Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority worked with stakeholders and used data from the Joint Strategic Needs Assessment to understand current the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, as a result of one or more protected characteristics, unpaid carers and people who fund or arrange their own care. The council had commissioned a group to develop an Equality, Diversity and Inclusion framework informed by the lived experiences of people. The report identified themes for the local authority to focus on, such as disability and accessibility, neurodiversity, rurality, socio-economic and age-related exclusion, digital exclusion for older people, Gypsy, Roma and Traveller communities and displaced individuals including refugees and asylum seekers. The report identified a lack of clarity on the action taken by the local authority in relation to addressing equality issues and said better communication in this area was required. The DASS also reflected that meeting the needs of people from diverse backgrounds was an area of challenge and while they had links with community groups, immigrant groups and other groups such as the autism partnership, it was an area where they could be doing more.

There was some work being undertaken within the local authority around equalities. For example, joint work with public health through the health and wellbeing strategy aimed at reducing inequalities, learning from the impact of the pandemic. There was a focus on specific groups to tackle inequalities such as healthy lifestyles for people with learning disabilities. The approach was encouraging closer working with the voluntary and community sector to engage with seldom heard and ethnically diverse groups including unpaid carers. There was a large Gypsy, Roma and Traveller community and a specialist worker was employed to support work in this area.

However, as noted in the Equality Diversity and Inclusion report it was not clear how the framework informed a more strategic approach to equity. The local authority did not always use opportunities to ensure they gathered data to help understand groups of people who might find it difficult to access services or those groups who needs were not being met. For example, data on complaints was broken down by team and by who was making the complaint (a carer or the person receiving care) but was not broken down by protected characteristics. Similarly, there was no breakdown of the number of people placed at distance out of area by protected characteristic, to understand if it was the needs of particular groups of people that were not being met within West Berkshire.

We had feedback that equality needed to be much more embedded in roles in the local authority with a 'soft' approach to communities and understanding cultural differences and barriers, including inter-generational difficulties. 95% of the population was white, with a small proportion of the population in other ethnic groups. When we spoke to staff, we heard about some of the smaller communities present in Berkshire including Gypsy, Roma and Travellers, migrant and refugee populations including Ukrainian, Polish and Afghan. Staff had local knowledge of their communities. This knowledge was used at an individual level in teams but there was no strategic approach to building on this knowledge and working with partners to understand population needs and now and in the future. Most work focussed on ethnicity and nationality. There was less focus on communities of interest for example considering the needs of LGBTQ+ population or how gender impacted needs in particular communities, other than at an individual level. Some teams identified concerns around particular groups, for example, both the Transitions team and the Mental Health trust identified higher numbers of autistic people within services, and particularly women in mental health services.

It was not clear how the local authority was meeting its Public Sector Equality Duty (Equality Act 2010) in the way it delivers its Care Act 2014 functions. As well as the lack of data, there was also a lack of a strategic approach to coproduction to inform and underpin strategies. This would support and drive an approach to gather data and identify groups of people whose needs are not being met by the local authority. This would help the local authority better understand and improve the experiences and outcomes for people who are more likely to have poor care.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that work for them. However as already noted while there were some accessibility features on the website, we had feedback these were not always easy to use. There was a Sensory team that supported people around sensory needs. The work of this team was well integrated into other frontline teams. Staff also told us they could access interpreter and translation services including British Sign Language.
