

Equalities Monitoring – Services

A - Adult Social Care

Annual Report - 2020-21



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1. Introduction

The purpose of equalities monitoring is to ensure the Council is providing a fair and equitable service to all residents. This report provides information in relation to equalities monitoring in Adult Social Care, which sits within the People Directorate within the Council.

Adult Social Care has a statutory responsibility for assessing and providing care and support for adults (aged 18 or over) living in the Bracknell Forest area needing help to stay independent, safe and well. The Care Act 2014 puts people in control of the support they receive and places the wellbeing of each individual at the centre of decisions. This report aims to show that the council is providing a fair and equitable service to all residents who are eligible for support. Monitoring is undertaken across the care management process, as well as annual surveys.

Further information on the work of Adult Social Care can be accessed at: [Health and social care | Bracknell Forest Council \(bracknell-forest.gov.uk\)](https://www.bracknell-forest.gov.uk/health-and-social-care)

There are 17 racial groups. In order to monitor race, we have compared those people of a white background against people of a Black and Minority Ethnic (BME) background.

1.1 Key Issues

Lack of paid employment and voluntary opportunities for adults with a learning disability and autism.

The Office for National Statistics (2021) states that in 2020 around half of disabled people aged 16 to 64 years (52.1%) in the UK were in employment compared with around 8 in 10 (81.3%) for non-disabled people (July to September 2020); disabled people with autism were among those disabled people with the lowest employment rate.

To support the employment needs of individuals with a learning disability and autism Bracknell Forest Council run a supported employment service called Breakthrough. Breakthrough provide advice and support to people in all aspects of looking for and sustaining meaningful employment opportunities.

Breakthrough services have supported over 80 vulnerable people with various levels of support. 40 were given other forms of support including – job coaching, travel training, befriending, budget, and Benefit form filling. etc. 41 individuals were supported in Employment. (April 2020 – April 2021) Of these:

- 34 are in Employment (33 Paid + 1 Temp)
- 6 were Furloughed)

- 1 Redundant

Mental Health and employment

“Rates of unemployment (Mechanic, Bilder, & McAlpine, 2002; Mueser, Salyers, & Mueser, 2001), and under employment (Cook, 2002, 2006) are extraordinarily high among individuals with serious mental illness.

The Bracknell Community Mental Health Team (CMHT) support adults with significant Mental illness find work as well as support both employer and employee to retain the achieved role.

Individual Placement & Support (IPS) Employment Service

The Individual Placement & Support (IPS) Employment Service assist individuals in finding paid work, preparing for employment, and supporting them in the workplace once they have started their new job and will work with individual throughout the whole process.

The IPS employment specialists are part of CMHT, working in the same offices and attending the same meetings to discuss the support that an individual may need; this ensures that all members of the team are aware that the individual is receiving IPS support to find paid work.

Year to date, the IPS employment service have assisted **53** individuals with significant Mental illness into paid employment in the local area. They have also supported the employers in managing and reasonable adjusts in order to best support their employees

Social isolation of individuals with a mental health illness.

Bracknell Forest Community Network (BFCN)

BFCN supports people aged 18 and over living with mental ill-health or experiencing stress, anxiety or low mood to develop their confidence, interests, hobbies, life skills and resilience.

The BFCN supports individuals and carers living with a variety of conditions including:

Psychosis, personality disorder, post-traumatic stress disorder, eating disorders, dementia, anxiety, depression. Based on the Lambeth Collaborative model and mental health recovery principles, the goal is to support individuals and their carers to remain socially included, better understand their mental health, prevent relapse develop their confidence, life skills and resilience so they can live as independently as possible.

Covid 19 – Social isolation - Impact on older adults and carers. (For the purposes of this report we will be focusing on older adults with dementia)

The Covid 19 Pandemic has had a significant impact on older adults with dementia and their carers. All respite and day services closed at the beginning of the covid 19 pandemic, this meant that many individuals were isolated, and carers faced increased pressures.

The Community Mental Health Team Older Adults (CMHTOA) worked hard to support individuals and carers over the past 18 months. Staff members have been carrying out welfare calls to all individuals open to CMHTOA. During periods of 'Lockdown' these welfare calls have been stepped up to monitor people's wellbeing, which included the impact of social isolation. Staff members, including Social Workers and Dementia Advisers adapted their roles, to be able to offer further contacts. For example, the Dementia Advisory Service contacted over 320 people during the initial period of 'Lockdown' and ensured that all these people had appropriate support in place.

Increasing Access to the Internet

CMHTOA have teamed up with BFC Libraries in a project to help improve people's access to the internet. BFC Libraries have a supply of 25 iPads for loan. With the support of the Public Health Social Prescribers and staff members from CMHTOA people can loan the iPads as well as having support in learning how to use them. It is hoped that after a trial period people will feel confident with using IT and accessing the internet and may wish to purchase IT equipment for themselves.

Dementia Focus Group

The Dementia Focus Group is made up of a group of Carers who feedback their views on services; offer ideas for service develop and participate in service development projects. Over the past year, this has included developing Covid-19 prompt cards in conjunction with Public Health, suggesting and supporting the development of Virtual Information Sessions; and regularly participating in staff interviews. The Dementia Focus Group enables CMHTOA to get current valuable feedback from Carers and respond swiftly to identified issues including issues of social isolation.

Lack of specialist accommodation for individuals with a learning disability and autism

The Learning Disability team have formed strong relationships with local housing providers and also work very closely with the Bracknell Forest Council housing team to source specialist housing. This includes support with emergency placements and the sourcing of long term adapted accommodation. This secures accommodation for individuals with complex needs and reduces the need to place individuals out of borough. Individuals with complex needs have been placed into

adapted accommodation in the last year despite the covid restrictions, this has however impacted waiting times for families.

In terms of our current placements in accommodation, compared to our neighbouring councils, BFC has got the lowest number of people with Learning Disabilities and Autism in residential care homes, over 90% of our placements are in supported living accommodation which is a true success of promotion of choice, community integration and independence.

Integrated Health and Social Care

Within Adult Social care we pride ourselves on having integrated health and social care teams which improve outcomes for individuals placing them at the centre of their support. With this in mind our integrated teams also work in line with the following Equality and Diversity Strategies

[Reports, policies and procedures | Berkshire Healthcare NHS Foundation Trust](#)

**N.B Please note that the above is not an exhaustive list and does not represent all of the key equality and diversity issues within Adult Social Care. Ongoing work is taking place to look at how we best gather this information to ensure these reports fully encompass the equality and diversity issues faced within teams. The Covid 19 pandemic has however delayed this work due to the operational pressures within Adult Social Care.*

2. Equality Data

Access to the service

Access to Adult Social Care can be via several communication methods such as calling reception, calling individual teams, email and via online forms.

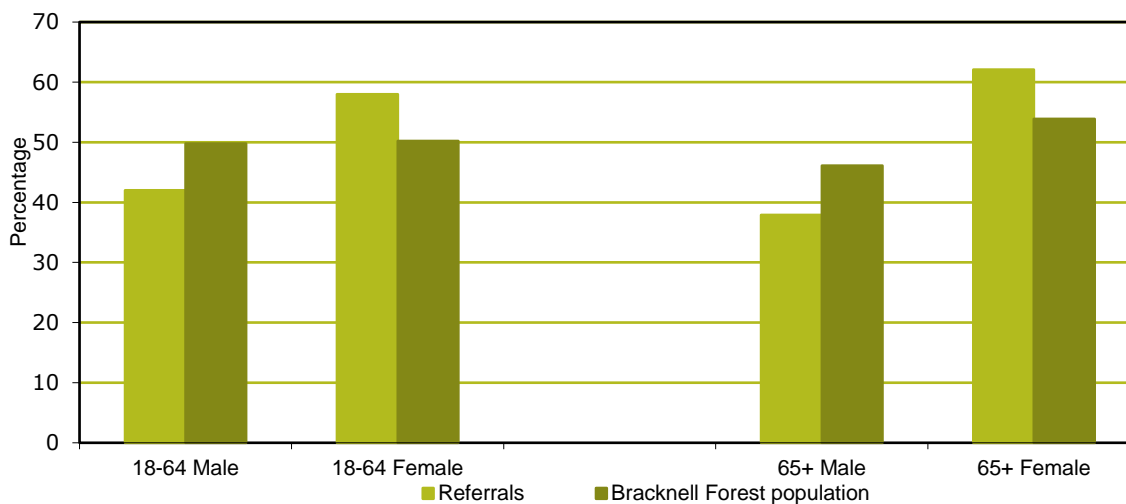
Documents and publications can also be provided in alternative formats for people who have difficulty with accessing text information including people with learning difficulties, partially sighted people, and blind people

There were 2,263 requests for support from new people (not known to Adult Social Care at the time of the referral) between April 1, 2020 and March 31, 2021. This compares to 2,243 requests for support received in 2019-20, representing a 0.9% increase in the number of requests for support in 2020-21.

2.1 Referrals by Sex and Age

Sex	Referrals in 2020-2021 Bracknell Forest 2020 Population of Bracknell Forest			
	Male	Female	Male	Female
Age Band				
18-64	47.3%	52.6%	49.6%	50.4%
65+	41.2%	58.8%	46.0%	54.0%
All 18+	42.2%	57.8%	48.9%	51.1%

Source: SALT STS001, tables 1a and 1b 2020-21, and Office of National Statistics (ONS) 2020 Mid-Year Population Estimates for Bracknell Forest



In 2019/20 the 65+ male to female split was roughly 38% to 62%. This year it's 41% to 59%. The wider population split for that age group is 46% to 54% so therefore there are improvements to receiving referrals in the same ratio as that in the Bracknell Forest population. It is unsure as to why the figures for males have increased as there has not been a targeted piece of work in relation to this. Further analysis would need to take place to look into this.

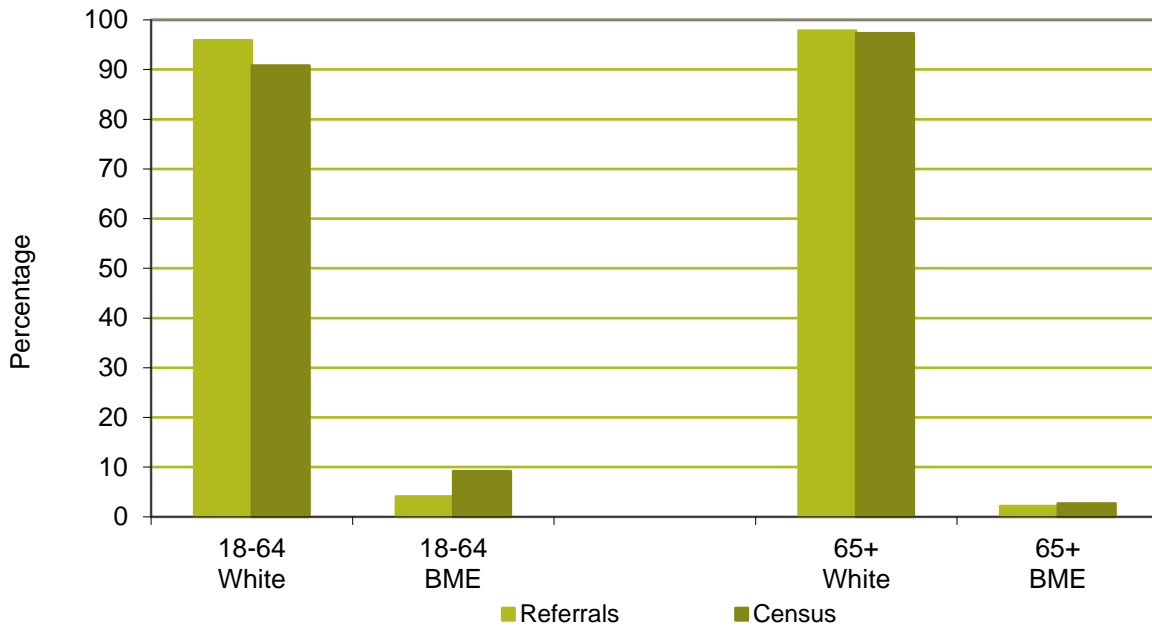
The 18-64 age band referrals are more representative of the wider Bracknell Forest population.

2.2 Referrals by Race and Age

Race	Referrals in 2020-2021 Bracknell Forest	Bracknell Forest Council Census 2011

Age Band	White	BME	White	BME
18-64	95.9%	4.1%	90.8%	9.2%
65+	97.8%	2.2%	97.3%	2.7%
All Ages	97.5%	2.5%	91.8%	8.2%

Source: SALT LTS001b 2020-21 Tables 4a and 4b and ONS 2011 Census for Bracknell Forest



Nine-point two percent of Bracknell Forest's 18-64 population are from a BME background and yet they only make up 4.1% of the number of referrals received for that age group. For the number of referrals to be comparable, there would need to be an additional 16 referrals from people from a BME background. For the 65 or over population, referrals are in line with the wider population. It should be noted that these are relatively small numbers where small differences can make a large impact.

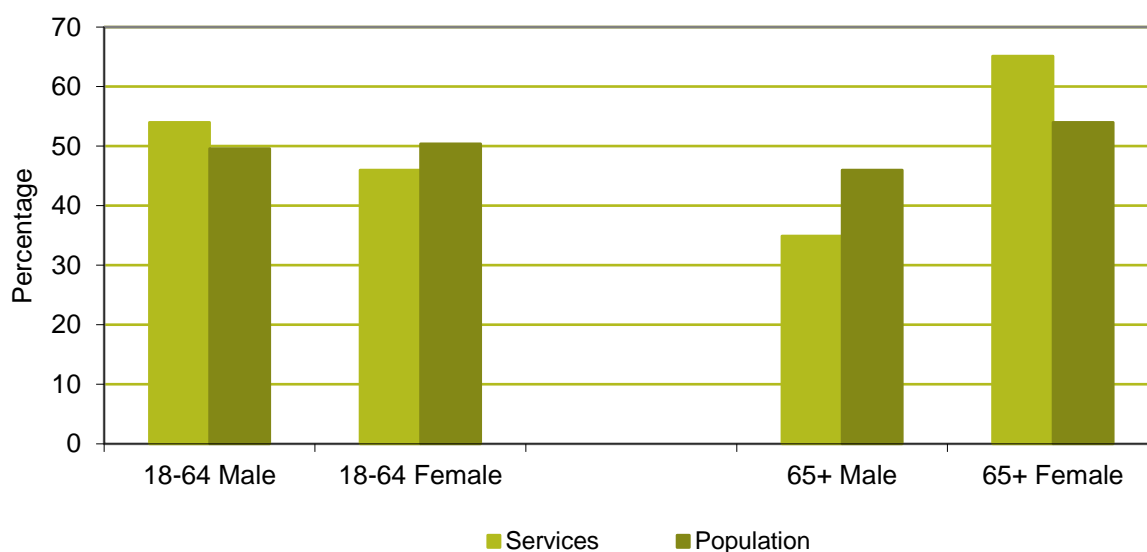
3. Outcomes

Bracknell Forest's Adult Social Care provides or commissions a range of services for people who are eligible for our support. There were 951 people who received long-term services from Adult Social Care on March 31, 2021.

3.1. Services by Sex and Age

Sex	Services in 2020-2021 Bracknell Forest		2020 Population of Bracknell Forest	
	Male	Female	Male	Female
18-64	54.0%	46.0%	49.6%	50.4%
65+	34.9%	65.1%	46.0%	54.0%
All Ages	43.2%	56.8%	48.9%	51.1%

Source: SALT LTS001b 2020-21, Table 1a and 1b, and ONS 2020 Mid-Year Population Estimates for Bracknell Forest



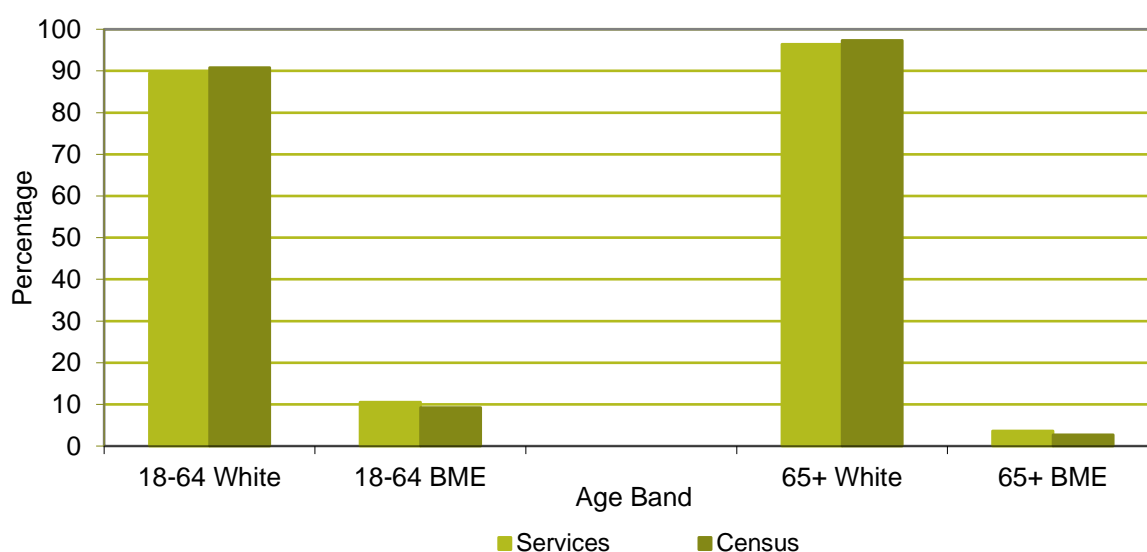
For people in the 18-64 age band there is a higher ratio of males compared to women who receive a service when compared to the wider Bracknell Forest population. A possible reason for this is because the majority of this cohort is people with a learning disability, where a diagnosis is more prevalent in males than females.

As with previous years, the older people cohort shows more women than men in receipt of long-term support when compared against the Bracknell Forest older population. These figures are in a similar ratio to the number of people making referrals. Again, this may be because older aged men have a lower propensity to contact social care than women of the same age.

3.2. Services by Race and Age

Race	2020-2021 Bracknell Forest		Bracknell Forest Council Census 2011	
	White	BME	White	BME
Age Band				
18-64	89.5%	10.5%	90.8%	9.2%
65+	96.4%	3.6%	97.3%	2.7%
Total	93.4%	6.6%	91.8%	8.2%

Source: SALT LTS001b 2020-21 Tables 4a and 4b and ONS 2011 Census for Bracknell Forest



The proportion of people supported based on the person's race is in line with the population of Bracknell Forest.

4. Satisfaction with Social Care Services and Support

In order to measure the satisfaction of care and support a person receives Adult Social Care contacts a sample of people in receipt of long term support directly through a questionnaire. This survey is agreed at a national level and is conducted by every adult social care department in the country. The survey identifies how people feel about the care and support they receive. It should be noted that Adult Social Care's services are needs driven and therefore whilst the service is as inclusive as possible, it responds to the local need which exists.

4.1. Satisfaction with care and support

One question drawn from the survey is used to measure the experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of people's overall experience of services. The question is "Overall, how satisfied or dissatisfied are you with the care and support services you receive?".

**N.B Due to covid pressures and changes to services the user survey did not take place in 2020-21 therefore the below information is from the 2019-20 financial year report and is our most up to date data. This will be updated in the 2021-22 Equalities report.*

4.1.1. Satisfaction by Age

Response	18-64	65+
Extremely/Very Satisfied	77.9%	66.7%
Quite Satisfied	15.9%	25.1%
Neither	2.7%	5.8%
Quite Dissatisfied	0.9%	1.8%
Very/Extremely Dissatisfied	2.7%	0.6%

Source: Adult Social Care Survey 2020

4.1.2. Satisfaction by Sex

Response	Male	Female
Extremely/Very Satisfied	67.9%	73.0%
Quite Satisfied	23.6%	20.2%
Neither	4.7%	4.5%
Quite Dissatisfied	1.9%	1.1%
Very/Extremely Dissatisfied	1.9%	1.1%

Source: Adult Social Care Survey 2020

4.1.3. Satisfaction by Race

Response	White	BME
Extremely/Very Satisfied	72.1%	55.6%
Quite Satisfied	21.0%	33.3%
Neither	4.2%	5.6%
Quite Dissatisfied	1.5%	0.0%
Very/Extremely Dissatisfied	1.1%	5.6%

As you can see from the above data 5.6% of BME individuals responded as being very/extremely dissatisfied compare with only 1.1% of white individuals. The reason for this is currently unknown however as discussed above this is something that will be further explored through completing BAME audits within 2021. As part of improving the audit process we will also be increasing the feedback with get from individuals to ensure this helps inform practice. Please note that due to covid pressures within Adult Social Care this BAME audit has not yet taken place, this is however documented on the audit plan for the next 12 months. An update will be provided in the 2021-22 equalities report.

5. Equality Duty

Within Adult Social the work that is carried out on a day-to-day basis is underpinned by Law and statutory guidance. Those that link to Equality and Diversity are:

Care Act 2014

This legislation underpins the majority of the work undertaken within Adult Social Care and sets the eligibility criteria for care and support ensuring a fair process for all individuals. The work completed within Adult Social Care is person centred and tailored around the needs of the individual taking into account individuals wishes and beliefs.

(Care Act 2014)

Human Rights Act 1998

Within Adult Social Care all work completed is in line with the Human Rights Act ensuring we follow the following five principles:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

(Human rights, 1998)

Mental Capacity Act 2005

Within Adult Social Care we must follow this piece of legislation which gives us the legal framework to promote and safeguard decision making. This means that we must complete the following:

- Empower individuals to make decisions for themselves whenever possible
- Protect people who lack capacity to make specific decisions and ensure that decisions are made in their best interests placing the individual at the heart of any decision
- Support individuals to plan for a time in the future in which they may lack capacity.
- Under DoLS we must ensure that people who cannot consent to their care arrangements in a care home or hospital are
- DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty.

(Mental Capacity Act, 2005)

Mental Health Act 1983

Within Adult Social Care we must follow this piece of legislation which covers the assessment, treatment, and rights of individuals with a mental health disorder. The Mental Health Act informs individuals with a mental disorder of their rights in regard to how they are treated.

(Mental Health Act, 1983)

Social Work Professional Capability Framework

Social Workers within Adult Social Care follow a Professional Capability Framework (PFC) which is a professionally owned overarching framework of social work education and development.

Standard 3 within this framework highlights social workers responsibilities in regards to Diversity and Equality and states that social workers must:

- recognise the complexity of identity and diversity of experience and apply this to practice
- recognise discriminatory practices and inequality and develop a range of approaches to appropriately challenge service users, colleagues and senior staff
- critically reflect on and manage the power of my role in my relationship with people using services and others, adapting my practice accordingly and striving to reduce the risk of power misuse.

(BASW, 2020)

6. Summary

Adult Social Care are supporting individuals fairly, regardless of age, race or gender and have a duty to provide care and support to those who meet the Care Act eligibility.

Reference list

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