Suffolk County Council

Health Visitors

Tell us what you think about the changes we want to make

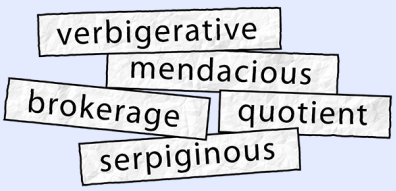
Easy read survey

This is an Easy Read version of some information. It has words and pictures.

You might want help to read this booklet. You can ask someone to help you.

words

Some words are **black and bold**. This means we think they are difficult words.



Black and bold words are thicker and darker. We explain what they mean in a box like this.

About this booklet

We are **Suffolk County Council**. We organise **Health Visitors** in Suffolk.

Health Visitors are special nurses and midwives who can visit you in your home when you are pregnant or have a child up to 5 years old.

We want to change the way our Health Visitors work and we want to know what you think.

This booklet tells you about the changes we want to make and asks you some questions to find out what you think.

About Health Visitors

Health Visitors have special training so they can help families with young children.

They visit you

- before your baby is born.
- just after your baby is born.
- when your baby is about 6 weeks old.
- when your child is about 1 year old.
- when your child is about 2 years old.

They can visit more often to help you and your child to stay healthy and happy.

How Health Visitors help

Health Visitors work with other health services in the local area to make sure you get good health care.

They help you

- learn how to be a parent when you have a baby.
- look after yourself.
- with breastfeeding.
- make sure your baby is a healthy weight.
- with illnesses and accidents.
- make sure your child is ready to start going to school.

What we want to change

We will make sure there are more Health Visitors to visit families and take charge of care.

We will stop having nurses called **Community Staff Nurses**. We will use Health Visitors and other staff called **Healthy Child Practitioners** instead.

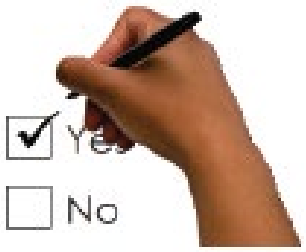
We will make sure the same Health Visitor visits you and your child each time if possible.

This means you will get better support at home until your child is 2 years old. After that you might get support in a different place until your child is 5 years old.

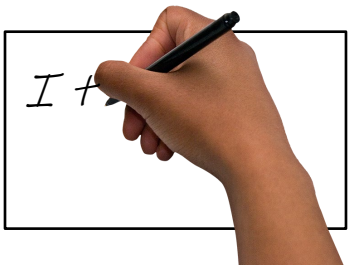
Tell us what you think

We want to know about you and what you think about the changes we want to make.

On the next pages we will ask you some questions.



Draw a tick in the little boxes to pick the answer that is right for you.



Tell us your answers by writing in the big boxes.

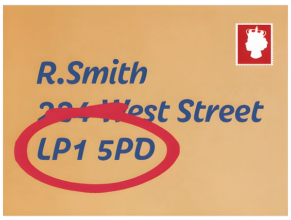
Q1 Who are you?

Please tick all the boxes that are right for you.

- ☐ I am a parent, or I look after a parent
- ☐ I work in the Health Visiting Service
- ☐ I live in Suffolk
- ☐ I work for Suffolk County Council
- ☐ I work for a local business
- ☐ I am an official Member of Suffolk County Council
- ☐ I work for a Town or Parish Council
- ☐ I work for a voluntary or community organisation
- ☐ I am part of a local group that helps families
- ☐ I am a health professional
- ☐ I do not want to say
- ☐ Someone else (please tell us who you are)

Answer the questions on this page if you want to tell us what a group or organisation thinks.

Q2 **Who are you answering for?**
Tell us the name of the group or organisation.



Q3 **What is their postcode?**
Tell us the postcode for the group or organisation.

Q4 Do you think the changes will make a difference to you, your family or other families?

Please tick 1 box.

- ☐ Yes, it will make a good difference
- ☐ No, it will not make any difference
- ☐ Yes, but it will make a bad difference
- ☐ I do not know

Q5 Why?

Tell us about your answer to question 4.

Q6 How did you hear about this survey?

Please tick 1 box.

- ☐ Facebook
- ☐ Twitter
- ☐ Local newspaper
- ☐ Local news online
- ☐ Someone told me
- ☐ Radio
- ☐ TV
- ☐ Somewhere else (please tell us where)

In the next questions we ask more about you. Your answers will help us make sure everyone is included.

You do not have to answer if you do not want to. If you do, your answers will be **anonymous**.

Anonymous means nobody will know who you are.

Q7 **Do you want to answer the next questions about you?**
Please tick 1 box.

- ☐ No, I do not want to say
- ☐ Yes, I will answer the next questions

Q8 Are you female or male?

Please tick 1 box.

- ☐ Female
- ☐ Male
- ☐ I do not want to say
- ☐ I want to say in my own words (please tell us)

Q9 How old are you?

Q10

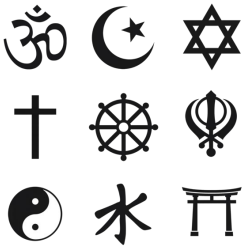
Do you have a disability?
This means you have a physical or mental health difficulty that will last a long time and affects you every day.

☐ Yes ☐ No ☐ I do not want to say

Q11

If yes, what is your disability?
Please tick all the boxes that are right for you.

☐ Moving
☐ Hearing
☐ Eyesight
☐ Learning
☐ Mental health
☐ Communication
☐ Health condition
☐ I do not want to say
☐ Something else (please tell us)



Q12 What is your religion or belief?

Please tick 1 box.

- ☐ I have no religion
- ☐ Baha'i
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jain
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ I do not want to say
- ☐ Something else (please tell us)

Q13 Which group are you part of?

Please tick 1 box.

- ☐ Asian or Asian British – Indian
- ☐ Asian or Asian British – Pakistani
- ☐ Asian or Asian British – Bangladeshi
- ☐ Other Asian or Asian British (please tell us)

- ☐ Black or Black British – Caribbean
- ☐ Black or Black British – African
- ☐ Other Black background (please tell us)

- ☐ Chinese

There are more choices on the next page

- [ ] Mixed – White and Black Caribbean
- [ ] Mixed – White and Black African
- [ ] Mixed – White and Asian
- [ ] Other Mixed background (please tell us)

- [ ] White – English
- [ ] White – Irish
- [ ] White – Northern Irish
- [ ] White – Scottish
- [ ] White – Welsh
- [ ] White – British
- [ ] Gypsy or Irish Traveller
- [ ] Other White background (please tell us)

There are more choices on the next page

☐ I do not want to say

☐ Other (please tell us)

Q14 What is your sexual orientation?

Sexual orientation is about who you are attracted to.
Please tick 1 box.

☐ Bisexual

☐ Gay man

☐ Gay woman or lesbian

☐ Different sex relationship

☐ No sexuality

☐ Same sex relationship with a man

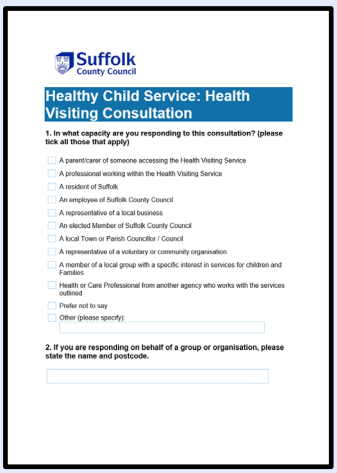
☐ Same sex relationship with a woman

☐ I do not want to say

☐ Something else (please tell us)

Thank you

Please put this survey in the freepost envelope and put it in a postbox to send your answers to us.


Suffolk County Council

Healthy Child Service: Health Visiting Consultation

1. In what capacity are you responding to this consultation? (please tick all those that apply)

- A parent/carer of someone accessing the Health Visiting Service
- A professional working within the Health Visiting Service
- A resident of Suffolk
- An employee of Suffolk County Council
- A representative of a local business
- An elected Member of Suffolk County Council
- A local Town or Parish Councillor / Council
- A representative of a voluntary or community organisation
- A member of a local group with a specific interest in services for children and Families
- Health or Care Professional from another agency who works with the services outlined
- Prefer not to say
- Other (please specify):

2. If you are responding on behalf of a group or organisation, please state the name and postcode.

Thank you to A2i for the words **www.a2i.co.uk** (reference 45615)

The full version of this document is called "Healthy Child Service: Health Visiting Consultation"

Photosymbols®
Publisher Licence 6277119299

Thank you to Photosymbols for the pictures