

Equality & Diversity Report 2017

Our Commitment to Equality and Diversity

Step One has a strong and long-standing commitment to equality, diversity and inclusion, and promoting a culture that celebrates difference. We demonstrate this in our mission, which is about enabling people to fulfil their potential, and our vision, which sees our differences as an essential part of a healthy and vibrant community.

Active monitoring of equality and diversity is an essential tool for measuring whether we are meeting our requirements and progress towards equality and diversity goals. This document reviews Step One's equality and diversity data from people who used our services, and staff recruited during 2017.

Our duties under the Equality Act 2010

Under the Equality Act 2010ⁱ, Step One is bound by the Public Sector Equality Duty and must, in all its activities, have due regard for the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not share it.

The protected characteristics defined by the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Data sources and general reporting principles

Step One employs 117 staff (on 31st December), and in 2017 provided services to 1060 people. The data in this report is from equality and diversity forms given to people who used our services throughout 2017. 365 people completed and returned a form. Data also includes forms sent to 482 people who applied for a job at Step One in 2017. For comparison, this report also uses data from the National Office of Statistics (NOS)ⁱⁱ.

There are some data quality gaps, identified below. Where possible, I have tried to look at comparable measures, for example, data for ethnicity, age, and religion, for Devon and Cornwall as shown in 2011 Census data. However, because the total number of people is low, it is difficult to draw meaningful conclusions or determine statistical significance, or to find an appropriate viable source for comparative analysis. This is particularly true for recruitment, due to the small number of successful candidates who returned equality and diversity forms.

Data quality

There are some problems with data quality, including low returns from some services, difficulty accessing data where other providers gather this, inconsistencies in monitoring forms and collection methods, and forms that were incomplete, or where respondents have opted not to disclose requested personal information.

The Enabling Service Manager reported that many people who used the service found the equality and diversity form too difficult to fill out, and for this reason, staff had stopped asking people to complete it. Step One's equality and diversity form has a checklist of 109 long-term health conditions and disabilities.

Some people (both job applicants and people who use our services) did not indicate that they had any long-term conditions or disabilities. It is not clear whether this is because they don't have a disability or long-term health problem, the form was too cumbersome to complete, or respondents did not see the relevance of disclosing this data.

For example, some users of our mental health services did not tick to say they had a mental health condition. Other people listed many conditions (one person listed 18) and the specificity of this data (and possible combinations and permutations of various conditions in such a small sample size) means that it is not possible to determine significance, trends, or possible discrimination, based on each condition.

The form does not define disability, and so it is not clear whether people see themselves as having a long-term health condition or a disability (or both). It is not apparent whether some of the health issues that people selected (for example, diabetes, asthma, tinnitus, etc.) cause impairment for the person, or affect their ability to carry out normal daily activities.

Different forms

Daybreak Learning Community uses a separate equality and diversity form, which differs from the one used by other Step One services. For example, it does not ask about sexual orientation, and uses a different age range classification, making it difficult to compare with other services.

The National Offender Management Service (NOMS)/CFO3 contract also uses different classifications, for example, there are different ethnicity and religion and belief categories. This data also does not include sexual orientation. CFO3 data only indicates whether someone has a disability or not, and does not specify the type of disability, e.g., learning, physical, etc.

Definitions of caring relationships/dependencies are also different between the various forms. This divergence of classification means that it is not possible to compare data across services, and challenging to aggregate the data across the whole of Step One services. For this reason, caring relationships is not included in this analysis.

Data Collection

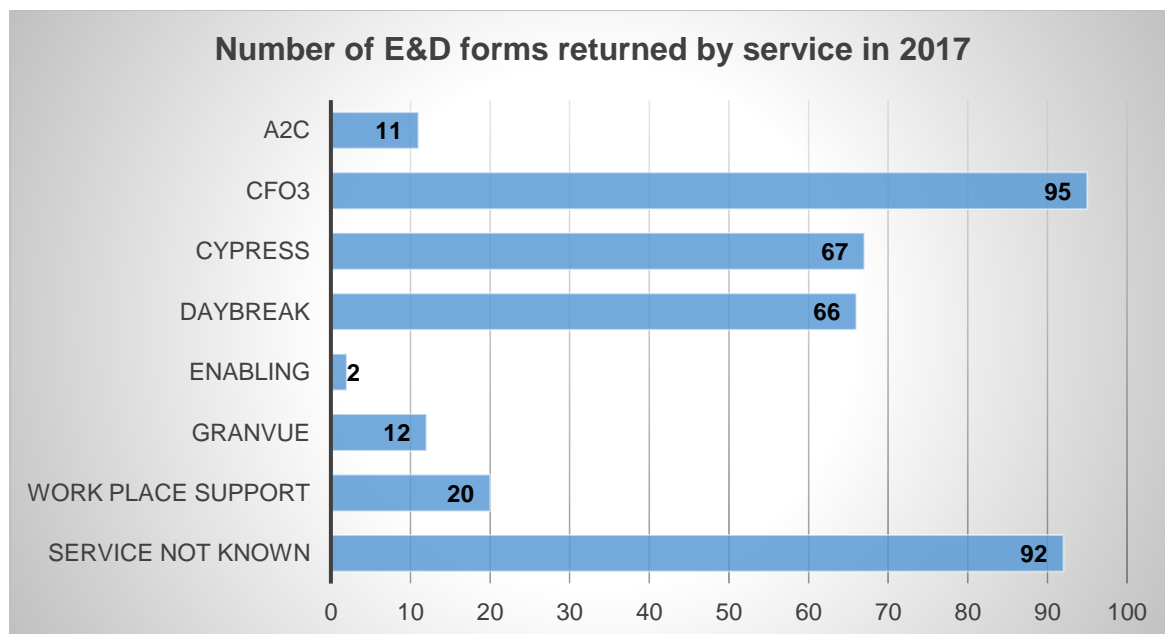
There is some inconsistency with data collection; in one service support workers completed equality and diversity forms with the people they were supporting and so breaching confidentiality. Other services gave the form to people to fill in on their own with an envelope that they could seal this in and return to Beaufort House for data entry.

Recruitment

For five positions, it was not clear from the HR records who the successful candidate was. In some cases, there were duplicate equality and diversity forms both within and between successful and unsuccessful applicant files.

Demographics of People who use Step One services

365 people who used Step One services provided information about their equality and diversity characteristics. These came from the following services:



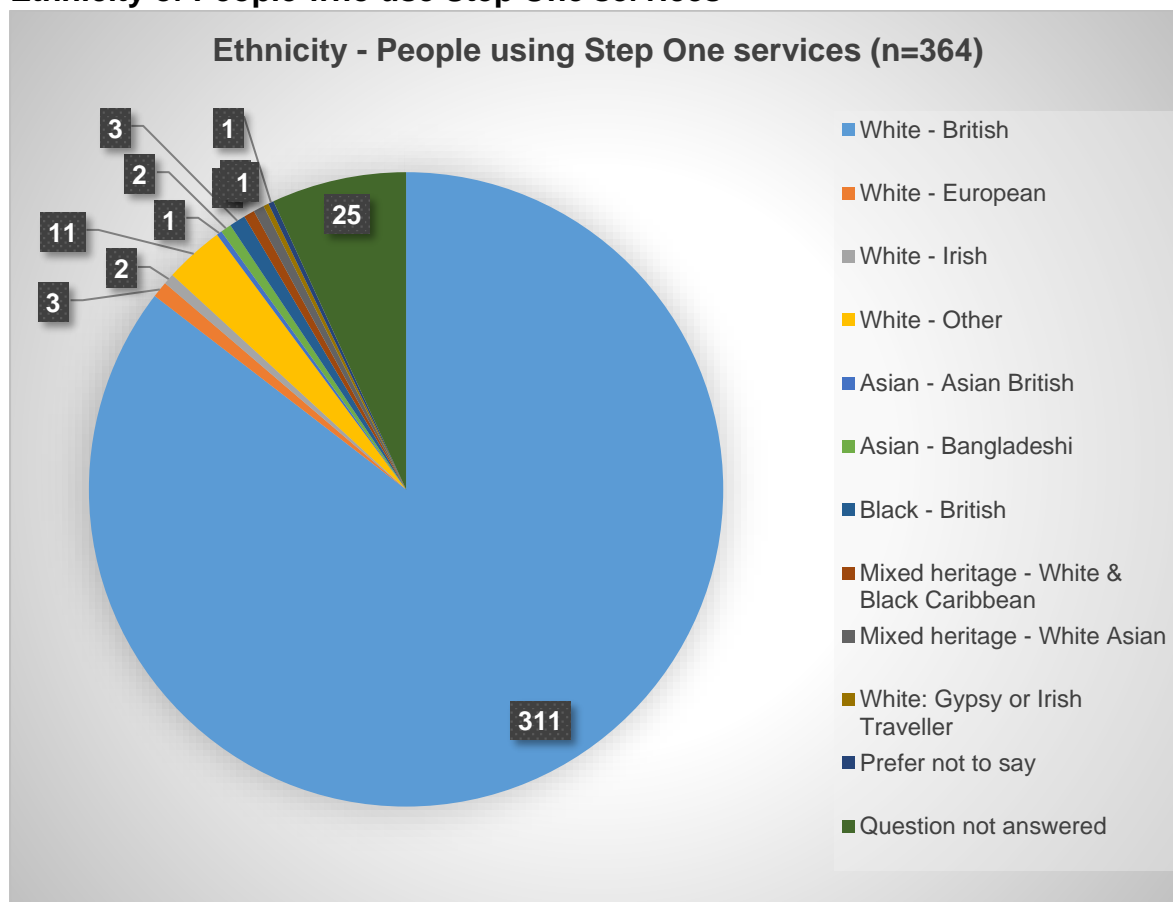
A significant number of people did not say which service they used. It is difficult to know whether this was a deliberate omission, or whether this was affected by the design/layout of the equality and diversity form.

Proportion of people submitting E&D forms by service:

Service	% of people returning E&D forms
A2C	13%
CFO3*	68%
Cypress	64%
Daybreak	40%
Enabling	2%
Granvue	10%
Work Place Support	Not known
Work Routes*	Not known
Step One Total	34%

*Prime Providers, and not Step One, collect this data. For Work Routes, it was not possible to get an extract of equality and diversity data.

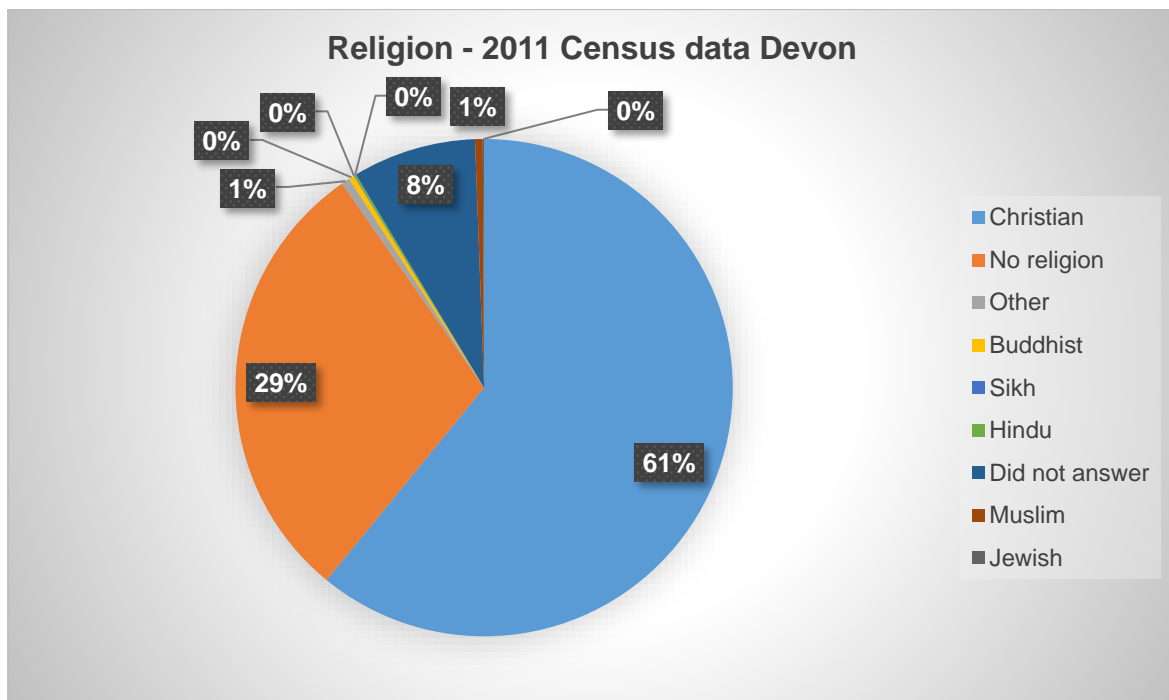
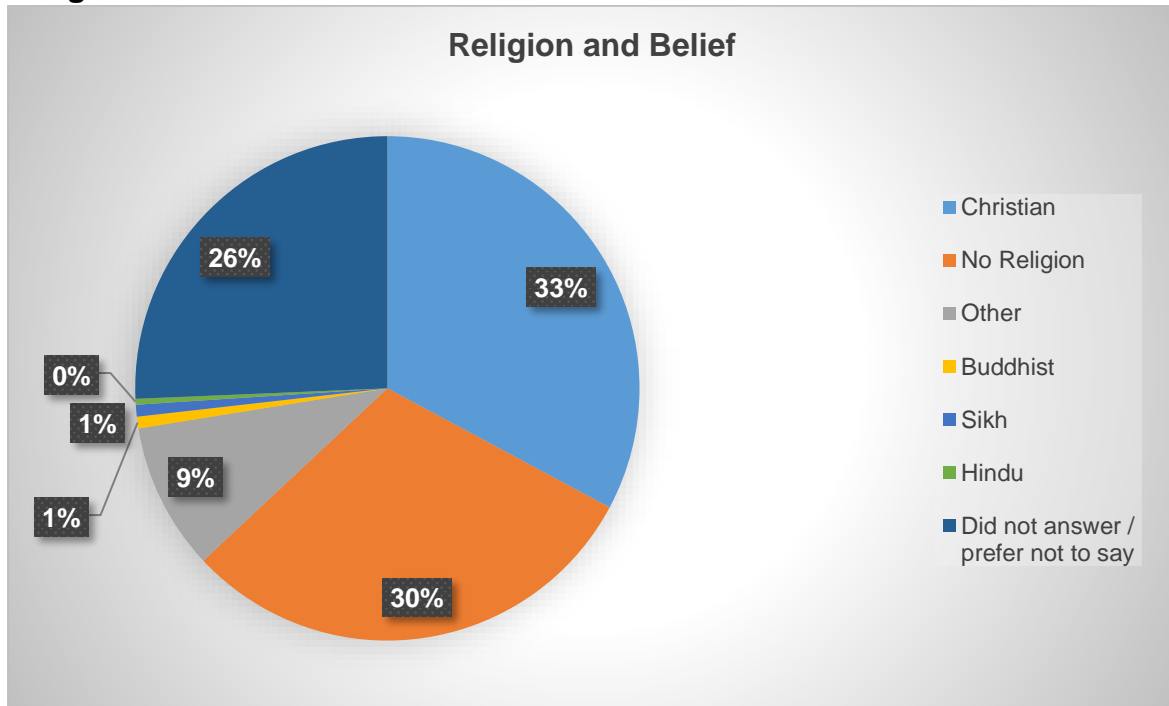
Ethnicity of People who use Step One services



Comparison of ethnic composition data for Devon & Cornwall (from National Office of Statistics, 2011 Census)ⁱⁱ with people who used Step One services in 2017.

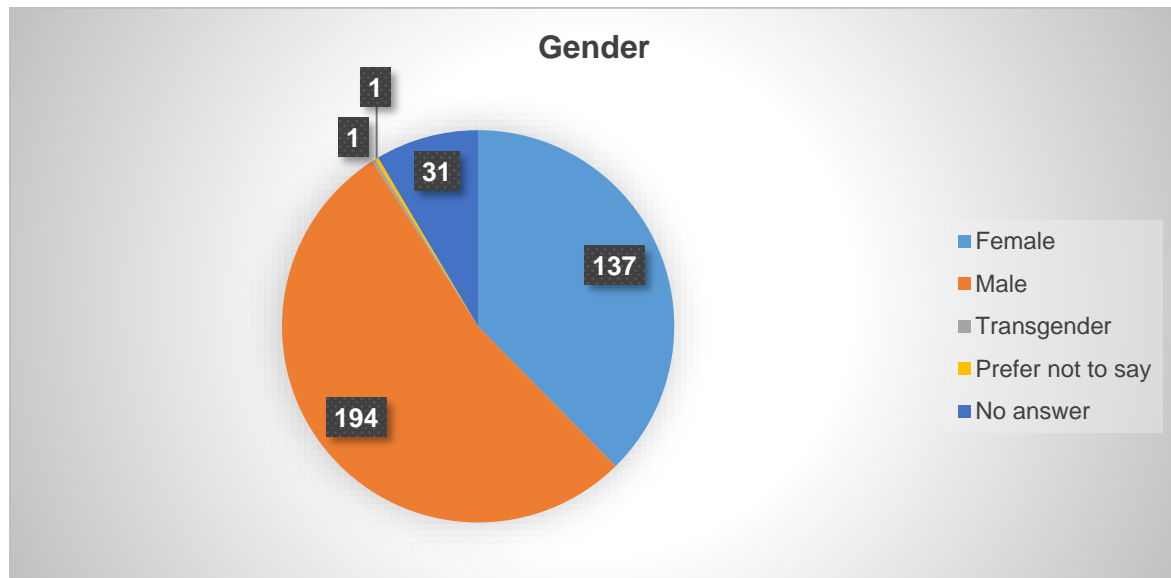
District	White %	Mixed %	Asian %	Black %	Arab & other %
Cornwall	98.2	0.8	0.7	0.2	0.1
East Devon	98.4	0.8	0.8	0.1	0.1
Exeter	93	1.6	3.9	0.5	0.9
Mid Devon	98.7	0.6	0.5	0.1	0.1
Plymouth	96.1	1.3	1.5	0.6	0.4
South Hams	98.3	0.8	0.5	0.1	0.2
Teignbridge	98.4	0.8	0.7	0	0.1
Torbay	97.5	1	1.1	0.2	0.2
Torridge	98.7	0.7	0.4	0.1	0.1
West Devon	98.4	0.7	0.5	0	0.2
Average - Devon & Cornwall	97.6	0.9	1.1	0.2	0.2
Step One	97.0	1.2	0.9	0.9	0.0

Religion and Belief



The number of people who used Step One services and identify as Christian appears to be significantly lower than in the population of Devon (taken from the 2011 Census). However, this difference seems to be made up from people who did not answer the question (26% in the Step One sample), and people who selected 'Other' (9% at Step One compared with 1% Devon-wide). Data may also be different because of the age profile of people using Step One services. Christianity has the oldest age profile of all the main religious groups; one in five Christians is aged 65 or over.

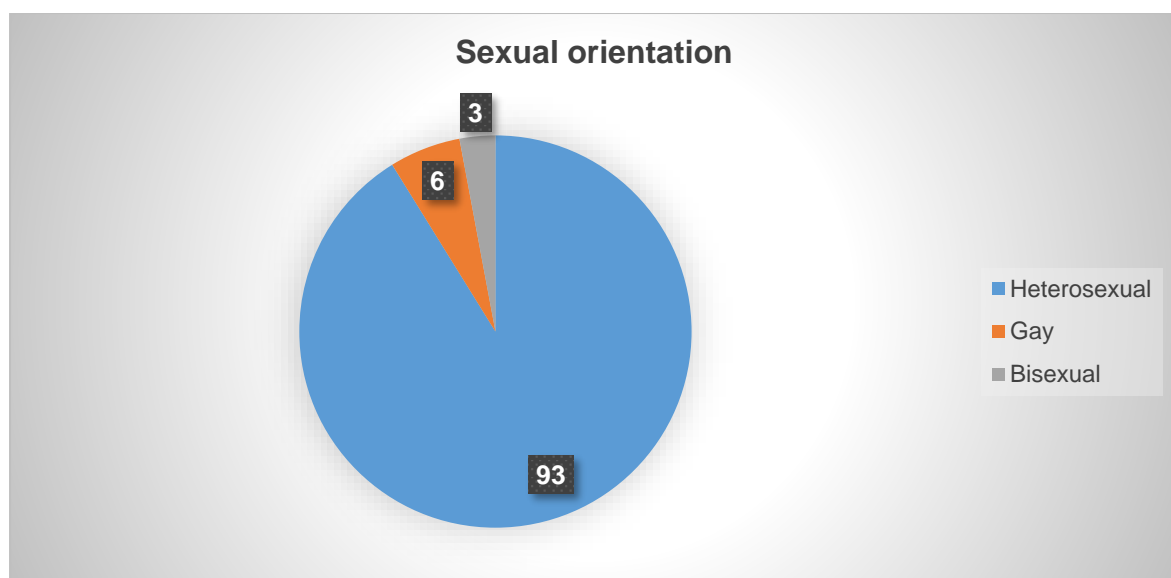
Gender



It is difficult to compare the gender distribution of people who use similar services, due to the diversity of Step One services and lack of public data for comparable (e.g., mental health, supported accommodation, enabling, and employment) services. For example, females have a higher prevalence of common mental disorders and are more likely to receive treatmentⁱⁱⁱ and men spend more time in a psychiatric hospital than women^{iv}. The higher proportion of males using Step One services is most likely due to the NOMS contract, as both Channings Wood and Dartmoor are Adult Male/Category C prisons.

Sexual Orientation

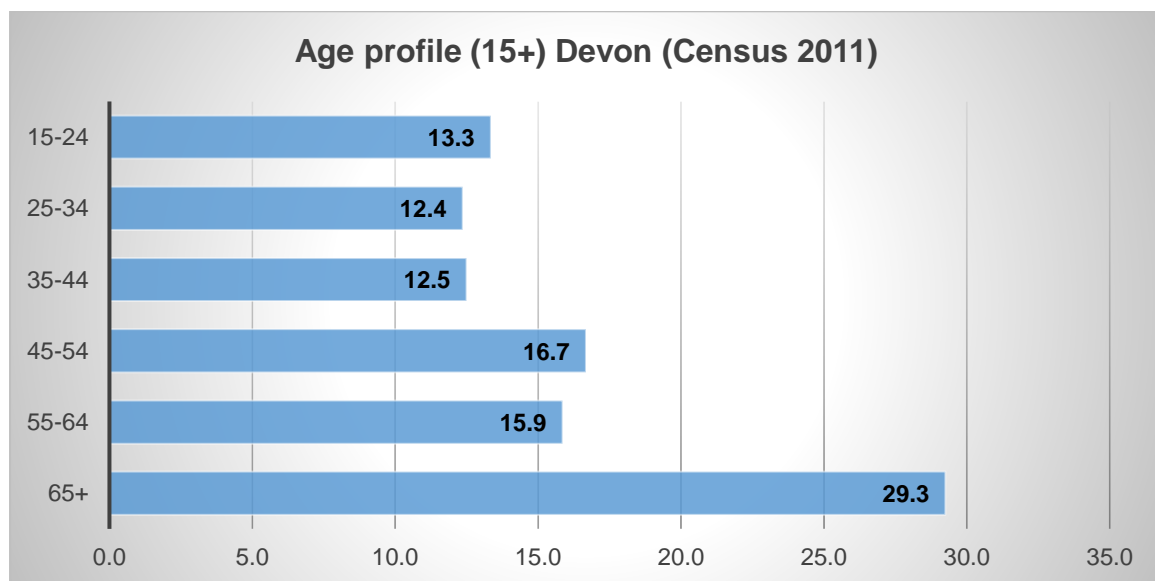
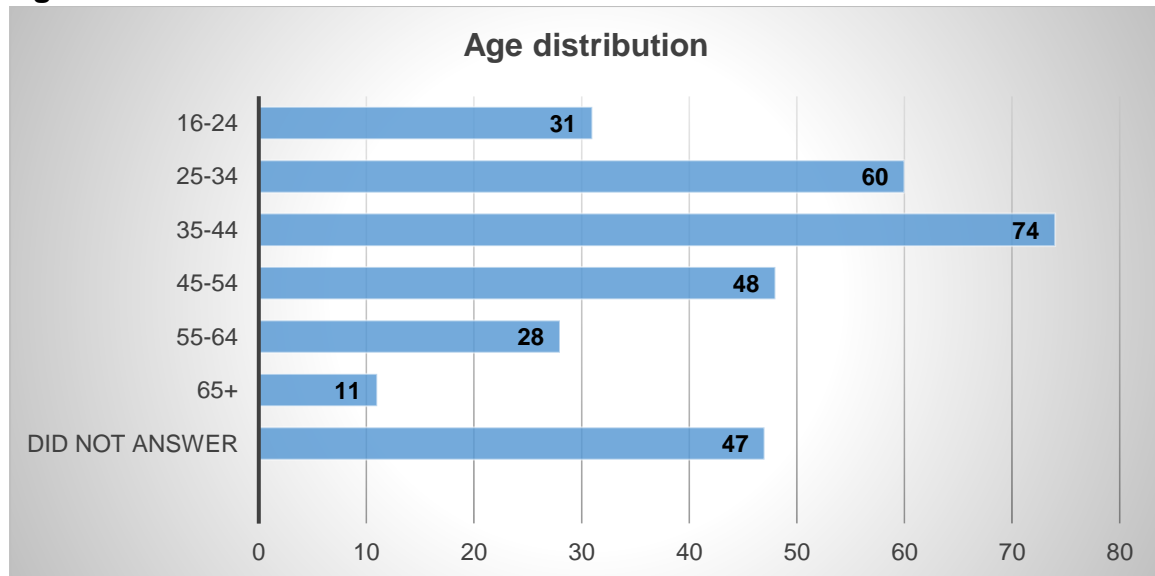
Daybreak Learning Community and NOMS/CFO3 services do not gather information about the sexual orientation of people that use their services. Of the remaining services returning equality and diversity forms, 50% of people did not answer this question (47% left the question blank, 3% ticked that they preferred not to say).



Of the people who answered this question, 8% identified as gay or bisexual. The small sample size and a large number of non-responses for this item make it problematic to compare with other data, which also have issues with reliability. The Devon Health and

Wellbeing Board points out that there is no definitive, reliable estimate of the size of the Lesbian, Gay and Bisexual population locally or nationally, although a frequently cited estimate is 5-7% of the population^v. The Health and Wellbeing Board needs assessment found that LGBT people have significantly higher levels of depression, anxiety, self-harm and suicidal ideation, and higher rates of alcohol and substance misuse, meaning that, in general, we might expect higher proportions of LGBT people using health and social care services.

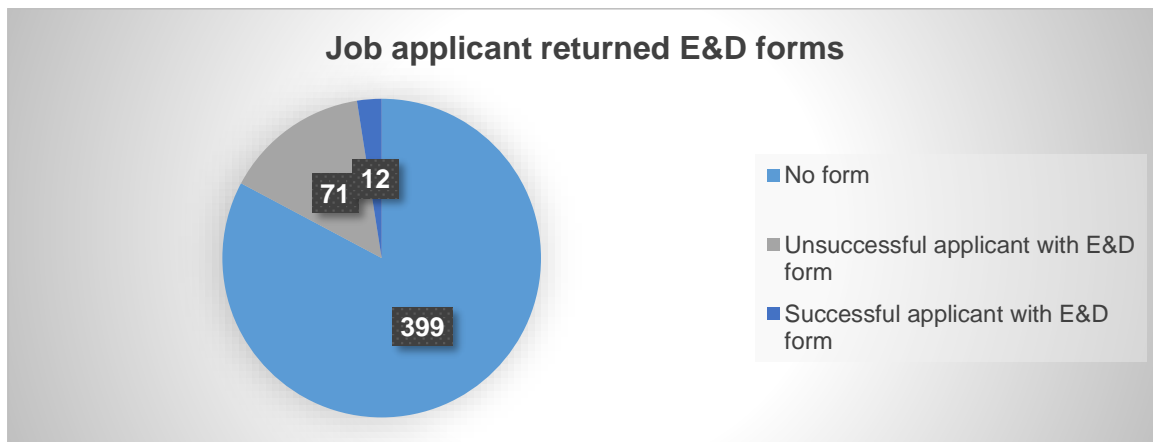
Age



It is problematic to compare age distribution of Step One services with the general population, due to the type of support Step One offers, which may be affected by age of onset of condition/support seeking, unemployment trends, etc. It would perhaps be more useful to compare the age profile of people who use Step One with that of other local (or demographically similar) mental health, employment, enabling and supported living services, although this data is not publically available.

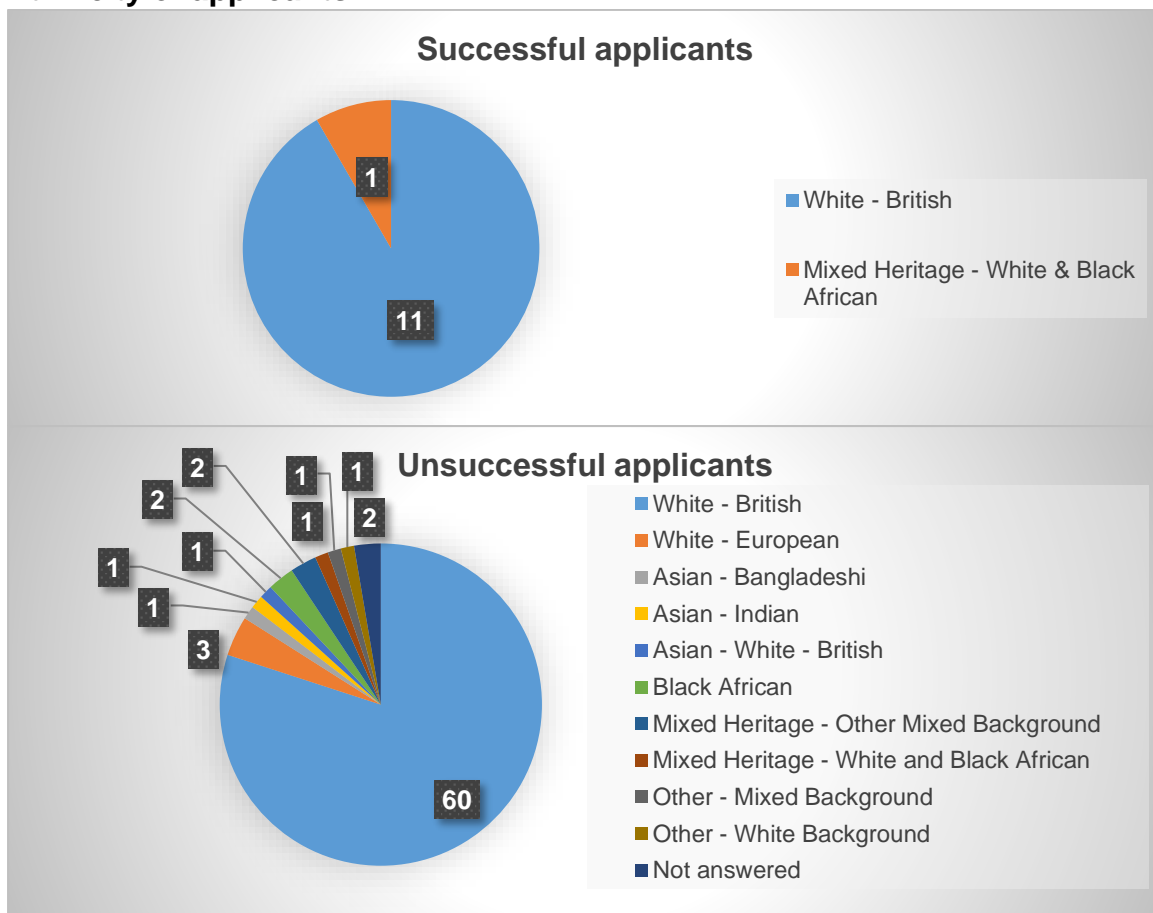
Recruitment

482 people applied for jobs at Step One in 2017. 83 of these (17%) returned an equality and diversity form. 12 of these (36% of returned forms) were from successful candidates.

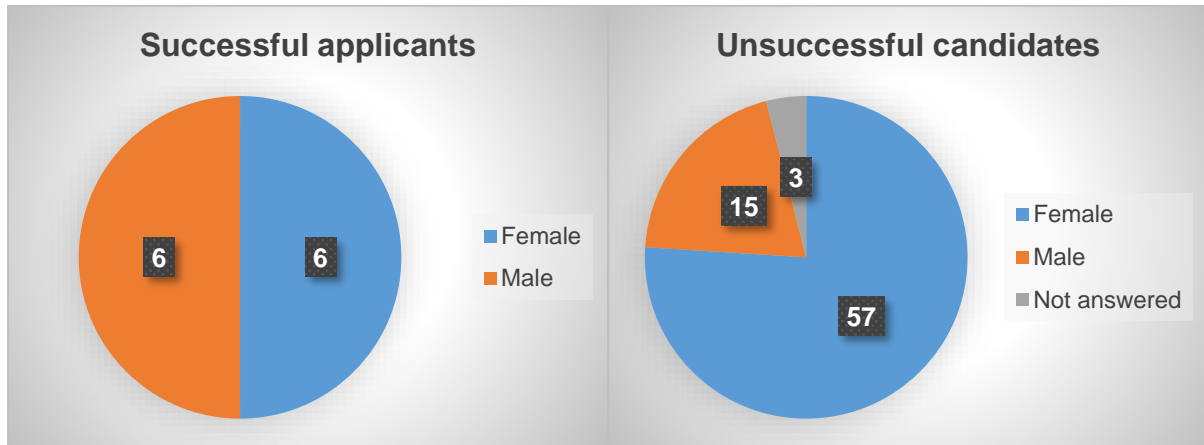


The following compares the proportion of people with protected characteristics for successful and unsuccessful applicants. However, the small number of equality and diversity forms completed by successful candidates (n=12) and the large proportion of applicants who did not complete a form (83%) means that it is not possible to show whether there is a statistically significant difference between the two groups.

Ethnicity of applicants

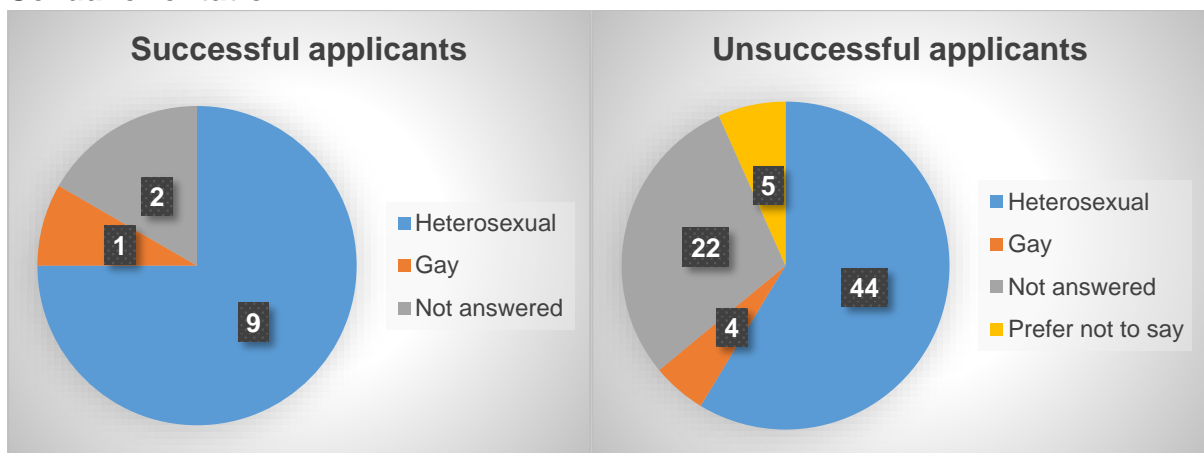


Gender

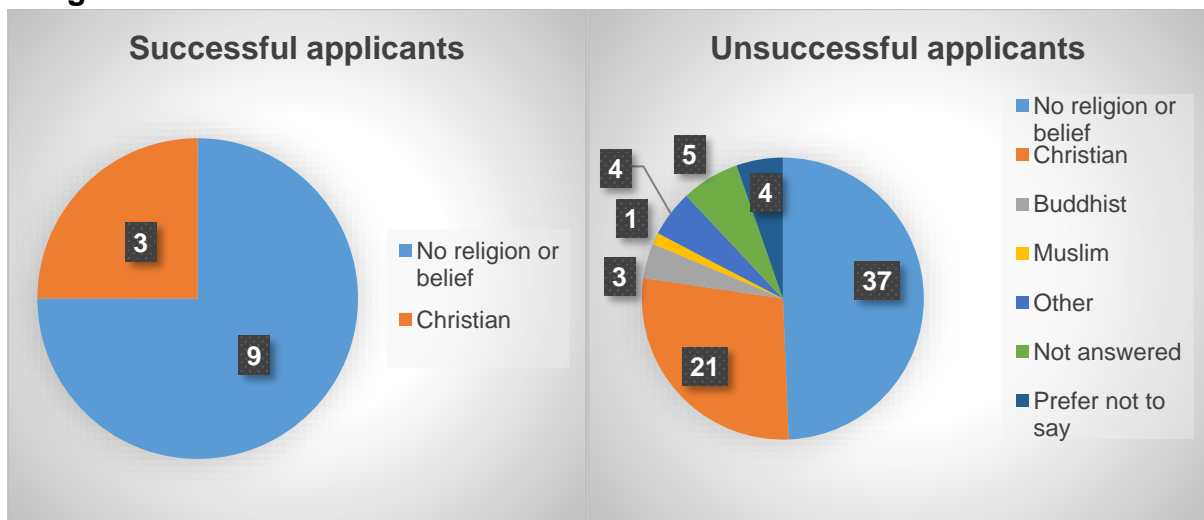


The higher proportion of female applicants is reflected nationally in the workforce for health and social care organisations. It is difficult to determine whether the comparatively higher proportion of males in the successful applicants is significant because of the small sample size. Regarding barriers to employment and career advancement, many organisations compare the ratio of male and female staff by pay grade/band.

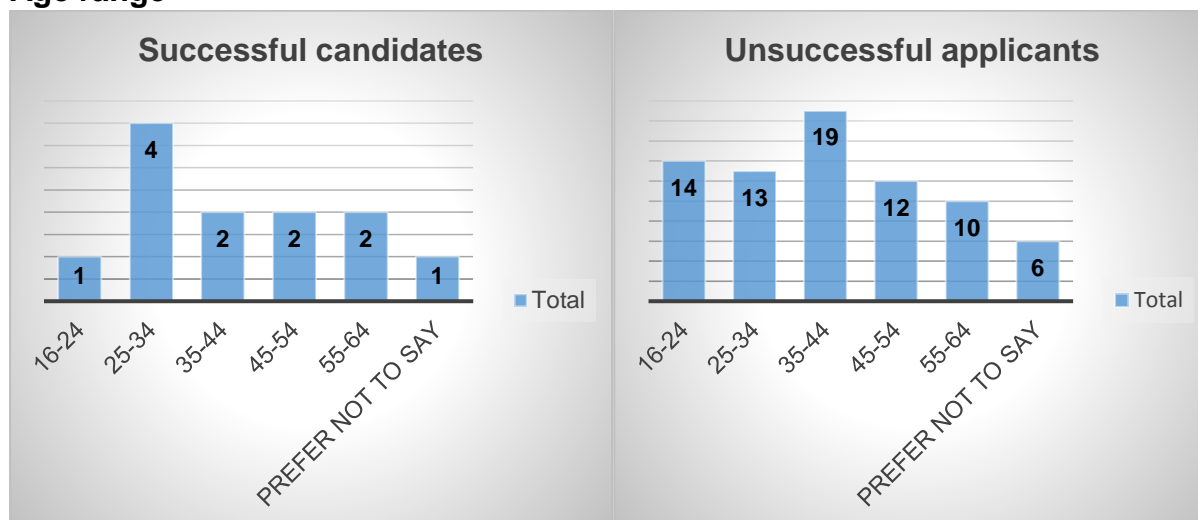
Sexual orientation



Religion of belief



Age range



HR processes

Step One does not routinely monitor the protected characteristics of staff undergoing formal disciplinary process, performance improvement plans, dismissal, sickness absence, formal grievance process, or claims of bullying and harassment. Step One does not collect self-reported equality and diversity characteristics on its HR system, and so it is not possible to analyse data at different stages of the employment cycle, i.e., staff progression, training opportunities, restructuring or redundancy, leavers, etc.

Equality and Diversity training

Step One provides mandatory online training for its staff (supplied by Social Care TV). 81% of Step One staff have completed and are in-date for this.

Step One also has mandatory classroom-based Equality and Inclusion training provided by Zebra. 23% of Step One staff and volunteers have completed this. Feedback from some participants (n=19) from two these sessions held in 2017 was very positive. Most participants said that the training had helped them to be more aware of prejudice within the workplace and society, and would help them to better challenge discrimination:

“As a result of this workshop, I will be more able to challenge discrimination. I will be more aware of equality & diversity in the workplace - not only with people we support but also with staff.”

“It was very thought provoking, and I enjoyed the day. I will continue to reflect on my approach to others.”

“This will allow me to challenge discrimination more within the workplaces I visit and with the managers and employers I talk to.”

Equality, Diversity and Inclusion Plan

Towards the end of 2017, Step One developed an Equality, Diversity and Inclusion Plan for 2018-19. The plan sets out three outcomes, and actions to meet them:

1. Step One provides information and communicates in a way that is accessible and inclusive.
2. We embed equality, diversity and inclusion in all that we do.
3. Step One has a diverse community of staff and volunteers.

Recommendations

1. Redesign of the equality and diversity monitoring form, with a focus on protected characteristics, i.e., ethnic group, religion or belief, gender, sexual orientation, and disability. The new form might consider:
 - a. Adding the category of Gypsy/ Irish Traveller under ethnicity
 - b. Adding a definition of disability and suggesting a limited number of types (long-standing illness, physical/motor disability, learning disability/difficulty etc.) to allow for a meaningful breakdown of disability status.
 - c. Reviewing the current response options for the sexual orientation/gender identity question^{vi}.
2. The same form should be used across all Step One services (except where a prime provider already collects this data at the point of referral). This will ensure standard categories of data to allow meaningful analysis.
3. There should be a consistent and confidential method of data collection. Monitoring will only generate useful and reliable results when employees, job applicants, and people using our services feel safe and confident in disclosing personal information.
4. Step One should consider how best to monitor diversity information of its staff. Options may include one or more of the following:
 - a. An anonymous employee census of existing staff.
 - b. Self-reporting or self-identification, where this data is attached to confidential HR records, which creates opportunities for cross-referencing this data with other information held about employees, e.g., pay and grade, periods of absence, performance management, training opportunities, etc.
 - c. Capture of equality and diversity data of staff during other HR-related activity, e.g., grievance process, disciplinary process, redundancy/restructuring, staff progression, exit, staff surveys.
5. Step One should clarify whether, as an independent healthcare provider, it is required to implement and report on the NHS Workforce Race Equality Standard.
6. Step One should consider ways in which it can promote greater completion of equality and diversity forms by job applicants, as the current level of returns is insufficient to monitor trends or identify possible discrimination during recruitment.

ⁱ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

ⁱⁱ <https://www.ons.gov.uk/census/2011census/2011censusdata>

ⁱⁱⁱ McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital

^{iv} Mental health bulletin: fourth report from mental health minimum dataset annual returns 2010, NHS Information Centre, 2011

^v <http://www.devonhealthandwellbeing.org.uk/jsna/overview/archive/equality-and-diversity/sexual-orientation/>

^{vi} https://www.stonewall.org.uk/sites/default/files/do_ask_do_tell_guide_2016_0.pdf