Emotional Wellbeing Consultation Survey – Word Version:

| Please note that this survey can be completed online at: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| http://consultations.kent.gov.uk/consult.ti/EWStrategy/consultationHome | | | | | | | | |
| This consultation is open from 15 th October – 5 th January 2014. | | | | | | | | |
| If you complete this Word version of the consultation, please return to | | | | | | | | |
| fsccommissioningadmin@kent.gov.uk. | | | | | | | | |
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| | | | | | | | | |
| About You: | | | | | | | | |
| Q1. Are you completing this survey as: | | | | | | | | |
| (please feel free to tick more than one box): | | | | | | | | |
| (please feet free to tiek more than one box). | | | | | | | | |
| □An individual: | | | | | | | | |
| ☐ Aged 15 or under | | | | | | | | |
| ☐ Aged 16-25 | | | | | | | | |
| ☐ Aged 26 or over | | | | | | | | |
| \Box A parent / carer / family member on behalf of a child or young person | | | | | | | | |
| ☐ An organisation (as the official representative) | | | | | | | | |
| Please tell us which: | | | | | | | | |
| | | | | | | | | |
| ☐A professional (please tell us): | | | | | | | | |
| ☐ Teacher / Education worker | | | | | | | | |
| ☐Social Worker | | | | | | | | |
| ☐Clinician / GP / Health Worker | | | | | | | | |
| ☐ District / Borough Council staff member | | | | | | | | |
| ☐ Voluntary / Community Sector staff member | | | | | | | | |
| ☐ Other (please state): | | | | | | | | |
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| Q2. Thinking about the four outcome areas (Early Help, Access, Whole Family Approaches and | | | | | | | | |
| Recovery & Transition) and the overall theme of Promoting Emotional Wellbeing – are these the | | | | | | | | |
| right areas for partners in Kent to focus on, in order to improve emotional wellbeing? | | | | | | | | |
| □Yes | | | | | | | | |
| □No | | | | | | | | |
| ☐ If you have selected no, please tell us why: | | | | | | | | |
| in you have selected not please tell as willy. | | | | | | | | |

| Q3. These outcome areas include a range of needs and priorities which are explained on pages 10-13 of the draft Strategy. Do you feel that there are any needs or priorities not mentioned in the document? | | | | | | |
|---|--|--|--|--|--|--|
| □ Yes □ If you have selected yes, please tell us more: □ No | | | | | | |
| Emotional Wellbeing Promotion: | | | | | | |
| We would like to support parents / carers and all those who work with children, young people and young adults to promote positive emotional wellbeing. | | | | | | |
| Q4. Which of the following groups do you feel need support in promoting positive emotional wellbeing to children and young people? (Please feel free to tick more than one box): | | | | | | |
| □Parents / carers | | | | | | |
| ☐ Need support | | | | | | |
| \square Do not need support | | | | | | |
| If you have answered 'need support', what could we do to better support them? | | | | | | |
| □Schools | | | | | | |
| ☐ Need support | | | | | | |
| ☐Do not need support | | | | | | |
| If you have answered 'need support', what could we do to better support them? | | | | | | |
| ☐ Healthcare settings (e.g. GP surgery) | | | | | | |
| □ Need support | | | | | | |
| ☐ Do not need support | | | | | | |
| If you have answered 'need support', what could we do to better support them? | | | | | | |
| | | | | | | |
| Please tell us of any other groups that may need support in promoting positive emotional wellbeing to children and young people, and what we could do to better support these groups: | | | | | | |

Early Help

| Early Help means supporting children, young people and young adults to develop emotional |
|--|
| resilience, and offering early support where necessary to prevent problems getting worse. Early help |
| is currently delivered in lots of different ways, for example through schools, youth centres and |
| commissioned services |

| Q5: How can we best offer early help to children, young people and young adults who are experiencing emotional wellbeing difficulties? | | | | | | |
|---|--|--|--|--|--|--|
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| Access: | | | | | | |
| Improving access means ensuring that children, young people and young adults who need additional help receive timely, accessible and effective emotional wellbeing support. | | | | | | |
| Q6. How do you think we can make it easier for children, young people and young adults who need additional help to access appropriate support? | | | | | | |
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| Q7. How can we improve the way in which we communicate to children, young people, young adults, families and professionals what support is available to meet different needs? | | | | | | |
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| Improving access will also need to include a focus on vulnerable groups, and on specialist support for children and young people with learning difficulties or disabilities. | | | | | | |
| Q8. How do you think we can best improve access to support for the following groups? (Please | | | | | | |
| answer for as many groups as you wish): | | | | | | |
| ☐Young offenders | | | | | | |
| Your ideas: | | | | | | |

| □ Children in Care / Care Leavers |
|--|
| Your ideas: |
| ☐Black and Minority Ethnic (BME) groups |
| Your ideas: |
| ☐ Children, young people and young adults affected by issues relating to sexual orientation or gender identity |
| Your ideas: |
| ☐Disabled children, young people and young adults |
| Your ideas: |
| Your ideas: |
| □Other groups (please tell us of any other groups who you feel need additional support around accessing appropriate services, and how you think we could do this): |
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| |
| Family Approaches: |
| |

Recovery and Transition:

This means helping children, young people, young adults and their families to be well-prepared and supported through transitions between services and at the end of interventions. It also includes the need to consider how best we can offer integrated support up to age 25.

| Q10: How can we improve the ways in which we support children / young people / young adults and their families at the end of interventions, or when they need to move between services? |
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| Q11. How can we best provide support for young people up to the age of 25? |
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| Q12. Are there any other comments you would like to make about the draft Emotional Wellbeing Strategy? |
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Thank you for responding to this consultation.

Equalities Monitoring Information:

Other, please specify:

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services. If you would rather not answer any of these questions, you don't have to. □ Male ☐ I prefer not to say Are you...? ☐ Female What is your postcode? To which of these ethnic groups do you feel you belong? (Source: 2011 census) White Mixed **Asian or Asian British Black or Black British** British White & Black Caribbean Indian Caribbean Irish White & Black African Pakistani African Gypsy/Roma White & Asian Bangladeshi Other* Irish Traveller Other* Other* Other* Arab Chinese I prefer not to say *Other Ethnic Group - if your ethnic group is not specified in the list, please describe it here: The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example), are considered to be disabled from the point that they are diagnosed. Do you consider yourself to be disabled as set out in the Equality Act 2010? Yes □ No ☐ I prefer not to say If you answered Yes to Qxx, please tell us which type of impairment applies to you. You may have more than one type of impairment, so please select all the impairments that apply to you. If none of these applies to you, please select Other, and write in the type of impairment you have. Physical impairment Mental health condition Sensory impairment (hearing, sight or both ☐ Learning disability Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy

☐ I prefer not to say

| Do you regard yourself as belonging to any particular religion or belief? | | | | | | | | | |
|---|-------------------|----------|-------------------|-------------------------------------|--|--|--|--|--|
| | Yes | ☐ No | ☐ I prefer | not to say | | | | | |
| If you answered Yes to Qxx, which of the following applies to you? | | | | | | | | | |
| | Christian | Hindu | ☐ Muslim | Any other religion, please specify: | | | | | |
| | Buddhist | ☐ Jewish | ☐ Sikh | | | | | | |
| Are yo | ou? | | | | | | | | |
| | Bi/Bisexual | | Gay woman/Lesbian | Other | | | | | |
| | Heterosexual/Stra | ight | Gay man | ☐ I prefer not to say | | | | | |
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Thank you for providing this information: your feedback is important to us.