



The purpose of the Dumfries and Galloway Carers Survey 2018 is to gain a greater understanding of what 'Feeling Supported' means for Carers. This information will be used to inform the Carers' Programme Board and the Integration Joint Board.

A Carer is defined by the Scottish Government as "a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the Carers' help due to frailty, illness, disability or addiction". Carers of all ages across Dumfries and Galloway are encouraged to complete this survey.

If you need help to complete this survey or have any Carer related questions or queries, please call 01387 246941 or email [Carers@dumgal.gov.uk](mailto:Carers@dumgal.gov.uk)

Please return completed paper copies and confidentiality agreement to:

**CARERS SURVEY 2018, ROOM 40 LOCHAR WEST, CRICHTON HALL, DUMFRIES, DG1 4TG**

**THE CLOSING DATE FOR THIS SURVEY IS FRIDAY 14TH SEPTEMBER 2018.**

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## **CONFIDENTIALITY AGREEMENT**

This survey will require you to answer questions about your experiences as a Carer. Your personal information will remain confidential. Care will be taken to ensure that you cannot be personally identified in the results of this survey. If you are under the age of 16 you must obtain consent from your parent or guardian before completing this survey.

### **CONSENT: Please select your choice below.**

Ticking on the 'Agree' box below indicates that:

- You have read the above information
- You voluntarily agree to participate in this survey
- You understand that your personal data will remain confidential
- You understand that your personal data will be stored securely until the results of this survey are published, at which point the data will be destroyed
- You are at least 16 years of age (or if under 16 years of age you have obtained your parent/guardian's consent to complete this survey)

**Agree**

## Survey Questions:

Do you look after, or give any regular help or support, to family members, friends, neighbours or others because of either long-term physical/mental health/disability or problems related to old age? Please **exclude** any caring that is done as part of any paid employment or formal volunteering.

- |   |   |
|---|---|
| <input type="checkbox"/> Yes, up to 4 hours per week  | <input type="checkbox"/> Yes, 35 to 49 per week         |
| <input type="checkbox"/> Yes, 5 to 19 hours per week  | <input type="checkbox"/> Yes, 50 or more hours per week |
| <input type="checkbox"/> Yes, 20 to 34 hours per week | <input type="checkbox"/> No                             |

How much do you agree or disagree with the following about how you feel as a Carer most of the time?  
Please tick one box.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I feel supported to continue caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What does "SUPPORTED" mean to you as a Carer?

Is there anything else that could be done to help you feel supported in your caring role?

During your time as a Carer, please tick all the organisations you have received support from.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alzheimer Scotland       | <input type="checkbox"/> Dumfries & Galloway Advocacy Service | <input type="checkbox"/> Third Sector Dumfries & Galloway                             |
| <input type="checkbox"/> Capability Scotland      | <input type="checkbox"/> Dumfries & Galloway Carers Centre    | <input type="checkbox"/> Turning Point Scotland                                       |
| <input type="checkbox"/> Care Training Consortium | <input type="checkbox"/> Parent Inclusion Network             | <input type="checkbox"/> University of the West of Scotland User and Care Involvement |
| <input type="checkbox"/> Citizen's Advice         | <input type="checkbox"/> Quarries                             | <input type="checkbox"/> Support in Mind  |
| <input type="checkbox"/> Compass (Headway)        | <input type="checkbox"/> Relationship Scotland                | <input type="checkbox"/> Other (please specify)                                       |
| <input type="checkbox"/> NHS Dumfries & Galloway  | <input type="checkbox"/> Dumfries & Galloway Council          |   |

## Equality Monitoring Form

Dumfries & Galloway Carers' Survey 2018

Dumfries &

Galloway

Together is Better

We need this information to make sure we are treating you fairly and with respect and delivering the services you need. If you do not wish to complete this section, please go to 'How to return the form to us' on the next page.

We will keep your information **confidential**. We will make sure that you cannot be identified through reports on the results of this survey.

Please tick (✓) the relevant box in each section, or fill in the details as appropriate.

### Section 1 Where do you live?

Please give the first three letters and numbers of your postcode.

If you don't know your postcode, write the name of your nearest town or village here.

### Section 2 What is your gender?

Male  Female   
Intersex  Prefer not to say

My gender is not represented here. This is how I would describe my gender (please give brief details below)

### Section 3 Have you ever identified as a transgender person?

Yes  Not sure   
No  Prefer not to say

### Section 4 What is your age?

0 to 15	<input type="checkbox"/>	55 to 64	<input type="checkbox"/>
16 to 24	<input type="checkbox"/>	65 to 74	<input type="checkbox"/>
25 to 34	<input type="checkbox"/>	75 to 84	<input type="checkbox"/>
35 to 44	<input type="checkbox"/>	Over 85	<input type="checkbox"/>
45 to 54	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

### Section 5

Do you consider yourself disabled?

Yes  Not sure   
No  Prefer not to say

If yes, please tell us which of the following affect you.

Physical disability	<input type="checkbox"/>
Deafness or partial hearing loss	<input type="checkbox"/>
Learning difficulty (eg, dyslexia)	<input type="checkbox"/>
Blindness or partial sight loss	<input type="checkbox"/>
Long-term illness, disease or condition	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>
Learning disability (eg, Down's Syndrome)	<input type="checkbox"/>

My condition is not represented here. This is how I would describe my condition (please give brief details below)

### Section 6

What is your sexual orientation?

Bisexual  Heterosexual (Straight)   
Gay or Lesbian  Prefer not to say

My sexual orientation is not represented here. This is how I would describe my sexual orientation (please give brief details below)

### Section 7 What is your ethnic group?

Tick one box which best describes your ethnic group or background.

#### A White

- |  |                          |
|--|--------------------------|
| Scottish                                   | <input type="checkbox"/> |
| English                                    | <input type="checkbox"/> |
| Welsh                                      | <input type="checkbox"/> |
| Northern Irish                             | <input type="checkbox"/> |
| Irish                                      | <input type="checkbox"/> |
| Gypsy or Traveller                         | <input type="checkbox"/> |
| Polish                                     | <input type="checkbox"/> |
| Other White ethnic group (please write in) | <input type="checkbox"/> |

#### B Mixed or multiple ethnic group

Any mixed or multiple ethnic group (please write in)

#### C Asian, Asian Scottish or Asian British

- |  |                          |
|--|--------------------------|
| Pakistani, Pakistani Scottish or Pakistani British       | <input type="checkbox"/> |
| Indian, Indian Scottish or Indian British                | <input type="checkbox"/> |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British | <input type="checkbox"/> |
| Chinese, Chinese Scottish or Chinese British             | <input type="checkbox"/> |
| Other (please write in)                                  | <input type="checkbox"/> |

#### D African

- |  |                          |
|--|--------------------------|
| African, African Scottish or African British | <input type="checkbox"/> |
| Other (please write in)                      | <input type="checkbox"/> |

#### E Caribbean or Black

- |  |                          |
|--|--------------------------|
| Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> |
| Black, Black Scottish or Black British             | <input type="checkbox"/> |
| Other (please write in)                            | <input type="checkbox"/> |

#### F Other ethnic group

- |                                     |                          |
|-------------------------------------|--------------------------|
| Arab, Arab Scottish or Arab British | <input type="checkbox"/> |
| Other (please write in)             | <input type="checkbox"/> |

#### G Prefer not to say

My ethnic group is not represented here. This is how I would describe my ethnic group (please give brief details below)

### Section 8

#### What is your religion or belief?

- |                               |                          |          |                          |
|-------------------------------|--------------------------|----------|--------------------------|
| Atheist or none               | <input type="checkbox"/> | Hindu    | <input type="checkbox"/> |
| Christian: Church of Scotland | <input type="checkbox"/> | Humanist | <input type="checkbox"/> |
| Christian: Roman Catholic     | <input type="checkbox"/> | Jewish   | <input type="checkbox"/> |
| Other Christian               | <input type="checkbox"/> | Muslim   | <input type="checkbox"/> |
| Baha'i                        | <input type="checkbox"/> | Pagan    | <input type="checkbox"/> |
| Buddhist                      | <input type="checkbox"/> | Sikh     | <input type="checkbox"/> |
| Prefer not to say             | <input type="checkbox"/> |          |                          |

My religion or belief is not represented here. This is how I would describe my religion or belief (please give brief details below)

#### How to return the form to us

**Thank you** for filling in this form. Please return it in one of the following ways.

Please hand it to the people organising this survey.

Send it by post to:

**Carers Survey 2018, Room 40, Lochar West, Crichton Hall, Dumfries, DG1 4TG**