

Appendix 2 Consultation Report and summary

Executive summary

- **Consultation Details**

The consultation for Supporting People organisations ran from 25th February to 31st March 2011 and for users of services from 4th March to 8th April. Those taking part contributed through a range of different channels including separate user consultation and sector provider meetings; by corresponding with the Council; or filling out consultation surveys. Providers were also encouraged to hold their own consultation events, with many choosing to do so. Supplementary and follow-up meetings also took place. Accessibility issues were addressed during the consultation in order to ensure that people with protected characteristics were able to participate.

There were over **1500** direct responses to the consultation including, as at the time this report was produced, **1391** completed surveys. In total, over **300** providers, users, relatives and carers attended the various meetings that we held. Also, we received a petition from HAGA with **283** signatures. All of these responses have been read and analysed.

- **Brief summary of key findings highlighting the key themes, impacts and responses for client groups across the various sectors**

The key findings are these:

Users of Services overwhelmingly would prefer it if 'much needed' services remained as they were and 'strongly opposed' or 'opposed' the proposal. Not too many individuals therefore contributed to the debate about how we might do things differently apart from suggesting ways in which we could or should be spending more rather than less on the SP programme.

Many people who responded to the consultation did so with personal stories outlining their experiences of their support to date and what life would be like for them should that care and support not be there or in its present form, including how they would struggle to cope or continue to live a normal life without services they'd come to depend on. Users of services expressed how they could be made homeless, experience physical or mental health issues, end up in hospital or prison, suffer a setback or be at risk or even a threat to themselves or others. There were worries too how these proposed changes would impact on partners, children or other family members.

Further details including the main sector differences are contained within the main body of the consultation report, however, the most highly rated services ranged from accommodation-type services, to advice and information, to help with overcoming language and cultural barriers, daily support and/or contact or help with other every day tasks.



Across the majority of sectors more users of services understood the reasons for the cuts than did not, even if they did not necessarily agree with why or how they were to be implemented. However, understanding of what was going on was roughly 50:50 within the BME and LD sectors and even less clear to younger respondents, teenage parents and Domestic Violence survivors.

Over two thirds of those users of services who responded said that they did not receive support from elsewhere. Moreover, the majority of consultees said that where they did so, this additional support came from the Council, a health professional, voluntary organisation or a similar source rather than a family member or carer. Of the remainder, almost a fifth had identified an alternative source of help. Less than 5% of service users said they would be made homeless or end up in prison whereas a quarter said they had nowhere else to go.

Several core themes emerged from the responses we received from those **providers, Voluntary Sector organisations and advocacy services** whom we consulted.

Commenting on the Proposal, several organisations expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community. They also said they struggled to do all they wanted as things stood or thought the proposals disproportionate, regressive or something of a short term economy and worried for the future health and well-being of the client groups that they supported. Many providers made the case for their strategic relevance and the contribution they made.

Commenting on the Criteria Used, many providers understood the need to make savings in the current financial climate and supported plans to protect the Borough's general provision of accommodation-based services over floating support services despite the difficulty of separating SP funding from other funding streams, many of which were also, they said, facing cuts. The proposal was not however without its critics, some of whom saw the focus on accommodation based services or the application of the scoring mechanism as not without its problems, favouring paradoxically smaller and larger providers, arbitrary in nature or not necessarily in their clients best interests. These points were addressed during the various contractual negotiations.

Commenting on the Way Forward, the majority of providers confirmed that they were happy to work with the Council to reach a mutually acceptable outcome. Others were reluctant, as they saw it, to 'barter' one service against another. Several welcomed the fact that there had been an extension to existing contracts to cover the consultation period but were also worried about potential future cuts and implementation timescales.

Providers also worried their clients would have fewer opportunities or have a reduced voice in the community. Others raised safeguarding concerns or pointed to the extra demand for statutory and non-statutory services across the Borough and as they saw it the wider social impact of the proposals: rent arrears, loss of tenancies, a rise in criminality and other neighbourhood safety issues, substance misuse, rises in hospital admissions, debt and financial problems, unemployment levels etc.

There were concerns that unique or specialist services would be lost as would the local knowledge-base and that it should not simply be assumed that if a service was withdrawn, a client would necessarily want or be able to access another one (for example, because of language barriers). The notion of retaining only large scale generic floating support programmes would, some argued, diminish specialist knowledge in some sectors.

Supporting People Programme – 2011 Consultation Report

Introduction

This report sets out the main findings of the consultation regarding proposed cuts to the Supporting People (SP) programme. The findings will form part of the report to Cabinet when it makes its final decisions in April 2011.

Consultation Details

The consultation for Supporting People organisations ran from 25th February to 31st March 2011 and for users of services from 4th March to 8th April.

There were several main channels for the consultation. These included:

- the consultation survey, where participants completed questionnaires and in doing so responded to specific questions
- email or other written correspondence directly to the council or via a councillor or local member of parliament - which allowed any comments whatsoever to be made on the proposed changes.
- consultation meetings about the proposals – a number of events were held where various organisations and individuals were presented with information about the proposals and the consultation and then given the opportunity to discuss and comment upon the various aspects in detail.. **See below:**

General Provider Forums:	7 December 2010 25 January 2011 15 February 2011
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Sector Provider Meetings:	
Black Minority Ethnic	28 February 2011
Domestic Violence	1 March 2011
Learning Disabilities	7 March 2011
Older People	2 March 2011
Single Homeless/Young People	3 March 2011
Generic Floating Support	10, 16 & 17 March 2011
Mental Health	10, 14 & 17 March 2011
Offenders and Substance Misuse	9 March 2011
HIV/Physical Disabilities/Sensory Impairment	10 March 2011
Home Improvement Agency	10 March 2011
Teenage Parents	23 March 2011

User Consultation Meeting	21 March 2011
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- Providers were also encouraged to begin their own consultation with their clients, with many of them doing so. Newham Asian Women's Programme, for example, undertook a consultation with residents of accommodation-based services in Haringey. HAIL media group run by service users submitted a DVD showing the views of service users as part of their representation. Haringey Women's Forum also conducted some interviews by phone. Full list as follows:

Willow Housing	17 March	17 users
Turkish/Cypriot Women's Project	2 March	50 users
Newham Asian Women's Project	7 March	10 users
Haringey Somali Carers Trust	4 March	18 users
Haringey Women's Forum	8 April	12 users

- A special meeting of the practitioner group was held on 2nd February 2011. Several follow-up meetings were held with providers who wanted additional help in understanding the proposals and how they could respond to the consultation.
- Supplementary meetings were held with a number of groups/providers asking for the opportunity to put forward alternative options or discuss issues over the course of consultation. A meeting was also held with the Offenders and Substance Misuse Working Group.
- We also sought the views of advocates supporting the various (LD, BME Carers, People with MH issues, Older People, Homeless people etc) Supporting People groups.

Number of organisations' own questionnaires returned	48
Number of LBH questionnaires returned (1)	757
Number of LBH questionnaires returned (2)	634
Number of Provider responses	35
Number of supporting letters (service users, other organisation, MPs etc)	51
	1525

Responses to the Consultation

Our consultation sought to reach a wide-ranging audience and we received a significant number and varied set of responses.

There were over **1500** direct responses to the consultation including letters and emails, including, as at the time this report was produced, **1391** completed surveys. In total, over **300** providers, users, relatives and carers attended the various meetings that we held. Also, we received a petition from HAGA with **283** signatures.

Accessibility Issues

We produced information about the consultation in a number of accessible forms (other languages, audio, Braille, large print etc) on request and engaged independent advocates for those individuals and groups who needed it. For example, we received some 40 questionnaire responses in Turkish and arranged for support staff, translators as well as family members to be present at the users' consultation meeting on 21st March 2011.

Interpreting the Consultation Responses

A great deal of time and effort has been put into the responses by contributors to the consultation. For example, many individuals described their personal experiences and providers and local voluntary organisations discussed in detail the specific issues relevant to their organisation and members. All of these responses have been read and analysed. It is, however, not possible to repeat all the stakeholder responses in the body of this report. However, every effort has been taken to represent those views.

For the purposes of assessing the impact where possible and appropriate within the responses the different sectors of the SP programme affected by the budget reductions have been considered separately.

The key findings are these:

1. Views of users of services

Meetings with users of services:

115 people attended a service users' consultation meeting at the civic centre on 21st March 2011. Service Users found awareness sessions informative and helpful. The general view of those present was that SP organisations provided vital services and support. Moreover, the support that they received enabled them to achieve independence and improve their health and well-being. There was an understanding of the need to make savings but consensus in reducing rather than cutting them completely and that people did not want their organisation or niche-organisations as they saw it, to close. Some pointed to how language and other barriers would prevent users of service/them accessing alternative services or worried about their general availability and were concerned about the risks of increased homelessness and levels of isolation and reduced levels of independence and security.

User Survey Questionnaires:

(where numbers do not tally this equates to the fact that people for whatever reason did not answer all of the questions) Percentages also rounded up and down.

Questionnaire One

A total of 757 responses were received across the various sectors as follows: 26 (OP), 63 (PD), 108 (BME), 403 (GFS), 11 (DV), 32 (OSM), 48 (SH/YP), 66 (MH)

Does the service you receive meet your expectations Total 754	Yes 720(96%)	No 26 (2%)	Some 5 (<1%)	NK, too early to tell, no comment 9 (<1%)
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Overwhelming those users of services who responded said that the service they currently received met or exceeded their expectations.

Do you receive support from anywhere else? (This is opposite to what is said in the EqIAs) Total 754	Yes 236 (31%)	No 518 (68%)
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Just over two thirds of those users of services who responded said that they did not receive support from elsewhere. Where the remaining respondents said they did so, respondents were primarily receiving services from the OP, GFS, MH, PD and OSM sectors. Moreover, the majority of consultees who responded 'yes', highlighted that this additional support came from the Council in the form of a social worker or occupational therapist, a health professional or medical foundation, a voluntary organisation, family, friends or a carer or some other social or support service.

If this service was not available to you, where else would you go? Total 753	Nowhere 203 (27%)	Not sure 377(50%)	Family or friends 17 (2%)	Other (agency, GP, Council, hospital) 129 (17%)	Homeless/in prison 27 (4%)
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Many people who responded to the consultation did so with personal stories outlining their experiences of their support to date and what life would be like for them should that care and support not be there or in its present form. Many said it would be difficult, devastating and in a few cases even life-threatening for them including concerns that they would be a danger to themselves.

Half were unsure what other help and support was out there – something that might be addressed by better signposting/provision of information and advice. Of the remainder, almost a fifth had identified an alternative source of help.

Of the 4% of service users who said they would be homeless or end up in prison and just over a quarter who said that they had nowhere else to go, this would appear to have included a good many in accommodation-based provision, which is unaffected by the proposal.

Questionnaire 2

Responses were as follows:

Q. To what extent do you support our proposal to reduce or cease funding for this organisation?

Sector	Strongly Support	Support	Neither Support nor Oppose	Oppose	Strongly Oppose
BME				10	114
Supported Housing/Young People			1	6	44
Older People	1		1	4	93
Mental Health	4		4	14	125
Learning Disabilities					28
Generic Floating Support	3	1		1	21
Home Improvement Agency	1			1	23
Physical Disabilities	1				4
Teenage Parents					3
Offenders and Substance Abuse					1
Domestic Violence					5
Unknown	3	1	2	5	36
Totals (561)	13	2	8	41	497

Overwhelmingly those who responded were opposed or strongly opposed to the proposal.

Q2. Do you understand why Haringey Council is proposing to reduce or cease funding to organisations in some instances?

Sector	Yes	Not Sure	No
Black Minority Ethnic	61	21	31
Supported Housing/Young People	14	4	34
Older People	75	4	21
Mental Health	62	17	62
Learning Disabilities	20	2	6
Generic Floating Support	10	3	9
Home Improvement Agency	8	7	3
Physical Disabilities	5		
Teenage Parents	1	3	
Offenders and Substance Misuse	2		
Domestic Violence	2	1	7
Unknown	21	13	16
Totals (547)	281	75	191

In the majority of sectors more people understood the reasons for the cuts than did not, even if they did not agree with why or how we were imposing them – the notable exception was young people in supported housing. Moreover, the message seems to have been clearly understood in the BME, OP, LD and PD sectors.

When however added together with the ‘don’t knows’ and allowing for the small number of responses then there were many people across several sectors, notably young people in supported housing, teenage parents and Domestic Violence survivors who did not understand or were less sure of the reasons for the cuts and the situation was roughly 50:50 within the BME and LD sectors. There were a number of suggestions that we could have done more to explain what was happening; however, from the remarks received, there is also some evidence for the fact that this response owed as much to the fact that users of services generally disagreed with the proposals and were venting their feelings, especially given the response rates and attendance levels at meetings that were held. Going forward we may however need to do more to get our messages across in some specific sectors.

Q. How will the proposals impact upon you (Question asked respondents to indicate how it affected **one or more** of their equalities protected characteristics)

Sector	Age	Disability	Ethnicity	Gender	Pregnancy/ recently given birth	Religion	Sex	Sexual orientation
BME	38	43	53	16		31	1	
Supported Housing/Young People	30	27	13	1				
Older People	96	42	6	2		2	1	
Mental Health	19	104	10	4	1	1	1	2
Learning Disabilities	4	29					2	1
GFS	12	19	3	1		1	1	1
HIA	3	19	1					
Physical Disabilities	1	5						
Teenage Parents		2		1	2			
Offenders and Substance Misuse	0	0	0	0	0	0	0	0
Domestic Violence	5	1	7	4	1	3	1	1
Unknown	24	29	7	10	1	3	2	
Totals	208	320	100	39	5	41	9	5

This table lists the responses of those service users who responded. There are no major surprises here. You would expect age and disability to be prominent characteristics of the Older People's sector and disability a feature of the LD and MH sectors (as well as prominent characteristics overall given whom the Supporting people programme helps) and pregnancy/having recently given birth to be key characteristics of the group of teenage parents we help or ethnicity and religion to be as prominent as age and disability for the BME sector. There are no figures for OSM.

General observations:

Overwhelmingly users of services, regardless of sector, would prefer it if things stayed as they are or were unsure how the service could be provided differently. Not too many people therefore made suggestions of how, going forward, we might do things differently.

Some were concerned about the impact on future generations and the increased costs and pressures for other services: health, police, social services, housing services and the wider community impact. People highlighted the impact for them of the proposals but also commented on how this would impact on partners, children, relatives and others.

Main concerns voiced in the consultation by users of services were the thoughts of being made homeless, experiencing MH and other health issues, or in some cases ending up back in hospital or having a relapse. Many generally worried how they would cope or live a normal life. In a few cases, users said that they felt that their lives would be put in jeopardy or that they would even be a harm to themselves. Some spoke of potentially

having to move somewhere else. Several people thought the consultation a sham or were simply bored by it.

Users of services almost universally valued the services they received, some worrying that other agencies or organisations would not be as understanding of their situation. Moreover, they appeared to value the same 5 or 6 things about their service, regardless of sector or provider, namely:

- Accommodation/support with their tenancy
- Advice and information, counselling and advocacy services
- Daily Support and help with every day tasks
- Their carer or support worker
- Help at home
- Opportunities for social interaction

Trips out and other social activities was also mentioned. Many said they would miss educational, language, keep fit and other activities, therapies and classes.

For users of services of those organisations that provide primarily or solely accommodation-based support, housing was understandably the service they most highly value. A number of users, particularly in the OP and GFS Sectors valued a safe environment and cited the burglary support programme.

The continuity of a support worker and having someone to talk to was particularly valued by people with MH issues who responded, closely followed by help in setting up home or having somewhere to live.

Some 40 questionnaires were returned in Turkish. They pretty much were saying the same thing as the remainder of the BME sector including along with Chinese and Kurdish respondents how they would miss the language and cultural specific services of their SP provider, particularly interpretation services and help with reading and writing, due to the language barriers.

For some 30 Somalis who responded, it was primarily the housing support and advice services that they received.

Blind or partially sighted respondents mentioned that among the things they would miss most were the talking book service and Braille classes.

DV survivors spoke of the benefits of having a women only service helping them and, in some cases, their children to remain safe and to rebuild their confidence and self-esteem. It was also highlighted that the DV sector (unlike other SP sectors) uses Floating Support to assist those DV survivors in Haringey who want to remain in their own homes and take perpetrator action. Combining Floating Support with the Sanctuary Scheme gives them additional security to remain in their own home in the borough, reducing homelessness as a result.

Those users with mental health issues spoke of how the services that they received were helping them to cope, improve their physical and mental well-being and to be more independent.

In the case of Older People, the thing they valued most was the daily contact and support and the security that came from a routine visit by their, scheme manager, support worker or other person who enabled them to live independently in their own homes. The consultation also highlighted a need for specialist provision for supported accommodation for Older People with learning disabilities. Discussions have begun with one provider who is willing and able to establish such a service.

In the case of Learning Disabilities, according to the consultation, people with LD would need long 'lead-in' times to absorb the impact of any change and to make adjustments if they were to avoid relapses.

Asked how the service they received could be provided differently, very few people came up with concrete proposals and said they either genuinely did not know or by a slightly greater ratio, that the service ought to remain the same as now. Quite a few people even suggested that more not fewer resources were needed. Quite a number did not, for whatever reason, respond to this question.

Those who did answer this question suggested a charity fund-raising for their project or sector or other sources of funding, more volunteers but worried that they wouldn't be as 'professional'; wanted more help to 'move on' to independent accommodation, or the age limits for services to be extended, more English lessons, something for the children or help to find work. There was also a suggestion about merging services.

Those with an alcohol-related illness worried about a relapse and the impact for children and loved ones. They also said that they did not like or rate alternative sources of provision.

2. Providers and Voluntary Sector organisations including advocacy services

Throughout this section of the report, we have sought to include recurring themes emerging from stakeholder responses, rather than detailing specific, individual issues or outlining every point of view. Detailed comments are attached.

In the correspondence and meetings with them, providers were given the opportunity to reject the proposal and the offer of a termination of their contract, accept the consequences of reduced levels of expenditure and/or discuss a revised model of service delivery. They also had an opportunity to explain the impact that a reduction in expenditure would have for them. They were advised that their comments would inform the consultation and Equalities Impact Assessments

Core themes:

1. Comments on the Proposal.

Several organisations expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community, particularly on top of previous or other cuts to their budgets, elsewhere in the Council or the wider public sector. Some felt that services currently (LD for example) did not meet the needs of their users of services in Haringey as it was, with providers in a couple of sectors going as far as to say that users of services in their organisations would cease to receive a service if this proposal went

ahead. Others saw cutting services as regressive, something of a false economy or disproportionate. Some felt that flexibility would be lost with these changes as would a person's independence and choice. Providers were worried for the support of their client groups and that this would put them at risk, cause hardship and distress, particularly given the demographics of the Borough.

Many providers have made the case for their strategic relevance, said how they already offered value for money and gave examples of how they made a positive contribution to the well being and independence of their users of services.

A number of respondents worried that the cuts would result in arrears, loss of tenancies, increased neighbourhood disputes, fewer options, inclusivity or a reduced voice in the community. Others pointed to their fears of a rise in safeguarding concerns in terms of both the number of victims and perpetrators of abuse across all of the sectors, people neglecting some of their basic needs and putting their health and wellbeing at risk with a resultant increase in health problems. Others pointed to the impact for health, criminal justice, social services and other organisations with a rise in potential custodial sentences and criminal convictions, relapses and increased substance misuse, debt and financial problems, loss of employment and a potential increase in hospital admissions and higher predicted costs.

The notion of retaining only large scale generic floating support programmes would, some argued, diminish specialist knowledge in some sectors.

2. Comments on the Criteria Used

Many understood the need to make savings in the current financial climate and supported plans to protect the Borough's general provision of accommodation-based services in preference to its floating support services.

Some however said that it is difficult to separate SP funding from other funding streams, many of which were also being cut.

Those providing accommodation-based services were relieved and welcomed the emphasis on them. Others saw the focus on accommodation based services rather than floating support services as a short term solution only and likely to impact on the levels of 'move on'. Some thought that the prioritisation methods did not however work in the best interests of their client group/sector for example, survivors of domestic violence.

However, both providers and non-providers were worried about the loss of some specialist floating support services, more so than generic ones. Floating support, for some, was seen as a life saver and an essential part of a range of provisions.

Some agreed with the rationale for measuring impact on the basis of avoiding losing accommodation-based services and creating homelessness. Whereas others suggested specialisms, the diversity of service users and equalities issues should be taken into account and that value for money should consider quality as well as cost factors.

Several others queried, as they perceived it, the arbitrary nature of the Council's scoring system for determining the impact of stopping a service, asked to be awarded additional points under the system or thought the criteria being applied, unclear and generally lacking in detail and wanted more information on how the savings would be apportioned between the various providers. These points have been addressed during the various contractual negotiations.

A number of respondents agreed with the points awarded whereas others said that the proposed cuts were not being evenly spread across all sectors or that they had a disproportionate impact on them (SP-funded MH and GFS services for example) or failed to recognise the unique nature of their service. Others considered the criteria unfair to small providers and that there were greater opportunities for economies of scales within larger organisations or argued that the weighting should be reversed as larger organisations were more able to sustain a funding cut.

3. Comments on the Way Ahead – the Future

A number of [the majority of] providers who responded confirmed that they were happy to work with the Council to reach a mutually acceptable outcome. Others were reluctant, as they saw it, to 'barter' one service against another. Several would welcome a phased reduction over 6-12 months to enable a more seamless transition and reduce levels of risk. Others welcomed the fact that the council was provisionally minded to continue to commission their service after the 31st March 2011.

A month's extension had been granted to existing contracts to cover the period of the consultation and councillors reaching a final decision. Some asked for extensions to their contracts to end of FY 2012 in order to be better able to budget for the final quarter of the year. Some providers raised concerns that delays had shunted costs onto them. Others welcomed the fact that the contract price would not be reduced further this year but were anxious about the future and wanted to know if there would be other cuts as this affected their ability to plan and invest. Several providers explained how reductions of this magnitude would impact on their staffing levels, that they would not survive without their SP contract.

Some highlighted how no single organisation could deal effectively and safely with any given situation and how this was best achieved by a multi agency response. Several providers said they said they would need to discontinue support, close services or reduce the level of service to their users of services and felt that this would impact upon provision or place a higher demand on statutory services and increased referrals to other agencies in the borough. Some raised the point that it should not be assumed that the client of a service being withdrawn will have another service that they will want to or be able to access (for example, because of language barriers) and were concerned that users of services would fall through the safety net.

One or two providers pointed to how they were the only provision in the Borough or unique and how The Big Society had limitations when it came to frontline services. Looking ahead, many predicted or pointed to rising if not even 'above average' levels of demand for services in Haringey over the coming years when compared to other parts of the country, due to both an increasingly ageing population and Haringey being one of the more culturally-diverse and deprived boroughs in London.

Some respondents appreciated efforts to protect services as much as possible. Others worried that these were short term savings and would have lasting consequences for the community and those groups and individuals they supported and cared for and saw real value in investing in smaller community-based organisations that meet a specific need and thereby the loss of a valuable partner and local knowledge base or benefits that a specialist organisation such as theirs brings to the borough.

Notes on Interpreting the data

Qualitative research

There are a number of issues to bear in mind when interpreting the data. First, a consultation such as this is predominantly qualitative in nature and has involved listening to what people have said and the way in which they have said it and interpreting their completed surveys.

This does not devalue their evidence – far from it. Qualitative methods based on ‘themes’ and ‘concerns’ are much-used and well-respected in research.

A number of verbatim comments are included to illustrate and highlight key issues that were raised. These are attributed, where appropriate to specific audiences or sectors.

Quantitative research

Statistical data is included in order to illustrate the relative importance of particular issues compared with others and to specific groups with protected characteristics as well as to assist commissioners and others shape a future potentially without some SP services or current levels of SP funding.

Some figures/response rates in the report are relatively small given the scale of the sector or overall numbers consulted; they must therefore be treated with caution.

Other Caveats and assumptions

In reading this report, the following other caveats and assumptions need to be taken into account:

1. It is important to bear in mind that responses may be based on differing levels of knowledge.
2. There were submissions from providers, voluntary organisations etc. This group of stakeholders is likely to be particularly engaged and have much expertise in the subject area, and as a result, many of the submissions comprised detailed, well-researched responses.
3. Many of the users, relatives and carers and providers who have responded would be directly affected by the proposals and thus have a personal interest in the outcome.
4. Not all participants, for whatever reason, chose to answer all questions.
5. While every attempt has been made to classify each participant into the correct category for reporting purposes and capture equalities data, it is not always possible to be certain to which specific category respondents belong. There were for example a number of surveys that could not be attributed to a group or sector.
6. While the consultation was open to everyone, the respondents were self-selecting, and certain types or groups of people have inevitably been more disposed to contribute than others.

