



## CPG - CARERS SURVEY 2022

We have decided to carry out a survey regarding the issues that carers come across everyday in Jersey. Please provide your email address below if you would like further information from Carers Jersey.

If provided with an email address you are also in with a chance to **win some of the prizes**, kindly sponsored by Le Masurier! You could **win a fantastic respite package** and for the younger carers there is a tech package available as an alternative.

The results of this survey will be presented to the Government at the next Government Update Meeting held on the 12th of January 2023 from 8.30 - 10.30 at St Paul's Center.

Surveys will need to be completed before 31 November 2022. You can do this online via [www.carersjersey.je](http://www.carersjersey.je) or fill in this paper copy, returning it to: Lennox at Enable Jersey, Kingsman Offices, De Carteret House, 7 Castle Street, St Helier, JE2 3AS.

1. Email address (or leave blank if you would like to do this anonymously)	
2. Full name (or leave blank if you would like to do this anonymously)	
3. Age	<input type="checkbox"/> (8-15) <input type="checkbox"/> (16-25) <input type="checkbox"/> (26-35) <input type="checkbox"/> (36-45) <input type="checkbox"/> (46-55) <input type="checkbox"/> (56-65) <input type="checkbox"/> (65+)

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4. What statement describes your carer role best?	<input type="checkbox"/> I care for a partner, relative or friend <input type="checkbox"/> I work for a care agency, organization or charity <input type="checkbox"/> I recently stopped my care role
5. How many people do you care for?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> If more, please state here:
6. What are your weekly care hours?	<input type="checkbox"/> _____ Hours
7. Do you think you have had adequate support as a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you answered NO to question 7, please state why	
9. Have you had to change your career plan to be able to care for your family or friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
10. Does the person you care for receive care form either of the following	<input type="checkbox"/> A care agency <input type="checkbox"/> Home care (private care) <input type="checkbox"/> Neither
11. Can you lose out on time with other family members because of time with the person you care for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
12. Is caring for a loved one stressful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>13. What is the main reason you've become a carer for the primary cared for person?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Autistic spectrum</li> <li><input type="checkbox"/> Dementia</li> <li><input type="checkbox"/> Older person or frailty</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Long-term illness</li> <li><input type="checkbox"/> Visual impairment</li> <li><input type="checkbox"/> Terminal illness</li> <li><input type="checkbox"/> Learning disability</li> <li><input type="checkbox"/> Hearing impairment</li> <li><input type="checkbox"/> Physical disability</li> <li><input type="checkbox"/> Alcohol or drug dependency</li> <li><input type="checkbox"/> Other, please state:</li> </ul>
<p><b>Respite Care</b>  <i>Are you getting enough time to reflect and maintain your role as caregiver? We would like to hear your thoughts below.</i></p>	
<p>14. What have been the challenges of being a carer?</p>	
<p>15. What helps you keep going in your care role?</p>	
<p>16. What are important elements of your wellbeing?</p>	

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17. Has your care role made a difference to your own health?	<input type="checkbox"/> It has impacted my health considerably <input type="checkbox"/> It has little or no effect on my health <input type="checkbox"/> It has made no difference
18. Have you had access to holistic treatments (eg. doctors, dentist, diet/exercise support, counseling etc)	<input type="checkbox"/> I have found the health services I need <input type="checkbox"/> I would like to access services but I can't due to care commitments <input type="checkbox"/> I don't need access to health services at this moment <input type="checkbox"/> I would like to know more about services available to me
19. Could you tell us about your experiences accessing information regarding respite care, including day care services?	
20. Do you feel guilty that your loved one has access to respite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. What is your experience of setting up and accessing care providers?	
22. Did the person you care for received their first choice?	
23. Tell us the respite care services you access for the person you care for	
24. Which charities have you received support from?	

<b>What matters to you?</b> <i>We want to know what matters to you from legislation to government services.</i>	
25. Do you feel your voice is listened to by those who implement services in the care sector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
26. Do you feel there has been progress in carers legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. If you answered NO to question 26, please explain why	
28. Are you aware of your entitlements as a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Tell us about your challenges faced within the Long Term Care system and whether or not they remain unmet and why?	
30. Do you think personal budgets should be introduced through Long Term Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. What further support do you think the government should provide you with?	
32a. Are you satisfied with the carer's allowance that is available to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32b. If you have had one, could you tell us about your experience of a carer's assessment?	

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32c. What changes would you make to the accessibility of services for carers?	
33. Do you have accessibility needs yourself (eg. hearing / sight impaired) ?	
34. Has information been presented to you in a user-friendly format?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Would you like to voice your opinions on the care needs of your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Which new additional service/products would best help support you in your role as a carer?	
37. Do you receive adequate peer support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do you have further comments on the questions raised in this survey?	
39. Are you a member of Carers Jersey? If not, join for free on <a href="http://www.carersjersey.je">www.carersjersey.je</a> and help us in our mission to give carers a voice	

**THANK YOU**, for taking time to complete this survey as together we can make a difference!

If you need any more space to answer any questions please answer them on a blank piece of paper and attach that to this survey before returning.

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