

# EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

## PHYSICAL ACTIVITY STRATEGY

### SECTION 1 – INTRODUCTION

The Physical Activity Strategy sets out a framework for promoting physical activity in South Gloucestershire and the commitment to the long term approach of increasing the uptake of physical activity everyday within South Gloucestershire.

At the heart of this plan is making activity a natural part of people's lives, encouraging everyone in South Gloucestershire to be more active every day, therefore, gaining many of the benefits that being active can bring, whatever their age or ability.

However, there is a direct link between inactivity levels, excess weight, areas of deprivation and health inequalities. Being inactive has implications at every stage of life and the Strategy sets out ambitions required to encourage more people in South Gloucestershire to be more active as a normal part of life, across their life span regardless of where they live.

The Strategy intends to focus on services being planned and delivered in the context of the broader environmental, social and individual determinants of health. We specifically aim to decrease health inequalities across South Gloucestershire, taking full account of both national and local information and data, ensuring approaches are tailored to the requirements of South Gloucestershire's diverse communities.

### SECTION 2 –RESEARCH AND CONSULTATION

The Council issued a public consultation with regard to the Draft Physical Activity Strategy which ran from 22nd June 2015 to 23rd September 2015.

The consultation information and questionnaire was made available online via the council's consultation website.

Consultation methods also included:-

- Paper based consultation via Libraries and One-Stop Shops
- Online questionnaire
- Written responses via Freepost address
- Via e-mail: [consultation@southglos.gov.uk](mailto:consultation@southglos.gov.uk)

The full consultation results are shown in the Consultation Report of October 2015 and the key issues relating to equalities which were raised are shown below.

#### Overview of Key Findings

- 94% of respondents agreed that the draft Physical Activity Strategy sets out the most significant activity issues for South Gloucestershire.
- The Active People priority *Working Towards active living being the easy and enjoyable choice for all* received the highest level of positive support with 100%.
- The priority from the Active Places section, *Provide the public realm with open spaces for all to use*, received the highest support with 100% positive scores.
- The priority *Promote partnership working on programmes (Walking for Health, local park-runs, running groups etc.)* within the Active Programmes section received 100% support.

**Consultation Question - How strongly do you agree with the Active People – key priorities for action?**

	Total	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree
Base	168	73%	19%	5%	1%	2%
Working towards active living being the easy and enjoyable choice for all	17	94%	6%	-	-	-
Encouraging doctors and clinical professionals to use every contact opportunity to maintain/improve the patient's physical/mental health	17	59%	29%	6%	-	6%
Working with CCGs to ensure physical activity risk assessment leads to appropriate interventions	16	56%	25%	13%	-	6%
Working towards prevention and early intervention for people at risk of health inequalities	17	65%	24%	6%	-	6%
Involving communities in developing local solutions to meet their needs	17	77%	18%	6%	-	-
Working together to connect people with high quality, fun activity opportunities across the life span.	17	77%	18%	6%	-	-
Having a positive impact on the least active	17	65%	24%	6%	-	6%
Advocating the provision of physical activity experiences for all children through schools	16	88%	6%	6%	-	-
Connecting with programmes and groups who work with specific communities	17	71%	24%	6%	-	-
Encouraging people to change to active travel choices	17	77%	18%	-	6%	-

**Consultation Question - How strongly do you agree with the Active Programmes Key Priorities for Action?**

	Total	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree
Base	168	64%	26%	4%	1%	5%
Make physical activity visible through promoting consistent messages to connect people to activity opportunities	17	47%	35%	12%	-	6%
Supporting community participation amongst those with the lowest levels of activity	17	71%	18%	-	6%	6%
Integrating prevention messages into volunteer training	17	47%	29%	18%	-	6%
Focus on upscaling initiatives that support/increase daily activity in the community	16	56%	31%	6%	-	6%
Advocating that physical activity providers promote fun, enjoyment and everyday activity	17	77%	24%	-	-	-
Working with CCGs on development of effective pathways to tackle long-term conditions	16	63%	25%	6%	-	6%
Working with Primary Care to ensure physical activity is core to health screening	17	65%	24%	-	-	12%
Ensuring sports and leisure opportunities are visible and accessible among populations with highest inactivity	17	77%	24%	-	-	-
Aligning and linking with national campaigns	17	59%	35%	-	-	6%
Promote partnership working on programmes (Walking for Health, local park-runs, running groups etc)	17	82%	18%	-	-	-

**Consultation Question - Is there any additional information or guidance that you are aware of to support on-going work to embed sustained action to address physical activity?**

- *At the end of the day cost is important stress that disability is subsidised and worth the effort*

**Consultation Question - It is also recognised that some population groups face different barriers to accessing opportunities to be physically active. As a result these populations are often the most sedentary. How can we be more effective in supporting those at risk?**

- *Seek to improve methods of contacting hard-to-reach groups*
- *Those at risk should be identified by Social Services with a support plan.*

## **Consultation - Respondent Analysis**

The consultation asked respondents to state whether they were responding to the questionnaire as an individual or on behalf of an organisation. Residents of South Gloucestershire made up 56% of respondents with representatives from the local community accounting for 25%. The remainder of 19% were people who work in the area of South Gloucestershire.

### **Gender**

Female respondents made up 63% of respondents with males at 37%

### **Age**

The 56-65 age bracket had the most respondents with 38%.

Three other age brackets: 36-45, 46-55 and 66-75, all had 19% of respondents.

One respondent preferred not to supply their age.

There were no respondents from any groupings under age 36.

### **Disability**

13% of respondents said they had a disability with 81% saying that they did not and 6% preferring not to answer this question.

When asked how their disability would impact on them in relation to the draft strategy the following comments were left:

- *Left ankle is rebuilt using metal so running is not possible but the walking horse for 30 mins is great*
- *My disability does not allow me to cycle now. My locality has no protected foot ways or cycle lanes; providing these would encourage more walking and cycling on rural roads than is safely possible at present. People living in rural locations are forced into more car use by this lack of facility at present and for anyone with a mild disability that restricts walking; the lack of safe walking routes is a disincentive to do anything other than use a car.*

### **Ethnicity**

The largest ethnic group of respondents (94%) were from the "White - English/Welsh/Scottish/Northern Irish/British" category.

The other category represented was from "Any Other White Background" with 6%.

### **Sexual Orientation**

63% of respondents described themselves as being straight/heterosexual with the remainder of 37% preferring not to say.

## **Gender Reassignment**

73% of respondents stated that they did not identify themselves as a transgender person with the remainder of 37% preferring not to say.

## **Religion**

The largest group of respondents (50%) to the question 'please tell us if you practice a religion' chose the 'No religion' category. The next highest grouping was the 25% of respondents that preferred not to say. 19% of those who answered this question were Christians and 6% Jewish.

## **Equalities and Survey Results**

### **Question 1 - Do you agree that the draft Physical Activity Strategy sets out the most significant activity issues for South Gloucestershire?**

#### **Gender**

All female respondents (63% of total respondents to this question), agreed that the draft Physical Activity Strategy sets out the most significant activity issues for South Gloucestershire. 83% of male respondents were also in agreement with 17% of male respondents, or 6% of the total, disagreed

#### **Age**

One person from the age category 36-45 disagreed with the statement whilst all other categories and the 'prefer not say' group were in agreement.

#### **Disability**

The 13% of total respondents who said they had a disability were also in agreement with the statement in question 1. Of those who stated that they do not have disability, 92% agreed.

#### **Ethnicity**

Of all positive responses to this question 93% were from the "White - English/Welsh/Scottish/Northern Irish/British" category with 7% from the "Any other white background".

The one negative response was also from the "White - English/Welsh/Scottish/Northern Irish/British" category.

#### **Sexual Orientation**

90% of those respondents who identified as "Heterosexual/Straight" agreed with the statement that the draft Physical Activity Strategy sets out the most significant activity issues for South Gloucestershire.

All of those who preferred not to say their sexual orientation also agreed.

Just one respondent who identified as "Heterosexual/Straight" disagreed with the statement.

#### **Gender Reassignment**

Of those who did not identify as transgender, 90% agreed and 10% disagreed with the statement. All of those who preferred not say also agreed with the statement.

#### **Religion**

Christian, Jewish and those who preferring not to say all supported the statement along with 88% of those who said they had no religion.

12% or one of those with no religion disagreed with the statement.

It is noted that national research (see Section 6 for full details) identifies a series of 'common Inequalities' in relation to the implementation of this Strategy. These 'common inequalities' are shown below.

### **Common Inequalities noted as a result of national research (see section 6 for references)**

#### **Socio-Economic**

People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.

#### **Age**

Physical activity declines with age to the extent that by the age of 75 years only one in ten men and one in 20 women are active enough for good health.

Between 2008 and 2012, the proportion of children aged 2 to 15 years meeting recommended physical activity levels fell from 28% to 21% for boys and 19% to 16% for girls.

Although many of us become more sedentary as we get older, this is not inevitable. There is a three-year difference in life expectancy between minimally active and inactive people.

#### **Disability**

Disabled people are half as likely as non-disabled people to be active.

Only one in four people with learning difficulties take part in physical activity each month compared to over half of those without a disability.

#### **Race**

Only 11% of Bangladeshi women and 26% of men are sufficiently active for good health compared with 25% of women and 37% of men in the general population.

#### **Gender**

Men are more active than women in virtually every age group.

Girls are less likely to take part in physical activity than boys and participation begins to drop even more from the age of ten to eleven.

#### **Sexual orientation and gender identity**

Half of all lesbian, gay, bisexual and transgender people say they would not join a sports club, twice the number of their heterosexual counterparts.

#### **Pregnancy and Maternity, Marriage and Civil Partnership, Religion or Belief**

There are no identified common inequalities in respect of these groups.

## **Inequalities noted as a result of local South Gloucestershire research (see section 6 for references)**

- One in four of the adult population are classed as physically inactive, that is, they fail to achieve 30 minutes of moderate intensity activity per week. They fall into the Chief Medical Officer's "high risk" category and are at a much greater risk of developing serious chronic diseases.
- Just 12% of adult population have done 30 minutes or more exercise on five or six days of the last week.
- A significantly higher proportion of adults from the priority neighbourhoods indicate that they have not done more than 30 minutes exercise on any day in the last week, compared with those from the rest of the district (27% cf. 18%).
- Currently the prevalence of overweight (including obese) reception children is 18.2% and in year 6 is 27.7%.
- Four in five (80%) respondents indicate that excess weight in adults is a problem in their local area.
- Two in five (38%) respondents indicate that they feel that a supportive built environment where physical activity is encouraged would make a big impact on getting people to become more active.
- Only 25.5% of women are doing any sport at least once a week.
- 18% of South Gloucestershire adults who are inactive want to do more sport.
- Current data (South Gloucestershire Health and Wellbeing OPS 2014/15) indicates children and young people (Key stage 2-4) are reporting they are physically active on average for 4 hours and 37 minutes per week. This is accepted as significant cause for action.

This information shows that there is much to be done on a national level as well as locally in respect to the achievement of the Strategy's aims, objectives and priorities. In particular, there is a need to ensure that tailored approaches to the delivery of actions to address physical activity are implemented and reviewed in order to ensure the maximisation of success in the achievement of the Strategy's purpose.

## SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

Both the national research and the consultation results have identified a range of issues in relation to the following 'Protected Characteristics':

- Age
- Disability
- Race
- Gender
- Sexual orientation and gender identity

and has also raised the issue that people living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.

The Strategy states the Vision as:

***Working together to make South Gloucestershire more ACTIVE every day.***

***START ACTIVE:*** Supporting all children and young people to have an active start in life.

***ACTIVE EVERY DAY:*** Encouraging all adults to build activity into their everyday lives.

***STAY ACTIVE:*** Supporting older adults to live longer and more active lives.

As such, the Strategy itself, as supported by this EqIAA, is clear on the direct correlation between equality and the achievement of the stated Vision, i.e.:

The central purpose of the concept of 'equality of opportunity' is that equality is not about 'treating everyone the same'; it is about treating people differently and in accordance with their needs.

The research, as backed-up by the consultation feedback, is clear that there are evidenced differing needs amongst protected characteristic groups and that meeting those needs is a crucial element of working towards the achievement of the Vision as set out in the Strategy. It is important therefore, that evidence is collected and disaggregated according to protected characteristic groups in order to facilitate the measurement of progress and the continuous development of practice. The Strategy is clear that:

*We will gather evidence from our local initiatives and build on what we know works within our communities of South Gloucestershire. This will be achieved by implementing routine data collection at base line, exit and follow up for programmes to demonstrate impact in the short and long term.*

*We will encourage the stakeholders: to use the data that has been collected to shape and refine physical activity programmes, interventions and future services.*

*Many of the priority actions in year one will be used to set a baseline position and outline more specific priority targets. An annual progress report will be produced and presented to the Health and Wellbeing Board. This would then be translated to public facing communication to broadcast progress and champion success.*

## SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input checked="" type="checkbox"/>	<p>The Strategy clearly identifies issues pertaining to equalities from both national and local perspectives. It identifies that there are differing needs amongst protected characteristic groups which will need to be addressed and met if the Vision is to be realised.</p> <p>As such, the Strategy is clear that:</p> <ul style="list-style-type: none"> <li>• Evidence will continue to be gathered</li> <li>• Data will be gathered routinely in respect of protected characteristics at base line, exit and follow up for programmes</li> <li>• Stakeholders will be encouraged to use the data to shape and refine future work</li> <li>• Progress will be reported annually.</li> </ul> <p>This cycle of measuring impact and responding to the differing needs identified provides a significant opportunity in achieving the stated Vision.</p>
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

## SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

- We will use both national and local data, disaggregated according to protected characteristic group to monitor the Strategy's effectiveness in increasing participation and reducing inequalities.
- We will conduct a survey of local needs by using the Council's View Point platform.
- Data will be gathered routinely in respect of protected characteristics at base line, exit and follow up for programmes
- Partners and stakeholders delivering the Strategy will be required to ensure that Equality Impact Assessments are undertaken in respect of services that deliver the strategy's priorities. This will ensure that services are monitored to ensure they are accessible to all members of the community and provide equity of outcome for all.
- Progress will be reviewed and reported annually.

## SECTION 6 - EVIDENCE INFORMING THIS EqIAA

- Draft Physical Activity Strategy.
- Consultation feedback report and data.
- Development of this strategy is based on a solid understanding of national and local policy drivers which have helped set the local strategic context. The South Gloucestershire Joint Strategic Needs Assessment (2013) JSNA gives full details of the state of the local area, its needs, the gaps in knowledge (e.g. children's activity levels) and recommendations for action. The JSNA explicitly addresses the need for increased population physical activity levels, especially for children and young people also improving services for people with long term conditions and those with physical and mental disabilities.
- South Gloucestershire's Joint Health and Wellbeing Strategy 2014-2016
- UK Active Report 2013- Turning the Tide on Inactivity.
- Public Health England Everybody Active Every Day-an evidence-based approach to physical activity 2014
- Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet 380: 219–29.
- DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers
- Public Health England Everybody Active Every Day-an evidence-based approach to physical activity 2014
- NICE (2014) Physical activity return on investment tool.
- Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and
  - Social Care Information Centre.
- Active People Survey 8, April 2013-April 2014.
- The Health and Social Care Information Centre (2010) Health Survey for England - 2009 Trend tables. [www.ic.nhs.uk/pubs/hse09trends](http://www.ic.nhs.uk/pubs/hse09trends) Accessed 20th April 2014
- PHE (2014) Child Physical Activity Data Factsheet. P7. London. Data sourced from Health Survey for England 2012.
- Sports England (2014) Active People Survey 8 (2013/14).
- Sport England Active People Survey December 2013 (sport once a month, any sport, any duration)
- PHE (2014) Data Factsheet: Adult Physical Activity. London: PHE.
- PHE (2014) Data Factsheet: Child Physical Activity. London: PHE.
- Joint Health Surveys Unit (2006). Health Survey for England 2004: Health of Ethnic Minorities. The Information Centre: Leeds.
- Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health.