



Workforce Equality Report for Nottingham City Health Scrutiny Committee - June 2018

CityCare Workforce and the Local Population

CityCare is an equal opportunities employer and aspires to be representative of the communities it serves, opposing all forms of unfair or unlawful discrimination.

Within CityCare workforce 98.7% of staff have reported their protected characteristic data. Our workforce data, taken in March 2017, shows staff demographics for the categories of; disability, sex, sexual orientation, age, marital status, race and religion.

Appendix A compares CityCare workforce with the population statistics for Nottingham City residents from the Census 2011. The Joint Strategic Needs Assessment also shows within Nottingham City international migration more recently from Eastern Europe and a BME population of 35%. Nottingham City also has 29% of the population aged between 18-29.

The results of this comparison show that CityCare employ; 18.4% more people from white British ethnicity, the largest age group is 51-55 years, there is a 40.31% higher number of female staff and less people are employed who have a disability compared to those in the population who have long term activity-limiting illness or disability (14% less).

In order to support our workforce and to represent the population we serve, actions have been carried out and are planned as detailed below.

Workforce Race Equality Standard (WRES)

Results from the WRES 2017 showed improvement in the areas of; the likelihood of black and minority ethnic (BME) staff entering the formal disciplinary process, the likelihood of BME staff accessing non-mandatory training and continued professional development, the percentage of BME staff experiencing harassment, bullying or abuse from patients, the public or staff over the previous 12 months and a 20% increase in BME staff believing the organisation provides equal opportunities for career progression or promotion.

Priority areas were agreed following engagement with the Equality & Diversity Committee, Human Resources & Organisational Development Group, the BME staff support network, Management Forum, NHS England WRES specialist team and staff engagement sessions at the “we said we did” roadshows following results of the staff survey.

Priority areas for action include; percentage of BME staff in each pay band compared to that of the overall workforce, the likelihood of BME staff being appointed from shortlisting and the percentage of staff experiencing bullying, harassment or abuse from staff in the last 12 months. An summary of the action plan can be found below:

WORKFORCE RACE EQUALITY STANDARD PRIORITY ACTION PLAN 2017-18

Indicator		Action
1	<p>Percentage of staff in each of the AfC bands 1-9 and VSM compared with the percentage of staff in the overall workforce. <i>Undertake separately for non-clinical and clinical staff</i></p> <p>Findings: The highest number of BME staff are within the lowest bandings, below AfC band 6</p> <p>There are a higher number of BME staff in clinical roles than non-clinical roles.</p>	<ol style="list-style-type: none"> The Equality & Diversity Group will monitor and report to the Board career progression of staff Progress: Quarterly reporting to the E&D Committee and Board. Findings from 01.04.17 to 01.11.17 show an increase in BME staff of 1.4% to 12.4% New and established managers will undertake a training programme including equality and diversity elements, WRES and recruitment Progress: Managers Induction for new and established managers begins July 2018 includes an equality session. Included are: unconscious bias and cultural competence/ diversity, behaviours, staff inclusion and support, appraisal, supervision, recruitment, WRES, policy, resources
2	<p>Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.</p> <p>Findings: There has been an increase in the likelihood of white staff being appointed from shortlisting from the previous year.</p>	<ol style="list-style-type: none"> We will widen the market with targeted engagement within communities, targeted social media, talent pool for previously unsuccessful candidates and promote apprenticeships and work experience Host recruitment events, development of recruitment internet page (values/behaviours/what it's like working for CityCare), Targeted advertising of jobs - Twitter/Linked In/Facebook for recruitment campaigns, nurse rotation programme, review of recruitment documents (PS/JD/Advert), apprentice strategy in development Fair and consistent recruitment panels with stakeholder involvement. BME staff on panels, clear and consistent feedback to candidates, refreshed recruitment training to include values, unconscious bias and cultural awareness. Values based recruitment, patient participation on interview panels
6	<p>Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p> <p>Findings: There is a 3.6% decrease for white staff and 15.7% decrease for BME staff in their experience from the previous year.</p>	<ol style="list-style-type: none"> Explore narrative from the staff survey & staff survey responses by protected characteristic and occupation Presented to the Equality & Diversity Committee in September 2017 & report to Board: improved data demonstrated on previous year and above comparative benchmarking with other organisations. Equality feedback at Nurses Day event & management meetings Staff survey roadshows to give staff the opportunity to respond to results and suggest solutions Engagement sessions March-May 2017 included equality results from staff survey and WRES indicators. BME staff network support to engagement sessions. Upskill managers to effectively support staff with mandatory management programme (as above) Induction training to include bullying and harassment, cultural competence and unconscious bias elements with supportive online resources, video and discussion in team meetings, supervision and HR appraisal training updated

		<p>5. Leavers are offered the opportunity to speak to independent staff member</p> <p>Exit interview process reviewed and improved – centralised document to ensure consistent approach is applied to all leavers. New managers guide on the leaving process and exit interviews offered in various ways, Focus group sessions June 2018 to explore reasons for leaving as part of retention programme</p> <p>6. BME network is supported to signpost staff, offer advice and direction, act as E&D champions and liaise with the Equality & Diversity Committee</p> <p>7. Deep dive to establish staff cultural competence with report to Board and commissions with action plan</p> <p>Workshop explored: What is cultural competence, what does the gold standard look like for individuals and the organisation and the behaviours of patients/public and colleagues Examples were shared of how teams have supported the diverse needs of staff, along with discussion around how best we can embed cultural competence within the organisation. Report to Equality & Diversity Committee , CityCare Board and the CCG in January 2018</p>
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The 2017 staff survey results which inform the WRES for 2018 show an improvement in the areas; BME staff experiencing harassment bullying or abuse from colleagues (by 1%) and BME staff experiencing discrimination from their manager/team leader or other colleagues (by 5%). Areas highlighted as a priority include: and increase in BME staff experiencing bullying, harassment or abuse from the public (by 12%) and BME staff believing the organisation acts fairly within career progression (a decrease of 14%).

Reported incidents from staff of bullying, harassment or abuse from the public are recorded to CityCare Datix system. Staff are supported on an individual basis and are encouraged to contact the police. CityCare may issue a warning letter or behavioural agreements with supporting information given to staff and their managers.

From April 2017 to April 2018, there has been 1 incident of race discrimination from the public with support provided for both the staff member and manager. Further examples include verbal abuse from older patients towards younger staff members and male staff report higher instances of harassment/abuse than female staff (please see table below)

April 2017 to April 2018 Patient & Public Incidents	Total
Challenging behaviour / aggressive gesturing	33
Discrimination - Race	1
Inappropriate Behaviour	8
Intimidation	3
Intimidation Pt-Staff	1
Verbal Abuse Parent - Staff	1
Verbal Abuse Public-Staff	3
Verbal Abuse Relative-Staff	7

During the reporting year April 2017 to April 2018 there have been no formal reported incidents of racial discrimination. There has been an example of a staff member reporting bullying/harassment/unfair treatment; being treated differently from other team members in terms

of mobile working opportunities and inappropriate language was used to intimidate and humiliate a member of staff in front of the office. This was investigated and supported through our Human Resources Team.

Development opportunities for BME staff are being explored including; discussion with managers around the release of staff for development/training and meeting with the East Midlands Leadership Academy to discuss opportunities for the BME staff. Available courses are aimed at staff at band 6 and over, however the majority of BME staff are in bands below this which precludes them from leadership development.

The results of the WRES 2018 will be presented to the Equality & Diversity Committee and Board in July 2018 where a priority action plan will be agreed by the Equality & Diversity Committee following engagement with staff including; feedback from the staff survey results at monthly engagement sessions with the Board, management forum and team meetings, the ongoing equality engagement sessions within CityCare locations, discussion with the BME staff support network and Human Resources & Organisational Development meeting. Further information and feedback is being gathered from staff engagement sessions led by organisational development and quality and safety.

Progress on the agreed plan and outcome measures will be reported through the Human Resources & Organisational Group meeting, the Equality & Diversity Committee, CityCare Board and to the commissioners.

Workforce Disability Equality Standard (WDES) 2018

NHS England have produced a timetable for the implementation of the WDES including publication and guidance production in Autumn 2018 and review of data and reporting against metrics for NHS Trusts Winter 2018. NHS England have consulted with equality leads across the East Midlands around the indicators and confirmation on these is awaited.

Preparatory work has included raising awareness to staff and managers the importance of staff recording this data. Currently 4.2% of staff have declared a disability with 15.2% declining to answer. With the introduction of “self-serve” on the Electronic Staff Record, staff are able to complete/update their protected characteristic data themselves, rather than their manager. A reminder at the point of log-in produces a prompt for staff to complete or update this information, explaining the reasons for collating this. During engagement with staff, reasons have been explored for staff not wishing to declare this information with examples including; if declared at application, may not be shortlisted, may be discriminated against or miss out of an opportunity because of a condition or disability.

The importance of collating this information and the reasons why are discussed with staff during equality and human resources training, management training and equality and staff survey engagement sessions.

From the staff survey, results have been compared for those staff with a disability and those without based on the questions used within the WRES. The results below show that, for the majority of questions, staff without a disability show a more positive experience.

Question WDES - staff with a disability	Disability %	Without %
Not experienced harassment, bullying or abuse from patients/service users/public	69	78
Not experienced harassment, bullying or abuse from managers	90	95
Not experienced harassment, bullying or abuse from colleagues	79	88
Last experience of harassment, bullying reported	54	54
Not experienced discrimination from patients/ service users /public	92	96
Not experienced discrimination from manager/team leader/colleague	85	96
Organisation acts fairly in career progression	78	85
Disability: organisation made adequate adjustments to enable me to carry out work	77	0

Upon the receipt of confirmation and guidance from NHS England, metrics will be produced and presented to the Equality & Diversity Committee, Human Resources & Organisational Development Group, CityCare Board and staff network support group. Actions will be prioritised and agreed in consultation with staff. Results from the staff survey are currently being discussed with staff at management forums and monthly survey engagement sessions with feedback being reported to the Board and cascaded out to staff.

Information on supporting staff with a long term condition/disability can be found within the next section.

Supporting Staff with Protected Characteristics

Staff Network Groups

In demonstrating our commitment to supporting staff with protected characteristics, a survey was conducted offering staff the opportunity to be part of support network groups. Staff showed interest in forming networks from the protected groups of ethnicity (BME staff) and those with a long term condition or disability. Staff did not show interest in forming network groups to support LGBT+ staff or any other characteristics.

The Race Religion and Culture Group and Ability staff support network were established to create a safe space to discuss issues faced, to campaign for zero tolerance of discrimination and harassment, to provide information and support to staff, and on opportunities for education and progression and to contribute to and review CityCare's practices. The group is supported by the Equality & Diversity Lead.

Workforce Data Compared to the Population

A review of workforce data identifies trends and issues in relation to protected characteristics and targeted actions are developed and monitored through the Equality & Diversity Committee quarterly.

Race & Disability Equality Standards

The WRES data is produced annually and an action plan agreed in consultation (as detailed above). Monitoring is through the Equality & Diversity Committee and CityCare Board with

identified outcome measures. The WDES metrics will be completed upon clarification and guidance from NHS England with the reporting and consultation process as per the WRES.

Diversity & Inclusion

A diversity calendar highlights events during the year which is shared with staff. Information is targeted to managers to help support their staff during Ramadan along with a list of prayer/quiet spaces within all CityCare locations. Feedback is collated at the end of Ramadan to gauge experience of staff during this time and actions will be developed from this. A process for the use of quiet spaces also supports staff who would like to use this for reflection or those who wish to breast feed. Reception staff at bases have been information of the process for the location of quiet spaces and feedback from users has been positive, for example *“now that we have a process and reception staff are aware, I feel more comfortable asking to use a room”*.

Staff Survey

The annual staff survey results have been cascaded to all staff with monthly engagement session across CityCare locations supported by CityCare Board members. Engagement has also taken place at management forum and Equality & Diversity Committee and Human Resources and Organisational Development Group meetings.

Equality questions from the annual staff survey (below) are shown in comparison to similar organisations. This information has been shared with the Equality & Diversity Committee and will be the focus of the Board engagement session in July where staff will be asked to comment on equality questions and those split into responses by demographics with suggest actions forming part of the staff survey action plan and the specific WRES/WDES action plans. Engagement will also take place with the staff network support groups and Human Resources and Organisational Development Group.

Findings from the survey and discussion around support for staff with protected characteristic also includes equality engagement sessions during E&D week in May 2017, international nurses day forum and CityCare management forum.

Equality Questions Red text denotes lowest % score

Question (response from all staff)	2016 %	2017 %	Other organisations %
Not experienced harassment, bullying or abuse from patients/service users/public	78	76	78
Not experienced harassment, bullying or abuse from managers	94	93	92
Not experienced harassment, bullying or abuse from colleagues	87	86	87
Last experience of harassment, bullying reported	58	54	52
Not experienced discrimination from patients/ service users /public	97	95	97
Not experienced discrimination from manager/team leader/colleague	93	94	95
Organisation acts fairly in career progression	86	84	89
Disability: organisation made adequate adjustments to enable me to carry out work	87	77	73

Fair & Targeted Recruitment

CityCare's recruitment processes have been revised to include; values based questions, patient participation members on interview panels for senior staff, targeted advertising and recruitment including Facebook and Twitter, recruitment events and have a revised Recruitment Policy with supported staff training. The CityCare retention programme includes the following actions; revised corporate induction programme, local induction programmes, revised appraisal and exit interview process, leadership programmes and flexible working. Reporting of actions is through the Equality & Diversity Committee, the HR & OD Group and the Wellbeing Group. These initiatives have been shared with staff during engagement sessions and at the equality event in November 2017.

Equality Delivery System (EDS2)

A public and staff Equality Delivery System (EDS2) grading event was held in December 2015 with findings showing CityCare achieving in three of the four outcomes and developing in one area. The HR and Workforce Strategy action plan, Wellbeing plan and Equality Strategy incorporate measures to address the developing category of a representative and supported workforce. Whilst it is a requirement that the EDS2 is graded at 4 yearly intervals, it was agreed good practice to hold an interim grading event to review progress against the EDS2 plan. The event was held in November 2017 to reassess the previously graded “developing”.

Stakeholders included attendees from; clinical and corporate staff, patients, carers, the public and Healthwatch. Lay representatives and staff represented the following groups; long term conditions and disability, LGBT, BME along with a mix of male and female attendees of varying ages. The overall grading results show:

2015	2017	Action Taken
Developing	Achieving	<p>Fair NHS recruitment and selection process lead to a more represented workforce at all levels</p> <ul style="list-style-type: none"> Recruitment events to target particular groups Utilise NHS jobs and social media such as Twitter/ Facebook/Linked-in Nurse rotation programme across provider organisations Review of recruitment documents Development of apprentice strategy Revised corporate induction programme Leaver process reviewed –managers guide – ESR data Reviewed revised and improved appraisal process
Developing	Achieving	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <ul style="list-style-type: none"> Flexible working options available & mobile working Health & wellbeing Group established with action plan
Developing	Achieving	<p>Staff report positive experiences of their membership of the workforce (Annual staff survey analysed, action plan and review. Increase in response rate from 36% in 2015 to 57% in 2016)</p> <ul style="list-style-type: none"> Improvement within the 7 equality questions from the previous year and when compared to other community providers, CityCare are above average within 4 areas Results cascaded to all staff & via Patient & Public Engagement Group and Equality & Diversity Group with results by demographic details and occupation. Action plan agreed “We Said We Did” engagement sessions to gather further feedback from staff to inform actions
Developing	Achieving	<p>Training and development opportunities are taken up and positively evaluated by all staff (Review of E&D training modules with targeted training)</p> <ul style="list-style-type: none"> Equality & diversity training and resources include: mandatory training at Induction, transgender awareness, unconscious bias sessions and cultural competence sessions. Equality aspects incorporated into various other training including; management training, recruitment and human resources. Intranet resources include: guides and videos, policy, monitoring data, diversity calendar, prayer/quiet/breast feeding space at CityCare locations, key messages from E&D Group meeting and information on religious observances

Developing	Developing	<p>Management training & development</p> <ul style="list-style-type: none"> • Management development programme in development for emerging managers and empowering leaders includes values and behaviours • Management mastery includes; patient and staff engagement and motivation, equality diversity and workforce development • Managers balanced scorecard has been developed to demonstrate the requirements of managers • Pathway for leadership development • Staff well-being and engagement
Developing	Achieving	<p>Boards and senior leaders routines demonstrate their commitment to promoting equality within and beyond their organisations</p> <ul style="list-style-type: none"> • CQC inspection “outstanding” achieved • Cycle of ‘we said we did’ forums from staff survey results to provide action plan • Senior manager visibility includes; quarterly professional forums, CEO briefings, meet and lunch with the Board, senior management team local visits and shadowing and ‘walking the floor’, patient safety discussions with assistant directors and quality & safety

Equality Training & Resources

In order to ensure training and development opportunities in are available to all, mandatory training is delivered at Induction with training and information videos available to all staff. Resources are available on the intranet with dedicated Equality & Diversity pages including factsheets and briefings, videos and on-line training sessions. A rolling programme of Unconscious Bias training begin in May 2017, to date sessions have been delivered to management and professional forums, service and team meetings, These sessions have received a positive responses with staff reporting they have reflected on their personal views. Cultural Competence training, around all protected characteristics, is being delivered to staff within a rolling programme delivered to management and professional forums, service and team meetings to ensure delivery to across broad staff groups. Transgender training is also delivered to staff. Equality elements are also included in induction along with HR training including recruitment and appraisal.

A new management induction and mastery programme is being delivered from July 2018 for new and established managers. This will include informing managers about their requirements within equality matters and providing information (as per table above).

Cultural Competency

During 2017 CityCare undertook a deep dive focused on the cultural awareness, diversity and competency of staff in light of the increasing diversity of Nottingham City’s population. A workshop was held with representatives from clinical and corporate services to explore themes around “*The increasing diversity of Nottingham City’s population is reflected in the cultural awareness and competency training received by staff*”. Participants explored their current level of competency, how teams/services have changed their service to support the diverse needs of patients and how teams/services support the diverse needs of staff.

Staff explored what the “gold standard” in diverse and cultural competency would look like both as a practitioner and as an organisation including the behaviours that would be demonstrated then were asked to grade themselves accordingly. The results demonstrate that the majority of attendees, 52.9%, consider they have “acceptance and respect for individual and cultural differences with 29.5% considering they “hold the culture in high esteem and implement changes based on cultural/diverse need”.

An action plan has been developed to further embed cultural competence, highlights below:

Item	Action/Measure	Timescale
Role modelling - key influencers leading by example	Executive briefing & Manager Induction Programme	June 2018
Challenge stereotypes	Included within mandatory training, Unconscious Bias & Cultural Competence training	January 2018
Equipping staff with the confidence to ask questions and challenge	Unconscious Bias training & Cultural Competence training	May 2017 January 2018
Staff to share personal experiences and engage with diverse groups/ teams	Feedback through Equality & Diversity Committee meetings	January 2018

Examples were shared of how teams/services have supported the needs of diverse staff:

- Supervision sessions to include managers asking staff if they have any health concerns, carers commitments or issues with protected time for discussion
- Support for a member of staff returning to work going through the transgender process including; meetings with manager, HR and E&D Lead, personalised return to work plan and transgender training session for the team. Staff member reported feeling supported during this process
- Flexible working arrangements including consideration for working during Ramadan by adjusting hours and work routine, bereavement support from the BME community for staff member, work at home and flexible working for staff with long term conditions
- Recognising celebrations in different religions and being conscious around Christmas to consider those staff who do not celebrate this holiday
- Reasonable adjustments for staff with long term conditions or disability including; flexible working, part time working, equipment to support

Monitoring

CityCare monitor how we support the diverse needs of staff through the staff survey data and subsequent engagement sessions, equality engagement sessions and feedback from the staff network support groups. Data is monitored through the Equality & Diversity Committee and Human Resources & Organisational Development Group with reporting to the Board.

Health and Wellbeing Group

CityCare's monthly Health and Wellbeing Group take forward initiatives to support staff. Examples of work undertaken to date include:

- Staff survey results; agreeing priorities for action and organisation of We Said We Did – staff engagement sessions
- Workforce change; feedback from staff engagement sessions, drop-in sessions run by Human Resources and a HR kit-bag of supporting information
- Supporting staff with mental health issues:
 - Stress, anxiety and mental health staff sickness; training for managers to support these staff
 - Mental health awareness training; Connect 5 and Mental Health First Aid. Staff to be trained in delivering this in a rolling programme across CityCare
 - Mood and food workshops for staff to support staff during times of stress
 - Validium support for staff; self-referral for counselling/advice
 - Managing Stress task and finish group; survey of staff's stress with priority actions to support including information, signposting, leaflets and posters, promotion at staff engagement events

- Resilience training for staff to support during times of change
- Muscular-skeletal service supporting staff; review of self-referral process, information for staff
- Staff supervision template to include “wellbeing” ensuring managers routinely discuss this
- Exploring engagement and staff feedback including Board lunches with all staff welcome to attend and discuss issues with Board members
- Menopause support and information; information for managers and staff
- Work place assessments for staff with long term conditions or disability where a reasonable adjustment is needed

Future initiatives will explore support for staff across protected characteristics in line with national and local drivers, organisational priorities and staff request through engagement and feedback.

Fiona Cambridge
Equality & Diversity Lead
08 June 2018

Appendix A

WORKFORCE REPORTING STATISTICS COMPARED TO POPULATION STATISTICS FOR NOTTINGHAM (taken from Census 2011 for Nottingham City Residents & CityCare Workforce)

Disability

CityCare			Population	Comparison
Disability Flag	Headcount	%	%	
No	1,079	80.2	81.9	1.7 % more in CityCare
Not Declared	205	15.2		
Unspecified	6	0.4		
Yes	56	4.2	18.2	14 % less in CityCare
Grand Total	1,346	100.0		Comment: statistically less people are employed who have a disability compared to those in the population who have long-term activity-limiting illness or disability. There are a large amount of staff who have chosen not to declare

Sexual Orientation

CityCare			Population	Comparison
Sexual Orientation	Headcount	%	%	%
Bisexual	5	0.37		No comparison as this information is not collated via the Census
Gay	10	0.74		
Heterosexual	1,109	82.39		
Lesbian	6	0.45		
Not Disclosed	149	11.07		
Unspecified	67	4.98		
Grand Total	1,346	100.00		

Marital Status

CityCare			Population	Comparison
Marital Status	Headcount	%	%	%
Civil Partnership	19	1.41	0.2	1.21 % higher in CityCare
Divorced	96	7.13	8.3	1.17 % lower in CityCare
Legally Separated	9	0.67	2.8	2.13 % lower in CityCare
Married	733	54.46	31.6	22.86 % higher in CityCare
Single	423	31.43	51.30	19.87 % lower in CityCare
Unknown	32	2.38	-	Not captured
Unspecified	26	1.93	-	Not captured
Widowed	8	0.59	5.7	5.11 % lower in CityCare
Grand Total	1,346	100.00		Comment: the largest comparison is CityCare employ more married people

Sex

CityCare			Population	Comparison
Gender	Headcount	%	%	%
Female	1,212	90.0	49.69	40.31 % higher in CityCare
Male	134	10.0	50.30	40.30 % lower in CityCare
Grand Total	1,346	100.0		Comment: CityCare employ considerably more female staff compared to the population

Age

CityCare			Population	Comparison
Age Band	Headcount	%	%	%
<20	7	0.52	9 aged 16-19	
20-25	47	3.49	14	10.51 % lower in CityCare
26-30	150	11.14	8.5	2.64 % higher in CityCare
31-35	155	11.52	7	4.52 % higher in CityCare
36-40	167	12.41	6.5	5.91 % higher in CityCare
41-45	197	14.64	6.5	8.14 % higher in CityCare
46-50	194	14.41	6	8.41 % higher in CityCare
51-55	183	13.60	5	8.6 % higher in CityCare
56-60	146	10.85	4.5	6.35 % higher in CityCare
61-65	78	5.79	4	1.79 % higher in CityCare
66-70	15	1.11	3	1.89 % lower in CityCare
71+	7	0.52	8.5	7.98 % lower in CityCare
Grand Total	1,346	100.00		Comment: Statistic comparison shows CityCare employ more people aged 51-55 years

Religion

CityCare			Population	Comparison
Religious Belief	Headcount	%	%	%
Atheism	177	13.15	35	21.85 % lower in CityCare
Buddhism	7	0.52	0.7	0.18 % lower in CityCare
Christianity	658	48.89	44.2	4.69 % higher in CityCare
Hinduism	17	1.26	1.5	0.24 % lower in CityCare
Islam	41	3.05	8.8	5.75 % lower in CityCare
Judaism	1	0.07	0.4	0.33 % lower in CityCare
Not Disclosed	255	18.95	-	Not captured
Other	114	8.47	0.5	7.97 % higher in CityCare
Sikhism	7	0.52	1.4	0.88 % lower in CityCare
Unspecified	69	5.13	7.6	2.47 % lower in CityCare
Grand Total	1,346	100.00		Comment: The largest comparison is CityCare employ's declaring atheism

Ethnicity

CityCare			Population	Comparison
Ethnic Group	Headcount	%	%	%
A White - British	1,053	78.2	65.4	12.8 % higher in CityCare
B White - Irish	11	0.8	0.9	0.1 % higher in CityCare
C White - Any other White background	50	3.7	5.1	1.4% lower in CityCare
C2 White Northern Irish	1	0.1	-	Not captured
C3 White Unspecified	1	0.1	-	Not captured
CA White English	6	0.4	-	Not captured
CB White Scottish	2	0.2	-	Not captured
CP White Polish	3	0.2	-	Not captured
CS White Albanian	1	0.1	-	Not captured
CU White Croatian	1	0.1	-	Not captured
CX White Mixed	4	0.3	-	Not captured
CY White Other European	8	0.6	-	Not captured
D Mixed - White & Black Caribbean	16	1.2	4.0	2.8 % lower in CityCare
F Mixed - White & Asian	4	0.3	1.1	0.8 % lower in CityCare
G Mixed - Any other mixed background	6	0.4	0.7	0.3% lower in CityCare
GC Mixed - Black & White	1	0.1	-	Not captured
GF Mixed - Other/Unspecified	1	0.1	0.9	Not captured
H Asian or Asian British - Indian	28	2.1	3.2	1.1 % lower in CityCare
J Asian or Asian British - Pakistani	30	2.2	5.5	3.3 % lower in CityCare
K Asian or Asian British - Bangladeshi	4	0.3	0.3	Not captured
L Asian or Asian British - Any other Asian background	10	0.7	4.1	3.4 % lower in CityCare
LD Asian East African	1	0.1	-	Not captured
LE Asian Sri Lankan	1	0.1	-	Not captured
LH Asian British	2	0.1	-	Not captured
M Black or Black British - Caribbean	36	2.7	3.1	0.4 % lower in CityCare
N Black or Black British - African	25	1.9	3.2	1.3 % lower in CityCare
P Black or Black British - Any other Black background	5	0.4	1.0	0.6 % lower in CityCare
PA Black Somali	2	0.1	-	Not captured
PC Black Nigerian	1	0.1	-	Not captured
PD Black British	2	0.1	-	Not captured
R Chinese	4	0.3	-	Not captured
S Any Other Ethnic Group	12	0.9	1.5	0.6 % lower in CityCare
SE Other Specified	1	0.1	-	Not captured
Unspecified	4	0.3	-	Not captured
Z Not Stated	11	0.8	-	Not captured
Grand Total	1,346	100	100	Comment: CityCare employ 18.4% more people from White British ethnicity compared to population statistics

