

Equality Impact Assessment 2024-2025



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Contents

Equality Impact Assessment 2024–2025: Headlines	2
Equality Impact Assessment 2024–2025: Introduction	5
Calculating the data	7
15 sources of data reviewed and their equalities data	8
Aggregated data for 2024–2025	12
Sex:	13
Age:	14
Gender identity:	15
Sexual orientation:	16
Disability:	16
Ethnicity:	17
Religion:	18
Carers:	19
Armed Forces:	19
Conclusion	19
Where we are doing well:	20
Where we could improve:	21

Equality Impact Assessment 2024–2025: Headlines

Healthwatch Brighton and Hove regularly evaluates its projects and reviews of health and care services to assess how effectively we have engaged with the general population of the city and its diverse communities. This Equality Impact Assessment (EIA) provides detail on the extent to which this was achieved in the last year. This EIA uses data from all projects and reports published, as well as analysis of our homecare project and helpline data by Healthwatch Brighton and Hove between April 1st 2024 and March 31st 2025, where demographic data (age, ethnicity, etc) were collected.

Equalities data is compared to the previous 2023–2024 review and to the latest local census data (2021).

We present equalities data captured from 15 projects, reports detailing our engagement activities as well as helpline data. These comprise a total of **2,174** responses, more than double the number in the 2023–2024 report (1,023). This is due to the increased recording of equalities data in our surveys, helpline responses and pan-Sussex monthly polls (since September 2024). For the pan-Sussex polls, only the data originating from Brighton and Hove is included.

Note that Healthwatch has engaged people through other activities such as hospital visits and events where we have been unable to capture equalities data. For 2024–25, a further **413** people were engaged in this manner.

The 15 individual projects, reports and activities we have reviewed where there is equalities data, in chronological order, are:

1. [Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove](#). May 2024. 22 people.
2. [Young People share their views on barriers to accessing services](#). June 2024. 9 people.
3. [Patients' views about Woodingdean Medical Centre: Final Report](#). September 2024. 1,129 people.

4. [Healthwatch Brighton and Hove Public engagement events, April-September 2024](#). September 2024. 120 people.
5. [Your experiences of Hospital Discharge](#). (Poll) October 2024. 18 people.
6. [Parents and Carers of children 0 – 5 years old – views of accessing children’s healthcare in Sussex](#). October 2024. 136 people.
7. [Your experience of hospital outpatient appointment letters](#). (Poll) November 2024. 62 people.
8. [Your experiences of cancer screening](#). (Poll) January 2025. 13 people.
9. [Your experiences of NHS Dental services in Brighton & Hove and Sussex-wide](#). (Poll) February 2025. 131 people.
10. [Report on experiences of treatment for earwax in Brighton and Hove](#). March 2025. 58 people.
11. [People affected by dementia and carers’ experience of hospitals in Sussex](#). March 2025. 5 people.
12. [Your experiences of accessing Neurodevelopmental Services](#). (Poll) March 2025. 42 people.
13. Engagement events (2024-2025) – 25 people
14. Homecare project (2024-2025) – 176 people
15. Feedback and helpline (2024-2025) – 228 people.

The report outlines the aggregated equalities data from these 15 sources. Next year’s report will include a profile of staff and volunteers following a survey planned for Autumn 2025.

As a caveat to these results, our engagement activities (projects, events and wider engagement) do not all strive to achieve a city-wide representative sample which is often dependent on the engagement activity. Some of our projects and activities target specific communities and cohorts of people that we wish to engage with on given topics, identified through our planning and prioritisation process or in response to an emerging issue or concern. For example, our homecare project and digital work with minority ethnic communities were heavily weighted to an older sample.

Also, although we compare the *proportions* (or percentage) of people engaged compared to the census proportions (e.g. of those we heard

from, 10.9% were LGBTQ+ compared to the census proportion of 10.6%), it is important to state that this past year's activity has effectively engaged with greater *numbers* of people with protected characteristics.

We have progressed this year to having more standardised definitions for disability and age groups.

In 2024-2025, Healthwatch was effective in hearing the views from:

- People who said that their gender did not match their sex assigned at birth: this was 1.5% of our sample, which exceeded the census proportion of 1.1% for the city.
- People who identified as LGBTQ+: 10.9% of our sample, compared to the census figure of 10.6%.
- People who said that they had a disability: 39.1% of our sample, compared to the census figure 18.7%.
- People who were a carer for someone else: 17.9% of our sample, compared to the census figure 7.9%.
- 51.0% of people said that they had 'no religion' and 46.2% identified as Christian, whilst 2.8% gave 'other responses'. The proportion of our sample with 'no religion' is aligned to the census figure of 55.2%

Where we could improve:

- 34% of people we heard from self-described themselves as being a man/male¹. This has slightly halted the downward trend seen over the last four years and represents the highest proportion we have engaged since 2021-2022. Nevertheless, our 2024-2025 figure is less than the census figure of men comprising 48.9% for the city's population.
- Although our engagement shows a marginally younger age profile to that observed last year, those aged 65 and older still comprise over 40% of people we hear from. This differs to the age profile of Brighton and Hove.

¹ The 'self-description' of man or male would include trans men/males. Same for trans women/females.

- Although the proportion of ethnic minority groups has increased since last year to 21.0%, we are still lower than census figure of 26.1%.

Overall, we are achieving well in the majority of the protected characteristics but there is a need to reach more men, more younger people, and people from ethnic minorities. Nonetheless, the trend has been promising over this last year seeing a slight increased proportion of men, younger people and ethnic minority groups.

Equality Impact Assessment 2024–2025: Introduction

Healthwatch Brighton and Hove gathers patient opinion on health and social care services from across the community and uses this information to recommend improvements and escalate concerns. To be effective, it is vital that the patient opinion we gather is accurate and reflects all parts of the community.

As part of this commitment, we annually evaluate our engagement to determine how effectively we have engaged with the population of the city and its diverse communities. This Equality Impact Assessment (EIA) provides detail on the extent to which this has been achieved.

More specifically, the EIA presents the degree to which our projects, reports and range of activities reached out to the ‘protected characteristics groups’ specified in the Equality Act 2010. This EIA report includes data on: age, sex, gender identity, ethnicity, disability, religion, sexual orientation, and Armed Forces.

This EIA uses data from all activities published by us between April 1st 2024 and March 31st 2025 as well as an analysis of our homecare project and helpline data where demographic data (age, sex, etc.) were collected. A total of **2,174** people provided this data from 15 sources.

The quantity of equalities data is more than double the number described in our 2023–2024 report (1,023 from 7 projects). This is due to the increased

recording of equalities data in our surveys, helpline responses and pan-Sussex monthly polls (since September 2024). For the pan-Sussex polls, only the data originating from Brighton and Hove is included.

The equalities data from our engagement activities will be underestimates (numerically) due to the fact that not all equality questions were asked during every engagement activity. This was particularly so when speaking to people face-to-face or when it was not suitable for our surveys to include all the protected characteristics questions e.g. our monthly polls are usually limited to asking six questions and it would not be appropriate (or may be off-putting to respondents) to ask a large number of demographic questions. To illustrate, our equalities data showed that we heard from 131 people who identified as LGBTQ+. If we had asked this question as part of every engagement activity the numbers would likely be higher.

We engaged a further **413** people in 2024-2025 where no equalities data was recorded (for example, in face-to-face engagement where questionnaires were not used) or where people opted not to provide this data (as in some of the helpline data). The 2024-25 projects and activities where equalities data was not collected were as follows:

- [Enter and View Report: The Emergency Department at the Royal Sussex County Hospital March 2024](#). April 2024. 7 people.
- [Views about Memory Assessment Services \(MAS\)](#). (Poll) May 2024. 13 people.
- [Stakeholder Survey 2024](#). May 2024. 53 people.
- [Your experiences of being seen by a Physician Associate](#). (Poll) June 2024. 19 people.
- [Your experiences of using eConsult](#). (Poll) July 2024. 29 people.
- [Patient feedback about the Emergency department at the Royal Sussex County Hospital](#). July 2024. 19 people.
- [Your experiences of using pharmacy services](#). (Poll) August 2024. 53 people.
- [Eye tests poll](#). (Poll) September 2024. 49 people.
- [Enter and View report: Fracture Clinic at Royal Sussex County Hospital](#). August 2024. 5 people.

- [Your experience of adult social care services](#). (Poll) December 2024. 13 people.
- [Healthwatch Brighton and Hove Public Engagement Events: October 2024 – March 2025](#). March 2025. 144 people.
- [Patient Communication at the Royal Sussex County and Royal Alexandra Children's Hospitals – Validation of the Welcome Standards](#). March 2025. 9 people.

Taken collectively, we have heard from **2,587** people during 2024–2025.

Calculating the data

The aggregated data includes the numbers of people engaged according to each protected characteristic. We compare our data to the city population and how we fared in last year's review (2023–2024).

As our numbers will always be lower than the local population data (from a city of 277,000 people), we use percentages or proportions to see where we are being effective, compared to the city, in capturing people from the protected characteristics.

We calculate percentages from all those who provided a valid answer to the questions asked (i.e. excluding those who did not provide an answer or who preferred 'not to say'). For example, if a study asked people if their gender was the same as that assigned at birth, the percentage would be all those that provided an answer ('yes' or 'no') and excluded those who did not provide an answer.

15 sources of data reviewed and their equalities data

	Project	Equalities data
1.	<p>Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove. May 2024.</p> <p>Engaged 22 Black and Racially Minoritised (BRM) people over the age of 55 about their attitudes and use of digital technology.</p>	<p>Sex: Female: 16; Male; 6; Non-Binary: 0. [From 22]².</p> <p>Age: 4 aged 55–64; 10 aged 65–74; 8 aged 75–84. [From 22].</p> <p>Sex same as assigned at birth: Yes: 22; No: 0. [From 22].</p> <p>LGBTQ+: 0. [From 22].</p> <p>Ethnicity: White-British: 0; not White-British: 22. [From 22].</p> <p>Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months: Yes a little: 5; Yes a lot: 1; No: 16. [From 22].</p> <p>Carer: 5. [From 22].</p> <p>Religion: Christian: 19; no religion: 3. [From 22].</p>
2.	<p>Young People share their views on barriers to accessing services. June 2024.</p> <p>Worked with ru-ok? to engage 9 young people. Helped to develop a toolkit for practitioners with accompanying audio content.</p>	<p>Sex: Female: 2; Male: 1; non-binary: 5 (From 8).</p> <p>Age: 1 aged 12; 1 aged 16; 1 aged 17; 1 aged 18; 3 aged 19. [From 7]. 7/7 aged 16–24.</p> <p>Ethnicity: White-British: 7; not White-British: 2. [From 9].</p> <p>LGBTQ+: 5. [From 9].</p>
3.	<p>Patients' views about Woodingdean Medical Centre: Final Report. September 2024.</p> <p>Engaged 1,129 people about their views of Woodingdean Medical Centre following</p>	<p>Sex: Female: 679; Male: 373; non-binary: 2. [From 1054].</p> <p>Sex different to that assigned at birth: 15 [From 1057].</p> <p>Age: 2 aged 16 under; 38 aged 17–24; 61 aged 25–34; 107 aged 35–44; 174 aged 45–54; 252 aged 55–64; 246 aged 65–74; 167 aged 75–84; 24 aged 85 or older. [From 1071]. Average age 58.4 years.</p>

² These numbers are those who provided a valid answer i.e. those that answered a question from which the percentage responses can be calculated.

	Project	Equalities data
	concerns about difficulties in making an appointment.	<p>Ethnicity: White-British: 869; not White-British: 156. [From 1025].</p> <p>LGBTQ+: 90 [From 981].</p> <p>Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months: Yes a little: 251; Yes a lot: 154; No: 655. [From 1060].</p> <p>Religion: Christian: 437; no religion: 467; 22 other. [From 926].</p> <p>Carer: 180. [From 1041].</p> <p>Armed Forces – currently or ever served in the Armed Forces or member of a current or former serviceman or woman's immediate family or household?: 86. [From 984].</p>
4.	<p>Healthwatch Brighton and Hove Public engagement events, April-September 2024. September 2024.</p> <p>Review of our events attended or led between April and September 2024.</p>	<p>Ethnicity: White-British: 50; not White-British: 70. [From 120].</p> <p>Deaf/hearing loss: 6 [From 120].</p>
5.	<p>Your experiences of Hospital Discharge. October 2024. (Poll).</p> <p>18 people.</p>	<p>Sex: Female: 10; Male: 8 [From 18].</p> <p>Age: 3 aged 35–44; 3 aged 45–54; 2 aged 55–64; 4 aged 65–74; 6 aged 75–84; [From 18].</p> <p>Ethnicity: White-British: 16; not White-British: 2. [From 18].</p> <p>Disability: 8. [From 12].</p> <p>Long term health condition: 8. [From 12].</p> <p>Carer: 2 [From 12].</p>
6.	<p>Parents and Carers of children 0 – 5 years old – views of accessing children's healthcare in Sussex. October 2024.</p>	<p>Sex: Female: 50; Male: 12. [From 62].</p> <p>Age: 1 aged 16 or under; 11 aged 17–24; 26 aged 25–34; 24 aged 35–44; 32 aged 45–54; 18 aged 55–64. [From 112].</p>

	Project	Equalities data
	CQC funded project talking to 136 parents/carers and their experience of accessing health care services in Sussex. Survey and interviews.	<p>Gender same as sex assigned at birth: Yes: 60; No: 2. [From 62].</p> <p>Ethnicity: White-British: 51; not White-British: 15. [From 91].</p> <p>LGBTQ+: Yes: 15; No: 50. [From 65].</p> <p>Religion: no religion: 53; Christian: 18; other: 7. [From 78].</p> <p>Long term condition: 20 [from 81].</p>
7.	Your experience of hospital outpatient appointment letters. November 2024. (Poll). 62 people.	<p>Sex: 41: Female; 17: Male. [From 58].</p> <p>Age: 1 aged 17-24; 1 aged 25-34, 3 aged 35-44, 7 aged 45-54; 12 aged 55-64; 16 aged 65-74; 14 aged 75-84; 4 aged 85-94. [From 58].</p> <p>Ethnicity: White-British: 43; not White-British: 9. [From 52].</p> <p>Disability: with disability: 21; without disability: 19 [from 40].</p> <p>Long term health condition: 36 [From 40].</p> <p>Carer: 10 [From 40].</p>
8.	Your experiences of cancer screening. January 2025. (Poll). 13 people.	<p>Sex: Female: 11; Male: 2. [From 13].</p> <p>Age: 3 aged 45-54; 4 aged 55-64; 4 aged 65-74; 2 aged 75-84 [From 13].</p> <p>Ethnicity: White-British: 9; not White-British: 4 [From 13].</p> <p>Disability: with disability: 5; without disability: 8 [from 13].</p> <p>Long term health condition: 7 [From 13].</p> <p>Carer: 2 [From 13].</p>
9.	Your experiences of NHS Dental services in Brighton & Hove and Sussex-wide. February 2025. (Poll). 131 people.	<p>Sex: Female: 93; Male: 31; non-binary: 2 [From 126].</p> <p>Age: 5 aged 25-34; 9 aged 35-44; 36 aged 45-54; 27 aged 55-64; 30 aged 65-74; 14 aged 75-84; 2 aged 85 or older. [From 123].</p> <p>Ethnicity: White-British: 100; not White-British: 26. [From 127].</p> <p>Disability: with disability 25; without disability: 41 [from 66].</p>

	Project	Equalities data
		<p>Long term health condition: 48 [From 66].</p> <p>Carer: 15 [From 66].</p>
10.	<p>Report on experiences of treatment for earwax in Brighton and Hove. March 2025.</p> <p>58 people.</p>	<p>Sex: Female: 23; Male: 17. [From 40].</p> <p>Sex same as assigned at birth: Yes 43 [From 43].</p> <p>Age: 1 aged 16 or under; 2 aged 17–24; 2 aged 25–34; 0 aged 35–44; 4 aged 45–54; 7 aged 55–64; 14 aged 65–74; 13 aged 75–84; 1 aged 85–94 [From 44].</p> <p>Ethnicity: White–British: 39; not White–British: 5 [From 44].</p> <p>Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months: Yes a little: 6; Yes a lot: 12; No: 24. [From 42].</p> <p>Type of impairment: Physical: 10; Sensory Impairment: 9; Learning Disability/Difficulty: 2; Long-standing illness: 3; Mental Health condition: 4; Other: 4. [From 24 – could choose more than 1 condition].</p>
11.	<p>People affected by dementia and carers' experience of hospitals in Sussex. March 2025.</p> <p>5 people.</p>	<p>Sex: Female: 2; Male: 3. [From 5].</p> <p>Age: 3 aged 75–84; 2 aged 85–94 [From 5].</p> <p>LGBTQ+: 0 [From 5].</p>
12.	<p>Your experiences of accessing Neurodevelopmental Services. March 2025 (Poll).</p> <p>42 people.</p>	<p>Sex: Female: 24; Male: 9; non-binary: 5. [From 38].</p> <p>Age: 1 aged 16; 1 aged 17–24; 7 aged 25–34, 9 aged 35–44; 13 aged 45–54; 8 aged 55–64; 1 aged 65–74. [From 40].</p> <p>Ethnicity: White–British: 23; not White–British: 15. [From 38].</p> <p>Disability: with disability: 19; without disability: 19 [from 38].</p> <p>Long term health condition: 12 [From 38].</p> <p>Carer: 7 [From 38].</p>

	Project	Equalities data
13.	Engagement events (2024-2025). 25 people	Sex: Female: 10; Male: 8. [From 18]. Age: 1 aged 25-34; 0 aged 35-44; 3 aged 45-54; 4 aged 55-64; 4 aged 65-74; 3 aged 75-84; 0 aged 85 or older. [From 15]. Ethnicity: White-British: 7; not White-British: 3. [From 10]. Disability: with disability: 6; without disability: 12 [From 18]. LGBTQ+: 1 [From 10]. Religion: Christian: 4; no religion: 5. [From 9]
14.	Homecare project (2024-2025). 176 people.	Sex: Female: 104; Male: 69. [From 174]. Age: 2 aged 17-24; 2 aged 25-34; 2 aged 35-44; 9 aged 45-54; 26 aged 55-64; 22 aged 65-74; 68 aged 75-84; 45 aged 85 or older. [From 176]
15.	Feedback and helpline (2024-2025). 228 people.	Sex: Female: 93; Male: 58; non-binary: 1. [From 152]. Sex same as assigned at birth: Yes: 114; No: 2 [From 116]. Age: 5 aged 18-24; 32 aged 25-49; 52 aged 50-64; 45 aged 65-79; 16 aged 80 or older. [From 150]. Ethnicity: White-British: 98; not White-British: 21. [From 119]. LGBTQ+: 20 [From 91].

Aggregated data for 2024-2025

During 2024-2025, we engaged a total of **2,587** people – **2,174** provided equalities data and a further **413** were engaged but did not provide equalities data.

In percentage terms, of those we engaged, 84% provided some equalities data. This shows an increased focus on recording equalities data compared to 2023-2024, where 60% of those we engaged provided such data.

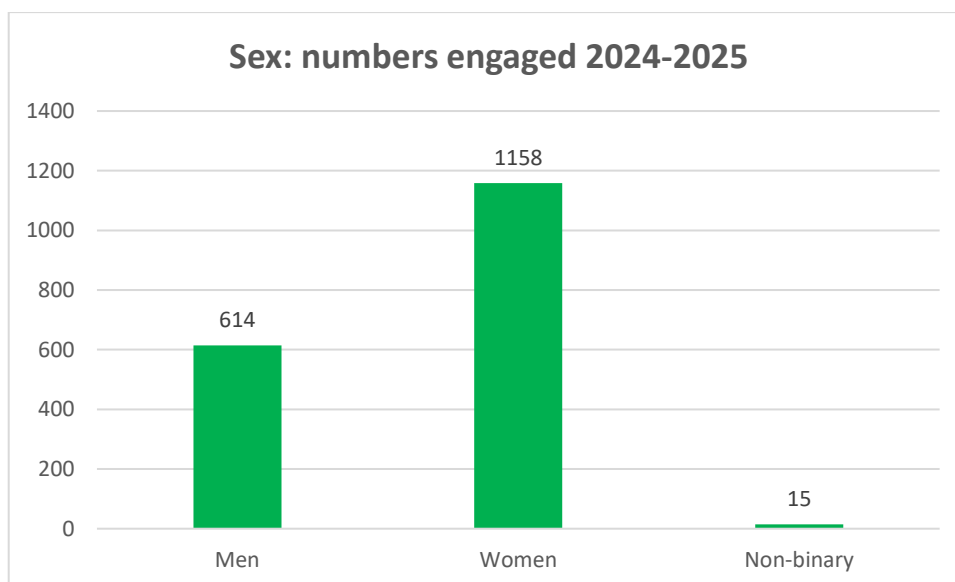
The aggregated numbers and proportions engaged across the seven projects are as follows:

Sex:

Fourteen of our 15 sources of data recorded data on sex. We engaged 1,158 people who self-described themselves as women or female³, 614 people who self-described themselves as men or male, and a further 15 people who self-described themselves as non-binary. This equates to 64.8% women, 34.4% men and 0.8% non-binary.

For 14 of the 15 sources of data that provided sex data, all except one had a greater proportion of women engaged – the exception being our project which explored the experience of hospitals services among those affected by dementia.

This is consistent with our previous reports and activities and may reflect the acknowledgment that a greater response rate from women is seen in respect of health-related information⁴.



³ The 'self-description' of woman or female would include trans women/females. Same for trans men/males.

⁴ Wang Y, Hunt K, Nazareth I, et al Do men consult less than women? An analysis of routinely collected UK general practice data. BMJ Open 2013;3:e003320. doi: 10.1136/bmjopen-2013-00332

Age:

A total of 1,854 people provided data about their age from 14 of our 15 sources of data. This year, we have tried to report age in the same bands, with 13 sources of data achieving this.

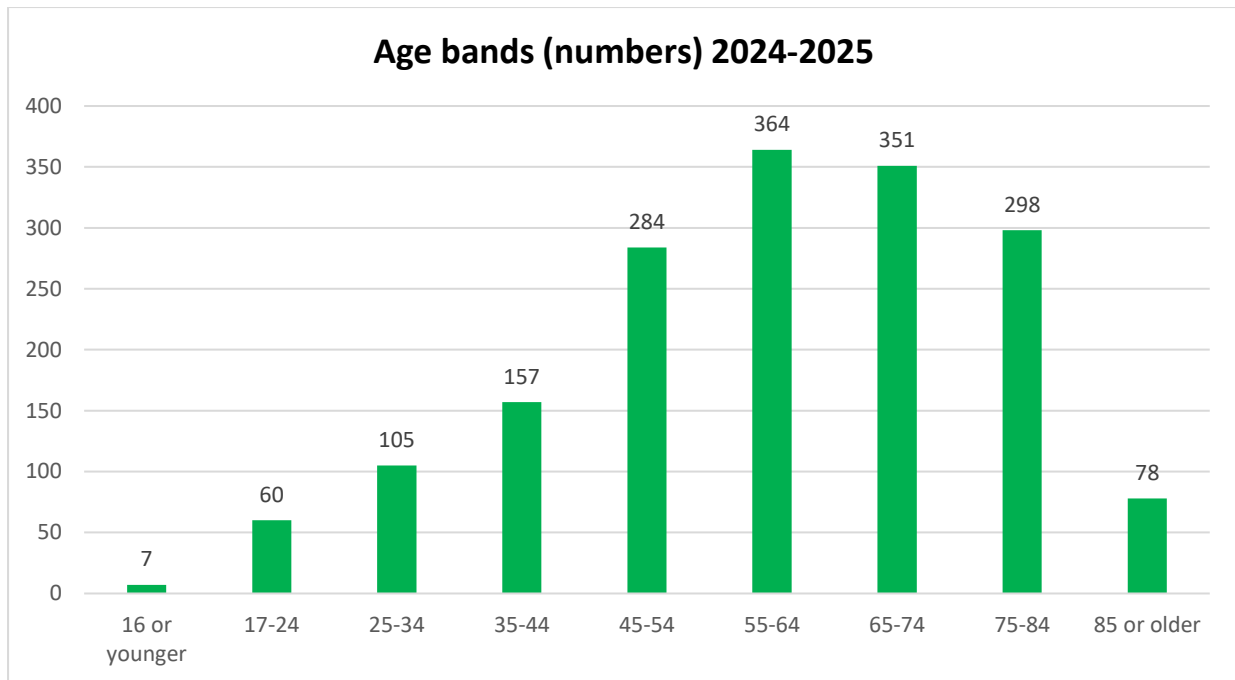
We have also started to record precise age which not only allows us to group into bands but also allows us to measure the average age and perform a greater depth of analysis. For example, the average age of a person responding to our Woodingdean Medical Centre survey was 58.4 years.

We have addressed last year's recommendation to "emphasise the need to set an agreed age banding or recording of precise age."

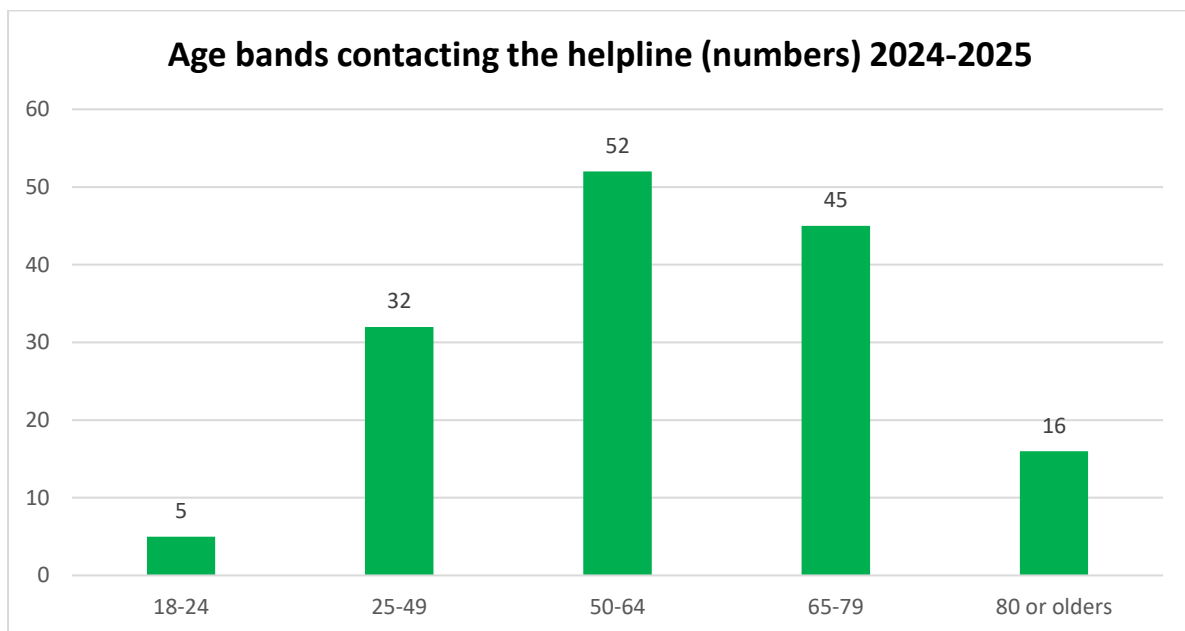
For 13 combined sources of data (totalling 1,704 people):

- The ages of people we engaged have been dominated by the 55s and over, comprising 1,091 people or 64.0% of the overall sample. 42.6% were aged 65 or older.
- The most represented age groups were those aged 65–74 comprising 351 people or 20.6% of the sample. This compares to 328 people or 19.3% of the sample aged under 45.
- Only 67 (3.9%) people were aged under 25 from these combined sources of data.

This older age representation may be a product of older people having more time to discuss and share their experiences, or of having health issues to discuss, and that some of our projects were naturally overrepresented by older people such as our work with Black and Racially Minoritised digital elders, our Homecare project (which focuses on the care people receive in their own homes) and a project which specifically explored hospital care among people affected by dementia.



The remaining chart for age, that offers different age bands, again shows that older people were most often those to contact the helpline.



Gender identity:

From 5 out of the 15 sources of data, 19 people said that their gender differed to their sex assigned at birth. This represents 1.5% of all the 1,300

people who were asked that question in 2024-2025. This question was asked more regularly compared to last year.

Sexual orientation:

We engaged with 131 people who identified as LGBTQ+ (from four data sources). From the number of people who answered this question (1,203), this amounts to 10.9% of our sample. The proportion is slightly higher than last year.

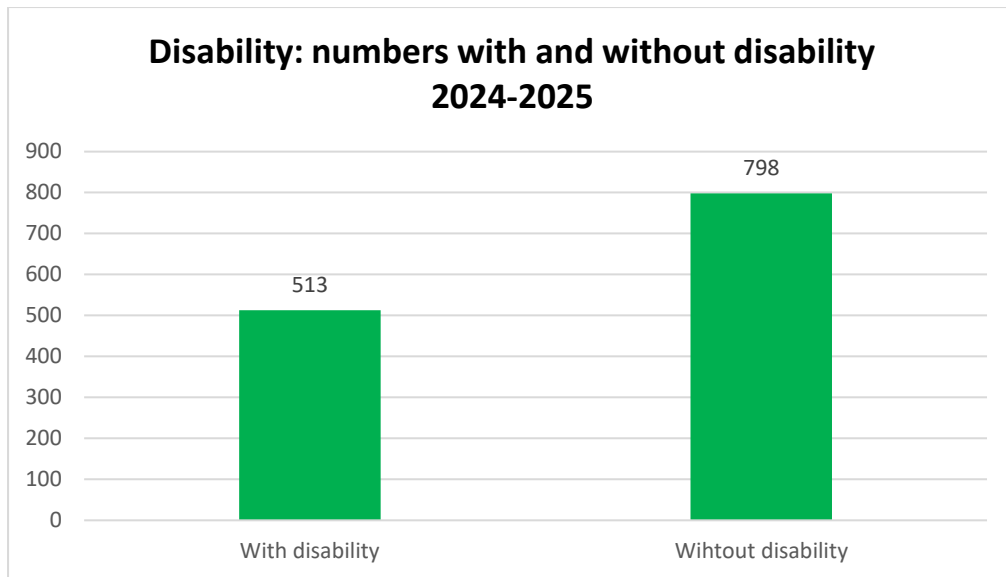
Disability:

As for questions on age, this year showed more standardisation over how disability was asked. Of the 9 data sources that assessed this, 3 used 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months' (occasionally being separated into 'a little' and 'a lot'). A further 6 recorded disability in a binary manner (with or without disability). There is still scope for us to be more standardised in the way disability is asked.

For the 3 data sources that used ('day-to-day activities....'), this showed that 38.2% reported a disability. Within this measure, 23.3% of the total sample defined this as limiting them 'a little' and 14.9% 'a lot'.

The 6 further questions used a tick-box (yes/no) where 44.9% of people reported having a disability.

In combining these data, 513 (39.1%) people reported having a disability, from the 1,311 who answered this question.



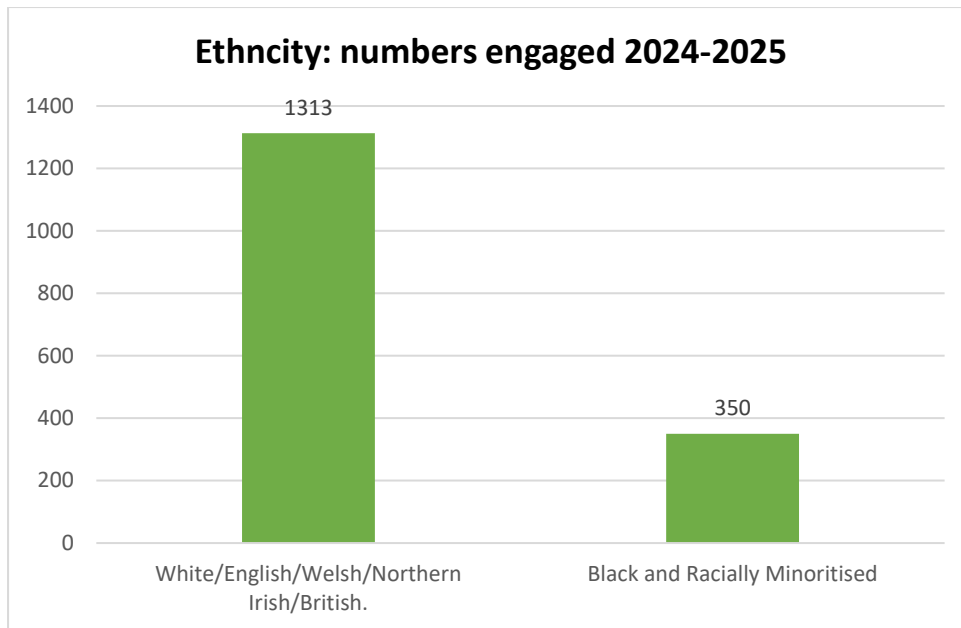
This raises the importance of using a more standardised question, in terms of defining disability – either as a binary option or using ‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months’, and whether it limits people ‘a little’ or ‘a lot’.

Six data sources asked if people had a long-term condition. 131 people said they did from a total of 250 who were asked the question (52.4%).

Ethnicity:

Thirteen of our 15 data sources held data on ethnicity. In total, we engaged 350 people who were Black and Racially Minoritised⁵ which equates to 21.0% from the 1,663 who provided a response to this question. This is 6 percentage points up from last year’s report (14.7%). We engaged 1,313 people who were White/English/Welsh/Northern Irish/British.

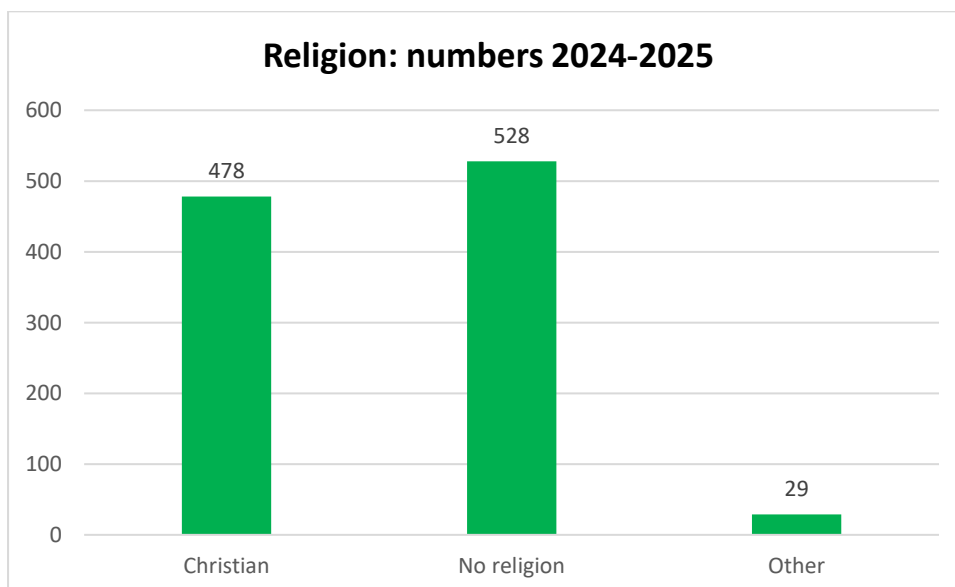
⁵ Black and Racially Minoritised refers to all ethnic groups except the White British group. Ethnic minorities include White minorities, such as Gypsy, Roma and Irish Traveller groups.



Religion:

Four data sources provided information about religion. The most commonly reported response was 'no religion' (528 responses) followed by 'Christian' (478 responses). 29 people reported having another religion.

In percentage terms, 51.0% reported 'no religion', 46.2% reported being 'Christian' and 2.8% provided other responses.



Carers:

Seven data sources asked about whether people were carers. Of those who answered the question (1,232), 221 or 17.9% said they were carers. Although not specified, it was assumed that the majority were 'unpaid' carers, however this is another example of our needing to standardise questions.

Armed Forces:

A total of 86 people 'had currently or ever served in the Armed Forces or member of a current or former serviceman or woman's immediate family or household.' Asked by one project, these 86 people comprise 8.7% of the 984 who were asked this question.

Conclusion

In this section we look at where we are doing well, as well as areas we need to improve. This comparison is made to the 2021 census data and to our equalities data from last year (2023-2024). We will refer to the proportions (%) of our samples rather than numbers for these comparisons (because the city numbers will always be higher than those engaged by Healthwatch).

At the outset, we have made progress on some of last year's recommendations by using precise age. We still need to address:

- Having a single definition of disability including whether people are affected 'a little' or 'a lot'.
- Capturing types of disabilities people may have.
- Clarifying the term carers to refer to informal, unpaid care.

As a caveat to these results, our engagement activity does not always strive to achieve a city-wide representative sample which is often dependent on the engagement activity.

Where we are doing well:

We were effective in engaging people **who said that their gender did not match their sex assigned at birth**. 19 people or 1.5% of the 1,300 people who responded to this question said that their gender differed to their sex assigned at birth. Although lower than last year's figure of 7.3%, the 2024-2025 figure exceeds the census figure of 1.1%.

We were also **effective in reaching the LGBTQ+ community**. We engaged 131 LGBTQ+ people representing 10.9% of our sample who responded to this question. This is slightly higher than the census figure of 10.6% and also slightly higher than last year's figure of 10.1%, in 2024-2025.

Compared to the census data, we engaged a much higher proportion of **people who said they had a disability**. In total, we heard from 513 (39.1%) people who reported having a disability, from the 1,311 who answered this question. Although this is lower than last year's figure (55.6%), this remains a higher proportion than the census figure of 18.7%.

Also, for the disability question that assessed the degree to which people's day-to-day activities were limited, 14.9% of our sample reported this was 'a lot' compared to the city figure of 8.0%. Those who reported that their daily activities were limited 'a lot' was lower than the 2023-2024 figure of 85.3%. These differences are partly explained by this measure originating from two studies during last year on Direct Payments and people affected by Dementia.

The most commonly reported **religion** response was 'having no religion' (528 responses) followed by 'Christian' (478 responses). In percentage terms, 51.0% reported 'no religion', 46.2% were Christian. and 2.8% were other responses. Those with 'no religion' is an increase of last year's figure of 21.3% and is more closely aligned to the census figure of 55.2%

A further area where we are engaging effectively concerns (unpaid) **carers**. Of those who answered the question, 221 or (17.9%) were carers. This is a slight decrease from 23.8% in 2023-2024 although surpasses the census proportion for the city of 7.9%.

Where we could improve:

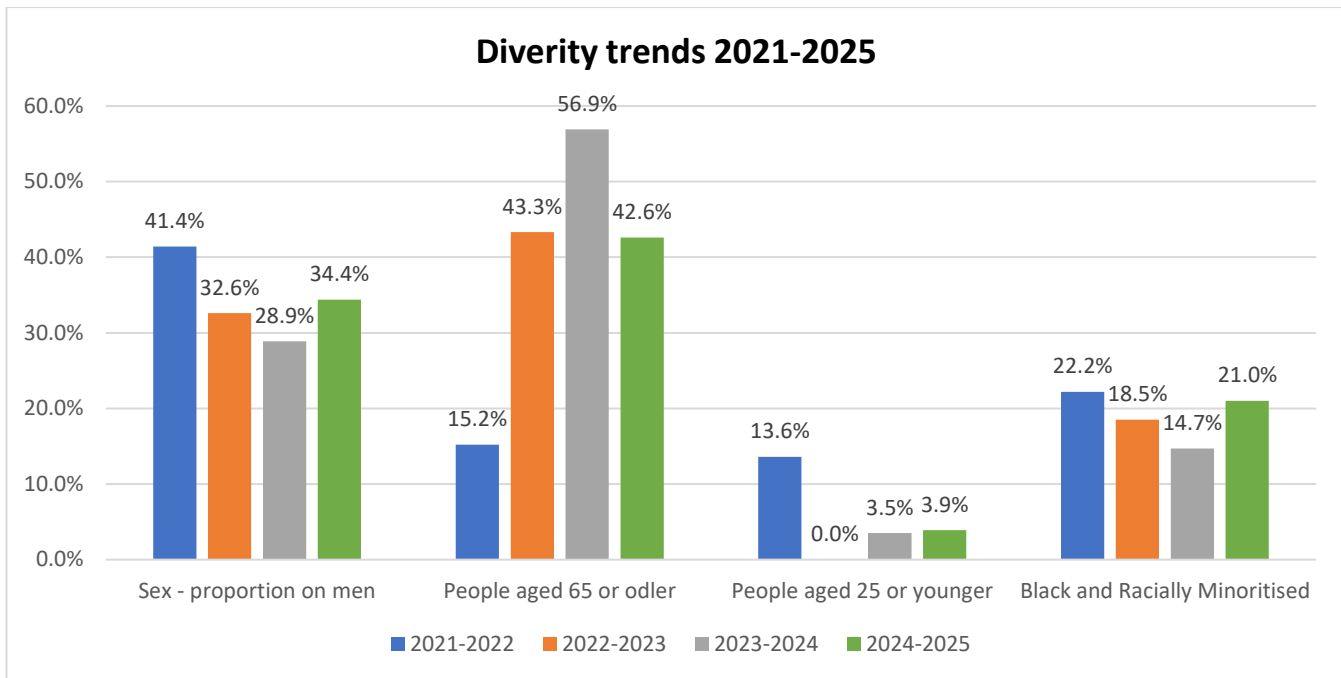
We engaged with 34.4% of people who **self-described themselves as being a man/male**. This has slightly halted the downward trend seen over the last four years and represents the highest proportion we have engaged since 2021–2022. Nevertheless, our 2024–2025 figure is less than the census figure of men comprising 48.9% for the city’s population.

A lot of our engagement in 2025/26 involved people **aged 65 or over**, comprising 42.6% of those who answered this question. We spoke to 67 people under the age of 25 (3.9%). This shows a marginally younger age profile to that observed 2023–2024 where 56.9% were aged 65 and over and 3.5% were aged under 25.

Even though the age bands are not exactly comparable, the proportion of people aged under 20 in the census is 20.5%, compared to our proportion of 3.9% of under 25s. Also, 14.1% were aged 65 or older in the census compared to our sample of 42.6%.

In total, we engaged 350 people who were **Black and Racially Minoritised** which equates to 21.0% from our sample that provided this information. This number and proportion exceeds the figures for 2023–2024, at 90 people and 14.7% respectively. However, the 2024–2025 proportion is still lower than the census figure of 26.1% (defined as ‘non White-British’).

Overall, we are achieving well in a majority of the protected characteristics but there is still a need to engage more men, more younger people, and more people who are Black and Racially Minoritised. Nonetheless, the trend has been promising over this last year and we have seen a slightly increased proportion of men, younger people and people who are Black and Racially Minoritised.



We are continuing to take steps to address this trend by partnering with other voluntary and charity organisations to diversify the people we hear from, collaborating on projects that help us reach people facing health inequalities and challenging ourselves with innovative ways to hear from people who we currently hear less from.

Agreeing a standardised measure for disability and a clear definition of carers needs to complement the work we have done this last year to agree a standardised measure of recording age. We also need to consider whether we record data on marital and civil partnerships, pregnancy and maternity.

Next year's report will include a profile of staff and volunteers following a survey planned for Autumn 2025. We will also compare our data to the 2025 Health Counts survey from a weighted sample of 16,729 people (or 7% of the resident population aged 18 years or over).