
Oxfordshire Military Families: Our experiences of health services in Oxfordshire



January 2020

Table of Contents

Acknowledgements	2
1 Background.....	3
2 Methods.....	4
3 Results	6
3.1 Characteristics of respondents	6
3.2 Knowledge of the Armed Forces covenant.....	7
3.3 Access to information about local sources of health care	7
3.4 Registering at a local healthcare practice.....	8
3.5 Experiences of local general practice.....	9
3.6 Transferring ongoing health care	10
3.7 Use of other health and social care services	11
3.8 Access to help and support services	12
3.9 Use of mental health services	13
4 Conclusion.....	14
5 Recommendations	15
6 Response to recommendations.....	15
Annex A: Information about the military establishments covered in this report.....	17
Annex B: Survey questionnaire.....	18

Acknowledgements

Healthwatch Oxfordshire would like to thank Commanding Officers, Welfare Staff, BFBS Radio, Homestart South Oxfordshire and RAF HIVE Information Officers who supported this project, and the service personnel and their families who took the time to talk to us and share their experiences.

1 Background

Oxfordshire has a large military presence. According to the county council’s Joint Strategic Needs Assessment (JSNA), as of April 2018 there were 8,320 regular armed forces personnel in the county (Oxfordshire County Council, 2019).

Military bases are found across various locations in the county, as indicated on the numbered map below¹.



1	Bicester Garrison
2	RAF Brize Norton
3	Abingdon Station
4	Defence Academy, Shrivenham
5	Vauxhall Barracks
6	RAF Benson

The table in Annex A provides relevant information about the military establishments in Oxfordshire that are covered in this report.

¹<https://www.oxfordshire.gov.uk/council/armed-forces-oxfordshire/military-presence>

When service personnel are deployed to a military base, they are usually accompanied by their spouse and dependent children. Life for members of an armed forces family - whether they are regulars, reservists, or veterans - and their spouses, partners or children can be challenging. Being part of the armed forces can involve moving to a new area every few years. Besides the potential stress of deployment, relocation can mean extended and repeated periods of separation from spouses and partners, as well as social isolation from family and friends. If a member of the family becomes ill, individuals and families can find themselves with additional and sudden caring responsibilities. Being recently settled or unfamiliar with a new area requires finding out about accessible health services such as a local GP, health visitor, dentist, among others.

RECEPTION



The Armed Forces covenant² pledges to treat those who currently serve or have served in the armed forces, and their families, with fairness and respect. It aims to ensure that members of the armed forces community are not disadvantaged in their day-to-day lives. This includes access to health care.

Within the context of military association and the potential for regular relocation, Healthwatch Oxfordshire wanted to hear about local armed forces families' experiences of using health and social care in Oxfordshire. We were particularly interested in find out about registering with local GP services, transferring care for existing medical conditions, accessing general practice, dentists, hospitals, and other health services, and experiences of quality. We wanted to know whether families faced any difficulties as a result of being in the military.

2 Methods

Healthwatch Oxfordshire's Executive Director commenced the project by contacting Station Commanders at both RAF Brize Norton and The Defence Academy at Shrivenham as well as SSAFA and The Army Welfare Service. They helped facilitate our work throughout the project. A meeting took place in June 2019 with several key personnel with representatives from: David Stone Medical Centre, RAF Brize Norton; SSAFA; Army Families Federation: RAF Families Federation; Army Welfare Service. This meeting was to explain about Healthwatch Oxfordshire and ask for their assistance in promoting the project.

² <https://www.armedforcescovenant.gov.uk>

Military Families Experience of Health and Social Care

The Healthwatch Oxfordshire team developed a questionnaire (see Annex B below) inviting members of families across all military bases across Oxfordshire to tell us about their experiences. The questionnaire was available both in hard copy (printed) and online (accessible via the Healthwatch Oxfordshire website). Questions asked how people had obtained information about NHS and social care services, and how this could have been made easier, the process of registering with a local GP practice, experiences of care from different health services, and sources of social support. Printed questionnaires were distributed with freepost envelopes.



Members of the Healthwatch Oxfordshire team coordinated with personnel at each base and attended several events. These included Brizefest on 31st August 2019, a health fair at Bicester Garrison, an open evening at the Defence Academy attended by local groups, charities, and Academy students, a ‘Homestart’ morning at Dalton Barracks, Abingdon, and family coffee mornings. These allowed us to interact with military personnel and their families, and to ask them about their experiences. It was also an opportunity for people to complete a questionnaire.

The British Forces Broadcasting Service (BFBS) interviewed Healthwatch Oxfordshire’s Executive Director about the project and posted a link to our online survey on their social media pages. The RAF HIVE Information Centres also posted links to our survey on their social media pages. Once the survey was ready to for dissemination, links were sent to all representatives from our meetings, Homestart South Oxfordshire, and BFBS Brize Norton.



Healthwatch staff talking to people at Brizefest 2019

3 Results

The survey was open for just over two months, from September to mid-November 2019. A total of 94 people responded, of which 87 answered every question or provided enough relevant information to be included in the analysis. Therefore, this report is based on an analysis of 87 survey participants.

3.1 Characteristics of respondents

Forty-two (52%) respondents were aged 35 to 54, and 30 (37%) were aged 25 to 34. Only 5% were aged 18 to 24 and 6% were over-55. More females (83%) than males (17%) completed the survey. Almost all respondents were British (95%). The only other ethnic groups represented identified as “other Asian background” (2.5%), Irish (1%), or “other” (1%). Given the presence of non-British or ethnic minority service personnel in Oxfordshire, the low participation by black, Asian, and minority ethnic personnel and their families was notable. This is difficult to explain. We encouraged as many people as possible to participate in the survey and cannot be sure whether the poor response from non-British ethnic groups was a result of bias in our research methods, the influence of cultural factors on recognising and responding to mental health problems, or institutional obstacles at the military facilities. It raises potentially important questions that deserve further investigation and could be the focus of future Healthwatch Oxfordshire work.

The table below presents information about the respondents’ deployment and time of residency at their current military base in Oxfordshire. The number in brackets next to the name of each base refers to its location on the map at the top of the report.

Of all respondents, 32 (38%) were based or worked at RAF Brize Norton and 15 (18%) at RAF Benson. Fewer respondents participated from the remaining bases and other locations, which included the University Officer Training Corps (UOTC) at Falklands House in Oxford. The greater number of responses from the two RAF bases is likely to be due to better promotion of the survey by senior personnel at each base.

Most respondents had been living on or near their current military base for more than two years, with 66% of respondents being at Brize Norton for more than two years and 73% of respondents indicating that they had been at RAF Benson for longer than two years.

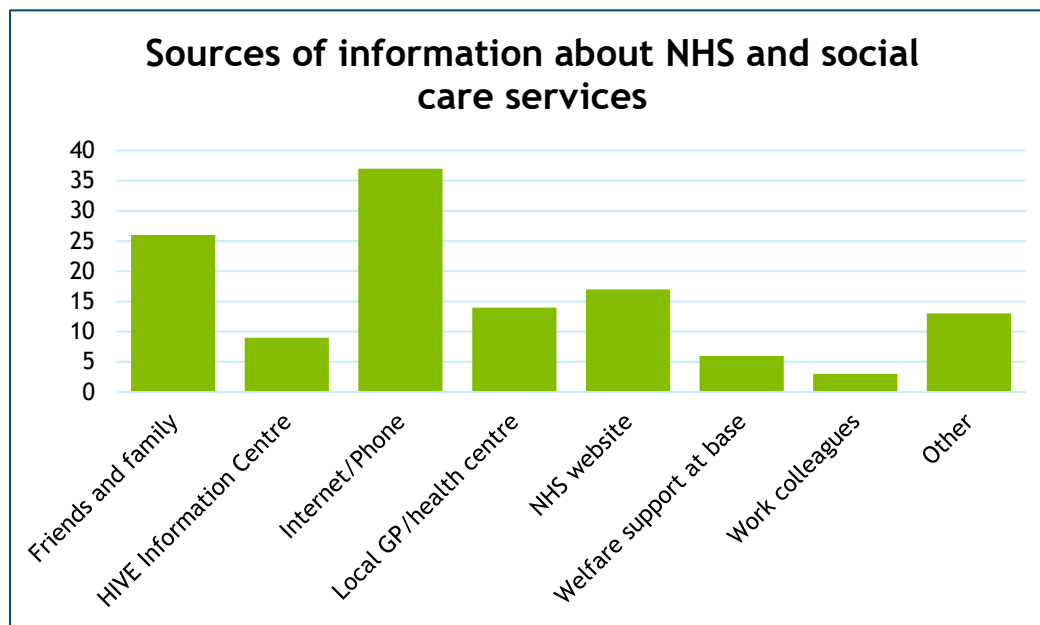
There was decreasing participation from those who had arrive more recently. The difference in response rates among these groups should be taken into account when interpreting the survey results.

3.2 Knowledge of the Armed Forces covenant

Almost two-thirds (65%) of respondents said they knew about the Armed Forces covenant. Although this finding seems positive, it indicates that a third of the military families were not aware of the covenant. Slightly older and male respondents reported knowing about the covenant than others. Despite this, not knowing about the Covenant did not appear to cause families any problems when registering with a general practice or in their reported experiences of health care.

3.3 Access to information about local sources of health care

We asked people to tell us about the different sources of information they used to find out about health and social care services.



Most searched for information themselves either on the internet or by asking their friends and family. Others sought information from NHS websites and local GP surgeries or health centres. Work-based sources, such as unit welfare support and HIVE Information centres³, and colleagues were less popular.

Other sources of information included posting on social media sites for serving personnel and their families, prior knowledge of the area and from family members who worked in the health system.

“We had to ask around the base to find out simple things like when bins need going out, where is best to see a doctor, local vets, how to raise problems with the house etc.”

³ <https://www.army.mod.uk/personnel-and-welfare/hives/>

<https://www.raf.mod.uk/serving-families/hive-finder/>

Military Families Experience of Health and Social Care

Several families reported experiencing problems finding out about local health services because of limited access to information.

Many respondents said they would have found it useful to be given relevant information on the base upon their arrival. Suggestions included website addresses and contact details of local providers, which could be included in a “welcome pack” or separately. They felt that this would make finding GP surgeries, pharmacies, and hospitals much easier and would help when settling in and registering at local practices:

“A pack for new families moving onto base would’ve been an idea, helping them get started.”

“Had the correct information been given to us on moving to the location, it would have taken a lot less time to register at the desired location.”

One respondent commented that although information about local health services is available, it is not always obvious where to look. In this case, recommendations are helpful. Without access to easily available information, families often have to find out about local services informally, either by searching themselves or by asking others on military family social media.

3.4 Registering at a local healthcare practice

Almost all families (95%) who took part in the survey were registered with a general practice in Oxfordshire. Four respondents who reported registering elsewhere were still registered locally (e.g. at a practice in a neighbouring county because of their proximity to it or because they were registered at their military base). One person who had been deployed to their base for more than two years was not registered but did not say why.

Most people said they found the process of registering at a new general practice straightforward and quick. However, 13 of the 87 respondents who provided information reported experiencing one or more difficulty registering themselves or their dependents.

“We are aware that dependents are not always able to register with military doctors and dentists and feel this disadvantages families as many practices fill and so families are left with little choice in healthcare provider. Yet the frequency of movement in the military means that for every incoming family there is one leaving, meaning numbers, although fluctuating, are never over-subscribed, especially for dental services.”

Military Families Experience of Health and Social Care

Finding a local NHS dental practice that accepted new registrations was also a potential problem. The commonest problem related to registering was not having suitable documentation as proof of address. These difficulties can be understood in the context of frequent relocation associated with being in the armed forces, as described by a female respondent who had been living at Brize Norton for more than two years.

Relocation requires families to update their details or set up new accounts with utility companies and other providers. Obtaining documents for one or both spouses takes time and can be stressful when a family member requires a medical consultation. One family who had returned from an overseas posting and were unable to provide documentation because of local housing issues said:

“This meant that we could not register with a GP and my daughter who was only 6 weeks at the time required health care which we could not access. This caused us a huge amount of stress.”



Talk to us...

Almost one-third of respondents (31%) said they were asked to disclose being service personnel or part of a military family when they registered at a new GP surgery. The remainder were either not asked (52%) or were not sure (17%). Some respondents who experienced problems finding local, accessible health services felt that being a military family disadvantaged them when moving to a new area. No one reported negative experiences directly as a result of disclosing in terms of their interaction with health facility staff.

However, one respondent did report feeling “quite rejected”, and another reported experiencing a possible delay in referral for treatment for an existing condition because they were potentially being posted to another area.

3.5 Experiences of local general practice

Overall, respondents gave positive feedback in relation to their experiences of using local general practices. Comments included high quality care from doctors and other practice staff, and receptive, attentive, and “family-friendly” treatment. One respondent valued the continuity associated with receiving high quality care:

“This GP practice has been exemplary. I transferred from the base med centre (due to moving to our own property) to a civilian GP practice and they have been professional and caring. One benefit is having continuity of care with staffing, and their GP knowledge.”

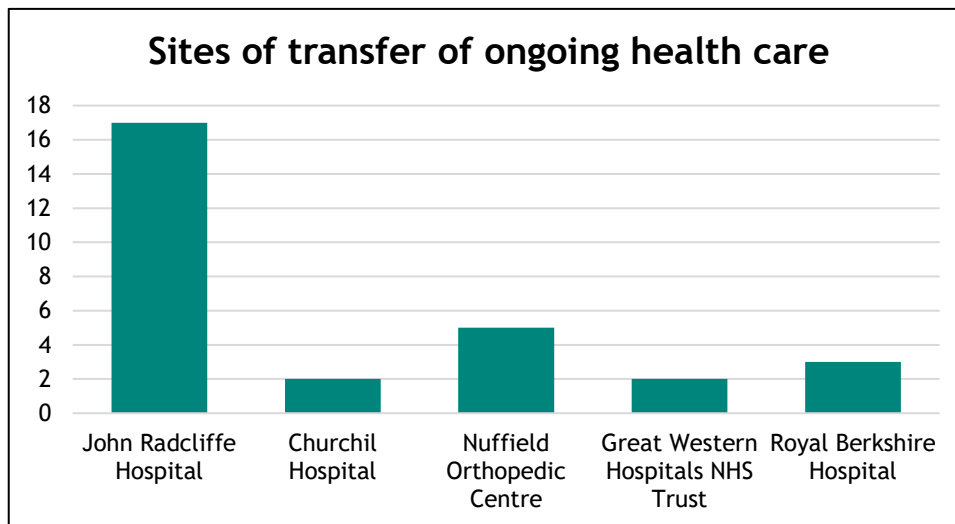
Military Families Experience of Health and Social Care

In contrast, experiences of getting appointments at their general practice were mixed. Some rarely or never experienced a problem getting an appointment for themselves or their children:

“I am very happy with my surgery - we always get an appointment if needed especially for my children, often on the same day.”

However, others complained about over-subscribed practices or waiting of three to four weeks for an appointment. One respondent argued that urgent, same-day appointments were problematic because they could not get time off work at short notice, while non-urgent cases could mean waiting up to one month. Other complaints included long travel times to reach certain health facilities, delays or mistakes in being referred, and unhygienic practices, although these were very rare.

3.6 Transferring ongoing health care



Thirty-seven (44%) of all respondents who completed the survey said that they were undergoing treatment for a health condition prior to relocating. Of these 21 had transferred their care to a healthcare provider in Oxfordshire. A few had received treatment from more than one provider. Overall, 17 (81%) of the 21 people who transferred their care to the John Radcliffe Hospital in Oxford, with fewer transferring to other health facilities in Oxfordshire and in neighbouring counties.

“My son was being diagnosed and treated for ADHD and ASD. The transition [to the Child and Adolescent Mental Health Service] was lengthy and the prescriptions given to our GP to sign off took longer than necessary to release from the pharmacy being a controlled drug.”

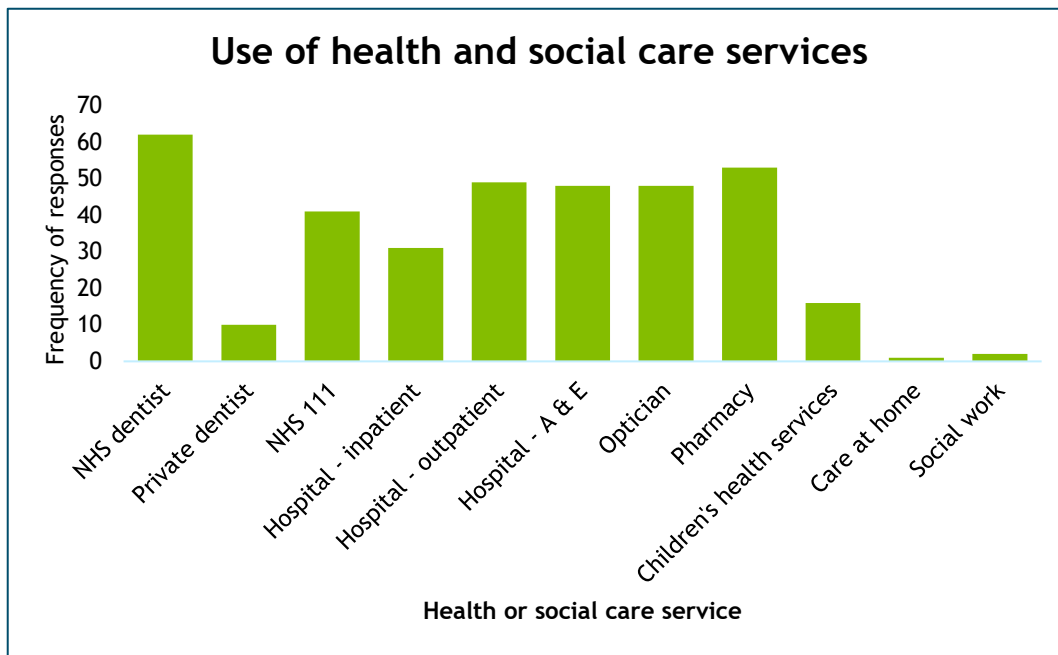
Military Families Experience of Health and Social Care

Relatively few respondents reported experiencing difficulties, although some reported mistakes or delays in transferring their care between providers, long waiting lists to see their new provider, and problems receiving specialist treatment or obtaining prescription medication

“I was having ongoing treatment with ENT team. Whilst my GP was relatively quick to refer on to the JR (John Radcliffe), it is frustrating to effectively have to ‘begin again’ with the whole thing each time we move. Each new consultant has a different approach, and other things to “try” which may have already been done once. I am not sure whether records get passed on, but it doesn't seem like it!”

These problems were inconvenient and disrupted their continuity of care. In a small number of instances, they had resulted in delays in providing essential treatment.

3.7 Use of other health and social care services



Besides general practice, respondents reported using a wide variety of health and social care services. These included dentists, in- and out-patient hospital care, opticians, and pharmacies. Seeking medical advice from the NHS ‘111’ telephone service was also a fairly common practice.

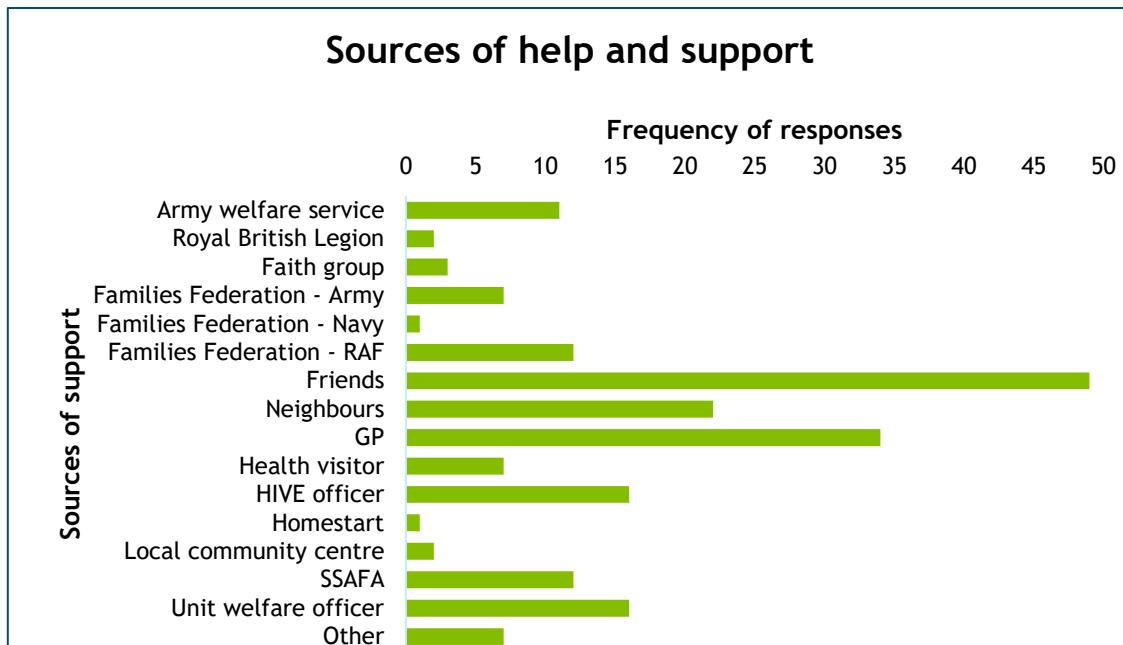
Respondents’ comments on their experiences with these services were predominantly very positive, and many reported receiving excellent care from different providers and facilities.

“[My] Local NHS (The Dental Centre) dentist service is exemplary. The pharmacy I use is at my GP practice and again their service is outstanding, friendly and knowledgeable ... The JR (John Radcliffe Hospital) has provided outstanding A&E and inpatient/outpatient support during a difficult pregnancy. Very fortunate to have this hospital locally as well as our minor injury in Witney. It is actually a factor in remaining in this area and buying property here, the outstanding nature of local healthcare.”

A small number of respondents reported problems accessing specialised services, difficulty finding an NHS dentist, inefficient responses from the NHS ‘111’, and long travel times to reach some hospitals in Oxford.

3.8 Access to help and support services

We asked members of military families about who they contacted for different types of help and support. Respondents generally reported having access to, and seeking help from, a variety of individuals, groups, and organisations. Only a few reported feeling that there was a lack of information and support, or that they tried to deal with problems on their own. The sources of help that respondents turned to depended on the type of support they were seeking.



It was clear that individuals’ social networks were a central source of help and support overall. People commonly turned to their friends, and neighbours were also popular. Many people sought GP services, most likely when seeking help for health-related issues. Similar numbers of respondents reported seeking support from armed forces associations such as the Army Welfare Service, HIVE Information

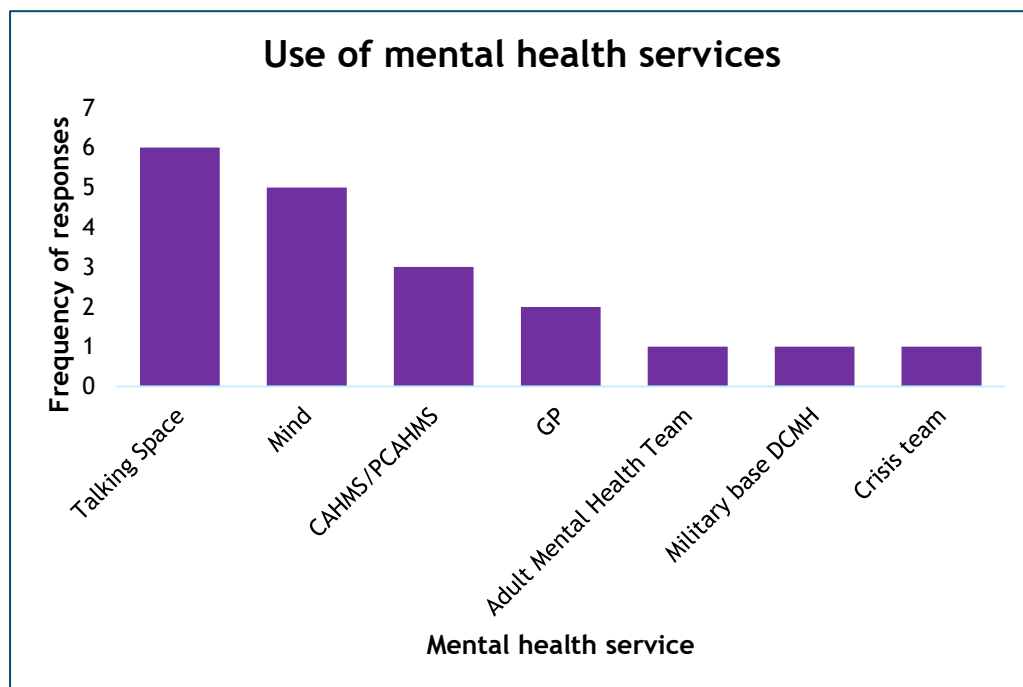
Military Families Experience of Health and Social Care

Support Officers, Families Federations, and the Armed Forces charity SSAFA. People seemed satisfied with the level of help they received, although a few complained about a lack of support in general and for mental health.

3.9 Use of mental health services

Nineteen respondents reported using one or more mental health service in Oxfordshire. This represents almost 22% of people who participated in the survey. Although this cannot be accurately compared with rates of mental health service use among the general population, it appears substantial. Respondents used service from various providers including NHS providers, the voluntary sector, and Department of Community Mental Health (DCMH) services at the military facility.

The most popular source of mental health support was Talking Space, a free service provided by the NHS. Five respondents had sought help from the mental health charity Mind, and three had used Oxfordshire's Child and Adolescent Mental Health Service (CAMHS or PCAMHS). Less common sources were a GP counselling service, the Adult Mental Health Team, the DCMH on their base and a "crisis team".



Of the 19 people who sought help for a mental health problem, 40% rated the service they used as excellent, 45% were average or above, and 15% were poor or slightly better. Those who reported positive experiences mainly praised the prompt access, particularly to Talking Space, friendly and helpful services and excellent support, and receiving effective help to manage or resolve their problem. However, two respondents reported experiencing difficulties using CAMHS services: one family experienced delays in receiving disability living allowance due to a change in reporting procedures, while another family complained about excessive waiting times and cancelled appointments:

“We waited for 18 months for an appointment, had an initial appointment then the appointment after was cancelled and rebooked, this happened a further 3 times we ended up only having 2 appointments over the course of a year before discharging ourselves.”

Suggestions for improving mental health services centered on reducing waiting times for heavily subscribed providers and making it easier to get appointments at the time of need and making sure there are enough staff to prevent cancelled appointments. More generally, there is a need for greater recognition of co-morbidity, whereby people with a mental health condition also require support for additional, related health issues.

4 Conclusion

Generally, military families reported positive experiences of registering and using health care in Oxfordshire and results appeared similar to what might be expected in the general population. Although being posted to a new area implies personal and logistical change and some challenges associated with relocation, military families have access to a variety of help and support from sources on and outside military bases. However, people seem to report less access to information about local health services and providers. Besides the uncertainty and unfamiliarity expected with moving to a new area, an important challenge for some families was obtaining timely appointments. This is clearly a well-publicised issue across the UK and is not limited to military personnel or their families.

The low participation in the survey by black, Asian, and minority ethnic personnel and their families is notable and could be the focus of a future Healthwatch Oxfordshire project.

5 Recommendations

5.1 Access to information about local general practices, dentists, pharmacists, and hospital services, and about the registration process (e.g. acceptable proof of residency) would help newly arrived families locate available services more easily and reduce the redeployment stress. This information could be supplied as part of a ‘welcome pack for new arrivals.

5.2 Advising recently arrived families or providing them with documentation that they could use as proof of address would help them register at health facilities.

6 Response to recommendations

Healthwatch Oxfordshire sent the draft report to station commanders at both Defence Academy Shrivenham, RAF Brize Norton, Army Welfare Service South East, and SSAFA The Armed Forces Charity and asked for comments on accuracy, any errors or omissions together with a response to the two recommendations detailed above in section 5.

The following responses to the draft report were sent by email.

Wing Commander Kristian Mears, David Stone Medical Centre, RAF Brize Norton

“Thank you for your report.

I have been through it and I would like to discuss if possible.

I would like to share with you the way we have already addressed recommendation 5.1 (see attached email).

As regards recommendation 5.2 this is already something that service personnel can get for their families from their chain of command, HIVE or Base Support Wing at RAF Brize Norton. I am unable to comment upon other military facilities in Oxfordshire but that is how Brize does it.

There is a small typo in section 2 methods - I represented the David Stone Medical Centre, RAF Brize Norton; not Defence Medical Centre Brize Norton.

Happy to discuss over the phone, or email. I would like to know your thoughts regarding the attached email in answering your 5.1 recommendation.”

Richard Moore SO1 Civil Engagement 11th Infantry Brigade and Headquarters South East [Army]

- Oxfordshire has a large military presence with more than 11,747 military personnel (2019) and an estimated 3,500 families living and working in the county. Two-thirds of these are members of the RAF.
- 87 responses isn't necessarily a not valid sample, but can this be considered as 95% confident when the report states that you have received 87 responses.
- I would be unable to comment from the Army side as to whether the 'welcome pack' or 'docs for proof of address' is needed for the Army community as you may have only received 10/20 Army responses.
- Is more data needed from the Army contingent to confirm/deny these recommendations?

Karen Webster Army Welfare Service Area Welfare Support Officer South East

1. The first port of call for any new family arriving in a location should be the unit welfare office. Families will be able to get a lot of useful information initially there. This will help with your recommendations including providing proof of address.
2. The HIVE provides local information including healthcare and I understand that 'welcome packs' or an 'arrival letter' to encourage further engagement and/or to request information is sent from the HIVE...The Army HIVE Blog offers information where a local HIVE is not available.
3. I think that some locations offer 'New Arrival Briefings' but I am not an expert on that so you would have to engage with local units to find out more.
4. Arriving in a new location and sourcing new facilities is common across the whole of the UK and I know that the Covenant team work really hard to ensure that families are not disadvantaged by this aspect of military life.

Annex A: Information about the military establishments covered in this report

Location	General role of the establishment	Service Families Accommodation
RAF Brize Norton	Provides rapid global mobility in support of UK overseas operations and exercises, as well as Air-to-Air Refuelling forces support for fast jet aircraft both on operations and in support of UK Homeland Defence	Carterton, Shrivenham and RAF Fairford (Gloucestershire)
RAF Benson	Support helicopter main operating base and is home to the civilian National Police Air Service and Thames Valley Air Ambulance	RAF Benson
Bicester Garrison	<p>Bicester Garrison Support Unit looks after the administration, security, logistic, finances and infrastructure support for units in Bicester</p> <p>1 Regiment Royal Logistic Corps (RLC) has been deployed on several operations including those in Northern Ireland, Iraq and Afghanistan</p> <p>Defence Explosive Ordnance Disposal, Munitions and Search Training Regiment delivers training to the British Army on munitions and explosives, and search techniques</p> <p>241 Signal Squadron provide specialist fixed communications cabling and Information Communication Systems (ICS) to the wider Armed forces globally</p> <p>262 (LSS) Signal Sqn supports the delivery and management of Logistic Information System</p>	Ambrosden and Caversfield (Bicester)
Abingdon Station	<p>3 Regiment RLC provides all aspects of logistic support to 1st Armoured Infantry Brigade</p> <p>4 Regiment RLC is part of 3 (UK) Division and is affiliated to 101 Logistic Brigade</p>	Shippon, Grove, Wantage, Southmoor or Didcot
Vauxhall Barracks, Didcot	11 EOD&S Regiment RLC is the British Army's specialist unit responsible for counter terrorist bomb disposal and Explosive Ordnance Disposal (EOD), the recovery and safe disposal of conventional munitions	Didcot
Defence Academy, Shrivenham	Provides higher education for personnel in the British Armed Forces, Civil Service, other government departments and service personnel from other nations	Watchfield (Shrivenham)

Annex B: Survey questionnaire

Access to health and social care services for families of armed forces personnel.
What's it like for you?

Healthwatch Oxfordshire is the independent watchdog for people who use NHS services and social care in Oxfordshire. We want to hear from families of serving personnel about what it's like for you to find and use health and social care services in Oxfordshire. What works well and what makes it difficult? We aim to make a difference by representing your views. This survey is anonymous. This means you don't have to say who you are. Healthwatch Oxfordshire does make use of people's anonymised comments in reports or on our website. Please tick one of the boxes below.

Yes, I am happy for my comments to be quoted in reports
No, I do not give permission for my comments to be quoted by Healthwatch Oxfordshire

2. Tell us the name of the base you are attached to and for how long?
Comments:

3. Do you know about the Military Covenant? *
Yes
No

4. When you were posted to an Oxfordshire base, where did you find information about NHS health and social care services? *

- Friends and Family
- HIVE Information Centre
- Internet/ Phone
- Local GP/health centre
- NHS website
- Pharmacy
- Place of worship
- Welfare support at base
- Work colleagues
- Other (please specify):

•
How could finding the right information have been made easier for you?

5. Where is your family registered with a GP? *

- Registered with a GP in Oxfordshire
- Registered with a GP in Buckinghamshire
- Registered with a GP in Northamptonshire
- Registered with a GP in West Berkshire
- Registered with a GP in Wiltshire

Other. Please state below....

Not registered with a GP

Tell us the name of the GP practice.

Military Families Experience of Health and Social Care

6. Did you find any difficulties in registering with a new GP practice? *

Yes

No

Tell us more...

7. Tell us your experience of using this GP Practice.

8. When registering with a new GP were you asked to disclose whether you were related to a member of the armed forces? *

Yes

No

Not sure

If you were asked this question, do you think it made a difference to the way you were treated? Tell us more...

9. Were you or your family receiving any ongoing medical support, medication or treatment for any health conditions before you moved?

Yes

No

10. If you answered yes to Q9, when you moved did you transfer care for any treatment to any of the following?

- John Radcliffe Hospital
- Churchill Hospital
- Nuffield Orthopaedic Centre
- Horton General Hospital
- Oxford Health NHS Foundation Trust
- Great Western Hospitals NHS Trust
- Royal Berkshire Hospital

Please tell us about you experience

11. Have you or your family used any of the following health and social care services?

- NHS Dentist
- Private Dentist
- NHS 111
- Hospital - inpatient
- Hospital - outpatient
- Hospital - Accident and Emergency
- Optician
- Pharmacy
- Residential care home
- Children's Health Services
- Care at Home
- Social Work

For each service (please name it) tell us about your experience and suggestions for improvement

12. As a service family who do you go to for help and support?

- Army Welfare Service
- British Legion
- Faith group
- Families Federation - Army
- Families Federation - Navy
- Families Federation - RAF
- Friends
- GP
- Health visitor
- HIVE
- Homestart
- Local Community Centre
- Neighbours
- SSAFA
- Unit Welfare Officer

Other, please state below....

Please add any other comments about your experiences of accessing and using NHS and social care services.

13. Additional information: What is your postcode?

14. Mental Health support

Have you used any mental health services in Oxfordshire?

Yes

No, go to Q21

15. Can you tell the name of the mental health support service you used?

16. How would you rate this support service?

17. Please tell us more about your experience of using mental health support services

18. Tell us what was helpful about the support you received?

19. Tell us what could be improved about the support you received?

20. Is there anything else you would like to tell us about your experiences of mental health support in Oxfordshire?

21. Please tick to the box relating to your age group:

18-24

25-34

35-54

55+

22. What gender do you identify with?

Male

Female

Other (please specify):

23. What is your ethnicity?

White

British

Irish

Other

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Mixed

White and Black Caribbean

White and black African

White and Asian

Any other mixed background

Black or Black British

Caribbean

African

Any other black background

Other Ethnic Group

Chinese

Any other Ethnic Group

I do not wish to disclose my ethnic origin