



Continuing Healthcare

Engagement Report – Public Feedback

23 October 2025 – 12 January 2026



Executive Summary – Key findings – Public feedback

Continuing Healthcare (CHC), is a package of ongoing care that is arranged and funded solely by the NHS for people who are assessed as having a primary health need. Care can be provided in a variety of settings outside hospital, such as in their own home or in a registered care home.

A primary health need means that someone's main or biggest care need is about their health, not just daily help with washing, cooking or getting dressed.

It is when a person needs regular, skilled medical care or close monitoring because of an illness, disability or complex condition. If their main need is medical, the NHS is responsible for arranging and paying for that care.

Aims of the engagement

- The engagement ran between 23 October 2025 and 12 January 2026.
- We asked the public for feedback from anyone whether it is was themselves or someone they cared for, who has received, or currently receives CHC funding, whether that's holding a Personal Health budget, or receiving Funded Nursing Care in a registered care home and engaged with staff across the system who support the continuing healthcare process.
- Separate reports have been completed for public and staff feedback.

Executive Summary

- 62 public responses – of which the highest responses 23% was from East Lindsey district area. The most popular age range of respondents 60 – 69 (46%), 67% female, 92% white British, 100% English.

Of these, the highest number of responses (31%) were from individuals who **do not** receive Continuing Healthcare funding, followed by individual, family member or carer who previously received funding (20%).

- 62% of respondents were responding on behalf of themselves.
- The most popular way to view the survey was via social media.
- It must be noted that there are varying response rates for each question and some are very low numbers and so only reflect the views of a few people.

Personal health budgets

- Of those members of the public that have CHC Joint Funding, children and younger people's continuing care or fast track, 40% (19/48) were **unaware** of the "right to have" a personal health budget, 31% (15/48) **were aware**, 29% (14/48) **did not know**. 72% advised that they **do not** have a personal health budget.
- 100% (3 respondents) advised that if they had a personal health budget, it had made a **positive** difference to their life and helped to achieve their health and outcomes.

The Continuing Healthcare process

Prior to the checklist assessment

- 28% (7/25) of the public stated that they first found out about the continuing health care process was when they were in hospital. However, 44% of respondents **did not receive** any information.
- Before the checklist assessment, respondents told us that **Social Workers** were the most popular person to provide them with information to help them understand the CHC process.

The Checklist Process

- The greatest levels of **satisfaction** from the **public** with the checklist process was their understanding that the checklist is to enable anyone who might be eligible to have a full assessment and being treated with dignity and respect. The higher rates of **dissatisfaction** was around the amount of information not being right at this stage and what matters most to you was not considered throughout the assessment.
- Overall, 43% (10) of the public were **very/dissatisfied** with the checklist process and 34% (8) **satisfied**.
- The reasons for feeling **satisfied** were that they proceeded through to decision support tool, fair process undertaken by someone that knew the individual and reasons for feeling **dissatisfied** were greater explanation, more information and time needed around the process.

The Decision Support Tool Process - Information received prior to the Decision Support Tool assessment meeting

- The highest levels of **satisfaction** were around a reminder that representatives holding lasting power of attorney should bring documentation to the meeting and online resources. The higher levels of **dissatisfaction** were around the information not being easy to understand, advice on how to submit evidence and The National Framework.

During the DST meeting

- The highest levels of **satisfaction** were being introduced to people where 85% were **very satisfied/satisfied** and length of time of the assessment where 57% were **satisfied** and rates of **dissatisfaction** were where 43% felt the views and comments were not appropriately responded to by the Nurse and Social Worker (and other relevant staff that were present) and 43% were **very dissatisfied/dissatisfied** were happy and agreed with the content discussed.
- Overall 58% members of the public were **very dissatisfied/dissatisfied** (4/7) with the DST process with 14% (1/7) **satisfied**.
- 2 members of the public ranked level 2 how the DST assessment made them feel (1 being the most dissatisfied and 5 very satisfied).
- The reason for this were feeling satisfied were feeling that staff knew the process and person and dissatisfied were not knowing the person when making a decision, lengthy meeting and didn't feel listened to and lack of paperwork.

The Outcome

- Overall, 50% were dissatisfied and 17% satisfied with the way which they received their outcome.
- The highest **satisfaction** regarding the way that the public received the recommendation for CHC funding related to members of the public being provided with a written copy of the decision with the highest **dissatisfaction** being with the recommendation and what was going to happen next not being clearly explained
- 43% of the **public** advised that they were **satisfied**, 43% **dissatisfied** about the outcome and choice provided to them. The **positive** reason was place of choice and **negative** reasons lack of choice, funding and communication.

Personalised care support plans

- 25% (2/8) of the **public** reported that they **were provided** with the opportunity to work with the Continuing Healthcare Team to complete a Personalised Care Support Plan but 75% (6/8) **were not**.
- 75% (6/8) of the **public disagreed** that what mattered to them and important to them was heard and an integral part of the care planning process and deciding personal goals/outcomes and 25%(2/8) **agreed**.
- Support from family and family and friends was seen as the most popular way to receive support to help achieve the outcomes agreed within their Personalised Care and Support Plan

The complaints process

- 29% (2/7) of members of the public were **fully aware** how to make a complaint, 14% (1/7) **partially aware**, 29% (2/7) **not really aware** and 29% (2/7) **not aware at all**. If respondents did make a complaint, respondents found the process easy to use but dissatisfaction around the timeliness of responses. 55% of respondents (6/11) **did not** make a complaint.

What is working well

- GP stepping in and arranging alternative care, Multi-Disciplinary Team listening to comments and at the Decision Support Tool.

What requires improving

- Negative process to go through, more training required, look at the funding process and where any funding is being wasted, more personalised care looking at the individual rather than as a process, not going on funding agreed and ensuring that representatives are included.

Conclusion

Feedback from both the public and workforce engagement exercises highlights a shared commitment to delivering high-quality Continuing Healthcare (CHC) in Lincolnshire, alongside common challenges that affect experience and outcomes. Positive reflections from both groups show that when communication is clear, staff are knowledgeable, and personalised care is prioritised, CHC processes work well and make a meaningful difference to individuals and families

However, the themes across both reports consistently point to improvement needs in **communication, personalisation, process consistency, and capacity pressures**. The public reported limited information, unclear explanations, and low involvement in planning, while staff described difficulties contacting teams, inconsistent updates, and challenges working across agencies. Both groups also highlighted the emotional burden of CHC assessments and the impact of restrictive thresholds and limited-service options.

Despite this, the engagement demonstrates strong foundations: a dedicated workforce, examples of compassionate and effective practice, and clear willingness across the system to improve. Focusing on clearer communication, stronger personalised care planning, better interagency coordination, and targeted staff training will directly address the issues raised. By acting on these shared themes, the system can enhance confidence, improve experiences, and ensure CHC remains fair, transparent, and person-centred.

Overview of engagement activities

As part of our engagement activities, we received the following engagement:-



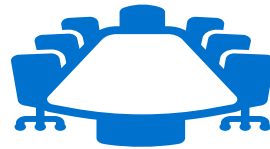
Patient/public
survey
published



62 Survey responses
received



7 People signed
up to receive the
engagement
bulletin “The
Contributor”



7 People would be
interested in getting
involved further with
this work through the
co-production meetings

Alternative opportunities for engagement such as via telephone and email were also offered but not utilised

Methods of Engagement

Survey promotion

Marketing materials

The NHS Lincolnshire ICB Marketing Team created marketing materials and social media assets to build awareness of the survey, signpost/link people to the survey, sharing with individuals, staff and stakeholders to encourage participation, promote across social media channels and encourage people to take part in conversations.

To make the survey directly accessible to a range of patients, the public and staff, we circulated it regularly via our ICB Engagement Bulletin – The Contributor - which is received in Lincolnshire. Phone number and email details were also included should people wish to request the survey in an alternative format or seek support in completing the survey from the Engagement Manager. Posters/fliers were distributed to the following staff for promotion:-

- Promoted in the GP Primary Care and Primary Care Network bulletin.
- Communication and Marketing Teams across the Lincolnshire NHS Trusts - United Lincolnshire Hospitals NHS Trust, Lincolnshire Community Health Services, Lincolnshire Partnership NHS Trust, East Midlands Ambulance Service, Arden and GEM CSU, North West Anglia Healthcare NHS Trust, Queens Medical Centre, Peterborough Hospital, for promotion internally and externally for promotion within bulletins and communication
- Communications Lead at Lincolnshire County Council.
- Lincolnshire Integrated Care Board The Contributor engagement bulletin.
- Promoted via the All About People newsletters.
- Circulated to Patient Participation Groups in Lincolnshire.
- Lincolnshire Voluntary Executive Team for circulation.
- Community Connectors in Lincolnshire for promotion.
- Distributed to Lincolnshire Care Association to promoted to care homes with a request to promote the flier.
- Promoted to Healthwatch.
- Promoted to Every-One with a request to share.
- Karen Stengel, Healthy Living Co-Ordinator, South and East Lincolnshire Councils Partnerships with a request to share within Boston.
- Public Health Officer, East Lindsey District Council, for East Lindsey contacts and groups.
- Lincolnshire Integrated Care Board web-site.
- Lincolnshire Integrated Care Board social media.
- Lincolnshire County Council web-site.
- Lincolnshire County Council social media.
- Distributed to our extensive stakeholder database that includes groups from the following; Traveller community, LGBTQ+, BAME, Disability, Carers, Young people, Older people, Faith and Religious and various community groups across Lincolnshire.
- Promoted every 2 weeks between via Lincolnshire ICB Engagement Team's newsletter between 23 October and 12 January 2026.
- Promoted on the Nextdoor App across Lincolnshire.



Social media/web-site engagement during the engagement period



Lincolnshire ICB facebook:-

Posts - 6 posts

Reactions and shares – 161

Post reach – 29,977

Link/post clicks – 71

Total clicks - 741

Views – 42,743



NHS Lincolnshire Integrated Care Board
12 November 2025 · 🌐

Have your say on Continuing Healthcare in Lincolnshire

Helen Sands, Head of All Age Continuing Healthcare from Lincolnshire ICB and Vicky Lee, Head of Service, Adult Social Care, [Lincolnshire County Council](#) are encouraging people who have received Continuing Healthcare (CHC) funding to share your experiences with us.

"We encourage and value your feedback as you have a deep understanding of the day-to-day challenges faced by individuals with complex health needs, and feedback helps improve how assessments are carried out, how decisions are communicated, and how support is delivered.

"By sharing your experiences, you can help make the Continuing Healthcare (CHC) process transparent, compassionate, and effective for families across Lincolnshire."

If you or someone you care for has received CHC funding, we'd like to hear from you. Share your views by 5 December 2025: <https://lincolnshire.icb.nhs.uk/chc-services>



The best performing post was the above post with Helen Sands and Vicky Lee which totalled 22,979 views.

Posts that included people performed much better. 3 posts featuring people received 34,449 views, compared to 8,294 views from 3 generic posts



Lincolnshire ICB web-page

Views - 148

Active users – 44

Nextdoor

3 posts

4 reactions

Total impressions – 10,714

Review of the draft survey by the All About People Team, Continuing Healthcare Team,
Lincolnshire County Council Adult Social Care Team

Suggestions and improvements provided and amendments made

Engagement activities

Engagement with patients, public, families, carer and representatives and staff via:-

Public survey to gather experiences of what is working and what requires improvement.
Feedback to help improve Continuing Healthcare Services.

Staff survey to understand staff and stakeholder feedback on the current service, ideas and suggestions for
improvements to help inform future improvements

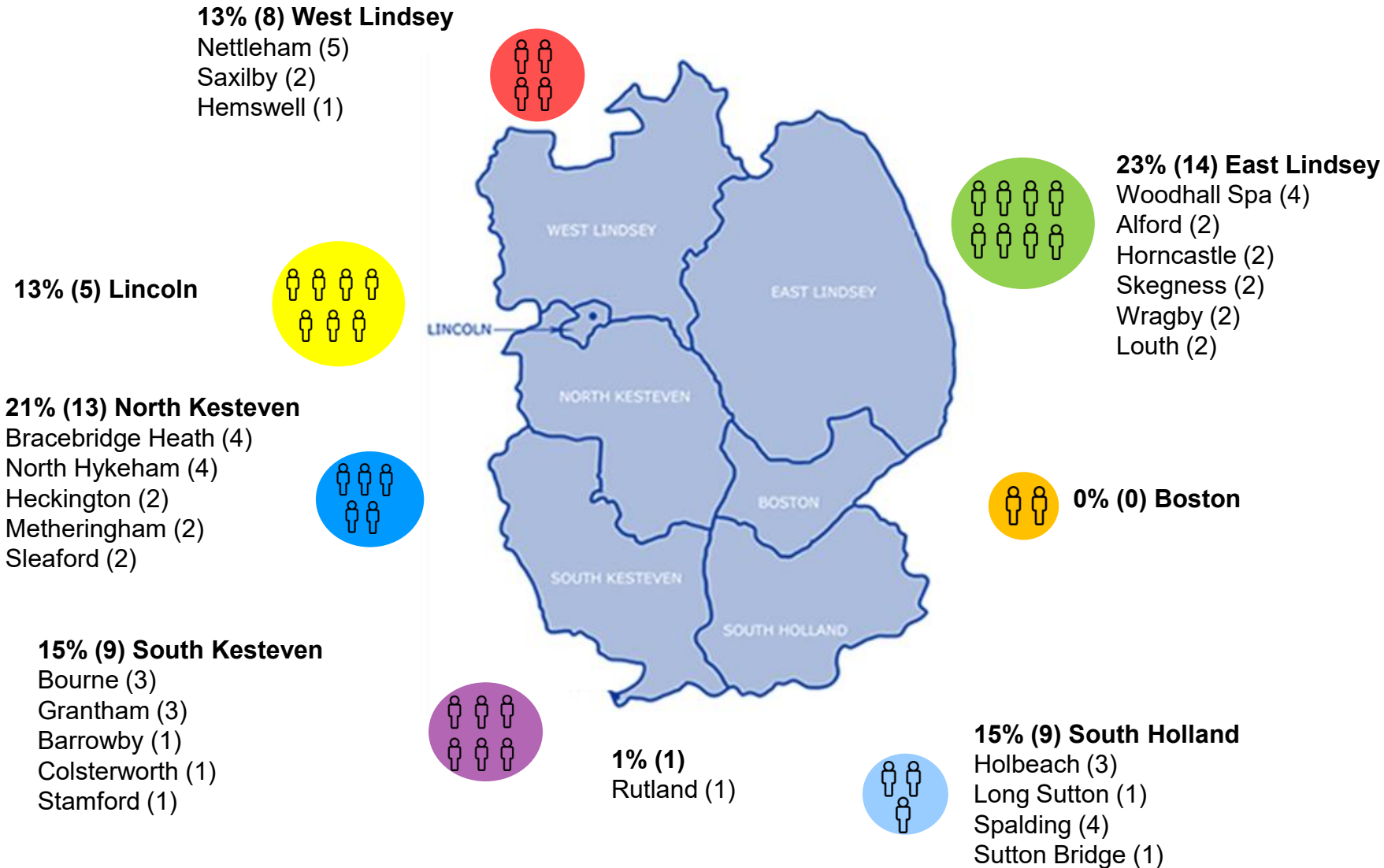
Detailed feedback from engagement

Discussed at Continuing Healthcare De-brief session

This
report

Feedback will then help improvements for Continuing Healthcare services in Lincolnshire

**Geographical locations, where specified, of which 61 respondents live including, where stated, the villages they live.
The highest number of respondents (23%) (14/59) lived within the East Lindsey district**



Section 1

Results and Findings from the Public Engagement



Lincolnshire
Integrated Care Board

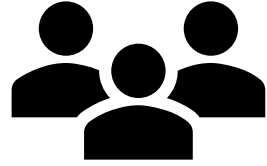
NHS
Lincolnshire
Integrated Care Board

**Have Your Say on
NHS Continuing Healthcare in
Lincolnshire**

Your feedback makes a difference.

If you or someone you care for has received Continuing Healthcare (CHC) or Funded Nursing Care, we'd love to hear from you.

Respondent profiling



From 62 responses, the highest number of responses were answering on behalf of themselves

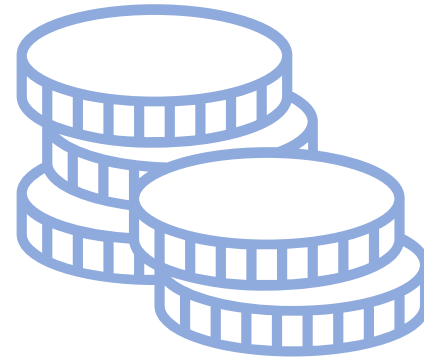
Are you completing as?		%	Count
On behalf of yourself		62%	24
As a family member, where stated:- Mother (3) Father (2) Daughter (7) Husband (1) Daughter in law (1) Parent (2) Wife (1) Not stated (1) Granddaughter (1)		34%	21
Parent, Carer or representative (of those that stated these are listed below) Unpaid carer (9)		15%	9
Friend		6%	4
Neighbour		2%	1
Other (of those that stated, these are listed below) Healthcare professional (1) Nurse (1) Parent (1)		5%	3

Of 14 responses, the most popular way of viewing the engagement was via social media.

Where respondents saw the engagement (where stated)	Number of responses
Social media (Facebook (5))	6
External newsletter (where stated) (The Contributor (2))	3
Web-site (Grantham Matters, LPFT Involvement)	2
Healthcare professional (Social Worker)	1
Carer	1
Word of mouth	1
	14

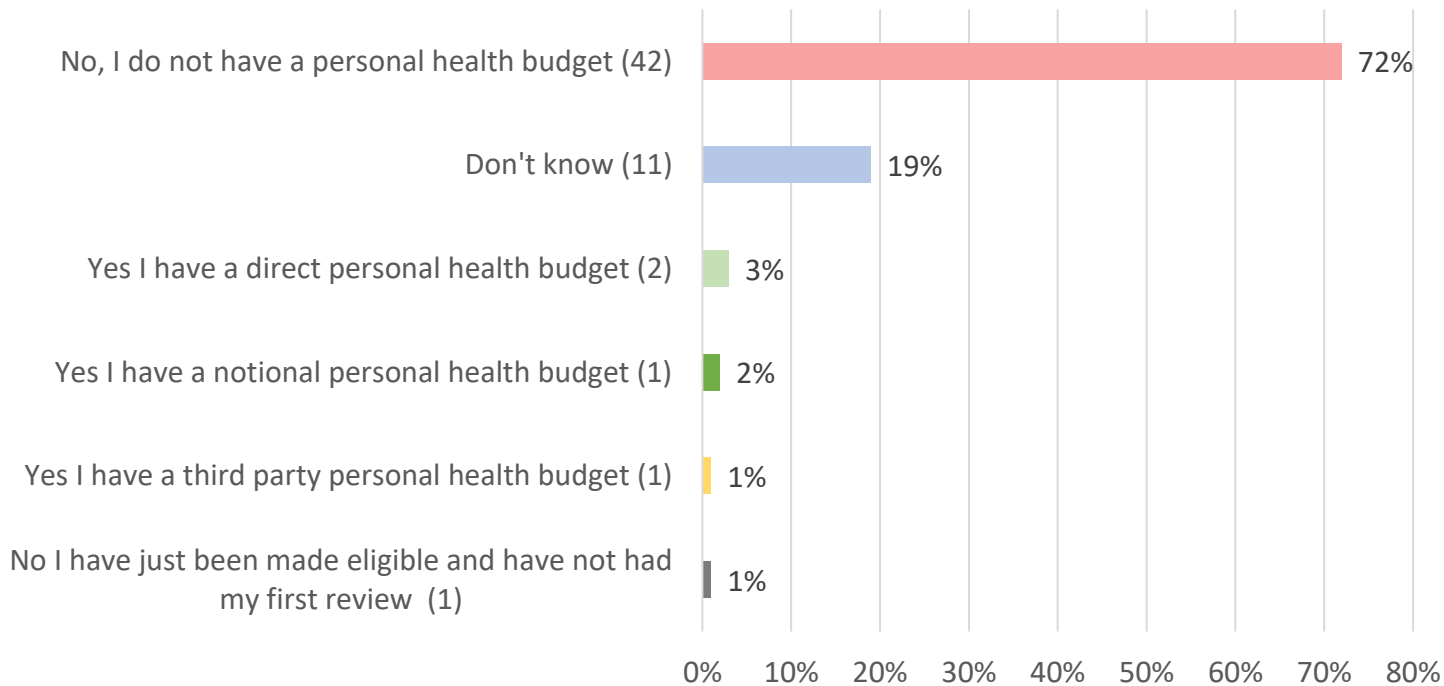
Section 2

Personal Health Budget



72% advised that they **do not** have a personal health budget

Of those members of the **public** that have CHC Joint Funding, children and younger people’s continuing care or fast track, 40% (19/48) were **unaware** of the “right to have” a personal health budget, 31% (15/48) **were aware**, 29% (14/48) **did not know**



100% (3 respondents) advised that if they had a personal health budget, it had made a **positive** difference to their life and helped to achieve their health and outcomes

The reasons for this were:-

“It is part funded with Social Services but having a personal health budget allows me to choose the carers and have a say when they come to support my individuality”

“It allowed us to use a third party care provider”

“I am able to have my daily physiotherapy”

Section 3

The continuing healthcare
process
Prior to the checklist

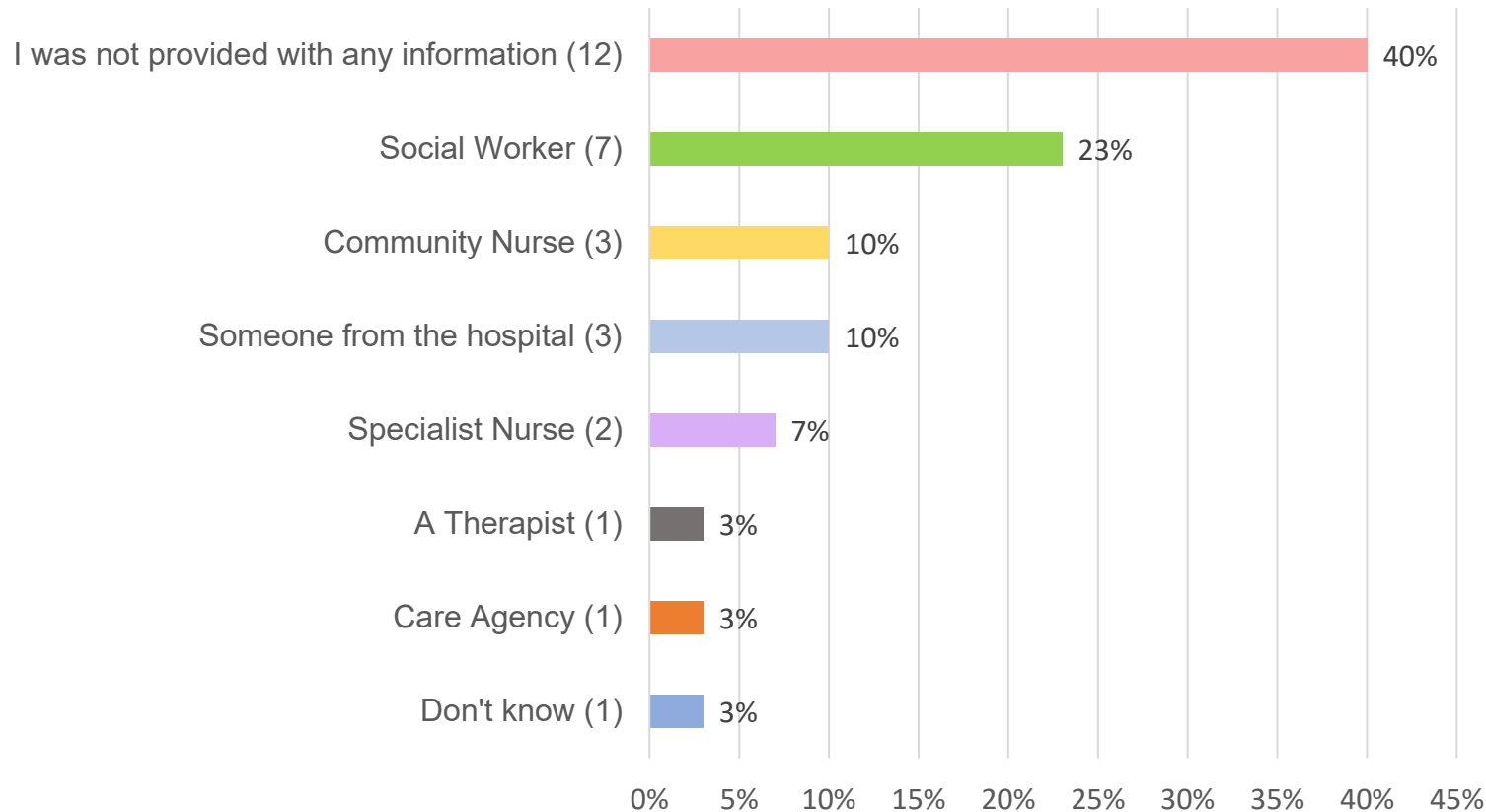


28% (7/25) of the **public** stated that they first **found out** about the continuing health care process was when they were **in hospital**

16% (4/25), from adult social care, 16% (4) from another healthcare professional, 8% (2) from a friend, Works in NHS 8% (2), online 8% (2), 4% (1) from a neighbour, social services 4% (1), BBC documentary 4% (1)

However, 44% of respondents **did not receive** any information.

Before the checklist assessment, respondents told us that **Social Workers** were the most popular person to provide them with information to help them understand the CHC process.



No-one stated that they received information from their GP practice, voluntary/community support, community based support or Community Care Officer

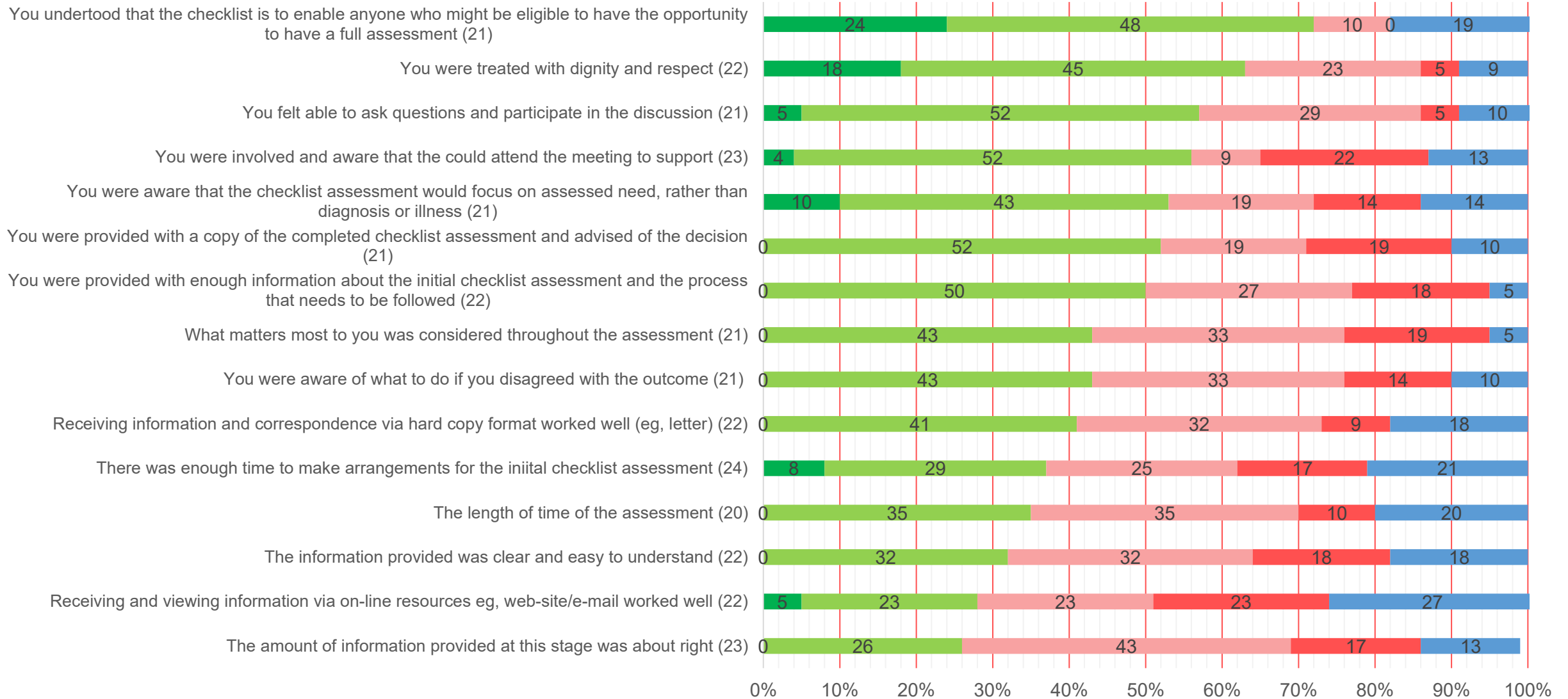
Section 4

The checklist process



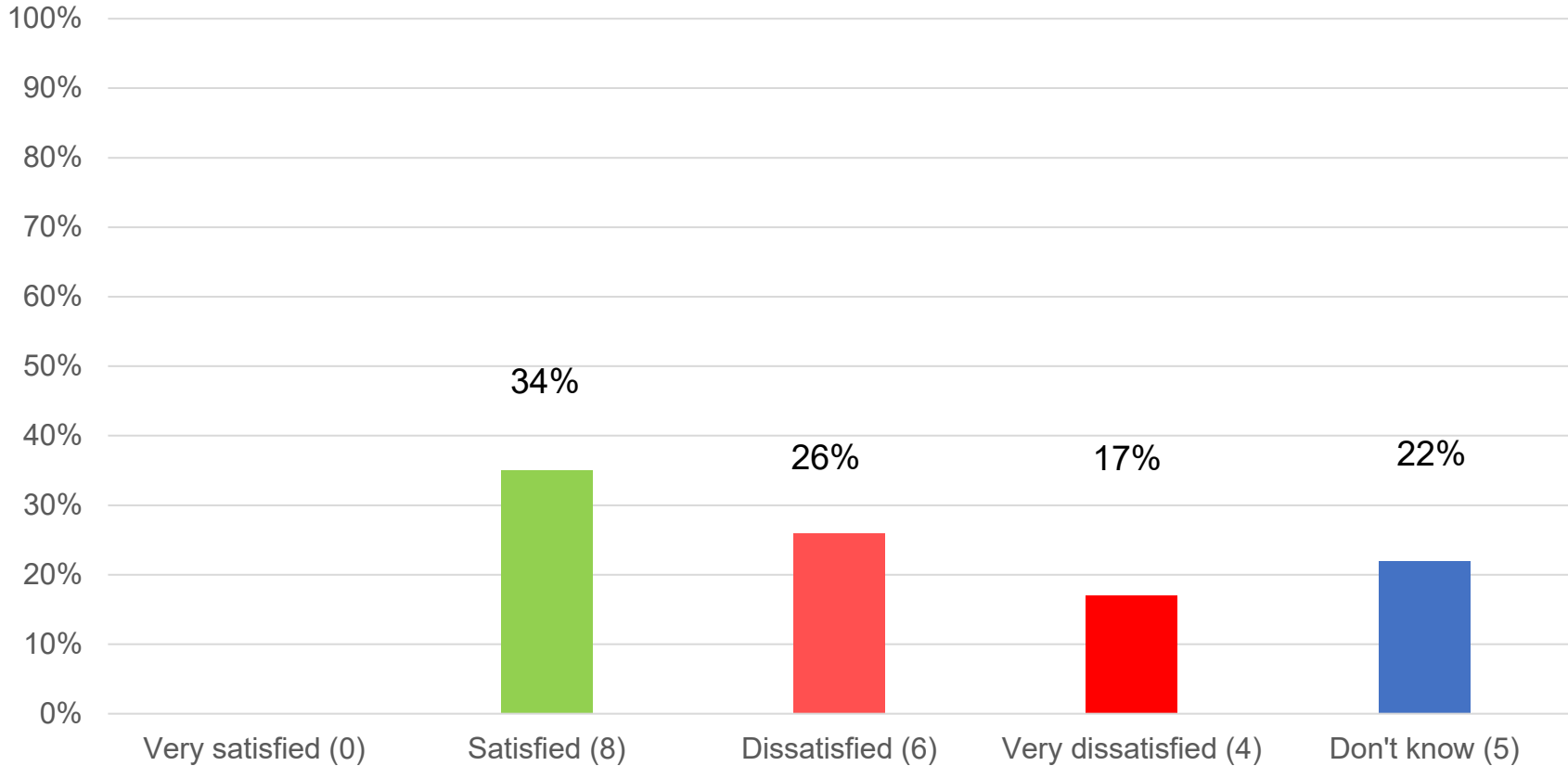
The greatest levels of **satisfaction** from the **public** with the checklist process was their understanding that the checklist is to enable anyone who might be eligible to have a full assessment and being treated with dignity and respect

The higher rates of **dissatisfaction** was around the amount of information not being right at this stage and what matters most to you was not considered throughout the assessment



Overall, 43% (10) of the public were **very/very dissatisfied** with the checklist process and 34% (8) **satisfied**.

Of these 72% (13/18) of respondents advised that the checklist assessment identified that the criteria was met and was referred to a full Decision Support Tool assessment and (5/18) did not qualify.



The public ranked levels between 1 – 5 how the checklist assessment made them feel (1 being most dissatisfied)

- 18% (2/7) – level 1
- 36% (4/7) – level 2
- 36% (4/7) – level 3
- 0% (0/7) – level 4
- 9% (1/7) - level 5



The reasons that the **public** were **satisfied** with the checklist process were:-

Positive feedback

- Proceeded to Decision Support Tool.
- Fair process undertaken by Social Worker who had knowledge of the individual.

The reasons that the **public** were **dissatisfied** with the checklist process were:-

Negative feedback / comments

- Greater explanation, more information and time needed around the process.
- Lack of understanding.
- Funding not approved and lengthy delay in complaints process.
- Appealed against decision.
- Didn't receive and unclear clarity regarding if an assessment has taken place.
- Lack of communication, hard to talk to the CHC Team.
- Difficult circumstances.
- Thoughts that applying for continuing health is a "waste of time".
- Complex process.

Section 5

The Decision Support Tool

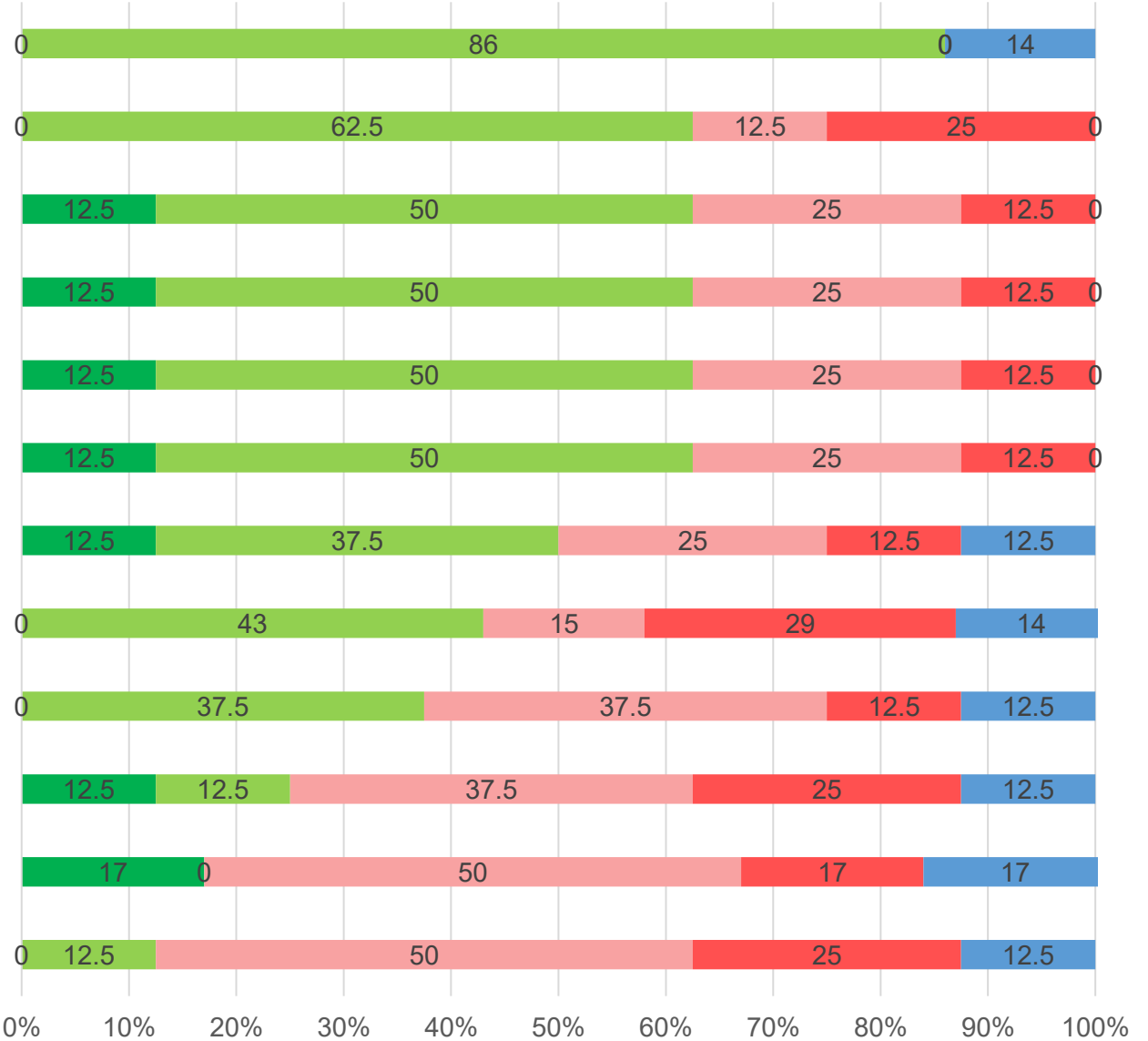


Satisfaction rates from the public with the information received prior to the Decision Support Tool assessment meeting

The highest levels of **satisfaction** were around a reminder that representatives holding lasting power of attorney should bring documentation to the meeting and online resources

The higher levels of **dissatisfaction** were around the information not being easy to understand, advice on how to submit evidence and The National Framework

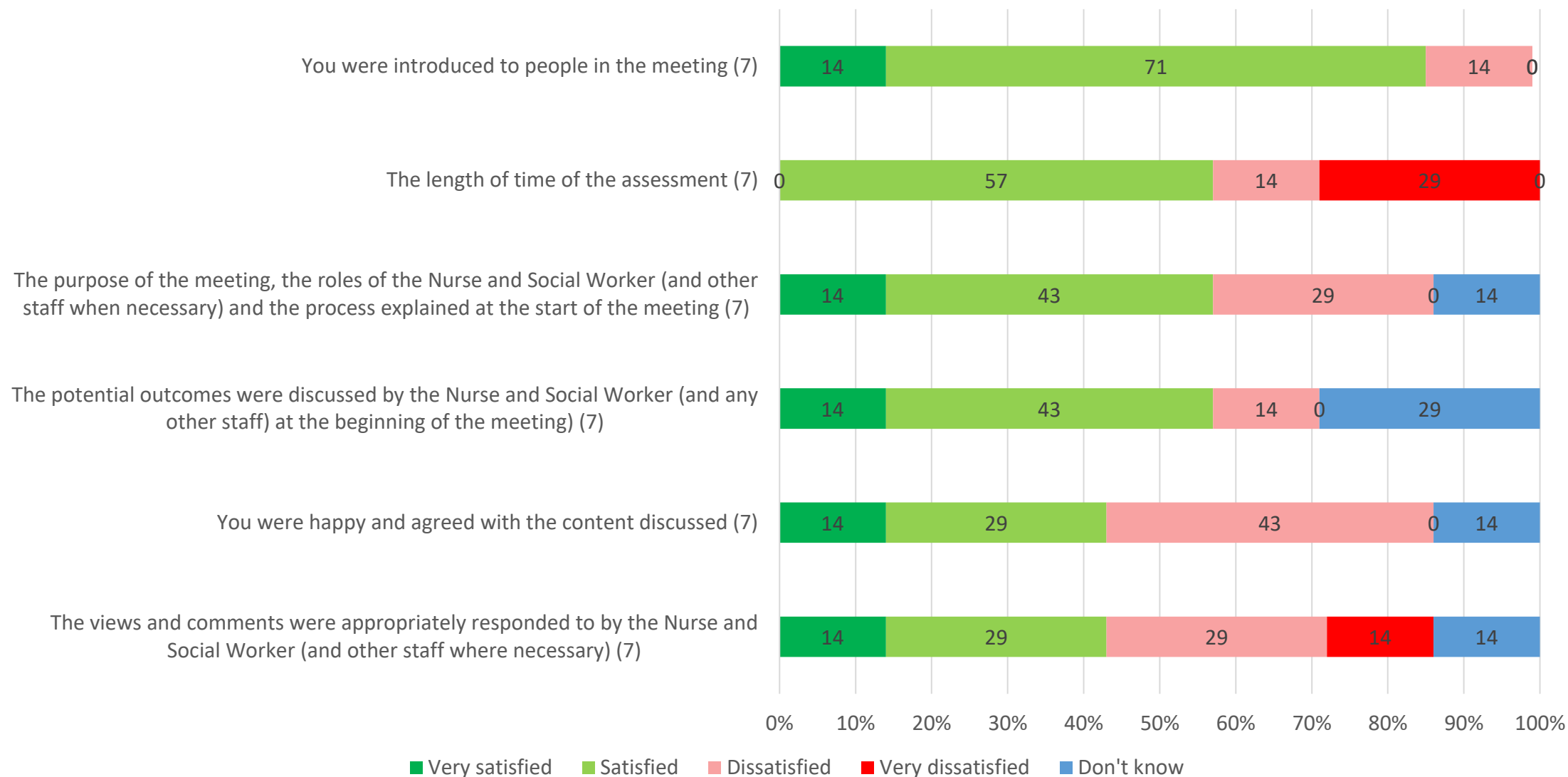
A reminder that representatives holding lasting Power of Attorney (LPOA) for health and wellbeing should bring their LPA documents to the meeting along with proof of identity documents) (7)



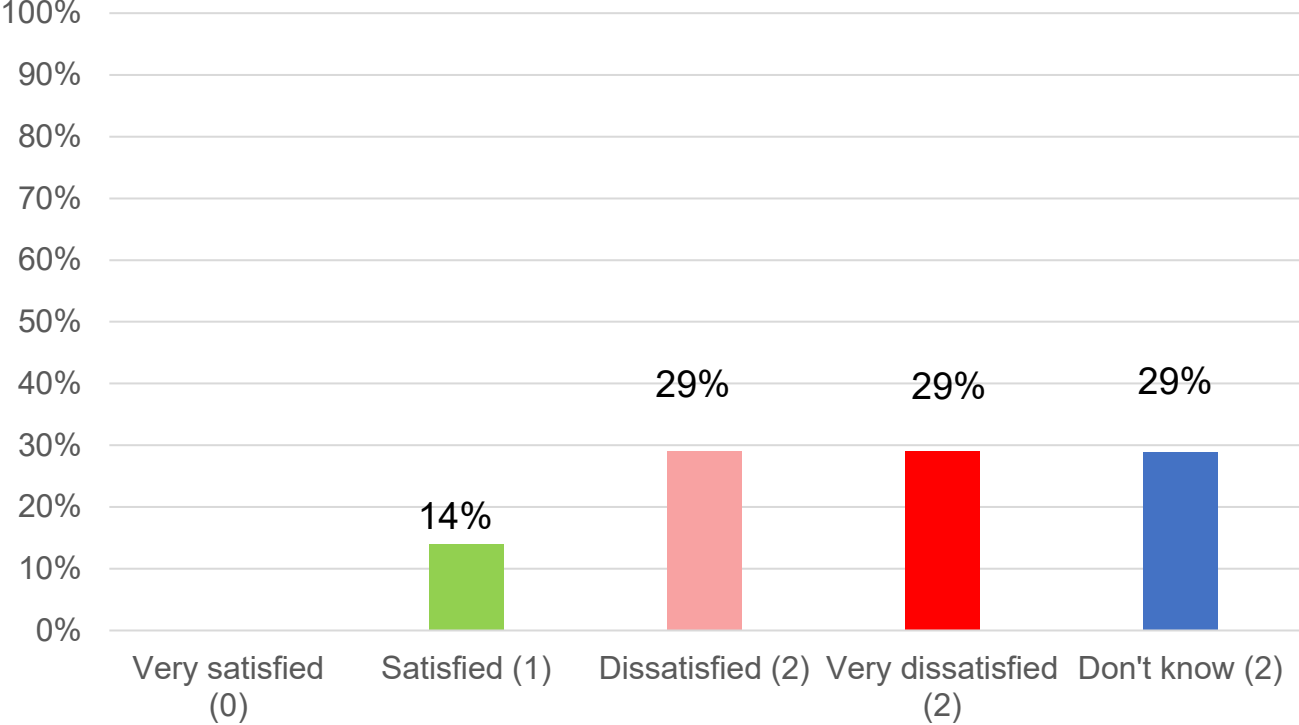
Very satisfied Satisfied Dissatisfied Very dissatisfied Don't know

Public rates of satisfaction during the DST meeting

The highest levels of **satisfaction** were being introduced to people and length of time of the assessment and rates of **dissatisfaction** were the views and comments were appropriately responded to and satisfaction with the content discussed



Overall 58% members of the **public** were **very dissatisfied/dissatisfied** (4/7) with the DST process with 14% (1/7) **satisfied**



2 members of the public ranked level 2 how the DST assessment made them feel (1 being the most dissatisfied and 5 very satisfied)

The reasons the **public** were **satisfied** and **dissatisfied** with the Decision Support Tool process were:-

Positive feedback/comments

Feeling that staff knew the process and person

- “Everyone was able to put forward their points of view”.

Negative feedback and comments

Didn't know the person when making a decision

- “Nurse was playing down needs and Social Worker had no other clients with CHC so seemed a bit negative as to pushing too hard. I had no idea the 4 key factors were so important”.
- “We were awarded CHC but only because I feel our advocate knew what points to argue. Had we not had that support we would have been at the mercy of the gatekeepers”.
- “Social worker did not know my relative at all. Pointless being there. Nurse from the off signalling this will be against you”.

Lengthy meeting and didn't feel listened to

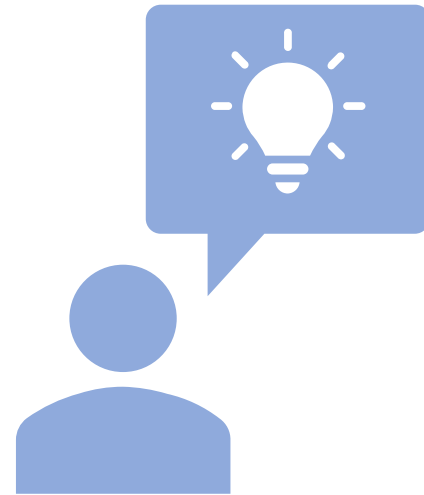
- “The whole process took over 4 hours. The Nurse Assessor did not listen to my views. Her manner was dreadful and I did complain. The assessment leaves families feeling like they are fighting the system and that assessors do not want to award CHC”.

Lack of paperwork

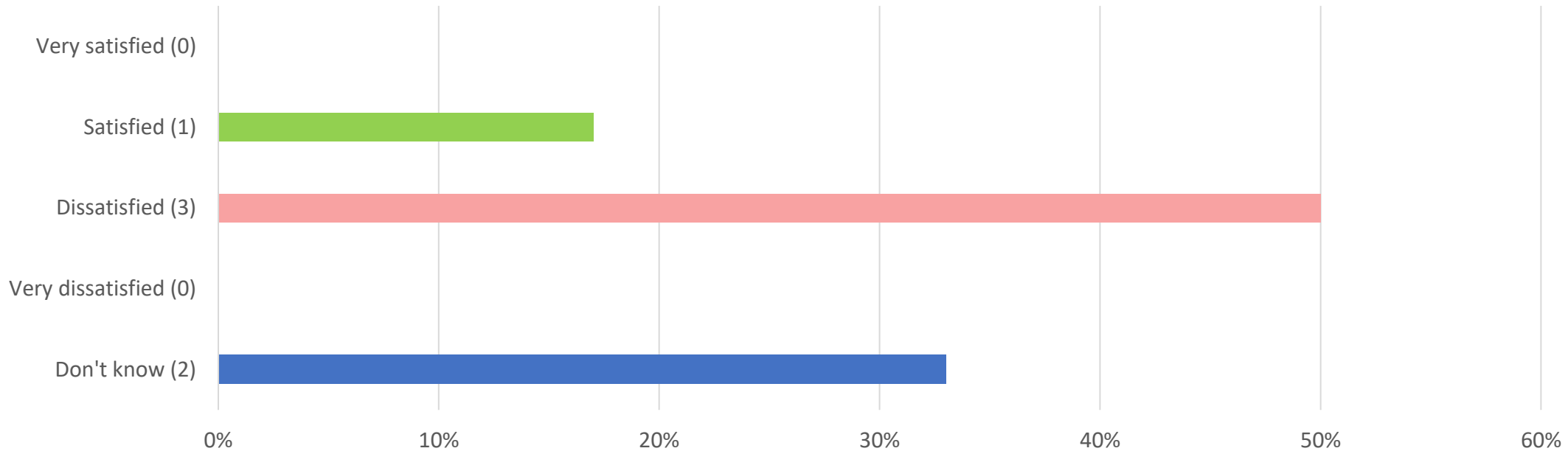
- “The discharge team dealt with everything, I did not see any paperwork. Just told he had an emergency funded place”.

Section 6

The Outcome



Overall, 50% of the public were **dissatisfied** and 17% **satisfied** with the way that they received their outcome



The reasons for this were:-

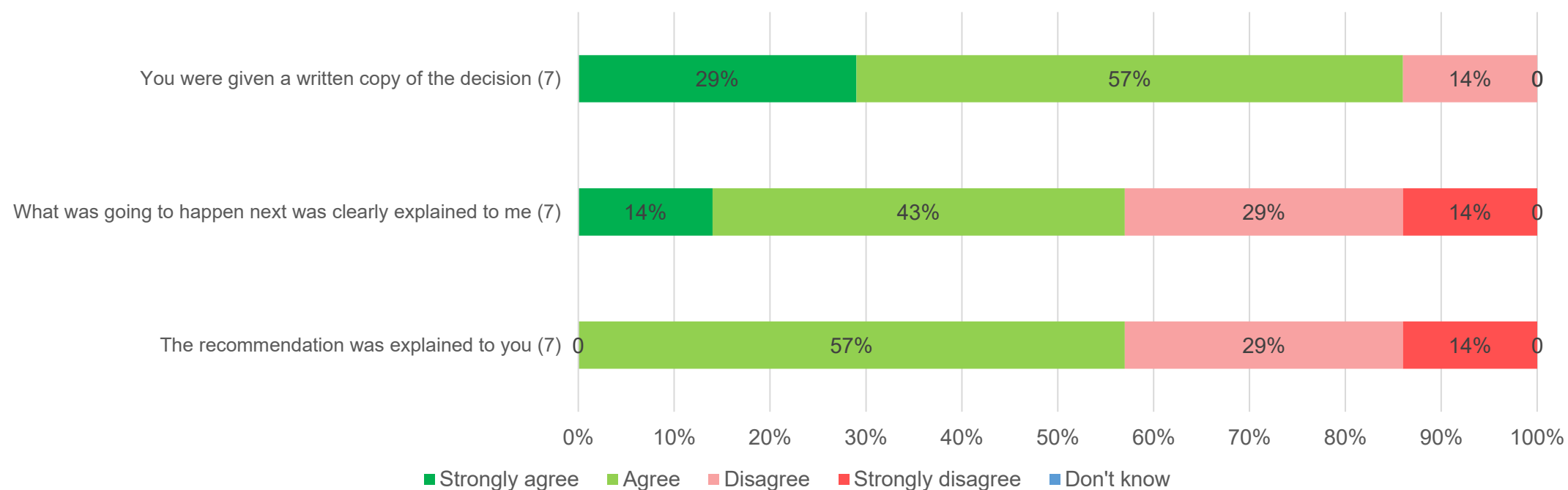
Negative feedback and comments

Improvements in communication

- “It would have been helpful to speak person to person”.
- “Was insufficiently done for the needs and had to be chased up for services to be provided”.
- “Unfair treatment from the ICB”.
- “Not aware of assessment taking place”.

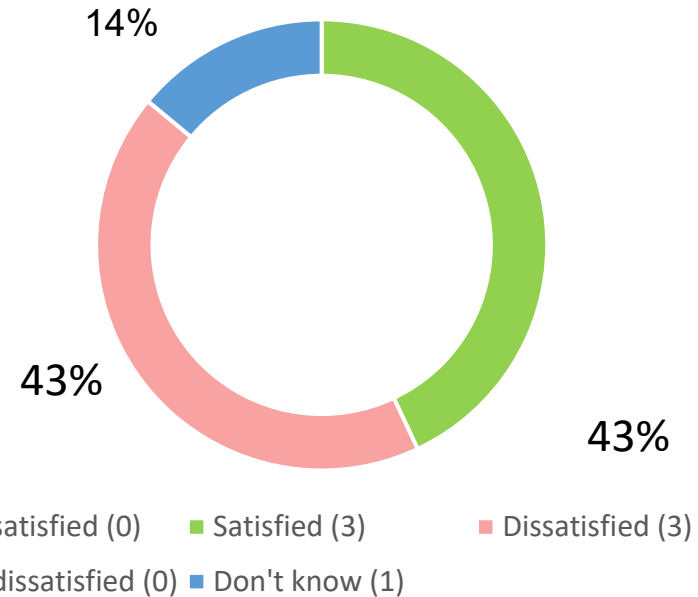
Satisfaction rates regarding the way that the **public** received the recommendation for continuing healthcare funding

The highest **satisfaction** related to members of the public being provided with a written copy of the decision with the highest **dissatisfaction** being with the recommendation and what was going to happen next not being clearly explained



62% (8/13) advised that at this stage, they were **eligible** for continuing healthcare funding
23% (3/13) **were not** and 15% (2/13) **did not know**

43% of the **public** advised that they were **satisfied**, 43% **dissatisfied** about the outcome and choice provided to them



The reasons for this were:-

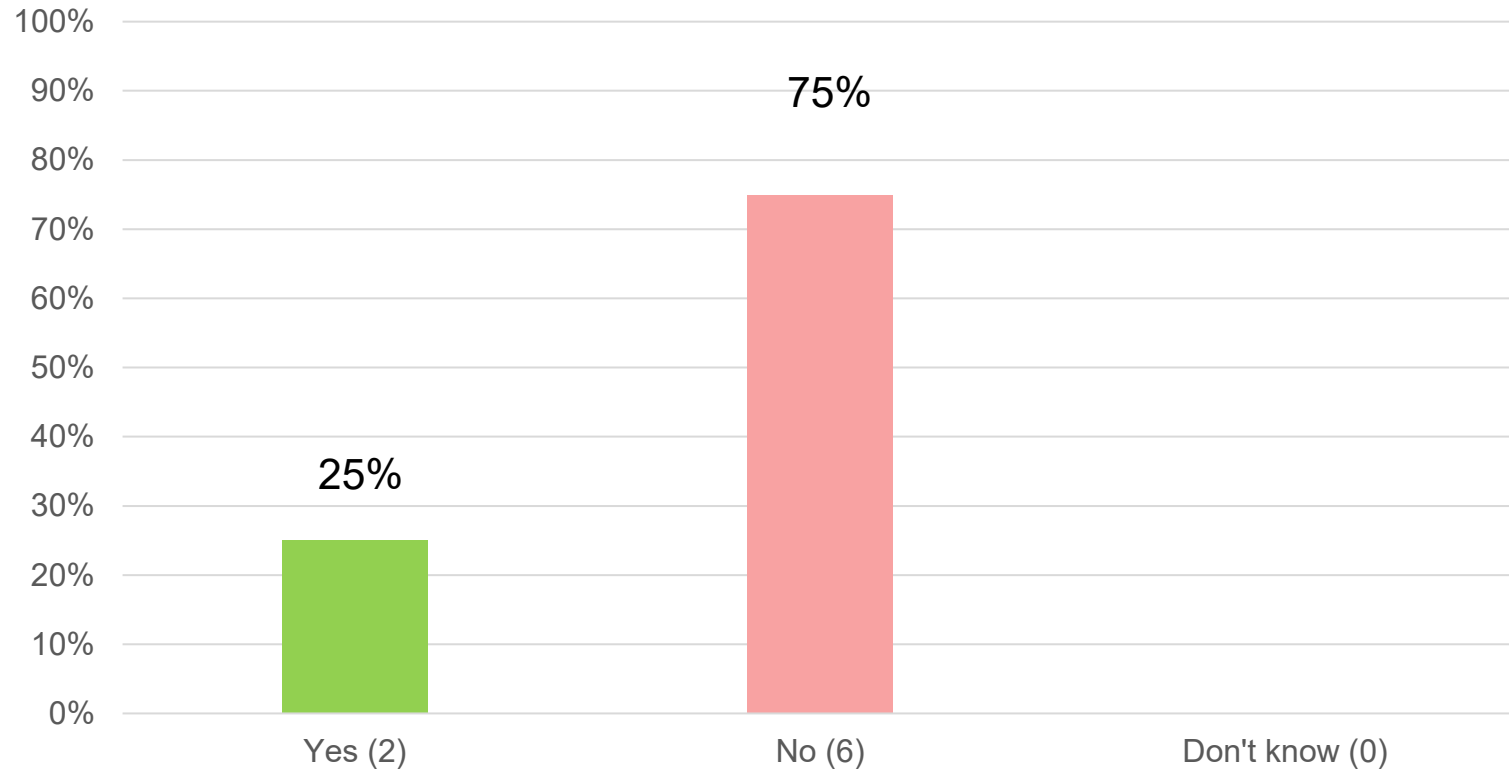
Positive feedback / comments	
Place of choice	<ul style="list-style-type: none"> • “My wife wanted to be at home and the support agreed enabled her to do that. We were acutely aware that the “cost effective” comparison did not take account of the 24/7 support provided by friends and family at no cost to the NHS which just wouldn’t happen in a budget care home”. • “It was insinuated that if you want more it will be cheaper in a care home”.
Negative feedback and comments	
Lack of choice, funding and communication	<ul style="list-style-type: none"> • Feeling that there is no choice. • Feeling that culture is not supply funding. • No-one to talk to – difficult to track down.

Section 7

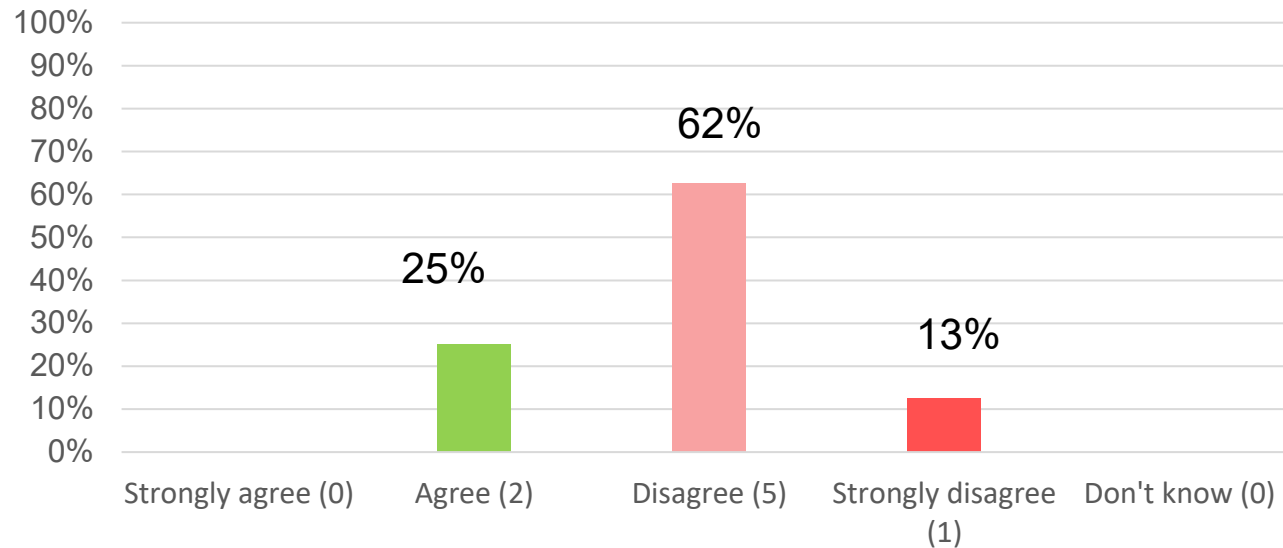
Personalised Care Plans



25% of the **public** reported that they **were provided** with the opportunity to work with the Continuing Healthcare Team to complete a Personalised Care Support Plan but 75% (6/8) **were not**



75% (6/8) of the **public disagreed** that what mattered to them and important to them was heard and an integral part of the care planning process and deciding personal goals/outcomes and 25%(2/8) **agreed**



The reasons for this were:-

Positive feedback / comments

Needs were covered and suitable support arranged

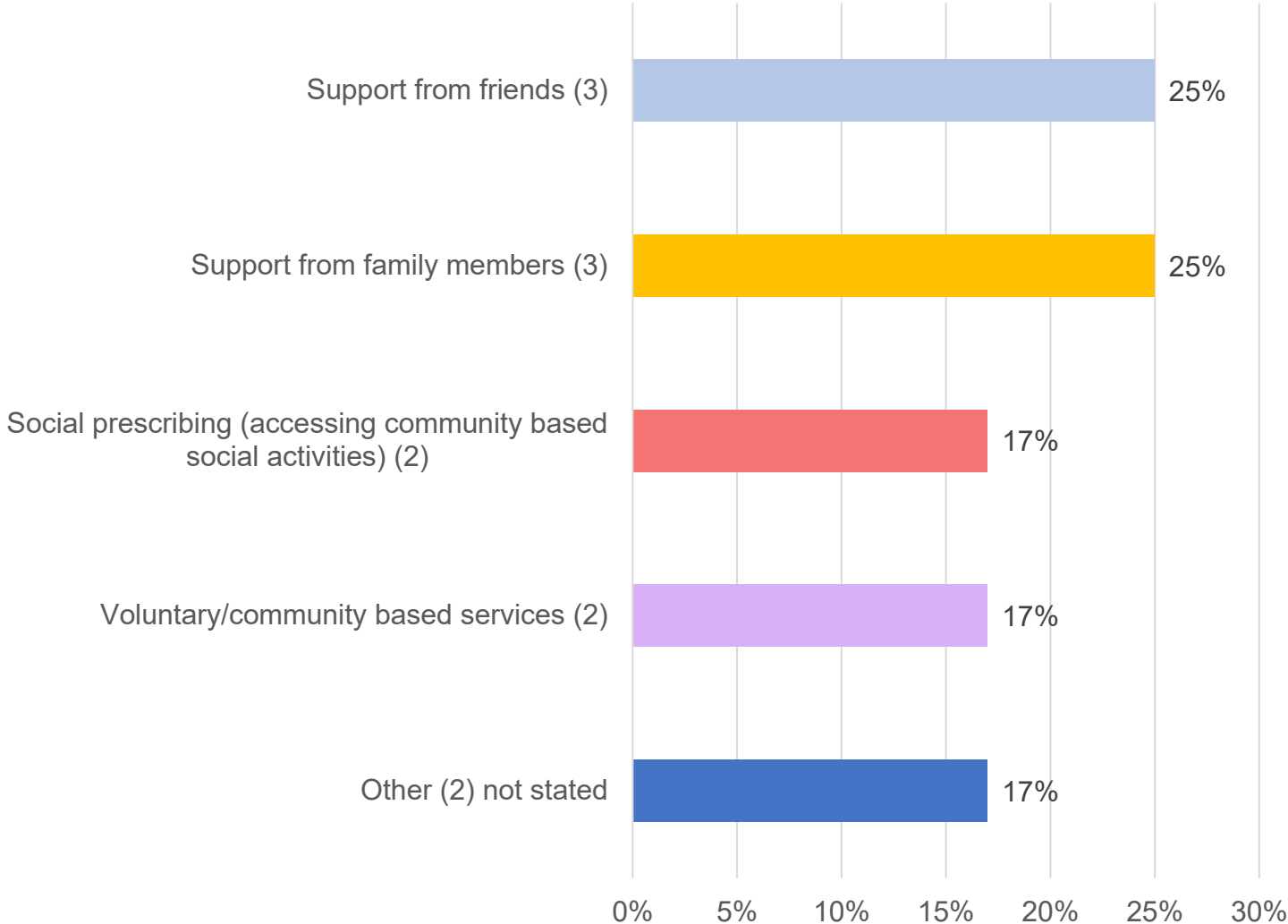
- “It was discussed and suitable support arranged”.
- “It covered the needs but was insinuated that that it was close to being cheaper in a care home. In my opinion this goes against the framework as care at home is much better for her than a care home that meets your budget and says it can do everything but then it doesn’t”.

Negative feedback and comments

Increase in choice, communication and support

- “There was no choice and discharge was rushed”.
- “No assessment conducted”.
- “No support afterwards”.

Support from family and friends was seen as the most popular way to receive support to help achieve the outcomes agreed within their Personalised Care and Support Plan



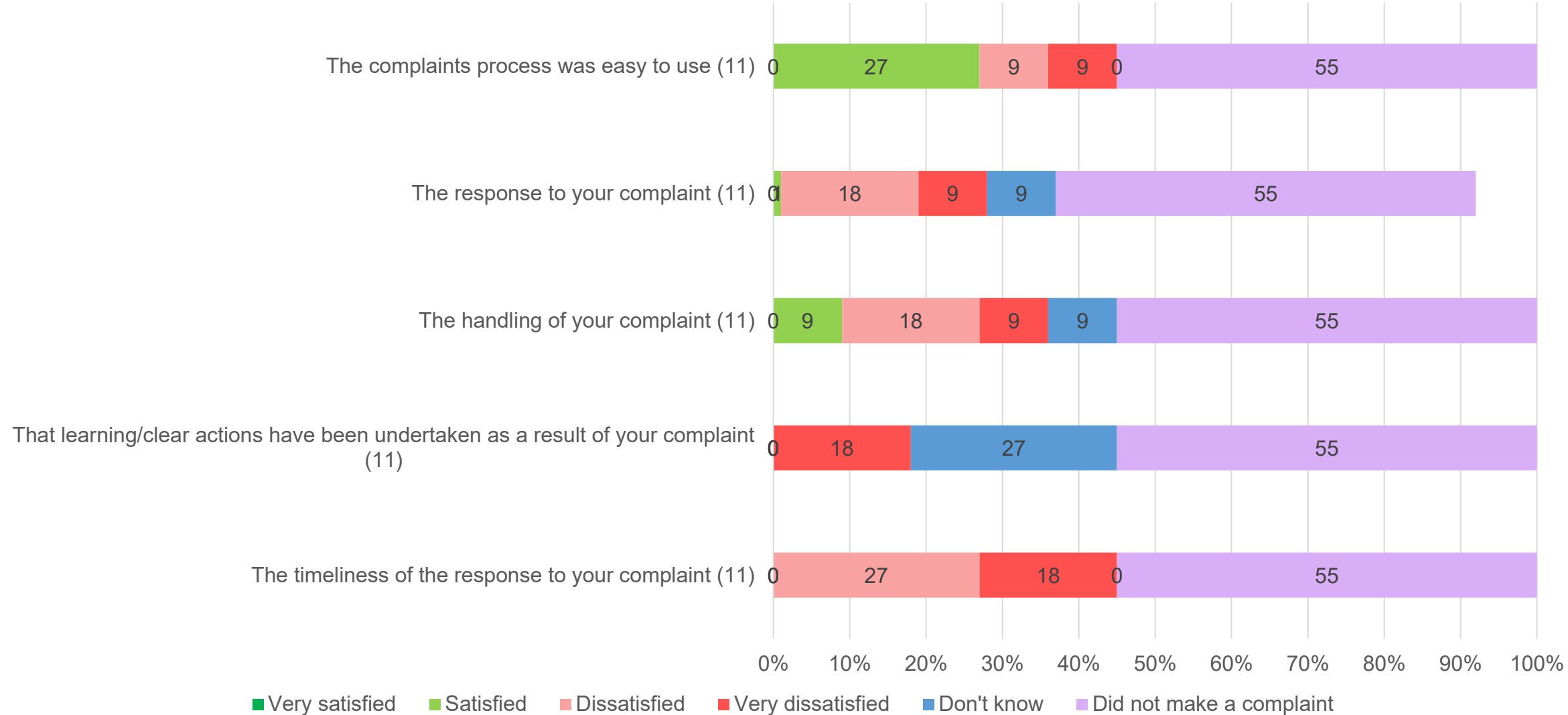
Section 8

The Complaints Process



29% (2/7) of members of the public were fully aware how to make a complaint, 14% (1/7) partially aware, 29% (2/7) not really aware and 29% (2/7) not aware at all

If respondents did make a complaint, respondents found the process easy to use but dissatisfaction around the timeliness of responses. 55% of respondents (6/11) did not make a complaint



Section 9

Public views on what is working well and what requires improving



What the **public** thinks **works well** during the Continuing Healthcare Process

Positive feedback / comments	
GP	<ul style="list-style-type: none"> • GP stepping in and arranging alternative care.
Multi-Disciplinary Team	<ul style="list-style-type: none"> • The Multi-Disciplinary Team listened to comments and were happy to discuss.
Decision Support Tool	<ul style="list-style-type: none"> • Worked well.

What the **public** feels needs **improving** with the Continuing Healthcare Process

Negative feedback and comments	
Lack of choice, funding and communication	<ul style="list-style-type: none"> • Feeling that there is no choice. • Feeling that culture is not supply funding. • No-one to talk to – difficult to track down. • Re-think health funding and look at where funding is being wasted and where it should be spent. • Ensure individuals are involved in discussions and meetings.
Mock process	<ul style="list-style-type: none"> • Feeling that being part of the NHS placed them beyond challenge or financial scrutiny and that undertaking a mock process would be beneficial.
Negative process	<ul style="list-style-type: none"> • Distressing, prolonged, and seemingly uncompassionate CHC process that compounded trauma during a period of severe illness, decline and bereavement. • “Truly a nightmare”. • Feeling alone and uncared for. • Families and patients suffer and lead poor quality lives following a quick made decision that you will forget about in a day they will for the rest of your lives” • Don’t dismiss assessments that were agreed.
Personalised care	<ul style="list-style-type: none"> • People and families are humans with feelings. • Ask questions about what matters most to people about normal lifestyles and habits. • Focus on individuals rather than budget.
Staff training	<ul style="list-style-type: none"> • Additional staff training when undertaking an initial assessment and not assuming that things are due to age.

Section 11

Equalities and Health Inequalities Monitoring



Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Ethnicity	Responses	
Bangladeshi	0%	0
Indian	0%	0
Pakistani	0%	0
Any Other Asian Background - Filipino (1)	0%	0
African	0%	0
Caribbean	0%	0
Any Other Black Background	0%	0
White and Asian	0%	0
White and Black African	0%	0
White and Black Caribbean	0%	0
Any Other Mixed Background	0%	0
White British/Scottish/Northern Irish/Welsh	92%	12
Any Other White Background		1
Irish	8	
Chinese	0%	0
Gypsies & Travellers	0%	0
Any Other Ethnic Group	0%	0
Prefer not say	0%	0
Answered	100%	13

Age	Responses	
Age 16 and below	0	0%
17 – 20	0	0%
21 - 29	1	8%
30 – 39	0	0%
40 – 49	1	8%
50– 59	3	23%
60- 69	6	46%
70-79	0	0%
80 – 89	2	15%
90 +	0	0%
Prefer not say	0	0%
Answered	13	100%

Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Religion	Responses	
Atheist	0	%
Buddhist	1	8%
Christian	8	62%
Hindu	0	0%
Jain	0	0%
Jewish	0	0%
Muslim	0	0%
Sikh	0	0%
No religion	3	23%
Prefer not to say	0	0%
Agnostic	0	0%
Roman catholic	0	0%
Any other religion	1	8%
Answered	13	100%

Gender	Responses	
Male	17%	2
Female	67%	8
Non-binary	0%	0
Intersex	0%	0
Prefer to self identify	8%	1
Prefer not to say	8%	1
Answered	100%	12

Do you consider yourself to have a disability?

	Responses	
Yes limited a little	33%	3
Yes, limited a lot	33%	3
No	33%	3
Prefer not say	0%	0
Answered		9

Pregnancy and maternity - are you an expectant mother or given birth in the last 26 weeks?

	Responses	
Yes	0%	0
No	100%	4
Rather not say		
say	0%	0
Answered	100%	4

Are you the same gender that you were assigned at birth?

	Responses	
Yes	100%	4
No	0%	0
Prefer not to say	0%	0
Answered	100%	4

Sexual orientation	Responses	
Bisexual	11%	1
Gay	0%	0
Heterosexual	56%	5
Lesbian	0%	0
Prefer to self – identify	11%	1
Rather not say	22%	2
Answered	100%	9

Carer - Do you look after, or give any help or support to family members, friends, neighbours or others?

	Responses	
Yes	Primary carer of disabled adult – 18 and over (3)	37.5%
	Primary carer of older person (8)	62.5%
Answered	26	100%

Health inequalities data

Employment status	Responses	
Employed full time	33%	4
Employed part time	8%	1
Homemaker	8%	1
Not employed and looking for work	0%	0
Not employed and not looking for work	17%	2
Retired	25%	3
Self employed	0%	0
Student	0%	0
Prefer not to say	0%	0
Other	8%	1
Total	100%	12

What is your main language	Responses	
English	100%	11
Total	100%	11

Experience of any of the following:-	Responses	
Currently working in the farming industry	0%	0
Worked in the farming industry:-	0%	0
Currently homeless	0%	0
Experience of being homeless:-	0%	0
Currently serving in the reserve or regular armed forces	0%	0
Have served in the armed forces	100%	2
Refugee, asylum seeker or immigrant	0%	0
Previous experience of being a refugee, asylum seeker or immigrant	0%	0
Total	100%	2