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|  | **Young Carers – Survey** |
|  | **How do you -feel about caring?** |
|  | **This survey is from the**  **Nottinghamshire Carers Association.** |
|  | We would like you to think about the things you do for the person you care for and how your caring role affects you.  There are a lot of questions and you might need to ask someone you trust to help you complete the questionnaire. |

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|  | **1. Who do you look after?**  (tick all the boxes that apply to you) | |
|  | A Parent, Guardian or Step-Parent. |  |
|  | A Brother or Sister. |  |
|  | A Grandparent. |  |
|  | An Aunt or Uncle. |  |
|  | Another family member |  |
|  | A friend. |  |
|  | I don’t want to say |  |
|  | Someone else – What relationship are they to you? |  |
| Write your relationship to them here: | | |

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|  | **2. When do you look after someone?**    (tick all that apply to you) | |
|  | Before school or college. |  |
|  | While at school or college |  |
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|  | After school or college |  |
|  | In the morning at weekends and during school or college holidays |  |
|  | In the afternoon at weekends and during school or college holidays |  |
|  | In the evenings at weekends and school holidays |  |
|  | At night |  |

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|  | I don’t want to say |  |

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|  | **3. How much of your free time does your caring role take?**    (tick **1** box) | |
|  | Some of my free time  (When the person is not in school or college) |  |
|  | About half of my free time  (When the person is not in school or college) |  |
|  | Most of my free time  (When the person is not in school or college) |  |
|  | All of my free time |  |

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|  | **4. What sorts of things do you do?**    (tick all that apply to you) | |
|  | Helping around the house such as cooking, housework, shopping or collecting prescriptions |  |
|  | Helping someone out of bed and move around |  |
|  | Looking after someone who is upset or worried |  |
|  | Helping to medicine or health care |  |
|  | Helping out with buying things or paying bills |  |
|  | Personal care such as helping someone wash and dress |  |
|  | Helping someone to speak, write or sign |  |
|  | Looking after brothers and sisters |  |
|  | I don’t want to say |  |
|  | Something else (please say what this is) |  |
| Write down the other support you give to the person you care for: | | |

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|  | **5. How does looking after someone else make you feel?**    (tick all that apply to you) | | | |
|  | **Happy** |  |  | **Sad** |
|  | **Calm** |  |  | **Stressed** |
|  | **Lonely** |  |  | **Proud** |
|  | **Worried** |  |  | **Confident** |
|  | **Hopeful** |  |  | **Angry** |
|  | **Positive** |  |  | **Helpless** |
|  | **Embarrassed** |  |  | **Frustrated** |
|  | **I don’t want to say** |  |  | **I want to add my own words** |
| Write your own words here: | | | | |

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|  | **6. How do you feel about the amount of time you have for..?** | | | |
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|  |  | **Unhappy** | **OK** | **Happy** |
|  | School |  |  |  |
|  | Homework |  |  |  |
|  | Contact with friends |  |  |  |
|  | Hobbies and having fun |  |  |  |
|  | Going to bed/sleeping |  |  |  |

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|  | **6a. Is there anything you would like to say about time to do things?** |
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|  | **7. What is your favourite thing to do in your free time?** |
| Please write your answer here: | |

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|  | **7a. Are you able to do your favourite thing?** |

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|  | Yes – whenever I want to |  |
|  | Some of the time |  |
|  | No – not really. |  |
|  | I don’t want to say |  |

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|  | **8. Who helps you?**  (tick all that apply to you) | |
|  | My parents, foster parents or carer |  |

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|  | My relatives  (Grandparents, Aunt or Uncle) |  |
|  | A youth group |  |
|  | A teacher, teaching assistant or A Special Educational Needs Coordinator (SENCO) |  |
|  | Young carers activities or group |  |
|  | The Carers HUB |  |

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|  | A youth offending team |  |
|  | A counsellor or healthcare worker |  |
|  | A social care worker |  |
|  | A neighbour |  |
|  | I don’t want to say |  |
|  | Someone else?  (please tell us who below) |  |
| Write down who this is here: | | |

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|  | **9. Young Carers Support Worker.**  **If you wanted support from a worker, how would you like to be supported?**    **(pick 3 of your preferred options)** | | | |
|  | **Talk face to face with a worker on your own** |  |  | **Talk face to face in a group** |
|  | Telephone |  |  | **Video call** |
|  | **Email** |  |  | **Text** |

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|  | | **Web chat** |  |  | **WhatsApp** |
|  | **I wouldn’t want any support** | | | |  |
|  | **Other.**  (Please say what this is) | | | |  |
| Write down the other ways you would like to be supported here: | | | | | |

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|  | **10. What do you think would help you?**    (tick all that apply to you) | |
|  | Having 1:1 support for you with a worker |  |
|  | Having support for you and your family |  |
|  | Group support sessions with other young carers |  |
|  | Activities and outings with other young carers |  |
|  | Online support |  |
|  | Online groups and activities |  |
|  | Support group run by young people for young people |  |
|  | Counselling |  |
|  | I don’t want to say |  |
|  | Other  (please say what this is) |  |
| Write down other ways you think would help you: | | |

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|  | **11. If you could change 1 thing about being a young carer, what would that be?** |
| Write your answer here: | |

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|  | **Important: If you are aged 12 to 17 years old**  Please complete the two extra questions below |

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|  | | | **12. How has your caring role changed since the Coronavirus pandemic began?**  Tick a box between 1 and 5 to say if you think you do a lot more or a lot less caring. | | | | | |
| **I do a lot less** | |  | | | |  | **I do a lot more** | |
| **1** | **2** | | | **3** | **4** | | | **5** |
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|  | **13. Do you think your caring role will affect what you want to achieve in the future?**    (tick 1 box) | | |
|  | No – I don’t think it will affect what I do in the future | |  |
|  | Yes – I think the affect will be in a **positive** | |  |
|  | Yes - I think it will have a **negative** effect on what I do in the future. | |  |
|  | I don’t know | |  |
|  | I don’t want to say | |  |
|  | | **What happens next?** | |
|  | | **You can post you answers back to us at:**  3 Park Road  Ripley  DE5 3EF | |
|  | | Your answers will be read by **Nottinghamshire Carers Association** and shared with:   * Nottinghamshire County Council * Health – Nottingham, Nottinghamshire and Bassetlaw Clinical Commissioning Group (CCG) | |
|  | | If you would like to talk to Nottinghamshire County Council about Young Carers Services please tell us your name, address and email address.  If you give us your contact details, we will share them with Nottinghamshire County Council. | |
|  | | Your information will be kept safe and will not be used for anything else. | |
|  | | If you change your mind you can let us know and we will delete your information.  To do this contact info@nottinghamshirecarers.co.uk. | |

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|  | **Thank you for taking part in our survey and answering our questions.** |

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|  | **About you**  To help us understand more about the people who tell us what they think, we have some questions about you. | | |
|  | **How old are you?** | |  |
|  | **What is your gender?** | | |
|  | **Male** |  | |
|  | **Female** |  | |
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|  | **I identify as:** |  | |

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|  | **Where do you live?** | | | |
| **Ashfield** | | **Bassetlaw** | **Broxtowe** | **Gedling** |
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| **Mansfield** | | **Newark and Sherwood** | **Rushcliffe** |  |
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|  | **I don’t want to say** |  |

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|  | **What is your ethnicity?**  Please write below: |

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|  | | | **Helping us in the future**  **Would you like to be asked more about what you think about services for young carers?** | | | |  |
| **Yes** | |  | |  | **No** |  | |
|  | **If you said yes, please tell us how we can contact you:** | | | | | |  |
|  | **Your Name:** | | | | | |  |
|  | **Your Address:**  **Your phone number:**  **Your email address:** | | | | | |  |
|  | **Your information will be kept safe and will not be used for anything else.** | | | | | |  |