**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-democracy/your-privacy/our-privacy-notices/adult-social-care**](https://www.surreycc.gov.uk/council-and-democracy/your-privacy/our-privacy-notices/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**](mailto:communityconnections.survey@surreycc.gov.uk) **or you can request a pre-paid envelope to mail it to us from** [**communityconnections.survey@surreycc.gov.uk**](mailto: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.**