

Survey - Community Connections, Safe Havens, In-Reach and CAB - Staff Survey

Overview

We are in the process of reviewing and refining a few of our services, taking into consideration challenges posed by Covid-19, increasing health inequalities and digital exclusion. We want any changes or improvements that we make to be informed and guided by the lived experience of those who have used our services.

Please complete the survey if you have used any of the following services in the past 2 years:

Community Connections

Safe Havens

In-Reach

Mental Health Citizen Advice Services

This survey is being conducted in partnership between Surrey County Council, NHS Surrey Heartlands CCG and NHS Frimley CCG.

Your individual feedback will not be shared. By completing this survey, you are consenting to the collection and storage of your data in line with our Data Protection Policy.

[\(<https://www.surreycc.gov.uk/council-and->](https://www.surreycc.gov.uk/council-and-)

[democracy/your-privacy/our-privacy-notice/adult-social-care](#))

This survey closes on Monday 18th July 2022. In order to return your survey, please either email your completed survey to

communityconnections.survey@surreycc.gov.uk or you can request a pre-paid envelope to mail it to us from

communityconnections.survey@surreycc.gov.uk or by contacting 07772901950.

Thank you for your time.

Question 1. Which service have you used? (please select one)

FOR INFORMATION:

Community Connections: Services in the local community offering emotional and wellbeing support. Provided by three lead providers: Catalyst, Mary Frances Trust and Richmond Fellowship (plus their partners; Canterbury Care, East Surrey Domestic Abuse Service (ESDAS), Guildford Action, The Hope Hub, Oakleaf, Reigate Stepping Stones, Reigate YMCA and Voluntary Action South West Surrey).

Safe Havens: Out of hours support for people and their carers experiencing a mental health crisis or emotional distress. Provided by Andover Mind, Catalyst, Mary Frances Trust and Richmond Fellowship in partnership with SABP.

In-Reach: Support for individuals at the point of discharge from inpatient services. Provided by Catalyst, Mary Frances Trust and Richmond Fellowship.

Mental Health Citizens Advice Services: A specialist advice service for individuals receiving secondary mental health care. Provided by Citizens Advice Guildford and Ash, Citizens Advice Epsom & Ewell and Citizens Advice Runnymede and Spelthorne.

Option 1. Community Connections

Option 2. Safe Havens

Option 3. In-Reach

Option 4. Mental Health Citizens Advice Services

Answer one of the above four options; please state answer

If you answered Option 1. Community Connections, please continue to Question 2

If you answered Option 2. Safe Havens, please skip to Question 10

If you answered Option 3. In-Reach, please skip to Question 18

If you answered Option 4. Mental Health Citizens Advice Services please skip to Question 26

If you have experience with multiple of the above surveys, please fill all relevant sections out e.g. if you have experience with both Safe Havens and In-Reach, please fill out both of these sections. Your feedback is much appreciated.

Community Connections

Question 2. How did you find the experience of being referred to or referring yourself to this service for the first time?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 3. What is the strength of this service in your opinion?

Option 1. The groups

Option 2. The 1:1 support

Option 3. The courses

Option 4. The social side

Option 5. The staff

Option 6. Other

Answer as many of the above six options as apply; please state answer

If you answered Option 6. Other to the above question, please specify your answer below:

Question 4. We're reviewing all of these services. For the services you've used, are there specific areas that you think we should focus on to improve them for the future?

Option 1. More groups

Option 2. More 1:1

Option 3. More male specific

Option 4. More female specific

Option 5. More LGBTQ+ specific

Option 6. More evening sessions

Option 7. More daytime sessions

Option 8. More virtual sessions

Option 9. Other

Answer as many of the above nine options as apply; please state answer

If you answered Option 9. Other to the above question, please specify your answer below:

Question 5. We've all had to adapt to a 'new normal'. In response, several services now provide a 'virtual offer'. Are there other new ways that you'd like to see the service develop in the next few years? Please write your answer below:

Question 6. Were you able to join in with the service in the way you wanted to? If not, what would need to be in place?

Answer Yes or No; please state answer

If you answered No to the above question, please state what would need to be in place:

Question 7. If you have moved from one service to another, for example, from GPIMHS to Community Connections or In-Reach to IAPT, how did you find that process?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 8. These are the outcomes that people have previously told us are important to them: Which are important to you? Please feel free to write additional outcomes at the bottom.

Option 1. This service helped improve my mental wellbeing.

Option 2. This service helped me recover from an episode of ill-health.

Option 3. I had a positive experience using this service.

Option 4. This service helped me to feel more independent.

Answer as many of the above four options as apply; please state answer

If anything else is important to you regarding this service, please state below

Question 9. Is there anything else you'd like to tell us about these services? Please write your answer below:

**Thank you for completing this section of the survey.
If you have finished filling out the survey, please
continue to Question 34. to fill out the About You
section of the survey.**

Safe Havens

Question 10. How did you find the experience of being referred to or referring yourself to this service for the first time?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 11. What is the strength of this service in your opinion?

Option 1. The staff

Option 2. Availability of the CPN

Option 3. The environment

Option 4. The 1:1 support

Option 5. The virtual option

Option 6. Crisis planning

Option 7. Having staff with lived experience

Option 8. Other

Answer as many of the above eight options as apply; please state answer

If you answered Option 8. Other to the above question, please specify your answer below:

**Question 12. We're reviewing all of these services
For the services you've used, are there specific
areas that you think we should focus on to improve
them for the future?**

Option 1. More preventative

Option 2. More peer support

Option 3. Additional Young Person Safe Havens

Option 4. Better location for transport links

Option 5. Workshops

Option 6. Extended opening hours

Option 7. Other

**Answer as many of the above seven options as
apply; please state answer**

**If you answered Option 7. Other to the above
question, please specify your answer below:**

**Question 13. We've all had to adapt to a 'new
normal'. In response, several services now provide a
'virtual offer'. Are there other new ways that you'd
like to see the service develop in the next few
years? Please write your answer below:**

Question 14. Were you able to join in with the service in the way you wanted to? If not, what would need to be in place?

Answer Yes or No; please state answer

If you answered No to the above question, please state what would need to be in place:

Question 15. If you have moved from one service to another, for example, from GPIMHS to Community Connections or In-Reach to IAPT, how did you find that process?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 16. These are the outcomes that people have previously told us are important to them: Which are important to you? Please feel free to write additional outcomes at the bottom.

Option 1. This service helped improve my mental wellbeing.

Option 2. This service helped me recover from an episode of ill-health.

Option 3. I was happy with the support I received.

Option 4. This service helped me to feel more independent.

Option 5. This service helped reduce my anxiety and/or distress.

Option 6. This service helps save lives.

Option 7. This service gave me a safe place to go.

Answer as many of the above seven options as apply; please state answer

If anything else is important to you regarding this service, please state below

Question 17. Is there anything else you'd like to tell us about these services? Please write your answer below:

Thank you for completing this section of the survey. If you have finished filling out the survey, please continue to Question 34. to fill out the About You section of the survey.

In-Reach

Question 18. How did you find the experience of being referred to or referring yourself to this service for the first time?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 19. What is the strength of this service in your opinion?

Option 1. The staff

Option 2. The 1:1 support

Option 3. Supporting to attend appointments

Option 4. Being supported to discharge

Option 5. Involvement of family and carers

Option 6. Other

Answer as many of the above six options as apply; please state answer

If you answered Option 6. Other to the above question, please specify your answer below:

**Question 20. We're reviewing all of these services
For the services you've used, are there specific
areas that you think we should focus on to improve
them for the future?**

Option 1. More Carer Involvement

Option 2. Longer intervention

Option 3. Having staff with lived experience

Option 4. Weekend / Evening

Option 5. Other

**Answer as many of the above five options as apply;
please state answer**

**If you answered Option 5. Other to the above
question, please specify your answer below:**

**Question 21. We've all had to adapt to a 'new
normal'. In response, several services now provide a
'virtual offer'. Are there other new ways that you'd
like to see the service develop in the next few
years? Please write your answer below:**

Question 22. Were you able to join in with the service in the way you wanted to? If not, what would need to be in place?

Answer Yes or No; please state answer

If you answered No to the above question, please state what would need to be in place:

Question 23. If you have moved from one service to another, for example, from GPIMHS to Community Connections or In-Reach to IAPT, how did you find that process?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 24. These are the outcomes that people have previously told us are important to them: Which are important to you? Please feel free to write additional outcomes at the bottom.

Option 1. This service helped me get out of hospital sooner.

Option 2. This service helped me to not need to go back into hospital.

Option 3. This service gave me a better network of support.

Option 4. This service helped improve my mental wellbeing.

Answer as many of the above four options as apply; please state answer

If anything else is important to you regarding this service, please state below

Question 25. Is there anything else you'd like to tell us about these services? Please write your answer below:

**Thank you for completing this section of the survey.
If you have finished filling out the survey, please
continue to Question 34. to fill out the About You
section of the survey.**

Mental Health Citizens Advice Services

Question 26. How did you find the experience of being referred to or referring yourself to this service for the first time?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 27. What is the strength of this service in your opinion?

Option 1. The staff

Option 2. Specialist benefits and debt expertise

Option 3. The 1:1 support

Option 4. Having a named person providing support

Option 5. Easier access to services

Option 6. Location

Option 7. Other

Answer as many of the above seven options as apply; please state answer

If you answered Option 7. Other to the above question, please specify your answer below:

Question 28. We're reviewing all of these services. For the services you've used, are there specific areas that you think we should focus on to improve them for the future?

Option 1. More debt advice

Option 2. More evening sessions

Option 3. More daytime sessions

Option 4. More virtual sessions

Option 5. More advice by phone

Option 6. More advice in person

Option 7. Other

Answer as many of the above seven options as apply; please state answer

If you answered Option 7. Other to the above question, please specify your answer below:

Question 29. We've all had to adapt to a 'new normal'. In response, several services now provide a 'virtual offer'. Are there other new ways that you'd like to see the service develop in the next few years? Please write your answer below:

Question 30. Were you able to join in with the service in the way you wanted to? If not, what would need to be in place?

Answer Yes or No; please state answer

If you answered No to the above question, please state what would need to be in place:

Question 31. If you have moved from one service to another, for example, from GPIMHS to Community Connections or In-Reach to IAPT, how did you find that process?

Option 1. Very good

Option 2. Good

Option 3. Okay

Option 4. Not very good

Answer one of the above four options; please state answer

If you have any other comments related to this question, please state below

Question 32. These are the outcomes that people have previously told us are important to them: Which are important to you? Please feel free to write additional outcomes at the bottom.

Option 1. This service helped improve my mental wellbeing.

Option 2. This service helped me recover from an episode of ill-health.

Option 3. This service helped reduce my debt.

Option 4. This service helped me with a housing or employment issue.

Option 5. This service helped reduce the distress caused by my debit, benefits and/or employment issues.

Option 6. This service helped me in a timely manner.

Option 7. This service helped me avoid / go back to hospital.

Answer as many of the above seven options as apply; please state answer

If anything else is important to you regarding this service, please state below

Question 33. Is there anything else you'd like to tell us about these services? Please write your answer below:

Thank you for completing this section of the survey. If you have finished filling out the survey, please continue to Question 34. to fill out the About You section of the survey.

About You

Tell us about you so we can help everyone...

Any information you do give here will be anonymous and confidential and will not be linked back to you.

Question 34. Which of these age groups do you belong to?

Option 1. Under 18

Option 2. 18-24

Option 3. 25-34

Option 4. 35-44

Option 5. 45-54

Option 6. 55-64

Option 7. 65-74

Option 8. 75-84

Option 9. 85+

Option 10. Prefer not to say

Answer one of the above ten options; please state answer

Question 35. How do you identify your gender?

Option 1. Male

Option 2. Female

Option 3. Non-binary

Option 4. Prefer not to say

Option 5. Other

Answer one of the above five options; please state answer

If you answered Option 5. Other to the above question, please specify your answer below:

Question 36. Is the gender you identify with the same as your sex registered at birth?

Option 1. Yes

Option 2. No

Option 3. Prefer not to say

Answer one of the above three options; please state answer

Question 37. What is your sexual orientation?

Option 1. Bisexual

Option 2. Gay Man

Option 3. Gay Woman / Lesbian

Option 4. Heterosexual / Straight

Option 5. Prefer not to say

Option 6. Other

Answer one of the above six options; please state answer

If you answered Option 6. Other to the above question, please specify your answer below:

Question 38. Do you consider yourself to have a disability or longstanding condition?

Option 1. Yes

Option 2. No

Option 3. Prefer not to say

Answer one of the above three options; please state answer

**Question 39. If yes, please state your disability:
(please select all that apply)**

Option 1. Physical impairment

Option 2. Sensory impairment

Option 3. Mental health issue

Option 4. Learning disability

Option 5. Long-term illness

Option 6. Prefer not to say

Option 7. Other

**Answer as many of the above seven options as
apply; please state answer**

**If you answered Option 7. Other to the above
question, please specify your answer below:**

Question 40. What's your ethnic group?

Option 1. White - British, English, Northern Irish, Scottish or Welsh

Option 2. White - Irish

Option 3. White - Gypsy or Irish Traveller

Option 4. White - Roma

Option 5. Any other White background

Option 6. White and Black Caribbean

Option 7. White and Black African

Option 8. White and Asian

Option 9. Any other mixed or multiple ethnic background

Option 10. Asian or Asian British - Indian

Option 11. Asian or Asian British - Pakistani

Option 12. Asian or Asian British - Bangladeshi

Option 13. Asian or Asian British - Chinese

Option 14. Any other Asian background

Option 15. Black or Black British - Caribbean

Option 16. Black or Black British - African

Option 17. Any other black British, Caribbean or African background

Option 18. Arab

Option 19. Prefer not to say

Option 20. Other ethnic group

Answer one of the above twenty options; please state answer

If you answered Option 20. Other to the above question, please specify your answer below:

Question 41. What is your religion?

Option 1. No religion

Option 2. Christian

Option 3. Buddhist

Option 4. Hindu

Option 5. Jewish

Option 6. Muslim

Option 7. Sikh

Option 8. Prefer not to say

Option 9. Another faith or belief

Answer one of the above nine options; please state answer

If you answered Option 9. Another faith or belief to the above question, please specify your answer below:

Question 42. Are you current looking after a family member, partner, or friend in need of help because they are ill, frail or have a disability?

Option 1. Yes

Option 2. No

Option 3. Prefer not to say

Answer one of the above three options; please state answer

Thank you for completing this survey, we appreciate your responses.