

BSP EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Environment and Community Services
Service Area	Regulatory Services/Parking
Service/policy/function being assessed	Air Quality Action Plan 2025-2030
Which borough (s) does the service/policy apply to	Richmond
Staff involved in developing this EINA	Jason Andrews, Regulatory & Pollution Services Manager Dr Iarla Kilbane-Dawe, Air Quality Lead Officer
Date approved by Directorate Equality Group (if applicable)	NA
Date approved by the Head of Policy and Strategy All EINAs must be signed off by the Head of Policy and Strategy	14 th August 2025
Date submitted to Directors' Board	NA

1. Summary

This EINA aims to examine and assess any differential impacts that the introduction of a Public Spaces Protection Order (PSPO) may have on any people with protected characteristics who reside, work in or visit the area, or any people with protected characteristics who may visit the area in the future. The PSPO, if implemented will address the following issues.

Reduce pollution caused by unnecessary idling of vehicles without a reasonable excuse.
Provide Council Officers and Civil Enforcement Staff with additional powers to fine motorists where this is appropriate.

Unnecessary vehicle idling is currently an offence under Section 42 of the Road Traffic Act 1988 and The Road Traffic (Vehicle Emissions) (Fixed Penalty) (England) Regulations 2002. It is also part of the highway code, specifically Rule 123, which prohibits unnecessary engine idling while a vehicle is stationary on a public road.

The behaviour is therefore an offence and despite the borough targeting resources to raise awareness, including over 65,000 interventions by our Civil Enforcement Officers the behaviours continue to be a problem, with nearly 2000 interventions recorded in the first quarter of this year alone.

Exceptions to the PSPO include vehicles with refrigeration units requiring the use of an engine for power. Hydraulic hoists and tailgates that require the use of an engine as power, and for defrosting windows for safety reasons.

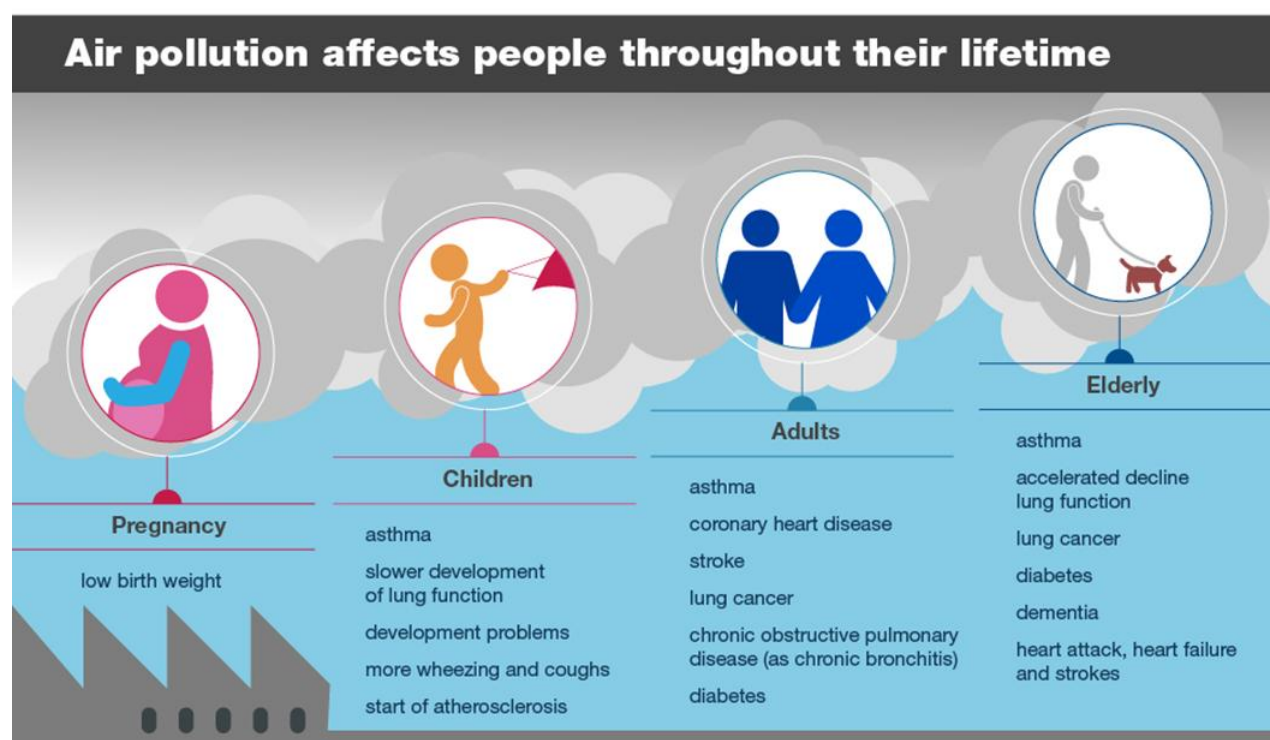
The PSPO would not apply to vehicles in queuing traffic or waiting at pedestrian crossings. It would however apply to level crossings where there is a physical barrier in operation for extended periods of time.

The introduction of the PSPO is a key action in the Councils new Air Quality Action Plan 2025-30 and was subject to full public consultation.

The EINA has not identified any potential for discrimination or negative impact in terms of the use of the PSPO as the behaviour addresses as already an offence, albeit largely unenforceable.

The use of the PSPO is anticipated to contribute to the overall objectives of the Councils Air Quality Action Plan, this does provide an opportunity to reduce unnecessary pollution, which also impacts on several protected groups.

- Air pollution disproportionately harms several protected groups: the old, those with disabilities relating to illness, pregnant mothers and foetuses, and those suffering deprivation. This plan will, in addition to reducing impacts on the whole population, specifically sets out to reduce inequalities arising from that disproportionate harm. This involved targeting air quality reductions in locations such as schools and care homes, where vulnerable groups can be exposed, and offering training to medical staff so they can empower vulnerable groups to reduce their own exposure, as advocated by the Chief Medical Office.
- Some 19% of residents, around 37,000 people, are under 13. This group are some of the most vulnerable to air pollution because of the lifelong impacts of exposure, reducing lung capacity for life. This PSPO will be used to target problematic areas such as idling around schools and nurseries.
- Older people are especially vulnerable to air pollution. Around 32,000 residents are over 65, some 16% of our population. Ageing reduces our resistance to air pollutions health impacts,



and air pollution can trigger pre-existing conditions like strokes or heart attacks that accumulate over a lifetime.

- This triggering effect means that anyone with preexisting medical conditions is especially vulnerable to air pollution. In the borough many people have long term conditions, such as coronary heart disease (4,755 residents), chronic obstructive pulmonary disease or COPD (2,519 residents), hypertension (25,000 residents) or overweight or obesity (55% of Richmond's population).
- There are around 3,000 births annually in Richmond¹. Pregnant women and fetuses are also especially vulnerable to air pollution, both due to the risk to the health of the mother and due to lifelong impacts on the child as a result of low birth weight, and increased risks of childhood mortality.
- There are no protected groups who are negatively impacted by this proposal. We note that representatives of disabled people pointed out that active travel measures should take account of the needs of wheelchair users in footpath design through the AQAP public consultation.

¹ Over the past 10 years there have been 30,223 births ([Section 1.15, Joint Strategic Needs Assessment](#)).

2. Evidence gathering and engagement

a. What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand

Evidence	Source
Multiple Indices of Deprivation, rates of pregnancy, rates of preexisting conditions	ONS and the LBRuT JSNA
Distribution of air pollutants	Defra and local monitoring systems
Exposure of vulnerable groups (such as in schools) to air pollution	Local monitoring
Population by protected characteristic	DataRich
Scientific evidence compiled by the World Health Organization and Government Chief Medical Officer, summarized in the World Health Organization review of air quality impacts on health and the Chief Medical Officer annual report. The Royal College of Physicians report “ ‘Every breath we take: The lifelong impact of air pollution’ , which encapsulated the impacts of air pollution on key protected groups and vulnerabilities. And statistics for LB Richmond upon Thames calculated by Office for Health Improvement and Disparities that suggest mortality equivalent to 77 deaths was attributable to PM2.5 in the borough in 2023.	

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

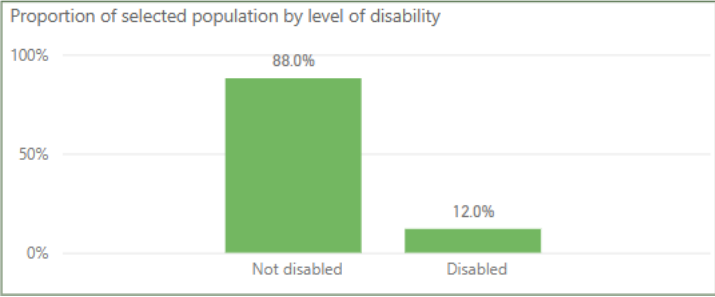
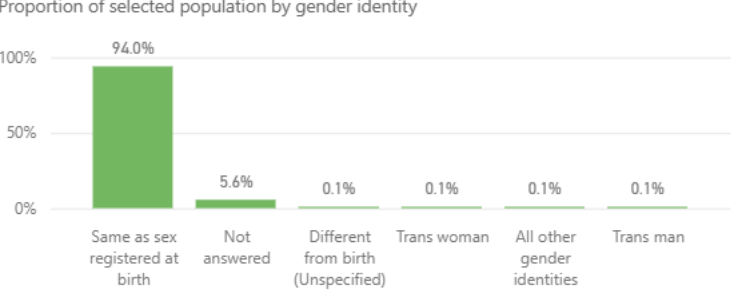
Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of the consultation
Greater London Authority, Transport for London, the Environment Agency, neighbouring boroughs	Part of the full Air Quality Action Plan Consultation	Jan 2025	Adjustments to technical measures (not EIA related)
Residents Groups, including The Mortlake with East Sheen Society, Richmond Cycling	Supportive (70%-80% support on each topic)	Jan 2025	Adjustment to target certain groups

Campaign, Green Party members and councillors, Friends of the Earth and Living Streets			
Disabilities representative from RUILS	Supportive with requests for amendments to transport infrastructure plans	Jan 2025	Feedback to Highways Engineering and Transport Strategy
Primary Schools, through visits and online consultation	Supportive	Nov 2024-Jan 2024	Greater targeting at certain locations

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	<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div>Selected population by Age</div><div>RichmondOuter LondonLondon</div></div><div><table><caption>Estimated data from 'Selected population by Age' chart</caption><tr><th>Age Group</th><th>Richmond (%)</th><th>Outer London (%)</th><th>London (%)</th></tr><tr><td>0 to 4</td><td>6.2</td><td>6.5</td><td>6.0</td></tr><tr><td>5 to 9</td><td>6.5</td><td>6.8</td><td>6.2</td></tr><tr><td>10 to 14</td><td>6.8</td><td>7.0</td><td>6.5</td></tr><tr><td>15 to 19</td><td>5.5</td><td>6.0</td><td>5.8</td></tr><tr><td>20 to 24</td><td>4.5</td><td>5.5</td><td>6.5</td></tr><tr><td>25 to 29</td><td>5.0</td><td>6.5</td><td>8.5</td></tr><tr><td>30 to 34</td><td>6.0</td><td>7.5</td><td>8.8</td></tr><tr><td>35 to 39</td><td>7.0</td><td>8.0</td><td>8.5</td></tr><tr><td>40 to 44</td><td>8.0</td><td>7.5</td><td>7.5</td></tr><tr><td>45 to 49</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>50 to 54</td><td>7.5</td><td>6.5</td><td>6.5</td></tr><tr><td>55 to 59</td><td>7.0</td><td>6.0</td><td>6.0</td></tr><tr><td>60 to 64</td><td>5.5</td><td>5.0</td><td>5.0</td></tr><tr><td>65 to 69</td><td>4.5</td><td>4.0</td><td>4.0</td></tr><tr><td>70 to 74</td><td>4.5</td><td>3.5</td><td>3.5</td></tr><tr><td>75 to 79</td><td>3.5</td><td>2.5</td><td>2.5</td></tr><tr><td>80 to 84</td><td>2.5</td><td>2.0</td><td>2.0</td></tr><tr><td>85+</td><td>2.0</td><td>2.0</td><td>2.0</td></tr></table></div></div><div><p>Richmond's age profile shows distinct vulnerabilities to air pollution impacts as:</p><ul style="list-style-type: none">• 6.2% of residents are under 5 years old• 19% of residents are under 13 years old• 15.8% are aged 65 or over.<p>Children (0-13 years, approximately 37,000 residents) are particularly vulnerable to air pollution because:</p><ul style="list-style-type: none">• Their lungs are still developing• They breathe more rapidly than adults• They often spend more time outdoors• Early-life exposure can lead to reduced lung capacity and increased asthma risk and other lifelong health impacts<p>Older residents (65+ years, approximately 32,000 residents) experience higher impacts because:</p><ul style="list-style-type: none">• Higher prevalence of pre-existing conditions• Greater susceptibility to cardiovascular and respiratory conditions• Increased vulnerability to Type 2 diabetes (40% of cases are in 65-79 age group)• Higher risk of emergency hospital admissions from air pollution triggers• Greater likelihood of multiple health conditions that can be exacerbated• Reduced mobility may lead to longer exposure in polluted areas</div></div></div>	Age Group	Richmond (%)	Outer London (%)	London (%)	0 to 4	6.2	6.5	6.0	5 to 9	6.5	6.8	6.2	10 to 14	6.8	7.0	6.5	15 to 19	5.5	6.0	5.8	20 to 24	4.5	5.5	6.5	25 to 29	5.0	6.5	8.5	30 to 34	6.0	7.5	8.8	35 to 39	7.0	8.0	8.5	40 to 44	8.0	7.5	7.5	45 to 49	8.0	7.0	7.0	50 to 54	7.5	6.5	6.5	55 to 59	7.0	6.0	6.0	60 to 64	5.5	5.0	5.0	65 to 69	4.5	4.0	4.0	70 to 74	4.5	3.5	3.5	75 to 79	3.5	2.5	2.5	80 to 84	2.5	2.0	2.0	85+	2.0	2.0	2.0
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Disability	<p>Proportion of selected population by level of disability</p>  <p>Approximately 12% of Richmond residents report having a disability or long-term health condition that limits their daily activities:</p> <ul style="list-style-type: none"> • 4.5% are limited a lot • 7.6% are limited a little • 6.9% have conditions but are not limited <p>Air pollution disproportionately affects people with disabilities through:</p> <p>Medical Conditions:</p> <ul style="list-style-type: none"> • 4,755 residents have Coronary Heart Disease • 25,000 residents have hypertension • Higher prevalence of respiratory conditions like COPD • Increased risk of complications for those with multiple conditions • Greater vulnerability during high pollution episodes <p>Additional Barriers:</p> <ul style="list-style-type: none"> • May spend more time at home in polluted areas due to mobility restrictions • Often having a reduced ability to relocate away from high pollution areas • Higher likelihood of medical appointments thus travel through polluted areas • Greater reliance on vehicle transport, potentially increasing exposure
Sex	<p>In Richmond, 48.12% of residents are male and 51.88% are female according to ONS 2021 data.</p>
Gender reassignment	<p>Proportion of selected population by gender identity</p>  <ul style="list-style-type: none"> • 610 residents (0.39%) identified with a gender different to their sex registered at birth, of whom 53% were female (highest proportion aged 16-34 years), and 47% male (highest proportion aged 35-54). • There is no evidence that this has a modifying effect on air pollution impacts.
Marriage and civil partnership	<ul style="list-style-type: none"> • 49.5% are either married or in a registered civil partnership • 35.9% have never married or registered for a civil partnership <p>There is no evidence marital status has a modifying effect on air pollution impacts.</p>

Pregnancy and maternity	<p>Richmond typically has around 3,000 live births per year (Joint Strategic Needs Assessment, 2024) according to the latest statistics. Pregnant women and their unborn children are particularly vulnerable to air pollution impacts because of:</p> <p>Health Impacts During Pregnancy:</p> <ul style="list-style-type: none"> • Increased risk of premature birth • Higher likelihood of low birth weight • Greater risk of pregnancy-induced hypertension • Potential for reduced foetal growth • Increased risk of miscarriage during high pollution episodes <p>Long-term Effects on the children:</p> <ul style="list-style-type: none"> • Children born to mothers exposed to high levels of air pollution show increased risk of effects that can persist throughout the child's life, including: <ul style="list-style-type: none"> • Reduced lung function development • Higher rates of asthma and respiratory conditions • Potential cognitive development impacts
Race/ethnicity	<ul style="list-style-type: none"> • In Richmond 19.5% of people identify as an ethnic minority, though 89% have English as their main language. Key ethnic groups are White (80.5%), Asian: 8.9%, Mixed: 5.5%, Other: 3.3%, Black: 1.9% • However, there is no evidence that race has a modifying effect on air pollution impacts.
Religion and belief, including non belief	<ul style="list-style-type: none"> • 54.8% of Richmond's population identified as having a religion (lower than national average of 56.4%), and 38% stated they have no religion (higher than national average of 37.2%). • There is no evidence that religion affects air pollution impacts.
Sexual orientation	<ul style="list-style-type: none"> • 1.9% of resident are recorded as gay or lesbian, compared to 1.5% nationally. • There is no evidence that sexual orientation affects air pollution impacts.
Across groups i.e older LGBT service users or Black, Asian & Minority Ethnic young men.	<ul style="list-style-type: none"> • Older people from black, Asian and minority ethnic populations are more like to be inactive. • The prevalence of overweight and obese children tends to be higher in lower socioeconomic groups. • 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 	<p>Demographics:</p> <ul style="list-style-type: none"> • Richmond ranks among the least deprived boroughs nationally • However, 6.8% of children live in low-income families • 9.3% of older people live in income-deprived households • Specific pockets of deprivation exist in areas like Ham, Mortlake, and parts of Twickenham <p>Air Quality Impact Factors:</p> <ul style="list-style-type: none"> • While many lower-income areas often experience higher pollution levels this is less the case in the borough. There are pockets of greater deprivation in Whitton and East Sheen, and these have been accounted for in the development of the plan. <p>Health Inequalities</p> <p>People in deprived areas face:</p>

<p>the 2019 English Indices of Deprivation)</p> <ul style="list-style-type: none"> • Low-income groups & employment • Carers • Care experienced people • Single parents • Health inequalities • Refugee status 	<ul style="list-style-type: none"> • Higher rates of pre-existing conditions that are worsened by air pollution • Greater exposure to poor air quality • Limited access to private gardens or green spaces • Reduced ability to modify exposure through housing choices • Higher likelihood of outdoor-based or transport-related employment <p>Low Income Groups & Employment:</p> <ul style="list-style-type: none"> • 7.9% of Richmond residents claim Universal Credit, significantly lower than the London average of 16.2% • Only 2.3% claim out-of-work benefits, compared to 5% across London • 3% of Richmond's population are unemployed • 9% of children live in low-income families • There is an employment gap of 9.6% between those with long-term health conditions and the general population (compared to 8.8% in London) <p>Health Inequalities:</p> <ul style="list-style-type: none"> • Life expectancy is 5.3 years lower for men and 1.2 years lower for women in Richmond's most deprived areas compared to least deprived areas • Higher likelihood of outdoor-based or transport-related employment, increasing exposure to air pollution <p>Unpaid carers who giving care for sick, or disabled relatives and friends, are twice as likely to suffer from poor health compared to people without caring responsibilities. In Richmond, 3.7% of the population are providing more than 10 hours of unpaid care per week. Nearly half (46%) of carers are inactive, compared with 33% of adults.</p> <p>At the end of 2023, there were 233 care leavers aged 18-25 years in Richmond.</p> <p>Single-parent households in Richmond:</p> <ul style="list-style-type: none"> • Make up 8.8% of all households (14,041 families), which is notably lower than both the London average (13.3%) and national average (11.1%) • Face higher rates of relative poverty: <ul style="list-style-type: none"> • 49% of children in single-parent families live in relative poverty (defined as household income below 60% of median income, adjusted for household size) • This poverty rate is nearly twice that of children in two-parent families (25%) <p>Life Expectancy and Health Status:</p> <ul style="list-style-type: none"> • Female life expectancy: 85.9 years • Male life expectancy: 82.7 years • Healthy life expectancy: 68.9 years (females) and 70.2 years (males) • 12% of residents have disabilities, with higher concentrations in: <ul style="list-style-type: none"> • Hampton North (15.3%) • Heathfield (15.1%) • Whitton (13.9%) • Ham, Petersham and Richmond Riverside (13.7%) • Hampton (12.1%)
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Health Conditions with known Air Quality Vulnerability:

- Most common conditions are depression and hypertension
- 55.7% of adults are classified as overweight or obese
- 15.1% of adults are physically inactive
- Type 2 diabetes is 60% more common in the most deprived areas
- Employment gap of 9.6% exists between those with long-term health conditions and overall employment

Health Inequalities and Environmental Factors:

- **Life expectancy is lower in more deprived areas due to:**
 - Reduced access to quality healthcare
 - Poor quality housing
 - Limited access to green spaces
 - Greater likelihood of pre-existing conditions
- **These factors create a cycle where:**
 - Poor air quality exacerbates existing health conditions
 - Limited mobility options increase exposure to pollution
 - Higher rates of obesity and diabetes increase vulnerability to air pollution effects
 - Respiratory and cardiovascular conditions are worsened by poor air quality

Richmond's refugee population (excluding Hong Kong BNO holders) currently stands at 842 people, including:

- Six Syrian families (32 people) under the Syrian Resettlement scheme
- Four Afghan families (19 people) through the Afghan Resettlement scheme
- 765 individuals via the Homes for Ukraine scheme
- 26 Unaccompanied Asylum-Seeking Children

This group faces multiple health vulnerabilities:

- Greater exposure to health inequalities
- Lower uptake of available health services compared to the general population
- Increased susceptibility to air pollution impacts due to:
 - Reduced access to healthcare for managing conditions exacerbated by air pollution
 - Potential language and cultural barriers to accessing health information and services

These combined factors make refugees and migrants particularly vulnerable to the health impacts of poor air quality.

4. Impact

Protected group	Positive	Negative
Age	This PSPO will improve air quality around schools. Children and older people are some of those most disproportionately harmed by air pollution, they are prioritised for action.	None anticipated but we will continually monitor throughout the pilot
Disability	Improved health outcomes as these groups are disproportionately harmed by air pollution and will benefit from this policy.	None anticipated but we will continually monitor throughout the pilot
Deprivation (measured by the 2019 English Indices of Deprivation)	Due to their greater vulnerability to air pollution arising from indirect effects.	None anticipated but we will continually monitor throughout the pilot
Health inequalities	People suffering health inequalities will benefit from the scheme due to their greater vulnerability to air pollution arising from indirect effects.	None anticipated but we will continually monitor throughout the pilot
Pregnancy and maternity	As these groups are disproportionately harmed by air pollution, they will benefit from the implementation of the PSPO	None anticipated but we will continually monitor throughout the pilot
Sex, Gender reassignment, Marriage and civil partnership, Race/ethnicity, Religion and belief including non-belief, sexual orientation, carers, care experience people, single parents, refugee status	Improved general air quality will improve health outcomes for everyone.	None anticipated but we will continually monitor throughout the pilot

5. Actions to advance equality, diversity and inclusion

Action	Lead Officer	Deadline
Further targeting of interventions with specific groups, as described in the overall Air Quality Action Plan 2025 -30	Jason Andrews	Implemented

6. Further Consultation (optional section – complete as appropriate)

Consultation planned	Date of consultation
Full public Consultation on the introduction of the Public Spaces Protection Order Targeted consultation with relevant statutory bodies including motoring groups	18 th of August 2025 for 10 Weeks