

# Equality Diversity & Inclusion Annual Report March 2018



## About Us

Stockport NHS Foundation Trust provides hospital care for children and adults across Stockport and the High Peak, as well as community health services for Stockport. Our stroke services have been officially ranked as the best in England and urology and orthopaedic services at Stepping Hill Hospital are highly-rated nationally.

**Our priorities focus on providing high quality services which are all about people – patients, carers, staff and partners. We are the second largest employer in Stockport, with a highly-skilled, committed and dedicated workforce.**

Stockport NHS Foundation Trust is strongly committed to ensuring its services and employment practices are fair, accessible, and inclusive for the diverse communities it serves and the workforce it employs. This is reflected and reinforced in the 'vision and values' of the Trust.

### **Our Commitment**

- We will celebrate and harness our unique, rich and diverse communities and workforce
- We want everyone who comes into contact with the Trust to feel valued and respected
- We will provide services to all our communities in a fair and appropriate way
- We want to remove any barriers for people when they are accessing our services

This report presents information on the work we have delivered to help meet our commitment to Equality Diversity & Inclusion

It sets out our performance on the NHS's Equality Delivery System Audit, as assessed by Healthwatch Stockport, and identifies our priorities for continued improvements in 2018.

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## Legal Context

### Equality Act 2010

The Equality Act (2010) is the UK's anti-discrimination law, which protects individuals from unfair treatment and promotes a fair and more equal society. It protects people from discrimination, harassment and victimization in work, education and when accessing services like healthcare

#### The Protected Characteristics



#### Public Sector Equality Duty

Public Sector Organisations must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

## Stockport Local Diversity

In general terms, Stockport is one of the healthier places to live in the North West. But while the overall picture is good, there are some areas where rates of illness are significantly higher than the national average. Taking action to cut these inequalities is one of the most important ways to improve the health of the entire population of Stockport.

Stockport is an older borough, with 19.4% of the population aged 65 or over and a particularly low rate of young adults ages 16-24 (9.7%).

Women tend to live longer than men and are more likely to use health services. Life expectancy in Stockport is around 79.7 years for men and 83.0 years for women.

Our ethnic minority communities have grown from just 4.3% in 2001 to 7.9% of the population at the 2011 census. Our ethnic minority communities have a much younger age profile than the white communities.

According to the 2011 census 18.4% of local people have a disability or a long-term illness. However, 41% of the people registered with Stockport GPs have one or more long-term condition. Instances of disabilities rise significantly with age from just 2% of 0-4 year olds to 90% of those aged 85 and over. By the age of 55, half of registered patients have one or more long-term condition. As life expectancy increases, so too do the numbers of people with complex care needs.

Most people in Stockport follow a 63.2% are Christian, 3.3% are Muslim, 0.6% are Hindu and 0.5% are Jewish. Unlike the situation nationally Stockport's Muslim population reports better than average health.

There is a lack of reliable data available regarding the profile the LGBT community in Stockport. The government estimates that between 5% and 7% of the UK population is LGB, which would equate to 14-20,000 people in the borough.

## Health Inequalities

The average life expectancy in Stockport has risen over the past decade to 79.7 years for men and 83.0 years for women, however, the persistent gap in life expectancy between the most affluent and deprived areas of the borough is around a decade (12 years for women and 13.4 years for men)

Analysis of cause of deaths driving health inequalities shows us that the three biggest causes are

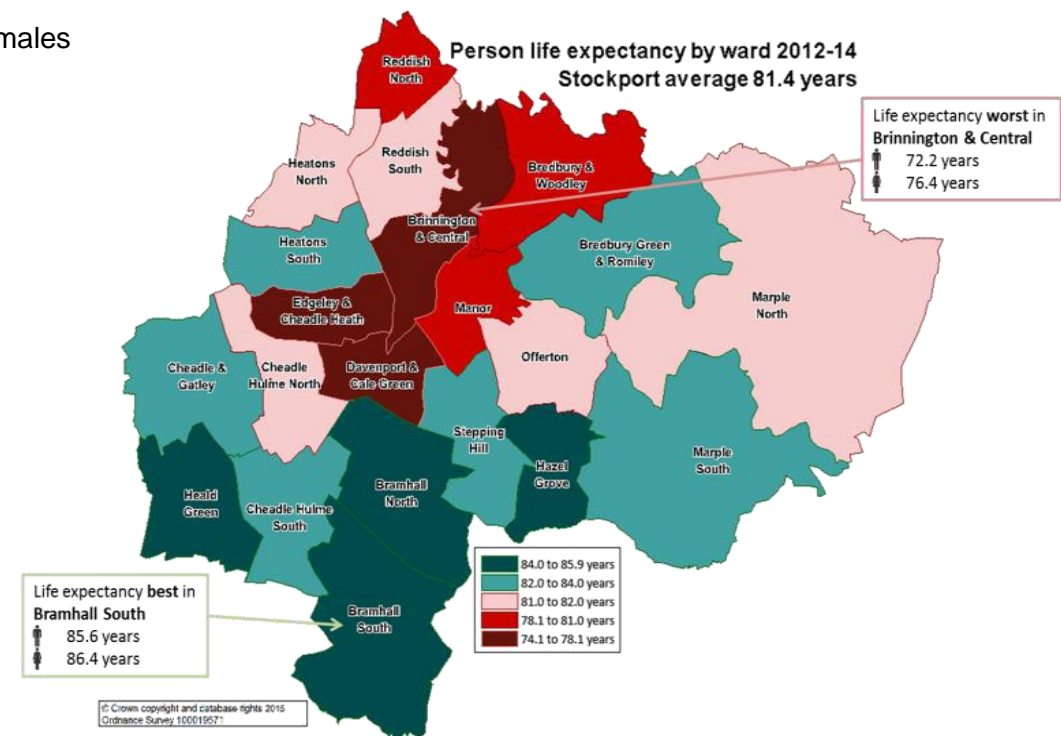
- Cancer
- Circulatory
- Digestive disease (linked to alcohol)

together causing 67% of the gap for males and 64% of the gap for females

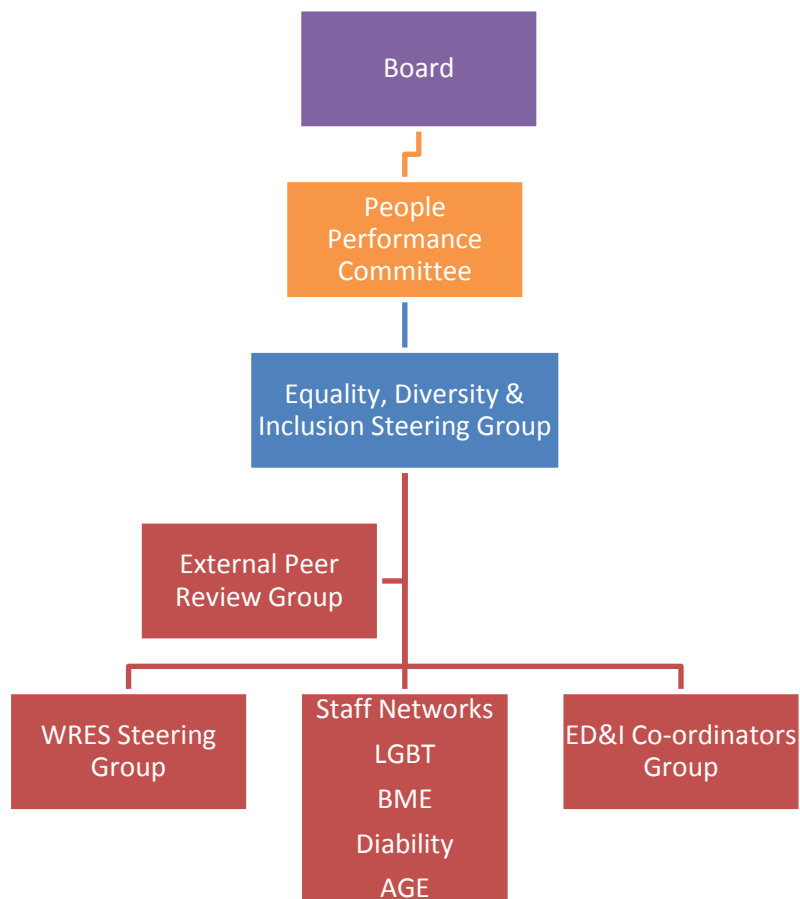
Nationally, minority groups suffer inequalities in health outcomes and access to services.

More information can be found in Stockport's Joint Strategic Needs Assessment at:

[www.stockportjsna.org.uk](http://www.stockportjsna.org.uk)



## EDI Governance



## EDI Board Champion



Adrian Belton is the Board Champion for EDI as well as the Chair of the Trust's WRES steering group

Adrian has been the Chairman at Stockport NHS Foundation Trust since June 2017. Adrian is passionate about EDI and having an organisational culture that is open, transparent and Inclusive.

"Everyone's voice matters, whatever role you play. And we need to know how good we are at hearing voices that are as diverse as the patients and communities we serve. If we get our approach to EDI, and culture, right, we are well on the way to excelling at quality"



## Our Workforce

A diverse and culturally aware workforce is better placed to understand and respond to the needs of everyone in our community. At September 2017, the Trust employed 5254 staff of whom:

- 80% are women;
- 26% are aged under 34 years and 22% are aged over 55 years;
- 12.35 % are from black and minority ethnic communities (plus a further 4.8% from white minority ethnic backgrounds);
- 3.6 % have declared themselves to be disabled; 78% have declared themselves to be non-disabled and the disability status of the remainder is not known/ not declared;
- 73% of our staff said they were as heterosexual; 1.7% as lesbian, gay or bisexual and 25% chose not to tell us
- 52% declared Christianity as their religion;
- The average age of our Board members is 50; none declared a disability; the make-up of the Board is 93% White British; 53% are female.

The largest area of ethnic diversity is found at the two extremes of Band 1 and Medical Staffing, with Band 5 showing the next indication of diverse staff member

Our workforce is over- representative of the growing ethnic diversity in the local community but not at all levels

Just under 40% of Band 1 staff and just over 46% of those at Band 8b or above are male and 60% of medical posts are filled by men

Women make up the majority of the workforce

Low numbers of staff declaring disabilities, sexual orientation and religion limits the interpretation of the data

## Our Workforce

Equality Group	Local Population	Trust Workforce
Age	Largest age band 40-49	Largest age band 45-54 Average age 44
Disability	26.7% report a disability or long- term condition	2.7% report disability 21.4% not declared
Ethnicity	BME make up is 8 %	BME make up 12.3%
Gender	51.1% female	80.9% female
Gender Identity	No local data	No local data
Pregnancy / Maternity	2% fertility rate	2.67% on maternity or adoption leave (at 30/9/16)
Marriage / Civil Partnerships	38% married 0.2% in Civil Partnership	54.9% married 0.7% in Civil Partnership
Religion or Belief	63.2% Christian	51.2% Christian
Sexual Orientation	No local data. Estimated to be 5-7% nationally	1.4% LGB 29% Did not want to declare

## Our Patients

### Age

Age Band	Inpatients %	Outpatients %
<20	14.2%	10.9%
20-29	9.0%	6.3%
30-39	10.6%	9.4%
40-49	8.5%	9.3%
50-59	11.3%	13.1%
60-69	13.2%	15.3%
70-79	16.7%	19.8%
80-89	13.3%	13.7%
>=90	3.3%	2.1%

### Sex

	Inpatients	Outpatients
Male	44.5%	42.9%
Female	55.5	57.1

## Our Patients

### Ethnicity

Ethnicity	Inpatients	Outpatients
<b>White :</b>		
<b>British</b>	86.6%	85.9%
<b>Irish</b>	0.9%	1.0%
<b>Other White</b>	1.9%	1.9%
<b>Mixed:</b>		
White/Black Caribbean	0.2%	0.2%
White/Black African	0.2%	0.1%
White/Asian	0.2%	0.2%
Other Mixed	0.3%	0.2%
<b>Asian/ Asian British:</b>		
Indian	0.5%	0.6%
Pakistani	1.0%	1.1%
Bangladeshi	0.2%	0.2%
Other Asian	0.6%	0.5%
<b>Black/ Black British:</b>		
Caribbean	0.1%	0.2%
African	0.2%	0.2%
Other Black	0.1%	0.1%
<b>Other</b>		
<b>Chinese</b>	0.2%	0.3%
<b>Other Ethnicity</b>	0.6%	0.6%
<b>Not given</b>	6.2%	6.8%

### Religion

Religion	Inpatients	Outpatients
<b>Christian</b>	67.6%	70.8%
<b>None</b>	18.0%	16.9%
<b>Religion Unknown</b>	11.2%	8.6%
<b>Muslim</b>	2.1%	2.2%
<b>Other</b>	0.5%	0.6%
<b>Hindu</b>	0.4%	0.4%
<b>Jewish</b>	0.2%	0.2%
<b>Buddhist</b>	0.1%	0.1%
<b>Sikh</b>	0.1%	0.1%
<b>Pagan</b>	0.0%	0.0%
<b>Jain</b>	0.0%	0.0%
<b>Bahai</b>	0.0%	0.0%
		0.0%

## Workforce Race Equality Standard (WRES)

### Background

In July 2014, the NHS Equality and Diversity Council confirmed the introduction of a **Workforce Race Equality Standard (WRES)**. The WRES provides Workforce Indicators and associated metrics, against which NHS organisations must collect and analyse data. This analysis must then inform appropriate action and intervention to address any differences between the relative treatment and experience of White and Black and Minority Ethnic (BME) staff. Please see table below for the nine WRES indicators as well as 2016/17 data for the Trust.

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS Standard Contract

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes.

## WRES Indicators

<b>Indicator 1:</b> Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Percentage of BME staff in every pay band is lower than the Trust BME average of 12.35% with the exception of band 1 (Non-clinical) & band 5 (Clinical)  BME Staff in VSM – 4.35
<b>Indicator 2:</b> Relative likelihood of staff being appointed from shortlisting across all posts	Relative likelihood of White staff being appointed from shortlisting compared to BME staff: <b>1.52 times greater</b>
<b>Indicator 3:</b> Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff is <b>1.76 times greater</b>
<b>Indicator 4:</b> Relative likelihood of staff accessing non-mandatory training and CPD.	Nil return
<b>Indicator 5:</b> KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White: 21% BME: 23.6%
<b>Indicators 6</b> KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White: 20% BME: 25.2%

<b>Indicator 7:</b> KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White: 86.6% BME: 73.5%
<b>Indicator 8:</b> Q17. In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues	White:4.2% BME: 18.7%%
<b>Indicator 9 :</b> Percentage difference between the organisations' Board voting membership and its overall workforce	White: 92.9 BME 7.1 (one staff)

## Gender Pay Gap

### Background

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

The gender pay gap shows the difference between the average (mean or median) earnings of men and women.

Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

Employers must follow the rules in the regulations to calculate the following information: The

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males receiving a bonus payment
- proportion of females receiving a bonus payment
- proportion of males and females in each quartile pay band

A **mean** average involves adding up all of the numbers and dividing the result by how many numbers were in the list.

A **median** average involves listing all of the numbers in numerical order. If there is an odd number of results, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.

**This report includes the statutory requirements of the Gender Pay Gap legislation but also provides further context to demonstrate our commitment to equality.**



### 1. Gender Profile of the Organisation

Gender	%
Male	20
Female	80

**The Trust's workforce comprises of 80% Women and 20% Men**

### 2. Gender Pay Gap

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	18.9056	12.9895
Female	14.4580	13.1493
Difference	4.4477	-0.1598
Pay Gap %	23.5257	-1.2300

**The figures show the Mean Gender Pay Gap for the Trust is 23.5% and the Median Gender Pay Gap is 1.2%. This shows that for every pound men are earning, women are earning just over 76 pence. The median figures show that the gap in the pay, is reversed and the trust has more women earning in the mid salaries**

### 3. Bonus Pay Gap

Bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards. Under the national Medical & Dental terms and conditions Consultants are eligible to apply for Clinical Excellence Awards (CEA). This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The calculations above include both local and national CEA's.

**Table 1 Consultant Gender Profile with percentage of eligibility and applications**

Currently the consultant gender profile is 31% female and 69% male

Gender	Trust Profile %	No. of staff eligible %	No. of applications %	Successful Applications %
Female	31.09	32	31	29
Male	68.91	68	69	71

**Table 2 Bonus Pay Gap**

Gender	Avg. Pay	Median Pay
Male	10,451.90	5,967.21
Female	5,618.52	2,983.55
Difference	4,833.37	2,983.66
Pay Gap %	46.24	50.00

The figures show the Mean Bonus Gender pay Gap is **46.2%** and the median bonus gender pay gap is **50%**. This shows that men earn on average **46.2%** more in bonuses

**Table 3** Proportion of males and Females receiving a Bonus Payment

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	22.00	4256.00	0.52
Male	69.00	1067.00	6.47

The figures show that the proportion of Women receiving a CEA is **0.52%** and the proportion of men **6.47**

#### 4. Proportion of males and Females in each quartile band

Quartile	Female	Male	Female %	Male %
1	967.00	277.00	77.73	22.27
2	1027.00	227.00	81.90	18.10
3	1079.00	170.00	86.39	13.61
4	930.00	330.00	73.81	26.19

All female staff and all male staff are ranked separately according to their pay. They are then put in to four quartiles with quartile 1 being lowest paid staff, 2 being lower middle, 3 being upper middle and 4 being highest paid staff. The figures show that, compared to our workforce of 80% women and 20% men, women are over represented in quartiles 2 & 3, and under-represented in quartile 1 (just over 2%) and quartile 4 ( 6%)

#### 5. Gender pay gap Comparison

The mean gender pay gap for the whole of the Public Sector economy (according to the October 2017 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.7%. At 23.5 % the Trust's mean gender pay gap is therefore, above that for the wider public sector. This is reflective of the pattern from the wider UK healthcare economy; traditionally the NHS has a higher female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical & Dental professions.

Also, a benchmarking exercise is being carried out by Bolton NHS Foundation Trust looking at comparison of Trust's across Greater Manchester. These findings will be presented to the EDI steering group.

## **6. Reducing the Gender Pay Gap**

The following are some areas that will be discussed at the EDI steering group meeting, with a view to developing and monitoring an action plan going forward.

- Explore with the Trust's EDI steering to promote positive discussion and develop further awareness of the issues around the Gender Pay Gap and how the report should be shared widely with the organisation ,
- Utilise information from the GM benchmarking exercise once this has been completed and look at opportunities to share best practice.
- Identify if there are any issues to training and development opportunities for women
- Continue to promote equal opportunities more prominently to prospective applicants to show the Trust as an inclusive employer
- Examine if the Trust has a culture that enables women to progress and develop into more senior roles
- Explore training and education to managers to address any issues related to unconscious bias

## Events

### Manchester PRIDE 2017



The Manchester Pride Festival takes place in the heart of Manchester's city centre every year and is an award winning four day event celebrating LGBTQ+ life

In 2017, the Trust supported staff to participate in Manchester Pride, to celebrate the rich diversity of our patients, staff and communities. and to show organisational commitment to providing inclusive services.



## Hate Crime Awareness Week



As part of Hate Crime Awareness Week, the Trust worked in partnership with the council, GMP and voluntary organisations to promote awareness of hate crime and how to report it.

The trust held stands on the hospital site and in the community to provide information on what a hate crime is, who would be vulnerable and how to support someone who has been a victim of hate crime.

A hate crime is an act of hostility or violence towards someone because of who they are or who someone thinks they are.

Hate Crimes can take many forms and can include personal violence as well as damage to property.

More information on hate crime can be found on the following link

<https://www.stockporthomes.org/community/anti-social-behaviour/hate-crimes/>



## LGBT History Month Listening Event



LGBT History Month takes part in February every year to celebrate the achievements of and promote the history LGBT people. As part of this year's celebrations the Trust held an event to explore and highlight inequalities faced by LGBT staff and patients. The event was opened by the Trust chairman who expressed the organisational and leadership commitment to ensuring all staff, patients and service users are treated fairly and equitably and any barriers are removed.

The event was attended by LGBT staff as well as allies from inside the organisation as well as external organisations. John Amaechi OBE, Psychologist and bestselling author, attended as keynote speaker and discussed the barriers faced for LGBT people.

Other key speakers on the day included Lawrie Roberts from the LGBT Foundation who discussed health inequalities and Tara Hewitt EDI Lead from Manchester Foundation Trust , who presented information on How to Be a Trans ally.

Listen to John Amaechi OBE , talking about why LGBT Inclusion is important

[https://www.youtube.com/watch?v=2uqbH\\_dhjjk](https://www.youtube.com/watch?v=2uqbH_dhjjk)



## Urdu-translated Diabetes X-Pert Session

Urdu Type 2 Diabetes sessions have been held in the Asian Heritage Centre in Heaton Moor.

Delivered by Stockport FT X-Pert team and translated into Urdu for the participants. The session emphasizes which foods contain carbohydrate and appropriate portion sizes. It also explains how medications work to control blood glucose and complications that can arise if diabetes is not managed well.

The patients are able to hear the information in their own language and ask questions which will mean they are more in control of their Diabetes and able to understand how to manage it better. The session had been promoted in a variety of venues and local practice nurses encourage their patients to attend making it a successful collaboration between Stockport FT and general practice.

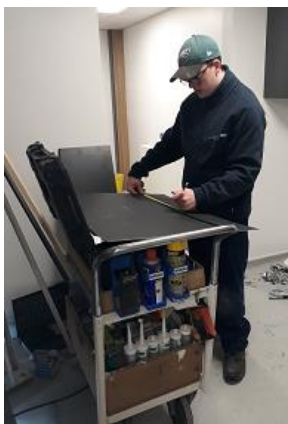




## Widening Participation

### Supported Internships

The Supported Internship is a three way partnership between Stockport NHS, Pure Innovations Ltd and Cheadle & Marple College Network. The provision is aimed at young people aged 16-24 who have a statement of special educational needs, a learning difficulty assessment or an education health care plan and they want to move into paid employment and need extra support to do so. The year long course features classroom based learning onsite at Stepping Hill Hospital alongside individually tailored work placements within either the hospital or other local employers. The aim is that students will gain essential work skills, a work based qualification and paid employment by the end of the course either internally or with external employers. The Internship is in its second full year (after a pre internship in 2015-16) and successes last year included paid outcomes within the hospital restaurant, maternity shop, Stockport pharmaceuticals and external employers such as Gusto Restaurant. This year a cohort of 10 interns are currently onsite doing placements across areas such as Portering, Medico-Legal, Finance, Wards, Estates and Health Records..



## Widening Participation

### Pre- employment Programme

The Pre-Employment Programme (PEP) is an entry-level vocation learning programme devised as a 10-week Level 1 Introduction to Adult Health & Social Care accredited programme. Predominately PEP is aimed at unemployed individuals of working age benefit 18 – 65 to enhance their potential employment opportunities and confidence.

Upon successful completion of the PEP, learners are offered a guaranteed interview. Live vacancies are identified by HR at the point of PEP delivery and promoted as part of the PEP. As the PEP incorporates a Level 1 Introduction to Adult Health & Social Care accreditation, learners will be eligible to access opportunities such as apprenticeships, volunteering or further education.

The first SNFT PEP Open day was held at Stockport College in January with a turnout of 40 people. The open day consisted of two assessment one carried out by the college to assess numeracy and literacy levels and the other carried out by SNFT assessing NHS values. A round table discussion was held to give candidates the opportunity to explore and ask questions on likely bands 1-3 vacancies, the key areas being Admin, Domestic, Catering, Porter, HCA AND Medical Lab Assistants. The trust currently has 15 learners who have been placed in a 6 week placements as follows: x3 Porter, x1 Domestic, x2 MLA, x5 Admin, x3 catering, x1 HCA



## Dementia

We are committed to being a dementia friendly organisation and have a specialist dementia matron for dementia care to oversee improvements. The trust is committed to the 'forget me not' scheme which is an opt in scheme designed to help identify and support patients who have additional needs encompassing their memory.

Our nurses, health care assistants, volunteers and non-clinical staff members have received dementia awareness training. At present we have over 24 dementia champions across our organisation to help support the wider nursing team in regards to dementia care.

Our catering team have introduced the 'forget me not' finger food menus and we also have dining companions to help assist patients at mealtimes.

We have a memory cafe and rooms which recreate previous eras for a relaxing space and special activity mits for patients, both of which have a calming and therapeutic effect for many patients with dementia. We have improved our signage and flooring to make them more dementia-friendly. Our carer passports support families and friends to stay with people living with dementia in hospital as part of the 'John's campaign'. We also encourage relatives to complete the 'This is me' booklet when accessing our services, giving information on the patient and how best to meet their needs.

We offer family and friends the 'living well with dementia carers information leaflet' which has been designed in partnership with local services, the leaflet includes practical information, top tips and useful contacts details.



## Equality Delivery System 2 (EDS2)

The Equality Delivery System is a tool commissioned by the NHS Equality & Diversity Council to assess how well organisations have embedded equality into their work and identify areas for improvement.

The EDS assesses NHS organisations on 18 outcomes, grouped into 4 main categories. The Trust undertakes an annual self-assessment, which is then reviewed by Healthwatch Stockport to agree scores and priorities for the coming year.

Highlights were noted by Healthwatch around the Trust's commitment to wider patient and public involvement and the excellent Friends and Family Test results.

Key issues noted by Healthwatch were access to mental health services and the lack of a local pathway for autism diagnosis among adults.

EDS Outcome	Undeveloped	Developing	Achieving	Excelling
Better Health Outcomes for All				
Improved Patient Access & Experience				
A representative and supported workforce				
Inclusive Leadership				

## Priorities for 2018/19

- **Preparing for the NHS Workforce Disability Equality Standard**
- **Implementing the Accessible Information Standard across the Trust**
- **Recruiting Equality Diversity coordinators within each Business Group**
- **Implementing action from the WRES action plan**
- **Exploring ways of implementation of the Sexual Orientation Monitoring Standard**
- **Setting up Staff Networks around LGBT, Disability , BME and Age**
- **Improving Equality monitoring data for staff**

## Appendix 1 Workforce Equality Data

Age Range	Full Time Numbers	Part Time Numbers	Full Time %	Part Time %
16-24	236	51	8.62	2.03
25-34	713	376	26.05	14.94
35-44	565	641	20.64	25.47
45-54	792	763	28.94	30.31
55-64	420	612	15.35	24.31
65+	11	74	0.40	2.94
<b>Total</b>	<b>2737</b>	<b>2517</b>	<b>100</b>	<b>100</b>

Disability	Numbers	Percentage
Yes	160	3.05
No	4149	78.97
Not Declared	945	17.99
<b>Total</b>	<b>5254</b>	<b>100</b>

Sexual Orientation	Numbers	Percentage
Heterosexual	3859	73.45
Gay	37	0.70
Bisexual	28	0.53
Lesbian	25	0.48
I do not wish to declare	1305	24.84
<b>Total</b>	<b>5254</b>	<b>100</b>

Sex	Numbers	Percentage
Male	1036	19.72
Female	4218	80.28
Not Declared	0	0
<b>Total</b>	<b>5254</b>	<b>100</b>

Ethnicity	Numbers	Percentage
<b>White:</b>	<b>4316</b>	<b>82.15</b>
British	4057	77.22
Irish	60	1.14
Other	199	3.79
<b>Mixed:</b>	<b>55</b>	<b>1.05</b>
White/Black Caribbean	17	0.32
White/Black African	13	0.25
White/ Asian	16	0.30
Other Mixed	9	0.17
<b>Asian/ Asian British:</b>	<b>374</b>	<b>7.12</b>
Pakistani	192	3.65
Indian	77	1.47
Bangladeshi	17	0.32
Other Asian	88	1.67
<b>Black/ Black British:</b>	<b>167</b>	<b>3.18</b>
Black/ Black Caribbean	24	0.46
African	132	2.51



Other Black	11	0.21
Other:	<b>96</b>	<b>1.83</b>
Chinese	18	0.34
Other Ethnicity	78	1.48
Not Given	<b>246</b>	<b>4.68</b>
<b>Total</b>	<b>5254</b>	<b>100</b>

Marital Status	Numbers	Percentage
Married	2837	54.00
Single	1754	33.38
Divorced	350	6.66
Legally Separated	73	1.39
Widowed	52	0.99
Civil Partnership	40	0.76
Unknown	148	2.82
<b>Total</b>	<b>5254</b>	<b>100</b>

Religion	Numbers	Percentage
Christian	2733	52.02
Atheism	518	9.86
Islam	145	2.76
Hinduism	71	1.35
Buddhism	18	0.34
Judaism	12	0.23
Sikhism	6	0.11
Other religions	372	7.08
I do not wish to disclose	1379	26.25
<b>Total</b>	<b>5254</b>	<b>100</b>