

Equalities Monitoring Adult Social Care

Annual Report
April 2023 - March 2024



Published:

Contents	Page
1. Introduction	3
2. Performance against public sector equality duty	4 – 5
3. The impact of practices, policies, and decisions on people with different protected characteristic	5 – 6
4. Breakdown of customers/service users	6 – 7
5. Performance against the Equality Objectives	8 – 9
6. Views from our customers	10 –12
7. Conclusions	12

1. Introduction

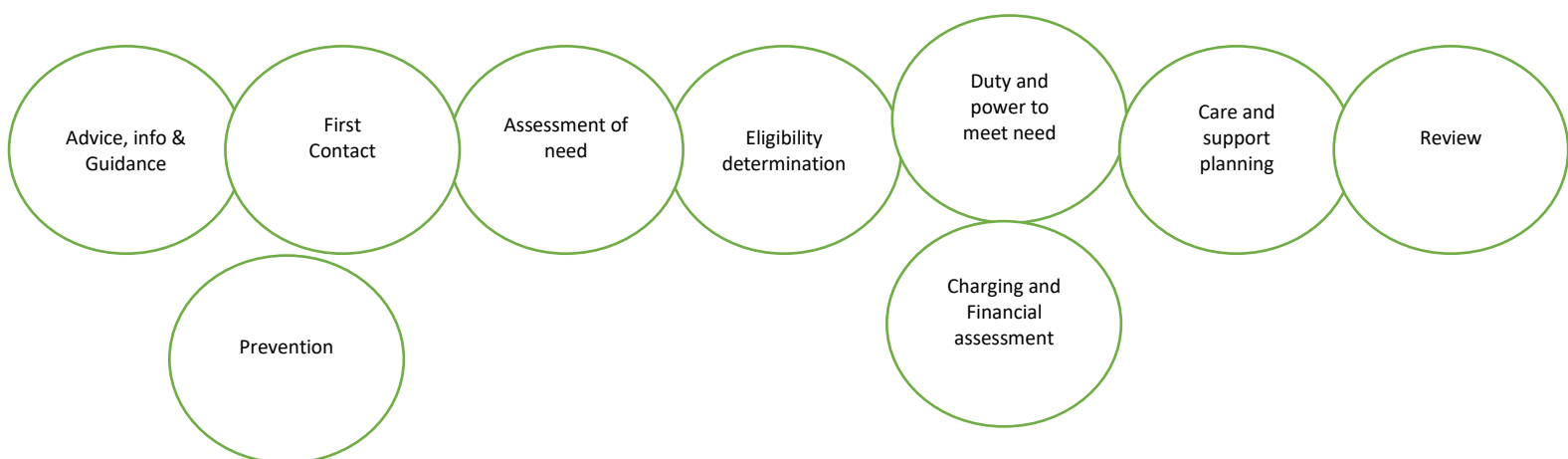
Adult Social Care (ASC) is responsible for adults with care and support needs. Services are wide ranging including:

- HUB, Early Intervention and Prevention Services and Support for longer-term needs through ACT
- The learning disability and Autism Team
- Breakthrough employment to support people with a learning disability and / or Autism into employment
- Waymead overnight respite and day opportunities for people with a learning disability and / or Autism.
- Community Mental Health Team for working age adults
- Community Mental Health Team for older adults
- Bracknell Forest Community Network supporting adults with mental health issues through preventative interventions
- The Drug and Alcohol Team (New Hope) supporting people experiencing issues with or a problematic relationship to drugs and alcohol.
- Forestcare, providing a range of telecare solutions and a response service to people with emergency need 24/7.
- The Emergency Duty Team (EDS) covers out of hours statutory responsibilities for adults and children across the whole of Berkshire who have immediate need.

This report captures information relating to all of these service areas.

Adult Social Care (ASC) holds statutory responsibilities under legislation to support and protect Adults within the borough. These duties are underpinned by **The Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983, Deprivation of Liberty Safeguards, The Human Rights Act 1998, Equality Act 2010 and Court of Protection.**

The Care Act underpins all interactions with ASC. Below describes the processes that set out the care and support statutory guidance are illustrated below:



Individuals contact ASC through the HUB; practitioners have a range of skills and experience to ensure that support and guidance can be accurate and supportive. However, if someone is more suitably supported through a specialist team e.g. someone with Autism, there is a flag on the system to alert the practitioner to do so.

At this first point of contact, practitioners will identify ways to assist people to be as independent as possible ensuring opportunities to access their own community including faith groups is a factor. We have strong links with the voluntary sector who are most familiar with community assets.

ASC adopted Strength Based Practice during 2023 to ensure the unique voice of the individual is foremost in our interactions with individuals to ensure assumptions are not made and individuals have a more open conversation in which to express their personal experience and identity.

Safeguarding is described under **Section 42** of the Care Act, which statutes the local authorities' duties regarding **safeguarding**. It is the action to be taken or instigated in response to a concern that abuse, or neglect may be taking place.

Within the care act there are six key principles

- 1) Empowerment
- 2) Prevention
- 3) Proportionality
- 4) Protection
- 5) Partnership
- 6) Accountability

A number of our services are subject to inspection or regulation by the Care Quality Commission (**CQC**). Waymead and the Reablement service have both retained a **Good** rating. Although outside of the time period for this document, Adult Social Care received its first assurance visit and achieved a **Good** rating.

2. Performance against public sector equality duty

All adults are entitled to equal access to support and services, which do not discriminate on the grounds of religion, ethnic orientation, linguistic background, culture, gender or sexual orientation.

Individuals

The Autism Drop In 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.

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.

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. We aim to tap into those groups and link them into our service.

The Carers strategy steering group has been a collaborative area of development including the people we support to ensure the strategy incorporates the diverse needs of carers within Bracknell.

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.

New Hope engages with communities that face multiple barriers to accessing statutory services. The service engages 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.

Workforce

- All staff have completed unconscious bias training.
- Oliver McGowan training was introduced in early 2024.
- A Neurodiversity Group for staff to share their experiences and learn from each other is in place council wide.
- Equality Allies are embedded into the organisation to support individuals independently of their line manager.
- Mental Health first aiders are embedded in the organisation to be an immediate route for support by trained staff.
- Our workforce share their preferred pronoun on emails and correspondence.

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

Individuals

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.

ASC is positive, respectful, open, and honest when interacting with our customers. E.g. 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.

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.

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.

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.

The CQC Assurance framework explores “Equity in experience and outcomes”. It describes the local authority as understanding “its local population profile and demographics but recognised that there was more to do to improve both understanding and action.

The Assurance report reflected that staff have a good understanding of culture diversity and how to engage with individuals and references the equality allies which are a part of the council. It was noted how the equality allies can gain support and guidance where they may be professionally uncomfortable to have certain conversations.

The report also identifies areas of development for ASC which will be developed as part of the implementation planning process.

Areas of significance within adult's social care are subject to Equality Impact Assessments to ensure that areas of potential discrimination or reduction of equality for individuals from protected groups are considered and mitigations or changes are put in place accordingly.

Workforce

BFC applies a 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.

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.

There are a range of learning opportunities available for staff both on induction and through the year. These can all be found in the EDI section of the learning pool. [Catalogue](#)

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. This reflects our always learning value as a council.

4. Breakdown of customers/service users

Power BI has recently been implemented within ASC to ensure accurate and timely management information to inform practice. As this was implemented in 2024 / 2025 there will be inaccuracies in the data illustrated below, however this will build a helpful evidence base for the 2024 / 25 plan. Each data set provides demographic information which will enable close monitoring as to whether people with protected characteristics are represented appropriately in their interactions with ASC.

Ethnicity profile

In relation to the general population of Bracknell, 86% is white British, Asian 7.1%, black 2.4%, other 1.3%. In summary our workforce is underrepresented by the Asian Community.

Open Services (all ASC)

In terms of the people, we support who are open to ASC, the predominate ethnicity is White (89.27%) followed by unknown and then Asian. This shows a marginally higher percentage of White people are supported than other groups.

There is a need to ensure that there is regular data cleansing to ensure that categories such as unknown or not stated are removed to have a more accurate reflection of our demographic.

The gender split of people with open services is 59.75% female. 51% of the population of Bracknell Forest is female so an 8.75% higher percentage of usage from women. This will be reflective of the higher life expectancy for women which is 85.4 years as opposed to men whose life expectancy is 81.7 years.



Forestcare

Forestcare utilise a system that sits outside of LAS. And the only area that systematically records sexual orientation as standard (where people are happy to share). An action will be taken to ensure this is routinely recorded in LAS to enable the whole of ASC to record and reflect on protected characteristics.

Sexual Orientation	Forestcare
Heterosexual	391
Gay	1
Refused	9
Total	401

5. Performance against the equality objectives

The council's 4 Equality objectives are:

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

5.1) Inclusive in all we do

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.

Support plans are completed in the most appropriate place for the individual, this is person centred which includes sections on how they want the care or support to be given.

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 capturing of equalities information from those seeking to provide feedback to the service via the corporate complaints process.

5.2) Diverse and inclusive workforce

Using data from iWork's the demographic profile of the ASC workforce has been analysed.

Ethnicity profile

Primarily our workforce is white British, followed by black or black British. The next highest proportion of data stated: info not provided, not stated or other.

In relation to the general population of Bracknell, 86% is white British, Asian 7.1%, black 2.4%, other 1.3%. In summary our workforce is underrepresented by the Asian Community. In summary the one area that is underrepresented is Asian.

Age Profile

There is a relatively equal split between 36 – 45 years (26%), 46 – 55 years (27%) and 56 – 65 years (25%).

The team with the highest proportion of over 55's is reablement at 48%.

The team with the highest proportion of 26 – 35 is CTPLD and Autism at 34%.

Disability Profile

There is a significant deficit in recording disability on iWork's. which will need to be addressed.

5.3) Accessible for all

ASC has an assessment suite which gives the public the opportunity to explore equipment and telecare products and test them. This is for the resident to see what other products are possible.

Throughout ASC services can be requested through our website, on the phone, email or through a professional / relative / friend. For some services such as applying for a Blue Badge individuals are able to gain support face to face either at their local library or Time Square.

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.

ASC 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.

Staff have been trained on accessible communication. Tools such as Hemingway Editor or the inbuilt Word editor are available to assist staff to ensure documents are accessible.

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.

Our team members are loyal and dedicated to their roles, The 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.

5) Accountable and Fair

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.

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.

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.

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.

6. Views from our customers

Adult's Social Care Compliments

During 2023/2024 there were 337 compliments received across Adult Social Care service areas, compared to 201 received during 2022/2023. This is an increase of 68%.

The increase is due to more feedback forms being received from individuals regarding the service received from Adult Social Care.

Adult's Social Care Complaints

During 2023/24 there were 45 complaints received across Adult Social Care service areas, compared to 39 received during 2022/23. This is an increase of 15%. Although there were 45 complaints these were from 41 complainants.

We monitor complaints and will be continuing to monitor our learning from complaints to ensure 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.

Customer satisfaction learning

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

When auditing a case, the individual and / or their carer are contacted to gain their views and experience of our intervention. Learning from this is shared with teams.

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 to provide evidence for CQC, other teams use a sent out to individuals or take out with them when they visit.

Our reablement team take a proactive approach to gaining feedback from individuals, by visiting people who have received support in the last month to learn from their experience. The team also capture all feedback and where there is a less positive response a manager will contact the individual directly to find out how we can improve our service.

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%
England, Wales, Northern Ireland and Scotland	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%

Forestcare are always looking to involve the residents of Bracknell by reaching out to them. The service has 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.

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 is equitable and fair. The 2024 – 27 Learning and Development plan for ASC has set a standard for monitoring attendance at training on a six-monthly basis to ensure that we are on track for all staff training including EDI.

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

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

The implementation of Power Bi to capture clear, accurate and timely management information will enhance our EDI reporting for the year ahead as demographic data will have been in place for 12 months. To enable this, we will need to ensure accurate recording and data cleansing.

Recording on iWorks needs to improve within these areas so that we can have a more accurate reflection on our workforce.

Much work is undertaken to celebrate different diverse events during the year such as carers week, autism week etc to raise awareness, however this is not currently coordinated centrally. A plan will be put in place to ensure there is consistency and planning time.

7. Conclusions

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

This is the first year that all of adult social care has been merged into one report. Previously there would have been one for ASC Operations and one for Mental Health and Out of Hours. The aim is for this to be our starting point for one cohesive plan moving forward.

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 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.

- Reinststate User Groups
- Team level EDI champions
- Connect with CVS support groups
- 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

Recording

Through this review process we have identified areas where we have better recording to assist us to reflect on how we support areas of diversity, however there are more areas we can

include to increase our recording and knowledge of the people we support. This is particularly the case for sexual orientation and religion.