

South Lanarkshire Health and Social Care Partnership - Carers and Young Carers Survey

Welcome to the South Lanarkshire Health and Social Care Partnership - Carers and Young Carers Survey. If you look after a friend, a family member or a neighbour, we are keen to hear what kind of support you need. A new law comes into effect in April 2018 to support people who provide unpaid care (carers).

Any information that you give will be treated in strict confidence. You do not have to give your name, your individual answers will not be given to the Partnership and any information you give will be used only for the purposes of this survey.

Please complete our survey to help us better shape support and services.

Please select which one of the following describes you at present:

- I am a young carer
- I am a 'carer' and I am supported by a carers' organisation
- I am a 'carer' but I am not supported by a carers' organisation
- I care for someone but do not see myself as a carer

Which one 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)
- On a government training scheme
- In school/full time education
- Unemployed - registered job seeker
- Unemployed - unregistered but seeking work
- Wholly retired from work
- Other

About you as a carer

Thinking about your own role as an unpaid carer, please say whether you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
I feel supported to continue in my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people that I can talk to in confidence about my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My GP supports me in my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer supports me in my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel well supported by my school/college/uni/training provider/youth worker/Universal Connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your own role as an unpaid carer, please say whether you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
My caring role has put a strain on my financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My caring role impacts negatively on my relationship with others (e.g. spouse, partner, parents, siblings, other family members)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel isolated as a result of my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My caring role has had a negative impact on my health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your own role as an unpaid carer, please say whether you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
I am caring for more than one person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am at risk of harm from the person I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of what short break / respite services are available locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about how you feel right now, please say whether you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
I regularly get a full night's sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have time for myself outside of my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have time for hobbies, relaxation or social contact with friends/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to carry out my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which one of the following services would be of most benefit to you as a carer?

- Short Breaks/Respite
- Information and Advice Service (e.g. Citizens Advice)
- Access to a carer's group
- A carer support worker
- Knowing your rights as a carer
- Support at the hospital (hospital discharge)
- Support at School
- Counselling Service
- Advocacy (someone to help you understand the health and social care system)
- Financial support / benefits maximisation
- Equipment and Adaptations Support
- Befriending for you as a carer (to reduce the feeling of loneliness)
- Having your own needs assessed (a discussion about for yourself)
- Legal Support (eg: Power of Attorney/Guardianship/Wills/Trusts)
- Information (eg: newsletter/online access)
- Emergency Plan (to support the person you care for)
- Training to support your caring role (eg: cooking skills/first aid)
- Black and Minority Ethnic (BME) specific support
- Free leisure pass
- Universal Connections/Youth Worker
- Young Scot card
- Young carers service
- Other

Which one of these remaining services would be of most benefit to you as a carer?

- Short Breaks/Respite
- Information and Advice Service (e.g. Citizens Advice)
- Access to a carer's group
- A carer support worker
- Knowing your rights as a carer
- Support at the hospital (hospital discharge)
- Support at School
- Counselling Service
- Advocacy (someone to help you understand the health and social care system)
- Financial support / benefits maximisation
- Equipment and Adaptations Support
- Befriending for you as a carer (to reduce the feeling of loneliness)
- Having your own needs assessed (a discussion about for yourself)
- Legal Support (eg: Power of Attorney/Guardianship/Wills/Trusts)
- Information (eg: newsletter/online access)
- Emergency Plan (to support the person you care for)
- Training to support your caring role (eg: cooking skills/first aid)
- Black and Minority Ethnic (BME) specific support
- Free leisure pass
- Universal Connections/Youth Worker
- Young Scot card
- Young carers service
- Other

Which one of these remaining services would be of most benefit to you as a carer?

- | | |
|---|---|
| <input type="radio"/> Short Breaks/Respite | <input type="radio"/> Having your own needs assessed (a discussion about for yourself) |
| <input type="radio"/> Information and Advice Service (e.g. Citizens Advice) | <input type="radio"/> Legal Support (eg: Power of Attorney/Guardianship/Wills/Trusts) |
| <input type="radio"/> Access to a carer's group | <input type="radio"/> Information (eg: newsletter/online access) |
| <input type="radio"/> A carer support worker | <input type="radio"/> Emergency Plan (to support the person you care for) |
| <input type="radio"/> Knowing your rights as a carer | <input type="radio"/> Training to support your caring role (eg: cooking skills/first aid) |
| <input type="radio"/> Support at the hospital (hospital discharge) | <input type="radio"/> Black and Minority Ethnic (BME) specific support |
| <input type="radio"/> Support at School | <input type="radio"/> Free leisure pass |
| <input type="radio"/> Counselling Service | <input type="radio"/> Universal Connections/Youth Worker |
| <input type="radio"/> Advocacy (someone to help you understand the health and social care system) | <input type="radio"/> Young Scot card |
| <input type="radio"/> Financial support / benefits maximisation | <input type="radio"/> Young carers service |
| <input type="radio"/> Equipment and Adaptations Support | <input type="radio"/> Other |
| <input type="radio"/> Befriending for you as a carer (to reduce the feeling loneliness) | |

Please tell us what other supports would be of benefit to you that we have not included above:

Does your caring role affect your ability to go to school / work / study or participate in training?

- Yes
 No

Please tell us how caring affects your ability to go to school / work / study or participate in training

Do you personally have any of the following health conditions? (select all that apply)

- Prefer not to say
 Mental Ill-Health
 Long-term Condition
 Dementia
 Learning Disability
 Autism / Autistic Spectrum
 Hearing loss/Sight loss
 Problematic use of alcohol or other drugs
 Age related frailty/ill-health
 Terminal Illness
 Other (Please say what below)

What other health conditions do you have?

Thinking about the person you care for, please say whether you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
I have a say in the services that are provided for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel satisfied with my level of involvement in the design of the care package for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel well informed about the services provided for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel satisfied with the quality of services provided for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can influence decisions in my local area relating to health and social care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following health conditions apply to the person/people you care for? (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Age-related frailty/ill-health | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Autism / Autistic spectrum | <input type="checkbox"/> Problematic use of alcohol or other drugs |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Hearing loss/Sight loss |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Terminal illness |
| <input type="checkbox"/> Long-term condition | <input type="checkbox"/> Other (please say what below) |
| <input type="checkbox"/> Mental ill-health | <input type="checkbox"/> Prefer not to say |

What other health conditions does the person you care for have?

About the person/people you care for

Which age band does the person/people you care for fall into? (Please select all that apply)

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> 0-15 | <input type="checkbox"/> 25-44 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 45-64 | <input type="checkbox"/> 75-84 | |

Where in South Lanarkshire does the person/ people you care for live?(Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Clydesdale | <input type="checkbox"/> Rutherglen / Cambuslang |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Outwith South Lanarkshire |
| <input type="checkbox"/> East Kilbride | |

Are they (please select all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Non binary |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Transgender | |

About you:

Which age band do you fall into?

- 0-15 25-44 65-74 85+
- 16-24 45-64 75-84

Where in South Lanarkshire do you live?

- Clydesdale Rutherglen / Cambuslang
- Hamilton Outwith South Lanarkshire
- East Kilbride

Are you:

- Female Non binary
- Male Prefer not to say
- Transgender

Young Carers

At what age did you start to take on a caring role?

- Pre school Secondary 1 - 6
- Primary 1 - 7 18 Years or over

Do you feel that you should have had more information about the medical condition/diagnosis of the person that you were caring for?

- Yes
- No

What could have made things better?

- Someone taking the time to explain what the medical condition/diagnosis meant on a day to day basis
- The School taking a more understanding approach if I am late or have to take time off
- Other (Please give us the information on anything else that would have made things better)

Other

Who are the main people that support you as a young carer? (please select all that apply)

- Brother/Sister Social worker
- Friend Young Carer Social Worker
- Parent Youth Worker
- Relative - Aunt/Uncle/Grandparent/Cousin No-one I am on my own
- Teacher Other (Please say below)

Other

What difference did these people make to you?

- Listened to me / emotional support
- Allowed me a break away
- Helped me with the tasks of caring
- Helped get supports in for the person I was caring for
- Just helped me to be myself without having to worry
- Other (Please say below)

Other

As a carer did you feel your views were taken on board?

- Always
- Sometimes
- Rarely
- Never

If rarely or never, can you say why?

Can you identify any of the following that could have provided you with more support? (you can select all that apply)

- Education -extra study support
- Social Work - adult services support/occupational therapy
- Home Care - for personal care, washing and toileting
- Health, support for your wellbeing and mental health
- Opportunities for a break in order to get involved in hobbies and/or activities
- Youth services
- Other (please say below)

Other

Can you identify anything that you think could have been done better ?

- School staff having more awareness about what it means to be a young carer and the challenges that we face
- Absences from school as a direct result of caring responsibilities to be logged and not impacted on the Educational Maintenance Allowance
- Someone to help me speak up at meetings
- More help from adult social work services to help my parent/sibling/relative/cared for person
- More help from Occupational Therapy service about the equipment and adaptations available for the person you care for
- More help to support my parent etc with washing dressing etc.
- More help from Children and Family Young Carer's Service to help me get support
- More help from Children and Family Social Worker to help me get support
- More help from Health services to help my Parent etc
- More financial support in order that I can get a break
- Other (please say below)

Other

Young carers - Your life currently:

What's missing from the support currently offered to young carers?

- Support for housing
- Support for education
- Support for employment
- Practical support
- Leisure and social activities
- Befriending
- Other (please say below)

Other

How would you say being a young carer has prepared you for the next stage of your life?

	Very confident	Confident	Somewhat confident	Not confident at all
I know who to approach for support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing household budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to go for support for employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what is expected of me at college/uni/job interviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have achieved in school and I am well placed to apply for college/uni/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am likely to apply for a job within the caring profession

I have a clear goal of where I want to study or work

Other

How would you say being a young carer has restricted you for the next stage of your life?

- I feel less confident
- I do not have a network of friends and I am isolated
- I have no hobbies or interests
- Lack of attendance at school impacted on my learning
- I don't feel I have been restricted for the next stage of my life
- Other (please say below)

Other

What opportunities for support would you like to see being considered?

- All teachers being aware of the challenges being faced by young carers
- More information/advice from adult carer support service
- Opportunities for free personal care in the house to the cared for person
- Other (please say below)

Other

If you would like to talk to someone about the answers you have given to and/or about your caring role please give us your contact details. Again this will not be shared with the Partnership but someone will be in contact with you to arrange a suitable time to meet/chat.

Name

Contact Number

Email Address

Confidential equalities monitoring information:

We are keen to update our equalities monitoring information. The information you give in this next section is optional and is not linked to your previous responses. It is used to help us understand our customers better, and in turn improve our practices and procedures. All information you provide is held in accordance with the Data Protection Act (1998). No individual can be identified from the information given.

Would you be happy to provide some equalities monitoring information?

- Yes (to continue questionnaire)
- No (to go to end)

What is your date of birth? (dd/mm/yy)

Are you?

- Male
- Female
- Non binary
- Prefer not to answer

Have you ever identified as a transgender person or transperson? (For the purpose of this question 'transgender' is defined as an individual who lives, or wants to live full time in the gender opposite to that they were assigned at birth)

- Yes
- No
- Prefer not to answer

Do you have caring responsibilities?

- Yes, childcare (under 14 years)
- Yes, other
- No caring responsibilities
- Prefer not to answer

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?

- Yes
- No
- Prefer not to answer

If yes, please indicate the type of impairment which applies to you? (Select all that apply)

- Physical impairment
- Sensory impairment
- Mental health condition such as depression or schizophrenia
- Learning disability or cognitive impairment
- Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Other (please specify below)
- Prefer not to answer

Other impairment

What do you consider your National identity to be?

- British
- English
- Irish
- Scottish
- Welsh
- Other
- Prefer not to answer

Other National Identity

What is your ethnic background?

- White
- Mixed/multiple ethnic groups
- Asian, Asian Scottish or Asian British
- African
- Caribbean or Black
- Arab
- Other ethnic group
- Prefer not to answer

Other, please give details

What religion, religious denomination or body do you belong to?

- No religion or belief
- Buddhist
- Church of Scotland
- Hindu
- Humanist
- Jewish
- Muslim
- Other Christian
- Sikh
- Pagan
- Roman Catholic
- Other religion or belief, please specify
- Prefer not to answer

Another religion or belief, please give details

Which of the following best describes your sexual orientation?

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Prefer not to answer
- Other

Thank you for completing our questionnaire. The closing date for the survey is Friday 29th September 2017.

Please return the survey to:

South Lanarkshire Health and Social Care Partnership
South Lanarkshire Council Headquarters
Floor 9
Almada Street
Hamilton
ML3 0AA