Community Voices Group:

Adult social care, a rapid review of racialised community voices in Brighton and Hove

July 2026

Report writer: Dr Anusree Biswas

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Executive summary

This rapid review by Bridging Change captures the experiences and concerns of racialised communities in Brighton and Hove in relation to Adult Social Care. Drawing on the Community Voices Group discussion, follow-up meetings and individual conversations with residents, carers and people who draw on care and support, the report provides a concise snapshot of how Adult Social Care is experienced by people who may face additional barriers linked to language, culture, confidence, disability, caring responsibilities and system knowledge.

The findings show that many participants did not experience Adult Social Care as a clear, preventative or consistently accessible system. Key concerns included long waiting times, limited updates, difficulty navigating Access Point, lack of joined-up working, housing and adaptation delays, insufficient support for unpaid carers and inconsistent transition planning from children's to adult services. Participants also described how access to support often depended on confidence, persistence, English language ability, family advocacy or prior knowledge of how services work.

Cultural, religious and personal needs were not always identified proactively, leaving families to repeatedly explain requirements relating to dignity, gender preference, modesty, diet, prayer and family expectations. The report also highlights the significant burden placed on unpaid carers, including adult children and young carers who may be expected to interpret, advocate and sustain care arrangements without adequate recognition or support.

Alongside these concerns, participants identified examples of positive practice. Where support worked well, it was usually practical, preventative and relationship-based, with named workers, clear communication, equipment, adaptations, Care Link, falls prevention and supported living all making a meaningful difference to safety, independence, dignity and quality of life.

The report recommends that Adult Social Care should improve first contact and communication, strengthen culturally responsive care, identify and support unpaid carers earlier, develop a clearer preventative offer, provide named contact or navigation support for complex cases, improve transition planning, treat housing and adaptations as integral to care, use equality data to identify under-access, and build ongoing lived experience accountability with racialised communities.

1.0 Community Voices Group process explained

The Community Voices Group Process has been developed by Bridging Change from an engagement process to a participation model to grow structured, community-led conversations to improve statutory and voluntary service delivery. The subject areas are chosen in Community Voices Group members in the sessions, which prioritise areas of focus, which are then facilitated and curated by Bridging Change. Bridging Change works in partnership with Sussex Interpreting Services, who are able to reach community members who use their services to provide further information and build a picture of lived experience within the current topic. The Community Voices Group Process enables participants to share lived experience openly and in a safe space, and influence decision-makers directly, rather than being consulted retrospectively or symbolically. The Community Voices Group is one of the points of connection with services – as Bridging Change continues to work with service providers to build on findings and respond to concerns, issues and solutions shared by communities.

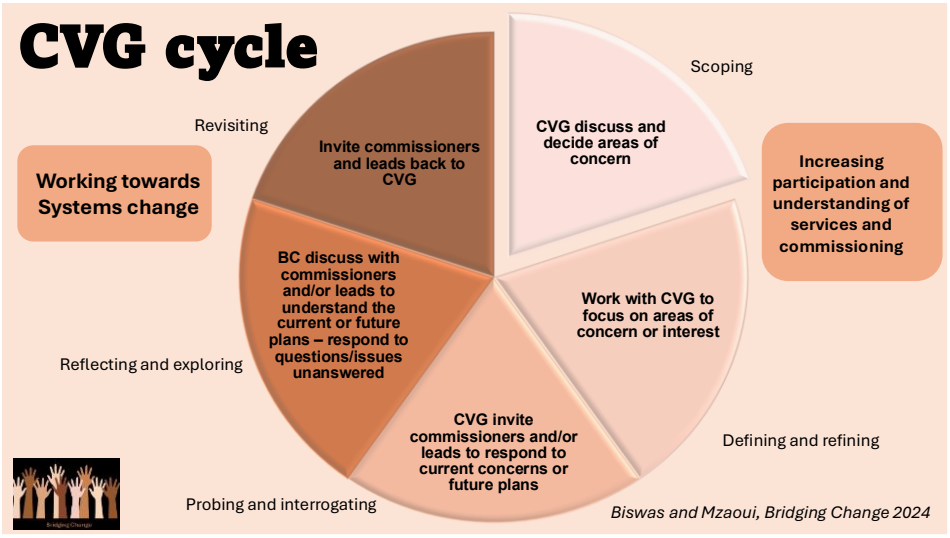

Figure 1

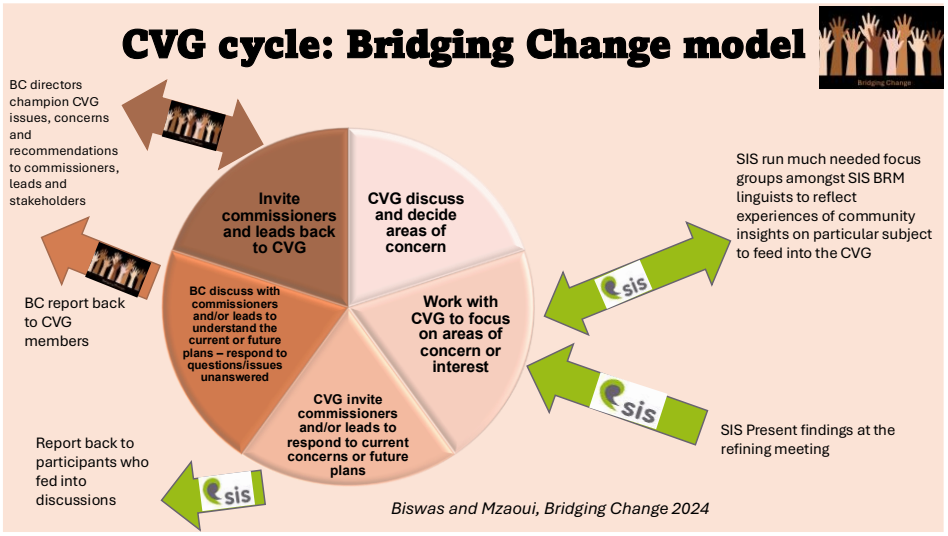

Figure 2

2.0 Rapid review of racialised community voices in Brighton and Hove

The Bridging Change's rapid review, whilst small scale, is a concise and structured snapshot of community experiences and concerns relating to adult social care, drawing on group discussions and interviews to identify key themes quickly and clearly.

This report is based on a Community Voices Group meeting held on the 22nd of April 2026 (with 12 attendees) and subsequent meetings and individual conversations with ageing well groups and those who draw on adult social care or supported by Bridging Change (32 racialised people) in the city. There will be an additional focus group run by Sussex Interpreting Services based on the questions set by Bridging Change.

2.1 Delays and long waiting times for support

Delays and extended waiting times in accessing support emerged as a prominent theme. Participants consistently described significant delays in obtaining adult social care services, assessments, and interventions, with waits often lasting several months and, in some cases, a number of years before identified needs were addressed. Concerns were raised in relation to prolonged waiting times for care needs assessments, occupational therapy (OT), home adaptations, and increased care packages. One participant reflected that, **"it took a long time to offer a service . . . the adaptation happened after that, and it took a long time until the work finished."** Delays frequently persisted even after support had been approved, with limited communication regarding when provision would commence. As one contributor explained, **"We've been asking for live-in care or more hours of care, but we didn't get them until one month ago."** Several participants also reported that support was only made available following a crisis, such as a fall or hospital admission. The scale of these delays was illustrated in comments such as, **"After how long? . . . From 2016 until 2026 now,"** and **"The response was that the wait was at least five months. . . it never happened. This was since August."**

Vignette 1

Background: A family has been supporting an older disabled woman following a serious fall and spinal injury. She is bed-bound and requires constant assistance with personal care and mobility.

Experience: Despite being in contact with adult social care for many years, essential home adaptations and appropriate care levels were repeatedly delayed. The family waited nearly a decade for approval for live-in care, despite the woman needing 24-hour support. During this time, family members gave up work and reorganised their lives to cover the care gap.

Impact: The prolonged delay caused exhaustion, financial strain, and family stress, and support only arrived after years of persistence.

Delays and long waiting times for support

- long period before adult social care responded
- 2.5 years waiting to move to a suitable council property

2.2 Lack of communication, updates and transparency

A recurring theme was poor communication from adult social care services, with participants describing limited updates, unclear next steps and a lack of transparency while waiting for support. People described being left without information about waiting lists or likely timescales, creating uncertainty and frustration. Some also described confusion about which service or professional was expected to visit, including uncertainty about whether they were waiting for occupational therapy or falls prevention support. Several participants felt that progress depended on their own persistence, with one person stating, **"If I didn't follow up, nothing would happen."** Others highlighted the absence of proactive communication more directly, noting that **"sometimes we lose contact with the social worker… she hasn't had a direct social worker,"** and **"you don't get a letter saying it will be six months . . . there's nothing."** Together, these accounts suggest that poor communication was not experienced as a minor administrative issue, but as a significant barrier to accessing timely and reliable support.

2.3 Difficulty navigating the system

Another strong theme concerned the complexity and inaccessibility of the adult social care system, particularly at the point of entry. Participants described the Access Point or Contact Point as confusing, slow and fragmented, with callers frequently required to repeat their circumstances to multiple members of staff. One participant explained, **"You explain the problem, then they transfer you, then you explain again. . . in the end, the problem is not solved."** The system was also described as especially difficult to navigate for people without prior knowledge, advocacy support or strong English language skills. One contributor reflected, **"Knowing your rights and who to contact must be very, very difficult for people,"** while another observed that **"if any of those things are not there — English, understanding, confidence — it becomes harder to get through that gate."** These accounts indicate that the challenge was not only procedural complexity, but the extent to which the system appeared to rely on confidence, familiarity and persistence from the outset. One contributor said simply, "I didn't know I could get help" which reflected the experience of many who did not know what was available, lack of clarity between health and social care and who would be the best person to approach and navigate those services.

Vignette 2

Background: A woman experiencing chronic pain, arthritis and multiple health conditions came to the attention of services after children's social care became involved in the context of domestic abuse. She spoke through an interpreter. Her eldest daughter, still a child at the time, took on a significant caring role for her mother and younger siblings.

Experience: Adult social care was slow to respond, and the daughter had to work hard over a long period to get answers and arrangements in place. The situation was made worse by the landlord refusing adaptations to the property. Once support was provided, however, it was experienced very positively. Equipment and support around the home improved mobility and helped the woman manage daily life more safely. After eventually moving to a council property, she was able to access further adaptations, including a stairlift, and had a named social worker she could contact.

Impact: This account illustrates both the burden placed on young carers and the way housing delays can obstruct care. It also shows that timely, practical and person-centred support can make a substantial difference to independence, safety and quality of life.

Participants' accounts suggest that many people experience significant difficulty navigating adult social care and related support. Several described not realising that help was available at all, while others said that people in their community did not know what services existed or how to access them. Uncertainty was evident in relation to obtaining equipment such as pendants, understanding what support might be available following an injury, and knowing what should happen after hospital involvement. Taken together, these experiences indicate a lack of clarity about what adult social care is, how people enter the system, what preventative support exists, and what support should expect following a fall, discharge or diagnosis.

2.4 Inequality of access and reliance on personal capacity

Participants emphasised that access to support and the quality of outcomes often depended heavily on an individual's personal capacity to navigate the system. Those with professional knowledge, advocacy skills, or established networks were perceived as being better positioned to secure help, while others faced greater disadvantage. One participant noted, **"With my experience, it made things easier . . . but imagining someone without that experience, it must be very difficult."** Ethnic minority communities and people with limited English were seen as facing particular barriers, especially where adult children were required to interpret, advocate, and manage the system on behalf of parents, often at considerable emotional cost. There was also concern that families who appeared to be coping were less likely to receive support, even where the burden was substantial. This was reflected in the

observation, **“They might think, ‘Oh, this person has someone to look after them,’ and that’s it.”** Overall, these experiences suggest that support was not always shaped primarily by need, but by a person’s ability to push for assistance.

Vignette 2 perhaps highlights how a young carer who had to translate and navigate adults social care found it difficult to get responses and had to keep chasing. Access depended on persistence, family advocacy and a sufficient level of the command and confidence of the English language.

The conversations highlight inequalities in access and the extent to which successful engagement with services can depend on understanding how services worked and what was available. One of the issues that participants described was English language ability as an important factor in whether support could be accessed, including cases where a parent’s lack of spoken English created an additional barrier. In some instances, family members were needed to interpret, explain or manage the process, while those who were more confident or more familiar with how services operate appeared more likely to succeed. This points to inequalities linked not only to language, but also speaks to the confidence in navigating Access Point, the website, community awareness and the availability of family support to navigate complex systems.

2.5 Carer burden and insufficient support for unpaid carers

The discussions revealed the significant emotional, physical, and economic burden placed on unpaid carers, many of whom described long-term exhaustion and inadequate support. Participants spoke about giving up work, reorganising family life, and managing ongoing stress in order to provide care. One carer stated, **“I couldn’t work for several years. I have to stay with my mother,”** while another explained that **“all of my brothers and sisters had to adapt their lives around this.”** Formal support for carers was often described as limited, short term, or poorly matched to actual need, with respite either unavailable or too minimal to make a meaningful difference. One participant reflected that **“they said they can only help if I go to a doctor appointment… not real support,”** while another concluded, **“I didn’t feel that I got any support as a carer”.** These accounts suggest that unpaid carers were frequently relied upon to sustain care arrangements, without sufficient recognition of the impact on their own wellbeing, employment, and financial security.

There was also strong evidence of carer burden and insufficient support for unpaid carers. Participants described balancing caring responsibilities with work, including supporting a mother while running a shop and, in some cases, also having cared for other family members such as in-laws. Others referred to husbands assisting with dressing because of pain, or daughters stepping in after falls. These accounts suggest that unpaid care is often relied upon heavily, but without people being given sufficient advice or support in their

caring role, particularly when trying to combine care with employment. The evidence also suggests that carers may not be identified early enough, may not be informed of their rights, and that carer strain can become normalised within some families and communities.

Vignette 3

Background: A daughter provided round-the-clock care for her disabled mother.

Experience: Formal carers visited four times daily, but the mother still needed supervision and help between visits. Live-in care was unavailable for years. The daughter was forced to stop working and rely on family support to cope.

Impact: Caring responsibilities affected her livelihood, wellbeing, and independence, with little sustained support available to her as a carer.

2.6 Cultural, religious, and personal needs not proactively addressed

Participants reported that cultural, religious, and personal needs were often not identified proactively by services, leaving families responsible for raising these issues repeatedly themselves. This was experienced as an additional burden and, in some cases, as a failure to provide respectful and appropriate care. One participant stated plainly, **"We have to ask for them. They don't ask us."** Families described having to insist on culturally appropriate care, including preferences regarding the gender of carers, but staff shortages sometimes meant these preferences could not be met. As one contributor explained, **"Sometimes they say they don't have carers available except men."** Participants also highlighted the way cultural expectations around family care could intensify pressure on relatives, particularly adult children, with one person noting, **"In our culture, children feel obligated… but it puts a lot of pressure on them."** These experiences suggest that culturally responsive care was too often treated as an optional consideration rather than an integral part of person-centred support.

Vignette 4

Background: A family from a Muslim background accessed home care for their mother.

Experience: Cultural and religious preferences, such as requesting female carers, were not asked about proactively. The family had to repeatedly explain their needs, and sometimes these could not be met due to staff shortages.

Impact: The family felt their dignity and beliefs were secondary to service convenience, causing distress and discomfort.

2.7 Transition from children's to adult services

The transition from children's to adult services emerged as a particularly acute concern, especially for neurodivergent young people and their families. Participants described little or no preparation for this transition, with support often falling away once children's services ended and adult services proving slow to respond or entirely absent. One parent explained, **"Since he became 18, I've been referred to adult social care almost two years ago, and I didn't hear anything."** Others described being left to manage the transition alone, with one participant stating, **"Nobody contacted me ever. I built the transition by myself."** There was a strong sense that families felt abandoned during a critical period, particularly where needs remained high but service arrangements changed abruptly. This concern was also expressed more broadly in the comment, **"We need to look deeper into the transition, especially for autistic children."** Taken together, these accounts point to a transition process experienced less as planned support and more as a sudden and unsupported loss of continuity.

Vignette 5

Background: A single parent supported an autistic young person transitioning into adulthood.

Experience: After turning 18, contact with services all but disappeared. Referrals to adult social care resulted in long waiting lists, with no clear communication or interim support. The parent had to navigate the transition alone.

Impact: Both parent and young person felt abandoned at a critical point, with unmet needs increasing anxiety and risk.

Key themes affecting adult social care and transition

1. Coordination of transition from children's to adult services
2. Lack of continuity between children's and adult services
3. Adult services are seen as difficult to access and highly restrictive
4. Support for neurodivergent and young adults with disabilities
5. Inequalities in who gets support
6 Racial and cultural inequity
7. Language and advocacy barriers
8. Lack of follow-through and repeated case transfer weaken support
9. Gaps in support outside statutory adult social care
10. Risk of worsening unmet need in future
11. Concern about crisis outcomes

Please refer to supplemental report on transitions

2.8 Housing and adaptations as a barrier to care

Housing difficulties were identified as a major barrier to care, closely linked to safety, dignity and the ability to meet everyday needs. Participants described home adaptations taking years to complete and highlighted ongoing struggles to secure housing that was suitably sized or accessible. In some cases, living conditions had a direct impact on safety and dignity, as illustrated by one account: **"She was sleeping in the front room downstairs because there was no bathroom upstairs."** Others described extremely long delays in adaptation work, with one participant saying, **"It's been ten years and adaptations are still going on."** There were also concerns that housing offers did not reflect actual care needs, as shown in the comment, **"They offered her to bid for one bedroom, but she cannot live on her own."** These accounts demonstrate that housing was not a separate issue from care, but a central part of whether support could be delivered safely and appropriately.

Vignette 2 perhaps demonstrates some of the systemic housing issues which mean that a non-cooperative landlord can derail care and support needs for an adult by refusing to allow adaptions and the council is subsequently unable to provide appropriate accommodation that would allow for support to be implemented.

2.9 Lack of joined-up working between services

Participants frequently described services as fragmented and poorly coordinated, with adult social care, health services, carers' organisations, and community or voluntary sector support often operating in silos. Rather than experiencing a coherent pathway, people reported being passed between services without anyone taking overall responsibility. One participant summarised this clearly: **"It's not joined up. You get referred here, then there, but no one follows it through."** In response, there was strong support for a more coordinated and person-centred approach, including the presence of a named worker or consistent contact who could help guide people through the system. As one contributor put it, **"Having that one named person would make such a difference."** These experiences suggest that the absence of joined-up working created not only inefficiency, but also additional stress and uncertainty for people already managing significant care needs.

Hospital involvement did not necessarily make routes into support any clearer and some people continued to experience confusion about where responsibility sat between GPs, pendant services, falls support, adult social care and wider community support. Difficulties relating to financial assessment were also raised alongside a lack of clear advice. Together, these experiences suggest that people are too often left to navigate disconnected services at moments when coordinated information and support are most needed.

2.10 Desire for more preventative, person-centred approaches

Participants emphasised the need for adult social care to take a more preventative, flexible and person-centred approach. Many felt that delays in support increased both human and financial costs over time, particularly when help was only provided after needs had escalated into crisis. One participant observed, **"If she had another fall and went to hospital, the resources would be much more,"** while another stated, **"It ends up costing more money when support only comes after a crisis."** Alongside earlier intervention, participants called for support that offered greater flexibility, choice, and responsiveness to what genuinely improves wellbeing. There was also a strong message that the quality of interaction mattered as much as service provision itself, captured in the simple but powerful reflection: **"It's about dignity and respect."** Overall, these accounts point to a clear preference for a system that listens earlier, responds more humanely, and supports people in ways that reflect their lived realities.

Many participants emphasised the importance of receiving help before needs escalate into crisis. People described wanting advice and support for the future before circumstances worsened, including earlier access to rails, pendants, falls prevention measures and other practical forms of support. Concerns about memory problems and falls also reflected a wish for information and reassurance before an emergency occurred. This evidence supports the report's wider argument that support is too often reactive rather than preventative.

2.11 Self-funding did not guarantee access

Even where someone is able to pay for their own care, it was noted by several participants that Access Point did not function as an effective route into sign-posting or accessing paid support. One participant described long waits, no follow-up and an apparent assumption that because the person could self-fund, they did not require a timely response. This suggests that financial means did not remove barriers to access; instead, self-funders could be left without assessment, information or navigation support and effectively expected to **"sort themselves out"** alone.

Community Voices attendee

"So my experience from helping a friend and I did highlight that I had experience working in social care, but this is from my experience, personal experience helping a friend making a referral last year and so. I think there is one thing which I have a level of understanding of how social care works, so I think that cannot be taken for granted, because I think a lot of the time we've come into these services and don't really know how they work.

They work with the general population, and that is really difficult, and I'm talking specifically about the contact point [Access Point]. I think, again, reinforcing what others have said, I think wrongly named Access Point.

The contact point is very . . . it needs to be entangled, it needs to be more streamlined and more responsive to contact. That's my experience, having . . . understanding of the service, and to . . . or how the service works, and to having command of English, and being able to communicate on the phone. I think it is a point to highlight, because I think if any of those things are not there it becomes harder to get through that gate. So that's one point. This is my experience referring a friend last summer, an older friend, a 90-year-old, a person who needed a care needs assessment. I contacted Social Care, uh, their response was that the wait was at least 5 months unless the person had had a fall or was in an emergency. So, this goes back to a point that someone made earlier, which is it ends up costing more money.

if that's the situation when someone is getting support is when there's been a fall because there's a lot and I know there's a lot of prevention work going on but in this case there was five months waiting it never happened it's been this is since August. [which is nine months]"

For self-funders, Access Point was not experienced as an entry route to support, or even signposting. Despite being able to arrange and fund care privately, the person still needed advice, assessment, and signposting. The absence of follow-up and clear guidance meant that people with means to pay could still be left unsupported, creating risks to dignity, safety, and timely care.

2.12 Access Point

Several individuals tried to access adult social care through the council's central access or contact point. Callers were repeatedly transferred, having to re-explain their situation and left unsure who was responsible for resolving their issue. Long call waiting times and unclear pathways made the system feel inaccessible, particularly for those without confidence or strong English skills. This resulted in people feeling confused, frustrated and discouraged from seeking help, even when needs were urgent. The above reflections from the Community Voices attendee in section 2.11 perhaps illustrates some of the frustrations of using Access Point.

2.12 Positive experience

Positive experiences were identified across several areas of support and demonstrated the value of preventative, practical and relationship-based interventions. Some participants

described meaningful improvements once adult social care support was finally in place. In one case, a woman experiencing chronic pain, arthritis and multiple health conditions described the support she received from social workers as **"brilliant",** particularly in relation to getting equipment and practical help around the home. This support improved her mobility and made everyday activities, including using the bathroom, safer and more manageable. The participant also valued having a named social worker who could be contacted when needed, and the eventual move to a council property enabled further adaptations, including a stairlift, which made a significant difference to her independence. This account suggests that when support is accessible, practical and responsive to individual circumstances, it can have a substantial positive impact on dignity, safety and quality of life.

Those who had named social workers spoke about the positive impact that this made to their experience of working with adult social care. Participants of this review who had social workers, had support at home, in supported living and adjustments made to their home – the feedback was positive in accessing care and support and was deeply appreciated by those who received it.

The Care Link system, including the pendant alarm, key safe and speak button, was described as providing reassurance and supporting independence over a long period of time, representing a strong example of effective preventative support. Having a named social worker was also experienced positively, as it provided continuity, made communication easier and helped with problem-solving when issues arose. The one person who used supported living described it as a positive long-term experience that enabled her to have ongoing participation in community life and helped maintain independence. The Falls Clinic was highlighted as an excellent practical intervention, particularly through home visits and recommendations for equipment such as handrails and a shower chair. The referral pathway through the GP worked well and the service demonstrated a strong focus on prevention and rehabilitation. Overall, these experiences illustrate the importance of clear referral pathways, practical equipment and adaptations, named professionals who provide continuity, preventative interventions, and support that promotes independence rather than responding only in times of crisis.

3.0 Recommendations

The findings within this report suggests that racialised communities are not experiencing Adult Social Care as a clear, preventative or consistently accessible system. Where support works well, it is often because there i named worker, practical help, continuity and respectful communication. Where support fails, people describe delays, unclear pathways, cultural needs being overlooked and families carrying risks that should be shared by the system.

1. **Make Access Point easier to navigate.** Adult Social Care should provide clearer explanations at first contact about what will happen next, expected timescales and who is responsible for follow-up. This should reduce the need for people to repeat their story multiple times and be supported by an Easy Read, 'what to expect after contacting Adult Social Care' guide, including in common community languages.
2. **Introduce proactive communication standards.** Adult Social Care should agree minimum standards for keeping residents updated while they are waiting for assessment, decisions or support. Residents should be told whether they are on a waiting list, the likely timeframe and what interim support (such as 'waiting well') is available, so that 'no update' becomes the exception rather than the norm.
3. **Strengthen culturally responsive care.** Cultural, religious and language needs should be built into assessment conversations from the outset. Practitioners should ask proactively about gender preference, modesty, diet, prayer, family expectations and community life, treating culturally appropriate care as part of dignity and person-centred practice.
4. **Improve identification and support for unpaid carers.** Adult Social Care should identify unpaid carers earlier, including young carers and adult children acting as interpreters or advocates. Carers' rights, assessments and respite options should be made clearer, with greater recognition of the financial, emotional and employment impact of caring.
5. **Develop a preventative support offer.** Adult Social Care should improve access to advice, equipment, falls prevention, pendant alarms, adaptations and community-based support before crisis occurs. The report's evidence should be used to demonstrate that delayed support can increase both human and financial costs.
6. **Create named contact or navigation support for complex cases.** People facing language, disability, trauma, housing or transition barriers should have access to a consistent named worker or navigator to reduce confusion and risk. This would respond directly to the report's evidence that people can fall through gaps when they experience services are fragmented.
7. **Improve transition planning from children's to adult services.** Transition planning should begin earlier, especially for neurodivergent young people and young adults with a learning disability. Families should not be left to "build the transition" alone,

and clearer joint working is needed between children's services, adult services, education, health and community organisations.

8. **Address housing and adaptations as part of care.** Adult Social Care should recognise unsuitable housing as a care issue rather than a separate problem. Joint working between Adult Social Care, housing, occupational therapy and landlords should be strengthened, with clear escalation routes where housing barriers prevent care from being delivered safely.
9. **Use equality data to identify who is missing out.** Adult Social Care should review whether racialised communities are less likely to receive assessments, direct payments, respite, adaptations or ongoing care packages. Community evidence used alongside service data could be instructive to identify patterns of under-access and inform improvement.
10. **Build ongoing lived experience accountability.** Look to develop regular feedback-and-response cycles with communities and organisations they work with, so they are aware what changed, what did not change, and why, so that lived experience informs ongoing accountability.

Appendix 1

Community Voices Group April 2026 Meeting Prompts

1. Have you ever tried to get support or advice from Adult Social Care (ASC)? What was that like for you? Did you find it easy/difficult to access adult social care?
2. If you did try to get in touch with Adult Social Care, how did you do that; how did you find that process? Was there anything that discouraged you from continuing?
3. Did you phone or go through another process?
4. Have you used their website? How did you find it?
5. Have you filled in any of the forms online? Did you get an assessment?
6. Did you understand what ASC provides?
7. Did you feel you were treated fairly and respectfully?
8. Did you feel your cultural and religious needs were considered and important when receiving care?
9. Do you feel diet, modesty, gender preferences or prayer respected?
10. Do you feel your family expectations and community life were consideration when thinking about care in ASC?
11. What does good care look like?
12. What have been your experiences of being a carer for a spouse/family member/friend/neighbour?
13. What are the main issues for you?
14. What would you like to see improved?

Appendix 2

Questions developed from conversations and feedback from Community Voices Group, subsequent focus groups and interviews.

Questions directly for the Director of Adult Social Services for Brighton and Hove City Council:

- Which issues raised by the Community Voices Group Process most concern you?
- What should residents expect to see change in the next 6–12 months?
- How will lived experience continue to shape practice, not just consultation?
- How should communities challenge the council if these issues do not improve?

Questions directly for the Head of Service for the Adult Social Care, Safeguarding Team

- What decisions can staff make at Access Point; what decisions cannot be made there; is this communicated to the caller?
- What does "good contact" look like from the caller's point of view; how is that measured?

Callers often leave unsure what will happen next, or who is responsible.

- What information should a caller leave with after their first contact? How are young carers or unpaid carers identified?
- How do staff explain next steps, timescales and waiting times?

Access is hardest for people with language barriers, trauma, neurodivergence or low confidence.

- How does Access Point identify concerns at first contact?
- What reasonable adjustments are available during the call, as opposed to later?
- How confident are you that people who struggle to self-advocate are not falling through the cracks?
- Could people routinely be given clear updates once they are in the system?

Questions directly the Business Development and Engagement Manager, Homes and Adult Social Care:

- How does ASC define *meaningful engagement* as opposed to consultation?
- What does "success" look like from your perspective?
- How do you distinguish between listening and influencing decision-making?
- Which communities and groups are under-represented in ASC engagement activity?
- How do you identify and reach people who are exhausted, isolated or distrustful of the system?
- How can ASC better engage and grow their understanding of racialised communities in Brighton and Hove?

General question

Conversations with those who do draw on adult social care was that cultural and religious needs are often not identified early.

- What is happening to address this or needs to be developed?

Transitions questions

- How are interpreter services quality-assured to ensure they are actually available when needed?
- What is being done to improve continuity between children's and adult services?
- What action is being taken to address cultural, language, and advocacy barriers?
- Is there data on whether some communities are less likely to receive assessments, direct payments, respite, or ongoing packages of care?
- How does children and adult social care work together to prevent crisis escalation where support has not been put in place?