



Equality Impact Assessment (EQIA)

An **EQIA** is a tool to examine how well a service assesses and meets different needs.

The **aim** is to: prevent discrimination; promote equal access & good community relations.

There are 4 **sections**: Information, customer needs, human rights & improvement.

EQIAs are used to **assess**: Council functions (as scheduled) or new policies.

A **function** is a Council service (e.g. Fire & Rescue) or duty (e.g. consultation); a **policy** is any formal or informal decision. EQIA should be written on any significant decision, *minor changes should be added to an existing form to log problems or improvements.*

Name of function (team & service)	Oxfordshire Carers Strategy 2009-12	Name of lead officer	M.Davis
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Our local vision is to deliver the National Strategy “*Carers at the heart of 21st Century families and communities. A caring system on your side. A life of your own*” in response to the needs of carers in Oxfordshire. Oxfordshire intends to achieve this by working in partnership, by recognising and respecting both adult and young carers in their own right, by training and supporting staff to fulfil the strategy’s aims and objectives, and by working to support carers in their caring roles, in their health and wellbeing and in their wider aspirations. It aims to promote social inclusion and address barriers.

The Oxfordshire Carers’ Strategy continues to be overarching. It relates directly to Carers of adults and links to parent Carers and a separate Young Carers’ Strategy. Partners have or are developing their own internal plans and strategies.

Partners include:

Oxfordshire County Council

- Social & Community Services – Adult Social Care, Adult Learning and Corporate HR
- Children, Young People and Families – Children with Disabilities

Oxfordshire Primary Care Trust

Oxford Radcliffe Hospitals NHS Trust

Oxfordshire and Buckinghamshire Mental Health Foundation Trust

JobcentrePlus

Age Concern Oxfordshire

Rethink Carer Support Oxfordshire

Oxfordshire Carers Forum

Carers Centre Oxford

Carers Centre North & West (Princess Royal Trust for Carers)

Carers Centre South & Vale

Oxford City and District Councils

The priorities set out in this strategy are the result of a strong partnership tradition involving Carers and Carers’ organisations. The priorities at the Carers’ Strategy Workshop 2008 confirm the themes which have been highlighted by Carers throughout this involvement. The six key priorities include:

1. Opportunities for a break.

Aim: To have a range of good quality and flexible services to provide breaks for Carers

2. Information and Communication.

Aim: To identify, support, and signpost Carers to good quality information and support

3. Health and Wellbeing

Aim: To help maintain and safeguard the emotional and physical health and wellbeing of Carers and their families

4. A life of your own: work (and financial security), education, training and leisure

Aim: To help support Carers to have a life of their own through access to work (and financial security), education, training and leisure

5. Partners in Care: Having a voice

Aim: Help ensure all services and service developments are Carer led and where possible in line with what Carers say they want and need

6. Equality

Aim: Provide equitable services that all Carers can access

Information & Planning

This section is to help you plan what information you need. **Think** are there any groups that *may* face barriers using the function, then see if the information you have is sufficient to identify these barriers.

2. List the sources of information you have on your customers:

Consultation planned or carried out

Race	Feedback from carers, from BME Carer support workers & BME Carers projects, Community Development Workers, Carers Forum, Centres, workshops, Steering Group, Carers Survey, User and Carer Expenses consultation. Partners have further consultation and feedback
Religion	Community Development Team and Carers Centres link with faith groups
Disability	Little nationally or locally
Age	Young Carers Strategy Chipin events, input from Age Concern
Gender	
Sexuality	Little nationally or locally

Research planned or carried out

Race	SAS data, census, National Carers Strategy, Carers UK and PRTC, research papers. "Carers in Employment" Leeds and Carers UK. Oxfordshire Carers & Employment pilot and report, SWIFT, Community Development Team & BME workers: SCS Participation Project, BME carers project, SAsian Carers Research project Partners have further research and data
Religion	
Disability	census
Age	Census, National Carers Strategy and Carers UK/Leeds research
Gender	SWIFT records, Census, National Carers Strategy, Carers UK/Leeds
Sexuality	Little nationally or locally

Tip: This can include: feedback, complaints, information on customers, demography

Now **check** do you have enough information to make an informed judgement on if there are any barriers to how people use the service? If not, look below for help.

- Help:**
- Ask Oxfordshire help with consultation, [click here](#)
 - Research & Intelligence help with research, [click here](#)
 - Corporate Strategies help with equality in general, [click here](#)

Customer Needs

This section has **6 parts** on race, religion, disability, age, gender and sexuality.

The **aim** is to show if any people find it difficult to use your service and how you address this.

Remember only complete the parts which are relevant to your service

Race

Consider are there any differences in how different ethnic groups *use* or *experience* the service? If not go to question 4 Yes,

3.1 What are these differences? Why do they occur? What is the evidence?

Original research re S Asian Carers noted that carers want choice, some want to work with Carer Support Workers from their own BME group and others do not.

Specialist Carer Centre projects are helping to provide support for S. Asian Carers, Chinese, and African and African Caribbean carers.

Oxfordshire BME Community Development Workers feedback that some carers say “there is no point”; the workers find that building trust helps people feel more confident and more positive about accessing mainstream services. BME workers making face to face contact with carers is key. BME workers feedback that many carers prefer to use a family member as a replacement care giver and BME workers and Carers Centres can help to apply for direct payments to facilitate this. But slowness of DP system puts some people off. Where DPs work, they work well. Some communities feel Social Services should provide the care for free and that benefits including allowances etc should not be used.

There are other sources of evidence: from census, Leeds 2007 CES Report. The National Black Carers and Carers Workers Network report that cultural concepts of caring do not translate well into some BME community languages.

3.2 Are these differences a result of difficulties people face using the service *or* due to positive measures followed by the service to ensure fair service (delete as appropriate)?

Some difficulties will be because of cultural and language characteristics.

Some will be in the provision of and accessing of information & services.

Some differences will be due to positive measures including additional CDT or Carers Centre project support for BME Carers and use of Interpretation and translation services.

Barriers to receiving a similar service:

Language, culture, trust, common experience, information, access points, culturally sensitive and efficient services.

Positive measures:

3.3 Can the service evidence it has successfully addressed barriers and improved outcomes for customers (or promoting good race relations – if appropriate)

The Carers Services have worked to address barriers and promote good race relations by: Use of Direct Payments to use flexibly and particularly valuable for carers with language and cultural needs. Use of vol sector Carers Organisations to facilitate direct access for BME carers including generic and specialist provision such as S Asian, African and African Caribbean and Chinese carers. Carers Centre service specs include proactive outreach to hard to reach carers and to work with faith groups. Carers Forum developing work to engage with BME carers. Training workshops highlighted difficulties in identification and outreach to BME carers. CDT BME workers are helping to inform developments.

Small interpretation fund for Carers Centres to access for themselves and Carers Grant projects in recognition of the rapidly changing demography of the county. Partners action plans included social inclusion for BME and other minority groups. CMHT mapping BME carers including Young Carers and their needs.

- The Carers Strategy for 2009-12 in addition will work across partnerships to achieve actions to support BME carers social inclusion, involvement, access to information and services. See: Section 11

Religion

Are there any differences in how people with different beliefs use or experience the service? If not go to question 5

Yes

4.1 What are these differences? Why do they occur? What is the evidence?

Some people with different beliefs may use or experience services differently due to timing, gender of providers, or language, or custom.

4.2 Are these difference a result of difficulties people face using the service *or* due to positive measures followed by the service to ensure fair service (delete as appropriate) Both.

Barriers to receiving a similar service:

Difficulties may be due to the manner in which services are provided, timing, gender, custom etc.

Positive measures:

There may be some positive measures with services such as Carers Centres and Community Development Workers linking to Faith Groups which can help overcome information and access barriers. Hospital chaplains may be engaged in the Carers Strategy in future.

4.3 Can the service evidence it has successfully addressed barriers and improved outcomes for customers?

We are working with Faith Groups. See section 11.

Disability

Are there any differences in how people with different disabilities *use* or *experience* the service? If not go to question 6

Yes

5.1 What are these differences? Why do they occur? What is the evidence?

Different needs for support and access, mobility, hearing loops, own mental and physical health and learning disability needs. May need care assistance themselves. May be service users. Anecdotal evidence that sometimes carers with disabilities are not recognised as carers when they also have caring responsibilities.

But there is not much evidence either nationally or locally about disabled carers.

5.2 Are these differences a result of difficulties people face using the service *or* due to positive measures followed by the service to ensure fair service (delete as appropriate)

Most differences are a result of difficulties people face.

Difficulties may occur if service providers see the disability and not the caring role.

Support is available from the Taking Part Team for people with Mental Health needs. Financial help is available to cover care assistance for carers involved with service development etc.

Direct Payments for carers services are available and can provide whatever will be the best outcome for the particular carer, so can be responsive to particular need.

Carer support workers are available to support individual need.

Carer Aware project promotes public awareness through media, Oxonnews.

Barriers to receiving a similar service:

Services & provision of information and access may not be able to be as responsive as needed to individual need. May need to be presented in large print, Braille, teletext etc . which is available but may alter the experience of the service.

Positive measures:

Direct payments and carer support workers are responsive to individual need.

Project with Sensory Impairment team to support training in sign language where there is a child with substantial communication difficulties. MH Early Intervention team now has Family support worker, as do Alzheimers, Carers Centres, and Association for the Blind.

Hidden carers are key priority in Carers Strategy. Carers Centres and Forum have remits to identify hidden carers and signpost. GP practices are supported to use the GP protocol to identify carers and carers are encouraged to advise their gps of their own health needs. JobcentrePlus has helped identify and signpost hidden carers including staff as well as customers.

OCC and NHS have been helping to identify and support working carers at risk of ill health.

5.3 Can the service evidence it has successfully addressed barriers and improved outcomes for customers? See section 11

Age

Are there any differences in how people of different age groups, young or old *use or experience* the service? If not go to question 7

6.1 What are these differences? Why do they occur? What is the evidence?

From age 65, the proportion of Carers providing higher levels of care rises sharply. Among the oldest Carers, aged 85 and over, around half (51%) care for 50 or more hours a week (ONS 2006). This is compounded by an increased risk of financial hardship, isolation and social exclusion among older people generally

Also common for older people to care for each other. There is anecdotal evidence that many older generation carers are not used to accepting support/using services. Anecdotal evidence that older people prefer face to face support and information.

The equalities task force of the National Strategy reported that being a young carer has a detrimental effect on young people's life chances and opportunities. Young adult carer (16-24) caring reduces likelihood of participating in further education and can impact future earnings and own personal development.

Young adult carers anecdotal evidence they do not want to access mainstream older services which they see dominated by older people.

6.2 Are these difference a result of difficulties people face using the service *or* due to positive measures followed by the service to ensure fair service (delete as appropriate)

Barriers to receiving a similar service: The above factors influence use of services and how services need to be designed.

Positive measures: Young adult carers service to be commissioned.

Work with Age Concern to provide Older Carers Floating support group (for LD). Age concern action planning to support older carers as well as carers of older people. Work with PCT to support carers identification and GP support workers link to practices where many older carers can be picked up.

6.3 Can the service evidence it has successfully addressed barriers and improved outcomes for customers?

See 11 for next steps

Gender

Are there any differences in how men or women *use* or *experience* the service?
If not go to question 7

7.1 What are these differences? Why do they occur? What is the evidence?

The gap in care provision is closing, but women are more likely to provide personal and heavy duty care. 9% of men and 11% women are now Carers, but women provide 70% of the caring hours. Of the 4.27 m carers of working age in GB, 1.8m are men and 2.4m are women and 2/3 are in some sort of paid employment. 66% of male carers are of working age in fulltime work and 7% parttime. 32% of women who are carers are in fulltime work and 30% are part time.

7.2 Are these differences a result of difficulties people face using the service *or* due to positive measures followed by the service to ensure fair service (delete as appropriate)

Barriers to receiving a similar service: Some men and some women may want gender specific services or outreach. There may be presumptions about carers' gender being female; however, the proportion is closing. Anecdotal evidence suggests men may be less used to using services than women.

Positive measures: SouthAsian female carers are supported by Sahara Carers Group. Outreach to men via Community Development Team. As 73% of male carers are in part or fulltime work (as are 62% of women), outreach to and by employers is a priority if they are to self identify as carers and be signposted to services.

7.3 Can the service evidence it has successfully addressed barriers and improved outcomes for customers? See section 11

Sexual Orientation

Are there any differences in how gay, lesbian, heterosexual and bisexual people *use* or *experience* the service? If not go to question 9

We do not have information either nationally or locally.

8.1 What are these differences? Why do they occur? What is the evidence?

8.2 Are these difference a result of difficulties people face using the service *or* due to positive measures followed by the service to ensure fair service (delete as appropriate)

Barriers to receiving a similar service:

Positive measures:

8.3 Can the service evidence it has successfully addressed barriers and improved outcomes for customers?

Not at this time. See section 11

Human Rights & Inclusion

This section is divided into **2 parts**: Social inclusion & human rights

The **aim** of this section is to consider social factors that can prevent a person realising the full benefit of a service and organisations' responsibilities towards people's rights.

Remember not all parts will be relevant to your service.

Inclusion

Inclusion looks at how social factors prevent people from getting equal benefit from a service.

9. Describe if any of the following barriers impact on how people use the service and what the service is doing to make access easier. *Note* not all categories may be relevant.

Educational Attainment	Young Carers Projects have supported young carers and linked with Connexions and schools. Carers and Employment project is exploring support for carers to gain skills. Adult Learning is now action planning to support carers.
Worklessness or Low Income	JobcentrePlus has begun to identify carers. Carers in Employment project is being developed. Working carers group established in OCC. JobcentrePlus advises on income and benefits. Carers Centres also advise and signpost for specialist support.
Quality of Health	GP protocol has been identifying more carers & signposting. PCT, ORH and OBMH have action plans to support the carers strategy around Health and Wellbeing. Preventive services from Carers Centres and Rethink support carers wellbeing. Carers support workers in place.
Crime or Fear of Crime	Carers strategy action plan priority 3 now includes safeguarding as part of its aim.
Access to Housing	Access to housing and adaptations can create barriers for carers. SCS OT service is working closing with councils Housing departments to facilitate Disabled Facility Grants and is working to provide efficient, timely and equitable adaptations. Carers Centres and Carer support workers will signpost to housing advice.
Access to Transport	Rural carers in particular may be disadvantaged. The Strategy has actions around transport. The Carers Forum in particular is representing carers needs re transport.

Human Rights

10. All services must uphold human rights. Most services have a neutral or positive impact protecting or enabling rights e.g. schools support education this is a positive.

The following check list is a quick way to check if the service has overlooked a right or failed to protect an individual e.g. *Privacy – not protecting a person’s individual data; education – not making provision for a child who has a travelling lifestyle; protection of property – poor planning decisions.*

Human Rights	Positive	Neutral	Negative
Article 2: Right to Life	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 3: Prohibition of torture	<input type="checkbox"/>	x	<input type="checkbox"/>
Article 4: Prohibition of slavery & forced labour	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 5: Right to Liberty and Security	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 6: Right to a fair trial	<input type="checkbox"/>	x	<input type="checkbox"/>
Article 7: No punishment without law	<input type="checkbox"/>	x	<input type="checkbox"/>
Article 8: Right to respect for private and family life	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 9: Freedom of thought, conscience and religion	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 10: Freedom of expression	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 11: Freedom of assembly and association	x	<input type="checkbox"/>	<input type="checkbox"/>
Article 12: Right to marry	<input type="checkbox"/>	x	<input type="checkbox"/>
Protocol 1, Article 1: Protection of property	<input type="checkbox"/>	x	<input type="checkbox"/>
Protocol 1, Article 2: Right to Education	x	<input type="checkbox"/>	<input type="checkbox"/>

Improvements

This section has **3 sections** what the service has done, what it needs to do, how this should be added to the planning of services.

The **aim** of this section is to have a record of how the service is fulfilling legislation and promoting fair access for its customers.

Remember services managers have responsibility for making the improvements to their services; heads of service had responsibility for promoting organisational-wide changes.

Remember keep a record of later changes by adding to this EQIA and keeping a log of further improvements – this shows how fair access is central to your service.

11 Please summarise what actions the service (strategy) has taken or needs to take to ensure services are equal.

The actions in the improvement plan build on those reported above and include key actions from the new Carers Strategy for Oxfordshire 2009-12.

A major improvement is widening the partnerships working together to help identify and support carers so that access to information and support is more equitable. Many people do not identify themselves as carers so it is important to raise the public profile and work with other services to help carers self identify.

Partnership working is key as the vast majority of carers are not in contact with Social Services but are with mainstream NHS and other services such as JobcentrePlus. Each partner organisation has or is developing its own specific action plan in support of the overall strategy. Partners include Oxfordshire County Council: Social & Community Services Adult Social Care and Adult Learning, Children, Young People and Families, and Corporate Human Resources; Oxfordshire PCT; Oxford Radcliffe Hospitals NHS Trust, Oxfordshire and Buckinghamshire Mental Health Foundation Trust; JobCentrePlus; Oxford City and District Councils; Age Concern; Rethink Carer Support; Oxfordshire Carers Forum; Carers Centres – City, North & West, South & Vale.

The Carers Strategy for 2009-12 in addition will work across partnerships to achieve actions to support BME carers' social inclusion, involvement, access to information and services.

- Personalised breaks to be made available through Direct Payments or personalised budgets where possible
- Information and access to breaks to be simplified and distribution points well advertised
- Barriers to access to flexible and appropriate breaks to be identified and addressed
- All partners to raise profile, information to be targeted to areas of special need, frontline staff in a range of settings including those who provide home visits to be kept well informed on carers needs and how to signpost
- Identify, support and empower more carers who have an interest in shaping services, how they want to be involved, and include through the planning process
- Ensure interpretation services are available and accessible for carers, and resources for translations, large print, etc. are targeted appropriately.
- Review and reduce barriers to access to services for carers who are most marginalised and

vulnerable and ensure eligibility is transparent.

- Develop partnership working practices with local voluntary organisations, community and faith groups to support carers

The Strategy will work to achieve greater equality for how people with different beliefs use or experience the service

- By developing partnership working practices with local voluntary organisations, community and faith groups to support carers

The Strategy will work to achieve greater equality for how carers with disabilities use or experience the service

- Through the use of Direct Payments to meet individual need
- Through individualized support through Carer Support Workers
- Through awareness raising and support for carer involvement including care assistance when needed to support involvement
- Through NHS GP carers protocol helping GPs to identify and support carers and identify carers at risk of ill health and work with the OBMH Trust.

The Strategy will work to achieve greater equality for how people of different ages access or experience services

- Young Adult Carers service being commissioned via Children, Young People and Families
- Age Concern working in partnership to support older carers including floating support group to provide face to face support and information

The Strategy will work to achieve greater equality for people of different genders access services

- By support working with the community development team and service providers

The Strategy will work to achieve greater equality for people who are gay, lesbian, heterosexual and bisexual use or experience the service

- By providing personalised services & direct payments to meet individual needs

12. Improvement plan

Desired Outcome and Required Action	Lead Manager	Timescale
<p>The actions listed under each priority (desired outcome) from the Carers Strategy are supported by actions signed up to by partners who will have their own action plans. They are responsible for these and to report semi annually on progress to the Carers Strategy Steering Group.</p> <p>Please see www.oxoncarers.org.uk for Carers Strategy action plans and lead contacts</p> <p>http://www.oxoncarers.org.uk/wps/wcm/connect/Carers/Home/Carers+-+z+draft+strategy+</p>		

<p>Some of the key actions in the improvement plan are:</p> <p>Desired outcome: Priority 1 Opportunities for breaks – to have a range of good quality and flexible services to provide breaks for carers</p> <p>Actions to support this outcome:</p> <ol style="list-style-type: none"> 1. Continue to develop direct payments 2. Barriers to access to flexible and appropriate breaks to be identified and addressed 	<p>1.SCS MD with colleagues Adult Social Care to increase DPs for carers</p> <p>2 Lead Operational Mgr OBMH will Empower Carers through the increased use of Direct Payments</p> <p>3 SCS with Contracts and PIU –AC,DM,ST Surveys of carers will include item on barriers to breaks</p> <p>4 SA CYPF will provide & run support scheme helps with costs, transport strategy, .</p>	<p>By April 2010</p> <p>DPs increase</p> <p>April 2010 DPs increase</p> <p>4/10Barriers item included</p> <p>4/10Scheme established</p>
<p>Desired outcome: Priority 2 Information and communication –to identify, support and signpost Carers to good quality information and support</p> <p>Comments:</p> <p>“Hidden carers” are key priority in Carers Strategy. Carers Centres and Forum have remits to identify “hidden carers” and signpost to support. GP practices are supported to use the GP protocol to identify carers and carers are encouraged to advise their GPs of their own health needs.</p> <p>JobcentrePlus is helping to identify and signpost hidden carers including staff as well as customers.</p> <p>OCC and NHS are helping to identify and support working carers at risk of ill health. Community Development Team in SCS with Carers Centres and Forum are working with community and faith organisations to help identify and support carers from BME communities and rural areas.</p> <p>Actions to support this outcome : Information is targeted</p>	<p>1 SCS Community Development Team will provide information for carers of diverse backgrounds and review outcomes of pilot project: identification of hidden carers</p>	<p>CDT to review 1st phase of identification project April 09.Based on findings will inform next stage 4/09</p>

to areas of special need.		
<p>Desired outcome: Priority 3 Health and Wellbeing – to help maintain and safeguard the emotional and physical health and wellbeing of carers and their families</p> <p>Actions:</p> <ul style="list-style-type: none"> • Young carers to be identified and services targeted to avoid inappropriate caring roles 	<p>SCS Access team script helps identify young carers</p> <p>-Community care assessments guidance identifies any children or young people for discussion re any needs and support</p> <p>SCS Training plan being developed includes YC ID, good practice, whole family working</p>	<p>4/10 Young Carers Team established in CYPF and links with Access Team</p> <p>Guidance and training reviewed</p>
<p>Desired outcome: Priority 4 A life of your own: work (and financial security) education, training and leisure –to help support carers to have a life of their own through access to work (and financial security) education, training and leisure</p> <p>Action to support this:</p> <ul style="list-style-type: none"> • Support carers into training, work 	<p>AM JobcentrePlus Staff to be trained to identify and support carers including benefits advice and supporting carers back into training and work</p>	<p>4/10 JcP Staff identify and support carers</p>
<p>Desired outcome: Priority 5 Partners in care: having a voice</p> <p>Help ensure all services and service developments are carer led where possible in line with what carers say they want and need.</p> <p>Actions to support this outcome:</p> <ul style="list-style-type: none"> • Identify, support and empower more carers who have an interest in shaping services, how they want to be involved, and include throughout planning processes 	<p>The Community Development Team BME workers will support carers to become involved with the recommissioning of services</p> <p>The CDT BME workers will continue to support groups of carers from BME communities to enable them to have a voice in decision making around carers services & how those services are delivered.</p>	<p>4/10</p> <p>BME Carers involved with commissioning</p> <p>BME Carers input to decision making around carers</p>

	<p>SCS will ensure there is an independent voice for carers in Oxfordshire which helps to identify carers & support & empower carer involvement</p> <p>OBMH Management Team Carers will be included in appropriate Directorate Management Meetings in order to influence and change Mental Health Services, practices & policies.</p>	<p>Independent Voice is commissioned</p> <p>4/10 Carers included</p>
<p>Desired Outcome Priority 6 Equality Provide equitable services that all carers can access Actions to support this outcome:</p> <ol style="list-style-type: none"> 1. Assess impact of this strategy across disadvantaged or diverse groups of carers and address any barriers to equality and impact on human rights 2. Ensure interpretation services are available and accessible for carers, and resources for translations, large print etc are targeted appropriately 	<p>SCS Community Development Team are undertaking a project looking into why there is a low take up from the BME communities of SCS services. This project will include carers.</p> <p>SCS Contracts will write into service specs 1) need for providers to respond to needs of a culturally diverse population 2) providers to carry out EQUIA</p> <p>JT OBMH A Project Plan will be put in place tasked to improve the numbers of BME and Young Carers accessing Mental</p>	<p>Report July 09</p> <p>4/10 in service specs</p> <p>4/10 Plan in place</p>

<p>3. Transport is in place to access relevant services and support carers. Continue to develop joined-up links with transport planners and providers to ensure carers' needs are taken into account.</p> <p>4. Review and reduce barriers to access to services for carers who are most marginalised and vulnerable and ensure eligibility is transparent</p> <p>5. Develop partnership working practices with local voluntary organisations, community and faith groups to support carers.</p>	<p>Health Services.</p> <p>3. MD -SCS will link with Environment and Economy to ensure carers overarching needs are represented in OCC transport policies</p> <p>4. SCS carers commissioning plan will review equality of access to services for carers who are marginalised CDT participation project will contribute to this</p> <p>5. Carers Centres and CDT team work with local vol, community and faith groups to identify and support carers</p>	<p>4/10 lead for carers needs identified</p> <p>4/10 process includes review</p> <p>4/10 Carers Centres report increasing referrals to carers centres from vol, community and faith groups</p>

12 If improvements are required, will how will they be included into balance scorecard, business plans, appraisal objectives etc...

Individual partners are responsible for including actions in their own internal plans.

Date completed 1 6 09

Completed by: (Name)

M.Davis