

Sickle Cell and Thalassaemia Survey 2014

Introduction

This report consists of patient comments, related data and recommendations that came out as a result of a 3 month long consultation process with Hackney residents and sickle cell patients.

Methodology

In partnership with Healthwatch Hackney, the Sickle Cell and Thalassaemia patient group based at the Homerton hospital designed and distributed a patient survey to gauge the experiences of Sickle cell and Thalassaemia patients at the Homerton hospital and Homerton community services. The survey was also advertised on the Healthwatch Hackney website.

There were a series of 30 questions including those covering equalities data. The survey sought to ask patients about their experiences of sickle cell and Thalassaemia services in Hackney including;

1. The Homerton Hospital Wards - specifically
 - Lloyd Ward
 - The Medical Day Unit
 - The Acute Care Unit
2. The Living well with sickle cell sessions
3. The sickle cell and Thalassaemia centre
4. Suggestions on how services could improve their quality of life
5. Suggestions about how broader health and social care services in Hackney could be improve for sickle cell patients.

70 people of different ages responded to the survey, a significant number of patients considered themselves as having a disability. Their experiences are captured in patient comments which are an integral part of this report. The comments were collated and analysed and it was clear that there were some recurring themes. It is important to note that there were some positive experiences and those are highlighted, but there are concerns about:

Homerton Hospital

- Staff Attitude
- Staff levels
- Suggestions for staff training
- Delays in being seen and treated
- Perceived lack of communication between staff and patients
- Hygiene and general cleanliness
- Ward environment

Sickle cell and Thalassaemia Centre

- Accessibility

- Wider support for sickle cell and Thalassaemia patients i.e housing and employment
- Awareness raising, including more information via talks and events.

Services which could improve the quality of life for those with Sickle Cell and Thalassaemia
Service users were given a number of choices to choose from a tick box, in general, the requests were for more

- Pain management
- Raised self esteem
- Holistic treatments
- Peer support group
- Mentoring programme
- Self esteem programme

Suggestions for how services in Hackney could be improved for those with Sickle Cell and Thalassaemia

- Support with housing matters
- Support with legal costs in health related disciplinary action in relation to employment
- More support, awareness about the condition and signposting

The patient comments were shared with the members of the Sickle Cell and Thalassaemia patient group who then came up with the draft recommendations set out below.

Recommendations from Sickle Cell Survey

The survey data was discussed at a Sickle Cell and Thalassaemia Support Group meeting on October 21st 2014, where these recommendations were drawn up.

Summary of discussion

- It was noted that there were a lot of positive scores and that in particular patients gave very positive feedback about the Living Well Sessions
- The group considered why there is an apparent discrepancy between the scoring of some areas of the service and the comments. No conclusions were reached.
- Several participants feedback that there was a difference between the service offered to children and to adults (some noted that they felt they were sometimes disbelieved about a need for pain medication sometimes, for example at A&E, with an implication that they were addicted to pain medication)
- The NICE guidelines about pain medication were circulated and discussed
- This led to the issues pain medication and patients feeling safe on wards being felt by the group to be areas where the recommendations should be for monitoring
- Looking at the survey results overall, and considering their own experience, the group felt that in other areas the best way to work with the service to help it better meet patient needs, was for patients to be more involved in the design, delivery and monitoring of the service
- Overall the group felt it could have a greater capacity to be an asset to patients with Sickle Cell and Thalassaemia, and that this could be of benefit both in helping patients individually to self manage, and in helping the Sickle Cell and Thalassaemia community to become more independent and more able to support its members itself.

- At the end of the meeting there was a brief discussion about co-production of the service, and a lot of enthusiasm in the room for pursuing this way of working

Recommendations

1. Monitoring of meeting NICE guideline of patients having pain relief within 30 minutes of presentation at hospital. Patients suggested that could be carried out using similar forms to Stop and Search monitoring, so that every admission is monitored.
2. Annual independent patient satisfaction survey, co-designed by SC&T group, should include question about people feeling safe. Suggest this to be performance indicator for the service
3. SC&T group would like to have a patient representative on the interview panel for all new staff where main part of their job is working with Sickle Cell patients
4. Support for SC&T group as a resource for the hospital as well as for the patients (needs a budget for IT/phone access, desk space, refreshments etc)
5. Sickle Cell and Thalassaemia patients to have a training programme to enable them to train staff on Sickle Cell awareness - A&E staff, GPs, Ambulance staff, X-ray staff, School teachers, health assistants...
6. Request Homerton look at Royal London protocols for Children coming in for Sickle Cell treatment - patients reported that this worked very well and they would like to see something similar at Homerton for all SC&T patients
7. Sickle Cell awareness raising generally needed, with employers, friends and family, wider community. Remove stigma. Establish as long term condition rather than disease.
8. Training / Information on Disability Assessments and Personal Budgets
9. Support for the SC&T group to develop a voluntary befriending programme, and a peer mentoring programme
10. Request Homerton to look at staffing levels
11. Request Homerton to look at staff attitudes - including quick access to PALS
12. SC&T group would like support to produce a Sickle Cell and Thalassaemia patient pack, including information about their group.

13. Work in partnership with Homerton to build on “Living Well” sessions and extend to other areas.

14. Access to self esteem programmes (through Living Well?)

15. Access to pain management programmes (through Living Well?)

Comments and data extracted from Sickle Cell & Thalassaemia Survey

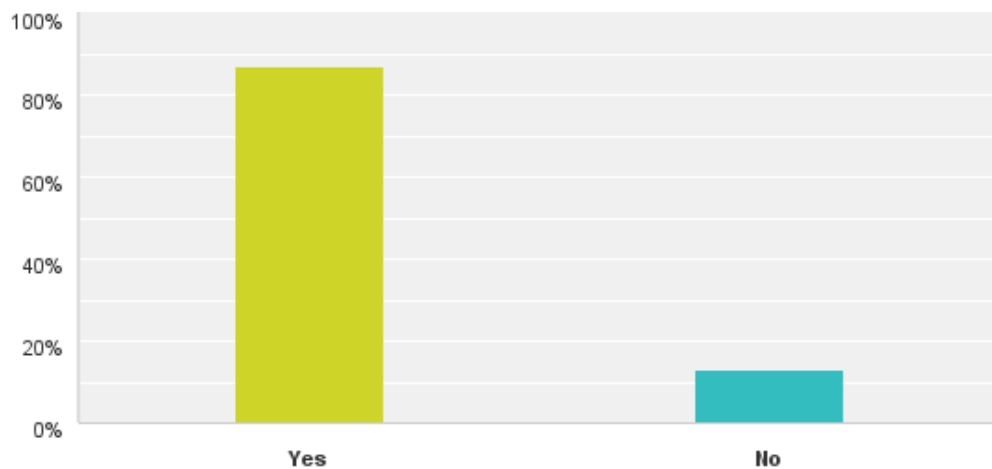
Sickle Cell and Thalassaemia patient experiences at the Homerton (Lloyd Ward, Medical Day Unit and the Acute Care Unit) and patient experiences at the Sickle Cell and Thalassaemia Centre.

1. Who is using which Service?

I. Lloyd Ward

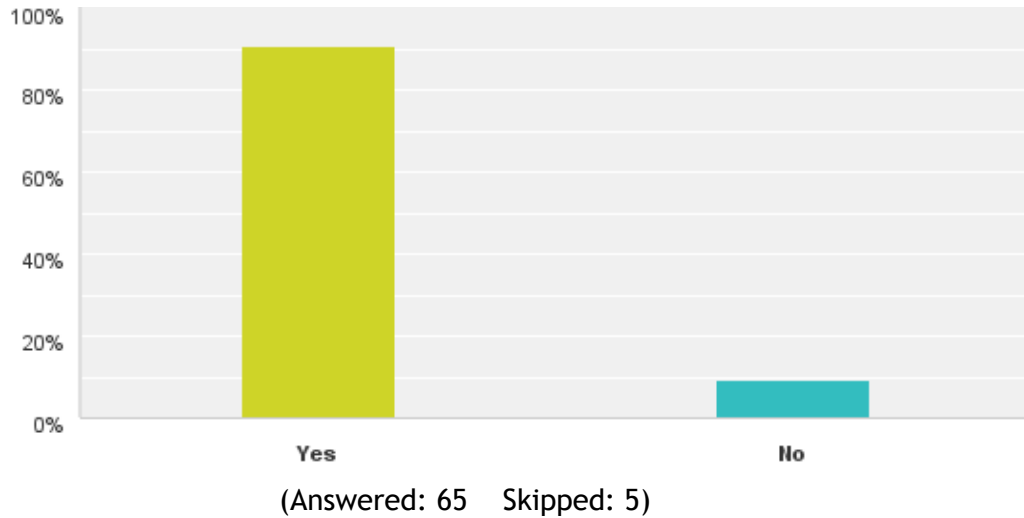
Have you ever been a patient on the Lloyd Ward at Homerton Hospital?

Answered: 68 Skipped: 2



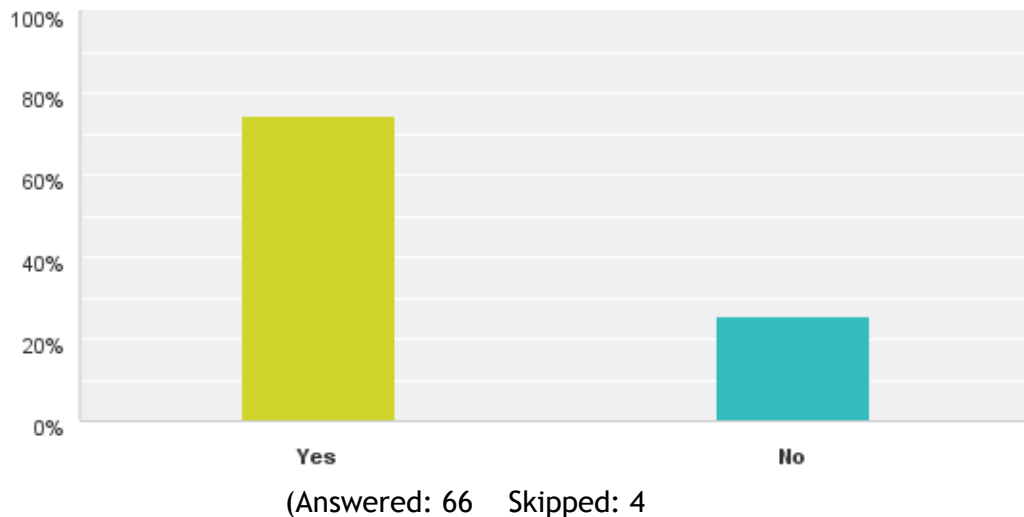
II. Medical Day Unit

Have you ever been a patient on the Medical Day Unit at Homerton Hospital?



III. Acute Care Unit

Have you ever been a patient on the Acute Care Unit?



2. Positive comments about services at the Homerton

- I. Lloyd Ward
 - *The staff are lovely*
- II. Medical Day Unit
 - The medical day unit is good in respect to [moment care the sickle cell...*ineligible*] I like best the Doctor name is [...] etc. Now staff is improved better.
- III. Acute Care Unit
 - Staff of ACU are second to none. Some of them are non? towards their job & could ?? be very annoying especially when or if you are in severe pain
 - Lovely staff, polite and take good care of you
- IV. Sickle Cell and Thalassaemia support group

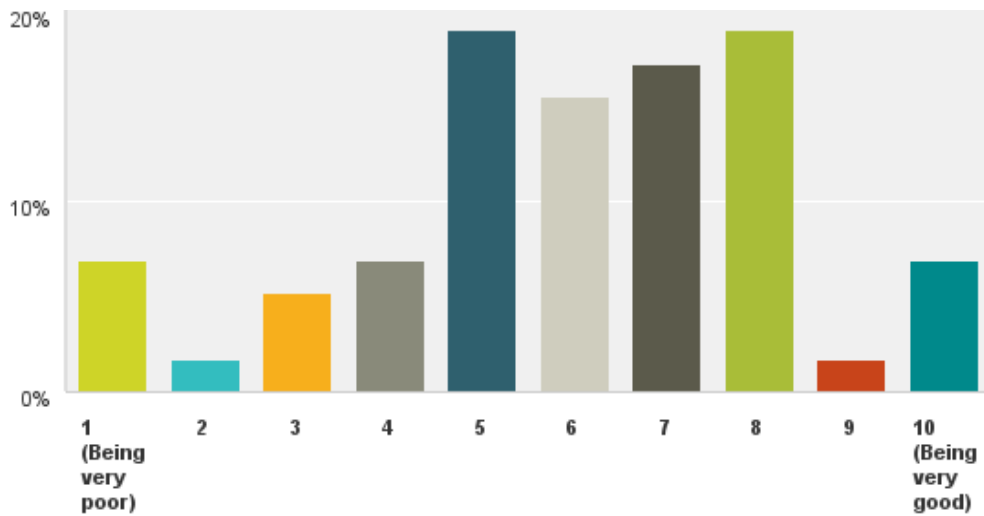
- Am really happy about the education we receive from the Support Group. It has helped me a lot in area of medication. The use of pencilling - eye problems affected with SC. -food fortification etc. More education needed

V. General positive comments

- The treatment that my daughter has received to date has been very professional. The staff have been very informative, friendly, understanding and honest. A plan of action has been discussed and I have been fully informed and enlightened as to what may lie ahead

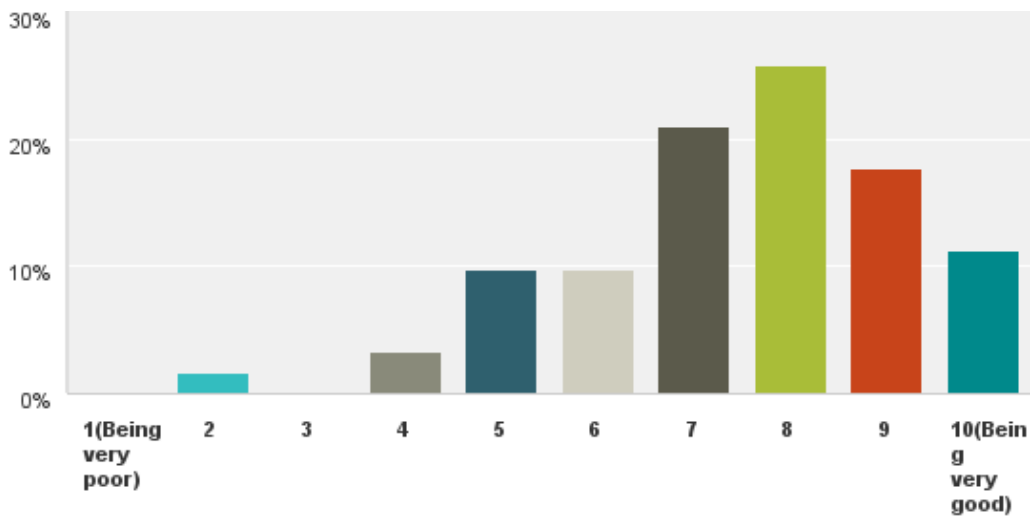
3. Data on care received

I. How would you rate the care you received on Lloyd ward?



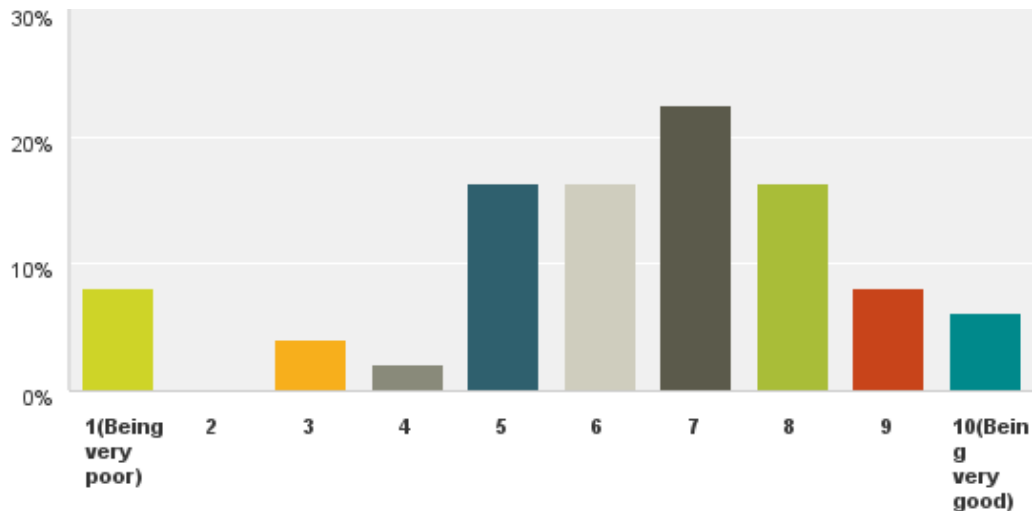
(Answered: 58 Skipped: 12)

II. How would you rate the care you received at the Medical Day Unit?



(Answered: 62 Skipped: 8)

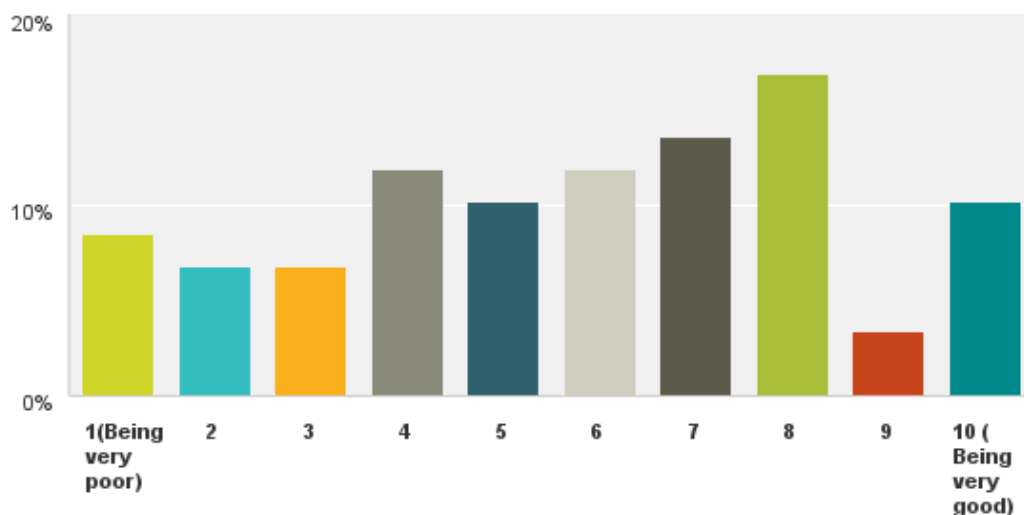
III. How would you rate the care you received on the Acute Care Unit?



(Answered: 49 Skipped: 21)

4. Data and Comments about Staff attitude

I. How would you rate the attitude of staff on Lloyd Ward?

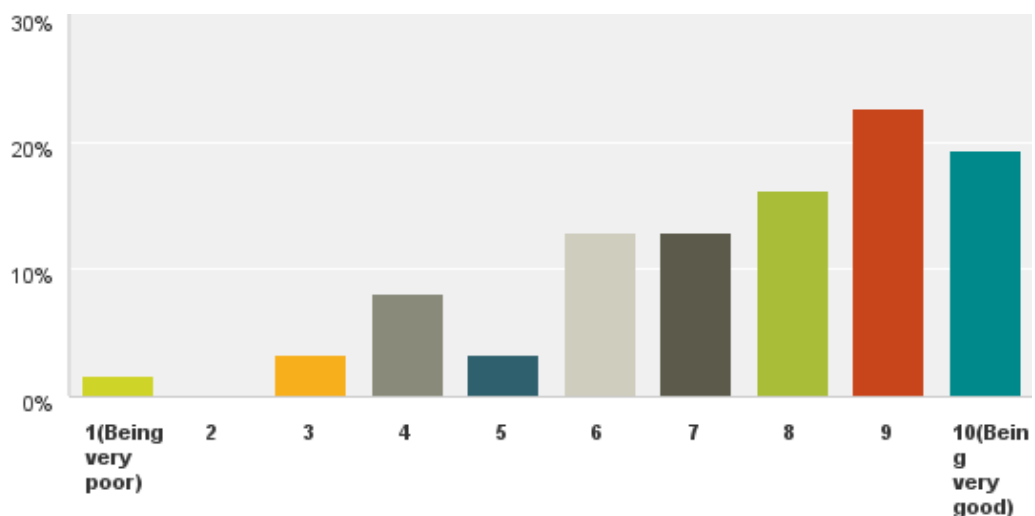


(Answered: 59 Skipped: 11)

- *I had a few combative nurses and a few patients that kept me awake for the whole duration of my hospitalisation.*
- *I think all nurses should do a E.T.S. Course -Enhanced Thinking Skills, cause there attitude is very poor towards patients*
- *Get nurse that are caring, loving make you feel at home. This way patients can be happy & forgetting you're ill. Bring back the old nurses they were a lot better*
- *Employ nurses who actually like & want to do there job correctly & in a timely manner without the bad attitude & uncaring demeanour.*
- *Some nurses are very rude and I feel I am begging for help "I was told. What I do I need help for, with attitude"*
- *First he nurses especially of African nurses needs to be retained on their attitude, and as a patient usually feel victimised. The general attitude of all of the nurses could be better and I believe because Sickle Cell affects black people we get picked on.*
- *Some of the staff of Lloyd ward are very rude they need to learn to leave their personal problems soon as they walk through the ward door*

- *The staff could be a lot more helpful and communicate with us better. Also two nurses in particular hurt me intentionally with my injections which disgraces me*
- *A lot more support & awareness. More hands-on care eg. it gets really challenging to keep hydrated & drink during a crisis, for some patients so having healthy cordiale would help. Sickle cell patients are treated with pre-conceived 'notoriety' which should be dispelled as it does not encourage objective care & support.*
- *The attitude of staff on Lloyd ward is not so bad overall. But performance is rather poor. It would be good to have staff who actually respond to patient needs*
- *Improved supervision (overall)[on the] ward esp at night-time. More information /latest development in patient care, management of the ward staff. Better relationship between patient /staff especially nursing/ caring staff. (The doctors have better attitudes/communication never the less they need to communicate any delay with their patient's consultation. Also need to listen more to patient's complaints/ needs. Nursing /caring staff need to respect & be professional towards patients eg. Even under pressure -short of staff.*
- *There is no improvement in the Lloyd ward, that is why no clean cups etc, and there is no respect to people in the Lloyd Ward. In the Lloyd ward staff face attitude to the people etc.*
- *A nurse hit a patient when I was on the ward-I did report it! 2010. Better attitude towards patients would improve customer care*
- *By replacing old staff also the rude ones by new well trained and highly qualified nurses because they will never change*
- *Matron at the time made fun of my body type, told me I was too skinny. When tried to turn it into a joke she kissed her teeth at me and called me puny.*

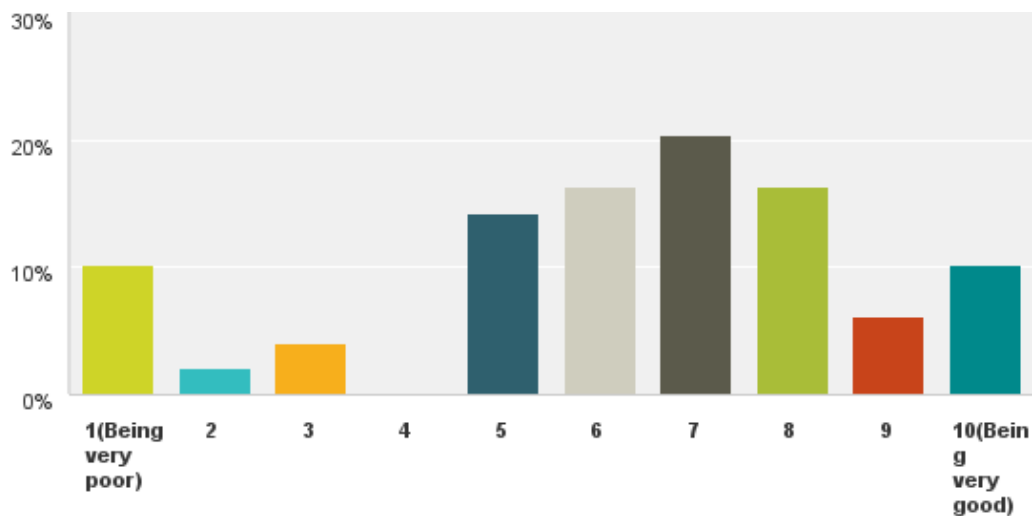
II. How would you rate the attitude of the staff on the medical Day Unit?



(Answered: 62 Skipped: 8)

- *They do not care for Sickle Cell People at all, I miss [Dr...] who recently retired. I was there for 3 hours without a Dr. I am in pain nobody care for me at all, very poor.*
- *The MDU. Staff are very well trained but some who have a bit of attitude towards the patients but generally they are well trained maybe they should train some of the staff in Lloyd ward.*
- *The staff have bad attitude, especially when you ask them for your next injection.*
- *I felt the emotional and human elements were lacking from some staff members.*
- *I was last on MDU as a patient in 2010 but have recently seen patients been neglected by nursing staff*
- *staffs were very mechanical in their delivery of treatment on the unit*

III. How would you rate the attitude of the staff on the Acute Care Unit?



(Answered: 49 Skipped: 21)

- *The nurses were mean and unhelpful or caring.*
- *Some are very lazy and have bad attitudes. Very disappointing. I know they have a lot to do but I've seen some faces that make me think I can't wait to get home.*
- *I was being judged by an accident what happen on MDU. & caused me to end up on ACU Ward for the night. This nurse causes me to be upset even when I went home.*
- *ACU had been poor in its administration and care of sickle cell patients. The staff do not seem to care about the patients or their care needs. ACU staff should be made aware of the fact that their overall attitude and response to their patients is really poor.*
- *More patient care*
- *Staff are not considerate to patients in pain*
- *week-end staff need more understanding*
- *More staff, waiting period is too long. It took 6 hours to get PCA pump connected, but subcutaneous Injection was given*
- *Just remove all rude staff and close that ward, they do not have feelings for their patients.*

(Please note that there seems to be a correlation between the quality of care and services received and staffing levels as expressed by service users)

5. Staffing Levels

I. Lloyd Ward

- *The service is fine for now, but to make it better, they should take on more staff & lot more exercise equipments. We also need more time to do our exercises.*
- *Increase the number of nurses at the ward. Also increase the hands on force of the ward assistants. Especially weekends*
- *More staff.*
- *I think the service could be improved by increasing staff numbers. There always seems to be a shortage of staff on this ward. Bank staff or nursing assistants brought in to support and assist nurses might take the pressure off and prove productive in the day to day running of the ward. Currently nurses seem to be over worked. Extra staff should of course be fully trained when dealing with patients that have this complex condition.*
- *It could be improved by having external staff or enough staff*

- A lot more permanent staff on the weekend, more training for agency staff, weekend doctors/nurses need more training and understanding of sickle cell, improvements when you are leaving getting ready to go home, need improvement with getting your medication earlier so you can leave at a good time i.e 12 noon
- A lot more permanent staff on the week-end

II. Medical Day Unit

- The staffs there are so busy, & some of the time it takes them a while to attend to you.
- 25/09/2014: More staff should be employed to take care of sickle cell patients. There should be more room for sicklers are there are other patients with other illnesses that are taking up the majority of the space at certain times. There should also be a Doctor on hand after 5 pm.
- More staff
- More staff to improve the monitoring care of the patients
- More nurses needed to see patients
- Anti-coag. Patients should have a separate bay. More staff. Because the present staff seem overworked
- We need more than one doctor on MDU and I kind of feel scared for Dr [...], I feel worried for him, that we might worked him to death one day. And during those times that there is a staff nurse shortage I suggest they bring in nurses from bank sector and also we need care assistant to do non medical work instead of the nurses running errands & going to pharmacy. If care is not taken, just one doctor running around like a chicken without a head takes more time than needed to see each patients & sometimes we wait more than an hour to see a doctor.
- I think more staff would help. The staff that are there have a lot to do and too many people to take care of
- More nurses needed to see patients
- More staff is needed on this unit or bank staff / nursing assistants to alleviate the pressure on permanent staff there.

III. Acute Care Unit

- Nurses too busy. Not enough staff.
- The service is appropriate, more staff, waiting period is too long, it took six hours to get PCA pump connected, but[injunctions] was given.
- More staff esp. night staff.

6. Comments about the need for Staff Training

I. Lloyd Ward

- Qualified staff members, students & health care assistants should be trained & taught about sickle cell & how to deal with sickle cell patients when they are in severe pain
- Train staff in sickle cell crises
- More training for the agency staff 3) Week-end doctors/nurses need more training and understanding on sickle cell
- Staff could do with training. Perhaps there could be a patient and staff joint training.

II. Acute Care Unit

- More staff trained
- More staff training for all staff, we need more understanding weekend staff, for staff to check on you every hour, you should be able to ask

more questions, if you don't understand what's going on, you should feel more confident

- *More staff training for all staff*

7. Comments about delays in being seen and getting treatment

I. Lloyd Ward

- *When you need assistance, it takes too long for them to deal with you*
- *Some staff take long when you buzz them and some of them have attitude toward patient.*
- *It's a bit congested, busy. Hard to get seen. Major factor, phone can be ringing for ages if trying to get hold of a DR to get info. Can be 20 mins.*
- *Left in pain several times for too long*

II. Medical Day Unit

- *Add an extra nurse. Keep MDU for sicklers only. Add another bed. Employ a doctor specifically for MDU. So patients do not have to wait more than 30 mins to be assessed & receive their medication.*
- *Do not like the way how I have to wait long to being seen or to get my medication.*
- *Its okay/ staff are very supportive MDU have helped me a lot. Sometimes when you arrive - it takes a bit long to be assessed, I have waited 1.5 hours before in pain.*
- *Been seen an hour late after arriving in pain isn't really what I expected from MDU.*
- *More doctors to attend to you quicker, you should be able to come to MDU at anytime, it shouldn't be limited to twice a week every other week, an information board so you know what is going on i.e. meetings*
- *Long delays between injections to manage pain*
- *Waiting time for treatment is too long, time cut off 4pm or sometimes 3:45 is not appropriate*
- *Sometimes the timeline of being seen takes time. So busy. They are oversubscribed. They get to me when they can.*
- *Waiting time for treatment is too long - Time cut off 4pm or same time 3:45 is not appropriate*
- *Please do not take a long time to see patients when they arrive at the MDU in pain because it's not fair for them to suffer because doctors are on break.*
- *Very long time delays awaiting on-going treatment. This unit is currently overcrowded and the service seems to be suffering as a result.*

III. Acute Care Unit

- *Even though its one nurse per bay, sometime I will be pressing the bell for a while before someone coming to attend to you.*
- *When patient get admitted to MDU. Patients should not have to wait up to 3 hours to see a doctor & prescribe medication & put the pump. There should be a doctor ready to see us as we arrive.*
- *Medication need to be given on time and as to doctors instructions. More of a listening ear of patient care.*

8. Comments about Staff/patient communication

I. Lloyd Ward

- *Better consistent communication with feedback*
- *Better communication skills and professional nurses*

II. Acute Care Unit

- *Poor communication at haematology. Dr. will come & say we don't know you are here after 2 or 3 days admission.*
- *The staff can communicate a bit more*
- *More improved communication. Better relationship between patient /staff*

9. Comments about Hygiene and general cleanliness

I. Lloyd Ward

- *Cleaner bathrooms & toilets.*
- *I think Lloyd ward need to be more hygienic on toilet and bathroom. In my point of view I don't think Lloyd ward is a good ward to Sickle Cell, because it is noisy and sometimes nurse are not careful to the patient.*
- *There is also a lack of proper hygiene on this ward and a lingering smell of urine as you enter. During my stay there was very little cleaning done; floors not swept or moped, toilets and bathrooms not checked or cleaned regularly and patient's beds not changed on a daily basis. The threat of infection was very worrying for me while I was an in-patient*

II. Acute Care Unit

- *More staff. Cleaner toilets & bathrooms.*

10. Comments about Ward Environment

I. Lloyd Ward

- *More natural light. Age - patients of same age or age group should be in some bays-makes communication easy amongst patients*
- *The ward was noisy with the patient & also the nurses*
- *I don't know, the staff wasn't the problem, some of the patients were the problem.*

II. Medical Day Unit

- *Enlarge the space with more beds. The space is small.*
- *The medical day unit seems to be too small where it is at the moment. I think a bigger unit is needed as patients being treated look cramped. I personally felt very uncomfortable and hemmed in with other patients being treated during my day stay.*
- *There should be separate rooms available for consultations. Everything seems to be operating from one compact space at the moment -reception, consultation, & treatment. For Data protection, privacy should be given to every patient.*
- *Need more privacy when talking to the doctor on your care.*
- *It appears there seems to be discrimination in terms of available resources to sickle cell patients in MDU. The unit looks to be in a deplorable state while the unit next door have been refurbished & updated with current technology to assist with their patient care.*

11. General comments about services on the Homerton Wards

I. Lloyd Ward

- *We should have activities, video group, group meetings, music area, games activities*
- *By providing more equipment and encourage the staff as well*

- *[Comment from patient who uses MDU and last went to Lloyd ward 7 years ago]. I love the Dr's, Dr's are great and nurses are great. Just on the Lloyd Ward. It was so awful that I decided to make do with co-codamol and paracetamol*

II. Medical Day Unit

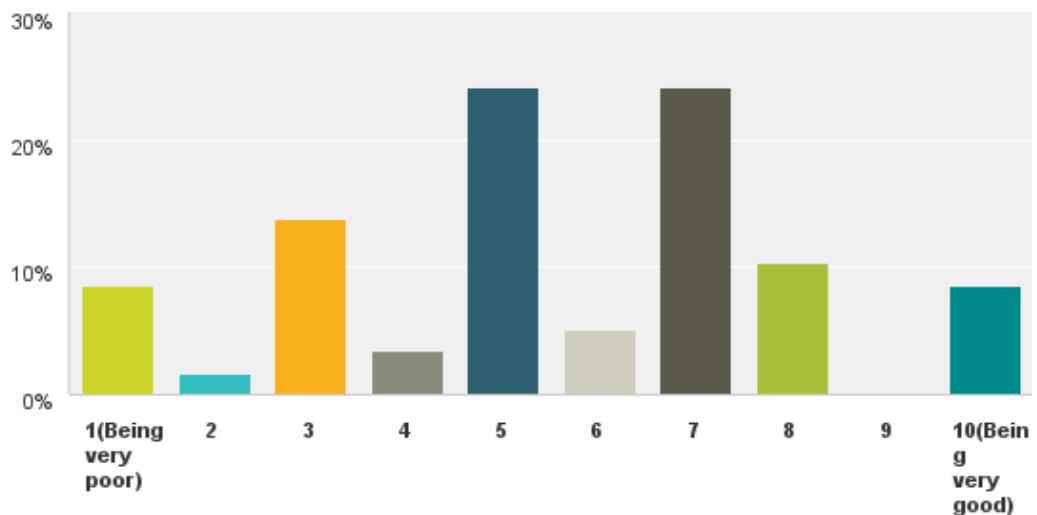
- *Making the changes back to how the Day Unit was before September!*
- *They should not have any restrictions on me or anyone's health, they should not be able tell me how many times I use the Unit cause I was not here when the problem started.*
- *The medical day unit has been designed to cater to patients with sickle cell anaemia. But other patients not belonging to this family are treated here depleting & stretching resources. The MDU. Should be renamed as the Sickle Cell Day Unit also*

III. Acute Care Unit

- *They could move us to other wards apart from Lloyd*

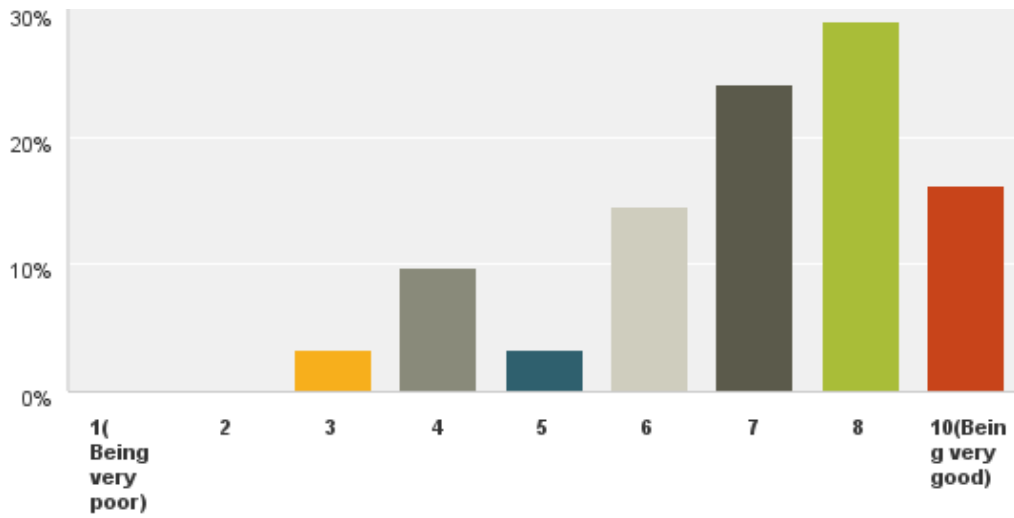
12. Overall experience data

I. How would you rate your overall experience on Lloyd Ward?



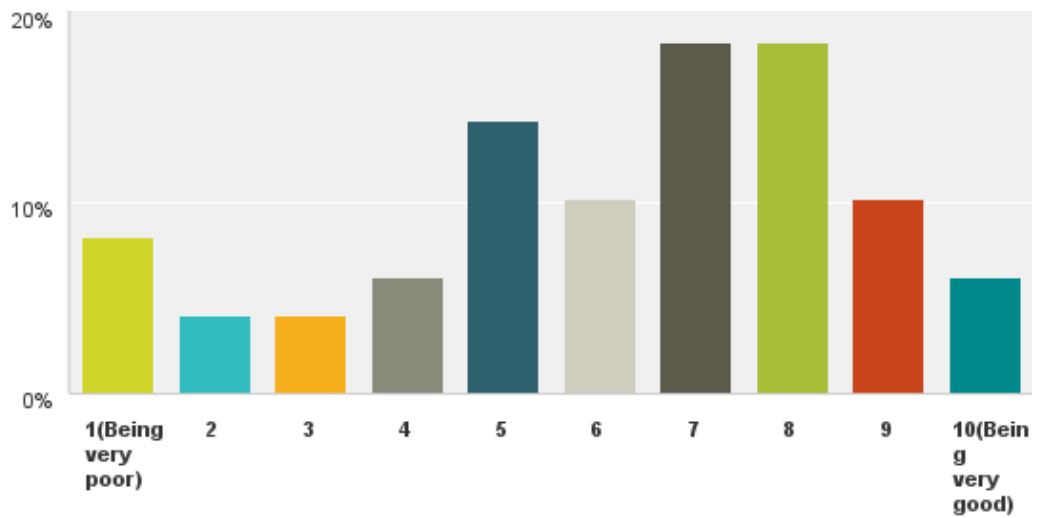
(Answered: 58 Skipped: 12)

II. How would you rate your overall experience on the Medical Day Unit at Homerton Hospital?



(Answered: 62 Skipped: 8)

III. How would you rate your overall experience on the Acute Care Unit at Homerton Hospital?

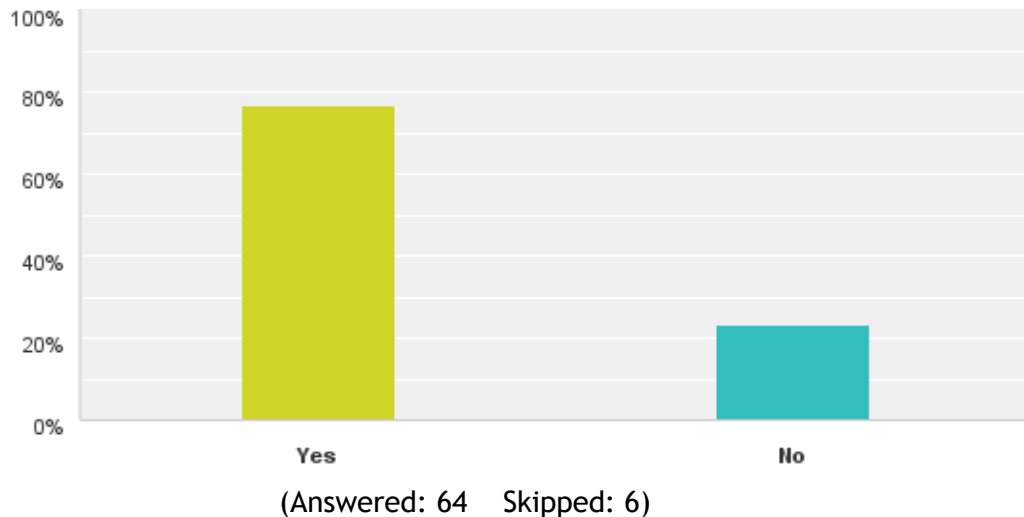


(Answered: 38 Skipped: 32)

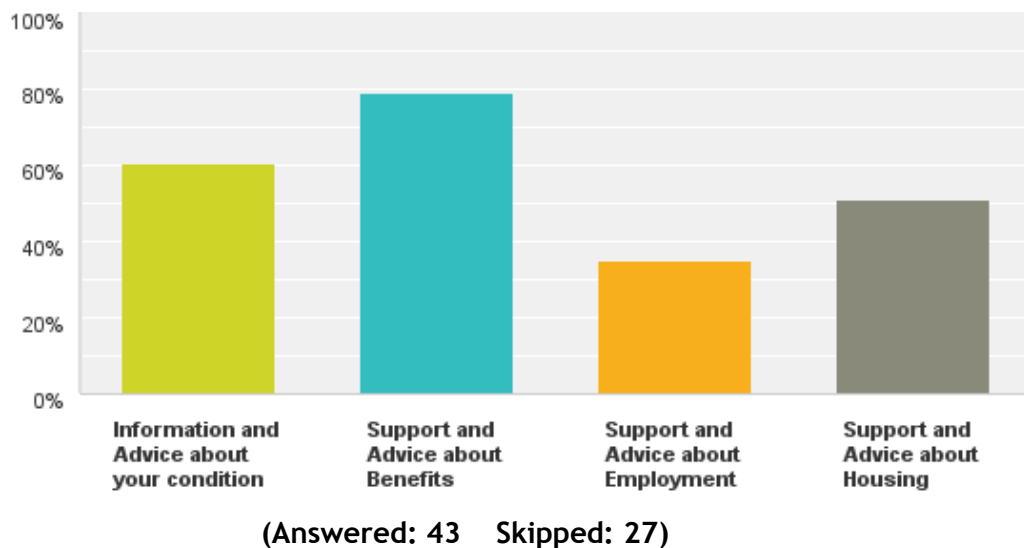
Patient experiences at the Sickle Cell and Thalassaemia Centre (Queensbridge Road)

1. Service user data

I. Have you ever used the Sickle Cell and Thalassaemia Centre?



II. If you have used the Sickle Cell and Thalassaemia Centre, which services have you used?



2. Positive comments about services at the Sickle Cell and Thalassaemia Centre (Queensbridge road)

- The service at the SC and that centre is quite good. The staff is helpful and seek to handle any problems you have as well and efficiently as possible.
- The only problem I had was [...] sending the application late apart from that everything was good.

- The service at the Sickle cell and Thalassaemia centre is perfect cannot think of any improvements at the moment

3. Comments about the service being more accessible

- *Sickle cell& Thalassaemia centre is not easily accessible like some of the staff I have been trying to get to speak to but it's to no avail.*
- *Advice and information given needs to be updated. Some staff members seem to be stuck in a sort of time warp in their attitude and approach when delivering services. The centre in my opinion does not reach out enough to patients and service users in the community. They only focus on their list of service users and don't engage with people that need help, support and advice NOT on their list. Some staff members at the centre appear 'jaded' and I feel offer a lack lustre service. They don't want to go out of their way or above and beyond to help other patients / service users. In my opinion there's no cohesion between the centre and a section of the community that needs help, advice and support. They (the centre) seem to be stuck in their own little bubble and refuse to provide services beyond that. If you don't approach the centre, they won't approach you. Perhaps they want to keep their work load to a minimum? The centre needs to reach out and be a lot more accessible and approachable to all sections of the community that need their help, advice and support. Some staff members may need re-training on how to deliver a more efficient and user friendly service*
- *Service should be more extensive to include legal support. I've visited the centre once for some advice & was told to go about it myself. Service was a bit nonchalant. Every one walking there should be addressed according to their needs & not about a pre-conceived notion.*
- *I don't know. I have had very good service from them all while I have been going there but they are always so busy. Difficult to get appointment for them*
- *I have used the centre, but they were not very helpful. I had to resource the help from elsewhere myself!! Used in 2010 no used since!*
- *Customer service could improve. More welcoming*
- *Put yourself as a sickle cell patient and think how they feel. Simplest way*
- *More information. More support to be given to sickle cell society*
- *I am hearing at the conference that there is a benefits service. This is news to me. I still wouldn't go there, don't see how they could help me. They'd have to be useful to me.*

4. Comments on need for wider support for sickle cell and Thalassaemia patients

- *By making more meeting groups and explain more and advice more about all the benefits, employment and housing conditions.*

5. Comments on need for more information via events and activities

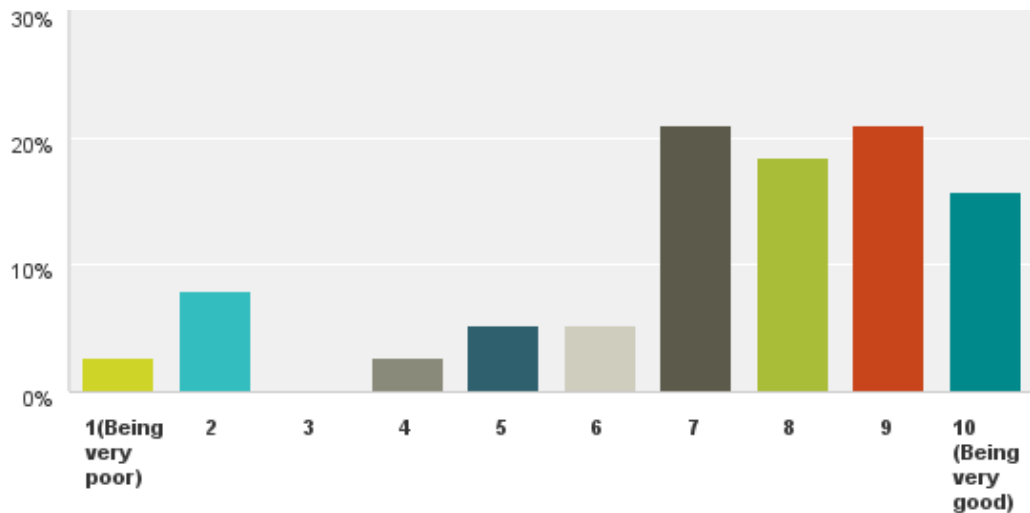
- *Sickle Cell and Thalassaemia centre staff should give talks to the sicklers at the sickle cell groups this will help the staff in knowing the sickness*
- *More collaborative events, more activities, new social media events*
- *More resourceful with info*

6. General comments about the Sickle Cell and Thalassaemia Centre

- Draft form. Increase the number of staff
- Need more one to one with staff
- More contact with patients
- Staff have been very rude/insulting on more than one occasion!

7. Overall rating of the Sickle Cell and Thalassaemia Centre

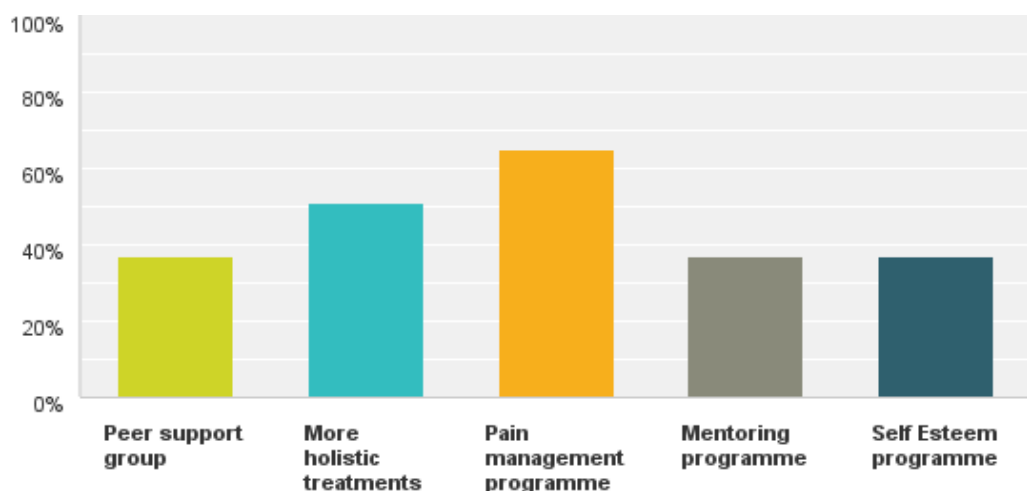
How would you rate the service at the Sickle Cell and Thalassaemia Centre overall?



(Answered: 38 Skipped: 32)

8. Service which could help improve the quality of life of those with sickle cell and Thalassaemia

Are there services which could help improve your quality of life in relation to our condition?



(Answered: 43 Skipped: 27)

General comments about how services in Hackney for residents with Sickle Cell and Thalassaemia could be improved.

1. Support with housing matters

- *They need to understand that we are living with a disability and things like housing, they should consider us as priority.*
- *Need to improve housing so many sickle patients would be healthier with better housing & or secure suitable housing, some are currently homeless*

2. Support with legal costs in health related disciplinary action relating to employment

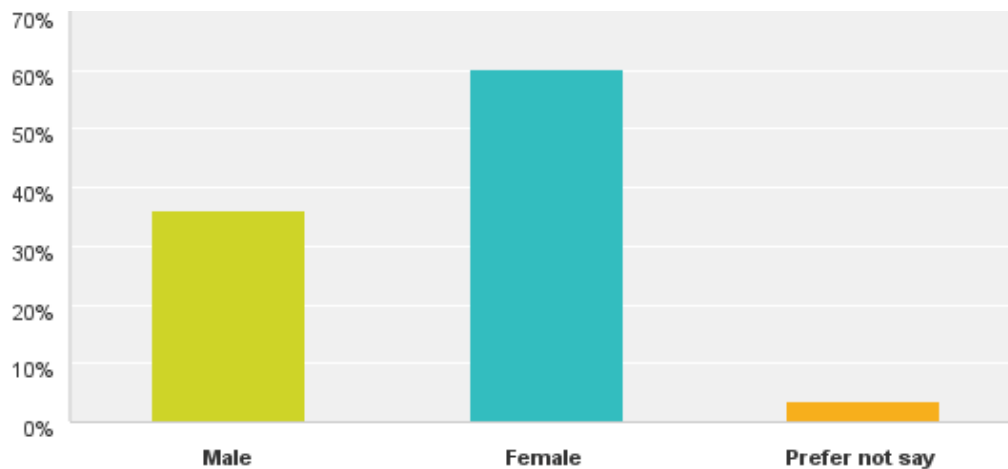
- *Legal services should be made available for people in work having disputes with employers because of ill health. Representation (legal) should be made available to challenge employment laws & disability acts. Representation to be made available to attend hearings at work & if necessary, to address ill-health disciplinary action.*

3. More awareness about the condition and signposting

- *I feel there's not enough awareness of sickle cell and Thalassaemia in Hackney currently. Health related companies and organisations under the NHS umbrella need to do a lot more to highlight this very serious and life threatening disease / condition. GP practices are not doing enough in their part of the community to promote and publicise sickle cell and Thalassaemia in Hackney. I have spoken to patients who say that their GP'S simply don't understand or don't give them proper consideration concerning their needs as patients. My own experience is very similar and I'm going through the same problem with my GP at my local practice. Health related companies and organisations under the NHS umbrella need to work closely together in order to provide better services for patients and service users across the board. Better communication among these different bodies and organisations along with patient and service*
- *More open evening, more training groups. Volunteer groups, main notice board*
- *The help I need the services are not there. I feel that most people i.e. Doctors, housing, DWP do not believe that these conditions exist*
- *Give more information & facts about many things we need to know & the help we can get.*
- *User's involvement is crucial. Working towards improving services for people with SC and T should be the end goal.*
- *Visiting together to have more home visits. Because people with sickle especially single people are very lonely. More home and social activities, home visits, because some sickle patients have died alone without anyone knowing they died.*
- *Should be seen as long term condition like diabetes, cancer. Invisible minority disease. And issue of stigma.*
- *Often find that services activities are advertised Sickle Cell and Thalassaemia but mostly concentrate on Sickle Cell.*
- *Tackling stigma. Awareness rising with.... and community generally. And more education, definition-not a disease-something you can catch, a 'disorder' long term condition.*
- *If they could give help about personal budgets, that could help.*

13. Equalities Data

I. What is your gender?



(Answered: 58 Skipped: 12)

III. What is your ethnicity?

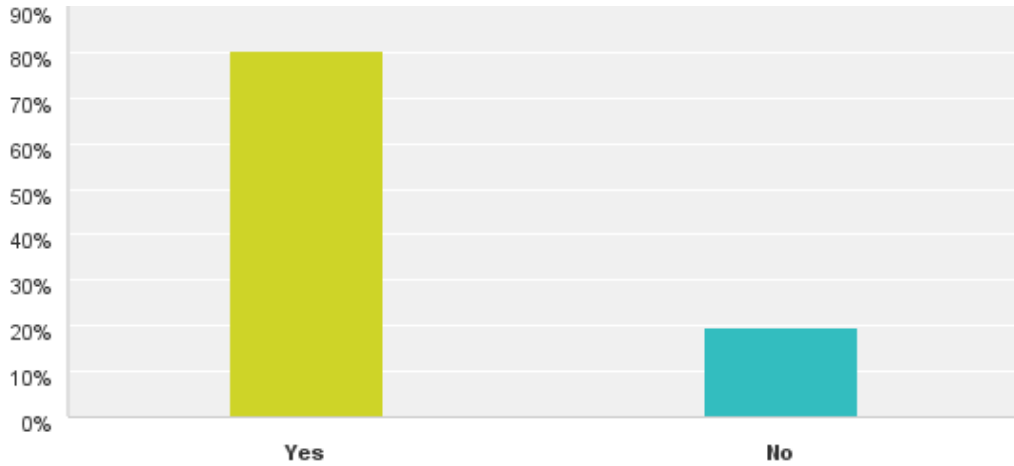
| <u>Ethnicity</u> | <u>Number of respondents</u> |
|---------------------------------|------------------------------|
| African | 21 |
| Black | 3 |
| British | 3 |
| Black British | 10 |
| British African | 1 |
| British Caribbean | 3 |
| British Indian | 1 |
| Black Caribbean | 6 |
| Caribbean | 2 |
| English | 1 |
| European | 1 |
| Mixed Black and White Caribbean | 1 |

(Answered: 53 Skipped: 17)

| II. What is your age? | Number of respondents |
|-----------------------|---|
| 10-20 | 2 <i>(Including one parent on behalf of a 14 year old)</i> |
| 21-30 | 15 |
| 31-40 | 8 |
| 41-50 | 11 |
| 51-60 | 8 |
| 61-70 | 2 |
| 71-80 | 1 |
| Uncategorized | 6 |

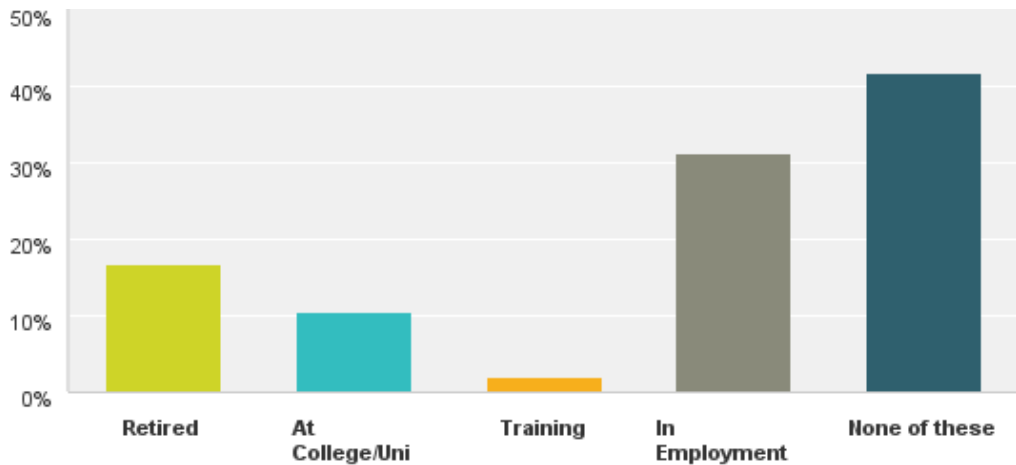
(Answered: 50 Skipped: 20)

III. Do you consider yourself to have a disability?



(Answered: 51 Skipped: 19)

IV. Are you?



(Answered: 48 Skipped: 22)