

PROFORMA FOR FULL EQUALITY IMPACT ASSESSMENT

DIRECTORATE:	Children's Services – Social Care Adult Services – Social Care Older People	FUNCTION:	Admission to Social Care – Adult and Children's Services
ASSESSMENT BY:	Siobhan Williams	RELATED POLICIES:	Race Equality Scheme From Contact to Closure Looked After Children Policy Residential Homes, Short Break Units, Fostering Service – Statements of Purpose Framework for Assessment for Children in Need National Health Services Framework for Children and Maternity Services
DATE:	25 th May 2006	RELATED PROCEDURES:	Pre-Placement Agreement – West Midlands Consortium Service Level Agreement Fostering Handbook Residential Services Handbook (draft) Children's Services Handbook Welcome Pack and Admissions Procedures – Children's Homes and Short Break Units Service User Information Pack – Timberdine Care Home
		RELATED LEGISLATION:	Children Act 1989 and DoH Guidance & Regulations Fostering Services Regulations 2002 Fostering National Minimum Standards 2002 Children's Homes Regulations 2002 Children's Homes National Minimum Standards 2002 Care Standards Act 2000 National Minimum Standards for Care Homes & Care Homes with Nursing 2000 Race Relations (Amendment) Act 2000 Disability Discrimination Act
EQUALITY IMPACT ASSESSMENT WORKING GROUP:	NAMES: Siobhan Williams Annie Dixon – Older People's Services Chris Parker – Children with Disabilities Alison King – Fostering Services – Children's Gloria Armitage – Residential Services – Children's Daphne Jeffery – Planning & Review Unit – Children's Jo Luke – User Involvement Officer – Younger People Jill Hobbins/Sue Boyd – Children's Contracts	ROLE ON GROUP:	Co-Ordinator

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STEP & PAGE IN TOOL KIT	DESCRIPTION OF STEP		CHECKLIST
1.	<p>Identify all aims of the function:</p> <ol style="list-style-type: none"> 1. Equitable access according to assessed need to residential, fostering, respite and short breaks provision where the Council has responsibility for provision of these services 2. Service User and their family is fully engaged and understands the process of admission 3. Needs assessment prior to admission to match needs with provision 4. Risk assessment prior to admission to ensure risks are managed on admission 	<p>What do you want to achieve?</p> <ol style="list-style-type: none"> 1. Ensure policies and procedures facilitate equitable access and provision for all Service Users 2. Ensures policies and procedures do not mitigate against certain groups having equitable access or provision 3. Ensure admissions: <ul style="list-style-type: none"> • take place engaging the Service User and their family • are comprehensible to all • are needs-led and take account of any risks/needs relating to certain groups as well as individual risks/needs • ensure the Service User is enabled and aware of how to raise concern or complaint on admission 	<p>How will you do that?</p> <ol style="list-style-type: none"> 1. Review existing admissions policies and procedures to ensure they: <ul style="list-style-type: none"> • comply with existing legislation • comply with National Minimum Standards 2. Review data relating to current admissions to assess equity of access and provision 3. Consult with: <ul style="list-style-type: none"> • Service Users and their families • Provider services • Professionals undertaking assessments and referring for provision 4. Revise existing policies and procedures in light of review 5. Write new policies and procedures to cover any gaps identified
2.	<p>Summary of research – full details available in appendix</p> <p><u>Older People</u></p> <p><u>Age</u></p> <p>Worcestershire has a slightly higher than average proportion of the population aged 65 and over – 20% of the adult population. The aim is to maintain as many older people as possible in their own homes and communities with adequate support.</p> <p>An analysis of the age of people admitted to permanent Residential/Nursing Homes at 31.02.2005 indicates that for over 65, 796/95,540 (83.32 per 10,000) were admitted.</p> <p>For 18-64 years, the figure is 66/340,570 (1.94 per 10,000). This places Worcestershire in the highest band for performance.</p> <p><u>Race</u></p> <p>Four older people received an assessment from BME groups in 2005/06. This placed Worcestershire in the lowest band for performance – though numbers are low as a percentage of the population and so the band is very sensitive.</p>		<p>What does the evidence show you?</p> <p><u>Age</u></p> <p>The research and data indicates that Worcestershire is not discriminating on grounds of age in respect of admissions to residential or nursing care services, and are trying to maintain as many older people as possible in their own homes.</p> <p><u>Race</u></p> <p>Further research may be needed to determine whether older people from BME groups have equitable access to provision</p>

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<p><u>Children & Young People</u></p> <p><u>Age</u> Over one third of children (38%) starting to be looked after were aged between 10-15 years old. Nearly 25% of children starting to be looked after were under 12 months. The average age of children receiving support care services was 11 in 2005/6,.</p> <p><u>Race</u> Quarterly Performance Management Reports show that on average 98.5% of all children receiving a service have their ethnicity recorded. An average of 9% of all children looked after were from ethnic origins other than White British. On 31.03.2006 39 children other than White British were looked after from a total of 434 children.</p> <p>Although the number of looked after children has fallen from 444 to 434 in 2005/6, the proportion of children from a minority ethnic background has increased – this is double the proportion in the 0-17 population in Worcestershire (4.4%).</p> <p>The proportion of looked after children of mixed ethnicity was 5.5% at 31.03.2006 – more than 3 times the proportion of all under 18s of mixed heritage in Worcestershire (1.9%).</p> <p>The proportion of children from ethnic minority backgrounds receiving a support care service was only 5% at 31.12.2005 – though from April-October 2005 the figure had been an average of 15.5%.</p> <p>The proportion of children receiving a preventative family support service from minority ethnic backgrounds averaged 3.3% from April-December 2005 – dropping from 4% in the first quarter to 2.8% in the third quarter. This is lower than the proportion in the 0-17 population in Worcestershire (4.4%).</p> <p><u>Disability</u> 36 children with a disability were looked after full-time at 31.03.2006. This is from a total of 434 children. 20 children with disabilities who were looked after on 31.03.2006 were living in residential care with external providers outside Worcestershire. This represents 54% of all external residential placements.</p> <p>89 children with a disability were in receipt of respite care on the same date. The proportion of children looked having a disability was recorded as 275 in the 2005 CIN census. The number of children with a disability who received a short breaks services was 220 in 2006. The total number of children with a disability receiving social care services was 454 on 31.03.2006.</p>	<p><u>Age</u> Recruitment of support carers for target age group is needed. Worcestershire has a higher than average number of young people admitted in the 11-15 age range in comparison to the Shire average</p> <p><u>Race</u> Families from minority ethnic backgrounds may not be aware, or may be reluctant to take up preventative services; thus increasing the likelihood of an increase in the number needing to be looked after</p> <p>Worcestershire foster carers able to meet the needs of BME children on admission are very limited.</p> <p>The Residential Care Service staffing is reflective of the diverse population in Worcestershire</p> <p><u>Disability</u> Children with disabilities are maintained with their own families, sometimes with respite support, when possible. Of the children with disabilities who need to be looked after a high proportion are unable to have their needs met through Worcestershire resources and have to live at greater distances from their families</p>
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<p><u>Gender</u> On 31.03.2006, 235 males and 198 females were looked after full time. 61 males and 35 females were in receipt of respite care. This is a similar ratio to 2005.</p> <p>In September 2005, 66% of children in receipt of support care were male and 34% were female – a ratio of 2:1.</p> <p><u>Language</u> Of the total number of children looked after fulltime and receiving respite on 31.03.2006 (530), 514 had English recorded as their first language. 4 children had Punjabi as their first language, 2 had Cantonese and 4 children had “other” recorded – a total of 2 children were recorded as having signing as their main means of communication and 4 children had no language. Interpreters were recorded as needed for 11 children – including one of the children with no language.</p> <p><u>Religion</u> See separate EIA</p> <p><u>Socio-economic – Older People and Children & Families</u> Worcestershire has five areas which fall into the top 10% most deprived areas nationally on the Index of Multiple Deprivation. Two of these areas are in Worcester City, two in Wyre Forest and one in Redditch. The most deprived area is in Worcester City – Old Warndon.</p> <p>However, in terms of barriers to housing and services, the more rural areas of Malvern and Wychavon are the most deprived, with isolated cases in Wyre Forest, Bromsgrove and Redditch.</p> <p>In respect of Education, Skills & Training, two areas in Wyre Forest are the most deprived. Worcester City also has a significant level of deprivation. In terms of the education of children and young people, the Rifle Range area of Kidderminster is the most deprived – with 4 areas in Worcester City and 4 in Wyre Forest in the top 5% most deprived.</p> <p>In respect of crime the areas in Bromsgrove around the M5 motorway are in the top 10% most deprived nationally. The Old Warndon area of Worcester ranks highest in Worcestershire.</p> <p>In terms of levels of income deprivation, more pensioners in Worcestershire, relative to other parts of England, are more likely to be income deprived than families.</p>	<p><u>Gender</u> The proportion of males looked after exceeds females. This is reflected in the statistics for the general population under 16 where there are more males than females – though does not explain the 2:1 proportion for support care</p> <p><u>Language</u> Not all children who do not have English as their first language are recorded as in need of an interpreter. Some children and their families may have greater difficulty than is assumed at understanding the route to admission and in communicating their needs in assessment</p> <p><u>Socio-economic</u> As a proportion of children looked after in the County including children in receipt of Support Care or Short Breaks for children with disabilities, the highest numbers are in the North of the County, with Worcester City also showing high numbers.</p> <p>The lowest number is in the Wychavon area. This broadly reflects the indices of deprivation areas. However it is difficult to make any direct correlation between indices of deprivation and numbers looked after – partly because C&F Teams redistribute case responsibility across Teams to manage resources equitably and also because other factors have to be taken into account, e.g., staffing, local preventative resources and throughput.</p> <p>The lower levels of education, skills and training in the most deprived areas need to be taken into account when considering methods of communication in terms of access and</p>
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	<p>There are 14 areas in Worcestershire within the top 10% most deprived areas nationally on the Income Deprivation Affecting Older People Index. 11 of these are concentrated in Redditch.</p> <p>Six areas in the County are within the top 10% most deprived areas nationally on the Income Deprivation Affecting Children Index. These include Old Warndon and South-West Gorse Hill in Worcester City, the Rifle Range and Horsefair in Kidderminster, Batchley in Redditch and of Westlands in Droitwich.</p>	<p>assessment leading to admission and the case of children needs relating to education must be highlighted on admission.</p> <p>The lower levels of income in the most deprived areas need to be taken into account when assessing the ability to access services requiring payment.</p> <p>The barriers to housing and low levels of income in the highest areas of deprivation need to be taken into account when considering strategies to prevent admission to mainstream people in the community or when considering the cost to and ability of families to travel to visit an older relative or child.</p> <p>The distribution of resources to meet the needs of older people or children needs to take account of where the highest indices of deprivation are in Worcestershire to assist in preventing inappropriate admissions and to ensure resources are equitable and accessible on admission.</p>
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ADVERSE IMPACT ASSESSMENT

3. EQUALITY	ADVERSE IMPACT & EVIDENCE	REMEDIAL ACTION TAKEN TO DATE	POTENTIAL SOLUTIONS	ACTIONS PLANNED
<p>Admissions – Older People – BME</p>	<ul style="list-style-type: none"> • The residential homes may not be able to meet individual specific needs – this may prevent take up of provision from BME groups with specific language, religious or dietary needs • The current admissions procedures do not contain guidance to staff on how to access resources to meet specific needs • The current admissions procedures do not contain a statement “up front” indicating that the Council is anti-discriminatory and anti-oppressive in its practice and aims to meet individual assessed needs • Staff in care and nursing homes are predominately White British and have minimal training on the diverse needs within the BME communities • There is a lack of data relating to how decisions are made within the NHS on who is referred for admission to residential services for older people • There is a lack of data relating to accessibility and efficiency of publicity and leaflets about residential 	<ul style="list-style-type: none"> • All Statements of Purpose and Service Agreements adhered to National Minimum Standards and include information relating to how the Council will meet needs relating to race, religion, language, diet, culture, disability and gender • All residents to Timberdine are given an information leaflet on how services will be provided and how this can be translated into a first language • A new service for translation and interpreting has been commissioned for older people in receipt of short-term care • Care planning is already focused on individual needs • Some liaison with older people and BME groups – Race Forums, Older People’s Forum, Bangladeshi Elders Group • The Council has a Race Equality Plan 	<ul style="list-style-type: none"> • Revise the Older Persons’ Manual and undertake EIA on this • Consider a “global” statement indicating the Council’s commitment to anti-oppressive and anti-discriminatory practice on all information to Service Users • Develop closer links with BME communities to develop creative responses to address individual needs • Promote Access Centre as referral process to ensure residential provision accessible to all groups equitably • Staff training to cover needs relating to race, culture, language, religion, diet, disability or gender • Staff recruitment for personal care tasks to address potential need to skill those with English as a second language to meet person spec • Liaison with NHS on data relating to referrals for admission 	<ul style="list-style-type: none"> • Revision of Older Person’s Manual • Development of closer links with BME community • Development of a resource base within Worcestershire to better meet individual needs in residential provision • Revision of all public information about access to all residential provision • Revision of all public information about access to all residential services • Recruitment and training of care home staff to consider recruitment from diverse groups and specific training on meeting diverse needs on admission

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3. EQUALITY	ADVERSE IMPACT & EVIDENCE	REMEDIAL ACTION TAKEN TO DATE	POTENTIAL SOLUTIONS	ACTIONS PLANNED
	<p>resources for older people</p> <ul style="list-style-type: none"> • Diverse religious festivals and important dates celebrated or acknowledged 			
<p>Admissions – Children & Families – BME</p>	<ul style="list-style-type: none"> • Children from BME backgrounds are over represented in the looked after population – almost double the proportion in 0-17 population in Worcestershire. The proportion for children from mixed race ethnicity is 3 times higher • Little public performance is accessible to BME groups about preventative services or fostering, residential or support care provision. This may disproportionately affect access to preventative services and increase the number looked after. This may engender a lack of trust in services' ability to meet diverse needs and maintain families together where possible • Existing resources are not developed to meet diverse needs • Current admissions guidance to staff and carers does not contain information on how to identify needs relating to ethnicity or culture nor a 	<ul style="list-style-type: none"> • Attendance at Race Forums to promote Children's Services and how to access them • Residential Services Handbook being revised to comply with National Minimum Standards • Children's Services Handbook for staff has been revised to ensure all assessments include identification of needs relating to ethnicity and culture • Data comprehensiveness relating to ethnicity is monitored • Recruitment of residential workers has been proactive in reflecting diversity of population in Worcestershire • Risk assessment always precedes admission and a new risk assessment procedure is being developed to include risks attached to race, culture, diet, language, religion, gender and disability • Recruitment of foster carers has new information encouraging applications 	<ul style="list-style-type: none"> • Revision of Children's Services Handbook guidance on Admissions and on Planning Meetings to include guidance and information to staff relating to identification and resourcing assessed needs relating to ethnicity and culture • Review of Fostering Handbook to include section on admission process and access to resources to meet diverse needs • Public information to be revised to ensure commitment to anti-oppressive practice and commitment to meet needs relating to ethnicity and culture are stated • Resource base to be developed with local BME groups • EIA on new Residential Services Handbook revision • Monitoring of gaps in resources to meet needs of BME children on admission to be undertaken 	<ul style="list-style-type: none"> • EIA on development of child's profile • EIA on Residential Services Handbook • Revision Children's Services Handbook and Fostering Handbook • Development of new public information including website links • IROs to monitor needs of BME children on admission • Development of resource base and links with local BME groups – religion, diet, language, culture, identity, clothing

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	<p>resource base to meet those needs. Need may not be identified or met on admission</p> <ul style="list-style-type: none"> • Separate monitoring of meeting the needs of children from BME communities on admission is not undertaken to identify any gaps in resources • Current welcome packs and admissions leaflets to children, young people and their families does not contain positive statements relating to the Council's commitment to anti-oppressive or anti-discriminatory practice and commitment to meet needs • Data information does not record some ethnic groups – travellers/gypsies 	<p>from diverse groups and recruitment information reflects diversity in language and pictures</p> <ul style="list-style-type: none"> • Procedures for admission to all residential homes complies with National Minimum Standards • Training of foster carers and residential care workers includes awareness of diverse cultures and ethnic backgrounds • Pre-Placement Agreement with external providers includes requirement to meet needs arising from ethnicity and culture • Fostering Handbook contains guidance to carers on sensitivity to culture and diverse needs 	<ul style="list-style-type: none"> • Development of stakeholder groups to encompass diverse Service User views • EIA when developing child's profile • Development of multi-agency pre-placement meeting • Children's homes and foster carers to engage with local diverse communities 	
Admissions – Disabled Children (including disabled BME children)	<ul style="list-style-type: none"> • The short break units have limited resources and thresholds are high and this impacts on access to services • The matching of needs with resources within Worcestershire can be difficult due to physical barriers such as equipment • The transition to admissions to adults with disabilities services is difficult due to different 	<ul style="list-style-type: none"> • All short break units and Service Level Agreements with Barnardo's have Admissions Procedures that conform to National Minimum Standards and including information • Short break units, residential homes and foster carers who care for disabled children have access to suitable equipment and training to meet the physical needs • A needs-led assessment 	<ul style="list-style-type: none"> • Further work on partnership arrangements with health providers • Overarching statement indicating the Council's commitment to anti-discriminatory and anti-oppressive practice to preface all leaflets to the public • Resource base in partnership with the community to be developed within fostering, residential and short 	<ul style="list-style-type: none"> • EIA on development of child's profile • Revision of Admissions Procedures in Children's Services Handbook and Fostering Handbook and Residential Services Handbook, to include reference to Welcome Pack and guidance on accessible language • Review of same Handbooks in include guidance on translation and interpreting and use of

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	<p>threshold and scarce resources</p> <ul style="list-style-type: none"> • The BME community is not taking up short breaks services – possibly because of lack of knowledge about the service, trust that the service can meet their needs, stigma about asking for services or fear of statutory involvement • Insufficient data from NHS partners on children who might be eligible for services from disadvantaged groups 	<p>always precedes admission and procedures require that needs related to race, culture, diet, religion, gender and disability are part of this assessment</p> <ul style="list-style-type: none"> • A risk assessment always precedes admission and a new risk assessment procedure is being developed to include risks attached to race, culture, diet, religion, gender and disability • Barnardo's have appointed an Asian link worker to especially work with BME communities to encourage take up of the Service • Stakeholder groups meet regularly • Work with Children's Services and with the Health Service is progressing to improve short breaks, residential and fostering services for disabled children • Good consultation and liaison networks in place – carer's unit, parent partnership, local voluntary organisations • Child's profile completed prior to admission for short breaks to encompass all child's needs – to be further developed • Staff in short break units 	<p>breaks services to ensure provision to meet diverse needs</p> <ul style="list-style-type: none"> • Further work with Services to Disabled Adults to ensure proper transition for admissions to adult care home when appropriate • Procedures for admissions to be widely publicised as available in variety of media as required (translation, tape, sign, braille) • Further development of stakeholder groups to encompass wider service user views • EIA developing child's profile 	<p>and access to equipment to ensure disabled children, including those from BME groups are not disadvantaged in admission to Local Authority accommodation or short breaks</p> <ul style="list-style-type: none"> • Review information on admissions available from partner agencies, especially health

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		are representative of diverse groups in Worcestershire		
Admissions – Older people, Children & Families – language	<ul style="list-style-type: none"> • All admissions procedures and information make it the responsibility of the Service User to request translation or interpreting services • All information is available in written English but it is not always clear that translation and interpreting or other media are available in different languages or other forms of communication. This may prevent access, understanding about admissions or proper assessment of needs and wishes on admission for service users where English is not their first language; where disability means communication in an alternative medium is needed; where literacy skills are limited; where age or level of understanding requires simplified language or an alternative medium or support • There is an absence of any specific monitoring tool to assess any adverse impact arising from this relating to admissions 	<ul style="list-style-type: none"> • There is a new service for translation and interpreting commissioned for older people in receipt of short-term care • Ethnic Access Link and alternative translating and interpreting services are utilised for children & families service users where English is not their first language or signing is needed. The County Council is under a BU review of this service • All literature, leaflets and forms relating to admissions can be translated to other languages and braille, and can be placed on tape if required. Electronic versions are also available • Guidance on needs-led assessments prior to admission for Children's Services includes the need to make information understandable and accessible and to assess needs relating to language • All admissions procedures for older people and for children refer to the availability of translation and interpreting services • Finance is available from 	<ul style="list-style-type: none"> • All public information and guidance to Service Users on Adult & Children's Social Care to be revised to include a statement indicating that information can be made available on request in other languages, formats or media – this statement to be at the beginning of all public information • Resource base to be developed for easy access by staff to good quality interpreting and translation services • Older Person's Manual, Children's Services Handbook; Residential Services Handbook, Fostering Handbook to be revised with separate section on guidance relating to interpreting, translation and communication with Service Users • Children's Services Budget & Practice Guidance to be revised to indicate how resources are to be funded for interpreting, translation and communication services • Welcome Pack for children and young people and 	<ul style="list-style-type: none"> • Guidance to staff being revised • Review of public information

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		<p>the Home Office for interpreting and translation services for unaccompanied asylum seeking children and young people. This is utilised by the Children's Services to pay for these services</p> <ul style="list-style-type: none"> • Children's Services liaise closely with Speech & Language Specialist for Learning Disabilities in communicating with children, young people and their parents if they have a learning disability 	<p>guidance for carers on admissions to be developed in accessible language</p>	
<p>Admissions - Older people, Children & Families (including Children with Disabilities) – gender</p>	<ul style="list-style-type: none"> • There is no evidence indicating inequitable access to residential care, support care or fostering services on the basis of gender or inequity in admissions procedures • There is no positive statement in public leaflets about access and referral or admissions to these services on the Council's commitment to anti-oppressive or anti-discriminatory practice relating to gender or sexuality • This is only limited training for care staff in relation to sexual orientation of Service Users • The predominance of female care staff in Older 	<ul style="list-style-type: none"> • All assessments must take account of needs relating to gender and sexuality • Children's Care Plans on admission should state how any needs arising will be met • Diversity Training does include awareness of issues relating to gender and sexuality • New risk assessment for admissions to Children's Care Services includes risks relating to gender or sexuality 	<ul style="list-style-type: none"> • Public information and guidance to Service Users on access and admissions to include statement indicating the Council's commitment to anti-discriminatory and anti-oppressive practice relating to gender and sexuality • Admissions procedures to ensure any issues relating to gender or sexuality are addressed 	<ul style="list-style-type: none"> • Revision of public information and guidance to Service Users • Revision of admissions procedures

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	<p>People's Residential and Care Nursing Homes may deter some Service Users from seeking admission or BME women from applying as carers if cultural or religious reasons preclude personal care from a member of the opposite sex</p>			
<p>Admissions - Older people, Children & Families (including Children with Disabilities) – religion</p>	<ul style="list-style-type: none"> • See separate EIA on Religious Worship 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Older people, Children & Families (including Children with Disabilities) – Socio-economic</p>	<ul style="list-style-type: none"> • Older people with low incomes may have difficulty accessing preventative services or be reluctant to take up services that might prevent an admission • Older people on low incomes may receive more restricted access to admission in a market-led economy of residential care • Older people, parents and children and young people from areas of high deprivation relating to education, skills an training may have restricted communication and literacy skills – the admissions process will be more difficult to access and it may be harder to communicate needs 	<ul style="list-style-type: none"> • Financial assessments ensure support is targeted at the most vulnerable older people • Needs-led assessments should highlight difficulties with literacy or communication or maintaining contact, pre-admission • The Council has a duty to facilitate contact for looked after children with their families 	<ul style="list-style-type: none"> • Public information to be accessible and available to encourage take up of services from low income groups • Core assessment and child's profile to highlight any difficulties with literacy or communication skills of children, young people and their families • Data in respect of more local information on admissions to be collated to determine if there is a correlation with indices of deprivation and to adjust resources accordingly • Consideration to be given to accessibility of resources for families on low incomes who may have difficulties travelling to visit relatives 	<ul style="list-style-type: none"> • Public information to be reviewed • Target for staff in Team Plans to include communication/literacy skills in core assessments • Resources in new Children's Service to take account of accessibility /traveling

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	<ul style="list-style-type: none"> Families on low incomes of older people and of children in residential or foster care may have difficulty visiting. Residential homes are not sited relative to areas of deprivation. 			

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4.	FORMAL CONSULTATION		
	The analysis, findings and action plan will be consulted on with a range of representative groups (listed below) as new guidance is developed . Feedback from this consultation will be included in the final version of the document and will inform the target initially suggested in Section 4		
	EQUALITY GROUP Hearing Impaired Learning Disability Race Women Older People Cross Cutting Mental Health Service Users	ORGANISATION TO BE CONSULTED Deaf Direct Mental Health User Group Race Forums Women's Organisations Older People's Forums Carers Support Group Worcester Mental Health Link In2Action for Children & Young People JEM Group Stakeholder Groups (CwD)	Use focus groups recommended to allow for greater exploration of issues and discussion of potential solutions
5.	DECISION AND RECOMMENDATION		
	<p>Some measures have been taken to ensure groups have equality in assessment and access to services. Other actions are planned to remedy identified issues – See Sections 2 & 3 for details.</p> <p>Service provision to meet identified needs remains an area for development.</p> <p>An implementation action plan for each service sector will be produced after the findings and recommendations have been consulted on and finalised.</p> <p>Equality objectives and targets identified in this action plan will subsequently be developed and included in Service and Team Plans.</p> <p>Initial targets identified include:</p> <ul style="list-style-type: none"> Develop child's profile Revision of guidance Review of public information 		
6.	PUBLICATION OF ASSESSMENT RESULTS & MONITORING ARRANGEMENTS		

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	<p>The finalised assessment will be published on the Council's Equalities website and monitoring arrangements will be identified after consultation when targets are set. Results will also be published on the Council's Equalities webpage, with a link from the service page.</p>	<p>The relevant Service Managers will add EIA targets to Service Sector Plans and be responsible for monitoring.</p>
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Signed: Siobhan Williams
Completing Officer

...Dated: ...08/08/06

Signed: ...Anne Binney
Lead Officer

Dated: ...30th August 2006