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Consultation document including questionnaire

Easy read Consultation document
1. Background

KCC became responsible for the School Public Health Service in April 2013 and the Health Visiting service in October 2015. Together, these services focus on promoting the health and wellbeing of the 0-19 population in Kent. KCC will be commissioning these services with new contracts expected to commence in October 2016.

This is the first time these services will be directly commissioned by KCC, presenting an opportunity to consult on how they may be improved or tailored to better suit the people of Kent. With this in mind, four proposed delivery models have been developed in line with the National Framework ‘Increasing Opportunities, Improving Outcomes: Kent County Council’s Strategic Statement 2015 – 2020’, which sets out a vision for the council ‘to focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent’s residents, communities and businesses’.

Model 1: Current Model

The current model delivers an age specific service for 0-4 year olds and a separate service to all school age children, which focusses on both the individual public health needs of children and takes a whole school approach to health improvement.

The handover and change in service from Health Visiting to the School Public Health Service occurs at school entry which represents a key stage of transition for the child.
Model 2 provides the opportunity for the services to be delivered in line with the developmental needs of the population and retain a focus on the mandated clinical elements of the Healthy Child Programme 0-11. This approach ensures that individual clinical needs are met alongside delivering age appropriate health improvement services. The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professional in the educational settings they access.

Model 2 retains the transition for Health Visiting to the School Public Health Service and introduces an additional transition from primary to secondary school.
In Model 3 a single service delivers across the 0-11 age group. This maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. In this model, both the clinical elements for addressing individual needs as well as the approaches adopted for health improvement focus distinctly on the needs of the 0-11 and 12-19 age groups.

Model 3 removes the transition from Health Visiting to the Public Health School Service at school entry. The service handover would instead take place between primary and secondary education.

As in Model 3, a single service delivers the individual public health needs across the 0-11 age group, which maintains a focus on the clinical elements of the Healthy Child Programme 0-11, and the skills required to deliver those elements. However, model 3b separates clinical elements from whole school approaches to health improvement, which presents the opportunity to jointly commission additional clinical services.
2. Methodology

The proposal was put out to public consultation over the period Monday 2nd November to Monday 14th December (inclusive). All of the public consultation documents were made available online at www.kent.gov.uk/consultations. These include the consultation document and questionnaire, a link to the online survey, an easy read version of the consultation document, and an Equality Impact Assessment. The questionnaire was designed by Public Health, in conjunction with the Consultations department. Copies of the documents can be found in the Appendix.

The Health Visiting and School Public Health Service Consultation was hosted on Kent County Council’s Consultation Directory. Subscribers to the directory that had expressed an interest in health and early years consultations received automated notifications at the time of launch.

The consultation was promoted through KCC’s social media accounts, press statements on Kent.gov’s Media Hub, the Kelsi weekly e-bulletin and direct emailing to organisation stakeholders via the Public Health and Consultation Teams.

Paper copies of the Consultation were distributed to Children’s Centres, Libraries, CCGs and GP surgeries.

The results of the public consultation have been analysed by the Strategic Business Development & Intelligence department.
3. Executive Summary

The most preferred model for meeting the needs of children and young people was felt to be Model 2. Just over half (53%) of the 120 respondents chose Model 2. The remaining respondents were split between the current model (18%), Model 3b (18%) and Model 3 (12%).

The main reason for preferring Model 2 was because it provides specialist support which is more specific to the age of the child.

The most important public health issues for children in Primary School were felt to be:
- Emotional wellbeing
- Nutrition and physical activity
- School readiness and progress

‘Other’ received the third highest score, and included areas such as ‘domestic abuse / family instability / poverty’, ‘e-safety / safeguarding children’ and ‘eye testing’.

The most important public health issues for children in Secondary School were felt to be:
- Emotional wellbeing
- Sexual health
- Bullying

‘Other’ received the third highest score, and included areas such as ‘safeguarding children and adults / internet safety’, ‘being able to discuss anything that is concerning them / emotional needs / resilience’, and ‘drug use’.

The most important skills and attitudes that respondents felt were needed to work with children and young adults included
- Warm and caring attitude / empathy and sensitivity / sympathetic / ability to listen
- Specialist practitioners / appropriately qualified / well qualified /in-depth knowledge of the development of children / good understanding of age / experienced
- Ability to connect with children / young persons / parents / communication skills

There was a range of ideas expressed for shaping future public health service needs:
- Provide more parenting programmes to support parents / support for parents too
- Improved accessibility to mental health care particularly for teenagers and young adults / more emphasis on mental health and emotional wellbeing
- Working together with various agencies including sports and social clubs.
4. Dashboard
**Health Visiting and School Public Health Service - Public Consultation**

2nd November - 14th December 2015

**Base: All Respondents**

**Q2: Proposed Models**

Which model of service best meets the needs of children and young people?

- 0-11 and 12-19 (model 3) - 12%
- 0-11 and 12-19 (model 3b) - 18%
- 0-4 and 5-19 (current model) - 10%
- 0-4, 5-11 and 12-19 (model 2) - 70%

**Q3: Most important public health issues for children in Primary School**

Please rate the options below: 5 = Most Important, 1 = Least Important

**Q4: Most important public health issues for children in Secondary School**

Please rate the options below: 5 = Most Important, 1 = Least Important
5. Response to the Consultation

A total of 120 people responded to the public consultation, with 116 respondents completing the online questionnaire and 4 respondents completing the paper equivalent version. Details of the profile of respondents can be found in Section 6 of this report.

Parents of children aged 0-19 make up half of the sample (49%), whilst those responding in a professional capacity or on behalf of an organisation accounted for 29% of the sample, and the remaining 22% classified themselves as ‘Other’.

Figure 5.1: Model of service that best meets the needs of children and young people

Q: Proposed models: which model of service best meets the needs of children and young people?

Model 2 was preferred by just over half (53%) of the sample, whilst remainder of respondents were split between the current model (18%), model 3b (18%) and model 3 (12%).

The main reason for selecting Model 2 was because it allows for specialist support for each age group / more specific to needs of age groups / better targeted.

‘Children are so different at various different stages in their lives.’  
Parent of child aged 0-4

‘Better to have targeted care appropriate to each age group.’  
Parent of child aged 5-11

‘Needs are so diverse across the age ranges it makes sense to separate them.’  
Parent of young person aged 12-19

‘Due to Health Visiting only being up to age 5, and School Health being from 5, I feel there needs to be a handover at school age entry. I also like the idea of a transition to secondary school handover.’  
A professional related to these services
TABLE 5.1: Comments on why Model 2 best meets the needs of children and young people

<table>
<thead>
<tr>
<th></th>
<th>All Respondents</th>
<th>Parent / Carer / relative of a child aged 0 - 15</th>
<th>A professional related to these services</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: All Respondents selecting Model 2</td>
<td>14</td>
<td>38</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Allows for specialist support for each age group / more specific to needs of age groups / better targeted</td>
<td>Nos 39 (61%)</td>
<td>Nos 21</td>
<td>Nos 10</td>
<td>Nos 8</td>
</tr>
<tr>
<td>Fits the existing education system / Aligns with children’s centres, school and youth centres</td>
<td>Nos 4 (6%)</td>
<td>Nos 1</td>
<td>Nos 2</td>
<td>Nos 1</td>
</tr>
<tr>
<td>The development and needs of preschool children are different from, and should be addressed separately from, those of school-age children</td>
<td>Nos 3 (5%)</td>
<td>Nos 2</td>
<td>Nos 1</td>
<td>Nos 0</td>
</tr>
<tr>
<td>A more holistic approach to growing children</td>
<td>Nos 1 (2%)</td>
<td>Nos 1</td>
<td>Nos 0</td>
<td>Nos 0</td>
</tr>
<tr>
<td>Best practice</td>
<td>Nos 1 (2%)</td>
<td>Nos 1</td>
<td>Nos 0</td>
<td>Nos 0</td>
</tr>
<tr>
<td>Provides continuity for the child</td>
<td>Nos 1 (2%)</td>
<td>Nos 0</td>
<td>Nos 0</td>
<td>Nos 1</td>
</tr>
<tr>
<td>Specialise in specific age groups would be beneficial as long as there is not increase in support and associated ICT costs.</td>
<td>Nos 1 (2%)</td>
<td>Nos 1</td>
<td>Nos 0</td>
<td>Nos 0</td>
</tr>
<tr>
<td>Other</td>
<td>Nos 1 (2%)</td>
<td>Nos 1</td>
<td>Nos 0</td>
<td>Nos 0</td>
</tr>
<tr>
<td>Unspecified</td>
<td>Nos 14 (22%)</td>
<td>Nos 10</td>
<td>Nos 3</td>
<td>Nos 1</td>
</tr>
</tbody>
</table>
Only 21 respondents preferred the current model, and 5 of those declined to explain why.

‘Health Visitors and school nurses are in their own speciality and "handover" covers when children reach school age. Partnership working works with the current model.’

A professional related to these services

‘Appears to be the better model and obviously works well. The professionals are trained to in age ranges therefore specialists in age groups ie health visitor 0-5 school nurse 5-19’.

Parent of young person aged 12-19
Only 21 respondents preferred model 3b, and 2 of those declined to explain why.

The main reasons for preferring this model were that it allows for other organisations to be involved, e.g. mental health / expertise can be accessed according to individual needs, and because there are fewer transition points / more continuity / consistency.

‘Expertise can be accessed according to individual needs and focus by other staff can be towards the requirements for all children within the age group concerned.’

‘Other’ respondent

‘Better chance of assigning a single development/needs plan to a child. The ability to call in focused expert help from other organisations would I believe help provide the best help where/when needed.’

‘Other’ respondent

‘Opportunity for additional input from other agencies’

Parent of child aged 0-4

‘In my view it offers consistent service and support for the child’

Parent of child aged 5-11
Only 14 respondents preferred model 3, and 2 of those declined to say why.

The main reasons for preferring model 3 were the fact that there are fewer transition points and because it provides a more focussed, specialised service for adolescents.

‘It fits with other services potentially and recognises that the needs of adolescents are different to those of infants and primary aged pupils.’

Parent of young person aged 12-19
Figure 5.2: Most important public health issues for children in Primary School

Q: What do you think are the most important public health issues for children in primary school?
Please rate the options below: 5= Most important, 1= Least important

‘Emotional wellbeing’, ‘nutrition and physical activity’ and ‘school readiness and progress’ were seen to be the most important public health issues for children in Primary School. The ‘other’ issues raised by respondents are shown in Table 5.5 below.
Q: What do you think are the most important public health issues for children in primary school?
Please rate the options below: 5= Most important, 1= Least important

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total</th>
<th>Parent of child aged 0-19</th>
<th>Professional</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic abuse / family instability / poverty</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>E-safety / safeguarding children</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Eye testing</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sense of community / respect / cultural awareness / social skills</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bed wetting</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chronic conditions such as asthma</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Immunisation</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mental health</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Obesity</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 5.3: Most important public health issues for children in Secondary School

Q: What do you think are the most important public health issues for children in secondary school?
Please rate the options below: 5 = Most important, 1 = Least important

‘Other’ issues raised by respondents covered a range of areas, but primarily ‘safeguarding children and adults / internet safety’, ‘being able to discuss anything that is concerning them / emotional needs / emotional resilience’ and ‘drug use’. See Table 5.6 below.

‘Emotional wellbeing’, ‘sexual health’, ‘bullying’ and ‘puberty and development’ were seen to be the most important public health issues for secondary school children.
Q: What do you think are the most important public health issues for children in secondary school?
Please rate the options below: 5= Most important, 1= Least important

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total</th>
<th>Parent of child aged 0-19</th>
<th>Professional</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding children and adults / Internet safety</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Being able to discuss anything that is concerning them / emotional needs / emotional resilience</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Drug use</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Adolescent mental health</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Family issues / domestic abuse / insecurity caused by low income etc</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Check on eyesight, hearing and skin condition</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Management of chronic conditions such as asthma</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Obesity</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Prevent agenda - feel qualified</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Readiness for life</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Relationship issues</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Risk taking behaviour</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sense of respect and community</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Social skills</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Some of these are more pastoral care than health issues</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**TABLE 5.7: Skills and attitudes needed to work with the different age groups of children and young people**

<table>
<thead>
<tr>
<th>Skill/Attitude</th>
<th>Total</th>
<th>Parent of child aged 0-19</th>
<th>Professional</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm and caring attitude / empathy and sensitivity / sympathetic / ability to listen</td>
<td>54</td>
<td>38</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Specialized practitioners / appropriately qualified / well qualified / in-depth knowledge of the development of children / good understanding of age / experience</td>
<td>61</td>
<td>39</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Ability to connect with children/young persons/parents / Communication skills</td>
<td>65</td>
<td>44</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Non judgemental / Professional / Open-minded / Fairness</td>
<td>27</td>
<td>23</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ability to inspire trust</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Available / Contactable / Approachable / Accessible / With time to care</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Patience</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Determination to pursue concerns / responsive and engaging approach / Resilience</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Honesty</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assertive when necessary / able to set appropriate boundaries / firm</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Caring and dedication / genuinely interested</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Being a good role model</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Knowledge of local area / understanding of local issues</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Respect / ability to earn respect / authority / treat young people with respect</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Well informed of other services to refer to and signpost young people</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Able to make learning enjoyable / inspiring</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Accountability</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Holistic approach</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Keeping abreast of current best practice / research based</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>GDNH skill framework / GDNH qualification</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Understanding of family environment / working with family as a whole</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Skills Nursing</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ability to identify those who really need support</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Able to answer questions confidently and confidentially</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Awareness of issues affecting young carers</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Flexible approach</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Good documentation skills</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Life skills</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Manly</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provide balanced views</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Task and communication skills</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Time management</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unexpected</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Q: What skills and attitudes do you think are needed to work with the different age groups of children and young people?
The main skills and attitudes that respondents felt were needed to work with the different age groups of children and young people were:

- Warm and caring attitude / empathy and sensitivity / sympathetic / able to listen
- Specialist practitioners / appropriately qualified / well qualified / in-depth knowledge of the development of children / good understanding of age / experienced
- Ability to connect with children / young persons / parents / communication skills.

Q: If there is anything else you would like to put forward to shape future public health services for children and young people in Kent, please tell us about it here.

The final question asked whether there is anything else that respondents would like to put forward to shape future health services for children and young people in Kent.

The most frequently mentioned suggestions were

- Provide more parenting programmes to support parents / support for parents too
- Improved accessibility to mental health care particularly for teenagers and young adults / more emphasis on mental health and emotional wellbeing
- Working together with other agencies / charities / NGOs / sports organisations / voluntary agencies / social clubs

and various suggestions on how to deal with obesity issues.
6. Profile of Respondents

**TABLE 6.1: Type of Respondent**

<table>
<thead>
<tr>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: All Respondents</td>
</tr>
<tr>
<td>Parent / carer / relative of a child aged 0 - 4</td>
</tr>
<tr>
<td>Parent / carer / relative of a child aged 5 - 11</td>
</tr>
<tr>
<td>Parent / carer / relative of a young person aged 12 - 19</td>
</tr>
<tr>
<td>A professional related to these services</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Half (49%) of the sample comprised of parents / carer / relatives of children aged 0 - 19.

**TABLE 6.2: Parents / carers / relatives of children aged 0-19: Gender**

<table>
<thead>
<tr>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: Parents of children aged 0-19</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

The sample of parents
### TABLE 6.3: Parents / carers / relatives of children aged 0-19: Age

<table>
<thead>
<tr>
<th>Base: Parents of children aged 0-19</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>1</td>
</tr>
<tr>
<td>25-34</td>
<td>7</td>
</tr>
<tr>
<td>35-49</td>
<td>27</td>
</tr>
<tr>
<td>50-59</td>
<td>11</td>
</tr>
<tr>
<td>60-64</td>
<td>3</td>
</tr>
<tr>
<td>65-74</td>
<td>7</td>
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<tr>
<td>75-84</td>
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</tr>
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</tbody>
</table>

### TABLE 6.4: Parents / carers / relatives of children aged 0-19: Ethnicity

<table>
<thead>
<tr>
<th>Base: Parents of children aged 0-19</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>White English</td>
<td>53</td>
</tr>
<tr>
<td>White Other</td>
<td>4</td>
</tr>
<tr>
<td>Mixed Other</td>
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</tr>
<tr>
<td>Unspecified</td>
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</tr>
</tbody>
</table>
### TABLE 6.5: Parents / carers / relatives of children aged 0-19: Whether disabled

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
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<td>59</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>No</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>89%</td>
</tr>
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<td>2</td>
</tr>
<tr>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

### TABLE 6.6: Parents / carers / relatives of children aged 0-19: Sexual Orientation

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: Parents of children aged 0-19</td>
<td>59</td>
</tr>
<tr>
<td>Heterosexual / Straight</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>
TABLE 6.7: Parents / carers / relatives of children aged 0-19: CCG based on postcode

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: Parents of children aged 0-19</td>
<td>59</td>
</tr>
<tr>
<td>NHS West Kent CCG</td>
<td>19 33%</td>
</tr>
<tr>
<td>NHS Thanet CCG</td>
<td>9 16%</td>
</tr>
<tr>
<td>NHS Canterbury and Coastal CCG</td>
<td>8 14%</td>
</tr>
<tr>
<td>NHS Swale CCG</td>
<td>7 12%</td>
</tr>
<tr>
<td>NHS Dartford, Gravesham and Swanley CCG</td>
<td>6 11%</td>
</tr>
<tr>
<td>NHS South Kent Coast CCG</td>
<td>4 7%</td>
</tr>
<tr>
<td>NHS Ashford CCG</td>
<td>2 4%</td>
</tr>
<tr>
<td>NHS Medway CCG</td>
<td>1 2%</td>
</tr>
<tr>
<td>Out of Area</td>
<td>1 2%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>2 NA</td>
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</tbody>
</table>
Health Visiting and School Public Health Service
Consultation Document
Contents

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Introduction

Kent County Council has a vision to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives, with a particular focus on the differences in outcomes within and between communities.

KCC is a Strategic Commissioning Authority. This means that KCC will seek to provide services in the most efficient way by developing detailed contracts, service specifications and desired outcomes. Services are then delivered by KCC staff or private and voluntary sector agencies depending on how best public money can be spent.

Public Health is a specialist department within KCC that receives a grant from central government to deliver and commission services to improve health outcomes and reduce health inequalities so that all people can live healthier for longer. Legal and best practice guidance shows that this is best supported through the provision of early and effective preventative work and a strong focus on ensuring that children and young people in Kent get the best start in life.

KCC now has responsibility for Health Visiting and the School Public Health Service and has been considering its approach to these services to ensure that they deliver the best outcomes to the residents of Kent.

Why we are consulting

KCC is seeking views on the proposed service delivery models for Health Visiting and the School Public Health Service. Consultation responses will be used to improve services and ensure that they are designed around the needs of Kent residents. Residents are at the heart of what we do and how we deliver services.

We continue to actively engage all stakeholders, undertake ongoing service evaluation, research and focus group work to tailor all services to local needs. We value the opinion of all current, past and potential services users and want to create the opportunity for the wider public to shape service delivery in the future.

Kent County Council would like to hear your views on future models we have proposed to deliver services to children and young people, and which will best achieve the desired outcomes for the 0-19 population.
Background and Context

KCC became responsible for the School Public Health Service in April 2013 and the Health Visiting service in October 2015. Together, these services focus on promoting the health and wellbeing of the 0-19 population in Kent. KCC will be commissioning these services with new contracts expected to commence in October 2016.

This is the first time these services will be directly commissioned by KCC, presenting an opportunity to consult on how they may be improved or tailored to better suit the people of Kent. The four proposed delivery models have all been developed in line with the National Framework.

‘Increasing Opportunities, Improving Outcomes: Kent County Council’s Strategic Statement 2015 – 2020’, sets out a vision for the council ‘to focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent’s residents, communities and businesses’.

We are committed to supporting this, and to ensuring that children and young people in Kent do get the best start in life. With this in mind, it is essential that these services are delivered efficiently and effectively, and are accessible to residents countywide.

Health Visiting

The Health Visiting Service workforce consists of Nursing & Midwifery Council registered (NMC) Specialist Community Public Health Nurses (SCPHN) and teams who provide expert information, assessments and support for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors (HVs) help to empower parents to make decisions that affect their family’s health and wellbeing. Their role is central to improving the health outcomes of populations and reducing inequalities.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP). This is a preventative public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. This includes safeguarding children and working to promote health and development in the early years.

The Public Health Outcomes linked to this service are:

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking during pregnancy;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;
• Reducing under 18 conceptions;
• Reducing excess weight in 4-5 and 10-11 year olds;
• Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
• Improving population vaccination coverage;
• Disease prevention through screening and immunisation programmes;
• Reducing tooth decay in children aged 5.

THE CURRENT MODEL

The service delivers 5 universal health visits; antenatal, new baby, 6-8 weeks, 1 year and 2-21/2 year. Depending on the needs of children and families, additional engagement and support may be offered, which may involve signposting, referring into and working with other children’s services and specialist professionals.

Through regular contact with families, Health Visitors focus on the following:

- Supporting transition to parenthood
- Assessing and addressing maternal mental health issues (e.g. pre / post natal depression)
- Providing advice and support around breastfeeding
- Promoting healthy lifestyles and behaviour (in terms of diet, healthy weight, physical exercise and the impact of parental health behaviour)
- Managing minor illnesses and preventing accidents
- Encouraging positive child development to ensure children are healthy and ready for school

KCC reviewed the national service specifications before taking responsibility for the service and has already started making appropriate amendments and improvements that reflect the specific needs of Kent.

School Public Health Service

The School Public Health Service provides expert advice, information and support to children and young people aged 5-19 in school settings across Kent. Specialist Community Public Health Nurses (SCPHN) lead in the delivery of the Healthy Child Programme. In addition, the service is commissioned by NHS England to deliver school elements of the National Child Immunisation Programme.

The Public Health Outcomes linked to this service are:

4 - 11 year olds

- Reducing excess weight in children
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14
- School Readiness

11 - 18 year olds

- Smoking prevalence at age 15
- Alcohol-related admissions to hospital
- Under 18 conceptions
- Chlamydia Diagnosis
- Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- Emotional well-being of looked after children
In addition the service will contribute to:

- Increases in young people’s self-reported emotional health and wellbeing
- Reductions in child admissions for mental health
- Reductions in young people’s hospital admissions for self-harm
- Reducing pupil absence

**THE CURRENT MODEL**

Currently the service is delivered across the 5-19 age range, and starts with the handover of cases from Health Visiting followed by the Year R health review, which includes audiology and vision screening. The National Child Measurement Programme (NCMP) is undertaken at Year R and Year 6. Outside of this, school-aged children can be referred into the service to address particular public health needs, such as substance misuse or healthy weight.

Packages of care to delivered to address these needs and referrals to additional services are made when necessary.

The service offers support, advice and signposting around particular issues, including:

- Healthy weight and active lifestyles (advice on diet and exercise)
- Substance misuse (drug, alcohol and smoking)
- Sexual health (risk behaviour and contraception)
- Behaviour Management
- Emotional health and wellbeing
- Parenting

Whole school health improvement is promoted across all schools with a focus on those schools where need is greatest. The offer to each school is articulated in school and district level plans.

Review of the service has identified that service delivery has been inconsistent across Kent and the Health Review at Year 6, part of the Healthy Child Programme, is not currently delivered.

Service data shows that it delivers more packages of care in primary schools than in secondary schools. Groups of young people outside of mainstream school settings, like Pupil Referral Units and young offenders have not consistently received a service despite having greater and more complex needs. In addition, the offer to the tertiary education sector is not consistent. Lastly, the service is not visible to the adolescent population for whom there are concerns about emotional health.

**Future Models of Delivery**

The transfer of commissioning responsibility for the health visiting service to KCC presents a new and exciting opportunity to ensure that the health and wellbeing needs of children and young people in Kent are being met in the best way.

KCC has reviewed the existing services and engaged with stakeholders involved in supporting children and young people. This process has identified good practice which will be maintained and also highlighted opportunities for improvement.

Based on this service evaluation and stakeholder engagement work, the following models have been developed:
Model 1: Current Model

0-4
Health Visiting Service
Focus on needs of children 0-4 before handing over to SHPS

5-19
SHPS
Focus on needs of all primary and secondary aged children

The current model delivers an age specific service for 0-4 year olds and a separate service to all school aged children, which focusses on both the individual public health needs of children and takes a whole school approach to health improvement.

The handover and change in service from Health Visiting to the School Public Health Service occurs at school entry which represents a key stage of transition for the child.
Model 2 provides the opportunity for the services to be delivered in line with the developmental needs of the population and retain a focus on the mandated clinical elements of the Healthy Child Programme 0-11. This approach ensures that individual clinical needs are met alongside delivering age appropriate health improvement services. The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 2 retains the transition from Health Visiting to the School Public Health Service and introduces an additional transition from primary to secondary school.
In Model 3, a single service delivers across the 0-11 age group. This maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. In this model, both the clinical elements for addressing individual needs as well as the approaches adopted for health improvement focus distinctly on the needs of the 0-11 and 12-19 age groups.

The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach.

The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 3 removes the transition from Health Visiting to the Public Health School Service at school entry, providing at this time of transition. The service handover would instead take place between primary and secondary education.
As in Model 3, a single service delivers the individual public health needs across the 0-11 age group, which maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. However, model 3b separates clinical elements from whole school approaches to health improvement, which presents the opportunity to jointly commission additional clinical services.

The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 3b removes the handover from Health Visiting to the School Public Health Service at school entry, providing consistency at this time of transition. In this case, handover between services would take place when moving from primary to secondary school.
How to respond to this consultation

Whether you are a past, current or future user of these services, a carer or relative of a service user, a member of the public, an existing or potential provider of services, or another stakeholder we are keen to hear your views and experiences.

Please visit www.kent.gov.uk/healthychildren to complete the online questionnaire

Alternatively, complete the form attached and post to: KCC PUBLIC HEALTH CONSULTATIONS

All background documents relating to this consultation are available online, or may be requested in various formats from childrenspublichealth@kent.gov.uk

Kent County Council values all feedback and views provided. By completing the short questionnaire you will be assisting us to ensure that these services meet the needs of Kent residents.
Questionnaire

We would be grateful if you could take the time to complete this short questionnaire to give us your views of the commissioning of services for children and young people.

Please respond by 14 December 2015

1. Are you responding to this consultation as: (You may tick more than one)
   - Parent/carer/relative of 0-4 year old
   - Parent/carer/relative of a child or young person aged 5-19 (past or present)
   - A child or young person who uses/has used these services
   - A professional related to these services
   - Other

   If ‘professional’ or ‘other’ please explain your interest:

2. Proposed models: which model of service best meets the needs of children and young people?
   - 0-4 and 5-19 (current model)
   - 0-4, 5-11 and 12-19 (model 2)
   - 0-11 and 12-19 (model 3)
   - 0-11 and 12-19 (model 3b)
   - Don’t know

Please tell us why?

3. What do you think are the most important public health issues for children in primary school? (Please rate the options: 5 = Most important 1 = Least important)
   - School readiness and progress
   - Injuries and minor ailments
   - Nutrition and physical activity
   - Sexual Health
   - Bullying
   - Puberty and development
   - Smoking
   - Alcohol
   - Emotional wellbeing
   - Self-harm
   - Attainment
   - Other

   If other, please state:
4 What do you think are the most important public health issues for young people in secondary school? (Please rate the options: 5 = Most important 1 = Least important)

- [ ] Transfer to secondary school and progress
- [ ] Injuries and minor ailments
- [ ] Nutrition and physical activity
- [ ] Sexual Health
- [ ] Bullying
- [ ] Puberty and development
- [ ] Smoking
- [ ] Alcohol
- [ ] Emotional wellbeing
- [ ] Self-harm
- [ ] Attainment
- [ ] Other

If other, please state:

5 What skills and attitudes do you think are needed to work with the different age groups of children and young people?

6 Is there anything else you would like put forward to shape future public health services for children and young people in Kent?
About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That’s why we’re 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.

7 Are you......? Please select one box.

☐ Male ☐ Female ☐ I prefer not to say

8 Which of these age groups applies to you? Please select one box.

☐ 0 - 15 ☐ 25-34 ☐ 50-59 ☐ 65-74 ☐ 85 + over
☐ 16-24 ☐ 35-49 ☐ 60-64 ☐ 75-84 ☐ I prefer not to say

9 To which of these ethnic groups do you feel you belong? (Source: 2011 census)

Please select one box.

☐ White English ☐ Asian or Asian British Indian
☐ White Scottish ☐ Asian or Asian British Pakistani
☐ White Welsh ☐ Asian or Asian British Bangladeshi
☐ White Northern Irish ☐ Asian or Asian British other*
☐ White Irish ☐ Black or Black British Caribbean
☐ White Gypsy/Roma ☐ Black or Black British African
☐ White Irish Traveller ☐ Black or Black British other*
☐ White other* ☐ Arab
☐ Mixed White and Black Caribbean ☐ Chinese
☐ Mixed White and Black African ☐ I prefer not to say
☐ Mixed White and Asian ☐ Mixed other*
☐ 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.

10 Do you consider yourself to be disabled as set out in the Equality Act 2010? Please select one box.

☐ Yes  ☐ No  ☐ I prefer not to say

11 If you answered Yes to Q10, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select Other, and give brief details of the impairment you have.

☐ Physical impairment.
☐ Sensory impairment (hearing, sight or both).
☐ Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy.
☐ Mental health condition.
☐ Learning disability.
☐ I prefer not to say.
☐ Other*  

*If Other, please specify:  

12 Do you regard yourself as belonging to any particular religion or belief? Please select one box.

☐ Yes  ☐ No  ☐ I prefer not to say

13 If you answered Yes to Q12, which one applies to you? Please select one box.

☐ Christian  ☐ Hindu  ☐ Muslim  ☐ Any other religion, please specify:  
☐ Buddhist  ☐ Jewish  ☐ Sikh  ☐
14  **Are you...? Please select one box.**

☐ Heterosexual/Straight  ☐ Gay woman/Lesbian  ☐ Other

☐ Bi/Bisexual  ☐ Gay man  ☐ I prefer not to say

Thank you for taking the time to complete this questionnaire.
Our plans for the Health Visiting Service and School Public Health Services

Tell us what you think
How we provide the Health Visiting Service and School Public Health Services

Tell us what you think

Hello

We (Kent County Council) would like to tell you about our plans for how we provide the Health Visiting Service and School Public Health Services in Kent.

We would like you to read our plans and then tell us what you think. This is called a consultation.

You can do this by filling in the form at the end of this document and putting it in the post to the address: KCC Public Health Consultations.

Or you can fill in the form on the internet at: www.kent.gov.uk/healthychildren

You might need some help with this.

You can tell us what you think from 2 November to 14 December 2015.
Introduction

Kent County Council would like to help children and young people in Kent have good health and wellbeing.

We do this through our Public Health Department who have been in the council since 2013.

They are given money by central government to set up services for children and young people for their health and wellbeing.

Part of this work is done by the Health Visiting Service and the School Public Health Service.

They check on the health and wellbeing of children and young people up to the age of 19.

These services work well, but we would like them to be even better.

We have made plans to do this and would like to know what you think of them.
What are these services?

The Health Visiting Service is made up of Specialist Community Public Health Nurses and teams.

They give information, assessments and support for babies, children and families who have complex needs. This is done through the ‘Healthy Child Programme 0-5’.

Some of the main things they aim to do are:

• Improve life expectancy and a healthy life
• Reduce early deaths of infants
• Reduce low birth weight
• Reduce smoking in expectant mothers
• Promote breast feeding
• Reduce the number of children in poverty
• Make sure children are ready to attend school
• Reduce tooth decay
• and much more.
The School Public Health Service give information, advice and support to children and young people who are aged 5-19 in school across Kent.

The service is made up of Specialist Community Public Health Nurses and their colleagues.

Some of the things they aim to do for primary children:

• Reduce excess weight in 4-5 and 10-11 year olds
• Reduce hospital admissions caused by accident or deliberate injury
• Make sure children are ready to attend school.

Some of the things they aim to do for older children:

• Reduce smoking
• Reduce alcohol drinking
• Reduce under 18 pregnancies
• Reduce hospital admissions caused by accident or deliberate injury

They also help to:

• Increase young people’s emotional health and wellbeing
• reduce mental health problems and self harm.
Our plans

This section explains what we do at the moment and the plans we are thinking will make the service better.

We would like you to look at them and then tell us which of them you think is the best one and why.

Plan 1 - What we do now

At the moment we have a service for 0 to 4 year olds and a service for school aged children (5-19 year olds).

The number of professionals in the 0-4 year old Health Visiting Service has grown.

5-19 is a large age range and it can be difficult to meet all the needs of this group.
Plan 2

This plan brings the service into line with key stages in growing up.

There is the Health Visiting Service for those aged 0-4.

There is a primary School Public Health Service which looks at the needs of children aged 5-11.

And a secondary School Public Health Service which looks at the needs of children and young people aged 12-19.

This means the health service can be made just right for the different age groups.

Plan 3

This plan has two age groups within it.

There is the Health Visiting and School Public Health Service for those aged 0-11.
This service for those aged 0-11 focuses on the needs for that age group but does not change when they go to school.

This could help children to be more ready for school.

Then there is the secondary School Public Health Service for those aged 12-19.

This will look at the needs of this age group.

Plan 3b

Like the plan above this gives a service to those aged 0-11 with health Visiting and primary School Public Health Services.

But instead of this service doing everything there would be the opportunity to commission or arrange with another organisation extra clinical services.

For those aged 12-19 the secondary School Public Health Service would focus on the needs for this age group.
Tell us what you think

We would like to hear what you think of these plans.

What you tell us will be looked at carefully and used to make sure that the service we give is right for everyone.

You can fill in the form on the internet at: www.kent.gov.uk/healthychildren.

Or fill in this form and post it to the address on page 18.

You can tell us what you think until the 14 December 2015.

If you want to know more you can see the full documents on our website at: www.kent.gov.uk/healthychildren
Questions

1.(a) Please tick a box if you are filling in this questionnaire:

- [ ] as a parent/carer or relative of a 0-4 year old
- [ ] as a parent/carer or relative of a 5-19 year old
- [ ] as a child or young person who uses or used these services
- [ ] as a professional
- [ ] Other

If other please tell us
2. Which one of our plans do you think best meets the needs of children and young people? (please tick)

- [ ] Plan 1 - what we have now
- [ ] Plan 2
- [ ] Plan 3
- [ ] Plan 3b
- [ ] Do not know
3. What do you think are the most important public health issues for children in primary school? (circle an answer)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Most Important</th>
<th>Important</th>
<th>Least Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being ready for school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries and minor ailments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition and physical activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puberty and development</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Smoking

Most important  Important  least important

Alcohol

Most important  Important  least important

Emotional wellbeing

Most important  Important  least important

Self-harm

Most important  Important  least important

How well they have done at school

Most important  Important  least important

Other (please write)
4. What do you think are the most important public health issues for children in secondary school? (circle an answer)

- Being ready for school
  - Most important
  - Important
  - least important

- Injuries and minor ailments
  - Most important
  - Important
  - least important

- Nutrition and physical activity
  - Most important
  - Important
  - least important

- Sexual health
  - Most important
  - Important
  - least important

- Bullying
  - Most important
  - Important
  - least important

- Puberty and development
  - Most important
  - Important
  - least important
Smoking

Most important  Important  least important

Alcohol

Most important  Important  least important

Emotional wellbeing

Most important  Important  least important

Self-harm

Most important  Important  least important

How well they have done at school

Most important  Important  least important

Other (please write)
5. What skills and attitudes are needed to work well with different groups of children and young people? (Please write).

6. Do you have any other ideas that may help shape our plans? (Please write).
These questions are about you.

You do not have to fill them in if you do not want to.

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.

7. Are you…?

[ ] Male

[ ] Female

[ ] I prefer not to say

8. How old are you?

_____________________

[ ] I prefer not to say
9. What ethnic groups do you belong to? (Your ethnic group is about lots of things, such as where your family comes from and the language you speak).

10. Do you have a disability? (A disability is if you have a problem or an illness to do with your mind or body, and it makes it hard for you to do everyday things)

- Yes
- No
- I prefer not to say

11. If you have answered Yes to the question above, please tell us the disability or the impairment you have. You can tick more than one box.

- Learning disability
- Mental health condition
- Physical impairment
12. Do you belong to a religion or belief?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

13. If you have answered Yes to the question above, which religion or belief is it?

[Blank space for answer]

14. Are you

- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ I prefer not to say
Thank you for taking the time to give us your views.

Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the Data Protection Act 1998.

What do I do with this form?

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