

Unpaid Carer Survey

Unpaid carers play an important role in our society. If you are an unpaid carer or are somebody who is supported by an unpaid carer, please tell us about your supported experiences. Survey responses are anonymous; however you may provide your contact details at the end of the survey (section 4) if you wish to receive further information about our free support services.

1.	Please describe the activities you provide to the person you are supporting and how often you provide this support. *
] Washing/Bathing
	Dressing
	Meal Preparation
	Eating/Drinking
	Mobility
	Housekeeping
	Booking Appointments
	Travel
	Accessing Activities & Services
	Sports & Leisure
	Communications
	Other

2.	What is your relationship with the person you support? *
	Parent
	Child
	Other relative
	Friend
	Neighbour
	Other
3.	How many people do you support? *
	One
	Two
	Three
	More than 3 people
4.	How many hours support do you provide per week? *
	1 Hour
	2 Hours
	3 - 5 Hours
	6 - 10 Hours
	11 or more hours per week

5.	Are you also in any paid employment or a voluntary role? *
	Yes
	No
\bigcirc	Other
6.	Does anybody support you to provide this care? *
	Yes
	No
	Other
7.	Do you provide support to access services and activities? If so, which activities and services? *
0	Do you ownerioned any horriors to accessing activities? *
0.	Do you experience any barriers to accessing activities? *
9.	Are you aware of the support that is available to you throughout the borough? *

10. Assistive Technology may be able to support you in your role as a carer. Would you like more information on this? *
Yes
○ No
11. Is there any training that would support you in your caring role? Would you like support to identify training that is available? *
12. Do you feel valued in your caring role? *
Yes
○ No
Maybe Maybe
Equality monitoring questions
Collecting, analysing, and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed. We will be grateful if you could complete and return this form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.
13. AGE - Which age group applies to you? *
16 and under
<u> </u>
O 22 20

30-39
<u>40-49</u>
<u> </u>
O 60-74
75+
14. Please tick the box that best describes your sex. *
○ Male
Female
O Non-binary
Prefer not to say
Other
15. Trans is an umbrella term used to describe people whose gender identity is not the same as, or does not sit comfortably with, the sex they were regarded to be at birth. Do you consider yourself to be trans? *
○ No
Prefer not to say
16. Disability - Under the Equalities Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse affect on her/his ability to carry out normal day-to-day activities. Are you disabled? *
Yes
○ No
Prefer not to say

17. Please tell us which of the following impairment groups apply to you. You may tick more than one box. *
Visual Impairment
Hearing Impairment
Learning Difficulties
Neurodiverse
Physical Impairment
Mental health/mental distress issues
Long term health condition/hidden impairment
Prefer not to say
18. How would you describe your national identity? *
19. How would you describe your ethnic group? *
20. What is your sexual orientation? *
O Bi-sexual
Gay
Lesbian

\bigcirc	Prefer not to say
	Other
21.	Religion or belief - How would you describe your religion or belief? *
\bigcirc	Atheist
\bigcirc	Christian
\bigcirc	Jewish
\bigcirc	Rastafarian
\bigcirc	Buddhist
\bigcirc	Hindu
\bigcirc	Muslim
\bigcirc	Sikh
\bigcirc	Prefer not to say
\bigcirc	No religion
	Other
22.	Marriage and Civil Partnership *
\bigcirc	Single
\bigcirc	Co-habiting
\bigcirc	Seperated
	Widowed

Married	
Civil Partnership	
Divorced	
Prefer not to say	
Other	
23. Which is your preferred language? *	
YOUR DETAILS:	
24. Your name	
25. Phone number	
26. Email address	

View our privacy policy: www.d-a- h.org/index.php/privacypolicy.)

Thank you for completing this survey, the results will help us to ensure that we provide the appropriate support, activities and services to meet your needs.