Clackmannanshire
Council

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Equality Impact Assessment- Stage 2 Template

Table 1: Defining the Policy

Title of Policy:	Reduce length of footways treated in winter
Service:	Community and Regulatory
Team:	Roads and Transportation

What is the purpose of the proposed policy or changes to established policy?

Reprioritise the footways to be treated in winter and reduce the length overall.   To bring treatment in line with policy and reduce expenditure.

Who is affected by the policy or who is intended to benefit from the proposed policy and how?

Footpath, footway and cycleway users in the winter.   Certain routes will not be treated for snow and ice.   This will reduce the environmental impact from gritting and save the Council money.

How have you, or will you, put the policy into practice? Who will be responsible for delivering it?

Council require to approve and implement. Roads and Transportation Manager will deliver.

Table 2

In the Stage 1 Screening you identified that the policy will impact on one or more of the protected characteristics.

What information do you have that tell you how this policy might have an impact. Key Questions:

- Will the impact of the proposes policy/function be the same or different for each group identified.
- Is there any indication or evidence of higher or lower participation or uptake of services by different groups?
- Are there any groups of people who are not taking up services?

Protected Characteristic	What Evidence do you have and Consultation has been undertaken
Disability	The Roads and Transportation team regularly attend the Clackmannanshire Access Panel, where all issues relating to transportation are discussed.

Table 3: What is the impact on the protected characteristics identified?(see Step 3 of guidelines)

Protected Characteristic	Impact (H,M,L or U)*	Description of Impact
Disability	Low	Priority one gritting routes include footways outside a cluster of three essential shops and links from priority one routes to established elderly or sheltered housing establishments. This will be maintained.

Table 4: Does the policy need to be changed?(see step 4 of Guidelines)

Are there any changes?		
Protected Characteristic		**Description**
Disability	No	
	Yes/ No	
	Yes/ No	
	Yes/ No	

Approved by:

Name (Head of Service)	
Date	