



Blackpool Carers Centre

Review Of The Bang the Drum Project

Blackpool
Carers
Centre

Quality • Passion • Respect



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Acknowledgements

I would like to acknowledge my sincere gratitude to all involved at Blackpool Carers Centre who have supported this evaluative study and who have responded with enthusiasm, patience and sincerity in working with me and my frequent requests for information. In addition, my heartfelt thanks to those carers, cared for persons and external others who took time to participate in this study.

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Executive Summary

1. Totem Solutions were commissioned by Blackpool Carers Centre (BCC) to undertake and external evaluation of their Bang the Drum Project (BTD). In 2019, BCC were successful in attaining funding for 18 months from Spirit of 2012 (Spirit). The Spirit funding permitted the development of Bang The Drum (BTD) that enabled a focus on a specific provision of a music project for both female carers from the age of 5 in Blackpool. The external evaluation was undertaken as the funded project end date approached and provides a thorough and comprehensive review of the project. The evaluation report also provides the funding agency and other interested parties of the progress, successes and challenges experienced throughout the duration of BTD.
2. The report identifies that BCC had identified a definite need for the project amongst women and girls providing a range of caring roles within the urban area of Blackpool. ***“The 2019 index ranks Blackpool as the most deprived of 326 Local Authority areas in England, based on both the average LSOA (lower-layer super output areas) score and concentration of deprivation measures.”*** (The English Indices of Deprivation 2019, Blackpool Position Report). Research conducted by Plan International in 2016 found that ***Blackpool is the second worst place in England for girls to live*** (Plan, 2017) Overall, the evaluation report indicates that the BTD has successfully addressed such a need. Demand for the support service and the delivery achieved has successfully met the aspirational targets mooted by BCC in its original proposal for project funding.
3. The report provides the considered identification of the strengths, weaknesses, opportunities and threats related to BTD and for BCC as a third sector organisation. The report provides further insight, through a rigorous and robust external scrutiny, to permit an increase in knowledge regarding this area of need for women and girls conducting caring roles within Blackpool. In addition, some of the findings may be relevant and transferrable in principle to other carer situations and be of interest to caring organisations (both statutory and third sector agencies).
4. The report in its detail and its overall findings would indicate a clear and substantive case for continuation of such a provision, future source(s) of funding permitting.



1. Background and purpose

1.1 Introduction

Blackpool Carers Centre (BCC) has been the single point of access for carers in Blackpool since 2005. The organisation has delivered a variety of projects, focused either on condition specific work, such as the Family Focus Project, supporting those young people affected by parental mental ill health or substance misuse, or more general work, such as the Time Out Project, which delivers outcome focused respite provision to young carers.

In 2019, BCC were successful in attaining funding for 18 months from Spirit of 2012 (Spirit). The TPT funding permitted the development of Bang The Drum (BTD) that enabled a focus on a specific provision of a music project for both female carers from the age of 5 in Blackpool.

During the application process of BTD, BCC gave the commitment to ensure that a separate external evaluation process would be undertaken for the funded project. BCC agreed for Totem Solutions (TS), as an external consultancy, to undertake a robust external evaluation of each project. Evaluation process and costs were clearly identified in the original submissions to funders.

Regarding BTD, TS has worked throughout the project's life to support, understand and evaluate its activities. TS has undertaken a summative evaluation to be submitted to BCC – hence this external evaluation report.

BTD is one provision in a wide ranging portfolio of support activities offered by BCC for carers of all ages within the town of Blackpool, and as such offers a single point of access for carers. BCC continually strives to seek funding to support the provision for carers and carers' needs. Sources of funding vary and involve collaboration and applications to statutory agencies, e.g. Blackpool Unitary Authority, Blackpool, Clinical Commissioning Group; external funding bodies, locally and nationally; local and national businesses and philanthropists; local community engagement in fundraising events and activities. BCC also collaborates with other third sector agencies in projects that involve joint-working.

Regarding the BTD, Quality Director Faye Atherton reported in the BCC Caring Times magazine, Spring 2020 edition, that ***“Our Bang the Drum project is now well underway and in fine voice each week here at Beaverbrooks House! Funded by Spirit of 2012 in conjunction with the Tampon Tax Fund and DCMS, the project provides female carers the opportunity to participate in lots of different musical activities on one of***



four 12 week programmes. We are also excited to be partnering with our friends at the Grand Theatre on this project.”

1.2 Relevance of BTB and the town of Blackpool

To place in context the perceived need of the BTB and its relevance for Blackpool, the following points have been identified having been extracted from various documented sources by the evaluator. Such information is not exhaustive but is intended to permit a summary of demographic relevance related to the BTB.

- ***“The 2015 index ranks Blackpool as the most deprived of 326 Local Authority areas in England, based on both the average LSOA (lower-layer super output areas) score and concentration of deprivation measures.”*** (The English Indices of Deprivation 2019, Blackpool Position Report)
- ***“Turning for a moment to the very most deprived neighbourhoods in England, Liverpool is the local authority with the largest number of neighbourhoods in the most deprived one per cent of all neighbourhoods nationally (26 out of its 298 neighbourhoods, or 9 per cent are in this group). But Blackpool has the highest proportion of its neighbourhoods in the most deprived one per cent nationally (19 out of 94, or 20 per cent).”*** (The English Indices of Deprivation 2019 – Statistical Release)
- ***“Research released by the Department for Communities shows Blackpool is ranked seventh most deprived town in the country, compared to ninth last time the findings were published in 2010.”*** (Blackpool Gazette, 2019)
- ***“In Blackpool, just over 38 per cent of neighbourhoods are highly deprived, compared to just over 37 per cent in 2010. Deprivation is measured using multiple indicators including employment, barriers to housing, health, crime and income levels.”*** (Blackpool Gazette, 2019)
- ***“In a population of 140,000, Blackpool has a “churn” of about 7,500 a year. Many who leave each year are the better off, while the 7,500 who come in are often the poor from the rest of the north-west and are heading straight into the HMOs (houses of multiple occupations.)”*** (Guardian 2020)
- ***“Blackpool is the second worst place in England for girls to live”*** (Plan UK 2017)
- ***“The resident population of Blackpool is approximately 139,500. People aged 45-54 make up the largest age group with 15.2% of the population. Just over a fifth (22.9%) of Blackpool’s population is aged under 20 and less than 10% are aged over 75.”*** (Blackpool Clinical Commissioning Group 2019)



- ***“Transience has been an identified issue in Blackpool for a long time. Population turnover statistics identify that some areas in Blackpool have extremely high levels of population inflow and outflow. Further analysis of GP Register data suggests a small number of people move more than 3 times a year (less than 2%), and that the age group most likely to move at least once is young people aged 20-29.”*** (Blackpool Clinical Commissioning Group 2019)

1.3 Backcloth to the External Evaluation - Internal & External Factors

As an external evaluator, I have had to identify internal & external factors that impact on evaluating this project since 2019. This may appear unusual, but an independent researcher/evaluator has to identify such factors that will have an impact (directly or indirectly) on the BTM. In addition, with a climate of financial uncertainty, a global pandemic and ongoing change this has to be recognised. The factors are (not necessarily in priority order):

Internal Factors

- I. At the beginning of 2019 the longstanding CEO of BCC stepped down from her post. In seeking her replacement; the board of trustees elected to establish an executive board of directors to share decision making power within the organisation. This new model of leadership has begun to embed across the teams with the three post holders taking responsibility for Quality, Operations and Resources separately.
- II. During 2015/16 the Harlequin database had become established having replaced the previous Charitylog system. Such a system provided a much-improved facility for the many administrative demands for a third sector organisation. During the operation of BTM, Harlequin has been relaunched, making the system more user friendly for staff members, as well as retaining the operational benefits for monitoring purposes.
- III. During BTM’s operation, BCC used a system that incorporated a time limited support plan following successful assessment of a client. The time limited support plan initiative is a system that has been introduced by other third sector care providers in order to meet increasing demand; promote a clearer ‘window’ time-wise to provide support, encourage the development of empowerment and independence. The time limited support plan also permits a regular re-assessment in those situations whereupon further support is required.



External Factors

I. During this year of the project, there continues to be ongoing changes within the statutory agencies that encompass re-organisation, staffing changes, changes in provision and reviewed policies and practices. There are also similar changes occurring within local third sector organisations.

II. External referrals to BCC can be incomplete in reported details resulting in delay due to the need to attain more precise detail of the referral before being able to proceed and follow up.

III. The onset of the Coronavirus pandemic has introduced a range of strategic and operational considerations for BCC. Alongside compliance with Covid Secure guidance from Public Health and the Health and Safety Executive, BCC has continued to operate and deliver support throughout three separate lockdowns.

1.4 Evaluation Methodology

On being commissioned to undertake this external evaluation, full access to all information related to BTB held by BCC was undertaken. Assurance of confidentiality regarding personalised information and adherence to ethical standards of research practice was given by the external evaluator. BCC were fully engaged to assist in providing information requested by the external evaluator in the genuine spirit of enquiry and to learn, develop and evaluate their caring service.

A series of sources of information retrieval has been used for this specific external evaluation and is summarised in the table below:

A. Access to all BCC Policies & Procedures	B. Spirit of 2012 submission for BTB, agreement and related documentation	C. Data Summary Sheets of BTB split into delivery quarters.
D. Internal BTB documentation & Internal Reports	E. Interviews with BCC staff	F. Feedback from programme participants
G. Client records and correspondence with other agencies related to individual cases	H. Case Studies	I. Feedback /Compliment records
J. Training & Development Records/Presentations	K. External agencies meeting/ minutes/notes	L. Website/magazine & media
M. Related Publications	N. Internet perusal	O. BCC internal meetings' minutes; records/ reports



Such information retrieval sources have been used to triangulate evidence that explores and evaluates the activities of BTB

The BTB Project Plan and the application prepared by BCC incorporate identification of outcomes, activities, outputs and outcome targets. The proposed outcomes are as follows:

1. Increase the wellbeing of participants
2. Reduce social isolation and/or loneliness
3. Increase self-esteem or sense of potential
4. Explore and challenge gendered dimensions of caring

These outcomes and aims proposed have been explored, analysed and evaluated given the sources of information available. Each outcome and aim may be broken down into component parts, for ease of evaluation. For each outcome and aim proposed there has been the requirement to seek at least three valid sources of evidence for each component (and at times more) to be enabled to make a judgement of progression or not and subsequent conclusions and recommendations made in this report, so as to ensure a robust evaluation and defensible means to assure an evidenced-based conclusion for each aim.

Point of Note:

- In providing the results there is no data on which to measure this with similar ventures by other Carers Centres or similar organisations to enable a comparison to be made. On occasions it may be possible to provide comparative commentary based upon other external evaluation reports undertaken within BCC.



2. BTD – Some Key Points

As documented in BCC's original application to Spirit, ***“Bang the Drum’ will seek to provide a better life for female carers in Blackpool. This project will harness the creativity, power and impact of music to bring a new dimension to our respite offer for female carers of all ages”***

In addition, the application indicates that BTD sought to offer two distinct support streams. These consisted of a bespoke programme of music provision delivered during normal office hours as well as during evenings and weekends, wedded with individual family support for all members of a household; emergency support plans; trips and activities (dependent on individual achievement of agreed targets; signposting, guidance and information; Support to be provided at times to suit the female carer and their family including some evening and weekend availability for support in conjunction with 9.00am-5.00pm Monday to Friday hours – and will enable the whole family to be involved and will include one to one work with children, i.e. in school adults, in a range of mutually convenient locations and the person they care for; Time-limited support (initially 12 weeks).

Finally, as with all other projects operated by BCC in order to access BTD, the female carer or the person they care for must: live in Blackpool; be willing to address the caring role and the impact it has on the individual and family.

2.1 Female Carer Prevalence in Blackpool

The most recently collected data indicates that there are 9062 female carers of all ages in Blackpool, such data identified through the Census, conducted in 2011. Such data does not provide a specific breakdown of related issues carers are experiencing e.g. physical, mental, substance misuse or other aspects.

2.2 Organisations related to BTD, external to BCC

2.2.1 BCC in all the carer support projects it provides, collaboration with the statutory agencies that include health, social welfare and education agencies that covers the locality of Blackpool is a consistent feature. There are three specific local agencies (either statutory or otherwise) that relate to the BTD and these are:

2.2.2 The Grand Theatre – As a key performance venue and community asset for Blackpool, The Grand Theatre were identified as a partner in BTD at its inception. They have



been intimately involved with the delivery of the project, even throughout the pandemic; providing expertise and programme delivery aspects. Although limited by Covid restrictions in their ability to share physical space with the project's participants, they have continued to promote the inclusion of groups who otherwise may have been unable to be involved in music and the arts and through BTM, have raised awareness of carers and the support available to them.

2.2.3 LeftCoast – Offered a networking role within BTM. The Director of LeftCoast; Tina Redford, was involved in the planning of the project and in suggesting professionals to deliver sessions within the music programme element.

2.2.4 Blackpool Music Service – Throughout the funded period, Blackpool Music Service provided a network of music professionals to BTM.

2.3 Support provision related to BTM internal to BCC

As intended in the original application, the existing support services, both young and adult carers projects, operational within BCC were to form part of BTM's delivery.

2.3.1 Young Carers:

The young carers service has been in operation since 2006, providing intensive, time limited 1:1 support to any young people aged over five years providing a caring role and their families, within Blackpool. During BTM's operation, the Young Carers Team at BCC has consisted of Support Workers funded by the Local Authority as well as others funded by the National Lottery Community Fund.

2.3.2 Adult Carers:

The adult carers service has operated since 2005. This service encompasses a Hospital Project, Dementia Training and Dementia Support Workers as well as Support Workers operating as part of the Neighbourhood Hub model of Health and Social Care delivery. Funding for Adult Carers support is sourced from a mixture of sources, primarily comprising the Local Authority, Carers Trust and Blackpool Clinical Commissioning Group.

2.3.3 Young Carer Assessment

The assessment process involves the use of the recognised 'Manual for Measures of Caring Activities and Outcomes for Children and Young People' and incorporates two instruments for the assessment of caring.



The two instruments are the Multidimensional Assessment of Caring Activities (MACA-YC18) and the Positive and Negative Outcomes of Caring (PANOC-YC20). Following initial assessment using the MACA-YC18 and PANOC-YC20 tools, the respective scoring permits the identification of support need requirements.

In addition, the “My Life Now” - Individual Assessment and Planning Tool for Young Carers is also utilised with the determination of a Red/Amber/Green (RAG) status. Such a tool permits the young carer to identify areas of strengths or difficulties in various aspects of their life and well-being thus enabling the support needs required to be ascertained and agreed.

2.3.4 Adult Carer Assessment

The assessment process for Adult Carers is conducted using the sector standard Carers Star assessment tool.

This instrument has been developed for use with a wide range of carers, both full time and part time and primarily designed for adult carers.

The Carers Star covers seven key outcome areas: Health, The caring role, Managing at home, Time for yourself, How you feel, Finances and Work, as it seeks to take a holistic view of the situation within the household.

The Carers Star is underpinned by a Journey of Change that has five steps: Cause for concern, Getting help, Making changes, Finding what works and As good as it can be. These distinct stages of develop allow for an assessment of need to made shortly after initial referral into the service.

2.3.5 Management of the Project

The management of the BTD project is integrated into the BCC systems of organisational and operational management and in accordance with its respective governance requirements/regulations and the organisation’s policies and procedures.

Regular monitoring of BTD takes place throughout all levels of the organisation that includes Trustees, Managers and designated funded staff.



3. Results as per: The BTD Project Plan and the application prepared by BCC that incorporates identification of outcomes, activities, outputs and outcome targets.

3.1 Increase the Wellbeing of Participants

3.1.1 The improvement and progress of the families within BTD was collectively measured by incorporating the data available from the specific assessment tools used for female carers, activity evaluations, examination of case notes and case studies, and the feedback received by the evaluator.

It has to be noted that the system of recording the monitoring of improvement and progress of the individual families as a whole, the specific progress of each carer and the progress of the families (where applicable) during the time of support demonstrates a consistent picture of progress for the participants. On examination and interpretation of the data available there are clear indications that each of the 46 carers who most benefited from the project saw not only an improvement in their wellbeing, but also improvements across the other assessed areas.

Assessment Category/Status	Nos of Carers recorded improvement (%)	Nos of Carers recorded no change (%)	Nos of Carers recorded deterioration (%)
RAG Status	100	0	0
MACA-YC18	7	9	5
PANOC-YC20 Positive	16	3	2
PANOC-YC20 Negative	21	0	0
Carers Star	79	0	0

3.1.2 From the information gathered there was consistent evidence to indicate improvement in the situation of the carers and their families encompassing physical and emotional well-being, confidence building and coping strategies. Such improvements appear to have been achieved through various interventions from the BCCs workers that included 1:1 support; music-based activities; liaison with and involvement of other statutory



agencies and professional services; working with both carer and their family in addressing complex situations; more latterly, engagement with generic respite services.

3.1.3 The benefits arising from BTM for the participants appear too numerous to mention in this report. Some examples are improvement in school attendance for young carers; being more able to cope with their caring role for adults; both groups have reported feeling better to help and support the person they care for.

3.1.4 Direct feedback from participants indicates that they very much appreciated the support given by BTM and reiterated the improvements reported above. In addition, another interesting facet of the data available is that the cared for person has, in some cases, commented upon the benefits they personally have gained through the BTM. Such benefits included reduced worry and anxiety about their carer and the freedoms associated with grant payments initially made available for respite care and access to technology, later in the operation of the project.

3.1.5 As with carers support more generally, there was, in some cases, evidence of periods of improvement intermingled with periods of regression and yet the carers continued to remain involved in BTM. In essence, this would appear to indicate the complexity of the issues that surround multifaceted caring roles and that fluctuation in situations/circumstances can and do occur.

3.1.6 Another important aspect of the impact of BTM on the wellbeing of the participants is the reported improvement in wellbeing achieved on a more transactionary basis through the music sessions. In the feedback received by the evaluator; the music sessions appear to have benefited the participants in allowing them a distraction from caring, a time for reflection and introspection as well as affording a sense of achievement through the trialling and completion of new disciplines and skills.

3.1.7 Through the support aspect of BTM, participants agreed to a support plan, following initial assessment. These assessments inform the determination of a RAG status (Red, Amber or Green) and permits the carer to identify areas of strengths or difficulties in various



aspects of their life and well-being thus enabling the support needs required to be ascertained and agreed.

Of the recorded RAG statuses, the breakdown was as follows:

% of total statuses recorded as Red	% of total statuses recorded as Amber	% of total statuses recorded as Green
18	56	26

The data indicates that the majority of carers participating considered themselves as having difficulties in various aspects of their lives. Given the ratios identified, there is no data on which to measure this with similar ventures by other Carers Centre or similar organisations to enable a comparison to be made. Within BCC, a previous external evaluation of the Family Work Project provided ratios of recorded RAG statuses as Red: 15.5%; Amber: 45% and Green: 39.5%.

Of the recorded statuses, the evidence indicates that almost three quarters of the participants undertake a moderate or higher amount of caring activity. Such a situation is a high level comparatively, with a previous evaluation indicating that 40% experiencing this level of caring activity is more typical of this form of support. (Overall Evidence Sources for 3.1: A, B, C, D, E, G, H, I, J, L)

3.2 Reduce social isolation and/or loneliness

3.2.1 From the information available and interpretation of such data, the evidence would suggest that a fundamental success of BTM was a reduction in social isolation and/or loneliness for the carers involved. More markedly, the improvements in this area have continued throughout the pandemic and associated lockdowns.

3.2.2 The feedback received by the evaluator indicates that genuine peer support networks have been developed through the course of BTM. The cohorts which had initially embarked upon music sessions together have stayed in touch and have formed friendships which now exist outside of BTM and generic respite sessions. These have been cited by carers involved in BTM as extremely important relationships, which have helped not just with how isolated carers feel but also with the practical problems which were brought about by the onset of Covid-19 and the associated lockdowns.



3.2.3 Outside of the information gained by the evaluator, there remains a peer support group which continues to meet at and be facilitated by BCC. This group returned to the centre as soon as lockdown restrictions eased and ensures that the benefits around loneliness and isolation continue to be felt by the participants of BTB.

3.2.4 From the evidence available, there appears a variance of the speed of progress in these benefits for carers and it appears to be dependent on the willingness to take up opportunities to meet with fellow peers (i.e. group sessions etc.) and also the particular age group involved.

3.2.5 Similarly, for the carer(s) involved, the variance of the speed of progress in socialisation for themselves appears to be dependent on having someone (most often Support Workers or Respite Workers) to be with them to take the first steps, particularly when dealing with statutory agencies and related perceived bureaucracy, or just going shopping or similar daily social activities and interacting with others.

3.2.6 In practical terms, the reduction seen in isolation has been achieved through several individual means. Primarily amongst these has been the structured music sessions which have been conducted with all those involved in BTB. The consistent message from the feedback received from the evaluator is that carers being encouraged out of their comfort zone to practice and perform in front of others has been a bonding experience for the participants and has solidified friendships from amongst the cohorts.

3.2.7 The move to digital respite, through the course of the pandemic is also cited by participants as a key determinant in the reduction in loneliness and isolation that they have experienced. This allowed for the weekly contact to be maintained and provided a “light through the gloom of lockdown”. (Overall Evidence Sources for 3.2: A, B, D, E, F, G, L & M)



3.3 Increase self-esteem or sense of potential

3.3.1 Within the original submission to Spirit, it was indicated by BCC that BTM would develop the confidence of carers and raise aspirations. The data available to the evaluator suggests that this outcome was realised for at least some of the participants.

3.3.2 From the pre and post intervention assessments reviewed 68% of adult carers who had accessed BTM reported an improvement in self-esteem. Unfortunately, due to the assessment tools in place for young carers, no finding was able to be drawn for under 18s. Some of the young carers have reported an improvement in the way in which they view themselves, which has centred, most commonly on the music sessions.

3.3.3 The basis for the success experienced around self-esteem has been the provision of access grants for those accessing BTM. Carers have reported that these grants and the care that they provided, freed them of the sense of guilt they would usually experienced when doing something for themselves.

3.3.4 Following on from this basis, the incremental achievements of acquiring new skills and the performative elements of the music sessions have boosted their feelings about themselves. This sense of achievement seems to have been a consistent view throughout BTM, with carers outlining this as a key reason in them feeling differently. This feeling has been evident following both single sessions and longer-term inputs.

3.3.5 As the pandemic changed the way BTM was being delivered, this increase in self esteem became more widespread, with cared for people becoming more aware and appreciative of the new skills and achievements of the participants.

3.3.6 The aspirations aspect of the outcome has been more difficult to assess. This appears to be most attributable to the loss of planned activities due to coronavirus. The external



activities which were able to take place have been reported to have broadened the visible opportunities available to female carers, though there is not a definitive measure able to be applied. (Overall Evidence Sources for 3.3: A, C, D, E, G, H, I & M)

3.4 Explore and challenge gendered dimensions of caring

3.4.1 On trying to evaluate this particular aim, the data available was limited to be able to measure and give an account of progress made. From the various sources of information available and interpretation by the evaluator, BCC had established a methodology for research into this aspect, but were continually prevented from commencing this due to the impact of the coronavirus pandemic. The feedback from carers will enable more work to be produced in this area and the successes of BTM elsewhere indicate that work specifically designed to engage women and girls will be successful in the future.

3.4.2 What is evident within the operation of BTM is the active promotion of raising awareness of the issues facing carers in Blackpool. As such, awareness-raising is targeted to professionals within the statutory services; voluntary sectors; general public; press media and the BCC website. In essence, such an approach is intended to promote and encourage new referrals to the service. From the evidence gathered to date, the number of new referrals are increasing thus the awareness raising activities could be having a positive effect. In addition, with the number of re-referrals it could also be considered that families that have used the service in the past feel confident to return for further support rather than to remain “hidden”. (Overall Evidence Sources for 3.4: A, B, C, D, E, G, H, I, J, L)



4. Additional Information

On undertaking the external evaluation of BTB, the opportunities to seek feedback from carers and also from staff played an important role in the provision of information for the report. It has to be noted that both were very open and welcoming to an “outsider” coming in to their environment to undertake an evaluation of the service. Both parties were genuine, sincere, open and honest in giving their thoughts and views. In addition, trust was shared and the evaluator deeply appreciated their positive approach.

The feedback from both carers and staff provided a great deal of information, and thus always difficult to summarise in a few paragraphs of commentary however the following attempts to condense the main areas.

4.1 Feedback from Carers:

4.1.1 Unequivocally the feedback from female carers gathered and analysed was the extreme high regard held for the ‘caring’ ethos of BTB & BCC staff, the genuine appreciation and respect for the dedication of all involved in arranging the various support, services, activities and opportunities provided. The aspect of ‘caring’ was described in many ways with various terms of endearment expressed and overall consideration of this to be very special.

4.1.2 A further strength of BTB & BCC appears to be that its provision is stable, reliable, and dependable and assists in realising change for the carer and the person they care for. This is aided through the staff understanding a changing statutory service provision. Without such support from BCC, carers report they would continue to feel ‘helpless’ or too tired to be able to pursue help from the statutory services – indicating they would give up and just become more isolated. In essence, there is a complete trust in the BTB provision and those working for BCC.



4.1.3 There also appeared a consensus of opinion and perceptions amongst carers regarding BTM and BCC services that indicated: as mentioned earlier, a clear endorsement of the value and work of BTM, staff and BCC and the distinct caring ethos; the bespoke nature of support for each individual and their specific situations; the time and support given by BTM to be enabled to build up confidence and become more empowered in managing their situation; the power of the music sessions to boost self-esteem; the improvement of wellbeing experienced by carers; the assistance in getting the statutory agencies to become involved and where needed getting such agencies to work together to help and get things done; advice and support given regarding health and welfare matters; staff being there with them on meeting with the statutory and other agencies; championing the needs of carers; the encouragement and support that enables taking those first steps to address and improve their situations, particularly when self-confidence is low or have a feeling of reluctance; without such support from BTM they would continue to feel 'helpless' or too tired to be able to pursue help from the statutory or other services – indicating they would give up and just become more isolated and forgotten. (Overall Evidence Sources for 4.1: D, E, F, G, H, I, L & M)

4.2 Feedback from Staff

4.2.1 From the feedback from staff, it is quite clear that all staff work as a dedicated team serving to make a better life for carers, as echoed by the participants. Throughout the evaluation process there was a genuine commitment from all staff to be involved in self-scrutiny in the spirit of openness and an eagerness to enhance the service. The pandemic has been a difficult period for staff, just as it has been for the carers they work with. Throughout the evaluation, there has been a consistent service offer for all BTM participants, where only the medium through which it has been delivered has changed. Staff working on BTM are clearly passionate about their project.

Feedback from the experiences and perceptions of BCC staff appears to unequivocally match those experiences and perceptions of carers. (Overall Evidence Sources for 4.2: A, D, E, F, G, H, L & M)



5. Discussion of the Results

By providing the evaluation results, the related commentary and subsequent points of note provide the areas for consideration and reflection by BCC. Similarly, this evaluation report also provides any funding agency and other interested parties of the progress, successes and challenges experienced throughout the duration of BTM to date.

On concluding this report, a brief summarisation is now presented using a SWOT Analysis (Strengths, Weaknesses, Opportunities & Threats) approach. Such an approach is used in all genuineness to further coalesce thoughts. Such summaries are not exhaustive and thus there may be other areas identified by readers of this report.

5.1 Strengths of BTM

5.1.1 BCC has identified a definite need for female carers within Blackpool; BTM has successfully addressed such a need and represents an innovative approach to the need identified. Demand for the support service was exacerbated through the pandemic and moved BTM away from a wholly musical endeavour for those participants.

5.1.2 Overall benefits to female carers and their families are clearly evidenced resulting in positive progression for the whole family in:

- Wellbeing due to the individual support given by BTM that is not available from existing statutory support agencies.

5.1.3 Being there for carers and taking the time to listen, advise, guide, and give support for the whole family as a one agency contact point.

5.1.4 BCC being seen and very much trusted as a caring organisation whereas the statutory support agencies are considered supportive in parts, albeit often support is considered time limited, rushed and not always helpful.

5.1.5 Provides a regular and consistent point of social contact, an effect that was even more marked due to the context of operation BTM during a pandemic.



5.1.6 Provides the opportunity through the support process, to gain confidence in taking the first steps towards addressing the complex difficulties being experienced and become empowered gradually at a pace that is manageable.

5.1.7 Provides support tailored to the circumstances of each individual carer that incorporates flexibility of working with individuals during the day, evenings and at weekends as needed.

5.1.8 Successful partnership working and liaison with statutory, voluntary and government agencies in supporting families.

5.1.9 Flexibility in both the nature and timing of delivery. Each programme, as initially planned by BCC was designed by the participant cohort. It would have been entirely understandable for BTM to abandon this when music sessions had to be moved online. Instead, workers delivered music and technological equipment to carers, to ensure that provision could continue exactly as had been planned.

5.1.10 The continued operation of a BTM support group, well after the project's end date leaves a legacy for the project and continued benefits for its participants.

5.2 Weaknesses of BTM

5.2.1 Information recording/reporting and ease of accurate actual information retrieval lacks sophistication in what it is needed for evaluative purposes and tracking of pertinent information. The lack of sophistication inhibits ease of determination and forecasting in a more accurate way of several areas necessary. The following areas are food for thought:



5.2.2 Actual reporting of client & family progress/journey is generally satisfactory, albeit at times lengthy. The format used in case notes varies and tends to be inconsistent and appears to lack a coherent structure.

5.2.3 Monitoring, recording/reporting and review of progress in relation to the assessment instruments used and the time limited plan initiative is not clearly represented (or is absent) in the written accounts in the family case notes or in the data sheets observed.

5.3 Opportunities for BTB

5.3.1 The overall success of the BTB and the constituent areas of progress and knowledge gained provide a considerable wealth of information that could be shared with both the statutory and third sector agencies, commissioners and funding organisations.

5.3.2 A more sophisticated reporting and recording system could provide further progress in the development of an ongoing body of knowledge to enable a more exact and substantive determination of need; forecasting with more accuracy the matching need and likely outcomes of such a provision.

5.3.3 The ongoing development of a more active exploration of the gendered aspects of caring will be built on the information first gleaned from BTB and its participants. BCC have expressed a clear commitment to progress this work in the near future.

5.3.4 The complexity of need experienced by the participants of BTB was not something foreseen originally, the subsequent success of the project indicates that this form of innovative delivery could be replicated with other groups experiencing significant need.



5.4 Threats for BTB

5.4.1 Despite the obvious success of BTB the funding situation within the Third Sector remains extremely challenging. With the present uncertainty regarding financial constraints and budget tightening; organisational structures and changes; changes in governmental/regional/local policies shall remain to have an ongoing impact for BTB provision and potential sustainability. This will be beyond the control of BCC. The need to substantiate the need for such a provision, the positive cost/benefit for such a provision with more accuracy would appear paramount if BTB is to continue.

5.4.2 BTB involves the working with carers with complex situations where there can be potentiality for concern. The considered weaknesses identified related to reporting, monitoring and recording of progress and discharge of families could be a source of vulnerability that requires consideration. In a climate of increasing accountability; attention to accuracy and detail particularly safeguarding; potential public scrutiny and a growing complaints and litigation culture, the opportunity to review and address such weaknesses would enhance the provision and reduce potential vulnerability.



6. References

- A. Access to all BCC Policies & Procedures:** *As described.*
- B. Spirit submission for BTB, agreement and related documentation:** *As described including Application Form and supporting documentation; Spirit of 2012 Project Plan.*
- C. Data Summary Sheets of BTB** *As described and includes original excel spreadsheets; modified excel sheet to include further detail by external evaluator for analysis purposes; activities spreadsheet History spreadsheet 2014 - 16;*
- D. Internal BTB documentation & Internal Reports:** *Promotional Leaflets; Information Booklets; Referral Sources; Service Reports; BTB Operational Work Plan and Update; Quarterly Reports to Sprit; Adult Carers 12 Week Support Plan Model; Young Carers Flowchart – 12 week plan; BCC Young and Young Adult Carer;*
- E. Interviews with BCC staff:** *with follow up information where required*
- F. Feedback from carers:** *Feedback collected by BCC and evaluator; Incorporated individual sessions with carers were held by the evaluator either online or at an agreed venue.*
- G. Family/Client records and correspondence with other agencies related to individual cases:** *all case notes related to BTB participants; related e-mail correspondence regarding identified clients from internal (BCC) or external agencies.*
- H. Case Studies:** *2 recorded case studies; 2 additional related case studies.*
- I. Family Feedback /Compliment records:** *All feedback from participants in the form of session evaluations or recorded compliments.*
- J. Training & Development Records/Presentations:**
- K. External agencies meeting/ minutes/notes:** *Information/communications as included in case notes or email correspondences to staff*
- L. Website/magazine & media:** *Blackpool Carers Centre website, social media accounts and media*
- M. Related Publications:** *JSNA Core Document.(2012) Social and Community Environment in Blackpool. NHS Blackpool/Blackpool Council; Young Carers Service.(2015) All Young Carers with Referrals to the Young Carers Service. Blackpool Council; Carers Service. (2019). All Young Carers with Referrals to the Young Carers Service. Blackpool Council; Blackpool Council (2020) Getting it Right for Every |Child and Family in Blackpool; Team@Home Mental Health Awareness Training Pack. Department of Health (2014)The Care Act; HM Government (2014) The Children and Families Act; The Princess Royal Trust for Carers (2005) Template, “My Life Now” - Individual Assessment*



and Planning Tool for Young Carers. Joseph, F., Becker, F., & Becker, S. (2012) *Manual for Measures of Caring Activities and Outcomes for Children and Young People*, 2nd Ed., Carers Trust & University of Nottingham. *The English Indices of Deprivation 2019, Blackpool Position Report*, - Corporate Development and Engagement Team <http://democracy.blackpool.gov.uk/documents/s10400/Appendix%2010a%20Blackpool%20Deprivation%20Report.pdf> *The English Indices of Deprivation 2019*, Department of Communities and Local Government, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465791/English_Indices_of_Deprivation_2019_-_Statistical_Release.pdf Resort still ranked with most deprived. *Blackpool Gazette*, <http://www.blackpoolgazette.co.uk/news/resort-still-ranked-with-most-deprived-1-7490256> *Why Blackpool is the most unhealthy place in England*, *The Guardian*, <https://www.theguardian.com/money/2013/jul/27/blackpool-most-unhealthy-place-england> *Joint Strategic Needs Assessment, BCCG 2019* <http://www.blackpooljsna.org.uk/Blackpool-Profile/Population.aspx>

N. Internet perusal: Various areas were perused to assist in collaborating information, clarification of details, and access to relevant statistical tools, thesaurus and associated tools; related third sector organisations;

O. BCC organisational internal meetings' minutes; records/reports as appropriate: all meetings held on BCC shared drive, which pertained to BTB



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Has had a full-time professional career spanning 38 years incorporating psychiatric nursing, general nursing specialising in intensive care, nurse education & NHS management and counselling. He entered into Higher Education at Principal Lecturer level in 1996 at the University of Central Lancashire. Specialist areas at postgraduate level included Medical Ethics, Health Service Management (Primary Care & General Practice) and Counselling. Jim retired from his full-time career in December 2009 and continues to pursue independent consultancy work. In 2014 he relinquished his professional qualifications of RMN, RGN, RCNT, RNT & MBACP as he no longer practises in the professions of nursing or counselling.

External consultancy experience has included projects ranging from the very small to the larger and more complex. In addition consultancy work has been undertaken locally, regionally, nationally and internationally incorporating work with small organisations, larger organisations and government levels. Consultancy work has mainly focussed upon the primary health care or health education sectors

He currently holds directorships in two local charitable trusts holding the positions of Chair & Vice Chair and has a directorship with Totem Solutions (CIC). He has been Chair of Governors of a voluntary aided primary school since 2001 and between 1997 and 2005 was Vice Chair of Governors of a secondary school. Between 1996 and 2014, he served as a panel member (Disciplinary Adjudication) for British Association of Counselling & Psychotherapy (BACP).



Totem Solutions – A Community Interest Company

Totem Solutions serves to provide activities which benefit the community and in particular, and without limitation, to provide benefit to Third Sector Organisations (TSOs), primarily in the North West of England, through the provision of research, evaluation and consultancy solutions, enabling such organisations to fulfil their charitable purpose.

Totem Solutions recognise TSOs have to face two major challenges namely:

- The need to undertake organisational and project evaluation in order to meet the increasing expectations from funders and commissioners
- Having to operate within considerable financial constraints and the search for affordability and best value for money for those services involving research, evaluation and consultancy.

Totem Solutions is focussed upon providing the access to, and support of, high quality research, project management and consultancy expertise to match the specific needs of TSOs in order to overcome the challenges.

Totem Solutions offers the following:

- Having knowledge, understanding and insight into the nature, workings and impact factors of being a third sector provider and its uniqueness – permits the determination of a bespoke high quality and robust service provision that is specific and relevant.
- Being a CIC, and not a commercial enterprise, Totem Solutions is driven by only covering its costs to provide this community service – thus ensuring a more economically costed provision than commercial consultancies, without compromising on quality of service.
- The sharing of knowledge, expertise and partnership in working together towards attaining funding from commissioners and funding agencies – permits the opportunity for TSOs to continue enhancing the wider community they serve and improving people's lives.

