

<b>MEETING:</b>	Cabinet
<b>DATE:</b>	Wednesday, 23 January 2019
<b>TIME:</b>	10.00 am
<b>VENUE:</b>	Reception Room, Barnsley Town Hall

## SUPPLEMENTARY AGENDA

### Items for Decision/Recommendation to Council

#### Place Spokesperson

10. Barnsley Physical Activity Plan (Cab.23.1.2019/10) *(Pages 3 - 8)*

To: Chair and Members of Cabinet:-

Councillors Houghton CBE (Chair), Andrews BEM, Bruff, Cheetham, Gardiner, Howard, Miller and Platts

Cabinet Support Members:

Councillors Franklin, Frost, Daniel Griffin, Pourali, Saunders and Tattersall

Chair of Overview and Scrutiny Committee

Chair of Audit Committee

Diana Terris, Chief Executive

Rachel Dickinson, Executive Director People

Matt Gladstone, Executive Director Place

Wendy Lowder, Executive Director Communities

Julia Burrows, Director Public Health

Andrew Frostdick, Executive Director Core Services

Alison Brown, Service Director Human Resources and Business Support

Michael Potter, Service Director Business Improvement and Communications

Neil Copley, Service Director Finance (Section 151 Officer)

Katie Rogers, Head of Communications and Marketing

Anna Marshall, Scrutiny Officer

Ian Turner, Service Director, Council Governance

Corporate Communications and Marketing

Please contact Ian Turner on email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk)

17<sup>th</sup> January, 2019

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# Equality Impact Assessment

Service Name:	Physical Activity Plan
Assessor Name:	Julie Tolhurst
Contact details:	<a href="mailto:julietolhurst@barnsley.gov.uk">julietolhurst@barnsley.gov.uk</a> (tel: 01226 774737)
Assessment Date:	December 2018
Date of EIA Review:	

This information tells you about changes to:

The Barnsley Physical activity Plan which sets out the priorities for getting Barnsley more physically active (2018-2021). Partnership working is at the heart of our approach. Through wide spread consultation and ongoing collaboration via Active in Barnsley partnership, the plan details how we will work together to maximise our impact on physical activity levels across the Barnsley population. To achieve our vision of a “healthy and proud Barnsley where active living is part of everyday life for everyone” we have identified five priorities;

- Active Schools and Colleges
- Active Workplaces
- Active Spaces
- Active Communities
- Professional and Volunteer Networks

A high level action plan has been developed for each priority, more detailed action plans will complement the high level plan and ensure we are working towards each priority area and our progress is measured.

The changes we are making are:

This approach has resulted in 5 priorities being identified through the partnership. We will measure progress in each priority area via sub-groups and action plans for each group.

**Active Communities** - We know that people living in more deprived areas are more likely to be inactive and we want to reduce health inequalities amongst those on low incomes by focussing our work in communities that need support the most, including older people, carers and disabled people.

**Active Spaces** - We want to use opportunities to build active travel and physical activity options into our town centre, Principal town developments and our cultural visitor destinations including, Wentworth Castle Gardens and Barnsley Museum sites.

**Professional and Volunteer Networks** - We already have a team of professionals and volunteers in Barnsley who have regular contact with residents. We can use teachers in schools to reach our children, we can educate health and social care professionals to embed physical activity messages in their work and we can support the sport sector to help people maintain active lifestyles.

**Active Schools and Colleges** - With a whole-school approach to physical activity from active travel to embedding physical activity within the classroom, schools have the potential to make a significant and long-lasting change to the physical activity levels of young people.

**Active Workplaces** - It is important employers benefit from a healthy, active workforce and both employers and employees have a greater understanding of how they can build physical activity into their working day. Support can be given to organisations via the Healthy Workplace Award.

**We are making these changes because:**

To experience the many benefits of a physically active population, we need to work together to create a Barnsley borough that is designed around healthy, happy and active living for all, and attract funding to help this happen. Partnership work has been central to developing this plan with representatives from a variety of partners from different sectors and organisations. This collaboration will allow us to make the big changes that are needed, attract more funding and use our resources more effectively resulting in maximum impact for Barnsley. To achieve this, the new Active in Barnsley partnership has been formed with representatives from public, private and voluntary sectors. The partnership will provide “focused leadership, a vehicle for influence and advocacy, effective communication and promote collaboration” to oversee the implementation of this plan.

**We asked these questions to help us better understand the impact of the strategy:**

Who are the groups of people at the highest risk of poor health (broken down into the protected characteristics)?

Who are the people who face the biggest barriers to engaging in physical activity (e.g disabled people, trans people, older people, BME people etc) and what are the barriers?

How can the physical Activity Plan target those groups most likely to be excluded (or face barriers to engaging) and provide activity solutions that are accessible and inclusive for them?

How can the plan support sport and physical activity providers to produce promotional material that is accessible and inclusive (Easy read, in BSL video etc) – including relating this to the audience.

How can the plan help us to provide inclusive and welcoming spaces and activities – i.e. gender neutral changing facilities for trans people, changing places, hearing loops, interpreters, wheelchair accessible, information in Large print and Easy Read etc.

To answer these questions we did the following things:

1. Looked at evidence about inclusive activity – particularly our priority groups such as low income groups, children & young people, disabled people.
2. Reviewed the content and outcome of other EIA's e.g. Healthy Lifestyles and the Food Strategy Action Plan for similarities / overlap.
3. Consultation workshops were held throughout 2018 involving a broad network of agencies, community groups and service users with an interest and influence to improve accessibility for physical activity opportunities. There will be ongoing engagement with key agencies and communities as we develop the delivery plans linked to each priority areas in the strategic plan.

From this we learnt the following things:

1. There are a range of people likely to face barriers to engaging with physical activity for a range of different reasons (e.g. Disabled People, Older people and individuals from BME Communities). They are also less likely to know how to, or be able to, access physical activity opportunities because they are not provided in an accessible or inclusive way.

Which groups will be most affected by the change?:

(Please delete rows that are not applicable)

Protected characteristic	Details of group affected e.g. LD	How they will be affected:
Disability	Deaf, learning disability, physical disability, sensory impairment	The Activity Plan will need to include details of how we can increase the participation of Disabled people in physical activity. Including the consideration of providing activity that is accessible and inclusive – and promoted as such. e.g. there are some disabled people who may face increased barriers to participating in physical activity because of a lack of confidence, a lack of inclusive activity on offer, a perceived (or actual) lack of disability awareness amongst staff, a lack of appropriate equipment or facilities, a lack of appropriate access or communication support or because of a lack of appropriately targeted promotion.
Ethnicity	People whose first language isn't English.  Cultural barriers to engagement.	The Activity Plan will need to include details of how we can increase the participation of a diverse range of people from BME communities in physical activity.  There may be some language barriers impacting the confidence of some people from BME communities to engage with physical activity, there may also be time constraints, a lack of childcare facilities or a lack of appropriately targeted promotion.  There may be some BME people (particularly women) who face additional barriers to taking part in activity due to cultural beliefs, perceptions, expectations or traditions

		(e.g. observing a dress code or single sex environments).
Age	Older People	<p>The Activity Plan will need to include details of how we can increase the participation of older people in physical activity.</p> <p>E.G there are a number of barriers to engaging with physical activity for older people including things like; affordability, fear of injury, discomfort or pain, motivation or social isolation. Some older people may also lack confidence or may not know that activities are available if they are only promoted online.</p>
Gender Identity	Trans people and people with differing gender identities	<p>The Activity Plan will need to include details of how we can increase the participation of trans people and people with differing gender identities in physical activity.</p> <p>E.G. there are some trans people who may face increased barriers to participating in physical activity because of a lack of confidence, a lack of inclusive activity on offer, a perceived (or actual) lack of trans awareness amongst staff. It will therefore be important to promote the provision of accessible and inclusive activities to the trans community. Consideration should also to be given to the facilities available at venues (e.g. single stall changing rooms and gender neutral toilets).</p>

Other issues / characteristics you may wish to consider:

Low income		The Activity plan will need to consider the alternative approaches needed to increase the engagement of those sections of the community who face financial barriers to accessing activity and may therefore choose not to participate (e.g. if activity requires a commitment to a gym membership, or payment for classes, childcare etc).
Carers		The Activity plan will need to consider the alternative approaches needed to increase the engagement of those sections of the community who face barriers to taking part in physical activity because they have caring responsibilities.

To help the changes to be as fair and equal as possible we will:

Carefully consider how we can change our approach to increase the participation of those people who face the biggest barriers to participation in physical activity.

Ensure physical activities are provided in an accessible and inclusive way – enabling people to have equal opportunities for involvement.

Monitor the effectiveness of our targeted promotion in reaching and engaging those groups of people who are currently under-represented in physical activity (particularly those groups of people we know face the biggest barriers to participation).

Ensure that activity providers have received suitable training in order to ensure that they understand how to provide sessions/activities that are accessible and inclusive for a diverse range of individuals (and that they are confident in this).

We will also include 3 key questions within the activity plan to cover equality considerations and to help us better understand the barriers to inclusion and engagement are as well as to plan any mitigating actions that might be needed;

1. What demographic data or information do we have (or can we collect) that can inform our understanding of the equality issues for this action?
2. What engagement do we need to do in order to better understand the equality issues, barriers etc?
3. What specific Equality Objectives can we build into the delivery of this action?

This approach should help us to better understand how we can target people in a way that is relevant/accessible for them, in order to increase engagement of under-represented groups and reduce barriers to taking part in physical activity.

Other helpful documentation to support understanding:

Disabled People:

<https://www.aegisliving.com/resource-center/overcoming-barriers-to-exercise-among-the-elderly/>

BME People:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499183/>

Gender Identity:

[https://www.stonewall.org.uk/sites/default/files/getting\\_it\\_right\\_with\\_your\\_trans\\_service\\_users\\_and\\_customers.pdf](https://www.stonewall.org.uk/sites/default/files/getting_it_right_with_your_trans_service_users_and_customers.pdf)

Older People:

<https://www.aegisliving.com/resource-center/overcoming-barriers-to-exercise-among-the-elderly/>

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