



Easy  
Read



# **Training for unpaid carers who support someone with dementia**

What do you think?



# Easy Read



This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.



This Easy Read booklet uses easier words and pictures. Some people may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker. These are important words in the booklet.



Sometimes if a bold word is hard to understand, we will explain what it means.



[Blue and underlined](#) words show links to websites and email addresses. You can click on these links on a computer.

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# About this survey



This information and **survey** is from Surrey County Council.

A **survey** is a set of questions for you to answer.



We are looking at training that unpaid carers who support a person with **dementia** can get.

**Dementia** is a disease in the brain. It affects your memory and behaviour.



We want to hear what unpaid carers who support a person with dementia think about this training.



If you are an unpaid carer, please answer the questions in this booklet.



Please do not give any extra information about your care and support on this survey.

## Help with the survey



Do not write any extra details about your care and support on this form.



We will not be able to write back.



If you have any worries or things you want to talk about, talk to your social care team.

You can also contact Action for Carers to find out more by:



Telephone: 0303 040 1234

Text (SMS): 07723 486730



Email:

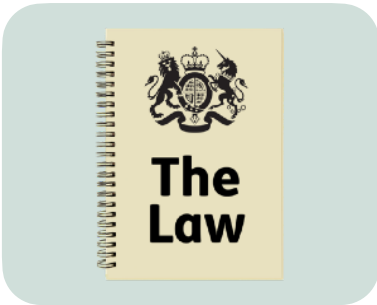
[CarerSupport@actionforcarers.org.uk](mailto:CarerSupport@actionforcarers.org.uk)

Website: [www.actionforcarers.org.uk](http://www.actionforcarers.org.uk)

# Keeping your information safe



When you answer the questions, you are agreeing to let us use the information you give us.



We follow the law about keeping your information safe.



The closing date for the survey is 11:59pm on Sunday 8 September 2024.

# Questions for you to answer

## About training



**Question 1:** Would you like more information and training about anything listed below?

*Please tick as many boxes as you want.*

☐

Understanding dementia including different types of dementia.

☐

**Young onset dementia.**  
**Young onset dementia**, is when someone has dementia who is 65 or younger.

☐

The support and resources available to support caring role.

☐

Medicines.

☐

What someone with dementia should eat and drink.

*There are more answers on the next page.*

☐ How to stop people with dementia from falling over.

☐ Looking after your own **wellbeing**.

**Wellbeing** means feeling happy and healthy in your body and mind.

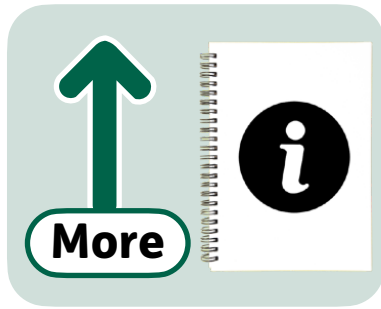
☐ How to support people who are behaving in a way that may cause them or others harm.

☐ How to make the person you care for feel good about themselves and do as much as they can on their own.

☐ How to use technology in your role.

☐ Advice about money that is used to support someone with dementia.





**Question 2:** Is there anything else that you would like more information or training about?

*Please write your answers in the box below.*



**Question 3:** How would you like to take part in training?

*Please tick one box.*

☐

Face to face.

☐

Online.

☐

A mix of both face to face and online.



**Question 4:** When would you like to do your training?

*Please tick as many boxes as you want.*

☐

During the day.

☐

During the evening.

☐

At weekends.



**Question 5:** How long would you like your training to be?

*Please tick as many boxes as you want.*

☐

1 hour long sessions that take place once a week for a few weeks.

☐

Half a day.

☐

A full day.



**Question 6:** Would you be interested in going to your training as part of a **carers group**?

**Carers groups** are carers who meet to share information about giving care, and support each other.

*Please tick one box.*

☐

Yes.

☐

No.



*If your answer to **Question 6** was no, please tell us why in the box below:*



**Question 7a:** Do you go to a carer's group?

*Please tick one box.*

☐

Yes.

☐

No.



**Question 7b:** If your answer to **Question 7a** was yes, can you write the name of your carers group in the box below:



**Question 8:** If you go to a carer's group, where does it take place?

*Please tick the box next to the carers group you go to. You can tick more than one.*

- ☐ Elmbridge.
- ☐ Epsom and Ewell.
- ☐ Guildford.
- ☐ Mole Valley.
- ☐ Reigate and Banstead.
- ☐ Runnymede.
- ☐ Surrey Heath.
- ☐ Tandridge.
- ☐ Waverley.
- ☐ Woking.
- ☐ Not in Surrey.



**Question 9:** Would the person who you care for need support whilst you go to the training?

*Please tick one box.*

☐

Yes.

☐

No.

# About you

**Question 10:** How old are you?

*Please tick one box below.*

☐

18 to 24

☐

25 to 29

☐

30 to 39

☐

40 to 49

☐

50 to 59

☐

60 to 69

☐

70 to 74

☐

75 or over

☐

I do not want to say.





**Question 11:** What is your ethnic background?

*Please tick one box below.*

☐

White - British, English, Northern Irish, Scottish or Welsh.

☐

White – Irish.

☐

White - Gypsy or Irish Traveller.

☐

Any other White background.

☐

White and Black Caribbean.

☐

White and Black African.

☐

White and Asian.

☐

Any other mixed or multiple ethnic background.

☐

Asian or Asian British - Indian.

*There are more answers on the next page.*

- ☐ Asian or Asian British – Pakistani.
- ☐ Asian or Asian British – Bangladeshi.
- ☐ Asian or Asian British – Chinese.
- ☐ Any other Asian background.
- ☐ Black or Black British – Caribbean.
- ☐ Black or Black British – African.
- ☐ Any other black British, Caribbean, or African background.
- ☐ Arab.
- ☐ Other ethnic group - *please write this here.*

- ☐ I do not want to say.



**Question 12: Where do you live?**

*Please tick one box below.*

☐

Elmbridge.

☐

Epsom and Ewell.

☐

Guildford.

☐

Mole Valley.

☐

Reigate & Banstead.

☐

Runnymede.

☐

Spelthorne.

☐

Surrey Heath.

☐

Tandridge.

☐

Waverley.

☐

Woking.

☐

I do not want to say.

☐

I live somewhere else.

*Please write where you live in the box below.*



**Question 13:** What is your gender?

*Please tick one box below.*

☐

Female.

☐

Male.

☐

Other (for example, non-binary).

☐

I do not want to say.

# How to submit your answers



Thank you for taking part in this survey.



If you are doing this survey online, you can email it to:

[asc.infoandadvice@surreycc.gov.uk](mailto:asc.infoandadvice@surreycc.gov.uk)



If you are doing this survey on paper, you can post it to:

Surrey County Council Adult Social  
Care Information and Advice Service  
First Floor Dakota,  
De Havilland Drive  
Weybridge Surrey  
KT13 0YP

# Find out more

You can contact us by:



- Phone: 0300 200 1005
- Textphone (by Relay UK):  
18001 0300 200 1005
- Text (SMS) 07527 182 861  
(For the deaf or hard of hearing)



- Email:  
[asc.infoandadvice@surreycc.gov.uk](mailto:asc.infoandadvice@surreycc.gov.uk)



- For information in British Sign Language please see the website:  
[www.surreycc.gov.uk/bsl](http://www.surreycc.gov.uk/bsl)

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