

Parent Carer Questionnaire



These questions are about you as a carer. Please only answer them if you are a parent carer, or other relative, who cares for a child or young person with special educational needs or disabilities (SEND). Any information that you give will be stored securely by Amaze under data protection principles, and will only be used anonymously, to help improve services for parent carers. If you would prefer not to answer some or all of the questions, please leave them blank. If you would like help to fill out this questionnaire, please call our helpline on 01273 772289.

Your details

Title: _____ **First name:** _____ **Surname:** _____

Address: _____

Postcode: _____

1. On average, how long do you spend each week looking after or helping your child(ren) (additional to 'normal parenting' role) as a result of their special educational needs or disabilities?

- 0-9 hours per week
- 10-19 hours per week
- 20-34 hours per week
- 35-49 hours per week
- 50-74 hours per week
- 75-99 hours per week
- 100+ hours per week

2. When did you last get a break (time away) from your caring role?

- In the last week
- In the last month
- In the last six months
- In the last year
- In the last two years
- In the last five years
- Over five years ago
- Never

3. Are you a single-parent family/household? Yes No

4. Do you usually get a good night's sleep? Yes No

5. Have you been offered a Carers Assessment (where someone asks about your needs as a carer) in the past 12 months? Yes No

6. Do you have a Carers' Card? Yes No

If you don't have a Carers' Card and your child is registered on Compass Brighton & Hove, you can register online at <https://brighton-hove.gov.uk/content/social-care/carers/looking-after-yourself> or by calling 01273 977000 or emailing info@carershub.co.uk

7. Thinking about how much social contact you have with people you like, which of the following best describes your social situation?

- I have as much social contact as I want with people I like
- I have some social contact with people I like but not enough
- I have little or no social contact with people I like and I feel socially isolated

8. Do you feel that your caring role impacts on your physical health?

- My physical health has not been affected by my caring role
- I have experienced physical ill-health as a result of my caring role
- My physical health has improved as a result of my caring role

9. Do you feel that your mental health and wellbeing has been affected by your caring role?

- My mental health has not been affected as a result of my caring role
- I have experienced mental ill-health as a result of my caring role (e.g. depression or stress-related condition)
- My mental health has improved as a result of my caring role

10. Do you have a disability, learning difficulty or long-term health problem? Yes No

If yes, please describe

11. Do you receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP) for yourself?

Yes No

12. Do you receive Employment Support Allowance (ESA) for yourself? Yes No

13. Do you do paid work? Yes No I am retired

14. Do you feel that your ability to work has been affected by your caring role?

No Yes, I don't work Yes, I have reduced my work hours or the seniority of my work role

15. Does your household rely solely on benefits? Yes No

16. Do you ever reduce the size of your meals or skip meals for the family because there isn't enough money for food?

Yes No

17. Have you ever experienced domestic abuse (threatening behaviour, violence or abuse from an adult who was a partner or family member)?

Yes No

18. What is your gender? Female Male Other

19. Is your gender identity the same as the gender you were assigned at birth?

20. What is your age?

17-19 20-24 25-34 35-49 50-59 60+

Yes No

21. How would you describe your ethnic origin?

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Any Other Asian Background |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> White Traveller of Irish Heritage | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> White Gypsy Roma | <input type="checkbox"/> Any Other Black Background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Any Other Mixed Background |
| <input type="checkbox"/> Asian or Asian British Chinese | <input type="checkbox"/> Any Other Ethnic Background |

22. What is the main language you speak at home?

23. Which of the following best describes your sexual orientation?

Heterosexual Bisexual Gay Lesbian Other

24. What is your religion or belief?

No religion Buddhist Christian Hindu Muslim Jain Jewish Sikh Other
 I prefer not to say

Thank you for answering these questions.

If you would like to speak to someone at Amaze about any of your answers, please call our helpline on **01273 772289**.

Please return this form (no stamp needed) to: **AMAZE, FREEPOST SEA14216, BRIGHTON, BN1 3ZZ**