

# Carers Evaluation

Please answer the questions below carefully the answers will be used to help us understand whether our approach to self directed support is working well.

<b>Name:</b>	
<b>Age</b>	Under 50 <input type="checkbox"/> Under 60 <input type="checkbox"/> Under 70 <input type="checkbox"/> Under 80 <input type="checkbox"/> Over 80 <input type="checkbox"/>
<b>Local Authority:</b>	Oxfordshire
<b>Gender:</b>	Male: <input type="checkbox"/> Female <input type="checkbox"/>

## 1. What is the main reason the person you care for needs help with daily living?

Physical impairment	<input type="checkbox"/>	Learning disabilities	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Older person	<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>	Any Other	<input type="checkbox"/>

## 2. How long has the person you care for had a personal budget?

Under six months	<input type="checkbox"/>	Between six months and a year	<input type="checkbox"/>	Over a year	<input type="checkbox"/>
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## 3. Approximately how many hours a week do you spend caring?

Less than 10	<input type="checkbox"/>	Less than 20	<input type="checkbox"/>	More than 20	<input type="checkbox"/>
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## 4. Do you live in the same household as the person you care for?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## 5. Do you feel your financial situation has changed as a result of the person you care for having a personal budget?

Yes: Got worse	<input type="checkbox"/>	No: Stayed about the same	<input type="checkbox"/>	Yes: Got better	<input type="checkbox"/>
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## 6. To what extent do you now feel you have the support you need to continue caring and remain well?

Less than before	<input type="checkbox"/>	About the same as before	<input type="checkbox"/>	More than before	<input type="checkbox"/>
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## 7. What effect has the personal budget had on your quality of life?

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**8. What effect has the personal budget had on your own mental and physical wellbeing :**

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**9. What effect has the personal budget had on your capacity to have a social life or follow leisure activity:**

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**10. What effect has the personal budget had on your capacity to undertake paid work:**

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**11. What effect has the personal budget had on the relationship you have with the person you care for :**

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**12. What effect has the personal budget had on other significant relationships (family and friends) in your life :**

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**13. What effect has the personal budget had on the level of choice and control you have over the important things in your life?**

Got worse	<input type="checkbox"/>	Is about the same	<input type="checkbox"/>	Improved	<input type="checkbox"/>
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**14. In the work to develop the support plan for the person you care for, how far would you say you felt you were an equal party with expertise to contribute?**

Not at all	<input type="checkbox"/>	Some what	<input type="checkbox"/>	Very much so	<input type="checkbox"/>
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**15. Did the person you care for have any support from the local authority prior to having a personal budget ?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**16. What are the important things to you in your caring role**

**17. Did the personal budget have an effect on these, if so how ?**

**18. We want to make sure we learn about the things that matter to you. Please make any comments about the questions in this form:**

**19. Thinking of the three most important things to your quality of life as a Carer, how well are they being achieved?**

Yes / Yes – not fully achieved but happy with progress / No

- 1)
- 2)
- 3)

**Could you say what you think the reasons are why they have / haven't been achieved?**

**Agreement**

The information you supply in your answers to these questions will be used to inform our evaluation of the work we do. We want to know whether having personal budgets is a good way of organising social care. Your personal information will not be shared, and the answers you give will not be identified as your answers. All the information we collect will be gathered together and will be used to help develop inControl's and Oxfordshire County Council's approaches. The general data we collect may feature in reports and papers.

**I am happy for the information I supply to be used in the way described.**

Yes

No