

Equality Impact Assessment (EQIA)

The characteristics protected by the Equality Act 2010 are:

Disability	Age	Sex (gender)
Gender reassignment	Marriage/civil partnership	Pregnancy/maternity
Race	Sexual orientation	Religion/belief

By law we must have due regard to the need to:

- (a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act*
- (b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it*
- (c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

In effect, this means that we need to ensure that our policies and services are fair, equitable and proportionate and where possible mitigate against any adverse impacts on people from the different protected characteristics.

In addition to the above protected characteristics you should consider the impact of living in a **rural area** as part of this assessment. Where people live is not a characteristic protected by law, but for an organisation such as Babergh and Mid Suffolk District Councils it is good practice to consider carefully how location may affect people’s experience of a policy or service.

The Rural-Urban definition defines the rurality of very small census-based geographies. Census Output Areas forming settlements with populations of over 10,000 (which are urban), while the remainder are defined as one of three rural types: *town and fringe, village or hamlet and dispersed*.

Details	
Service or policy title	Leisure, Sport and Physical Activity Strategy
Lead officer (responsible for the policy or service/function)	Cassandra Clements
Officers carrying out the EQIA (at least one must have done EQIA training and it is recommended that an officer responsible for the policy or service/function is involved in completion)	Kate Parnum
Is this new or a revision? (If revision state when previous EQIA undertaken)	New
Is this the first time this policy or function has been assessed?	Yes
Date of completing this EQIA	24/01/2020

Description
This district-wide long-term Strategy has been developed as a result of a recent strategic review of existing leisure services, local sports and recreational infrastructure and partnerships across both our Districts.

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It identifies future needs, trends and opportunities to support an increasing ageing population in leading a more active lifestyle. This is within an environment where resources will become increasingly scarce and we need to be focused on achieving clear, identified outcomes.

Non-traditional sport and physical activity and informal active recreation are now recognised as being of equal importance to formal sports activities and provision. Our Strategy seeks to acknowledge the shift in emphasis to a health and wellbeing-based approach rather than just a focus on a sport for sport's sake.

The rural nature of our communities means that we cannot rely solely on core leisure facilities but need to maximise the potential of our open spaces, playing fields, community centres and schools.

The need to enable our community groups, sports clubs and volunteers to bring local opportunities to life for people of all ages and abilities is a fundamental challenge – and one we are fully committed to supporting within our means.

Our strategic Partners have highlighted the importance of shifting the Leisure, Sport and Physical Activity Strategy more towards health and wellbeing through behavioural change, integrated working and pooling resources and expertise. We fully embrace this approach.

This Strategy will support us in making some key decisions relating to the future operation and investment in our leisure facilities. This has been explored through the development in parallel of our Leisure Facilities Strategy which has identified 'invest to save' opportunities to redirect funding from efficiency savings to support our wider strategic priorities in our communities.

Below are the top six Strategic Priorities for leisure, sport and physical activity within Mid Suffolk developed through detailed consultation with elected Members and strategic partners.

1. Children and Young People: Increase the number and frequency of children, young people (1-18 years) and families across the district regularly taking part in traditional and non-traditional sport and physical activity.
2. Older People: Increase the number and frequency of older people regularly taking part in traditional and non-traditional sport and physical activity to reduce social isolation and to improve health and wellbeing.
3. Volunteers: Increase the volunteer base of sport and physical activity clubs and groups to build capacity, resilience and support growth in participation levels.
4. Mental Health: Increase active participation and benefits to participants with mental health issues through sport and physical activity
5. Sports and Leisure Infrastructure: Support the provision of sustainable community sport and leisure facilities and the spaces and infrastructure that individuals, clubs, schools and groups can access and use to take part.

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6. Physical and Learning Disabilities: Improve the engagement and uptake of those with physical and learning disabilities into community and leisure facilities, ensuring that facilities are accessible, and activities are available to all.

Why? *(Give reasons why these changes are being introduced)*

Our population is getting older and placing greater pressure on social care and health interventions. By enabling and supporting individuals at greatest risk to take care of themselves and their health, this will take pressure off the system and assist in reducing social care and healthcare costs.

The role of leisure, sport and physical activity in maintaining an individual's mental health, healthy weight and physical health cannot be overstated. Looking ahead to the future the following key factors have been considered to support the development of the Strategy.

Population and health trends: Over the next 13 years we need to ensure that the Strategy is closely aligned to future population changes and growth in the District.

Key considerations are as follows:

- There will be increasing demand on leisure facilities in areas experiencing housing growth - approximately 450 new homes per year in Mid Suffolk
- The overall population of the joint Councils is also forecast to shift demographically towards the older age groups.
- Research suggests that less than a third of the population are physically active at least once a week.
- Both districts have a significantly higher than average proportion of residents living in rural areas.
- 10.7% of Mid Suffolk's population does not have access to private transport and would be limited in their ability to travel to core leisure facilities.
- The top three sports locally in order of popularity, are cycling, swimming and gym sessions and this trend is likely to continue. Walking is still hugely popular as a recreational activity.
- Circa 1,600 in Mid Suffolk live in poverty and may not be able to access or afford mainstream leisure activities and opportunities.
- 15% of children are obese and this trend is rising.
- Over 65% of adults are obese and this figure is rising.
- Over 22% of adults are classed as inactive and at risk of health issues.
- More than 50% of adults would like to be more active and do more sport
- Sports volunteering in Mid Suffolk has significantly reduced, down to 17%

What will the effect of the changes be? *(Describe which people, communities, localities etc. will be affected by the changes)*

The Built Sports Facility Audit and emerging Leisure Facility Strategy has identified that there is a shortfall of swimming pool provision in Mid Suffolk – equivalent to 2 x 25m pools. This will remain a challenge looking ahead, given the limitations on funding or other commercial provision.

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The emerging Leisure Facility Strategy has also identified opportunities to optimise the health and fitness provision (gyms and studios) in Stowmarket, which would enable facilities currently funded by the Council to move towards becoming break even or provide a surplus to fund the wider Strategy across the District.

There are a significant number of public use sports hall facilities distributed across Mid Suffolk, a number of which have been refurbished in the last 10 -15 years. Access to school sports halls in Mid Suffolk can be restricted and is an area where further community use can be explored through partnership working.

The majority of the district falls within a 20-minute drive time catchment of a publicly accessible main sports hall facilities; nonetheless, there are some gaps in provision.

The role of community and village halls cannot be overstated and the network of 150 across the Council plays a vital role in providing low cost indoor provision.

The Council has recently commissioned a Playing Pitch Strategy (2016) which highlights future needs for provision, an assessment of quality and under/oversupply of main outdoor sports. This will enable us to plan the right number of facilities to meet population growth and the needs of individual sports.

How will it be implemented? *(Describe the decision-making process, timescales, process for implementation)*

The Council's two core leisure facilities, Mid Suffolk Leisure Centre and Stradbroke Swimming and Fitness Centre play a critical role currently in providing publicly accessible sports and leisure facilities for residents of the District. We intend to retain these facilities, continue to invest in them and continue to recognise their importance in meeting local need subject to affordability.

The re-procurement of the Mid Suffolk contract in 2020 is integral to the Council's strategic decision making regarding future investment into facilities and presents an ideal opportunity to secure a long-term business case for investment in partnership with its appointed operator.

Critical to any future investment at Mid Suffolk Leisure Centre is the negotiation with Stowmarket High School regarding the transfer of land that part of the centre sits on. We will seek to secure agreement regarding the transfer and establish a constructive partnership with the school going forward.

Prior to 2020, we will seek to negotiate a commercially acceptable business case with the incumbent operator, SLM for investment in Mid Suffolk Leisure Centre prior to 2020 if agreement can be reached.

In the event that we are not able to secure a commercially acceptable business case, we will wait until the re-procurement to invite proposals from the market. This provides a lower risk route to investment as we will have a secure and contractually binding financial offer and business case where all of the risk on achieving the projected income is held by the appointed operator.

When is it due to start? *(Planned start of new/revised policy/service)*

The delivery of this strategy commenced in 2019

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Any other relevant details

Data about the population

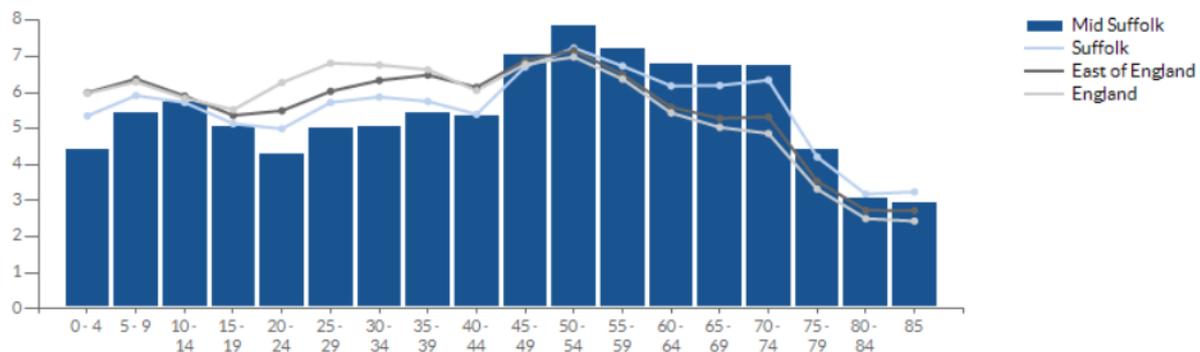
What is the demographic profile or make up of the community you are serving? (A brief overview of quantitative data used, and qualitative research undertaken, including customer surveys and focus groups, plus links to reports, local or national data that you have used, suggested sources of information can be found at the end of this document)

The data used for this assessment is from local and national data including Census 2011, ONS, Public Health England and department for Environment, Food and Rural Affairs. There is Suffolk focused site (Suffolk Observatory) that hold this information in one location. The website is <https://www.suffolkobservatory.info/>.

What is the profile or make up of your service users by protected characteristics? (Where this data is available. If it is not currently available state any plans to collect this in future)

AGE

POPULATION ESTIMATES



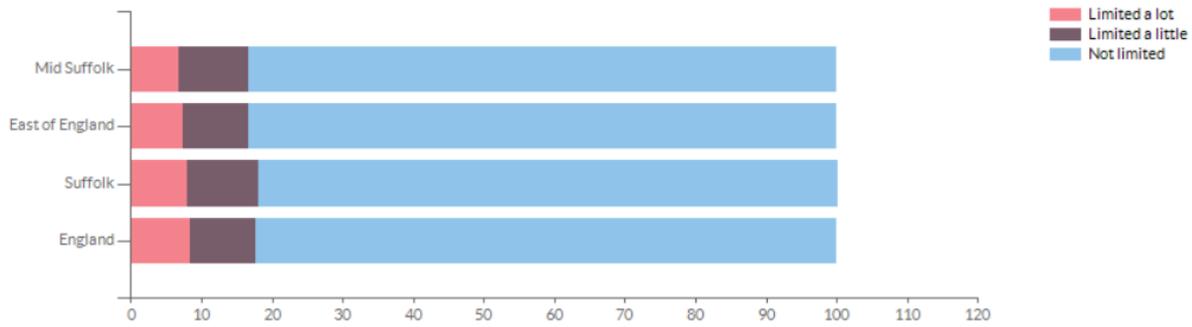
The chart above shows the estimated percentage of the population by 5-year age group for Mid Suffolk in 2017, compared with the region and country. As you can see on the graph, comparatively Mid Suffolk is below the average for the following sections; 0-9 and 20 – 44 and we are above average between 45 – 85. This highlights that we have aging population and underrepresented between 20 to 44.

DISABILITY

We do not have specific data on disabilities, we have used Census data regarding daily activity limitation. The question in the census was designed to capture self-assessed activity restrictions associated with health problems or impairments, which is an indicator of disability. The chart below shows the percentage of the population whose day-to-day activities are limited in Mid Suffolk in 2011, compared with the region and country. We are currently working with our disability forum to be able to collect more specific data of disability.

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DAY-TO-DAY ACTIVITIES LIMITED



SEX

POPULATION ESTIMATES



The charts above show the estimated percentage of the male and female population by 5-year age group for Mid Suffolk in 2017, compared with Suffolk, region and country. We have similar levels of male and female until you get to 80 and above, where we have more females this is in line with life length as females are expected to live longer.

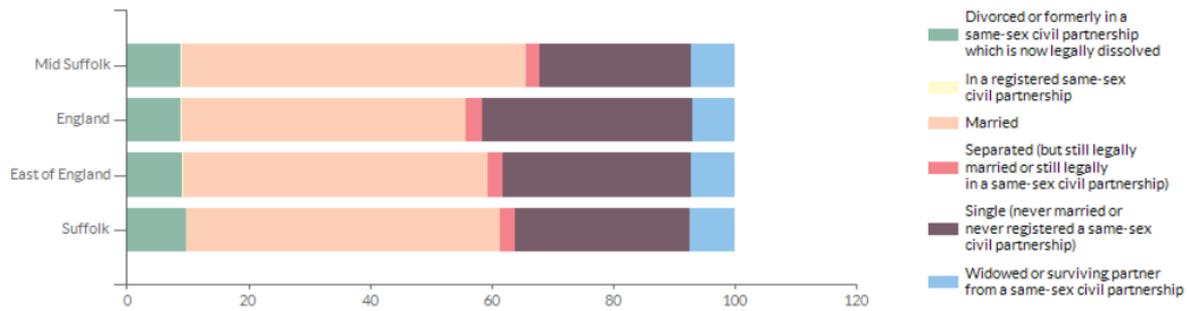
GENDER REASSIGNMENT

Due to confidentiality, detailed local data is not currently available. As this can be a very sensitive and confidential, we have no plans to actively record this data, however, if individuals are willing to disclose, we will record this information.

MARRIAGE AND CIVIL PARTNERSHIPS

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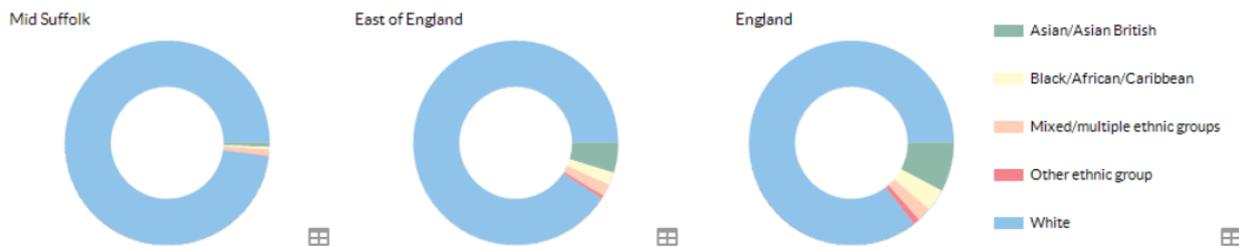
MARRIAGE AND PARTNERSHIPS PROFILE



The chart above shows the percentage of the population in each group in Mid Suffolk in 2011, compared with the region and country. We are in line with both Suffolk, East of England and England though we have slightly more married and less single than the comparative areas.

ETHNICITY

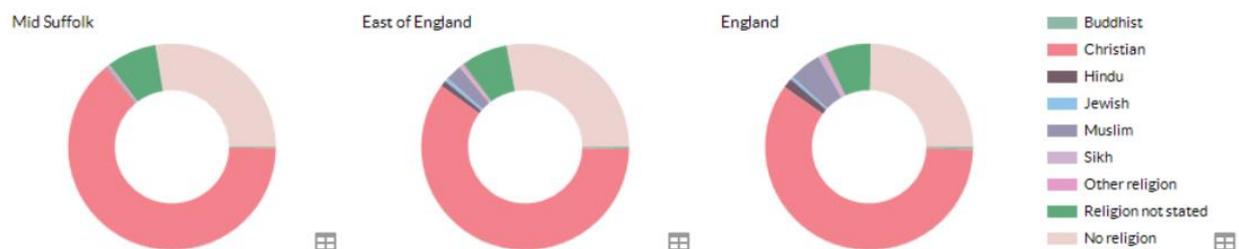
RACE/ETHNICITY PROFILE



The charts above show the percentage of the population of Mid Suffolk in different race/ethnicity groups in 2011, compared with the region and country. We are less diversity than the east of England and England.

BELIEF OR REGILION

RELIGIONS/BELIEFS PROFILE



The charts above show the breakdown of religions/beliefs for Mid Suffolk for 2011, compared with the region and country. We are in line with both East of England and England for Christian however, we have a less diversity levels of other religions/beliefs.

SEXUAL ORIENTATION

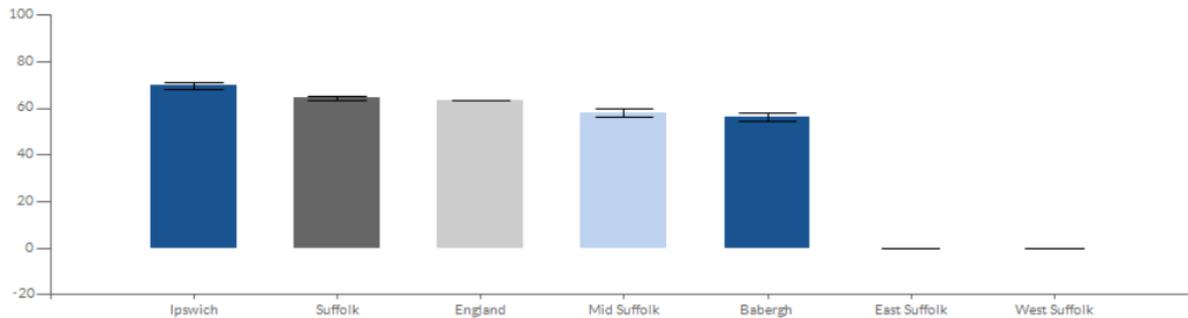
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There is no accurate data at a local level and there are only experimental estimates at a regional level by ONS. We are working on how to collect this data going forward.

PREGNANCY AND MATERNITY

The chart both shows total births per 1,000 females aged 15-44 during 2010-2014 (5-year aggregated population). Confidence intervals have been calculated using Byar's Method for rates. The value for Mid Suffolk is 58.2 compared with a value of 63.2 for England so we are below average for birth rates.

FERTILITY RATE



Implications for communities and workforce

Disability

What is the impact on people with a disability (including children with additional needs) and what evidence do you have? *(If you do not believe there is any impact describe why not)*

As there is no specific data on disabilities, it is hard to calculate the level of residents that have a disability. However, having a wider range of activities that are maximising the role of community and village halls will be a benefit.

We are working with our current provisions to understand the information of our current users and working if we can record the information on users of the rural offer.

How does it have a positive or negative impact?

Positive

What could be done to mitigate any adverse impact or further promote positive impact?

Publicity of the events and opportunities in the local area. To work alongside the Community Strategy to maximise the benefit of the Leisure, Sport and Physical Activity Strategy.

Age

What is the impact on people of different ages and what evidence do you have? *(If you do not believe there is any impact describe why not)*

Comparatively Mid Suffolk is below the average for 0-9 and 20 – 44 however, we are above average between 45 – 85. This highlights that we have aging population.

By having a wider offer that is considering the implications of a rural district by maximising the role of community and village halls

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	<i>which is network of 150 across both Councils plays a vital role in providing low cost indoor provision.</i>
How does it have a positive or negative impact?	<i>Positive</i>
What could be done to mitigate any adverse impact or further promote positive impact?	<i>Publicity of the events and opportunities in the local area. To work alongside the Community Strategy to maximise the benefit of the Leisure, Sport and Physical Activity Strategy.</i>
Sex (gender)	
What is the impact on people of different genders and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i>	<i>The strategy is for everyone there is no particular implication or impact on individual due to their sex.</i>
How does it have a positive or negative impact?	<i>Neutral</i>
What could be done to mitigate any adverse impact or further promote positive impact?	<i>N/A</i>
Gender reassignment	
What is the impact on people who have undergone gender reassignment (i.e. transgender people) and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i>	<i>The strategy is for everyone there is no particular implication or impact on individuals that are or have gone through gender reassignment.</i>
How does it have a positive or negative impact?	<i>Neutral</i>
What could be done to mitigate any adverse impact or further promote positive impact?	<i>N/A</i>
Marriage/civil partnership	
What is the impact on people who are married or in a civil partnership and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i>	<i>The strategy is for everyone there is no particular implication or impact on individuals that are married or in a civil partnership.</i>
How does it have a positive or negative impact?	<i>Neutral</i>
What could be done to mitigate any adverse impact or further promote positive impact?	<i>N/A</i>
Pregnancy/maternity	

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<p>What is the impact on people who are pregnant women or those with a young child and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i></p>	<p><i>The strategy is for everyone there is no particular implication or impact on individual due to whether they are pregnancy or have children. However, there is a potential positive impact on having easier accessibility and for the activity to be closer which will maximise the opportunity though there is no data to support this at present.</i></p> <p><i>We are working with our current provisions to understand the information of our current users and working if we can record the information on users of the rural offer.</i></p>
<p>How does it have a positive or negative impact?</p>	<p><i>Neutral</i></p>
<p>What could be done to mitigate any adverse impact or further promote positive impact?</p>	<p><i>N/A</i></p>
<p>Race</p>	
<p>What is the impact on people from different races or ethnic groups and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i></p>	<p><i>As the strategy is for everyone there is no particular implication or impact on individuals on their race.</i></p>
<p>How does it have a positive or negative impact?</p>	<p><i>No impact</i></p>
<p>What could be done to mitigate any adverse impact or further promote positive impact?</p>	<p><i>N/A</i></p>
<p>Sexual orientation</p>	
<p>What is the impact on people according to their sexual orientation and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i></p>	<p><i>As the strategy is for everyone there is no particular implication or impact on individuals on their sexual orientation.</i></p>
<p>How does it have a positive or negative impact?</p>	<p><i>Neutral</i></p>
<p>What could be done to mitigate any adverse impact or further promote positive impact?</p>	<p><i>N/A</i></p>
<p>Religion/belief</p>	
<p>What is the impact on people according to their religion or belief and what evidence do you have? <i>(If you do not believe there is any impact describe why not)</i></p>	<p><i>As the strategy is for everyone there is no particular implication or impact on individuals on their religion or belief.</i></p>

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How does it have a positive or negative impact?	<i>Neutral</i>
What could be done to mitigate any adverse impact or further promote positive impact?	<i>N/A</i>

Making Decisions

Having completed this equality impact assessment indicate which decision is recommended to be taken.

Should the policy or service be implemented as the correct course of action?	Yes
Should the policy or service be amended as suggested by the report so that mitigating actions are taken to address an adverse or negative impact on any characteristic?	Yes
Should the policy or service be reviewed and revised more significantly to take into account its impact on different groups?	No
Should the policy or service not be actioned as there are too many negative impacts?	No

Monitoring Impact

Assessing the impact on equality is an ongoing process that does not end once a policy or service had been agreed or implemented.

How frequently will the policy or service be reviewed?	<i>Every two years</i>
Who will be involved?	<i>External providers, users of the service and communities</i>
Will there need to be an action plan completed for any amendments?	<i>To assess the delivery of the strategy</i>
What further evidence or consultation will be needed to check that the policy or service is working well?	

Completion

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Date of completion	
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Additional sources of data can be found on the following links:

<http://www.suffolkobservatory.info/Default.aspx>

<http://www.nomisweb.co.uk/>

<https://www.ons.gov.uk/>

<http://suffolkcf.org.uk/publications/hidden-needs-2016/>

<https://www.nao.org.uk/>