

Survey For Carers of Young Persons (under 36):

(08 February 2009)

ABOUT THE PERSON YOU ARE CARING FOR:

He / she is: Still At Home In Independent Living Training Ready to move on

Postal Area (eg: DA1, ME2)

Name of Local Authority

Gender (Please circle or tick as applicable) Male / Female

Age Range (Please circle or tick as applicable)

Under 16	16-20	21-25	25-35
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Disability / Condition:

ABOUT YOU:

(Please circle or tick as applicable)

Relationship to above person

Parent / Carer / Other

Your Employment Status

Full Time Carer	Employed Part-Time	Employed Full Time	Retired	Other
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Do you receive support as a parent or carer . . .

From other family members	Yes / No
From friends and work colleagues	Yes / No
From statutory agencies e.g. Social Services	Yes / No
From voluntary agencies e.g. Charities and support groups	Yes / No
From Other Sources (Please specify)	Yes / No

TRANSITION / MOVING ON:

(Please circle or tick as applicable)

What are your future hopes for the person above?

For him / her to find further training opportunities	Yes / No
For him / her to find a residential training placement (if a day user)	Yes / No
To find paid employment	Yes / No
To find suitable move-on accommodation in the local community	Yes / No
To live independently in the local community	Yes / No
To move back to / stay in the family home	Yes / No
Other (Please specify)	Yes / No

What challenges do you currently face as a carer trying to achieve these hopes for this person?

Lack of support and understanding of his / her needs	Yes / No
Lack of support and understanding of your needs	Yes / No
Lack of funding for an adequate care / support package	Yes / No
Lack of activities to fill his / her time	Yes / No
Lack of work experience or paid work opportunities	Yes / No
Lack of funding for training or support for him / her	Yes / No
Lack of suitable training or support for him /her	Yes / No
Inappropriate training being provided for him / her	Yes / No
Lack of appropriate accommodation for him /her	Yes / No
Lack of involvement / poor relationship with care manager	Yes / No
Other (Please specify)	Yes / No

Regarding This Person Moving On - What personal challenges would YOU find most difficult?

Finding it difficult to let him / her go	Yes / No
Feeling lonely and isolated without him / her.	Yes / No
Having a lot of spare time to fill	Yes / No
Being scared of the change and what the future holds	Yes / No
Changes in finances (e.g. benefits not coming into the family home)	Yes / No
Feelings of guilt (Is he / she ready? Will he/she succeed?)	Yes / No
Other (Please specify)	Yes / No

FURTHER HELP:

How best can I help you in your role as a Carer?

Be a listening ear	Yes / No
Ensure that your wants and needs are fulfilled as the parent / carer	Yes / No
Help you to ensure that your child finds the right accommodation and support	Yes / No
Help to maximise your income	Yes / No
Be an advocate on your behalf	Yes / No
Help you to access new services	Yes / No
Other (Please specify)	Yes / No

Would you like another visit? Yes / No

Would you like any other information? (If 'YES', please specify) Yes / No

ANY OTHER COMMENTS:

Please return your completed survey (no stamp required) to:
KASBAH, FREEPOST SEA 13792, Gravesend, Kent, DA11 9BR, marking your envelope 'To The Carers Advisor'