

# Exploring Low Uptake of Bowel Screening by Men in Rural West Sussex

## APPENDIX REPORT – DETAILED FINDINGS



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## Index

<b>Content</b>	<b>Page</b>
Background research	1
Our approach	1
Findings	2-3
Two-question survey	3-6
Conversations in the community	7
Conversations with men	7-14
Conversations with women	14-17
Appendix A – Footnote links	18
Appendix B – two question poll respondents characteristics	19-22

## Background research

There are many studies that report how and when males and females consult with medical practitioners and seek help for health issues. *Many men experience higher rates of mortality and morbidity than women, which may reflect an array of biological, lifestyle and social factors.* (McVittie, C, and Willock, J, 2006).<sup>2</sup>Men have a tendency to disregard symptoms for far longer and diagnoses tends to be later.

Some research links men's reluctance to seek medical support to social context and health related behaviours and masculinity. With <sup>3</sup>males placing more emphasis on social connections, for example football, cricket, music, local pub, and clubs, as these provide instrumental support, whereas females tend to seek more emotional support from friends and family. So how information is communicated, shorter messaging, supported by role models from sports etc., is important and could be part of the reason why men do not complete the home bowel screening test.

## Our Approach

We worked with our male facilitators to help shape our Plan B approach after accepting that a focus group was not the right way forward for this topic. It was suggested that a two-question survey, something simple as many people have survey fatigue. The two questions used.

1. I have completed and returned the Home Screening check?

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<sup>1</sup> McVittie, C, and Willock, J, 2006 "You Can't Fight Windmills": How Older Men Do Health, Ill Health, and Masculinities. Article in Qualitative Health Research · August 2006, DOI: 10.1177/1049732306288453 · Source: PubMed

<sup>2</sup> [https://youngfoundation.org/wp-content/uploads/2012/10/INVISIBLE\\_MEN\\_-\\_FINAL.pdf](https://youngfoundation.org/wp-content/uploads/2012/10/INVISIBLE_MEN_-_FINAL.pdf)

<sup>3</sup> McKenzie, S, et al. (2018). Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice. American Journal of Men's Health 2018, Vol. 12(5) 1247–1261 © The Author(s) 2018 Article reuse guidelines: [sagepub.com/journals-permissions](http://sagepub.com/journals-permissions) DOI: 10.1177/1557988318772732 [journals.sagepub.com/home/jmh](http://journals.sagepub.com/home/jmh)

**Appendix Report – Detailed Findings**

2. I have not completed the Home Screening check. (Please provide the reasons).

This was set up via our webpage and widely promoted through our contacts and was completed by 203 people. However, 146 people completed the survey fully (n104 females, n41 males, n1 other), and 57 answered the 2 questions only.

14 Follow up conversations have been made with survey respondents - n9 males and n5 females.

We were supported in this work by four male volunteers who spoke with family, friends and others in the Crawley, Horsham, and Mid Sussex areas.

## Findings

This highlighted that three quarters of respondents completed the home bowel screening test of which 20% of responses were male. The following areas may need to be considered when engaging with people about the home bowel testing kit namely: [age](#), [access to the kit](#), [instructions issues](#), [practical issues completing the sample](#), [emotional issues associated with the test](#), [knowledge](#), and [awareness of screening](#).

There needs to be clarity around the [age](#) the test starts and ends as currently people are confused. *Not yet received or no longer receive the kit automatically.*

[Access to the kit](#) was also an issue as the details from the Screening Hub system were incorrect, some GP practices providing incorrect advice, and people having to wait longer due to the effect of the pandemic. The [instructions for completing the test and kit](#) were found to be too small, no visuals, issues with size of test tube and understanding of the instructions. were all sighted as barriers to accessing the kit.

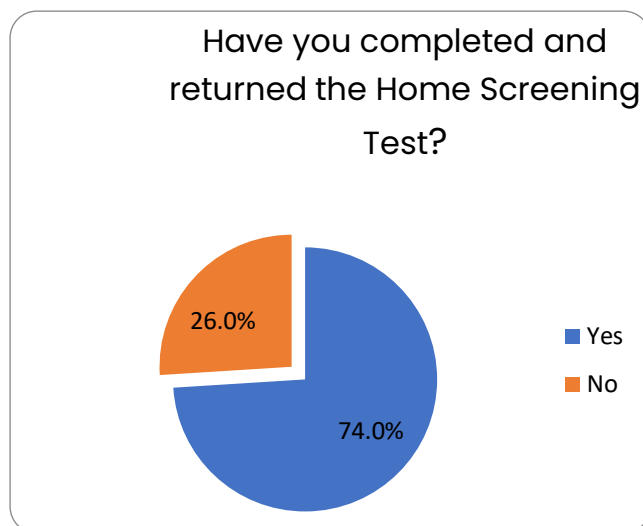
There were several [practical issues](#) reported such as other health conditions preventing the collection of a sample. Not wanting to know the outcome and difficulty around the collection of the sample.

## Appendix Report – Detailed Findings

Emotional issues centred around, ‘may have cancer and would have to make decisions’, providing the sample, and embarrassment. Issues around knowledge and awareness centred around not knowing about the test, not thinking it applied to men, age the screening ends and not wanting to complete the test. Or have been advised by their GP not to complete the test. And sceptical about the capability of the NHS to treat appropriately if diagnosed, given the pressures it is currently under.

### The two-question survey

The two-question survey was completed by 203 people (n104 females and n41 males and n1 other, plus 57 responses to the two-questions only)



The survey showed that almost three quarters of respondents confirmed they had completed and returned the bowel home screening test. [74% (n142) (n76 female and n28 male)]

However, 26% (n50) (n27 female and n13 male) respondents confirmed they had not completed the bowel home screening test.

### Reasons stated for not completing the test

The themes from the survey fell into the following categories -age, access to the kit, instruction issues, practical issues, emotional issues, knowledge and awareness and GP support and advice -for not having completed the bowel home screening test

#### Age

- Aged 50 - not yet received, but I would be more than happy to complete this! (n23)

**Appendix Report – Detailed Findings**

- As I am 75 years, I no longer automatically receive the kit, but I always did complete it in the time between 60-74yrs. (n5)
- I am no longer automatically included as I am over the age. As I have serious diverticular problems, I think the test should be automatically available to higher age groups. (Female)
- Because I am aged 80. However, I have a history of bower cancer and up until I was 75 years, I had regular colonoscopies. I have now been told that they will not do colonoscopies for over 75year olds. So, I would like the opportunity to do a home screening test. (Female)



'Always told for years I was too old to have a screening though never understood why. I have just now been unexpectedly diagnosed at 87 with terminal bowel cancer despite no previous symptoms. I still don't understand why I was never eligible for a screening.

12 years ago, my wife died of the same disease after being told she HAD been eligible for a screening programme, yet she was unaware of it having neither been informed about it nor invited to partake. Small wonder the UK's cancer survival rate is so low.' (Male)

### Access to the Kit

- It was difficult to get the kit sent to home or GP. The information on the paperwork is wrong. Person, NHS number etc. (Female carer)
- My wife was sent a pack and I rang the practice to ask why I had not received one and was advised that my wife got it due to her age and I am not in the right group and would come up for testing at some point. I have not heard anything, and I am two years older than my wife and would like the test. (Male)
- I did a test some years ago -3 or 4 years - but haven't done one since, as haven't been sent one. It used to come automatically I think, but I supposed it had been stopped due to COVID-19 etc. (Female)

**Appendix Report – Detailed Findings**

### Instruction issues

- The how to do this test instructions were all in English small print, no visuals [and] difficult. (Female carer)
- The test tub was too small, I used large wide one's last time as my hands don't twist too well. (Female carer)
- I couldn't understand the instructions. support worker tried to explain it to me. [The] tube is too small to get sample in. Couldn't write very well on label. (Female)

### Practical Issues

- Keep forgetting. I experience a lot of diarrhea, so difficult to collect sample. (Female)
- Practical issues like getting it done cleanly. (Female)
- Not yet done it but intend to do so. (Female)
- Not especially interested in knowing. (Male)
- It was difficult for me to do and took me nearly a week to get a sample, because I suffer with chronic bowel problems (mainly constipation, and I have a herniated sigmoid colon) and have to use anal irrigation daily to try to move any faecal matter. If I had been given 7 (or preferably 14) of the poo catching nets that fit over the toilet, it would have been so much easier, and so much more hygienic. I'm not surprised that a lot of people give up. (Female)
- Out of the country for weeks after delivery of the test. (Male)



I did not do the first test I received as I thought it was unhygienic and didn't like the thought of sending a sample in the post! (Male)

### Emotional issues

- Fear - If found to be signs of cancer then I would need to make a decision about what to do next. (Female)

**Appendix Report – Detailed Findings**

## Knowledge and awareness

- Not aware of the test. (n8)
- I didn't know that it existed. I'd be happy to do this, it's important to check and catch things early if there is something wrong. (Male)
- I didn't think it applied to me. (Male)
- I have a history of bower cancer and up until I was 75-year-old I had regular colonoscopies. I have now been told that they will not do colonoscopies for over 75-year-olds. I would like the opportunity to do a home screening test. (Female)
- I have had Colitis in the past and a Colonoscopy. Just don't want to do it. (Female)

## GP support and advice

- I have mentioned bowel problems to my doctor, but all that I have been given, is Laxido, which I have been taking for over a year now. Also have problems peeing. (Male)



*'I completed the test November 2008, proved positive. Followed up with tests and screening, March 2009, had section of Colon removed along with tangerine size cancer. Came home from hospital the day before my 70th birthday and still going strong. So let me say you don't need any pain to have CANCER so take the tests when offered.*

*Good luck with your campaign.'* (Male)



**Appendix Report – Detailed Findings**

## Conversations

### In the community

At engagement events, included four walking football groups in Arun, we had information from the NHS screening; timeline leaflet and [Cancer Research UK](#) booklets on the stand for people to pick up and take away, which many did. In fact, the timeline leaflet was re-printed three times (60+ copies) during the course of this project.

We spoke directly to 67 people (n56 males and n11 females) at various events.

Other insight included in this report has come from our Help Desk (n6), from general conversations with local people, partners, friends (n25), and emails received from the campaign (n2 males)

Therefore, this report is based on the [voices of 317 people](#).

### Conversations with men

From conversations with men at engagement events including four walking football groups, by telephone, email and from our volunteers through their networks the following themes – [Information -letters and kit information](#), [practical issues](#), [awareness of screenings](#), [age](#), [embarrassment](#), [communication of various screenings](#), [raising awareness](#), [other thoughts](#), and [ideas how to engage with men](#)- were expressed.




*I have always done the tests when they arrive. (n18) (Adur, Crawley, north Chichester, and Horsham)*

**Appendix Report – Detailed Findings**Information – letters and kit information

- The information you receive is great and clear. (n20) (Arun)
- The process is easy to do. You receive a letter and then about one to two weeks later the kit. The instructions are easy to follow. You produce the sample and post as instructed in the envelope. A couple of weeks later you receive the outcome. All of mine have been negative. Very easy process. (Horsham)
- It saves waiting to get more problem symptoms. (Arun)
- The information is very easy to do, and you get the result quickly. (Arun)
- I do the test it is a lot easier now that it is only one test and not three. (n20) (Arun)
- We have always been told to do screenings – flu etc., – as it is better to catch something earlier than later. (Arun)
- With regards to the information all the pictures are good, easy to follow, and you get a quick response. (Arun)
- I know from personal experience exactly what West Sussex men receive (I'm 61 and had my first kit posted to me very shortly after my 60th birthday). The test kits are dispatched centrally from the NHS Bowel Cancer Screening Hub. There is no GP involvement in the process for screening. (Mid Sussex)
- Personally, I found the instructions and process for bowel screening very clear. I've had conversations with similarly aged friends of mine and the consensus is the same. (Mid Sussex)
- I use the internet for information. I have received multiple printed letters from the NHS for bowl cancer and all are in print, *so I do not have the opportunity to ask for a different format.* (CRM)

**Appendix Report – Detailed Findings**


 *My husband received his test kit from The Bowel Cancer Screening Programme. He did the test on the day it came and posted it off. He has done them before so knows that he did it correctly. He received a notification about a week later stating that he hadn't sent the test off quickly enough and that it was unable to be tested. How can that happen if you send it back on the same day!! So, he then had to wait for another kit to be sent out and do it all again and wait for the 2 weeks for the result which was thankfully ok. (CRM Female Worthing)*

Practical issue

- There is an element of dexterity and coordination needed. (Crawley)
- Was ok once I read the instructions – *especially that not all of the stool is needed!* Spoke with my mates and they explained how it works. (Crawley)
- There needs to be more local screening so that people have somewhere to go to complete the test. I find it can be difficult to do things in the home as there are a lot of things going on. (n2) (Crawley, and Arun)
- Concept is great. If I am asked to do a test, I write on my to do list and do it the next day unlike my wife – who does not want to know if she has got anything wrong! The result came through about a month later if I was concerned, I would have followed up. (Crawley)
- I believe in keeping well and the test is ok, but my wife sort this out. (Arun)
- With rural post boxes it is not always convenient to go to the main one and the hold in the wall ones do not get emptied every day – at least not during COVID. (Horsham)
- I had one sample come back as invalid and had to do the test again but posted at the main box to ensure it got there on time. (Horsham)


## Appendix Report – Detailed Findings

- It is good to learn that the bowel screening is by post my tricky would be getting it posted as I do not use a post box often and would have to make a specific trip. (n2) (North Chichester)
- I was contacted and invited in for a colonoscopy, which was all clear. (n2) (Crawley)

 *One hurdle is having to go to the post box – I know this is a feeble excuse – our culture has changed as to when people use the post box. Maybe some people will have completed the test and left it until they go next to the post box – this could be an extra trip. (Crawley)*

### Awareness of screenings

- At what age does it start? (n6) (Arun)
- The NHS needs to increase awareness of screening as I received my first letter at 60 and did not know about these tests. (North Chichester)
- No, I am not aware of the screenings for men. I have had an MOT and that was ok. (North Chichester)
- No, I am not aware of the screening checks for males. I did have an MOT when about 50 but nothing else. Looking at the information timeline leaflet. It is good to know what to expect as I think I would be concerned if a letter just arrived. (North Chichester)
- Ignored the testing information, as do not want to know if I have bowel cancer and cannot be persuaded of the need to screen and test. (Horsham)

 *I am retired but do not have time to do things like this. I have received the kit but do not know where I have put it. I am also unsure if I want to know the outcome. (Arun)*

**Appendix Report – Detailed Findings**Age

- I have completed the test, but it has now stopped. (n12) (Arun)
- I am 55 and as yet not received any information. But it sounds easy to do. Might give the family a good lough! (North Chichester)
- I believe testing should carry on regardless of age. I found the experience 'unpleasant but worthwhile'. And understands why some men would not participate. (Mid Sussex)

Embarrassment

- It can be embarrassing to talk about. (North Chichester)
- Completed the test and has no issues with the test itself or the communications from the NHS. I have several friends who don't participate despite being of eligible age. They state they find the process distasteful and that 'they'd rather not know'. This view is irresponsible – 'better to prevent than to after-treat'. (Adur)
- What makes it embarrassing? I do not know the right language to use and not something you talk about in company.
- I get my wife to post the kit as feel embarrassed in case someone see it and recognises it as the 'poo test'. (Arun)
- It is an embarrassing issue, but we do need to get over this and just do it. (Arun)

Communication of various screenings

- For whatever reason men generally do not like to discuss, ask about or even consider issues concerning their 'private bits' – me included sadly. I think that if you can get them to look beyond that, they will respond positively. (Crawley)
- There are some issues with communication as unsure at what age it starts and ends. I think it has stopped for me but have not been told this. (n4) (Crawley, north Chichester, Horsham, Arun)

**Appendix Report – Detailed Findings**

- I think it is so important to not sugar coat and just give the facts. (North Chichester)
- Looking at the information timeline leaflet
- This is a good leaflet and never seen one before. There is little or no communication about the different screenings and as they tend to state Cancer it feels very scary – as a number of my family member have had Cancer. Maybe the message needs to be less about Cancer and more about screening. (North Chichester)

Raising Awareness

- To be honest I don't think that there is much wrong with what you've promoting, though to me, there needs some kind of 'hook' to gain men's interest – enough to get them to respond to the message. Perhaps a reference to Dame Deborah James would provide that hook or a few statistics on the rate of cancer in men and younger people. (Crawley)
- I was incredibly lucky I was sent a Bowel Test Sample through the post, and it came back as negative as part of my being over 54, I think. It was such a relief and a brilliant service to have specially with all the Deborah James Bowel Babe stuff recently and her very sad passing. (Crawley)
- My wife had done one and was able to help. Seeing Johnathan Agnew (one of Lords Cricket games was for cancer) being tested on TV was helpful. (Crawley)

Other thoughts

- Twice declined testing for the following reasons: Feels healthy and takes responsibility for own well-being. Psychologically speaking, would rather not know. I have had skin cancer and recovered. Sceptical about the capability of the NHS to treat appropriately if diagnosed, given the pressures it is currently under. (North Chichester)

**Appendix Report – Detailed Findings**

- My friends and acquaintances are all '*Why wouldn't you do this? It might save your life.*' (Horsham)
- Has COVID self-testing changed attitudes? We're now all used to putting test swabs, in tubes which is basically what this test is. (Mid Sussex)
- There are some people, like me who do not respond to screening invitations because of our faith. It does not matter if I learn I have cancer or something else terminal or not, as I believe it is the 'will of god'. Further I would not have any treatment either as 'it is the will of god if I live or die'. I do realise that some people may find this view shocking. (North Chichester)
- The video on the website is very clear and easy to understand. I have completed both types of tests and the one sample is a vast improvement. In my view if you do not complete this easy test, you do not deserve support from the NHS. (Horsham)
- It would seem that the message is getting through even for men and there is nothing to be embarrassed about and the test is so easy. (Horsham)
- I received a test after my 60th birthday but was advised by my GP that I didn't need to do the test at this time. Because I had some tests done a few months previously, having had potential symptoms at that time. The GP told me just to wait a couple of years for the next test to come round. Apparently, the GP can't suppress the screening request from being sent out centrally in cases where they aren't really needed for certain individuals. (Crawley)
- I do not trust the accuracy of the testing process. My opinion is influenced by what I have read about prostate cancer testing and the high number of false positives. (Mid Sussex)



*A good friend of mine found out in his 50's that he had bowel cancer but hadn't known or recognised the symptoms. After extensive treatment he is now clear and leading a normal life. (Crawley)*

## Appendix Report – Detailed Findings

### Ideas how to engage with males

- Men respond to peer pressure and do compare notes with mates and chase each other up. Even if to some it is banter....it works. (Arun)
- I have lost a couple of good friends to bowel cancer, so am passionate about family and friends taking up the screening. (Arun)
- Getting men to do things you have to have some male banter – works every time. (Arun)
- To get men to complete screenings you need to engage with the women in their lives – wife, partner, daughter, sisters, mother – and ask them to speak with their men. ‘As we have to do what they ask, or life is not worth living.’ (n2) (Arun)

## Conversations with women

During the engagement for this project, we spoke with a number of women, by telephone, and face-to-face and this is their feedback.



*I have just turned 60. I requested a COVID test as I have used all I had and need to test for work. A box arrived and I put it into my cabinet. My son began to have symptoms of COVID, and I suggested he did a test and use my kit in the cabinet. He got the box out of the cabinet and looked very confused as to how to use – he had the FIT test -which I had reported as not having received to the screening center. As both boxes look the same. (Worthing)*

### Media and Promotion

- There needs to more information on Men Forums and Men’s Health Week about the screenings and what to expect. (n2) (Worthing and North Chichester)
- Even the loss of Dame Deborah there was nothing promoted about the FIT testing, a lost opportunity. (Worthing)



**Appendix Report – Detailed Findings**

- Maybe there could be some role models to support people – it is known that Dame Deborah increased massively the number of hits to social media. We do not like talking about ‘poo’ but maybe if a famous person did it might be helpful. (North Chichester)
- Bowel cancer screening and symptoms need to be promoted like other campaigns – stroke for example. It is important to get the signs and symptoms out there. (Chichester)
- I believe for example that a heart attack can be different for men and women. (North Chichester)
- Many men do not talk about their health – football/cricket yes but medical no. (North Chichester)
- There is a need to remove the embarrassment/stigma attached to bowel issues and start to normalise it – by talking about it. (North Chichester)
- I am a large lady and do not know the signs for a heart attack or what screenings are available or when – you are never told these things by health professionals or others. (North Chichester)
- Maybe we should be discussing screening more in schools especially secondary and university. (North Chichester)

Collection barrier

- I find it very difficult to collect the sample and very off putting. The main issue is around ‘how do you do it?’ The collecting of the sample has stopped me doing it, for 8 week until I did and once, I had I was fine. (Crawley)
- It is odd that we are brought up to not play with our poo, yet this test seems to be the opposite. It all feels dirty to me. (North Chichester)
- Maybe there needs to be some form of collecting tray in the pack or the pack can be changed into a collecting tray. (Crawley)

**Appendix Report – Detailed Findings**

- The good thing about the whole process was that the results came through very quickly within 2-3 days I received a text. I then thought *'why had I not done this sooner'*. (Crawley)
- I cannot fault the process at all. (n2 Worthing and Crawley)

Kit and process

- I think the whole system is very good and self-explanatory. I had no problems completing the test. I did last time have to do 2 as the first one did not work but the next kit arrived quickly. The result came through quickly as well so do not know why people do not complete the test. (Worthing)
- A pair of gloves might be helpful. (Arun)
- I have bowel cancer in my family and know how important it is to catch things quickly. We also complete a colonoscopy every 5 years. (Worthing)
- My brother and sister have had bowel cancer so was relieved to receive the FIT kit. The information received was clear and in easy language and format. The result -by post- came through very quickly. (Mid Sussex)
- I would have liked to have been screened sooner but during COVID it was very difficult to get a GP appointment to discuss things. I did try and completed the e-consult form I added that family members have had bowel cancer but no-one from the GP practice responded to this. (Mid Sussex)
- The test process is so much better now and very, very easy. I was very surprised by the new process and has made a world of difference. Maybe let people know how easy it is to do as this would reassure people – it is a million percent better than previously. *'Maybe you may have heard the FIT was tedious but now the process is really easy.'* Use YouTube with a click here.' (Chichester)

**Appendix Report – Detailed Findings**

- In the letters it may be better to be less medicalised and call it 'poo' not 'faecal matter', keep the language simple and be more palatable to people. (Chichester)
- 'Millions of people are doing the FIT click here to see.' If targeting people from 50+ then most have access to smart phones – consider the audience and how IT has moved along. But be less medicalised.' (Chichester)
- Also consider diverse communities and what terms are used. (Chichester)
- The test is nothing like a smear test and you can do it in private. (Chichester)
- Maybe 'Stitch in time type of approach. Similar to men and prostate.' (Chichester)
- For me the language of the communication does not match the experience now. (Chichester)



My granddaughter, who is in her 30's has been diagnosed with bowel cancer. How can that be? So now I am encouraging all of my friends and family to do the screening. It is certainly a wakeup call. (Arun)

## Appendix Report – Detailed Findings

Appendix A – Footnote links		
1	Mc Vittie, C and Willock, J. 2006, You can't fight windmills: how older men do health, ill-health and masculinities.	Source: PubMed DOI: 10.1177/104932306288453
2	Aman Johal, Anton Shelupanov & Will Norman. INVISIBLE MEN: engaging more men in social projects	<a href="https://youngfoundation.org/wp-content/uploads/2012/10/INVISIBLE_MEN_-_FINAL.pdf">https://youngfoundation.org/wp-content/uploads/2012/10/INVISIBLE_MEN_-_FINAL.pdf</a>
3	McKenzie, S, et al. (2018). Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice. American Journal of Men's Health 2018, Vol. 12(5) 1247–1261.	<a href="https://sagepub.com/journals-permissions">sagepub.com/journals-permissions</a> DOI: 10.1177/1557988318772732 <a href="https://journals.sagepub.com/home/jmh">journals.sagepub.com/home/jmh</a>

## Appendix B

Survey recorded respondents' characteristics.

<b>Which gender do you most identify?</b>			
		<b>Response Percent</b>	<b>Response Total</b>
1	Male	28.3%	41
2	Female	71.0%	103
3	Non-binary	0.0%	0
4	Other	0.7%	1
5	Prefer not to say	0.0%	0
<b>answered</b>			<b>145</b>
<b>skipped</b>			<b>3</b>

<b>Is your gender different to the sex assigned to you at birth?</b>			
		<b>Response Percent</b>	<b>Response Total</b>
1	Yes	4.9%	7
2	No	94.4%	136
3	Prefer not to say	0.7%	1
<b>answered</b>			<b>144</b>
<b>skipped</b>			<b>4</b>

<b>Employment status please tick all that apply</b>			
		<b>Response Percent</b>	<b>Response Total</b>
1	Working full time	15.2%	22
2	Working part time	22.1%	32
3	Seeking work full time	0.7%	1
4	Seeking work part time	0.7%	1
5	Student	0.7%	1
6	Unemployed	2.1%	3
7	Retired	61.4%	89

		<b><i>answered</i></b>	<b>145</b>
		<b><i>skipped</i></b>	<b>3</b>
<b>How would you describe your ethnic background?</b>			
		<b>Response Percent</b>	<b>Response Total</b>
1	White, British, Irish, Other	96.6%	140
2	Asian or Asian British	0.0%	0
3	Indian	0.0%	0
4	Pakistani	0.0%	0
5	Bangladeshi	0.0%	0
6	Any other Asian background	0.0%	0
7	Mixed	0.0%	0
8	White and Black Caribbean	0.7%	1
9	White and Black African	0.0%	0
10	White and Asian	1.4%	2
11	Any other mixed background	0.0%	0
12	Black or Black British	0.0%	0
13	Caribbean	0.0%	0
14	African	0.0%	0
15	Any other Black background	0.0%	0
16	Other Ethnic Group	0.0%	0
17	Chinese	0.0%	0
18	Any other Ethnic Group	0.7%	1
19	Prefer not to say	0.7%	1
		<b><i>answered</i></b>	<b>145</b>
		<b><i>skipped</i></b>	<b>3</b>

<b>How would you describe your religion or beliefs?</b>			
		<b>Response Percent</b>	<b>Response Total</b>
1	Buddhist	0.7%	1
2	Christian (all denominations)	48.3%	70
3	Hindu	0.0%	0
4	Jewish	0.7%	1

## Appendix Report – Detailed Findings

5	Muslim	0.7%	1
6	Sikh	0.0%	0
7	No religion	39.3%	57
8	Prefer not to say	6.2%	9
9	Other (please specify): <ul style="list-style-type: none"> <li>• A mix of Christianity and Buddhism.</li> <li>• Pantheist</li> <li>• Quaker</li> <li>• Just a spiritual person</li> <li>• Atheist (n2)</li> </ul>	4.1%	6
		<b>answered</b>	<b>145</b>
		<b>skipped</b>	<b>3</b>

### Please tell us which sexual orientation you identify with?

		<b>Response Percent</b>	<b>Response Total</b>
1	Asexual	2.8%	4
2	Bisexual	2.1%	3
3	Gay	2.1%	3
4	Heterosexual	86.8%	125
5	Lesbian	2.1%	3
6	Pansexual	0.7%	1
7	Prefer not to say	3.5%	5
8	Other (please specify):	0.0%	0
		<b>answered</b>	<b>144</b>
		<b>skipped</b>	<b>4</b>

## Appendix Report – Detailed Findings

Do you consider yourself disabled, as set out in the Equality Act 2010?			Response Percent	Response Total
1	Yes <ul style="list-style-type: none"> <li>• Male (n2)</li> <li>• Female (n14)</li> </ul>		11.1%	16
2	No		87.5%	126
3	Prefer not to say		1.4%	2
			<b>answered</b>	<b>144</b>
			<b>skipped</b>	<b>4</b>

Do you consider yourself to be a carer, have a disability or a long-term health condition? Please tick all that apply				
			Response Percent	Response Total
1	Yes, I consider myself to be a carer <ul style="list-style-type: none"> <li>• Male (n3)</li> <li>• Female (n14)</li> </ul>		11.7%	17
2	Yes, I consider myself to have a disability <ul style="list-style-type: none"> <li>• Male (n2)</li> <li>• Female (n11)</li> </ul>		9.0%	13
3	Yes, I consider myself to have a long-term condition <ul style="list-style-type: none"> <li>• Male (n6)</li> <li>• Female (n24)</li> <li>• Other (n1)</li> </ul>		21.4%	31
4	None of the above		68.3%	99
5	Prefer not to say		1.4%	2
			<b>answered</b>	<b>145</b>
			<b>skipped</b>	<b>3</b>



## Talk to us

If you have questions about the content of this report, please either call **0300 012 0122** or email

[cheryl.berry@healthwatchwestsussex.co.uk](mailto:cheryl.berry@healthwatchwestsussex.co.uk)

## How this insight will be used?

We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps. We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future.

For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.



Here to help you on the next step of your health and social care journey

You can review how we performed and how we report on what we have done by visiting our website

[www.healthwatchwestsussex.co.uk](http://www.healthwatchwestsussex.co.uk)



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Healthwatch West Sussex works with Help & Care to provide its statutory activities.

