



BIRMINGHAM CARERS VISION AND COMMISSIONING STRATEGY 2018+

Young Carers Consultation Document Easy Read Version



**“ENABLING A
LIFE ALONGSIDE
CARING.”**



Birmingham
City Council



BIRMINGHAM
CHILDREN'S TRUST



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Young Carers Consultation Questions.



Please tick your answers below.



Question 1 - Recognising and respecting young carers.

☐

I know I am a carer

☐

I am able to recognise my own needs

☐

My school knows and sees that I am a carer

☐

My school appreciates what I do as a carer and supports me

☐

Other people appreciate what I do as a carer

☐

I am asked and involved in the support and care of the person I care for

☐

I have choices about the support I receive

☐

I know where I can get help from to support me as a carer



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Please tick your answers below.



Question 2 – What help and support would you like?

☐

The chance to spend more time with my friends

☐

The chance to meet other young carers

☐

Social activities

☐

Residential activities

☐

To have a break if I need it

☐

Ideas to spend time with the person I care for

☐

To have someone to talk to

☐

Someone to help with sorting out difficulties at home

☐

Support to manage stressful situations

☐

Someone to help with sorting out issues at school

☐

Help with homework



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Please tick your answers below.



Question 3 - How would you like to get support?

☐

One-to-one support

☐

Support from other young carers

☐

Group activities or support

☐

Meeting face to face with a support worker

☐

Support worker visiting you and your family at home

☐

On-line support, e.g. one-to-one support & advice, forums or chat rooms



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Please tick your answers below.



Question 4 – What support would you like to help with the transition from being a young to adult carer?

☐

To know what I am entitled to as an adult carer

☐

To know what support is available to me

☐

Someone to help me with accessing the right services

☐

To know where to go for education and training

☐

To be able to meet up with carers similar to my age

☐

Support to help me manage my own life aspirations, alongside my caring role.



‘Aspiration’ means to aim to do or achieve something.



‘Transition’ means to change from one thing to another.



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Please tick your answers below.



Question 5 – How would you like to be supported once you are 18 years old?

☐

In a central place that can tell me:

- where I can get support from
- and helps me access services for adults

☐

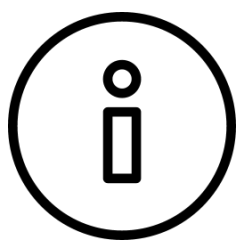
The young carers service continues to support me between 18 – 25 years of age

☐

A separate service for carers between 18 – 25 years of age



About you



We would like you to tell us some things about you.

You do not have to tell us if you do not want to.

If you do, it will help us to plan our strategy.

Data Protection Act 1998

The personal information on this form will be kept safe.

Your information is protected by law.

You can see more information about data protection on our website at:



www.birmingham.gov.uk/privacy



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Are you?

Please tick the box that best describes your interest in the consultation:

- ☐ A member of the general public
- ☐ A carer
- ☐ Someone who is cared for
- ☐ Health or care professional
- ☐ Carer specialist service provider

Other (please state)



.....



Which age group applies to you? (Please tick one box only)

- ☐ Under 10
- ☐ 10 – 12
- ☐ 13 – 15
- ☐ 16 - 18
- ☐ Prefer not to say



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What is your sex? (Please tick one box only)

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Prefer not to say



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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



If not, do you identify as:

- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer
- ☐ Prefer not to say

Other (Please state)



.....



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 **Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? (Please tick one box only)**

☐ Yes

☐ No

☐ Prefer not to say

 **If yes, do any of these conditions or illnesses affect you in any of the following areas? (Please tick all that apply)**

☐ Vision (e.g. blindness or partial sight)

☐ Hearing (e.g. deafness or partial hearing)

☐ Mobility (e.g. walking short distances or climbing stairs)

☐ Dexterity (e.g. lifting and carrying objects, using a keyboard)

☐ Learning or understanding or concentrating

☐ Memory

☐ Mental Health

☐ Stamina or breathing or fatigue

☐ Socially or behaviourally (e.g. associated with

☐ Autism, attention deficit disorder or Asperger's Syndrome)

 Other (please state)



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? What is your ethnic group? (Please tick one box only)

- ☐ White
- ☐ English/ Welsh/ Scottish/ Northern Irish/ British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Polish
- ☐ Baltic States
- ☐ Jewish
- ☐ Other white European (including mixed European)

Any other White background (Please state)



.....

- ☐ Mixed/ multiple ethnic groups
- ☐ White and Black Caribbean/African
- ☐ White and Asian

Any other Mixed background (Please state)



.....

Asian/ Asian British

- ☐ Afghani
- ☐ Bangladeshi
- ☐ British Asian
- ☐ Chinese
- ☐ Filipino
- ☐ Indian Sikh



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- ☐ Indian Other
- ☐ Kashmiri
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Vietnamese

Any other Asian background (Please state)



.....

Black African/ Caribbean/ Black British

- ☐ African
- ☐ Black British
- ☐ Caribbean
- ☐ Somali

Any other Black/African/Caribbean background (Please state)



.....

Other ethnic group

- ☐ Arab
- ☐ Iranian
- ☐ Kurdish
- ☐ Yemeni
- ☐ Prefer not to say
- ☐ Any other ethnic group (Please state)



.....



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? What is your sexual orientation (Please tick one box only)

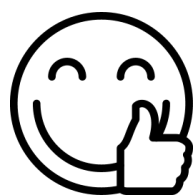
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Heterosexual or Straight
- ☐ Prefer not to say
- ☐ Other (Please state)

? What is your religion or belief? (Please tick one box only)

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Any other religion (please state)



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Thank you for taking the time to complete this questionnaire.



Please return this questionnaire to the **FREE** postal address below – you do not need to use a stamp.



If you have any further comments or views on the new Carers vision and commissioning please contact:



Website: www.birminghambeheard.org.uk



Email: jill.crowe@birmingham.gov.uk

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Write to and return address for questionnaire:

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