



Carer's Satisfaction Survey 2008

PLEASE COMPLETE & RETURN BY 5TH DECEMBER

Dear Carer

OUR CARER SURVEY IS IMPORTANT SO PLEASE DON'T THROW IT IN THE BIN!

Any organisation providing a service to local people, wants to improve the way it delivers that service. But the main drive for improvement has to come from you and this survey is one way of hearing how we can try and make changes for the better.

We have reduced the number of questions this year and I hope that you agree that the time taken to fill it in will be well spent. Once we have processed all the surveys, I will ensure that the main messages coming out will be communicated back to you in the New Year. The processed data, which will remain anonymous, will be shared with Buckinghamshire County Council in order for them to review their services.

When you have completed it, just put it in the enclosed Freepost envelope and send it back to us here at Carers Bucks.

Thank you for your help and we look forward to hearing from you. If you have any queries or require help in completing the survey do not hesitate to let us know. Copies of the Survey can also be downloaded from our web site at www.carersbucks.org

Rowena Dean
Chief Executive
Carers Bucks

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Website: www.carersbucks.org**

About You and the Person(s) You are Caring For

1. Do you live with the person(s) you are caring for? Yes No
2. Please tell us about the person(s) you are caring for – are they your:
(tick all that apply)
- husband wife father mother neighbour
daughter son friend partner other relative
3. Which age group do you belong to:
- 16 or 17 18-24 25 – 34 35 – 44
45 – 54 55 -64 65 – 74 over 75 (state age)
4. Which age group does the person(s) you care for belong to:
(tick all that apply)
- 0 - 9 10 - 17 18 – 24 25 – 34 35 – 44
45 – 54 55 - 64 65 – 74 over 75 please state age
5. Which of the following best describes the condition of the person you care for:
- Learning Disability Physical or Sensory Disability
(deaf, blind etc)
- Mental Health Problem Dementia (e.g. Alzheimer's)
- Other
6. Approximately how many hours of care do you provide each week?
(include the times, for example, when you have to get up in the night or cannot leave the house during the day etc, because of your caring role)
- 0 – 19 hours 20 – 34 hours 35 – 49 hours more than 50 hours

Support for You From Social Services

7. Have you had a Carer's Assessment Yes No
(ie an assessment of your needs as a Carer)
- 7a. If 'Yes' was an assessment completed and did you receive a copy of it?
Yes No Other (please give details).....
- 7b. If you were offered a Carers' Assessment but did not want one please
give your reason(s)
-
.....

Support for You From Social Services (continued)

8. If the assessment was more than a year ago, have you been offered a re-assessment? Yes No

8a. If 'No' would you like a reassessment? Yes No

9. Please rate the service that you and the person you are caring for have received from Social Services (1 = poor and 5 = excellent) 1 2 3 4 5

10. Do you have any comments about services received from Social Services?

.....

Support for You from Carers Bucks

11. Which Carers Bucks' services have you used? (Please tick all that apply and rate the helpfulness of the service used: 1= poor, 5 = excellent).

Advocacy Service 1 2 3 4 5
 (someone to speak on your behalf)

Advice/information 1 2 3 4 5

BME* Specific Services 1 2 3 4 5
 (lunch club, sewing group, swimming, outings, yoga, events – circle those that apply)

Bursary Fund 1 2 3 4 5
 (grant for counselling/massage/equipment etc)

Emotional Support 1 2 3 4 5

Newsletter 1 2 3 4 5

Support Groups 1 2 3 4 5

Learning Opportunities 1 2 3 4 5

12. Please let us know how support from Carers Bucks has helped you with your caring role?

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* BME = Black and Minority Ethnic

Your Caring Role

13. What services does the person you care for receive? (tick all that apply)

- | | | | |
|----------------------|--------------------------|------------------------|--------------------------|
| None | <input type="checkbox"/> | Personal care | <input type="checkbox"/> |
| Occupational therapy | <input type="checkbox"/> | Day Care | <input type="checkbox"/> |
| Intermediate Care | <input type="checkbox"/> | Alarm Service | <input type="checkbox"/> |
| Meals on Wheels | <input type="checkbox"/> | Respite in a care home | <input type="checkbox"/> |

Other (please state).....

14. Please tick any services which would help you to cope with your caring responsibilities:

- | | | | | | |
|--|--------------------------|-------------|--------------------------|-----------|--------------------------|
| Domestic Help | <input type="checkbox"/> | Gardening | <input type="checkbox"/> | Transport | <input type="checkbox"/> |
| Alternative Therapies
(eg massage, reflexology) | <input type="checkbox"/> | Respite | <input type="checkbox"/> | Advocacy | <input type="checkbox"/> |
| | | Counselling | <input type="checkbox"/> | | |

Other

15. What information and advice would you most like to have been given when you first became a Carer?

.....

16. Do you know how to contact your Social Services office? Yes No

17. Do you know how to contact your Care Manager/Social Worker? Yes No

18. If you have had contact, was the Care Manager/Social Worker able to help? Yes No

18a. If 'No' please give details

.....

19. If you have had contact, were Direct Payments* offered to the person you are caring for? Yes No

19a. If 'Yes' were Direct Payments taken up? Yes No

19b. If 'No' why not?

.....

* Direct Payments are cash payments from Social Services so that the person you care for can purchase their own care (but only if they have been assessed as having care needs).

Your Health

20. Describe your physical health

Good Fair Poor

21. Describe your emotional health (eg anxious, relaxed or happy etc)

Good Fair Poor

22. Does your caring role make you:

Tired	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Worried	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Depressed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

23. Do you suffer from a long term illness or disability? Yes No

23a. If 'Yes' please give details

24. Has your health been made worse by your caring role? Yes No

25. Have you suffered injury (eg bad back) as a result of caring? Yes No

26. Does your GP/surgery know you are a Carer? Yes No

27. Have you visited your GP because your caring role has affected your own health (physically or emotionally)? Yes No

27a. If 'Yes' did your GP offer to refer you to another agency/organisation for support and information? Yes No

28. Does your GP/surgery ask how you are coping? Yes No

29. Does your GP/surgery take Carers' special needs into account in:

Allocating issuing waiting room
appointments prescriptions

Other (please state).....

30. Does your GP/surgery make sure that you are kept informed about the health of the person you care for? Yes No

31. Please let us know about any examples of good practice in the way your GP Surgery supports Carers. (Please also include the name of the surgery).

.....
.....
.....

Your Finance

32. Since becoming a Carer are your financial circumstances:

Better worse the same

33. Since becoming a Carer have you had to give up or cut back on any of the following activities/items? (tick all that apply)

Day trips/ leisure activities	<input type="checkbox"/>	nights out with friends/family	<input type="checkbox"/>	Christmas presents	<input type="checkbox"/>
holidays	<input type="checkbox"/>	buying food	<input type="checkbox"/>	heating	<input type="checkbox"/>
buying clothes	<input type="checkbox"/>	Other			

34. Do you, or anyone in your household, receive any of these benefits?

Carers Allowance	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	Employment Support Allowance (formerly Job Seekers)	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Council Tax Benefit	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>		

Leisure Time

35. Do you take part in any leisure/sport activities? Yes No

36. Does your caring role restrict your access to leisure/sport activities? Yes No

Employment

37. Are you:

employed full time employed part time unemployed
full time Carer retired seeking work

38. Has your caring role changed your working life? Yes No

38a. If 'Yes' have you:

changed to part time left work changed to a lower paid job
had to refuse a better job not applied for a better job

Other

39. Does the company/organisation you work for have
a Carers' policy? Yes No

40. Have you experienced negative behaviour at work from
colleagues or management because you are a Carer? Yes No

40a. If 'Yes' please give brief details:

.....
.....

Education and Training

41. Has your caring role limited your access to education or training? Yes No

41a. If 'Yes' was the education or training course:

related to work to improve job prospects

access to higher or further education

Other.....

Thank you for completing this Survey.

It would be very helpful to Carers Bucks if you could tell us who you are. In this way we will be able to update our database records with your details and follow up any comments or questions you may have. Personal information will not be passed to Bucks County Council without your permission.

Name and Contact Details (optional)

Name (please print)

Address

.....

Telephone

Email

What is your ethnic origin?

White British White (other European) Asian/Asian British

Black/Black British Caribbean Chinese Other

If you would rather remain anonymous please just complete the Other Information box below.

Other Information

Please state your post code

What is your ethnic origin?

White British White (other European) Asian/Asian British

Black/Black British Caribbean Chinese Other

If you would like some help completing this Survey please contact Carers Bucks on 01296 392711 or 01494 463536 or email mail@carersbucks.org to book some time with a Carer Support Worker.

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