

# Equalities Monitoring Adult Social Care

Annual Report  
April 2022 - March 2023



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## 1. Introduction

Adult Social Care (ASC) provides assessment and support to adults over the age of 18 who are resident in Bracknell Forest, enabling them to remain as independent as possible, for as long as possible and within their identified personal and community strengths and assets. We work within legislation (The Care Act, 2014, The Mental Capacity Act, 2005, The Human Rights Act, 1998,) to support people who are eligible for services, which includes the provision of information and signposting.

Our duties include safeguarding vulnerable adults, providing deprivation of liberty safeguards, working with people with a learning disability or autism, supporting people at time of crisis, supporting people who have sensory needs, people being discharged from hospital, and helping people improve their independence. We work alongside our partner organisations within integrated teams, and we work with other teams across the Council.

Bracknell Forest residents come from a diverse range of backgrounds and cultures. We are engaged with representatives from Nepalese, Indian, Ukrainian, Russian, Polish, Islamic, Vietnamese, Gypsy, Roma and Traveller communities, among others.

We offer a variety of support, including but not restricted to, carers support, respite care, commissioned day opportunities, LAP Team. We provide opportunities for reablement (providing a service over 7 days a week), help people access care at home when they need it and within care homes when this is the right environment for them. We help with adaptations and equipment to enable people to remain at home for longer and we support through the provision of falls clinics and falls education. We operate an assessment suite for people to access assistive technology to prevent, reduce or delay the need for more intensive intervention.

The Learning Disability, Autism & Autistic Spectrum Disorder Service supports adults and children who are approaching adulthood, and their carers. People who use services range from those with a mild learning disability to those with profound learning and physical disabilities, those with dual learning disability and mental health. The nature of support provided ranges from assessment, support planning, supported living, specialist community health services, placement services, crisis intervention, community outreach services, respite services, and various purposeful activities including employment and training opportunities.

Our Mental Health & Out of Hours services comprise of five teams that include Community Mental Health Adults, Community Mental Health Older Adults, Emergency Duty Service, Drug and Alcohol Team and Forestcare, our telecare response centre.

The roles of the Mental Health & Out of Hours Services have increased and developed in recent years due to higher demand in the People Directorate. The services are committed to supporting our statutory duties that include the Care Act 2014, Childrens Act 1989, Mental Capacity Act 2005 and the Mental Health Act 1983 and the related Codes of Practice. Other guidance and regulations include Telecare Services Association Regulations, and the NHS Long-term plan.

Forestcare operates a 24-hour response centre in Bracknell, providing telecare solutions to individuals and organisations. Their dedicated team offers support and assistance every day of the year, emphasising a commitment to emergency assistance. The Responder Service ensures professional emergency home care around the clock. Forestcare is regulated by the Telecare Services Association and the Care Quality Commission to ensure the highest standards. Beyond telecare, Forestcare monitors security diallers and provides a key holder

service for prompt on-site response to activated alarms. Additionally, they offer a discharge service to support Bracknell residents transitioning from hospitals back to their homes.

The Drug and Alcohol Team (DAAT) service comprises several elements. The delivery of an in-house drug and alcohol service for people experiencing issues with or a problematic relationship with drugs and alcohol. This service is called New Hope and provides a service to adults, older adults, and young people. New Hope is registered with the Care Quality Commission (CQC) and has a registered manager.

New Hope is based in the town centre in Bracknell. This service also comprises commissioned elements e.g., GP Opiate substitute prescribing and a needle exchange service. The service provides one to one work and group psychosocial interventions to help people to develop their recovery skills and support networks to sustain their recovery from alcohol or drug use.

The Community Mental Health Team is joint funded team by both Bracknell Forest Council and Berkshire Healthcare NHS Foundation Trust. Our aim is to work with adults experiencing complex mental health problems and their carers, supporting towards recovery. The recovery approach is based on working with people to achieve a better quality of life, socially and emotionally as well as a reduction of symptoms. People are involved as much as possible, so this requires them, their carers and professionals to all work together in partnership.

The Community Mental Health Team for Older Adults (CMHTOA) team work closely with other Health and Social Care teams and voluntary organisations to provide support after a mental health diagnosis. Referrals to CMHTOA are through GP or other health/social care practitioner.

The Bracknell Forest Community Network (BFCN) works collaboratively with partners in the mental health and wider health and care systems (both clinical and other non-clinical services) to support individuals living with a range of mental health conditions remain socially included by better understanding their mental health and supporting them in preventing relapses. Recovery Facilitators work with individuals to develop their confidence, life skills and resilience by extending the pathways of mental health and wellbeing support and remove barriers to access so they can live as independently as possible.

## **2. Performance against public sector equality duty**

### **Eliminating discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.**

We operate an open-door policy to all adults aged 18 and over. A key to our approach is our values and behaviours. We are passionate about what we do and ambitious for our service users. This is an integral underpinning aspect of how we go about delivering the best service we can. We strive to ensure there is an inclusive and collaborative culture of openness and honesty. We work hard to ensure all referrals are approached in a person-centred way, treating all people as individuals.

Assessments are person- centred focusing on individual needs and characteristics. We record peoples protected characteristics to make sure we have data on people and groups of people who use adult social care services. We ensure we are making every contact matter.

Our forms have questions about peoples protected characteristics which prompt team members to have a conversation about what is important to the person. We support people to communicate with us in their preferred communication style. When sharing assessments and support plans, if required, information is given in easy read format.

All our staff receive training on the Equality Act, and we have access to e-learning on equality, diversity, and inclusion. Our recruitment process eliminates any bias as we do not receive personal information prior to shortlisting. All team members have Access to Work, and we have Equality Allies in every team.

ASC provides information in multiple languages and in accessible forms for people with sensory loss. Our accessibility statement is published on the council website.

Forestcare captures residents' characteristics at sign up to ensure we are supporting all ethnicities, cultures, and beliefs. All concerns and complaints are investigated and recorded to ensure we are upholding the council's values when serving the community. Calls are listened to; quality checks take place for the assessment officers in the field to check we are treating all residents with respect. We provide different products to support our residents needs and try to ensure we have something that can support everyone no matter their age, assisted by different styles of product, i.e., disability assisted by different versions of the same product i.e., falls detectors, jelly beans, voice activation equipment, ethnicity assisted by translating Apps, bilingual speakers and translated literature.

New Hope staff use the Bracknell Forest Council (BFC) HR processes to eradicate discrimination and harassment, and this clearly outlines expected behaviour for all staff members. Regular training sessions are conducted to ensure that staff members are aware of their responsibilities and the consequences of discriminatory actions.

New Hope regularly reviews its intake and assessment processes for the people using our services to identify and eliminate any potential biases that may disproportionately affect individuals with specific protected characteristics. This includes ensuring that communication methods are accessible to all service users, regardless of their background.

### **Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

All staff within the Learning Disability and Autism Service have completed training on unconscious bias.

Opportunities for advancement and promotion within the team have been made available to all members, and support has been offered to those seeking to apply.

We operate an Autism Drop In which is a preventative measure and very well attended by the public and reduces the need for long term support. There is also an Autism Social Group facilitated by our Autism team.

Our Breakthrough Service supports people with Autism and Learning Disabilities, aiming to help them into employment or give access to meaningful opportunities and achievements.

Waymead is a short-term break service that is a CQC registered service and rated as 'Good'. Waymead offers bed-based respite for adults with a Learning Disability and/or Autism.

New Hope via BFC HR have implemented for their internal staff a fair and transparent recruitment process that actively encourages applications from underrepresented groups. Efforts are made to provide equal opportunities for career development and advancement within the organization.

New Hope engages with communities that face multiple barriers to accessing statutory services. We engage in partnerships with organisations that serve specific demographic groups, for example the criminal justice sector to provide drug and alcohol services for them and other disadvantaged groups to reduce harms including the provision of Naloxone which can reverse Opiate overdose.

### **Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.**

Leaders in ASC are committed to promoting good relations between groups within the wider community. Active role modelling to team members and ensuring an ongoing commitment to personal learning and development in this area is a priority.

The Learning Disability & Autism Partnership Board reflects the services that support adults with Learning Disabilities & Autism and families in Bracknell Forest and seeks to bring together members to advance opportunities to support each other. This spirit is reflected in the following circle groups:

- Partnership Board – Main Board and its 4 Sub-Groups
- Autism Drop In
- Autism Social Group – now weekly activities in the community including social groups accessing the gym, bowling, cooking skills and social activity and walking.
- Friday Evening Club

### Gaps and Improvement actions

Prior to Covid, we facilitated User Groups, but these stopped during the pandemic lockdowns. We intend to reconsider how these can be reinstated, following a period of coproduction with our community and voluntary sector and people with lived experience.

We plan to identify members of staff who are willing to become champions to support people with protected characteristics.

We are aware of community groups who provide support for people with lived experience of stroke, are carers, have a dementia, have motor neurone disease, as well as other supportive local services, including many faith groups. We aim to tap into those groups and link them into our service.

We will make connections to diverse hard to reach communities via our Engagement and Equalities team to ensure we are visible to hard-to-reach communities and better able to provide information, advice and guidance in an accessible way.

Within the Quality Assurance audit reports there has been a recognition that there needs to be more of a consistent approach to recording equality, diversity, and inclusion within the case files. We intend to audit, reflect, and review this within the case files to ensure that we endeavour to continually learn, improve, and develop an equal, diverse, inclusive, and strength-based approach. This will help to contribute to service improvement through satisfying the organisation that we are compliant, that agreed standards are being met and

the best outcomes for people with lived experience of adult social care services are being achieved.

### Other Factors

Recruitment to ASC frontline teams has been very challenging locally and nationally. Although this has impacted upon the ability to recruit a more diverse workforce, it remains a target for ASC.

New Hope promotes a culture of diversity and inclusion among its staff. Regular team-building activities and training sessions are conducted to foster positive relationships among staff members with diverse backgrounds.

New Hope actively encourages the participation of service users in support groups promoting a sense of belonging and mutual support. Feedback mechanisms are in place via quarterly service user forums, to gather input from service users on their experiences and to address any concerns promptly.

### **3. The impact of practices, policies, and decisions on people with different protected characteristic**

Resident feedback has indicated services are reliable, timely, flexible, non-intrusive and of good quality with due respect to the privacy, dignity and confidentiality of the individuals being supported.

We know that sometimes exclusion and discrimination is still happening, even if it's accidental, and that can make the working environment unpleasant and uncomfortable. Equality Allies are one part of our approach to tackle this problem and make sure everyone feels included and welcomed.

ASC teams are positive, respectful, open, and honest when interacting with our customers. We actively listen and hear people's views, operating a strength-based approach and using words that reflect respect for the individual. We do not use jargon or language that excludes.

Leaders have an open-door policy for team members and feel that any issues, concerns, or problems could be discussed openly.

Equality Allies provide a network of support so that every staff member has someone to speak to confidentially if they want to raise an issue related to equality or discrimination.

In ASC it is good practice to ask how a person would like to be addressed and refer to them by their preferred names and pronouns.

We have Strength-Based Ambassadors embedded in every team.

New Hope implements a BFC flexible working policy that accommodates staff, ensuring that they have equal opportunities for career progression and training. This policy considers reasonable adjustments, such as providing assistive technologies or alternative work arrangements, to eliminate barriers for individuals with disabilities.

For our external customers New Hope has a diverse workforce and recognises that certain cultural or religious practices may influence individuals' preferences for treatment. We try to

accommodate diverse needs, such as offering treatment approaches that are culturally sensitive and accessible to individuals from various backgrounds.

#### 4. Breakdown of customers/service users

	People receiving LTS	BFC 25+	BFC All ages
WHITE	94.8%	87.7%	86.1%
MIXED	1.5%	1.7%	3.1%
ASIAN	2.1%	7.0%	7.1%
BLACK	1.3%	2.2%	2.4%
OTHER	0.3%	1.4%	1.3%

In Bracknell Forest our BME ethnicity figures can be quite small for people who fall within certain categories. Therefore, those figures are:

	People receiving LTS	BFC 25+	BFC All ages
WHITE	94.8%	87.7%	86.1%
BME	5.2%	12.3%	13.9%

In ASC, we typically work with 18-64 and 65+. Given the nature of our work/service we are mainly dealing with older people, so our age profile does not reflect that of the wider Bracknell Forest Council area.

BME communities tend to younger, fitter, more able and therefore less likely to be using our services - 70% of the BME population (aged 25+) are aged between 25 and 49 years.

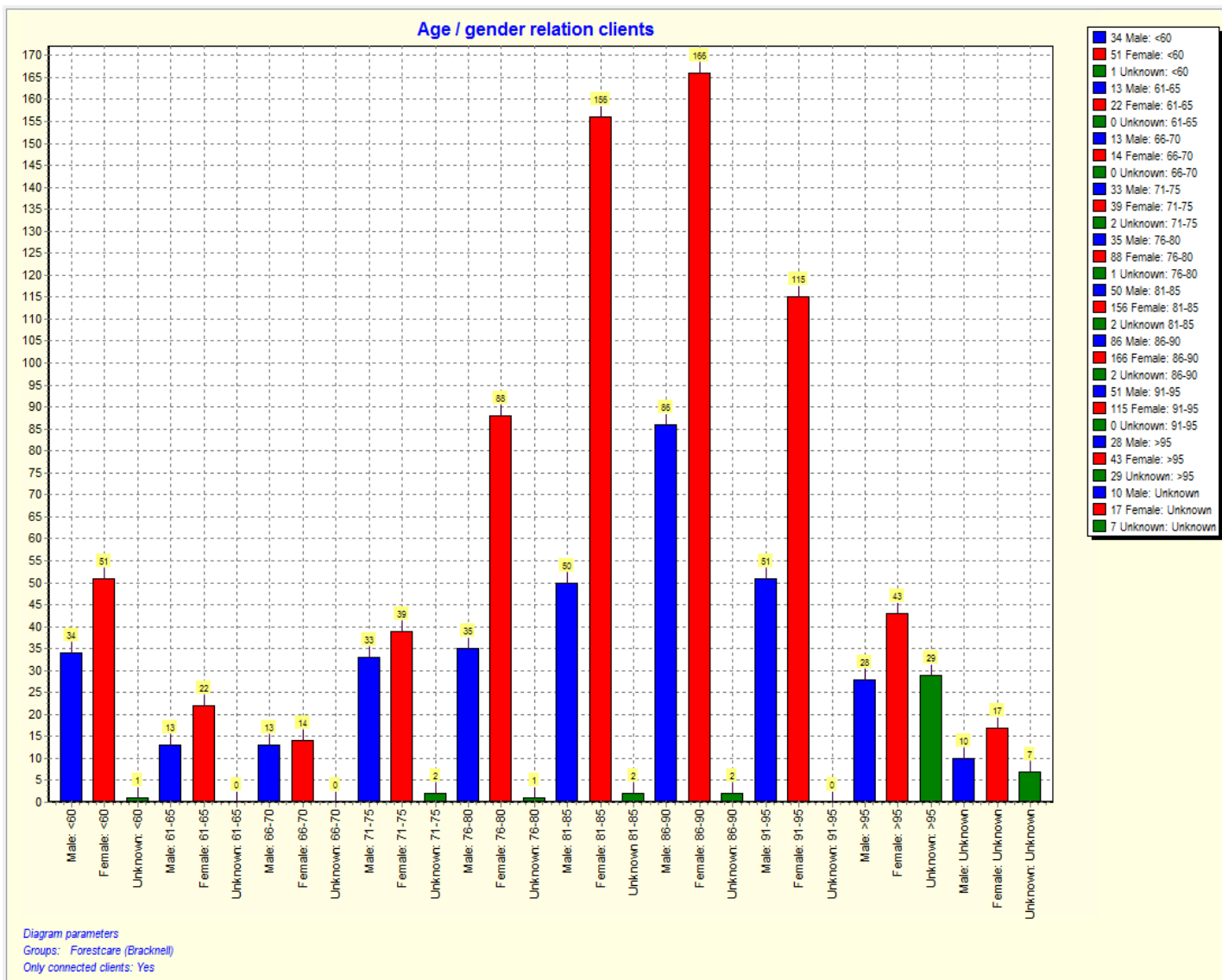
Here are the two age bands, we have drawn on census ethnicity data for 25 years and above.

	18-64 %	BFC 25-64	65+ %	BFC 65+
WHITE	89.6%	85.8%	98.0%	94.8%
MIXED	4.0%	2.0%	0.0%	0.5%
ASIAN	3.3%	8.0%	1.4%	3.2%
BLACK	2.5%	2.7%	0.5%	0.7%
OTHER	0.6%	1.5%	0.1%	0.9%



## Forestcare- Breakdown of customer/service

This report presents the customers using the service with their protected characteristics of age and gender.



## Other protected Characteristics

The results are from those residents who were happy to share the data.

Disability	Forestcare
Yes	313
No	65
Unknown / not answered	1,080
Total	1,458

Race	Forestcare
White British	493
White Other	33
White Irish	3
Black Caribbean	2
Black African	2
Black Other	3
Mixed other	2
Asian Indian	1
Other	1
Not Known	9
TOTAL	549

Religion	Forestcare
Christian	318
Hindu	1
Refused	86
Total	405

Sexual Orientation	Forestcare
Heterosexual	391
Gay	1
Refused	9
Total	401

In 2023, Forestcare received 1,624 referrals. The access to these services is diverse, with referrals accepted from professionals, doctors, nurses, occupational therapists, social workers, residents, family, and through panel meetings. Referrals can be made via the phone, email, online, or in writing.

Despite being open to all, Forestcare operates as a paid service for residents; however, those facing financial constraints can seek support by making an application to the council for a benefits check. Currently, there is no council funding for new residents seeking a lifeline. Equity and diversity issues arise due to financial constraints impacting access to care for all in need. To address this, Forestcare proposes that funding be allocated to support residents, regardless of their financial situation. Plans to mitigate negative impacts and ensure fair access involve advocating for council funding for all lifelines, particularly for vulnerable individuals in the borough, as a means of promoting equitable service access.

New Hope monitors the demographic composition of its staff to identify any underrepresentation of specific groups. The service, via Bracknell Forest Council implements targeted recruitment and mentorship programs to address these disparities.

New Hope collects data via the National Drug Treatment Monitoring System (NDTMS) on the demographics of individuals seeking its service. If there is a noticeable underutilisation of services by a particular demographic group, we plan action to address barriers and encourage equal access to support.

New Hope takes a proactive approach to identifying and addressing potential disparities based on protected characteristics, whether within the internal staff structure or among the service users. This aligns with the public sector equality duty's aim to eliminate discrimination, advance equality of opportunity, and foster good relations.

## **5. Performance against the equality objectives**

The council's 4 Equality objectives are:

- 1) Inclusive in all we do
- 2) Accessible for all
- 3) Accountable and Fair
- 4) Diverse and inclusive workforce

ASC meets the needs of a diverse population in accordance with the public sector equality duty, however the service needs to continue to ensure these duties are met. There is a gap in terms of the capture of equalities information from those seeking to provide feedback to the service via the corporate complaints process.

All individuals supported by our Learning Disability and Autism teams are likely to have protected characteristics. People are supported based on their individual needs to be involved. This could include but is not restricted to the Partnership Board, Autism Drop In, Approaching Adulthood Roadshow.

The service will continue to secure new and support current ways of working with and engaging people with Learning Disability & Autism and families in providing feedback channels and ensure engagement is embedded.

Audits identify clear evidence of strengths-based practice with evidence of staff commitment 'to do the right thing for people'. From April to October 2023 53 audits were completed. Of these 90% were graded Good and Outstanding. A small number were graded Requires Improvement, and none were Inadequate.

Our annual audit programme is now in place and embedded into our governance cycle. We undertake an audit each month, alternating between a full case audit and a thematic audit. Early in 2024 we incorporated the requirement to consider Equality, Diversity and Inclusion in each and every audit.

Our team members are loyal and dedicated to our roles, we all work to our strengths and respect each other points of views, and openly and freely express ourselves. The staff team bring a variety of personalities, ideas, skills, knowledge, cultures, and are respected for our differences. These are all qualities that merge to create an effective team.

Forestcare has met the council's 4 Equality objectives:

- 1) Inclusive in all we do  
Care plans are completed onsite with the resident, this is person centred which includes sections on how they want the care to be given. We invite family members to join where possible but ultimately the care plan is done with the resident.

When signing up a new service user we ensure they are included in the demonstration of tech, we carry other equipment to see if this will be better suited than the original referral. The appointments do not have a set time limit to give the resident a chance to ask questions.

Annual data checks are completed to see if anything has changed with the resident over the last year, this is an opportunity for the resident to not only give us feedback but to also update us on their needs.

Forestcare has an assessment suite on site which gives the public the opportunity to explore our products and test them. This is for the resident to see what other products are out there, as we stock tech and aids from other companies.

Forestcare are always looking to involve our residents by reaching out to them, we have recently commissioned a survey to establish how people feel about our service. We undertake annual data checks, every care review is followed by a request for feedback on our services and every time we respond in the community we ask for feedback, therefore, the inclusion of resident voices is captured in many ways.

## 2) Accessible for all

Our services can be requested through our website, on the phone, email or through a professional / relative / friend.

Our Technology catalogue features many different devices to ensure we can provide assistive technology to everyone regardless of abilities.

Using translation apps and having a staff team who can speak several languages widens our ability to communicate to residents that have English as an additional language.

Our literature follows the recommended guidelines for size and font, we have a translation service and a braille service to hand should the resident need it.

## 3) Accountable and Fair

Forestcare is always promoting fairness and to capture this we aim to get information on service users characteristics when signing up to our service, this is to ensure that we are aware and support all cultures, faiths, abilities, age, and genders.

Our equipment stock is varied to accommodate those with additional needs, there are attachments that can be added to our alarms, this is to ensure those with different abilities can access help when needed.

In supervisions we discuss performance to learn from any past mistakes and to support staff development, we reflect and put into practice what we have learnt. Managers listen to calls and grade these reports based on the Telecare Services Association (TSA) standard, this is to ensure the service we are providing to residents is good quality.

We are audited by the TSA and Care Quality Commission (CQC) currently have passed both audits.

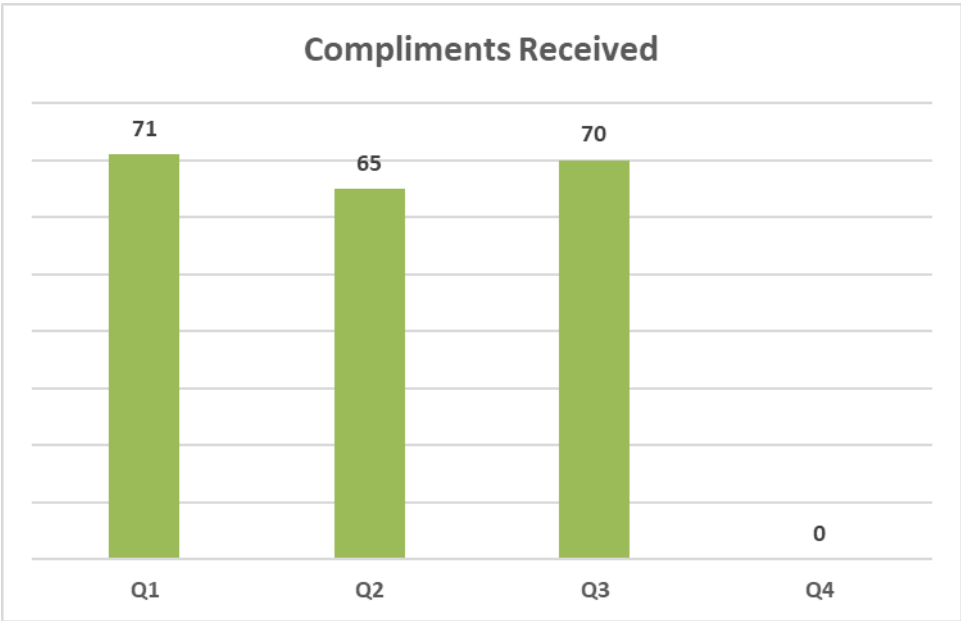
At Forestcare we are always learning, we do this by in depth tracking and reflecting. We hold a concern tracker for anyone resident who raises a concern with resolutions, we have a robust complaints procedure and follow recommendations, we run KPI reports to see if we have met the targets set out by the TSA.

## 6. Views from our customers

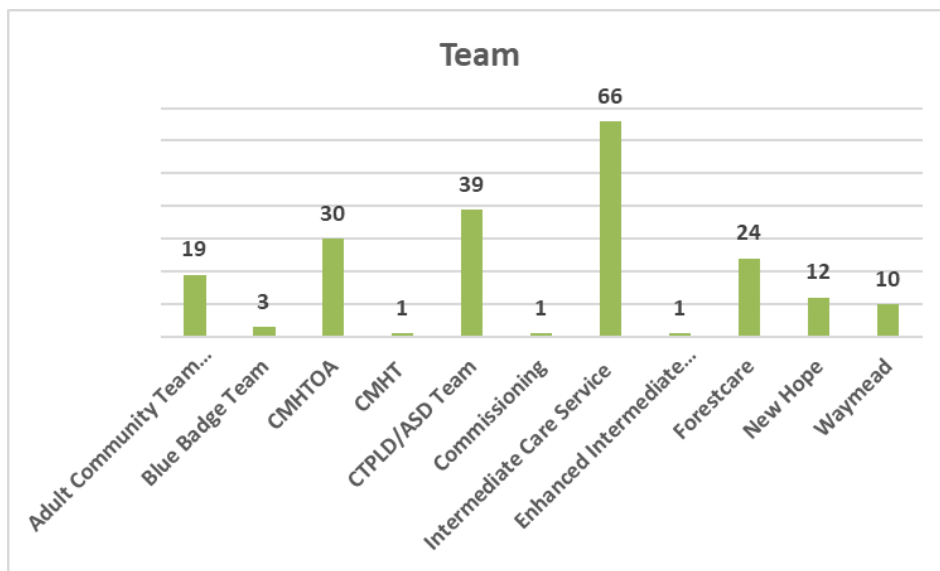
### Customer engagement, consultation, and learnings

We gather feedback from individuals when closing and completing significant pieces of work these are completed via feedback forms, these are easy read for people who have a Learning Disability.

### Adult’s Social Care Compliments



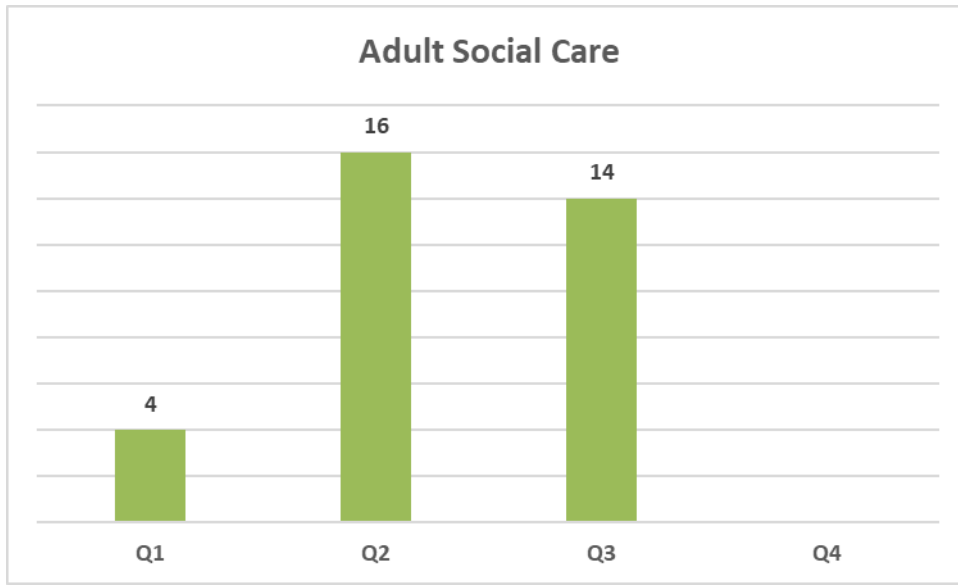
Year	Number of compliments
Q1/Q2/Q3 – 20/21	159
Q1/Q2/Q3 – 21/22	193
Q1/Q2/Q3 – 22/23	128
Q1/Q2/Q3 – 23/24	206



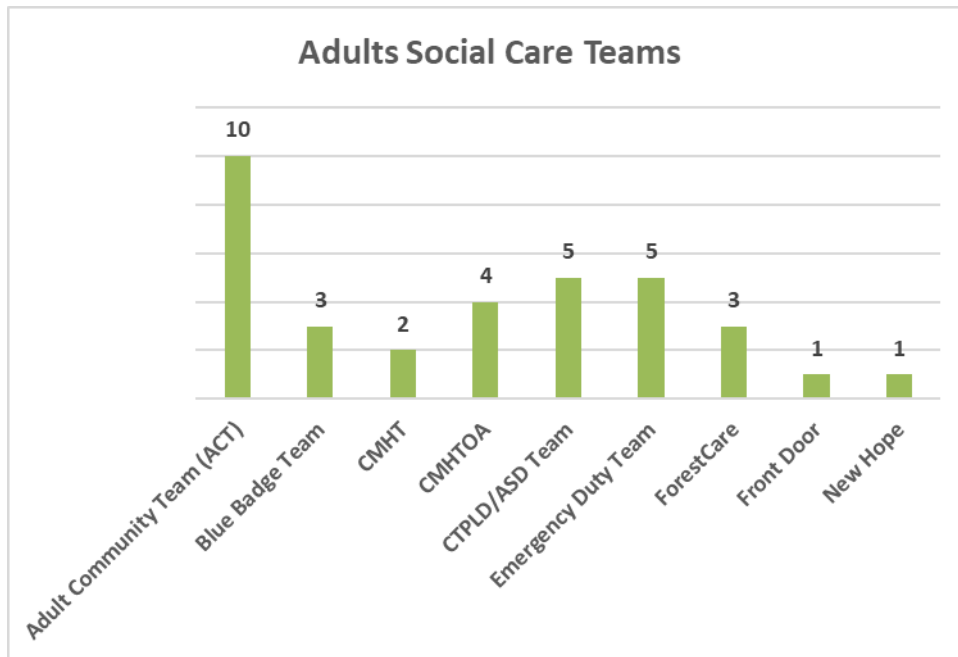
### Adult's Social Care Complaints

We monitor complaints and will be continuing to monitor our learning from complaints to ensure resultant learning is captured during regular social care team meetings and the monthly Quality and Performance Cell.

All complaints are received, documented, and passed to the relevant teams to investigate and make sure they are explored and actioned and then sent to the Directors and Head of Services on a quarterly basis. We are rolling out a 'Learning from Complaints' programme.



Year	Number of complaints
Q1/Q2/Q3 – 20/21	27
Q1/Q2/Q3 – 21/22	37
Q1/Q2/Q3 – 22/23	30
Q1/Q2/Q3 – 23/24	34



Customer satisfaction learning

Feedback forms are given out to individuals across the service to complete and to send back to us to let us know how we have done; ICS use one form for their service and the other teams use another form that all teams send out to individuals or take out with them when they visit.

Feedback forms are then received back and collated, the information used to pass to the relevant teams to let them know how they are doing and what improvements might be needed.

Feedback tends to be positive most of the time around individual workers and the service people have experienced. If we look at the characteristics of people responding, then it seems to be majority of feedback received is from white, British people 65 years and over.

Satisfaction Surveys		Feedback Forms		
Male	34.29%		Male	41.82%
Female	65.71%		Female	58.18%
18-30	0%		18-30	1.82%
30-45	0%		30-45	3.64%
45-65	2.86%		45-65	29.09%
65+	97.14%		65+	65.46%
EWNSI	71.43%		Asian/ Indian	1.82%
Mixed W+B African	2.86%		Black/ African	3.64%
W Irish	2.86%		EWNSI British	70.91%
Refused	5.71%		White Other	1.82%
Info Not Obtained	14.29%		Unknown	21.82%

We had one complainant who complained about his treatment by staff regarding Autism which was successfully resolved. Another complainant with Autism complained about not getting approved for a Disabled Facilities Grant.

### **Key issues impacting on equity and diversity and planned actions over the next year**

Some people experience a language barrier when accessing our services, when English is their second language, or they cannot understand English at all. We intend to determine what resources are available, identify any gaps and improve accessibility for all our residents.

We need to work earlier with people with a disability who are transitioning between children's and adult's social care services, to manage access and manage expectations. The second phase of the Target Operating Model will address these concerns and ensure access is equitable.

ASC teams will monitor team level access to equality and diversity training and ensure our workforce is suitably skilled in ensuring access to services if equitable and fair.

Consideration of the affect and impact of Modern-Day Slavery and Domestic Abuse is being rolled out in ASC, starting with the Hub in the near future.

We intend to adapt the feedback forms, so they reflect the community or individuals they are intended for.

## **7. Conclusions**



We have made some improvements over the last 12 months as a result of an organisational change programme.

#### Information and advice

Our Target Operating Model is designed to ensure better access to good information, advice and guidance promoting voluntary and community networks (Internet / Directory of Services as well as Self Service & Supported Self Service). We have consolidated points of access for the community to enable a more consistent approach and help manage demand more effectively. We have skilled and experienced professionals at point of contact, who engage in richer conversations with residents and carers which will improve information gathering and enable navigation to the appropriate services first time.

#### Understanding and removing inequalities in care and support

The Council's Equality, Diversity and Inclusion statement reflects the council's proactive approach in reaching seldom heard groups and communities. The council works with these groups to take actions to remove access to services barriers and reduce inequalities in care. Any proposed policy of service developments must have an Equality Impact Assessment (EIA) carried out before it can be approved. Any decision to be made by our Corporate Management Team needs an EIA.

Action Plan key highlights. These have been embedded into our business plans for 24/25 where applicable.

- Reinstate User Groups
- Team level EDI champions
- Connect with VCS, faith groups and other support groups
- Engage with hard-to-reach groups to provide information, advice and guidance
- Ensure EDI is captured in our audit activity
- Consider gap analysis re access to services, i.e., ESL, sensory
- Monitor team level access of EDI training and promote where not achieved
- Adapt feedback forms/mechanisms to reflect the target community
- Embed 'Learning from Complaints' into business as usual across ASC