

Carers Consultation 2009 Questionnaire

Q1	Are you	Male	Female		
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Q2 What is your ethnic origin?

Asian or Asian British	Black or Black British	Chinese or other ethnic group
Asian British	African	Chinese
Bangladeshi	Black British	Gypsy
Indian	Caribbean	Irish Traveller*
Pakistani	Nigerian	Yemeni
Any other Asian background	Somali	Other (give details)
	Any other Black back-ground	

Mixed	White
White and Asian	White British
White and Black African	White Irish
White and Black Caribbean	Any other white background
Any other mixed background	

Prefer not to say	
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*Irish Travellers are defined as a specific ethnic group who may also belong to a variety of racial backgrounds. For

this reason, if you consider yourself to be a traveller, you may also tick another category which indicates your racial background.

Q3 What is your postcode?

L1		L7		L13		L19	
L2		L8		L14		L20	
L3		L9		L15		L24	
L4		L10		L16		L25	
L5		L11		L17		L27	
L6		L12		L18		L28	

Other postcode

Q4 How many people do you care for?

One		Two		Three	
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Q5 What is the nature of the illness or disability of the person you care for?
(Please provide details for only one of the people you care for)

Old Age	
Physical disability	
Learning disability	
Mental Health Problem	
Sensory impairment (sight/ hearing/ speech)	
Other, please specify	

Q6 How old are you?

Under 18		18-29		30-44		45-64		65-74		75-84		85+	
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Q7 How old is the person you care for?

Under 18		18-29		30-44		45-64		65-74		75-84		85+	
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Q8 Who do you care for?

Mother/ Father		Husband/ Wife/ Partner		Son/ Daughter		Other please specify
Other Relative		Friend		Neighbour		

Q9 Is the person you care for

Male		Female	
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Q10 Does the person live in the same house as you?

Yes		No	
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Q11 How many hours a week do you spend caring?

0-4		5-9		10-19		20-34		35-49		50-99		100+	
I am on call 24 hours a day													

Q12 How long have you been caring?

Less than a year		1-5 years		6-10 years		11-20 years		More than 20 years	
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Outcome 1

Carers need to be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

Q1 Do you feel that the professionals involved with the treatment / care of the person you care for recognise your caring role?	Yes	No	Sometimes
Please give details			

Q2 Do you feel that			
professionals listen to you	Yes	No	Sometimes
you have a say in the support that is provided	Yes	No	Sometimes
Please give details			

Q3 If you have answered no to either of the above questions what do you feel needs to happen to bring about change? Please give details	
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Q4 Have you been given information that has helped you in your role as carer?			
about the condition of the person you care for	Yes	No	
about services to support them	Yes	No	
about services to support you	Yes	No	
Comments			

Q5 Which if any of the following information would be of benefit to you?			
The condition of the person you care for		Home care services	
Their medication or side effects		Day care services	
Community Care assessments		Aids and adaptations	
Carers assessments		Welfare benefits advice	
Respite care / short breaks		Carers support	
Comments			

Q6	Has there been an occasion when a lack of information has had a negative impact on your physical health or mental wellbeing?	Yes	No
If yes please give details			

Q7	How would you prefer to receive information?		
	In writing	Yes	No
	Internet / email	Yes	No
	Face to face	Yes	No

Q8	Are you in receipt of any support or services to help you in your caring role?		
	Yes	No	
If yes please state what they are			

Q9	What other support / services would help you to manage your caring role?		
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Outcome 2

Carers will be able to have a life of their own alongside their caring role.

Q1	Are you able to get a break from your caring role?		
	Regularly	Yes	No
	Occasionally	Yes	No
	Not at all	Yes	No

Q2	Do you feel that you need a break from caring?	Yes	No
Please give details			

Q3	What would help you to get a break from caring?		
	What do you need?		
	What does the person you care for need?		

Q4 Do you have time for leisure or to follow your own interests / hobbies?

Yes No Sometimes

If not what would help you to have time to yourself?

Q5 Do you get chance to talk to other people about your caring role? Yes No

If not do you feel it would help to meet other carers for support Yes No

Comments

Q6 Are you able to share the responsibility of caring? Yes No

Comments

Q7 Do you worry what might happen to the person you care for in the event of an emergency? Yes No

Comments

Q8 Do you have a plan for emergency support? Yes No

If not do you need help to put this in place? Yes No

Comments

Q9 In the event of an emergency would you have access to support from

Carers Emergency Card	Yes	No	Don't know
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Family / friends	Yes	No	Don't know
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Emergency Service	Yes	No	Don't know
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If not would any of these services be of support to you?

Outcome 3

Carers will be supported so that they are not forced into financial hardship by their caring role

Q1	Do you work?		
	Full time	Yes	No
	Part time	Yes	No
	I am retired	Yes	No

Q2	Did you give up work to care or are you at risk of having to give up work?		
		Yes	No

Q3	Did / do you want to give up work?	Yes	No
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Q4	What would help you to return to work or continue to work?		
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Q5	Do you worry that finances will be a problem as a result of not being able to work?	Yes	No
	Please give details		

Q6	What help or support do you need to provide you with financial security?		
	Please give details		

Q7	Have you had access to		
	Financial advice	Yes	No
	Information about benefits	Yes	No
	Housing	Yes	No
	Managing debt	Yes	No
	If not please state which would be of benefit to you		

Q8	Would you like to undertake training or education to develop your skills and knowledge either work-related or otherwise?	Yes	No
	Please state what you would need to help you to do this		

Outcome 4

Carers will be supported to stay mentally and physically well and treated with dignity

Q1	Do you have any health problems?	Yes	No
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Q2	Do you worry about the effect that caring is having on your own mental and physical health?	Yes	No
If yes please state what you feel would help to improve your health			

Q3	Do you feel that you have a good balance between your own interests and responsibilities and your caring role?	Yes	No
If not please state why and what would help you to achieve a better balance			

Q4	Please indicate if you feel that any of the following would be of benefit to your mental and physical health and wellbeing		
	One to one emotional support	Support from other carers	
	Stress management	Relaxation techniques	
	Complementary therapies	Counselling	
	Assertiveness courses	Social activities	
	Training	Other	

Q5	Are you confident that you are sufficiently skilled and informed in your caring role?		
	Yes	No	

Q6	Do you feel isolated?	Yes	No
If yes what would help to reduce your isolation?			
What do you need			
What do you need for the person you care for			

Q7	Is there any risk to you in your caring role?	Yes	No
If yes please state how you feel this risk can be reduced or alleviated			

Q8	Do you have someone to advise and support you?	Yes	No
	Is this important to you?	Yes	No
	If yes how would you want this to be provided?		
•	an independent person to listen to your views and wishes	Yes	No
•	an independent person to support you in expressing your views and wishes	Yes	No
•	both	Yes	No

Changes in Social Care— Personalisation in Liverpool

The Department of Health has made it clear that people in need of public services and social care should have more choices about how they live their lives and how their support is provided. Personalisation means better support that is customised to meet individual needs, preferences and circumstances.

The best way to give people as much choice as possible is to give them control of a Personal Budget.; this is an allocation of funding that is sufficient to meet their support needs. The funding (Personal Budget) is based on an assessment of need linked to the achievement of outcomes that will have a positive impact on their lives.

If you were given a choice would you prefer			
•	to be given money, a Personal Budget, to buy your own support	Yes	No
•	have the City Council purchase support on your behalf (which would include the funding they provide for services)	Yes	No
•	have a combination of the two	Yes	No
•	have someone from an independent organisation, a broker, work with you to use your Personal Budget to identify and purchase the support you need	Yes	No

Please be assured that your feedback will be kept confidential and unless you choose to provide your details below, you will remain anonymous.

NAME:.....

ADDRESS:.....

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POSTCODE:.....

E-MAIL:.....

PHONE:.....

**Thank you for taking the time to complete this questionnaire. Please return to Kathy Newton, Senior Carers Development Officer, Local Solutions' Carers Project, Mount Vernon Green, Free post LV7017, Liverpool L7 8BR.
Tel: 0151 705 2390. E-mail: knewton@localsolutions.org.uk
All questionnaires should be returned by
31st October 2009**