

# Norfolk Carers' Voice



- **Do you provide unpaid care or support for someone?**
- **What help could you have?**
- **Fed up and don't know what's happening in Norfolk?**
- **Have you got something to say and want to make a difference?**
- **Look inside and find out more.....**

Photos from [www.JohnBirdsall.co.uk](http://www.JohnBirdsall.co.uk)

## **What is the Norfolk Carers' Voice?**

The Norfolk Carers' Voice is a register of carers who want to hear what is going on and perhaps to have a say in improving the help that is available. If you are **18 or over** and one of the 81,000 people in Norfolk who provide unpaid help and support to an **adult** relative, friend or partner who cannot manage because of illness, age or a disability, this could be for you.

## **Will it really make a difference if I join the Norfolk Carers' Voice?**

It could make a difference to you as a carer because you will find out more about the help that is available and it could also make a difference to other carers. For instance, carers have asked for better and more accessible information. Because their voices have been listened to carers information packs are now available in GP surgeries. However there is still so much to do and we need more carers to work alongside us.

## **Who runs the Norfolk Carers' Voice?**

This Register is managed by the Health Information Team, which works with other organisations to improve the quality and availability of information for people using GP surgeries.

## **What happens if I want to join?**

If you are happy to give us your contact details, we will be able to give you information about support for carers in Norfolk. And if you want more involvement, we can also ask what you think about support for carers and whether you would like to work with us to improve services. Your details would be held on the Norfolk Carers' Voice Register.

## **How do I know information about me would be kept confidential?**

The Register will have restricted access in accordance with the Data Protection Act 1998. Your information can only be accessed by named Social Services, Healthcare staff and the Manager of the Crossroads Norfolk Carers Helpline who distributes 'The Norfolk Carer' magazine.

## **What if I want to find out more before I decide whether to join or want more copies of the questionnaire?**

Rosemary Topping of the Health Information Team is managing the Norfolk Carers' Voice Register. You can ring her on 01603 307419 or e-mail her at [rosemary.topping@norfolk.nhs.uk](mailto:rosemary.topping@norfolk.nhs.uk)

## **What if I want information about me to be taken off the register?**

You can ask for your details to be removed at any time. And we will write to you at the end of each year to check your information is still accurate, and ask you if you still want to be on the Register.



If you would like this questionnaire in large print, Braille, on tape or in a different language, please contact the Health Information Team on 01603 307266 who will do their best to help.

# Norfolk Carers' Voice

## Register of unpaid carers who want to receive information and/or help to improve services for carers

If you are 18 or over and currently caring for an adult and want to receive information to help you in your caring role, please complete Section 1.

If you would like to become involved in helping to improve services for carers, please complete all sections.

**All information given is confidential to named Health and Social Care professionals. No other agencies will have access to the personal details of you or the person you care for.**

It would be helpful if you can complete the questionnaire but we will understand if you do not want to answer every question.

Remember that you can contact the Norfolk Carers Helpline free on 0808 808 9876 or minicom 01603 413957 at any time if you want information about help for carers or if you need assistance filling in this form. You can also visit their website at [www.norfolkcarers.org.uk](http://www.norfolkcarers.org.uk) or email them at [norfolkcarers@hotmail.com](mailto:norfolkcarers@hotmail.com)

### Section 1

The Norfolk Carer is a free quarterly magazine that is full of up to date information for carers. Would you like to receive this regularly? <input type="checkbox"/> yes <input type="checkbox"/> no	
Personal Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
First Name	Surname
Address	
	Postcode
Telephone / Fax Home	Mobile
Work	Email
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age group <input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 34 <input type="checkbox"/> 35 – 49 <input type="checkbox"/> 50 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 84 <input type="checkbox"/> 85 and over	

Would you like occasionally to receive other information relevant to your caring needs?

yes  no

If you ticked yes we need to know about the kind of information you may need.

What is the condition / illness / disability / difficulty about which you would like to receive information? (please tick all boxes that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> old age               | <input type="checkbox"/> physical illness   | <input type="checkbox"/> physical disability |
| <input type="checkbox"/> mental health problem | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> sight impairment    |
| <input type="checkbox"/> learning difficulty   | <input type="checkbox"/> alcohol problem    | <input type="checkbox"/> drug problem        |
| <input type="checkbox"/> HIV / Aids            | <input type="checkbox"/> other              |  |

What additional information would you like? (please tick all boxes that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> taking a break/respite                                    | <input type="checkbox"/> complementary therapies | <input type="checkbox"/> your health  |
| <input type="checkbox"/> further education   | <input type="checkbox"/> basic caring skills     | <input type="checkbox"/> employment   |
| <input type="checkbox"/> basic first aid   | <input type="checkbox"/> managing medication     | <input type="checkbox"/> volunteering |
| <input type="checkbox"/> money matters   | <input type="checkbox"/> continence management   | <input type="checkbox"/> transport    |
| <input type="checkbox"/> recreational courses (e.g. painting and creative writing) | <input type="checkbox"/> housing                 |                                       |
| <input type="checkbox"/> confidence building                                       | <input type="checkbox"/> other                   |                                       |

It would also be helpful to know the following so that we can target specific carer information from your local council or Primary Care Trust, or by age and gender.

Who do you pay your council tax to?

- |  |                                    |   |                                       |
|--|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Breckland     | <input type="checkbox"/> Broadland | <input type="checkbox"/> Great Yarmouth   |                                       |
| <input type="checkbox"/> North Norfolk | <input type="checkbox"/> Norwich   | <input type="checkbox"/> Southern Norfolk | <input type="checkbox"/> West Norfolk |

In which Primary Care Trust do you live?

- |                                    |   |  |                                     |
|------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Broadland | <input type="checkbox"/> Great Yarmouth   | <input type="checkbox"/> North Norfolk |                                     |
| <input type="checkbox"/> Norwich   | <input type="checkbox"/> Southern Norfolk | <input type="checkbox"/> West Norfolk  | <input type="checkbox"/> Don't know |

## Section 2

**Complete this section if you would like to be involved in improving support for carers.**

What activities would you like to be involved in?

<b>Things you can do from home</b>	Yes	No
Being asked what you think		
Checking written information for carers		
Involvement in research		
Talking to radio, television or newspaper journalists or being photographed for publicity		

<b>Things you will need to leave home to do</b>	Yes	No
Being asked what you think		
Being a member of a working group e.g. to develop a new service		
Checking written information for carers		
Involvement in recruitment of Social Services and/or Health staff		
Involvement in research		
Talking to radio, television or newspaper journalists or being photographed for publicity.		
Working with Health and/or Social Services to provide training		

**It would help us to know about you and your caring situation so that we can make the best use of your knowledge and experience.**

Are you providing care for more than one person?  yes  no

If yes please tell us in this form about all the people you care for.

What is your relationship to the people you care for?

family or partner  friend or neighbour

How long have you been a carer?

Less than 1 year  1 – 5 years  6 + years

How many hours of caring do you do each week?

- Up to 19                       20 – 49 hours                       50+

Do you live in the same household as the people you care for?                       yes                       no

What care or support do you provide? (please tick all boxes that apply)

- personal care (help to wash and dress, use the toilet)                       being 'on call'  
 helping to lift and transfer                       managing continence                       nursing/medical care  
 household tasks                       emotional support                       help with money  
 regular night care                       accompanying to medical appointments  
 shopping / collecting benefits / prescriptions  
 other (please give details)

**To help us improve services for carers we need to know some details about the people you care for. We don't ask for their names and of course all information you give will be confidential.**

What are the ages of the people you care for?

- 18 – 25                       26 - 34                       35 – 49                       50 – 64  
 65 – 74                       75 - 84                       85 and over

Are any of the people you care for of a different ethnic origin or religion from yourself?                       yes                       no

### **More about you**

What is your employment situation? (please tick all boxes that apply)

- employed full time                       employed part time                       self employed  
 student                       looking after family/home                       retired  
 not working due to caring                       not working due to sickness / disability  
 seeking employment                       doing voluntary work

What is your ethnic origin?

- White British                       White other e.g. Portuguese (specify) .....
- Asian or Asian British                       Black or Black British                       Chinese
- Dual ethnicity                       Other (please say) .....

What is your first language?

English     Other (please say) .....

What is your religion?

Christian     Buddhist     Hindu     Jewish     Muslim

Sikh     None

Other (please say) .....

Do you have special access needs?     none

Wheelchair     Hearing Loop     Interpretation Service

Other (please say) .....

Would you need somebody to look after any of the people you care for if you are away?

yes     no    (it may be possible to pay for respite care)

Do you have transport difficulties?     yes     no

Have you already worked with Social Services or Health to improve support for carers?

yes     no

If your answer is yes please enter details below (use a separate sheet if necessary but please attach to the questionnaire)

What did you do?	When?	Who in Social Services or Health asked you to do it?

What is the best way to contact you?

telephone     email     fax     post     answerphone

When is the best time to contact you?

after 10.00 a.m.     before 3.30 p.m.

after 5.00 p.m.     anytime

**The register will have restricted access for named Health and Social Care staff only, in accordance with the Data Protection Act 1998. Please sign below if you agree to your details being held by The Health Information Team and being recorded on the Register 'Norfolk Carers' Voice'.**

Please let us know if your circumstances change and/or you wish us to remove your details from the database.

**Signature** .....    **Date** .....

Thank you for completing this questionnaire.

Please return it to the Health Information Team at this freepost address:

Norfolk Carers' Voice  
The Health Information Team  
Freepost ANG20396  
Norwich  
NR7 0HT

There is no need to use a postage stamp.

If you have any questions about the Register or would like more of these forms please contact Rosemary Topping by telephoning 01603 307419 or email **[rosemary.topping@norfolk.nhs.uk](mailto:rosemary.topping@norfolk.nhs.uk)**.

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