

Older Carers Survey

Many people over the age of 60 in the UK care for friends or family members who couldn't manage without them. Often, these carers don't get enough support and find it difficult to keep going.

The Princess Royal Trust for Carers wants to find out more about your experiences so we can fight for better support for older carers. Please fill in this questionnaire – it should take no more than 10 minutes – and tell us what affects you, your family, and your life.

All fully completed questionnaires will be entered into a prize draw to win a £100 Marks & Spencer voucher courtesy of



Thank you very much for taking the time to complete this survey.

A. Older Carers Survey

The Princess Royal Trust for Carers would like to use what you tell us to campaign for change. Any quotations will be anonymous unless we contact you to ask permission to use your name.

1. Do you give The Princess Royal Trust for Carers permission to use quotations from your survey response?

Yes No

2. Would you be interested in your story being used as a case study or talking to the media if there was an opportunity to do this?

(saying yes does not commit you to anything – we can discuss this further with you if you are interested)

Yes No

3. Would you like to receive a copy of the results of this survey?

Yes No

4. If you have answered yes to either of the last two questions, please give us contact details for you:

Name: _____

Email address or postal address if you do not have an email account (we will not pass these on to anyone): _____

Phone number (optional): _____

B. About you

1. How old are you?

(Please only complete this survey if you are 60 years or older)

- | | |
|---------------------------------------|--------------------------------|
| <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 70-74 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 80-84 | <input type="checkbox"/> 85-89 |
| <input type="checkbox"/> 90-94 | <input type="checkbox"/> 95-99 |
| <input type="checkbox"/> 100 or above | |

2. Are you a man or a woman?

- Man Woman

3. Please indicate your ethnicity

- | | |
|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Asian/Asian British - Bangladeshi |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian/Asian British – Any other Asian |
| <input type="checkbox"/> White – any other | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Black/Black British –Caribbean | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> Mixed – White and Asian |
| <input type="checkbox"/> Black/Black British – Any other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian/Asian British - Indian | <input type="checkbox"/> Any other ethnic background |
| <input type="checkbox"/> Asian/Asian British - Pakistani | <input type="checkbox"/> Prefer not to answer |

4. Where do you live?

- | | |
|---|--|
| <input type="checkbox"/> England | <input type="checkbox"/> Isle of Man |
| <input type="checkbox"/> Scotland | <input type="checkbox"/> Channel Islands |
| <input type="checkbox"/> Wales | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Northern Ireland | |

C. English Regions

1. Which region of England do you live in?

- | | |
|---|--|
| <input type="checkbox"/> North East | <input type="checkbox"/> Greater London |
| <input type="checkbox"/> North West | <input type="checkbox"/> South East (Not London) |
| <input type="checkbox"/> East Midlands | <input type="checkbox"/> South West |
| <input type="checkbox"/> West Midlands | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> East of England/ East Anglia | |

D. Work and Finances

1. Are you in paid work at the moment?

Yes No

2. If yes, would you say your employer is supportive of you as a carer?

Yes No I am self employed

3. Please tick the boxes which best describe how you feel about your financial position

| | Never | Some of the time | A lot of the time | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| I worry about going into debt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel satisfied with my financial position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am unable to save for a rainy day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worry about money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is enough money in our house to pay for the things we need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. Who do you care for?

1. Some people are carers for more than one friend or family member. How many people do you provide significant care for?

1 2 3 or more

2. Who is the person you care for? (If you care for one person please only use the first set of boxes.) The person I care for is my.....

| | The person I provide most care for | The second person I care for | The third person I care for |
|--|------------------------------------|------------------------------|-----------------------------|
| Wife/husband/partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent, or parent-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aunt or uncle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Son or daughter (inc In-law or step) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandchild | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Niece or nephew | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brother or sister (inc In-law or step) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neighbour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Why do they need to be cared for? (If you care for one person please only use the first set of boxes) Please tick all that apply

| | The person I provide most care for | The second person I care for | The third person I care for |
|--|------------------------------------|------------------------------|-----------------------------|
| Physical disability or mobility problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long term or serious illness or condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensory difficulties (e.g. deaf or blind) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General frailty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning disability or autism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dementia or memory problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health problems, (Inc depression/anxiousness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug or alcohol problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. How old are the people you care for? (If you care for one person please only fill in the first set of boxes)

| | The person I provide most care for | The second person I care for | The third person I care for |
|--------------------|------------------------------------|------------------------------|-----------------------------|
| 18 years or under | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19-29 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30-39 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40-49 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50-59 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60-69 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70-79 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80-89 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 90-99 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100 years or above | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. How long have you been a carer for?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 25 years or more

6. How many hours a week do you spend in a caring role?

- Up to 20 hours
- 20 to 40 hours
- 40 to 60 hours
- More than 60 hours

7. What kinds of caring tasks do you do? Tick all which apply to you.

- Help with medication or injections
- Feeding, washing, getting dressed
- Lifting or moving the person
- Help with housework or gardening
- Help with medical equipment/ appliances
- Other kinds of help
- Help with shopping
- Help with leisure activities
- Help with transport
- Help with communication
- Emotional support

F. Your health and wellbeing

1. Do you have a long term health problem or disability yourself?

- Yes
- No

2. If yes, please give details if you feel able to.

3. Are you getting treatment or support for your long term health problem or disability?

- Yes
- No
- Some treatment or support but not all I would like to get

4. Have you ever had to delay or cancel getting treatment or an operation because of your caring role?

- Yes
- No

5. If yes, did your health get worse as a result?

- Yes No
 Not sure Not applicable

6. How do you feel physically? My physical health is....

- Excellent
 Good
 Average
 Poor
 Very poor

7. Over the last year my physical health has

- Improved
 Stayed the same
 Got worse

8. Do you think being a carer has had a negative impact on your physical health?

- Yes No

9. If yes please explain how

**10. How do you feel emotionally or mentally?
My emotional mental health is.....**

- Excellent
 Good
 Average
 Poor
 Very poor

11. Over the last year, my emotional or mental health has.....

- Improved
 Stayed the same
 Got worse

12. Has being a carer had a negative impact on your emotional or mental health?

- Yes No

13. If yes, please describe how.

14. Does your GP know you are a carer?

- Yes No Don't know

15. How long is it since you had a proper health check from your GP?

- In the last year
 Between 1 and 2 years ago
 Between 2 and 3 years ago
 Between 3 and 5 years ago
 More than 5 years ago
 Don't know
 Never had one

G. Your feelings

Many carers have mixed feeling about their caring role. Some find it very rewarding, but it can also be stressful and isolating. We want to find out more about this.

1. Caring Stress

Please tick the boxes which best describe how you feel.

| | Never | Some of the time | A lot of the time | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I feel depressed due To caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel worn out due to caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am mentally exhausted due to caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am physically exhausted due to caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel stressed as a result of Caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Choices about caring

Please tick the boxes which best describe your situation.

| | Never | Some of the time | A lot of the time | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I feel my life is on hold because of caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My social life has suffered because of caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel I have less choice About my future due to caring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel I have no control over my own life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caring stops me doing what I want to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Your satisfaction about being a carer

Please tick the boxes which describe how you feel.

| | Never | Some of the time | A lot of the time | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Caring is important to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I resent having to be a carer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel frustrated with the person I am caring for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I enjoy being a carer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am satisfied with my life as a carer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Do you do any of these activities in your caring role, and if so, how able do you feel to do these safely and confidently?

| | I can do this safely and confidently | I don't feel safe and confident | I don't have to do this |
|--|--------------------------------------|---------------------------------|--------------------------|
| Lifting the person you care for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal care (eg washing, dressing, feeding, toileting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handling medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealing with difficult behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing first aid or dealing with emergencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Have you ever had training in these areas?

| | Yes I have had training | No I have not had training | I don't need to do this caring task |
|--|--------------------------|----------------------------|-------------------------------------|
| Lifting the person you care for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal care (eg washing, dressing, feeding, toileting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handling medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealing with difficult behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing first aid or dealing with emergencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Please give details of difficulties you face if you would like to.

7. Do you have concerns about your ability to care in the future or how the person you care for will be looked after?

- Yes No

8. If yes, what concerns do you have?

H. Support for you

1. Support for caring

Please tick the boxes which describe your situation best.

| | Never | Some of the time | A lot of the time | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I have a good level of emotional support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My needs as a carer are considered by professionals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am happy with the professional support that is provided to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel able to get the help and information I need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have all the practical support I need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Do you get any short breaks or time away from your caring role?

- Yes No

3. If yes, how often?

- More than once a week
 About once a week
 A few times a month
 About once a month
 Once every two or three months
 Less than once every two or three months

4. Do you get help from family, friends or neighbours?

- Yes I get lots of help
 Yes I get some help
 No I get no help

5. If yes, please describe the help you get from them (please tick all which apply)

- Help with physical aspects of care (washing, dressing, feeding toileting)
 Help with household tasks (shopping, cleaning)
 Spending time with the person I care for
 Taking the person I care for out
 Giving me a break
 Giving me someone to talk to
 Other

6. Do you, as a carer, get support for the things you need yourself from social services or a carers' centre or other organisation?

(This means support for you, rather than help for the person you care for)

- Yes No Not sure

**7. If yes, what types of support have you received in the last year?
Please tick as many that apply.**

- Home visits from a carer support worker or social worker
- Legal advice
- Information or advice about medical conditions or medication
- Counselling or emotional support
- Financial or benefits advice
- Breaks or time away from caring role
- Wellbeing classes e.g. yoga, keep fit
- Alternative therapies e.g. reflexology, aromatherapy
- Educational classes e.g. computer courses
- Gardening services
- Social activities with other carers
- Other

**8. Are there any kinds of support that you have NOT been able to get
in the last year that you would like if it were available?**

Please choose all which you would like but have not been able to get in the last year.

- Home visits from a carer support worker or social worker
- Legal advice
- Information or advice about medical conditions or medication
- Counselling or emotional support
- Financial or benefits advice
- Breaks or time away from caring role
- Wellbeing classes e.g. yoga, keep fit
- Alternative therapies e.g. reflexology, aromatherapy
- Educational classes e.g. computer courses
- Gardening services
- Social activities with other carers
- Other

9. Do you use services provided by local carers' centre (i.e. a local carers' charity)?

Yes

No

Not sure

10. If yes, would you say the services provided by your local carers' centre are:

Excellent

Very useful

Quite useful

Not very useful

Don't know/ Not applicable

11. Is there anything else you would like to add about the support you need to concerns you have about being an older carer? Please add it here.

-----END-----

Well done! That's the end of the survey. Thank you very much for taking the time to complete it.

Please return the completed questionnaire to your local Carers' Centre. Or if you'd prefer to send it directly to the attention of Samantha Willis at the following free post address (no stamp required), by the 31st March 2011:
Freepost RRRY-JLXK-GZCG,
The Princess Royal Trust for Carers
Unit 14 Bourne Court, Southend Road
Woodford Green, IG8 8HD

This will help us improve support for older carers in the future.

Your local Princess Royal Trust for Carers' Centre can provide help and support for you. If you need contact details for your nearest centre please call us on 0844 800 4361 or visit www.carers.org. The website can also sign-post you to other organisations for support.

For more information about this survey and how we will use the findings, please contact The Princess Royal Trust for Carers on info@carer.org.

Thank you again, and best wishes for the future for you and your family.