



# Health and Wellbeing Support Role Survey 2022

VERSION: RESIDENTS AND CARERS  
London Borough of Newham Personalised Care Action Group



## INTRODUCTION

This survey is being carried out by the London Borough of Newham Personalised Care Action Group.

At the London Borough of Newham, we are committed to putting people at the heart of everything we do and we want to hear from you about your experience of the support offered by the health and wellbeing support roles. This is so that we can design the service to meet your expectations and prioritise the changes we make.

If you are unsure what we mean by 'health and wellbeing support roles', we have included a description.

**Your responses are completely anonymous.**

There is no tracking or information being collected that could identify you. In addition, all responses will be combined or summarised to ensure that no report or presentation of the findings identifies you.

**The survey closes on Sunday 14 August 2022.**

## WHAT WE MEAN BY 'HEALTH AND WELLBEING SUPPORT ROLES'

We decided to use the term 'health and wellbeing support role' when creating this survey, but recognise that this term may be unfamiliar to you. Therefore we have set out what we mean when we use this term so that you are clear about the services we want your feedback on.

If you have had an appointment with someone in a 'health and wellbeing support role' they may have used one of the following titles when explaining who they were and the support they could offer:

1. Social Prescribing Link Worker
2. Health and Wellbeing Coaches
3. Care coordinators
4. Community Neighbourhood Link Workers
5. Health and Social Care Navigators
6. Community Connectors

They will have been located in your GP practice, NHS service, library, care centre, voluntary, community or social enterprise and will have helped you to access support that you require with non-medical issues which could include:

1. Exercise and healthy eating
2. Financial problems
3. Housing problems
4. Employment support
5. Education
6. Mental wellbeing
7. Social connection

These roles may also be referred to as 'personalised care workers' or 'social prescribers'.

## OTHER FORMATS AVAILABLE

This survey is available online <https://citizenlabco.typeform.com/to/euhQ6VAM> and you can start to fill it in, close it, and then return later and your answers will still be there. The only rule is you have to use the same browser and device.

We can assist you to complete this form online, just visit any Newham library and ask a member of staff.

If you prefer pen and paper, you can download a pdf version from the [Newham website](#), print it, complete, it and send it to us.

**If you require this document in another format including audio, Braille, large print, or another language please call: 0800 952 0119 and quote 1802549**

## SUBMITTING YOUR COMPLETED SURVEY

Once you have completed the survey you can submit it by one of the following methods.

1. Email the completed form to [Co-Productionteam@newham.gov.uk](mailto:Co-Productionteam@newham.gov.uk) or by WhatsApp to 07970 406126.
2. Drop in to your local library and hand the completed survey in to one of the library staff who will ensure Newham's Personalised Care Action Group receive it.
3. Or post it to

Ysabella Hawkings  
London Borough of Newham,  
Newham Dockside,  
1000 Dockside Road, London, E16 2QU

If you have any questions about the survey, please email: [ysabella.hawkings@newham.gov.uk](mailto:ysabella.hawkings@newham.gov.uk)

We really appreciate the time you take to help us design a service that is fit for you.

## WOULD YOU LIKE TO PROVIDE MORE INSIGHT INTO YOUR EXPERIENCE OF HEALTH AND WELLBEING SUPPORT?

If you could like to take part in an upcoming focus group or 1:1 interview, please email [ysabella.hawkings@newham.gov.uk](mailto:ysabella.hawkings@newham.gov.uk)

## Q1

Which of the following group's best describes you? Select only one response

- Resident referred to a health and wellbeing support role
- Carer of someone referred to a health and wellbeing support role
- Other

If you selected 'Other', please describe group

## Q2

Which category below includes your age? Select only one response

- 17 or younger       21-29       40-49       60 or older
- 18-20       30-39       50-59       I prefer not to say

## Q3

What is your gender? Select only one response. If these gender categories don't represent how you identify yourself, please select 'Other' and go to the next box and tell us how you identify yourself.

- Male       Transgender
- Female       I prefer not to say
- Non-binary       Other

If you selected 'other', tell us how you identify yourself?

## Q4

What is your ethnicity? Select only one response. If these ethnic categories don't represent how you identify yourself, please select 'Other' and go to the next box and tell us how you identify yourself.

- |   |  |
|---|--|
| <input type="checkbox"/> Asian - Bangladeshi                | <input type="checkbox"/> Mixed - White and Black African                       |
| <input type="checkbox"/> Asian - Chinese                    | <input type="checkbox"/> Mixed - White and Black Caribbean                     |
| <input type="checkbox"/> Asian - Indian                     | <input type="checkbox"/> Mixed - Any other Mixed/multiple ethnic background    |
| <input type="checkbox"/> Asian - Pakistani                  | <input type="checkbox"/> Other - Arab  |
| <input type="checkbox"/> Asian - Any other Asian background | <input type="checkbox"/> White - Any other White background                    |
| <input type="checkbox"/> Black - African                    | <input type="checkbox"/> White - English/Welsh/Scottish/Northern Irish/British |
| <input type="checkbox"/> Black - Caribbean                  | <input type="checkbox"/> White - Gypsy or Irish Traveller                      |
| <input type="checkbox"/> Black - Any other                  | <input type="checkbox"/> White - Irish   |
| <input type="checkbox"/> Black/African/Caribbean background | <input type="checkbox"/> Prefer not to say                                     |
| <input type="checkbox"/> Mixed - White and Asian            | <input type="checkbox"/> Other   |

If you selected 'other', tell us how you identify yourself?

## Q5

**How did you become aware that you can get assistance from a health and wellbeing support role?**

Select only one option.

- |  |   |
|--|---|
| <input type="checkbox"/> I read about it in the media or saw it promoted           | <input type="checkbox"/> Hospital staff told me about it                          |
| <input type="checkbox"/> Friends or family told me about it                        | <input type="checkbox"/> Someone from a community or faith group told me about it |
| <input type="checkbox"/> My GP or someone else in the GP practice told me about it | <input type="checkbox"/> Someone from social care told me about it                |
| <input type="checkbox"/> My pharmacist told me about it                            | <input type="checkbox"/> Other  |

If you selected 'other', please tell us how you became aware that you can get assistance from the health and wellbeing support roles.

## Q6

How strongly do you agree or disagree with the following statement?

**Before I was referred to health and wellbeing support, I knew about these roles and the support they offer.** Select only one option.

- Strongly Agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

## Q7

**Which of these do you feel best describes the purpose of the health and wellbeing support in helping individuals take care of their health and wellbeing?** Choose as many as you like

- Connecting people to activities and support in the community    Provide prescriptions for medical conditions  
 Working with people to create a plan and support them to take the next step    Other

If you selected 'other', please tell us how you would describe the purpose of the health and wellbeing support roles.

## Q8

Do you feel any of the following have had an adverse impact on your health and wellbeing? Please rate the impact from very significant to no impact.

	Has had a very significant impact	Has had some impact	Has had a little impact	Has had no impact	n/a
Language spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country born in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial/ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having enough money for food or basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people in household on income support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support of friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from other relationships and social networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (temporary housing, House in Multiple Occupation (HMO), poor condition, overcrowding etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q9

How strongly do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I knew who to contact to arrange to see the health and wellbeing support role appropriate to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had some awareness of the health and wellbeing support role appropriate to my needs and how to access it, but needed to find out the details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not know what health and wellbeing support roles were, and I was referred by a GP, hospital staff, social care, community or faith group, council service, or other organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q10

Who referred you to a health and wellbeing support role?

- |   |   |
|---|---|
| <input type="checkbox"/> GP             | <input type="checkbox"/> Community or faith group |
| <input type="checkbox"/> Hospital staff | <input type="checkbox"/> Council service          |
| <input type="checkbox"/> Social care    | <input type="checkbox"/> Other                    |



## Q11

When contacted by health and wellbeing support, how do you like to be contacted? Please respond for each of the six situations described below.

	Phone	Email	Text	Letter	Face to face	Video call
When health and wellbeing support is making a routine appointment with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When health and wellbeing support needs to discuss sensitive information with you about your support or the management of your situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When confirming or reminding you about the time and date of an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When cancelling or rescheduling an appointment with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When something is complicated and needs to be explained to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When having a routine discussion or catching up on your support or management of your situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q12

Do you feel that there were barriers that stopped or made it hard for you to access the service?  
Choose as many as you like

- |   |  |
|---|--|
| <input type="checkbox"/> Could not find phone number or other contact details | <input type="checkbox"/> I do not have digital skills to enable me to contact services |
| <input type="checkbox"/> I do not have internet access                        | <input type="checkbox"/> Other   |
| <input type="checkbox"/> I do not have PC / laptop / smart phone              |  |

## Q13

How strongly do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was offered a range of appointment dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to select a time that was convenient to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was offered an appointment in the way that I preferred to meet (e.g. by phone, in-person, video call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location of the appointment was easy to travel to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q14

Did you attend your appointment with the health and wellbeing support?

- Yes       No

If you answered No to this question, go to Q15

If you answered Yes, go to Q16

## Q15

You indicated in question 11 that you didn't attend your appointment with the health and wellbeing support. Why was this? Choose as many as you like

- |  |   |
|--|---|
| <input type="checkbox"/> I forgot to attend or to cancel                                   | <input type="checkbox"/> I had other responsibilities that took priority (e.g. caring responsibilities) |
| <input type="checkbox"/> I felt better   | <input type="checkbox"/> Building is not accessible   |
| <input type="checkbox"/> I couldn't attend because I felt worse                            | <input type="checkbox"/> I changed my mind and didn't need service                                      |
| <input type="checkbox"/> I didn't want people to know I was using the service              | <input type="checkbox"/> No translation support e.g. language or British Sign Language                  |
| <input type="checkbox"/> It was too far to travel  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Too difficult to travel to by public transport or to find parking |   |

## Q16

How strongly do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The person who worked with me listened to what was important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We created the action plan together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The action plan was easy to understand and follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The community activities and support they suggested were related to what we discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was supported to access the activities and support in the action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The follow up calls I received helped me keep on track with my action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q17

How strongly do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Overall, I felt supported by the person who worked with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service / activity I was referred to, was appropriate to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service / activity I was referred to was appropriate to my interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel positively about being referred to one of the health and wellbeing support roles in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q18

What elements of the service did you find the most helpful?

	Very helpful	Helpful	Neither helpful nor unhelpful	Unhelpful	Very unhelpful
Being able to have a conversation about what matters to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devising a wellbeing action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being connected to activities and support in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone accompany me to my chosen activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The follow up conversations to check everything is going okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q19

Was there anything else that you found helpful?

## Q20

As a result of the support you have received from these roles, how strongly do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
There has been a positive impact on my health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I now have a better understanding of what impacts my health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I now have the confidence to actively make changes to improve my health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more aware of the services available that I can access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## THE SURVEY IS FINISHED!

Thank you, we really appreciate the time you have taken to help us understand the service that you want. Please follow the instructions on page 4 to submit your completed survey.