

September 2022

Department: Adult Social Care

Team or Service Area Leading Assessment: Commissioning Team

Title of Policy/ Service or Function: Blackpool Adult Carers Strategy 2022-2027

Lead Officer: Kate Aldridge

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Changing/ updated ✓

2. What is the aim and purpose of the policy, service or function?

Blackpool Council will develop a five-year Adult Carers Strategy for Blackpool

The need for this strategy is driven by the following:

- To update the current strategy which expired in 2015;
- To ensure that the council achieves compliance with the relevant aspects of the Care Act 2014 and associated Guidance;
- To develop an action plan that will help identify carers at an early stage, improve carer's support and services, deliver a more coordinated approach, and to enable carers to lead fulfilled, independent lives

3. Please outline any proposals being considered.

The Blackpool Adult Carers strategy sets out how Blackpool Council will work together with key organisations to enable Carers across Blackpool to feel recognised, valued and supported to lead fulfilled, independent lives alongside their caring role.

To achieve our vision, there are four key priorities which we will aim to deliver:

- Identifying Carers
- Working with Carers
- Communication: Information and Advice
- Health and Wellbeing of Carers

4. What outcomes do we want to achieve?

The focus of the Carers Strategy is Priority 1 'Communities: creating stronger communities and increasing resilience'. Supporting carers in their caring role significantly benefits the community. Carers provide an incredible amount of

support to: those they care for, their friends and family, the wider health and social care system, and to society. Therefore, it is in the best interest of communities that carers are and feel supported in their caring role.

This strategy will outline a clear vision and set of key priorities around how the council, working together with key stakeholders, are going to help support Blackpool Carers as much as possible in their caring role so that carers can continue providing care whilst also leading fulfilled, independent lives.

5. Who is the policy, service or function intended to help/ benefit?

Adult Carers in Blackpool

6. Who are the main stakeholders/ customers/ communities of interest?

- Adult Carers in Blackpool
- Blackpool Carers Centre
- Adult Social Care
- Carers peer support groups
- The cared for

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

No

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

8. Please summarise the main data/ research and performance management information in the box below.

Data/ information

General
 An adult carer is an adult who provides or intends to provide care for another adult (an “adult needing care”) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support, the care they give is unpaid.

Population Data
 Blackpool has a resident population of approximately 138,381. Blackpool is a dense urban area with high levels of deprivation, workless households, and poor health in the resident population.

The latest available data (Census 2011) estimates there are approximately 16,319 people who provide unpaid care in Blackpool. This is a 5.7% rise in the number of Carers compared to 2001 census data (15,443). The current number of people registered with Blackpool Carers Centre is 10,992.

A breakdown of hours of care provided by Carers in Blackpool each week can be found in table 1.

Hours of care provided	Number of people	% of resident population
1 to 19 hours unpaid care a week	8,635	6.1%
20 to 49 hours unpaid care a week	20 to 49 hours unpaid care a week	1.8%
50 or more hours unpaid care a week	5,092	3.6
Total	16,319	11.5%

Table 1: A breakdown of hours of care provided by Carers in Blackpool each week (Census 2011)

Race and Ethnicity

Residents are mostly of White British ethnicity (93.6%), which is significantly higher than across England and Wales (80.5%). Black and minority ethnic groups, including Irish and European residents, are estimated to make up 6.4% of the population (approximately 9,000 people), compared with the estimated population for England and Wales of 19.5%. Race and ethnicity data on unpaid adult carers in Blackpool is currently unavailable.

Health and Disability

The health of people in Blackpool is generally worse than the national average. The town records one of the lowest life expectancy rates nationally and there are inequalities by deprivation and gender. The average life expectancy for males is 74.1 years, and for females it is 79.5 years. The average life expectancy across the town is one of the lowest nationally. Health priorities for Blackpool include alcohol and drug misuse, mental health, smoking and obesity.

25.6% of people in Blackpool reported a long-term health problem or disability at the last Census, which is eight percentage points higher than the national average.

Health and disability data on unpaid adult carers in Blackpool is currently unavailable.

Gender and Transgender

The population of Blackpool is approximately 138,381, 50.3% of the population are estimated to be female and 49.7% are male. Gender and transgender data on unpaid adult carers in Blackpool is currently unavailable.

Age

A larger proportion of residents are aged 65+ (20.5%) compared to the national age structure (18.5%). The working age population (16-64) in Blackpool is smaller than the national figure, additionally the 0-15 population in Blackpool is also slightly smaller than the national age structure. By 2030, the number of people aged 65+

who provide unpaid care in Blackpool is projected to rise from 4,164 to 4,836.

Sexual Orientation

ONS estimates from Annual Population survey data that amongst adults in Blackpool, around 107,100 (94.9%) adults identify as heterosexual, 3,700 (3.2%) people identify as gay or lesbian, around 600 (0.6%) people identify as bisexual and 500 (0.4%) adults whose sexual orientation is classified as 'other'.

For around 1,000 adults in Blackpool sexual orientation is unknown due to answering 'don't know' or declining to answer the survey question. Other estimates have put Blackpool's LGBTQ+ population as higher than the combined estimates from the data above.

Data on the sexual orientation of unpaid adult carers in Blackpool is currently unavailable.

Research or comparative information

National Context

General

In 2020, there were approximately 13.6 million unpaid carers in the UK, equating to around 1 in 4 people. The latest available data (2011 Census) reported that of the population providing unpaid care in England and Wales, 3.7 million people provide 1-19 hours per week, 775,000 provide 20-49 hours and 1.4 million provide 50 hours or more unpaid care.

Gender and Transgender

In April 2021, more women (57%) provided unpaid care than men (43%) did. National data on the number of transgender carers is unavailable.

Age

The majority of Carers (46%) are aged between 46- 65. As people are living longer and the population ages, the demand for care is projected to grow. There is a 65% likelihood that adults will provide care at some point in their lives.

Race and Ethnicity

Table 1 demonstrates Census 2011's findings on unpaid carers identities

Identify	Percentage of unpaid carers
UK identities: English only identity	60.58%
UK identities: British only identity	19.14%
UK identities: English and British only identity	8.82%
UK identities: Welsh only identity	4.27%
Other identities	3.61%
UK identities: Scottish only identity	0.82%

UK identities: Other identity and at least one of British / English / Northern Irish / Scottish / Welsh identities	0.69%
UK identities: Welsh and British only identity	0.61%
Other identities only: Irish only identity	0.59%
UK identities: British / English / Northern Irish / Scottish / Welsh / Cornish identities only: Any other combination of British / English / Northern Irish / Scottish / Welsh / Cornish identities	0.32%
UK identities: Northern Irish only identity	0.19%
UK identities: Scottish and British only identity	0.16%
UK identities: Cornish only identity	0.14%
UK identities: Northern Irish and British only identity	0.03%
UK identities: Cornish and British only identity	0.02%

Table 2 Census 2011's findings on unpaid carers identities

The BAME Community Advisory Group (2020) undertook research into the impact of COVID-19 policies on BAME communities. They reported that some health and care professionals also act as unpaid carers in their personal lives. The report attributes this to community structures in which members are expected to provide informal care. The report notes that this double role is often unaccounted for in the work setting and as a result; unpaid care roles can increase the levels of stress already experienced by carers working in the health and care sector.

Disability

Census 2011 found 1,568,923 carers have a disability. 38% report that their disabilities 'limits them a lot' and 62% report their disabilities 'limits them a little'.

Sexual Orientation

Census data in 2011 did not report sexual orientation of unpaid carers. Research from Carers Wales, The Carers Trust and Carers Northern Ireland highlight some additional barriers faced by LGBTQ+ carers. These barriers mirror wider social discrimination. Where LGBTQ+ carers are spouses/ partners and face bereavement, LGBTQ carers may be more isolated from sources of support and this can be especially compounded when if LGBTQ+ carers are older, estranged from their own families or international.

Religion and belief

Table 2 demonstrates Census 2011's findings on unpaid carers religious beliefs

Religion	Percentage of unpaid carers
Christian	71.81%

No religion	20.17%
Muslim	4.08%
Hindu	1.42%
Sikh	0.81%
Other religions	0.77%
Jewish	0.51%
Buddhist	0.43%

Table 3: Census 2011's findings on unpaid carers religious beliefs

In addition to the above breakdown, 404,459 unpaid carers did not submit a response to this census question.

Pregnancy and Maternity

Census data in 2011 did not specifically report on pregnant or new mothers who are unpaid carers, however taking into account data on sex and age of unpaid carers, a small proportion unpaid carers each year do become pregnant and/or claim maternity leave and benefits. This group are much more likely to be receiving healthcare support for themselves and baby than other unpaid carers.

Marriage and Civil Partnership

Census data in 2011 did not specifically report on marriage and civil partnership status of unpaid carers. However, carers UK identified in 2018 more than a quarter of unpaid carers care for their spouse or partner.

For the 25% of unpaid carers who care for their partner, there are tax sharing incentives open to people in either civil partnerships or marriages. This scheme results in disproportionate impacts between taxable income levels for unpaid carers who are not in marriages or civil partnerships when compared to unpaid carers in marriages or civil partnerships.

Key findings of consultation and feedback

Survey of Adult Carers in England (SACE)

The SACE is a national survey that takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role.

1029 carers were included within the initial eligible population. After removing those that were no longer considered eligible, we had a cohort of 801 carers who went on to receive a postal copy of the survey. The 2021/22 response rate was 40%.

Gender

7 in 10 carers included in the eligible population were female and they accounted for 72% of responses.

Age

The majority of carers were aged 55 or above; half were between 55 and 74. Approximately 30% of those that are cared for are aged between 18 and 64. A

further 30% of respondents said they care for someone who is aged 85 or above. The oldest person included in this year's survey was confirmed as 101 years old.

There has been a decrease in the proportion of carers reporting that they were extremely or very satisfied with the care and support they receive in this year's SACE. Carers aged 75 and above are the happiest with the care and support they receive with 83% responding to say they were 'quite', 'very' or 'extremely' satisfied. Carers aged 18-64 were the least satisfied with 10% showing some level of dissatisfaction.

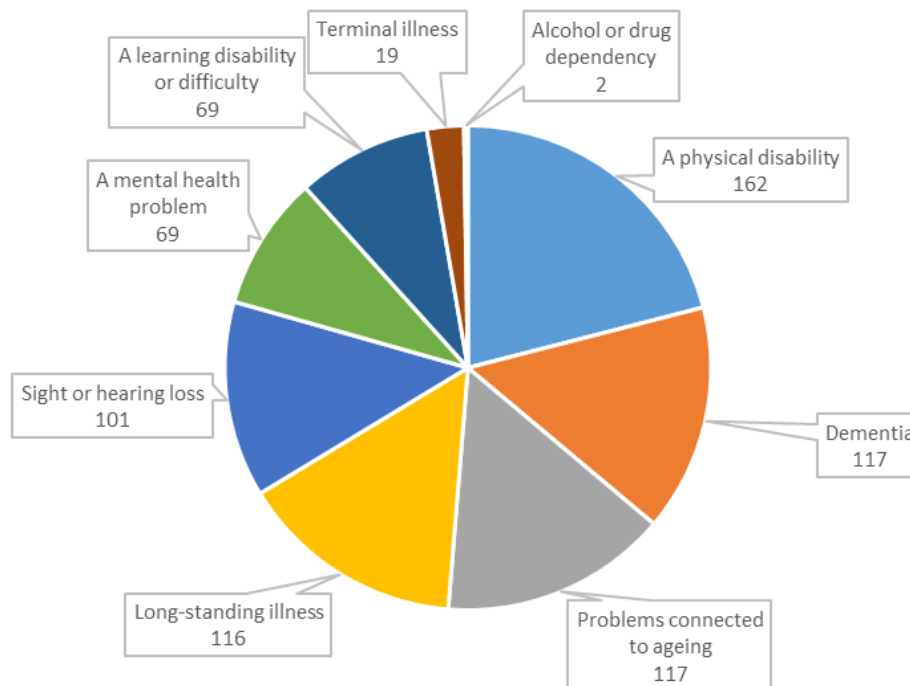
Race and Ethnicity

'Ethnic group' was either refused/undeclared/not known for 30% of carers in the eligible population.

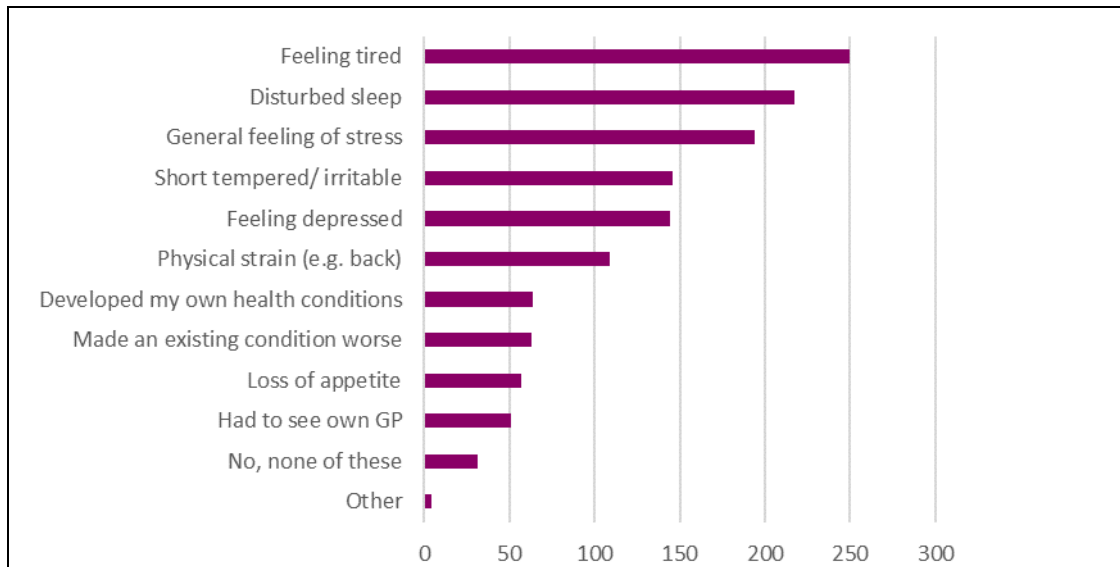
Health and Disability

50% cared for someone with a physical support need. 96% of carers were able to complete the questionnaire without the help of anyone else. Although 40% of carers said that they did not have any health issues of their own, 29% said that they had a long-standing illness; 19% had a physical impairment or disability; 13% suffered from problems relating to their mental health and 11% suffered from 'other' conditions.

Figures relate to responses from 309 individuals – a person can have multiple conditions reported in the chart which follows:



Carers were asked how their health had been affected by their caring role:



The majority of carers said that they felt tired, had disturbed sleep and/or general feelings of stress as a result of caring. Almost half responding to this question said they felt depressed and/or short tempered/irritable; a third of carers experienced physical strain; a fifth said it made an existing condition worse or that they had developed a new or additional health condition. 57 carers reported a loss of appetite which they attributed to their caring role; 51 had to see their own GP. Only 10% of respondents said they didn't experience any of the listed conditions or any 'other'. A quarter of those without any reported impact said that they had been caring for 20 years or more; 10% care for less than 20 hours a week; 36% spend 100 hours or more a week caring.

Engagement Sessions

Engagement sessions with Carer Peer Groups from Blackpool Carers Centre were held to understand what is working and not working for them, how needs can best be met and what potential gaps in current services there may be.

Feedback:

- Carers often struggle with their own mental health needs.
- Fear and worry are a barrier for older carers identifying as a carer, fear of losing their house, having to pay lots of money for care services, fear of their loved one being removed for their home.
- Older carers looking after their spouses were determined to keep their loved ones at home and look after them even to the detriment of their own health and wellbeing. "In sickness and in health, till death us do part."
- Carers often feel they are being judged by other regarding the health condition of the cared for.

9. What are the impacts or effects for Key Protected Characteristics?

General
No general negative impacts of the Adult Carers Strategy have been identified.
It is anticipated the Adult Carers Strategy will have a positive impact on Adult Carers

<p>in Blackpool by supporting them to continue providing care whilst also supporting them to lead fulfilled, independent lives.</p>
<p>Age</p> <p>No overall negative impacts of the Adult Carers Strategy have been identified associated with age.</p> <p>It is recognised that carers should be provided with age appropriate information that they can easily read and understand themselves or with support.</p>
<p>Disability</p> <p>No overall negative impacts of the Adult Carers Strategy have been identified on the grounds of disability.</p> <p>It is recognised that caring can place a real strain on individuals mental and physical health.</p>
<p>Gender Reassignment</p> <p>No overall negative impact of the Adult Carers Strategy have been identified associated with gender reassignment.</p> <p>It is recognised that transgender carers face additional barriers which mirror wider social discrimination, and as a result may be more isolated from sources of support.</p>
<p>Marriage and Civil partnership</p> <p>No overall negative impacts of the Adult Carers Strategy have been identified associated with marriage and civil partnership.</p> <p>It is recognised that many carers do not see themselves as carers and can be unrecognised as such by others, this is because they feel that providing care is a normal duty of being married or in a civil partnership. It is important to avoid making assumptions about who might be providing care based their relationship to the person being cared for.</p>
<p>Pregnancy and Maternity</p> <p>No overall negative impact of the Adult Carers Strategy have been identified associated with Pregnancy and Maternity.</p>
<p>Race</p> <p>No overall negative impact of the Adult Carers Strategy have been identified associated with race.</p> <p>It is recognised that it may be more difficult for carers in some groups to identify as a carer and to seek support due to cultural and communication barriers. This includes black and minority ethnic groups.</p>
<p>Religion and Belief</p> <p>No overall negative impact of the Adult Carers Strategy have been identified associated with religion or belief.</p>
<p>Sex</p> <p>No overall negative impact of the Adult Carers Strategy have been identified associated with sex.</p> <p>It is recognised that the burden of caring responsibilities disproportionately falls on women. It is important to avoid making assumptions about who might be providing care based their sex.</p>

Sexual Orientation

No overall negative impact of the Adult Carers Strategy have been identified associated with sexual orientation.

It is recognised that it may be more difficult for carers in some groups to identify as a carer and to seek support due to cultural and communication barriers. This includes people who are lesbian, gay, bisexual or transgender.

In addition, LGBTQ+ carers face additional barriers, which mirror wider social discrimination and as a result may be more isolated from sources of support.

10. What do you know about how the proposals could affect community cohesion?

It is anticipated that the Carers Strategy will strengthen community cohesion. Carers provide an incredible amount of support to those they care for, their friends and family, the wider health and social care system, and to society. Therefore, it is in the best interest of communities that carers are and feel recognised, valued and supported in their caring role.

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

In an engagement session with Carer peer groups, some carers said that it would be useful to know what financial help they may be entitled to e.g. attendance allowance. One of the objectives of the strategy is to ensure carers have access to a range of good quality information and advice, such as information on the current financial support and benefits offered to carers and how to access them, which is clear, relevant and readily available.

It is not anticipated that the strategy will have a negative impact on levels of socio-economic inequality, in particular poverty, in Blackpool.

STEP 3 - ANALYSING THE IMPACT

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

Many carers do not see themselves as carers and can be unrecognised as such by others, this is because they feel that providing care is a normal duty of being a family member or friend. Despite initiatives to identify carers and their needs, many carers remain unidentified and do not access the support they need.

Some people may not view themselves as a carer because:

- Becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support;
- Carers may prefer to continue identifying primarily as a husband, wife, partner, sibling, parent, child or friend, rather than as a carer;
- Carers often become engulfed by competing demands, including working and

caring, and as a result may overlook their own needs as a carer and may not seek support;

- The person being supported may not accept that they have care and support needs;
- The carer does not live with the person or the person has moved away from home, for example into supported living or residential care.

13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

No

14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

No

15. Are any of these limitations or differences “substantial” and likely to amount to unlawful discrimination?

N/A

16. If No, do they amount to a differential impact, which should be addressed?

N/A

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

17. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

No adverse impact has been identified for the proposed strategy. However, in order to deliver the aims of the strategy there will need to be assistance from partners and stakeholders.

18. What would be needed to be able to do this? Are the resources likely to be available?

Unknown at the current time what additional resources requirements may be needed.

19. What other support or changes would be necessary to carry out these actions?

Not applicable

STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

20. What feedback or responses have you received to the findings and possible courses of action?
Please give details below.

Not applicable

21. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

Not applicable

STEP 6 - ACTION PLANNING

No actions have been identified.

STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

To be reviewed in line with the governance arrangements detailed in the strategy action plan

Date completed: 10/10/2022

Name: Kate Aldridge

Position: Head of Corporate Delivery, Performance and Commissioning

Signed: