Lancashire carers' needs

Part of joint strategic needs assessment (JSNA)





NHS East Lancashire NHS North Lancashire

Contents

Executive summary	3
Introduction, data and methodology	7
Introduction	
National context	7
Methodology	8
Data sources	9
Report structure	11
Carers in Lancashire	12
Introduction	12
Carers – 2008 estimates	12
Adult carers	14
Young carers	15
Parent carers	17
BME carers	18
Carers known to ISSIS	19
Carers registered with carers' centres	21
Carers known to GPs	23
Summary	23
Future projections of carers	25
Introduction	
Sensitivity analysis results	26
Summary	
Conclusions and recommendations	30
Conclusions	30
Recommendations	32
Appendix A – Carers in Lancashire	34
Appendix B – Future projections of carers	39

Executive summary

Introduction

Informal care saves the state £87 billion per year. In Lancashire, as nationally, there is recognition that the local and health authorities have responsibilities to support carers. Various monies are being made available to the relevant authorities in Lancashire over the three year period 2008 to 2011 to enable the further development of these services. A Lancashire Carers' Strategy is being developed to act as a joint commissioning strategy for expenditure of these monies. This report was requested through the joint strategic needs assessment process to identify the prevalence and location of carers within the county, which can then be matched with the findings from a further report examining needs.

Methodology and data

Data was taken from various sources, all of which separately fail to provide an accurate picture of the size of the cohort of carers in Lancashire. Taken together it is possible to estimate the size of various cohorts and, importantly, identify any gaps in service provision or uptake.

Carers UK provided the definition of a carer as someone who provides "significant" levels of support to another and this has been interpreted as someone who cares for someone for 20 or more hours per week. This has been used as the main definition of a carer in the report. To obtain 2008 estimates the Census 2001 carer numbers were updated using population estimates, accounting for the observation that three quarters of the carers supported by Social Services care for an older person aged over 65. Estimates were also calculated for BME carers, young carers and parent carers.

Future projections were calculated applying population projections to 2011 to the 2008 estimates. As there are various factors that can affect carer numbers, such as the major projected increases in older people, increased morbidity in middle age and increases in single person households, sensitivity analysis was used. This provides a range of estimates based upon differing hypothesised "realities".

Other data sources used include the benefits data from the Department for Work and Pensions, data from ISSIS on the services provided to carers following assessment, data from the carers' centres and a range of information and opinion gathered through consultation with various stakeholders in Lancashire County Council's Adult and Community Services Directorate and Children and Young People directorates, as well as from the NHS local trusts. Without the contributions of these individuals the findings in the report would not have been possible.

Findings and conclusions

There are approximately 40,000 carers in Lancashire providing significant levels of care of 20 or more hours and another 3,770 expected by 2011. 126,000 thousand residents of Lancashire were estimated to be providing care at any level in 2008. High levels of informal care are being provided in Burnley, Hyndburn, West Lancashire and Wyre due to a combination of factors including poor health related to deprivation and relative inaccessibility of services due to geographical barriers. The greatest increases in carer numbers are forecast where there are greatest projected increases in the older person populations. Chorley, Fylde and Wyre will have the greatest percentage growth in carer numbers, whilst in absolute numbers West Lancashire and Wyre come out on top.

There are clearly some barriers to claiming benefits as there are three times as many people eligible for carer's allowance than are claiming it across the County. There is evidence to suggest that those who are already involved in the benefits system are most likely to be claiming. Carers in the districts of Fylde, Ribble Valley, South Ribble and Wyre may be reluctant to engage with the benefits system or may simply not be aware of their potential eligibility.

2% of all young people aged 5 to 17 in Lancashire are estimated to be providing some level of care, most likely to a parent. This equates to 3,700 children, 600 of which are providing care at significant levels of 20 or more hours per week. Carers' centres appear successful in engaging with young carers as there were 549 carers on their books at the time of this report, although it is unclear whether they represent those who are providing the highest levels of care and are most in need of support. There could be as many as 348 new young carers by 2011, 53 of which will be providing significant levels of care. The most significant increases are forecast in Chorley, Lancaster and West Lancashire.

Parent carers can only be measured using the numbers of disabled children as a proxy, which in itself is fraught with problems. This report concludes there are between 2,000 and 16,000 parent carers in Lancashire, with the lower number representative of those with severe disabilities and the higher number a catch all measure for any sort of "additional need". The carers' centres are currently supporting half of the number at the bottom end but it is not clear if these are the parents looking after the most disabled children. Full formal support systems are likely to be needed by these carers, whilst the broader range may simply require the softer support of forums and networks.

It is not possible to identify BME carers reliably and the numbers provided in the report are done so with strong caveat. The carers' centres engage well with those carers of Asian heritage in areas such as Hyndburn, Pendle and Preston where they account for more than a quarter of the

registered carers. Other groups, such as Eastern European and Chinese communities, are less well engaged. This will become increasingly important as these communities age. The recession will have an impact on these economic migrants. On one hand the reduction of available work may mean that some migrants leave the country. However, it may be that migrants take on more dangerous work, which they would not have considered whilst the economy was booming. The implications for informal care providers are therefore uncertain.

Recommendations

There are a number of recommendations that follow from the conclusions, which are outlined below:

- Promotion of the availability of the carers allowance is recommended, particularly in those areas highlighted to have high numbers providing care at eligible levels but low claim rates – Fylde, Ribble Valley, South Ribble and Wyre.
- 2. High numbers of carers in rural areas may result from closer communities and rural isolation, for example West Lancashire. Are these carers able to access services due to their geography?
- 3. The FIND database may offer a way to identify parent carers and offer them support. Inclusion is voluntary so promotion is important. Have those registered on it been provided with a carer's assessment?
- 4. Some carers' centres seem to have particular strengths in terms of engaging with carer groups. For example, Chorley, Lancaster and West Lancashire for parent carers, Hyndburn, Lancaster, Ribble Valley and South Ribble for young carers and Hyndburn, Pendle and Preston for BME carers. This presents the opportunity for sharing of best practice.
- 5. Further targeting of those who are least willing to get involved with authorities, i.e. young carers and those from newly migrated communities. Suggested methods include an assurance campaign highlighting there is no need to go through the authorities to use the services on offer by the carers' centres. The methods for engaging these new migrant communities must be different to those needed for more established Asian communities. Research of best practice from elsewhere in the country could provide tactics and strategies.
- 6. Carers in Burnley, Pendle and West Lancashire are not receiving as many services following carers' assessments as would be expected given the estimated numbers in the districts. This is more likely to be because the carers are not being identified rather than services not being

provided following an assessment. Promotion of the services on offer and the benefits of getting involved with Lancashire County Council in these districts should boost numbers.

- 7. Proportionally, highest increases are expected in carer numbers in Chorley, Fylde and the Ribble Valley. Carer numbers in absolute terms are expected to increase most in West Lancashire and Wyre. The capacity of the carers' centres, and other service availability, operating in these districts should be considered.
- 8. ISSIS does not perform in terms of carers as the system does not allow for the creation of carer records in their own right or for capturing reliable data about the entire carer population. Should the system ever be updated it is recommended that a suitable partner be involved in discussions regarding requirements of the system at an early stage.
- 9. NHS East Lancashire has developed a charter for carers and is developing a system to equip staff to identify carers at any point where they come into contact with members of the public and signpost them to register with their GP. It may be possible to consider such a system Lancashire wide. This would boost those registering with the GPs but it could also be used to signpost individuals to social services.
- 10. To encourage greater use of GP carer registers the NHS trusts could make submission of the data mandatory. They could then be set targets for the numbers registered, which could be filtered to other organisations as targets for the number of carers supported.
- 11. Consider obtaining feedback from carers themselves and the carers centres to check the validity of the findings. For example, are the inequalities in access to services highlighted within the report reflecting the true experience of carers?
- 12. Monitor the numbers of carers identified and signposted to the Hub and encourage the services that are signposted to monitor the origins of the calls. An evaluation should be conducted once the process has been running for a period of time to measure the effectiveness, identify whether any other information could be collected and to draw inferences which could be used to further promote carers services in localities.

Introduction, data and methodology

Introduction

Informal care is provided by residents from all backgrounds in Lancashire. Local authorities and the National Health Service have responsibilities to support carers, if for no other reason than because their unpaid care reduces the burden on these authorities. A Carers UK report calculated that carers in the UK save the state £87 billion a year¹.

The Government is providing an additional £4.1 million to Lancashire County Council for the 3 year period from 2008 to 2011 to further develop services to support carers. The Government is also investing additional monies in the Health Service (£155 million nationally) over the next 2 years to meet the needs of carers.

The Carers Strategy for Lancashire needs to embrace and focus the current local and county-wide partnership activity directed toward carers, ensuring that they are taken into account in crosscutting planning and service development. The Carers Strategy should also act as a joint commissioning strategy for expenditure of the additional monies.

Information on the prevalence and needs of carers is vital to this process. There are a range of sources of information regarding carers but no clear idea of the likely numbers and future projections. An application was made to the Lancashire joint strategic needs assessment (JSNA) team for support to identify the prevalence and location of carers within the county. This can then be matched with a further report outlining the needs of carers, i.e. what support they want, what is their experience and perception of services, etc, which has been commissioned separately.

National context

Central to this report and to any identification and reporting of carers is the definition of a carer. In June 2008 the Government published an updated national strategy for carers, "Carers at the heart of the 21st century, families and communities"². This strategy identifies a carer as:

"A carer spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems."

¹ Valuing carers – Calculating the value of unpaid care, September 2007. Carers UK, ACE and the University of Leeds.

² "Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own", Department for Health, June 2008.

The strategy sets out the ten year vision for improving support for carers, which is a shared responsibility between central and local government, the NHS, the third sector, families and communities. The principles outlined in the ten year vision are that by 2018:

- carers will be treated with dignity and respect as expert care partners.
- carers will have access to the services they need to support them in their caring role
- carers will be able to have a life of their own
- carers will not be forced into financial hardship by their caring role
- carers will be supported to stay mentally and physically well
- children and young people will be protected from inappropriate caring roles.

The strategy does not outline exactly how this will be achieve but does include a set of commitments. Most relevant to this analysis is the commitment to Information about carers. The Government is committed to better collection of data about carers' lives and to the continued inclusion of a question about carers in the Census.

Methodology

Various sources of data exist relating to carer and all have their limitations and benefits, which are discussed in detail in a later chapter. This report uses data from the 2001 Census, the Department for Work and Pensions, Lancashire County Council's ISSIS and the seven Carers' centres operating within the County.

Data is presented for Lancashire and broken down into the districts. The Census dataset is the most comprehensive and this is used as the backbone for all estimates and projections. However, the data is now quite out of date and it was therefore necessary to construct a model which allowed for numbers to be estimated for 2008 in line with population projections. This was also applied to young carers and BME carers.

Projecting future numbers of carers is challenging as there are a number of variables that need to be accounted for. Sensitivity analysis has been selected as the most appropriate tool for projecting the likely numbers of carers in 2011. Three potential realities for 2011 are considered and models created to estimate the numbers of carers that would result from each. In doing this a range of potential numbers are created and judgements can be taken on where the real number may lie within that range.

It had been hoped to include some analysis using the MOSAIC dataset, which would enable identification of the types of households providing care. This would assist in identifying the needs of carers in Lancashire. Unfortunately, the MOSAIC license held by Lancashire County Council has expired and negotiations to renew have not progressed with enough speed to allow for the inclusion of this data in the analysis.

Data sources

There are a number of data sources for carers, both local and national. None of these sources fully identify the number of carers and it is necessary to consider all together to get a clear picture. Each data source has its own shortcomings which are outlined below.

Identifying carers can be difficult when carers do not regard themselves as such. Even those who identify as being carers may be reluctant to engage with service providers or authorities due to a fear of interference by authorities. This is particularly noted with regard to children carers, where there is a fear that they will be taken into care if authorities found out they were taking care of a parent. Data sources may therefore under-report the size of the cohort.

Census 2001

In the 2001 Census, questions were included for the first time to assess the number of people who consider themselves to be carers. Information is available by age groups and also on the number of hours spent caring for someone. It has therefore been possible to calculate estimates for the total numbers of carers and young carers from this. Applying the ONS experimental ethnicity estimates from 2006 allows for estimates of carer numbers by BME groups.

Information from the Census is now clearly out of date as there have been changes in demography since it was carried out, including significant in-migration from Eastern European member states. However, it remains the most comprehensive data source for carers and can be used to draw inferences about the current numbers of carers.

Department for Work and Pensions (DWP)

Carer's allowance is the main benefit available to carers. It is applied for directly by the individual and is therefore independent of any NHS or LCC services. Whilst NHS or LCC can inform and signpost individuals to the benefit it is the responsibility of that individual to apply and if they meet the criteria they receive it.

To be eligible for the benefit, the person being cared for must be in receipt of a qualifying disability benefit. This means that the carer needs only fill in an additional form and does not need to approach a new agency, which is often a barrier to accessing other services.

Additional criteria are that the applicant must look after another person for at least 35 hours per week and they must be over 16 years of age. The DWP figures will therefore not account for young carers and those who care for others on a less full time basis. As such, this source is unlikely to inform the real number of carers in the areas. However, taken alongside other data sources it may highlight the numbers of carers eligible for financial support and not receiving it, which is important in targeting support.

Lancashire County Council – ISSIS

ISSIS is the system used to record all health and social care files. When social care service users are assessed they are asked whether they have a carer. This is a mandatory question and where identified Lancashire County Council will offer assessments and services for carers.

Personal detail is recorded in the system, although this can be limited as certain information (for example, age or ethnicity of the carer) is not mandatory. Reliable results are consequently not available for the BME, parent and young carer groups. There are further issues in identifying carers through the system due to the way in which the system records them; the inherent problem is that the system was designed to monitor service users, not their carers.

Carers' Centres

Carers' Centres are independent charities, funded by Lancashire County Council and the voluntary, community and faith sector, that deliver a wide range of local support services to meet the needs of carers in their own communities. Seven carers' centres operate within Lancashire and covering the 12 districts as outlined in figure 1.

The centres have a responsibility to inform LCC of the numbers of carers they support but not any personal details. They are also obliged to inform on the impact of their services, which they measure through surveys of their users. As such they are a useful source of information on the needs of carers in the localities.

Carers' centres do not engage with all carers for many reasons including a fear of authorities and the implications of getting involved with them. This is particularly the case with young carers and BME carers.

Centre name	Districts covered
Preston Carers Centre	Preston
Carers Point!	Fylde Wyre
Lonsdale District Carers (Adult carers) Signposts Access to Leisure & Young Carers (Young carers)	Lancaster
Chorley & South Ribble CVS Carers Project	Chorley South Ribble
The West Lancs Carers Centre	West Lancashire
Carers Centre at BPR CVS	Burnley Pendle Rossendale
Carers Link Hyndburn & Ribble Valley	Hyndburn Ribble Valley

Figure 1: Carers centres in Lancashire and the districts covered

Report structure

The remainder of the report is set out over several chapters. The next chapter provides context and briefly considers the national context for carers and what is happening at a local level; within Lancashire County Council and the three NHS Primary Care Trusts.

Estimates of the numbers of carers in Lancashire are presented in chapter 3 alongside discussion of the limitations of the data sources used. In this chapter young carers, parent carers and carers from BME communities are discussed as specific groups in view of the likelihood of their having specific needs. Chapter 4 contains future projections of carers, outlining the different "realities" or options used.

The conclusions and recommendations are presented in chapter 5. To allow for ease of reading, and to reduce the length of the report as much as possible, the majority of the detailed data tables have been removed from the main body and are presented in the appendices.

Carers in Lancashire

Introduction

In order to understand what the future needs of carers will be and therefore plan for them, it is necessary to understand how many carers there are and where they are. The needs of specific cohorts of carers may differ and key groups are those carers from BME backgrounds (BME carers) as well as those who are caring for their children (parent carers) and those carers who are aged less than 18 years (young carers).

Carers - 2008 estimates

The 2001 Census is the most complete assessment on the number of people providing informal care, although the information it provides is now very out of date. Carers UK estimate that there are currently 130,000 people in Lancashire providing informal care, an estimate which has been gathered by applying the estimated percentage increase in the population since 2001, from the 2006 ONS population projections, to the numbers of carers identified in the Census.

The method used here accounts for the fact that 74% of carers look after someone aged 65 or over (according to Lancashire County Council's Adult and Community Services (ACS)) and the growth in that section of the population. The estimates assume that the increase in the population who demand a carer is met by the supply of an informal carer. There is a debate to be had over whether such an assumption is valid and this should be borne in mind when interpreting the results.

There are an estimated 126,350 people currently providing some informal care in Lancashire, which accounts for 11.3% of the total population aged over five years. Preston and Lancaster have the highest numbers of people providing care. However, there are less than would be expected given their population size. This is likely to reflect the age composition of the districts, partially due to the presence of the Universities of Central Lancashire and Lancaster (figure A1 in appendix A).

Of the 126,350 people providing care in Lancashire, approximately two thirds (86,000 or 68%) are providing between one and 19 hours, which could be defined as casual care. More than one in five people providing care (21%) are providing care at intensive levels of 50 or more hours per week. Such a commitment to another's care will place a major strain on an individual's life, taking up more hours than full time employment.

Those providing more than 20 hours per week of informal care are probably those most important to target support at through the strategy. 20 hours per week dedicated to another is a significant amount of time, which fits with the Carers UK definition.

		oplo	Brovid	06 1-10		Pro	vides 20+	hours of o	are	
Area		All people Provides 1-19 (aged 5+) hours of care		То	otal				vides 50+ rs of care	
	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total
Lancashire	1,113.6	100.0%	86.0	100.0%	40.4	100.0%	13.7	100.0%	26.7	100.0%
Burnley	82.0	7.4%	6.5	7.6%	3.3	8.1%	1.0	7.6%	2.2	8.3%
Chorley	98.9	8.9%	8.0	9.3%	3.3	8.1%	1.2	8.8%	2.0	7.7%
Fylde	73.4	6.6%	5.9	6.8%	2.5	6.2%	0.9	6.3%	1.6	6.1%
Hyndburn	77.3	6.9%	5.9	6.8%	3.1	7.8%	1.1	7.9%	2.0	7.7%
Lancaster	140.2	12.6%	9.5	11.1%	4.6	11.3%	1.5	10.9%	3.1	11.5%
Pendle	84.8	7.6%	6.8	7.9%	3.1	7.7%	1.1	8.1%	2.0	7.5%
Preston	124.4	11.2%	8.9	10.3%	4.4	10.8%	1.5	11.0%	2.8	10.7%
Ribble Valley	56.5	5.1%	4.7	5.5%	1.5	3.6%	0.5	3.6%	1.0	3.6%
Rossendale	63.3	5.7%	4.9	5.7%	2.3	5.8%	0.8	6.0%	1.5	5.6%
South Ribble	101.6	9.1%	8.3	9.6%	3.4	8.5%	1.2	8.4%	2.3	8.5%
West Lancashire	104.2	9.4%	8.3	9.7%	4.4	10.9%	1.5	10.8%	2.9	11.0%
Wyre	107.1	9.6%	8.4	9.7%	4.6	11.3%	1.4	10.4%	3.1	11.8%

Figure 2: 2008 estimates of the numbers and location of all carers aged 5+ (by hours of care)

Source: Lancashire Profile; Census 2001, ONS Population projections

At a district level interesting variations are present. Whilst Chorley, Fylde, Ribble Valley and South Ribble are all slightly over-represented in carers providing low levels of care, they are underrepresented in the more intensive care givers (20+ hours). This could be indicative of a healthier, wealthier population requiring less support, or simply that the wealthier districts require less informal support as where care is required it is bought through formal channels.

Conversely, West Lancashire and Wyre are over-represented at all levels of care-giving and especially so at the most intensive level of 50+ hours. In Wyre this is likely to reflect the older age structure of the population. In West Lancashire this may be reflective of the geography of the area, as care tends to be the responsibility of family members, friends and neighbours in rural communities due to geographical barriers.

Adult carers

2008 estimates from the 2001 Census

Adult carers are those aged over 18 years and account for 97% of the total numbers of carers. There are an estimated 122,600 adult carers in Lancashire in 2008. At district level familiar patterns appear with Lancaster and Preston under-represented and West Lancashire and Wyre over-represented (figure A2 in appendix A).

More than 4% of Lancashire adults are providing care exceeding 20 hours per week in Lancashire, almost 40,000 people. Poor health and the older make up of the population are highlighted in higher than would be expected levels of informal care being provided in Burnley, Hyndburn, West Lancashire and Wyre.

		anla	Drovia			Prov	ides 20+	hours of	care	
Area		eople I 18+)		des 1-19 of care	То	Total Provides 20-49 Provides of care hours				
	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total	Nos (000s)	Share of Lancs total
Lancashire	928.8	100.0%	82.8	100.0%	39.8	100.0%	13.4	100.0%	26.4	100.0%
Burnley	67.5	7.3%	6.3	7.6%	3.2	8.1%	1.0	7.6%	2.2	8.3%
Chorley	83.3	9.0%	7.7	9.3%	3.2	8.0%	1.2	8.7%	2.0	7.7%
Fylde	63.1	6.8%	5.8	7.0%	2.5	6.2%	0.9	6.4%	1.6	6.2%
Hyndburn	62.9	6.8%	5.6	6.8%	3.1	7.8%	1.1	7.9%	2.0	7.7%
Lancaster	118.2	12.7%	9.2	11.1%	4.5	11.3%	1.5	10.9%	3.0	11.5%
Pendle	69.6	7.5%	6.4	7.8%	3.0	7.6%	1.1	7.9%	2.0	7.5%
Preston	103.6	11.2%	8.5	10.2%	4.3	10.8%	1.5	11.0%	2.8	10.7%
Ribble Valley	46.8	5.0%	4.6	5.5%	1.4	3.6%	0.5	3.7%	1.0	3.6%
Rossendale	52.0	5.6%	4.6	5.6%	2.3	5.8%	0.8	6.0%	1.5	5.6%
South Ribble	85.4	9.2%	8.1	9.7%	3.4	8.5%	1.1	8.5%	2.3	8.5%
West Lancashire	86.7	9.3%	8.0	9.7%	4.3	10.9%	1.4	10.8%	2.9	11.0%
Wyre	90.9	9.8%	8.1	9.8%	4.5	11.4%	1.4	10.5%	3.1	11.8%

Figure 3: 2008 estimates of the numbers and location of all carers aged 18+ (by hours of ca	are)

Source: Lancashire Profile; Census 2001, ONS Population projections

Carers in receipt of carers allowance

Carers allowance is the key benefit available to carers but is only available to those aged over 16 who care for someone for at least 35 hours per week who is themselves in receipt of a qualifying disability benefit. The tight restrictions are reflected in the low numbers of recipients of the benefit, far below the numbers estimated to be currently caring for another.

There are three times as many people in Lancashire estimated to be caring for someone for 50 or more hours per week than are in receipt of carer's allowance (26,400 versus 9,400). This clearly suggests that there are carers who may be entitled to the benefit that are not claiming it.

Area	All people (aged 18+)	Claimant numbers	Claimants as a proportion of the population	Lancashire carers (50+ hours) from 2008 estimates (000s)	Ratio of carer numbers to claimant numbers
Lancashire	928,780	9,400	1.0%	26.4	2.8
Burnley	67,460	855	1.3%	2.2	2.6
Chorley	83,260	670	0.8%	2	3.0
Fylde	63,060	478	0.8%	1.6	3.3
Hyndburn	62,860	803	1.3%	2	2.5
Lancaster	118,200	1,015	0.9%	3	3.0
Pendle	69,620	945	1.4%	2	2.1
Preston	103,640	1,328	1.3%	2.8	2.1
Ribble Valley	46,780	240	0.5%	1	4.2
Rossendale	51,960	535	1.0%	1.5	2.8
South Ribble	85,360	660	0.8%	2.3	3.5
West Lancashire	86,660	1,025	1.2%	2.9	2.8
Wyre	90,920	850	0.9%	3.1	3.6

Figure 4: Carers allowance claimant numbers against carers providing 50+ hours

Source: Lancashire Profile; Census 2001, Department for Work and Pensions, ONS Population Projections 2006 Note: The numbers of carer's allowance claimants aged 16 and 17 were negligible (30 total for Lancashire) and were therefore excluded from the analysis.

Carers in some districts appear more likely to claim carer's allowance than others – Burnley, Hyndburn, Preston and Pendle have the lowest ratios of eligible carers to claimants of carers' allowance, indicating a higher proportion claiming the benefit. Whilst residents of Pendle account for 7.5% of both the total population of Lancashire and those providing 50 or more hours of care, they make up more than one of every ten carer's allowance claimants. These residents may be more likely to be already involved in the state benefits system and therefore most willing to claim.

Carers in Fylde, Ribble Valley, South Ribble and Wyre are less likely to be in receipt of carer's analysis. The ratio of eligible carers outnumbers the number of claimants exceeds the Lancashire average. Support for carers in these areas could include promotion of the financial benefits they may be eligible for.

Young carers

This cohort of carers is the one of the most difficult to measure and the estimates provided here should be treated with particular caution.

The methodology used to obtain 2008 estimates in this report assumes that 74% of those being cared for are older people. The number of carers is then projected from the 2001 Census figures from the increase in old people between 2001 and 2008 13,200 people (6.5%). Young carers are most likely to be caring for their parents who will probably be aged between 25 and 49. This group only increased by 4,800 people (1.4%) across Lancashire between 2001 and 2008. In some districts, for example Burnley and West Lancashire, this group reduced over the period. The true numbers may therefore be lower than suggested here.

Having said this, there is an argument that increases in morbidity in the middle aged population, with higher levels of conditions such as obesity and diabetes, may mean that people need carers sooner and could mean a higher proportion of young carers than measured here. These factors should be considered when interpreting the results in the table below (further results are shown in figure A3 in appendix A).

	Varia							- hours of			
Area		j people d 5-17)		des 1-19 s of care	T(otal		es 20-49 of care			
	Nos (000s)	Share of Lancs total									
Lancashire	184.7	100.0%	3.2	100.0%	0.6	100.0%	0.3	100.0%	0.2	100.0%	
Burnley	14.6	7.9%	0.263	8.3%	0.047	8.3%	0.029	9.0%	0.018	7.4%	
Chorley	15.5	8.4%	0.249	7.9%	0.064	11.3%	0.041	12.8%	0.023	9.3%	
Fylde	10.4	5.7%	0.128	4.0%	0.006	1.1%	0.000	0.0%	0.006	2.6%	
Hyndburn	14.5	7.9%	0.231	7.3%	0.037	6.4%	0.027	8.5%	0.009	3.8%	
Lancaster	22.0	11.9%	0.340	10.7%	0.061	10.8%	0.025	7.8%	0.036	14.7%	
Pendle	15.3	8.3%	0.370	11.7%	0.069	12.2%	0.042	12.8%	0.027	11.2%	
Preston	20.9	11.3%	0.391	12.3%	0.059	10.4%	0.039	11.9%	0.020	8.3%	
Ribble Valley	9.7	5.3%	0.122	3.9%	0.009	1.7%	0.003	1.0%	0.006	2.6%	
Rossendale	11.4	6.2%	0.246	7.8%	0.037	6.5%	0.021	6.6%	0.015	6.3%	
South Ribble	16.3	8.8%	0.230	7.3%	0.040	7.0%	0.025	7.6%	0.015	6.3%	
West Lancashire	17.5	9.5%	0.312	9.9%	0.061	10.7%	0.034	10.5%	0.027	11.0%	
Wyre	16.4	8.9%	0.269	8.5%	0.039	7.0%	0.016	4.8%	0.024	9.8%	

Figure 5: 2008 estimates of the numbers and location of young carers aged 5-17 (by hours of care)

Source: Lancashire Profile; Census 2001, Department for Work and Pensions, ONS Population Projections 2006

It is estimated that there are 3,700 young people in Lancashire providing any level of care. This accounts for 3% of the total population of carers and 2% of all young people living in Lancashire.

There are estimated to be 600 children in Lancashire providing care in excess of 20 hours per week. There are high proportions of young carers in Chorley, Pendle and West Lancashire. Chorley is particularly noteworthy as overall they have low numbers of carers compared to other

districts yet have the second highest number of young carers providing over 20 hours of care per week.

Parent carers

Other than the numbers supported through carers centres, which do not represent the true size and locations of the group, it has not been possible to identify any data recording the numbers of parent carers. A key reason stems from the difficulty of how to identify parent carers. Parents have a legal responsibility for the care provided to their child, unlike adult carers. It is therefore difficult to determine where the responsibilities of a parent end and those of a carer begin.

It may be safe to assume that all disable children have a parent carer and therefore the number of disabled children can be used as a proxy. However, this still leads to questions as to how disabled children are defined are there are several definitions and systems used.

The definition from the section 17 Children Act 1989, which is referred to in the Carers Act of 2004 is the most restrictive as it only includes children with severe impairments and is based upon the medical model of disability. From Government estimates, there are approximately 2,000 children with a severe disability in Lancashire.

However, estimates calculated for the Aiming High for disabled children initiative put the number closer to 2,300 children. This closely matches the figures provided by the family information network database (FIND) which contains 2,113 children and young people. FIND includes children and young people with sensory, communication, mobility and learning difficulties. As inclusion is voluntary it is likely to underestimate the true numbers.

The 2001 census asked a question about the numbers of children who had a long term limiting illness and counted 11,300 in Lancashire. This figure is questionable as used a self-selecting method, allowing respondents to decide whether any children in their household qualified.

The Disability Discrimination Act provides a further definition, which is considered more in line with a social model of disability as it includes those who have a condition which prevents their full access to work, education, social activities and so on. Children in Lancashire who fall into this definition are said to have "additional needs" and includes children with emotional or behavioural disorders and specific learning disabilities such as dyslexia, who wouldn't normally be considered disabled. The size of this cohort is measured at approximately 16,000 and is by far the largest estimate.

From this, the number of parent carers could range from as few as 2,000 to as many as 16,000. If wanting to complete Parent carers' assessments it may be most wise to use the Carers Act 2004 definition, which would mean there are 2,000 parent carers to target. These parent carers are likely to be in need of significant levels of support as the children they will be caring for are severely disabled. Support is still likely to be needed by those who are caring for children with additional needs such as emotional and behavioural, although this may be through access to support networks and forums rather than anything more targeted.

BME carers

Carers from BME backgrounds are again difficult to measure. It has not been possible to obtain data on the ethnicity of those identifying themselves as carers in the 2001 Census.

Estimates of carers by ethnic group have been derived using 2006 ONS estimates of the population by ethnic group (figure A4 in Appendix A). These are generated by applying the proportions for each ethnic group to the overall estimates for the numbers of carers in Lancashire. They may over-estimate the numbers of BME carers as they do not account for the varying age structures of different BME communities.

The Pakistani community is the largest BME community in Lancashire and there are an estimated 3,285 people of Pakistani descent providing some level of care in Lancashire (figure A5 in appendix A). Over 1,000 of these are estimated to be providing care exceed 20 hours per week. 90% of these carers live in Burnley, Hyndburn, Pendle and Preston (approx 200, 200, 400 and 100, respectively). See figure A6 in Appendix A for detailed results.

The Indian community is also estimated to have a relatively high number of carers with circa 2,100 providing some form of care, a third of which provide 20 or more hours per week. The latter group of significant care providers are concentrated in the district of Preston where there are estimated to be more than 350 people providing more than 20 hours per week caring for another.

BME carers' needs, and expectations of carer support, tend to be significantly greater than those carers from non BME communities. A recent report by Lancashire County Council on the capacity of carers' centres to support BME carers³ identified that carers from the Asian communities tended to require, and expect, high levels of support from carers' centres. Examples included support to complete funding application forms due to language barriers, to deal with any complaints that result from decline of any applications, transport requests as female carers are unwilling to use public

transport due to cultural sensibilities, and support to complete tasks such as contacting utility companies to discuss bills.

Conversely, Eastern European carers are difficult to engage with despite the large size of these communities in parts of the county such as Chorley and Lancaster.

In Lancaster there has been a large and growing Polish community over recent years, yet only four Polish carers are registered with the centre and those four had lived in the area for many years. Despite offering a translation service Polish carers, take up of the services offered remains low.

Economic migrants tend to be younger, more self-sufficient and may be less likely to need carer support services, but it is not unlikely that some within the community would be caring for others at some point. It is likely that the numbers requiring care would change as the population ages and therefore a growing number of carers would need support.

The Chinese community are also highlighted as a hard to reach group of carers. Anecdotal information suggests reasons include a distrust of the authorities and a strong work ethic, which means they are unwilling to seek support. There is a demand for carer support, but this is provided through intermediary organisations such as the Chinese Association in Lancaster. They provide translation services for the Lonsdale centre and the centre works indirectly through the association to support Chinese carers.

Carers known to ISSIS

Although ISSIS does help identify where service users have a carer so that carer assessments can be carried out, the system fails to record important information about the carer including the age and ethnicity. The set up of the system is such that it is also not possible to obtain reliable figures of the numbers of carers supported by Lancashire County Council.

When a client is assessed they are asked if they have a carer. If the response is positive, ISSIS automatically creates a carer's assessment which is then completed. At this point it would be possible to obtain reliable numbers. However, the situation becomes complicated as circumstances may change following the initial assessment of the client and a review may be needed. The system is such that the social worker will again have to ask whether the client has a carer and complete this field on ISSIS. As this is time consuming and the social worker has already recorded that a carer assessment has taken place within the previous assessment they

³ Carers' centre BME capacity report; Joanne Miller, Carers development officer, Lancashire County Council. November 2008

tend to put 'no' to avoid filling in a new carer assessment. It is difficult to distinguish where this has occurred or where the client now genuinely does not have a carer.

It has been possible to extract some information from ISSIS related to the services provided to carers or payments made to clients for carers. The table shows the number of carers being provided with services following a carer's assessment over a year. It is difficult to take anything from these figures although the proportions offered by district can be used to infer whether there are gaps in service provision.

Comparing the proportion of services offered by district against the proportion of carers estimated to be providing care at significant levels heeds interesting results. There are higher proportions of services being offered in the more affluent districts of Lancaster, Ribble Valley, South Ribble and Wyre than would be expected given their share of carers.

Vice versa, carers in less affluent districts such as Burnley and Preston appear to be losing out in terms of the share of services being provided following assessment. West Lancashire also appears low in its share. These could be areas where targeted promotion of the services offered by Lancashire County Council might benefit carers.

District	following an	ices provided assessment or view	Share of estimated total Lancashire	Share of
District	Nos	% of Nos Lancashire total		estimated total Lancashire carers
Lancashire	7370	100.0%	100.0%	100.0%
Burnley	523	7.1%	8.1%	7.7%
Chorley	638	8.7%	8.1%	8.9%
Fylde	503	6.8%	6.2%	6.6%
Hyndburn	538	7.3%	7.8%	7.1%
Lancaster	985	13.4%	11.3%	11.1%
Pendle	538	7.3%	7.7%	7.9%
Preston	712	9.7%	10.8%	10.5%
Ribble Valley	365	5.0%	3.6%	4.9%
Rossendale	415	5.6%	5.8%	5.7%
South Ribble	725	9.8%	8.5%	9.3%
West Lancashire	685	9.3%	10.9%	10.1%
Wyre	743	10.1%	11.3%	10.2%

Figure 6: Carer related services recorded on ISSIS for year ending 30/11/08

Note: carers' services include 'carer's break' or other specific carers' service, or advice or information.

Carers registered with carers' centres

The numbers of carers supported by the carers' centres are far below the estimates provided through the modelling exercise, although they are incredibly close to the numbers recorded from ISSIS. At the Lancashire level the carers' centres are supporting less than 6% of all carers providing significant levels of care (more than 20 hours per week).

The carer's centres are the only source for actual numbers of the specific groups of BME, parent and young carers and these numbers tend to be very low. Having said this, as a proportion of the total carers on the centres' books, BME, young and parent carers are all fairly well represented.

		Numb	pers of ca			Numbers of carers as a proportion of the total			
District	All carers	Adult carers	BME carers	Parent carers	Young carers	Adult carers %	BME carers %	Parent carers %	Young carers %
Lancashire	7420	6871	729	974	549	92.6	9.8	13.1	7.4
Burnley	838	798	102	82	40	95.2	12.2	9.8	4.8
Chorley	344	327	1	57	17	95.1	0.3	16.6	4.9
Fylde "	441	418		35	23	94.8		7.9	5.2
Hyndburn	581	491	164	76	90	84.5	28.2	13.1	15.5
Lancaster	598	500	10	114	98	83.6	1.7	19.1	16.4
Pendle	815	770	214	89	45	94.5	26.3	10.9	5.5
Preston *	684	638	186	93	46	93.3	27.2	13.6	6.7
Ribble Valley	339	307	10	42	32	90.6	2.9	12.4	9.4
Rossendale	473	441	32	44	32	93.2	6.8	9.3	6.8
South Ribble	425	385	2	50	40	90.6	0.5	11.8	9.4
West Lancashire	1373	1323	8	236	50	96.4	0.6	17.2	3.6
Wyre "	509	473		56	36	92.9		11.0	7.1

Figure 7: Numbers of carers being supported by the carers' centres

Source: Lancashire carers' centres

Note: The Lancaster Lonsdale centre is a member organisation not a referral service. Carers therefore have to register as members and pay an annual fee. As such the carers are more likely to be under-represented in Lancaster than any other district.

"Figures were not available for BME carers

* The total provided by the centre was 731, which did not sum so the total has been assumed to be the adults plus young carers

Less than 7% of the Lancashire population belongs to a BME community, but almost one in ten carers on the carers' centres registers belong to a minority ethnic group. Burnley, Hyndburn, Pendle and Preston have the highest concentrations of ethnic diversity at more than 13% of the total population. More than one in five of the carers registered with the centres in these districts are from a BME community.

Parent carers also appear to be well supported by the centres. Assuming the actual size of the parent carers group is at the bottom end of the range identified earlier (2,000), the carers' centres

are supporting almost half of those carers. Support levels are particularly high in the districts of Chorley, Lancaster and West Lancashire where more than 16% of carers supported where caring for their child, compared to the Lancashire average of 13%.

Young carers are more than twice as likely to be identified by the carers' centres as would be expected given the estimates of young carers provided earlier. In fact, the numbers being supported almost match the estimated number of young carers providing 20 or more hours of care per week (600 estimated versus 549 actual). Particular success is found in engaging with young carers in Hyndburn, Lancaster, Ribble Valley and South Ribble.

From the data provided it seems that the carers' centres are very good at engaging with BME, young and parent carers as specific groups. Engagement with BME carers is particularly good (as a proportion of the overall carers), especially so in the areas where there are significant concentrations of BME communities.

District	All carers supported by centres	Supported carers as a share of Lancashire total supported carers	Population as a share of total Lancashire population	Estimated carers providing 20+ hours of care as a share of Lancashire total estimated carers
Lancashire	7420	100.0%	100.0%	100.0%
Burnley	838	11.3%	7.4%	8.1%
Chorley	344	4.6%	8.9%	8.1%
Fylde	441	5.9%	6.6%	6.2%
Hyndburn	581	7.8%	6.9%	7.8%
Lancaster	598	8.1%	12.6%	11.3%
Pendle	815	11.0%	7.6%	7.7%
Preston	684	9.2%	11.2%	10.8%
Ribble Valley	339	4.6%	5.1%	3.6%
Rossendale	473	6.4%	5.7%	5.8%
South Ribble	425	5.7%	9.1%	8.5%
West Lancashire	1373	18.5%	9.4%	10.9%
Wyre	509	6.9%	9.6%	11.3%

Figure 8: Share of carers supported again	nst share of population and total carer numbers

Source: Lancashire carers' centres, Lancashire profile, ONS population estimates, 2001 Census

The level of engagement varies distinctly by district. High levels of success, relative to other areas, are apparent in Burnley, Pendle and West Lancashire where the share of carers supported far exceeds both the share of the Lancashire population resident in the districts and the share of the total estimated number of carers. West Lancashire is particularly well engaged as nearly 20% of the carers supported by the centres reside in Lancashire, which is much higher than would be

expected given that only 9.4% of the Lancashire population and 10.9% of the Lancashire population providing high levels of care reside in the district.

It is also clear that carers in some districts are not accessing the services provided by the centres as the numbers supported are not representative of the size of the population or the total number of carers thought to be providing care in the districts. Lancaster is one such district although the lower numbers accessing services in that district may be a result of the membership fee charged by the organisation, which although small (£2 per year) may be off-putting to some.

There may be opportunity to boost carers accessing the centres through the sharing of best practice between the centres. However, there are numerous reasons that can account for the differing levels of access, which could include funding and capacity, and these issues are beyond the scope of this report.

Carers known to GPs

The Government has asked all GPs to register all carers in their practices. This is to enable carers to access support services within the area and receive information and advice on issues related to caring for others.

There is evidence that GP Carers' registers are currently widely underused within Lancashire. During the development of a charter for carers in East Lancashire, the Lead on carers at NHS East Lancashire received anecdotal information that whilst all GPs have registers, their use varies widely, with between zero and 100 carers registered per practice. A review of the actual numbers of carers register is being conducted currently. Questionnaires have been sent to practice managers of all 75 GP surgeries and responses are expected by the end of February.

In North Lancashire, the Wylde consortium operates within the NHS North Lancashire footprint and consists of 22 GP practices. The manager of the consortium approached a number of practice managers to identify how well the registers are being used. Whilst all practices had registers the practice managers confirmed that they are not being used. The reasons given for this are because it is either not mandatory or, if it is, the NHS Primary Care Trusts are not asking for the information.

Summary

The numbers of carers estimated in this chapter stands close to the number posited by Carers UK. However, it seems most sensible to consider the "true" number of carers to be those who satisfy the Carers UK definition of providing a "significant" level of care, which has been interpreted here as 20 or more hours. Using this definition it has been found that 4% of Lancashire's population is providing a significant level of care for another, more than 40,000 people.

Measuring the numbers of groups of carers such as the young, parents or those from a BME community is difficult because of the lack of reliable data and the unwillingness of such carers to identify themselves and engage with authorities. However, the purpose of this report has been to do so and a methodology has been constructed to provide as reliable results as possible. The data provided for these groups was done so with heavy caveats in the report.

There are as many as 2% of young people in Lancashire (3,700) providing some level of care for another and 600 of these may be providing care at significant levels over 20 hours per week. The carers centres are engaged with a respectable proportion of young carers (549 are registered with them), but it is likely that those most in need of support are least likely to come forward due to fear of being taken into care if found to be caring for the person responsible for them.

Carers from BME groups are present in significant numbers, particularly from the Pakistani and Indian communities. These groups are accessing services, particularly from the carers' centres, where they are often reported as demanding a higher level of support than other groups. To their credit, the carers' centres appear to be successful in engaging with these groups. Other communities, such as Eastern European and Chinese communities, who are strong in pockets within districts, are less willing to engage for numerous reasons. The carers' centres in particular attempt to engage with these groups and use what would seem to be common sense approaches that have been used with the Asian communities. A distrust of authorities may be present due to the newly established nature of these communities. This may require different approaches to be used.

Parent carer numbers have been estimated using the numbers of disabled children as a proxy and a range of between 2,000 and 16,000 has been identified. The levels of support required by this group will vary along the scale. High levels of support will be required by the 2,000 who are assumed to be caring for severely disabled children. At the higher end, where parents will be caring for those with mild emotional and behavioural needs, there may be a requirement for access to forums or support networks rather than formal interventions.

Future projections of carers

Introduction

As the strategy being developed for Lancashire's carers is to run from 2008 to 2011 it is useful to understand the likely future numbers of carers. The demography of the population is ageing and population projections show that there will be increases in the older population for the foreseeable future. The population aged over 5 years is expected to increase by 21,200 in Lancashire between 2008 and 2011. Those aged over 65 are expected to increase by 13,000 people over the same period. The net result is that the numbers of those most likely to need a carer out number those who are most likely to provide the care (13,000 versus 8,200).

Whilst the factors determining demography change, and the potential numbers who may need care are largely understood (more will need care in the future), the numbers of carers are less certain. There are conflicting aspects including the increase in the numbers of young older people, which may mean additional volunteers and care givers are available, and the impact of the recession which will result in increasing levels of unemployment and further numbers of volunteers. Conversely, the projected increase in single person households and increases in morbidity levels of diabetes and obesity may reduce the pool of potential carers.

Given the conflicting factors, it is difficult to arrive at authoritative projections for the numbers of carers in 2011. Sensitivity analysis has therefore been selected as the appropriate tool to provide projections for the numbers of carers. Three potential realities are examined and numbers estimated based upon these. These options combine supply and demand issues. The three options are:

- Option 1 base option. This option derives the increases in numbers of carers between 2008 and 2011 using the same methodology as the initial estimate for 2008. It therefore relates the numbers of carers to the increase in the population, with additional weighting added to the 65+ population as the ACS statistic dictates.
- Option 2 extreme option. This option assumes that all additional people aged 65+ require care and receive it from an informal carer. This is likely to be the upper reach of the number of carers that there could be in 2011.
- Option 3 conservative option. This option assumes that the carers increase as per option
 1 but then accounts for the increased trend for single person households and reduces the projected increase in the number of carers by that proportion.

Sensitivity analysis results

All carers

The carers' population in Lancashire could increase between 2008 and 2011 by almost 10% according to the results from the model. The estimates show there could be anywhere between 31 and 11,795 addition people providing care in Lancashire (see figure B1 in Appendix B). The highest figure is provided by applying the second option to the total estimated number of carers in 2008 (126,000). Option 2 is where all the increased 65+ population requires, and gets, a carer. This figure is considered unrealistic.

The estimates of those providing 20 or more hours of care probably closest reflects the true picture possible from the simplistic models constructed here. The results are an additional 11 to 3,770 additional Lancashire residents providing significant levels of care by 2011.

These increases will be greatest (proportionally) in the districts with greatest projected growth in the older people population, as would be expected. Chorley, Fylde and Ribble Valley could each experience more than 11% growth in carer numbers over the three years. In Ribble Valley, almost 200 more residents may be caring for someone for 20 or more hours per week by 2011.

In absolute terms, West Lancashire and Wyre are forecast to have the highest increases in carers with more than 400 additional residents providing care at the end of the three year period.

District	2008 base estimates	2011 Op estima		2011 Op estima		2011 Op estima	
	Nos	Nos	Nos change		change	Nos	change
Lancashire	40380	40455	74	44150	3770	40391	11
Burnley	3266	3258	-8	3409	143	3266	0
Chorley	3255	3259	4	3622	368	3256	1
Fylde	2493	2496	3	2781	288	2494	1
Hyndburn	3130	3132	2	3312	181	3131	0
Lancaster	4563	4597	34	4938	375	4566	2
Pendle	3112	3116	5	3231	119	3112	0
Preston	4353	4365	11	4463	109	4354	1
Ribble Valley	1459	1465	6	1655	196	1460	1
Rossendale	2333	2334	1	2501	168	2333	0
South Ribble	3431	3435	4	3716	284	3432	1
West Lancashire	4405	4398	-8	4808	402	4407	1
Wyre	4559	4576	17	4991	432	4561	2

Figure 9: 2011 forecasts of the numbers	providing	significant	levels of	care (2	0+ hours)	aged 5+
rigule 3. 2011 lorecasts of the humbers	providing	Significant		care (Z	of nours	ayeu JT

Source: JSNA modelled estimates using Census data, population projections and ONS household projections data.

Adult and young carers

The majority of the forecast increase in carers is in adult carers (see figure B2 in Appendix B for more results). The methodology used in the forecasting process means that the percentage increases experienced by the districts are the same regardless of the age group so only numbers are considered from here on.

The model estimates that there could be an additional 348 young people providing care in any amounts in Lancashire by 2011, all of which are likely to require additional support (figure B3 in Appendix B). 53 of these are forecast to be providing care for someone of 20 or more hours per week. The greatest numbers of additional young carers are predicted in Chorley, Lancaster and West Lancashire.

According to figures provided by the carers' centres, Lancaster young carers appear to be well engaged. There may be opportunity in Chorley and West Lancashire to focus on this group to provide additional support to those taking on caring responsibilities over the coming years, as well as to those already dealing with the responsibility of caring for another.

District			ult carers		08-11		Young carers				
	2008 base	Min	Range Max	<u>Ch</u> a Min	ange Max	2008 base	Min	Max	Cha Min	inge Max	
Lancashire	39813	39823	43530	10	3717	567	567	620	0	53	
Burnley	3219	3211	3359	-7	141	47	47	49	0	2	
Chorley	3191	3192	3551	1	361	64	64	71	0	7	
Fylde	2487	2488	2774	1	287	6	6	7	0	1	
Hyndburn	3094	3094	3273	0	179	37	37	39	0	2	
Lancaster	4502	4504	4872	2	370	61	61	66	0	5	
Pendle	3043	3043	3159	0	116	69	69	72	0	3	
Preston	4295	4295	4402	1	108	59	59	60	0	1	
Ribble Valley	1450	1451	1644	1	195	9	9	11	0	1	
Rossendale	2296	2297	2461	0	165	37	37	39	0	3	
South Ribble	3392	3392	3673	1	281	40	40	43	0	3	
West Lancashire	4345	4337	4742	-8	397	61	61	66	0	6	
Wyre	4520	4521	4947	2	428	39	39	43	0	4	

Figure 10: 2011 forecasts of adults and young people providing care of 20 or more hours

Source: JSNA modelled estimates using Census data, population projections and ONS household projections data. Note: figures may not sum due to iterative calculations.

BME carers

In the table below are a summary of results for the key ethnic groups in Lancashire providing 20 or more hours of care to another. Full results for all levels of care and all options are presented in figures B4 to B10 in Appendix B.

The Pakistani community are expected to experience the greatest increase in those providing care with almost 100 more people providing high levels of care for another in 2011 than in 2008. When all levels of care are included this rises to 307 additional carers. There are also anticipated increases in the numbers of carers from the Indian and Chinese and other communities. This latter group may be most significant in terms of their needs and support. Whilst the Asian communities are well engaged with by carers' centres and other carer support services, the Chinese and Eastern European communities are often sited as those who are most unknown and unwilling to engage.

Of all the figures provided in this report, these forecasts by ethnic group are the least likely to reflect the true picture and should be treated with most caution. They have been created by applying the experimental ethnic population estimates to the forecasts for the total population and take no account of the differing age structures that are certain to be present.

District	Black or black British		Bangladeshi		Indian		Pal	kistani	Chinese or other		
	2011	change 2008 - 11	2011	change 2008 - 11	2011	change 2008 - 11	2011	change 2008 - 11	2011	change 2008 - 11	
Lancashire	221	19	132	11	751	64	1148	98	309	26	
Burnley	17	1	58	2	24	1	194	8	10	0	
Chorley	11	1	4	0	29	3	22	2	22	2	
Fylde	8	1	0	0	19	2	11	1	11	1	
Hyndburn	7	0	7	0	30	2	235	13	7	0	
Lancaster	30	2	10	1	49	4	20	1	74	6	
Pendle	10	0	6	0	13	0	426	16	6	0	
Preston	49	1	13	0	366	9	116	3	49	1	
Ribble Valley	3	0	0	0	15	2	20	2	8	1	
Rossendale	8	1	38	3	10	1	48	3	8	1	
South Ribble	7	1	0	0	37	3	15	1	19	1	
West Lancashire	10	1	0	0	24	2	10	1	24	2	
Wyre	10	1	5	0	65	6	20	2	25	2	

Figure 11: 2011 forecasts of numbers providing 20 or more hours of care by ethnic group

Source: JSNA modelled estimates using Census data, population projections, experimental ethnicity estimates and ONS household projections data.

Note: figures may not sum due to iterative calculations.

Summary

The results of the sensitivity analysis conclude that there are likely to be between 11 and 3,770 additional residents of Lancashire providing informal care by 2011. The upper limit is taken from the extreme option 2, which suggests that all the growth in the over 65 population will need a carer. However, to bring the figure back into reality only the significant levels of care have been considered likely.

Growth in the numbers of carers is not likely to be uniform across the districts as some are projected to experience much greater growth in the older population than others. Additional factors such as poor health and increases in morbidity due to conditions such as diabetes and obesity may mean younger people need carers however, and this is likely to be in the most deprived districts, which are those where the population projections demonstrate lowest growth. The increase in single person households does make the estimation process more complication and where this was accounted for in option 3 the results were often lower than in option 1. Given all this, the range of estimates provided is the most appropriate and it is therefore the responsibility of whoever is using the estimates to decide which factor they feel is strongest and select appropriately.

Young carers and BME carers are predicted to increase and the opportunity presents itself for the carers' centres to improve on their current success in targeting these groups. Engaging with and providing additional support to those from Asian communities is possible as it is already ongoing. The challenge here is likely to be the level of resourcing needed within the centres. Engaging with other, newly migrated, BME groups will present a greater challenge and is likely to need different methods to those being used to target Asian groups simply because of the distrust in authorities and unwillingness to be identified.

Conclusions and recommendations

Conclusions

There are estimated to be over 126,000 thousand residents of Lancashire currently providing some level of care to another and more than a third of these are providing it at significant levels or 20 or more hours per week. Variations at district level are present with high proportions of informal care being provided in Burnley, Hyndburn, West Lancashire and Wyre. A combination of factors lead to these higher proportions including poor health related to deprivation and relative inaccessibility of services due to geographical barriers.

There are clearly some barriers to claiming benefits as this paper estimates there are three times as many people eligible for carer's allowance than are claiming it across the County. There is evidence that those who are already involved in the benefits system are most likely to be claiming and there may be carers in districts such as Fylde, Ribble Valley, South Ribble and Wyre who are not aware they are eligible.

Projections of the numbers of carers suggest that there will be more rapid increases in some districts than others. Overall, the numbers of carers in Lancashire are estimated to increase by up to 3,770 over the three years with a higher number due to the increase in the older population. As such, those districts that are expected to experience the highest growth in the population aged over 65 are the same districts that are expected to experience an increase in the numbers of carers. Chorley, Fylde and Wyre will have the greater (proportional) growth in carer numbers, whilst in absolute terms West Lancashire and Wyre come out on top.

2% of all young people aged 5 to 17 in Lancashire are estimated to be providing some level of care, most likely to a parent. This equates to 3,700 children, 600 of which are providing care at significant levels of 20 or more hours per week. It appears that the carers' centres are fairly successful in engaging with young carers as there are currently 549 carers on their books. Having said that, it is likely that those who are most in need of support are the least likely to be being supported as they are afraid of the outcome if they admit to caring for someone who is responsible for them. There could be as many as 348 new young carers by 2011, 53 of which will be providing significant levels of care. The most significant increases are forecast in Chorley, Lancaster and West Lancashire.

Parent carers can only be measured using the numbers of disabled children as a proxy, which in itself is fraught with problems. With this method we can conclude there are between 2,000 and 16,000 parent carers in Lancashire, with the lower number representative of those with severe

Lancashire carers' needs – analysis to inform the Lancashire strategy for carers

disabilities and the higher number a catch all measure for any sort of additional need. The carers' centres are currently supporting half of the number at the bottom end but it is not clear if these are the parents looking after the most disabled children. Full formal support systems are likely to be needed by these carers, whilst the broader range may simply require the softer support of forums and networks.

It is not possible to identify BME carers reliably and the numbers provided in the report are done so with heavy health warnings. Data in general on BME communities is scarce so accessing information on something as specific as the number of carers from these communities will always pose problems. The carers' centres provided the best information but even this was provided with the explanation that this category was filled in voluntarily on a registration form and was therefore often missed out. The carers' centres engage well with those carers of Asian heritage in areas such as Hyndburn, Pendle and Preston where they account for more than a quarter of the registered carers.

Other groups are less well engaged with and it will become increasingly important to do so as the communities age and care becomes more necessary. The recession will have an impact on these groups who are largely economic migrants. On one hand the reduction of available work may mean that some migrants leave the country and thus the populations ageing here will reduce. However, another effect may be for migrants to take on other dangerous work, which they would not have considered whilst the economy was booming. The implications for informal care providers are therefore uncertain. Engaging with newly settled groups is likely to be a different matter to engaging with those who are second or third generation and different methods are needed for success.

Overall it would seem that there is a clear problem in identifying carers, which prevents support being offered where it is needed. This paper estimates there are approximately 40,000 carers in Lancashire and another 3,770 expected by 2011. The numbers provided from all the data sources used do not come close to this figure, even when added together. Even then there would undoubtedly be double counting:

- 9,400 are currently in receipt of carers' allowance in Lancashire and are therefore receiving financial support from the government for caring for another on a full time basis;
- 2,113 carers are registered on the family information network database (FIND), which offers support to parent carers looking after disabled children;

- 7,370 Lancashire residents were provided with services and support following a carer's assessment last year;
- 7,420 are recorded on the registers of carers' centres; and
- an unknown, but suspected to be small, number are recorded on the compulsory GPs' carer registers.

Identifying carers and measuring them more accurately will be key to developing future needs analyses and ensuring support services are offered where needed, in suitable form. A potential source of data for carers is the Hub, Lancashire County Council's customer service centre. Training is already being delivered to staff at the centre to help them identify carers and signpost them to services.

Recommendations

There are a number of recommendations that follow from the conclusions, which are outlined below:

- Promotion of the availability of the carers allowance is recommended, particularly in those areas highlighted to have high numbers providing care at eligible levels but low claim rates – Fylde, Ribble Valley, South Ribble and Wyre.
- 2. High numbers of carers in rural areas may result from closer communities. Are these carers able to access services available to them due to their geography?
- 3. The FIND database may offer a way to identify parent carers and offer them support. Inclusion is voluntary so it may be an idea to promote it. Have those registered on it been provided with a carer's assessment?
- 4. Some carers' centres seem to have particular strengths in terms of engaging with minority groups. For example, Chorley, Lancaster and West Lancashire for parent carers, Hyndburn, Lancaster, Ribble Valley and South Ribble for young carers and Hyndburn, Pendle and Preston for BME carers. This presents the opportunity for sharing of best practice.
- 5. Further targeting of newly migrated communities including a trust campaign highlighting there is no need to go through the authorities to use the services on offer by the carers' centres. The methods for engaging these communities must be different to those used for more established Asian communities. Research of best practice from elsewhere in the country could provide tactics and strategies of use.

- 6. Carers in Burnley, Pendle and West Lancashire are not receiving as many services following carers' assessments as would be expected given the estimated numbers in the districts. This is more likely to be because the carers are not being identified rather than services not being provided following an assessment. Promotion of the services on offer and the benefits of getting involved with Lancashire County Council in these districts should boost numbers.
- Proportionally, highest increases are expected in carer numbers in Chorley, Fylde and the Ribble Valley. Carer numbers in absolute terms are expected to increase most in West Lancashire and Wyre. The capacity of the carers' centres operating in these districts should be considered.
- 8. ISSIS does not perform in terms of carers as the system does not allow for the creation of carer records in their own right or for capturing reliable data about the entire carer population. Should the system ever be updated it is recommended that consideration be given to the needs of carers in early discussions.
- 9. NHS East Lancashire has developed a charter for carers and is developing a system to equip staff to identify carers at any point where they come into contact with members of the public and signpost them to register with their GP. It may be possible to consider such a system Lancashire wide. This would boost those registering with the GPs but it could also be used to signpost individuals to social services.
- 10. To encourage greater use of GP carer registers the NHS trusts could make submission of the data mandatory. They could then be set targets for the numbers registered, which could be filtered to other organisations as targets for the number of carers supported.
- 11. Monitor the numbers of carers identified and signposted to the Hub and encourage the services that are signposted to monitor the origins of the calls. An evaluation should be conducted once the process has been running for a period of time to measure the effectiveness, identify whether any other information could be collected and to draw inferences which could be used to further promote carers services in localities.
- 12. Consider obtaining feedback from carers themselves and the carers centres to check the validity of the findings. For example, are the inequalities in access to services highlighted within the report reflecting the true experience of carers?

Appendix A – Carers in Lancashire

Area	All people (aged 5+) (000s)	Provides care (aged 5+) (000s)	Proportion of the population (aged 5+) providing care	Share of total Lancashire population (aged 5+)	Share of total Lancashire carers (aged 5+)
Lancashire	1,113.6	126.352	11.3%	100.0%	100.0%
Burnley	82.0	9.786	11.9%	7.4%	7.7%
Chorley	98.9	11.234	11.4%	8.9%	8.9%
Fylde	73.4	8.377	11.4%	6.6%	6.6%
Hyndburn	77.3	9.001	11.6%	6.9%	7.1%
Lancaster	140.2	14.080	10.0%	12.6%	11.1%
Pendle	84.8	9.929	11.7%	7.6%	7.9%
Preston	124.4	13.219	10.6%	11.2%	10.5%
Ribble Valley	56.5	6.148	10.9%	5.1%	4.9%
Rossendale	63.3	7.227	11.4%	5.7%	5.7%
South Ribble	101.6	11.717	11.5%	9.1%	9.3%
West Lancashire	104.2	12.747	12.2%	9.4%	10.1%
Wyre	107.1	12.918	12.1%	9.6%	10.2%

Figure A1: 2008 estimates of the numbers and location of all carers aged 5+

Source: Lancashire Profile; Census 2001, ONS Population projections

Area	All people (18+)	Adult carers	Proportion of the adult population providing care	Share of total Lancashire adult population	Share of total Lancashire adult carers population	Proportion of total carers who are adults
Lancashire	928.8	122.6	13.2%	100.0%	100.0%	97.0%
Burnley	67.5	9.5	14.0%	7.3%	7.7%	96.8%
Chorley	83.3	10.9	13.1%	9.0%	8.9%	97.2%
Fylde	63.1	8.2	13.1%	6.8%	6.7%	98.4%
Hyndburn	62.9	8.7	13.9%	6.8%	7.1%	97.0%
Lancaster	118.2	13.7	11.6%	12.7%	11.2%	97.2%
Pendle	69.6	9.5	13.6%	7.5%	7.7%	95.6%
Preston	103.6	12.8	12.3%	11.2%	10.4%	96.6%
Ribble Valley	46.8	6.0	12.9%	5.0%	4.9%	97.9%
Rossendale	52.0	6.9	13.4%	5.6%	5.7%	96.1%
South Ribble	85.4	11.4	13.4%	9.2%	9.3%	97.7%
West Lancashire	86.7	12.4	14.3%	9.3%	10.1%	97.1%
Wyre	90.9	12.6	13.9%	9.8%	10.3%	97.6%

Figure A2: Adult population estimated to be providing some level of care in Lancashire in 2008

Source: Lancashire Profile; Census 2001, ONS Population projections 2006

Area	All young people (5-17)	Young carers	Proportion of the young population providing care	Share of total Lancashire young population	Share of total Lancashire young carers population	Proportion of total carers who are young
Lancashire	184.7	3.7	2.0%	100.0%	100.0%	3.0%
Burnley	14.6	0.3	2.1%	7.9%	8.3%	3.2%
Chorley	15.5	0.3	2.0%	8.4%	8.4%	2.8%
Fylde	10.4	0.1	1.3%	5.7%	3.6%	1.6%
Hyndburn	14.5	0.3	1.8%	7.9%	7.2%	3.0%
Lancaster	22.0	0.4	1.8%	11.9%	10.7%	2.8%
Pendle	15.3	0.4	2.9%	8.3%	11.8%	4.4%
Preston	20.9	0.4	2.2%	11.3%	12.0%	3.4%
Ribble Valley	9.7	0.1	1.4%	5.3%	3.5%	2.1%
Rossendale	11.4	0.3	2.5%	6.2%	7.6%	3.9%
South Ribble	16.3	0.3	1.7%	8.8%	7.2%	2.3%
West Lancashire	17.5	0.4	2.1%	9.5%	10.0%	2.9%
Wyre	16.4	0.3	1.9%	8.9%	8.3%	2.4%

Figure A3: Young population estimated to be providing care in Lancashire in 2008

Source: JSNA modelled estimates using Census data, ONS population projections 2006 and ONS household projections 2004 data.

Area	All	Wh	ite	Mi	xed	Ind	lian	Paki	stani	Bang	ladeshi	Asian	Other	Blaci black B		Chine oth	
	Nos	Nos	%	Nos	%	Nos	%	Nos	%	Nos	%	Nos	%	Nos	%	Nos	%
Lancashire	1,165.7	1,085.0	93.1%	10.6	0.9%	19.3	1.7%	30.7	2.6%	3.9	0.3%	2.8	0.2%	5.5	0.5%	8	0.7%
Burnley	87.9	78.8	89.6%	0.9	1.0%	0.6	0.7%	5	5.7%	1.5	1.7%	0.2	0.2%	0.4	0.5%	0.3	0.3%
Chorley	103.7	100.1	96.5%	0.9	0.9%	0.8	0.8%	0.6	0.6%	0.1	0.1%	0.1	0.1%	0.3	0.3%	0.6	0.6%
Fylde	75.7	73.4	97.0%	0.6	0.8%	0.5	0.7%	0.3	0.4%	0	0.0%	0.1	0.1%	0.2	0.3%	0.3	0.4%
Hyndburn	82.2	73.9	89.9%	0.7	0.9%	0.7	0.9%	5.8	7.1%	0.2	0.2%	0.3	0.4%	0.2	0.2%	0.2	0.2%
Lancaster	143.0	136.2	95.2%	1.4	1.0%	1.5	1.0%	0.6	0.4%	0.3	0.2%	0.3	0.2%	0.8	0.6%	2.1	1.5%
Pendle	90.1	75.7	84.0%	0.9	1.0%	0.4	0.4%	11.9	13.2%	0.2	0.2%	0.4	0.4%	0.3	0.3%	0.2	0.2%
Preston	132.1	111.9	84.7%	2.1	1.6%	10.8	8.2%	3.4	2.6%	0.4	0.3%	0.6	0.5%	1.4	1.1%	1.5	1.1%
Ribble Valley	57.8	55.3	95.7%	0.3	0.5%	0.5	0.9%	0.7	1.2%	0	0.0%	0.1	0.2%	0.1	0.2%	0.3	0.5%
Rossendale	66.8	63.0	94.3%	0.4	0.6%	0.3	0.4%	1.3	1.9%	1	1.5%	0.1	0.1%	0.2	0.3%	0.2	0.3%
South Ribble	106.4	102.7	96.5%	0.9	0.8%	1.1	1.0%	0.4	0.4%	0	0.0%	0.1	0.1%	0.2	0.2%	0.5	0.5%
West Lancashire	109.7	107.3	97.8%	0.7	0.6%	0.5	0.5%	0.2	0.2%	0	0.0%	0.1	0.1%	0.2	0.2%	0.5	0.5%
Wyre	110.5	106.6	96.5%	0.7	0.6%	1.4	1.3%	0.4	0.4%	0.1	0.1%	0.1	0.1%	0.2	0.2%	0.6	0.5%

Figure A4: Population by ethnic group – 2006 estimates

Source: Lancashire Profile; ONS population projections 2006, ONS ethnic population estimates 2006, Census 2001.

All		White				Indian		Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other	
Area	carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	126.4	117.6	100.0%	1.137	100.0%	2.148	100.0%	3.285	100.0%	0.379	100.0%	0.253	100.0%	0.632	100.0%	0.884	100.0%
Burnley	9.8	8.8	7.5%	0.098	8.6%	0.069	3.2%	0.558	17.0%	0.166	43.9%	0.020	7.7%	0.049	7.7%	0.029	3.3%
Chorley	11.2	10.8	9.2%	0.101	8.9%	0.090	4.2%	0.067	2.1%	0.011	3.0%	0.011	4.4%	0.034	5.3%	0.067	7.6%
Fylde	8.4	8.1	6.9%	0.067	5.9%	0.059	2.7%	0.034	1.0%	0.000	0.0%	0.008	3.3%	0.025	4.0%	0.034	3.8%
Hyndburn	9.0	8.1	6.9%	0.081	7.1%	0.081	3.8%	0.639	19.5%	0.018	4.7%	0.036	14.2%	0.018	2.8%	0.018	2.0%
Lancaster	14.1	13.4	11.4%	0.141	12.4%	0.141	6.6%	0.056	1.7%	0.028	7.4%	0.028	11.1%	0.084	13.4%	0.211	23.9%
Pendle	9.9	8.3	7.1%	0.099	8.7%	0.040	1.8%	1.311	39.9%	0.020	5.2%	0.040	15.7%	0.030	4.7%	0.020	2.2%
Preston	13.2	11.2	9.5%	0.212	18.6%	1.084	50.5%	0.344	10.5%	0.040	10.5%	0.066	26.2%	0.145	23.0%	0.145	16.4%
Ribble Valley	6.1	5.9	5.0%	0.031	2.7%	0.055	2.6%	0.074	2.2%	0.000	0.0%	0.012	4.9%	0.012	1.9%	0.031	3.5%
Rossendale	7.2	6.8	5.8%	0.043	3.8%	0.029	1.3%	0.137	4.2%	0.108	28.6%	0.007	2.9%	0.022	3.4%	0.022	2.5%
South Ribble	11.7	11.3	9.6%	0.094	8.2%	0.117	5.5%	0.047	1.4%	0.000	0.0%	0.012	4.6%	0.023	3.7%	0.059	6.6%
West Lancashire	12.7	12.5	10.6%	0.076	6.7%	0.064	3.0%	0.025	0.8%	0.000	0.0%	0.013	5.0%	0.025	4.0%	0.064	7.2%
Wyre	12.9	12.5	10.6%	0.078	6.8%	0.168	7.8%	0.052	1.6%	0.013	3.4%	0.013	5.1%	0.026	4.1%	0.065	7.3%

Figure A5: 2008 estimates of numbers providing any level of care by ethnic group (000s)

Source: Lancashire Profile; ONS population projections 2006, ONS ethnic population estimates 2006, Census 2001.

Note: figures may not sum due to rounding of iterative calculations

All intensive		White		Mixed Ind		dian Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other			
Area	carers (20+ hours)	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	40.4	37.6	100.0%	0.363	100.0%	0.686	100.0%	1.050	100.0%	0.121	100.0%	0.081	100.0%	0.202	100.0%	0.283	100.0%
Burnley	3.3	2.9	7.8%	0.033	9.0%	0.023	3.3%	0.186	17.7%	0.056	45.8%	0.007	8.1%	0.016	8.1%	0.010	3.5%
Chorley	3.3	3.1	8.4%	0.029	8.1%	0.026	3.8%	0.020	1.9%	0.003	2.7%	0.003	4.0%	0.010	4.8%	0.020	6.9%
Fylde	2.5	2.4	6.4%	0.020	5.5%	0.017	2.5%	0.010	0.9%	0.000	0.0%	0.002	3.1%	0.007	3.7%	0.010	3.5%
Hyndburn	3.1	2.8	7.5%	0.028	7.8%	0.028	4.1%	0.222	21.2%	0.006	5.2%	0.013	15.5%	0.006	3.1%	0.006	2.2%
Lancaster	4.6	4.3	11.6%	0.046	12.6%	0.046	6.6%	0.018	1.7%	0.009	7.5%	0.009	11.3%	0.027	13.6%	0.068	24.2%
Pendle	3.1	2.6	7.0%	0.031	8.6%	0.012	1.8%	0.411	39.1%	0.006	5.1%	0.012	15.4%	0.009	4.6%	0.006	2.2%
Preston	4.4	3.7	9.8%	0.070	19.2%	0.357	52.0%	0.113	10.8%	0.013	10.8%	0.022	27.0%	0.048	23.7%	0.048	16.9%
Ribble Valley	1.5	1.4	3.7%	0.007	2.0%	0.013	1.9%	0.018	1.7%	0.000	0.0%	0.003	3.6%	0.003	1.4%	0.007	2.6%
Rossendale	2.3	2.2	5.9%	0.014	3.9%	0.009	1.4%	0.044	4.2%	0.035	28.9%	0.002	2.9%	0.007	3.5%	0.007	2.5%
South Ribble	3.4	3.3	8.8%	0.027	7.6%	0.034	5.0%	0.014	1.3%	0.000	0.0%	0.003	4.2%	0.007	3.4%	0.017	6.1%
West Lancashire	4.4	4.3	11.5%	0.026	7.3%	0.022	3.2%	0.009	0.8%	0.000	0.0%	0.004	5.5%	0.009	4.4%	0.022	7.8%
Wyre	4.6	4.4	11.7%	0.027	7.5%	0.059	8.6%	0.018	1.7%	0.005	3.8%	0.005	5.6%	0.009	4.5%	0.023	8.1%

Figure A6: Carers providing 20+ hours by ethnic group – 2008 estimates (000s)

Source: Lancashire Profile; ONS population projections 2006, ONS ethnic population estimates 2006, Census 2001. Note: figures may not sum due to rounding of iterative calculations

Appendix B – Future projections of carers

Figure B1: 2011 forecasts of the numbers providing any amount of care (aged 5+)

District	2008 base estimates		ption 1 cast	2011 O fored		2011 Option 3 forecast		
	Nos	Nos	% change	Nos	% change	Nos	% change	
Lancashire	126352	126585	0.2%	138147	9.3%	126383	0.02%	
Burnley	9786	9764	-0.2%	10214	4.4%	9787	0.01%	
Chorley	11234	11249	0.1%	12503	11.3%	11237	0.03%	
Fylde	8377	8386	0.1%	9343	11.5%	8380	0.03%	
Hyndburn	9001	9008	0.1%	9523	5.8%	9002	0.02%	
Lancaster	14080	14185	0.7%	15236	8.2%	14086	0.05%	
Pendle	9929	9944	0.2%	10309	3.8%	9931	0.02%	
Preston	13219	13253	0.3%	13550	2.5%	13221	0.01%	
Ribble Valley	6148	6173	0.4%	6973	13.4%	6151	0.05%	
Rossendale	7227	7230	0.0%	7746	7.2%	7228	0.01%	
South Ribble	11717	11729	0.1%	12688	8.3%	11720	0.02%	
West Lancashire	12747	12724	-0.2%	13910	9.1%	12750	0.02%	
Wyre	12918	12968	0.4%	14141	9.5%	12923	0.04%	

Source: JSNA modelled estimates using Census data, ONS population projections 2006 and ONS household projections 2004 data.

Note: figures may not sum due to rounding of iterative calculations

District	2008 base estimates	2011 O fore		2011 Op forec		2011 Option 3 forecast		
	Nos	Nos	% change	Nos	% change	Nos	% change	
Lancashire	122620	122846	226	134067	11447	122651	31	
Burnley	9476	9454	-22	9891	415	9477	0	
Chorley	10921	10936	15	12155	1234	10924	4	
Fylde	8243	8252	9	9194	951	8246	3	
Hyndburn	8734	8740	6	9240	506	8735	1	
Lancaster	13679	13782	102	14803	1124	13686	6	
Pendle	9491	9505	14	9854	363	9492	1	
Preston	12769	12802	33	13089	320	12771	2	
Ribble Valley	6017	6042	25	6824	807	6020	3	
Rossendale	6944	6947	3	7443	499	6945	1	
South Ribble	11446	11459	12	12395	949	11449	3	
West Lancashire	12374	12352	-22	13504	1130	12378	3	
Wyre	12610	12658	48	13804	1194	12615	4	

Figure B2: 2011 forecasts of adults providing any amount of care (aged 18+)

Source: JSNA modelled estimates using Census data, ONS population projections 2006 and ONS household projections 2004 data.

Note: figures may not sum due to rounding of iterative calculations

District	2008 base estimates	2011 O fore		2011 Op forec		2011 Option 3 forecast		
	Nos	Nos	% change	Nos	% change	Nos	% change	
Lancashire	3732	3739	7	4080	348	3733	1	
Burnley	310	309	-1	324	14	310	0	
Chorley	313	313	0	348	35	313	0	
Fylde	134	134	0	149	15	134	0	
Hyndburn	268	268	0	283	16	268	0	
Lancaster	401	404	3	434	33	401	0	
Pendle	439	439	1	455	17	439	0	
Preston	450	451	1	461	11	450	0	
Ribble Valley	131	132	1	149	18	131	0	
Rossendale	283	283	0	303	20	283	0	
South Ribble	270	271	0	293	22	270	0	
West Lancashire	372	372	-1	406	34	373	0	
Wyre	308	309	1	337	29	308	0	

Figure B3: 2011 forecasts of the numbers of young providing any amount of care (aged 5-17)

Source: JSNA modelled estimates using Census data, ONS population projections 2006 and ONS household projections 2004 data.

Note: figures may not sum due to rounding of iterative calculations

Figure B4: 2011 Option 1 forecasts of the numbers of carers providing any care by ethnic group

	White		Mixed		Indian		Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other		
Area	carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	126585	117850	100.0%	1139	100.0%	2152	100.0%	3291	100.0%	380	100.0%	253	100.0%	633	100.0%	886	100.0%
Burnley	9764	8748	7.4%	98	8.6%	68	3.2%	557	16.9%	166	43.7%	20	7.7%	49	7.7%	29	3.3%
Chorley	11249	10855	9.2%	101	8.9%	90	4.2%	67	2.1%	11	3.0%	11	4.4%	34	5.3%	67	7.6%
Fylde	8386	8135	6.9%	67	5.9%	59	2.7%	34	1.0%	0	0.0%	8	3.3%	25	4.0%	34	3.8%
Hyndburn	9008	8098	6.9%	81	7.1%	81	3.8%	640	19.4%	18	4.7%	36	14.2%	18	2.8%	18	2.0%
Lancaster	14185	13504	11.5%	142	12.5%	142	6.6%	57	1.7%	28	7.5%	28	11.2%	85	13.4%	213	24.0%
Pendle	9944	8353	7.1%	99	8.7%	40	1.8%	1313	39.9%	20	5.2%	40	15.7%	30	4.7%	20	2.2%
Preston	13253	11225	9.5%	212	18.6%	1087	50.5%	345	10.5%	40	10.5%	66	26.2%	146	23.0%	146	16.5%
Ribble Valley	6173	5908	5.0%	31	2.7%	56	2.6%	74	2.3%	0	0.0%	12	4.9%	12	2.0%	31	3.5%
Rossendale	7230	6818	5.8%	43	3.8%	29	1.3%	137	4.2%	108	28.6%	7	2.9%	22	3.4%	22	2.4%
South Ribble	11729	11319	9.6%	94	8.2%	117	5.5%	47	1.4%	0	0.0%	12	4.6%	23	3.7%	59	6.6%
West Lancashire	12724	12444	10.6%	76	6.7%	64	3.0%	25	0.8%	0	0.0%	13	5.0%	25	4.0%	64	7.2%
Wyre	12968	12514	10.6%	78	6.8%	169	7.8%	52	1.6%	13	3.4%	13	5.1%	26	4.1%	65	7.3%

Source: JSNA modelled estimates using Census data, population projections, experimental ethnicity estimates and ONS household projections data.

Note: figures may not sum due to iterative calculations.

Note: Option 1 is the base option - forecasts the number of carers based upon the assumption of the same population growth between 2008-11 as occurred between 2001-08 (with the applied 74% ACS statistic)

Ĩ	All	White		Mixed		Indian		Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other	
Area	carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	40455	37663	100.0%	364	100.0%	688	100.0%	1052	100.0%	121	100.0%	81	100.0%	202	100.0%	283	100.0%
Burnley	3258	2919	7.8%	33	8.9%	23	3.3%	186	17.7%	55	45.6%	7	8.1%	16	8.1%	10	3.5%
Chorley	3259	3145	8.4%	29	8.1%	26	3.8%	20	1.9%	3	2.7%	3	4.0%	10	4.8%	20	6.9%
Fylde	2496	2421	6.4%	20	5.5%	17	2.5%	10	0.9%	0	0.0%	2	3.1%	7	3.7%	10	3.5%
Hyndburn	3132	2816	7.5%	28	7.7%	28	4.1%	222	21.1%	6	5.2%	13	15.5%	6	3.1%	6	2.2%
Lancaster	4597	4377	11.6%	46	12.6%	46	6.7%	18	1.7%	9	7.6%	9	11.4%	28	13.6%	69	24.4%
Pendle	3116	2618	6.9%	31	8.6%	12	1.8%	411	39.1%	6	5.1%	12	15.4%	9	4.6%	6	2.2%
Preston	4365	3697	9.8%	70	19.2%	358	52.0%	113	10.8%	13	10.8%	22	27.0%	48	23.7%	48	17.0%
Ribble Valley	1465	1402	3.7%	7	2.0%	13	1.9%	18	1.7%	0	0.0%	3	3.6%	3	1.4%	7	2.6%
Rossendale	2334	2201	5.8%	14	3.8%	9	1.4%	44	4.2%	35	28.8%	2	2.9%	7	3.5%	7	2.5%
South Ribble	3435	3315	8.8%	27	7.5%	34	5.0%	14	1.3%	0	0.0%	3	4.2%	7	3.4%	17	6.1%
West Lancashire	4398	4301	11.4%	26	7.2%	22	3.2%	9	0.8%	0	0.0%	4	5.4%	9	4.3%	22	7.8%
Wyre	4576	4416	11.7%	27	7.5%	59	8.7%	18	1.7%	5	3.8%	5	5.7%	9	4.5%	23	8.1%

Figure B5: 2011 Option 1 forecasts of the numbers of carers providing 20+ hours of care by ethnic group

Note: figures may not sum due to iterative calculations.

Note: Option 1 is the base option - forecasts the number of carers based upon the assumption of the same population growth between 2008-11 as occurred between 2001-08 (with the applied 74% ACS statistic)

		White		Mixed		Indian		Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other	
Area	carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	138147	128615	100.0%	1243	100.0%	2348	100.0%	3592	100.0%	414	100.0%	276	100.0%	691	100.0%	967	100.0%
Burnley	10214	9152	7.1%	102	8.2%	72	3.0%	582	16.2%	174	41.9%	20	7.4%	51	7.4%	31	3.2%
Chorley	12503	12065	9.4%	113	9.1%	100	4.3%	75	2.1%	13	3.0%	13	4.5%	38	5.4%	75	7.8%
Fylde	9343	9063	7.0%	75	6.0%	65	2.8%	37	1.0%	0	0.0%	9	3.4%	28	4.1%	37	3.9%
Hyndburn	9523	8561	6.7%	86	6.9%	86	3.6%	676	18.8%	19	4.6%	38	13.8%	19	2.8%	19	2.0%
Lancaster	15236	14505	11.3%	152	12.3%	152	6.5%	61	1.7%	30	7.4%	30	11.0%	91	13.2%	229	23.6%
Pendle	10309	8660	6.7%	103	8.3%	41	1.8%	1361	37.9%	21	5.0%	41	14.9%	31	4.5%	21	2.1%
Preston	13550	11477	8.9%	217	17.4%	1111	47.3%	352	9.8%	41	9.8%	68	24.5%	149	21.6%	149	15.4%
Ribble Valley	6973	6674	5.2%	35	2.8%	63	2.7%	84	2.3%	0	0.0%	14	5.0%	14	2.0%	35	3.6%
Rossendale	7746	7305	5.7%	46	3.7%	31	1.3%	147	4.1%	116	28.0%	8	2.8%	23	3.4%	23	2.4%
South Ribble	12688	12244	9.5%	102	8.2%	127	5.4%	51	1.4%	0	0.0%	13	4.6%	25	3.7%	63	6.6%
West Lancashire	13910	13604	10.6%	83	6.7%	70	3.0%	28	0.8%	0	0.0%	14	5.0%	28	4.0%	70	7.2%
Wyre	14141	13646	10.6%	85	6.8%	184	7.8%	57	1.6%	14	3.4%	14	5.1%	28	4.1%	71	7.3%

Figure B6: 2011 Option 2 forecasts of the numbers of carers providing any care by ethnic group

Source: JSNA modelled estimates using Census data, population projections, experimental ethnicity estimates and ONS household projections data.

Note: figures may not sum due to iterative calculations.

Note: Option 2 is the extreme option - forecasts the number of carers based upon the full increase in over 65s between 2008-11 needing a carer (with the applied 74% ACS statistic)

	All	White		Mixed		Indian		Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other	
Area	carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	44150	41103	100.0%	397	100.0%	751	100.0%	1148	100.0%	132	100.0%	88	100.0%	221	100.0%	309	100.0%
Burnley	3409	3054	7.4%	34	8.6%	24	3.2%	194	16.9%	58	43.8%	7	7.7%	17	7.7%	10	3.3%
Chorley	3622	3496	8.5%	33	8.2%	29	3.9%	22	1.9%	4	2.7%	4	4.1%	11	4.9%	22	7.0%
Fylde	2781	2698	6.6%	22	5.6%	19	2.6%	11	1.0%	0	0.0%	3	3.1%	8	3.8%	11	3.6%
Hyndburn	3312	2977	7.2%	30	7.5%	30	4.0%	235	20.5%	7	5.0%	13	15.0%	7	3.0%	7	2.1%
Lancaster	4938	4701	11.4%	49	12.4%	49	6.6%	20	1.7%	10	7.5%	10	11.2%	30	13.4%	74	24.0%
Pendle	3231	2714	6.6%	32	8.1%	13	1.7%	426	37.2%	6	4.9%	13	14.6%	10	4.4%	6	2.1%
Preston	4463	3780	9.2%	71	18.0%	366	48.8%	116	10.1%	13	10.1%	22	25.3%	49	22.2%	49	15.9%
Ribble Valley	1655	1584	3.9%	8	2.1%	15	2.0%	20	1.7%	0	0.0%	3	3.7%	3	1.5%	8	2.7%
Rossendale	2501	2358	5.7%	15	3.8%	10	1.3%	48	4.1%	38	28.3%	3	2.8%	8	3.4%	8	2.4%
South Ribble	3716	3586	8.7%	30	7.5%	37	5.0%	15	1.3%	0	0.0%	4	4.2%	7	3.4%	19	6.0%
West Lancashire	4808	4702	11.4%	29	7.3%	24	3.2%	10	0.8%	0	0.0%	5	5.4%	10	4.4%	24	7.8%
Wyre	4991	4816	11.7%	30	7.5%	65	8.6%	20	1.7%	5	3.8%	5	5.7%	10	4.5%	25	8.1%

Figure B7: 2011 Option 2 forecasts of the numbers of carers providing 20+ hours of care by ethnic group

Note: figures may not sum due to iterative calculations.

Note: Option 2 is the extreme option - forecasts the number of carers based upon the full increase in over 65s between 2008-11 needing a carer (with the applied 74% ACS statistic)

l igule bo	. 2011 Op	tion 3 fore		the nun		arers p	Toviung	arry car	e by ethin	ic grou	9						
	All	Whi	ite	Mixed		Indian		Pakistani		Bangladeshi		Asian Other		Black or black British		Chinese or other	
Area	All carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total
Lancashire	126383	117,663	100.0%	1,137	100.0%	2,149	100.0%	3,286	100.0%	379	100.0%	253	100.0%	632	100.0%	885	100.0%
Burnley	9787	8,769	7.5%	98	8.6%	69	3.2%	558	17.0%	166	43.9%	20	7.7%	49	7.7%	29	3.3%
Chorley	11237	10,844	9.2%	101	8.9%	90	4.2%	67	2.1%	11	3.0%	11	4.4%	34	5.3%	67	7.6%
Fylde	8380	8,128	6.9%	67	5.9%	59	2.7%	34	1.0%	0	0.0%	8	3.3%	25	4.0%	34	3.8%
Hyndburn	9002	8,093	6.9%	81	7.1%	81	3.8%	639	19.5%	18	4.7%	36	14.2%	18	2.8%	18	2.0%
Lancaster	14086	13,410	11.4%	141	12.4%	141	6.6%	56	1.7%	28	7.4%	28	11.1%	85	13.4%	211	23.9%
Pendle	9931	8,342	7.1%	99	8.7%	40	1.8%	1,311	39.9%	20	5.2%	40	15.7%	30	4.7%	20	2.2%
Preston	13221	11,198	9.5%	212	18.6%	1,084	50.5%	344	10.5%	40	10.5%	66	26.2%	145	23.0%	145	16.4%
Ribble Valley	6151	5,887	5.0%	31	2.7%	55	2.6%	74	2.2%	0	0.0%	12	4.9%	12	1.9%	31	3.5%
Rossendale	7228	6,816	5.8%	43	3.8%	29	1.3%	137	4.2%	108	28.6%	7	2.9%	22	3.4%	22	2.5%
South Ribble	11720	11,309	9.6%	94	8.2%	117	5.5%	47	1.4%	0	0.0%	12	4.6%	23	3.7%	59	6.6%
West Lancashire	12750	12,470	10.6%	77	6.7%	64	3.0%	26	0.8%	0	0.0%	13	5.0%	26	4.0%	64	7.2%
Wyre	12923	12,471	10.6%	78	6.8%	168	7.8%	52	1.6%	13	3.4%	13	5.1%	26	4.1%	65	7.3%

Figure B8: 2011 Option 3 forecasts of the numbers of carers providing any care by ethnic group

Note: figures may not sum due to iterative calculations.

Note: Option 3 is the conservative option - forecasts the number of carers based upon there being the same population growth 2008-2011 as there was 2001-2008 and reducing for the increase in single person households between 2008-11

ligare ba	White		Mixed		Indian		Pakistani		Bangladeshi		Asian Other		Black or black		Chinese or other		
Area	All carers 5+	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	% share of Lancs total	Nos	tish % share of Lancs total	Nos	% share of Lancs total
Lancashire	40391	37,604	100.0%	364	100.0%	687	100.0%	1,050	100.0%	121	100.0%	81	100.0%	202	100.0%	283	100.0%
Burnley	3266	2,926	7.8%	33	9.0%	23	3.3%	186	17.7%	56	45.8%	7	8.1%	16	8.1%	10	3.5%
Chorley	3256	3,142	8.4%	29	8.1%	26	3.8%	20	1.9%	3	2.7%	3	4.0%	10	4.8%	20	6.9%
Fylde	2494	2,419	6.4%	20	5.5%	17	2.5%	10	1.0%	0	0.0%	2	3.1%	7	3.7%	10	3.5%
Hyndburn	3131	2,814	7.5%	28	7.8%	28	4.1%	222	21.2%	6	5.2%	13	15.5%	6	3.1%	6	2.2%
Lancaster	4566	4,346	11.6%	46	12.6%	46	6.6%	18	1.7%	9	7.5%	9	11.3%	27	13.6%	68	24.2%
Pendle	3112	2,614	7.0%	31	8.6%	12	1.8%	411	39.1%	6	5.1%	12	15.4%	9	4.6%	6	2.2%
Preston	4354	3,688	9.8%	70	19.2%	357	52.0%	113	10.8%	13	10.8%	22	26.9%	48	23.7%	48	16.9%
Ribble Valley	1460	1,397	3.7%	7	2.0%	13	1.9%	18	1.7%	0	0.0%	3	3.6%	3	1.4%	7	2.6%
Rossendale	2333	2,200	5.9%	14	3.9%	9	1.4%	44	4.2%	35	28.9%	2	2.9%	7	3.5%	7	2.5%
South Ribble	3432	3,312	8.8%	27	7.6%	34	5.0%	14	1.3%	0	0.0%	3	4.2%	7	3.4%	17	6.1%
West Lancashire	4407	4,310	11.5%	26	7.3%	22	3.2%	9	0.8%	0	0.0%	4	5.5%	9	4.4%	22	7.8%
Wyre	4561	4,401	11.7%	27	7.5%	59	8.6%	18	1.7%	5	3.8%	5	5.6%	9	4.5%	23	8.1%

Note: figures may not sum due to iterative calculations. Note: Option 3 is the conservative option - forecasts the number of carers based upon there being the same population growth 2008-2011 as there was 2001-2008 and reducing for the increase in single person households between 2008-11

District		or black itish	Bang	ladeshi	In	dian	Pal	kistani	Chinese or other		
	2011	change 2008 - 11	2011	change 2008 - 11							
Lancashire	691	59	414	35	2348	201	3592	307	967	83	
Burnley	51	2	174	7	72	3	582	24	31	1	
Chorley	38	4	13	1	100	10	75	8	75	8	
Fylde	28	3	0	0	65	7	37	4	37	4	
Hyndburn	19	1	19	1	86	5	676	37	19	1	
Lancaster	91	7	30	2	152	12	61	5	229	17	
Pendle	31	1	21	1	41	2	1361	50	21	1	
Preston	149	4	41	1	1111	27	352	9	149	4	
Ribble Valley	14	2	0	0	63	7	84	10	35	4	
Rossendale	23	2	116	8	31	2	147	10	23	2	
South Ribble	25	2	0	0	127	10	51	4	63	5	
West Lancashire	28	2	0	0	70	6	28	2	70	6	
Wyre	28	2	14	1	184	16	57	5	71	6	

Figure B10: 2011 summary forecasts of the maximum numbers providing care at any level by ethnic group (aged 5+)

Source: JSNA modelled estimates using Census data, population projections, experimental ethnicity estimates and ONS household projections data.

Note: figures may not sum due to iterative calculations.