Report on the experiences of accessing healthcare amongst non-English speaking families in Sneinton and St Ann's: Nottingham City East Primary Care Network (PCN6)

Commissioned by Nottingham City East PCN

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1.0 Purpose

The aim of this project was to engage with non-English speaking parents with young families in Sneinton and St Ann's to better understand the barriers in accessing health care.

The results of this project will be used to inform improvements to the clinical delivery offer to meet the individual needs of children 0-5, which aim to improve health outcomes for these children.

2.0 Context

Nottingham City East Primary Care Network is one of the 8 Primary Care Network's in Nottingham City Integrated Care Provider (ICP).

This project was commissioned by Nottingham City East Primary Care Network and supported by partners working with children and families in this locality.

An invitation to tender was written and circulated in January 2021 and awarded in March 2021. The tender sought a partner to work collaboratively with the project group to deliver the project. The project group consisted of healthcare professionals from the Primary Care Network, Nottingham City Care, Maternity (Nottingham University Hospitals NHS Trust), SSBC staff team and Framework Housing.

The tender was awarded to an established community partner Sisters of Noor, headed up by Farah Khan. They are a grassroots community organisation who specialise in supporting women from ethnically diverse backgrounds and in supporting single mothers and children to create an equitable future.

The project focused on engagement with Arabic, Czech, Tigrinya and Urdu communities, which had been identified communities as those who had been supported by Nottingham CityCare Partnership's interpreting service.

3.0 Health Outcomes

Life expectancy and healthy life expectancy are lower in Nottingham City than England; people live shorter lives and are in ill health or disability for longer. In Nottingham City, the prevalence of chronic long-term conditions is generally lower than average, though depression, mental health and learning disability are higher than nationally, as is smoking prevalence. Primary care disease management (as measured by the Quality and Outcomes Framework) is generally as good as England in most disease areas though less good in others such as diabetes and asthma.

The PCN population age structure is typical of a young population with a higher proportion of young working age adults and fewer elderly people than England[1].

It is more ethnically diverse; BME groups form 35% of the resident population. This is higher than the ICP and England average. Asian and Asian British are the predominant group, followed by Black and mixed ethnicity. It is more deprived than the ICP with 73.9% of children in this PCN living in areas defined as the most deprived 20% in England. This is higher than for the ICP and England[1].

Children under 5 attend A&E more often than the average in England in this PCN, with a 3 year average attendance of 658.6 in the PCN compared to 551.6 across England[1].

The average prevalence over the last 3 years of overweight and obesity in children in higher in this PCN. In reception the prevalence is 28.1% compared to 22.4% across England, and in Year 6 41.2% compared to the 34.2% across England[1].

There uptake of childhood vaccinations does not reach the coverage band of 90%[1].

There are limitations in engagement in terms of healthy lifestyle modification and improvement for this population which includes individuals from Punjabi, Pakistani, other Asian and Czech-Roma patient groups. It can be seen in the data that these populations suffer from demonstrable health inequality, additional mortality and unhealthy life years compared to other local citizens.

[1] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/key-strategies-and-research-reports/primary-care-network-profiles/

4.0 Method

A written survey was developed by Sisters of Noor, in consultation with the wider project group. Attention was paid at the survey development stage to ensure that all words and health terminology used in the survey were easily translatable with similar meanings to other languages.

Once finalised the survey was administered using SmartSurvey™ and was translated into 4 languages Arabic, Czech, Urdu, Tigrinya and was also available in English.

The survey link was distributed to schools, faith institutions and community organisations via online and a code was embedded onto organisational websites for participants to access.

The survey combined both open ended and closed questions, covering a broad range of areas relevant to the 0-5 agenda, including parental wellbeing, access to services and use of interpreters. See appendix.

Some of the written surveys were completed as part of face to face interviews with respondents who spoke any of the four languages.

The questionnaire was completed in the participants' language and then translated into English allowing for analysis. Of 150 surveys started, 100 surveys were included in the analysis as they answered more than the first 2 questions.

Responses to open ended questions were collated across the data set and analysed using a thematic analysis approach to identify key themes. Once initial themes were developed they were checked by reviewing the responses to each open-ended question to ensure the collective themes encapsulated the survey responses. Key themes are presented below, with additional details from the interviews provided by Sisters of Noor in relation to the themes. Where applicable and relevant to the themes quantitative data is also reported.

5.0 Findings

5.1 Sample

The sample consisted of 25 Arabic, 25 Czech, 25 Tigrinya and 25 Urdu speaking participants. Limited further demographics were gathered however the responses to the survey indicate the sample was varied and included fathers, families where parents were born in the UK, families with older children, families who had recently arrived in the UK with varying age children, families who spoke little or no English, whilst others were fluent in English alongside an additional language.

5.2 Key Themes

5.21 Barriers to Access

Awareness of and Understanding of the Role of Services

Respondents recognised and reflected positively about the variety of services that existed to support their family, but some uncertainty about the detail of the services was evident.

> *"Healthcare services are good but need more understanding how it all works and helps families" Arabic*

Having an awareness of what services are available is particularly relevant for those who have experienced healthcare elsewhere or are recent migrants.

> *"It's good but different to my country" Czech*
>
> "*When first arriving, it was hard to know the existence of some services" Arabic*

The awareness of services available would also benefit from being available in different languages.

> *"There are lots of services in UK to help children it would be good if can have something in my mother tongue" Tigrinya*

The scope and role of a practice nurse was not always understood. Respondents saw caring for ill patients as a nurse role, but the ability to diagnose and prescribe was not something that was viewed as a nurse role. This understanding may contribute to the low willingness amongst respondents to be seen by a senior nurse when a GP was not available, with only 58% of respondents saying they would be happy to be seen.

Appointments

A very common response across the dataset related to challenges around appointments.

> *"The services provided are adequate just very difficult getting an appointment with the services".*

Specifically, respondents reported that having to ring to make appointments at a particular time, the lack of availability of appointments and people calling back as issues. Trying to get an appointment was described using the following words,

"nightmare, difficult, very difficult, really hard, beyond ridiculous"

Some reported that they were not always able to access health care in a timely fashion and when needed.

"Sometimes you cannot get an appointment quick enough"

For some the services working hours did not meet the needs of the families or the appointments available did not meet the needs of working families.

Challenges existed for those who rely upon others to access an appointment, either due to language barriers, transportation, or cultural norms, whereby a partner would normally attend along with the mother.

"I don't speak very good English so I had to wait when someone was available to make the call for me"

Potential Impacts of Barriers to Access

Challenges around appointments are likely contributing factors to how easy families found services to access. Of the services that families had accessed, ease of access was experienced differently.

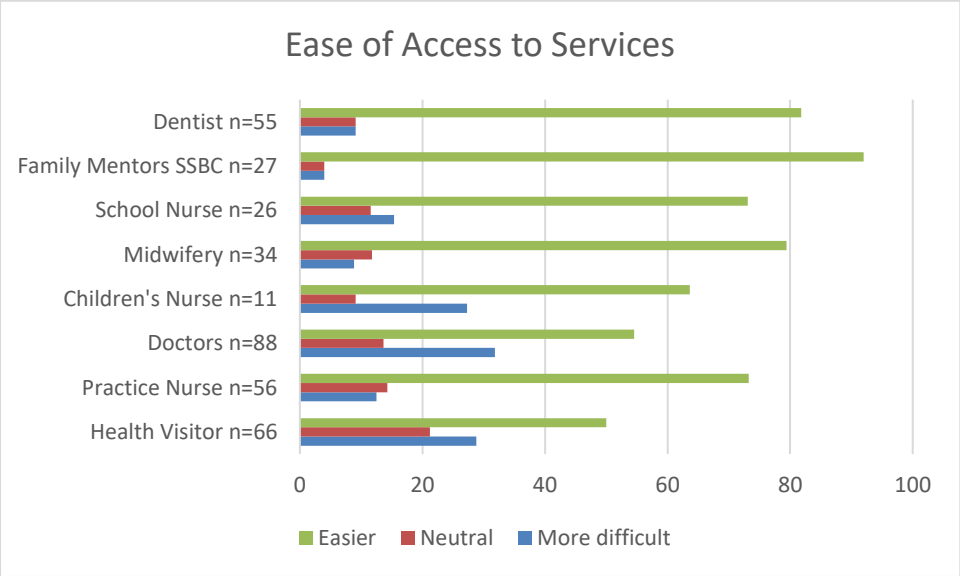

Figure 1 shows of the percentage of those who have used the service how easy they found the service to access. [2]

Of those that have accessed services, Dentistry and SSBC Family Mentors were experienced as easiest to access and Children's Nurse, Doctor and Health Visitors were reported by some respondents as more difficult to access.

The extent to which the challenges in accessing services actually impacted upon the family's ability to receive care is shown in Figure 2.

[2] Respondents were asked for those services they have accessed to score how easy they were to access on a Likert Scale from 1-10, with 1 indicating the service was very difficult to access and 10 being very easy to access. The scores have been grouped together with scores 1-4 categorised as more difficult, 5 as neutral and 6-10 as easier to access.

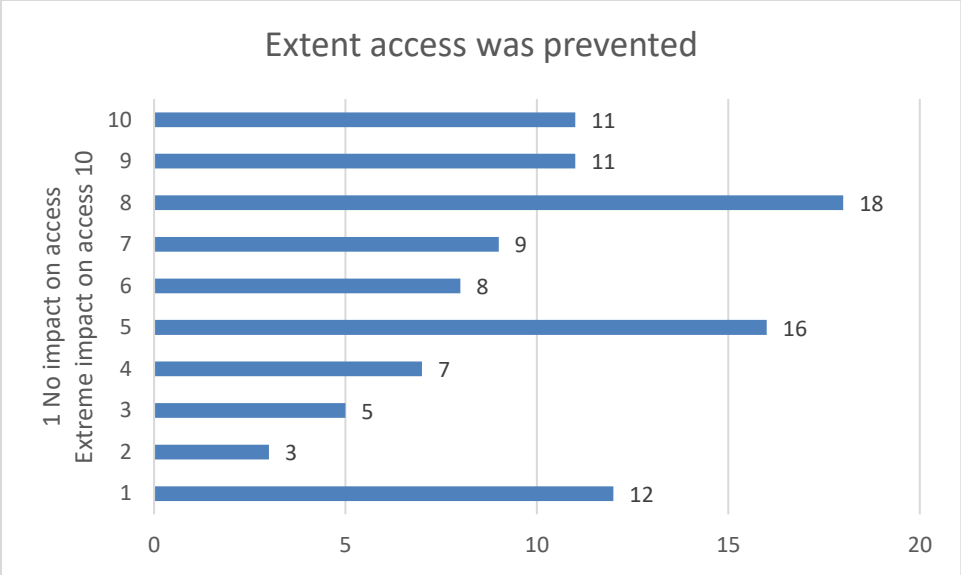

Figure 2 shows that for some families, the barriers to access did not actually prevent them from receiving care, however for more families the impact of access problems was significant. These responses were not available for specific services.

5.22 Challenges to collaborative care

Predominantly respondents reported they were happy with services.

> *"The three services I have used are excellent cannot fault them"*

> *"All the services I have accessed I have given a high scoring as the services were very efficient and understanding"*

Where respondents had experiences of health care in their home country, the fact that services were free in the UK was viewed positively and the physical availability of healthcare within a close proximity was also viewed favourably. An identified advantage of services in home countries was that customs and culture were better understood.

However some respondents experienced a disconnect between services and themselves. This disconnect prevented the needs of families being met and prevented patient centred collaborative care, which enables families to develop the knowledge, skills and confidence they need to more effectively manage and make informed decision about their own health and care, from being delivered.

Trust

Positive collaborative care is supported by trust between the provider and the family. It can be important for families to build up trust with the health care provider. Respondents reflected on things that supported the building of a trusted relationship. Regular contact with the same professional enabled trust. The SSBC

Family Mentor model, which utilises a peer workforce and at the core of the service relies on a relationship built on trust, was viewed favourably by a number of those who had received the service. Following up on agreed actions was also important.

"I can trust them as they always fulfil their promise"

Trust was however not uniformly experienced. Respondents reflected on situations where trust had been prevented from being built and or had been broken. For some respondents, not fulfilling a promise such as calling a family back when they say they are going to, not doing what was said they would do after an appointment was an issue.

"when they finally come over they never do what they say they will do after the appointments"

Other aspects that for respondents represented challenges to positive collaborative relationships being built included some respondents feeling they were not listened to and others reporting they felt judged, whilst a small number experienced some healthcare professionals demonstrating disrespectful behaviour towards them. A lack of collaboration and a sense of a lack of shared commitment to family's wellbeing is reflected in the following comment

"everyone seemed too busy to care"

Those that were interviewed linked having a knowledge and understanding about respondents' faith, culture, religion and family dynamics, with caring.

Communication during appointments

Effective communication ensures and enables families and health care staff to understand each other. It allows for safe and effective health care.

Some challenges to effective communication were presented.

"I do not speak English and sometimes do not understand"

"I found bit difficult as English is my second language and did not quite understand sometimes they were talking to me"

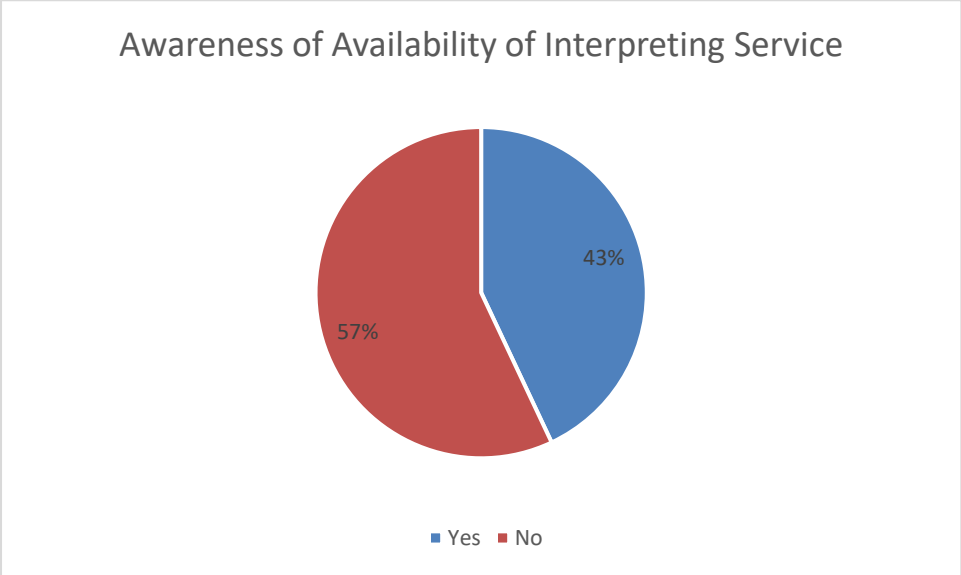

Figure 3 shows the level of awareness of the availability of interpreting services.

Only 43% of respondents were aware that interpreters are available for health care service appointments. Not all families surveyed will have needed an interpreter to support effective communication during appointments and it is possible family members may have provided some communication support, however 70% of those surveyed spoke a language other than English as the main language at home.

Limited qualitative feedback on the interpreting service was provided, but where it was, awareness of the service was important, as was ensuring the interpreter was fluent in the language spoken and the most appropriate gender.

Interpreters are only available once a family access as service, however their role in enabling access may currently be more limited.

5.23 More information needed.

Families were not always able to easily access information or were not able to access enough information when it was most relevant to them.

As detailed above there was an identified need for further information on the role each service had in promoting health care.

Despite the information being “available” in the system, families were not able to access it. Breastfeeding, depression in fathers, managing a child with a disability and mental health after childbirth were all things individual families wanted more information on. Beyond breastfeeding, nutrition was not a specific question asked as part of the survey, however several respondents identified nutrition as an area they wanted more information on, to support them in making healthy choices for their family.

"it would be good to learn about healthy food and meals for children and more activities children get involved in"

Gaps in access to information existed for respondents around health concerns that might typically be suitable for self-management, such as the treatment of headlice and typical sleep patterns in a baby. Some respondents also reported not being able to access information to support initial trouble shooting, such a low milk supply with breastfeeding. Families also experienced information needs in relation to information which may support general wellbeing, such as how to connect with the community and organisations and activities to do with the children.

"More about organisations that work with our community"

Information needs existed around vaccinations, information that would support informed decision making.

"It would be good to have more information on what the immunisations protect the children against"

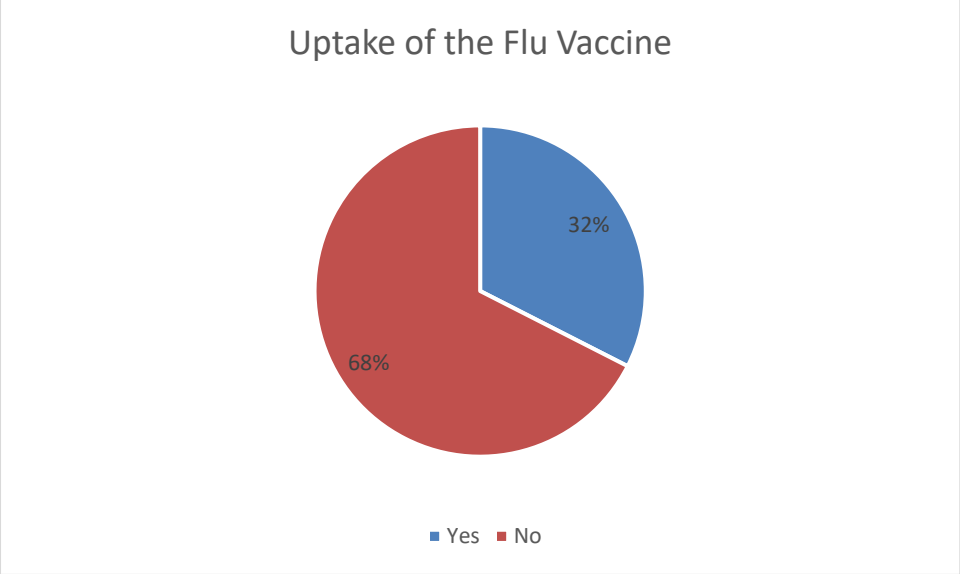

Figure 4 shows that of those that were eligible for the flu vaccine, the majority did not take up the offer. Respondents wanted more information on the flu vaccine, the side effects and the ingredients of the vaccinations.

Over one third of respondents, 37%, reported that they were not aware that free vaccinations were recommended for their children. Respondents who were less likely to be aware of vaccinations were Urdu speaking and Tigrinyan speaking families.

Sources of Information

Where families can access information about the healthcare services offered and managing their child's health, a variety of sources of information are accessed.

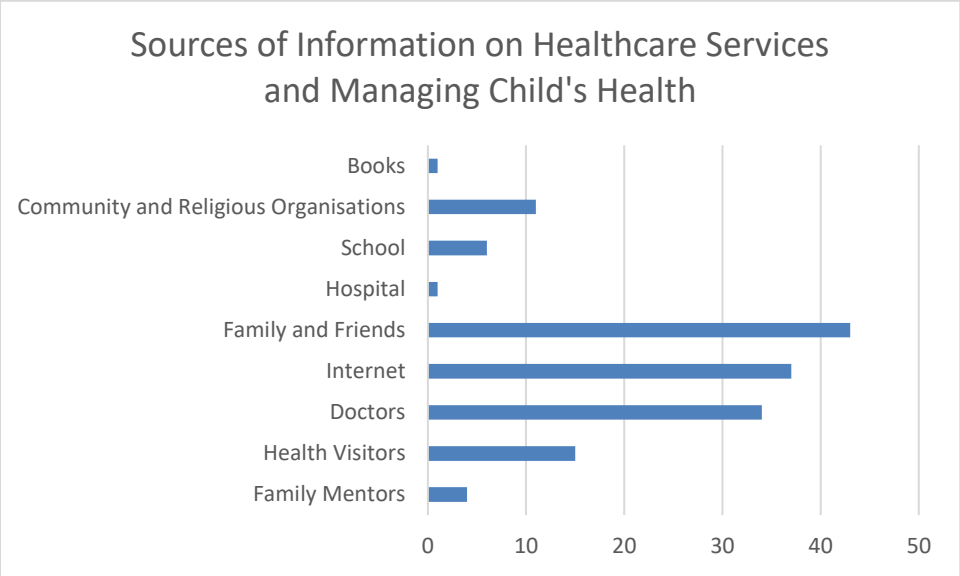

Figure 5 shows where families currently access information on healthcare services and managing their child's health.

Healthcare professionals are a key source of information however family and friends and the internet were also important sources of information. For many family's multiple sources of information are consulted. Of the 88 families who responded to this question, 37 families listed one primary source of information and the remaining listed more than one source of information. Despite multiple sources of information being used, more information was needed.

Respondents viewed that any additional information provided to meet the identified gaps would be more accessible if available in a variety of languages and available through multiple channels. Attention should also be paid to general accessibility guidelines due to the intersectionality of families. Written and audio-visual material should use simple language and pictures. Out of the respondents, families who spoke Tigrinyan, were more likely to request information in their own language.

5.24 Sources of Support

Health and wellbeing support offered by the NHS is a complement, not a substitute for the important role played by individuals, organisations and communities.

Wellbeing

Respondents were asked an open-ended question about where they would source support if they were worried about their wellbeing.

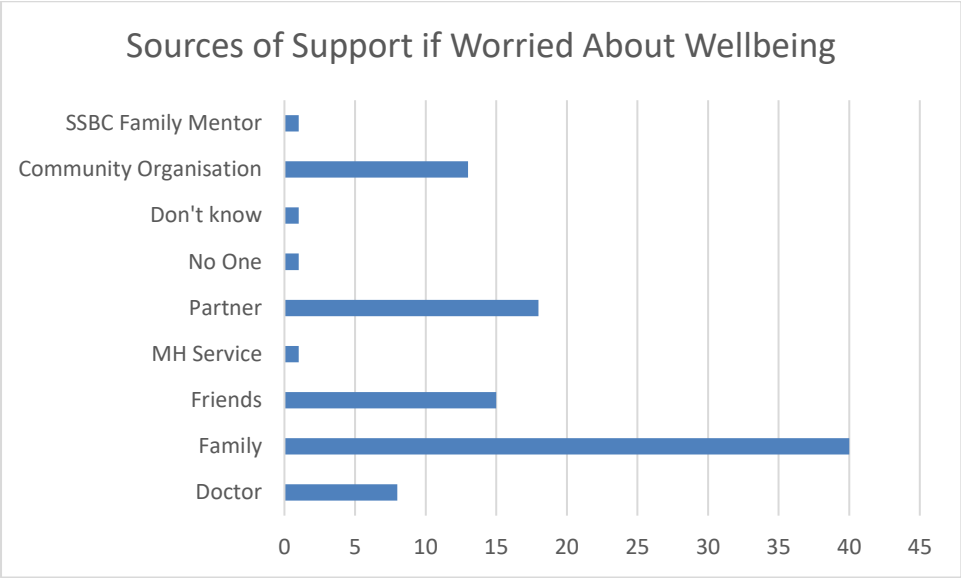

Figure 6 shows the primary sources of support identified if concerns about wellbeing existed were informal sources of support, partner (husband, wife), family or friends.[3] It is interesting to note that key health support services, including health visiting and midwifery, were not specifically mentioned by respondents, although potentially were considered as part of community organisations.

Breastfeeding

A similar picture emerged in relation to breastfeeding, where family and friends were viewed as significant sources of support. Some experienced positive support from health visiting and midwifery,

> *"The midwife was very supportive and informative about breastfeeding"*

Whilst others felt more support early on from health professionals would have been beneficial

The 2-year childcare offer

The 15-hour childcare scheme available to lower income families offers support with early education.

[3] Not all the sample answered the question and for some more than one source of potential support was indicated.

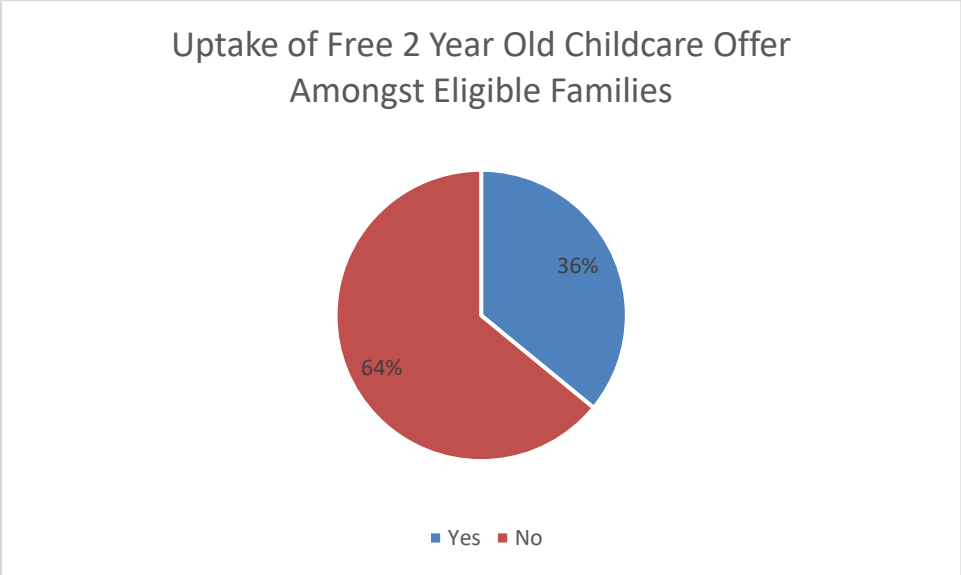

Figure 7 shows the uptake of the free 2-year-old childcare offer amongst those families that were eligible.[4] For eligible families who did not take up the offer, cultural norms were a significant factor.

"My in laws are very traditional and did not want me to put my baby so young as I was not working"

As part of the face to face interviews conducted, respondents spoke about how women raising children was viewed as an important part of their culture and faith, up until the age of schooling. For some cultures the appropriate age to send their children to school was 5 with parents taking care of their children seen as one of their values. Grandparents seemed to have an influence on decisions about parenting and schooling, which had an impact on the parent's decisions for those residing in intergenerational families.

Two families reported they did not know how to apply and one family reported concern about Covid-19 prevented them from accessing this support.

[4] Of the 100 families that completed the survey, 36% were not eligible for the offer based on the age of their child or family income.

6.0 Sisters of Noor recommendations to the project group

The following recommendations were made by Sisters of Noor to the project group.

Establish a multi professional, all protected characteristics, religion age sexuality, ethnicity and families who can passionately steer actions around diversity across the PCN. This group would enable the remaining recommendations to be coproduced.

Barriers to Access

There is an opportunity for the PCN to link more closely with Community and Voluntary Sector (CVS) partners to raise awareness of services and what they do.

A community link peer worker role could be created recruiting someone who has experience, knowledge and expertise of working in diverse communities. This role would be ideally suited to someone who spoke additional languages to English. Links between new community workers and existing workers such as school family liaison workers would be beneficial.

Consider alternatives to telephones for appointment making for non-English speaking families or consider a call centre type approach where non-English speaking families can call and speak to someone in their own language, who can signpost appropriately to the right form of support.

Challenges to Collaborative Care

To support positive collaborative care, cultural competency training should be introduced across the PCN. Whilst ambitions exist and positive action is underway to try and ensure the workforce is more reflective of the populations it serves, existing staff may benefit from training to support an awareness of cultural norms amongst the communities they work with. Such training should include norms for intergenerational families, impact of non-English speaking and access. Modelling of the importance of learning and understanding of cultures by leaders would be beneficial.

Raise awareness of the interpreting service.

More information needed

Raise awareness amongst professionals and CVS partners and families around the ability to translate many websites, including the NHS website. Also work with community organisations working with communities.

Raise awareness amongst professionals, CVS partners and families around the ability of NHS 111 to offer language line on all calls.

Consider changing the languages of the SSBC website, which offers a translate function, to include Tigrinyan.

Other services including GP's which are a key source of help alongside the internet, may wish to consider ensuring information is available in a variety of languages, ensuring Tigrinya is included.

Sources of Support

Friends and family and community organisations are important sources of support. Many ethnic minorities voluntary and community services in Nottingham provide services for these communities. These sources of support alongside family may be particularly useful in relation to concerns about wellbeing, with individuals preferring to speak with family or friends rather than health services. This may be due to large amounts of stigma associated with mental health in some ethnic minority communities alongside lack of language proficiency. Service barriers are also likely to exist, with lack of cultural understanding being an issue. People from ethnic minorities backgrounds require considerable mental health literacy and practical support and services need to be tailored to the needs of the community.

7.0 Project Group: Agreed next steps

The project group discussed the findings and considered areas proposed by Sisters of Noor.

The project group confirmed support to

- Share the findings of the survey with those families and communities who had supported the engagement project. The proposed events will ensure accessibility from a language point of view and will provide a further opportunity for the communities involved to shape work going forward.

- The findings and the key learnings will also be shared more widely across the workforce including clinicians and representatives from voluntary and community sector partners via an event, hosted either virtually or face to face. This will provide an opportunity for all to reflect on what the findings of the survey might mean for them as individuals, their services and what can be done collaboratively across the partnership. This will be developed to enable local networking opportunities.

- Coproduce information which can be translated into different languages which supports families knowing what different services do and support them with accessing these services.

- Specific information will be developed and translated to ensure families have information around vaccinations.

7.0 Strengths, Limitations and Some Key Learning

Strengths

The partnership between Sisters of Noor and the PCN working group was a positive one and fostered exchanges of quality learning about services and the community context they are delivered in.

Sisters of Noor are an active organisation who work with people informally and formally. Various languages are spoken by the organisation. They are a trusted organisation and participants have confidence in them. Sisters of Noor have built a great network of referral organisations and have worked together to support service users. This enabled fantastic reach into communities that would have been otherwise hard to achieve, with 100 families completing the survey.

The breadth of the survey created allowed for relevant findings, for a variety of services who work with families with young children, to be gathered.

Limitations

The SmartSurvey™ tool used did not easily allow for individual survey responses to be identified and tracked and it is possible that some respondents views may be overrepresented in the analysis.

Beyond language spoken, limited further demographics were collected, so creating a full picture of the families who were engaged in this project was not possible.

Key Learning

Future projects may benefit from engagement expertise combining with research expertise at an early and ongoing stage, to maximise the usefulness of all data collected.

No survey responses were received via GP surgeries and only a small number via the Health Visiting Service. Future projects would benefit from additional active engagement from key partners.

The project was allocated 8 weeks. This timeframe proved unrealistic for several reasons. The survey needed to be translated into four language. This involved resourcing people who could interpret the survey into those languages, which was time consuming. The initial planned timing for survey completion, included the month of Ramadan, which meant accessing that community during that time was not appropriate. Reach was supported with partnership working with community organisations, including schools, who also had holiday periods. Future projects may benefit from being more realistic about timeframes.

Appendix

Primary Care Network Children's Health Survey

This is the questionnaire that deals with children's health care and your involvement in health care. If you live in St Anns or Sneinton please take a few minutes to express your opinions about the availability and quality of health care in your community. Your answers are important to the success of improvements to our services. The questionnaire is anonymous so no information in regards to personal details will be used or recorded for this survey.
Thank you for your time.

Which organisation did you receive the survey from? *

What is your preferred language spoken at home? *

2. General Questions

Do you feel you have a say in the programme of care for your child's health?

Please score on a scale of 1-10 where 1 is no say and 10 is you have a lot of contribution *

1 2 3 4 5 6 7 8 9 10

FREE NURSERY PLACES

Has your child taken up a 2-year-old nursery place? *

- [ ] Yes
- [ ] No
- [ ] Not applicable –my child is under 2

If you have decided not to enrol your child in a nursery placement at 2 years old can you please tell us why you decided not to enrol your child? *

4. COMMUNITY HEALTHCARE SERVICES

1. There are free health services available for you and your child. Please let me know if there are any service listed below that you were not aware of *

	Yes	No
Health Visitor	☐	☐
Practice Nurse	☐	☐
Doctors	☐	☐
Community Children's nurse	☐	☐
Midwifery	☐	☐
School Nurse	☐	☐
Family Mentors SSBC	☐	☐
Dentistry	☐	☐

2. Have you had experience with these free services?

please use the scale to tell us about your experience of each service. 1 being the service provided was inadequate for me and my child's needs and I would not access this service again. 10 being the service provided was excellent and me and my child's needs were met adequately *

	Used service Y/N	Score 1-10
Health Visitor		
Practice Nurse		
Doctors		
Community Children's nurse		
Midwifery		
School Nurse		
Family Mentors SSBC		
Dentistry		

Please provide as much detail in regards to your above answers and the scoring you gave each service. Your valued feedback really helps us shape and improve our services in the future. This box can not be left blank.

3. How easy were the services to access?

Please rate the ones you have used on a scale 1-10. (where 1 is a service that was very difficult to access and 10 is a service that was very easy to access). Leave blank any you have not used. *

	1	2	3	4	5	6	7	8	9	10
Health Visitor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Practice Nurse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Doctors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Community Children's nurse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Midwifery	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School Nurse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Family Mentors SSBC	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dentistry	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

4. What made it hard to gain access to use these services above. Please give as much detail as possible to help us shape and improve our access to services in the future. Please comment below *

5. To what extent has this prevented you accessing the services? (1 being it didn't prevent me and my child accessing the service and 10 being it was extremely hard for me and my child to access the service) *

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

6. When thinking about healthcare services you have received in the UK, how do they compare to services you have accessed outside of the UK? *

7. Are you aware that services for families are available for both fathers and mothers? *

- [ ] Yes
- [ ] No

8. Have you been involved with any other support services? *

- [ ] Yes
- [ ] No

9. Is there any other support you would have liked and why? *

5. LANGUAGE INTERPRETING SERVICES

1. Are you aware language interpreting services are available for health care appointments? *

- [ ] Yes
- [ ] No

2. If you have used the language interpreting service how was your experience? *

- [ ] Not good
- [ ] OK
- [ ] Good

☐ Very Good

3. If you answered ‘not good’ can you please provide as much detail as you can as to why you felt this way so that we can shape and improve the service in the future? *

7. DENTISTRY

Have you received any information about how to look after your child’s teeth & how to access the dentist? If yes from where? *

8. MENTAL / PSYCHOLOGICAL HEALTH AND WELLBEING

1. If you worried about your emotional well-being who would you ask for support? *

2. Is there more support you would like from professionals? *

9. CHILDHOOD IMMUNISATION PROGRAMME

1. Are you aware that it is recommended that your child has free immunisations against serious infectious diseases at different ages? (These are usually provided at your GP practice) *

- [ ] Yes
- [ ] No

2. Have you taken up the offer of following childhood immunisation for your child?
Please tick the box which applies.
*

	Yes	No	Not applicable (my child is too young for this vaccine)
8 weeks			
6-in-1 vaccine	☐	☐	☐
Rotavirus vaccine	☐	☐	☐
MenB	☐	☐	☐
12 weeks			
6-in-1 vaccine (2nd dose)	☐	☐	☐
Pneumococcal (PCV) vaccine	☐	☐	☐
Rotavirus vaccine (2nd dose)	☐	☐	☐
16 weeks			
6-in-1 vaccine (3rd dose)	☐	☐	☐
MenB (2nd dose)	☐	☐	☐
1 year			
Hib/MenC (1st dose)	☐	☐	☐
MMR (1st dose)	☐	☐	☐
Pneumococcal (PCV) vaccine (2nd dose)	☐	☐	☐

	Yes	No	Not applicable (my child is too young for this vaccine)
MenB (3rd dose)	☐	☐	☐
2 to 10 years			
Flu vaccine (every year)	☐	☐	☐
3 years and 4 months			
MMR (2nd dose)	☐	☐	☐
4-in-1 pre-school booster	☐	☐	☐

3. If your child/ren have not had their immunisations can you tell us why you have decided not to take up the free immunisation programme available? *

10. FEEDING YOUR BABY

If you breastfed, did you breastfeed your baby for as long as you wanted to? *

☐ Yes

☐ No

What would have encouraged/supported you to breastfeed your child for longer? *

11. SERVICES AT THE GP PRACTICE WHEN YOU OR YOUR CHILDREN ARE UNWELL

Would you agree to be seen by a senior nurse if a doctor (GP) is not available? *

- [ ] Yes
- [ ] No

If no please explain why not? *

13. INFORMATION ABOUT YOUR CHILDREN'S HEALTH AND SERVICES

1. Where do you get information on healthcare services and managing your child's health? *

2. More resources are available about managing your child's health and our free healthcare services. What would enable you to access the information easily *

Hic2. Which service would you like more information on? Please tick *

- [ ] Health Visitor
- [ ] Practice Nurse
- [ ] Doctors
- [ ] Community Children's nurse
- [ ] Midwifery

- [ ] School Nurse
- [ ] Family Mentors SSBC
- [ ] Dentistry

3. If there are any other health or social services you would like information on please write the name/s here: *

4. Are there any health topics that you would like more information on so you would feel more confident in managing your child's health? *

5. In which language should we provide the information? *

6. So we can send you more information please leave an email address. *