Swindon Borough Council Diversity Impact Analysis: Get Swindon Active 2022-2025 Strategy

1 What's it about?

What is the proposal? What outcomes/benefits are you hoping to achieve?

The Get Swindon Active 2022-2025 is the latest physical activity strategy for Swindon. The strategy presents the evidence, guidance and data on physical activity and puts forward the strategic objectives to increase physical activity across the Swindon population for better health and wellbeing. It takes a collaborative, whole-systems approach which brings in key partners and stakeholders to share in the responsibility of promoting and enabling physical activity across Swindon.

The vision is for an active Swindon where physical activity or movement is a normal part of how people live, work and play, with partners and local communities coming together to understand the barriers to activity and identify opportunities and action for change. Ultimately, this will improve the health and wellbeing of our Swindon population.

Main objectives:

The main objectives are to:

1. Encouraging everyone in Swindon to be more physically active and move more, focussing particularly on groups who are less active.
2. Removing the barriers to physical activity and movement so that everyone in Swindon is able to be active.
3. Working together with partners and the local communities in Swindon.

Who's it for?

The strategy is aimed at a wide range of stakeholders, including community groups, voluntary organisations, those who work in the area of promoting health and wellbeing as well as physical activity and movement, which includes those working in sports, health professionals within the NHS, local authority, transport, voluntary sector, schools and businesses.

How will this proposal meet the equality duties?

1. **Eliminate discrimination, harassment and victimisation:** Inequalities in physical activity are observed nationally as well as locally. For example, those from more deprived areas are less likely to engage with physical activity compared to those from least deprived areas; activity levels decrease with age especially at age 75+; activity is less common for those with disability or long term health conditions; and there are differences in activity levels based on ethnic backgrounds. This can lead to poorer health outcomes and wellbeing for those from these groups, as exemplified during the COVID-19 pandemic which has exacerbated pre-existing inequalities. Reducing inequalities is a key agenda area and this strategy recognises the need for actively engaging with less active groups to promote physical activity and movement for better health and wellbeing.

2. **Advance equality of opportunity:** As demonstrated above, certain groups are less likely to participate in adequate levels of physical activity to benefit their health and wellbeing, and therefore are at risk of being disproportionately impacted by poorer health outcomes. The evidence outlined around behaviour change in the strategy recognises that there are different barriers for different groups which must be identified and taken into account for effective engagement. The COVID-19 pandemic has demonstrated importance of tackling these inequalities and the community engagement work undertaken during this time as highlighted the opportunities for such engagement to break the cycle of inequalities. This strategy will contribute towards enabling equitable recovery from the pandemic, building population health resilience, while improving physical activity and movement.
3. **Foster Good Relations:** Taking a whole-systems approach which enables collaborative and cross-sectoral working with key partners as well as the community will be key in moving this strategy forward and increasing physical activity and movement across Swindon. Key partners have been consulted in the development of this strategy, and active public consultation will be undertaken to further strengthen the strategy. Understanding the attitudes, challenges, and opportunities across the system, including the community, is key for the successful implementation of the strategy. This is emphasised within the strategy, and specific actions identified through this process will be outlined within the action plan.

What are the barriers to meeting this potential?

- Participation from groups that are less active requires active engagement by partners to understand the barriers and to address them to reduce inequalities. This is highlighted within the strategy as a key area to increase physical activity across Swindon.
- Covid-19 has negatively impacted physical activity and exacerbated pre-existing health inequalities. Local data as well as close engagement with the community will enable better understanding of this and its implications as we emerge from the pandemic.
- Availability of data – data for certain groups (ethnic backgrounds, religion, LQBTQ+) is limited, and therefore it is important to engage with partners and the community to ensure visibility in data and planning.

2 Who's using it?	Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

Engaging with physical activity or movement has been shown to tremendously benefit the health and wellbeing of individuals across all ages. It also connects and strengthens communities, and adds value to our economy. Sedentary behaviour, or inactivity, is associated with poor health outcomes and is one of the leading risk factors of death from non-communicable diseases such as coronary heart disease, type 2 diabetes, and breast and colon cancers, and shortens life expectancy. Research suggests physical inactivity is responsible for up to 8% of non-communicable diseases and deaths worldwide. Furthermore, it is estimated that people who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active. Physical inactivity is responsible for one in six UK deaths (equal to smoking). It is also costs the NHS around £1billion per year, and when costs to wider society is included this rises to around £7.4 billion annually.

The latest available national data from Sports England's Active Lives Adult Survey (adults aged 16+ in England) is from mid-May 2020 to mid-May 2021. This time period includes three months of full national lockdowns, six months of significant restrictions and three months of easing restrictions.

During this period:

- 28% of people were inactive (did less than an average of 30 minutes a week)
- 12% were fairly active but didn't reach an average of 150 minutes a week
- 61% were active (did an average of 150 minutes or more a week)

When compared to the last full pre-pandemic data (mid-Nov 2018 to mid-Nov 2019), there were 0.8million (-2.4%) fewer active adults and 1.4million (+2.9%) more inactive adults. The pandemic has clearly had a negative effect on people in terms of opportunity and motivation to be active.
According to the Active Lives Children and Young People Survey 2020/2021, 30% of children and young people (CYP) in Swindon reported being active for more than 60 minutes a week on average, while 45% reported being inactive (which is less than an average of 30 minutes a day). A higher proportion of CYP from the most deprived areas in Swindon were inactive (45%), compared to those from the least deprived areas (29%)

Disparities in physical activity participation by age, gender, disability, socioeconomic status, and ethnicity reflect limitations and inequalities in for physical activity for different groups and different abilities.

Nationally:

- **Gender:** Men (62%) are more likely to be active than women (60%). Women of Black and Asian (excluding Chinese) ethnicities remain the least active and have the largest gender gap to males with the same ethnicity.
- **Ethnicity**: There are differences observed in activity levels based on ethnic background – for example, 63% 'White' respondents, 56% of 'Chinese' respondents, 52% of 'Black' respondents and 48% of 'Asian respondents excluding Chinese' report being active.
- **Age:** Activity levels generally decrease with age – 66% active at ages 16-34, 64% at ages 35-54, 60% at ages 55-74 with the largest decrease coming at age 75+ with only 38% active.
- **Disability and long term health conditions**: Activity is less common for disabled people or those with a long -term health condition (45%) than those without (66%).
- **Socio-economic groups:** Those in routine/semi - routine jobs and those who are long-term unemployed or have never worked are the least likely to be active (52%) compared to those who are in managerial, administrative and professional occupations (71%).

In Swindon, from 2020/21 data:

- **Age**: Individuals aged 75+ are the biggest group for inactivity in both the most deprived group (67%) and the least deprived group (44%) in Swindon.
- **Ethnicity groups/Reglion**: Data on physical activity by ethnicity/religion is limited – this may be due to limitations of data collection or an indication of issues with engaging in physical activity, or a combination of both.
- **Socio-economic**: Levels of inactivity in those aged 16+ in Swindon is higher among those from the most deprived group (39%) compared to those from the least deprived (21%). Only 49% of those in the most deprived group reported being active for 150+ minutes a week compared to 69% in the least deprived.
- **Disability or long term health conditi**on: 53% of individuals with disability or long term health condition report being active compared to 65% of individuals without disability or long term health conditions.

- **LGBTQ+** - data from LGBTQ+ community for physical activity in Swindon is limited but will be examined further during the public consultation process and included in the action plan as necessary.

How can you involve your customers in developing the proposal?

There are several avenues for active community engagement, including the Public Health Team's Community Connection group as well as through the sports forum and voluntary sector. This will be done during the public consultation phase of the process.

Who is missing? Do you need to fill any gaps in your data? (pause DIA if necessary)

For all groups, we have evidence from national as well as local data and the strategy is in line with evidence-based recommendations and guidance for supporting increased physical activity and reduced inactivity.

3 Impact **Refer to dimensions of equality and equality groups**

Using the information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals? Is it clear what this is? How can this be mitigated or justified?

1. **Longevity- Positive impact:** Increasing physical activity contributes towards improving health and wellbeing and reducing inactivity can help prevent adverse health outcomes. It contributes to the prevention and management of over 20 chronic health conditions and diseases. People who are insufficiently active have a 20% to 30% increased risk of early death compared to people who are sufficiently active.
2. **Physical Security-Positive impact:** Increasing physical activity across all ages and groups would contribute to fewer people dying early from preventable health conditions and suffering from related long term conditions, including children and the older age groups.
3. **Health- Positive impact:** Considerable health benefits for all – physical activity is linked to reduced risk of type 2 diabetes, hypertension, coronary heart disease, stroke, breast cancer, colorectal cancer, depression and cognitive decline. Regular physical activity or movement helps in achieving and maintaining a healthy weight.
4. **Education- Positive impact**: This strategy aims to educate and improve awareness of the benefits of physical activity as well as the different ways in which people can be more active. It aims to enable individuals to make informed healthy choices regarding being active and reach their health potential. Physical activity is also linked to improved learning and attainment.
5. **Standard of Living- Positive impact**: Physical activity is linked to reduced social isolation, supports social inclusion, and leads to fewer GP visits. It is a source of enjoyment and happiness; leads to improved motivation, self-esteem and confidence.
6. **Productive and valued activities- Positive impact:** Physical activity is linked to increased productivity in the work place, and improved learning and attainment can contribute towards employment opportunities and income. Furthermore, the economic value of community building and social trust has been estimated at £14.2bn.
7. **Individual, Family and social life- Positive impact:** Being active across all ages and groups can create a positive family and community environment and set a positive example

for those from all groups and abilities to improve their health and wellbeing. It is also linked to increased level of social trust and sense of belonging which can contribute towards building strong social capital. It also provides an opportunity to interact and engage socially and as a family.

8. **Participation, influence and voice- Positive impact:** Physical activity can reduce inequalities, including for those with long term health conditions, and it can encourage the wider community to participate in being more active, and adopting healthy behaviours.
9. **Identity, expression and self-respect- Positive impact:** Achieving a positive change for their health and wellbeing can be extremely powerful and motivating, increasing confidence and self-esteem. Setting and achieving goals promotes self-efficacy and increases self-worth.
10. **Legal security-** physical activity can be undertaken as suited to individuals with advice from their health professional, and the legal implications related to being active safely is minimal.

What can be done to change this impact?

We have not identified any adverse impacts as a result of the strategy. The strategy recognises that certain groups are less active than others and highlights the need to actively engage with them to reduce inactivity and increase physical activity and movement, by working collaboratively with key partners and the community.

b) Does the proposal create benefit for a particular group? Is it clear what this is? Can you maximise the benefits for other groups?

This proposal takes a universal as well as targeted approach. The data demonstrates the need for overall increase in physical activity for the Swindon population which warrants a universal approach. However, the data also demonstrates certain groups who are comparatively less active, and therefore a targeted/equitable approach will be used where possible and necessary to increase participation. Increasing physical activity has significant benefits to individuals as well as the community, and taking an equitable approach will contribute towards reducing health inequalities while enabling the Swindon population to be more active, which benefits society as whole.

Does further consultation need to be done? How will assumptions made in this analysis be tested?

The Strategy outlines key national and local data as well as evidence and guidance. Consultations with partners have been carried as part of the strategy development process, and public consultation with active community engagement will be carried out prior to finalisation of the strategy.

4 So what?	Link to business planning process

What changes have you made in the course of this DIA?

This DIA has identified no adverse impacts of the strategy related to equality, diversity and inclusion. It has highlighted areas of importance to ensure that the potential impact is reached:

- Understanding by partners of the barriers and challenges for each group that the data has shown to have less participation in physical activity.
- Actively engaging with the community during the public consultation process to further understand and identify relevant themes and actions for the strategy and action plan.

- Use of local data where available to review and evaluate the impact of the strategy. Where data is unavailable, act to collect/access data.
- Regular review of ongoing work via the Get Swindon Active Partnership to monitor progress and amend or improve as necessary to ensure vision and objectives are achieved.

What will you do now and what will be included in future planning?

We will ensure that this DIA is easily available and informs the public consultation process. It will be reviewed again prior to finalisation of the strategy.

When will this be reviewed?

It will be reviewed in annually.

How will success be measured?

This DIA has identified no adverse impacts. However in general, the strategy has outcome measures and an action plan will be developed.

For the record	
Name of person leading this DIA – Janani Arulrajah / Fiona Dickens	Date completed 23/09/2021; reviewed 28/07/2022
Signoff of DIA: Penny Marno Consultant in Public Health	Date signed: 28/07/22

Diversity Impact Analysis – an inclusive business planning tool

1. What's it about? refer to equality duties

- What is the proposal? What outcomes/benefits are you hoping to achieve
- Who's it for?
- How will this proposal meet the equality duties?
- What are the barriers to meeting this potential?

2. Who's using it? consider all equality groups

- What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
- How can you involve your customers in developing the proposal?
- Who is missing? Do you need to fill any gaps in your data?

3. Impact consider dimensions and equality groups

Using information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals? How can this be mitigated or justified?
> What can be done to change this impact?

b) Does the proposal create benefit for particular groups or individuals. Is it clear what this is? Can you maximise the benefits for other groups?

- Does further consultation need to be done? How will assumptions made in this analysis be tested?

4. So what?

- What changes have made in the course of this DIA?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?

Considerations

Our equality duties

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

Equality groups

For the following equality groups: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief and sexual orientation.

Extended by SBC policy to include: financial economic status, homelessness, political view.

Dimensions of equality

How will the proposal affect Human Rights and life chances of different groups? Consider how the proposal affects

1. Longevity.
2. Physical security.
3. Health.
4. Education.
5. Standard of living.
6. Productive and valued activities.
7. Individual, family and social life.
8. Participation, influence and voice.
9. Identity, expression and self-respect.
10. Legal security.

For up to date information and advice contact **equality@swindon.gov.uk** or check **swindon.gov.uk/dia**

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Swindon Borough Council