

Blue Light Scoping Survey

Police Summary

Introduction

Mind's aim is for everyone with a mental health problem to get both support and respect. We recognise that effectively managing workplace wellbeing is critical to achieving this.

With £4 million Libor funding, administered by the Cabinet Office, Mind has developed an ambitious programme to improve the mental health of emergency services personnel in England. This programme focuses on five areas: tackling stigma; embedding workplace wellbeing; increasing resilience; providing targeted information and support; and encouraging peer support. More information about the Blue Light Programme can be found here: <http://www.mind.org.uk/bluelight>

Between 5th December 2014 and 12th January 2015, Mind ran an online survey to better understand experiences of mental health problems within the emergency services and inform the development of the wider Blue Light programme. This survey was promoted widely through employers, professional associations, trade unions, and on social media. Questions covered a range of topics including, mental health triggers; coping strategies; sources of support; information needs; experiences of stigma; and organisational support. The full survey text can be found in Appendix 1.

There were 3,627 responses to this survey from emergency services personnel in England – representing approximately 1.5% of the country's total Blue Light workforce. This briefing summarises the findings from police personnel and compares these results to fire and ambulance personnel. Where results are listed for 'Other emergency services', this is an average of the fire and ambulance results. We also surveyed Search and Rescue personnel. However, their results have been excluded because they revealed a different set of issues.

Headline Results

From the police service sample of 1,194 responses, our analysis has revealed a number of striking results. This paper presents a full analysis of these findings. Headlines include:

Mental Health at Work	<ul style="list-style-type: none"> • 91% of police personnel have experienced stress, low mood or poor mental health whilst working for the police service. • 61% of the police respondents had personal experience of mental health problems. This was the highest of all emergency services. • Police personnel experience more mental health problems but they are less likely than the general workforce to take time off work as a result. • Police personnel are twice as likely to identify problems at work as the main cause of their mental health problems – compared to the general workforce population. • Organisational upheaval (57%), excessive workload (52%), and pressure from management (47%) were identified as triggers more often than exposure to traumatic incidents (33%).
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	<ul style="list-style-type: none"> • Police personnel were more likely to report that mental health affected their performance than ambulance and fire personnel. • Police personnel work hard to prevent their mental health problems affecting their performance, but this comes at a large personal cost (including relationship breakdown and effects on physical health).
Stigma	<ul style="list-style-type: none"> • 75% of police personnel think that their organisation does not encourage them to talk about mental health – this is much more negative than the general workforce population (45%). • Half thought colleagues would be treated differently (in a negative way) if they disclosed a mental health problem at work.
Sources of Support	<ul style="list-style-type: none"> • 58% of police personnel were not aware of their organisation’s support, the least aware out of all the emergency services. • Of those who were aware 66% gave a negative rating of their organisations mental health support for employees. • Personnel are reliant on friends and family for support – there is significant aversion to seeking support from HR, managers, and occupational health. • In contrast with other services police respondents were as negative about seeking support from colleagues as managers and other forms of organisational support; 53% of respondents from the police said they would rarely or never seek support from colleagues. • Police personnel use a mix of coping strategies – talking to friends and family is the most common (57%). However, isolation (54%) and drink/illegal drugs (21%) are worryingly popular.
Information Needs	<ul style="list-style-type: none"> • Respondents from the police service were the most confident out of the emergency services that they could spot signs of a mental health problem in a colleague. • Nearly half of respondents feel confident giving advice to a colleague that has disclosed a mental health problem.

Respondent Demographics

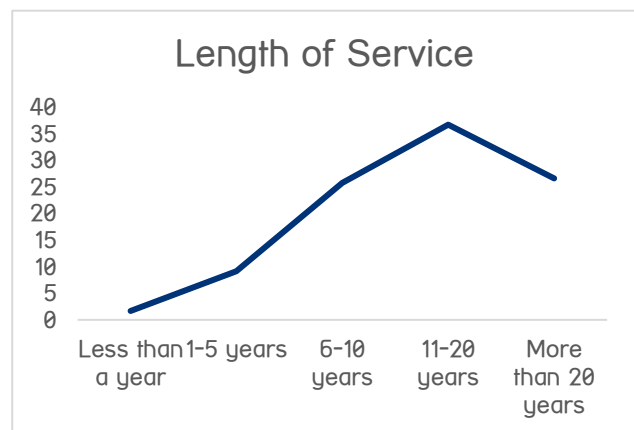
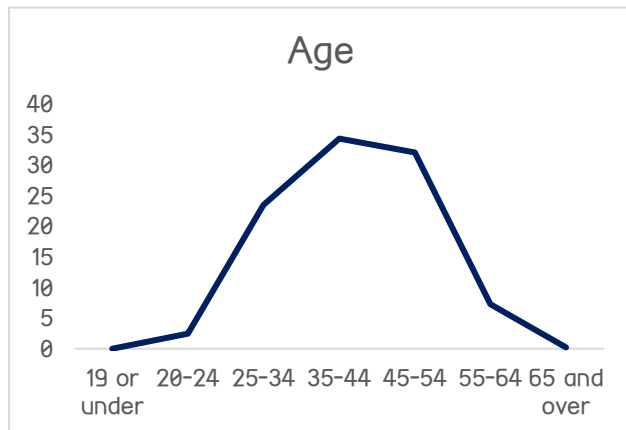
There were 3,627 responses to the survey from emergency services personnel from across England. This represents approximately 1.5% of the country’s total Blue Light workforce. Respondents were self-selecting but are broadly representative of the services as a whole.

The police service employs around 60% of all emergency services personnel working in England. Whilst we received a large number of responses from police officers and support staff (1,194 responses), this represented 32.92% of total participants. However, the sample size is large enough to draw confident conclusions. The majority of survey publicity was distributed through professional associations (e.g. ACPO), charities and Unions (e.g. UNISON). This meant that we did not have many responses from volunteers in the ambulance, police, and fire services. 1.5% of police respondents were volunteers.

Survey respondents included a good mix of seniority and roles. The proportion of managers who responded from the police service is broadly representative of the workforce composition: 31.24% of respondents were managers.

The majority of survey respondents were male but the representation of women was higher than the composition of the Police service. According to the Home Office, 27% of

police officers are women and are disproportionately from lower ranks. In this survey, 42.4% of respondents from the police service were women. This over-representation of women holds for the other services too. The majority of respondents were between the ages of 35 to 54 years of age. In terms of length of service, 36.76% had been working for the police force for 11-20 years. More detail is provided in the graphs below.



96.68% of police respondents were white. This lack of diversity is a mirror of the emergency services nationally. In 2012, 5% of police officers were from a Black and Minority Ethnic community (BME). 90% of respondents were heterosexual.

We had a relatively high number of respondents from all services who disclosed a disability. There is limited national data about rates of disability within the emergency services and so it is difficult to assess whether these rates are representative. The particularly high rate of disability within respondents from the police service (16.87%) can be partly attributed to the Disabled Police Association's promotion of the survey. We know from our previous research that there is higher prevalence of mental health problems among people with a disability.

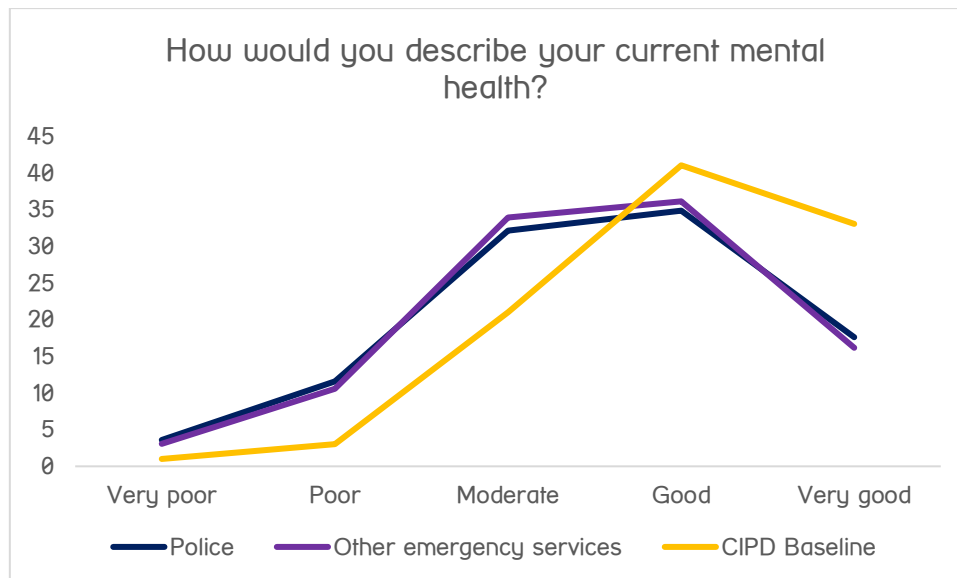
Mental Health at Work

As part of the Blue Light Programme, Mind is providing tailored workplace training materials to support both employers and staff and volunteers to manage mental health at work. This includes webinars tailored to police personnel and bespoke face-to-face training for managers/ shift leaders. Mind's scoping survey aimed to understand current experiences of mental health in the workforce to ensure that the programme's products were tailored and effective.

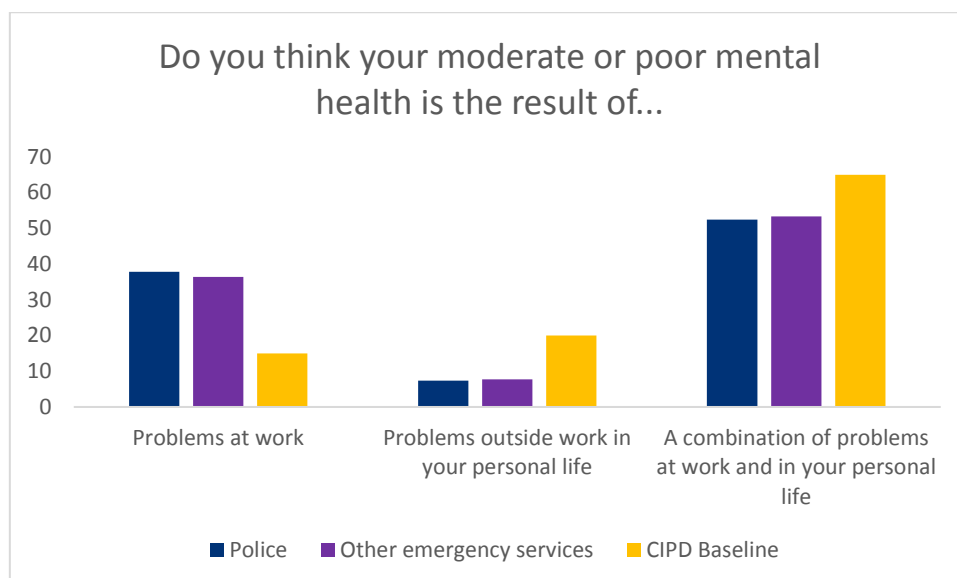
In order to provide comparability with a general population benchmark, we used question wording that is consistent with CIPD's 'Focus on Mental Health in the Workplace' survey as well as bespoke questions relevant for the emergency services. The CIPD survey was carried out in partnership with YouGov in 2011, surveying a sample of 2,000 working age adults across the UK.

Respondents were asked about their personal experience of mental health problems. 60.72% of the police respondents had personal experience of mental health problems. This was higher than the other services (the next highest was fire personnel with 53.44%). 30.82% had used a mental health service (again police personnel had the highest rate). This is well above the general population's rate.

We also included a question about current mental health. The results were much more negative than the general population benchmark. In the CIPD survey of 2,000 working age adults (plotted in yellow below), only 4% of respondents rated their current mental health as 'poor' or 'very poor'. In contrast, 15.14% of police personnel rated their current mental health as 'poor' or 'very poor'. Whilst 33% of CIPD respondents rated their current mental health as 'very good', this was 17.59% for police respondents.



37.78% of police respondents said the main cause of their poor mental health was work. This is much higher than the general population in the CIPD study where only 15% said the primary cause was work. 52.44% felt it was due to a combination of problems at work and in their personal life.

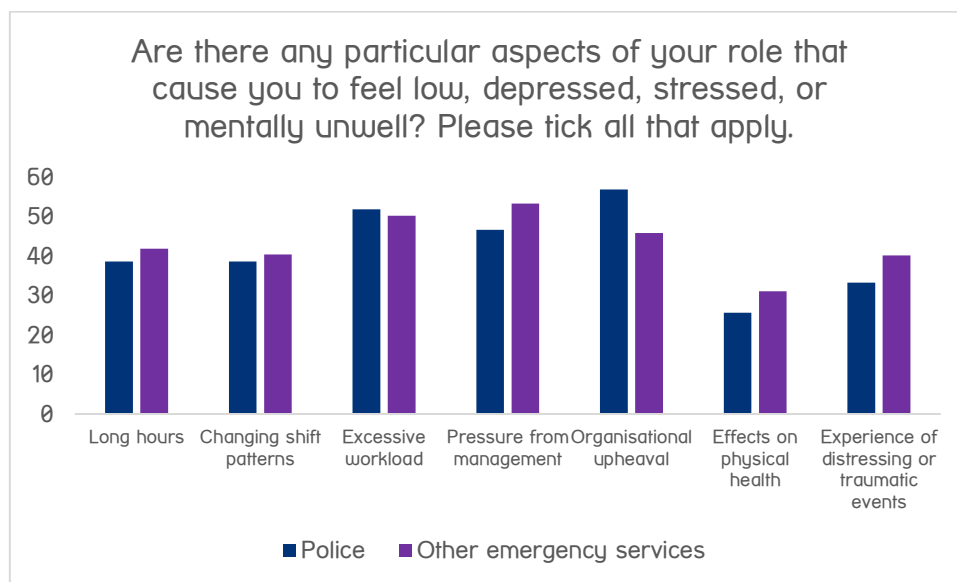


We wanted to understand the broader picture of stress, low mood and poor mental health in the workplace. A standard measure of a healthy workplace is sickness absence. As with the CIPD survey we asked police respondents if they had ever taken time off work

as a result of stress, low mood or poor mental health. Given the much higher rate of declared mental health problems amongst our sample, we expected a high rate of sickness absence.

In the CIPD survey, 57% of respondents said that they had taken time off work due to stress, low mood or poor mental health. However, only 44.39% of police personnel had taken time off work due to their mental health problems. We would expect this to be higher due to the high levels of poor mental health: 91% of police personnel have experienced stress, low mood or poor mental health whilst working for the emergency services. This suggests that there are some significant limitations on sickness absence as a proxy for measuring mental health in the Blue Light services.

We asked respondents to identify the aspects of their role that had the biggest impact on their mental health:



Organisational upheaval was the most commonly cited trigger for police respondents. Comments about cuts and job insecurity were very common. For example, “[Uncertainty of government cuts and whether I am going to continue doing the job I have always wanted to do.](#)” There were also concerns expressed about the wider organisational culture. For example, “[Organisational culture is one of discipline and grievance rather than health and wellbeing.](#)”

The majority of free text comments were related to the negative impact work had on their mental health and wellbeing. However, a few mentioned how work could positively impact their mental health for example:

“[My depression is not related to my role - being at work is a welcome distraction!](#)”

We are interested in the effect of the workplace on employee mental health but also the effect of poor mental health on employee performance. Emergency services personnel reported that their performance was less affected by mental health problems than the CIPD survey of the general working age population.

“Coming to work has helped me, even on the days when I didn't particularly want to get out of bed! It focuses the mind on other things.”

However, respondents also told us that whilst they could maintain standards at work, this often had severe personal consequences.

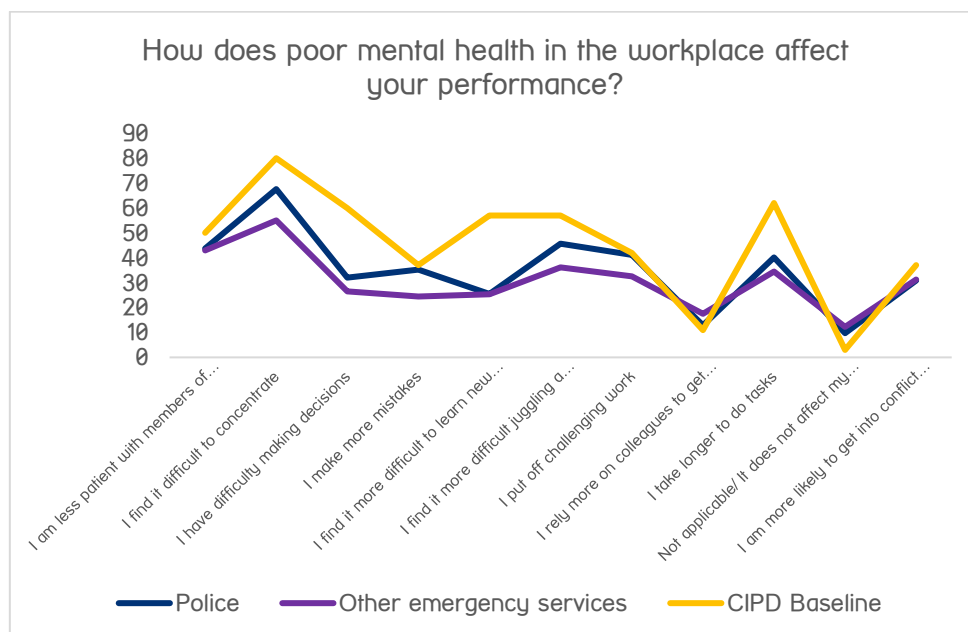
“The aftermath tends to affect my personal health and life, I am able to maintain a professional façade.”

This is not to say that some police staff were not affected at work:

“The flashbacks mean I have to often walk out of work and nightmares leave me constantly tired, my memory is useless and have to spend a day a week re reading stuff to manage the impact of PTSD.”

“I am put off by less challenging work, as I have anxiety relating to ensuring that I get everything right.”

Police staff were more likely to report that mental health affected their performance than ambulance and fire personnel.



Stigma

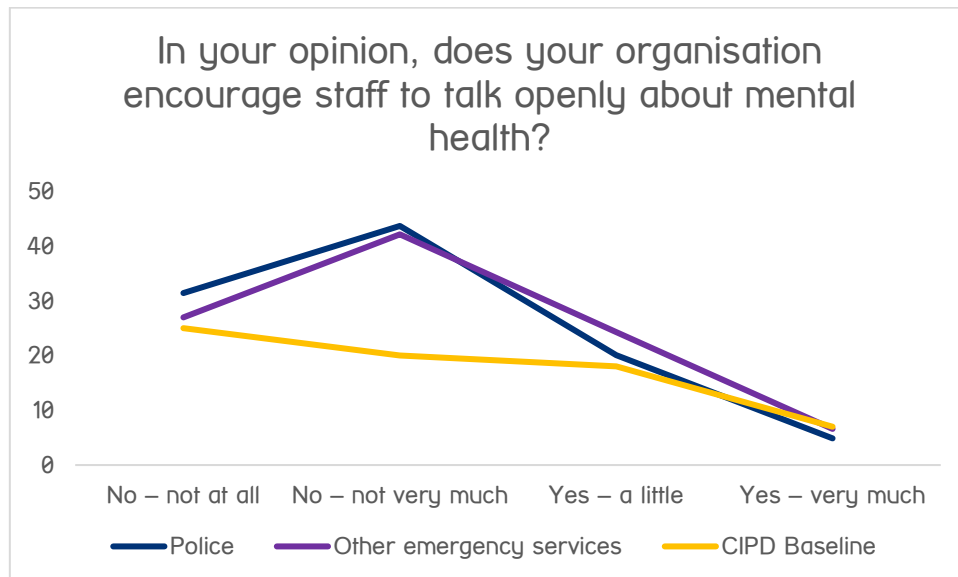
Tackling stigma and discrimination is a key area for addressing the mental health needs of emergency services personnel. We know from our research for the Time to Change campaign that the workplace is the second most common area (after family and friends) where mental health stigma is encountered.

We also recognise that emergency services personnel do not live in a professional vacuum. Outside of their roles, these personnel are members of families, friendship groups, sports teams, religious organisations etc. Time to Change research shows that

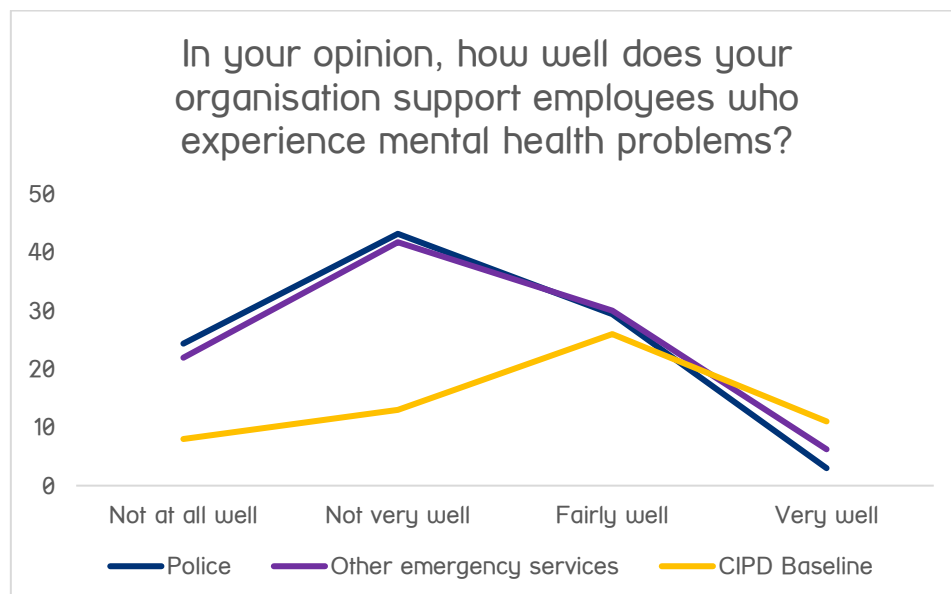
stigma is most often experienced from family and friends. Therefore, we are also interested in the home and social support networks of emergency services personnel.

Using the CIPD survey (2011) of the general working age population as a benchmark, we asked emergency services personnel whether their organisation encourages staff to talk openly about mental health.

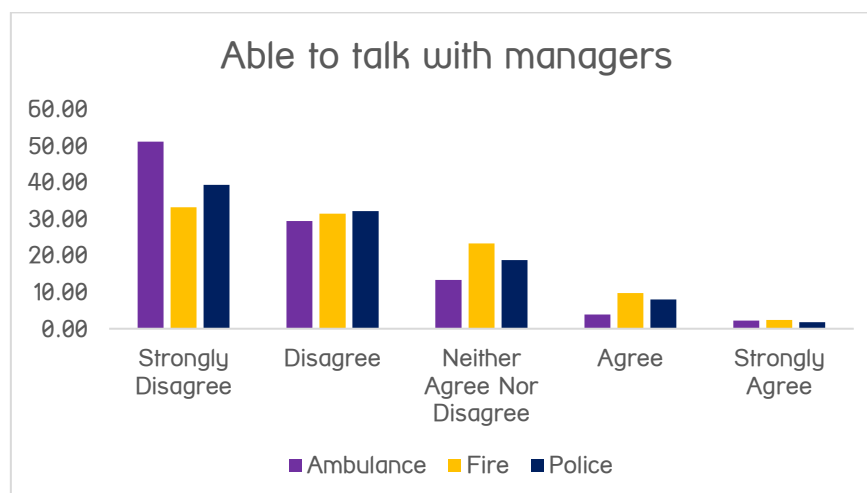
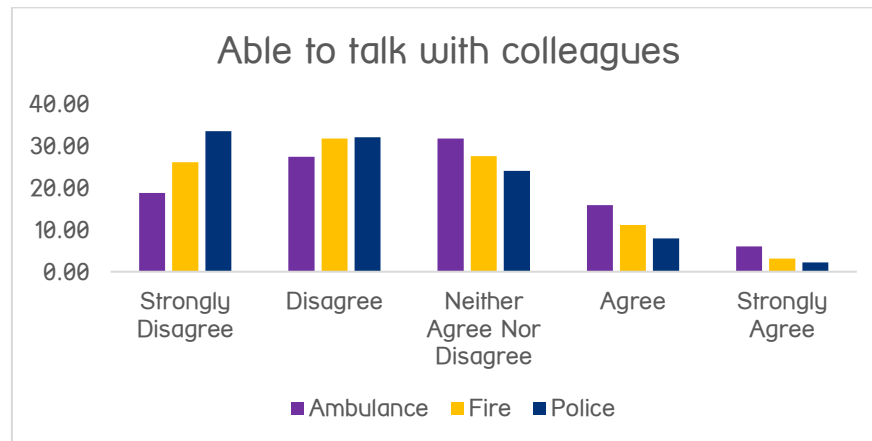
When asked if their organisation encourages staff to talk about mental health 75% of police personnel replied negatively (either 'no, not at all' or 'no, not very much'). Out of the general population, 45% replied negatively.



67.57% of police personnel replied 'Not at all well' or 'Not very well' when asked how well their organisation supports employees who experience mental health problems. This is three times more negative than the CIPD baseline as illustrated in the graph below.

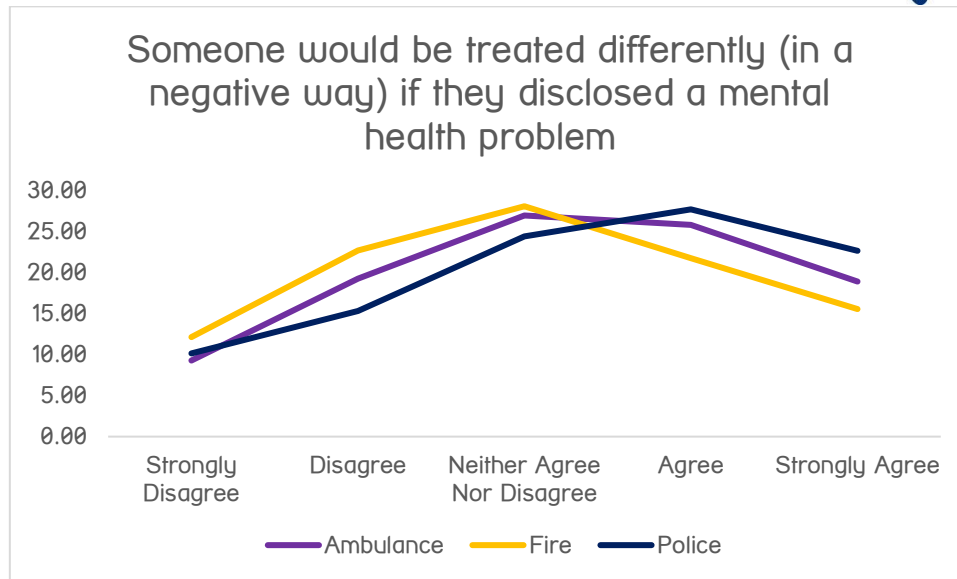


Our survey went beyond the original CIPD research design to explore other indications of mental health stigma. Interestingly, police personnel were equally negative about talking to their colleagues as to their managers. This differs from the ambulance respondents who were far more positive about talking to colleagues. Fire personnel were more positive about talking to their managers than those from the police and ambulance services.



Despite their different opinions on ability to talk openly with colleagues and managers, respondents from all services were united in their view that it was much easier to talk about physical health than mental health at work. Many respondents from the police service, identified regular exercise as an important coping mechanism for managing their mental health problems. For example, “**Exercise - go out for a long run/cycle to think about/resolve issues.**”

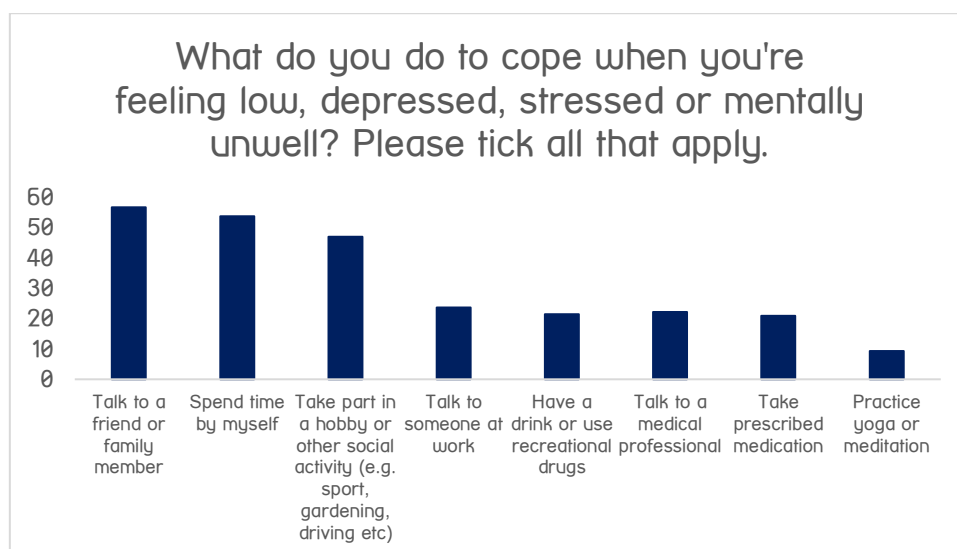
We also asked an explicit question about stigma in their workplace. Respondents from the police and ambulance services gave very similar answers. Over half of participants from the police service believed that someone experiencing a mental health problem would encounter stigma if this was disclosed (50.23%). This figure was 44.64% for ambulance personnel.



We suspected that personnel with personal experience of mental health problems might have a different view about stigma in their service. However, we found no statistically significant difference in perception between those with and without personal experience.

Sources of support

Our survey aimed to understand the current coping strategies used by police personnel. Talking to friends and family was the most popular coping mechanism for all services including the police (56.52%). However, isolation from friends and colleagues was also a worryingly common response and was the second highest ranked mechanism for police respondents (53.60%).



Other popular coping mechanisms included exercise, sleeping and alcohol (see representative comments on the next page). Interestingly there was a mixture of opinions

on alcohol. Some actively avoided it whilst others would drink but refrain from taking drugs.

“Physical exercise but also drink alcohol to help go to sleep quickly.”

“I actively avoid alcohol if stressed.”

“Sleep a lot more than usual.”

“Withdraw in on myself for a period of "hiding" and avoiding any contact.”

“Ignore it and hope it goes away.”

41.89% of police personnel were aware of the support offered by their organisation to improve the wellbeing and mental health of its personnel. This was the lowest out of all of the emergency services. When asked to specify the support available from their organisation, respondents cited three main options: employee assistance programmes (usually provided by telephone), counselling, and TRiM (Trauma Risk Management Protocol).

“I have accessed counselling through the employment assistance programme then went on to access anxiety and depression work group through my GP.”

“Occupational Health & Welfare have assisted me as well as Unison.”

“OH provides support although I think people are weary of using it in case it ends in being placed on restricted duties.”

65.57% of the respondents who were aware of their organisations support were negative about the services on offer. In the 2011 CIPD survey of working age adults, only 21% of respondents were negative about the quality of their organisation’s mental health support.

We asked respondents to rate the likelihood that they would seek support from a range of different sources. It is encouraging to see the relatively high rating of support from family and friends. However, a very high proportion of respondents said that they would never seek help from HR, Occupational Health, or their trade union. 92.4% of police said they would not approach HR and 66.15% of police said they would not seek support from their managers.

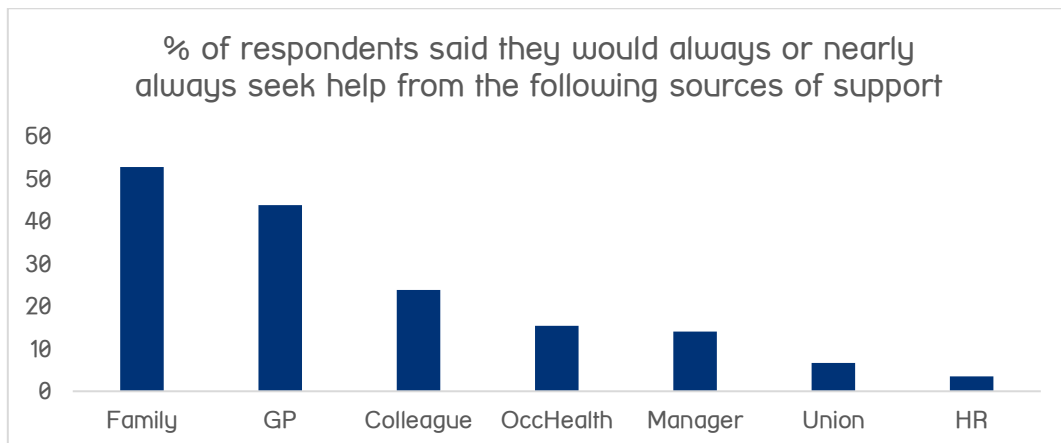
52.76% of respondents from the police also said they would rarely or never seek support from colleagues. This contrasts to only 24.58% of ambulance personnel giving a negative response about colleagues. This is one of the largest differences between services. All services agreed on the importance of family support – citing it as the most likely place to seek help.

A number of respondents expressed frustration at the bureaucracy and ineffectiveness of HR and Occupational Health. For example, “I have tried raising this with Occupational Health; Human Resources were supposed to make contact with me as they said they were concerned about my wellbeing - over a year later I am still waiting for that contact!!”

Although the majority of comments were negative some respondents did respond positively about their organisations support:

“We have an excellent support system for those subject to traumatic incidents via the TRiM trained personnel (of which I am one) For those who need professional help our occupational health department is able to refer to suitable experts.”

The following chart illustrates the percentage of police personnel who negatively rated the sources of support.

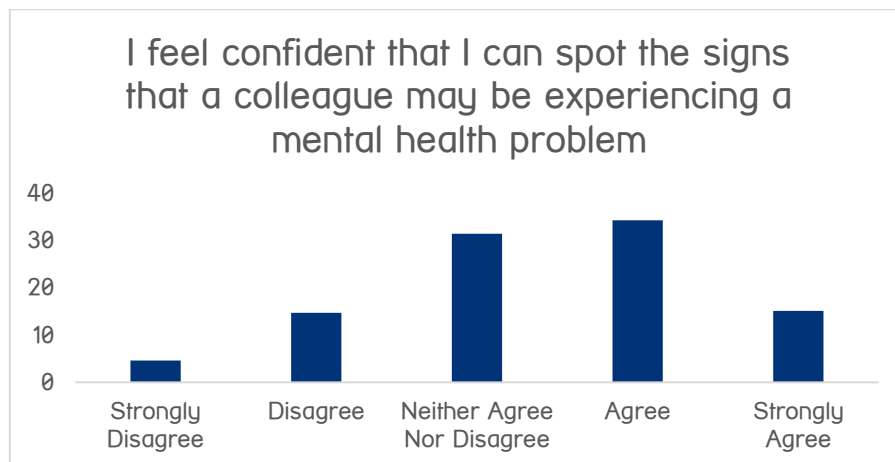


Information needs

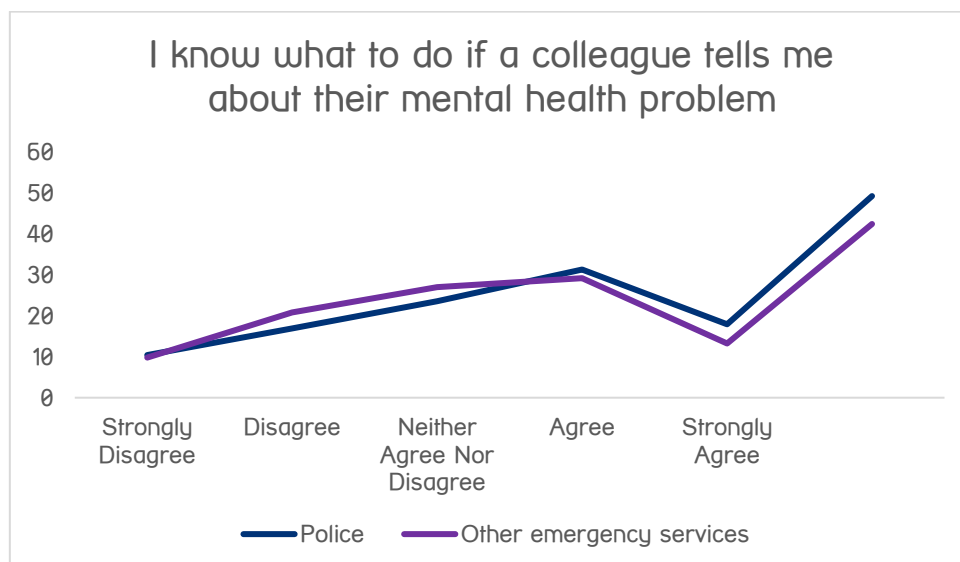
Empowering, high quality information about mental health is central to enabling effective self-management, choice, and access to further help and support. A key component of the Blue Light Programme is the provision of targeted advice and support for emergency services personnel and their social support networks. In order to do this we asked about the types of information required.

The majority of police personnel were interested in receiving information on mental health problems and symptoms, information on getting help, information on supporting others and resilience.

In addition to an explicit question about mental health information, we asked respondents to rate their confidence about certain mental health topics. We found that respondents were moderately confident about spotting the signs of a colleague’s mental health problem. This corresponds with our finding that information on supporting others is very popular. However, police personnel were the most confident out of the emergency services (49.3% agreed or strongly agreed they would feel confident with the next confident being ambulance staff with 41% agreeing or strongly agreeing).



We also asked respondents whether they would know what to do if a colleague disclosed a mental health problem (see graph below). 49.2% of police respondents agreed or strongly agreed that they would feel confident to give advice to a colleague.



Finally, 25.38% of police participants were interested in become a Blue Light Champion. This shows that, despite fears of stigma, a large number of police personnel were willing to raise awareness of mental health in their workplace and challenge the stigma.

Although these briefings show the findings specific to police staff, it should be noted that there are similarities between the four services. Our focus groups (held in December 2014) highlighted the following key consistencies:

- Front line staff in the four focus groups conducted talked about the mounting pressure experienced by front line staff in the form of reducing budgets and more challenging targets. This underpins the current experiences of Blue light personnel at work,

elevating the risk factors for mental ill health while simultaneously reducing the opportunities for informal support amongst peer colleagues.

- Support around a critical or traumatic incident is strong, but there is little provision for the ‘drip-drip’ effect of ‘relentless’ exposure to trauma both on the frontline but also in control rooms.
- Stigma surrounding mental ill health was widely reported across the Blue Light services by focus group participants, arguably in part because of a perception that being the ones who ‘fix it’ means they can’t be seen to have vulnerabilities.
- There is a limited understanding of mental ill health and little open discussion in the workplace, which contributes to the stigma associated with it.
- Little provision is currently in place to support wellbeing and resilience training would fill an important gap.

The overall scoping survey findings can be found on our website.

The above findings have helped Mind establish a greater understanding of the issues faced by the emergency services and what impacts on their mental health and wellbeing, and as a result of these findings the Blue Light Programme was developed. However, Mind recognises that there is still a great deal to learn and all of the programme’s work is done in consultation with the emergency services.

Appendix One

Blue Light Personnel: Online Survey

Introduction

We are Mind, the mental health charity. We are developing a large new programme to support the mental health of 'blue light' personnel – staff and volunteers at all levels within the Ambulance, Fire, Police, and Search & Rescue services in England.

We all have mental health, just as we all have physical health, and how we feel can vary from mental wellbeing to severe mental distress. One in four people will experience a mental health problem in any year. Common mental health problems include depression, anxiety, and Obsessive-Compulsive Disorder (OCD). These make up the majority of problems people experience and their symptoms can range from the comparatively mild to very severe.

If you work or volunteer for the emergency services in England, we want to hear your views and experiences of mental health in the workplace. Your answers will help us to develop the best services and deliver them in the most effective way.

This survey should take around 15 minutes to complete. Your responses will remain confidential and your information will not be used for any other purpose.

Section 1 – Your Role

In this section we want to understand a little more about you and the type of work you do. This information will help us tailor our services to the wide range of roles across the emergency services.

Q1 [required]

Tick	I am a current member of the emergency services
Tick	I am a former member of the emergency services
Tick	I am not a member of the emergency services [If yes – free text explanation is required]

Q2 [required]

Tick	I am a member of the police service
Tick	I am a member of the fire service
Tick	I am a member of the ambulance service
Tick	I am a member of the search and rescue service
Tick	Other [If yes – free text explanation is required]

Q3 [required]

Tick	I am an employee
Tick	I am a volunteer

Q4 [required]

Do you have a management role?	
Tick	Yes
Tick	No

Q5 [required]

How much contact do you have with the public?	
Tick	Every day
Tick	Most days
Tick	A few times a week
Tick	Rarely
Tick	Never

Q6 [required]

How often are you exposed to potentially distressing or traumatic situations?	
Tick	Every day
Tick	A few times a week
Tick	A few times a month
Tick	A few times a year
Tick	Never

Q7 [required]

How long have you been a member of the emergency services?	
Tick	Less than a year
Tick	1 – 5 years
Tick	6 – 10 years
Tick	11 – 20 years
Tick	More than 20 years

Q8 [required]

Where do you work/ volunteer?	
Tick	South West England
Tick	South East England
Tick	London
Tick	East England
Tick	East Midlands
Tick	West Midlands
Tick	Yorkshire and the Humber
Tick	North East England
Tick	North West England

Section 2 – Your Experience

When times are tough we may struggle to cope – we may feel angry, or upset, or find it difficult to concentrate and engage with those around us. In many cases this will pass as the period of stress comes to an end. However, when someone has these experiences for a long time and it limits their ability to live life to the full, we refer to it as a mental health problem.

In this section, we want to know about your experience of mental health in the workplace. It is important that we understand how your work affects your mental health and also how your mental health affects your work. Remember, your answers are completely confidential.

Q9 [required]

Have you experienced stress, low mood, or poor mental health while in employment?	
Tick	Yes, only whilst working/ volunteering for this organisation
Tick	Yes, only whilst working/ volunteering for a previous organisation
Tick	Yes, both at this organisation and at previous organisations
Tick	No, never

Q10 [required]

Have you ever taken time off from work as a result of stress, low mood, or poor mental health?	
Tick	Yes
Tick	No
Tick	Don't know/ Cannot remember

Q11 [required]

How often do you go into work when experiencing poor mental health (e.g. stress, anxiety, depression etc)?	
Tick	Always
Tick	Sometimes
Tick	Rarely
Tick	Never
Tick	Don't know/ Cannot remember

Q12 [required]

In which ways, if any, does poor mental health affect your performance? Please tick all that apply	
Tick	I am less patient with members of the public
Tick	I find it difficult to concentrate
Tick	I have difficulty making decisions
Tick	I make more mistakes
Tick	I find it more difficult to learn new tasks
Tick	I find it more difficult juggling a number of tasks
Tick	I put off challenging work
Tick	I rely more on colleagues to get work done
Tick	I take longer to do tasks
Tick	I am more likely to get into conflict with colleagues

Tick	I am more likely to take risks
Tick	Other [If yes – free text explanation is required]
Tick	Not applicable/ It does not affect my work

Q13 [required]

How would you describe your current mental health?	
Tick	Very good
Tick	Good
Tick	Moderate
Tick	Poor
Tick	Very poor
Tick	Don't know

Q14 [required]

Only display if 'moderate', 'poor', or 'very poor' are selected in Q14 Do you think that your moderate or poor mental health is the result of...?	
Tick	Problems at work
Tick	Problems outside work in personal life
Tick	A combination of problems at work and in your personal life
Tick	Don't know

Q15 [required]

Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Long hours
Tick	Changing shift patterns
Tick	Excessive workload
Tick	Pressure from management
Tick	Organisational upheaval
Tick	Effects on physical health
Tick	Experience of distressing or traumatic events
Tick	Other [If yes – free text explanation is required]

Q16 [required]

If you began experiencing poor mental health, how likely are you to seek help from the following? 1 is 'never' and 5 is 'always'						
GP	1	2	3	4	5	
Occupational Health	1	2	3	4	5	
Human Resources	1	2	3	4	5	
Union	1	2	3	4	5	
Colleague	1	2	3	4	5	
Manager	1	2	3	4	5	
Family	1	2	3	4	5	
Friend	1	2	3	4	5	

Other

[If yes – free text explanation is required]

Q17 [required]

What do you do to cope when you're feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Talk to someone at work
Tick	Talk to a friend or family member
Tick	Take part in a hobby or other social activity (e.g. sport, gardening, driving etc)
Tick	Practice yoga or meditation
Tick	Spend time by myself
Tick	Talk to a medical professional
Tick	Take prescribed medication
Tick	Have a drink or use recreational drugs
Tick	Other [If yes – free text explanation is required]

Section 3 – Your Organisation

You are now half way through the survey. We also want to find out about your organisation and what it can do to support your mental health.

This section includes questions about support that is currently available but it also asks about additional help or improvements that could be made.

Q18 [required]

Have you ever heard of Mind?	
Tick	Yes
Tick	No

Q19 [required]

Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel?	
Tick	Yes [If yes – free text explanation is required]
Tick	No

Q20 [required]

In your opinion, does your organisation encourage staff to talk openly about mental health?	
Tick	Yes – very much
Tick	Yes – a little
Tick	No – not very much
Tick	No – not at all

Q21 [required]

In your opinion, how well does your organisation support employees who experience mental health problems?	
Tick	Very well
Tick	Fairly well
Tick	Not very well
Tick	Not at all well

Q22 [required]

Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree'					
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5

I feel confident to spot signs that a colleague may be experiencing a mental health problem	1	2	3	4	5
I know what to do if a colleague tells me about their mental health problem	1	2	3	4	5

Q23 [required]

How useful would you find the following information topics? 1 is 'not at all useful' and 5 is 'very useful'					
Information about different types of mental health problems and their symptoms	1	2	3	4	5
Information about how to get help for a mental health problem	1	2	3	4	5
Information about how to support a colleague or friend with a mental health problem	1	2	3	4	5
Information about how to improve your mental wellbeing, making you less likely to develop a mental health problem	1	2	3	4	5
Other [If yes – free text explanation is required]	1	2	3	4	5

Q24 [required]

Would you like to help champion mental health in your workplace? If you provide your email, we will keep you informed about opportunities to get more involved.	
Tick	Yes [If yes – email is required]
Tick	No

Section 4 – Diversity

You have almost finished the survey – just a few more questions left. We need to ask some demographic questions to compare your responses to the rest of the survey participants. Again, all responses are confidential and will not be used for any other purpose.

Q25

Please tick all of the following statements which apply to you.	
Tick	I have personal experience of mental health problems
Tick	I use/ have used mental health services
Tick	I am a family member of somebody who has experienced mental health problems
Tick	I am a friend to somebody who has experienced mental health problems
Tick	None of the above.

Q26

What is your gender?	
Tick	Male
Tick	Female
Tick	Transgender

Q27

Is your gender identity the same as when you were born?	
Tick	Yes
Tick	No

Q28

What is your age?	
Tick	19 or under
Tick	20-24
Tick	25-34
Tick	35-44
Tick	45-54
Tick	55-64
Tick	65 and over

Q29

Which ethnic group do you identify with?	
Tick	White British
Tick	White Irish
Tick	White – any other White background
Tick	White and Black African
Tick	White and Asian
Tick	White and Black Caribbean
Tick	Any other mixed background
Tick	Indian
Tick	Pakistani

Tick	Bangladeshi
Tick	Any other Asian background
Tick	Caribbean
Tick	African
Tick	Any other Black background
Tick	Chinese
Tick	Gypsy/ Traveller
Tick	Other [If yes – free text explanation is required]

Q30

How would you describe your sexuality?	
Tick	Bisexual
Tick	Heterosexual
Tick	Gay
Tick	Lesbian
Tick	Other [If yes – free text explanation is required]

Q31

Do you consider yourself to be disabled? (A disabled person is defined as a person with a physical, sensory, or mental impairment that has a substantial long term effect on his or her ability to carry out normal day-to-day activities?)	
Tick	Yes
Tick	No