Coventry Health and Wellbeing Strategy 2019-23 – Consultation Report

1. Purpose

This document summarises findings from a range of consultation activities, which took part during the period from 10 May to 3 June 2019. These have been used to inform development of a final proposed model for consideration at the Health and Wellbeing Board on 8th of July. The final Joint Health and Wellbeing Strategy will be endorsed by the Health and Wellbeing Board and adopted by Coventry City Council Cabinet and Coventry and Rugby Clinical Commissioning Group Governing Body in autumn 2019.

2. About the consultation

Extensive pre-consultation engagement had already taken place during the development of the proposed new strategy, which directly contributed to its development. This included workshops with a wide range of community-based organisations through the Joint Strategic Needs Assessment, and strategy development and prioritisation workshops with senior executive and community leaders from public, private and third sector partners.

Formal consultation activities included:

- A city-wide survey of residents and organisations
- Two workshops involving a range of community-based organisations at St Peters Centre
- Three stakeholder briefing sessions to encourage participation in the survey

Responses to the formal consultation have been received from:

- 77 members of the public
- 19 organisations responding to the survey, including: Coventry Green Space Forum, The Amethyst Centre, Three Spires Family Support Trust (Coffee Tots), Residents Association, Watch Charity, Coventry Adult Education Service, University of Warwick, Coventry Citizens Advice, Amba Care Solutions CIC, Coventry Family Health & Lifestyle Service, NHS, Early Help, Coventry Libraries and Information Service, Stoke Heath Older Peoples Club at Stoke Heath Community Centre, Shine A Light Support Service, Coventry Older Voices, Coventry Safeguarding Board, Coventry Cyrenians, and a local business
- Organisations represented at the workshops, including Hope Coventry, Coventry Older Voices, Coventry Mens Shed, Arthritis Association, Hope in Unity, WM Housing, Inini Initiative Ltd, Piparia Consulting Ltd, Historic Coventry, Disabled Equality Action Partnership, University of Warwick, Coventry Walking for Health, Grapevine, Art-Folks, The Asian Christian Welfare Society, Family Hubs
- 3 partnerships:

  Welfare Reform Working Together Group
  Social Isolation Strategy Working Group
  Accident & Emergency Delivery Group

Analysis of formal consultation findings has been conducted and the headline messages are set out below. Fuller analysis of the city-wide survey and the community workshops are appended to this report.

In addition, Voluntary Action Coventry proactively held a workshop with the VCSE Alliance Network in March 2019 to explore awareness of the Coventry Health and Wellbeing Strategy, and shared their findings.

3. Summary of Key Findings

3.1 The Health and Wellbeing Strategy Proposals

Strategic ambitions

Overall, participants of each consultation reacted positively to the proposed strategic ambitions. However, suggestions from the consultations showed that there was a need for a more "*radical"* approach and for these goals to be more long term to see the full impact.

There was also a view that the ambitions were very broad, with some of the questions raised being "*would this mean anything to the average person living in Coventry?"* and *"where is the focus on the person as a whole?"*

Short-term priorities

The top 3 initial priorities identified through the survey and St Peters Consultation were:

- Young People's Mental Health, Loneliness and Social Isolation and Giving every child the best start in life

Additionally, key priorities identified for the new Strategy through the VCSE Alliance Network meeting (prior to publication of the consultation proposals) were**:**

- Housing and Early help and support

The table below explores some of the reasons for these choices.

Young people's mental health	Important because *"mental health is the foundation for everyone's behaviour".* it is becoming a sector of increasing importance yet severely under resourced which puts pressure on health care providers.
Loneliness and isolation	Loneliness and Isolation is something that can affect everyone. *"Isolation can have devastating effects on someone's physical and mental health which in turn puts pressures on health providers".*
Giving every child the best start in life	Everyone should have a fair start – we need to focus support/interventions around children/young people. • Prevents future long term problems. • Need to address the impact of low-level skills/qualifications • The impact of parent's lifestyle choices on children.

	• Children are the future.
Homelessness and Temporary housing	• Young people are stuck in violent/abusive situations as they cannot afford to leave the family home • The homelessness strategy needs to be "*braver"*. • Housing/living conditions and basic needs such as access to food are essential.

Despite identifying three main priorities, it should also be noted the increasing difficulty participants had in choosing just three. It was felt that each priority interlinked and had an impact on each other.

3.2 Key consultation themes

Access to information / Communication

Across all three consultations the distribution of information and communication was a prominent theme. One of the main problems was where to find out about information regarding services/organisations. The feedback was about:

- Lack of communication between different sectors.

- Sectors need to share knowledge and expertise instead of working in isolation; this would improve relationships.

- From the survey and the community events at St Peters it was clear that people did not know where they could gain access to their personal records and information or information about other organisations and support. Suggestions to combat this were:

    - A register of small voluntary/community sector organisation.
    - Access to information on a central hub.
    - A referral system so that the support available to individuals is easily accessible.

- This was also reflected in VCSE consultation, suggesting we should share responsibility and strive to become a "*trauma informed"* city.

Working together to make it happen

Throughout each consultation there was a consensus that there is a need to facilitate collaboration between and within the public and voluntary and community sectors. Suggestions to address this included:

- Become clearer in which objectives to strive for. One suggestion was to clarify each organisation's role in how they can help deliver key priorities.

An example given in the survey was:

- *"What elements of demand are we most motivated to reduce? Demand at A&E, demand on GPs, demand for social care – then do we believe we can reduce demand, or should we focus on that demand is dealt with once it arises."* - by defining goals and outcomes and working together there will be measurable effects of how successful the strategy is.

- Involve key experts and professionals from organisations who can give insight and policy steer on issues around poverty and inequality.

- More support for the work of advice agencies by creating a formal link between them, this was also reflected in VCSE consultation where it was suggested that the 3rd sector could become a way of supporting people with multiple issues in a way that is right for them.

- Finance emerged as a key priority in how successful services can become to reach their full potential. It was felt that we are losing variety and breadth of voluntary sector organisations due to core funding cuts that negatively affects ability to support plans for change. This was also reflected in survey comments that suggested more investment be put into 3rd sector.

- There needs to be better collaboration and communication amongst the voluntary and community sector itself and with the public sector.

- Support needed to address barriers the voluntary and community sector face in working with the public sector.

Terminology and clarity of language

Across the consultation responses, there was a common theme about terminology and clarity of language used: it was felt that the approach to the strategies was too broad "*with no clear measurable out comes".*

- The meaning of the words used in the questions could be open to different interpretations, particularly regarding "sustainable", "successful" and "equality".

- The use of "successful" in the strategic ambition for children and young people was the most disputed word throughout the responses. Suggestions were to replace it with "*fulfilled*" or *"reach their full potential"*.

- Need to ensure the strategy is accessible to all and uses clear simple language. Feedback from VCSE consultation supports this as there was a lack of awareness of the phrase 'Marmot city' - where it comes from and what it means.

Poverty and the impacts of austerity

- Poverty is the overarching factor that affects each of the priorities; one of the main criticisms is that there is no reference to affordability.

- It was felt that some ill-health and poor well-being is determined by 'social factors' and can be prevented with the right support.

- People in employment are in crisis but not meeting statutory thresholds -nowhere to get support

- There is a serious issue of food crisis/food poverty in Coventry. There was a demand and *"urgent need for the City Council to create and deliver an 'emergency food programme' to address this."*

Environmental Impacts

- Despite the health impact of air quality not being identified as a key priority, there was significant discussions surrounding the wider implications this has.

- Growing infrastructure was seen to have a direct effect on health and the impact of air quality which caused fears for long term illness and the impact this would have on health providers.

- Working together to integrate individuals into their community which would lower crime rates and make the overall living environments more enjoyable.

Appendices:

Health and Wellbeing Strategy 2019-2023, Community Event

22nd May St Peters

Purpose of Event

The purpose was to test the proposals with community representatives and to galvanise energy around the city's Health and Wellbeing Strategy.

The proposals have been informed by extensive engagement that was undertaken with local people and community groups as part of the development of the place based Joint Strategic Needs Assessment.

Attendees

2 sessions were held

3.00pm – 5.00pm	17 attendees
6.00pm – 8.00pm	5 attendees

Both sessions followed the same format with an overview presentation and then table discussions.

Discussion 1

Priorities

Are the 3 ambitions the right ones?

1. People will be healthy and independent for longer
2. Children and young people will lead successful lives
3. People will live in connected, safe and sustainable communities

There was agreement that the ambitions made sense although there was a general feeling that they were broad and high level and the question was raised *would this mean anything to the average person living in Coventry?*

A large part of the discussion centred on the use of language concerning the meaning of the words as they could be open to different interpretations.

Some felt that "independent" could have negative connotations although there was a feeling that independent was a better term than "resilient".

The use of "successful" had the most adverse reaction, suggestions were to replace it with "fulfilled" as that would remove the judgement associated with successful.

"Successful reflects targets in education, fulfilling is a better word or achieving potential/thriving"

Again, the word "sustainable" was felt open to many interpretations a suggestion was to change it to "*stable*"

Discussion 2

Population Health Framework

There was overall agreement with the proposed diagram, but the overarching question was how was it going to be achieved?

"Who owns this strategy, it should be a shared responsibility – strong partnerships are needed"

"How does this plan link into other plans, we need a coherent city plan joining up all aspects of health and wellbeing … as well as large organisation's social responsibility e.g. the Universities.

The language needs to be simplified.

Public Sector Organisations Work Differently

A lot of positives were stressed by the attendees highlighting the energy and willingness of the sector to work together but a recognition that often they are called upon too late, there needs to be better collaboration and communication between the sector itself and with the public sector.

"*there is a need for the public sector to recognise the professional value of the Voluntary and Community Sector in the city and build it into the commissioning of services"*

There is a widespread silo mentality that needs overcoming and a disconnect between larger and smaller voluntary and community sector organisations.

"Groups want to work together but find it difficult to link into each other – can there be a single forum to engage with the sector and public sector leads"

A lot of the discussions around this section focussed on barriers that the voluntary and community sector face in working with the public sector. A key theme was the need for the sector to get support in terms of training/sharing best practice/marketing/meeting spaces

"A community development 101 based on SME federation model"

Council actions such as tendering out services results in a much more fragmented system as opposed to the integrated system that is being proposed.

Protected Characteristics

Discussions centred around the need to ensure the strategy is accessible to all and in clear, simple language.

The strategy needs to be fair and inclusive; one size does not necessarily fit all.

In Conclusion

Organisations were happy to give their time sharing their insights and valuable feedback but want to play an ongoing role.

"We want to continue this dialogue and keep engaged and be part of this change, but we don't know how?"

Specific Priorities to Focus on – sticker exercise

Young people's mental health	13
Social isolation and loneliness	12
Giving every child the best start in life	9
Temporary housing and homelessness	8
Young people and violence and exploitation	7
Health impact of air quality	5
Screening and immunisation uptake	3
Access to urgent care	3

Themes

Information	Issue of where to go to find out information about services/organisations A register of small voluntary/community sector organisations was suggested – successfully been achieved in homeless forum Difficult to navigate the health sector – need a mediator
Networks	Keen for opportunities for the sector to network and share good practice Bring smaller and larger organisations together Strong partnerships are needed
Corporate social responsibility	Lot of large organisations that can be doing more for the health and wellbeing of Coventry residents
Family hubs	Good practice that can be shared to Out of Hospital hubs – should be consistent practice
Volunteers	Lots of services relying on being volunteer led from an ever-shrinking pool as people are working for longer – need to think through implications before cutting services
Action Plan	How is this plan going to be delivered and measured? Will there be funding associated with delivering it? 4-year strategy needs breaking down – six monthly reviews to evaluate how we are doing things differently Will strategy target those that have less
Communication	Coventry relies on word of mouth – it's who you know
Support	Skills sharing sessions – how to market your organisation/social media training/business planning
Young People	Do we differentiate between students and young people?

	Young people need to be a priority they are the future
Community Engagement	Community identify needs and act upon it don't need the Council to lead Lots of engagement being undertaken need to join it up
Inequalities	People accessing services changing now people in employment in crisis but not meeting statutory thresholds -nowhere to get support Grassroots disengaged /division in the city - loss of sense of community Poverty is the overarching factor that affects all the priorities, there is no reference to affordability, levelling the playing field.

Health and Wellbeing Survey Analysis

Main themes

- The data gathered is more reflective of individual opinions (112) than that of organisations (19).

- Most respondents were either a Member of the General Public (77) or a Coventry City Council employee (25).

- Overall, participants reacted positively to the proposed strategic ambitions, with 95%, 81% and 91% agreeing with the three ambitions respectively.

- 112 (88%) respondents agreed we need to change the way we work together.

- 113 (90%) agreed that public sector organisations should work differently with communities.

- The majority of respondents thought the ambitions and health framework would have a positive impact by 'providing an opportunity to engage populations that are normally hard to engage with.'

- Young People's Mental Health & Loneliness and Social Isolation were identified as top initial priorities.

- The most prevalent characteristics of respondents are; White British, women and ages 45 to 64.

About the Survey

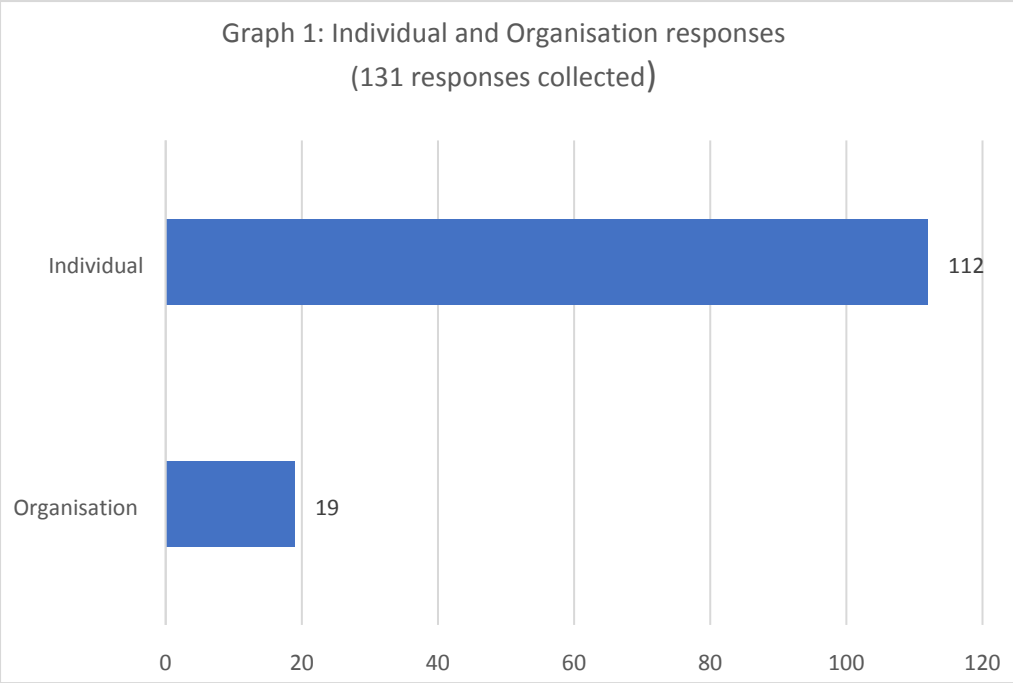
The purpose of this survey was to test the proposed population health framework, confirm our priorities, build consensus and galvanise energy and resource around the city's strategy for improving health and wellbeing.

The Health and Wellbeing Survey was available online between 10/05/19 – 03/06/19. Paper copies were available on request

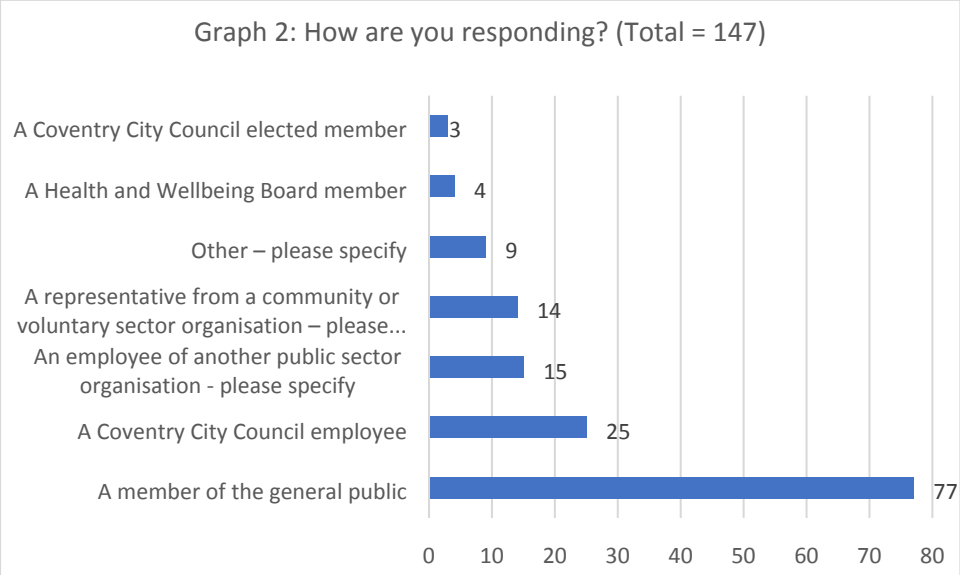
Respondents (Q1, Q2)

A total of 133 people completed the survey online and via postal votes.

The following graph shows whether participants were responding as an individual or as an organisation. The graph shows that the data gathered is more reflective of individual opinions than that of organisations.



As a follow up question, participants were asked to specify how they were responding to the survey, providing insight as to which organisations they belong to. Graph 2 presents the results.



As the total number of data entries to this question (147) is higher than the total of 133 participants, several respondents did select more than 1 answer. The companies listed in the 'other – please

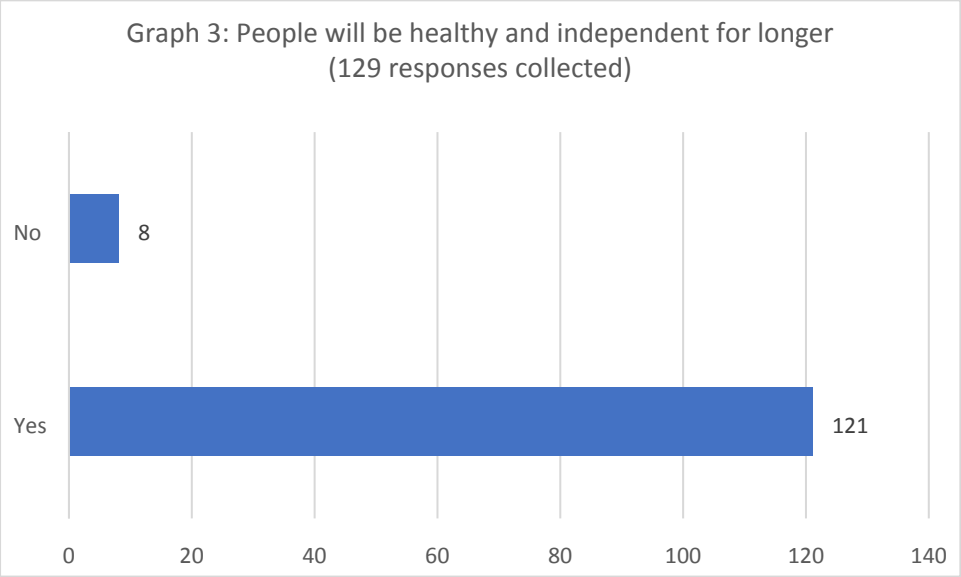
specify' were: Welfare Reform Working Together Group, Multiagency Social Isolation and Loneliness group, NHS employee, A Resident, Coventry Green Space forum, A Local business providing health and wellbeing support and The Amethyst Centre.

What do we want to achieve? (Q3)

The survey addressed key priorities within the Health and Wellbeing Strategy. Participants were asked about three main ambitions and whether they felt these were the right ones. The proposed strategies were:

I. People will be healthy and independent for longer
II. Children and young people will lead successful lives
III. People will live in connected, safe and sustainable communities

<u>People will be healthy and independent for longer</u>



Among the 8 respondents who disagreed the two main reasons were:

- Concerns for the environment.
- Concerns as to how realistic these goals may be.

The following insights are from 8 respondents leaving direct comments on this question.

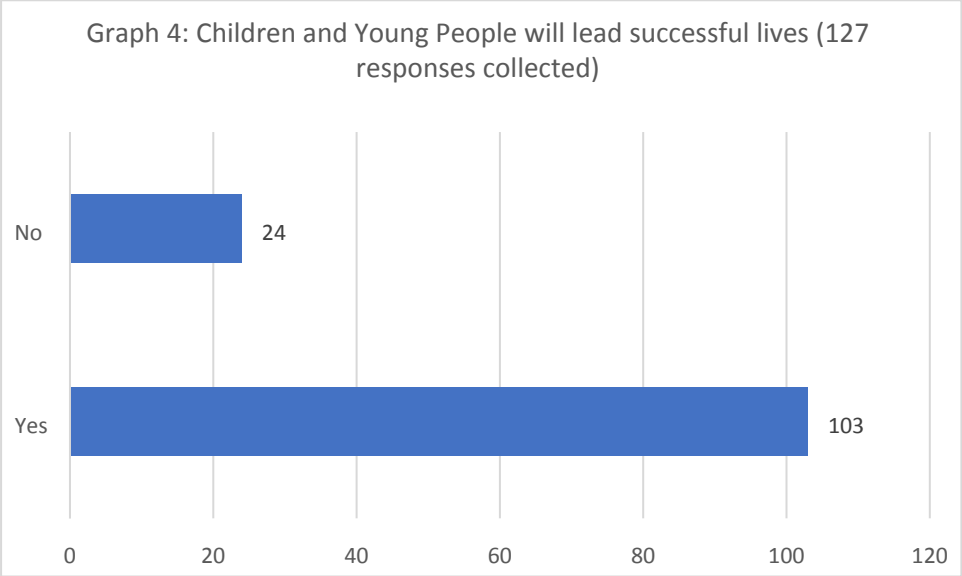
- 2 respondents discussed air pollution and the quality of air within the city having a direct impact on individuals living healthy and independent lives – 1 respondent felt that car fumes and infrastructures being built would have a direct impact on individuals.

- 1 respondent felt that the rapid growth of convenience food and fast food outlets contributed to unrealistic aims of enabling people to be healthy and independent for longer.

- 4 participants suggested that it is not possible to *"eradicate health inequalities*". Reducing health harming behaviours through education and service provision would be more beneficial.

- 1 response referred to accessibility to "*empower"* people to take control of their own health care.

Children and young people will lead successful lives



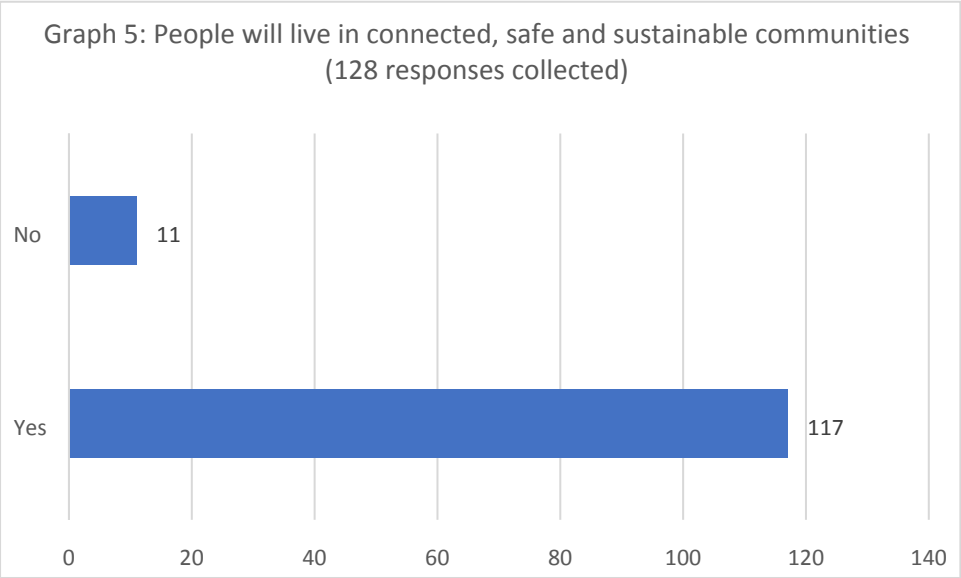
Out of the 24 (18%) respondents who disagreed with the proposed strategic ambition, the following were the reasons why not:

- 20 (77%) felt that the term "s*uccessful*" was too ambiguous and were uncertain as to how this could "*translate into measurable, specific goals for the council to achieve*". Instead of leading successful lives, participants suggested that children should *"reach their full potential"* as every child is different, and success is a subjective term.

- 5 (19%) responses concerned access to available services. Early intervention was a key priority; however, it is felt that due to a lack of coordination of resources and finances this area was not performing as well as it could be, giving way to crime and harmful behaviours. This also extended to provision of support during school holidays and *"addressing other issues like unemployment and parental conflict".*

- 1 (4%) respondent felt that the focus should not just be on children and young people and that provisions should be made to ensure that **everyone** will have the opportunity to lead successful lives.

People will live in connected, safe and sustainable communities



11 people (9%) disagreed that people will live in connected safe and sustainable communities. This is due to the lack of deep and meaningful connections made by individuals within a community.

- There was a disparity into how much time and support individuals invest in communities and that although the goals are achievable it will "*take a long time to embed this"*.

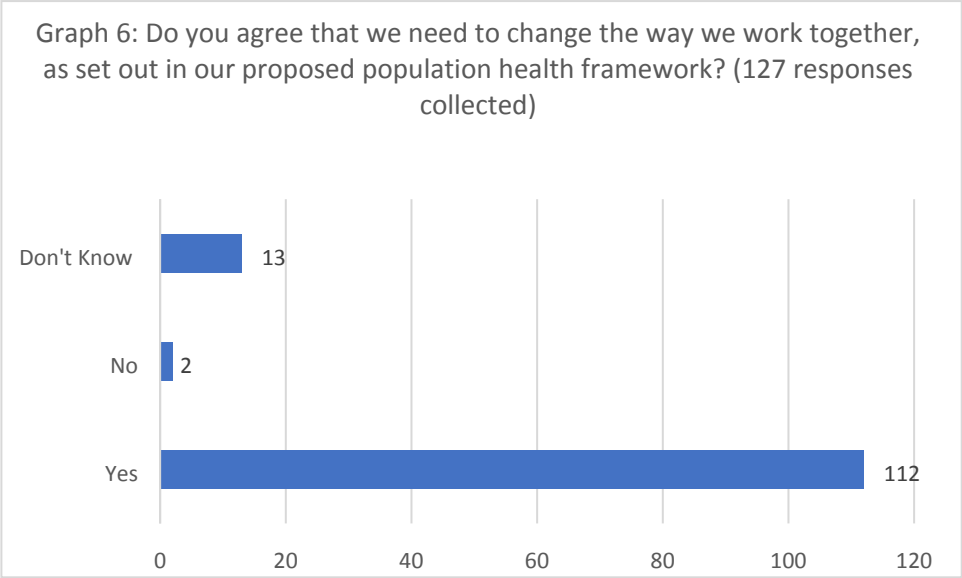
- It was also highlighted that there were a lack of communication and people did not feel connected to their communities.

- 2 respondents said that the lack of police presence and communities working together directly influenced how safe they felt within their communities.

- 3 respondents felt that there was too much focus on "*periphery issues*" and that direct action needs to be taken to combat unemployment, housing and welfare which is damaging the city and its visitors.

- 2 participants stated that 'connected, safe and sustainable' were too subjective and suggested that clearer definition was needed to fully answer the question.

Our population health framework (Q4)



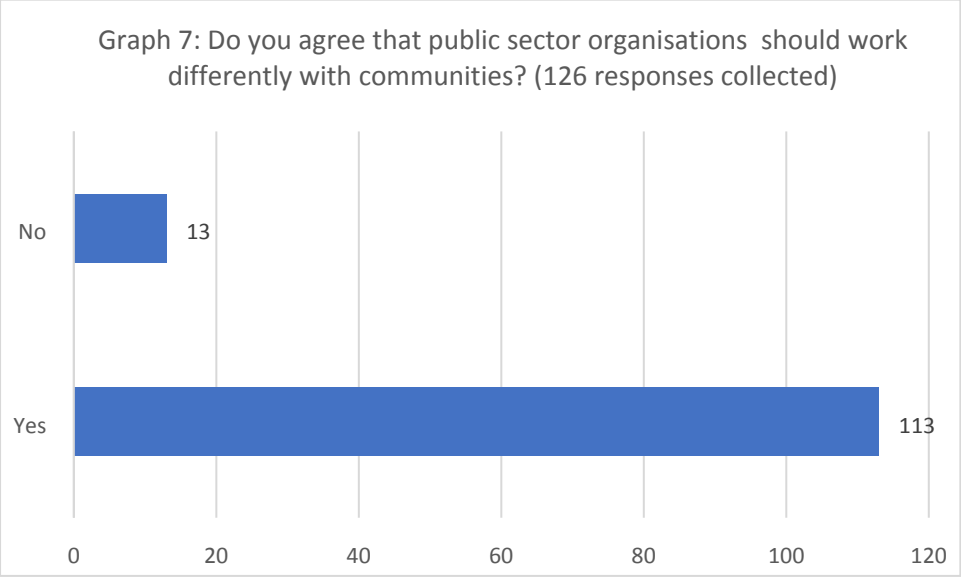
The following are insights from 47 people commenting why they agreed:

- Significant links were made to the ways in which different sectors of Coventry communicate with each other, both internally and externally.

- A key concern for 26 (55%) respondents was having knowledge and an **access point** in gaining information about their records and meeting their needs. A suggestion to combat this was through partnership working, it is felt that this *"is a key factor in creating cost efficient synergies"*.

- 12 (26%) participants suggested that the ways in which voluntary and public sectors engage with one another do not always make most use of "*resources and time*".

Public sector organisations working differently with communities (Q5)



The large majority 113 (90%) agreed on this question. Of the various ideas people had how to work differently, the following were the most prevalent themes:

- Accessibility – respondents called for a need to support people in referring themselves to services. This would cut waiting time and avoid further deterioration of health.

- Communication - People felt it was "*done to them*" rather than with them. Therefore, within the responses there was a demand for "*Open communication spaces between public sector and communities need to exist to build trust, understanding of roles, and relationships*".

- Communities - Participants felt *"individuals, families and communities have many of the answers to the vulnerabilities within our population and can, if supported in the right way, strengthen and support each other".* This was also seen as a way to reduce the cost of other sectors and to promote what public sector organisations have to offer.

How do you think our strategic ambitions and proposed population health framework would affect people who share protected characteristics? (Q6)

A total of 70 people responded to this question.

- 43 (61%) respondents felt that it would have a positive impact as it *"provides an opportunity to engage populations that are normally hard to engage with"* which would empower the most marginalised people in Coventry.

- 12 (17%) respondents felt that irrespective of protected characteristics the strategy should work towards helping everyone ensuring that more people's needs are met.

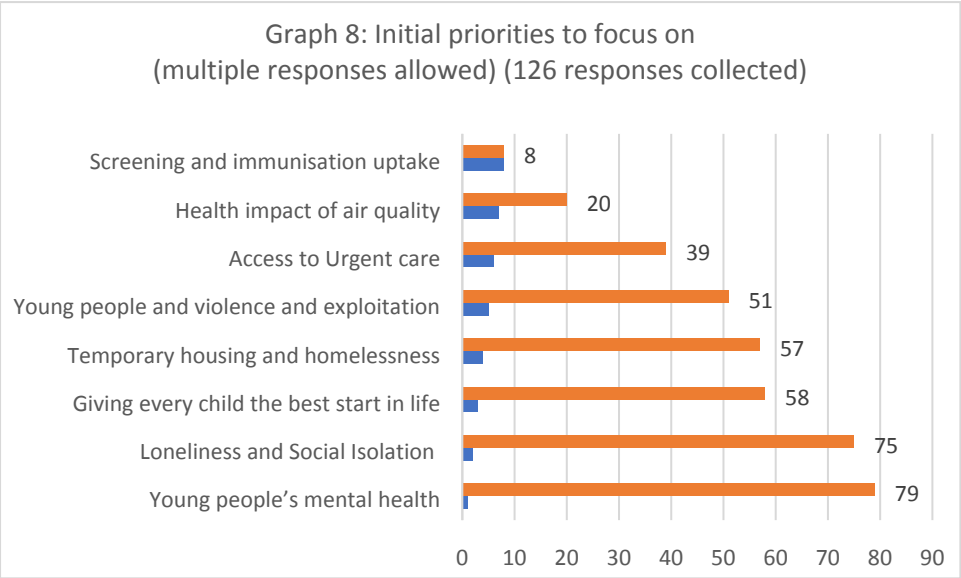
- 12 (17%) respondents felt that the question was too broad to give a definitive response suggesting that "*equality means different things to different people".*

- 5 (7%) respondents felt the strategy will have no impact, the main reason being *"money needs to be used more wisely and put into strategic ambitions,"* and that breakdown of communication between all agencies has made it impossible to build connections with people with protected characteristics.

- Communication - The third sector played a pivotal role in improving communication as it was felt these partnerships would be able to identify where services are lacking at a much faster rate. With this, respondents suggested that this would bring a more "*cohesive community and reduced isolation"*.

Identifying initial priorities (Q7)

Participants were asked to identify 3 initial priorities from a predetermined list to have some input on what to focus on and were then asked to explain why. The results are shown in the chart below.



The most important priority with 79 (63%) of respondents choosing it as one of their top 3 priorities, was young people's mental health. The main reasoning for this was that *"mental health is the foundation for everyone's behaviour".* It is also noteworthy that it was felt this sector is becoming increasingly important but is also one with minimal resources. Long waiting lists and a lack of access to urgent care were key concerns, especially when crossing the barrier between adolescent mental health and adult mental health. One respondent stressed a need for *"a more imaginative and joined up approach including preventative strategies"* which would provide a solution to some of the difficulties the current strategies face.

The next key priority was addressing loneliness and social isolation, 75 (60%) respondents chose this priority as one of their top three. This also had direct links with poor mental health. One respondent suggested "*Loneliness and social isolation can have devastating effects on someone's physical and mental health which in turn puts pressures on health providers".*
Empowering communities and individuals to act in other areas of their lives, became a second theme within these responses as loneliness and isolation was an issue that effected people of all ages. One respondent suggested that communication and advertisement of support groups that are locally available to more isolated groups could reduce the impact of loneliness and isolation.

58 (46%) respondents felt that giving every child the best start in life was a key priority. The most common reasoning for this was because "*children are our future*". Nurturing children from an early age creates stable and responsible adults and prevents future long term problems. One respondent suggested that "*giving children the education and tools to live fulfilling lives where they can contribute to society*" which enables children to become empowered adults.

A recurring theme throughout the survey was the problem of temporary housing and homelessness, 57 (45%) of respondents felt that this was a crucial priority. 7 respondents referred to the increasing visual impacts homelessness has on the streets suggesting that it *"tolerance of long-term visible homelessness negatively affects the whole community".* 15 respondents suggested that temporary housing and homelessness has a detrimental effect on all aspects of an individual's life, particularly their mental health, and directly impacts the safety of other members of the community.

51 (40%) of respondents felt that young people and violence and exploitation needs to be a priority with the assumption that knife crime in the city has risen due to the failure of other strategies. Respondents stressed the importance of creating a positive community to engage young people and encourage them to take responsibility. One preventative suggestion made was that more funding to

support more youth groups and ensure that children and young people feel part of their community as it was felt that "*Gang culture develops where there is boredom and mischief."* A second recommendation was that more local policing and the community work together to combat crime.

39 (31%) of respondents suggested that access to urgent care was a top priority with respondents suggesting that waiting lists are too long and can have a negative impact on individuals. It was felt that with "*more immediate and urgent care will reduce the number of fatalities and ease the strain on NHS staff"* which in turn can prevent future poor health.

The categories with the fewest responses were health impact of air quality, with 20 (16%) respondents choosing it as a priority and screening and immunisation uptake with 8 (6%) respondents making it a priority. It was felt that screening and immunisation uptakes were crucial in preventing local epidemics however to do this the health service needed to "*reach out to minorities and reduce health inequalities".* Growing infrastructure was seen to have a direct effect on health and the impact of air quality which caused fears for long term illness and the impact this would have on health providers.

Respondents strongly felt that all 8 of these priorities impacted each other and found it difficult to disassociate them from one another.

Additional comments from participants (Q8)

The final question gave individuals the opportunity to share their opinion on the plans for health and wellbeing in Coventry. Of the 53 people who responded two clear themes could be distinguished.

- A need for support between organisations to build working relationships that allow individuals to access advice and support.

- Working more collaboratively and pooling resources and data.

- Investment into the 3rd sector and communities, particularly into supportive activities and services to help *"empower the community to be the best they can be*".
  Suggestions included:

    - More youth groups and support for families
    - Integrating the elderly into their communities, particularly those with dementia. One respondent suggested dances and young people visiting the elderly.
    - Providing services to "create a safe, engaging and vibrant place to live and work".
    - Early intervention, addressing food poverty.
    - Find creative solutions to break down isolation.
    - Improved support for sports and wellness activities, especially free ones.
    - Outside of working hours support for those in full time employment.

<u>Suggestions for action</u>

- One of the proposals for action was to invoke a new volunteer-based approach to care. It was suggested that the British Red Cross in Coventry launches a local scheme which:
    - Registers with the care quality commission
    - Is supported by the council and chairmen of the NHS hospital trust
    - Referral only by the hospital and is free of charge to all patients
    - Volunteer recruits who are organised, trained and have the appropriate equipment

    - Invoke a cost per mile basis for individuals who are hard to reach.

- Include key experts and professionals from organisations who can give insight and policy steer on issues around poverty and inequality and support the work of advice agencies by creating a formal link between them.

- One respondent suggested more social media and email-based communication, particularly for young people around suicide prevention.

- Remove bus lanes and encourage walking, cycling and the use of public transport.

- Pilot a multi -agency team approach within the community so that people are not *"exasperated with telling their story".*

- One respondent proposed that less is spent on projects such a music festivals and the funds that would have been generated could be used for improving resident's health and life style.

- One connected platform that helps navigate what is available in the area, map current activities and identify gaps.

- Practical work in primary schools regarding healthy eating, schools should grow herbs, fruit and vegetables.

- 4 respondents suggested a clear referral system to community-based organisations and a collaboration across sectors.

- Establish ways / forums where voices can be heard, but anonymity protected.

- Adopt initiatives used by Universities to tackle loneliness.

- Replicate national campaigns on screening and immunisation.

- Create and deliver an emergency food programme.

Equalities Data

The following is an overview of the equalities data. The corresponding graphs are presented thereafter.

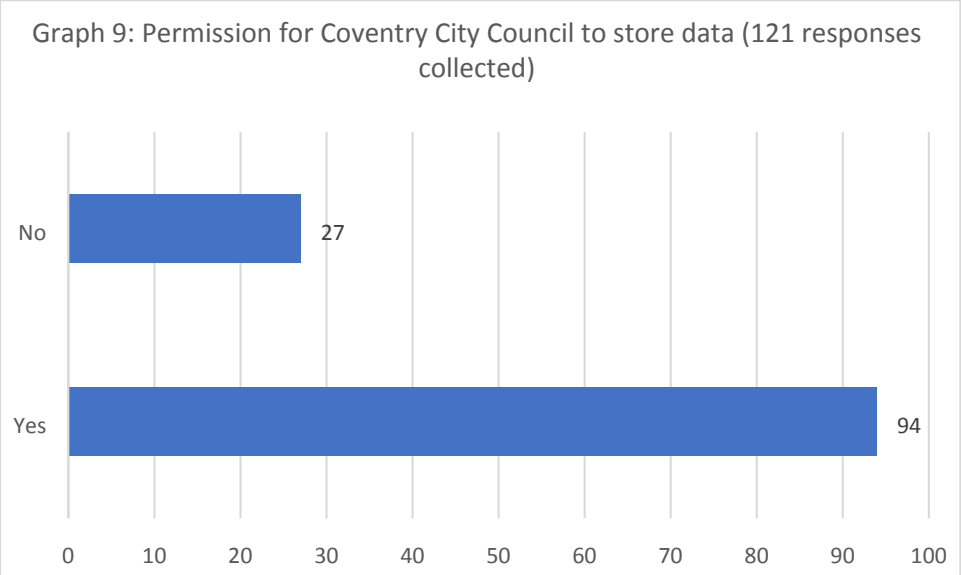
- 94 (78%) of the 121 respondents gave permission for the Coventry City Council to store their data.

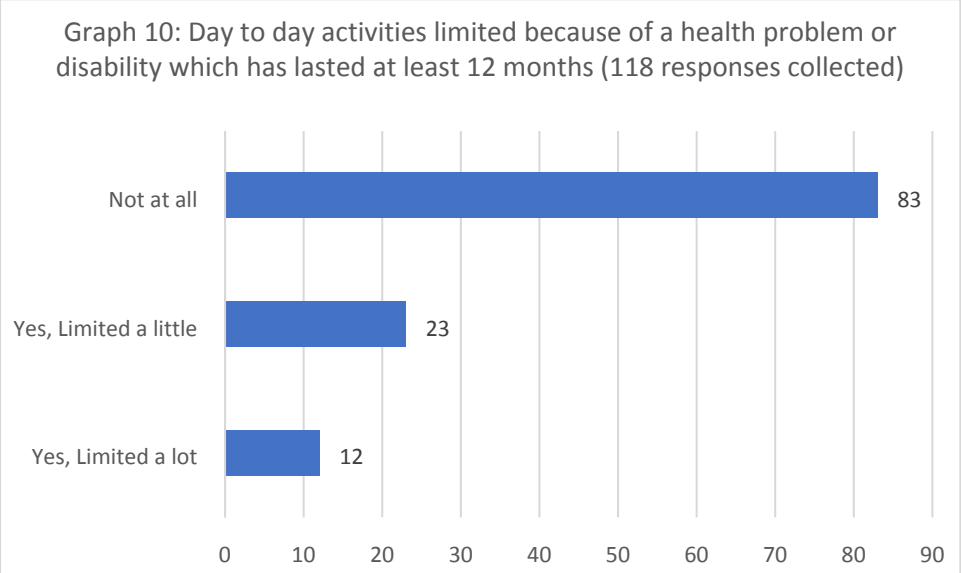
- Most participants' (70%) day to day activities were not limited because of a health problem or disability in the last 12 months.

- The most popular age range was those between 45 and 64 with those under 34 being the least represented.

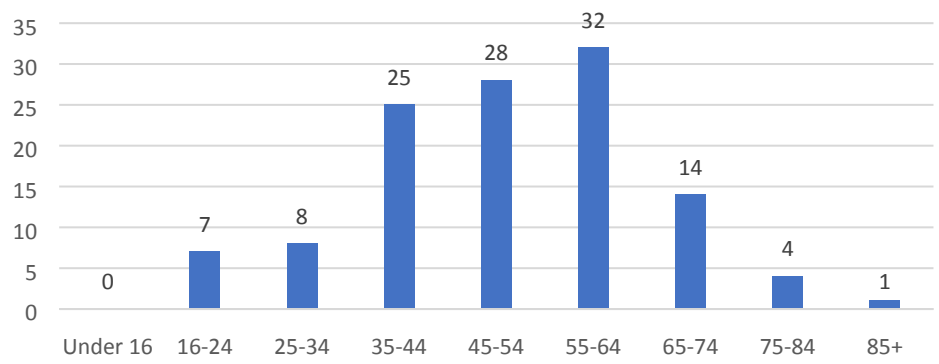
- 64% of respondents were female.

- 98 (87%) respondents identity matched their sex registered at birth.
- 82 participants (80%) described their ethnicity as white British.
- Christianity (46%) was the most common religious belief.
- Most respondent's sexual orientation (77%) was straight heterosexual.

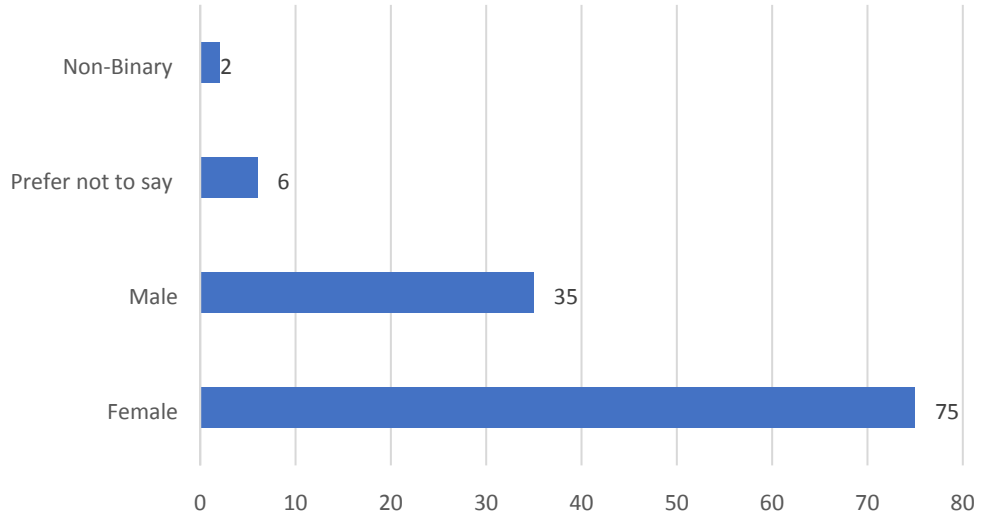




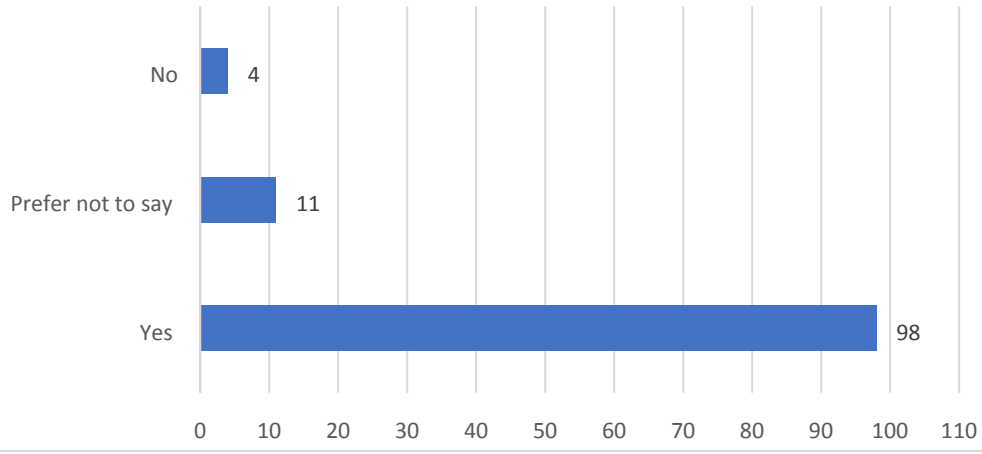
Graph 11: Age of respondents (119 responses collected)

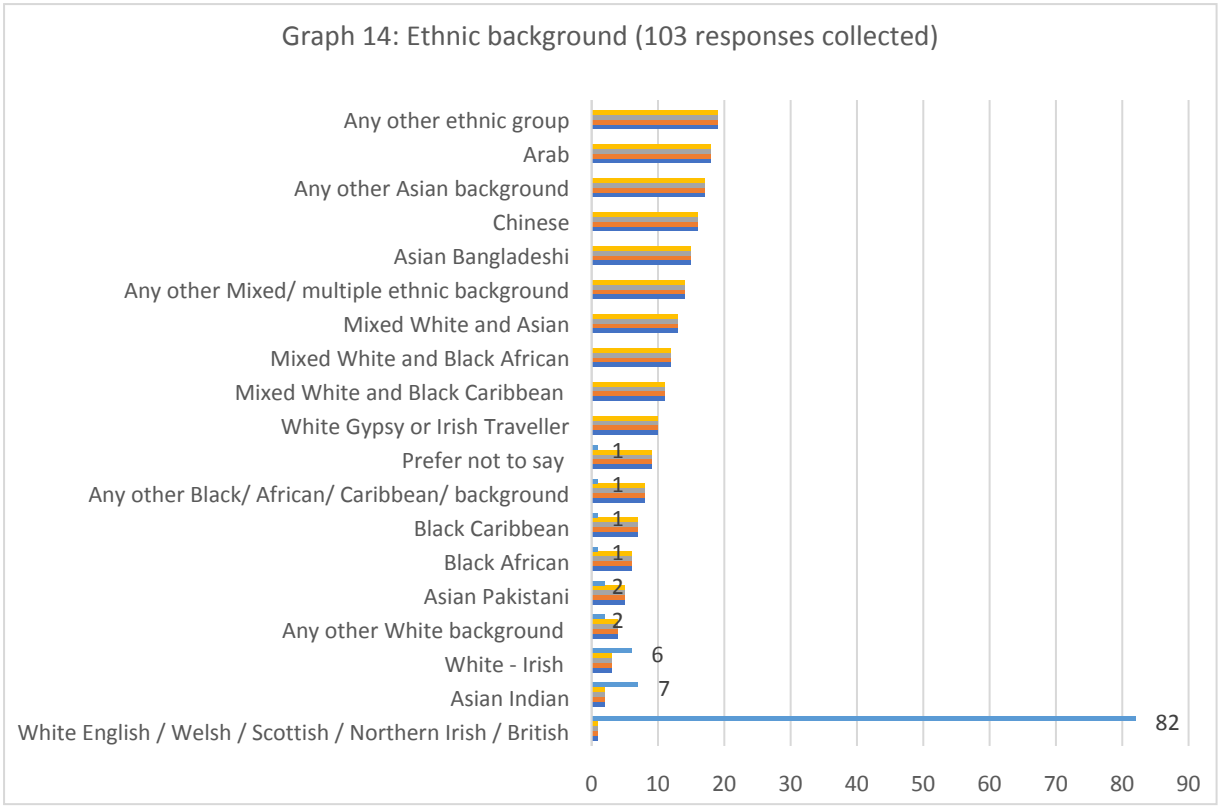


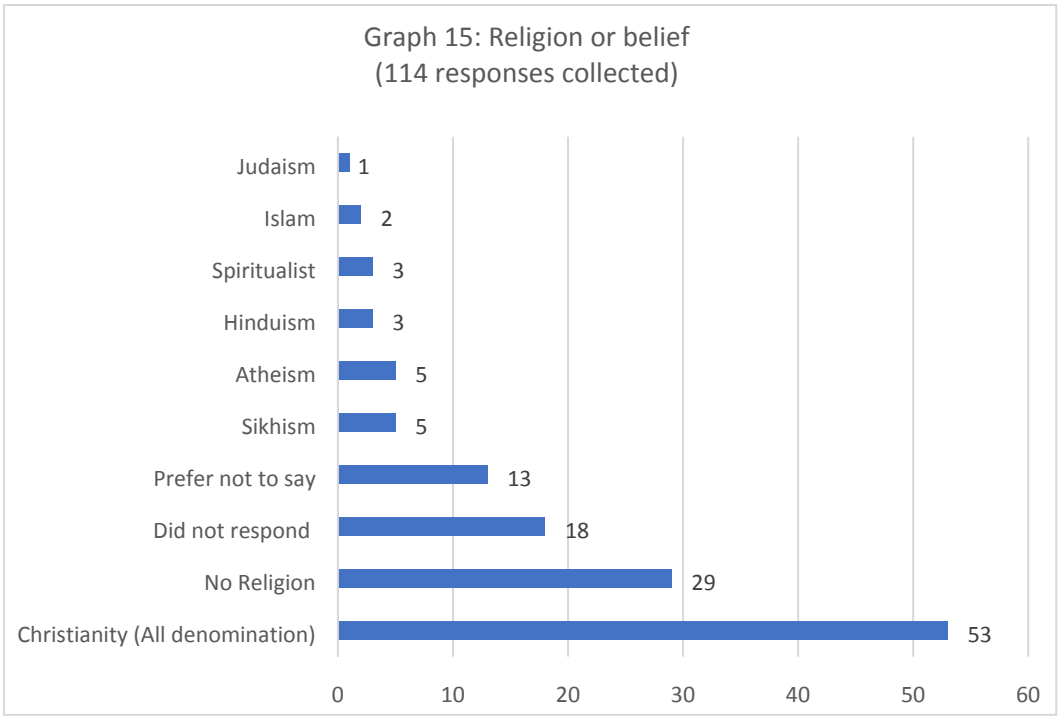
Graph 12: Sex of respondents (118 responses collected)

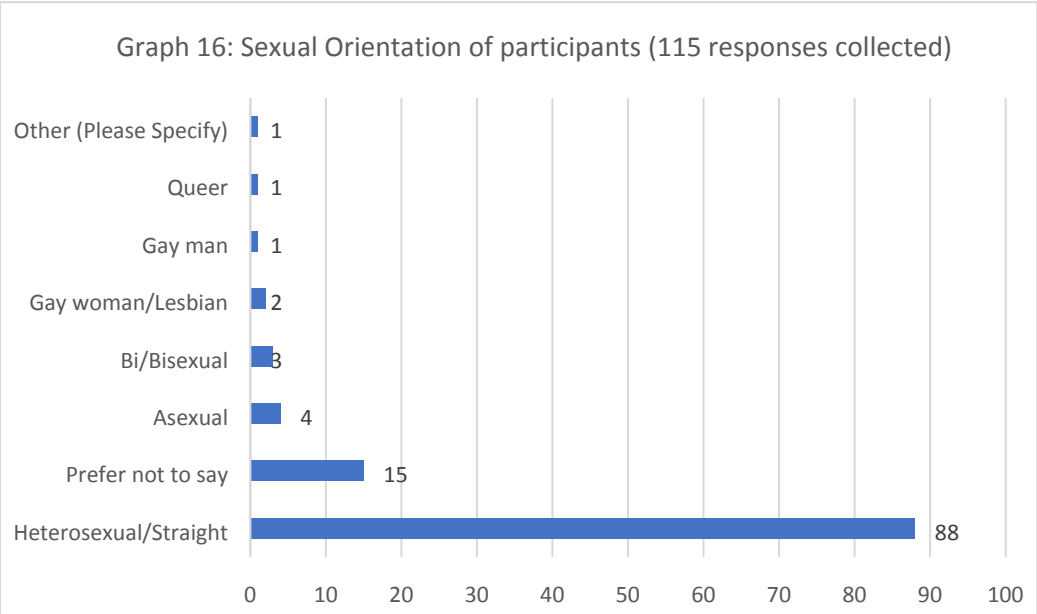


Graph 13: Does your identity match your sex as registered at birth? (113 responses collected)




Graph 14: Ethnic background (103 responses collected)
Any other ethnic group
Arab
Any other Asian background
Chinese
Asian Bangladeshi
Any other Mixed/ multiple ethnic background
Mixed White and Asian
Mixed White and Black African
Mixed White and Black Caribbean
White Gypsy or Irish Traveller
Prefer not to say
Any other Black/ African/ Caribbean/ background
Black Caribbean
Black African
Asian Pakistani
Any other White background
White - Irish
Asian Indian
White English / Welsh / Scottish / Northern Irish / British
1
1
1
1
2
2
6
7
82
0
10
20
30
40
50
60
70
80
90


Graph 15: Religion or belief
(114 responses collected)
Judaism
Islam
Spiritualist
Hinduism
Atheism
Sikhism
Prefer not to say
Did not respond
No Religion
Christianity (All denomination)
1
2
3
3
5
5
13
18
29
53
0
10
20
30
40
50
60


Graph 16: Sexual Orientation of participants (115 responses collected)
Other (Please Specify)
1
Queer
1
Gay man
1
Gay woman/Lesbian
2
Bi/Bisexual
3
Asexual
4
Prefer not to say
15
Heterosexual/Straight
88
0
10
20
30
40
50
60
70
80
90
100