

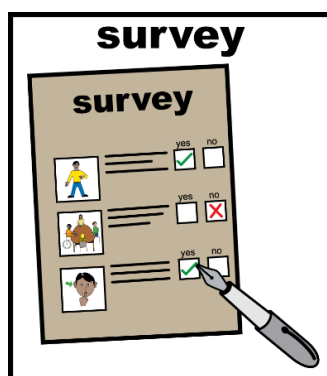
Are you looking after someone?



A Carer is someone who helps a friend or family member who is:

- frail
- has a physical or mental illness
- has a disability
- has a problem with drugs or alcohol

Carers are not paid for this help. They do it to make life better for another person. You do not have to live with the person you look after to be a Carer.



We have made this survey with Carers to find out what help and support they want and need.



This is part of an **All Age Carers Strategy** for Norfolk and Waveney. A strategy is a plan to achieve certain aims. This strategy is a plan to make services that Carers want and need.



All responses are anonymous. This means that nobody will know who the information is about. They will be used to make services for Carers in Norfolk and Waveney better for Carers. Please do not put any personal information in your responses to the survey (e.g. name or contact details).

Thank you for completing the survey. Please return your completed form to Carers Voice, St Clements House, 2 - 16 Colegate, Norwich, Norfolk, NR3 1BQ.



1. How many people do you look after?

- 1 person
 2 people
 3 people
 4 people
 5 or more people

2. How many hours a week do you spend helping them?



- Up to 10 hours
 Up to 20 hours
 Up to 30 hours
 Up to 40 hours
 Up to 50 hours
 50+ hours



3. Please tell us why the person/people you look after need(s) your help? Tick all that apply.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Frailty | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Sensory impairment |
| <input type="checkbox"/> End of life | <input type="checkbox"/> Mental health | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Other | | |



4. Do you need any help and support because of any of the following? Please tick all that apply.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Frailty | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Sensory impairment |
| <input type="checkbox"/> End of life | <input type="checkbox"/> Mental health | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | |

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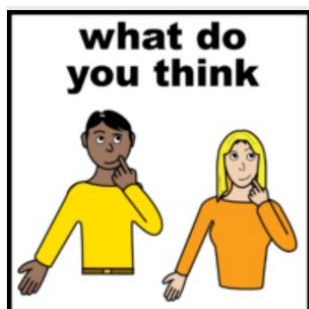
5. Have you had a Carer's Assessment? An assessment is asking you questions and finding out about you and what you need as a Carer. Please tick all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Yes - Young Carer's Assessment | <input type="checkbox"/> Yes - Adult Carer's Assessment | <input type="checkbox"/> Yes - Parent Carer Transitions Assessment |
| <input type="checkbox"/> Yes - Parent Carer's Assessment | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure/Don't know |

6. As a Carer, where have you been able to find help and support for *you*? Please tick all that apply.



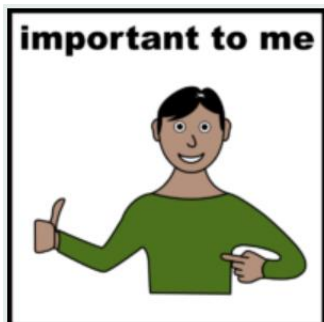
- | | |
|--|---|
| <input type="checkbox"/> Doctor/health services | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Family and/ or friends | <input type="checkbox"/> Carers Matter Norfolk |
| <input type="checkbox"/> Suffolk Family Carers | <input type="checkbox"/> Other Carer groups/ organisations |
| <input type="checkbox"/> Charities | <input type="checkbox"/> Community group |
| <input type="checkbox"/> Religious group | <input type="checkbox"/> Educational provider |
| <input type="checkbox"/> Other | <input type="checkbox"/> I have not been able to find the help I need |
| <input type="checkbox"/> I do not need any support | |



7. Have you found it easy or hard to get the help and support you need as a Carer?

- | | | |
|---|---|--|
| <input type="checkbox"/> I have found it very easy | <input type="checkbox"/> I have found it quite easy | <input type="checkbox"/> Not easy or hard |
| <input type="checkbox"/> I have found it quite hard | <input type="checkbox"/> I have found it very hard | <input type="checkbox"/> I do not need any support |

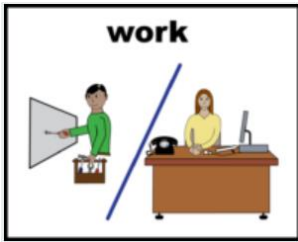
8. Please tell us how important the following are to you:



	Extremely important	Very important	Somewhat important	Not so important	Not at all important
Time for yourself/ time away from your caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with your mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with benefits and money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning, including for an emergency and the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More information about the services for Carers (such as Carers Matter Norfolk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical support including changes that make your home easier to live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing the person/people you care for are safe and getting the support they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**9. Do you currently work, go to school/college/university, volunteer or are you retired?
Please tick all that apply.**



Paid work, full time

Paid work, part time

Self-employment, full time

Self-employment, part time



Education (school, college or university)

Voluntary work

Retired

Not able to work because of caring responsibilities

None of these



10. Have you been involved in the planning of care for the person/people you look after?

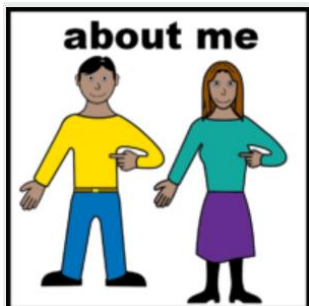
Yes No Do not know of a plan being made








11. During this planning of care did you feel you were:

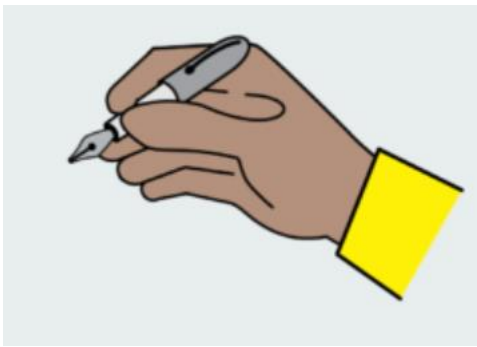
	Yes	No
Listened to	<input type="checkbox"/>	<input type="checkbox"/>
Respected	<input type="checkbox"/>	<input type="checkbox"/>
Valued	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I was not involved		

12. Please tell us how your caring role has changed any of the following:



	 Very positive change	 Some positive change	 No change	 Some negative change	 Very negative change	Does not apply
Your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your finances/money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your day-to-day life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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13. Please use this space if you would like to tell us more about:

- any worries you have as a Carer for the future
- any change that would make services better
- or anything else

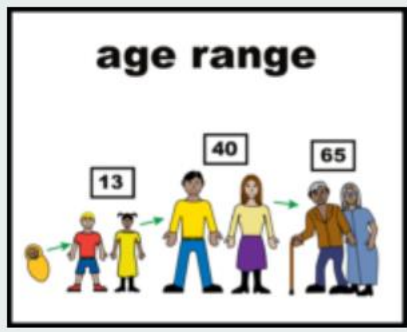


14. How do you like people to contact you? Please tick all that apply:

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> In person | <input type="checkbox"/> Email |
| <input type="checkbox"/> Online | <input type="checkbox"/> Post | <input type="checkbox"/> Other (please specify): |

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15. Please tell us your age and the age(s) of the person/people you care for:



Your age group

<input type="checkbox"/> 15 or younger	<input type="checkbox"/> 16-18	<input type="checkbox"/> 19-25	<input type="checkbox"/> 26-45
<input type="checkbox"/> 46-64	<input checked="" type="checkbox"/> 65-84	<input type="checkbox"/> 85 or over	<input type="checkbox"/> Prefer not to say

The age group(s) of the person/people you care for

<input type="checkbox"/> 15 or younger	<input type="checkbox"/> 16-18	<input type="checkbox"/> 19-25	<input type="checkbox"/> 26-45
<input type="checkbox"/> 46-64	<input checked="" type="checkbox"/> 65-84	<input type="checkbox"/> 85 or over	<input type="checkbox"/> Prefer not to say

16. Please tell us your gender and the gender(s) of the person/people you care for:



Your gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Trans Woman	<input type="checkbox"/> Trans Man
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Other	<input type="checkbox"/> Do not know	<input type="checkbox"/> Prefer not To say

The gender(s) of the person/people you care for

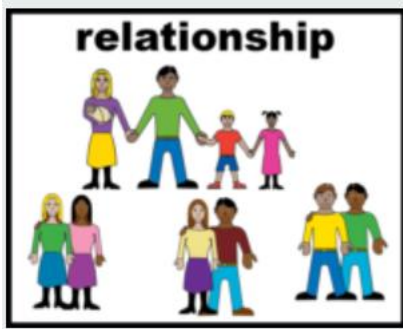
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Trans Woman	<input type="checkbox"/> Trans Man
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Other	<input type="checkbox"/> Do not know	<input type="checkbox"/> Prefer not To say



17. What is your sexual orientation?

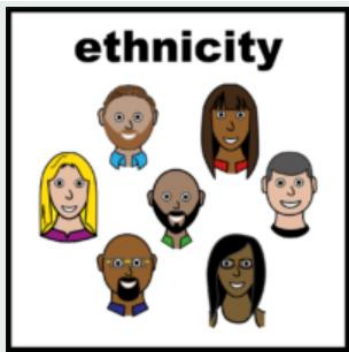
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay / lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Do not know	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/>

18. What is your relationship to the person/people you care for? Please tick all that apply.



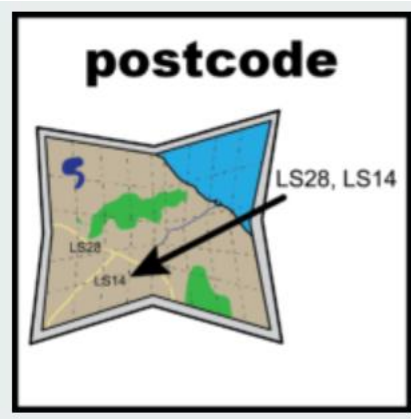
- I am their parent
 I am their sibling
 I am their spouse/partner
 I am their son/daughter
 I am their grandparent
 Other family member
 I am their friend/ neighbour
 Other

19. How would you describe your ethnic origin?

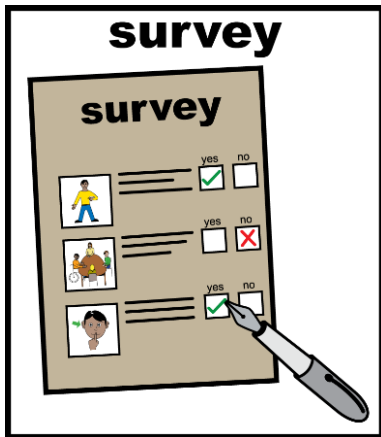


- White British, English, Welsh, Scottish, Northern Irish or British
 White Irish
 White Gypsy or Irish Traveller
 Any other white background
 White and Black Caribbean
 White & Black African
 White and Asian
 Any other mixed or multiple ethnic background
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background
 Black African
 Black Caribbean
 Any other Black, African or Caribbean background
 Arab
 Any other ethnic group
 Prefer not to say

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20. What is the first half of your postcode? This helps us know if the survey has reached all parts of Norfolk and Waveney.



Please use this box to tell us how you found out about this survey.



If you are interested in talking about any of this in more detail at a focus group, please call 07932 095312 or email info@carersvoice.org.

Thank you for completing the survey. Please return your completed form to Carers Voice, St Clements House, 2 - 16 Colegate, Norwich, Norfolk, NR3 1BQ.

If you would like to receive any support, or if completing this survey has brought up any issues for you, there is support available to you as a Carer:



in Norfolk via Carers Matter Norfolk's Advice line on **0800 083 1148**. More information can be found at <https://carersmatternorfolk.org.uk/>



- in Waveney via Suffolk Family Carers on **01473 835477**. More information can be found at <https://suffolkfamilycarers.org/>



There is 24-hour mental health support available from: Norfolk & Suffolk Foundation Trust (NSFT) on **0808 196 3494**



or the Samaritans on **116 123** (Freephone number)

Please use the space below if you would like to give us any more information about your answers. Please tell us the question number you are talking about on the left-hand side.

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