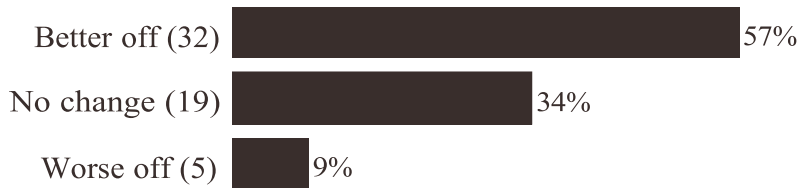


This report was generated on 11/02/22. Overall 61 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

Proposal 1 – Increase the minimum income guarantee amount (MIG) a person is left with after paying for care in line with national means-tested benefits with an additional 25% buffer.

Do you think this proposal is likely to make you?



Do you have any comments or suggestions about proposal 1?

I have no real idea. If this will "reduce how much people pay towards care and support charges" why is there a circle to be ticked for worse off or no change? I suspect it will negatively us!

n/a

no

No

This is the first letter I have received

no

No

Benefits are there to help people who cannot work due to their health condition.

With escalating energy and food costs any increase in the MIG would be useful

Seems like a good change for many people.

We think this would definitely be a good idea. We are struggling to afford basics on such a low income.

I am sorry but much of the questions ask, don't seem to apply to me. I live alone with little help, but with the help of others to help me to take a bath twice a week. I am just managing maybe later on i may need more help. Thank you.

Thought about this question. is there a separate policy for care home charging and is that available? how will i know if comments will make a difference to the final policy or is just a tick box exercise? presuming that everybody will have previous knowledge of the MIG what does buffer mean in this context? Q1a) these questions make it seem only those who will be affected can comment? (1 person i have spoken to did not think it was for them to comment and read no further).

probably best option

no

for financial year April 2020 - 21 the council did not increase the DP funding but did not increase client contributions. This was fair. For financial year 21-22 the council did not increase DP but did increase client contributions. this was unfair.

can you make it clear how much the MIG + 25% better is instead of using percentage of benefit/income

Proposal 2 - Set the minimum income guarantee amount (MIG) for working age people under 25 to the same level as the MIG for working age people aged 25 and over

Do you think this proposal is likely to make you?



Do you have any comments or suggestions about proposal 2?

n/a

no

This doesn't affect me

I think this is very fair - it still costs the same to live whether or not you are over 25 or under 25 - so the MIG should be the same.

Yes. please do this, Younger people do not have lower costs and in fact my disabled son who is 21 has higher costs as clothing, food etc cost more due to his size. I think this discriminates against younger people.

This should affect any payments to disabled people leaving them with less payments or payments to over 75 years.

I don't need all the careers I am getting now if I can get my tablets in bags I can manage I do all my own house work myself. I don't need Carers 3 times a day. Do you think its fair for them to charge half hour for issuing 1 tablet dinner time and 3 tablets at night.

this immediately begs the question "what about people over or under working age?"

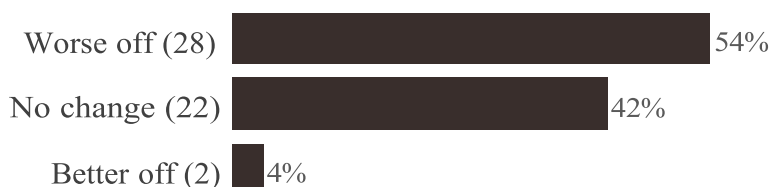
could help my grandson in the future

no

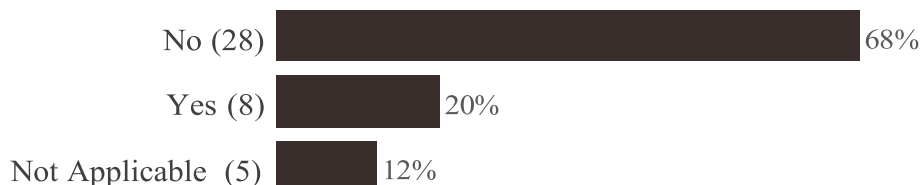
i am of pension age and therefore increasing the MIG for 18-25 year olds will not affect me

Proposal 3 - Remove the discretionary income disregard for Disability Living Allowance and Attendance Allowance paid at the high rate and replace it with an allowance for any disability related expenses paid for private care.

Do you think this proposal is likely to make you?



Do you currently pay for any private care in addition to what you pay the council?



Do you have any comments or suggestions about proposal 3?

As a full-time carer I do all the nighttime care for her which is very beneficial to her well being. This proposal appears to reduce the financial incentive to continue doing this.

n/a

no

As a social care professional, i am very aware of the considerable 'hidden' charges those with disability have to meet. Frankly, to impose further restrictions on their base income would mean financial penury for some and for others, an inability to access services needed, they may decide to try to do without care in order to avoid additional costs. This represents a false economy because they are then likely to develop myriad difficulties.

other bills to pay

I don't think my disability is anything to do with the council

I need more care than I am being given by the council and so it is important that I am allowed to have some of my income to be used for paying for the extra care I need privately.

just manage to make ends meet, and with heating costs going up we are concerned.

Seems like a lot more paperwork with having to provide proof of additional care costs, the paperwork needed already is very difficult given my health.

I find these questions difficult to understand. presumably the LA in this case chooses to take the whole of the care element of those benefits into account as disposable income and that those without night time care needs provided by the LA will get 29.60 of their care element disregarded. Does it then mean that a person with LA provided care needs will not keep any of their care allowance? If this is not made clear how will you know if a person will be better off or worse off? also, it would seem that the more disabled you are the more you will be charged so is this equitable, surely it would be fairer to only take half a person's care component irrespective of night time provision.

doesn't apply to me don't need night time care

I do not understand, I asked for easy read version but this is what you sent.

how can you know what the eligibility criteria is

Proposal 4 - Charge for short stays in a care home (sometimes called respite care) for up to 8 weeks over a year under the same rules as paying for care and support in own home, or in the community.

Do you think this proposal is likely to make you?



Do you have any comments or suggestions about proposal 4?

I have not used this service yet.

n/a

no

Never been in respite so unable to respond to answers

We don't currently access respite, i'm sole carer with limited support from formal care, 1.45 hours per day. As i work full time, this support is essential and in addition, some respite would be very desirable as i never have an evening or weekend'break. Costs up to now have prohibited having access to such a service. Equitable charging may enable respite and thus reduce the onus on me which,in its current guise,is unsustainable.

N/a

Do you have any comments or suggestions about proposal 4?

No comments

This is difficult to understand if you are not currently or have never used this type of service.

Sounds fair.

Any payments for 8 weeks in all case should be met by the council (young or old)

There's nothing wrong with the council charging its the money I have to pay for the little work the carers have to do for me. That's not saying there anything wrong with the carers, the lovely in the half hour they charge for 5 minutes work.

fairly easy to understand but only those who have respite care could answer this question as it is as it says "you" instead of "them"

does this mean we will be charged the hourly rate for at home care, but for 24 hours or has long as we are there at a care home. don't really understand this.

complicated to calculate. I do not have short stays.

currently we have no respite care in a care home so for us there will be no change. however if in the future we choose this respite we would be better off with this proposal

Proposal 5 - Charge people with capital assets over £23,250 the full cost for home care services

Do you think this proposal is likely to make you?


No change (47)  86%

Worse off (8)  15%

Better off (-)

For self-funders only – if your charges increase because you live in a rural area, would you still be likely to ask the council to manage this service for you?

Not Applicable (27)  96%

No (1)  4%

Yes (-)

Do you have any comments or suggestions about proposal 5?

I can see that it costs more to provide care to those living in rural areas, but I dont think it would be a good thing to charge them more as a consequence of the location that they live in. I feel this is along way from the councils value of treating people equally and fairly. It would be better that this additional cost should be equally divided between us all.

n/a

no

Care providers need to be paid equitable rates that reflect costs. If the burden for the cost is shifted to private funders, this will invariably mean providers will withdraw from the LA framework and seek to meet a private market. This in turn will compromise the already not always good care offered for LA arranged provision will further deteriorate. Care costs need to reflect market rates to make the sector sustainable.

Presume capital assets excludes the value of the home.

Leominster carers

Because Herefordshire is such a rural county allowance should be made for services provided to people who live rurally.

I would not as the Council to 'manage' anything; they could not be trusted.

If "capital assets" include your home, I think this is an awful idea that will force many people out of their homes.

I have not where near this money

Again it should say "them" so it is open to anyone to comment on. not equitable to still only charge an urban rate overall whatever the previous practice happened to be. Apart from that there should be an alternative option of paying a "one-off" rate for the initial arrangement and then let people manage their own care with the agency from then on without paying the admin fee.

my care is arranged by HFD council and have savings but pay for all my care needs.

we currently have no assets above 23250 but if we did, i think tis proposal is likely to make us worse off.

We know that it isn't easy to understand how your personal circumstances might affect how much you pay for care, especially if your circumstances change and you need long term care in a care home. We welcome your feedback on the information we currently provide about charging and financial assessments, so please let us know if there is anything we can add or change to make things easier to understand.

I think you need to be much more honest and clear about the fact that this is both an exercise to make the system fairer but also to manage the overall cost to the Council. These proposals do not simplify an already very complex system of charging that is very difficult for the ordinary citizen to understand.

Happy with the service

I found the team at Charging to be well informed and they were able to clearly explain what would be charged and why. in addition, they were able to advise me about financial help i was not previously aware of.

terminology could be written in a much simpler way. some of the context is very complicated to understand.

It's useful in this to see allowable disability expenses as this wasn't clear.

No

I am completing this survey on behalf of an elderly relative for whom I have Lasting Power of Attorney. It has not been easy to understand or fully know the repercussions of this survey. Of course it is important that people pay the correct amount towards their care and I think Herefordshire Council do a very good job.

It would have helped enormously to have received a copy of this charging policy at the very outset of our contact with the Council.

It is always difficult to understand council legal jargon - having an easy read option would help.

When care is for people in the Community, why do they get charged by the people they go to. If they are sick due to their condition they get charge full amount because they have not given a weeks notice, I think this scandalous.

How you expect Carers to understand the current arrangements for care funding and how these proposals affect the current circumstances is beyond me. To someone with a modicum of intelligence it's 'as clear as mud' !!

I am completing this on behalf of persons who are incapable of doing so. A calculation to demonstrate the charges applicable after the proposed changes as compared to the current situation would make things much easier, none of those who would be worse off would be likely to support the proposals which are almost certainly going to be introduced anyway.

We know that it isn't easy to understand how your personal circumstances might affect how much you pay for care, especially if your circumstances change and you need long term care in

a care home. We welcome your feedback on the information we currently provide about charging and financial assessments, so please let us know if there is anything we can add or change to make things easier to understand.

I am completing this on behalf of persons who are incapable of doing so. A calculation to demonstrate the charges applicable after the proposed changes as compared to the current situation would make things much easier, none of those who would be worse off would be likely to support the proposals which are almost certainly going to be introduced anyway.

I am completing this on behalf of persons who are incapable of doing so. A calculation to demonstrate the charges applicable after the proposed changes as compared to the current situation would make things much easier, none of those who would be worse off would be likely to support the proposals which are almost certainly going to be introduced anyway.

Make it clearer what is deemed "capital assets".

I think that the information provided with the financial assessment is difficult to understand.

receiving council care in supported living

don't know how much i would have to pay if i did go into a care home, as don't have savings only pip and esp paid to me.

end the secrecy about what can be disregarded as disability related expenditure & what cannot. it prevents us making informed choices. You change the rules between one financial assessment to the next. this is unfair. publish changes annually so that we know where we are before being assessed. Give us enough detailed info for us to check if our client contributions is correct. tell us whether a service/item is disregarded in full or only a percentage. I was told HFDs council does not fund lifestyle choices but assessor refused to define them. give us enough up to date info to make informed choices re our own finances.

Do you have any other comments you would like to make about how we charge for care and support?

I am a full-time carer for my wife. Our own experience of how the system works is that after our financial assessment we were paying approximately 570 every 4 weeks for my wife's care. As I learnt from the carers I was able to do more for her and we gradually reduced the amount of visits we had. Good for her well being and helpful to the over stretched carers. However, despite gradually reducing the number of visits and the length of time on on each one, because of the guarantee that our charges would not go up, they also didn't go down. It's a bit difficult to explain but in our circumstances there was no financial incentive to try to become more independent. We might just as well have continued with the full set of visits.

i took early retirement so that i could care and support my father who has dementia. The attendance allowance he has does not cover the cost of the carers who go in daily.

no

I currently work full time and as my caring needs increase, i will inevitably have to reduce my working hours. This is already in planning as needs are rapidly increasing. This means a qualified care professional will have to withdraw from an already strained sector and will lead to some financial hardships. Any increase in care costs will mean further hardship as we would have to withdraw and meet all care needs personally, i would then be unable to sustain employment and this in turn would lead to my needing support from the public purse. I can only reiterate, costs need to be equitable and appropriately funded as a priority for local authorities.

The MIG doesn't differentiate between people who have to maintain their home and those renting that have that cost fully allowed for but the landlord covers major building costs. This makes it difficult to make adaptations to bathrooms etc and can't be assessed for DSG as they don't take into account the care costs and therefore homeowners with a pension are disadvantaged.

No

Do you have any other comments you would like to make about how we charge for care and support?

It takes far too long to process a new application. 6 months! During this time is not surprising that a 90yr old first time service users care needs and situation changes.

I know it is difficult for the council making ends meet and that social care takes up a lot of your income. My parents are always happy to have their council tax raised to help you keep those in need safe and well.

It would be an idea a have a breakdown for the Charge amount that the person has to pay.

It's highly unlikely your proposals are going to benefit those in care in their own home (or in care in the home of a family member). I suspect it's the Council that will benefit financially. to those in care with assets over c. 23k the Council is a 'waste of space'.

We have found the team who did the financial assessment to be very helpful and understanding of our situation. It is difficult to be thrown into new circumstances of care but they have eased it as much as they could

the current way I have been paying the minimal amount for home care to the council who has been paying for most of the care has been a real blessing

The current system I think works well.

Whilst we understand that people have to pay it is very unfair that any benefit increased go straight to yourselves whilst everything else is going up in price - unfair on people who live on very small income.

Nothing wrong with council charging.

As this document refers to changes to your charging policy i think that the whole policy should be available for comment as i understand that there is a big difference between how you charge non working people and those who work. often disabled people can't work or get a job because of their disability but at present would not appear to be taken into consideration.

My relative has no assets and all the groups don't appear to apply. find it all very difficult to understand on her behalf.

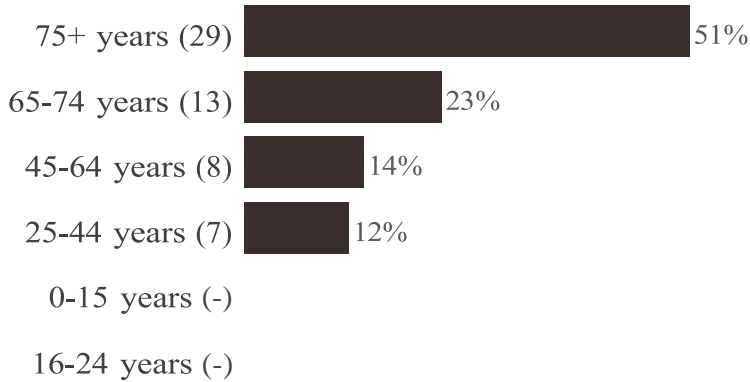
All service charges to be disregarded as D.R.E - we are legally obliged to pay them. be realistic about heating costs. financial assessors should not make personal remarks/judgements about service users. make assumptions. treat assessments as a game with the SU as an opponent to get better of. For DP recipients using care agencies allow top up charges to be disregarded as D.R.E even if only part. allow boiler/ central heating insurance to be disregarded as a D.R.E

I understand that all the cost of care is rising - but i would ask that it is adjusted fairly. cost of care in a care home - weekly cost will no doubt rise. cost of care provided by home care - cost of care will rise. attendance allowed will decrease. cost of living in your own homes rises as electricity, council tax etc rise.

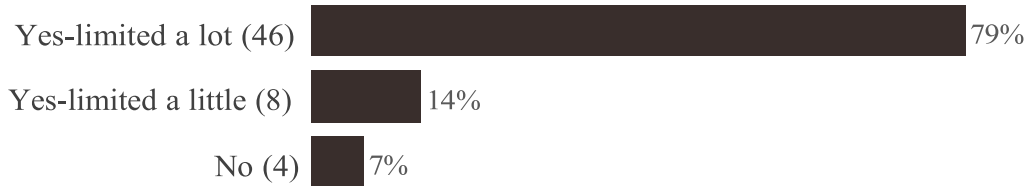
What is your gender?



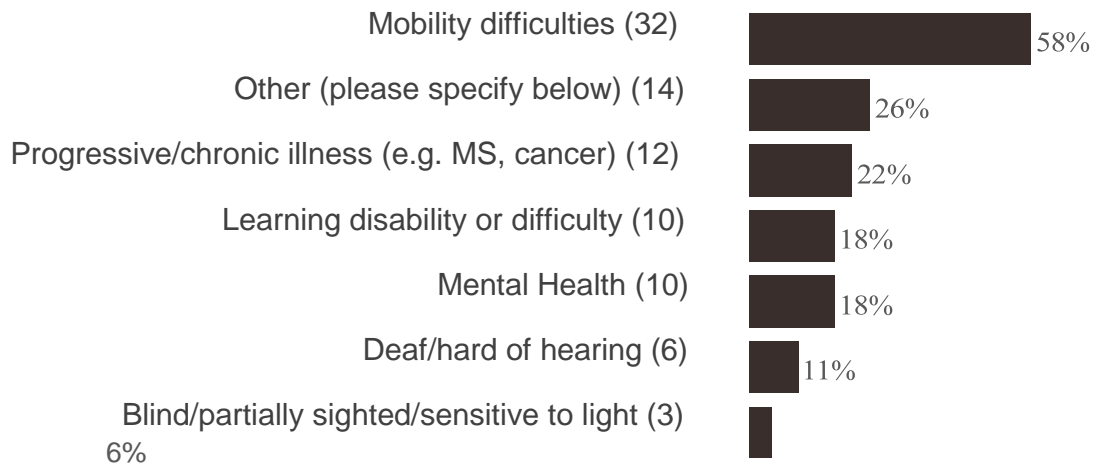
What is your age band?



Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?



If yes please specify (tick all that apply)



Other (please specify)

Your tick boxes dont work, you can only select one of the list yest I need to select more.

dementia

Learning disability, speech and language disability

Vascular Dementia

Dementia with severe mobility problems

Alzheimer's Dementia

Dementia

Other (please specify)

deaf/parkinsons/mobility/

Cognitive impairment

Mental health mobility difficulties

The above is only allowing me to tick one box !! My relative is deaf and completely immobile, doubly incontinent and completely dependant on care. She is of sound mind and adamant that she wishes to stay in her own home.

Progressive, mental and mobility

Your box Q11 doesn't allow more than one to be ticked - LD, MH and autism

Left hemiplegia

Unable to walk make drinks, cook food, use toilet on my own

stroke and mobility issues

Epilepsy

Balance is very bad

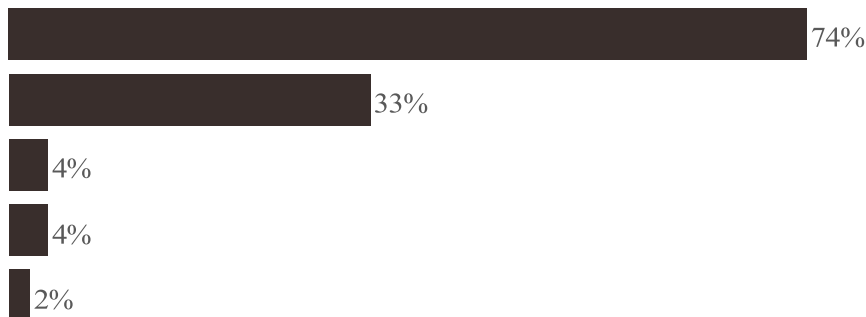
CROHNS DISEASE

very limited speech and fed through tube due to stroke

Autistic with associated co morbial condition

Vascular parkinsonism

Are you responding as: (tick all that apply)



A provider of services (please specify the name of organisation)

Altogether care

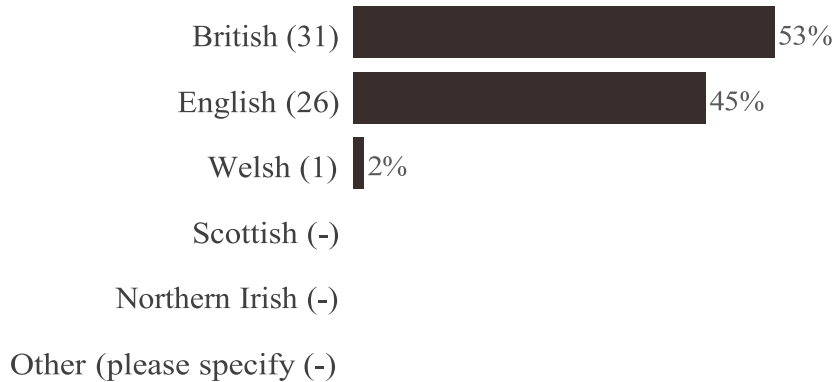
Agincare

AGINCARE

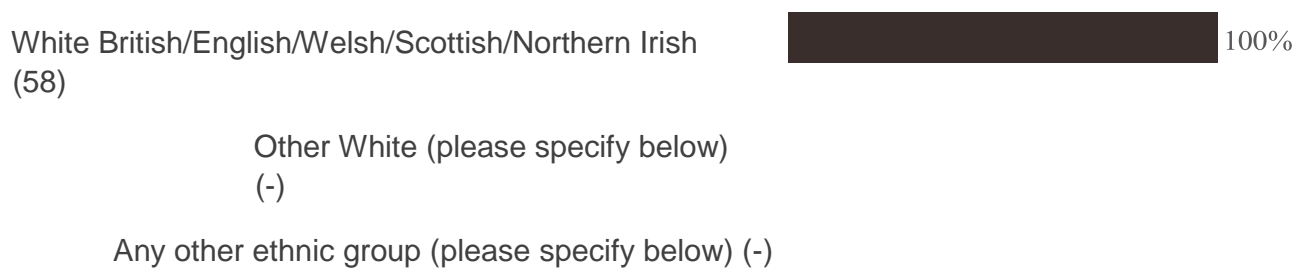
SIL Services

Mobile Care

How would you describe your national identity? (Tick as many as apply)



How would you describe your ethnic group? (Please tick one box only)



Do you feel that you were treated differently (positively or negatively) because of who you are? (e.g. your age, gender, disability or ethnicity)



If yes, please specify:

Age

Sometimes people don't understand that I am autistic and have learning difficulties and can respond negatively - but at other times when people do realise they are very kind.

I provide care to my aged parent who lives f/t in my family home and has assets > 23k. The survey and examples are of no use to me whatsoever and unfathomable !

I feel that there is a definite difference to how i can access care now i am over 65

Topline Report

The following results are from 61 respondents for the online questionnaire. The percentages are based on respondents to each question/statement.

Proposal 1 – Increase the minimum income guarantee amount (MIG) a person is left with after paying for care in line with national means-tested benefits with an additional 25% buffer.

What happens now

We use the MIG amount that is set by central government when calculating charges for care in the home or in the community. Every year when the Department for Health and Social Care publishes these amounts we use them to recalculate charges. We usually do this at the same time when the Department for Work and Pensions uplifts benefit and pensions income.

What the Care Act says

Because a person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with the minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014. Local authorities should consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) which may be taken into account in charges.

What we propose to do

We propose to increase the MIG amount for people of working age and pension age in line with income support or pension credit levels, with an additional 25% buffer.

What effect this might have

This will reduce how much people pay towards care and support charges.

Here is an example to show how you may be affected, please go to:

<https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021>

Q1a Do you think this proposal is likely to make you?

32 (57%) Better off
5 (9%) Worse off
19 (34%) No change

Q1b Do you have any comments or suggestions about proposal 1?

17 comments

Proposal 2 – Set the minimum income guarantee amount (MIG) for working age people under 25 to the same level as the MIG for working age people aged 25 and over

What happens now

We use the MIG amount that is set by central government when calculating charges for care in the home or in the community. There are different rates for working age people who are aged

under 25, and 25 or over. Every year when the Department for Health and Social Care publishes these amounts we use them to recalculate charges. We usually do this at the same time when the Department for Work and Pensions uplifts benefit and pensions income.

What the Care Act says

Because a person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with the minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014. Local authorities should consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) which may be taken into account in charges.

What we propose to do

We propose to increase the MIG amount for all people of working age to income support levels for people aged 25 or over, with an additional 25% buffer.

What effect this might have

All working age people will be left with same minimum income after paying for care.

Here is an example to show how you may be affected, please go to:

<https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021>

Q2a Do you think this proposal is likely to make you?

- 3 (6%) Better off
- 3 (6%) Worse off
- 48 (89%) No change

Q2b Do you have any comments or suggestions about proposal 2?

11 comments

Proposal 3 – Remove the discretionary income disregard for Disability Living Allowance and Attendance Allowance paid at the high rate and replace it with an allowance for any disability related expenses paid for private care.

What happens now

People in receipt of DLA and AA benefits paid at a higher rate because they have night time care needs but only receive council funded care and support during the daytime have £29.60 per week of their income disregarded. This is the amount of additional benefit they get due to having night time care needs

What the Care Act says

Local authorities may choose to disregard additional sources of income, set maximum charges, or charge a person a percentage of their disposable income. Where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability-related costs.

What we propose to do

Remove the income disregard for people receiving DLA and AA, but include the cost of any private care to meet needs as a disability related expense.

What effect this might have

People who don't have any disability related expenses to meet their care needs will pay more.

Here is an example to show how you may be affected, please go to:

<https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021>

Q3a Do you think this proposal is likely to make you?

2 (4%) Better off
28 (54%) Worse off
22 (42%) No change

Q3b Do you currently pay for any private care in addition to what you pay the council?

8 (20%) Yes
28 (68%) No
5 (12%) Not Applicable

Q3c Do you have any comments or suggestions about proposal 3?

13 comments

Proposal 4 – Charge for short stays in a care home (sometimes called respite care) for up to 8 weeks over a year under the same rules as paying for care and support in own home, or in the community.

What happens now

If a person is entitled to council funded social care support for a short stay in a care home, the amount they pay towards the cost is worked out using different rules to what they pay towards any care or support they get in their own home. This is difficult to calculate and not easy to understand when people stay in a care home for a few days during the same week they receive home care services, or if they have a direct payment to spend on care in their own and short stays in a care home

What the Care Act says

Where a person is a short-term resident a local authority may choose to assess and charge them based on the rules for care or support arranged other than in a care home for a period not exceeding 8 weeks.

What we propose to do

Charge for short stays in care home, not exceeding 8 weeks, using the same rules as charging for care in own home, or in the community.

What effect this might have

People will be charged the same amount making it easier to understand, some people may pay less.

Here is an example to show how you may be affected, please go to:

<https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021>

Q4a Do you think this proposal is likely to make you?

5 (9%) Better off
5 (9%) Worse off
44 (81%) No change

Q4b Do you have any comments or suggestions about proposal 4?

15 comments

Proposal 5 – Charge people with capital assets over £23,250 the full cost for home care services.

What happens now?

We currently charge for all home care services using the urban rate paid to home care providers. This is because when the charging policy came into effect there was only one rate paid to providers for home care services. Home care providers are now paid based on urban or rural rates to reflect the increased costs in rural areas, but service user charges are based on a maximum charge in line with the urban rate. If a person with capital assets above £23,250 asks the council to arrange care at home for them, we charge them an administration fee in addition to the cost for the service provided.

What the Care Act says

Where the person has resources above the financial limits the local authority may charge the person for the full cost of their care and support. It may be appropriate for local authorities to charge a flat rate fee for arranging care.

What we propose to do

Apply charges for people with capital assets above £23,250 based on the full cost paid to the care provider, and continue to charge additional administration fees for arranging care and support and managing the contract.

What effect this might have

People who self-fund their care and ask the council to arrange care for them at home will pay more if the council pay the home care provider a rural rate. People can continue to arrange their own care and support without this support from the council.

Here is an example to show how you may be affected, please go to:

<https://www.herefordshire.gov.uk/downloads/file/23251/example-care-and-support-chargescalculations-2021>

Q5a Do you think this proposal is likely to make you?

0 (0%) Better off
8 (15%) Worse off

47 (85%) No change

Q5b For self-funders only – if your charges increase because you live in a rural area, would you still be likely to ask the council to manage this service for you?

0 (0%) Yes

1 (4%) No

27 (96%) Not Applicable

Q5c Do you have any comments or suggestions about proposal 5?

13 comments

Q6 We know that it isn't easy to understand how your personal circumstances might affect how much you pay for care, especially if your circumstances change and you need long term care in a care home. We welcome your feedback on the information we currently provide about charging and financial assessments, so please let us know if there is anything we can add or change to make things easier to understand.

19 comments

Q7 Do you have any other comments you would like to make about how we charge for care and support?

19 comments

About you

The following information helps us to ensure that our services are accessible to all. It will only be used for the purpose of statistical monitoring, treated as confidential and not used to identify you. You are under no obligation to complete any question in this section of the survey if you do not wish to.

Q8 What is your gender?

22 (39%) Male
35 (61%) Female

Q9 What is your age band?

0 (0%) 0-15 years
0 (0%) 16-24 years
7 (12%) 25-44 years
8 (14%) 45-64 years
13 (23%) 65-74 years
29 (51%) 75+ years

Q10 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

8 (14%)
Yes-limited
a little 46
(79%) Yes-
limited a lot
4 (7%) No

Q11 If yes please specify (tick all that apply)

6 (11%) Deaf/hard of hearing
3 (5%) Blind/partially sighted/sensitive to light
10 (18%) Learning disability or difficulty
10 (18%) Mental Health
12 (22%) Progressive/chronic illness (e.g. MS, cancer)
32 (58%) Mobility difficulties
14 (25%) Other (please specify below)

Q11a Other (please specify)

22 comments

Q12 Are you responding as: (tick all that apply)

42 (74%) Someone receiving support from Adult Social Care a family carer/informal carer

19 (33%) A family member or friend of someone receiving support from Adult Social Care a Herefordshire Council employee

0 (0%) A trade union representative

2 (4%) A member of the general public

2 (4%) A provider of services (please specify the name of organisation below)

1 (2%) A representative from a voluntary sector organisation (please specify the name of organisation below)

Q12a A provider of services (please specify the name of organisation)

5 comments

Q12b A representative from a voluntary sector organisation (please specify the name of organisation)

0 comments

Q13 How would you describe your national identity? (Tick as many as apply)

31 (53%) British

1 (2%) Welsh

26 (45%) English

0 (0%) Northern Irish

0 (0%) Scottish

0 (0%) Other (please specify)

Q14 How would you describe your ethnic group? (Please tick one box only)

58 (100%) White British/English/Welsh/Scottish/Northern Irish

0 (0%) Other White (please specify below)

0 (0%) Any other ethnic group (please specify below)

Q14a Other White (please specify)

0 comments

Q14b Any other ethnic group (please specify)

0 comments

Q15 Do you feel that you were treated differently (positively or negatively) because of who you are? (e.g. your age, gender, disability or ethnicity)

6 (11%) Yes

48 (89%) No

Q15a If yes, please specify:

4 comments

Thank you for completing the questionnaire