



## Young Healthwatch Survey

**We give young people a voice and use their experiences to improve health and care services.**

**We want to listen to what young people say about health and care services and tell the people who plan and run those services.**

**We will use what you say to improve and make services better.**

**You can find out more about where to go for advice and support at the end of the questions.**

Here is a list of services. Tick the box if you have used the service and then tell us what you think about it.

**Primary Care: these are usually the first services you go to**

|   | Good                     | Not good                 | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| School nurse  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NHS 111   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kooth (online counselling service)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dentist   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Optician  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orthodontist  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech therapy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism Spectrum Disorder clinic (the short name for this is ASD clinic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual health (for 14 years and older)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other service. Please tell us below                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us more

**Secondary Care: these are usually services where you see a specialist**

|  | Good                     | Not good                 | Don't know               |
|--|--------------------------|--------------------------|--------------------------|
| Hospital Emergency Department  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Urgent Treatment Centre (King Street Walk In or Pontefract)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital (if yes which hospital and department / ward/ gate did you go to?)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambulance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child and Adolescent Mental Health Service (the short name for this is CAMHS).<br>CAMHS help with emotional, behavioural or mental health difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other service. Please tell us below.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

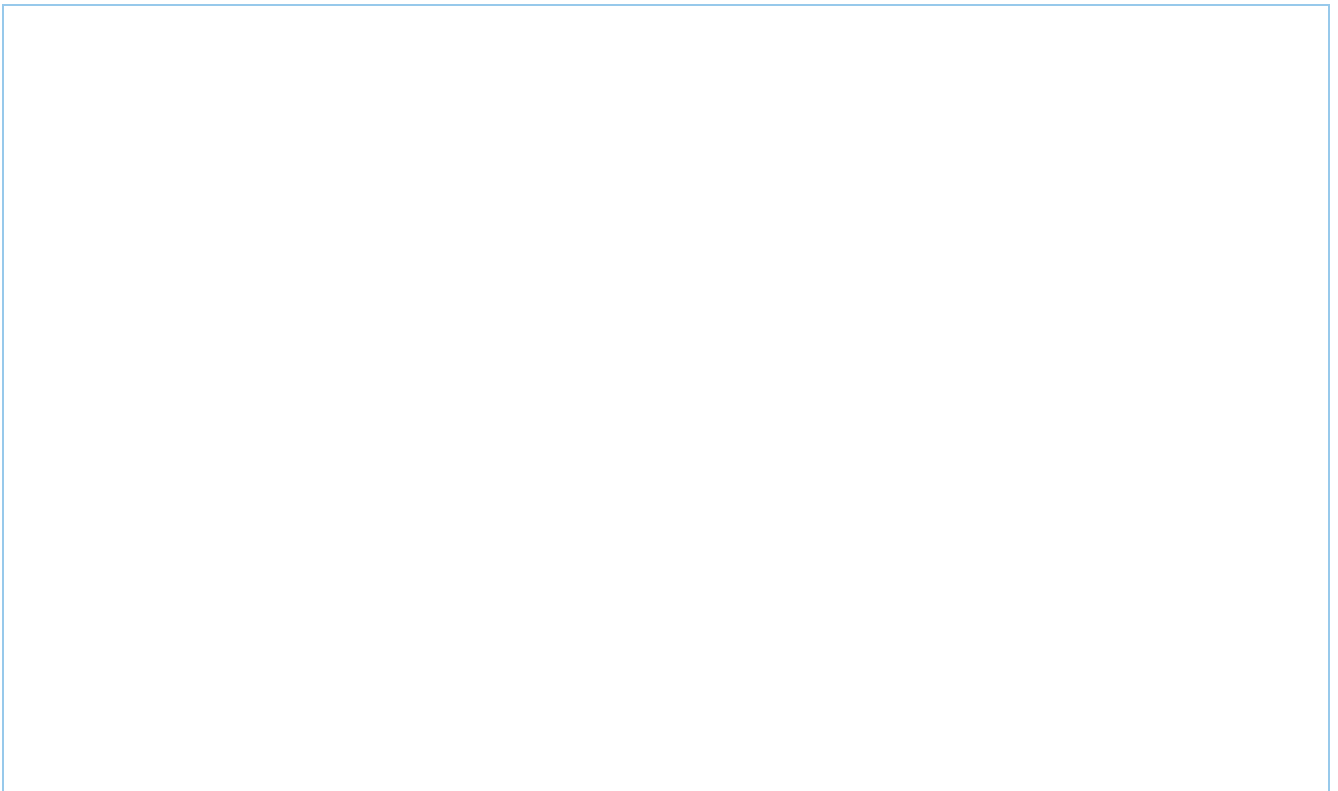
Tell us more

**Can you think of any ways to make these services better? Please tell us. Remember to tell us what service you are talking about.**

**What is important to you about health and care services?**



**What effect has Coronavirus had on you and/or on your family's ability to access health and care services? (For example, mental health, physical health, emotional and wellbeing services, bereavement services)**



**You don't have to answer the following questions if you don't want to, but it can help us improve services if you do.**

**Which part of Wakefield District do you live in? For example, Lupset, Ryhill & Havercroft, Knottingley, Castleford, Ossett:**

**How old are you?**

**Are you Male / Female / Self describe?**

**Your ethnic group (For example White British, White Eastern European, Asian British)**

**Do you have a disability? If yes, what disability do you have?**

**Are you a carer?**

**Thank you for taking part**

Please return this survey to us by putting this address on the envelope and no other writing – you don't need a stamp:

**FREEPOST HEALTHWATCH WAKEFIELD**

For more information and places to get support go to [www.healthwatchwakefield.co.uk](http://www.healthwatchwakefield.co.uk) and click on the Young Healthwatch tab or telephone 07885 913395 or 01924 787379

**You can also find lots of information, support and chat online at [www.WF-I-CAN.co.uk](http://www.WF-I-CAN.co.uk)**