

Weight Management Services

Tuesday 4th March – Sunday 6th April 2025



Executive Summary

Introduction

The purpose of this report is to present findings from our online survey to inform the development of the NHS Lincolnshire Tier 3 Specialist Weight Management Services. The survey opened on Tuesday 4th March 2025 and closed on Sunday 6th April 2025. We had responses from 207 people; however, this number fluctuated as participants progressed through the survey and the number of respondents to each question can vary. Survey responses have been analysed against demographics and where significant differences are evident this is highlighted in the report.

Respondent profiles

- Based on the demographics data provided, the highest level of response came from people living in East Lindsey, North Kesteven & South Kesteven, females and those aged 50-54, 35-39 closely followed by ages 55-59.
- 53% of the respondents said they had a health problem/disability that limits them a little or a lot in their day-to-day activities.
- 58 people have expressed an interest in being a part of an engagement group that will help shape the specialist Weight Management Service in Lincolnshire.
- 192 respondent responses were recorded with valid IMD scores, IMD 4 had the greatest proportion of responses

Survey

- 50% (99) people have been told they are obese by a healthcare professional, and 29% (57) people have been told they are overweight by a healthcare professional
- 66% (131) of people have said they would **DEFINITELY** like support to lose weight
- 36% (83) of people are already trying to lose weight themselves through healthy eating & exercise
- 58% (21) of people who are **NOT** currently trying to lose weight but would like to have been told they are **OBESE**

Executive summary continued

Survey

- 62% (80) people are **NOT** aware at all of a Tier 3 Specialist Weight Management Service
- 68% (92) of respondents have **NEVER** accessed a Tier 3 Specialist Weight Management Service
- **Weight loss medication & Psychological support** were the highest areas where help would be needed to succeed in reaching goals
- **Distance & Cost** were identified as the biggest barriers to accessing this service
- The most common motivators for using this service were a **desire to feel healthier** and a **sense of responsibility for protecting one's health**
- The primary reasons respondents would choose **NOT** to use this service were its **location** and a preference to **avoid high-intensity exercise**
- 32% (36) of respondents said they would **DEFINITELY** use weight loss injections/medications

Next steps

- This report will be presented to the program group for consideration to help, inform and shape the future development of the services. These insights will play a vital role in ensuring that the services are aligned with the needs and expectations of the target audience.

These are the questions we asked in the survey...

- 1) Please provide us with your full home postcode
- 2) What age group do you belong to?
- 3) Have you been told by a healthcare professional that you are:
- 4) Do you feel that you would like support to lose weight?
- 5) Have you ever or are you currently getting support to lose weight?
- 6) GP practices in Lincolnshire can refer patients to various tiers of weight management support. How aware are you of the following services and are you currently using, or have you previously accessed these?
- 7) Healthcare systems across Lincolnshire are dedicated to improving services through patient feedback. Please share how satisfied you are with the services you have.
- 8) If you have previously accessed weight loss support services
 - 8a) What benefits did you notice?
 - 8b) What wasn't very good and could be improved?
 - 8c) What were the reasons you stopped?
- 9) If you are looking to access a Tier 3 weight management service, what would help you to succeed and reach your goals? d using weight loss services?
- 10) As part of Lincolnshire's plans to develop a community-based tier 3 weight management service (that will include both face-to-face and virtual), would you see any of the following as barriers to accessing this service?
- 11) What might motivate you to want to access a tier 3 weight management service?
- 12) Are there any reasons you wouldn't access tier 3 specialist weight management service?
- 13) If you were offered weight loss injections/medications, do you think you would take them?
- 14) Please tell us what benefits you think weight loss injections/medications would have for people
- 15) Please tell us if you have any concerns about them or think there are any disadvantages to weight loss injections/medications:

Survey promotion

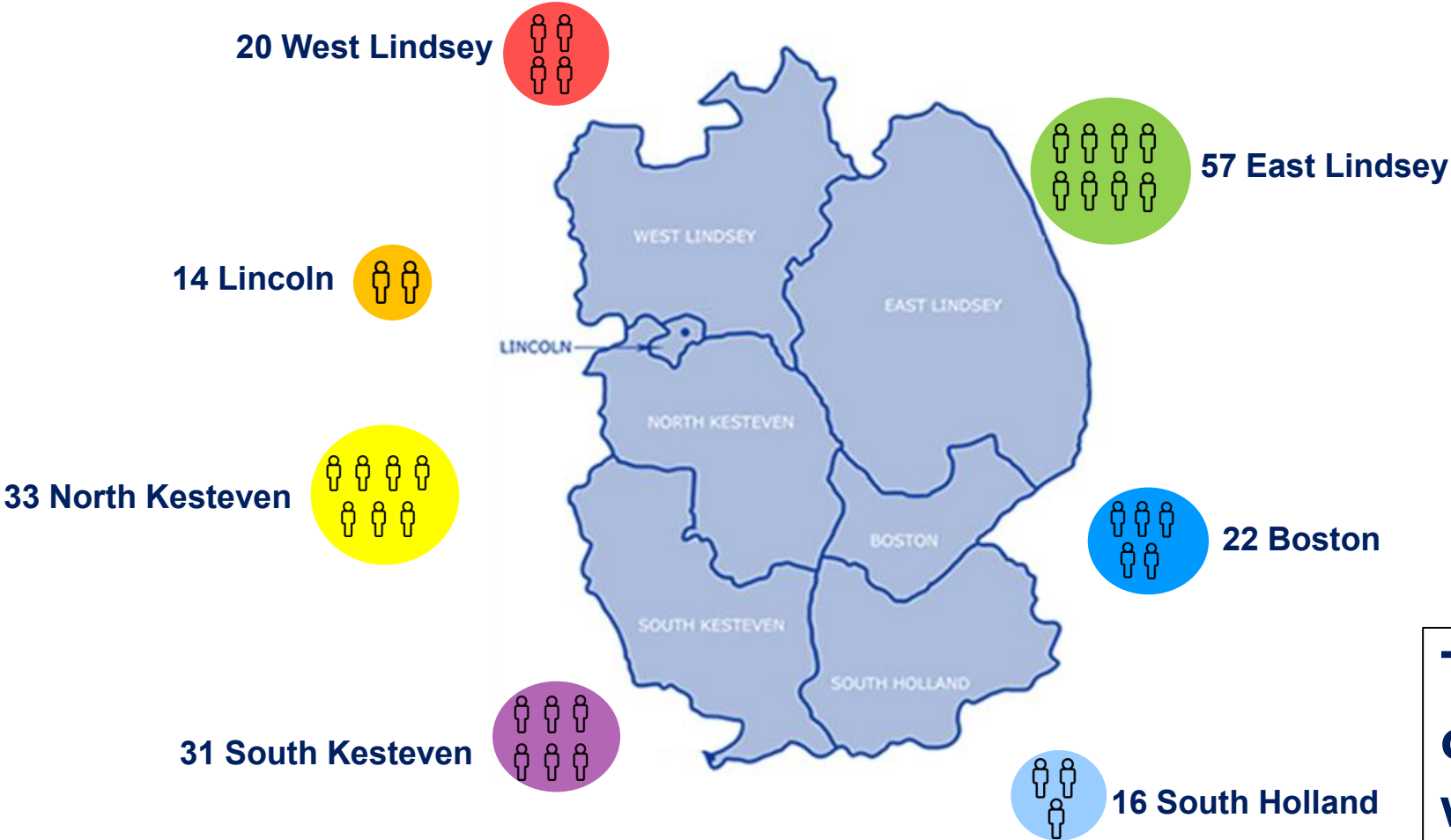
To make the survey directly accessible to a range of patients and the public we circulated it in the ICB engagement newsletter. The newsletter contained a direct link to the survey as well as a printable poster containing a QR code to access the survey directly. We also included phone and email details should people wish to request the survey in an alternative format or to seek support in completing the survey.

To public and stakeholders to find out about the survey, we also asked partners and other contacts within our stakeholder database to share the poster/leaflet and survey email with their members, groups and wider communities. The survey was also promoted in the following ways:

- A press release was issued to local and regional media
- Circulated to Patient Participation Groups in Lincolnshire
- Featured in 2 editions of 'The Contributor', the ICB online engagement bulletin
- Distributed to our extensive stakeholder database that includes groups from the following; LGBT, BAME, Disability, Carers, Young people, Older people, Faith and Religious and various community groups across Lincolnshire
- Circulated in the Primary care bulletin encouraging GP Practices to take part and promote to patients
- Circulated to PCN's encouraging GP Practices to take part and promote to patients
- Regular posts across ICB, ULHT and LCHS social media channels such as Twitter and Facebook
- Promoted on the Nextdoor App to residents of Lincolnshire
- Featured on the ICB website
- ONE YOU Lincolnshire – advertised on Facebook and shared among groups



Geographical locations of the respondents are shown below:

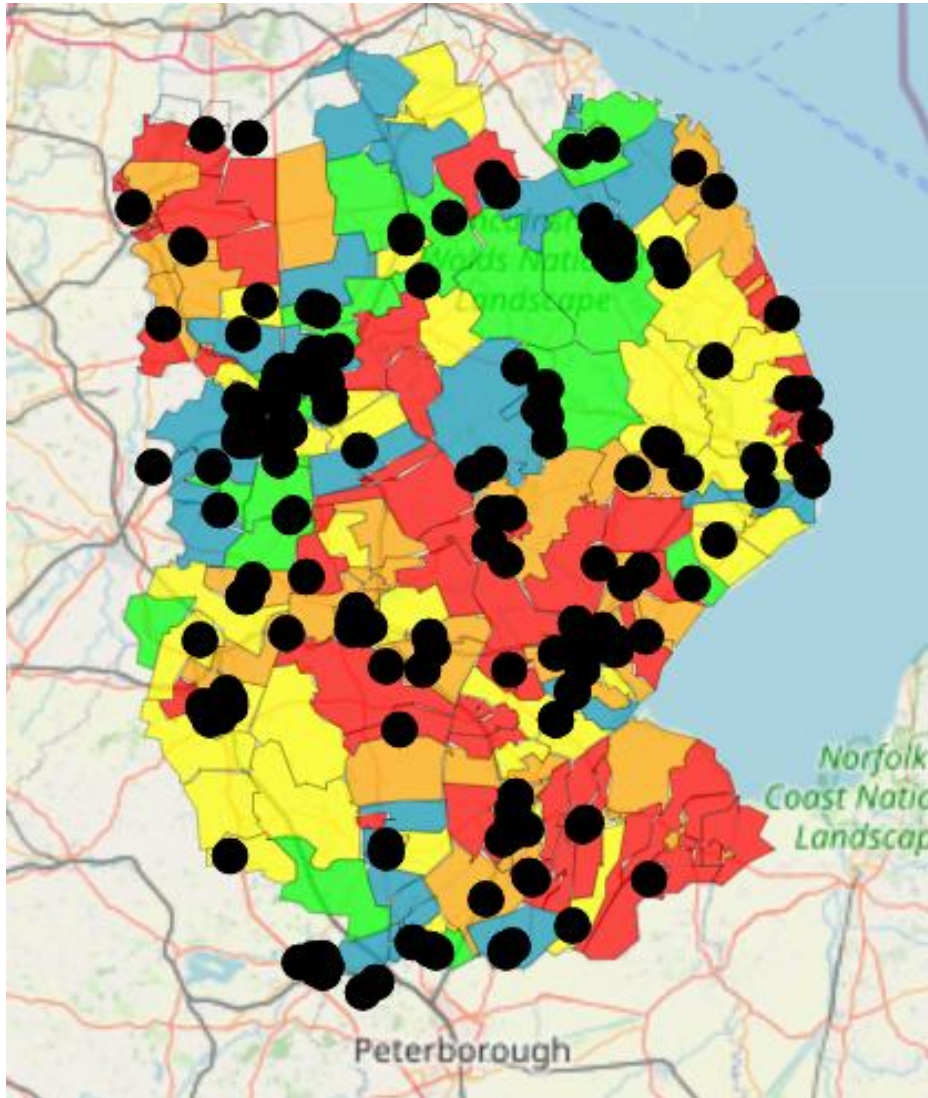


The total number of respondents who provided a postcode 193

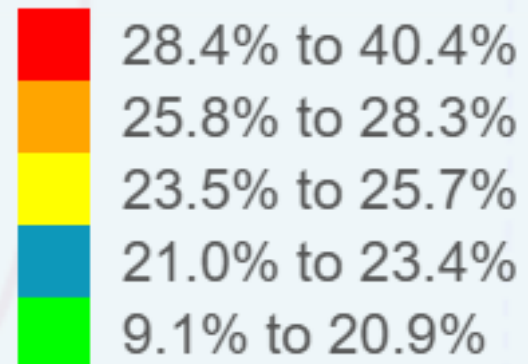
IMD response locations

IMD Quantile	Count of responses	% of respondents	% of GP registered population in Lincolnshire	Commentary
1	25	13%	14.8%	The proportion of responses is slightly lower than the proportion of GP registered population living in IMD quintile 1
2	43	22.4%	24.2%	The proportion of responses is slightly lower than the proportion of GP registered population living in IMD quintile 2
3	39	20.3%	20.5%	The proportion is quite similar to the proportion of GP registered population in Lincolnshire
4	54	28.1%	21.7%	This is the quintile which has the greatest proportion of responses, and the proportion of responses is higher than the proportion of the GP-registered population living in IMD quintile 4
5	31	16.1%	18.1%	The proportion of responses is slightly lower than the proportion of GP registered population living in IMD quintile 5
Responses (with valid IMD Score)	192			

Responses / Obesity Quintile

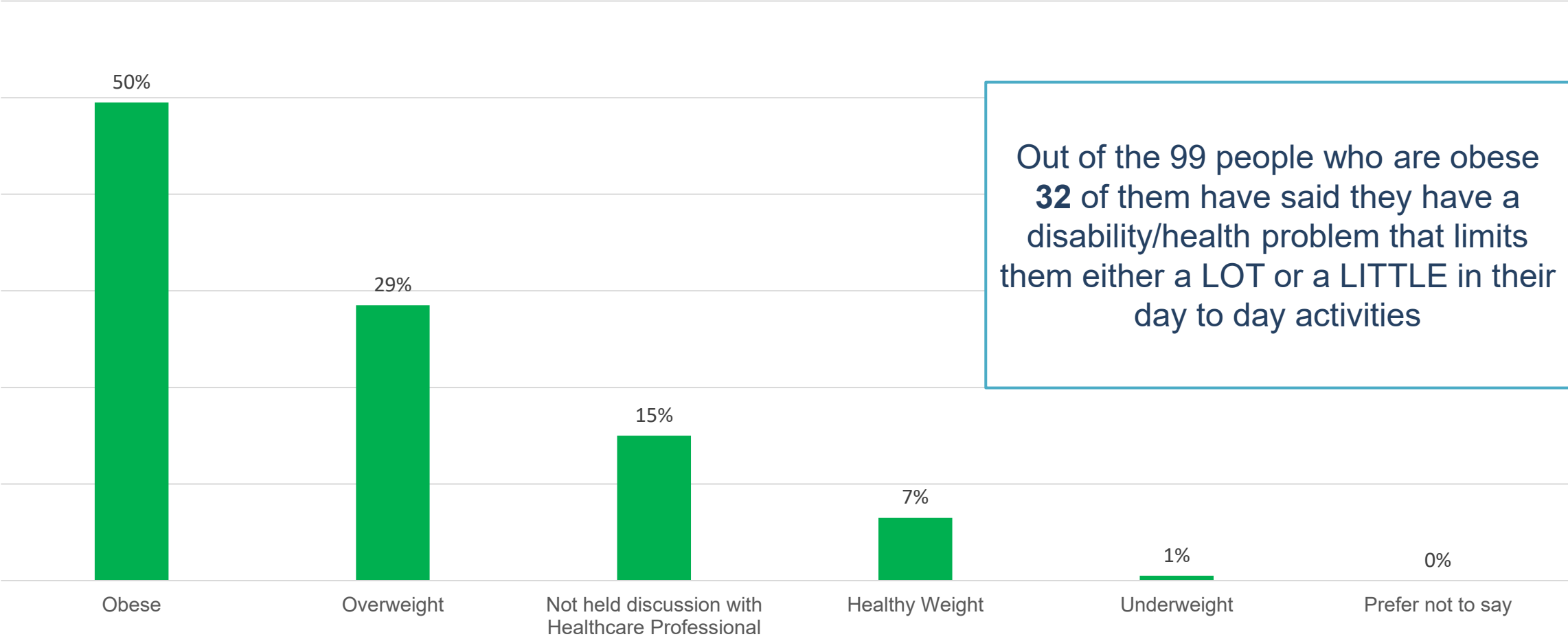


Obesity Quintile



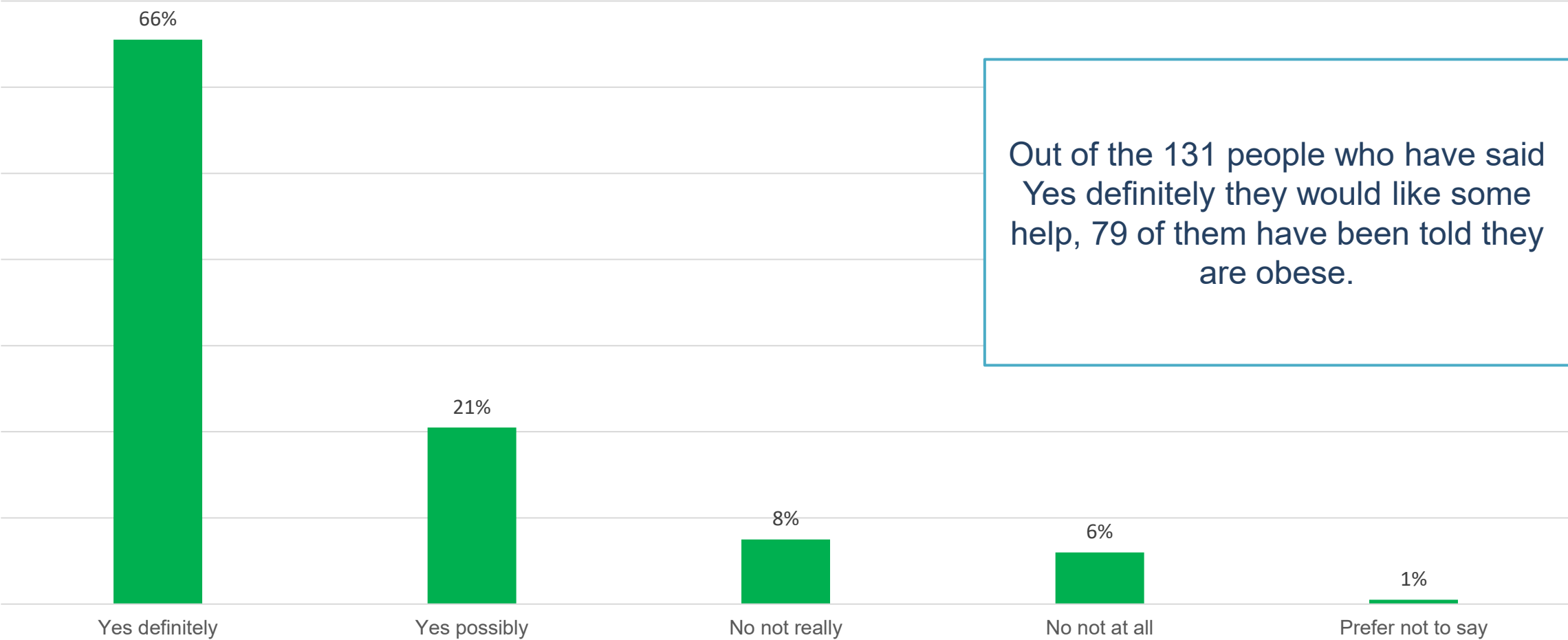
Black dots represent responses

50% (99) People have been told they are obese by a healthcare professional, and 29% (57) people have been told they are overweight by a healthcare professional



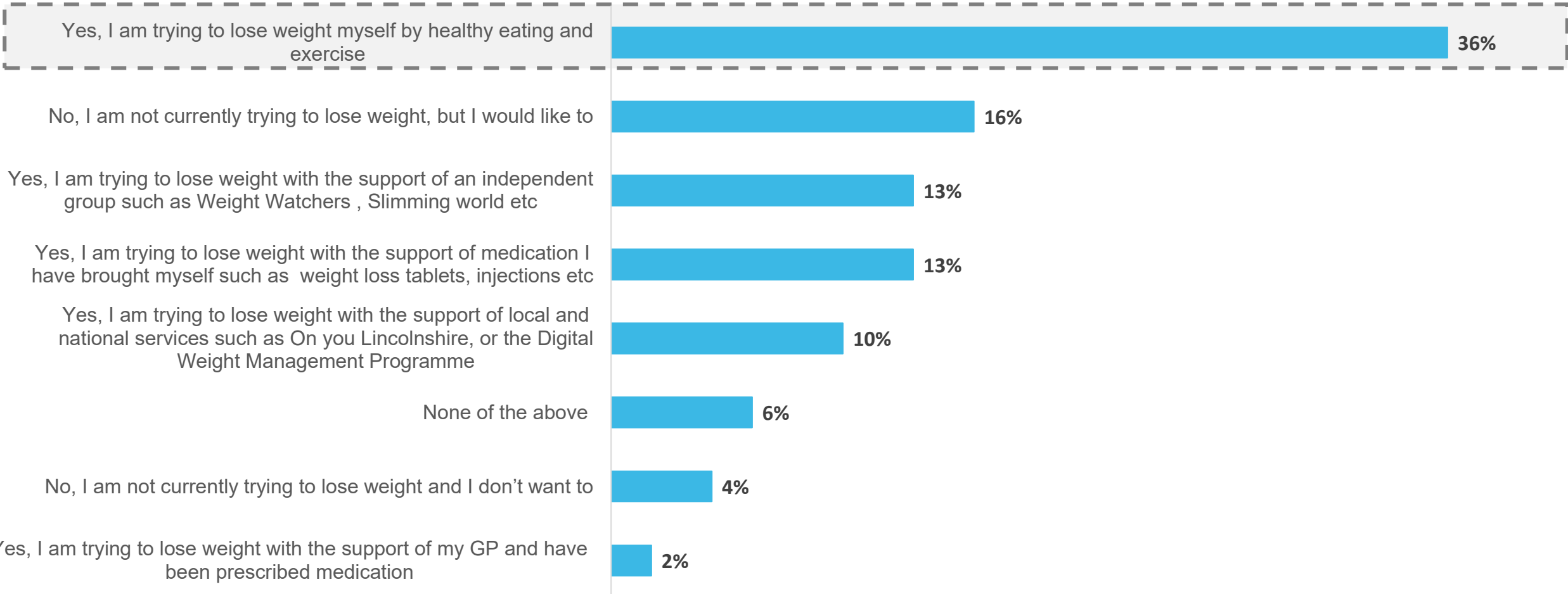
Q3) Have you been told by a healthcare professional that you are... (Base N = 200)

Overall, the majority of respondents would like support to lose weight



Q4) Do you feel that you would like support to lose weight?(Base N = 200)

36% (83) of people are already trying to lose weight by healthy eating & exercise



Out of the respondents who are not currently trying to lose weight, but would like to 21 of them have been told they are Obese

Participant feedback on current weight loss support.....

I have had a gastric sleeve and also attend Slimming World

Under bariatric specialists at Derby hospital

I had a private gastric sleeve last June

Currently trying to lose weight with support from a diabetes specialist nurse and diabetes medication which can also assist with weight loss

I was referred to tier 4 for surgery

I'm currently trying to lose weight with the help of a nutritionist via my GP surgery

I have done One You Lincolnshire and now moved up to tier 3 weight management which I have to travel to Derby Hospital. I now have six-week phone calls

I need to gain weight after losing it through illness

Was referred to derby to tier 3

Participant feedback on current weight loss support.....

I have previously tried to lose weight but was unable to continue due to life and health barriers

Tried to ask for help and just referred to a website to log on and do exercises

I tried to lose weight through diet and exercise. I got no help from my GP and One You Lincolnshire, Weight Watchers and Slimming World were useless. I managed to lose enough weight via Mounjaro to be able to pay for private bariatric surgery. I want to reiterate that I received no help from my GP who refused to make a referral for weight treatment.

I have tried One You Lincolnshire in the last year and exercised on prescription without much success

Because I was turned down by One You Lincolnshire and not eligible for Tier 3 as not diabetic

62% (80) of respondents were NOT aware of a Tier 3 specialist weight management service. 38% (69) of respondents were either not really aware or not aware at all of a Tier 1 offer; 33 of these people have been told they are obese

Tier 1 Universal offers and public health campaigns. Providing general advice and signposting to self-care services. i.e Healthier Families and couch to 5K



(Base N = 180)

Tier 2 Formal support programmes provided by NHS and Public Health. Providing behavioural / lifestyle management change. The National Digital Weight Management Programme (DWMP). One You Lincolnshire (OYL). Healthier You: NHS Diabetes Prevention Programme (



(Base N = 145)

Tier 3 Specialist Weight Management Service (SWMS) currently provided by secondary care at University Hospital of Derby and Burton

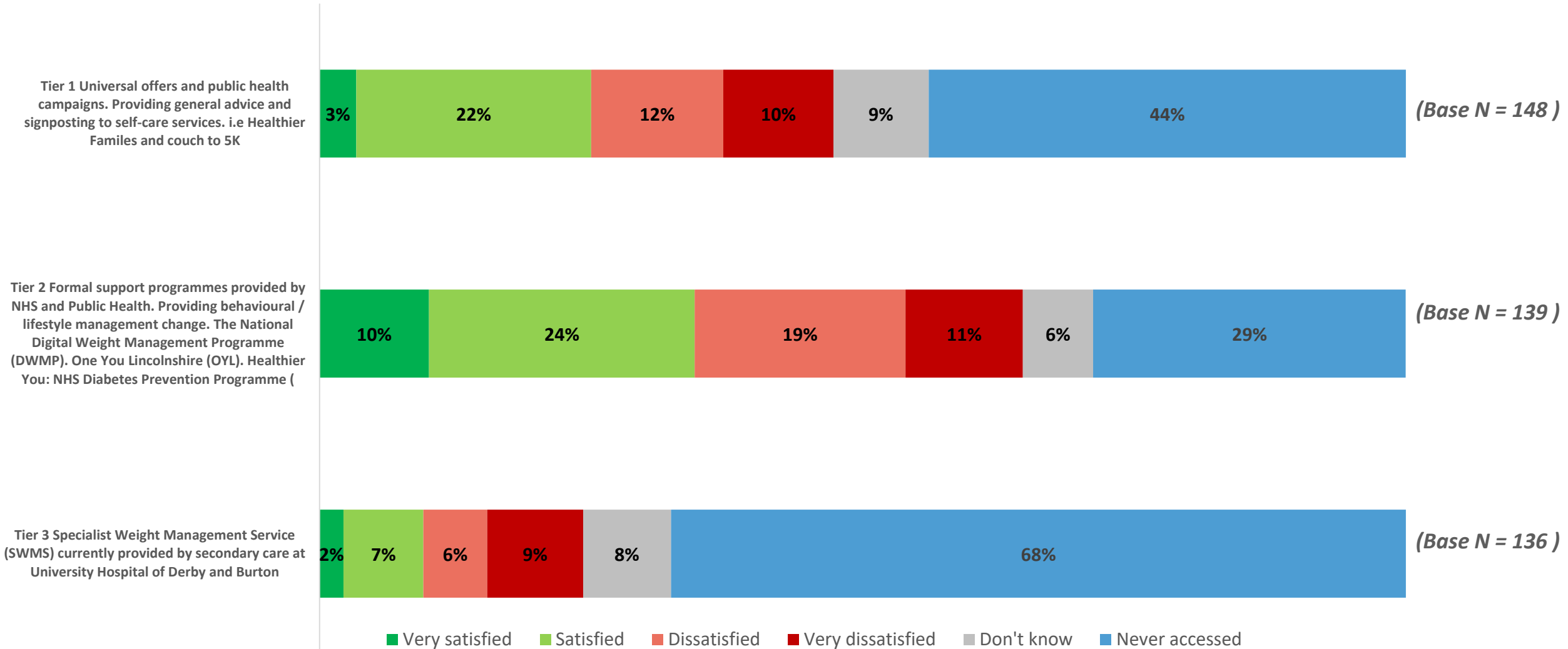


(Base N = 130)

Very aware Slightly aware Not really aware Not aware at all I have used / currently use these services

Q6) GP practices in Lincolnshire can refer patients to various tiers of weight management support. How aware are you of the following services and are you currently using, or have you previously accessed these?

Satisfaction of Tier 1 / 2 / 3 Specialist Weight Management Services



Q7) Healthcare systems across Lincolnshire are dedicated to improving services through patient feedback. Please share how satisfied you are with the services you have accessed

Reported benefits of Weight Loss Support Services

The below table details the key themes and feedback about benefits people have noticed who have previously accessed weight loss support services.

Themes	Feedback
Weight Loss	<ul style="list-style-type: none"> • Many respondents mentioned losing weight as a significant benefit. • Some experienced steady weight loss, while others noted small or minimal weight loss.
Slimming World	<ul style="list-style-type: none"> • Several respondents had experiences with Slimming World, with mixed reviews. • Some found it helpful and supportive, while others criticised it for being ineffective in the long term.
Support	<ul style="list-style-type: none"> • The level of support received varied among respondents. • Some felt they had adequate support, while others felt there was not enough support or that the support was too generic.
Exercise	<ul style="list-style-type: none"> • Exercise and gym memberships were mentioned as beneficial for weight loss and mental health. • Some respondents appreciated the introduction to the gym and exercise routines.
Energy	<ul style="list-style-type: none"> • A few respondents noted increased energy levels as a result of their weight loss efforts.
Mental Health	<ul style="list-style-type: none"> • Improved mental health was mentioned by some respondents as a benefit of their weight loss journey
Confidence	<ul style="list-style-type: none"> • Improved confidence was noted by one respondent as a positive outcome.
Dietitian/Nutrition	<ul style="list-style-type: none"> • Dietitian services and nutritional advice were mentioned by a few respondents.

8a) What benefits did you notice?

Themes of what wasn't very good or could be improved

The below table details the key themes and feedback about what wasn't very good and what could be improved by people who have previously accessed weight loss support services.

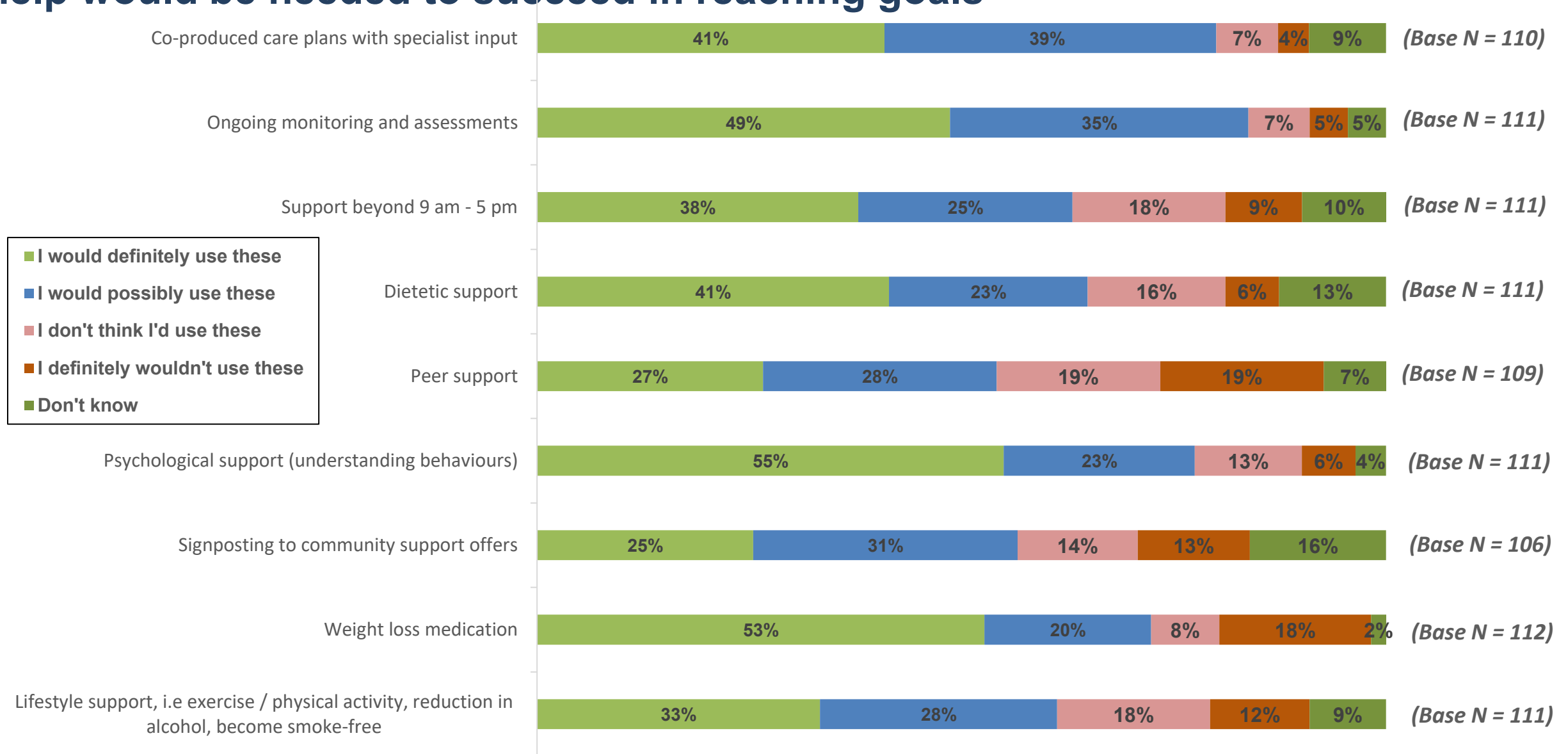
Themes	Feedback
Weight Loss	<ul style="list-style-type: none"> • Many respondents mentioned challenges with losing weight. • Some felt that the programs did not help them lose weight effectively.
Slimming World	<ul style="list-style-type: none"> • Several respondents had negative experiences with Slimming World. • Concerns included ineffective habits, confusing rules, and a bad reputation for causing eating disorders.
Support	<ul style="list-style-type: none"> • A significant number of respondents felt there was a lack of support. • Some mentioned the need for more personalised and long-term support.
Exercise	<ul style="list-style-type: none"> • Access to gyms and exercise programs was a common theme. • Some respondents appreciated gym memberships, while others found the support lacking
Accessibility	<ul style="list-style-type: none"> • Issues with accessing services, long wait times, and inconvenient class times were common complaints. • Some respondents mentioned the need for more local and disability-friendly options.
Mental Health	<ul style="list-style-type: none"> • The need for psychological support was highlighted by several respondents. • Some felt that understanding the reasons behind overeating was missing.
Cost	<ul style="list-style-type: none"> • The cost of continuing programs like gym memberships and Slimming World after the initial period was a concern for many. • Some respondents were not eligible for discounts, making it difficult to sustain their progress.
Dietitian/Nutrition	<ul style="list-style-type: none"> • Respondents mentioned the need for better education around food choices and nutrition. • Some felt that the information provided was flawed or insufficient.

Why people stopped using weight loss services

Themes	Feedback
Medical and Health challenges	<ul style="list-style-type: none"> • Struggling with weight loss due to menopause and medical conditions. • Health issues, including criticism from healthcare providers and mental health strain. • Health deterioration and physical limitations, such as being wheelchair-dependent.
Cost & Accessibility	<ul style="list-style-type: none"> • High costs of medications, boot camps, and ongoing services like Slimming World. • Inconvenient locations and schedules, making it difficult to access services. • Loss of funding for programs like The Body Hub
Effectiveness & Practicality	<ul style="list-style-type: none"> • Services and programs not being effective or practical, leading to slow or temporary weight loss. • Programs not addressing the mentality of weight loss, focusing only on physical aspects
Negative Experiences	<ul style="list-style-type: none"> • Feeling shamed or judged in group settings, such as Slimming World. • Negative and apathetic attitudes of healthcare staff. • Poor quality and repetitive content, such as podcasts.
Eligibility & Time Constraints	<ul style="list-style-type: none"> • Not being eligible for certain services. • Time and work pressures limiting access to weight loss support. • End of funded programs or set time frames, such as 12-week courses
Lack of Support & Understanding	<ul style="list-style-type: none"> • Insufficient support and understanding from healthcare providers and weight loss programs. • Lack of follow-up and feeling unmotivated by services like One You and Slimming World.
Motivation & Mental Health	<ul style="list-style-type: none"> • Struggling with motivation and mental health issues, including criticism and lack of follow-up. • Finding it mentally difficult to remain motivated.
Lifestyle Changes	<ul style="list-style-type: none"> • Prioritising strength training and reducing processed foods, finding these changes more beneficial than traditional weight loss services. • Managing weight through personal habits and conscious lifestyle changes
Program Limitations	<ul style="list-style-type: none"> • Programs having set time frames, such as 12-week courses, after which support ends. • Limited accessibility or uninspiring leadership in programs like Slimming World.
Accessibility Issues	<ul style="list-style-type: none"> • Difficulty accessing services due to location, transportation, or inconvenient schedules. • Not being able to continue due to cost or other personal circumstances
Personal Preference	<ul style="list-style-type: none"> • Disliking the social aspects of group settings and preferring more private or individualised approaches. • Finding certain services uninteresting or not suitable for personal needs.

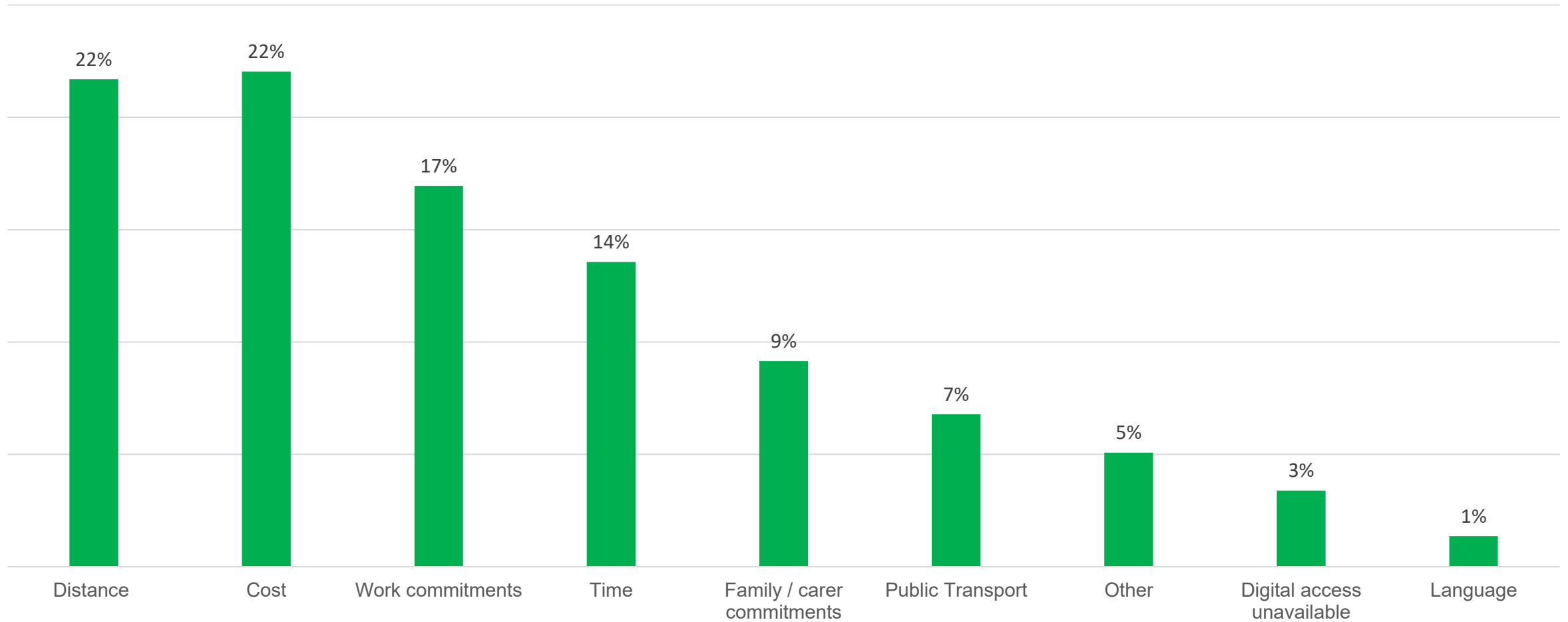
8c) What were the reasons you stopped using weight loss services?

Weight loss medication & Psychological support were the highest areas where help would be needed to succeed in reaching goals



Q9) If you are looking to access to a Tier 3 weight management service, what would help you to succeed and reach your goals?

Distance & cost were identified as the biggest barriers to accessing a community-based tier 3 weight management service



Q10) As part of Lincolnshire's plans to develop a community-based tier 3 weight management service (that will include both face-to-face and virtual), would you see any of the following as barriers to accessing this service? (*Base N = 295*)

Other suggested barriers to accessing a community-based tier 3 weight management service

Health Conditions & Limited Mobility

Having staff trained in Neurodivergence, Autism, ADHD & other hidden disabilities. Would like more specialist staff to ensure staff caters for everyone

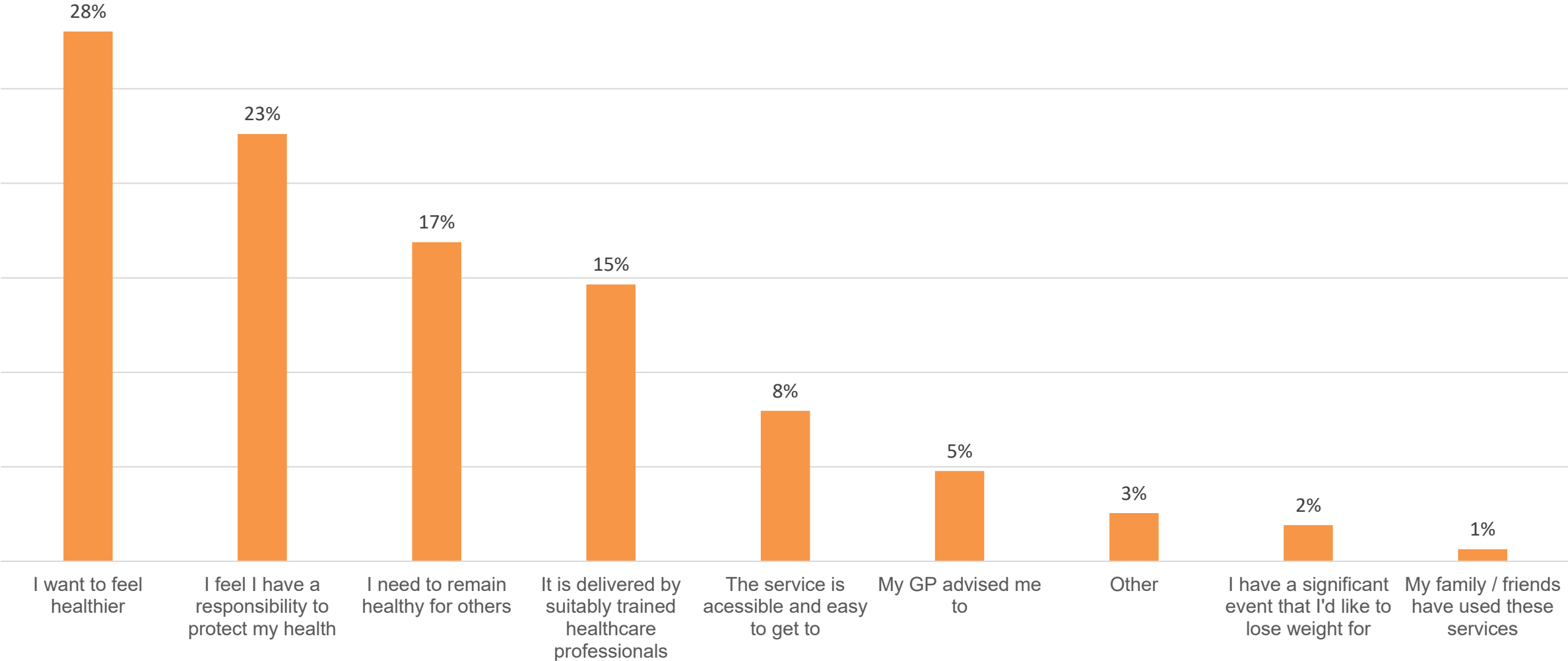
Supportive and Skilled Healthcare Providers

The knowledge, skills, and open-mindedness of the person offering support are crucial. Unfortunately, doctors can sometimes be very rude when seeking support.

Accessibility

Location is important so people do not have to travel too far for services. Having tier 3 in Lincolnshire would be ideal to avoid travelling to Derby. Limited funds and appointments during working hours add to the difficulty.

The most common motivators for using a tier 3 service were a desire to feel healthier and a sense of responsibility for protecting one's health



Q11) What might motivate you to want to access a tier 3 weight management service? (Base N = 314)

Other suggestions as to what might motivate our participants to access a tier 3 weight management service

Awaiting surgery and need to lower my BMI

I want to improve my mental health, body image and self esteem

I am fed up of being obese

I would use it but have never been referred. I need to lose weight for health reasons

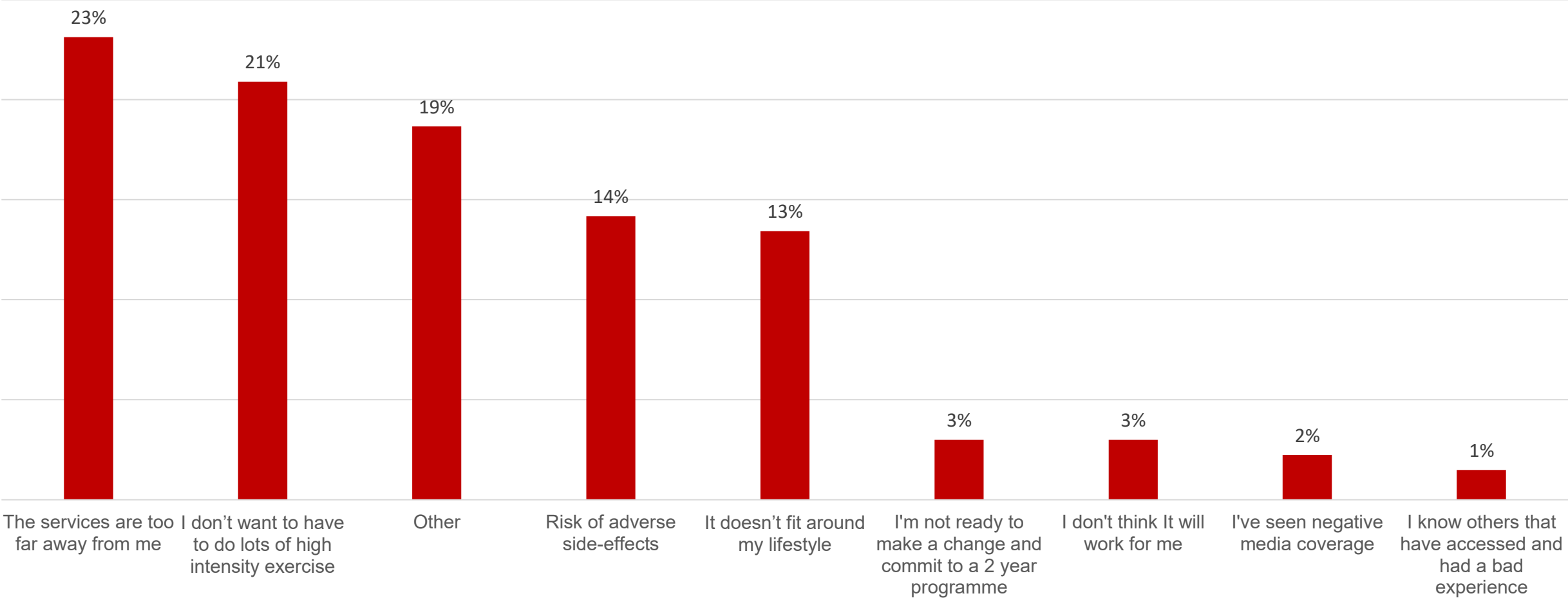
I'd like to lose weight to gain more confidence.

My disability would benefit from me being a healthier weight. It will also help me get an operation I need

I want to find out what is really driving me to overeat

It is free or the government pay for people on Universal credit or benefits to use it

The primary reasons respondents would choose not to use this service were its location and a preference to avoid high-intensity exercise



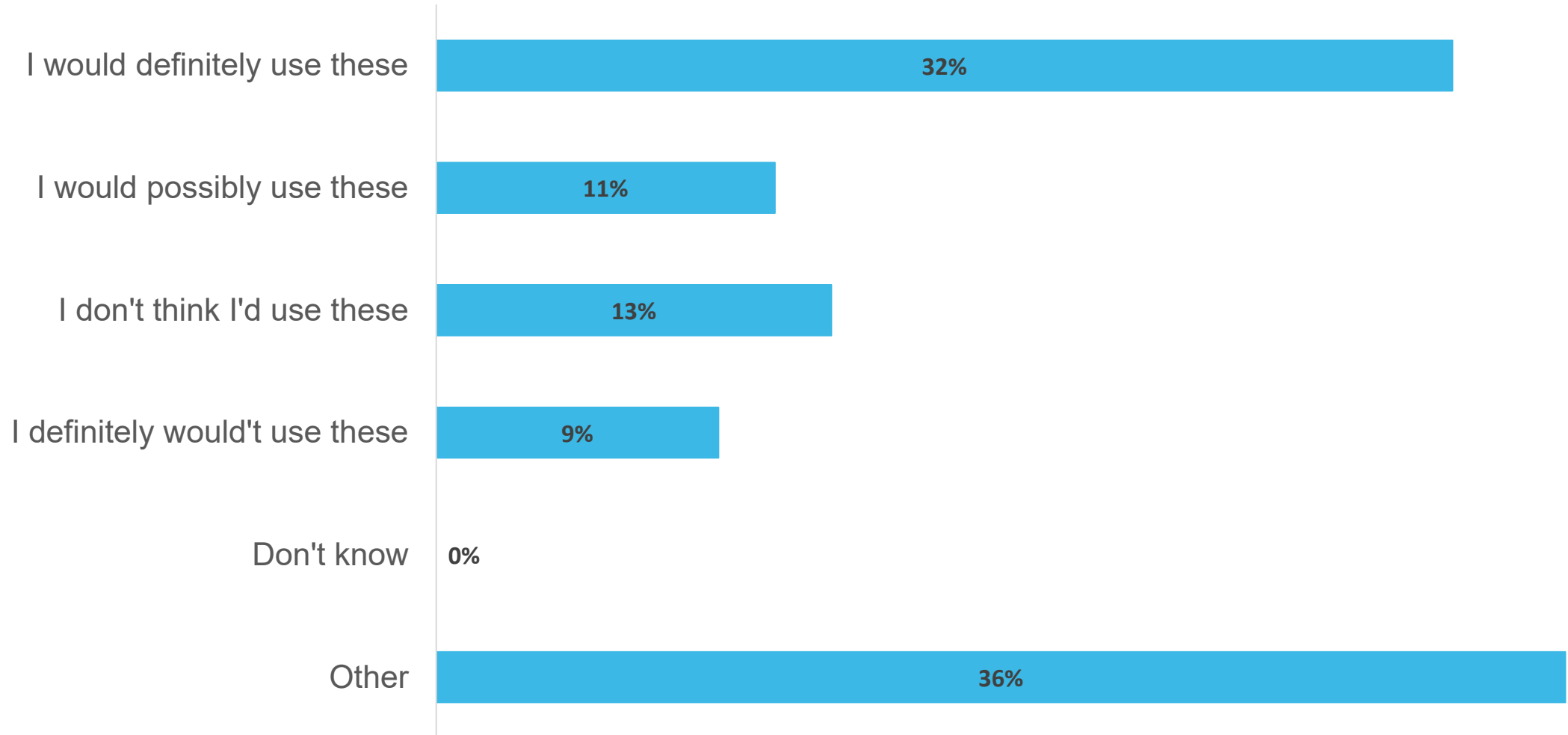
Q12) Are there any reasons you wouldn't access tier 3 specialist weight management service? (Base N = 134)

Other reasons why respondents wouldn't access a tier 3 service

Themes	Feedback
Health & Mobility	<ul style="list-style-type: none"> • Unpredictable illness. • My disabilities do not allow almost any exercise. • Not confident I'll lose weight due to a health condition. • Some of my health conditions restrict me from exercising. • Having turned to weight loss injections and seen how they have changed my life, I want to continue this route but also be assessed for ADHD. Other options have never worked long-term • Health limitations (Stroke)
Accessibility	<ul style="list-style-type: none"> • Depending on the format, it might not be accessible due to me being autistic and not coping well with groups. • Staff that aren't suitably trained on neurodivergent, hidden disability, Autism, ADHD, mental health etc., and the place isn't therefore accessible to me. • If any service wasn't digital. Honestly, everything needs to move online
Cost	<ul style="list-style-type: none"> • If there is a cost
Lack of Information and Understanding	<ul style="list-style-type: none"> • I don't fully understand what is involved in a Tier 3 weight management service. • Knew nothing about it.
Need for Immediate Action	<ul style="list-style-type: none"> • I need positive action now, not in 2 years' time.

Q12) Are there any reasons you wouldn't access tier 3 specialist weight management service? (*Base N = 25*)

32% (36) respondents said they would DEFINITELY use weight loss injections/medications, 23 of these people have been told they are obese



Other reasons why respondents would accept weight loss injections/medication

Themes	Feedback
Positive Experiences & Current Use	<ul style="list-style-type: none"> • Already using and seeing results. • Self-funding but struggling with costs.
Willingness	<ul style="list-style-type: none"> • Willing to try with more information. • Interested but cautious about side effects.
Concerns	<ul style="list-style-type: none"> • Worried about side effects and long-term effectiveness. • Prefer natural methods like healthy eating and exercise.
Health Considerations	<ul style="list-style-type: none"> • Need to ensure safety with existing health conditions. • Difficulty exercising due to physical limitations.
Lack of Information	<ul style="list-style-type: none"> • Need better understanding and support from healthcare providers. • Seeking help for mental aspects of weight management.

The **BENEFITS** & **CONCERNS** of weight loss injections/medications

BENEFITS

Effective Weight Loss:

Many users report significant weight loss, which can be especially helpful for those who have struggled with other methods.

Appetite Control:

These injections can help reduce cravings and control appetite, making it easier to stick to a healthy diet.

Improved Health:

Weight loss can lead to better overall health, reducing the risk of conditions like diabetes, heart disease, and high blood pressure.

Mental Health Benefits:

For some, weight loss injections can help reduce obsessive thoughts about food, particularly for those with conditions like ADHD.

Convenience:

Injections can be a convenient option for those who find it difficult to adhere to strict diet and exercise regimens.

Support for Long-Term Goals:

They can provide a boost for those needing help to kickstart their weight loss journey or overcome plateaus.

CONCERNS

Side Effects and Safety:

Concerns about adverse effects, including long-term health risks and interactions with other medications. Regular monitoring is essential to manage side effects and ensure safety. Reports of serious side effects such as kidney failure and liver damage. Especially important for individuals with existing health conditions.

Long-Term Effectiveness and Lifestyle Changes

Worry about gaining weight back after stopping the medication. The belief is that injections don't promote lasting lifestyle changes. Need for comprehensive support and education to ensure long-term success.

Cost and Accessibility

Medications can be expensive, making them unaffordable for many. Self-funding the injections can be a significant financial burden.

Lack of Information and Support

Need for more details about the medications and their long-term effects. Importance of having professional support to use the medications safely and effectively.

Stigma and Perception

Negative perceptions around using weight loss medications. Concerns that people may view them as an easy solution without making necessary lifestyle changes.

Respondent Demographics



Respondent Demographics

Ethnicity	%	Count
Asian or Asian British: Indian	1%	1
Asian or Asian British: Pakistani	0%	0
Asian or Asian British: Chinese	0%	0
Asian or Asian British: Bangladeshi	0%	0
Any other Asian background	1%	1
Black or Black British: Caribbean	0%	0
Black or Black British: African	0%	0
Any other Black background	0%	0
Mixed or multiple ethnic groups: White and Black Caribbean	0%	0
Mixed or multiple ethnic groups: White and Black African	1%	1
Mixed or multiple ethnic groups: White and Asian	0%	0
Any other mixed or multiple ethnic background:	1%	1
White: Welsh/English/Scottish/Northern Irish/British	88%	91
White: Irish	1%	1
White: Gypsy or Irish Traveller	1%	1
White: Roma	0%	0
Any other White background	3%	3
Other ethnic group: Arab	0%	0
Any other	1%	1
Prefer not to say	2%	2
Answered		103

Gender	Responses	
Male	11%	12
Female	86%	89
Non-binary	0%	0
Intersex	0%	0
Prefer to self-identify	1%	1
Prefer not to say	2%	2
Answered		104

Age	Responses	
Under 16	0%	0
16 - 19	0%	0
20 - 24	1%	3
25 - 29	5%	10
30 - 34	6%	12
35 - 39	12%	26
40 - 44	10%	20
45 - 49	10%	20
50 - 54	12%	26
55 - 59	12%	25
60 - 64	10%	20
65 - 69	9%	19
70 - 74	6%	14
75 - 79	5%	11
80 - 84	2%	4
85 - 89	0%	0
90 +	0%	0
Prefer not to say	0%	0
Answered		210

Respondent Demographics

What is your main Language	%	Count
Bulgarian	0%	0
English	94%	95
Hungarian	1%	1
Latvian	0%	0
Lithuanian	0%	0
Polish	2%	2
Portuguese	0%	0
Romanian	1%	1
Russian	0%	0
Spanish	1%	1
Other	1%	1
<i>Answered</i>		101

If English is not your main language, to what extent can you SPEAK English	%	Count
A lot	100%	7
A little	0%	0
Not very much	0%	0
Not at all	0%	0
<i>Answered</i>		7

If English is not your main language, to what extent can you READ English	%	Count
A lot	100%	7
A little	0%	0
Not very much	0%	0
Not at all	0%	0
<i>Answered</i>		7

Respondent Demographics

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (*including any problems related to old age*)?

	Responses	
Yes, the health problem/disability limits me a little	18%	15
Yes, the health problem/disability limits me a lot	35%	30
No	45%	38
Prefer not to say	2%	2
	Answered	85

Disability: If you answered 'yes' to the previous question, please indicate your disability - people may experience more than one type of impairment, in which case you may indicate more than one

	Responses	
Physical impairment	40%	18
Sensory impairment	7%	3
Mental health condition	2%	1
Learning Disability/Difficulty	9%	4
Long-standing illness	29%	13
Other	13%	6
	Answered	45

Disability: In relation to the previous question do you have any specific needs or requirements?

	Responses	
Yes	75%	66
No	25%	22
	Answered	88

Respondent Demographics

Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?	%	Count
Yes	0%	0
No	100%	69
<i>Answered</i>		69

Marriage and civil partnership: what is your legal marital or civil partnership	%	Count
Married	60%	52
Single	15%	13
Civil Partnership	1%	1
Legally Separated	1%	1
Divorced	19%	16
Widowed	0%	0
Prefer not to say	4%	3
<i>Answered</i>		86

Respondent Demographics

Pregnancy and maternity - are you pregnant or have given birth in the last 26 weeks?		
	Responses	
Yes	2%	2
No	97%	80
Rather not say	1%	1
	Answered	83

Sexual orientation	Responses	
Bisexual	4%	4
Gay	1%	1
Heterosexual	79%	77
Lesbian	1%	1
Prefer to self - identify	1%	1
Rather not say	14%	14
	Answered	98

Religion and/or belief: What is your religion/belief?		
	Responses	
Atheist	1%	1
Buddhist	1%	1
Christian	50%	49
Hindu	0%	0
Jain	0%	0
Jewish	0%	0
Muslim	1%	1
Sikh	0%	0
Any other religion	2%	2
Prefer not to say	2%	2
No religion	43%	42
	Answered	98

Respondent Demographics

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

	Responses	
Primary carer of child/children (under 18)	47%	21
Primary carer of disabled child/carer	11%	5
Primary carer of disabled adult (18 and over)	13%	6
Primary carer of older person	18%	8
Secondary carer (another person carries out the main caring role)	11%	5
	<i>Answered</i>	45

Amount of time spent in relations to caring duties	Responses	
Yes, 1-19 hours a week	23%	10
Yes, 20-49 hours a week	19%	8
Yes, 50 or more hours a week	39%	17
Prefer not to say	19%	8
	Answered	43

Respondent Demographics

Please confirm your employment status:-	%	Count
Employed full time	40%	40
Employed part time	19%	19
Homemaker	4%	4
Not employed and looking for work	1%	1
Not employed and not looking for work	12%	12
Retired	18%	18
Self-employed	1%	1
Student	0%	0
Prefer not to say	2%	2
Other	3%	3
<i>Answered</i>		100

Please select if you have experience of any of the following (please provide any further information in the box below):-	%	Count
Currently working in the farming/agricultural industry	7%	1
Experience of working in the farming/agricultural industry	7%	1
Currently homeless	7%	1
Experience of being homeless	26%	4
Currently serving in either the UK's regular or reserved armed forces	13%	2
Have served in either the UK's regular or reserved armed forces	26%	4
I am a refugee, immigrant or asylum seeker	7%	1
Experience of being a refugee, immigrant or asylum seeker	7%	1
<i>Answered</i>		15