

**Parental
Mental
Health
Report**

March 2026



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Executive Summary

Healthwatch Trafford undertook this project to understand current experiences of parental mental health support in Trafford and to assess how these compare with our previous findings from 2022. The aims of the local Parent Infant Mental Health (PIMH) pathway are also considered. 20 parents and carers responded to our survey. While the sample is small, the findings provide insight into the lived experience of those who access parental mental health support in Trafford.

Key findings

- 60% of respondents reported experiencing mental health difficulties around the birth of their child.
- Among those who experienced difficulties, the most commonly reported symptoms were low mood (72.7%) and anxiety (63.6%).
- 45.5% of those experiencing difficulties reported that their symptoms were ongoing at the time of completing the survey.
- 45% of respondents did not seek support.
- Of those who did access support, 75% reported that it took too long.
- No respondent reported receiving all the help they needed; all indicated that they had received only some of the support required.
- 54% of respondents either did not know or were unsure where they would go for support if needed.

Alongside these findings, parents described mixed experiences with professionals. Some reported supportive and helpful interventions, while others highlighted uncertainty, delays or perceived gaps in communication. Wider pressures, including financial strain, were also identified as contributing factors to parental mental health challenges.

Comparison with 2022

The themes identified in this report are consistent with those raised in Healthwatch Trafford's 2022 report. Awareness of available support, timeliness of access and consistency of experience remain key areas of focus for improvement. However, there is evidence that conversations about parental mental health are taking place more routinely in some settings, and proposed pathway developments demonstrate ongoing commitment to improvement.

Conclusion

Trafford has a structured parental mental health pathway in place and elements of good practice are evident. However, the findings suggest that further work is needed to ensure that support is consistently visible, timely and reassuring from a parent's perspective.

Healthwatch Trafford's recommendations focus on improving clarity of information, strengthening consistency of experience and supporting continued monitoring of pathway developments to ensure that intended improvements translate into lived experience.

Introduction

Parental mental health plays a vital role in the wellbeing of families and the healthy development of infants. Difficulties during pregnancy and the early years can affect parents' confidence, bonding, relationships and wider family stability. National research has consistently shown that many parents experience anxiety, depression or emotional distress during the perinatal period, yet not all receive timely or appropriate support.¹

In 2019, Healthwatch England explored experiences of mental health support during maternity care, highlighting issues including lack of awareness, inconsistent professional responses and barriers to accessing help. In 2022, Healthwatch Trafford conducted local engagement on parental mental health, identifying similar concerns around signposting, waiting times and understanding of available services.²

This report revisits the issue in 2025-26 to understand whether parents' experiences in Trafford have changed, and how current services and pathways are being experienced in practice.

1

https://assets.publishing.service.gov.uk/media/67efd103ba15e341025cef91/Maternity_high_impact_area_2_Supporting_good_parental_mental_health.pdf

2

<https://www.healthwatchtrafford.co.uk/sites/healthwatchtrafford.co.uk/files/Trafford%20HW100%20-%20Parental%20Mental%20Health%20FINAL.pdf>

Local Context

Overview of Trafford's Parent Infant Mental Health (PIMH) Pathway

Trafford's Parent Infant Mental Health (PIMH) pathway is designed to provide coordinated support for parents experiencing emotional or mental health difficulties during pregnancy and the early years of their child's life.

The pathway outlines a tiered model of support, intended to:

- Promote early identification of parental mental health needs
- Provide clear referral routes into appropriate services
- Offer graduated levels of intervention depending on need
- Integrate support across maternity services, health visitors, primary care and specialist mental health provision
- Strengthen multi-agency working to improve continuity of care

In principle, the pathway aims to ensure that parents are identified and supported early, and able to access the right level of intervention without unnecessary delay or duplication.

Key entry points within the pathway include:

- Midwifery services during pregnancy
- Health visitor services postnatally
- GP Surgeries
- Specialist perinatal or mental health services where required

Alongside clinical provision, the pathway recognises the importance of community-based support and early help in maintaining parental wellbeing.

What Support is Intended to Look Like

Under the current model, support for parental mental health is intended to be proactive rather than reactive. This includes:

- Routine conversations about emotional wellbeing during antenatal and postnatal care
- Use of screening or assessment tools where appropriate
- Clear and timely referral to specialist services when needed
- Access to lower-level preventative support, including community-based provision

The pathway emphasises early intervention and aims to reduce escalation of difficulties by providing support at the earliest opportunity. It also seeks to ensure that parents do not feel isolated in navigating services and that professionals across the system share responsibility for identifying and responding to mental health needs.

Proposed Developments to the Pathway

Proposed developments to the Trafford PIMH pathway indicate a continued focus on strengthening early intervention, improving coordination and enhancing the clarity of referral routes. These developments aim to:

- Improve integration between services
- Increase visibility of available support
- Strengthen workforce understanding of parental mental health
- Ensure clearer communication between professionals

These developments show a system-level recognition of the importance of parental mental health and a commitment to improving consistency of experience across Trafford.

Methodology

Healthwatch Trafford conducted an online survey to gather the experiences of parents in Trafford regarding parental mental health support. The survey was open from the 18th August 2025 to the 6th January 2026. There were 20 responses in total. The survey was shared through Healthwatch channels and local networks, for example early learning settings such as schools and nurseries across Trafford.

Due to the small sample size, findings should be viewed as insight into lived experience rather than fully representative statistical data for Trafford. However, the responses provide valuable qualitative evidence of how parental mental health services are experienced in practice.

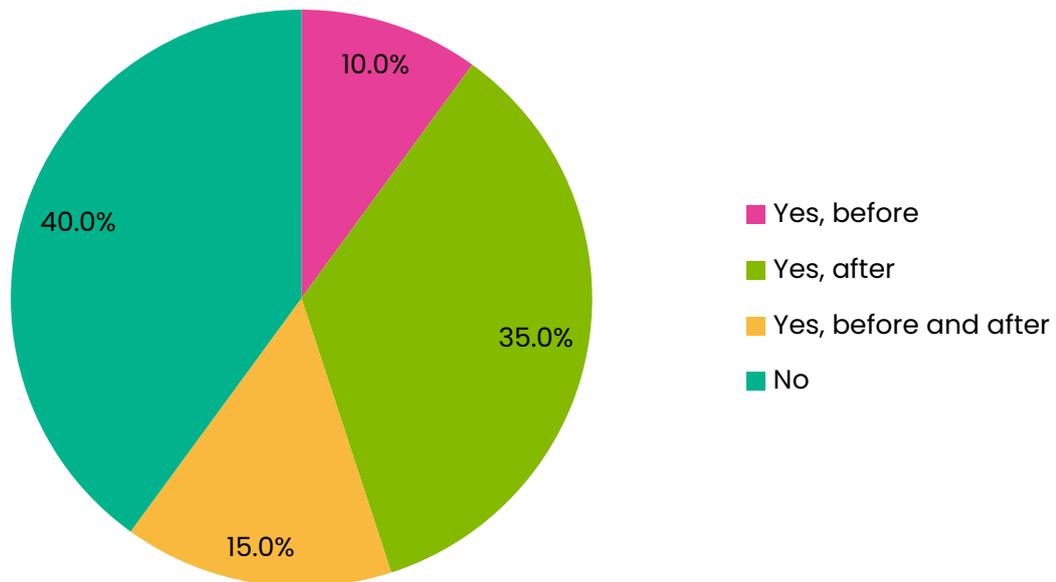
Findings

Prevalence of Mental Health Issues

60% of respondents reported experiencing mental health difficulties either during pregnancy, after the birth of their child, or both. The most commonly reported timing was after birth, at 35%, followed by experiences both before and after birth, at 15%. A smaller proportion (10%) reported difficulties before birth only. 40% of respondents reported no mental health issues around the birth of their child.

The high proportion of respondents reporting difficulties highlights the need for sustained support beyond early maternity services, particularly where symptoms persist over time.

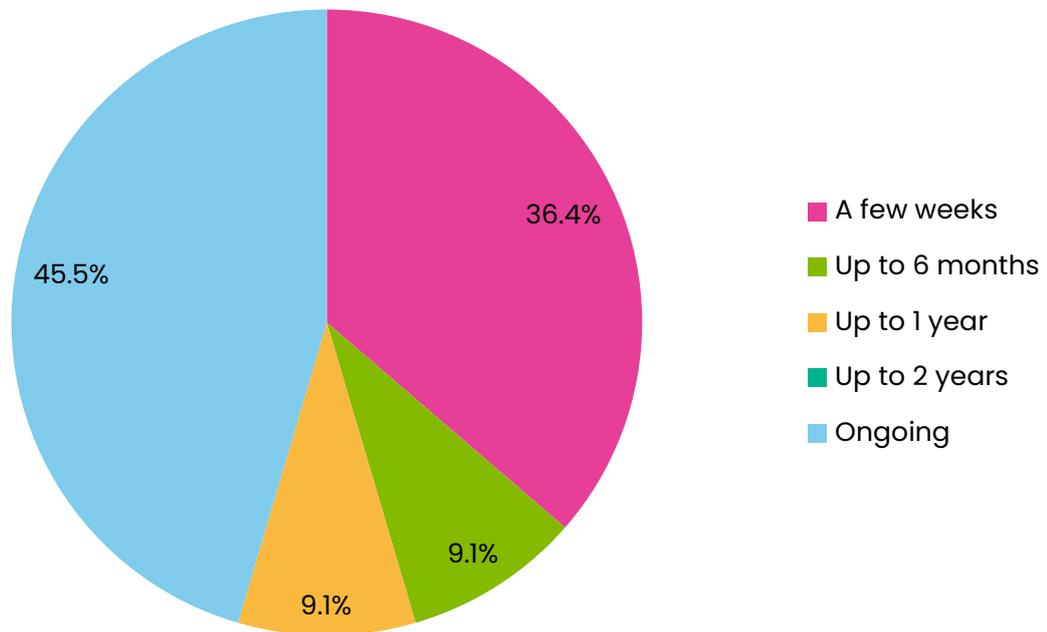
Did you experience any mental health issues around the birth of your child?



Nature of Symptoms

Respondents were asked how long their symptoms lasted. Over a third (36.4%) reported symptoms lasting for a few weeks, while smaller proportions reported symptoms lasting up to 6 months (9.1%) or up to 1 year (9.1%). Notably, almost half (45.5%) of respondents reported that their symptoms were ongoing at the time of completing the survey. This suggests that for many parents, mental health difficulties are not short-term and may continue well beyond the early postnatal period.

How long did the symptoms last?

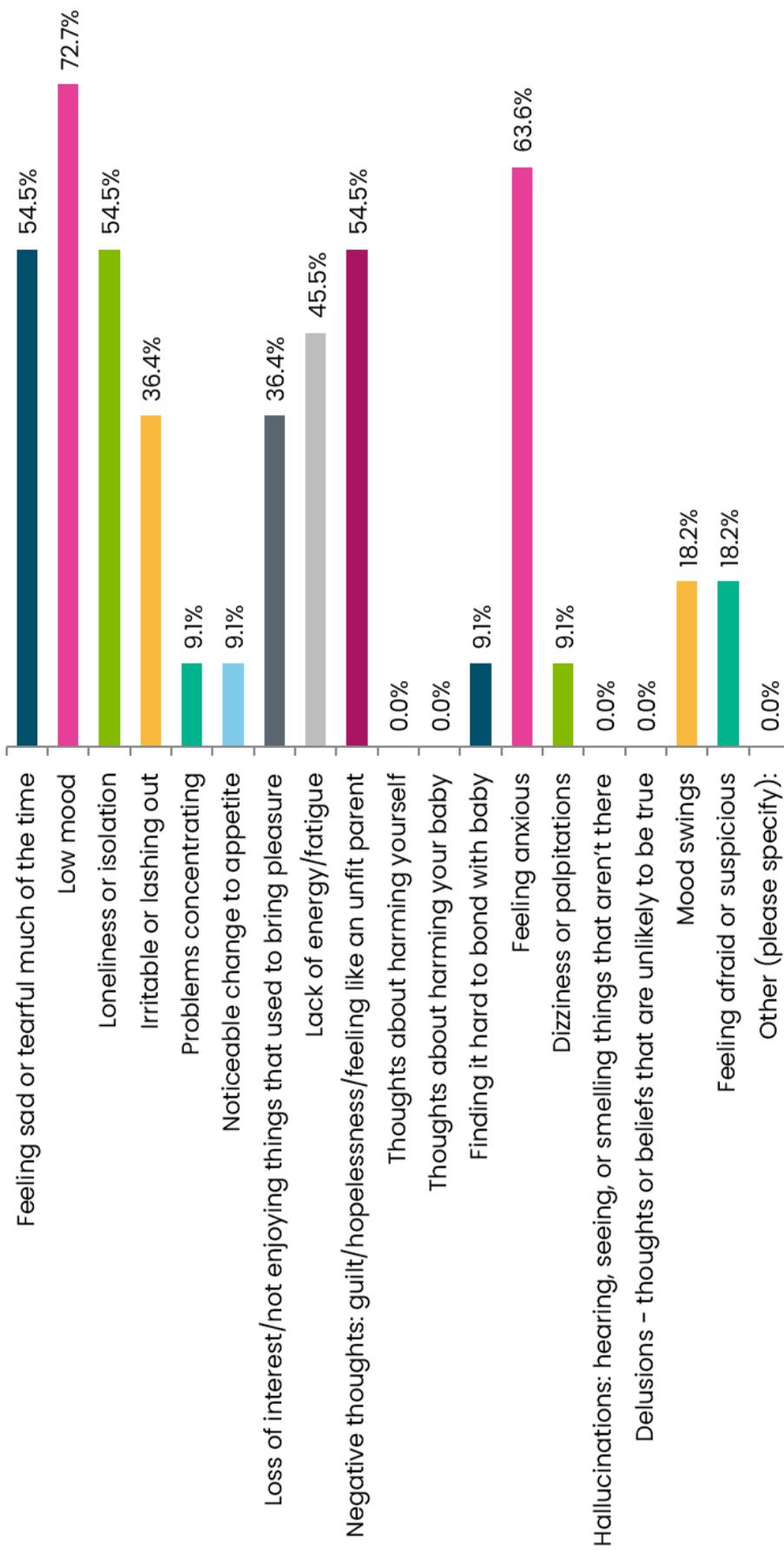


Among those who experienced mental health difficulties, respondents most commonly reported low mood (72.7%) and anxiety (63.6%). Feelings of sadness or tearfulness (54.5%), loneliness or isolation (54.5%), and negative thoughts such as guilt, hopelessness, or feeling like an unfit parent (54.5%) were also frequently identified.

A smaller proportion reported irritability, loss of interest, fatigue, or mood swings. No respondents reported thoughts about harming themselves or their baby.

The findings suggest that experiences were more commonly characterised by emotional distress and anxiety rather than severe psychiatric symptoms. Feelings of isolation were a recurring theme and align with wider comments regarding the importance of peer and community support.

What symptoms did you experience?

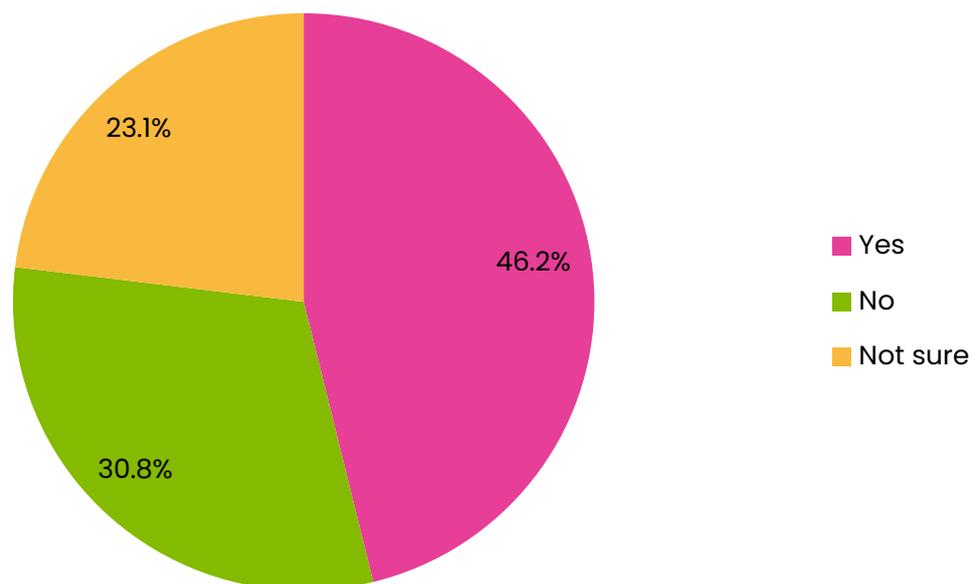


Awareness and Signposting

Parents reported uncertainty about where to access support for parental mental health, with only 46.2% saying that they would know where to go or who to talk to for support. While some respondents were aware of their GP as a first point of contact, others expressed a need for clearer information about available services and local support groups. One respondent summarised this need clearly, calling for “more advertising of services so people know what to do and where to go”. Parents’ responses show that information should be shared more proactively, particularly during pregnancy and early postnatal appointments.

Overall, responses suggest that although services do exist, awareness of them is not always consistent and this remains a barrier to good parental mental health support.

If you had needed to, would you have known where to go/who to talk to for support?

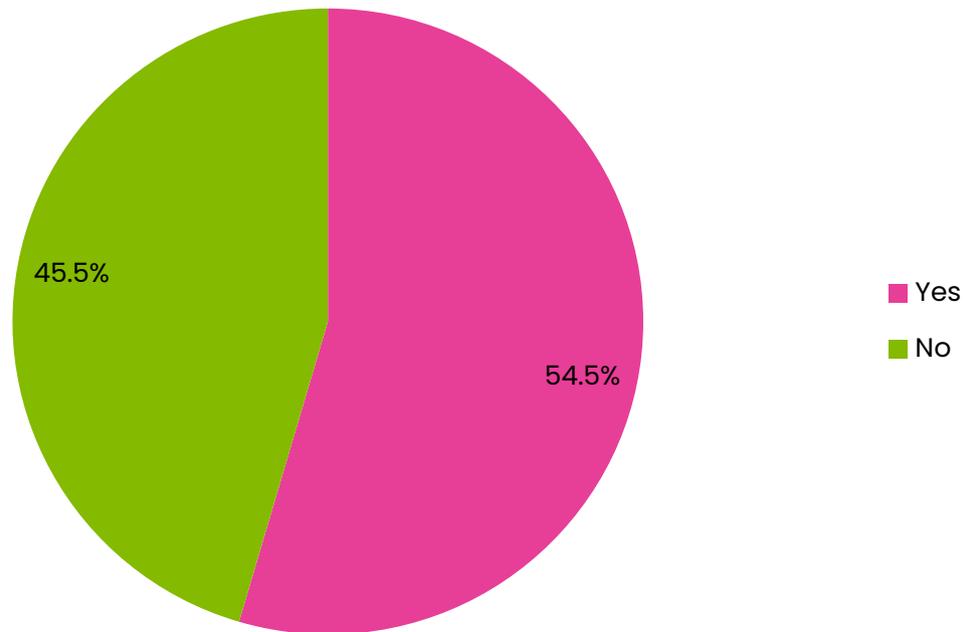


Access to Support and Waiting Times

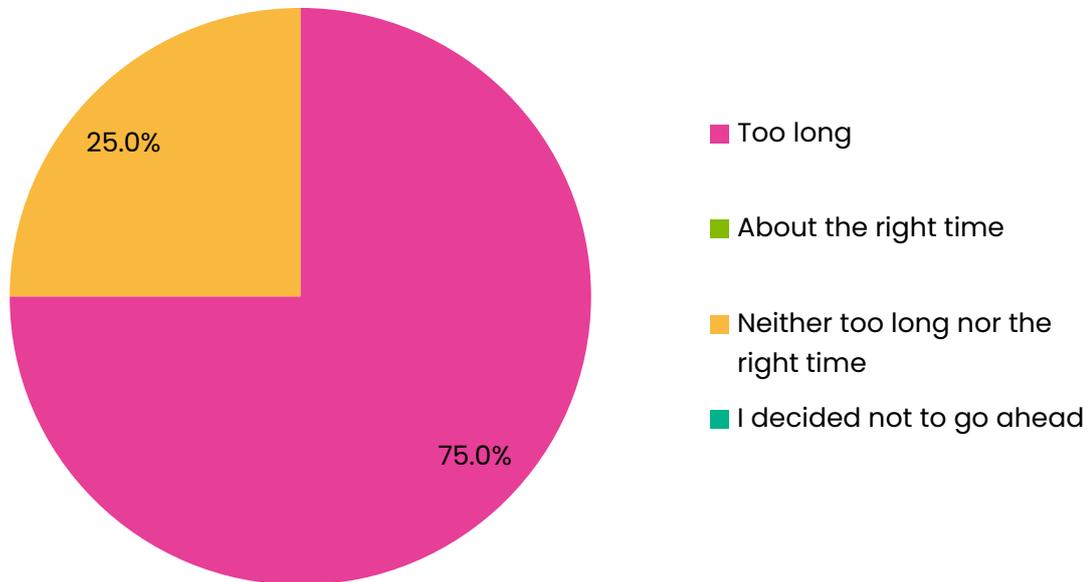
Delays in accessing timely support remain a recurring theme. Of those who accessed support, 75% said that it took too long to receive this support. When they did receive support, they said that they were given just ‘some’ of the help they needed.

If waiting times are perceived as too long, parents may report increased distress and a sense of being left to cope alone. This suggests that timeliness remains a key factor in parental confidence and wellbeing.

Did you seek help?



If you had help, how long did it take to access support?



Experiences with Professionals

Experiences with professionals were mixed. Some parents described supportive and understanding interactions, but others described feeling dismissed or uncomfortable raising concerns. One parent stated: "I felt unsupported during the initial postpartum period, and the health visitor was very awkward when talking about mental health support which put me off reaching out for help." This highlights the importance of confident, compassionate communication when discussing parental mental health. The quality of interaction appears to significantly influence whether parents feel able to disclose concerns and seek support.

Peer Support and Community Provision

Several respondents highlighted the value of peer and community-based support, calling for "local groups for new mums, ran and supported by health visitors". These groups could allow "new mums [to] come together and share their difficulties/tips". More breastfeeding workshops for parents before and after birth, and a directory of low-cost or free parent and baby groups were also suggested by respondents.

Parents also expressed a desire for better preparation and expectation-setting, calling for:

“Better explanations for new parents about what is and isn’t usual with a newborn and explaining about sleepless nights and how intense the initial twelve weeks is so they know it’s normal to feel overwhelmed and that it will get easier”.

Therefore, preventative, early-stage information and peer connection can reduce anxiety and normalise experiences for parents.

This evidence indicates that practical and social support play an important role in protecting mental wellbeing, not just clinical intervention. This reinforces the importance of community-based provision as part of the overall pathway.

Stigma and Fear of Judgement

Some responses reflected concern about stigma associated with parental mental health difficulties. Parents described fears of being judged or labelled as an inadequate parent. One survey respondent suggested that people should not be treated “like they are crazy or unfit parents if they struggle”. This respondent also highlighted perceived differences in how parents are treated, stating that “scrutinising men/fathers in the same way as mothers” would be an improvement as “they are parents too”. Therefore, fears of social judgement and perceived gender imbalances are acting as barriers to good parental mental health support.

Another respondent emphasised broader societal pressures, saying that pressures from trying to balance work with family had an effect on their mental health.

These responses show that emotional safety and reassurance remain critical components of service design and communication.

Wider Pressures Affecting Mental Health

Parents also referenced external pressures including financial strain, employment concerns and the broader stress of caring responsibilities. One survey respondent told us that ‘maternity pay has put [them in] a terrible financial position’, and that they are ‘now constantly chasing debts and missing bills due to the amount of debt maternity leave put [them] in’.

These wider determinants of wellbeing were described as contributing significantly to emotional distress, indicating that parental mental health cannot be considered in isolation from broader social and economic factors.

Discussion

Comparison with Healthwatch Trafford's 2022 Findings

Healthwatch Trafford's 2022 report identified several key themes, including:

- Limited awareness of available support
- Inconsistent experiences with professionals
- Delays in accessing appropriate services
- The importance of clear signposting and early intervention

The 2025-26 survey responses suggest that many of these themes remain relevant. The following is a summary of what appears unchanged from 2022:

Awareness and Signposting

As in 2022, some parents continue to report uncertainty about where to seek help. While GP support is commonly understood as a first point of contact, awareness of wider parental mental health or community-based provision appears to be varied.

Access and Waiting Times

Concerns around timeliness remain evident. Some respondents described delays between seeking support and receiving it, echoing issues raised in our previous report.

Variation in Professional Experience

Experiences continue to depend heavily on individual professionals. While some parents described compassionate and effective support, others reported feeling dismissed or uncomfortable raising concerns. This variability was also noted in 2022.

Stigma and Fear

Worries about judgement or being perceived as an inadequate parent remain a barrier for some respondents. This suggests that emotional safety and reassurance continue to be critical at every stage of the PIMH pathway.

Alignment with the Current Parental Mental Health Pathway

The current Trafford Parent Infant Mental Health (PIMH) pathway outlines an approach intended to:

- Promote early identification
- Ensure clear referral routes
- Provide tiered support
- Integrate health visitors, GPs and specialist services
- Strengthen multi-agency working

Survey responses indicate that elements of the pathway are functioning as intended in some cases. Where parents accessed support and described positive interactions, experiences align with the pathway's aims of early intervention and compassionate care.

However, responses also suggest a gap between the pathway design and lived experience in certain areas:

- Not all parents appear aware of the pathway or referral routes
- Some continue to experience delays or uncertainty following initial contact
- Emotional reassurance and confidence-building may not be consistently embedded across all stages of care

So, although the structural framework is in place, consistent implementation and visibility remain areas for development.

Emerging Improvements

Although many themes echo previous findings, there are indications of potential improvement:

- Some respondents reported positive and supportive experiences, suggesting increased awareness among certain professionals
- There is evidence that conversations about parental mental health are occurring, even if not always experienced consistently
- Proposed developments to the pathway demonstrate intent to strengthen coordination and early support

Therefore, system-level progress may be underway, but its impact may not yet be uniformly experienced by all patients.

Overall Interpretation

The findings indicate continuity rather than radical change. Core issues identified in 2022, particularly around awareness, timeliness and consistency, remain visible today. However, there are signs that improvements are emerging in some areas, particularly where professional understanding and responsiveness are strong.

The key challenge moving forward is ensuring that pathway design translates into consistently positive experiences for all parents, rather than depending on individual circumstances or professionals.

Recommendations

Improve Clarity and Visibility of Support

Parents' responses suggest that awareness of available support remains varied. While services exist within the current pathway, not all parents appear confident about where to seek help.

Healthwatch Trafford recommends that system partners consider how information about parental mental health support can be made more consistently visible and easier to navigate. This may include reviewing how information is shared at key contact points, ensuring that messaging is clear and accessible, and considering whether existing online or printed materials could be strengthened or better signposted.

Strengthen Consistency of Experience Across Services

Experiences described by patients varied depending on the professional or service encountered. While many interactions were positive, some parents reported feeling unsure, dismissed or uncomfortable raising concerns.

Healthwatch Trafford recommends continued focus on ensuring that conversations about parental mental health are consistently compassionate, non-judgemental and reassuring across all services involved in the pathway. This may involve reviewing current practice, reinforcing key messages within teams, and supporting staff confidence in having sensitive discussions.

Support Timely Access and Clear Referral Processes

Some survey responses suggest a degree of uncertainty following initial contact with services.

It is recommended that partners review whether referral processes are sufficiently transparent from a parent's perspective. Even where waiting times are unavoidable, clear communication about what to expect may reduce anxiety and improve confidence in the system.

Recognise the Role of Community and Preventative Support

Parents highlighted the importance of peer support groups, informal support and community provision in maintaining their wellbeing.

Healthwatch Trafford recommends that ongoing pathway development continues to recognise and strengthen the role of community-based and preventative support alongside clinical services. Supporting social connections and reducing isolation may reduce escalation to more intensive interventions.

Continue Monitoring Impact of Pathway Developments

The proposed developments to Trafford's mental health pathway demonstrate clear commitment to improvement.

It is recommended that partners continue to monitor how these developments are experienced by parents in practice, and consider future engagement to assess whether awareness, timeliness and consistency of experience improve over time. Ongoing feedback will help ensure that pathway intentions translate into lived improvement.

Conclusion

This report revisits parental mental health support in Trafford to understand whether experiences have changed since Healthwatch Trafford's 2022 findings, and how current services align with the Parent Infant Mental Health (PIMH) pathway.

Our findings indicate continuity rather than significant change. A majority of respondents reported experiencing mental health difficulties around the birth of their child, most commonly low mood and anxiety. For a substantial proportion, symptoms were ongoing at the time of completing the survey. While some parents described positive and compassionate support, others reported uncertainty about where to seek help, delays in accessing services, or inconsistent experiences depending on the professionals they encountered.

A comparison with our 2022 report suggests that core themes – awareness, timeliness and consistency of experience – remain relevant. However, there are signs that conversations about parental mental health are taking place more routinely in some settings, and proposed developments to the PIMH pathway demonstrate the intent to strengthen coordination and early support.

Overall, Trafford has a structured pathway in place, and elements of good practice are evident. The key challenge moving forward is ensuring that pathway design translates into consistently visible, timely and reassuring support for all parents. Continued monitoring, clear communication and recognition of the role of community and preventative support will be important in improving patient experience.

Appendix: Survey Responses

1: Circumstance of survey respondent (20 respondents)

I live in Trafford and became a parent within the past 2 years: 100% (20 respondents)

2: Did you experience any mental health issues around the birth of your child? (20 respondents)

Yes, before: 10% (2 respondents)

Yes, after: 35% (7 respondents)

Yes, before and after: 15% (3 respondents)

No: 40% (8 respondents)

3: Where were you living during this time? (to give a general idea of which service location) (12 respondents)

In the Trafford area: 100% (12 respondents)

Outside Trafford (Greater Manchester area): 0% (0 respondents)

Outside Trafford (other part of the United Kingdom): 0% (0 respondents)

Outside Trafford (another country): 0% (0 respondents)

4: How long did the symptoms last? (11 respondents)

A few weeks: 36.4% (4 respondents)

Up to 6 months: 9.1% (1 respondent)

Up to 1 year: 9.1% (1 respondent)

Up to 2 years: 0% (0 respondents)

Ongoing: 45.5% (5 respondents)

5: What symptoms did you experience? (11 respondents)

Feeling sad or tearful much of the time: 54.5% (6 respondents)

Low mood: 72.7% (8 respondents)

Loneliness or isolation: 54.5% (6 respondents)

Irritable or lashing out: 36.4% (4 respondents)

Problems concentrating: 9.1% (1 respondent)

Noticeable change to appetite: 9.1% (1 respondent)

Loss of interest in things/not enjoying things that used to bring pleasure: 36.4% (4 respondents)

Lack of energy/fatigue: 45.5% (5 respondents)

Negative thoughts such as guilt, hopelessness, feeling like an unfit parent: 54.5% (6 respondents)

Thoughts about harming yourself: 0% (0 respondents)

Thoughts about harming your baby (per the NHS, people who have these thoughts rarely hurt their baby): 0% (0 respondents)

Finding it hard to bond with baby: 9.1% (1 respondent)

Feeling anxious: 63.6% (7 respondents)

Dizziness or palpitations: 9.1% (1 respondent)

Hallucinations such as hearing, seeing, or smelling things that aren't there: 0% (0 respondents)

Delusions - thoughts or beliefs that are unlikely to be true: 0% (0 respondents)

Mood swings: 18.2% (2 respondents)

Feeling afraid or suspicious: 18.2% (2 respondents)

Other (please specify): 0% (0 respondents)

6: Did you seek support? (11 respondents)

Yes: 54.5% (6 respondents)

No: 45.5% (5 respondents)

7: Where did you go to find support? (5 respondents)

I changed my mind: 0% (0 respondents)

GP: 80% (4 respondents)

Health visitor: 0% (0 respondents)

Community nurse: 0% (0 respondents)

Hospital: 0% (0 respondents)

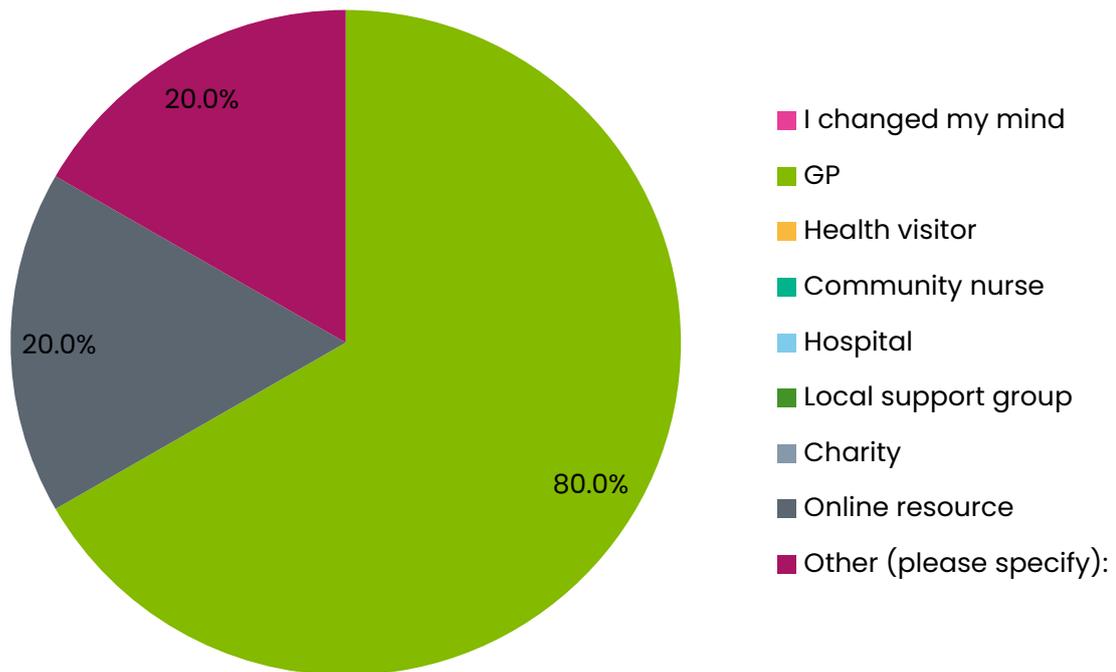
Local support group: 0% (0 respondents)

Charity: 0% (0 respondents)

Online resource: 20% (1 respondent)

Other (please specify): 20% (1 respondent)

- [Respondent left text box empty]



8: If you had help, how long did it take to access support? (4 respondents)

Too long: 75% (3 respondents)

About the right time: 0% (0 respondents)

Neither too long nor the right time: 25% (1 respondent)

I decided not to go ahead: 0% (0 respondents)

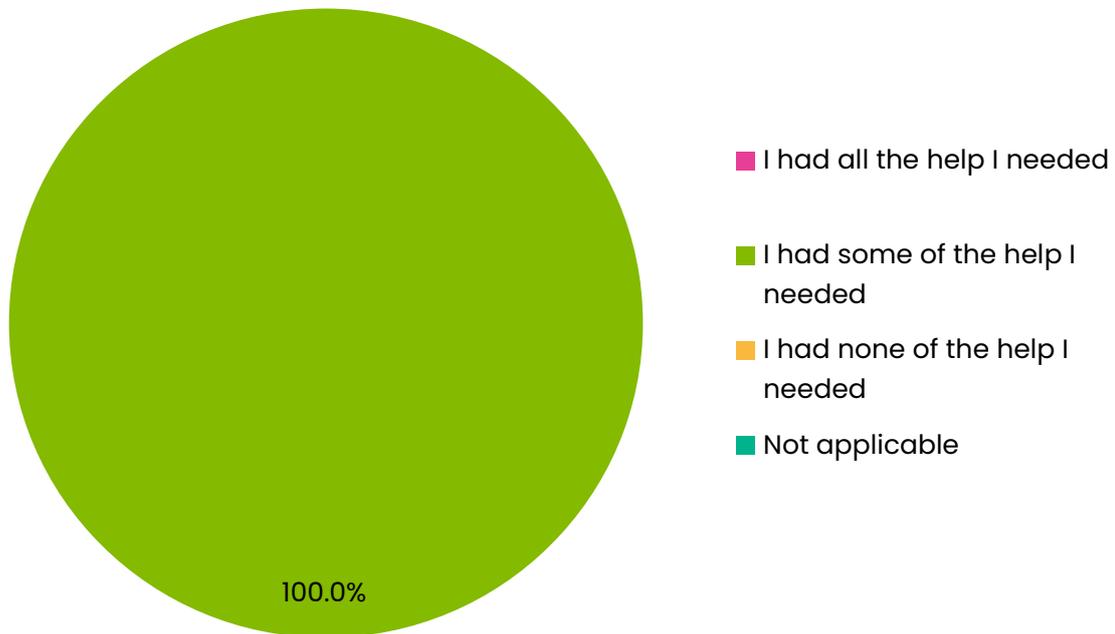
9: Do you feel you got the support you needed? (4 respondents)

I had all the help I needed: 0% (0 respondents)

I had some of the help I needed: 100% (4 respondents)

I had none of the help I needed: 0% (0 respondents)

Not applicable: 0% (0 respondents)



10: If you had needed to, would you have known where to go/who to talk to for support? (13 respondents)

Yes: 46.2% (6 respondents)

No: 30.8% (4 respondents)

Not sure: 23.1% (3 respondents)

11: Is there anything you feel could be improved in the area of parental mental health support? (8 respondents)

- More awareness of different issues and not treating people like they are crazy or unfit parents if they struggle. Scrutinising men/fathers in the same way as mothers (they are parents too!)
- Local groups for new mums, ran and supported by health visitors. A group where new mums can come together and share their difficulties/tips. More breastfeeding workshops for parents before and after birth.
- A directory of local free/low cost parent/baby groups
- A change to society and the pressures of balances work and family. Sometimes the pressures of everyday life has an affect on my mental health.

- The health visitor questionnaire and gp check in is not sufficient.
- Maternity pay has put me and my parent us a terrible financial position. We're now constantly chasing debts and missing bill due to the amount of debt maternity leave put us in.
- More advertising of services so people know what to do and where to go
- Better explanations for new parents about what is and isn't usual with a newborn and explaining about sleepless nights and how intense the initial twelve weeks is so they know it's normal to feel over whelmed and that it will get easier and when support is if you need it

12: Is there anything you feel was done well in relation to parental mental health support? (6 respondents)

- I sought the support I needed the second time around because I knew where to look and had time to prepare. My first experience 8 years ago was abysmal
- No, I felt unsupported during the initial postpartum period, and the health visitor was very awkward when talking about mental health support which put me off reaching out for help.
- CBT therapy
- No
- Not sure
- At the antenatal NHS class (online) there was discussion and focus on mental health before and after the baby was born which I thought was well done and useful

13: Is there anything else you would like to tell us about? (3 respondents)

- No, just the above
- Better financial support and planning
- No

Demographics:

14: Please tell us your gender (14 respondents)

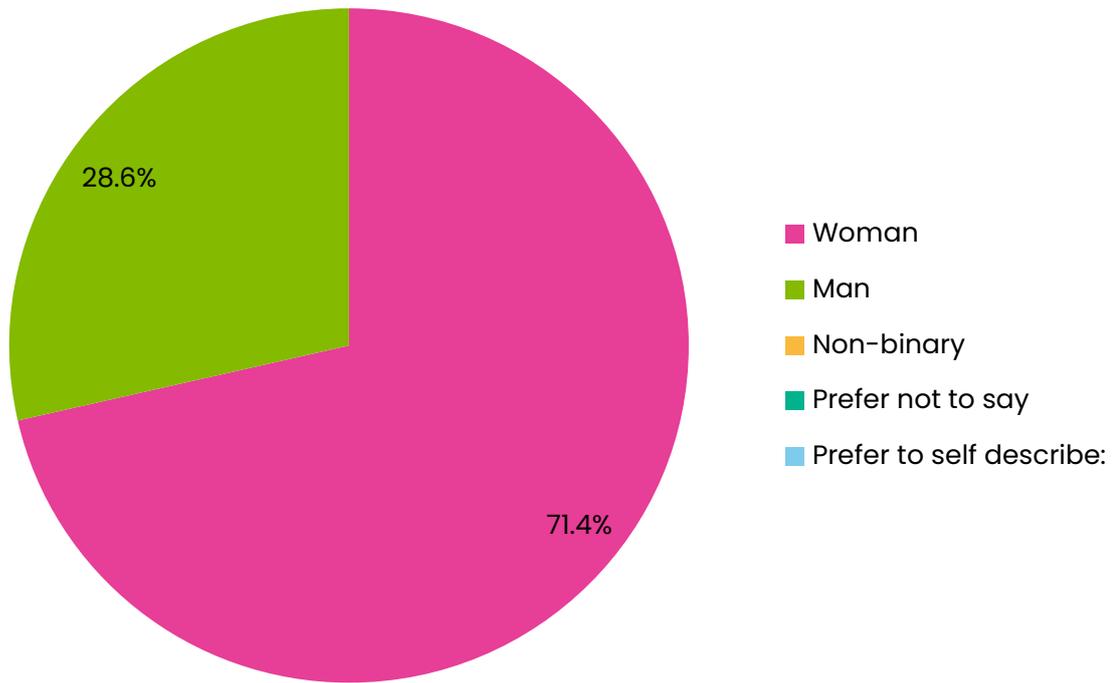
Woman: 71.4% (10 respondents)

Man: 28.6% (4 respondents)

Non-binary: 0% (0 respondents)

Prefer not to say: 0% (0 respondents)

Prefer to self-describe: 0% (0 respondents)



15: Is your gender identity the same as your sex recorded at birth? (14 respondents)

Yes: 100% (14 respondents)

No: 0% (0 respondents)

Prefer not to say: 0% (0 respondents)



16: Please tell us which sexual orientation you identify with? (14 respondents)

Asexual: 7.1%% (1 respondent)

Bisexual: 14.3% (2 respondents)

Gay man: 0% (0 respondents)

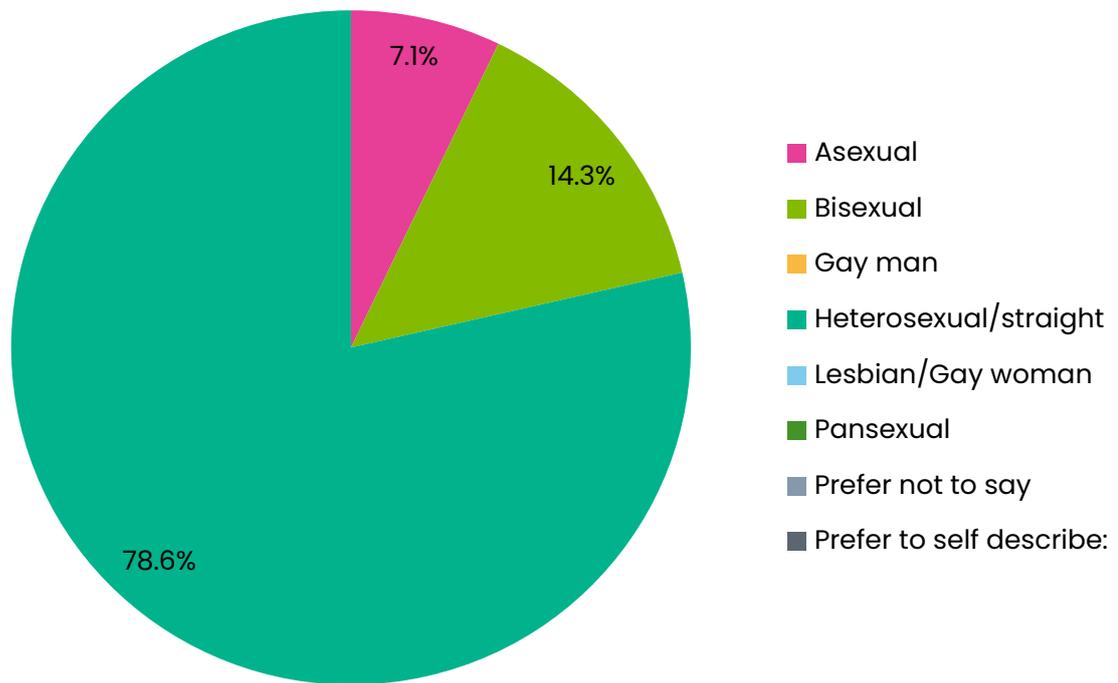
Heterosexual/straight: 78.6% (11 respondents)

Lesbian/Gay woman: 0% (0 respondents)

Pansexual: 0% (0 respondents)

Prefer not to say: 0% (0 respondents)

Prefer to self-describe: 0% (0 respondents)



17: Please tell us your age (14 respondents)

13 to 15 years: 0% (0 respondents)

16-17 years: 0% (0 respondents)

18-24 years: 0% (0 respondents)

25-49 years: 100% (14 respondents)

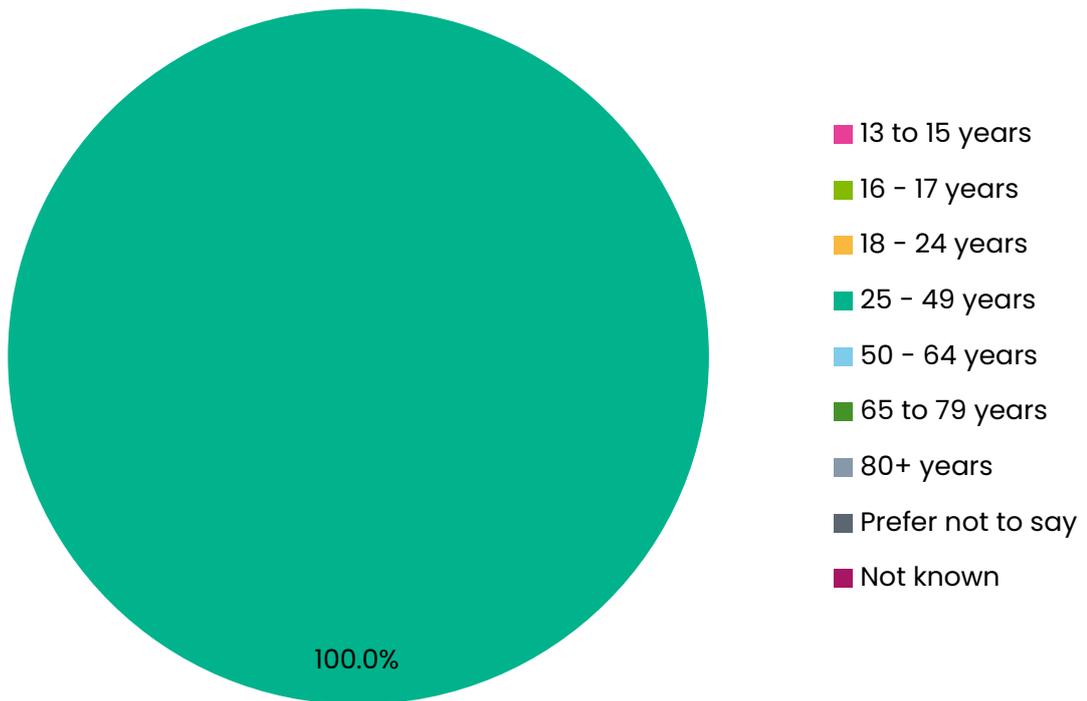
50-64 years: 0% (0 respondents)

65 to 79 years: 0% (0 respondents)

80+ years: 0% (0 respondents)

Prefer not to say: 0% (0 respondents)

Not known: 0% (0 respondents)



18: How would you describe your marital or partnership status? (14 respondents)

Single: 7.1% (1 respondent)

Cohabiting: 21.4% (3 respondents)

In a civil partnership: 0% (0 respondents)

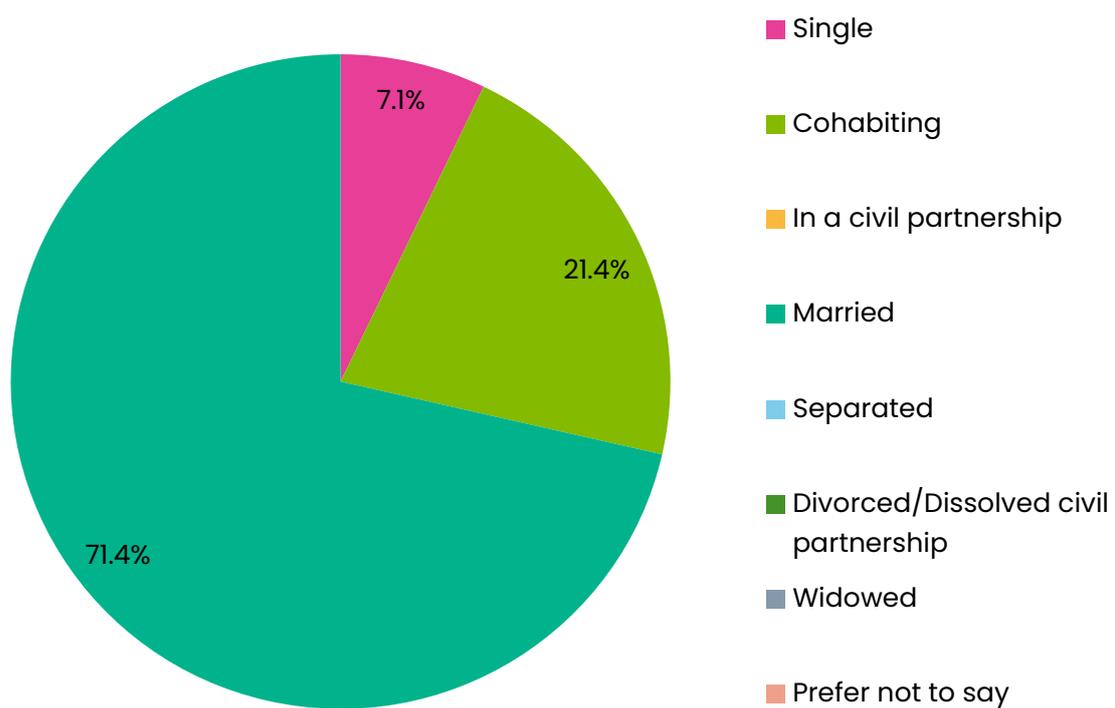
Married: 71.4% (10 respondents)

Separated: 0% (0 respondents)

Divorced/Dissolved civil partnership: 0% (0 respondents)

Widowed: 0% (0 respondents)

Prefer not to say: 0% (0 respondents)



19: Pregnancy and maternity (13 respondents)

This question does not apply to me: 53.8% (7 respondents)

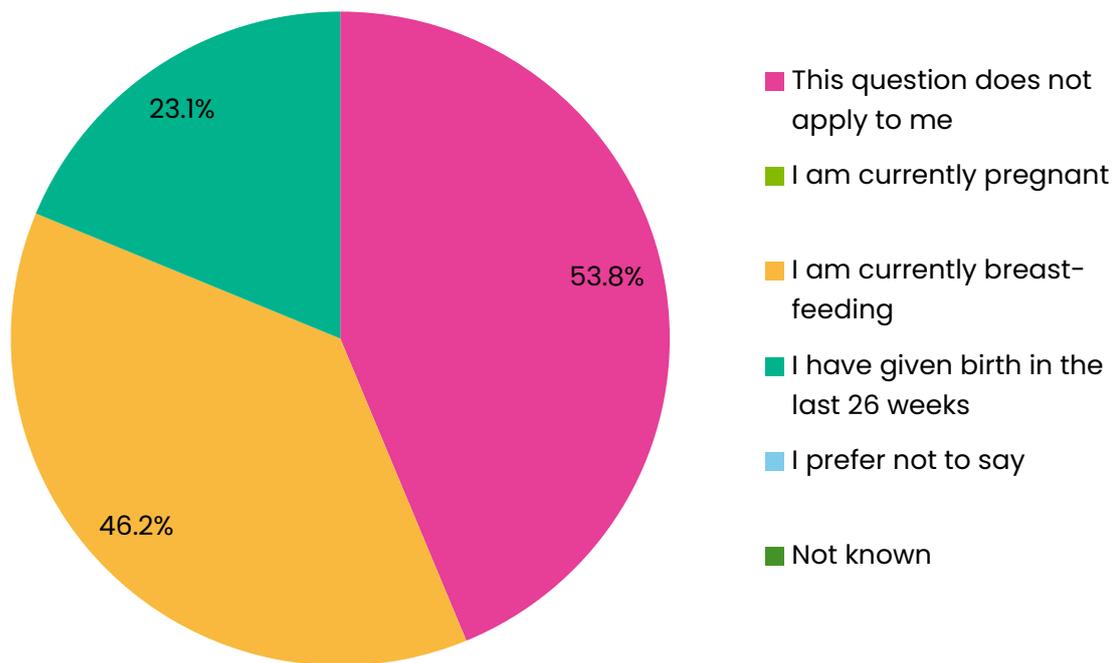
I am currently pregnant: 0% (0 respondents)

I am currently breast-feeding: 46.2% (6 respondents)

I have given birth in the last 26 weeks: 23.1% (3 respondents)

I prefer not to say: 0% (0 respondents)

Not known: 0% (0 respondents)



20: Please select your ethnicity (14 respondents)

Arab: 0% (0 respondents)

Asian/Asian British: Bangladeshi: 0% (0 respondents)

Asian/Asian British: Chinese: 0% (0 respondents)

Asian/Asian British: Indian: 0% (0 respondents)

Asian/Asian British: Pakistani: 0% (0 respondents)

Asian/Asian British: Any other Asian/Asian British background: 0% (0 respondents)

Black/Black British: African: 7.1% (1 respondent)

Black/Black British: Caribbean: 0% (0 respondents)

Black/Black British: Any other Black/Black British background: 0% (0 respondents)

Mixed/multiple ethnic groups: Asian and White: 0% (0 respondents)

Mixed/multiple ethnic groups: Black African and White: 0% (0 respondents)

Mixed/multiple ethnic groups: Black Caribbean and White: 0% (0 respondents)

Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background: 0% (0 respondents)

White: British/English/Northern Irish/Scottish/Welsh: 85.7% (12 respondents)

White: Irish: 0% (0 respondents)

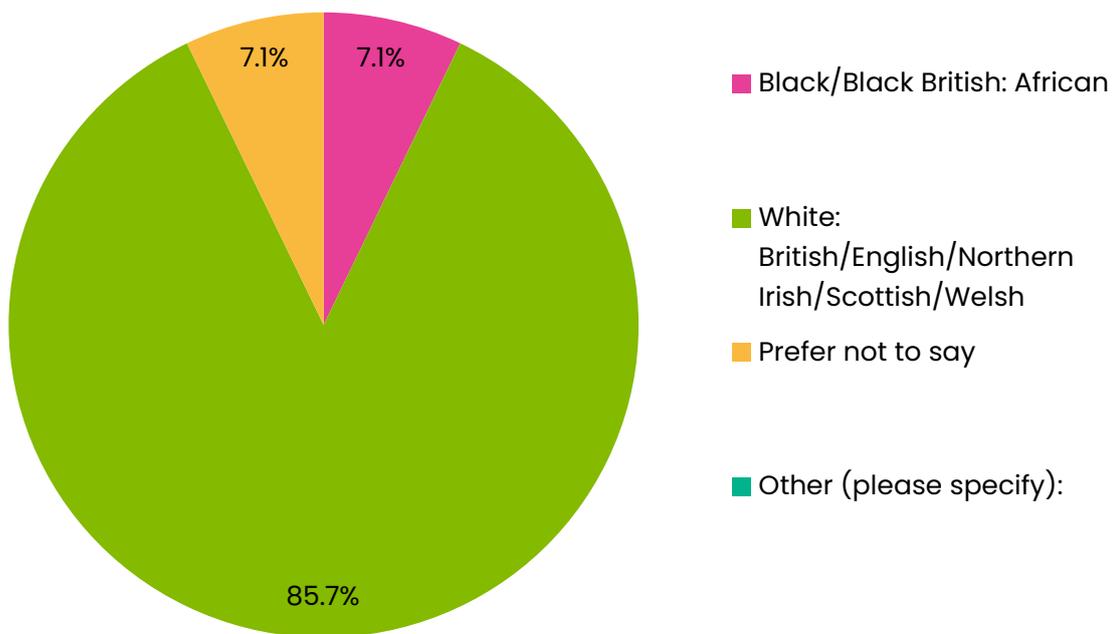
White: Gypsy, Traveller or Irish Traveller: 0% (0 respondents)

White: Roma: 0% (0 respondents)

White: Any other White background: 0% (0 respondents)

Prefer not to say: 7.1% (1 respondent)

Other (please specify): 0% (0 respondents)



21: Do you have a disability or long-term health condition? (14 respondents)

Yes: 28.6% (4 respondents)

No: 71.4% (10 respondents)

Prefer not to say: 0% (0 respondents)

