

## Unpaid Carers Needs Assessment - Consultation

### RESPONDENT INFORMATION FORM

The purpose of this questionnaire is to ensure that Scottish Borders Health and Social Care Partnership make informed decisions about the services you may need to support you in your caring role.

We recognise that as unpaid carers you may need to access support that provides you with opportunities to have a break from the demands of the caring role, have access to a life outside of caring and ensure you can continue to provide care whilst maintaining your own health and well-being.

A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, mental health problem or an addiction cannot cope without their support.

Please note, you do not need to be in receipt of carers allowance to be recognised as an unpaid carer.

If you are an unpaid carer, please complete this questionnaire and tell us what would help you in your caring role.

At the end of the questionnaire there are some supplementary questions (Section 6). This will help us to understand how many unpaid carers are living in the Scottish Borders, who you are caring for etc. These questions are optional.

If you would like further information about the support and advice available to unpaid carers in the Scottish Borders further information is available at:



Borders Carers Centre: 01896 752431



[Borders Carers Centre](#) (click for link)



[Scottish Borders Council](#) (click for link)

## 1. Carer Recognition

1.1 When did you realise you were an unpaid carer?

1.2 Does your GP Practice offer you any support in relation to your caring role? For example, support from Practice Managers or Practice Nurses.

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, please give brief detail of support received

1.3 Do any other organisations offer you any support in relation to your caring role?

- ☐ Yes
- ☐ No
- ☐ Some support
- ☐ Unsure

If yes, please give details

## 2. Health and well-being

2.1 Do you have health needs of your own?

☐ Yes

☐ No

2.2 Are you able to manage these and attend appointments around your caring responsibilities?

☐ Yes

☐ No

☐ Other – please give detail



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2.3 Has your health been impacted by your caring role?

☐ Yes

☐ No

☐ Other – please give detail

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2.4 Do you provide care through the night?

☐ Yes

☐ No

☐ Sometimes

2.5 If you wish to exercise or undertake physical activity, are you able to do so?

☐ Yes

☐ No

If no, what are the barriers?

2.6 Are you able to leave the person you are caring for at home alone?

☐ Yes

☐ No

If yes, for how long?

If no, why is this?

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### 3. Time out from caring

3.1 Are you able to have time out from the demands of the caring role? i.e., – a few hours to yourself, a day away, a holiday etc.

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Unsure

Comments



3.2 What would you need in order to be able take time out? (Please select all that apply)

- ☐ Replacement care – a budget to enable you to access respite services
- ☐ At home sitting service
- ☐ 24-hour homebased care
- ☐ Nursing care
- ☐ Overnight home-based sleeping service
- ☐ Residential overnight care
- ☐ Day services with support e.g., access to community activities
- ☐ Buildings based day care e.g., access to a day centre
- ☐ Family based respite care
- ☐ Ad hoc / on demand care service
- ☐ Community based support and activities
- ☐ Other – comments below

3.3 What are the barriers to you being able to take time out? (Please select all that apply)


- ☐ Lack of appropriate services
- ☐ Lack of paid carers with appropriate skills
- ☐ Lack of choice and flexibility
- ☐ Lack of knowledge of local services and organisations
- ☐ Don't know who to contact
- ☐ Resistance of cared for
- ☐ Insufficient personal budget
- ☐ Unawareness of carers rights
- ☐ Transport
- ☐ Location

Other – comments below

3.4 What would make the biggest difference to you and the person you care for?

#### 4. Information

4.1 Where do you get your information from to support you in your caring role?



4.2 What would improve access to information for you?

#### 5. Transport

5.1 Do you have adequate access to transport? (Please select all that apply)

- ☐ access to a car
- ☐ public transport – bus service
- ☐ public transport – train service
- ☐ Community Transport
- ☐ others help provide transport

5.2 Is transport a problem?

- ☐ Yes
- ☐ No

If transport is a problem, please indicate why

## 6. Supplementary questions

### 6.1 Caring role

- ☐ I am a parent carer
- ☐ I am a young carer (17 years and under)
- ☐ I care for my spouse/partner/other family member
- ☐ I care for a friend
- ☐ Prefer not to say
- ☐ Other

### 6.2 Carer age group

- ☐ 17 years and under
- ☐ 18 – 64 years
- ☐ 65+ years
- ☐ Prefer not to say

### 6.3 Carer gender

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

### 6.4 Carer ethnicity

- ☐ White
- ☐ Mixed/multiple ethnicity
- ☐ Asian, Asian Scottish, Asian British
- ☐ African, Caribbean, Black
- ☐ Other ethnic background
- ☐ Ethnicity not known
- ☐ Prefer not to say



6.5 Do you live with the person you are caring for?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

6.6 Which locality do you live in?

- ☐ Berwickshire
- ☐ Cheviot
- ☐ Eildon
- ☐ Teviot & Liddesdale
- ☐ Tweeddale

6.7 What age is the person you are caring for?

- ☐ 17 years and under
- ☐ 18 – 64 years
- ☐ 65+ years
- ☐ Prefer not to say

6.8 What is their gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

6.9 What is their ethnicity?

- ☐ White
- ☐ Mixed/multiple ethnicity
- ☐ Asian, Asian Scottish, Asian British
- ☐ African, Caribbean, Black
- ☐ Other ethnic background
- ☐ Ethnicity not known
- ☐ Prefer not to say

6.10 What is the diagnosis of the person you are caring for? (Please select all that apply)

- ☐ Addiction
- ☐ Dementia
- ☐ Cancer
- ☐ End of Life Care
- ☐ Frailty
- ☐ Mental Health
- ☐ Learning Disability
- ☐ Physical Disability
- ☐ Neuro-developmental (e.g., Communication Disorders, Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Motor Disorders, Tic Disorders)
- ☐ Neurological (Brain Injury, Epilepsy, Motor-neurone disease, Muscular dystrophy, Multiple Sclerosis, Parkinson's disease, Stroke)
- ☐ Life-limiting conditions
- ☐ Prefer not to say
- ☐ Other

Thank you for completing this questionnaire.

Once the consultation period has ended, we will gather all responses and produce a report which will be published within the public domain.

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