

Carers & Equality Survey

Welcome

Caring Together, Scotland's Carers and Young Carers Strategy 2010 recognises Carers for the first time as "Equal Partners in Care" and provides a commitment to develop a Carers Rights Charter.

"We will develop a Carers Rights Charter, consolidating existing legal rights and setting out key principles for carer support both now and in the future"

In light of this and the new Equality Act, the Coalition is keen to explore the idea of how "equal" Carers currently are, where you face discrimination in your lives and how we can begin to plan for a more "equal" future.

We are asking our members to participate in a national survey, over the period from June 2011 until June 2012. The intention of this survey is to record instances where carers face inequality of discrimination, either in the workplace, in your local communities or in accessing services. The survey report will be available on our website in August 2012.

We also want to look beyond the Equality Act to define how carers encounter in their everyday lives when we compare their experiences to those of other people who don't have a caring responsibility.

This evidence will be used in relation to the implementation of ***Caring Together***, but also to highlight to national and local government any injustice or inequalities that exist across Scotland in relation to carer recognition and support.

You can read more about what we mean by equality and discrimination by visiting the Coalition of Carers website on www.carersnet.org

This may give you some ideas of inequalities that other carers have faced – or you can go straight to the questions on the next page. There are 2 versions of this survey:

1. To be completed by individual carers
2. To be completed by professionals on behalf of carers that they may know

Your completed surveys may be sent FREEPOST to:

Freepost Plus RLXY-XTEE-YYSH
Coalition of Carers in Scotland
10 Kinnoull Avenue
DUNBLANE
FK15 9JG

If you prefer to complete this survey online, you can do so on:

www.surveymonkey.com/s/carerequality

Carers & Equality Survey

To be completed by Organisations

On most occasions, you will not need to fill in all questions if there are any that you prefer not to answer, however we would appreciate if you could always answer those questions with a *

Starting this survey

Are you completing this survey

- As a carer (*there is another version of this form for you to please complete*)
- As someone who works with carers (*please continue to use this form*)

Background information about you organisation

* 1. In which local authority do you work?

* 2. What is the name of your organisation?

3. Please provide a Contact Name:

4. Please provide a contact E-mail:

5. Please provide a contact Telephone Number:

6. Please provide your organisation address:

About the Inequalities Faced

1. Please tell us what type of inequalities you think carers have experienced (tick all that apply):

- Being discriminated against
- Treated less favourably than someone else because of their caring responsibilities
- Unwanted behaviour that felt intimidating, degrading or offensive
- Rude or negative comments
- Being refused a service
- Being unable to access a service/facility
- Being discouraged from using a service
- Not having their responsibilities as a carer being taken into account
- Not sure – but the carer felt it to be unfair

2. Where did these experiences occur (tick all that apply)

- When using public transport
- When shopping
- When at work
- When trying to access public service
- When trying to use leisure facilities
- When using services provided by Social Work Services
- When using services provided by other council departments
- When using local health services e.g. GP
- When attending hospital for appointments or as a visitor
- In the street or other public places
- Other (please specify)

On the next page you will have the chance to tell us about any specific incident(s).

Incident Description (1)

Please provide a description of any specific incidents that you wish to share, including as much detail as possible. Where possible, please include direct quotes and indicate where you have done so. You will have the opportunity to describe in detail at least three incidents.

1. Approximately when did the incident take place? It is important to at least provide a year if you cannot remember the full date.

2. Where did the incident take place?

3. Who was involved in the incident?

4. Please tell us more about the person that the carer in this incident provides support to.

- | | |
|---|--|
| <input type="checkbox"/> Their husband/wife/partner | <input type="checkbox"/> Their grandparents |
| <input type="checkbox"/> Their child (under 18) | <input type="checkbox"/> Their grandchild |
| <input type="checkbox"/> Their adult child | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Their mother/father | <input type="checkbox"/> A friend of neighbour |
| <input type="checkbox"/> Their brother/sister | <input type="checkbox"/> Don't Know |

5. Please tell us if the person they care for is (tick all that apply).

- | | |
|--|---|
| <input type="checkbox"/> A child with a learning disability | <input type="checkbox"/> An adult with mental health needs |
| <input type="checkbox"/> A child with a physical disability | <input type="checkbox"/> An adult with needs as someone with dementia |
| <input type="checkbox"/> A child with other additional needs | <input type="checkbox"/> An adult with a physical disability |
| <input type="checkbox"/> An adult with a learning disability | <input type="checkbox"/> An adult with a long-term condition |
| <input type="checkbox"/> An adult with an addiction to alcohol | <input type="checkbox"/> An adult with other health needs |
| <input type="checkbox"/> An adult with an addiction to drugs | <input type="checkbox"/> Don't Know |

Other (please specify):

6. What age group is the person that the carer supports (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Under 11 | <input type="checkbox"/> 65 – 74 years |
| <input type="checkbox"/> 12 – 18 years | <input type="checkbox"/> 75 - 84 years |
| <input type="checkbox"/> 19 – 25 years | <input type="checkbox"/> 85 years or over |
| <input type="checkbox"/> 26 – 49 years | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 50 – 64 years | |

7. What happened?

8. Do you know if the incident was resolved?

- | | |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Partly |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

9. If yes, can you briefly tell us how?

10. Do you want to describe another incident?

- Yes – please use the additional sheet(s) provided
 No – please go to page 7

Incident Description (2)

Please provide a description of any specific incidents that you wish to share, including as much detail as possible. Where possible, please include direct quotes and indicate where you have done so. You will have the opportunity to describe in detail at least three incidents.

1. Approximately when did the incident take place? It is important to at least provide a year if you cannot remember the full date.

2. Where did the incident take place?

3. Who was involved in the incident?

4. Please tell us more about the person that the carer in this incident provides support to.

- | | |
|---|--|
| <input type="checkbox"/> Their husband/wife/partner | <input type="checkbox"/> Their grandparents |
| <input type="checkbox"/> Their child (under 18) | <input type="checkbox"/> Their grandchild |
| <input type="checkbox"/> Their adult child | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Their mother/father | <input type="checkbox"/> A friend of neighbour |
| <input type="checkbox"/> Their brother/sister | <input type="checkbox"/> Don't Know |

5. Please tell us if the person they care for is (tick all that apply).

- | | |
|--|---|
| <input type="checkbox"/> A child with a learning disability | <input type="checkbox"/> An adult with mental health needs |
| <input type="checkbox"/> A child with a physical disability | <input type="checkbox"/> An adult with needs as someone with dementia |
| <input type="checkbox"/> A child with other additional needs | <input type="checkbox"/> An adult with a physical disability |
| <input type="checkbox"/> An adult with a learning disability | <input type="checkbox"/> An adult with a long-term condition |
| <input type="checkbox"/> An adult with an addiction to alcohol | <input type="checkbox"/> An adult with other health needs |
| <input type="checkbox"/> An adult with an addiction to drugs | <input type="checkbox"/> Don't Know |

- Other (please specify):

6. What age group is the person that the carer supports (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Under 11 | <input type="checkbox"/> 65 – 74 years |
| <input type="checkbox"/> 12 – 18 years | <input type="checkbox"/> 75 - 84 years |
| <input type="checkbox"/> 19 – 25 years | <input type="checkbox"/> 85 years or over |
| <input type="checkbox"/> 26 – 49 years | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 50 – 64 years | |

7. What happened?

8. Do you know if the incident was resolved?

- | | |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Partly |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

9. If yes, can you briefly tell us how?

10. Do you want to describe another incident?

- Yes – please use the additional sheet(s) provided
 No – please go to page x

Incident Description (3)

Please provide a description of any specific incidents that you wish to share, including as much detail as possible. Where possible, please include direct quotes and indicate where you have done so. You will have the opportunity to describe in detail at least three incidents.

1. Approximately when did the incident take place? It is important to at least provide a year if you cannot remember the full date.

2. Where did the incident take place?

3. Who was involved in the incident?

4. Please tell us more about the person that the carer in this incident provides support to.

- | | |
|---|--|
| <input type="checkbox"/> Their husband/wife/partner | <input type="checkbox"/> Their grandparents |
| <input type="checkbox"/> Their child (under 18) | <input type="checkbox"/> Their grandchild |
| <input type="checkbox"/> Their adult child | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Their mother/father | <input type="checkbox"/> A friend of neighbour |
| <input type="checkbox"/> Their brother/sister | <input type="checkbox"/> Don't Know |

5. Please tell us if the person they care for is (tick all that apply).

- | | |
|--|---|
| <input type="checkbox"/> A child with a learning disability | <input type="checkbox"/> An adult with mental health needs |
| <input type="checkbox"/> A child with a physical disability | <input type="checkbox"/> An adult with needs as someone with dementia |
| <input type="checkbox"/> A child with other additional needs | <input type="checkbox"/> An adult with a physical disability |
| <input type="checkbox"/> An adult with a learning disability | <input type="checkbox"/> An adult with a long-term condition |
| <input type="checkbox"/> An adult with an addiction to alcohol | <input type="checkbox"/> An adult with other health needs |
| <input type="checkbox"/> An adult with an addiction to drugs | <input type="checkbox"/> Don't Know |

Other (please specify):

6. What age group is the person that the carer supports (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Under 11 | <input type="checkbox"/> 65 – 74 years |
| <input type="checkbox"/> 12 – 18 years | <input type="checkbox"/> 75 - 84 years |
| <input type="checkbox"/> 19 – 25 years | <input type="checkbox"/> 85 years or over |
| <input type="checkbox"/> 26 – 49 years | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 50 – 64 years | |

7. What happened?

8. Do you know if the incident was resolved?

- | | |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Partly |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

9. If yes, can you briefly tell us how?

And Finally...

1. If you feel that any of the incident(s) were not resolved, would you like support or advice in how to take the matter further?

- Yes (*please remember to provide your contact details on page 1*) No

Thank you for completing the Survey