are being assessed**, this is accessible and personalised.
16. **Continued embedding of Strengths-Based Approaches that support participation, engagement and ownership of assessment and support planning** a. Continue to use **Strengths-Based Approaches** as part of Social Care Assessment, starting with the person's strengths, using cultural humility to listen to and explore a person's support needs and identify appropriate support using strengths-based tools and approaches. Including short term support that supports independence, like CATEC and Reablement.	**Impact:** We want to evidence that **people** receive support that is **tailored to them, reflective** of their **beliefs and wishes** and is **culturally appropriate.** **Quality Assurance will provide themes and insights** into how the workforce is using strength-based approaches and how EDI has been considered as part of support planning.	Contributing positive approaches to **assessing and meeting needs** that create more culturally appropriate support.

b. Embed **Person-Centred Planners** across Complex Services to roll out person-centred tools, assessments and outreach support. The Person-Centred Planners will support people with Autism and more complex support needs, their induction and training includes Essential Life Skills, Person Centred thinking skills alongside the EDI training offer. They will also build links to the VCSE offer within neighbourhoods.	**Increases in positive responses** to the following questions within the ASC Annual Survey: • Overall positive experience of ASC • Do care and support services help you to have a better quality of life? Person-Centred Planners will support people who access Complex Services, to develop person-centred and tailored support. We will see an **increase in positive outcomes** from people using this new service offer.	
17. **Ensure that people benefit from integrated services that can provide holistic support working across health and care.** a. Ensure that people can access culturally appropriate support from the range of VCSE providers based in Manchester's neighbourhoods by working with Care Navigators, as part of Integrated Neighbourhood Teams, to identify appropriate community support in neighbourhoods.	**Impact:** We want people to access the wide variety of different types of community support in their neighbourhoods to support their interests, wellbeing and aspirations. Through being part of an integrated nieghbourhood team, Social Workers can find out more about the community offer from health development coordinators. To measure the impact of this, we would see **an increase in the % of people accessing VCSE support as part of their package of care**	**Integrating Care and Support** and **meeting needs** of people with different protected characteristics.

Workforce Inclusion:

The **MLCO Equality, Diversity and Inclusion Workplan 2025-26** describes our mission to build and retain a workforce that represents the communities we service and become an anti-racist and inclusive organization. Our workplan has three priorities:

- **Developing common purpose** to create anti-racist and inclusive LCO and embedding collective responsibility for what an inclusive LCO looks and feels like.
- **Developing our people** to improve confidence and capability of managers in dealing with and taking an intentional approach to addressing discrimination and inequalities linked to people's protected characteristics with a particular focus on disability, neurodiversity, racism, gender and sexual orientation with early and compassionate management of bullying, harassment and discrimination.
- **Developing our organisation** to create an inclusive and psychologically safe place to work, with strong leadership implementing policies such as workplace adjustments and flexible working arrangements for carers.

The Adults workforce is deployed into the LCO and staff maintain conditions of employment from Manchester City Council. This includes access to training and development offered through the City Council. The City Council's ambitions to create an inclusive workplace are outlined in the **City Council Workforce Equality Strategy 2024-28.** This strategy has 6 priorities including: inclusive and accountable leadership, being a good line manager, race and anti-racism – tackling systemic racism, addressing the inequalities experienced by disabled people and neurodiverse people in particular, attracting, developing and retaining diverse talent and creating an equitable and inclusive workplace. This aligns with the ambitions set out in the MLCO Workforce Equality, Diversity and Inclusion Strategy.

As part of this strategy the City Council has a **Talent & Diversity Team** who lead on the **Council's Talent Plan** to create a diverse and inclusive workplace. This focuses on improving recruitment and retention, strengthening pathways to employment, strengthening internal pathways and progression and maximising apprenticeships, graduate placements, internships and work experience. This team is responsible for the LeadHERship development programme, for Black, Asian and other groups of women who want to develop skills and confidence and achieve progression.

Supporting equality, diversity and inclusion within the workforce is a significant priority for Adults. We know that staff who feel valued and supported will provide the best support for the people they work with. Having a workforce who is reflective of Manchester's communities also makes the service more inclusive and responsive to people's needs in the local area. Finally, a workforce who is culturally curious will listen

and explore someone's context and support needs, providing culturally appropriate care and support, and therefore better outcomes. Manchester has had strong leadership in this agenda with Bernie Enright appointed as the Northwest ADASS Strategic Lead for EDI and anti-racism. As part of this role, Bernie initiated a reverse mentoring trial in Manchester, pairing senior leaders with staff from diverse backgrounds to share lived experiences and challenge existing assumptions. The trial proved highly impactful and has since become the blueprint for other local authorities across the Northwest.

Adults Social Care Priorities and Improvement areas	How will this be impactful?	Alignment to Skills for Care, Care Act Duties & Responsibilities
System Change and Accountability		
18. **Build confidence and knowledge across the directorate to ensure that we are an inclusive workplace which represents our diverse communities and can provide culturally appropriate and inclusive care:** • Creating an anti-racist and inclusive LCO and embedding collective responsibility for what an inclusive LCO looks and feels like by creating our **common purpose.** o Launch EDI Hub on extranet o Establish EDI Champions o Relaunch EDI newsletter Equality First	**Impact:** A workforce that **experiences strong leadership to address workforce inequalities and has resources and support to progress** equality, diversity and inclusion objectives with **best practice examples being celebrated.** The impact will be an **increase in staff reporting improvements for equality and diversity** as part of the Annual Staff Survey.	**Promoting individual wellbeing and creating and inclusive workforce to deliver person-centred care**
19. Improve **confidence and capability of managers** in dealing with and addressing inequalities linked to people's protected characteristics with a focus on **disability (including neurodiversity), racism, gender and sexual orientation.** o Improve confidence in supporting people with long-term conditions who may not identify as disabled	**Impact: Managers who feel confident** and are **capable of supporting people** who have protected and other characteristics and a **workforce that feels supported by an organisation that**	**Making the workplace inclusive, Respect and Dignity, Addressing unacceptable behaviour, demonstrating**

○ Improve representation and progression of neurodiverse people within the workforce ○ Implementation of reasonable adjustments and flexible working policies ○ Active allyship and calling out discrimination ○ Roll out new induction process that promotes the Third Party Abuse Policy to set clear expectations of the support for staff if they experience or witness discrimination, harassment and abuse while working. ○ Review, codesign and roll out new approach to supervision which includes an EDI approach, for example, advice for managers on creating an inclusive culture ○ Deliver EDI workshops with staff to include exploring intersectionality, demonstrating cultural humility and cultural curiosity ○ Continue to support staff to enable them to start and stay in work through using agile working, Carer's leave, Flexible working, NHS Fleet Scheme and Workplace Adjustment Hub.	**challenges discrimination, harassment and abuse.** This would be seen in an **increase in awareness of the third party abuse policy** through staff feedback (linked to the Staff Survey)	**companionate and inclusive leadership**
20. Ensure that the LCO is an **inclusive and psychologically safe place to work** and processes for **reasonable adjustments and Access to Work** are followed ○ All Service Managers and senior leaders undertake Public Sector Equality Duty training and Inclusive Leadership training. ○ Let's Talk About Race to be delivered to all teams.	**Impact:** A workforce that is **confident and knowledgeable about equalities and human rights.** This would be measured through **an increase in staff and leadership who have attended the relevant EDI training programmes** (See appendix for full list and target completion rates). A**n**	**Demonstrating compassionate leadership, Creating a positive place to work, Respect and Dignity, Making the workplace inclusive**

○ Increase in numbers of staff undertaking trans awareness, social model of disability and other relevant EIHR training. ○ Actively contribute to Corporate Equality, Diversity and Inclusion Leadership Group through senior equality leads and EDI Champions ○ Recruit Practice Lead for EDI ○ Continue to deliver corporate EDI recruitment policy including diverse interview panels, interview questions shared in advance as part of inclusive Recruitment and Retention.	**increase in positive feedback** about the changes to address workforce and service inequalities for staff with protected characteristics linked to inequalities, from staff via the annual staff survey.	
21. Understand our workforce profile to critically evaluate how well we are meeting our objectives to eliminate discrimination and advance equality within the workforce • **The Social Care Workforce Race Equality Standards (SC-WRES)** provides visibility of recruitment, retention, progression, disciplinary, development, harassment, bullying and turnover of the workforce by ethnicity. Agree actions to respond to what this data shows. • **Complete the Diverse by Design for Adults Social Care workbook**. Produced by the LGA and aligned to CQC, the workbook facilitates improvements to be made on equality, diversity, and inclusion measures within the workplace. • Use of **MCC Diversity Profile** and workforce dashboards to provide further ongoing insight into the profile of the workforce.	**Impact:** A workforce which **represents Manchester's diverse communities and is inclusive.** This would be measured through: • Increase in representation of Black, Asian & Other Ethnic staff groups and disabled staff in leadership posts • Reduction in staff from Black, Asian & Other Ethnic background entering formal disciplinary process compared to white staff (WRES data) • Reduction in disproportionate number of staff from Black, Asian & Other Ethnic backgrounds leaving the organisation compared to white staff (WRES data)	**Equal Opportunities, Respect and dignity, Promotion of staff wellbeing**

	• % increase in staff feedback seeing positive change around protected characteristics (staff survey)	
22. Listening to staff feedback about experiences, agree clear actions to tackle discrimination and harassment • Share Staff Survey responses within teams, at Service Managers and at DMT • Listening to Staff Network; chairs invited to ESG • Listening Sessions with teams specifically in relation to Staff Survey results 2024 • Deep dive into staff survey results to understand if increases in reporting link to increased confidence/ sense of psychological safety • Deliver training on Sexual Safety in the workplace for managers to be able to sensitively deal these types of complaints. • Delivered training on Allyship in Practice and Neurodivergence in the workplace – recognised the need improved engagement in this area.	**Impact:** A reduction in the workforce experiencing **harassment and discrimination.** This could be measured through **an increase in positive feedback** about the changes for staff with protected characteristics linked to inequalities, from staff via the annual staff survey, and a reduction in numbers of staff reporting witnessing harassment and abuse.	**Demonstrating compassionate leadership, Creating a positive place to work, Respect and Dignity, Making the workplace inclusive**
23. Actively celebrate the diversity of the workforce • Deliver the Annual Culture Day, with increasing attendance year-on-year • Highlight service user stories and best practice care within Equity First newsletter to ensure we share the impact of having a diversity and inclusive workforce. • Continue to share service improvements through our fortnightly bulletins.	**Impact:** An inclusive culture that celebrates the diversity of the workforce. This would be measured through an **increase in positive feedback about the addressing inequalities** for staff with protected characteristics, from staff via the annual staff survey and **an increase**	**Making the workplace inclusive, promoting staff wellbeing**

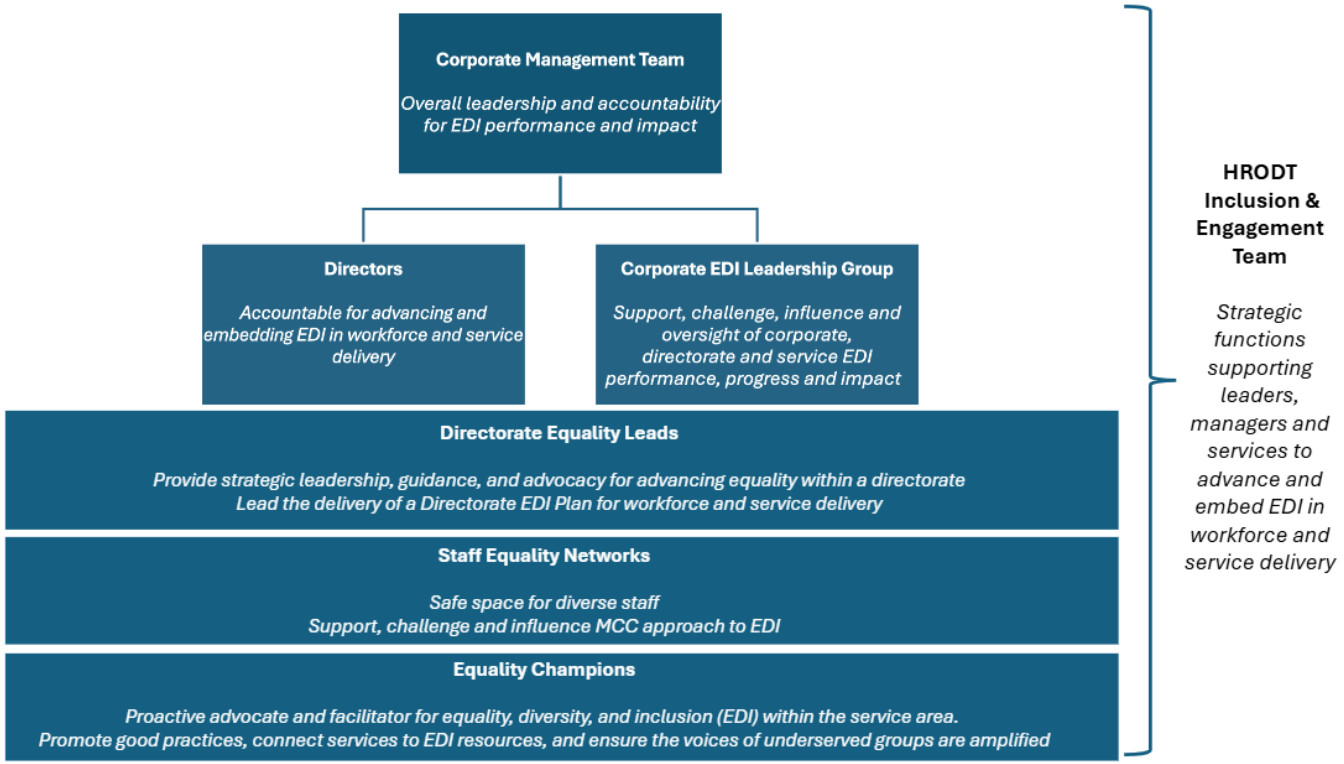
	in positive feedback from attendees about Culture Day	
24. Incorporation of Social Value into substantial contracts – eg Homecare retender	**Impact:** Evidence of **positive outcomes from Social Value** within contracts which support the delivery of our equality objectives.	**To support effective planning, delivery and commissioning of appropriate services**

Governance and accountability

Assurance and accountability around delivering equalities objectives is crucial. Within Adults, the **ASC Equalities Steering Group**, chaired by Karen Crier who is an Assistant Director with a lead for Equalities and attendance from Assistant Directors, Principal Social Worker, HROD, Performance, Research and Intelligence and the Inclusion and Engagement team has oversight of the EDI work across Adults and is responsible for reporting into DMT and the **Corporate Equality, Diversity, Inclusion Leadership Group (CEDILG).**

CEDILG provides scrutiny and oversight of corporate, directorate and service performance, progress, and impact. The group oversees the delivery of the Equality Objectives, Workforce Equality strategy, Directorate Equality plans, EIA delivery and Corporate and Service Plans. CEDILG is chaired by CMT Equalities Lead & the Deputy leader and is responsible for supporting, challenging and influencing directorate strategies, policies, practice and ensuring EDI is thoroughly considered, embedded and advanced. This group provides strategic oversight of the equalities objectives and holds services to account for their work in EDI plans. The Group is responsible for supporting leaders, policymakers and services to advance equality, diversity and inclusion, tackle inequalities, barriers and discrimination, deliver inclusive and accessible services and create an equitable and inclusive workplace. It supports the embedding of equity and inclusion principles across the council and provides a forum for sharing engagement insights, including lived experiences, to help the Council address inequalities, bias, and discrimination.

Corporate Equality, Diversity and Inclusion Leadership Group Governance:



Accountability for equality objectives is also being strengthened through the setting of individual **EDI performance objectives for senior officers** as part of their annual appraisal. In addition to this, Heads of Service will be held to account at CEDILG to demonstrate the impact of EDI within their services. This provides strengthened accountability of leadership to deliver their equality objectives across the organisation.

To increase awareness and delivery of the city's equality objectives within teams, **Equality Champion roles** are being developed. Equalities Champions will be given 4 hours per month to undertake work that supports equalities within Directorates. They will be expected to work with Senior officers to lead and drive service-level EDI change.

Alongside this, Staff Equalities Networks now have a bi-monthly meeting with Staff Equality Chairs, Directorate Leads and Leads from HRODT, Inclusion & Engagement and Corporate Communications to discuss priorities, work programme, upcoming activities, and any concerns/challenges.

An **Equalities Dashboard** is being created to provide an overview of the number and quality of Equality Impact Assessments (EIAs) being completed (as one measure of ensuring compliance with our Public Sector Equality Duty), rates of staff training and data in relation to delivery of the three equality objectives.

Further support to the Directorate is provided by the **Inclusion and Engagement team** which leads on ensuring that an equalities and human rights based approach is embedded across MCC and health through a strategic partnering model. The team provides a 'centre of excellence' offer to support the Directorate to build capacity, knowledge and to deliver best practice addressing structural inequities, prejudice and discrimination. The **Directorate Equality Lead** is a **strategic partner** from the team works with the Directorate Management Team and leads across the Directorate to identify priorities, challenges and solutions to address known and unknown inequalities of access to, experience of and outcomes from Directorate services.

Review Date:

Strategic plan to be reviewed summer 2026. Following this, a mid-point review will be undertaken half-way through the strategy which incorporates consultation with staff, relevant engagement groups and data to understand progress against the priorities.