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Pre-application community consultation on the outline plans for a new Airedale Hospital

Street survey report

June 2026

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Executive summary

This report summarises a street survey conducted to gather local opinions on proposed new hospital facilities at Airedale, aiming to complement a wider pre-planning application public consultation by reaching a broader demographic, including those less likely to respond to self-selecting surveys.

The survey used face to face, on street interviews across the Airedale NHS Foundation Trust catchment area.

Demographic quotas for gender, age and ethnicity were based on population profiles for Bradford District, Craven and Pendle, with fieldwork locations selected to provide access to a broad cross section of residents across the catchment area.

The final sample of 602 individuals was geographically spread across Bradford District (63%), Craven (17%), and Pendle (17%), with a balanced gender split (51% female, 48% male). Age distribution covered all adult groups, with 58% aged 16–49 and 42% aged 50 or older. Ethnically, 68% identified as White and 24% as Asian British or Welsh, reflecting local population profiles.

This approach follows established market research practice. Rather than seeking to survey every town or village in direct proportion to its population, fieldwork locations are selected to provide access to a broad cross section of the catchment population. The validity of the findings is principally determined by the demographic profile of the achieved sample, with quotas used to make sure it reflects the wider population, rather than by the inclusion or exclusion of any individual location.

As with all on street surveys, the findings reflect the views of people approached in public locations who chose to take part. They have been controlled through demographic quotas and should be considered alongside the wider consultation evidence.

Need for the new hospital: Respondents expressed strong agreement (89%) that new hospital facilities at Airedale are needed, with only 2% opposition.

Benefits: Most respondents recognised the benefits of the proposals, including improved healthcare facilities (81%), replacing outdated buildings (74%), better patient experience (73%), modern state-of-the-art facilities (70%), improved staff environment (62%), and better accessibility (61%). Economic and environmental benefits were also acknowledged but less frequently.

Concerns: Primary concerns focused on traffic, access, and parking, with half of respondents worried about these issues. Other concerns included the impact on green spaces (30%), construction-related disruption to hospital services as well as local residents (27%), and environmental effects (26%). Less concern was expressed about building design, height, or visual impact.

Priorities: Ensuring the hospital meets future healthcare needs was considered the top priority (98% rating it important), followed by ease of site navigation (86%) and creating a positive first impression (84%). Environmental and design factors such as supporting biodiversity and protecting local views were also important to most respondents.

Overall support: The majority strongly support the proposals (78%) with a further 16% slightly supporting them. Only 2% expressed some degree of objection. A small number of comments suggested the new hospital was unnecessary and that the existing hospital should instead be upgraded or modernised, while others raised concerns about the building's scale in a village setting and its potential impact on nearby homes, including loss of views and reduced property values.

Considerations for the project team: Respondents emphasised the need for comprehensive traffic and parking strategies, affordable and accessible parking, improved public transport links, and careful management of construction impacts. Comments also highlighted desires for future-proof design, cost control and environmental responsibility.

The findings from this street survey will be considered alongside the wider consultation findings to provide a fuller picture of community views on the proposals. Together, this evidence will help inform the Statement of Community Involvement setting out how the community has been engaged, what feedback was received and how this has been considered as the proposals are developed.

1 Introduction

This report presents the findings of a street survey undertaken to understand local views on the outline proposals for new hospital facilities at Airedale. The survey was designed to complement the wider public consultation by gathering feedback from a broader cross-section of people, including those who may not have chosen to respond to the main self-selecting consultation survey.

The purpose of the street survey was different from the main consultation survey. While the main survey focused on collecting detailed qualitative feedback about the proposals, including perceived benefits, concerns, local impacts and possible improvements, the street survey was intended to provide a snapshot of wider community sentiment.

To allow meaningful comparison between the two strands of engagement, the street survey included a subset of questions from the main consultation survey. This enables the findings to be considered alongside the views of self-selecting respondents and helps identify where views are consistent and where they differ.

An overall support question was included in the street survey because this strand of engagement was intended to provide a broader indication of public sentiment. The results should therefore be read alongside respondents' priorities, concerns and suggestions, rather than as a simple vote on the proposals.

The findings reported here provide evidence of how the proposals were understood and received among people approached in public locations across the relevant area. They also help strengthen the overall consultation evidence base by providing a comparison with the self-selecting survey and by helping to demonstrate that the consultation considered views from both highly engaged participants and a wider local audience.

2 Methodology and sample

2.1 Methodology and sample

The research used face to face, on street interviews across the Airedale NHS Foundation Trust catchment area. Fieldwork locations were selected using established market research sampling principles to provide access to a broad cross section of residents across the catchment, including communities in Bradford District, Craven, and Pendle.

The survey was designed around a target sample of 500 completed interviews. A total of 602 interviews was achieved, providing additional assurance that the planned demographic quotas could be met.

The sampling approach was designed to balance geographic coverage with demographic representation. It was not intended to produce a strictly population proportionate sample of every town and village. A purely population proportionate approach would have resulted in very small interview numbers in some smaller communities, limiting the value of any local analysis.

Instead, in line with best practice market research, a blended approach was used. A minimum target of 50 interviews was set for each selected fieldwork area, with Keighley allocated 100 interviews in recognition of its position as the largest population centre. This enabled the survey to include a meaningful range of communities across the catchment while broadly recognising differences in population size.

The individual locations should therefore be understood as fieldwork points used to access residents, rather than as separate statistically representative samples of each town or village. The principal measure of the validity of the overall survey is the demographic profile of the achieved sample, rather than the inclusion or exclusion of any individual location.

Demographic quotas were developed using wider population profiles for Bradford, Craven and Pendle. Quotas were applied at regional level rather than separately for every town or village because the area level samples were relatively small. Applying separate demographic quotas within each location would have created very small quota cells that would not be practical or reliable to achieve through on street fieldwork.

The quota framework covered gender, age and ethnicity. Adult age quotas excluded people aged under 16 and were calculated using the relevant regional adult population base. These quotas acted as practical fieldwork controls, helping to achieve a broad demographic spread and making sure the final sample reflected the wider population profile across the catchment.

The survey findings should be interpreted as a robust indication of views across the overall catchment population. Findings for individual locations are included to identify possible local patterns and areas for further consideration but should be treated as directional because of the smaller number of interviews completed in each location.

2.2 Geographic distribution

The achieved sample was distributed across the hospital catchment, with interviews completed in each planned fieldwork area and additional responses received from nearby locations.

63% of respondents were from Bradford District; the greatest proportion from Keighley (21%) then Ilkley (12%). Whilst Bingley was not included in the geographical quota, 8% of responses were from this area, meaning that the proportion from Addingham was slightly smaller than initially planned.

Although Bingley was not a planned fieldwork area, 47 respondents identified it as their local area. This meant that the achieved number of respondents from Addingham was lower than originally planned. This does not affect the validity of the overall sample, which was controlled through regional demographic quotas rather than separate quotas for each individual town or village.

17% were from Craven; 9% from Skipton and 8% from Settle and 17% were from Pendle; 9% from Barnoldswick and 8% from Colne.

	Required sample %	Achieved sample No.	Achieved sample %
Bradford			
Keighley	20%	124	21%
Ilkley	10%	72	12%
Silsden	10%	52	9%
Steeton	10%	46	8%
Bingley	-	47	8%
Addingham	10%	28	5%
Craven			
Skipton	10%	56	9%
Settle	10%	49	8%
Pendle			
Barnoldswick	10%	57	9%
Colne	10%	46	8%
Unknown	**-**	**17**	**3%**
Other	**-**	**8**	**1%**
Total	**100%**	**602**	**100%**

Table 1 Geographical quotas and achieved sample

2.3 Gender

The achieved gender profile closely matched the planned quota, with 51% of respondents identifying as female and 48% as male.

	Required sample %	Achieved sample No.	Achieved sample %
Gender			
Female	51%	306	51%
Male	49%	291	48%
Non-binary	-	0	0%
Prefer to self-describe	-	1	0%
Prefer not to say	-	4	1%
Total	**100%**	**602**	**100%**

Table 2 Gender quotas and achieved sample

2.4 Age

Age quotas were set using the population profiling age bands. For reporting purposes, responses have been grouped into broader age bands to align with the categories used in the wider consultation survey. This means the achieved age profile should be interpreted as a broad indication of representation across adult age groups rather than a direct like for like comparison with each individual quota category.

The achieved sample included respondents across all adult age groups. Just over half of respondents were aged 16 to 49 years, while 42% were aged 50 or over. This provides a broad spread of views from younger and older adults across the catchment.

	Required sample %		Achieved sample No.	Achieved sample %
Population profiling - Age banding		**Street survey - Age banding**		
16-19	6%	16-17	18	3%
20-24	8%	18-29	132	22%
25-34	17%	30-39	103	17%
35-49	25%	40-49	94	16%
50-64	23%	50-59	89	15%
65-74	12%	60-69	74	12%
75-84	7%	70-79	59	10%

85+	2%	80+	31	5%
		Prefer not to say	2	0%
Total	**100%**		**602**	**100%**

Table 3 Age quotas and achieved sample

2.5 Ethnicity

The achieved ethnicity profile was closely aligned with the planned quota profile for the wider catchment. The greatest proportion identified as White (68%), this was followed by 23% who stated being Asian, Asian British. Much smaller proportions identified as Black (2%), mixed / multiple ethnic groups (3%) or other (2%).

	Required sample %	Achieved sample No.	Achieved sample %
Ethnicity			
Asian or Asian British	26%	142	24%
Black or Black British, Caribbean or African	2%	12	2%
Mixed or Multiple ethnic groups	2%	17	3%
White	68%	411	68%
Other ethnic group	2%	15	2%
Prefer not to say	-	5	1%
Total	**100%**	**602**	**100%**

Table 4 Ethnicity quotas and achieved sample

2.6 Other equality and monitoring data

A small proportion of respondents (4%) reported that they were currently pregnant or had been pregnant within the previous year, while 92% reported that they were not. 4% preferred not to disclose this information.

In terms of marital status, married respondents made up the largest group (45%), followed by those who were single (35%). Smaller proportions reported being in a civil partnership (6%), widowed or a surviving civil partner (5%), or divorced (4%). 5% preferred not to state their marital status.

Almost one in five respondents (19%) reported having a disability, long-term illness, or health condition, while 74% reported that they did not. Among those who disclosed further information about their condition, long-term illness was the most reported type (50%), followed by physical impairment (29%). Learning disabilities or difficulties and mental health needs were each reported by 13% of respondents with a condition, while 5% reported a sensory impairment.

Most respondents (78%) did not have caring responsibilities. Among those who did, caring for children and young people under the age of 17 was the most common responsibility (13%). Smaller proportions cared for adults aged over 50 years (4%), adults aged 18–23 years (3%), or adults aged 25–48 years (1%).

Most respondents identified as heterosexual (80%). Smaller proportions identified as bisexual (1%), gay (1%), or lesbian (less than 1%). 13% chose to self-describe their sexual orientation, while 5% preferred not to answer.

Respondents reported a variety of religious beliefs and affiliations. Christianity and no religion were the most common responses, each accounting for 36%. Islam was reported by 19% of respondents, while smaller proportions identified as Hindu, Buddhist, Sikh, Spiritual, or another religion. 3% preferred not to disclose their religious beliefs.

3 Survey analysis

3.1 Need for the new hospital

Respondents were asked how much they agree or disagree with the statement '*There is a clear need for new hospital facilities at Airedale'*.

There was strong agreement that new hospital facilities are needed, with 74% strongly agreeing and 15% slightly agreeing. In contrast, 2% disagreed, 8% neither agreed nor disagreed, and 2% were unsure.

Agreement was somewhat lower among respondents from Pendle, where a higher proportion neither agreed nor disagreed. Agreement was highest among respondents aged 80 or over, while responses were broadly similar across the other age groups.

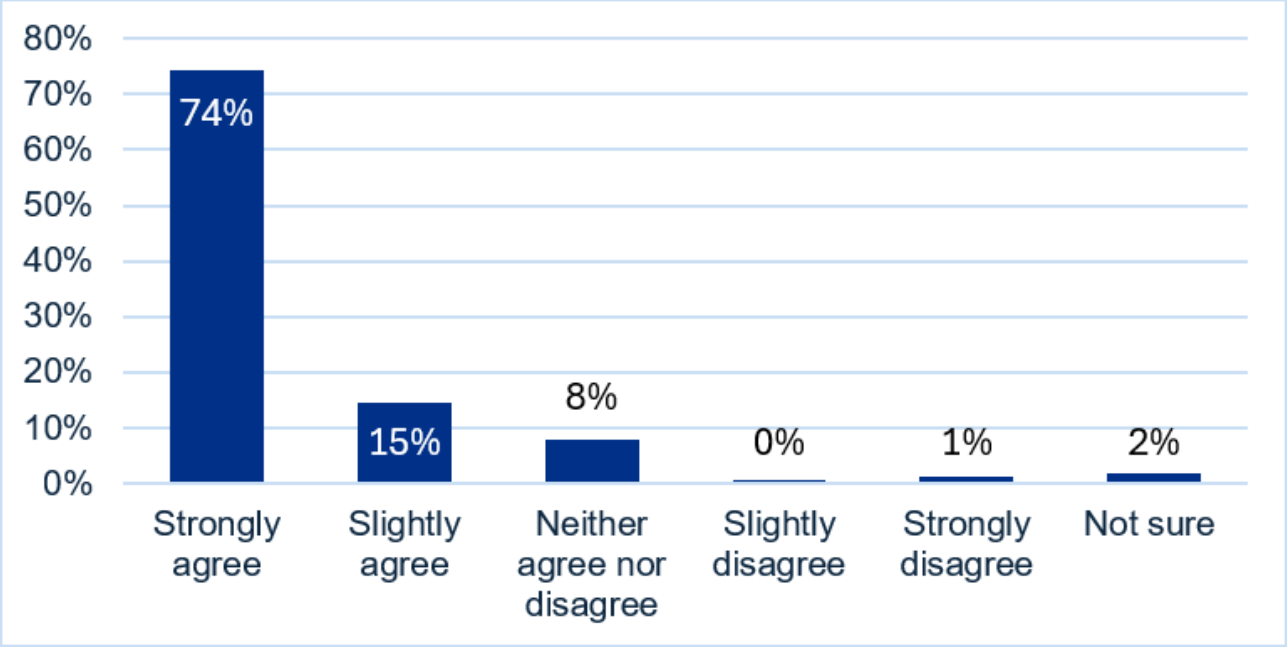

Table 5 Q – To what extent do you agree or disagree with the following statement? 'There is a clear need for new hospital facilities at Airedale' (n=602)

3.2 Benefits

Responses show strong recognition of the proposals' benefits. The most identified benefit was improved healthcare facilities (81%), followed by replacing life-expired RAAC buildings as soon as possible (74%), improved patient experience (73%), and providing a modern, state-of-the-art healthcare facility (70%).

A majority also saw benefits in improving the staff working environment (62%), better accessibility (61%), and modern, efficient buildings (58%). Around half highlighted safer and more efficient care (51%). Economic and environmental benefits were mentioned less often, but still by substantial minorities, including environmental improvements (45%), employment, skills and wider economic benefits (41%), and investment in the local economy and infrastructure (40%).

Overall, the responses suggest that people primarily view the proposals as an opportunity to improve the quality, safety, and experience of healthcare provision, with additional but less prominent recognition of wider economic and environmental benefits.

Respondents were able to comment on any other benefits of the proposal, to which 82 people provided a comment. Comments were grouped into themes and are summarised below:

- New, improved hospital facilities (n=20)
- Improved patient care, with comments about improving waiting times and staffing (n=15)
- Improved parking facilities and cheaper parking; reference was made to current parking being expensive (n=16)
- Improving access and relieving traffic pressure (n=6)
- Positive comment about the new hospital development (n=2)
- Other including - play areas for children, opportunity to improve site navigation, single rooms, supporting local businesses (n=4).

A small number provided a negative comment about the proposal or perceived it to be unnecessary and not needed (n=7). This included specific concerns about the size of the building being inappropriate in a village setting and comments about the land / drainage sinking.

> *"The private financing initiative is not fit for purpose private industry invest for themselves, not for the good of patients. What are they doing about the bog land? The drainage it's sinking."*
>
> *"Don't really see the point of all the refurbishments and alterations."*
>
> *"Inappropriate for a village setting to be so tall."*

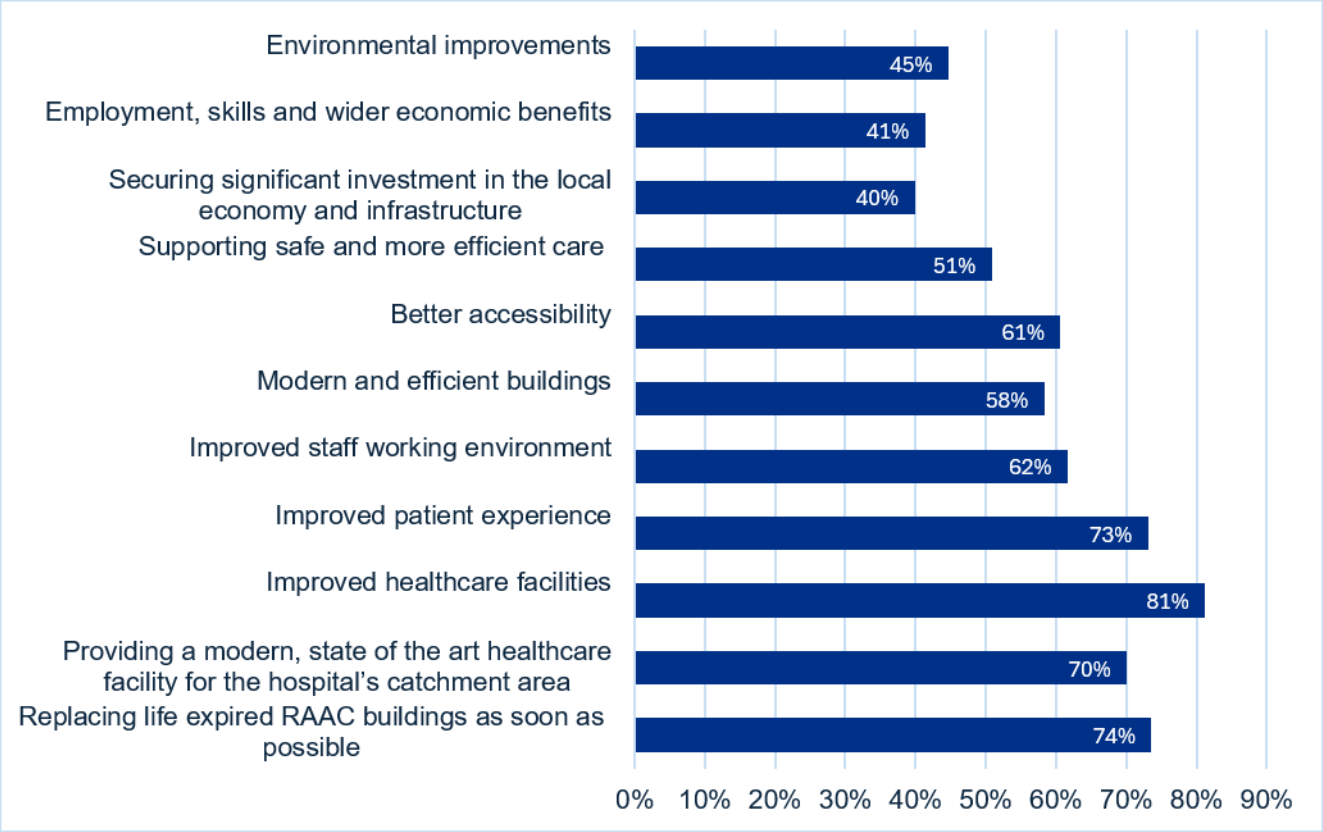

Table 6 Q What do you think are the main potential benefits of the proposal (n=602)

3.3 Concerns

Responses suggest concerns are focused mainly on traffic, access and parking.

Half of respondents were concerned about traffic and access (50%) and parking/pressure on nearby streets (50%). These were clearly the highest areas of concern.

Other issues attracted lower levels of concern. Around three in ten were concerned about impact on trees, green space or local routes (30%), while just over a quarter were concerned about construction disruption (to hospital services and local residents) and environmental impacts (27% & 26% respectively).

For most design and neighbourhood impact issues, more respondents said they were not concerned than concerned. This included privacy, impact on sunlight, visual impact, building height and scale, and increased noise, where around half or more were not concerned.

Overall, the results show that while there is some concern across a range of issues, the main priorities for respondents are practical impacts around traffic, access and parking, rather than the building's scale, appearance or impact on nearby homes.

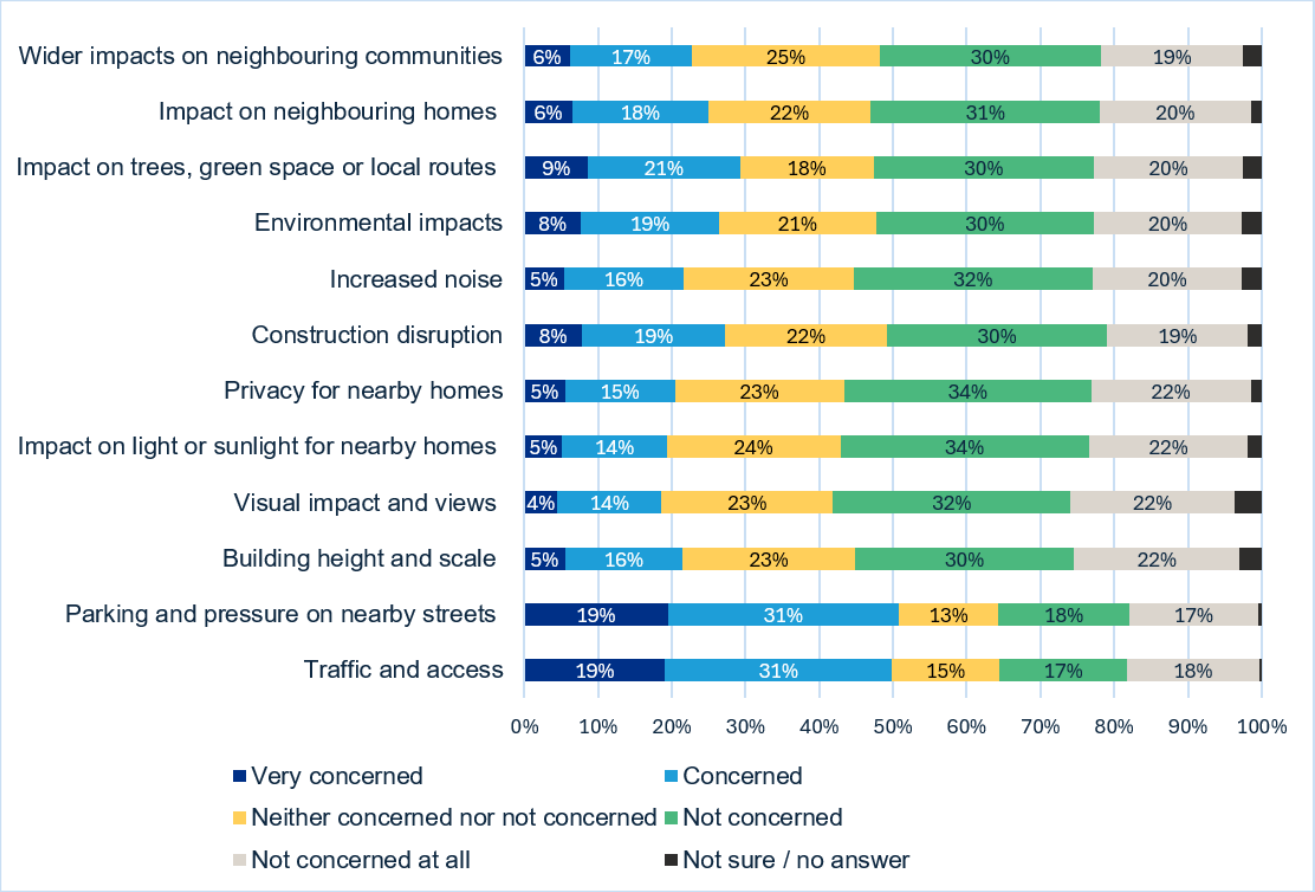

Table 7 Q To what extent are you concerned about any of the following issues in relation to the proposed development? (n=602)

3.4 Priorities

Responses show that all factors were viewed as important, but making sure the hospital meets future healthcare needs was the clear priority. Almost all respondents rated this as very important or important (98%), including 71% who said it was very important.

Other practical and experience-related priorities also scored highly. Making the site easy to navigate was important to 86%, while creating a positive first impression for patients and visitors was important to 84%.

Environmental and design considerations were also valued by most respondents. Supporting biodiversity and nature was important to 77%, creating attractive buildings and public spaces to 75%, providing welcoming green spaces to 74%, minimising impact on nearby homes and communities to 73%, and protecting views and the local landscape to 72%.

Overall, the results suggest that respondents want the proposals to focus first on delivering a hospital that meets future healthcare needs, while also ensuring the site is easy to use, welcoming, attractive and sensitive to the surrounding environment and communities.

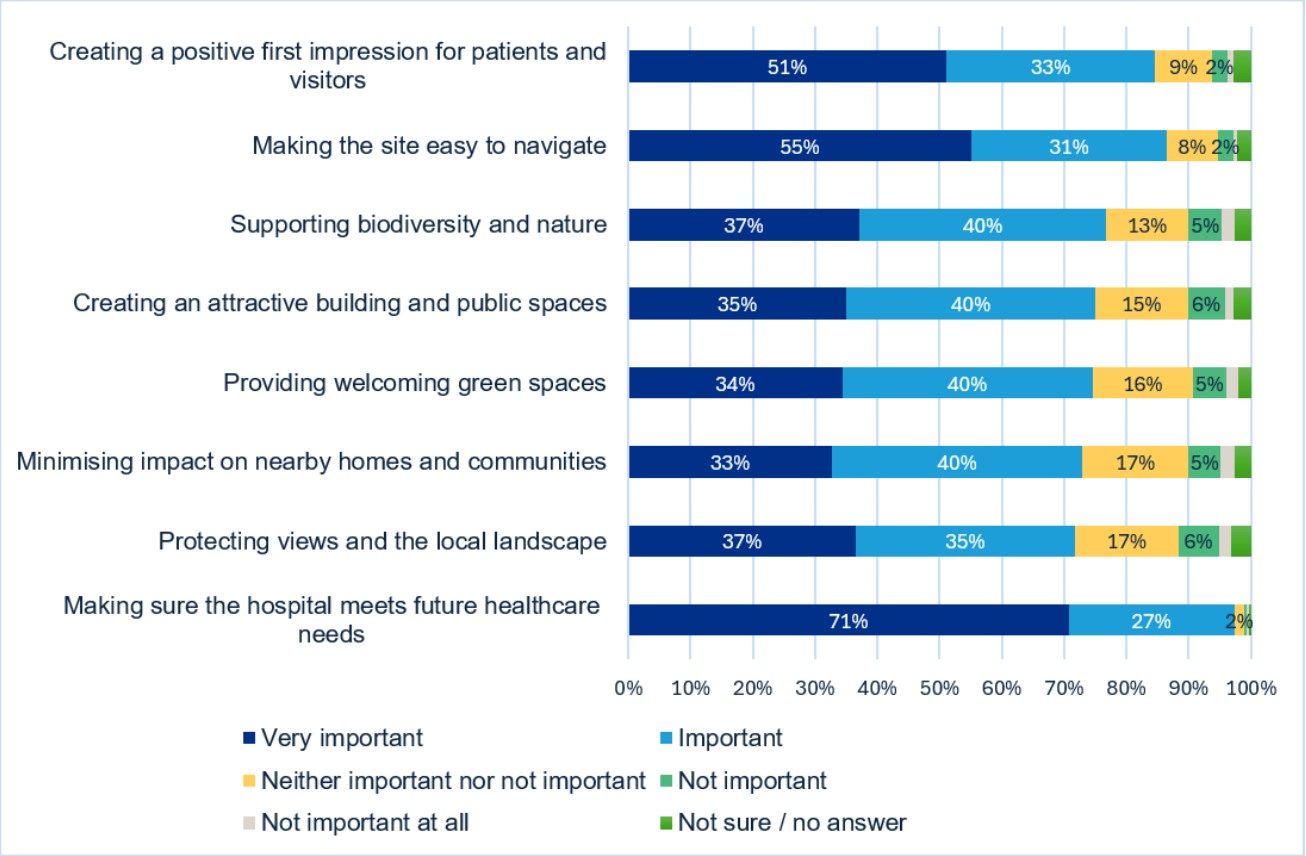

Table 8 Q Thinking about the proposals you have seen, how important are the following to you? (n=602)

3.5 Overall support

Responses show very strong overall support for the outline proposals.

More than nine in ten respondents supported the proposals, including 78% who said they strongly support them and a further 16% who slightly support them. Only a very small proportion were opposed, with 1% slightly opposed and 1% strongly opposed. A further 3% neither supported nor opposed the proposals, while 1% were not sure or did not answer.

With just 10 respondents opposing the proposals, it was not possible to draw any reliable conclusions as to the demographic profile of these individuals. In terms of geography, seven of these resided within the Bradford District (Keighley n=2, Ilkley n=1, Silsden n=1, Steeton n=1, Addingham n=1 and unknown Bradford postcode n=1), with the remaining three from Craven and Pendle.

Overall, the results provide a clear indication of strong support for the outline proposals among street survey respondents, with opposition limited.

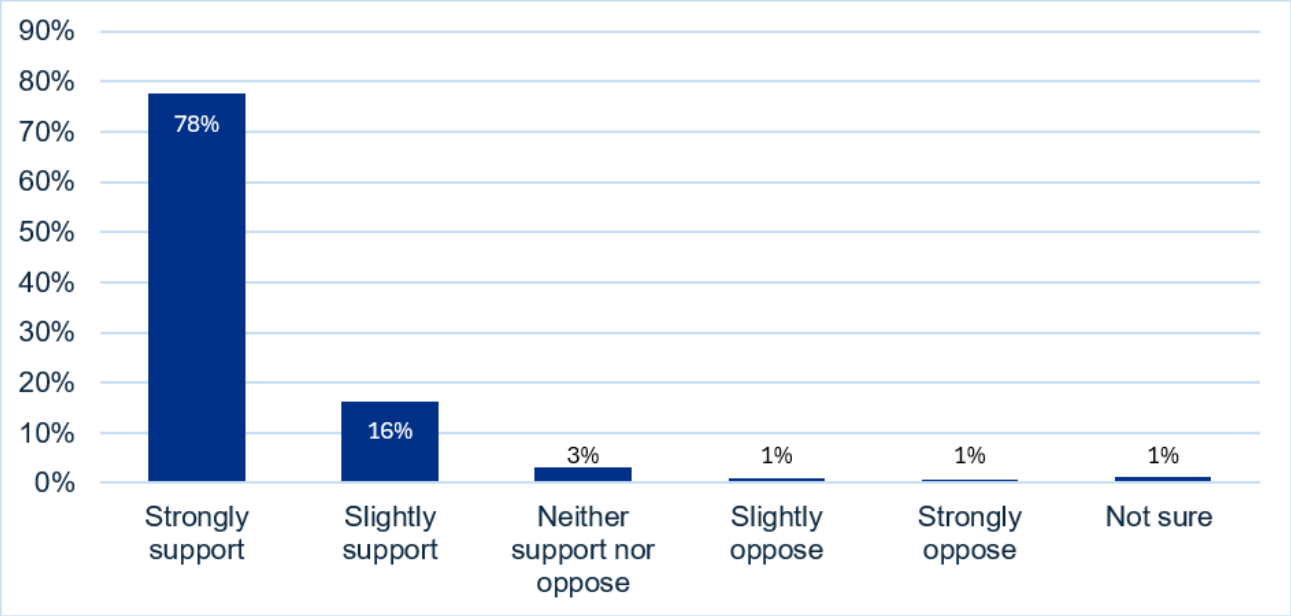

Table 9 Q – Overall, having seen the outline proposals do you…? (n=602)

3.6 Considerations

Respondents were asked what the project team should consider before submitting the planning application. Of the 602 respondents, 278 provided a substantive comment in response to this question.

Traffic, access and parking

This was the most prominent theme in the comments. Respondents frequently raised the need for the hospital to be easy to reach, easy to move around, and supported by adequate parking and transport arrangements. Parking was one of the clearest recurring issues, with comments calling for "*more parking*," "*parking spaces*," "*ample parking*," "*closer parking,"* and better provision for Blue Badge holders and disabled people.

A small number of respondents described current parking in strongly negative terms, including as a "*nightmare*" or "*horrific*". suggesting that parking is a source of stress and inconvenience.

Affordability was also raised, with several comments referring to *"parking costs*," "*parking charges*," "*free parking*," and parking being "*too expensive*."

Access was discussed more broadly than car parking alone. Respondents mentioned the importance of easy access to entrances, level access, disabled access, ambulance access, and clear routes through the site. Some linked parking and access directly, for example asking for "*accessible parking near entrances*" or "*ample parking to prevent emergency access for ambulances*." There were also comments about wider road access, traffic flow, congestion, and local junctions, including concerns around traffic management, access roads, links to the bypass, and pressure on surrounding roads.

Public transport and active travel were also raised. Respondents asked for improved bus links, better transport connections, shuttle services, access by rail, and safer pedestrian routes.

Overall, the comments suggest that respondents want the planning application to include a joined-up access strategy covering parking capacity, affordability, disabled parking, traffic management, signage, public transport, walking routes and emergency access.

Construction and build-related comments

A second set of comments focused on the build itself: whether the proposals are the right design, whether the new facilities will be future-proof, and how the construction process itself might disrupt the local area during the build period. Although construction disruption was not raised frequently, a small number of comments touched on noise, construction timing (concern about early morning noise / activity) and the desire for the project to be completed quickly.

Some respondents supported a modernised or rebuilt hospital, referring to the need for a better building, modernisation, longevity, and facilities that are suitable for the future. Comments such as *"future proofing,"* "*fit for purpose*," "*big enough*," and "*suitable for the future*" indicate that respondents want the project to deliver long-term value.

There were also comments about cost, budget and funding. Respondents asked the team to "*stick to the budget*," improve viability, secure funding, and ensure that money is spent well. A small number raised concerns about finance models, including one comment that supported the build but expressed concern about private finance. This suggests that while there is support for investment, respondents want assurance that the scheme is affordable, properly funded and well managed.

Environmental and design considerations also featured. Respondents mentioned insulation, energy costs, solar panels, green roofs, green space, wildlife, landscape, visual impact, and local housing. Some were concerned about the design being inappropriate for the setting, describing worries about aesthetic impact, rural character, views, neighbouring homes and the wider environment. Others wanted the build to use local businesses, support local jobs and training, and contribute positively to the local economy.

Construction disruption was less frequently mentioned directly, but comments about roads, traffic, local access, construction timing, infrastructure and "*getting it done*" indicate that respondents are concerned about how the build will be delivered. It is clear that people want a modern, durable and well-designed hospital, but with careful attention to cost control, environmental impact, local disruption, infrastructure and long-term suitability.

Patient and staff experience

Many comments focused on the experience of patients, visitors and staff once the hospital is built. Respondents wanted the proposals to improve patient care, reduce waiting times, provide better facilities, and ensure services are accessible and easy to use. Several comments referred to waiting lists, A&E waits, quicker appointments, and the need to improve service efficiency. This suggests that respondents are judging the planning

application not only by the building itself, but by whether it will help improve care and outcomes.

Patient comfort, dignity and accessibility were also important. Comments mentioned privacy, dignity, elderly patients, sensory needs, autism, blood tests, mental health facilities, single rooms, and the needs of children and families. These comments point to a desire for facilities that are inclusive, calm, practical and designed around a wide range of patient needs.

Staff experience was another concern. Respondents referred to good working environments, more money for staff, more nurses and doctors, modern technology, and the need to support staff who are already working in difficult conditions. This indicates that respondents see staff wellbeing, staffing levels and effective working environments as essential to the success of the scheme.

Overall, this theme suggests that respondents want the planning application to demonstrate how the new hospital will improve the lived experience of using and working in the hospital - including better care, reduced waiting, privacy, accessibility, clearer navigation, appropriate specialist facilities, and better staff working conditions.

Other comments, including support and concerns

The remaining comments included general support for the build, conditional support, and concerns about the proposal. Many respondents were broadly positive, using phrases such as "*good idea*," "*benefits the community*," "*a better hospital*," "*get it done*," and "*sooner rather than later*." Some comments reflected strong support for modernisation, particularly where respondents felt the current hospital buildings are no longer adequate.

However, support was often conditional. Respondents wanted the project to be done properly, to genuinely help local people, to protect existing patients during the process, and to avoid creating new problems around access, traffic or cost. Some comments expressed uncertainty, with respondents saying they were not sure, did not know enough, or wanted reassurance that the plans would work.

There were also concerns about the scale, location and impact of the build. Some respondents questioned whether the proposed design was right – asking whether a complete rebuild was necessary rather than upgrading existing facilities, whether the scale and hilltop location were appropriate, or whether the design was visually suited to the rural village setting. Others raised concerns about local houses, environmental impact, traffic, and whether the proposal would serve surrounding communities effectively.

Taken together, the comments show that there is a broad base of support for improving or replacing hospital facilities, but respondents want confidence that the scheme will be well planned, affordable, accessible, environmentally responsible and genuinely beneficial to patients, staff and local communities.

4 Conclusion

The findings from the street survey provide a clear indication of wider community sentiment towards the outline proposals for new hospital facilities at Airedale. Overall, respondents expressed strong support for the need for new facilities and recognised the potential benefits of the proposals, particularly in relation to improved healthcare facilities, replacing outdated buildings, improving patient experience and creating modern facilities that can meet future healthcare needs.

At the same time, respondents identified several important issues for the project team to consider as the proposals are developed further. These include traffic, access and parking; construction impacts; environmental and design considerations; accessibility; and the experience of patients, visitors and staff. These findings show that while there is broad support for the principle of new hospital facilities, people want assurance that the scheme will be well planned, accessible, affordable, environmentally responsible and responsive to local needs.

The findings of this report will feed into the overall findings from the wider consultation. The street survey helps strengthen the consultation evidence base by capturing views from a broad cross-section of people across the hospital footprint, including those who may not otherwise have chosen to respond.

The findings identify several practical areas for the project team to address through the next stage of design and planning work. In particular, the planning application should demonstrate how it will manage traffic, parking, public transport, pedestrian access, construction impacts, accessibility, environmental considerations and the needs of patients, visitors and staff. This evidence will help inform the Statement of Community Involvement which will set out how the community has been engaged, what feedback was received, and how that feedback has been considered as part of the development of the proposals before the planning application is submitted.

5 Appendix

5.1 Equality and monitoring information

		No.	%
How old are you?	16-17	18	3%
	18-29	132	22%
	30-39	103	17%
	40-49	94	16%
	50-59	89	15%
	60-69	74	12%
	70-79	59	10%
	80+	31	5%
	Prefer not to say	2	0%
What is your gender?	Female	306	51%
	Male	291	48%
	Non-binary	0	0%
	Prefer to self-describe	1	0%
	Prefer not to say	4	1%
Does your gender identity match your sex as registered at birth?	Yes	556	92%
	No	24	4%
	Prefer not to say	22	4%
Are you currently pregnant or have you been pregnant in the last year?	Yes	24	4%
	No	554	92%
	Prefer not to say	24	4%
What is your marital status?	Civil partnership	36	6%
	Dissolved civil partnership	0	0%
	Divorced	27	4%
	Married	270	45%
	Single	210	35%
	Widowed or a surviving partner from a civil partnership	28	5%
	Prefer not to say	31	5%
Do you have a disability, long-term illness or health condition?	Yes	112	19%

	No	445	74%
	Prefer not to say	45	7%
How would you describe this disability, long-term illness, or health condition?	Learning disability or difficulty	14	13%
	Long term illness	56	50%
	Mental health need	15	13%
	Physical impairment	32	29%
	Sensory impairment	6	5%
	Other	18	16%
	Prefer not to say	32	29%
Do you have caring responsibilities?	No	468	78%
	Yes - adult(s) aged 18 to 23	19	3%
	Yes - adult(s) aged 25 to 48	4	1%
	Yes - adult(s) aged over 50 years	22	4%
	Yes - young person(s) aged under 17	78	13%
	Prefer not to say	16	3%
Which race or ethnic background best describes you?	Arab	4	1%
	Asian/British Asian: Bangladeshi	13	2%
	Asian/British Asian: Chinese	3	0%
	Asian/British Asian: Indian	29	5%
	Asian/British Asian: Pakistani	84	14%
	Asian/British Asian: Other	13	2%
	Black/British black: African	8	1%
	Black/British black: Caribbean	2	0%
	Black/British black: other	2	0%
	Mixed race: black and white	5	1%
	Mixed race: Asian and white	9	1%
	Mixed race: black and Asian	0	0%
	Mixed race: other	3	0%
	Traveller: Gypsy or Roma	0	0%
	Traveller: Irish	0	0%
	White: English, Welsh, Scottish, Northern Irish, British Irish	400	66%
	White: Other	11	2%
	Other	11	2%
	Prefer not to say	5	1%
Which of the following terms best describes your sexual orientation?	Bisexual	7	1%
	Gay	5	1%

	Heterosexual	479	80%
	Lesbian	3	0%
	Prefer to self describe	77	13%
	Prefer not to say	31	5%
What do you consider your religion to be?	Buddhism	5	1%
	Christianity	216	36%
	Hinduism	10	2%
	Islam	115	19%
	Judaism	0	0%
	Sikhism	5	1%
	Spiritual	8	1%
	No religion	216	36%
	I have a religion or strongly held belief but I prefer to not to specify what this is	1	0%
	Other	5	1%
	Prefer not to say	21	3%