

Survey Introduction

Healthwatch Worcestershire finds out what people think about health and care services. We use this information to tell those who run the services how they can be improved.

Do you provide any of the following unpaid support to a relative, partner or friend who has mental ill-health problems:

Emotional support

Medical care

Personal care

Physical care

Domestic Tasks

If you do, then you are a carer.

The purpose of this questionnaire is to find out what you as a carer, think about South Worcestershire CARS (the South Worcestershire Community Assessment and Recovery Service). We will use your answers to provide anonymous feedback to the people responsible for running the service.

The information you provide is confidential, except that anonymised quotes may be used. Your name and other personal identifying information will not appear in any publications resulting from this survey, without your express consent.

Taking part is voluntary and confidential, full details and information are given in the Participant Information Sheet.

Thank you for taking a few minutes to fill this in.

Suzy James

01386 965956

1. I agree that I understand the purpose of this survey and consent to the use of the data as indicated above

I agree

2. How involved were you in the development of the Care Plan for the person you are caring for?

- A great deal
- A lot
- A little
- Not at all

3. Are there expectations of you as a carer/supporter within the Care Plan?

- Yes
- No
- Not sure

4. If yes, what is expected of you?

5. Are there expectations of other supporters within the Care Plan?

- Yes
- No

6. If yes, what are they?

7. How long has the person you support been with CARS?

- Up to 1 month
- 1 - 3 months
- 4 - 6 months
- 7 - 12 months
- 1 - 2 years
- More than 2 years

8. Is this your first experience of CARS?

- Yes
- No

9. If No - how many times has the person you support been through CARS?

- Twice
- Three times
- Four times
- More than four times

10. Do you feel included as a carer/supporter by the CARS team?

- A great deal
- A lot
- A little
- None at all

11. Do you think you are treated with dignity and respect by the CARS team?

- Yes
- No

12. Were you made aware of your rights as a carer/supporter?

- Yes
- No

13. What information - if any - have you been given about services to support you as a carer/supporter? (Mark all that apply)

- Information about support groups
- Information about Worcestershire Association of Carers
- Information about Carers Careline
- Information about coping skills and courses/groups to help you develop them
- How to access help in a crisis
- A named person to contact in a crisis
- A crisis telephone number

Other (please specify)

14. Have you been offered a Carers Assessment?

- Yes
- No

15. If 'Yes' - have you taken it up?

- Yes
- No

16. Is there any other information that would be useful?

17. Has it been explained to you what will happen when the person you support is discharged from CARS?

- Yes
- No

18. Do you know who to contact if the person you are supporting was to feel very unwell again?

- Yes
- No

19. How satisfied are you as a carer/supporter with CARS

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

20. Do you know how to make a complaint if you are not happy with CARS?

- Yes
- No
- Not sure

21. Given your experience of CARS, how would you like to see it improved for carers/supporters?

22. Do you have any other comments you would like to make?

23. About you, please answer the following questions about you to help us with our research. Please note this section is optional.

How do you identify?

- | | |
|------------------------------------|---|
| <input type="radio"/> Female | <input type="radio"/> Non binary |
| <input type="radio"/> Male | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Trans Female | <input type="radio"/> Prefer to self describe |
| <input type="radio"/> Trans Male | |

Other (please specify)

24. What is your sexual orientation

- Bi
- Heterosexual/Straight
- Gay Man
- Gay Woman/Lesbian
- Prefer not to say
- Prefer to self describe

Other (please specify)

25. Please tell us which District of Worcestershire you live in:

- | | |
|-----------------------------------|----------------------------------|
| <input type="radio"/> Worcester | <input type="radio"/> Malvern |
| <input type="radio"/> Wyre Forest | <input type="radio"/> Bromsgrove |
| <input type="radio"/> Wychavon | <input type="radio"/> Redditch |

26. What is your age?

- Under 18 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74
- 75 or older

27. What is your ethnic background?

- | | | |
|---|--|--|
| <input type="radio"/> White British | <input type="radio"/> Mixed - White and Black African | <input type="radio"/> Any Other Asian |
| <input type="radio"/> White Irish | <input type="radio"/> Mixed - White and Black Asian | <input type="radio"/> Black or Black British - Caribbean |
| <input type="radio"/> White European | <input type="radio"/> Any Other Mixed | <input type="radio"/> Black or Black British - African |
| <input type="radio"/> Gypsy/Irish Traveller | <input type="radio"/> Asian or Asian British - Indian | <input type="radio"/> Any Other Black |
| <input type="radio"/> Any Other White | <input type="radio"/> Asian or Asian British - Pakistani | |
| <input type="radio"/> Mixed - White and Black Caribbean | <input type="radio"/> Chinese | |

Other (please specify)

28. Do you consider yourself to have a permanent disability or long-term condition?

- Yes
- No

29. If YES, please select from the following:

- | | |
|---|---|
| <input type="radio"/> Learning Disability | <input type="radio"/> Hearing Impairment |
| <input type="radio"/> Physical Disability | <input type="radio"/> Mental Health |
| <input type="radio"/> Autism Spectrum Condition | <input type="radio"/> Long term condition e.g. Diabetes |
| <input type="radio"/> Visual Impairment | |

Other (please specify)

Thank you

Thank you for sharing your experiences with us.