

Section 1: About the person you care for

The questions in this section ask about the person you care for and their experience of support and services. If you care for more than one person, please answer in relation to the main person you care for.

1. Who is it that you look after or help? Please tick [] one box

- Parent
- Parent-in-law
- Spouse/partner
- Child (own/adopted/step)
- Other relative
- Other non-relative/friend

2. How old is this person? \_\_\_\_\_ years

3. Are they male or female? Please tick [] one box

- Male  Female

4. Does the person you care for have...? Please tick [] all that apply

- Dementia
- A physical disability
- Sight or hearing loss
- A mental health problem
- Problems connected to ageing
- A learning disability or difficulty
- Long-standing illness
- Terminal illness
- Alcohol or drug dependency

5. Which of these services has the person you care for used in the past year?

The services may be provided by different organisations, such as by a voluntary organisation, private agency or Lanacshire Adult and Community Services.

Please tick [✓] all that apply

Home care/home

Day centre or day activities

Lunch club

Meals-on-wheels

Transport services

Equipment or adaptation to their home, such as an alarm system, ramps, a wheelchair

Short breaks provided in the home, such as a sitting service

Short breaks where he or she might be taken out, such as a befriending service

Short breaks provided in a day centre, or residential or nursing home

Supported employment for people with disabilities

Special college

None of the services listed above

Don't know

If the person you care for has received other services not listed, please specify:

6. Please indicate any other services that would help the person you care for:

Section 2: About your needs and experience of support

The questions in this section ask about the support and services that you have as a carer. They may be arranged by yourself or by Lancashire Adult and Community Services. They may be provided by a voluntary organisation, a private agency or Lancashire Adult and Community Services.

7. What support or services have you had to help you as a carer over the last year? Please tick all the services you have had in the last year.

Please tick [✓] all that apply

Information and advice

Support from carers' groups or someone to talk to in confidence

Carers allowance

A holiday

Emergency care back-up scheme

Advocacy for carers (Advocates speak on your behalf or assist you to express your views or feelings)

Training for caregiving

Help with household tasks or gardening

Practical help to complete forms

None of the services listed above

Other (Please specify in box below)

8. Please indicate the support or services you would like to help you as a carer:

9. Have your needs as a carer been assessed by your local social services or health service?

Please tick [✓] one box

Yes - within  
the last year

Yes - over  
a year ago

No

Don't  
know

10. Did you receive services, information or help as a result of this assessment?

Please tick [✓] one box

Yes

No

Don't  
know

This does  
not apply

11. Which of these health services have you used in the last 12 months?

Please tick [✓] all that apply

GP

Community or district nurse

Specialist nurse

Community marton

Community mental health

None of these

12. Thinking about the information, knowledge and skills needed for caring and looking after yourself, which statement best describes your present situation?

Please tick [✓] one box

I have no information or training needs at present

I would like more information or training

I urgently need more information or training

13. If you would like or need some training or information on caregiving or looking after yourself, please tell us what you would like:

14. At the present time, how well designed for caring is the home of the person you look after?

Please tick [✓] one box

The home meets my needs as a carer very well

The home meets most of my needs as a carer

The home meets some of my needs as a carer

The home totally fails to meet my needs as a carer

### Section 3: Overall satisfaction with services

Questions in this section ask about your satisfaction with services. Some questions ask about Lancashire Adult and Community Services directly, whilst others ask more generally about services which might be provided by different organisations, such as by a voluntary organisation, a private agency or Lancashire Adult and Community Services.

15. Overall how satisfied are you with help from Lancashire Adult and Community services in the past year?

Please tick [✓] one box

I am extremely satisfied

I am very satisfied

I am fairly satisfied

I am neither satisfied nor dissatisfied

I am fairly dissatisfied

I am very dissatisfied

I am extremely dissatisfied

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This does not apply

16. Thinking about the help and support the person you care for has received (provided by Lancashire Adult and Community Services, private agencies or voluntary organisations) in the past year, which of the following statements best describes your situation?

Please tick [✓] one box

The help and support has made things easier for me

The help and support has made little difference to me

The help and support has made things more difficult for me

The person I look after does not need any help or support

The person I look after has received no help or support in the past year and it would help if they did

#### Section 4: Information and advice quality

The next questions ask for your views about the quality of information and advice.

17. In the past year, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information from different sources, such as voluntary organisations, and private agencies as well as Lancashire Adult and Community Services.

Please tick [✓] one box

Very easy to find

Fairly easy to find

Fairly difficult to find

Very difficult to find

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This does not apply

18. In the past year, has the information and advice you have received been helpful? Please include help and advice from different organisations, such as voluntary support agencies, as well as Lancashire Adult and Community Services.

Please tick [✓] one box

Very helpful

Quite helpful

Quite unhelpful

Very unhelpful

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I have had no help and advice in the past year and do not need any

I have had no help and advice in the past year and would like some

19. If you found it difficult to find helpful information or advice, please tell us about the difficulties you experienced and what might help:

20. Please tick the box which comes closest to describing how quickly Lancashire Adult and Community Services respond to your queries or questions in the past year.

Please tick [✓] one box

Someone always gets back to me

Sometimes they get back to me, but sometimes I have to chase them

I have to chase them, but eventually someone gets back to me

They never get back to me

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I have not contacted Lancashire Adult and Community Services with a query in the past year

Section 5: Arrangement of services and support in the past year  
The next questions in this section are about the organisation of care and support with the person that arranges help for the person you care for. This person could be your social worker or care manager or key worker or someone who works for a voluntary agency.

21. Has it been easy or difficult to get the services or support the person you care for needs in the past year? The services may be provided by different organisations, such as by a voluntary organisation, private agency or Lancashire Adult and Community Services.

Please tick [✓] one box

Very easy

Quite easy

Quite difficult

Very difficult

They did not get the services or support they needed

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They did not need any services or support

22. Have you found it easy or difficult to get the services or support you need as a carer in the past year?

Please tick [✓] one box

Very easy

Quite easy

Quite difficult

Very difficult

I did not get the services or support I needed

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This does not apply as I did not need any services or support



23. In the past year, how do you feel about the level of contact you had with the care manager or social worker that works with the person for whom you care?

Please tick [✓] one box

The level of contact should be increased a lot

The level of contact should be increased a little

The level of contact is about right

The level of contact should be reduced a little

The level of contact should be reduced a lot

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This does not apply as the person I care for receives no help from social services

24. In the past year, do you feel you have been involved or consulted in discussions with Lancashire Adult and Community Services about the services provided to the person you care for?

Please tick [✓] one box

Yes - always

Yes - usually

Yes - sometimes

No

Can't say

This does not apply as the person I care for receives no help from social services, or no longer has a care manager

25. In your experience, do you feel that Lancashire Adult and Community Services and the health service work well together?

Please tick [✓] one box

Yes - most of the time

Yes - some of the time

No

Can't say

## Section 6: Service Quality

26. At the present time, do you and the person you care for have the right amount of support or services, in terms of the hours or days you need?

Please tick [] one box

The amount is about right

No, we need a few more hours or days

No, we need a lot more hours or days

No, we have more hours or days than we need

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This does not apply

27. If you or the person you care for need a different amount(s) of support or services, please tell us what is needed:

28. Does the person you care for get services and support at times of the day or days of the week that suit you?

Please tick [] all that apply

Yes

No, I would like services at other times of day

No, I would like services at other days of the week

No, I would like both different times of day and days  
of the week

This does not apply

29. Are services able to react to changes in your day-to-day needs and those of the person you care for?

For example, can you ask that care workers visit at a different time, the person you care for goes to a day centre on a different day, or that things are done differently?

Please tick [✓] one box

Always	Usually	Sometimes	Never	Can't say	This does not apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Are you kept informed about day-to-day changes to services that you or the person you care for receive? (For example a care worker will be late or there will be a different care worker.)

Please tick [✓] one box

Someone always lets me know about changes

Someone usually lets me know about changes

They hardly ever let me know about changes

They never let me know about changes

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This does not apply as neither of us receives any support or services

31. Do care workers or personal assistants treat the person you care for with respect for their dignity?

Please tick [✓] one box

Always

Usually

Sometimes

Never

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Can't say

This does not apply as the person I care for receives no support or services

32. Do care workers or personal assistants treat you with courtesy and respect

Please tick [✓] one box

Always

Usually

Sometimes

Never

Can't say

This does not apply

### Section 7: The impact of services and your quality of life

The questions in this section look at the impact that caring and support provided by Lancashire Adult and Community Services or voluntary agencies, have on aspects of your life. Some questions ask directly about the impact of support and services, while others ask about the quality of different parts of your life more generally.

33. Thinking generally about how you spend your time, including education, leisure, paid/ unpaid employment, and doing things for others, which of the following statements best describes your present situation?

Please tick [✓] one box

I do the things I want to do

I can't do many of the things I want to do

I can't do anything I want to do

34. Thinking about the space and time you have to be yourself in your daily life, which of the following statements best describes your present situation?

Please tick [✓] one box

I have space and time I need to be myself

I have some space or time to be myself but not enough

I do not have any space or time to be myself

35. Many people value being in control of their daily life. Which of the following statements best describes your present situation?

By 'control over daily life' we mean having the choice to do what you want, when you want.

Please tick [✓] one box

I feel in control of my daily life

I have some control over my daily life but not enough

I feel I have no control of my daily life

36. Thinking about how much time you have to look after yourself - in terms of getting enough sleep or eating well - which statement best describes your present situation?

Please tick [✓] one box

I look after myself

Sometimes I can't look after myself well enough

I feel I am neglecting myself

37. Thinking about your personal safety, which of the statements best describes your present situation?

By 'personal safety' include feeling safe and secure, fear of abuse, falling or other physical harm or fear of being attacked.

Please tick [✓] one box

I have no worries about my personal safety

I have some worries about my personal safety

I am extremely worried about my personal safety

38. Which of the following statements best describes your present situation with respect to your social life?

By social life we mean seeing the people you want to see as often as you want

Please tick [✓] one box

I have a full social life

I have some social life

I don't have much social life

I have no social life

39. Which of the following statements best describes your present situation?

Please tick [✓] one box

I am happy with my social situation

Sometimes I feel lonely or cut off from others

I feel socially isolated or often feel lonely

40. Thinking about encouragement and support in your caregiving role, which of the following statements best describes your present situation?

Please tick [✓] one box

- I feel I have encouragement and support
- I feel I have encouragement and support but not enough
- I feel I have no encouragement and support

41. Do equipment or adaptations to the home make day-to-day caring activities easier?

By equipment we mean items that help people to carry out activities that they were having difficulties with or were unable to do, such as a seat for the bath. By adaptations we mean changes to people's homes such as fitting a handrail to give extra support and reassurance.

Please tick [✓] one box

- Equipment or adaptations have made caregiving easier
- Equipment or adaptations have made no difference to caregiving
- Equipment or adaptations have made caregiving harder
- There is no equipment or adaptation to the home and I would like some to make caring easier
- There is no equipment or adaptation and I do not need any for caregiving

42. Thinking about how easy it is for you to get basic services to meet your needs - such as going to see a General Practitioner about your health, or visiting a dentist, or optician - which of the following statements best describes your present situation?

Please tick [✓] one box

- I can get the basic services that I need
- I can't always get the basic services that I need
- I can't always get the basic services that I need, and I think there is a risk to my health

43. How is your health in general?

Please tick [] one box

Very good

Good

Fair

Bad

Very bad

### Section 8: About yourself

The next group of questions help us get a picture of the types of carers who took part in this survey.

44. How old are you? \_\_\_\_\_ years

45. Are you male or female?

Please tick [] one box

Male

Female

46. To which of these groups do you consider you belong?

Please tick [] one box

a) White (British, Irish, Traveller of Irish Heritage, Gypsy/Roma, any other white background)

b) Mixed (White and Black Caribbean, White and Black African, White and Asian, any other mixed background)

c) Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)

d) Black or Black British (Caribbean, African or any other Black background)

e) Chinese

f) Any other ethnic group

47. Are you disabled? Please tick [✓] one box

Yes

No

48. If Yes, what sort of disability do you have?

Please tick [✓] all that apply

Physical impairment or disability

Sight or hearing loss

Mental health problem

Learning disability or difficulty

Long-standing illness

Other (please specify below)

49. In addition to your caring role, please tell us which of the following also applies to you?

Please tick [✓] all that apply

Retired

Employed full-time

Employed part-time (working 30 hours or less)

Self-employed full-time

Self-employed part-time

Not in paid work

Other (please specify below)



50. Where does the person you care for usually live?

Please tick [✓] one box

In the same household as me

In another private household

Nursing home or hospital

Care home providing residential care only

Other (please specify below)

51. About how long do you spend each week looking after or helping the person you care for?

Please tick [✓] one box

0-19 Hours per week

20-34 hours per week

35-49 hours per week

50-99 hours per week

100 or more hours per week

Varies - Under 20 hours

Varies - 20 hours or more

Other (please specify below)

52. Please use the space provided below to describe any other experiences you would like to tell us about, or to write any other comments you would like to make.

Thank you for helping us by filling in this questionnaire.

Please post it back to us in the envelope provided.  
You do not need to put a stamp on the envelope.

For your views to count please return this form by  
Friday 1st May 2009

