Equality, equity, diversity and inclusion

Practice standards for adult social care

directors of adass
adult social services
eastern region
connecting innovating improving

July 2026

East of England Adult Social Care

Foreword

This guidance has been developed by the Eastern Region Principal Social Worker network, building on the Suffolk Equality, Equity, Diversity and Inclusion (EEDI) Practice Standards and extending this work across the region.

They reflect a collective regional effort. People with lived experience, carers, Principal Social Workers, practitioners and partners have shaped a shared approach, supported by ADASS East and Curators of Change through co-production sessions held across the region. This ensures the standards are grounded in what people have told us about their experiences of Adult Social Care.

Bringing this work together at a regional level is important. It supports greater consistency in how people experience Adult Social Care across the Eastern Region, while allowing local areas to apply the standards in ways that reflect their communities.

Embedding these standards will require ongoing commitment, collaboration, reflection and shared accountability across our organisations.

Amanda Takavarasha

Principal Social Worker and Head of Quality Assurance & Practice Development, Suffolk County Council

On behalf of the Eastern Region Principal Social Worker Network

Introduction

As social care professionals, we have a shared responsibility to ensure that every interaction we hold, every decision we make and every service we provide reflects the highest standards of dignity, fairness, and inclusion. Our practice must not only meet the needs of the people we support; it must actively challenge inequality, remove barriers and create the conditions in which people, families and communities can thrive.

The EEDI Practice Standards set out our collective commitment to Equality, Equity, Diversity and Inclusion (EEDI) as core components of excellent social work, occupational therapy and social care practice. These standards are not an additional layer of expectation; they provide a shared, practical foundation for embedding EEDI into everyday practice. They guide how we listen, how we learn, how we lead and how we make accountable decisions.

Good practice is rooted in respectful relationships, curiosity and compassion. Embedding anti-discriminatory and anti-oppressive approaches in our everyday work, and ensuring people are seen, heard, and valued, is core to what we do. These standards support practitioners to exercise sound professional judgement, strengthen cultural competence, recognise barriers, challenge discrimination and reflect on the impact of their practice. This includes considering how protected characteristics, identity, culture, communication needs or life circumstances may affect people's access, trust, involvement, experiences or outcomes.

In a modern social care system facing complexity, growing needs and deepening inequalities, our commitment to EEDI is more important than ever. It is central to effective practice with adults, essential to building trust and vital in ensuring that our services remain person centred, rights based and grounded in social justice. These Practice Standards set the tone for the behaviours we expect, the professionalism we uphold and the culture we foster together, helping ensure that the people we support receive the equitable, respectful and compassionate service they deserve.

Adult Social Care

Adult Social Care's core role is to support and provide services to adults who have needs as set out in the Care Act 2014. Often these are defined as physical disabilities, learning disabilities, mental health conditions, long-term and age-related conditions, as well as other needs that affect people's ability to live independently. This includes personal care, assistance with daily activities, safeguarding, housing support and social inclusion services. It also has a key role in providing good information and advice to the local population as well as targeted 'preventative and enabling' interventions.

What defines equality, equity, diversity and inclusion in this guidance

Equality

Equality in Adult Social Care means ensuring that every individual has equal access to high quality care and support, regardless of their background, characteristics or circumstances. This includes eliminating discrimination and promoting fairness in policies, practices and service delivery.

Equity

Equity recognises that different individuals and groups may have varying needs and require tailored support to achieve fair outcomes. It involves identifying and addressing systemic barriers that prevent marginalised people from receiving the same level of care and opportunities as others.

Diversity

Diversity in adult social care acknowledges and values the wide range of characteristics that make individuals unique, including but not limited to race, ethnicity, gender, disability, age, sexual orientation and socioeconomic background. Embracing diversity ensures that services are culturally competent and responsive to the specific needs of different populations.

Inclusion

Inclusion ensures that all individuals, especially those from underrepresented groups or who experience inequality in access, are actively involved in shaping their care services. This means fostering an environment where people feel respected, heard and empowered to participate in decisions affecting their wellbeing. Inclusive practices support meaningful engagement with people, carers and communities to co-produce effective and person-centred care.

Our EEDI Practice Standards: how we work together with people

These standards have been shaped together by people, carers, families and social care practitioners across the Eastern Region. Curators of Change supported the region to gather and listen to the voices of people with lived experience, ensuring the standards reflect what people told us matters in their interactions with Adult Social Care. The standards describe what good, inclusive practice looks like in everyday work, and how we practise with people, ensuring they are heard, respected and involved as equal partners.

The standards can be used in supervision, team discussions, audit, quality assurance, learning and development and everyday practice to support reflection on whether practice is accessible, inclusive, person centred and accountable.

1 We treat every person with dignity and respect

We recognise and value each person's identity, experiences and preferences. Our language and interactions with or about people are compassionate and respectful, ensuring they feel heard and understood.

What people told us

"Good support starts with listening; putting people and families first, not the process."

"Listening… and listening to understand, not to respond."

"It is not what people say, it is what people hear that matters."

"We need a more human approach."

"Felt seen and heard. I am worth it."

"Being treated as a human being."

"Really valued and listened to."

How we work with people

- Ask how the person wants their identity, relationships, culture, faith, communication needs and routines to be understood and recorded.
- Start with the person: listen first, agree what matters most and avoid jumping straight to process or solutions.
- Use person-centred, respectful, everyday language that emphasises choice.
- Avoid jargon, technical terms and acronyms.
- Speak directly with the person wherever possible, not about them or over them.
- Acknowledge feelings and experiences so people feel heard, respected and taken seriously.
- Explain clearly what is happening, what will happen next, who will do what by when and what can or cannot be delivered.
- Check what the person has heard, understood and taken from the conversation.

2 We ensure that our practice is accessible

We work flexibly and creatively to remove barriers and plan our approaches to suit and meet people's diverse needs related to communication, disability, language, sensory differences and digital access.

What people told us

"Communication can be a barrier."

"Technology helps when it works, but people still need to be able to speak to a human."

"Made me worry that I couldn't understand."

"No clear explanation."

"Information needs to be personal to the individual's needs."

How we work with people

- Check before contact, wherever possible, how the person prefers to communicate and what adjustments, tools or support would make the conversation accessible.
- Arrange interpreters, communication support or alternative formats as routine practice where needed.
- Record and share communication needs and reasonable adjustments so people do not have to keep repeating them.
- Give information in clear, plain language, at the right time, and in a format the person can use.
- Check the person has understood, can act on the information and knows what will happen next.
- Follow up and provide support where the person may not be able to use information, signposting or digital access without further help.

3 We challenge discrimination and oppression

We actively oppose discrimination, prejudice, inequality and stereotyping. We practise in anti-oppressive, anti-discriminatory and anti-racist ways, and speak up when we witness injustice.

What people told us

"There needs to be a shift in mindset and attitudes when working with deaf people."

"Felt my cultural background was not worthy."

How we work with people

- Recognise and challenge processes, risk aversion or systems that place disproportionate demands on some people or families.
- Challenge and address unfair language, behaviour, decisions or systems.
- Name discrimination, racism or oppressive practice clearly and respectfully when this arises in practice.
- Recognise that people may feel unsafe or fearful about naming discrimination, bullying or racism, notice when this may be minimised or missed, and agree what support, recording, follow-up or reflective discussion is needed.
- Practise allyship by being alongside people, listening without defensiveness, and supporting people to decide what they want to happen next.
- Reflect on how our role, professional power, privilege and assumptions may affect interactions, decisions, and what people feel able to say or challenge.
- Challenge assumptions about family, relationships, sexuality, gender identity, faith, culture or community.
- Work with people to identify what respectful, fair support looks like for them, without assuming the same approach will work for everyone.

4 We understand the impact of intersectionality

We understand and assess how overlapping aspects such as age, disability, ethnicity, faith, gender, race, sexuality, rurality and socio-economic status, including poverty, can shape people's experiences, risks and strengths.

What people told us

"People's situations have lots of layers. It's not just one thing."

"There's often too much focus on systems instead of people's lives."

"Carers are also family members, partners, friends, workers and people with our own lives, identities and needs."

How we work with people

- Look at the whole context of someone's life, not isolated needs, assumptions or single labels.
- Consider how a person's identity, culture, communication, sensory needs, disability, trauma, poverty, rurality and caring roles may combine to create barriers.
- Record relevant personal identity information sensitively and use it to discuss and understand the person's experiences, strengths and barriers in assessment and planning.
- Notice who we are not hearing from and use data and feedback to understand gaps in engagement, experiences and outcomes.
- Pay attention to belonging and identity during times of change, including moving home, hospital discharge, bereavement, changes in health or transition into Adult Social Care.

5 We carry out inclusive assessments

We explore aspects of a person's identity and culture during assessments to ensure that needs are considered in the context of the person's lived experience.

What people told us

"It doesn't always feel like a conversation."

"A supportive conversation makes a big difference."

"Having to share your story again and again is exhausting, especially when each new person interprets it differently."

"It can feel like a tick-box process."

How we work with people

- Treat assessments as conversations, not form-filling exercises.
- Start with what matters to the person, not what services are available.
- Use assessment and care and support planning forms to record the person's identity, culture and what is important to them, asking proportionate questions where this is relevant to assessment and planning.
- Read what is already known, check whether it is still accurate and avoid asking people to repeat traumatic experiences of discrimination or personal history unnecessarily.
- Offer assessments in the person's preferred format wherever possible, including face-to-face, online or telephone contact, and make any adjustments required to support meaningful involvement.
- Agree what would make the assessment manageable for the person, including pace, breaks, location, privacy, communication support, sensory adjustments, trauma triggers and who the person wants present.
- Ensure assessments are completed by practitioners with the right knowledge and skills, drawing on relevant professionals where specialist advice or consultation is needed.
- Use whole-family approaches where people's needs, roles, routines, relationships and impacts are interconnected.
- Explore the small everyday things that make life meaningful, including what makes a good day from the person's individual perspective, not from prejudged assumptions.
- Ask about the person's opportunities for movement, mobility and access to outdoor or natural environments, and consider any barriers to this as part of assessment and planning.

6 We co-produce care and support with people and communities

We work collaboratively with people, carers, families and organisations to design tailored, outcome-focused care and support that reflects what matters most to each person, shares power fairly and recognises how identity, culture, community and lived experience shape what good support looks like.

What people told us

"Co-production means genuinely sharing power."

"Sometimes the questions feel stuck to the process, not what would actually help."

"People are the experts in their own lives."

How we work with people

- Work with people rather than doing things to or for them.
- Ask "what matters to you?" and explore what good support would look like from the person's perspective.
- Share options, constraints and decisions openly so people can influence what happens.
- Recognise lived experience as expertise, alongside professional knowledge.
- Shape care and support around the person's identity, culture, faith, language, routines, relationships, dietary needs, hair and skin care, mobility needs and what matters to them.
- Ensure care and support is trauma-informed and reflects the person's personal history, strengths, preferences and what helps them feel safe.
- Provide personalised and flexible options, including Direct Payments, Individual Service Funds and digital care where preferred by the person, to maximise their choice and control.
- Notice whose voice is shaping support and what may be making it harder for someone to influence decisions.
- Take feedback seriously and show how it has shaped decisions.
- Involve carers, families and communities in ways that are agreed, respectful and appropriate.

7 We protect people's privacy and emotional safety

We safeguard sensitive information and create safe spaces for people to express themselves openly, without fear of judgement, discrimination, stigma or reprisals. We recognise that privacy, dignity and emotional safety can be experienced differently depending on a person's identity, culture, communication needs, trauma history and relationships.

What people told us

"Feeling safe and respected really matters."

"Being rushed or ignored makes it harder to speak openly."

"Not being understood can feel humiliating, frightening, excluding and disempowering."

"Feeling unable to ask questions can make people feel stupid, vulnerable or blamed."

"Seen and safe."

"There's a sense of relief and calm, as though you're understood and in good hands."

"I felt listened to and reassured. Any worries were validated and worked through."

How we work with people

- Explain confidentiality clearly and honestly.
- Create environments where people feel safe to speak, including by paying attention to tone, body language, pace and privacy.
- Agree with people who they want involved and how this can be done safely.
- Ask what feels safe for the person, including sensory environment, dignity, personal care, cultural or religious respect, trauma history and who is present.
- Be curious about whether the person's decisions may be influenced by coercion, control, abuse, trauma or fear of consequences. This includes honour-based abuse, forced marriage, female genital mutilation or contextual safeguarding concerns.
- Use appropriate communication support so people can speak privately without relying on family members or their wider community for sensitive communication.
- Agree what the person wants to share and how sensitive information should be protected.
- Respond calmly when people express distress, frustration or fear.
- Recognise that people may not share sensitive information if they fear discrimination, stigma, cultural misunderstanding, judgement or loss of control.

8 We promote people's voices, choice and independence

We support people to make informed decisions, access advocacy and maintain control over their lives, recognising that some people face greater barriers to being heard, believed or able to challenge decisions safely.

What people told us

"Advocacy helps people feel more confident."

"It shouldn't always be on the person to keep pushing."

"Sometimes people need someone they trust to help them speak up."

"Empowering."

"Made me engaged too."

"Gratitude that I had been heard and that person valued what I was saying to act on it."

How we work with people

- Support people to understand options, consequences and rights in a way they can use.
- Consider whether the person has substantial difficulty being involved and whether independent advocacy or informal support is required, being clear that their role is to help the person to be heard without overriding their own wishes, feelings or rights.
- Apply Mental Capacity Act principles accordingly in everyday practice.
- Explain decisions openly and clearly, including what can be challenged and how.
- Discuss how worries can be raised and how we will respond.
- Avoid overly risk-led decisions that limit autonomy without clear reason.
- Recognise that people's voices and independence are often strengthened through relationships, routines and informal networks that help people maintain choice, control and confidence in everyday life.
- Recognise and uphold people's right to movement, mobility and access to outdoor environments, including green and blue spaces, and work creatively with the person to remove barriers so this can be part of everyday life.

9 We address social isolation

We are alert to social isolation, exclusion and disconnection, and support people to connect with communities, networks and chosen families in ways that reflect their identity, culture, interests, access needs and sense of belonging.

What people told us

"It can feel isolating when things don't join up."

"Communication barriers can make isolation worse."

"Signposting can feel like being sent away if there is no follow-up or human connection."

How we work with people

- Ask what belonging and connection look like for the person, including communities, clubs, friendships, online connections and informal networks.
- Look beyond services to community, informal and chosen support.
- Facilitate introductions and follow-up rather than signposting alone.
- Recognise that human connection, kindness and feeling accepted or welcomed are central to belonging, and that small gestures can make a significant difference for people who feel isolated or excluded.
- Notice and address barriers that increase isolation, including systems, communication, digital exclusion and lack of tailored support.
- Support carers and families to stay connected to their own relationships and communities.
- Agree practical steps to support connection and review whether these are helping.

10 We reflect on our practice and take accountability

We use supervision, feedback, data and learning to examine bias, power and unequal outcomes, and to improve our practice in ways that are anti-discriminatory, inclusive and accountable to the people we support.

What people told us

"Keep it simple, meaningful and kind."

"That someone acted on what I was saying and I felt validated."

"Knowing that the situation would change."

How we work with people

- Use supervision to reflect honestly on judgement, power, bias and the impact of our decisions.
- Talk openly in teams about what is working, what is not, and what needs to change.
- Learn from feedback, complaints, data and people's lived experience.
- Challenge ourselves when practice becomes overly process-led or communication breaks down.
- Check back with people on how practice felt and what could improve.
- Look for patterns linked to protected characteristics, access needs or life circumstances, including who waits longer, disengages, complains, is not heard or experiences poorer outcomes.
- Show how learning has changed practice, not just that reflection has taken place.