Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	Final report	Х	(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Physical Activity and Sport Strategy for Edinburgh

2. What will change as a result of this proposal?

To lead a healthy life you have to be active. The benefits of being active, for your physical, mental, and social health, are internationally recognised. Being active is a fantastic way to feel better, improve your health and have fun, as well as to boost productivity, embed key employability skills, support educational outcomes, and contribute to stronger communities – amongst other things.

National figures suggest that participation rates in sport and physical activity are inconsistent across demographics and the Covid-19 pandemic, and subsequent economic and health challenge that people have faced have adversely impacted disadvantaged groups more than others. Our focus on confronting these inequalities must therefore be stronger than ever.

There are a wide range of organisations and partners involved in the delivery of physical activity and sport and there is no current strategic plan in place. In order to maximise the return of this resource a new strategy will support the development and co-ordination of work in this field across the city.

The resultant change will be to increase population levels of physical activity in Edinburgh with targeted action towards the specific groups that have lower levels of participation and activity and higher health inequalities.

3. Briefly describe public involvement in this proposal to date and planned

A partnership group to develop and progress the new strategy has been established comprising officers from City of Edinburgh Council, Edinburgh Leisure, University of Edinburgh, **sport**scotland, Scottish Student Sport, NHS Lothian and Edinburgh Health and Social Care Partnership.

Individual meetings with each partner have taken place and a workshop with elected members from the Culture and Communities Committee was completed in August 2023.

Further pre-consultation is planned with specific sports clubs, equality groups and Council service areas.

A consultation plan has been developed and the public will be given the opportunity to comment and feedback their thoughts on the draft strategy through an online questionnaire and workshops.

4. Date of IIA

26th June 2023. Updated 19th September 2023 Updated 2nd November 2023 Updated 20 February 2024

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training	Email
Graham Croucher	Sports Partnership Development Manager		Graham.croucher@edinburgh.gov.uk
Evelyn Kilmurry	Head of Libraries, Sport and Wellbeing		evelyn.kilmurry@edinburgh.gov.uk
Mel	Wider Achievement	December	Mel.Coutts@edinburgh.gov.uk

Coutts	and Lifelong Learning Manager (Sport and Physical Activity)	2021	
John Brennan	Population Public Health Project Manager – NHS Lothian		john.brennan@nhslothian.scot.nhs.uk

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Edinburgh Poverty Commission Edinburgh by Numbers 2022	Edinburgh is an affluent city with high average incomes and employment rates and low unemployment. Information detailed within Edinburgh by Numbers shows that compared to other major UK cities, Edinburgh also performs well when measuring personal wellbeing. The city, however, has a high number of residents that fall into the high poverty risk groups. The 2018 report by the Edinburgh Poverty Commission estimates that 82,000 people live in relative poverty, 16% of the total population. The poverty rates vary across from 5% to 27%. It is also estimated that 22% of all children in Edinburgh live in poverty while some areas record child poverty rates as high as 35%.

Evidence	Available?	Comments: what does the evidence tell you?
		People from minority ethnic groups are also more likely to be in poverty compared to those within the White – British group. Asian and Asian – British groups along with other minority ethnic groups have between 35% and 38% living in poverty (across Scotland) compared to 18% of the White – British group. Poverty rates are also higher for families in which someone is disabled. Households without a disabled child or adult living in poverty sit at 19% and 17% respectively compared to 25% and 24% for those households with a disabled child/adult.
Data on service uptake/access	Edinburgh People's Survey 2018	Edinburgh People's Survey results from 2018 indicated that 72% of those interviewed engaged in at least one activity in the last 4 weeks. In the 45-64 age group this was 49% and for the 65+ age group it was 54%. The figure reduced to 52% for those with a disability or long-term illness and low levels of activity were also reported for the retired, unemployed and people within lower social economic groups.
Data on equality outcomes	Scottish Household Survey 2019	Analysis into the level of qualifications achieved by residents in Edinburgh through the Scottish

Evidence	Available?	Comments: what does the
		evidence tell you?
		Household Survey in 2019 indicates inequalities with 72% of those who have achieved an HNC or higher taking part in sport in the last 4 weeks compared to 33% with no qualifications. The 2013 results were 69% for HNC or higher and 27% for no qualifications.
		For walking the respective figures for 2013 and 2019 were 53% and 59% for those with no qualifications and 90% and 94% for those with HNC or higher.
		Further information from the Scottish Household Survey in 2019 shows that 69% of residents in Edinburgh in SIMD (Scottish Index of Multiple Deprivation) 5 took part in sport in the last 4 weeks compared to 47% in SIMD 1. The 2013 results were 70% for SIMD 5 and 44% for SIMD 1.
		For physical activity such as walking (participated in the last 4 weeks) the respective figures for 2013 and 2019 were 67% and 60% for SIMD 1 and 75% and 86% for SIMD 5.
		Walking when reviewed by gender indicated 70% for males and 72% for females in 2013 and 76% and 80% respectively in 2019. For sport and gender in 2013 the figures were 68% for male and 53% for females and 63% and 59% in 2019.
		Walking figures by age indicated 72% for 16-34, 76% for 35-59 and 63% for 60+ in 2013 and 83%, 80%

Evidence	Available?	Comments: what does the
		evidence tell you?
		and 68% respectively in 2019. For sport versus age the participation levels were 73% for 16-34, 63% for 35-59 and 35% for 60+ in 2013 and 68%, 65% and 43% respectively in 2019.
		The final theme covered by the Scottish Household Survey are those with health conditions. From people surveyed with health conditions that limited what they could do, 46% participated in walking and 20% in sport in 2013. The figures for 2019 were 48% and 36%.
		Information on boys / girls participation in National 5 PE for schools in Edinburgh indicates 70% male and 30% female split (2018/19).
		In summary, the evidence shows that the sport and physical activity participation levels across the city have remained relatively static over the years, with a wide gap in participation between those from the least and most deprived areas of the city. This picture remains the same when we take educational achievement into account, with a wide gap between those who have an HNC or higher and those with no further education qualifications.
		The evidence also tells us that those with a disability or long-term illness/ health condition, those who are retired, unemployed and people within lower social economic groups

Available?	Comments: what does the
	evidence tell you?
	have lower levels of physical activity. There is a 22% differential for sports participation rate between those from the most deprived areas and those from the least deprived areas, and a 26% differential for walking.
	When considering gender, although females are more likely to participate in walking, they are less likely to participate in sport. It should be noted that the gap between the two reduced between 2013 and 2019, with more females more likely to participate in sport with 4% of a difference noted in 2019 compared to 15% of a difference in 2013. However, there is a marked difference when considering those young people who take National 5 PE, with a 40% differential between boys who are much more likely to participate than girls. Additional evidence obtained on a pational lovel for Scotland (see
	national level for Scotland (see below) also shows differentials for those living in poverty, gender, disability and ethnicity.
-	Poverty
poverty overview - Child poverty - Children - Population groups - Public Health Scotland NEW REPORT SHOWS THE	Children born into poverty are more likely to experience a wide range of health problems, including poor nutrition, chronic disease and mental health problems. Poverty puts an additional strain on families, which can lead to parental mental health and relationship problems, financial problems and substance
	Impact of child poverty - Child poverty overview - Child poverty - Child poverty - Children - Population groups - Public Health Scotland NEW REPORT

Evidence	Available?	Comments: what does the
		evidence tell you?
	POVERTY ON SCOTLAND'S YOUNG PEOPLE - Scottish Sports Futures (ssf.org.uk) On Track: Research & data spotlight (sportscotland.org.uk) Disability-Sport-	misuse. One in four children in Scotland live in poverty and one in five live in absolute poverty. These young people are more likely to be less physically active; are at higher risk of obesity; have higher levels of stress and depression; and experience social isolation, shame and stigma.
	Review-Aug-2021- final.pdf (oss.scot)	Girls
		Boys are more likely to meet recommended physical activity levels than girls, including school-based activities (76% of boys compared to 67% of girls) and excluding school-based activities (66% and 55% respectively).
		Disability
		DISABILITY AND SPORT PARTICIPATION DATA FROM THE NATIONAL SURVEYS
		From the Scottish Health Survey (2018) it is possible to link limiting longstanding illness (disability) to sporting activity to assess the extent by which disability impacts on sporting participation compared to the able-bodied population. In the younger age group (2-15 years old) the proportion of children who undertook any sporting activity in the disabled group was 12% vs 81% for those who reported no limiting longstanding illness. For adults (16-

Evidence	Available?	Comments: what does the evidence tell you?
		74 years old) the corresponding participation was 33.4% vs 52.7%. This data for Scotland is comparable to that for England and Wales (29.3% vs 51.4%, Taking Part Survey, 2012/13).
		Ethnicity
		Provision of tackling racism and racial inequality in sport - data gathering and analysis services, Sheffield Hallam on behalf of UK Sport, 2021 – see attached
		14.2 In the <i>Scottish Health</i> Survey 2012 ¹³² , Pakistani respondents were the least likely to achieve the recommended physical activity levels (27% did so compared to the national average of 38%) and were also the least likely to participate in sport (30% compared to 49% on average). This finding corresponds with other research (2010) ¹³³ that found that, in Britain, Pakistani individuals and south Asian ethnic groups generally, are less likely to be sufficiently active. An earlier study (2007) ¹³⁴ highlighted gender differences in the levels of physical activity within ethnic groups: Pakistani respondents were found to be less active overall, but also with a gender difference most prominent in the younger age groups. No other ethnic groups in the <i>Scottish Health Survey</i> were significantly different from the national average in relation to physical activity or sport

Evidence	Available?	Comments: what does the evidence tell you?
		participation.
		14.3 In a summary of sports equality research in the UK covering a period of 15 years 135, the EHRC reports that:
		The overall participation rate for ethnic minority people in sport was 40%, compared with the national average of 46%; and
		 The lowest participation rates were among Indian (31%), Pakistani (21%) and Bangladeshi (19%) women (citing the National Survey of Ethnic Minorities and Sport, 1999).
Public/patient/client		To be captured through public
experience information		consultation.
Evidence of inclusive	Culture and	A partnership group to develop the
engagement of	Communities	new strategy has been established/
service users and involvement findings	Committee – Physical Activity and Sport Strategy: An Interim Progress Report. March 2019.	A workshop with Culture and Communities Committee members has taken place and further pre consultation with sports clubs is planned.
		A consultation plan is in development and will be implemented once approved by the Consultation Advisory Panel.
		Consultation and engagement with sports clubs and stakeholders also took place for the development of the Sport and Physical Activity

Evidence	Available?	Comments: what does the evidence tell you?
		Strategy between Nov 2018 and Feb 2019. This is captured in the attached committee report. The evidence highlighted a number of important issues such as cost and affordability, availability of active travel routes, improved use of outdoor spaces, better support for clubs and improved communications.
Evidence of unmet need		To be captured through public consultation.
Good practice guidelines		ISPAH – Eight Investments That Work for Physical Activity Public Health Scotland – A systems based approach to increasing population levels of physical activity sportscotland - Sport for Life: A vision for sport in Scotland.
Environmental data	No	
Risk from cumulative impacts	No	
Other (please specify)	No	
Additional evidence required		

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights

Positive

Strategy and action plan to increase population levels of physical activity and target specific population sub-groups and those with protected characteristics.

Strategy and action plan to increase physical activity levels across the city, improve equalities and the health and wellbeing of the city's population.

Negative

Careful consideration towards targeted projects, intervention and communications is required to ensure activity levels do not decrease through implementation of new strategy. For example, constant messaging about the importance of physical activity could have a negative impact and increase inequalities.

Affected populations

ΑII

Environment and Sustainability

Positive

Promote and improve public choice around modes of transport and travel around the city and towards active travel / carbon neutral options such as walking and cycling.

Improve co-ordination of facility access and encourage clubs to be based within specific communities to reduce travel time and carbon footprint.

Negative

Some sports and activities are based in remote locations with poor transport links e.g. EICA. Whilst most communities have sports halls, sports pitches and swimming pools within their locality – specialist facilities are likely to require longer travel distances.

Affected populations

ΑII

Economic	Affected populations		

Increase in sport and physical activity levels will boost businesses and clubs across the city creating growth, spend and job opportunities across the city. Good physical, mental and social health improves confidence and employability opportunities. Negative

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights, environmental and sustainability issues be addressed?

No.

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

This was included as part of the consultation and engagement strategy. Officers worked with individuals and organisations to ensure that the consultation reached groups with protected characteristics and was accessible. This was an ongoing process throughout the consultation. Face to face events were held alongside online workshops to increase opportunities for people and organisations to have their say with additional efforts to reach groups with protected characteristics.

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

No further evidence required

12. Recommendations (these should be drawn from 6 – 11 above)

- Ensure the above equalities issues are fully considered when undertaking consultation activity and when drafting the Physical Activity and Sport Strategy.
- 2. Ensure groups with protected characteristics are actively consulted on the Strategy.
- 3. Submit draft strategy to Culture & Communities Committee for scrutiny and approval.
- 4. Implement strategy action plan to increase population levels of physical activity, improve cross sector partnership working and reduce inequalities.
- 5. Gather information and evidence from further sources if identified throughout the process.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Explore and review data and evidence of need for groups with protected characteristics including LGBT population and	Graham Croucher / Mel Coutts Graham.croucher@edinburgh.gov.uk Mel.coutts@edinburgh.gov.uk	April 2024	

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
people with learning disabilities.			
Review accessibility of and access to online surveys for strategy consultation.	Graham Croucher / Mel Coutts Graham.croucher@edinburgh.gov.uk Mel.coutts@edinburgh.gov.uk	January 2024	
Undertake consultation programme and design methodologies which ensures representative samples can be met and are cognisant of underrepresented groups and individuals	Graham.croucher@edinburgh.gov.uk Mel.coutts@edinburgh.gov.uk	February 2024	
Schedule regular monitoring process during live consultation to ensure sufficient levels of involvement from underrepresented individuals and groups	Graham.croucher@edinburgh.gov.uk Mel.coutts@edinburgh.gov.uk	April- June when the consultation goes live	

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Following each monitoring process, prepare to adjust methodology to support improved opportunities for any under-represented groups/individuals to participate	Graham.croucher@edinburgh.gov.uk Mel.coutts@edinburgh.gov.uk	April- June when the consultation goes live	
Revisit the IIA – prior to consultation to reflect on the draft Strategy and any proposed options. Adjust the IIA to include specific impacts (positive/negative) on all individuals, specifically those deemed as under- represented	Graham.croucher@edinburgh.gov.uk Mel.coutts@edinburgh.gov.uk	April 2024	

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

A partnership group is in place to take forward the development of a new strategy. An oversight group will be established once the strategy has been approved to monitor impact and progress.

15. Sign off by Head of Service/ Project Lead

Name - Evelyn Kilmurry - Head of Libraries, Sport and Wellbeing.

Date - 20 February 2024

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

Section 5 Contacts

East Lothian Council

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

Midlothian Council

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

NHS Lothian

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

• The City of Edinburgh Council

Completed impact assessments should be forwarded to <u>Strategyandbusinessplanning@edinburgh.gov.uk</u> to be published on the Council website.

City of Edinburgh Health and Social Care

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

Edinburgh Integration Joint Board

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

West Lothian Council

Complete impact assessments should be forwarded to the Equalities Officer.