

# Commonwealth Respite and Carelink Centre

## Carer Training and Information Survey

This survey is designed to find out about training and information carers in WA would like to help them fulfil their caring role. The answers you provide in the survey are confidential. This survey may also be used by us to identify areas of training specific to your caring role which you may find helpful. By returning your survey, you will be eligible to be in the draw to win a \$200 Coles Group and Myer Gift Card.

Please indicate if you received training in any of the following areas in the past three years. We would also like to know which areas you would like training in. Not all training will be relevant to your situation.

### 1 Physical, hands on skills

Skill area:	Have you received training in this skill?		Would you like to receive training?	
<b>a Manual handling:</b> How to safely move and handle the person you care for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>b First aid</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>c Mental health first aid:</b> Understanding mental health issues, management skills	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>d Safety at home:</b> Home modifications, safety awareness, OSH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>e Administering medication:</b> Including IV medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>f Personal hygiene:</b> Showering, toileting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>g Good food, healthy living:</b> Cooking nutritious food, food hygiene	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>h Infection control</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>i Palliative care, end of life care</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>j Condition-specific training, symptom management:</b> eg Peg feed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>k Incontinence</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>l Communication:</b> eg Verbal and non-verbal communication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**m Other:**

## 2 Smart caring—knowledge and skills to better care

Skill area:	Have you received training in this skill?		Would you like to receive training?	
<b>a Finding services:</b> Finding support and respite	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>b Illness specific education:</b> Please specify <input type="text"/>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>c Cross cultural awareness:</b> Understanding different cultures and customs	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>d Challenging behaviours:</b> Understanding and responding to new behaviours	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>e Assertiveness training:</b> How to be assertive and manage passive aggressive people	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>f Centrelink:</b> eg How to navigate, benefits/entitlements	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>g Legal matters:</b> eg Wills, Power of Attorney	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>h Money matters:</b> eg Budgeting	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>i Public trustee:</b> How they can help you	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>j Care plans:</b> Understanding care plans, carer involvement in care plans	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>k Aged Care Assessment Teams (ACAT)</b>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>l Residential care:</b> eg How to find a residential aged care facility	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>m Lifestyle management:</b> Adjusting to your caring role	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>n Effective communication with professionals:</b> eg Strategies on how to make the most of your medical appointment	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>o Other:</b> <input type="text"/>				

### 3 Self care—looking after yourself

Skill area:	Have you received training in this skill?		Would you like to receive training?	
<b>a Grief and loss:</b> Coping and adjusting to changes, changing relationships	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>b Death and dying:</b> What do I need to do when someone dies, how to find a funeral director.	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>c Taking a break:</b> respite	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>d Counselling:</b> For yourself or family	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>e Planning for the future:</b> Yours and your care recipient's	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>f Stress management:</b> For you and your family	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>g Carer inclusion:</b> Carer rights and responsibilities	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>h Managing your caring role:</b> Balance, time management, organising	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>i Post caring:</b> Practical and emotional issues	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>j Creative approaches to caring</b>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>k Involving family and friends in caring</b>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>l Young carers</b>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>m Older carers</b>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 3	No <input type="checkbox"/> 0
<b>n Other:</b>	<input type="text"/>			

### 4 Have you encountered any of the following barriers when trying to access training? (tick as many as apply)

I don't know what training is available <input type="checkbox"/> 1	Not culturally appropriate <input type="checkbox"/> 6	Intensity of training <input type="checkbox"/> 10
Location of training is too far away <input type="checkbox"/> 2	Finding time to do the course <input type="checkbox"/> 7	Length of course <input type="checkbox"/> 11
The training available is not relevant <input type="checkbox"/> 3	Availability of transport <input type="checkbox"/> 8	Cost of course <input type="checkbox"/> 12
I don't know what training I need <input type="checkbox"/> 4	Availability of course <input type="checkbox"/> 9	Cost of travel <input type="checkbox"/> 13
Cost of care for the individual/s you care for while you attend training <input type="checkbox"/> 5	Other <input type="text"/>	

### 5 What types of training format would suit you best? (tick as many as apply)

- Short workshops: 1–2hrs once per week \_1\_ Workshops specific to one topic \_3\_ Weekday workshops \_5\_  
 Full day workshops: eg once per month \_2\_ Workshops covering many topics \_4\_ Weekend workshops \_6\_  
 Online training \_7\_

### 6 Please add any other comments

### 7 About you

- a Your age** under 18 \_1\_ 18–49 \_2\_ 50–59 \_3\_ 60–64 \_4\_  
 65–69 \_5\_ 70–74 \_6\_ 75–80 \_7\_ 80+ \_8\_

- b Gender** female \_1\_ male \_2\_

- c Work status** full time \_1\_ part time \_2\_ casual \_3\_ volunteer \_4\_  
 student \_5\_ unemployed \_6\_ retired \_7\_ other \_8\_

**d Postcode**

- e Ethnicity** Aboriginal/Islander \_1\_ Bosnian \_4\_ Indian \_6\_ Italian \_8\_ Thai \_10\_  
 Anglo Australian \_2\_ Chinese \_5\_ Iranian \_7\_ Somali \_9\_ Vietnamese \_11\_  
 Arabic \_3\_ other

### 8 About the person you care for

- a Disability type** physical \_1\_ mental \_2\_ intellectual \_3\_ autism \_4\_ frail aged \_5\_  
 other

- b Their age** under 18 \_1\_ 18–49 \_2\_ 50–59 \_3\_ 60–64 \_4\_  
 65–69 \_5\_ 70–74 \_6\_ 75–80 \_7\_ 80+ \_8\_

- c Amount of care you provide for them per week** under 5 hrs \_1\_ 5–10 hrs \_2\_ 11–20 hrs \_3\_  
 20–39 hrs \_4\_ 40+ hrs \_5\_

Would you like information regarding carer training? No \_0\_ Yes \_1\_ **Please give your details**

Name

Address

Phone  Email