

Adult Carers Survey 2020

Manchester Health and Care Commissioning recognise the value that carers provide in supporting vulnerable people to live independent, fulfilling lives.

The following survey has been designed working together with carers to help us to identify their needs and how they can be supported better.

All responses received are confidential and the feedback gathered will be used to inform and influence how we plan and buy services in the future. It will to further develop carers training and development programmes that reflect your needs in partnership with Manchester Carers Network.

An unpaid carer is someone of any age who supports, unwaged, a relative, partner or friend who due to physical or mental illness, disability, frailty or addiction could not manage without that support.

We acknowledge that in Manchester we have a number of young carers (below age 18). For the purposes of completing this survey carers need to be over 18 years of age.

The closing date of this survey is 28 February 2020.

This survey has been co-produced with unpaid carers.

About you:

1. Which GP Practice are you registered with:

2. Which neighbourhood do you live in:

Ancoats, Clayton and Bradford
Crumpsall and Cheetham
Higher Blackley, Harpurhey and Charlestown
Miles Platting, Newton Heath and City Centre
Gorton and Levenshulme
Hulme, Moss Side and Rusholme
Ardwick and Longsight
Chorlton, Whalley Range and Fallowfield
Didsbury, Burnage and Chorlton
Withington and Fallowfield
Wythenshawe and Northernden
Whythenshawe

3. Is your GP practice aware of your caring responsibilities?

Yes / No / Unsure

4. Please tell us who you care for (e.g. parent, child, partner, adult son, adult daughter, other family member, neighbour, friend):

5. How many hours a week do you spend caring for this person?

0 to 5

6 to 10

11 to 20

21 to 30

31 +

6. What type of support do you provide? (Tick all that are relevant)

Listening support

Personal care

Taking of medication

Mental health support

Preparation of meals

Advocacy

Social activity support

Running errands

Emotional Support

Domestic support

Befriending

Appointment making

Transportation to appointments

Prompting and reassurance

Understanding and translating patient needs

Other (please specify):

7. Have you received a carer's assessment?

Yes / No / Unsure

If you have responded "No" or "Unsure", please speak to a contact officer at Manchester City Council on 0161 234 5001 to ask for an assessment.

8. Please tell us your employment status:

- Retired
- Part-time
- Employed
- Self-Employed
- Not in Employment
- Other (please specify)

9. Please tell us how many hours a week you spend on doing something that is only for you:

10. If you use any community resources please tell which ones you use and the type of activity you do there (for example lunch groups, community centre, knit and natter, exercise classes, massage, befriending service, local walking group etc):

11. Please tell us about other activities or groups you would like to use that would support your health and wellbeing?

12. Please tell us what prevents you going to or using the above activities in question 11

13. Please tell us if you live with a long term condition?

Yes/No/Unsure

14. Please tell us what health and social care services could do to support you in your caring role?

15. Are you aware of the existing support groups in the city that can support you in your role as a carer?

Yes/No/Unsure

If you have responded “No” or “Unsure”, you can visit the Manchester Carers Network website at www.manchestercarersnetwork.org.uk

16. Are you aware that as a carer you are entitled to a short break and access to respite care?

Yes/No/Unsure

17. Please tell us what training or development opportunities you would like to support you in your role as a carer.

- Basic First Aid
- Manual Handling skills
- Mental Health Awareness
- Coping strategies
- Resilience
- Basic Computer skills
- Food Hygiene
- Other

18. Are you aware that as an unpaid carer you are entitled to a free flu vaccination?

Yes / No / Unsure

19. Do you know who to contact should you require any aids, adaptations or equipment to support you in your role as a carer?

Yes/No/Unsure

20. As a carer do you feel that the cared for persons confidentiality is used as a barrier to you supporting the cared for person?

Yes / No / Unsure

21. As a carer please tell us how often do you feel stressed?

- Daily
- 1-3 days a week
- 4-7 days per week
- Occasionally during the week
- Not often
- Never

22. What is making you feel stressed?

23. Do you feel you are treated with dignity and respect by healthcare professionals

Yes / No / Unsure

24. If the person you care for has had hospital treatment in the last year please tell us what worked well:

25. If the person you care for has had hospital treatment within the last year please tell us what you feel could be improved:

26. Please tell us the best way we can keep in touch with you:

Email / Post / Telephone / other:

If you would like to be kept updated on carers events, news and opportunities, please share your contact details. By sharing your contact details, you are giving us consent to contact you.

About the person you care for:

1. Does the person you care for live with you?

Yes / No

2. Please tell us what health condition/s the person you care for lives with:

- Physical disability
- Respiratory
- Mental health (eg stress, anxiety or depression)
- Diabetes
- Rheumatology
- Dementia
- Cardio vascular disease
- Mental Health (eg bipolar)
- Cancer
- Other

3. Has the person you care for had an assessment of their needs within the last year?

Yes/No/Unsure

If you have responded “No” or “Unsure” please contact Manchester City Council on 0161 234 5001 to ask for an assessment.

4. Please tell us what support you feel the NHS and Adult Social Care can provide to help the person you care for manage their health and well-being.

5. Please tell us what support the looked after person would benefit from in their local community to support their health and wellbeing.

Demographic questions about you

1. How old are you

2. How do you describe your gender

3. How would you describe your ethnicity?

4. How would you describe your sexual orientation?

5. Are you a military veteran?

Yes/No

Thank you for taking the time to complete the survey. Please return the survey to your GP practice or if you have any questions please don't hesitate to contact communicationsmanchester@nhs.net