



CARING FOR CARERS SURVEY



Appendix 4

Do you look after a relative or friend by helping them with their daily activities and needs?

IF YOU DO WE NEED YOUR HELP!

We know what a vital job carers do and we want to understand the current support available for carers and how this can be improved. If you look after a relative, friend or neighbour we would be grateful if you could complete the below survey.

By completing this form you are agreeing that your details are shared with the Age Friendly Cardiff Team. Any personal data provided as part of this form will be processed in line with current data protection legislation.

The information that you provide in completing this form will be treated as confidential, in line with the requirements of the Data Protection Act 2018 and the General Data Protection Principles. Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law. If you wish to withdraw consent at any time, please email consultation@cardiff.gov.uk For further information on how we process your personal data please refer to our Privacy Policy - or contact the Data Protection Officer, Room 357, County Hall, CF10 4UW, email: dataprotection@cardiff.gov.uk

Q1. Are you completing this survey as someone who cares for a friend or relative or on behalf of an organisation that provides support?

As a carer for a friend of relative (Go to Q12)

Behalf of an organisation (Go to Q2)

Q2. What is the name of your organisation?

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Q3. What does your organisation provide in regards to respite?

Referral to respite services

Provide our own services

Q4. If you provide a referral service, please provide an e-mail address below and we'll be in touch to capture the information.

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Q5. If you provide your own services, please tell us the type of assistance that your organisation provides.

(please tick all that apply)

- Sitting service
- Day centre
- Short term assisted living
- Events
- Holiday / trips
- Emergency respite
- Other, please specify:

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Q6. What is the name of the respite service you provide?

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Q7. Please provide a brief explanation of this service below:

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Q8. How does a carer access this service?
(e.g do they need a referral from social services etc)

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Q9. Is there a cost for carers to access this service?

- Yes No

Q10. Do you provide any other respite services?

- Yes No

Q11. If YES, please provide details below:

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Q12. Do you support a relative or friend to live in the community?

- Yes
- No, I provide support in another setting (e.g. Care home)

Q13. What relation are you to the person that you look after?

- Parent / guardian
- Son / daughter / child (and I'm over 18)
- Son / daughter / child (and I'm under 18)
- Other relative (sibling etc)
- Friend
- Neighbour
- Other, please specify:

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Q14. How often do you provide your support?

- 24 hours a day
- All night
- All day
- Several times per day
- Daily
- Several times per week
- Weekly
- Less often

Q15. What support do you help with?
(please tick all that apply)

- Personal care
- Shopping
- Housework
- Picking up and / or administering medication
- Taking someone to hospital and GP appointments
- Provide company and emotional support
- Neighbour
- Other, please specify:

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Q16. Have you ever accessed any help that allowed you to take a break from your usual routine of looking after your relative or friend?

- Yes
- No

Q17. Why does the person that you look after require your support?

(please tick all that apply)

- Temporary support following a period of illness or a hospital stay (e.g. after surgery)
- Physical disability
- Learning disability
- Sensory loss
- Dementia
- Mental health condition
- Substance misuse
- Digitally excluded - requires support to access digital services (e.g. Banking)
- Help to get out and about
- Other, please specify:

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Q18. What assistance do you use that allows you to take a breather?

(please tick all that apply)

- Sitting service - somebody to keep the person you care for company for a while, usually for a few hours at a time (e.g. a volunteer)
- Day centre
- Short term residential care
- Help from family / friend / neighbour
- Attending an event together
- A holiday / trip together

Other, please specify:

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Q19. What is the name of one of the services you use?

(e.g. Sitting service / Day Centre)

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Q20. Who / what organisation provide this service?

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Q21. How often do/did you use this service?

- Several times per week
- Weekly
- Monthly
- Bi-monthly
- Annually
- One off
- Other, please specify:

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Q22. Do you use any other services or ways to take a break?

- Yes (Go to Q23)
- No (Go to Q25)

Q23. If YES, please tell us what services you use:

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Q24. What services would really help you to carry on with the amazing support you give to your friend / relative?

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Q25. If you have not accessed any services that allow you to take a break from your usual routine of looking after your relative or friend, please tell us why?

(please tick all that apply)

- I don't feel like I need a break
- I am unaware of any options that can help
- I am not confident of leaving my friend or relative with anyone else
- I can't afford it
- I am unable to find support in the language of my choice
- I don't have suitable transport to get to the service
- The person I look after doesn't want to be looked after by anybody else
- I dont know how to access the servies available to me

Other, please specify:

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Q26. Have you got a plan to support your loved one in an emergency?

- Yes (Go to Q27)
- No (Go to Q28)

Q27. If YES, please let us know what it is below:

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Q28. If you have any other comments or suggestions regarding caring for somebody, please let us know below:

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ABOUT YOU

Q29. Please provide your postcode below to allow us to more accurately pinpoint respondents' views and needs by area:

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Q30. What was your age on your last birthday?

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

Q31. Are you...?

- Female
- Male
- Other
- Prefer not to say

Q32. Do you identify as Trans?

- Yes
- No
- Prefer to self-describe
- Prefer not to say

Q33. Do any children live in your household?

- No children
- Yes, under 5 years old (pre-school)
- Yes, aged 5 - 11 (primary school)
- Yes, aged 11 - 16 (secondary school)
- Yes, aged 16 - 18 in full-time education, or working
- Yes, aged 16 - 18 but not in full time education or working

Q34. Which of the following best describes what you are doing at present?

- Working full time (30+ hours per week)
- Working part time (less than 30 hours per week)
- In full time education
- On a government training scheme
- Unemployed - Registered Job Seeker

- Unemployed - Unregistered but seeking work
- On a zero hour contract or children
- Permanently sick or disabled person
- Wholly retired from work
- Looking after home
- Caring for a child or adult
- Other, please specify:

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Q35. Which of the following best describes your housing tenure?

- Owned outright
- Owned with a mortgage
- Rented from the Local Authority
- Rented from a Housing Association
- Private rented
- Other, please specify:

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Q36. Do you identify as a disabled person?

- Yes
- No
- Prefer not to say

Q37. Please tick any of the following that apply to you:

- Deaf / Deafened / Hard of hearing
- Mental health difficulties
- Learning impairment / difficulties
- Visual impairment
- Wheelchair user
- Mobility impairment
- Long-standing illness or health condition (e.g. cancer, diabetes, or asthma)
- Prefer not to say
- Other, please specify:

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Q38. Do you consider yourself to be Welsh?

- Yes
- No

