

Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy':	Gloucestershire County Council Sport and Physical Activity Funding Scheme – 'Active Together'
Person(s) responsible for completing this statement	Edel Keating/Bilkis Bhula Commissioning Support
Briefly describe the activity being considered including aims and expected outcomes	<p>To deliver and develop the new sport and physical activity funding budget scheme contained in the conservative manifesto for Gloucestershire.</p> <p>Total funding for the scheme is £2.7 million over three years, to resource revenue spending only.</p> <p>The scheme will make up to £50,000 available to each electoral division in the County (total of 53 divisions) contributing to the priorities of the Health and Wellbeing Strategy which include:</p> <ol style="list-style-type: none"> 1. Reducing obesity 2. Reducing the harm caused by alcohol

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

	<ol style="list-style-type: none">3. Improving mental health4. Improving health and wellbeing into older age5. Tackling health inequalities <p>County Councillors for each electoral division are a crucial part of the scheme, as their role will involve:</p> <ul style="list-style-type: none">• Supporting pro-active communication and engagement in their division with relevant partners including District Councils and the third sector.• Ensuring local intelligence is available and forms part of identifying needs and removing barriers to engagement.• Sponsoring projects to be funded by the scheme <p>The aim of the scheme is to reduce sedentary behaviour & improve levels of physical activity, particularly amongst those groups that have the greatest health inequities</p>
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Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in-house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

Service user diversity reports are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

Gloucestershire population demographics data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our website including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

Who is responsible for delivering the service?	Although a universal scheme for Gloucestershire, the criteria for the scheme is linked to the outcomes of the Health and Wellbeing Strategy therefore we anticipate a wide range of providers will bid for the fund. This may include: <ul style="list-style-type: none">• Voluntary and community groups/organisations• Youth groups• Sports groups• Organisations which provide services for older/younger people• Organisations supporting hard to engage groups such as those with mental health issues or learning difficulties.• Partnerships – range of organisations working together to submit a bid.• Faith groups
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Service user data/Needs analysis information	
Age	<p>Age has an impact on lifestyle behaviours and health and wellbeing, including the likelihood of developing ill-health. The proportion of adults in Gloucestershire who report being physically active (13.6%) is higher than the national average (11.2%). However, fewer than 1 in 5 adults in Gloucestershire are active enough to protect their health.</p> <p>The percentage of children in Gloucestershire who participate in at least 3 hours of high quality PE and school sport within and beyond the curriculum in a typical week is 55% which is similar to the national figure (55.1%). However this still leaves 45% of children that are not doing enough physical activity.</p> <p>The Joint Health and Wellbeing Strategy identified the changing demographics and the expected increase in older people in the county. Physical inactivity and sedentary lifestyles are major risk factors for many long term conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, osteoporosis and mental health problems.</p> <p>Although the scheme will be available in all divisions of Gloucestershire, we aim to utilise local intelligence to ensure that the scheme increases physical activity amongst the most sedentary populations irrespective of their age.</p>
Disability	<p>We do not currently have local data on the numbers of disabled people who participate in sport and physical activity in the County. However, nationally it is estimated that less than 20% of disabled people participate in sport and people with disabilities are less likely to engage in regular moderate physical activity than people without disabilities.</p> <p>This group is a particular target group for the scheme and includes not only those with physical disabilities but also those with learning difficulties and those with mental ill health.</p> <p>Other considerations include how social value considerations are considered. There are opportunities for the scheme to increase engagement as well as training, volunteering and employment opportunities for this group.</p>

<p>Sex</p>	<p>As they reach adolescence, boys' and girls' activity levels begin to differ with more boys continuing to take part in sport and other physical activities. Many girls begin to feel disaffected with PE at secondary school, particularly towards the middle and end of their secondary schooling. These patterns tend to continue into adulthood.</p> <p>Men and women are influenced about their health and wellbeing in different ways, the scheme's communication strategy will ensure this is taken into account when engaging and promoting the scheme.</p> <p>A range of barriers exist for some communities for example Muslim women have cited lack of women only facilities as a barrier to accessing physical activities. There are limited sports and swimming venues which provide single sex facilities.</p>
<p>Race (including Gypsy & Traveller)</p>	<p>We do not have local data on the level of physical activity and sport amongst BME populations however, a number of studies have shown low levels of physical activity among ethnic minority groups within the UK, particularly South Asians.</p> <p>We know that health inequalities exist between the Gypsy and Traveller populations in England and their non-Gypsy counterparts, even when compared with other socially deprived or excluded groups, and with other ethnic minorities.</p> <p>Someone's race can impact on their health and wellbeing and lifestyle choices. For instance: some ethnic minority groups have higher rates of diabetes than the general population. Rates of mental ill health are higher among some BME groups (including Gypsy and Traveller Communities), and there is evidence that ethnic minority groups experience barriers to seeking help with mental health issues. In terms of health behaviours there is also some variation, for example smoking rates are typically higher among Bangladeshi men; while overall alcohol consumption tends to be lower in BME communities than the population at large. There is also evidence to suggest that BME users are less likely to access social care services.</p> <p>Gloucester City and Cheltenham have the largest proportion of BME communities in the County, however there are also pockets of diverse communities in rural parts of the county and engagement of these communities will need to be addressed as part of the communication strategy.</p>

Gender reassignment	<p>We do not have data on the levels of physical activity and sport undertaken amongst the Transgender population.</p> <p>Evidence suggests that transgender people have certain additional health and wellbeing needs, particularly related to mental health and emotional wellbeing. Engagement with organisations which support transgender people will form part of the communication action plan.</p>
Marriage & civil partnership	<p>The scheme will be promoted to all groups, currently; limited monitoring information is collected on marriage and civil partnership in relation to physical activity uptake.</p>
Pregnancy & maternity	<p>We do not have local data on the levels of physical activity and sport undertaken amongst pregnant women.</p> <p>Maternal obesity can lead to chronic conditions such as diabetes is an area of concern for health services. The communication strategy will include targeting of this group.</p>
Religion or Belief	<p>We do not have local data on the levels of physical activity and sport undertaken amongst faith groups.</p> <p>The county have diverse faith groups including a large number of Christian churches catering for those from different religious backgrounds. In addition both Gloucester and Cheltenham have significant population from the Muslim and Hindu community. Engaging with religious institutions and diverse faiths will be an action in the communication plan.</p>
Sexual Orientation	<p>We do not have local data on the level of physical activity and sport undertaken by gay, lesbian or bi-sexual people. However the LGBT Public Health Outcomes Framework Companion document provides a national overview of the evidence.</p> <p>Research suggests that gay and bisexual men are less likely to achieve physical activity recommendations than men in general, but that lesbian and bisexual women are more likely to compared with women in general.</p> <ul style="list-style-type: none"> • 37% of gay and bisexual men said they exercised daily or most days, which compares to findings from the Health Survey for England that 40% of men achieve physical activity recommendations. • 39% of lesbian and bisexual women said they exercised daily or most days which compares to findings from the Health Survey for England that 28% of women achieve physical activity recommendations.¹

- However, the international evidence base suggests that LGB&T individuals are more likely to report activity limitation.²
- Half of lesbians and bisexual women said they exercised at least three times a week.³
- A quarter of gay and bisexual men meet recommendations for 30 minutes or more exercise five times or more per week compared to 39% of men in general.⁴
- Trans and non-gendered individuals may face particular barriers to participation in facilitated or venue-based physical activity because of open changing rooms and gendered facilities.

Research suggests that gay and bisexual men are less likely to be overweight than heterosexual men, and that lesbian and bisexual women may be more likely to be overweight than heterosexual women. Further research is needed, particularly in relation to lesbian and bisexual women, and trans people.

- 44% of gay and bisexual men are overweight or obese compared to 70% of men in general.⁵
- International research suggests lesbian and bisexual women⁶ are more likely to be overweight and obese than heterosexual women.⁷
- However, UK research has found similar BMI levels for lesbian and bisexual women and heterosexual women.⁸

It is important to understand that particular physical characteristics are associated with sub-cultures of the LGB&T community, for example, the bear community (where physical size is desirable and individuals moving to a normal weight may be associated with a loss in social networks and support)⁹ and that addressing excess weight needs to be sensitive to socio-emotional factors.

The communication plan will include action to understand how these national trends relate to gay, lesbian and bi-sexual people locally.

Other information

Sources:

The Active People survey data Sport England- includes a local profiling tool to get a profile of sports participation in local areas <http://www.sportengland.org/our-work/local-work/local-government/local-sport-profile/>

Our communities, Our Health – Improving the health and wellbeing of vulnerable people in Gloucestershire, Annual Report of the Director of Public Health 2010-11.

Change4Life national programme promoting healthy lifestyle <http://www.glos-care.nhs.uk>

The Joint Strategic Needs Assessment -describes the health, care and wellbeing needs of people in Gloucestershire. It will be used to inform the strategic direction of service delivery to meet these needs. – the local area agreement no longer exists [JSNA in Gloucestershire](#)

1. The Lesbian & Gay Foundation, “I Exist Survey: UK reported” (2011, unpublished) and NatCen, Health Survey for England 2011, Natcen 2011
2. Conron, K.J., Mimiaga, M.J. And Landers, S.J., 2010. A Population-Based Study of Sexual Orientation Identity and Gender Differences in Adult Health. American Journal of Public Health, 100(10), pp. 1953-1960.
3. Hunt, R and Fish, J. (2008) ‘Prescription for Change: Lesbian and Bisexual Women’s Health Survey 2008 (London:Stonewall) P13 http://www.stonewall.org.uk/documents/prescription_for_change_1.pdf
4. Guasp, A. (2012) ‘The Gay and Bisexual Men’s Health Survey 2012’ (London: Stonewall). P8. http://www.stonewall.org.uk/documents/stonewall_gay_mens_health_final_1.pdf
5. Guasp, A. (2012) ‘The Gay and Bisexual Men’s Health Survey 2012’ (London: Stonewall). P9. http://www.stonewall.org.uk/documents/stonewall_gay_mens_health_final_1.pdf
6. Boehmer, U. And Bowen, D.J., 2009. Examining factors linked to overweight and obesity in women of different sexual orientations. Preventive medicine, 48(4), pp. 357-361.
7. Conron, Kerith. J, et al. ‘A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health’, American Journal of Public Health, June 2010
8. Hunt, R and Fish, J. (2008) ‘Prescription for Change: Lesbian and Bisexual Women’s Health Survey 2008 (London: Stonewall) P13 http://www.stonewall.org.uk/documents/prescription_for_change_1.pdf
9. Dececco J. & Wright L (1997). The Bear Book: Readings in the History and Evolution of a Gay Male Subculture

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC Workforce diversity reports** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	Whilst the scheme is not specific to GCC employees, projects funded by the scheme will be accessible to GCC staff that live in the County
Age	see above
Disability	see above
Sex	see above
Race (including Gypsy & Traveller)	see above
Gender reassignment	see above
Marriage & civil partnership	see above
Pregnancy & maternity	see above
Religion or Belief	see above

Sexual Orientation	see above
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Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Service users	<p>Given that this is a discretionary grant and not a service, no specific consultation has been done regarding the scheme. The criteria and guidance for the scheme specifies the need to ensure that projects are accessible and open to all of the characteristics under Due Regard and where appropriate specifically targeted to these groups. Furthermore, the application form will ask applicants to specify how they have considered the needs of those characteristics outlined in the Equality Act 2010.</p> <p>The scheme will support the delivery of the priority areas in the Joint Health and Wellbeing Strategy which were consulted on. A questionnaire booklet was produced and an online version via the GCC and NHS Gloucestershire websites was also available. An easy read version of the questionnaire was also produced. Staff from Gloucestershire County Council attended three of the county's drop in centres to assist adults with learning disabilities in completing these questionnaire. A series of deliberative workshops also took place to facilitate more detailed discussion from seldom heard groups these included: Young and older people, men, women, carers, BME members of the community, people with physical disabilities, long term conditions and sensory impairments, people with learning difficulties and disabilities, members of the LGBT community.</p> <p>A range of engagement techniques were used as part of developing the Health and Wellbeing strategy. An engagement programme included targeting seldom heard groups through:</p> <ul style="list-style-type: none"> • Questionnaire • Launch event
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	<ul style="list-style-type: none"> • Road shows • Deliberative workshops • Social media engagement
Workforce	The workforce was not consulted directly although key members of staff will have attended workshops.
Partners	Stakeholder focus groups and workshops were held; in addition they were able to comment via the engagement techniques above.
External providers of services	As above.

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show 'due regard' to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations..

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>A communication strategy is being developed. In addition Acorn Intelligence will be used after it's launch in October to consider how to best target different groups in the population.</p> <p>A key target group includes those that live sedentary lifestyles. The scheme is open to those working with local groups who have intelligence of their communities and how barriers to increase</p>

	<p>physical activity levels can be removed.</p> <p>There are a number of organisations working with and supporting older people such as Village/Community Agents, Health Trainers and sheltered housing schemes and nursing homes where activity co-ordinators have experience of the needs of older people.</p> <p>Early intervention is another aim of the scheme. Therefore another target group is parents and carers of younger children to encourage early participation in physical activity.. The longer term outcomes include prevention to chronic illness such as diabetes and coronary heart disease. There are a diverse range of pre-school, nurseries, childminders, and children's centres as well as youth and sports groups who could be successfully engaged with the scheme.</p> <p>Access to green space and community engagement for all age groups is also a consideration as part of the Social Value Act.</p>
Disability (D)	<p>Although there is currently limited information on what type of physical activity people with disability are accessing by identifying barriers to access, the scheme is an opportunity to trial innovative solutions to addressing such barriers.</p> <p>Individualised budgets have been introduced in the local authority which can give people with disabilities more control over the services they would like to purchase. Organisations may consider supporting those with individualised budgets to access projects which would increase their levels of physical activity.</p> <p>The scheme will particularly welcome and encourage applications from organisations which aim to encourage participation from those with a disability. The communication plan will ensure that organisations working with disabled people have access to the information they need to apply for funding.</p> <p>A bi-annual review of the scheme will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.</p>

	<p>Social value will be a consideration and submissions which provide opportunities to increase training, volunteering and employment opportunities in the area of physical activity will be encouraged.</p>
Sex (S)	<p>For some faith groups it is the lack of access to single sex activities which prevents participation in physical activity.</p> <p>By building on initiatives which communities have already piloted with sports and gym venues, the scheme is an opportunity to provide participation in activities that groups do not currently access.</p> <p>Monitoring of submissions will be undertaken and remedial actions to address lack of interests and those that have been identified through local intelligence as groups that are hard to engage but groups that may benefit from the scheme.</p>
Race (including Gypsy & Traveller)(R)	<p>There is currently little information on Gypsy and Traveller communities' engagement in physical activity.</p> <p>Identifying needs in marginalised groups and how barriers to engagement can be removed is an area which will require ongoing action.</p> <p>A key action of the communication plan will involve engaging local communities and county councillors will have an important role in promoting the scheme to a wide range of groups and ensuring community's needs are also identified. This may involve delivering physical activity in different ways which are more accessible such as in communities rather than the communities having to attend a setting which they are not comfortable with.</p>
Gender reassignment(GR)	<p>Despite this particular group being a small minority, service providers will need to ensure activities are accessible for those who have, or are undergoing, gender re-assignment.</p> <p>Aspects to consider include, liaising with organisations who support trans-gendered people, ensuring facilities such as changing rooms are available to meet the needs to this group.</p>
Marriage & civil	<p>Currently little monitoring information is provided on uptake of physical activity based on this group. Analysis of uptake of physical activity as a follow up of the scheme may provide a proxy</p>

partnership (MCP)	measure.
Pregnancy & maternity (PM)	Improving healthy lifestyles through early intervention will not only impact on the parent's wellbeing but also the child's, therefore, the scheme will be promoted to children's centres; health visitors and other key services which support parents and children.
Religion and/or Belief (RAOB)	As identified in the section relating to sex, specific faith communities have identified barriers such as lack of single sex activities which prevents them from accessing physical activities. Communication plan will involve promotion to a range of diverse faith groups including active multi-faith organisations to help promote the scheme.
Sexual Orientation(SO)	As a group which suffer discrimination, engagement with support groups such as Gay Gloucestershire and monitoring of submission forms will form part of the consideration.

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
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<p>Successful applicants will be required to collect data on participants, including those with protected characteristics, as part of the monitoring and evaluation process</p> <p>This local data will be collated into a final report once all projects have submitted their evaluation forms</p> <p>The scheme will be reviewed on a regular basis and data from completed projects will be examined to ensure that grants are being allocated across population groups including those with protected characteristics</p>	<p>Tracy Marshall</p> <p>Tracy Marshall / Cllr Dorcas Binns</p> <p>Tracy Marshall</p>	<p>Ongoing - Data will be collected as projects finish</p> <p>Timeframe is dependent on the completion of the final project – this is estimated to be Summer 2015</p> <p>Every six months</p>
<p>A robust communication plan will be developed to ensure that the scheme is proactively publicised to organisations working with those groups listed in the Equality Act 2010.</p>	<p>Tracy Marshall, Hannah Bennet and Cllr Dorcas Binns</p>	<p>January 2014 – end of programme</p>

Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

Due Regard will be monitored through the project group and become a standing agenda item of the project group.

The Communication Plan will use Acorn intelligence (to be launched in October) in terms of how best to target different groups in the population.

A decision making panel will be developed made up of Officers of the County Council whose role will also include monitoring of submissions.

Each successful applicant will be expected to collect basic demographic information on those participating in their project.

The project group will review submissions bi-annually to consider quality of submission, how engagement and access to physical activity is being addressed to marginalised groups and remedial actions to address lack of bids from diverse groups.

Each project will be expected to submit an evaluation form to measure:

- Outcomes
- Activity that has been funded.

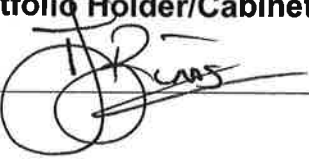
Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off: *Linda Wen.*

Date: *10/12/13.*

I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member: Councillor Dorcas Binns	
Signed by Portfolio Holder/Cabinet Member: 	Date: 10/12/2013

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.