



Experiences of carers of people over 65

Do you care for someone who is 65 or older? We would like to hear from you



About our survey



We are Healthwatch Norfolk. We are working together with Norfolk County Council.



We are doing some work looking at supporting people when they get older.



We are asking **unpaid carers** what it is like to care for someone who is older than 65.



Unpaid carers mean family and friend carers who are not paid to care for people as part of their job.

We want to understand:



- What help you get from friends and other family members with giving care.



- What things make it easier or harder for friends and family members to help you.



Your answers will help the council to support unpaid carers better in future.



You can answer our questions if you care for someone older than 65 and live in Norfolk.



Filling in our survey

You do not have to answer all of the questions. You can stop at any time.



You can answer the questions on the phone instead if you want.



Phone us to sort out a time on:
01953 856029



You must tell us what you think by:
16th July 2025.

Using the information you tell us



We will use what people tell us to write a report.



We will give the council the report.



It will help them to understand what they need to think about when they plan services.



We might use some of your answers in the report. But nobody will be able to tell it was you who told us.



When we have finished writing our report, we will put it on our website for other people to read.



☐ Please tick this box if you understand how we will use the information you tell us



You can find out more about how we look after your information on our website:

healthwatchnorfolk.co.uk/about-us/privacy-statement/



The information is not in easy read.

Part 1. Questions about you and the person you care for

Question 1: How do you know the person you care for? **Tick 1 box.**



☐ Husband, wife or partner



☐ Son or daughter



☐ Brother or sister



☐ Friend



☐ Other. Please tell us here:



Question 2: Does the person you care for have any of these conditions?



You can tick more than 1 box

☐

Dementia. **Dementia** is the name for different illnesses that cause parts of the brain to stop working properly

☐

Physical disability. This is a disability that affects your body

☐

Blind or deaf



Mental health condition.
Mental health is how you feel in your mind and how you cope with everyday life



Health problems that are caused by getting older



A learning disability



Long term health condition

A **health condition** is a problem that affects your body.

Things like having a bad back, pain, or problems with your heart or your breathing.

Long term means it lasts for 12 months or more.



☐

A serious illness that will cause them to die

☐

A health problem that is caused by drinking alcohol or taking drugs

☐

Other. Please tell us here:



Question 3: How old is the person you care for?



Question 4: How long have you been caring for them?



Question 5: Do you live with the person you care for?

☐

Yes

☐

No



Question 6: How many hours a week do you care for them?



Question 7: Here is a list of jobs you might do for the person you care for.
Tell us what jobs you do.



You can tick more than 1 box



☐ Helping with things like eating, washing and getting dressed



☐ Helping with moving and getting around



☐ Cooking



☐ Shopping



Cleaning their house



Looking after their money



Washing clothes



Spending time with them and listening to them



Helping them go out and meet other people



Giving medicine

☐

Talking with health and care services Doctors, nurses or social workers

☐

Helping with paperwork

☐

Driving

☐

Other. Please tell us here:



Question 8: Are there any jobs that you find hard and need some support with?

☐

Yes

☐

No



If you said **yes**, tell us what jobs you need support with here:

Part 2. Friends and family members helping you give care



Question 9: Is there anyone else you know who can help you to care for the person. This could be family or friends. Please tell us here:

☐

I don't want to say



Question 10: Do any of these people help you care for the person?

☐

Yes

☐

No

☐

I don't want to say

☐

Nobody helps me



If you said **yes**, tell us which of these people help you to care for the person:



Question 11: What care jobs do friends or family members help you with? Please tell us here:



Question 12: Tell us why your friends or family members can help you with giving care.



You can tick more than 1 box

☐

They live close to me

☐

They get on well with me

☐

They get on well with the person I care for

☐

They are not working at the moment



☐ They do not have any other family members to look after



☐ They have the right skills to give care



☐ Other. Please tell us here:



Question 13: How do you contact friends or family members to work out who is giving care and when?

This might be:



- Speak to them.



- Phone them.



- Send a text message.



- Use a special app for carers on a smartphone.



Please tell us here:

to do

1 ~~~~~

2 ~~~~~

3 ~~~~~

4 ~~~~~



Question 14: How do you decide who will do each of the jobs? Please tell us here:



Question 15: What things stop or make it harder for your friends or family to help you. Please tell us here:



Question 16: Has someone helped you to care for the person in the past but stopped helping now?

☐

Yes

☐

No



Yes

If you ticked **yes**, please tell us why they stopped. Please tell us here:



Question 17: What would help your friends or family members to give you more help? This might be things like:



- Training about how to give care.



- More information from health and care services.



- A better way to decide who is doing which jobs and when.



Please tell us here:

Questions about you

The next few questions ask you about you.



These questions make sure we are asking lots of different people what they think.



You do not have to answer the questions if you do not want to.



We will keep what you tell us private.

We will not be able to work out who you are from the answers that you give.



Question 18: Do you have any of these conditions?



You can tick more than 1 box:

☐

Dementia

☐

Mental health condition

☐

Long term health condition

☐

Physical disability. This is a disability that affects your body

☐

I don't want to say

☐

None of these

☐

Other. Please tell us here:

Question 15: What is your ethnicity? **Ethnicity** is your race, background and culture.



Asian or Asian British:

☐

Bangladeshi

☐

Chinese

☐

Indian

☐

Pakistani

Other Asian or Asian British.
Please tell us here:

Black or Black British:

☐

African

☐

Caribbean

☐

Other Black or Black British.
Please tell us here:





Mixed ethnic group:

☐

Asian and White

☐

Black African and White

☐

Black Caribbean and White

☐

Other mixed race or
backgrounds. Please tell us
here:

White:

☐

British, English, Northern Irish,
Scottish or Welsh

☐

Irish

☐

Gypsy, Traveller or Irish
Traveller

☐

Roma

☐

Any other White background.
Please tell us here:

Other ethnic group:

☐

Arab

☐

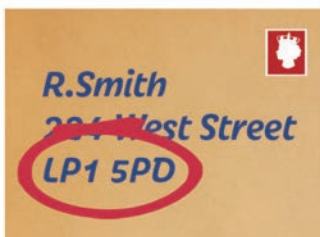
Another race or ethnic background. Please tell us here:

☐

I don't want to say



Question 16: How old are you?



Question 17: Your postcode is the letters and numbers at the end of your address. What is the first part of your postcode?

Question 22: What is your gender?



☐ Male



☐ Female



☐ Non-binary. This means you do not feel like you are female or male



☐ Genderfluid. This means your gender changes depending how you feel



☐ I am not sure



☐ I have my own way of saying what my gender is. Tell us here if you want to:



☐ I don't want to say



Question 23: What is your **Sexual orientation**?

Sexual orientation mostly means who you are attracted to.



☐ I am a man who is attracted to women or a woman who is attracted to men



☐ I am man who is attracted to other men



☐ I am a woman who is attracted to other women



☐ I am attracted to both men and women



☐ I am not often attracted to anyone



☐ I am attracted to different people. I do not think about what gender they are



☐ Other. You can tell us your sexual orientation if you want to:



☐ I don't want to say

A thank you for taking part



If you fill in our survey, we will enter you in a prize draw. You could win a 10 pound shopping voucher.



If you want us to contact you about the prize draw and nothing else, tell us how to contact you.



Your phone number:



Your email address:



Thank you for answering our questions.

Contact us



For more information, or if you have any questions, you can phone us:

Phone:

0808 168 9669

It is free to call this number.



How to send your answers back

You can send your answers back to us:



By Email:

enquiries@healthwatchnorfolk.co.uk

By Post:

Healthwatch Norfolk
Suite 6, Elm Farm
Norwich Common
Norfolk
NR18 0SW

