



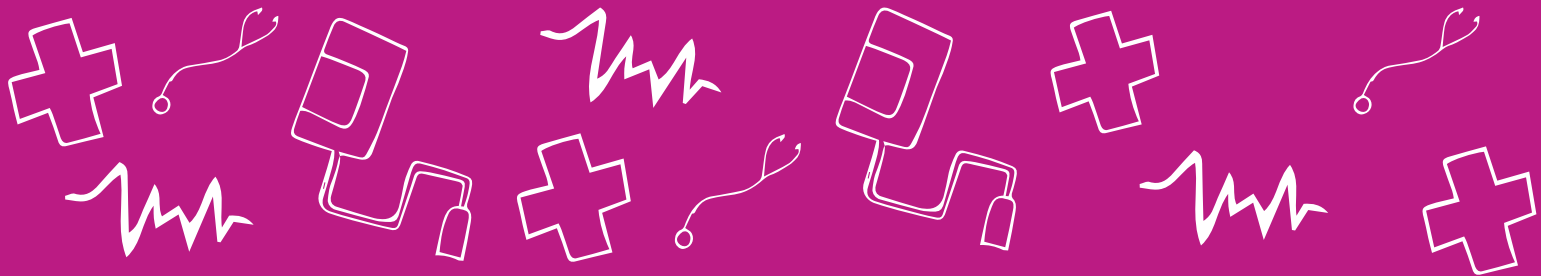
Improving community health services
for children and young people in Dorset.



**BE
HEARD**

#BEHEARDDORSET

HAVE YOUR SAY BY THE 18TH MAY



HAVE YOUR SAY BY THE 18TH MAY

Hello!

The NHS in Dorset wants to make health care services better for children and young people – and we need your help to do it.

Whether seeing a doctor, going to hospital, or getting help at school or youth club - we want to make sure it's the best help around.

We know mental health is super important, but we can't forget physical health either and that is what this survey is all about.

We need to know what you think - what is being done well and what could be better?

This survey is for young people aged 16 to 25 and parents or carers of 0 to 25 year olds.

Don't worry – it's totally confidential, so no one will know what you've said and we'll keep your info safe and sound. Your info will not be kept for longer than necessary and will not be used for any other reason than to help us make our health care services better.

You can withdraw at any time, simply by closing the browser page. However, please note that once you have submitted the questionnaire, we cannot remove your anonymised responses from the study.

Your views will be used to inform plans for future physical community health services for children and young people in Dorset.

If you would like to access an easy-read or audio version of the survey or to complete the survey with the help of an interpreter please contact us on **01305 368 073** or email **communications@dorsetccg.nhs.uk**

Thank you for taking part!

The survey will take you about 15 mins to complete.

We are also seeking the views of children up to the age of 16 – for more information visit:

www.dorsetsvision.nhs.uk/beheard



ABOUT YOU/YOUR CHILD/YOUNG PERSON

Q1. Are you...?

- A young person aged 16-25
- A parent/carer completing it on behalf of a child/young person aged 0-25

Q2. How old are you/ is the child/young person you are completing this for?

.....

Q3. Are you/is your child/young person

- Male
- Female
- Non-Binary/third gender
- Transgender
- Prefer to self-describe
- Prefer not to say**

Q4. Do you consider yourself/does your child/young person consider themselves to be:

- Straight/Heterosexual
- Gay/Lesbian
- Bisexual
- Prefer to self-describe
- Prefer not to say
- Don't know

Q5. Please tick the option which best describes your child/young person's Ethnicity.

- White - British
- White - Irish
- White - any other white background (please specify)
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - any other Black background (please specify)
- Mixed Ethnic Background - White and Asian
- Mixed Ethnic Background - White and Black African
- Mixed Ethnic Background - White and Black Caribbean
- Mixed Ethnic Background - any other mixed background (please specify)
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - any other Asian background (please specify)
- Chinese
- Any other Ethnic group - Any other group (please specify)
- Prefer not to say



MORE ABOUT YOU/YOUR CHILD/YOUNG PERSON

Q6. What is your/your child/ young persons religion or belief?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion or belief (please specify)
- Prefer not to say
- Other (Please specify)
- Don't know

Q7. Do you/does your child/young person have any of the following disabilities or difficulties?

- Physical
- Learning
- Hearing
- Visual
- None
- Prefer not to say
- Other disability or difficulty (please specify)

Q8. Your postcode (first 3 or 4 digits only)

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INFORMATION AND ADVICE

Q10. Where do you get information and advice about your/your child/young person's general health. Please tick and rate.

	Brilliant	Good	Ok	Bad	Rubbish
<input type="checkbox"/> Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GP/Family Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Google/other search engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parents/family carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School support worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Youth/Social Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nowhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....					

Q11. Please tell us about anything you think is good or helpful about the information and advice on physical health available to children and young people.

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Q12. Please tell us about anything you think could be better about the information and advice on physical health available to children and young people.

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HEALTHCARE AT HOME

Q13. Which of the following physical health care services do you/your child/young person have at home? Please tick and rate.

	Brilliant	Good	Ok	Bad	Rubbish
<input type="checkbox"/> GP/Family Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Children's Community Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify)					
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q14. Please tell us anything that you think is good about the physical healthcare that you have/ your child or young person has at home.

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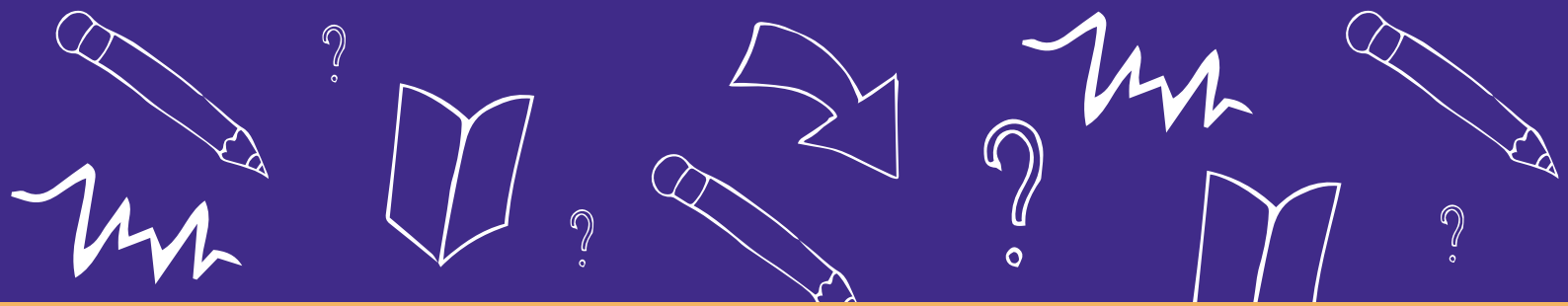
Q15. Please tell us anything that you think could be better about the physical healthcare that you have/ your child or young person has at home.

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HEALTHCARE AT SCHOOL, COLLEGE OR UNIVERSITY

Q16. Which of the following physical health care services do you/does your child/young person use at school, college or university? Please tick and rate.

	Brilliant	Good	Ok	Bad	Rubbish
<input type="checkbox"/> Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stop smoking advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17. Please tell us anything that you think is good about the physical healthcare services that you have/ your child/ young person uses at school, college or university.

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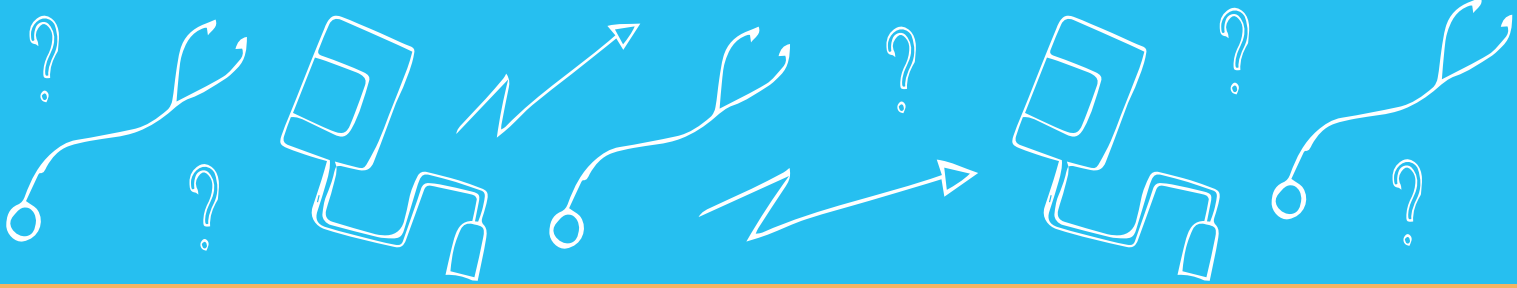
Q18. Please tell us anything that you think could be better about the physical healthcare services that you/ your child/ young person uses at school, college or university.

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HEALTHCARE AT YOUR GP/FAMILY DOCTOR'S SURGERY

Q19. Which of the following physical health care services do you/does your child/young person have/use? Please tick and rate.

	Brilliant	Good	Ok	Bad	Rubbish
<input type="checkbox"/> Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GP/Family Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stop smoking advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other please state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20. Please tell us anything that you think is good about the physical healthcare services that you have /your child/ young person has at your GP/ family doctor's surgery.

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Q21. Please tell us anything that you think could be better about the physical healthcare services that you have /your child/ young person has at your GP/ family doctor's surgery.

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HEALTHCARE IN A COMMUNITY HOSPITAL

Q22. Have you/your child/young person had physical healthcare services in a community hospital (a smaller hospital nearer to your home, not a big acute hospital)? Please tick and rate.

- Yes
- No – go to question 26

Q23. Please list the community hospitals you have been to and rate them on the scale below.

	Brilliant	Good	Ok	Bad	Rubbish
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. Please tell us anything that you think has been good about the physical healthcare services provided at the community hospital(s) that you have /your child /young person has been to.

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Q25. Please tell us anything that you think could be better about the physical healthcare services provided at the community hospital(s) that you have /your child /young person has been to.

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HEALTHCARE ELSEWHERE

Q26. Have you/your child/young person received physical healthcare services anywhere else?

- Yes
- No – please go to page 11

Q27. Please tell us anything that you think has been good about these services.

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Q28. Please tell us anything that you think could be better about these services.

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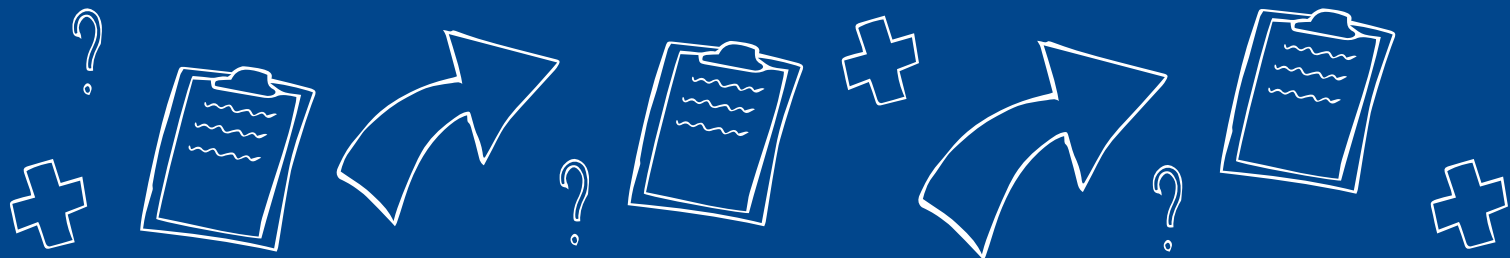
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AND FINALLY...

Thank you for doing your bit to make health services the best they can be for you and everyone around you.

Remember – this survey is totally confidential, so no one will know what you've said and we'll keep your info safe and sound.

For further information or if you have been affected by any of the questions asked in this survey and wish to discuss them please contact us on **01305 368 073** or email **communications@dorsetccg.nhs.uk**

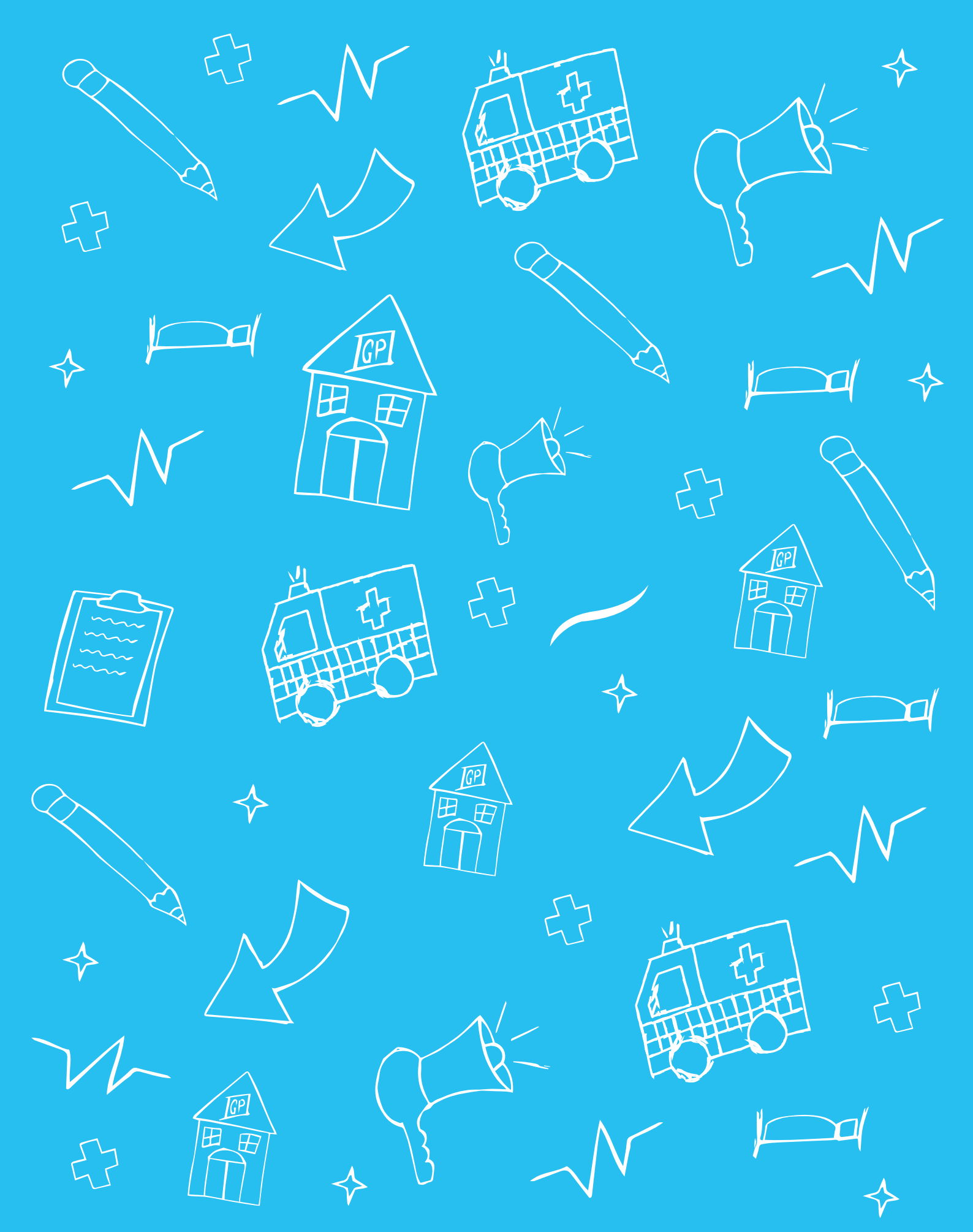
The next stage of improving community health services for children and young people in Dorset is for us to use your views to inform our plans.

We will be doing this with children, young people, parents and carers and also with the people who provide the care locally.

To post this survey back to us for free, grab an envelope and put this address on the front.

**Freepost Plus RSSZ-XBUY-RUSR
FA0
NHS Dorset Clinical Commissioning Group
Canford House
551 to 553 Wallisdown Road
POOLE
BH12 5AG**

If you would like to stay informed or involved – please call us on **01305 368 073** or visit **www.dorsetsvision.nhs.uk/beheard** and click on the “Stay Involved” button to register your details.



#BEHEARDDORSET