

## Have your say on Bradford Council's Executive budget proposals for 2024-25

Bradford Council's Executive has published its budget proposals for 2024-25.

These proposals reflect the budget challenges faced by the Council and represent significant changes across many services.

The Council is committed to consulting with local people, businesses, community groups and organisations, staff, and trade unions on these proposals throughout the budget setting process.

Closing on Saturday, 17 February 2024, the feedback from this consultation will be used to help finalise the budget.

The Council will meet to set the budget for 2024-25 on Thursday, 22 February 2024.

Please click 'Next' to continue

### Your relationship to Bradford

Q1 Which of the following is most relevant to you?

- I am a resident
- I work and in Bradford and I'm a resident
- I work in Bradford but live outside Bradford District
- I am a visitor to Bradford
- I study in Bradford
- I am a business owner and a resident
- I am a business owner and live outside Bradford District
- I am submitting this response on behalf of an organisation or partnership Go to Q1a
- I have no connections with Bradford

Q1a Please provide details of your organisation / partnership below:

## Spending plans and savings proposals

Q2 To what extent do you agree or disagree with how Bradford Council intends to spend its Budget next year?

- Strongly agree
- Agree
- Neither agree nor disagree
- disagree
- Strongly disagree
- Don't know

Q3 Please use the space below to share with us any comments you have about the proposals that you are interested in.

Q4 Please use the space below to share with us any suggestions you have about how the Council might do things differently for the proposals you are interested in.

Q5 Please tell us below if you have any suggestions about how the Council could bring in more funds to support Council services.

Q6 Please use the space below for any further comments or suggestions about what the Council could do differently to support the district.

## Council Tax

Q7a To what extent do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
More funds should be raised through a higher Council Tax increase to maintain current council service provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7b Some services should be reduced so that only a slight increase in Council Tax is needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7c Council services should be reduced to a level where Council Tax bills don't need to be increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 If you would like to comment on Council Tax please do so below:

## About you

We would like to ask you some questions about yourself. These questions are optional. You do not have to answer them, but in doing so you will be helping us to ensure that the views collected through the consultation represent the views of the resident population.

All responses will remain confidential.  
(our privacy notice can be found on the Bradford Council website)

Q9 What your full post code? *Example BD1 1NN*

Q10 Please state your age category.

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> 18 - 24 | <input type="radio"/> 55 - 64           |
| <input type="radio"/> 25 - 34 | <input type="radio"/> 65 - 74           |
| <input type="radio"/> 35 - 44 | <input type="radio"/> 75+               |
| <input type="radio"/> 45 - 54 | <input type="radio"/> Prefer not to say |

Q11 Does your health or disability prevent you from doing things you want to, need to or have to? (Your disability or health issue includes one which has lasted, or is expected to last, at least 12 months, and includes problems relating to old age.)

- |   |   |
|---|---|
| <input type="radio"/> Yes, limited a lot    | <input type="radio"/> No                |
| <input type="radio"/> Yes, limited a little | <input type="radio"/> Prefer not to say |

Q12 Which of the following options best describes your health issue or disability?  
*Please tick all the appropriate boxes*

- |  |  |
|--|--|
| <input type="checkbox"/> Physical Disability (including mobility difficulties) | <input type="checkbox"/> Deaf BSL user                             |
| <input type="checkbox"/> Learning disabilities                                 | <input type="checkbox"/> Speech impairment                         |
| <input type="checkbox"/> Mental ill health                                     | <input type="checkbox"/> Learning difficulties e.g. Dyslexia       |
| <input type="checkbox"/> Autism spectrum conditions                            | <input type="checkbox"/> Other substantial and long term condition |
| <input type="checkbox"/> Visual impairment                                     | <input type="checkbox"/> Prefer not to say                         |
| <input type="checkbox"/> Hearing impairment                                    | <input type="checkbox"/> Other Go to Q12a                          |

Q12 Please state:

a

Q13 Which of the following options best describes your gender identity?

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Male         | <input type="radio"/> Non-binary        |
| <input type="radio"/> Female       | <input type="radio"/> Other             |
| <input type="radio"/> Trans Male   | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Trans Female |   |

Q14 Which of the following options best describes your race, ethnic or cultural origin?

- |   |   |
|---|---|
| <input type="radio"/> White English/Welsh/Scottish/Northern Irish/British | <input type="radio"/> Mixed white and black Caribbean                             |
| <input type="radio"/> White Irish   | <input type="radio"/> Mixed white and black African                               |
| <input type="radio"/> White Gypsy or Irish Traveller                      | <input type="radio"/> Mixed white and Asian                                       |
| <input type="radio"/> Any other white background Go to Q14a               | <input type="radio"/> Any other mixed ethnic background Go to Q14c                |
| <input type="radio"/> Asian / Asian British Indian                        | <input type="radio"/> African   |
| <input type="radio"/> Asian / Asian British Pakistani                     | <input type="radio"/> Caribbean   |
| <input type="radio"/> Asian / Asian British Bangladeshi                   | <input type="radio"/> Any other black / African / Caribbean background Go to Q14d |
| <input type="radio"/> Asian / Asian British Chinese                       | <input type="radio"/> Prefer not to say   |
| <input type="radio"/> Any other Asian background Go to Q14b               |   |

Q14 Any other white background - Please state:

a

Q14 Any other Asian background - Please state:

b

Q14 Any other mixed ethnic background - Please state:

c

Q14 Any other black / African / Caribbean background - Please state:

d

Q15 Which of the following options best describes your religion or belief?

- |   |   |
|---|---|
| <input type="radio"/> No religion or belief   | <input type="radio"/> Jewish                                  |
| <input type="radio"/> Buddhist  | <input type="radio"/> Muslim                                  |
| <input type="radio"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="radio"/> Sikh                                    |
| <input type="radio"/> Hindu   | <input type="radio"/> Prefer not to say                       |
|   | <input type="radio"/> Any other religion or belief Go to Q15a |

Q15 Please state:

a

Q16 Which of the following options best describes your sexual orientation?

- |  |  |
|--|--|
| <input type="radio"/> Bi-sexual            | <input type="radio"/> Heterosexual or straight |
| <input type="radio"/> Gay man              | <input type="radio"/> Prefer not to say        |
| <input type="radio"/> Gay woman or lesbian | <input type="radio"/> Other Go to Q16a         |

Q16 Please state:

a

Thank you for completing this consultation.

Please click 'Submit' to send your responses.