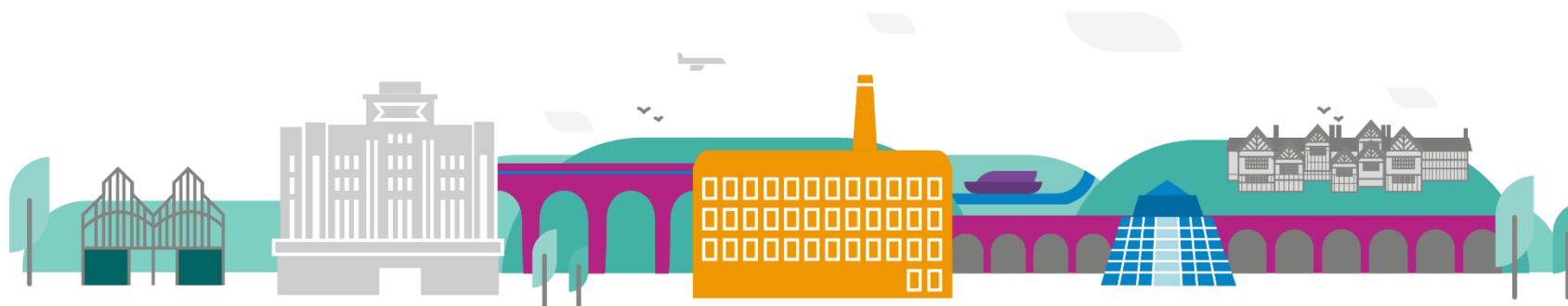


Equality Impact Assessment

Stockport Active Communities Strategy 2022 – 2030



Equality Impact Assessment

Title of report or proposal	Stockport Active Communities Strategy 2022- 2030		
Lead officer(s)	Russ Boaler	Date	01.02.2022
Aims and desired outcomes of the proposal Are you trying to solve an existing problem? The Active Communities Strategy was launched in 2019 and aims to support Stockport residents to become more active and to enjoy the health, social and environmental benefits of being more active. We are currently refreshing the strategy to make sure it still works for the people of Stockport. This strategy focuses on many ways to support people to be more active: - improving opportunities to walk and cycle - improving some of our facilities - building on some of the amazing assets of local communities. For example, sports clubs This equality impact assessment is a live document and will include evidence gathered from engagement and consultation as the project progresses.			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives The Active Communities Strategy comes under the Public Health service. However, it requires all sectors to accept the need for change, think about the long term and build on what the evidence demonstrates to both work and be cost effective.			
What are the possible solutions you have been / will be exploring? You should refer to any business cases, issues papers or options appraisals The survey for the Active Communities Strategy asks: - How far do you agree or disagree with the proposed whole systems approach? - How far do you agree or disagree with the proposed principles and approach? - How far do you agree or disagree with the identified priority groups? - Please list any priority groups that we may have missed: - Are there any action priorities missing? The engagement sessions with Strategic Boards, and Forums and Groups also asked participants: - Are there any other wider outcomes that can be impacted by increased levels of physical activity across a population? - How can you/ your organisation/ teams support the ambition?			

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

- Online survey open to the public running from 29.11.21 – 31.01.22

The lead Officer delivered a presentation and engagement with the following Strategic Boards:

- Active Communities Board
- Health & Wellbeing Board
- Place SMT
- CSS SMT
- Children's SMT
- Adult's SMT
- Age Friendly Board
- Health and Wellbeing Board
- Safer Stockport Partnership Board
- Stockport Family Partnership Board

Due to current pressures and scheduling issues, information was shared with the Boards listed below rather than a presentation. The information contained the Strategy, a link to the online survey and the Active Communities inbox where people could send feedback to. The Boards were:

- SEND Board
- Stockport Housing Partnership Strategy Group
- Economic Alliance
- Care Homes Forum
- Home Care Providers Forum
- Totally Stockport

The lead Officer and engagement officers delivered a presentation and engagement with the following Forums and groups:

- VCFSE Forum
- Youth Participation Group

Due to current pressures and scheduling issues, information was shared with the forums and groups listed below rather than a presentation. The information contained the Strategy, a link to the online survey and the Active Communities inbox where people could send feedback to. The forums and groups were:

- Disability Access Forum

- Greenspace Forum
- Parents and Carers group
- Inter-faith group
- PURE Innovations
- Race Equality Partnership
- Stockport Pride/ Forward
- Stockport Pride Trust Youth Group

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.

Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

Engagement as listed above.

Please note there is a scarcity of recent data at borough & MSOA level for individual cohorts/groups both due to the pandemic & because GM data/insights teams have not been able to do any deep dive work for Stockport for 3 years or so. Public Health are currently producing a new JSNA but this has been delayed.

The next stage of development is the implementation plan & that is the stage when we will not only consider in detail what we propose to do to further support & facilitate activity for our priority groups but also consider how we will measure impact if that is not provided through the Active Lives Survey. One of the issues with using the AL data is that it defines 'active' in relation to moderate-vigorous activity & does therefore not pick up the groups going from 'nothing to something' as their increase in activity is likely to be lower level & therefore not picked up by that survey e.g. standing up more & sitting less, low level walking (for example, walking meetings would not be picked up in that data). Local solutions to this will be other lifestyle data included in Health Survey for England etc., case studies/qualitative information.

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

Responses to the engagement survey are typically lower from younger people, ethnically diverse residents and people who identify as LGBT+. Particular focus is being made through engagement to engage with local groups, forums and organisations that represent these groups to ensure that their perspectives are considered.

Step 1: Establishing and developing the baseline

To assess the impacts of your proposal, you first need to understand how things are now. This will vary depending on your proposal, but consider who will be affected by the proposed changes: for example, who currently accesses a service or lives in an area? What works well for them? Are you aware of any issues? Are there any groups that are underrepresented?

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Age	The population of Stockport as a whole is slightly older than the national average, with the median age of Stockport at 41 compared to England of 39. 21.3% residents are aged under 18 (21.4% in England), 60.5 are aged 18-64 (62.3% in England), and 18.1% are aged 65 and over (16.4% in England). There were no responses to the Active Communities Strategy survey from children and young people (those under the age of 25). The age group most represented on the survey was those aged 55-64 covering 22.34% of the responses.		The 2020/21 Sport England Active Lives Survey shows that only 64.8% of adults aged 16+ in Stockport are active for 150 minutes or more each week. The 2020/21 Sport England Active Lives Survey shows that only 37.9% of children and young people aged 5 –16 years in Stockport are active for an average of 60 minutes or more a day across the week. The Active Communities Strategy aims to see increased rates of physical activity in: - Older adults who are least active, - Children and young people who are disengaged and at risk of becoming marginalised and are least active, and - Young people not in education, employment or training (NEET) and are least active.
Disability Consider people with physical	34% of Stockport households have at least one member with a disability.		Activity rates between CYP with SEND & children without SEND are comparable but for adults there is a linear correlation

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
disabilities, sensory impairments, learning disabilities and mental health issues	26.60% of respondents considered themselves to have an impairment, disability or long-term health condition.		between the number of disabilities & the levels of inactivity i.e. the more disabilities an adult has the greater their level of inactivity. People with a disability are half as likely as non-disabled people to be active (18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults). The Active Communities Strategy aims to see increased rates of physical activity in: - People with long term health conditions who are least active - People with specific needs or disability who are least active
Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	It is not known how many transgender people live in Stockport, but UK-wide estimates believe this to be around 1% of the population		
Maternity and pregnancy			
Marriage and Civil Partnership			

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	From 2011 data, 92% of Stockport residents are White and 8% are from a Black, Asian or Ethnic Minority background. Of this 8%, the largest non-White British / Irish groups are Pakistani (24%), people with mixed or multiple ethnicities (19%), other White (18%) and Indian (10%). This data is from 2011 and it is expected that these groups have changed since then. There were low levels of response rates to the Active Communities Strategy survey from people who identify as belonging to ethnic groups other than White British.		The JSNA found that the non-white populations are more likely to have lower levels of physical activity. There is likely to be barriers to participation for Stockport's diverse communities.
Religion or Belief	Census data from 2011 shows that the religious make up of Stockport is 63% Christian, 25% no religion, 3.3% Muslim, 0.6% Hindu, 0.5% Jewish, 0.3% Buddhist, and 0.1% Sikh. The majority of respondents to the Active Communities Strategy either had no religion (37.23%) or were Christian (37.23%). There were low levels of participation from those whose religion or beliefs is not Christianity or Atheism.		The JSNA found that those who have no religion are significantly more likely to be physically active 5 times a week or more, possibly because this group has the younger age profile.
Sex	51% of Stockport residents are female and 49% are male, in line with the national average. The majority of respondents to the Active Communities Strategy were female. 47.87%		The JSNA found that neither gender shows different rates of physical activity to the overall rate. Nevertheless, there is a gender pattern within the more active population. Males were found to be significantly more

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	were female, 39.36 male, 8.51% prefer to self-describe and 1.06% non-binary.		active 5 or more times a week than females, while males were less likely to be physically active 3 to 4 times, which suggests that within the active population men are more likely to do more activity. The Active Communities Strategy aims to see increased rates of physical activity in: - Women and girls who are least active
Sexual orientation People who are lesbian, gay or bisexual	It is not known how many lesbian, gay or bisexual people live in Stockport, but UK-wide estimates believe this to be around 5-7% of the population. The majority of respondents to the Active Communities Strategy defined their sexuality as heterosexual (72.34%).		The JSNA found that those who are lesbian, gay or bisexual are less likely to be physically active than heterosexual people.
Socioeconomic status	Stockport is one of the most polarized boroughs in the country, with some of the most affluent and some of the most deprived local areas, generating significant inequalities among community groups. There is significant difference in life expectancy within our neighbourhoods, with men in Bramhall South living 11 years longer than those in Brinnington & Central. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.		Analysis of inactivity levels at Middle Super Output Area (MSOA) reveals a very different picture across Stockport and identifies cohorts of the population where inactivity rates are very high. For example, inactivity levels across Brinnington are 37.52% compared to the Stockport average of 18.3%. The Active Communities Strategy aims to see increased rates of physical activity in:

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	The majority of respondents to the Active Communities Strategy were employed full-time (48.89%), or retired (20%).		- Our deprived communities and those residents not in employment who are least active (using ward based data).
Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known			
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.			
Carers			The JSNA found that those who provide care are significantly less likely to be physically inactive. The Active Communities Strategy aims to see increased rates of physical activity in: - Young and adult carers who are least active
Those experiencing homelessness			
Veterans			
Asylum seekers and refugees			

Step 2: Identifying impacts the proposal will have compared with the baseline

To explore the impacts of your proposal, you should use your baseline as a comparison with how things would be after your proposal. Think about how this would differ from the baseline for people with each protected characteristic. Include any sources of data you have used (including desktop research and engagement activity).

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
<i>Add more rows where needed</i>		<i>Is the impact positive or negative?</i>	<i>How have you become aware of an impact or inequality? Is it from research, have you been advised by another party, has a member of the public or a stakeholder made you aware, did someone from this or another characteristic make the claim?</i>	<i>What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?</i>	<i>Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?</i>
1	Age – older people	Positive	Engagement	The 2020/21 Sport England Active Lives Survey shows that only 64.8% of adults aged 16+ in Stockport are active for 150 minutes or more each week. This means that approximately 80,000 adults in Stockport are not meeting Chief Medical Officer's minimum physical activity recommendations. These rates compare to 58.0% across Greater Manchester and 60.9% across England. Prior research has shown that older people are more likely to be less active, and that Stockport has an older population as a whole compared to the national average. There may be significant barriers that older people face to becoming more active, such as economic costs to participation in gyms and sports, finding exercising intimidating, and mobility issues that come with age.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				Implementation of the Active Communities Strategy would offer support to this group of people and may increase participation for this group. The Active Communities Strategy survey asked respondents whether they agreed with the identified priority groups. 70% of respondents either agreed or strongly agreed with the priority groups. As older people who are least active are a priority group in the Strategy, this means the majority of respondents agree with this.	
2	Age – younger people	Positive		The 2020/21 Sport England Active Lives Survey shows that only 37.9% of children and young people aged 5 –16 years in Stockport are active for an average of 60 minutes or more a day across the week. This means that approximately 26,000 5 – 16-year-olds in Stockport are not meeting Chief Medical Officer's minimum physical activity recommendations. These rates compare to 41.7% across Greater Manchester and 44.6% across England. The Active Communities Strategy aims to reduce the amount of inactive children and young people from 39% to 30%; increase the number of fairly active and active children and young people from 61% to 70%; and increase the number of active children and young people from 38% to 50%. The Active Communities Strategy will therefore positively impact this group by increasing participation in physical activity. The Active Communities Strategy survey asked respondents whether they agreed with the identified priority groups. 70% of respondents either agreed or strongly agreed with the priority groups. As children and young people who are disengaged and at risk of becoming marginalised and are least active are a priority	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				group in the Strategy, this means the majority of respondents agree with this.	
3	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Positive	Engagement	Activity rates between CYP with SEND & children without SEND are comparable but for adults there is a linear correlation between the number of disabilities & the levels of inactivity i.e. the more disabilities an adult has the greater their level of inactivity. People with a disability are half as likely as non-disabled people to be active (18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults). There is likely significant barriers to having more active lifestyles for this group. People with specific needs or disability who are least active are a priority group within the Strategy, meaning that the Active Communities Strategy will positively impact this group by aiming to increase participation in physical activity. The Active Communities Strategy survey asked respondents whether they agreed with the identified priority groups. 70% of respondents either agreed or strongly agreed with the priority groups. As People with long term health conditions who are least active and People with specific needs or disability who are least active are priority groups in the Strategy, this means the majority of respondents agree with this.	
	Gender reassignment A person whose individual experience of gender may not			No impacts specific to this group identified.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	correspond to the sex assigned to them at birth.				
	Maternity and pregnancy			No impacts specific to this group identified.	
	Marriage and Civil Partnership			No impacts specific to this group identified.	
	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations			No impacts specific to this group identified.	
	Religion or Belief			No impacts specific to this group identified.	
4	Sex	Positive	Engagement	The JSNA found that neither gender shows different rates of physical activity to the overall rate. Nevertheless, there is a gender pattern within the more active population. Males were found to be significantly more active 5 or more times a week than females, while males were less likely to be physically active 3 to 4 times, which	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				suggests that within the active population men are more likely to do more activity. The Active Communities Strategy aims to increase physical activity in women and girls who are least active, meaning that barriers to participation should be alleviated. The Active Communities Strategy survey asked respondents whether they agreed with the identified priority groups. 70% of respondents either agreed or strongly agreed with the priority groups. As women and girls who are least active are a priority group in the Strategy, this means the majority of respondents agree with this.	
	Sexual orientation Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual			No impacts specific to this group identified.	
5	Socioeconomic status	Positive	Engagement	Analysis of inactivity levels at Middle Super Output Area (MSOA) reveals a very different picture across Stockport and identifies cohorts of the population where inactivity rates are very high. For example, inactivity levels across Brinnington are 37.52% compared to the Stockport average of 18.3%. The Active Communities Strategy aims to increase physical activity in our deprived communities and those residents not in employment who are least active, meaning that barriers to participation should be alleviated.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
				The Active Communities Strategy survey asked respondents whether they agreed with the identified priority groups. 70% of respondents either agreed or strongly agreed with the priority groups. As our deprived communities and those residents not in employment who are least active are a priority group in the Strategy, this means the majority of respondents agree with this.	
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.					
6	Carers	Positive	Engagement	The JSNA found that those who provide care are significantly less likely to be physically inactive. The Active Communities Strategy aims to increase physical activity in Young and adult carers who are least active, meaning that barriers to participation should be alleviated. The Active Communities Strategy survey asked respondents whether they agreed with the identified priority groups. 70% of respondents either agreed or strongly agreed with the priority groups. As young and adult carers are a priority group in the Strategy, this means the majority of respondents agree with this.	
	Those experiencing homelessness				
	Veterans				

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Asylum seekers and refugees				

Step 3: Identifying mitigating factors to minimise negative impacts

Step 2 identified potential impacts your proposal may have on people with different protected characteristics. If there are negative impacts, then you must consider how you could mitigate against (lessen) these negative impacts.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
	<i>Give a brief summary of the issue/inequality /impact</i>	<i>What is being suggested to mitigate for this. What is the rationale behind the suggestion?</i>	<i>Where does this suggestion come from? Have you consulted the characteristic(s) affected for solutions?</i>	<i>What evidence is there that the suggestion would solve the problem? How have you learned this? Has this been done elsewhere?</i>	<i>Within the financial envelope, how feasible is this solution? What are the cost implications? Could it indirectly affect anyone else? Can any other body help with the solution? If yes, how?</i>
1	Inclusivity and concerns around everyone being included within the Strategy rather than there being priority groups.	The Strategy needs to be communicated carefully in order to prevent further issues in terms of people feeling left out of the Strategy.	Engagement		A detailed marketing and communications plan will be developed alongside the strategy. This will specifically consider how low participation groups want to receive information. Research is already underway to consider the reach of specific communication formats & dedicated officer support is already committed to the development of this piece of work.

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

It is strongly recommended to engage with people with protected characteristics to sense-check your conclusions before you indicate an outcome in this EqlA. Including feedback from this engagement activity will ensure your baseline assessment and your impacts are accurate, and that your mitigating actions are helpful and the best use of resources. It ensures that the proposal has been designed so that it is fair as possible to everybody.

If you have not undertaken any community engagement for this EqlA, please indicate this and explain why.

N/a

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

N/a

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

A key theme in the engagement exercise was that there should be resources for everybody. The priority groups have been identified: to align with wider strategic inequalities priorities across Stockport, using available data, from ongoing community engagement – both specific to the Active Communities Strategy development and working with partner organisations as part of ongoing programme work.

Are there any other proposals or policies that you are aware of that could create a cumulative impact?

This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

None known

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.

A.	No major barriers identified, and there are no major changes required – proceed.	☒
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	☐
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	☐

D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	☐
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	☐
Please describe briefly how this EqIA will be monitored. When will this be reviewed? What mitigating actions need to be implemented and when?		