

Market Briefing: Services for Unpaid Carers

September 2022

The purpose of this briefing is to

- Share commissioning intentions on Services for Unpaid Carers in Bradford district and Craven
- Encourage and support providers to shape their services in accordance with the support needs of carers
- Stimulate innovative, collaborative and effective responses to the support needs of carers in Bradford district and Craven

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1. The importance of unpaid carers in Bradford district and Craven

The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven. CBMDC and its commissioning partners have a statutory responsibility to respond to carers’ needs.

Beyond this, commissioning effective support to carers is a key strategic priority as their unpaid work is indispensable to the functioning of the health and social care system.

2. Who is a carer?

A carer is anyone – child or adult - who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. ¹

Some people provide this level of care but would not apply the term ‘carer’ to themselves because they consider themselves to be fulfilling a family role. Because of this, the number of people

¹ <https://www.england.nhs.uk/commissioning/comm-carers/carers/>

reporting themselves to be carers in surveys such as the ONS Census is likely to be an underestimate.

2.1 Who are Services for Unpaid Carers for?

The Council and its partners jointly commission separate services for adult and young carers to meet the support needs of carers. These include the Carers' Service for adults who are aged 18 or over, the hospital based Carers Navigator Service and the Young Carers Service for carers aged below 18. This includes carers who are parents and provide care to a child with a disability or other support need. The Council and its partners have also commissioned a separate Mental Health Carers Support Service.

2.2 Young Carers and transition

Services for Unpaid Carers must have effective processes to enable transition from the Young Carers' Service to the Carers' Service at a point around the age of 18 years. The timing of this transition will be flexible and agreed between the young carer, the Young Carers' Service and the Carers' Service.

3. Purpose of Services for Unpaid Carers

3.1 Objectives

- To support carers to have control over their lives and how they spend their time, including support relating to education and employment
- To identify concerns over carers' personal safety and provide advice on addressing these concerns
- To identify concerns over finance and ensure that appropriate advice is accessible
- With the carer, to plan responses to anticipated changes in support needs
- To provide encouragement and support to the person in their caring role

3.2 Outcomes

- Carers report having a good quality of life
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs
- Carers report finding it easy to find information about support
- Carers report they have been included or consulted in discussions about the person they care for
- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness and isolation

The above are mirrored in the following Think Local Act Personal² themes and outcome statements.

Wellbeing and Independence

- I am treated with respect and dignity.
- I am valued for the contribution that I make to my community.

Information and Advice

- I can get information and advice that helps me think about and plan my life.
- I can get information and advice that is accurate, up to date and provided in a way that I can understand
- I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.

Active and Supportive Communities

- I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities.
- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture

When things Change

- I am supported to plan ahead for important changes in life that I can anticipate.

Workforce

- I am supported by people who see me as a unique person with strengths, abilities and aspirations.
- I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want.
- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.
- I have considerate support delivered by competent people.

4. Responsiveness

Commissioners will expect Services for Unpaid Carers to anticipate and respond to carers' changing support needs in order to maximise their wellbeing and prevent avoidable breakdown in the caring relationship.

5. Scope of services

5.1 Service users

The scope of the Carers' Service includes adults caring for their adult children and parent carers caring for a disabled child or young person under the age of 18. The scope includes support to parents with children of any age on the autistic spectrum.

² <https://www.thinklocalactpersonal.org.uk/makingitreal/about/>

The scope of the Carers Navigator Service includes the same range of carers as the Carers' Service in planned discharge from hospital situations.

The scope of the Young Carers' Service includes young people under 18 years of age who carries out caring tasks and assumes a level of responsibility for another person which would normally be carried out by an adult. In the context of a whole family approach, the scope includes support to sibling's where the support provided would normally be carried out by an adult.

5.2 Geographical area covered

City of Bradford Metropolitan District and Craven district of North Yorkshire.

6. Alignment and interfaces

In order to achieve the best possible outcomes for people we support we actively encourage partnerships of different organisations. These may be formal arrangements where the partners have different and mutually beneficial skill sets or informal arrangements of organisations with shared goals

The Commissioned Services for Unpaid Carers will be expected to work collaboratively with partners including those listed below to maintain effective communication and interfaces.

- VCS organisations such as Alzheimer's Society, the Stroke Association, Citizen's Advice Bureau, Barnardos
- Other community and volunteer organisations
- CBMDC and NYCC social care teams
- Services offering short breaks for carers (CBMDC 'Shared Lives' and 'Time Out', Carers' Short Breaks commissioned by NYCC, Equality Together Holibreak+ service)
- Statutory NHS services including GP practices

The above list is not exhaustive, other partners are likely to be identified during the life of commissioned services.

7. Strategic priorities

7.1 National priorities for adult carers³

The Governments national strategic priorities for unpaid carers were set out in the Carers Action Plan 2018-2020. These strategic priorities remain unchanged and include the following headline themes;

- Services and systems that work for carers
- Employment and financial wellbeing
- Transition for young adult carers
- Recognising and supporting carers in the wider community and society
- Building research and evidence to improve outcomes for carers

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

Services for Unpaid Carers commissioned by the Council and its partners will contribute to meeting these priorities.

7.2 Local priorities for unpaid carers ⁴

Creating choice and control

We want people to have as much choice and control as possible about the services they receive.

Increasingly this will mean individuals deciding what they want and having their own budget to make it happen. The personalisation of services is a national strategic priority as well as a local one.

Joining up services

We want to make accessing service simple and straightforward for carers.

Therefore, we will encourage providers to work together to improve outcomes for people we support and use resources more effectively.

Safeguarding children and adults

We aim to prevent harm and reduce the risk of abuse or neglect, stop abuse or neglect wherever possible and safeguard adults and children in a way that supports them in making choices and having control about how they want to live.

Focus on resilience

We aim to intervene early to enable people to improve their wellbeing and give carers the tools and support they need to continue in their caring roles

Involving carers as experts

We aim to ensure the views of carers are valued and listened to and considered in any plans made, in particular in relation to important decisions about diagnosis and treatment for the person they care for.

Mental and physical wellbeing

We aim to ensure mental health and wellbeing is given equal importance with physical health, with support to meet social, mental and physical care needs as well as high quality, seamless care.

Reaching out

We aim to work with people we support and service providers recognising them as assets in responding to the full extent of people's needs.

Strategy development

In 2024 local commissioning partners look forward to working with carers and a range of health and social care organisations to review the Bradford district and Craven Carers Strategy 2019-24⁵.

4

<https://www.bradford.gov.uk/media/3578/mental-wellbeing-strategy-in-bradford-district-craven.pdf>

<https://www.bradford.gov.uk/council-plan/council-plan/>

<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>

<https://www.bradford.gov.uk/media/3810/home-first-vision.pdf>

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The Council and its partners sought the views on services for carers through a number of consultation mechanisms; facilitated workshops, online survey's and focus groups. This involvement will continue throughout the commissioning process and throughout the life of the contract. In addition to carers and cared for people, stakeholders involved included service providers and professionals from a range of health and social care backgrounds.

7.4 Carer feedback

Engagement with carers through online surveys and through workgroups provided insights into what Services for Unpaid Carers should provide and are captured in the following themes.

- Easy Access to support - ideally 24/7 access to support with a mixture of online support, telephone support and face to face support.
- Information and Advice - services that a ready resource on a wide range carer related information and advice available in a variety of forms and appropriate to all the communities represented in the district. This might be available self-serve style but should be provided in a supportive environment.
- Practical Help and emotional support - the emphasis being on practical help and advice, help to fill in forms, help to take a break, help connecting to other support agencies, not just sign posting.
- Local support networks - that stem from community led and strengths based approaches. Carers shared experience is their strength, peer support groups can have a real and positive impact in supporting carers.
- Carers' Voice - this might include a degree of advocacy for individual carers and campaigning on behalf of groups of carers or carers in general.
- Partnership working - should be integral to all services for unpaid carers, no single organisation are likely to be able to meet every carers needs. We want genuine partnership working to be a feature of services for carers, we want partnership working that leads to real, practical outcomes for carers.

When asked 'What is Most Important to you' adult carers responses included the following;

- Keeping fit and healthy so I can continue caring
- To have some sort of life of my own before I'm too old or unwell
- Meeting and talking to other carers in my area at a time that is best for me
- Time for myself, I desperately need a proper break
- Caring people around to help and access to support without long waits
- Keeping in touch with friends and family
- Face to face consultation with a doctor to deal with my own health problems
- My mental health, my sanity

- Feeling that my brother is safe and supported in all aspects of his life
- Knowing that my loved one's needs are being met
- Security, knowing that our benefits and housing are secured
- My mental health, my sanity
- Feeling that my brother is safe and supported in all aspects of his life
- Knowing that my loved one's needs are being met
- Security, knowing that our benefits and housing are secured

When asked 'What is Most Important to you' young carers responses included the following;

- Giving and receiving lots of love
- Stress and worry about the person they care for person's well being
- Need more activities and day out trips for recharge
- Studying and becoming a successful person is what matters to them
- Young people mentioned spending more time with family and friends is what matters to them
- Balancing caring role and social life is challenge
- Recognition that we are young carers
- More time away from caring role
- Making school more alert and aware of Young carers and their current situation to ease some of the challenges we face

8. Bradford District and Craven demographics and demand

8.1 Overview of population and demographics

With 546,400 people (2021 Census) the Bradford District is the seventh largest local authority in England. It is one of the 'youngest' cities outside London with a significant proportion of children and young people aged under 16, but in line with national trends it also has an increasing number of people over 65 years of age. This is accompanied by high levels of deprivation and a particularly wide gap between the most and least deprived parts of the district. All these features have significant implications for the future health and wellbeing of the district and therefore the provision of health and social care services, including services for unpaid carers.

The Craven District of North Yorkshire has a population of 56,900 (2021 Census)

Detailed 2021 Census data on carers is not yet available however, the 2011 Census identified 50,914 carers in Bradford district, accounting for approximately 9.8% of residents providing unpaid care for someone with an illness or disability. 12,291 of those carers (24.1%) were providing more than 50 hours of care per week. Most carers fall into the 25-49 year age band, although 28% of carers providing 50 or more hours a week are over 65 and 11.9% state they are in bad or very bad health. Based on 2011 Census data we believe there are in excess of 60,000 unpaid carers in the Bradford district and Craven.

[Appendix 1](#) contains projections for numbers of people most likely to be supported by a carer in Bradford District, all are predicted to increase over the 2019- 2024 five year period.

9.2 Ethnicity

Bradford district contains a rich mix of ethnic groups and cultures. The 2011 census indicates that the Asian/Asian British ethnic group forms nearly 27% of the total population, with people with a Pakistani heritage 20.4% by far the largest group. Immigration since 2011 can be estimated from applications for national insurance numbers. Prior to the United Kingdom exit from the European Union, between 2004 and 2013 there was an increase in applications from nationals of Poland, Latvia, Lithuania and Slovakia. Since 2013 there has been an increase in applications from Romanian and Spanish nationals, it is likely the increase in the number of European nationals taking up residence in the district will slow as a result although the greatest number of applicants for national insurance numbers in Bradford continues to be from nationals of Pakistan.

Feedback from carers within BME communities indicates that we are not providing equitable access to support to some communities, culturally appropriate carers services are required to meet the needs of this varied population.

The Council's website provides a range of information and data on the district through its Understanding Bradford web portal including information on ethnicity and religion.⁶

9. Commissioning

In October 2019 a new adult Carers Service was jointly procured by Bradford Council's Adult and Community Services, in partnership with the then three, local NHS Clinical Commissioning Group's and North Yorkshire County Council.

Similarly, but as a separate procurement a Young Carers Service was jointly procured by Bradford Council's Children's Services, in partnership with the then three, local NHS Clinical Commissioning Group's.

The contract's awarded as a result of the above procurement's are now due to end in April 2023.

9.1 Next Steps

The Local Authority and its partners have committed to continued joint commissioning of services for carers with agreed outcomes based on national and local strategic priorities.

During 2022 there will be a procurement process to ensure services for carers are in place by April 2023. These services will reflect the existing and emerging needs of adult and young carers as identified through the recent engagement activity as described in Section 7 above.

9.2 Commissioning process and timeframe

We will be running a procurement process through Yortender. Procurement documents will be made available via Yortender to registered users only. Further information is available via

Yortender: <https://yortender.eu-supply.com/>

If not already registered, Providers are advised to register on Yortender to ensure they receive notification of the procurement and the timetable in more detail.

The indicative timeframe for the procurement process is shown below.

⁶ <https://ubd.bradford.gov.uk/>

Process Stage	Indicative Target Date
Tender process starts:	Late September 2022
Tender closing date:	October 2022
Decision made :	December 2022
Implementation of the new contract:	April 2023

We welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently as well as your views on the type of engagement you feel will be most useful to you.

The Council is interested in hearing from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.

**Bradford Metropolitan District Council
Adult & Community Services
Commissioning Team
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For further information, open the links below:

[Bradford Council Carers page](#)

[Applying To Do Business with Bradford Council](#)

[YORTender](#)

Appendix 1: numbers of people most likely to be supported by a carer, 2020-2024 ⁷

People aged 65 and over with a limiting long-term illness, by age, projected to 2024	2020	2021	2022	2023	2024
People aged 65-74 whose day-to-day activities are limited a little	10,102	10,324	10,258	10,324	10,435
People aged 75-84 whose day-to-day activities are limited a little	7,608	7,667	8,113	8,440	8,737
People aged 85 and over whose day-to-day activities are limited a little	2,757	2,782	2,859	2,910	2,910
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	20,467	20,773	21,229	21,674	22,082
People aged 65-74 whose day-to-day activities are limited a lot	8,626	8,815	8,758	8,815	8,909
People aged 75-84 whose day-to-day activities are limited a lot	7,438	7,496	7,932	8,251	8,542
People aged 85 and over whose day-to-day activities are limited a lot	4,612	4,654	4,783	4,868	4,868
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	20,675	20,965	21,472	21,934	22,319

People aged 65 and over predicted to have dementia, by age and gender, projected to 2024	2020	2021	2022	2023	2024
People aged 65-69 predicted to have dementia	393	401	410	418	425
People aged 70-74 predicted to have dementia	661	680	658	649	652
People aged 75-79 predicted to have dementia	854	883	978	1,056	1,092
People aged 80-84 predicted to have dementia	1,255	1,243	1,210	1,210	1,242
People aged 85-89 predicted to have dementia	1,261	1,297	1,312	1,332	1,347
People aged 90 and over predicted to have dementia	1,202	1,226	1,226	1,249	1,285
Total population aged 65 and over predicted to have dementia	5,627	5,729	5,793	5,914	6,043

⁷ Tables produced from PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information).

People aged 65 and over who need help with at least one domestic task, by age and gender, projected to 2024	2020	2021	2022	2023	2024
Males aged 65-69 who need help with at least one domestic task	1,785	1,815	1,845	1,860	1,875
Males aged 70-74 who need help with at least one domestic task	1,957	2,014	1,957	1,938	1,957
Males aged 75-79 who need help with at least one domestic task	1,728	1,809	2,025	2,187	2,268
Males aged 80 and over who need help with at least one domestic task	2,871	2,904	2,904	2,937	3,036
Females aged 65-69 who need help with at least one domestic task	2,261	2,318	2,375	2,451	2,508
Females aged 70-74 who need help with at least one domestic task	2,622	2,691	2,599	2,553	2,553
Females aged 75-79 who need help with at least one domestic task	2,652	2,720	2,992	3,230	3,332
Females aged 80 and over who need help with at least one domestic task	7,370	7,370	7,315	7,370	7,425
Total population aged 65 and over who need help with at least one domestic task	23,246	23,641	24,012	24,526	24,954

People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age	2020	2021	2022	2023	2024
People aged 65-74 predicted to have a moderate or severe learning disability	160	163	162	164	165
People aged 75-84 predicted to have a moderate or severe learning disability	53	54	57	60	62
People aged 85 and over predicted to have a moderate or severe learning disability	19	20	20	21	21
Total population aged 65 and over predicted to have a moderate or severe learning disability	232	237	240	244	248

People aged 18-64 predicted to have a moderate or serious personal care disability, by age, projected to 2024	2020	2021	2022	2023	2024
People aged 18-24 predicted to have a moderate personal care disability	272	270	269	269	272
People aged 25-34 predicted to have a moderate personal care disability	976	972	965	956	949
People aged 35-44 predicted to have a moderate personal care disability	2,085	2,105	2,123	2,140	2,137
People aged 45-54 predicted to have a moderate personal care disability	3,366	3,352	3,317	3,303	3,303
People aged 55-64 predicted to have a moderate personal care disability	5,333	5,386	5,456	5,491	5,553

Total population aged 18-64 predicted to have a moderate personal care disability	12,032	12,084	12,130	12,160	12,214
People aged 18-24 predicted to have a serious personal care disability	182	180	179	180	181
People aged 25-34 predicted to have a serious personal care disability	279	278	276	273	271
People aged 35-44 predicted to have a serious personal care disability	431	436	439	443	442
People aged 45-54 predicted to have a serious personal care disability	756	752	745	741	741
People aged 55-64 predicted to have a serious personal care disability	1,030	1,040	1,054	1,061	1,073
Total population aged 18-64 predicted to have a serious personal care disability	2,678	2,686	2,693	2,698	2,709

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age	2020	2021	2022	2023	2024
People aged 18-24 predicted to have a moderate or severe learning disability	286	284	283	284	287
People aged 25-34 predicted to have a moderate or severe learning disability	373	371	369	366	363
People aged 35-44 predicted to have a moderate or severe learning disability	445	450	454	458	458
People aged 45-54 predicted to have a moderate or severe learning disability	364	362	359	358	359
People aged 55-64 predicted to have a moderate or severe learning disability	299	302	306	308	311
Total population aged 18-64 predicted to have a moderate or severe learning disability	1,767	1,769	1,770	1,773	1,778

People aged 18-64 predicted to have autistic spectrum disorders, by age and gender, projected to 2024	2020	2021	2022	2023	2024
People aged 18-24 predicted to have autistic spectrum disorders	464	461	459	458	462
People aged 25-34 predicted to have autistic spectrum disorders	687	683	682	679	675
People aged 35-44 predicted to have autistic spectrum disorders	718	723	724	727	723
People aged 45-54 predicted to have autistic spectrum disorders	686	686	680	675	679
People aged 55-64 predicted to have autistic spectrum disorders	590	594	602	611	617
Total population aged 18-64 predicted to have autistic spectrum disorders	3,145	3,147	3,147	3,150	3,156

People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2024	2020	2021	2022	2023	2024
Males aged 30-39 predicted to have early onset dementia	3	3	3	3	3
Males aged 40-49 predicted to have early onset dementia	7	7	7	7	7
Males aged 50-59 predicted to have early onset dementia	38	39	39	40	40
Males aged 60-64 predicted to have early onset dementia	27	28	28	28	29
Total males aged 30-64 predicted to have early onset dementia	75	76	77	78	78
Females aged 30-39 predicted to have early onset dementia	4	4	4	3	3
Females aged 40-49 predicted to have early onset dementia	8	8	8	8	8
Females aged 50-59 predicted to have early onset dementia	26	26	26	26	26
Females aged 60-64 predicted to have early onset dementia	17	18	18	18	19
Total females aged 30-64 predicted to have early onset dementia	55	55	55	56	56

People aged 18-64 predicted to have impaired mobility, by age, projected to 2040	2020	2025	2030	2035	2040
People aged 18-24 predicted to have impaired mobility	454	458	501	506	470
People aged 25-34 predicted to have impaired mobility	697	673	646	669	717
People aged 35-44 predicted to have impaired mobility	3,595	3,655	3,540	3,425	3,275
People aged 45-54 predicted to have impaired mobility	3,435	3,385	3,445	3,520	3,450
People aged 55-64 predicted to have impaired mobility	8,484	8,890	8,988	8,778	8,946
Total population aged 18-64 predicted to have impaired mobility	16,665	17,061	17,120	16,898	16,858

Appendix 2: Numbers of people identifying as carers in CBMDC area and Craven ⁸

	Provides 1 to 19 hours unpaid care a	Provides 20 to 49 hours unpaid care a	Provides 50 or more hours unpaid	Total

⁸ 2011 ONS Census

	week	week	care a week	
Craven	4,759	674	1,178	6,611
Bradford	30,983	7,738	12,305	51,026

Appendix 3: Ethnicity ⁹

CBMDC area

Ethnic group	Number of all usual residents	% of all usual residents
All usual residents	522,452	100.0
White	352,317	67.4
English/Welsh/Scottish/Northern Irish/British	333,628	63.9
Irish	2,541	0.5
Gypsy or Irish Traveller	433	0.1
Other White	15,715	3.0
Mixed/multiple ethnic groups	12,979	2.5
White and Black Caribbean	4,663	0.9
White and Black African	875	0.2
White and Asian	5,677	1.1
Other Mixed	1,764	0.3
Asian/Asian British	140,149	26.8
Indian	13,555	2.6
Pakistani	106,614	20.4
Bangladeshi	9,863	1.9
Chinese	2,086	0.4
Other Asian	8,031	1.5
Black/African/Caribbean/Black British	9,267	1.8
African	4,993	1.0
Caribbean	3,581	0.7
Other Black	693	0.1
Other ethnic group	7,740	1.5
Arab	3,714	0.7
Any other ethnic group	4,026	0.8

⁹ 2011 ONS Census

Craven District

Ethnic group	Number of people	% of all people
All categories: Ethnic group	55,409	
White	53,964	97.39%
White: English/Welsh/Scottish/Northern Irish/British	52,842	95.37%
White: Irish	215	0.39%
White: Gypsy or Irish Traveller	54	0.10%
White: Other White	853	1.54%
Mixed	375	0.68%
Mixed/multiple ethnic group: White and Black Caribbean	94	0.17%
Mixed/multiple ethnic group: White and Black African	59	0.11%
Mixed/multiple ethnic group: White and Asian	141	0.25%
Mixed/multiple ethnic group: Other Mixed	81	0.15%
Asian	970	1.75%
Asian/Asian British: Indian	156	0.28%
Asian/Asian British: Pakistani	474	0.86%
Asian/Asian British: Bangladeshi	39	0.07%
Asian/Asian British: Chinese	118	0.21%
Asian/Asian British: Other Asian	183	0.33%
Black	61	0.11%
Black/African/Caribbean/Black British: African	48	0.09%
Black/African/Caribbean/Black British: Caribbean	8	0.01%
Black/African/Caribbean/Black British: Other Black	5	0.01%
Other	39	0.07%
Other ethnic group: Arab	25	0.05%
Other ethnic group: Any other ethnic group	14	0.03%