

# 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

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The local authority took steps to understand their population. We heard examples from voluntary groups about how the local authority met people's cultural needs as well as the needs of people where English was not their first language. We heard about groups being set up as well as the 'World Café' events being targeted so they took place in areas where they could reach minority populations and seldom heard groups. Staff and leaders told us about how they would continue this approach through co-production and outreach events now the World Café events had concluded. The World Café events led to the creation of specialist groups such as a carers support group for ethnic minority unpaid carers of people living with dementia. Many of the examples seen were recent but there were long-standing initiatives such as 'WAM [Windsor and Maidenhead] Get Involved' and 'RBWM Together', which were initiatives bringing together community, voluntary and faith groups across the Borough.

Leaders and teams demonstrated a good understanding of the demographics in the Borough and current challenges, we heard examples of work undertaken to meet the needs of local Gypsy, Roma and Traveller populations and a growing refugee population. We heard examples of staff working to meet the cultural needs of people through care planning, such as a person supported to attend an important cultural event through creative social work practice and commissioning.

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There had been recent work to be more proactive in meeting the needs of minority communities and seldom heard groups, but whilst we heard about longer-established work that had achieved positive outcomes, some of this strategic work was in its infancy. We heard positive examples and feedback about the work they did, including the way they highlighted issues and reported into senior leadership. The local authority used joint funding to meet the needs of diverse or seldom heard groups and had set up an Innovation Fund with partners which had been used to support various groups such as a forum for women from black and minority ethnic communities, cookery groups for asylum seekers and digital champions across the Borough to support older people at risk of digital exclusion. These groups showed the local authority was working with partners to find ways of meeting the need of intersectional groups, such as particular faith or ethnic groups where people belonged to specialist groups with specific needs. However, the local authority was aware of gaps, such as we heard there was a limited offer for people from the lesbian, gay, bisexual, transgender or queer (LGBTQ) community. We heard positive examples of staff working with people to overcome stigma, but also heard that there were sometimes limited options for people who identified as LGBTQ, including intersectional groups such as offers for older people or autistic people who identified as LGBTQ.

The local authority's ability to use data to understand the experiences of people who used their services was limited, which impacted on the local authority's ability to evidence how well they met their public sector equality duty. The local authority was aware of the need to make better use of data and plans were underway to improve this. We heard from staff and leaders that waiting list data was difficult to interrogate by groups and saw during assessment that this information was time consuming to collate. This meant the local authority could not easily review data to identify if waiting times were different for people from different groups or communities. The potential impact of this was mitigated by staff practice, we heard how staff were proactive in contacting people who were waiting to triage cases and manage risk by putting initial interventions in place. This reduced the risk of people facing discrimination around how timely their assessments were, but the local authority's ability to use their data to understand people's experiences to inform their strategy was limited.

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The local authority had already identified this as an area to improve and the planned changes to IT systems was intended to improve access to this type of data, but at the time of our assessment the ability to interrogate data in areas such as waiting lists, safeguarding and complaints to identify potential impacts on certain groups had not yet improved. Where data was available, improvements had not yet been implemented to address disparity. For example, there were differences in process and approach for adult unpaid carers and young carers, with data showing young carers waited longer for assessment. The local authority recognised a need to raise awareness with staff about young carers but the impact of the work had not yet been seen.

The local authority had carried out a Joint Strategic Needs Analysis (JSNA) to understand the health, care and support needs of people in the Borough and across Berkshire East. The JSNA included work to look at populations and identify groups who are likelier to face poorer outcomes or inequalities such as homeless people, migrants, the Gypsy, Roma and Traveller communities, sex workers, people with a learning disability and unpaid carers.

The JSNA identified vulnerable migrants as one group who could be at risk of achieving poorer outcomes because of barriers in access to health services or housing, as well as low pay and risks such as trafficking. Staff and leaders described recent work to train staff in how to support vulnerable migrants, as well as working alongside the Home Office to meet the needs of the migrant and refugee populations. Whilst feedback showed this was meeting the needs of these groups, we saw limited evidence of strategic work in this area. The world café events and recent improvements in use of public health data, had laid the groundwork for an improved strategic approach, but much of this work was at an early stage at the time of this assessment.

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The local authority recognised a need to improve in this area. We heard from staff and leaders how the world café events were the start of a project to better understand communities. Whilst this demonstrated the work underway was already informing strategy in some areas, we found areas where this had not yet been developed. For example, the Autism strategy was out of date and there were plans to publish a new one once a leader had been recruited to a role to oversee it. The inequalities project detailed above showed work was underway in identifying different demographic groups, but this had not yet evolved into strategic approaches to meeting the needs of those people, in areas such as service provision or prevention. The work that had already taken place had demonstrated good outcomes, such as the work with unpaid carers of people living with dementia from black and ethnic minorities. We heard how the local authority's approach had attracted interest from other local authorities who wanted to learn from the Royal Borough of Windsor and Maidenhead. However, this strategic work would require more time to achieve what the local authority had set out to.

The local authority was working with health partners to share data about demographics and meet need. For example, there was joint work underway to plan services for people from local deprived communities who had needs related to addiction and mental health conditions. The local authority employed staff who led on working with community groups and we heard mostly positive feedback about this work from voluntary and health partners, but some partners said it could be difficult to work with the local authority strategically. The local authority was working with housing partners where the inequalities project identified risks for people with a learning disability and autistic people when it came to security of tenure, this had led to work to develop new specialist accommodation in the Borough.

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The local authority had started the next phase of delivering on these priorities by using joint funding to bring together partners and communities to further understand what was available in the community and enhance co-production to develop services to meet the needs of minority and seldom heard groups. For example, RBWM Together had supported community projects reducing the risks of social isolation for parents and carers, including advice and support around mental health. Leaders also told us about future plans to use data more creatively in public health, as well as considering the use of citizens assemblies to directly involve representatives of local communities in decisions about health and social care services.

## Inclusion and accessibility arrangements

The local authority took steps to ensure information was available in an accessible format to people, but the local authority recognised a need to provide more information in different languages for people for whom English was not a first language. Staff told us they had access to translator services, and we saw evidence of information being published in accessible formats, such as large print or easy read for people with a learning disability. Staff said they had access to British Sign Language (BSL) training, and we saw staff could access services to communicate with people with sensory needs on visits or through follow up information provided to them.

The front door team frequently carried out visits where information and advice could be provided, and these visits presented opportunities to use translator services to ensure people who did not speak English as a first language were kept informed.

Whilst this approach mitigated some of the risks of people being unable to receive accessible information, the local authority had not yet fully ensured information and advice was consistently available to people in inclusive and accessible formats.