

The Commissioning of Birmingham School Health Advisory Service

Consultation Questionnaire

Please use the consultation document to find out about the proposals.

1. **We are proposing the following priorities for the new School Health Advisory Service** (See section 1 and Appendix B of the consultation document)

Do you agree that these are the right priorities?

- Helping children to attend school even if they have medical problems
Yes No Don't know
- Helping to find health problems early
Yes No Don't know
- Giving early help to children with health problems
Yes No Don't know
- Safeguarding children
Yes No Don't know
- Helping children who may need special help
Yes No Don't know
- Helping children to be a healthy weight
Yes No Don't know
- Helping children with emotional problems
Yes No Don't know
- Helping children who may have a problem with drugs, alcohol or smoking
Yes No Don't know
- Helping growing children with relationships, including sexual health
Yes No Don't know

Any comments on these priorities or are there any other priorities we should consider?

2. **Are there any other people or ways that could help the service identify pupils with physical or emotional health issues that prevent them from attending school or benefitting from lessons?** (See section 4a of the consultation document)

Yes

No

Don't know

Please give us details

3. **Do you think that offering a service out of school hours and in alternative premises is a good idea?** (See section 4a of the consultation document)

Yes

No

Don't know

Please tell us the reason for your answer

4. **Do you agree with the need for different approaches for pupils in primary and secondary schools?** (See section 4b of the consultation document)

Yes

No

Don't know

Please tell us the reason for your answer

5. **Do you agree that there should be a virtual school approach to address the needs of vulnerable children who are not usually in a school setting?** (See section 4c of the consultation document)

Yes

No

Don't know

Please tell us the reason for your answer

6. **Do you think pupils and/or families will agree to their concerns being shared when an action plan involves other services or agencies, including school?** (See section 4e of the consultation document)

Yes

No

Don't know

Please tell us the reason for your answer

7. **Are there any other people, in addition to those listed in section 4f, with whom the School Health Advisor needs to have a good relationship?** (See section 4f of the consultation document)

Yes

No

Don't know

Please tell us the reason for your answer

8. **Have you any other comments on our proposals?**

About you

We would like you to tell us something about you. You do not have to tell us but if you do it will help us to plan this service.

Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law. You can see more information about data protection on our website at:

<http://www.birmingham.gov.uk/privacy>

What best describes your interest in this survey?

(Please tick ✓ one box only)

- A member of the general public
- Someone who has used School Health Advisory Services
- A family member or carer of someone who has used School Health Advisory Services
- Someone who works in School Health Advisory services or has a professional interest in them
- Other (please specify).....

Which age group applies to you?

(Please tick ✓ one box only)

Under 11	11-15	16-19	20-24	25-29	30-34	35 - 39	40-44
45-49	50-54	55 - 59	60-64	65 - 69	70-74	75 - 79	80 or over

Prefer not to say

What gender are you? (Please tick ✓ one box only)

Male Female Prefer not to say

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

(Please tick ✓ one box only)

Yes No Prefer not to say

What is your ethnic group? (Please tick ✓ one box only)

- White: English/ Welsh/ Scottish/ Northern Irish/ British
- Any other white background (please specify).....
- Mixed / multiple ethnic groups
- Asian / Asian British
- Black African/ Caribbean/ Black British
- Indian Sikh
- Jewish
- Other ethnic group (please specify).....
- Prefer not to say

What is your sexual orientation?

(Please tick ✓ one box only)

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other (please specify).....
- Prefer not to say

What is your religion or belief?

(Please tick ✓ one box only)

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please specify) -----
- Prefer not to say

We want to know what you think of our plan for the School Health Advisory Service in Birmingham

Please return this questionnaire in the FREEPOST envelope provided

Or email it to: childrenhealthandwellbeing@birmingham.gov.uk

Or you can complete the questionnaire online at the Be Heard website www.birminghambeheard.org.uk