



Parent, guardian or family member -  
Let's hear your voice – tell us your  
experiences and feelings about local  
health care provided to young people  
aged 11-25 years old



SCAN ME



If you are a parent, guardian or family member of one of the 222,000 young people living in Leicester, Leicestershire or Rutland aged 11- 25 years old, the local health service wants to hear from you.

Young people are experiencing the world very differently right now. The local NHS and other care services want to give young people and families receiving services and staff delivering them a voice, to understand what matters most about health services, so that future needs are met.

Get involved and share your views before **Sunday 3 March 2024** by completing this questionnaire.

All information received via this questionnaire will be anonymous and your feedback will be independently analysed.

*Please note: for the purpose of this survey, when we refer to 'your child', we are referring to the child you are a parent, guardian or family member of.*

## Data Protection Statement

The NHS Leicester, Leicestershire and Rutland Integrated Care Board (ICB) would like to hear about your experiences of health services and understand what matters most to you.

The ICB has commissioned an independent organisation to collect, handle and process the responses gathered for this engagement. Any information you provide will be handled in accordance with GDPR and the Data Protection Act 2018.

The questionnaire also asks respondents to provide part of their postcode and demographic profiling data (age, gender, ethnicity, etc.). This information is used to ensure the responses are representative of the demographics of the local population.

You do not have to provide this information to take part in the questionnaire, but it really helps the ICB to ensure that any decisions made meet the needs of a diverse community. Your involvement is voluntary and you are free to stop completing the questionnaire at any time.

**Please tick to confirm you agree with the Data Protection Statement. If you do not provide your consent then we will not be able to include your feedback in this engagement.**

## Children and young people's health aged 11 - 25 year olds

1	<b>What health issues do you think affect or matter most to children and young people? Please choose up to 5 options.</b>							
	Access to healthy foods		Asthma		Being overweight		Cancer	
	Dental health		Diabetes		Drug and alcohol misuse		Eating disorders	
	Epilepsy		Loneliness		Long-term health conditions		Physical fitness	
	Mental health - like anxiety and depression				Sleep		Smoking and vaping	
	Other		If you said Other, what other health and wellbeing issues do you think are important?					

## Your child's knowledge of health services

2	<b>If my child became ill (for example coughs, colds, serious injuries and long-term conditions) I would know what services to use?</b>							
	Strongly agree		Agree		Neither agree nor disagree		Disagree	
3	<b>I know what health services to use if my child needs help with their mental health and wellbeing (for example feeling down, feeling anxious)?</b>							
	Strongly agree		Agree		Neither agree nor disagree		Disagree	

## Health services you have used for your child or children aged 11 - 25 year olds

4	<b>Can you tell us what health services you have used for your child(ren) in the last twelve months? Tick all that apply.</b>							
	GP (doctor)		Dentist		Emergency Department (A&E)		School nurse	
	Mental health service		Speech and language therapy		Sexual health service		Other	
	If you said Other, please tell us what other health services you have used							

## The last time you used health services for your child or children aged 11 - 25 year olds

5	<b>Thinking of the last time you used a health service for your child or one of your children, was your experience of health services for a:-</b>									
	Mental health condition			Physical health condition			Don't know/can remember			
6	<b>Thinking about the <u>last</u> time you used a health service for a child, to what extent do you agree with the statement: "My child felt listened to by health staff"?</b>									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
7	<b>Thinking about the <u>last</u> time you used a health service for a child, to what extent do you agree with the statement: "My child was treated with care and concern"?</b>									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
8	<b>Thinking about the <u>last</u> time you used a health service for a child, to what extent do you agree with the statement: "I feel that I was listened to"?</b>									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
9	<b>How would you rate the last health service you used for your child?</b>									
	Excellent		Good		Neither good nor poor		Fairly poor		Very poor	
10	<b>Would you tell us a bit about why you gave that rating?</b>									

## If your child was transferred from one health service to another

11	<b>If your child transferred from one health service to another to get a diagnosis or to receive treatment, to what extent do you agree with the statement: "My child got an appointment for a diagnosis and treatment quickly"?</b>									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	Not applicable - go to Q13									
12	<b>If your child transferred from one health service to another to get a diagnosis or to receive treatment, to what extent do you agree with the statement: "The service my child was transferred to had details of their condition and they didn't have to tell their story again"?</b>									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	

## Treatment for your child's condition in a hospital, clinic or another health facility

13	<b>Thinking about the last time your child used a health service, was your child involved in decisions about their care and treatment?</b>					
	Yes, a lot		Yes, a little		No	
	I did not want to be involved			I made the decisions about their care and treatment		
14	<b>If your child had any worries, did a member of staff talk with your child about them?</b>					
	Yes		No		My child did not have any worries	
	My child did not want to talk to staff			The staff talked with me about my child's worries		

## After your child's treatment

15	<b>When your child left treatment, did they know what was going to happen next with their care?</b>					
	Yes		Sort of		No	No further care was needed
16	<b>Did a member of staff give your child advice on how to look after themselves after they left treatment?</b>					
	Yes		Sort of		No	They did not need any advice
17	<b>Has your child/any of your children experienced any discrimination or barriers when using a health service?</b>					
	Yes		No		Don't know	
18	<b>If your child or any of your children have experienced any discrimination or barriers, could you tell us what they experienced?</b>					

## Describing your overall experience of care

19	<b>Overall, how would you describe your experience of healthcare for your child(ren)?</b>									
	Excellent		Good		Neither good nor poor		Fairly poor		Very poor	
20	<b>Can you tell us a bit about why you gave that rating?</b>									
21	<b>Are there any last things about any part of health, health services and the NHS in relation to your child or children that you would like to tell us? If so, please write your comments in the space below.</b>									

## Using mental health services

22	<b>Has your child used a mental health service? This may have been called the Child and Adolescent Mental Health Service (CAMHS).</b>									
	Yes			No - got to Q30			Don't know			
23	<b>If your child or children have had an appointment with a mental health service, where would you have preferred the appointment to take place?</b>									
	NHS clinic		Community space (like a café or youth centre)				Other			
	If you said Other, where would you like your appointment to take place?									
24	<b>If your child or children has used a mental health service, how would you rate the service?</b>									
	Excellent		Good		Neither good nor poor		poor		Very poor	

## Transitioning from the children’s to adults’ mental health service

Between the ages of 16 and 18 (or sometimes earlier) you may start to hear the word “transition” referring to the process of preparing you for adulthood and adult services.

If you are experiencing or have experienced transition to adults’ services, please answer the questions below. If not, please skip to Question 30 (about you)

25	<b>Did your child/have any of your children transition from children’s to adults’ mental health services?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No - go to Q30	Don’t know		
26	<b>Did your child understand the transition process to adult mental health services?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don’t know		
27	<b>Was your child provided with information about adult mental health services or services available to them in the community?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don’t know		
28	<b>If they were provided with information about adult services, was the information easy for them to understand?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don’t know		
29	<b>Could you tell us what you think a good mental health transition service would look like?</b>				

## About me

We want to make sure that everyone who already receives or who may need our services in the future has had the opportunity of getting involved in this engagement.

Your answers to the following equality monitoring questions make our services better. For example, if we find that a certain group of people have had a worse experience of particular services, we can work with them to make improvements.

Please spend a few moments to answer the equality questions below. These questions are optional, but the information provided will be anonymous and will play an important role in improving care.

30	<b>What is your sex? (Select one option)</b>								
	Male		Female		Intersex		Prefer not to say		
31	<b>Do you identify as the gender you were assigned at birth? (Select one option)</b>								
	Yes		No		Prefer not to say				
	If no, please write your gender identity								
32	<b>How old are you?</b>								
	16 – 19 years old		20 – 24 years old		25 – 34 years old				
	35 - 49 years old		50 - 64 years old		65 – 74 years old				
	75 – 84 years old		85+ years old		I would prefer not to say				
33	<b>How many children do you have?</b>								
	None		One		Two		Three		
34	<b>How old are your children? Tick as many as apply.</b>								
	11 - 13 years old					14 - 16 years old			
	17 - 19 years old					21 - 24 years old			
	25+ years old								
35	<b>What is your religion or belief? (Select one option)</b>								
	No religion		Bahá'í		Buddhist		Christian		
	Hindu		Jain		Jewish		Muslim		
	Sikh		Prefer not to say		Other, please tell us here				
36	<b>What is your ethnicity? (Select one option)</b>								
	Asian or Asian British	Bangladeshi			Chinese		Indian		
		Pakistani			Another other Asian background, please tell us here				
	Black or Black British	African background, please tell us here							
Caribbean			Another other Black background, please tell us here						



	Mixed	Asian and White		Black African and White		Black Carribean and White	
		Another other Mixed or multiple background, please tell us here					
	White	British / English / Northern Irish / Scottish / Welsh		Irish		Gypsy / Irish Traveller	
		Roma		Another other Asian background, please tell us here			
	Other	Arab		Polish		Somali	
Prefer not to say			Another other ethnicity, please tell us here				
37	<b>Do any of your children have an Education Health and Care Plan or receive support for a special educational need in education?</b>						
	Yes		No		Prefer not to say		
38	<b>What is your sexual orientation (preference)? (Select one option)</b>						
	Bisexual (relationship with any gender/s)			Gay or lesbian (same sex relationship)			
	Heterosexual / straight (male to female relationship)			Prefer not to say			
	Other, please tell us here						
39	<b>Do any of your children have any of the following conditions? Tick all that apply.</b>						
	Asthma			Dental decay			
	Diabetes			Epilepsy			
	A mental health condition			Physical disability			
	Learning disability/difficulty			Speech impediment or impairment			
	Long standing illness or condition			Partial or total loss of vision			
	Partial or total loss of hearing			None of the above			
	I would prefer not to say						
	Other – please state						
40	<b>Have you ever served in the armed services?</b>						
	Yes			No			
41	<b>Can you give us the first five parts of your postcode where you live? For instance LE1 1A _ . Please do not give us your full postcode (all six or seven digits).</b>						

Please tick to confirm you agree with the Data Protection Statement. If you do not provide your consent then we will not be able to include your feedback in this engagement.

## Have you remembered to tick to confirm you agree with the Data Protection Statement.

If you do not provide your consent, we will not be able to include your feedback in this engagement.

The data protection statement can be found on page 1. Please tick the box under the statement and/or the box at the end of the questionnaire,

Please return this questionnaire to arrive by **Sunday 3 March 2024** to:

Freepost Plus RUEE-ZAUY-BXEG  
What you Saying Engagement  
C/O NHS Leicester, Leicestershire and Rutland Integrated Care Board  
Room G30, Pen Lloyd, Building County Hall  
Glenfield  
Leicester, LE3 8TB

Thank you for taking the time to give your experiences and tell us what matters most to you.

The engagement document was produced by NHS Leicester, Leicestershire and Rutland ICB

To find out more about us and what we do, visit our website:

[bit.ly/youngvoicesonhealth](https://bit.ly/youngvoicesonhealth)

## What Happens Next?

What happens after the engagement ends? All feedback we receive from the What You Saying Engagement will be independently analysed and evaluated by an external organisation.

They will also undertake a review half-way through the engagement and advise the Integrated Care Board if there are communities that are not being reached. If the review shows any gaps, then we would adjust our engagement plan accordingly.

A final report of the engagement findings will be received by the Integrated Care Board, and we will work alongside young people to review the findings and produce a report which is accessible and makes sense to children and young people.

This report will be presented by young people in a public meeting to senior health leaders in Leicester, Leicestershire and Rutland.

We will promote the Board Meeting to enable people to attend and hear the discussions. All decisions will be made public after the Board Meeting. This work will include communicating the feedback from the engagement to children, young people and their families, via local newspapers, social and broadcast media.



WHAT  
YOU  
SAYING?

## 11-25 years old? Have your voice heard

What you saying about your experiences and feelings of healthcare?

Share your views so we can understand what matters most about health services for young people in Leicester, Leicestershire and Rutland.

Scan the QR code or go to our website:  
[bit.ly/youngvoicesonhealth](https://bit.ly/youngvoicesonhealth)

Get involved by **Sunday 3 March 2024**

We also want to hear from families of people who are aged 11-25 and NHS and healthcare staff providing services to young people.



# Young voices on healthcare

Find health information on Instagram: [@health\\_forteens](https://www.instagram.com/health_forteens)  
Email: [llricb-llr.beinvolved@nhs.net](mailto:llricb-llr.beinvolved@nhs.net)

  
Leicester, Leicestershire  
and Rutland