

# Health Visiting Service Survey

## **Overview**

Richmond and Wandsworth Council's Children's Commissioning Service and Public Health are reviewing the Health Visiting Service to ensure it meets the needs of local children and their families. We are collating information from a range of sources and recognise the importance of your views as a parent or carer who uses the Health Visiting Service.

## **Privacy**

All the information you provide will be treated in strict confidence and will only be used for the purposes of this consultation. The Councils will do all we can to respect your privacy and to protect the personal information we acquire through responses to our consultations. You can read the Councils' Privacy Notice here:

[Richmond Council Privacy Notice](#)

[Wandsworth Council's Privacy Notice](#)

## **Your experiences**

### **1. Please tell us the age of your child/children.**

*Please select all that apply.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Unborn                     | <input type="checkbox"/> 0-6 months               | <input type="checkbox"/> Over 6 months - 12 months |
| <input type="checkbox"/> Over 12 months - 18 months | <input type="checkbox"/> Over 18 months - 2 years | <input type="checkbox"/> Over 2 years - 3 years    |
| <input type="checkbox"/> Over 3 years - 4 years     | <input type="checkbox"/> Over 4 years - 5 years   |  |

### **2. In which of the following settings do you most frequently see a health visitor?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> At home in person          | <input type="radio"/> GP surgery        | <input checked="" type="radio"/> Children's centre |
| <input type="radio"/> On-line (virtual meetings) | <input type="radio"/> Telephone contact |  |
| <input type="radio"/> Other, please specify:     | <input type="text"/>                    |  |

### **3. Please tell us which of the following ways you have used the Health Visiting Service**

*Please select all that apply.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sleep advice                                   | <input type="checkbox"/> Feeding and/or weaning advice                       | <input type="checkbox"/> Breastfeeding support       |
| <input type="checkbox"/> Behaviour support                              | <input type="checkbox"/> Immunisation advice                                 | <input type="checkbox"/> General health advice       |
| <input type="checkbox"/> Infant growth or weight advice                 | <input type="checkbox"/> Support with domestic abuse                         | <input type="checkbox"/> Support with housing issues |
| <input type="checkbox"/> Postnatal mental health support / visits       | <input type="checkbox"/> Postnatal contraception                             |  |
| <input type="checkbox"/> Support with drug, alcohol or other addictions | <input type="checkbox"/> Support with family or relationships                |  |
| <input type="checkbox"/> Support with older children and teenagers      | <input type="checkbox"/> Toilet training or bedwetting advice for your child |  |

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Developmental checks for your child Support with your child's speech

Other, please specify:

4. How useful was the support or advice you received from the service?

Very useful  Useful  Not very useful  Not at all useful  Don't know

If you answered, 'Not very useful' or 'Not at all useful', please tell us more:

5. Did you have access to the support you needed at the right time?

Yes  No

If you answered "No" please tell us why:

6. Did your Health Visitor refer you for any further support?

Yes  No

If you answered 'Yes', what further support did you receive?

7. How would you rate your experience with your health visitor, overall?

Very good  Good  Neither good nor poor  Poor  Very poor

Please tell us why you gave this rating:

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8. Do you have any further comments on your experience with the Health Visiting service?

## **Mental Health and Wellbeing**

*It is common to experience difficulties maintaining our positive emotional or mental health at the best of times and it is especially common during pregnancy and as a parent.*

9. Have you experienced any emotional or mental health difficulties during your recent pregnancy or as a new parent? (Please include anything from feeling a bit low to a diagnosed mental health condition)

Yes  No

10. Did you receive additional support for your emotional and mental health?

Yes  No

11. If you answered 'Yes' to the previous question, how would you rate the support?

Very good  Good  Neither good nor poor  Poor  Very poor

Please use this space to make any further comments on your rating:

12. Do you have any suggestions on how we could improve the mental health and wellbeing support?

## **About you**

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only

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and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

13. Please tell us your postcode:

14. Are you:

- Male     Female     Prefer not to say     Prefer to self-identify:

15. What was your age last birthday?

- Under 16     16-19     20-30     31-40  
 41-50     50+     Prefer not to say

16. Do you consider yourself to have a disability?

- Yes     No     Prefer not to say

17. How would you describe your ethnic group?

- White British     White Other     British Asian – Bangladeshi  
 British Asian – Indian     British Asian – Pakistani     British Black – African  
 British Black – Caribbean     British – Chinese     Mixed ethnic origin - Asian and White  
 Mixed ethnic origin - Black and White Caribbean  
 Mixed ethnic origin - Black Caribbean and White  
 Prefer not to say     Other ethnic group, please specify:

**Thank you for taking the time to complete this questionnaire.**

**For further information or return of questionnaire please contact:**

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