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 understood its local population and demographics. It analysed data on social care users and used this to identify and reduce inequalities in people's care and support experiences and outcomes. However, the local authority wanted to do this more effectively to enable better support to people in their communities.

Data and insight was used to support Brent Hubs in meeting the needs of the local population across the borough. Each hub worked alongside local community groups to support the population to access information and advice. For example, the north of the borough had a Romanian community and the hub in this area worked alongside a community group to support interaction and engagement.

One senior leader described how they analysed data through the lens of 'no more averages'. No more averages meant holding themselves to account in terms of knowing much better how they were doing. They wanted to look at services beyond just the uptake of people, with the aspiration to gather more data on people's protected and unprotected characteristics for example. They told us some aspects of their data were good, but others less so. Senior staff told us the use of data was developing, and they had done a lot of work on inequalities.

Staff talked passionately about Brent, that it was an amazing place being one of the most diverse in Europe. They promoted social cohesion and told us the mobility of the community was a factor; however, many people were not mobile by choice but due to housing. There had been significant changes in their communities over recent years. They had an established Irish community, who were now ageing. The general population had grown and become slightly older. They were becoming aware of Latin American communities, with new communities emerging every 18 months or so.

The local authority had taken some steps to change relationships with communities and were trying to engage more with the faith organisations to facilitate this. They told us relationships with Somali communities had improved and further engagement was needed with the Romanian community. They had identified further work was needed with the Traveller and LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex, asexual, and others).

Local authority staff involved in carrying out Care Act duties had an understanding of cultural diversity within the area and how to engage appropriately. For example, one staff member who worked in mental health told us 79% of people using their services were young black men (from analysis in 2023). They had raised with commissioners around ensuring provision was appropriate to meet the care needs of this group. Commissioners had been responsive to this, but progress was 'slow'. They needed better provision to support people with life skills. An example was given of a person who achieved good outcomes by being supported to attend a gym during quiet hours due to their social anxiety disorder.

Staff told us they used many culturally appropriate services. For example, an Asian women's centre to work with a woman at risk of domestic violence, a live-in carer for a Jewish person who took them to places of their choice and an Asian person in temporary accommodation who moved to extra care with the use of an interpreter. Here they were able to access appropriate food and carer staff who spoke their language.

The local authority was aware there was more for them to do to understand communities better and to understand and address the specific risks and issues experienced by them. Some staff felt there was a gap in support in the voluntary and community sector for women over 30 with long-term mental health needs. Staff had identified they did not receive safeguarding referrals from some under-represented groups for example, Roma, Gypsy and Traveller communities and Asian communities, which led to working with partners closely to raise awareness of this. Staff felt they could support people to a point, but ongoing support in the community was not always available. A senior staff member told us they were aware of where some of these gaps were and planned to set up staff groups to help them identify and address these.

Care services had an equality impact assessment where demographic details and specific needs were considered. Some services supported people well, for example, a care home bought food from a local African store which improved a person's outcomes. Providers were encouraged to recruit to reflect the diversity of the area. The local authority took effective action when a care service had been discriminatory to people with mental health needs. Staff felt the commissioning of some services could lag behind, so the creativity of staff was key. Feedback from local authority leaders was that with a dynamic and changing population such as Brent, it was important that commissioning of services remained flexible so that changes in people's need could be responded to. However, this had to be balanced by stability in commissioning and care markets, to ensure Brent was a place where care providers wanted to deliver services.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and some co-produced strategies to reduce inequalities and to improve the experiences and outcomes for people more likely to have poor care. Some relevant data about people was collected through case management systems but this was an area local authority leaders felt could be improved further. Leaders had identified the limitation of the available forms and recording in case management and were raising this with the system provider.

In terms of further co-production, the local authority was currently developing a co-production approach with representatives from Public Health, Brent Health Matters, Brent Healthwatch and with key partners and groups to help address health and social care inequalities together.

Brent Health Matters priorities included continued work to reduce the substantial health inequalities of emerging and newly arrived communities, and refugee and asylum seeker health populations. They completed severe mental illness health checks which included follow-up with 10-20% of people who had not had a check in the last year with home visits to complete these.

Community partners told us about a high demand for services, particularly in areas of high deprivation, and that there were insufficient resources in the local authority to meet demands. The biggest challenge of the housing issue was this impacting on people's mental well-being, and they felt more information was needed around this to enable people to understand the processes and better manage people's expectations. Some community partners felt their communities were 'hidden' compared to others, such as more of the traditional Brent communities and there was unequal provision in relation to the needs of their people, in particular older people.

In term of the local authority's own approach, staff told us there has been a culture change over the last 18 months with further career opportunities enabling more senior roles to better reflect the diversity of the community and linked with the overall diversity of the workforce. Staff felt this was positive in terms of working better with people living in communities in Brent.

A cultural competency approach was taken which included training for staff with the aim of impacting on the delivery of services, systems and attitudes. Also to raise awareness for staff of different cultures, beliefs, values, and behaviours. Four staff networks meant staff who had an interest in an equity issue could come together to share ideas and information, generate solutions and celebrate achievements.

Inclusion and accessibility arrangements

People gave us overall negative feedback about inclusion and accessibility arrangements. For example, one carer told us they only speak Urdu and there was no interpreter so their relative had to do this. Consequently, they were not sure their needs were fully understood. Another person was unhappy with the local authority interpreting services provided so had used the services of a charity instead. People told us sometimes a care worker could not communicate with them and vice versa as they did not speak the same language. Another person said their cultural identity felt impacted as they felt the care staff did not understand them.

People told us needs assessments did not consistently consider people's cultural and religious beliefs. In one person's assessment, their communication needs had not been considered. This led to the person feeling some distress and avoidance in taking part in the process. In another case information sent was too complex for the person to understand and an easy read or alternative format was not offered.

Partners fed back similar themes that when people contacted the local authority for support, they could not always articulate their needs well which meant they did not always receive the support they needed. Information was not always accessible for people which could create anxiety. For example, letters sent to people, where English was not their first language, were not in simple language and this made the information difficult to understand.

Staff spoke more positively about inclusion and accessibility arrangements. Assessment forms captured people's communication needs. In one case where translation services were not available for a person who was deaf, they had been able to use other means to support them in relation to housing challenges. Brent Hubs and the contact centre had access to telephone interpreting services and facilities for video sign calls for those with hearing loss. Additionally, the hubs had introduced a monthly surgery for those with hearing loss to book appointments with an interpreter available to support. Staff fed back that translation and interpreting services were quite good, however were hampered by excessive demand. Staff told us that they were able to book and use interpreters including British Sign Language (BSL) support, advocacy and aids such as easy read documents, however some of the feedback we received did not reflect this. Teams within the local authority were very culturally diverse so they had been able to utilise this to support with translation when needed although acknowledged this was not always ideal.

Accessing BSL support was problematic. BSL interpreters were not readily available and staff told us they had to wait 2 weeks to source interpreters. This meant deaf people were not having their needs assessed in a timely equitable manner and staff told us it did not feel like the deaf community were as visible. Sign video was a good alternate resource to aid communication, though it required a smart phone and connection so was not available to everyone. One staff member explained they had not managed to get a BSL interpreter for the 3 months they had worked with a person.

Staff described how they used equality-driven approaches to encourage accessibility for the people they worked with. For example, one worker told us how they were assessing a person diagnosed with a learning disability and autism, who did not verbalise often. The worker was aware the person enjoyed music and observed their communication skills when using a music website to inform the assessment. Other feedback from staff however was there was a lack of understanding of autism spectrum disorder within the local authority. In another example staff had undertaken an in-depth piece of work with an Afghan family with the intensive use of an interpreter to help the family understand the role of social care and accept help.

Some staff told us they were able to successfully utilise interpreter services to support assessments. For example, where a young person could speak English, but their family could not, interpreter services were used to ensure everyone's input was gained in the assessment process.

Support was provided to people with digital skills with groups available to support people with completing paperwork, using the internet and accessing health services. Brent Digital Inclusion Network Partnership and other charities represented people at risk of digital exclusion to apply for funds or purchase laptops. Some homeless people being supported to have a mobile phone to better access housing support. There were also over 200 volunteer digital champions who supported people at a drop-in service.

The local authority had documented their approach to addressing inequalities in adult social care, which included data and information gathering, audits to identify gaps in care provision and engagement with key groups. The SMART team formed part of this approach. These themes were evident from feedback we received however some were at earlier stages such as the data and information gathering.

Partners told us there used to be local authority funding for a traveller worker, but this no longer existed. Sometimes the local authority had asked for help in mediating with the community, but they said trust had to be built up over time to do this well and this approach was not effective. Feedback from the local authority leaders was this post did exist, however now sat within the area of housing.

Partners told us the local authority could improve accessibility when engaging with them at times. For example, a disability forum had been established, however, the time and setting of the forum meetings meant people could not always attend. Consultation documents were also not always given in accessible formats such as easy-read formats, which they felt limited responses. Feedback from the local authority leaders was that the disability forum arrangements were agreed based on the consensus of people who could attend.