

Dear Carers

This survey is for anyone who supports an adult relative or friend in the West Midlands who has a long term illness a disability or who is older and frail.

Its aim is to find out what training carers have undertaken, how it helped you in your caring role and what training you would like to see in the future. Training might include workshops/single sessions and courses. If you are not sure whether you should include something - include it anyway. We are trying to find out what you found useful and if its something not on the list- then it will be helpful to know about it. That is one of the reasons we have included a question about training that is not related to your caring role.

We also recognise that many carers have a range of skills themselves; including ones which you may want to share. If you might be interested in opportunities for being involved with the provision of training, there is space at the end of the survey to tell us about this

We are looking for opportunities for local authorities and their partners to work together to make the most of resources and to make it easier for carers to take up a wider range of opportunities.

Your responses can be anonymous but if you would like a copy of the report or further information, we will need your details. Everyone who supplies details will be entered into a prize draw to win a £20 Gift Voucher for a store of your choice. No personal details will be included in the report, nor will any individual responses be passed on to your Local Authority .

Please note that we cannot respond to anyone personally. If you do need an answer to something, please contact your local Carers Centre or Carers Team or the organisation which sent or gave you this survey

This survey has been commissioned by the West Midlands Association of Directors of Adult Social Services (ADASS) and the West Midlands Local Authority Carers Leads Groups. This is why the survey is for carers of adult relatives or friends only. The carer may be of any age.

This survey is being co-ordinated by Christine Rowley, Carers Co-ordinator, Dudley Council.

The survey will be live until 15 May 2014.

***1. Which Local Authority area do you live in?**

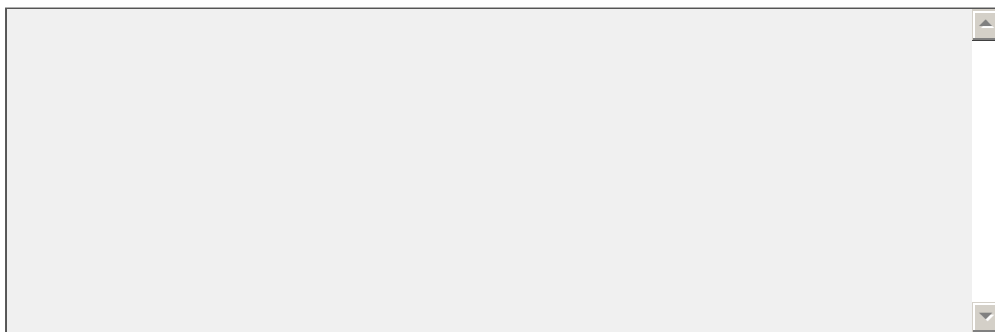
Only Local Authorities in the West Midlands region are taking part in this project

- Birmingham
- Coventry
- Dudley
- Herefordshire
- Sandwell
- Shropshire
- Solihull
- Staffordshire
- Stoke on Trent
- Telford and Wrekin
- Walsall
- Warwickshire
- Wolverhampton
- Worcestershire

2. Have you done any training related to any of these topics? Please tick all that apply. If you can give the actual name of the course(s) in the box below that will be helpful to each individual Authority. Please use the box below to tell us about anything not on the list.

- Carers rights
- Understanding health and social care services
- Coping with caring
- Looking after your own health and wellbeing
- Relaxation / Managing Stress
- Dementia Awareness
- Autism Awareness
- Mental Health Awareness
- Other awareness course (please specify below)
- Moving and Handling
- Medicines/ treatments/pain management
- Diet and Nutrition
- Continence Care
- Other home nursing (ie preventing pressure sores)
- Managing difficult or unpredictable behaviour
- Managing Finances
- Benefits /Pensions
- Safeguarding vulnerable people
- Carer Aware (online)
- Young Carer Aware (online)
- Other (please specify below)
- None

Additional information about the training you have done



3. If you ticked none , can you tell us why? Please tick all that apply

- I am not interested in any courses
- I do not have the time
- I need support for the person I care for
- They were too far away
- Not at the right time for me
- I am not confident about joining in
- I didn't understand what they were about
- I don't use the internet
- I don't like learning online
- I couldn't afford the cost/travel
- I didn't know about any training
- It wasn't what I needed

Please give us any further information about your answers which you think will be useful

4. If you have attended training or completed training online could you tell us how helpful it was to you in your caring role

	No help at all	Quite helpful	Very helpful	Essential	N/A
Carers rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding health and social care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coping with caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking after your own health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation / Managing Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other awareness course (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving and Handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines/ treatments/pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet and Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continence Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other home nursing (ie preventing pressure sores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing difficult /unpredictable behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits /Pensions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safeguarding vulnerable people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer Aware (online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young Carer Aware (online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any further information? In particular please tell us how you would rate any other training not in this table.

5. Given the choice, how do you like to learn? Please rank in order of preference. If you don't like an option at all, tick N/A

<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	As part of a group	<input type="checkbox"/> N/A
<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	On a 1-1 basis	<input type="checkbox"/> N/A
<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	Online	<input type="checkbox"/> N/A
<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	Using written materials	<input type="checkbox"/> N/A
<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	A mixture of these methods	<input type="checkbox"/> N/A

6. Do you have any further comments about the way you like to learn?

7. Do you have internet access?

- Yes , at home
- Yes, at another venue
- No

8. If you answered no, please tell us why. Tick all that apply

- Not interested in the internet
- Cannot afford it
- Don't know where to start
- No/ poor internet signal

Any comments

9. How far would you be prepared to travel to access a course you particularly want to do

- less than 1 mile
- 1-3 miles
- 4-10 miles
- more than 10 miles

Any comments relating to travelling?

10. What would be the best time for you to attend face to face training?

	Morning	Afternoon	Evening	None
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments

11. Are there circumstances when you would be prepared to make a financial contribution to training?












- Yes
- No
- Maybe

Please tell us the reasons for your answer

12. Thinking about your caring role, what kind of training / learning / courses might be of interest to you in the future?

13. Some carers have told us that they would like to have the opportunity to take a course or do some training not related to their role. Thinking about that, what kind of general training / learning / courses might you be interested in in the future?

14. Please can you rank in order the way you usually find out information related to your caring role. If you don't use an option at all please tick N/A.

<input type="checkbox"/> 	E newsletters and bulletins	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Verbal information from health or social care staff	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Postal information from the Local Authority	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Digi TV / community TV or Radio	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Search the internet	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Postal Newsletters from Carers Groups and organisations	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Social media such as Facebook, Twitter	<input type="checkbox"/> N/A
<input type="checkbox"/> 	From friends or family	<input type="checkbox"/> N/A
<input type="checkbox"/> 	From community workers	<input type="checkbox"/> N/A
<input type="checkbox"/> 	General Newspapers	<input type="checkbox"/> N/A
<input type="checkbox"/> 	Information in libraries	<input type="checkbox"/> N/A

15. Before we ask you about yourself...

Is there anything else you would like to add about the survey or about training for carers?

About You

Please provide us with some information about yourself.

If you would like to receive a report about this survey and enter the prize draw , we will need your contact details. Just to remind you that only statistical information from your survey will be passed to the Local authorities taking part in this project and included in the final report. Any information given in the text boxes which could be used to identify you or the person you care for will be removed before the report is finalised

*16. Are you male or female?

- Male
 Female

Other Identity (please specify)

*17. Do you regard yourself as disabled?

- Yes No

*18. 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

If under 18 please tell us your age

***19. What is your ethnicity**

- Asian
- Asian British
- Black
- Black British
- Chinese
- Mixed / Multiple ethnic background
- Traveller/Gypsy
- White British
- White European

Other please specify

***20. If you would like a copy of the report and/ or to enter the Prize Draw, we will need contact details. If you tick No thanks, we will not contact you again**

- Please send me a copy of the report
- Please enter me into the prize draw
- No thanks

***21. Contact Details. If you provide an email address, we will send you a link to the report. This helps us to keep our printing and postage costs down. We won't send any attachments.... and we won't pass it on to anyone else.**

Name:

Address 1:

Address 2:

City/Town:

Post Code:

Country:

Email Address:

Phone Number:

Thank you for completing the survey. If you have given us your details, you should receive a report in June

If you would like to review what you have written please press 'Prev.'

Otherwise, please press 'Done' to submit.