

Cheltenham – Draft needs analysis

September 2009

Summary

With a tighter financial climate for public services in the foreseeable future, and given the impact of the economic downturn, the effectiveness of our collective service delivery becomes more critical. We need to be assured that resources are targeted towards needs and priorities, and that the services we deliver are based on good evidence of what works, and give the best possible value for money, irrespective of provider.

This needs analysis is a way of estimating the nature and extent of the needs of our community so that services can be planned accordingly. This may help focus effort and resources where they are needed most.

Pages 1 and 2 of this report summarises the needs which are then discussed in more detail in the following pages.

This report takes data from the following sources:

- Gloucestershire Labour Market Information Unit
- Gloucestershire County Council Research Team
- Director of Public Health annual report 2009
- Children and Young People's Needs Analysis 2009 - Gloucestershire County Council
- Joint Strategic Needs Assessment (version 2)

What's missing

Gloucestershire First are in the process of carrying out an economic needs analysis of the county; Cheltenham data will be included once complete.

The county-wide housing needs assessment is nearing completion; again Cheltenham data will be included once complete.

Summary of needs:

Needs relating to the recession

In areas where there has been a large rise in unemployment, there are likely to be longer-term rises in health inequalities, crime and disorder and family breakdown and that there will be increased demand for services such as free-school meals, benefits take-up, information and advice, access to skills and learning. There will also be a continuing need to support businesses and to work collectively to improve the marketing and promotion of Cheltenham as a place to invest and do business.

Needs relating to deprivation

In terms of needs the data suggests that there are significant needs in our most deprived communities:

- Building stronger communities to improve perceptions of people getting on well together
- Improving community safety in response to higher levels of acquisitive crime
- Improving educational attainment
- Improving access to further education and training
- Reducing levels of child poverty
- Helping people into employment to reduce rates of benefit claims and increase household income.

In addition there are significant health needs in our most deprived communities.

Needs relating to health and social care

In terms of needs, the data suggests that key targeted preventative interventions that are likely to impact on the gap in life expectancy in Cheltenham include those aimed at:

- smoking cessation
- increasing physical activity levels
- raising cancer awareness
- encouraging healthy eating
- suicide prevention
- improving mental health

Needs relating to children and young people

The data suggests that there continues to be universal needs for children and young people in Cheltenham:

- To promote better healthy lifestyles
- To enable more children and young people feel safer at school and in their community.
- To help more young people get ready for employment and adult life
- To improve the safeguarding of children and young people

But the data also suggest that there are more targeted needs for specific groups of children and young people.

- To reduce the impact of poverty on children living in areas of multiple deprivation
- To help reduce the education gap for pupils living in the Cheltenham North locality hub area
- To secure positive outcomes for children and young people with learning difficulties and/or disabilities

Community needs coming from the place survey

In terms of needs the overall top priorities for improvement identified by local people include the following:

- Better road and pavement repairs;
- Reducing levels of crime;
- Cleaner streets;
- Reducing the level of traffic congestion;
- Better health services;
- Better public transport;
- More affordable decent housing;
- More activities for teenagers;
- Better parks and open spaces; and
- Better shopping facilities.

Demographic needs

BME needs – The council's BME capacity worker has identified a number of priority groups that form the basis of her work:

- Muslim community
- Bangladeshi women
- Economic migrants
- Chinese community
- BME young people

Disability needs – The data from the JSNA points to raised levels of mental health in Cheltenham. There is a continuing need to support out-of-work disabled people (both with physical disabilities and mental ill-health) access training and employment. There are also significant access issues for people with all forms of disability.

Gender needs – The data suggests that there needs to be continuing support to help women access employment and training. This will include access to affordable childcare.

Age needs – The data from the JSNA suggests that there is a higher rate of lone-pensioner households in Cheltenham giving rise to particular support needs. The information from the children and young people's needs analysis suggests that supporting vulnerable younger people, particularly those living in areas of multiple deprivation and for children and young people with learning difficulties and/or disabilities

Sexual Orientation needs – Gaining better data on numbers of lesbian, gay, bisexual and transgender residents and may particular needs that they may have.

Faith needs – Promoting more inter-faith activities

The economic recession

In December 2008, the Local Government Association produced a report forecasting that the Cheltenham and Gloucester area was likely to be one of the five most vulnerable areas in the country at risk from job losses over the period 2010-12, with a projected job loss of 18,000. This was based on an assumption that the economy will enter a recession that reduces GDP by 2.0% in 2009 and recovers by 0.75% in 2010. Sectors hit hardest were predicted to include construction (down 20%) and manufacturing (down 18%).

At August 2009, the claimant count stood at 2,975 (a rate of 4.2%) which is a 90% increase since Aug 08 when the claimant count was 1,558. This compares with a current county rate of 3.6% which is the highest it has been since February 1998. (source GLMIU)

There are significant differences in where this rise in unemployment is concentrated. There are five wards where unemployment rates are in the highest 10% in the county with Hesters Way having the highest rate (at 9.6%) in the county. This suggests that people in these communities are more likely to have less secure (and probably lower paid) jobs.

Table 5: Analysis of Claimant Count at Cheltenham Borough ward level - August 2009

District	Ward	Rate	Rank*
Cheltenham	Prestbury	1.9	24
Cheltenham	Charlton Kings	2.1	38
Cheltenham	Leckhampton	2.3	45
Cheltenham	Park	2.3	45
Cheltenham	Charlton Park	2.5	55
Cheltenham	Benhall and The Reddings	2.6	64
Cheltenham	Up Hatherley	2.7	68
Cheltenham	Battledown	2.9	77
Cheltenham	Warden Hill	3.0	82
Cheltenham	Pittville	3.1	86
Cheltenham	College	3.3	91
Cheltenham	Lansdown	4.0	107
Cheltenham	Swindon Village	4.3	113
Cheltenham	All Saints	5.0	121
Cheltenham	St Paul's	5.4	125
Cheltenham	Springbank	5.6	129
Cheltenham	St Peter's	5.9	133
Cheltenham	St Mark's	6.1	134
Cheltenham	Oakley	7.6	139
Cheltenham	Hesters Way	9.6	142

	bottom 10% of county
	first quartile of county
	second quartile of county
	third quartile of county
	fourth quartile of county
	highest 10% of county

* 1 = "best" and 142 = "worst"

Table 5 shows overall claimant rates for Cheltenham Borough wards and their position relative to all wards in Gloucestershire.

In terms of businesses, an e-mail based survey to Cheltenham Business Pride members in August 2009 identified a number of suggestions for helping businesses recover from the recession. These included:

- Improved marketing of Cheltenham;
- Additional support to improve tourism and international trade;
- Additional support for local businesses;
- Lobbying the government to reduce rates.

In terms of future needs, in areas where there has been a large rise in unemployment, there are likely to be longer-term rises in health inequalities, crime and disorder and family breakdown and that there will be increased demand for services such as free-school meals, benefits take-up, information and advice, access to skills and learning.

There will also be a continuing need to support businesses and to work collectively to improve the marketing and promotion of Cheltenham as a place to invest and do business.

Indices of Deprivation 2007

The Indices of Deprivation 2007 (ID2007) have been published by the Department for Communities and Local Government. These replace the Indices of Deprivation 2004. The indices are able to offer great detail by pinpointing small pockets of deprivation using Super Output Areas (SOAs) rather than wards.

Whereas in 2004 only one Cheltenham SOA appeared in the top 10% of most deprived areas, there are now two which are the regeneration area in St. Pauls and part of St. Marks. Looking at the map of the ID results, there is a band of deprivation that runs east west from Springbank, Hesters Way, St. Peters, St. Pauls and Oakley with the two deprivation hotspots of St. Marks and St. Pauls. The most alarming statistic from the ID 2007 was that the regeneration area in St. Pauls had a significant child poverty score and was ranked 176 nationally, which put it alongside areas in Salford, St. Helens and Bradford.

Ward Name Indicator	LA NAME	IMD National	IMD County
St PAUL'S 2	Cheltenham	1575	3
St MARK'S 1	Cheltenham	3136	7
HESTERS WAY 3	Cheltenham	3725	8
OAKLEY 3	Cheltenham	3812	9
SPRINGBANK 2	Cheltenham	4191	12
HESTERS WAY 1	Cheltenham	4216	14
SWINDON VILLAGE 2	Cheltenham	4608	16
HESTERS WAY 2	Cheltenham	6105	25
OAKLEY 1	Cheltenham	6414	28
St PETER'S 3	Cheltenham	6831	31
SPRINGBANK 1	Cheltenham	7630	34
St PAUL'S 3	Cheltenham	7675	35

Cheltenham SOAs in the top 10% most deprived in the county.

The GCC research team have identified a number of issues that are a feature of our most deprived areas:

- More low birth-weight babies
- Significantly more looked after children
- Significantly more young people not in education, employment or training
- More victims of crime
- More people having coronary heart disease
- More mental health cases
- Significantly more people on out of work benefits
- More people claiming health related benefits

The Director Public Health's Annual Report states that there is a strong association between deprivation and ill health. Levels of smoking, obesity, alcohol-related hospital admissions and mental health problems, resulting in poorer health outcomes, are all higher in poorer neighbourhoods.

As part of the LAA Outcome 15 work, the GCC Research Team have also identified a series of indicators that can be used to measure this gap. The table below shows combined data for our 2 SOAs in the top 10% most deprived in the country (St. Pauls 2 and St. Marks 1).

	Cheltenham SOAs	Gloucestershire neighbourhoods in most deprived (national) quintile	County
NI1: % of people who believe people from different backgrounds get on well together	59.2	79.1	82.9
NI4: % of people who feel they can influence decisions in their locality	32.9	37	28.4
NI15: Serious Violent Crime	0.7	1.3	0.4
NI16: Serious Acquisitive Crime	22.6	26.8	12.1
NI21: Dealing with local concerns about anti-social behaviour and crime by the council & police	28.7	29.0	26.0
NI75: School Students achieving 5 or more good GCSEs	214.3	292.5	541.5
NI116: Proportion of children living in Poverty (Free School Meals)	256.5	258.9	78.6
NI117: NEET	113.8	92.3	33.8
NI120: all age, all cause mortality			
NI123: smoking cessation			
NI152: Working age benefit claims	253.9	237.5	97.5
NI163: Working age people with qualifications at Level 2 or above	376.4	355.3	508.3
NI166: mean household income	25693	25506	32485

Data is not yet available for the health indicators.

In terms of needs the data suggests that there are significant needs in our most deprived communities:

- Building stronger communities to improve perceptions of people getting on well together
- Improving community safety in response to higher levels of acquisitive crime
- Improving educational attainment
- Improving access to further education and training
- Reducing levels of child poverty
- Helping people into employment to reduce rates of benefit claims and increase household income.

In addition there are significant health needs in our most deprived communities.

Health and social care data

The Cheltenham area health profile 2009 published as part of the Director of Public Health's annual report identifies some priority issues for the borough. The health of people in Cheltenham is generally better than that of England. Cheltenham appears to have better than average rates of physical activity and healthy eating, and lower than average obesity rates for both children and adults, as compared with Gloucestershire as a whole. However, as highlighted above, Cheltenham has inequalities in terms of income, location and health.

- Levels of deprivation and area-based inequality
- The number of lone-pensioner households
- The number of overcrowded households
- The number of adults that binge drink
- The rate of premature deaths from cancer
- Levels of mental health

Population profile	District number	District rate	County rate
School pupils with first language other than English (January 2008) %	582	4.3	3.3
Ethnic minority population (2006) %	6,300	5.7	4.5
Residents in most deprived quintile of English neighbourhoods (2007) % of residents	13,764	12.2	7.5
Residents in least deprived quintile of English neighbourhoods (2007) % of residents	42,405	37.5	29.7
Social and environmental context			
Overcrowded households (2001) % of households	3,223	6.7	4.5
One person pensioner households (2001) % of households	7,434	15.4	14.9
Households without car/van (2001) % households	11,198	23.2	18.7
Risks to health			
Adults who binge drink (2003-2005) %	see note	16.8	12.7
Hospital stays related to alcohol (2006-2007) per 100,000 population	277	240.5	200.8
People in receipt of incapacity benefits as a result of mental illness (2006) per 1,000 working age population	1,720	24.7	21.8
CACD intermediate care (2007/08) per 1,000 residents aged 18+	732	8.2	5.9
Early deaths: cancer (2004-2006) per 100,000 pop aged under 75	n/app	107.7	105.5

(Source eJSNA version 2)

The absolute gap shows that a baby boy born in the most deprived fifth of areas in Cheltenham can expect to live 4.4 years less compared to the average expected life span of baby boys born in Cheltenham as a whole.

Analysing the gap in life expectancy by cause of death is useful because if we can identify the key diseases that make up the gap in life expectancy within Cheltenham we can plan interventions that will have the greatest impact on reducing this gap and help to save lives. Figure 9 suggests that key diseases making up the life expectancy gap in Cheltenham vary for males and females.

Top 5 key diseases making up the gap in life expectancy within Cheltenham

Males	Females
Coronary heart disease	Chronic obstructive airways disease
Chronic obstructive airways disease	Other cancers
Suicide & undetermined Injury	Coronary heart disease
Lung Cancer	Pneumonia
Pneumonia	Lung cancer

In terms of needs, the data suggests that key targeted preventative interventions that are likely to impact on the gap in life expectancy in Cheltenham include those aimed at:

- smoking cessation
- increasing physical activity levels
- raising cancer awareness
- encouraging healthy eating
- suicide prevention
- improving mental health

Children and Young people needs analysis

Gloucestershire County Council produced a comprehensive needs analysis for children and young people in the county in 2008 and 2009, including data taken from an Online Pupil Survey in 2008 with 17,800 pupils taking part across the county. The reports are structured under the five 'every child matters' outcome headings:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic wellbeing.

The analysis throws up a number of challenges for partners engaged with children and young people's issues in Cheltenham.

Be healthy

- Compared to the rest of the county, hospital admissions for under 18s due to alcohol specific conditions is highest in Cheltenham at 56% per 100,000 under 18 population. 2006-07
- Whilst the number of teenage pregnancies has fallen significantly to 24.1, Cheltenham still has two hot-spots; St. Marks (85) and Hesters Way (61) (Under 18 conception rate per 1,000 female population aged 15-17).
- The online pupil survey told us that 1 in 10 pupils felt unhappy in the past week which if continues over the longer-term might affect their emotional health and wellbeing.
- From the online pupil survey, in terms of substance misuse:
 - Approximately 17% of pupils smoke 20 or more per week and 43% of smokers want to stop;
 - 35% of Y10 girls and 30% of Y10 boys are drunk quite often;
 - 19% of secondary pupils have been offered drugs (which is the lowest in the county).
- Only 29.6% of 16-19s take regular physical activity defined as at least 30 minutes of activity 3 or more days). However, 93.9% are physically active.
- In 2007-08, 29.8% of year 6 pupils were overweight or obese.

Stay safe

- From the online pupil survey 12.7% of Cheltenham pupils had been seriously bullied which was the second lowest compared to the other districts. However 9% of Cheltenham pupils did not answer this question and looking at those who answered 'no', the lowest rate was in Cheltenham suggesting that it had the highest rate of those experiencing some level of bullying.
- There were 716 crime victims who were aged under 19 in 2007-08 (19% of the county's total).
- Between 2003 and 2009 only 12% of the county's Common Assessment Framework assessments (the standardised approach to conducting assessments of children and young people with additional needs) were carried out in Cheltenham (compared to 35% in Gloucester and 20% in Stroud) when Cheltenham has the largest proportion of children and young people (20% of the county's under 18 population).
- From the online pupil survey only 66% of pupils felt safe when playing outside compared to 68% county-wide.
- There continues to be small numbers of pupils who witness or who are victims of domestic abuse.
- The numbers of emergency hospital admission for self-harm was 35.7 per 10,000 in 2005-07 compared to an average county rate of 20 per 10,000. Analysis across the county shows that there is a fairly strong association between deprivation and increased tendency to be admitted as an emergency for self-harm with the rates for the most deprived quintile being approximately four times higher than those for the least deprived quintile. (Glos NHS)

Enjoy and achieve

- Across the county, we are seeing the highest rates of permanent exclusions since 1998/99.
- In terms of education outcomes, the Cheltenham North locality hub area has the lowest education outcomes in the county at the end of the Key Stage 1 (6-7 years old) in 2008, the second lowest at Key Stage 2 (10-11 years old) and the second lowest at Key Stage 4 (15-16 years old).

Make a positive contribution

- In the sustainable community strategy, the CSP asked each of the main public sector agencies in Cheltenham to sign up to the principles of Hear by Right as a means of improving engagement with children and young people. None of the CSP agencies has fully implemented hear by right yet though a number use it as a tool to embed the active participation of children and young people.
- The number of children and young people engaged with the Making a Difference young people's council is 10.
- From the online pupil survey 6.7% of year 6 girls in Cheltenham said that they were not at all confident about their future.

Economic wellbeing

- The number of 16-18 year olds who are classed as being not in education, employment or training (NEET) in Cheltenham is 132 (July 2009).
- Cheltenham has a high housing need with 170 applicants accepted as eligible for assistance, with 107 of them having dependent children.

The data suggests that there continues to be universal needs for children and young people in Cheltenham:

- To promote better healthy lifestyles
- To enable more children and young people feel safer at school and in their community.
- To help more young people get ready for employment and adult life
- To improve the safeguarding of children and young people

But the data also suggest that there are more targeted needs for specific groups of children and young people.

- To reduce the impact of poverty on children living in areas of multiple deprivation
- To help reduce the education gap for pupils living in the Cheltenham North locality hub area
- To secure positive outcomes for children and young people with learning difficulties and/or disabilities

Place survey 2008-09

The Place Survey is a biennial statutory survey that asks citizens about their perspective and satisfaction with the local area and services provided by their local authority.

The full results of the 2008 survey were published in September 2009 and we can use the results to get a feel for what local residents consider to be the priorities for making their local area a better place to live.

Although general satisfaction with the local area is fourth lowest in the county at 84.5% it exceeded our business plan target of 81% and is equal to the county average of 84.5%.

Satisfaction with the way the council runs things was only 48% and although this was higher than for the county or average for England this still represents a 10% fall from the 2006-07 survey. In addition only a third of respondents feel that the council provides value for money which is slightly better than the average for Gloucestershire.

Satisfaction with individual council services remains higher than for the council as a whole: Satisfaction with museums (62%), theatres (76%), parks & open spaces (86%) is higher in Cheltenham than anywhere else in the county. However satisfaction with cleanliness is 3rd lowest in the county at just 57% and recycling is currently lowest in the county at 60%, perhaps indicating a demand for increased recycling services.

Only 58% of respondents felt that they belonged to their immediate neighbourhood and 25% feel that there is a problem with people not treating each other with respect and consideration. However, 82% felt that people from different backgrounds get on well together.

40% of respondents feel informed about local public services, though only 30% feel that they can influence decisions in their local area.

Although 16% feel that anti-social behaviour is a problem in their local area and 27% feel that drunk and rowdy behaviour is a problem (which are both higher than county and district averages), 27% of people felt that the police and other local public services are successfully dealing with community safety issues which is better than elsewhere in the county apart from Cotswold district and compares to a county average of 25%.

Although 83% of people assessed their own health and wellbeing as being good which was higher in Cheltenham than elsewhere in the county, only 28% believe that older people receive the support they need to live independently

In terms of needs the overall top priorities for improvement identified by local people include the following:

- Better road and pavement repairs;
- Reducing levels of crime;
- Cleaner streets;
- Reducing the level of traffic congestion;
- Better health services;
- Better public transport;
- More affordable decent housing;
- More activities for teenagers;
- Better parks and open spaces; and
- Better shopping facilities.

The key drivers to improve satisfaction with the area include:

- Improving community safety
- Making sure residents are well-informed

- Improving the sense of belonging
- Improving parks and gardens

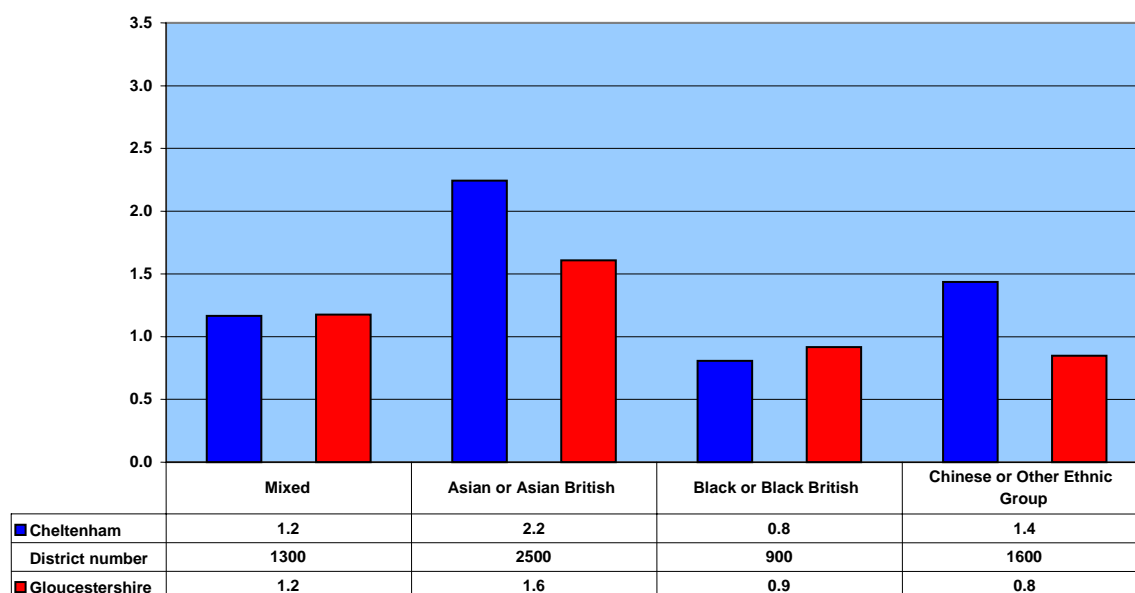
The key drivers to improve satisfaction with the council include:

- Treating people fairly
- Improving cleanliness
- Improving community safety and tackling anti-social behaviour
- Better local transport information
- Ensuring residents are well-informed about how council tax is spent

Demographic Profile

Cheltenham's Ethnic Profile:

Cheltenham's ethnic profile from the 2001 census showed that 96.7% of our population was of white origin and that 3.3% were from black and other minority ethnic groups. Our largest ethnic minority group at the time was of Indian origin and numbered 1,100 and this group had been successfully present in Cheltenham for 50 years. However, more recent experimental data from the ONS shows the proportion of our population from black and other minority ethnic groups has increased to 5.6%



BME Needs – The council's BME capacity worker has identified a number of priority groups that form the basis of her work:

- Muslim community
- Bangladeshi women
- Economic migrants
- Chinese community
- BME young people

Disability in Cheltenham

An assessment of the prevalence of disability in Cheltenham in 2004 showed that around 17,000 (15.6%) people in Cheltenham had mild, significant or severe disability need. Mental illness accounted for the highest proportion of disabilities with 12.15% (13,339) people affected. In terms of people of working age (16 to 64 years), there were 6,518 (9.1%) people with a disability.

In terms of benefit claimants, in Feb 2009, 2.7% of the population (2,940 claimed Incapacity Benefit. These figures are more pronounced in the regeneration areas with 5.6% in Hesters Way, 5.5% in both St. Marks and St. Pauls claiming IB

The indicators on mental health, health status and limiting long term illness, which are based on the 2001 census, all point to a greater prevalence of disability in our regeneration areas, with Oakley and Hesters Way areas in particular having pronounced numbers of people with poor health and numbers claiming disability benefits.

Census results showed that in 2001 approximately only 40% of disabled people in Gloucestershire that are of working age were economically active. With 60% of disabled people of working age being economically inactive, there is a real link between disability and

low incomes which needs to be broken by a concerted effort by all employers to improve recruitment processes and make changes to employment conditions to encourage more disabled employees.

Disability Needs – The data from the JSNA points to raised levels of mental health in Cheltenham. There is a continuing need to support out-of-work disabled people (both with physical disabilities and mental ill-health) access training and employment. There are also significant access issues for people with all forms of disability.

Gender profile of Cheltenham

Cheltenham has a population of 111,656, with 57,035 (51.1%) females and 54,621 (48.9%) males. (Office of National Statistics mid-2005 population estimates. Approximately 69,700 residents are of working age. (16 to 64 for males and 16 to 59 for females) and of these people 33,200 (47.6%) are female and 36,600 (52.4%) are male.

Approximately 20% of the working age population are economically inactive (which means people who are neither in employment nor unemployed including those who are looking after homes or are retired) and of these 70% are female 30% are male.

Full time workers in Cheltenham earn an average gross weekly earning of £470.70 a week. The average figure for full time female workers is £ 404.80 and for male workers this figure is 27% higher at £514.30 per week.

Gender needs – The data suggests that there needs to be continuing support to help women access employment and training. This will include access to affordable childcare.

Age profile of Cheltenham

As noted above, Cheltenham has an ageing population with 17.1% of people are aged 65 or over compared to just 16.2% nationally and this figure is likely to increase as more older people live longer and as young people continue to move out of Cheltenham. On current trends the population aged 65 and over will increase by 2,600 people between 2001 and 2026 to 21,700 which is 21% of the population compared to 17.4% in 2001. The overall effect of these changes (in conjunction with a decline in the under 65 age group) is to age the population of the Cheltenham Borough over the next 20 years. By 2026, just over a fifth of the population in Cheltenham will be aged 65 or above, compared to 17% in 2001. This mirrors the national figure but is less than the county figure of nearly 24%.

Whilst some of the impact of this change in population structure will be mitigated by rising incomes and advances in medicine so that older people remain active for longer, there is still likely to be significant demands placed on health, social care and housing services with a corresponding demand placed on the public purse to service this demand. Falling birth rates when coupled with high house prices in Cheltenham could also lead to a reduction in the numbers of young people living and working in Cheltenham.

Age needs – The data from the JSNA suggests that there is a higher rate of lone-pensioner households in Cheltenham giving rise to particular support needs. The information from the children and young people's needs analysis suggests that supporting vulnerable younger people, particularly those living in areas of multiple deprivation and for children and young people with learning difficulties and/or disabilities

Sexual Orientation profile of Cheltenham

Although there are no accurate statistics for the numbers of lesbian, gay, bisexual and transgender residents, national estimates suggest that 5-7% of the population are gay, lesbian or bi-sexual. The 2001 census recorded 182 people living in same sex couples in

Cheltenham. Cheltenham has a successful gay nightclub that attracts visitors from outlying rural areas.

It is worthwhile noting that while discrimination on the grounds of trans-genderism and trans-sexualism is dealt with under the provisions of gender equality many trans-people and issues have been dealt with by LGBT organisations where they have traditionally found a safe home.

Sexual Orientation needs – Gaining better data on numbers of lesbian, gay, bisexual and transgender residents and any particular needs that they may have.

Faith profile of Cheltenham

Cheltenham has a vibrant range of faith communities which play a critical role in the social and spiritual life of the borough. These communities also maintain a wide range of places of worship including St. Marys, which is the Anglican parish church of Cheltenham and dates mainly from the 13th and 14th centuries, three Catholic churches, a Synagogue, two Mosques, a Hindu temple and countless other places of worship that are an intrinsic part of Cheltenham's physical fabric.

In terms of demographics the largest faith group at the 2001 census was Christian at 72.3%. This is slightly higher than the national figure of 71.7%, but lower than the county figure of 75.9%. 72.3% equates to 79,581 people.

The Hindu, Muslim and Buddhist communities account for 0.7% (775), 0.5% (536) and 0.3% (296), of the working age population, respectively. Sikh and Jewish communities account for 0.1% (116) and 0.1% (133), respectively. All other religions account for 0.3% (371), there are 20,051 (18.2%) of people with no religion.

Faith needs – Promoting more inter-faith activities

For further information, please contact

Richard Gibson
Policy and Partnerships Manager
Cheltenham Borough Council
Tel: 01242 235 354
Email: richard.gibson@cheltenham.gov.uk