

SSA EQUALITY IMPACT AND NEEDS ANALYSIS (EINA)

Directorate	Environment and Community Services
Service Area	Leisure
Service/policy/function being assessed	Leisure, Sport and Physical Activity Strategy
Which borough (s) does the service/policy apply to	Richmond
Staff involved in developing this EINA	Emma Kettle (Project Officer), Charles Murphy (Senior Project Officer), Rebecca Towers (Interim Head of Projects, Culture and Leisure)
Date approved by Directorate Equality Group (if applicable)	
Date approved by Policy and Review Manager All must be signed off by the Policy and Review Manager	07/05/24
Date submitted to Directors' Board	7 th May 2024

1. Summary

This EINA is being undertaken as part of the development of the Richmond Leisure, Sport and Physical Activity Strategy – ‘Richmond Moves’. The Council is ambitious about providing high quality opportunities through its leisure service and partners, enabling more residents across their life course to be more active, more often. This is a new strategy which will bring our leisure provision in line with the Council’s corporate priorities in a way which is viable and deliverable.

Having a comprehensive leisure strategy that includes the needs of all residents in the borough is pivotal in maintaining and improving physical and mental health and wellbeing. Yet whilst the Council has several strategies and policies which contribute to leisure provision and planning in the borough, such as Culture Richmond, the Infrastructure Development Plan and the Playing Pitches Strategy, there is not currently an overarching Leisure Strategy.

The purpose of the leisure strategy is to improve the levels of physical activity among the residents of Richmond. It also looks to bring together Council services, voluntary and community organisation and residents to encourage greater participation from those who are currently inactive, under-represented or face actual or perceived barriers to activity.

The strategies vision is **‘To create a borough where everyone has the opportunity to be physically active throughout their lifetime, with the aim of enabling everyone to live fun-filled, healthy and happy lives.’**

The success of the strategy will mean all residents will be able to access a opportunities to be active that are high quality, affordable and sustainable (financially and environmentally). Physical activity levels will have increased, particularly among the currently inactive populations within our borough; and the mental health and wellbeing of all residents will improve.

Key Findings of Richmond Residents¹:

- Currently the largest age group in Richmond is 40–44-year-olds. By 2043 the largest age group will be 55–59.
- Of the population living with obesity, the spread is uniform across age groups.
- 12% of the population in Richmond have a disability that limits their day-to-day activities a little or a lot. This percentage of the population is likely to be less physically active.
- Life expectancy is higher in Richmond than in London and England.
- 0.39% of residents have a different identity to that at birth.
- More of the borough are Christian than the London average, but there are lower rates of people in Richmond with other religious beliefs compared to the London average.
- 1.9% of the population are recorded as gay or lesbian compared to 1.5% nationally.
- In Richmond life expectancy is 5.3 years lower for men and 1.2 years lower for women in the most deprived areas of the borough than in the least deprived areas.
- In Richmond there is a 9.6% gap in employment rate between those with a long-term health condition and overall employment compared to 8.8% in London.
- 15.1% of the adult population in Richmond consider themselves inactive.

Positive Impacts include:

- Older people remain independent and active for longer and there are reduced numbers of people experiencing loneliness and social isolation.
- Increased opportunities for children and young people to take part in physical activity and giving them an active start in life.
- Support for young people and adults with SEND to access leisure services in the community.
- Creating fair access, removing barriers to activities, and improving opportunities to address health inequalities.
- Supporting rehabilitation and promote support to people with disability and illness.
- Meeting the needs of the entire community through diverse programming and opportunities to participate, both indoors and outdoors.
- Physical activity will be at the heart of our planning for future regeneration projects.
- The physical and mental health and wellbeing and happiness of our residents will have improved as we are a more active borough.
- The ambitious pricing offer increases participation by offering greater concessions to more people for council run leisure services.

Negative Impacts include:

The below list addresses the ways in which this strategy would remove barriers to physical activity for protected groups. It is not thought that the strategy itself, will negatively impact those with protected characteristics.

- There may be certain groups, for example specific groups of women who may feel unsafe or uncomfortable exercising in some environments, for example in open spaces or in Leisure Centres. One way to reduce this negative impact is via the programming of women only sessions for example swimming. This would give women the opportunity to improve their activity levels and health outcomes in an environment that is safe. The strategy will also look to address factors affecting participation like safety, lighting, seating, toilets and access to equipment.
- A barrier for some women with children is a lack of childcare when exercising. The strategy will look to programme activities for adults at the same time as youth activities such as swimming lessons.

- A barrier for single parents/ carers could be a lack of childcare when exercising. The strategy will look to programme activities for adults at the same time as youth activities such as swimming lessons.
- Care experienced people are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities. This will include a more ambitious concession offer.
- Carers are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.

***Please note:** The data used for this EINA is the most up to date available. Therefore, there may be slight discrepancies between this data set and that used for the strategy.*

2. Evidence gathering and engagement

a. What evidence has been used for this assessment?

Evidence	Source
England, London, Richmond Borough level data on protected characteristics.	DataRich (website that provides data on the London Borough of Richmond upon Thames). ONS website, various datasets, all referenced in body of this document. Office for Health Improvement & Disparities Sport England, Active Lives Data Joint Strategic Needs Assessment Public Health and Healthwatch Richmond’s 2023 survey on Public Perspectives of Healthy Living RUILS’ report ‘Community Conversations: Tackling Health Inequalities in the London Borough of Richmond’ , October 2023 A catchment analysis of current leisure centre users

b. Who have you engaged and consulted with as part of your assessment?

As part of the development of the strategy, there have been a number of periods of engagements with Residents on their barriers to physical activity, their satisfaction of the current leisure provision and what would encourage them to improve their physical health. With this engagement and consultation, we aimed to reach a wide group of local residents via an online survey. This will have included individuals with protected characteristics. We

also ran focus groups with people from underrepresented groups of people that use our leisure centres.

Event	Date	Attendees/Responses
Online Survey	26 th Oct– 25 th Nov 2022	1,295
Focus Group with Inactive People	12 th Dec 2022	5
Focus Group with Parent Carer Forum	8 th Feb 2023	12
Focus Group with Young People	6 th Dec 2022	7
Focus Group with VCS Groups	21 st March 2024	8
Focus Group with Sports Clubs	19 th March 2024	30

A key workstream for the strategy was to explore how the Council can deliver generous, affordable, compassionate, inclusive, and sustainable leisure offer for residents with its partners. Therefore, ensuring the strategy focuses on helping those with barriers to being active, be that social, cultural, economic, or geographical.

This group has included colleagues from the following places:

Internal:

Public Health
 ASC
 AfC
 Parks
 Policy
 Planning Policy
 Voluntary Sector Partnerships
 Refugee Services

External:

NHS
 London Sport
 Youth Sport Trust
 Richmond CVS
 Visit Richmond
 Age UK

3. Analysis of need

Potential impact on this group of residents and actions taken to mitigate impact and advance equality, diversity and inclusion.

Protected group	Findings
Age	<p>The total population of Richmond is 195,278.</p> <p>2021 census data notes that currently the largest age group is 40 -45². The largest age group by 2043 in Richmond will be 55-59 with a decline in 0-15 and 30-50 years.</p> <p>Richmond has a higher population under 15³ but a notably higher population over 64 compared to the average for London.</p> <p>The ageing process presents a variety of challenges for older people including frailty, illnesses and age related conditions, such as dementia. Many age-related conditions that exacerbate mobility and personal care issues can be reduced, delayed or prevented by early lifestyle adjustments and interventions.⁴ The national prevalence rates of frailty are estimated to be at 6.5% for those aged 60-79 years; 30% for those aged 80-89 years and 65% for those aged 90 and over. Frailty can cause a loss of confidence and less physical activity. In Richmond in 2018-19, there were 845 per 100,000 emergency admissions due to falls in those aged 65 and over, which has been increasing steadily since 2016-17.⁵</p> <p>A catchment analysis of current leisure centre users was completed to understand where existing members live. All known users of the leisure facilities were also mapped to identify the mosaic profile of users compared to the Borough-wide profile, to identify groups which are underrepresented at the existing facilities. This identified that 25–34-year-olds are the largest age group of users and are overrepresented in leisure centre users compared to the population profile. 55+ is also an overrepresented age group when comparing centre users to the population profile.</p> <p><u>Obesity:</u></p>

² [Population - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

³ [Population - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

⁴ [Joint Strategic Needs Assessment, 2021.](#)

⁵ 'Emergency hospital admissions due to falls in people aged 65 and over Richmond upon Thames', Public Health Profiles, 2019. Available

	<table><tr><th></th><th>Obesity by age band of those with a weight recorded at a GP Practice, by adult obese patient population</th><th>Obesity within age bands (compared to all patients in those age bands with a recorded weight at a GP Practice)</th><th>Borough population</th></tr><tr><td>19-49</td><td>36.15</td><td>7.56%</td><td>40.3%</td></tr><tr><td>50-64</td><td>32.37%</td><td>13.6%</td><td>19.5</td></tr><tr><td>65+</td><td>31.49%</td><td>15.03%</td><td>16.1%</td></tr></table> <p>Data source: Health Insights, South West London Integrated Care System (password protected system) as of August 2022, Borough data from Data Rich</p> <p>Of the patient population living with obesity, the spread is uniform across age groups.</p> <p>Additionally, during Public Health’s 2023 survey on Public Perspectives of Healthy Living, physical activity barriers were more frequently cited by younger participants (1 in 3 for under 50s) and decreased in people over 65 (1 in 6 cited a barrier to access). Barriers included having little time due to long working hours/ long commutes or commitments to look after children/ families.</p>		Obesity by age band of those with a weight recorded at a GP Practice, by adult obese patient population	Obesity within age bands (compared to all patients in those age bands with a recorded weight at a GP Practice)	Borough population	19-49	36.15	7.56%	40.3%	50-64	32.37%	13.6%	19.5	65+	31.49%	15.03%	16.1%
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50-64	32.37%	13.6%	19.5														
65+	31.49%	15.03%	16.1%														
Disability	<p>12% of the population in Richmond have a disability that limits their day-to-day activities a little or a lot⁶. This is lower than the national average, which stands at 17.3%⁷.</p> <p>4.6% of 0–15-year-olds and 11.7% of 16–24-year-olds have a disability that limits their day-to-day activities a little or a lot⁸.</p> <p>By 2050, there is predicted to be a significant increase in people living with conditions that limit them ‘a little’ and ‘a lot’. Mobility issues are also predicted to increase dramatically.⁹</p> <p>Table: Estimated prevalence of life-limiting conditions and ageing population in Richmond, 2020 – 2050¹⁰</p>																

⁶ [Disability age standardised - Census Maps, ONS](#)

⁷ Census 21

⁸ [DataRich – Population Explorer](#)

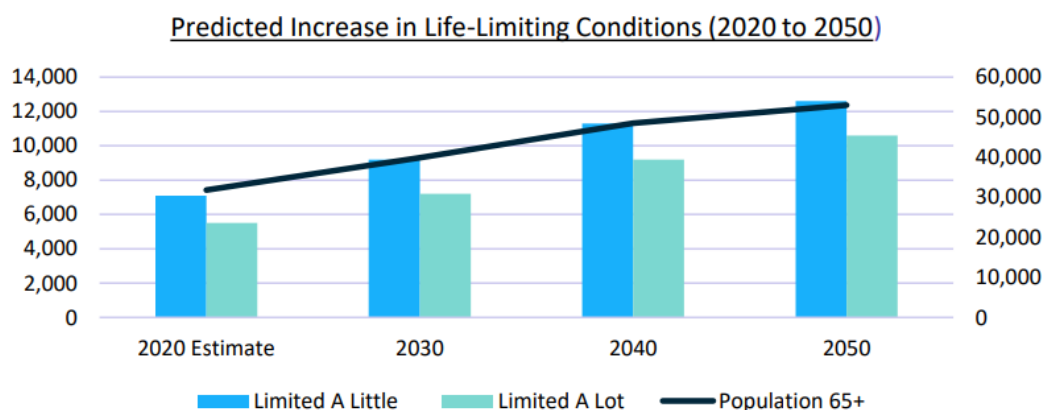
⁹ [Richmond Joint Strategic Needs Assessment, 2021.](#)

¹⁰ [Richmond Joint Strategy Needs Assessment, 2021](#)

Ageing Population Needs			Percentage Increase from 2020				
Need	2020 Actual	2030	2030 % increase	2040	2040 % increase	2050	2050 % increase
Limited A Little	7,100	9,200	29.6%	11,300	59%	12,600	77%
Limited A Lot	5,500	7,200	31%	9,200	67%	10,600	93%
Mobility issues	5,900	7,800	32.2%	9,900	68%	11,400	93%

Figure 25: Predicted increases in population size and in population living with limiting conditions²⁹

Source: [Projecting Older People Population Information System](#)



There is marked variation in physical activity levels between adults who are disabled or have a long-term health condition compared with healthy adults. National data from the latest Active Lives Survey found that 45.3% of adults with a disability or long-term health condition were meeting the CMO's physical activity recommendations compared to 66.1% of healthy adults¹¹.

The Public Health Outcomes Framework data shows that 35% of people with a disability or long-term condition are physically inactive compared to 18% of non-disabled people.¹²

During the Council's September 2022 online survey on barriers to exercise and using a leisure centre, those with a long-term disability ranked the costs involved as their main barrier to being active. This was followed by their health condition and having a lack of confidence and not sure how to start. When thinking about doing more physical activity, the following were the most important: accessible facilities, direct costs, appropriate classes and availability of time. 8% of respondents considered themselves to have a disability and 3% preferred not to say¹³.

Additionally, during Public Health's 2023 survey on Public Perspectives of Healthy Living, a barrier for those with a physical disability was that there were limited classes for this

¹¹ <https://activelives.sportengland.org/Home/AdultData>

¹² [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

¹³ ADD CONSULTATION LINK WHEN AVAILABLE

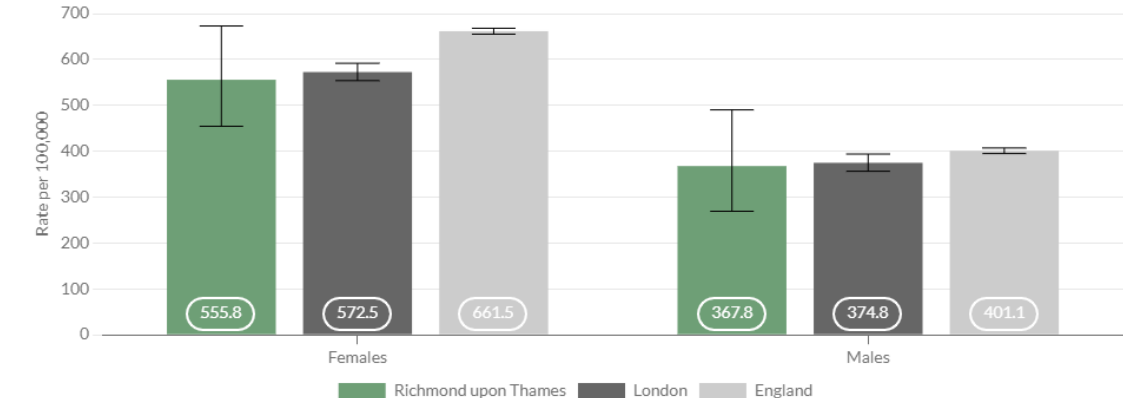
group¹⁴. One in 4 individuals with disabilities referenced disability and fatigue as a barrier to physical activity compared to people without a disability or health condition (1 in 17).

Attendees of the Parent Carer Forum focus group which was part of the engagement period highlighted that one of the barriers that prevented their children from participating in physical activity was their experience attending a centre or the time of their booking being different each time. This meant that they could not meet the expectations of the experience for their child, which was important for them. Encouragement factors for the same group included SEND staff training and ensuring there was adequate parking at leisure facilities¹⁵.

Hip fractures in the over 65s¹⁶

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care.

Hip fractures in people aged 65 and over (2021/22)



Gender	Richmond upon Thames	London	England
Females	555.8	572.5	661.5
Males	367.8	374.8	401.1

Removing barriers to accessibility and improving balance and strength could increase the number of those moving into long term care, decrease frailty, and increase mobility.

During the Council’s September 2022 consultation on the barriers to exercise and using a leisure centre, the main reasons for not exercising given by over 65s included disability and mobility issues, a health condition, not sure how to start and the costs involved¹⁷.

Additionally, during Public Health’s 2023 survey on Public Perspectives of Healthy Living, a barrier for the over 50s was a lack of accessible classes specifically for this group¹⁸.

Falls

¹⁴ [February 2023 \(healthwatchrichmond.co.uk\)](#)

¹⁵ Insert link to focus group report, Page 14-15

¹⁶ [Health - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

¹⁷ ADD CONSULTATION LINK WHEN AVAILABLE

¹⁸ [February 2023 \(healthwatchrichmond.co.uk\)](#)

	<p>In 2021-22, Richmond patients accounted for more than 1300 emergency hospital admissions due to falls in people aged 65 and over, using the Regional NHS England data.¹⁹</p> <p><u>Obesity:</u> People with learning disabilities are also at increased risk of being overweight or obese compared to the general population²⁰. In Richmond, 1 in 4 people with learning disabilities are living with obesity among the patients with a recorded weight at their GP (26% compared to 11% of the general patient population with a recorded BMI categorised as obese)²¹.</p> <p><u>Type 2 Diabetes:</u> Type 2 diabetes is associated with lifestyle factors – being overweight or obese is the major modifiable risk factor for Type 2 diabetes. The onset of Type 2 diabetes can be delayed or prevented through support to change behaviour around lifestyle choices²².</p> <p>In Richmond the 40-64 year and 65-79 years age groups each have around 40% of people diagnosed with Type 2 diabetes. Around 56% of people with Type 2 diabetes in Richmond are aged over 65.</p>
Sex	<p>The population of Richmond is 195,278, and 52% of the Richmond population are female (slightly higher than the London and England averages) and 48% are male (slightly lower than the England average)²³.</p> <p>In general, more females than males are inactive. 39% of women aged 16 and over are not active enough to get the full health benefits of sport and physical activity, compared to 35% of men²⁴.</p> <p>A mapping exercise was carried out as part of the leisure strategy review which highlighted that 55% of the users of Richmond's leisure centres identify as female.</p> <p>Average life expectancy for females in Richmond is 86 at birth and 83 for males. This is better than the London and England averages. However, the healthy life expectancy at birth (this is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health) for females in Richmond is 69 and 70 for males²⁵.</p>

¹⁹ Briefing note to Health and Care Board 2023 – Emergency Hospital Admissions due to falls in people aged 65 and over (directly standardized rate per 100,000).

²⁰ [Obesity and weight management for people with learning disabilities: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/obesity-and-weight-management-for-people-with-learning-disabilities-guidance)

²¹ Health Insights Data. SW London. Data accessed on June 2022.

²² [Health matters: preventing Type 2 Diabetes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-matters-preventing-type-2-diabetes)

²³ [Population - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](https://datarich.info/population-utla-richmond-upon-thames-report-builder-for-arcgis)

²⁴ [Richmond Public Health Physical Activity Plan 2021-2031](https://datarich.info/richmond-public-health-physical-activity-plan-2021-2031)

²⁵ [Health - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](https://datarich.info/health-utla-richmond-upon-thames-report-builder-for-arcgis)

	<table><tr><th></th><th>Richmond upon Thames</th><th>London</th><th>England</th></tr><tr><td>Life expectancy at birth - Female - All ages</td><td>85.9</td><td>83.4</td><td>82.8</td></tr><tr><td>Life expectancy at birth - Male - All ages</td><td>82.7</td><td>78.8</td><td>78.7</td></tr><tr><td>Life expectancy at 65 - Female - 65</td><td>23.0</td><td>21.2</td><td>21.0</td></tr><tr><td>Life expectancy at 65 - Male - 65</td><td>20.5</td><td>18.2</td><td>18.4</td></tr><tr><td colspan="4">Date: 2021 Source: ONS</td></tr></table> <p>72% of those who completed the Councils September 2022 online survey were female and 26% were male. 2% of respondents preferred not to say²⁶.</p>		Richmond upon Thames	London	England	Life expectancy at birth - Female - All ages	85.9	83.4	82.8	Life expectancy at birth - Male - All ages	82.7	78.8	78.7	Life expectancy at 65 - Female - 65	23.0	21.2	21.0	Life expectancy at 65 - Male - 65	20.5	18.2	18.4	Date: 2021 Source: ONS			
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Gender reassignment	<p>In 2021 a total of, 610 (0.39%) Richmond residents indicated that they identified with a gender different to their sex registered at birth, with 226 (0.15%) stating their gender identity was different to that of their sex registered at birth but did not provide a write in response to what they identified with.</p> <p>Of the 610 residents who indicated that they identified with a gender different to their sex registered at birth, 53% were female with highest proportion aged 16-34 years; compared to 47% male with highest proportion aged 35-54²⁷.</p>																								
Marriage and civil partnership	<p>49.5% of the population of Richmond are either married or in a registered civil partnership. 35.9% of people in the borough have never married or registered for a civil partnership.</p>																								
Pregnancy and maternity	<p>In 2021 there were 2,422 conceptions in Richmond borough – an annual conception rate of 65 per 1000 women. This is lower than the conception rate for London (70.8 per 1000) and the rate for England (71.5 per 1000)²⁸.</p>																								
Race/ethnicity	<p>19.5% of people in Richmond identify as an ethnic minority and 89% have English as their main language²⁹.</p>																								

²⁶ Provide link when available, page 10

²⁷ [DataRich – Population Explorer](#)

²⁸ [Conceptions in England and Wales - Office for National Statistics](#)

²⁹ [Population - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

	<p>Percentage of population by ethnic group (2021)</p> <table><caption>Estimated data from the radar chart (Percentage of population)</caption><tr><th>Ethnic Group</th><th>Richmond upon Thames (%)</th><th>England (%)</th></tr><tr><td>Bangladeshi</td><td>0.5</td><td>0.5</td></tr><tr><td>Chinese</td><td>0.5</td><td>0.5</td></tr><tr><td>Indian</td><td>2.5</td><td>2.5</td></tr><tr><td>Pakistani</td><td>1.5</td><td>1.5</td></tr><tr><td>Other Asian</td><td>1.5</td><td>1.5</td></tr><tr><td>African</td><td>1.5</td><td>1.5</td></tr><tr><td>Caribbean</td><td>1.5</td><td>1.5</td></tr><tr><td>Other Black</td><td>1.5</td><td>1.5</td></tr><tr><td>White and Black African</td><td>1.5</td><td>1.5</td></tr><tr><td>White and Asian</td><td>1.5</td><td>1.5</td></tr><tr><td>White and Black Caribbean</td><td>1.5</td><td>1.5</td></tr><tr><td>Irish</td><td>1.5</td><td>1.5</td></tr><tr><td>Gypsy or Irish Traveller</td><td>0.5</td><td>0.5</td></tr><tr><td>Arab</td><td>0.5</td><td>0.5</td></tr><tr><td>Roma</td><td>0.5</td><td>0.5</td></tr></table> <p>Source: ONS, Census 2021</p>	Ethnic Group	Richmond upon Thames (%)	England (%)	Bangladeshi	0.5	0.5	Chinese	0.5	0.5	Indian	2.5	2.5	Pakistani	1.5	1.5	Other Asian	1.5	1.5	African	1.5	1.5	Caribbean	1.5	1.5	Other Black	1.5	1.5	White and Black African	1.5	1.5	White and Asian	1.5	1.5	White and Black Caribbean	1.5	1.5	Irish	1.5	1.5	Gypsy or Irish Traveller	0.5	0.5	Arab	0.5	0.5	Roma	0.5	0.5
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	<p>Type 2 diabetes:</p> <p>Certain Black, Asian, and minority ethnic groups have a greater chance of developing Type 2 diabetes than people from white ethnic groups. The South Asian population living in the UK are up to six times more likely to develop Type 2 diabetes than that of the white population³⁰. People of African and African-Caribbean descent are three times more likely to have Type 2 diabetes than the white population³¹. Additionally, for Black, Asian, and minority ethnic groups, the risk of Type 2 diabetes increases at an earlier age and at a lower BMI level.</p> <p>In Richmond, around 15% of people at high risk of Type 2 diabetes and 22% of people with Type 2 diabetes are of ethnic minority origin³²</p> <p>A 2023 Gap Analysis survey among voluntary sector organisations offering local services, cited that community based activities, exercise and health classes with ESOL support was currently limited or unavailable in Richmond for their clients.³³</p>																																																
Religion and belief, including non-belief	<p>In the 2021 census, 54.8% of the population of Richmond identified as having a religion. This is lower than the national average of 56.4³⁴. 38% stated they have no religion. This is higher than the national average of 37.2³⁵.</p>																																																

³⁰ Public Health England, [Health Matters: preventing Type 2 Diabetes](#), 24 May 2018

³¹ Public Health England, [Health Matters: preventing Type 2 Diabetes](#), 24 May 2018

³² Public Health England. Public Health Profiles, Percentage of people with type 2 diabetes who are of minority ethnic origin, 08 January 2019.

³³ Richmond CVS, RUILS and Richmond Public Health, Gap Analysis Survey, June 2023.

³⁴ [Religion, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

³⁵ [Population - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

		Richmond upon Thames	London	England
	Christian (%)	45.3	40.7	46.3
	Buddhist (%)	0.8	0.9	0.5
	Hindu (%)	2.1	5.1	1.8
	Jewish (%)	0.6	1.7	0.5
	Muslim (%)	4.3	15	6.7
	Sikh (%)	1	1.6	0.9
	Other religion (%)	0.7	1	0.6
	During the Council’s September 2022 online survey, out of those who were inactive, 15% noted that cultural or religious reasons were either a very important or quite important factor ³⁶ .			
Sexual orientation	In the 2021 Census for Richmond, 89% of people were recorded as straight/heterosexual, this is the same nationally. 1.9% gay or lesbian, compared to 1.5 nationally. 1.2% of people were recorded as bisexual, compared to 1.3 nationally. 0.3% as ‘all other sexual orientations’, this is the same nationally. 7.6% did not answer ³⁷ .			
Across groups i.e. older LGBT service users or Black, Asian & Minority Ethnic young men.	Older people from black, Asian and minority ethnic populations are more like to be inactive ³⁸ . The prevalence of overweight and obese children tends to be higher in lower socioeconomic groups ³⁹ . Young, Black Asian and Minority ethnic people are more at risk for Type 2 diabetes.			
Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010) Include the following groups: <ul style="list-style-type: none">Deprivation (measured by the 2019 English	Deprivation: Richmond can be considered an affluent area with only 0.9% of people living in the 20% most deprived areas. What’s more, while 9% of children live in low-income families (2,795), this is better than the England average which stands at 17% ⁴⁰ . Whilst Richmond has low levels of deprivation which has been linked nationally to health disparities, and risk of inactivity, only one ward (Hampton) falls into the top 20% most deprived wards in the country. This area is served by Hampton Sports and Fitness Centre. Areas of Ham which fall into the top 30% on the deprivation index are not served by a Leisure Centre within 20-minute walking distance but can access Teddington and Richmond centres within a 20-minute drive time. These groups need more support to get active due to disparities in health and activity levels, which have been exacerbated by Covid-19.			

³⁶ ADD CONSULTATION LINK WHEN AVAILABLE

³⁷ [DataRich – Population Explorer](#)

³⁸ [Richmond Public Health Physical Activity Plan 2021-2031](#) page 7

³⁹ [2010 JSNA.pdf \(datawand.info\)](#), page 21

⁴⁰ PHE local authority health profile 2019

Indices of Deprivation)

- Low-income groups & employment
- Carers
- Care experienced people
- Single parents
- Health inequalities
- Refugee status

In the Community Conversations Report (October 2023), survey respondents from Ham cited the top barriers to accessing local groups and activities were family commitments with children/young people, lack of public transportation, lack of motivation, and caring for someone and unable to take time away.⁴¹ 68% of Hampton North respondents self-reported moderate levels of physical activity (taking part in at least 60 minutes of moderate activity) per week, 20% reported doing 30-60 minutes per week and 12% doing 30 minutes or less/ week. However, 30% stated they would like to be more physically active.

There are very few known users mapped as part of the catchment analysis as living at Ham Close, and none mapped as living on the estate itself. There are also very few known users mapped as living in the Castelnau area.

During the Council’s September 2022 online survey on barriers to exercising and using a leisure centre, 83% of respondents stated that the main reason they used the centre they do is because it is nearest to their home, it reinforces how much convenience and ease of access is important to building physical activity into people’s everyday lives⁴². Therefore, it is important to note that there is currently no leisure provision within walking distance of the Ham, Petersham and Richmond Riverside ward.

In Richmond life expectancy is 7 years lower for men and 2.5 years lower for women in the most deprived areas of the borough than in the least deprived areas.

Low-income groups and employment:

3% of the population of Richmond are unemployed⁴³.

9% of children in Richmond live in low-income families⁴⁴.

Percentage of children under 16 living in families with low income (2021/22)

Category	Richmond upon Thames	London	England
Absolute Low Income	4	12	14.7
Relative Low Income	5.1	15	19.2

⁴¹ RUILS’ report ‘Community Conversations: Tackling Health Inequalities in the London Borough of Richmond’, October 2023

⁴² ADD CONSULTATION LINK WHEN AVAILABLE

⁴³ [How life has changed in Richmond upon Thames: Census 2021 \(ons.gov.uk\)](#)

⁴⁴ [Deprivation - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

One barrier inactive people face when being physically active is the financial costs of exercising⁴⁵ which was consistent with the findings locally in the Public Perspectives in Health Living. This isn't necessarily just the cost of the class or membership, but can also extend to the travel costs, costs of having the appropriate clothing and childcare costs.

During the Council's September 2022 online survey on barriers to exercise and using a leisure centre, 'costs involved' was the biggest factor preventing respondents from exercising⁴⁶.

Carers:

Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities⁴⁷. In Richmond, 3.7% of the population are providing more than 10 hours of unpaid care per week⁴⁸.

Nearly half (46%) of carers are inactive, compared with 33% of adults (carersuk)⁴⁹.

During the Council's September 2022 online survey on barriers to exercising and using a council leisure centre, the 2nd most common reason for not currently exercising was not enough time due to care responsibilities⁵⁰.

Care experienced people:

At the end of 2023, there were 233 care leavers aged 18-25 years in Richmond.

The data that was collected as part of the catchment analysis did not include data on care status.

Single parents:

In Richmond, 8.8% of households are a lone parent family – equating to 14,041 households. This is lower than London (13.3%) and England (11.1%)⁵¹. Nearly half (49%) of children in lone-parent families were in relative poverty – defined as having an income of less than 60% of median incomes adjusted for household size. This is almost double the rate among children living in two-parent families (25%)⁵².

Health inequalities:

Life expectancy at birth in Richmond is 85.9 years for females and 82.7 for males while healthy life expectancy at birth is 68.9 years and 70.2 years for females and males, respectively.

⁴⁵ [final active wandsworth consultation report 0.pdf \(healthwatchwandsworth.co.uk\)](#)

⁴⁶ ADD CONSULTATION LINK WHEN AVAILABLE

⁴⁷ [Health - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

⁴⁸ [Health - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

⁴⁹ [Wandsworth Public Health Adult Physical Activity Plan 2021-2031](#) page 10 but find study to footnote

⁵⁰ ADD CONSULTATION LINK WHEN AVAILABLE

⁵¹ [Population - UTLA | Richmond upon Thames | Report Builder for ArcGIS \(datarich.info\)](#)

⁵² <https://ifs.org.uk/articles/pre-pandemic-relative-poverty-rate-children-lone-parents-almost-double-children-living-two>

In Richmond there is a 9.6% gap in employment rate between those with a long-term health condition and overall employment compared to 8.8% in London and 9.9% in England in 2021/22 (Data Rich).

Overall, in Richmond, 12% of the population is classified as having disabilities which is lower than the national average. However, this is higher in Hampton North (15.3%), Heathfield (15.1%) and Whitton (13.9%), Ham, Petersham and Richmond Riverside (13.7%) and Hampton (12.1%) wards⁵³. The two most common long-term conditions were depression then hypertension (high blood pressure), both of which being physically active can help towards.

15.1% of the adult population in Richmond consider themselves as inactive⁵⁴.

Prevalence of Type 2 diabetes is 60% more common among individuals in the most deprived quintile compared with those in the least deprived quintile in England⁵⁵.

Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health⁵⁶.

The percentage of adults classified overweight or obese in Richmond is 55.7%⁵⁷. Life expectancy interconnects with people's socio-economic situations. Characteristically, lower decile people will live shorter lives as they are subject to greater health inequalities. Among other factors, inequalities range from a lack of access to quality health services, the wider environments such as poor-quality housing, work settings, education, or access to green space, and behavioural risks to health such as drinking, smoking, physical inactivity, or poor diet. In turn, these inequalities can lead to long term health conditions and mental illness.

Refugee status:

There are 842 people with refugee status outside of the Hong Kong BNO scheme currently living in Richmond.

Scheme	Richmond
Richmond Syrian Resettlement scheme (2015- date)	Six families (32 people)
Afghan Resettlement scheme (2021 – date)	Four families (19 people)
Homes for Ukraine scheme (2022 – Date)	765
Unaccompanied Asylum-Seeking Children	26

⁵³ SW London Health Insights data

⁵⁴ [Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework-at-a-glance-summary)

⁵⁵ [Health matters: preventing Type 2 Diabetes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters-preventing-type-2-diabetes)

⁵⁶ [Obesity Profile - OHID \(phe.org.uk\)](https://www.phe.org.uk/obesity-profile)

⁵⁷ [Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework-at-a-glance-summary)

	Hong Kong BNO scheme	No exact data available, but proxy data shows 497 School Applications from Hong Kongers and 985 people indicated they were born in Hong Kong in the 2021 Census
	Refugees or migrants can be exposed to greater health challenges from severe health inequalities. This is worsened as they tend to use fewer health services compared to that of the local populations.	

Data gaps

No data gaps have been identified.

4. Impact

Protected group	Positive	Negative
Across the Characteristics	<p>Currently the Council does not have an overarching Leisure, Sport and Physical Activity Strategy.</p> <p>The strategy has been developed with an aim to improve physical activity in the borough to prevent ill health, which could have a positive impact on all residents. There are also clear positive links between improved physical activity and mental health and other health conditions such as obesity and diabetes.</p> <p>When developing the strategy careful consideration has been given to how it fits with other Council strategies and policies, and this strategy will help deliver against these and other Council priorities.</p> <p>There are several actions in the strategy aimed at improving the physical activity levels of all meaning those with protected characteristics will see a positive impact. These include:</p> <ul style="list-style-type: none"> Promoting the benefits of physical activity to Richmond 	N/A

	<p>adults, specifically targeting those groups who are the least physically active and improving signposting to opportunities to be physically active.</p> <ul style="list-style-type: none">• Creating pathways for inactive adults to take small steps or ‘doses’ of physical activity.• Supporting access to physical activity for people with long-term conditions and focussing on secondary prevention for cardiac, cancer and pulmonary conditions• Identifying and promoting opportunities for non-traditional and emerging types of physical activity (e.g. parkour, street dance, pickleball) that will attract different types of people to be active.• Making use of the River Thames to promote access to water sports for underrepresented groups• Working with London Sport to develop the online activity finder for Richmond, making local opportunities easy to find. <p>The desired outcomes of these actions could also have a positive impact on all protected groups and include:</p> <ul style="list-style-type: none">• Movement and physical activity are integrated into everyday lives.• Improved levels of mental health and wellbeing• Inactive people have the motivation, confidence and opportunities to become active and improve their physical health.	
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	<ul style="list-style-type: none"> • Communities are strengthened by increased levels of sports and physical activity. • Our communities are inclusive, cohesive, healthy and dementia friendly. • Reduced number of people experiencing loneliness and social isolation. <p>The strategy has been created to sit alongside the borough's wider strategies that work towards realising the Council's vision "to make Richmond upon Thames a greener, safer and fairer borough in London".</p>	
Age	<p>See 'across the characteristics' section above.</p> <p>The leisure strategy looks to cover the whole life course and does not have an upper or lower age limit.</p> <p><u>Older Populations:</u></p> <p>The intention of the strategy is for the future leisure centre provision to gear up for the growing 65–69-year-old populations in the borough.</p> <p>One action of the strategy is to ensure all services, including leisure centres are dementia friendly. There are also schemes established which support individuals in the early stages of dementia with getting active.</p> <p>In addition to this there is the action of:</p> <ul style="list-style-type: none"> • Working with partners such as Age UK to raise awareness of and build upon initiatives for older people and unpaid carers. 	<p>See 'across the characteristics' section above.</p> <p>The strategy does not directly address obesity or diabetes, but there are clear links to what improving the provision and access to leisure activities/facilities could do.</p>

	<p>This will mean that older people remain independent and active for longer and there are reduced numbers of people experiencing loneliness and social isolation.</p> <p><u>Younger Populations:</u> The strategy also aims to:</p> <ul style="list-style-type: none">• Ensure all our children can have the best start in life by identifying opportunities to create a wider range of active play, sports, and adventure activities available. <p>It also has the actions of encouraging schools to share sports facilities within the community and improving levels of sports, physical activity and health literacy through education.</p> <p>This will mean that children and young people have an active start to life as well as improved health outcomes. It could also lead to a decline in young people with obesity.</p> <p>Other actions that will have a positive impact on young people include:</p> <ul style="list-style-type: none">• Supporting our most talented young athletes through the Free Access for National Sportspeople (FANS) programme and working with sports clubs and St Mary's University to provide opportunities for athletes to compete.• Working with partners to develop a coordinated approach to traineeships, apprenticeships, and graduate placements for the sector.• Engaging with schools to develop improved employment pathways into the sector for young people.	
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	<ul style="list-style-type: none"> To understand the opportunities for coaching and volunteering in the borough and to make a plan to increase the numbers actively engaged and ensure the workforce is more diverse and representative of society. <p>Finally, the leisure strategy looks to improve the health outcomes for all ages including 40–64-year-olds and 65–79-year-olds which are the age groups with the highest prevalence of type 2 diabetes. Therefore, it is hoped the strategy will have a positive effect on the numbers of people who suffer from Type 2 diabetes but can also help with prevention.</p>	
Disability	<p>See ‘across the characteristics’ section above.</p> <p>An action of the strategy is to work with adults and children with special educational needs or disabilities to support them with accessing services in the community. This will involve:</p> <ul style="list-style-type: none"> Creating fair access to activities and opportunities to address health inequalities. Developing our work with health partners to enhance signposting for those who are inactive and/or have a long-term-condition into physical activity programmes. Creating an on-line physical activity offer for those who are unable to leave home. Broadening the range of Special Educational Needs and Disabilities (SEND) provision across the borough. Developing our work with health partners to enhance motivating and 	<p>See ‘across the characteristics’ section above.</p> <p>Some concern was raised during the consultation by the Parent Carer Forum that the Leisure Centres themselves weren’t SEND friendly which would be a barrier to those with SEND having access to services in the community. To mitigate this, the strategy aims to meet the needs of the entire community through diverse programming and opportunities to participate. This will include linking with VCS SEND organisations to increase participation.</p> <p>The strategy includes a fair access pricing policy offering free and discounted leisure facility use for certain residents, this will include those with SEND?</p>

	<p>signposting for those who are inactive and/or have a long-term-condition into physical activity programmes.</p> <p>All of these actions have the potential to improve health outcomes for people with disabilities and improve participation levels.</p> <p>The strategy also looks to support management of the population's health conditions and reduce complications in people with long-term conditions, and support rehabilitation and promote support to people with disability and illness.</p>	
Sex	<p>See 'across the characteristics' section above.</p> <p>A positive impact for women will be the objective of:</p> <ul style="list-style-type: none"> • A focus on women and girls in sport, using the excitement around the Women's Rugby World Cup (and other international women's tournaments) to boost participation, volunteering, coaching and employment. <p>This has the potential to increase participation levels and health outcomes for women of all ages. A protected characteristic group that are more inactive than men.</p>	<p>There are some groups of women who may feel unsafe or uncomfortable exercising in some environments, for example in open spaces or in Leisure Centres.</p> <p>One way to reduce this negative impact is via the programming of women only sessions for example swimming. The strategy aims to meet the needs of the entire community through diverse programming and opportunities to participate.</p> <p>During the Council's September 2022 online survey, 74% of those that are inactive said that specific sessions (quiet, disability, LGBTQ+, women, family friendly) would somewhat or very much encourage them to do more exercise⁵⁸.</p> <p>One aim that will improve this is:</p>

⁵⁸ ADD CONSULTATION LINK WHEN AVAILABLE

		<ul style="list-style-type: none"> Addressing factors affecting participation like safety, lighting, seating, toilets and access to equipment. <p>It is hoped that this will remove barriers for women and girls as it will open spaces for them to get active in that they may not have felt safe in before.</p>
Gender reassignment	See 'across the characteristics' section above.	See 'across the characteristics' section above. There are no negative impacts expected for this characteristic.
Marriage and civil partnership	See 'across the characteristics' section above.	See 'across the characteristics' section above. There are no negative impacts expected for this characteristic.
Pregnancy and maternity	See 'across the characteristics' section above.	<p>See 'across the characteristics' section above. There are no negative impacts expected for this characteristic.</p> <p>A barrier for women with children could be a lack of childcare when exercising. The strategy will look to programme activities for adults at the same time as youth activities such as swimming lessons.</p>
Race/ethnicity	<p>See 'across the characteristics' section above.</p> <p>The strategy aims to: Support access to physical activity for people with long term conditions and focusing on secondary prevention for cardiac, cancer and pulmonary conditions.</p> <p>22% of people in Richmond with Type 2 diabetes are of ethnic minority origin, so creating access to physical activity for those with long term health</p>	See 'across the characteristics' section above. There are no negative impacts expected for this characteristic.

	<p>conditions could improve health outcomes for this group of people.</p> <p>Other actions that could positively impact this are:</p> <ul style="list-style-type: none"> • Creating pathways for inactive adults to take small steps or 'doses' of physical activity. • Promoting the benefits of physical activity to Richmond adults, specifically targeting those groups who are the least physically active and improving signposting to opportunities to be physically active. 	
Religion and belief, including non-belief	See 'across the characteristics' section above.	<p>See 'across the characteristics' section above. There are no negative impacts expected for this characteristic.</p> <p>During the Council's September 2022 online survey, out of those who were inactive, 15% noted that cultural or religious reasons were either a very important or quite important factor. One way the strategy will mitigate this is to hold women only fitness and swim sessions.</p>
Sexual orientation	See 'across the characteristics' section above.	See 'across the characteristics' section above. There are no negative impacts expected for this characteristic.
Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010) Include the following groups: <ul style="list-style-type: none"> • Deprivation (measured by the 2019 English Indices of Deprivation) 	<p>See 'across the characteristics' section above.</p> <p>Being more ambitious with our current pricing offer, to encourage participation by offering greater concessions to more people for council-run leisure services will remove barriers for people with protected characteristics associated with socio-economic status.</p>	<p>See 'across the characteristics' section above.</p> <p><u>Deprivation</u></p> <p>Those in areas of deprivation are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p> <p><u>Low-income groups:</u></p>

<ul style="list-style-type: none"> • Low-income groups & employment • Carers • Care experienced people • Single parents • Health inequalities • Refugee status 	<p><u>Deprivation:</u> Prevalence of Type 2 diabetes and obesity increases with increased levels of deprivation. Therefore generally, the leisure strategy which looks to increase the physical activity level for those living in areas of deprivation including Ham and Petersham and Hampton will have a positive impact.</p> <p>Another action that looks to improve health outcomes for people living in areas of deprivation is:</p> <ul style="list-style-type: none"> • Seeking to influence health and social care policy to ensure resources are allocated to place-based commissioning of physical activity-based interventions targeted at our most deprived and ‘at-risk’ populations. <p>Increased commissioning of resources and services in these areas could also lead to a decrease in health inequalities in areas of deprivation where there are not currently leisure services available. For example, in the Ham and Petersham ward.</p> <p><u>Low-income groups:</u> Being more ambitious with our current pricing offer, to encourage participation by offering greater concessions to more people for council-run leisure services will remove barriers for people in low-income groups when it comes to physical activity.</p> <p>Addressing factors affecting participation like safety, lighting, seating, toilets and access to equipment will also improve accessibility for those in low-income</p>	<p>Those in low-income groups are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p> <p><u>Carers</u> Carers are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p> <p><u>Care experience people</u> Care experienced people are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p> <p><u>Single Parents</u> Single Parents are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p> <p><u>Health inequalities</u> Those who have health inequalities are more like to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p> <p><u>Refugee Status</u> Sanctuary seekers are more likely to be impacted by inactivity. The strategy looks to create fair access to activities and opportunities to address health inequalities.</p>
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	<p>groups to become more physically active.</p> <p><u>Carers:</u> Working with partners such as Age UK to raise awareness of and build upon initiatives for unpaid carers could improve health outcomes for carers in the borough.</p> <p><u>Care Experienced People:</u> There are several actions in the strategy that could have a positive impact on this group:</p> <ul style="list-style-type: none"> • Working with partners to develop a coordinated approach to traineeships, apprenticeships, and graduate placements for the sector. • Engaging with schools to develop improved employment pathways into the sector for young people. • To understand the opportunities for coaching and volunteering in the borough and to make a plan to increase the numbers actively engaged and ensure the workforce is more diverse and representative of society. <p><u>Single Parents:</u> Having an adult exercise programme in parallel with children's swimming lessons could provide an opportunity for single parents to exercise at the same time as their children.</p> <p><u>Health inequalities</u></p> <p>An objective of the strategy is creating fair access to activities and opportunities to address health inequalities. As well as allowing people facing health inequalities</p>	
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	<p>have opportunities to be physically active.</p> <p>Increased levels of physical activity can improve the outcomes of Public Health's Diabetes Prevention Framework.</p> <p>Providing NHS Tier 1 weight management interventions at Leisure centres could result in fewer residents being referred for tier 2 interventions.</p> <p><u>Refugee Status</u> The strategy aims to facilitate access for non-English speakers and sanctuary seekers, emphasising the role of activity in combating isolation and promoting healthy living. This has the potential to improve health outcomes for people with English as a second language.</p>	
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5. Actions to advance equality, diversity and inclusion

There are no negative impacts on groups with protected characteristics as part of this strategy. However, in addition to the strategy there will be a detailed action plan that sets out how each objective will be achieved. This will be reviewed annually to ensure that there are no negative impacts on those with protected characteristics.

Whilst this action plan is still being developed, the following actions are to be included:

Action	Lead Officer	Deadline
Ensure all our centres are dementia friendly.	TBD	TBD
Work with partners such as Age UK to raise awareness of and build upon initiatives for unpaid carers and falls prevention.		
Work with partners to develop a coordinated approach to traineeships, apprenticeships, and graduate placements for the sector.		
Engage with schools to develop improved employment pathways into the sector for young people.		
Understand the opportunities for coaching and volunteering in the borough and to make a plan to increase the numbers actively engaged and ensure the workforce is more diverse and representative of society.		

Have an adult exercise programme in parallel with children's swimming lessons.		
Create fair access to activities and opportunities to address health inequalities.		
Facilitate access for non-English speakers and sanctuary seekers.		
Be more ambitious with our current pricing offer, to encourage participation by offering greater concessions to more people		
The programming of women only swim sessions		
Women only fitness sessions		
Meet the needs of the entire community through diverse programming and opportunities to participate. This will include linking with VCS SEND organisations to increase participation.		
Support access to physical activity for people with long term conditions and focusing on secondary prevention for cardiac, cancer and pulmonary conditions.		
Creating pathways for inactive adults to take small steps or 'doses' of physical activity.		
Promoting the benefits of physical activity to Richmond adults, specifically targeting those groups who are the least physically active and improving signposting to opportunities to be physically active.		