

ANNUAL SURVEY 2017

It's Time to Have Your Say Again...



The role of caring for someone else affected by illness or disability, changes your life. It can have an impact on your career, finances, health, and relationships with friends, family and much more besides. This survey enables us to hear your views and experiences as a Carer and helps us to influence policy-makers and service providers. It strengthens us as an organisation to be able to campaign on your behalf and influence changes that will make your life and the person you care for easier. We want to achieve positive change for Carers in Tower Hamlets and can only do this with your help to create the evidence base needed.

Please take a few minutes to complete this survey to tell us about your experiences – good or bad. We want to ensure that the good is applauded and the bad gets better. Rest assured your information will be treated confidentially and will not be shared with any other agencies without your consent. Many thanks for taking the time to complete this survey.

ABOUT YOU (PLEASE PRINT OR USE BLOCK CAPITALS)

Name _____

Address _____

Postcode _____ Email _____

Tel No: _____ Male Female

1 How old are you?

Under 18 18-64 65-74 75 or over

2 How old is the person you care for?

Under 18 18-64 65-74 75 or over

3 How many hours per week do you provide care for on average?

1-19 20-34 35-49 50-99 100+

4 Who do you care for?

Mother/Father Spouse/Partner Son/Daughter
 Other Relative Friend/Neighbour

5 Describe the illness/ disability of the person you care for?

physical disability sensory disability mental health problems
 frailty due to age cancer (please specify) learning disability
 addiction to alcohol addiction to drugs chronic illness (e. g. Heart failure, COPD)
 other, please specify

6 Do you receive any services from Tower Hamlets Social Services (Adults or Children's?)

Yes No

If yes, which services?

help in the home shopping respite breaks
 day centre sitting service other, please specify

7 **Where did you go for support when you first became a Carer?**

- GP surgery hospital specialist Social worker
 friend/ relative Carers' Organisation other, please specify
-

8 **Were you made aware of any financial support available to you?**

- Yes No

9 **Are you worse off financially now you are a Carer?**

- Yes No

If yes, in what way(s)? Please tick all that apply

- significant debt unable to afford a holiday limited ability to support family
 lost home affected by bedroom tax reduced pension provision
 other, please specify
-

10 **Has your career/job been affected as a direct result of your Caring Role?**

- Yes No

If Yes, in what way(s)? Please tick all that apply

- reduced promotional prospects less responsibility at work
 cannot take up training opportunities exclusion from social activities at work
 difficult to get back on the job ladder can only take low-paid or part time work
 other, please specify
-

11 **How could your working life be made easier? Please tick all that apply**

- more flexible working hours tax breaks for Carers
 greater support from employer/manager more understanding from colleagues
 better quality/ more affordable care services other, please specify
-

12 **Has your relationship with your spouse/ partner suffered since you became a Carer?**

- Yes No

If yes... please tick all that apply

- has it improved lack of quality time together arguing more often
 not as intimate separated or divorced can't share your worries
 other, please specify
-

13 **Do you feel your relationships with friends and/or family have been affected since you became a carer?**

- Yes No

14 **In the last 12 months, how often have you had a day to yourself?**

- never once a week once a fortnight once a month occasionally

15 **When/ if you do have a day to yourself how would be likely to use it?**

- catching up on sleep socialising with friends/ family doing household chores
 pursuing a hobby working GP/hospital appointment
 other, please specify
-

16 **Has your health deteriorated as a result of your Caring role?**

Yes No

If yes... please tick all that apply

back pain knees, feet or shoulder problems stress anxiety/depression
 high blood pressure mental health problems other, please specify

17 **Have you had a health check in the last 12 months?**

Yes No

18 **Did you have a flu jab last winter?**

Yes No

19 **Which area of your life has suffered the most from becoming a Carer?**

finances health social life/ relationships none career and work
 other, please specify

20 **Do you feel your own sense of identity has been lost since becoming a Carer?**

Yes No

In what way?

changed relationship with the person you care for changed role in the household
 inability to make personal plans for the future other, please specify

21 **Which of these words best describes your experience of caring?**

rewarding demoralising fulfilling stressful

22 **Would you like more help with?**

disease management housing help in the home
 health advice for yourself (inc. smoking cessation) complementary therapies to reduce stress
 welfare benefits/financial advice other, please specify

23 **If the person you care for has been into hospital, were you involved in planning their discharge from hospital?**

Yes No

Did the discharge go according to plan? If not, what went wrong?

24 **Have you tried to take a break from your caring role & did you get any help to do this?**

If so, who/what helped you? _____

25 **Do you have time to participate in leisure activities?**

Yes No

26 **Are you able to take part in education and community activities?**

Yes No

27 **Have you ever had a Carers Assessment carried out by Social Services?**

Yes No

If Yes, did it help you? _____

28 If you work, do you get any support to juggle work and caring?

Yes No

If Yes, where from? _____

29 Do you feel treated as an individual by health / social services?

Yes No

30 Do you feel your views are respected by these services?

Yes No

31 Have you or the person you care for lost any services due to budget cuts or been informed that you/they will lose access to any service this year?

Yes No

ABOUT YOUR USE OF THE CARERS CENTRE

	Would you agree or disagree with the following statements? Please tick which answer applies	Agree	Disagree	Neither agree or disagree	Does not apply
32	I am satisfied with the support that I receive				
33	The support I receive helps me feel less stressed				
34	The support that I receive helps me feel like an expert partner				
35	I am treated with respect by staff in the Carers Centre				
36	The support I get helps me to stay as independent as possible				
37	The information I get from the service is clear, useful and easy to understand				
38	I feel safe using this service				
39	My views are listened to and acted on where possible				

40 Can we help you with anything at the moment?

Yes No

If Yes, what can we do for you? _____

Many thanks for your precious time in taking part

Please return the completed survey in the post paid envelope to the Carers Centre by 31st December 2017

The Carers Centre

21 Brayford Square, Stepney, E1 0SG

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