

Growing Older, Planning Ahead - Tees Valley Healthwatch - Carer Survey

1. Healthwatch Tees Valley - Growing Older Planning Ahead Survey Intro Page

Healthwatch organisations across the Tees Valley are working together in partnership with the North East and Cumbria Integrated Care Board (NENC ICB). This is to identify what is needed to improve planning process for when families can no longer support their family member to stay at home.

Healthwatch is the independent champion for people who use health and care services. We find out what people like about services, and what could be improved. We share these views with those who can make change happen.

It's really important that you tell us your views and experiences so they can help local providers and partnerships understand what you need so you have greater choice and control over your care and be supported to live well in your community.

We will always make sure that your information is protected and treated securely. Any information that you give will be held in accordance with:

- Data Protection Act 1998
- As of 25 May 2018, the new data protection legislation introduced under the General Data Protection Regulation (GDPR) and Data Protection Bill.

We appreciate your time in completing this survey and welcome your comments and suggestions.

Thank you

1. Do you give us permission to share your anonymised data?

- Yes
- No

2. Healthwatch Tees Valley - Growing Older Planning Ahead Survey

2. In what area of the region do you currently reside?

- Darlington

- Hartlepool
- Middlesbrough
- Redcar and Cleveland
- Stockton-on-Tees

3. How old is the person you care for?

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older

4. What is the relationship between you and the person that you care for?

- Parent - child
- Married or domestic partnership
- Friend
- Other (please specify):

**5. What do you worry about when thinking of the person you care for growing older?
(Please highlight each issue separately in the boxes below)**

- A)
- B)
- C)
- D)
- E)

6. Do you know who to discuss future care with?

- Yes
- No

7. Have you discussed future options for the person you care for?

Yes

No

If yes, who with?: (E.g. GP, Social Care Direct, D.A.D, Friend or Family Member, Other (Please specify))

8. Do you want to be involved in the future planning of care arrangements?

Yes

No

Unsure

9. How do you want to be involved in the future planning of caring arrangements?

10. If you would like to be involved, in what way?

(Please highlight each suggestion separately in the boxes below)

A)

B)

C)

D)

E)

11. How old do you think the person you care for should be when discussions about future care start?

17 or younger

18-20

21-29

30-39

40-49

50-59

60 or older

Please explain why?:

**12. Can you tell us what your awareness is of services that are available for the person you care for as they get older?
(Please list each separately in the boxes below)**

- A)
- B)
- C)
- D)
- E)

I am not aware of any services (Please type/write NONE in the box below):

**13. What support does the person you care for receive now?
(Please list each one separately in the boxes below)**

- A)
- B)
- C)
- D)
- E)

They do not currently receive any help from support services. (Please type/write NONE in the box below):

**14. Following on from the previous question, which of these support mechanisms would you like to see continue for the person as they get older?
(Please list each one separately in the boxes below)**

- A)
- B)
- C)
- D)
- E)

N/A - They do not currently receive any help from support services. (Please type/write NONE in the box below):

15. How are you currently supported to manage the person you care for with behaviours that challenge others?

(Please list each one separately in the boxes below)

- A)
- B)
- C)
- D)
- E)

I am not currently supported with this. (Please type/write NONE in the box below):

16. How can this be improved?

(Please list each one separately in the boxes below)

- A)
- B)
- C)
- D)
- E)

17. Is the person you care for offered a health check every year?

- Yes
- No
- Unsure

18. Do they attend this appointment?

- Yes
- No
- Unsure

If not, why not?:

19. Do they have a Health Action Plan in place as a result of the health check?

- Yes
- No
- N/A

20. Is the person you care for on the local learning disability register?

- Yes
- No
- Unsure

21. Do you access local carers services?

- Yes
- No

If yes, which service?:

22. Have you had a carers assessment?

- Yes
- No

23. Are you registered as a carer at with you GP practice?

- Yes
- No

24. Would you be happy for us to share your details with your local Carers Support service? (If yes, please provide your contact details at the end of the survey)

- Yes
- N/A

25. Any other comments?

3. About you (Carer)

In order for us to report details of who we have spoken to, we would like to find out some more information about you and the person you care for. None of your personal information will be shared.

26. How old are you?

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older
- Prefer not to say

27. How would you describe your gender?

- Male
- Female
- Prefer not to say
- Prefer to self describe?:

28. Are you currently.... ?

- Single, never married
- Married or domestic partnership
- Divorced

- Separated
- Widowed
- Divorced or civil partnership dissolved
- Prefer not to say

29. Could you tell us more about your physical or mental health conditions? (Please tick all that apply)

Long term standing illness or health condition

- Such as: cancer, HIV, diabetes, chronic heart disease / circulatory conditions, high blood pressure, respiratory conditions (asthma), epilepsy, digestive conditions (e.g. irritable bowel syndrome (IBS) and Crohn's disease)

Physical impairment or mobility issue

- Such as: difficulty using your arms or using a wheelchair or crutches

Sensory loss

- Such as: sight and/or hearing loss

Mental health conditions or illnesses

- Such as: anxiety, depression, and eating disorders

Developmental conditions

- Such as: Autism Spectrum Disorder (ASD), which includes Asperger syndrome, and Attention Deficit Hyperactivity Disorder (ADHD), Learning impairments e.g. dyslexia and processing issues

Genetic conditions

- Such as: Down syndrome and cystic fibrosis

Prefer not to say

None

- I do not currently have any physical or mental health conditions

- Other (please specify):

30. What is your ethnic group?

White

- British
- Irish
- Other

Asian or Asian British

- Indian
- Pakistani

- Bangladeshi
- Any other Asian background

Mixed

- White and Black Caribbean
- White and black African
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other black background

Other Ethnic Group

- Chinese
- I do not wish to disclose my ethnic origin
- Other (please specify):

31. What do you consider your religion to be?

- No religion
- Christianity
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

4. About the person you care for

32. How would you describe their gender?

- Male
- Female
- Prefer not to say

Prefer to self describe?:

33. Are they currently.... ?

- Single, never married
- Married or domestic partnership
- Divorced
- Separated
- Widowed
- Divorced or civil partnership dissolved
- Prefer not to say

34. Could you tell us more about their physical or mental health conditions? (Please tick all that apply)

Long term standing illness or health condition

- Such as: cancer, HIV, diabetes, chronic heart disease / circulatory conditions, high blood pressure, respiratory conditions (asthma), epilepsy, digestive conditions (e.g. irritable bowel syndrome (IBS) and Crohn's disease)

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- Such as: anxiety, depression, and eating disorders

Developmental conditions

- Such as: Autism Spectrum Disorder (ASD), which includes Asperger syndrome, and Attention Deficit Hyperactivity Disorder (ADHD), Learning impairments e.g. dyslexia and processing issues

Genetic conditions

- Such as: Down syndrome and cystic fibrosis

Prefer not to say

- I would prefer not to say

None

- I do not currently have a mental or physical health condition
- Other (please specify):

35. What is their ethnic group?

White

- British
- Irish
- Other

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed

- White and Black Caribbean
- White and black African
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other black background

Other Ethnic Group

- Chinese
- I do not wish to disclose my ethnic origin
- Other (please specify):

36. What do they consider their religion to be?

- No religion
- Christianity
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

5. Healthwatch Tees Valley - Growing Older Planning Ahead Survey

Want to hear more about this work?

If you would like to be kept informed of this work or be part of any future engagement, please provide your contact details.

37. Please share your contact details

Name

Email address

Telephone number

6. Thank you

Thank you for taking the time to answer this survey.

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that you give will be held in accordance with:

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We also make our Information Asset Register available for people to read to give further clarity about how data relating to them is managed and kept secure. This includes our retention schedule

and clear details about the lawful basis for storing and keeping personally identifiable information.