Equality Impact Assessment

Strathclyde Partnership for Transport Regional Active Travel Strategy

November 2024

Change list

Ver	Date	Description of the change	Reviewed	Approved by
PO1	22/11/24	Draft issue	MLB & EC	MR
PO2	20/11/25	Comments addressed	MLB & EC	RMc

Sweco UK Limited	Reg. No. 2888385
Project Name	SPT Active Travel Strategy
Project Number	65210782
Client	Strathclyde Partnership for Transport (SPT)
Author	Ewen Campbell
Date	20/03/2025
Ver	PO2
Document reference	SPT Regional ATS Equality Impact Assessment_PO2

Table of contents

1 Introduction

Sweco was commissioned by Strathclyde Partnership for Transport (SPT) to undertake an Equality Impact Assessment (EqIA) for their Regional Active Travel Strategy (Regional ATS). The purpose of this EqIA is to identify the likely impact(s) of the Regional ATS and its policy on persons with any of the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Section 149 of the Equality Act 2010 establishes the 'Public Sector Equality Duty' which requires public authorities or persons with public functions to consider the need to eliminate discrimination, harassment, victimisation, advance equality of opportunity, and foster good relations between those with a protected characteristic and those without.

This report sets out the context and approach to the EqIA, baseline evidence, public engagement, analysis of positive and negative impacts and any mitigation required.

1.1 SPT Regional Active Travel Strategy

The SPT Regional ATS has been developed to set out a long-term vision for active travel in the west of Scotland. The Strategy aims to transform the way people travel around the SPT area through the provision of a well-connected, continuous cross-boundary active travel network and supporting interventions that inform and empower people to travel in healthier and greener ways.

The Strategy is presented under five broad policy groups which are summarised below and are those that will be assessed as part of this EqIA.

- Policy Group 1: Creating an Attractive Environment for Walking, Wheeling, and Cycling
- Policy Group 2: Integrating Active Travel with Public Transport and Freight Movements
- Policy Group 3: Increasing Access to Bikes
- Policy Group 4: Promotion, Travel Behaviour Change, and Information
- Policy Group 5: Governance and Funding

1.2 Legal Context and Purpose of Equality Impact Assessment

The Equality Act 2010 (Specific Duties) (Scotland) 2012, requires public bodies to assess the impact of implementing a new or revised policy or practise where necessary to fulfil the requirements of the Public Sector Equality Duty (PSED) as set out in section 149 of the Act. The General Duty of the PSED requires public authorities or persons with public functions to consider the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The nine characteristics protected by the Act are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

It must be noted that for the purpose of this EqIA, 'Marriage and Civil Partnership' will not be assessed as this protected characteristic need only be considered in relation to employment policy or functions.

The Specific Duties place specific obligations on public bodies, including the necessity to report progress on mainstreaming the equality duty; publish equality outcomes and report progress; and assess and review policy and practices. Therefore, an EqIA is an effective mechanism for meeting the legal requirements, ensuring that equality considerations are integrated into the decision-making process throughout the creation of a policy, and as such, considers how a policy will impact on the needs of the General Duty.

The purpose of an EqIA is to evaluate the potential effects of policy, practices, and decisions on different groups, particularly those protected under the Act. It helps identify and mitigate any negative impacts on equality, ensuring fair treatment and promoting inclusivity. By proactively addressing issues related to race, sex, disability, age, sexual orientation, religion, and other characteristics, EqIAs support informed decision-making, enhance accountability, and foster a culture of equality and diversity within public services. Ultimately, they aim to improve outcomes for all individuals and communities.

1.3 Structure of Report

The remainder of this report is structured as follows:

- Chapter 2 – Policy Context
- Chapter 3 – The Approach to Equality Impact Assessment
- Chapter 4 – Evidence and Stakeholder Engagement
- Chapter 5 – Equality Impact Assessment
- Chapter 6 – Decision & Summary

2 Policy Context

2.1 National Planning Framework 4 (NPF4)

NPF4[1] was published in February 2023 and sets out the national planning policy for Scotland which underpin the policy creation for local development plans. NPF4 plays a key role in supporting the delivery of Scotland's National Outcomes[2] and the United Nations Sustainable Development Goals[3]. It is required by law to contribute to the following six outcomes:

- Meeting the **housing needs** of people living in Scotland including, in particular, the housing needs for older people and disabled people
- Improving the **health and wellbeing** of people living in Scotland
- Increasing the **population of rural areas** of Scotland
- Improving **equality** and eliminating discrimination
- Meeting any targets relating to the **reduction of emissions** of greenhouse gases
- Securing positive effects for **biodiversity**.

The proposals and policy of NPF4 have been developed with consideration of increasing equality and eliminating discrimination. The following policies in **Table 2-1** address equality matters, the protected characteristics and active travel.

Table 2-1 : Policy in NPF4 relating to equality

Policy Theme	Policy Topic	Policy Intent	Policy Outcomes
Sustainable Places	**Policy 13:** Sustainable transport	To encourage, promote and facilitate developments that prioritise walking, wheeling, cycling and public transport for everyday travel and reduce the need to travel unsustainably.	• Investment in transport infrastructure supports connectivity and reflects place-based approaches and local living. • More, better, safer and more inclusive active and sustainable travel opportunities. • Developments are in locations which support sustainable travel.
Liveable Places	**Policy 14**: Local Living	To encourage, promote and facilitate the application of the Place Principle and create connected and compact	• Places are planned to improve local living in a way that reflects local circumstances. A network of high-quality, accessible, mixed-use

[1] Scottish Government. (2023). National Planning Framework 4. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/02/national-planning-framework-4/documents/national-planning-framework-4-revised-draft/national-planning-framework-4-revised-draft/govscot%3Adocument/national-planning-framework-4.pdf

[2] Scottish Government (2018) National Performance Framework

[3] United Nations (2015) 2030 Agenda for Sustainable Development

Policy Theme	Policy Topic	Policy Intent	Policy Outcomes
	and 20-minute neighbourhoods	neighbourhoods where people can meet the majority of their daily needs within a reasonable distance of their home, preferably by walking, wheeling or cycling or using sustainable transport options.	neighbourhoods which support health and wellbeing, reduce inequalities and are resilient to the effects of climate change. • New and existing communities are planned together with homes and the key local infrastructure including schools, community centres, local shops, greenspaces, health and social care, digital and sustainable transport links.
	Policy 18: Infrastructure first	To encourage, promote and facilitate an infrastructure first approach to land use planning, which puts infrastructure considerations at the heart of placemaking.	• Infrastructure considerations are integral to development planning and decision making and potential impacts on infrastructure and infrastructure needs are understood early in the development planning process as part of an evidenced based approach. • Existing infrastructure assets are used sustainably, prioritising low-carbon solutions. • Infrastructure requirements, and their planned delivery to meet the needs of communities, are clear.
	Policy 20: Blue and green infrastructure	To protect and enhance blue and green infrastructure and their networks.	• Blue and green infrastructure are an integral part of early design and development processes; are designed to deliver multiple functions including climate mitigation, nature restoration, biodiversity enhancement, flood prevention and water management. • Communities benefit from accessible, high-quality blue, green and civic spaces.
	Policy 21: Play, recreation and sport	To encourage, promote and facilitate spaces and opportunities for play, recreation and sport.	• Natural and built environments are improved, with more equitable access to opportunities for play and recreation. • Physical and mental health are improved through provision of, and access to, outdoor recreation, play and sport facilities.
	Policy 23: Health and safety	To protect people and places from environmental harm, mitigate risks arising from safety hazards and encourage, promote and facilitate development that improves health and wellbeing.	• Health is improved and health inequalities are reduced. • Safe places protect human health and the environment. • A planned approach supports health infrastructure delivery.
	Policy 24: Digital infrastructure	To encourage, promote and facilitate the rollout of digital infrastructure across	• Appropriate, universal and future proofed digital infrastructure across the country. • Local living is supported and the need to travel is reduced.

Policy Theme	Policy Topic	Policy Intent	Policy Outcomes
		Scotland to unlock the potential of all our places and the economy.	

2.2 SPT Equality Policy

SPT state that *"SPT is committed to providing equality in all its activities. This includes the provision of services, the delivery of projects and the treatment of staff. We are committed to making sure that everyone can access the services which we offer, and making sure that these services are tailored to the needs of our service users and staff""*[4]

SPT have developed the following Equality Outcomes for the period 2021- 2025, to meet the PSED and reduce barriers to the use of the transport network to access everyday services and opportunities[5]:

- Disabled people have improved access to SPT facilities and services.
- People have improved knowledge of and access to our best value fares.
- Our passengers' differing needs are better reflected in how we plan and deliver SPT transport services.
- Younger people, older people, women, disabled people, LGBT+ people, and people from minority ethnic backgrounds feel safe when using SPT services.

[4] Strathclyde Partnership for Transport- Equality. Available at: https://www.spt.co.uk/about-us/who-we-are/standards-responsibility/equality/
[5] Strathclyde Partnership for Transport. (2023). Annual Report 2022- 2023. Available at: https://www.spt.co.uk/media/w40lyhzp/spt_annual-report_2022-23.pdf?pubname=&edid=12e292fa-9b58-4ef0-8735-2de36402e01d

3 The Approach to Equality Impact Assessment

3.1 Stages of Equality Impact Assessment

The EqIA process is split into several stages, as shown in **Figure 2-1**. A description of each stage and work that has been undertaken following guidance from Scotland's Equality and Human Rights Commission[6] is provided below.

3.1.1 EqIA Screening

An EqIA Screening was undertaken which determined a full assessment should be undertaken as the Regional ATS and its impact has relevance with respect to the General Equality Duty.

3.1.2 EqIA Scoping

An EqIA scoping exercise was conducted during 2023/24 to set out a clear definition of what is being assessed and its aims. This involved gathering baseline data to evidence the type of barriers people face; a high-level identification of potential impacts; identification of stakeholders that will be affected by the Regional ATS and those that should be involved in the assessment; and an outline of the next steps for conducting the full EqIA assessment.

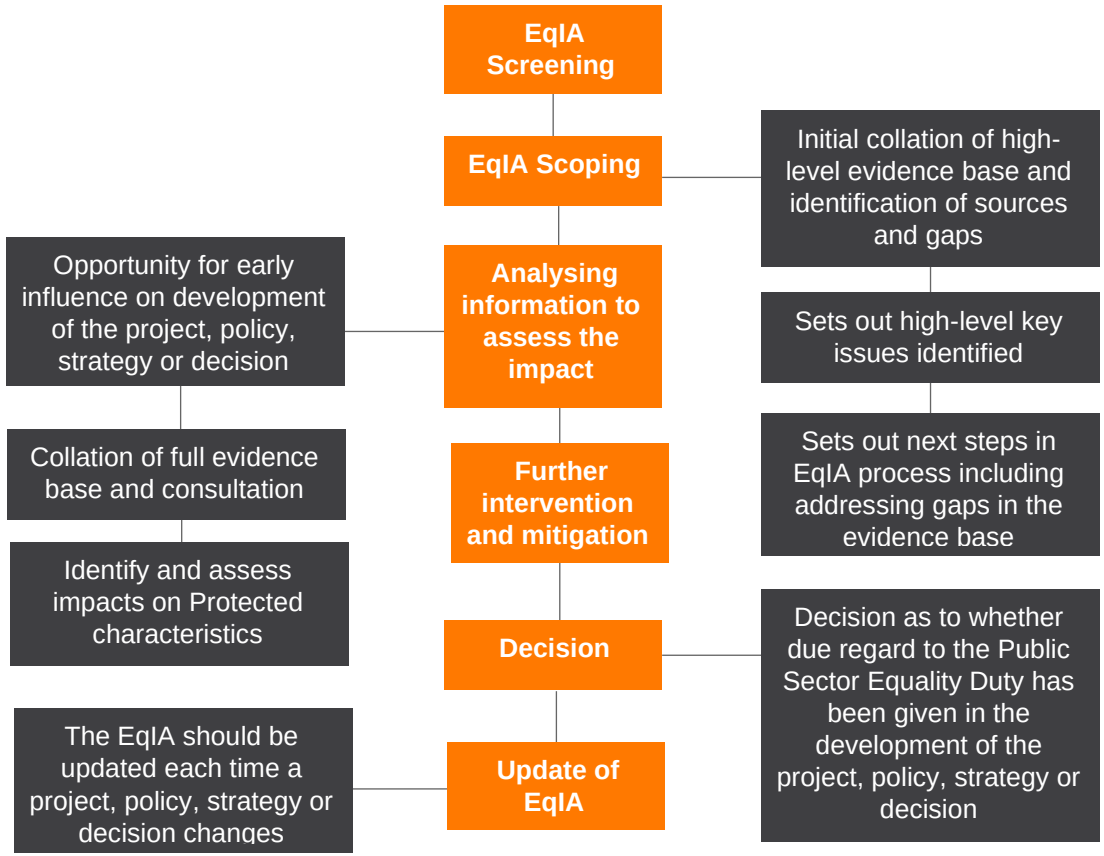

Figure 2-1: Stages of EqIA

[6] Equality and Human Rights Commission. (2016). Assessing the impact and the Public Sector Equality Duty- *A guide for public authorities in Scotland.* Available at: https://www.equalityhumanrights.com/sites/default/files/assessing-impact-public-sectory-equality-duty-scotland.pdf

3.1.3 Assessment

The following question guided the assessment of each of the equality groups:

How might this policy, function or strategy affect protected groups with reference to the needs of the Public Sector Equality Duty?

In addition, the following three themes were used:

1. Eliminating unlawful discrimination, harassment and victimisation and other prohibited conduct. Considering whether it:
    - May result in less favourable treatment for particular groups;
    - May give rise to indirect discrimination;
    - May give rise to unlawful harassment or victimisation;
    - May lead to discrimination arising from disability; or
    - Builds in reasonable adjustments where these may be needed.

2. Advance equality of opportunity. Considering whether it:
    - Removes or minimises disadvantage;
    - Meets the needs of different groups;
    - Encourages increased participation of particular groups; or
    - Takes account of disabled people's impairments.

3. Foster good relations. Considering whether it will contribute to:
    - Tackling prejudice; or
    - Promoting understanding.

For the purpose of this EqIA, 'Marriage and Civil partnership' was not assessed as this protected characteristic need only be considered in relation to employment policy or functions.

3.1.4 Mitigation

If during the assessment, there was found to be disproportionate impacts to some protected characteristic groups, mitigation measures to reduce or remove these impacts are set out.

3.1.5 Decision

The decision is made and documented within the EqIA as to whether due regard to the Public Sector Equality Duty has been taken. The four potential outcomes are as follows:

1. **No major change required** – The policy is robust and can continue unamended.
2. **Continue the policy** – A justification is required for continuing despite the potential for adverse effect.
3. **Adjust or amend the policy** – Remove barriers, make changes to better advance the equality or remove or mitigate negative impact.
4. **Stop or remove the policy** – If adverse effects cannot be justified and cannot be mitigated.

3.1.6 Update of EqIA

If at any point in the future there is a change to policy in the ATS, the EqIA should also be updated, and the decision revised in line with the change. Any new mitigation required should be identified and a mechanism for implementing this organised.

3.2 Evidence Base for the Assessment

Baseline Evidence

A range of data sources were used to inform the baseline evidence and assessment. Key travel trends and demographics statistics relating to protected characteristic groups were collated, primarily from the Scottish Government Equality Evidence Finder[7] and other keys sources:

- The Scottish Household Survey[8]
- National Records of Scotland – Mid-2019 Population Estimates[9]
- The Scottish Health Survey[10]

The data sources listed above are fully referenced along with other sources, where applicable, in **Chapter 4** and **Chapter 5**.

It is noted that reporting on relationships between transport and individual protected characteristics is limited by the availability of relevant baseline data. Relevant trends and statistics on the protected characteristics are reported where possible and, unless stated otherwise, baseline data is provided at the national level only.

[7] Scottish Government. Equality Evidence Finder. Available at: scotland.shinyapps.io/sg-equality-evidence-finder/
[8] Transport Scotland (2020) Scottish Household Survey 2019
[9] National Records of Scotland (2020) Mid-2019 Population Estimates
[10] The Scottish Government (2022) The Scottish Health Survey 2021

The absence of regionally specific data regarding socio-economic conditions experienced by persons with protected characteristics should be noted. Owing to the large proportion of the national population who reside within the SPT region, it is reasonable to consider national level trends in relation to socio-economic impacts and outcomes for people with protected characteristics as a proxy for regional trends.

Stakeholder Consultation

Stakeholder consultation has informed the EqIA and was undertaken at two stages during the development of the ATS. An early engagement period was held for a four-week period between 16th October and 12th November 2023 which included online surveys for the public and organisations and the opportunity for feedback written feedback or feedback by phone. A second consultation period was held for eight weeks between 8th July and 1st September 2024 for the draft ATS. This second period allowed for the same feedback methods as the early engagement period.

4 Evidence and Stakeholder Engagement

4.1 Baseline Evidence

Baseline evidence is shown by protected characteristic group in **Table 4-1**. For each characteristic, baseline evidence was gathered using the Scottish Government Equality Evidence Finder[7]. Data from this source has been categorised into 'Topics' that relate to the headings under each protected characteristic in **Table 4-1**.

Table 4-1: Baseline evidence by protected characteristic group

Protected Characteristic	Baseline Evidence
Age	*Topics: Population, Travel, Travel to work, Active travel* **<u>Population</u> (National Records of Scotland, 2020)** [9] • On the 30th June 2019, Scotland's population was estimated to be 5,463,300, of this: - 17% of the population were 15 and under - 64% of the population were between 16 and 64 - 19% of the population were 65 and over **<u>Travel</u> (Transport Scotland, 2020)** [8] • 72% of adults between ages 60-69 had travelled the day preceding the Scottish Household Survey 2019 • Travel decreases with age for people over 60 • Travel the day preceding the Scottish Household Survey 2019 was highest for people ages 30-49 • 75% of those aged 16- 19 and 20-29 travelled the previous day **<u>Travel to work</u> (Transport Scotland, 2020)** [8] • The highest percentage age range for those walking to work was for young people aged 20-29 (13%) • Most people aged 60 and over drove to work • Driving to work remained the most prevalent form of transport to work for all age ranges

	<u>Active travel</u> (Transport Scotland, 2020) [8] • Walking is the most popular mode of travel across all age groups with 67% percent of adults saying they walked more than a quarter of a mile in the past 7 days • Walking is the most popular mode of travel for children to school at 52% • Walking as a means of transport decreases with age; 78% of people aged 16-19 walked as a means of transport in the last week in 2019, compared to 40% of those 80 and over • Interventions to improve the walking environment, such as unobstructed and well-maintained footpaths may be particularly important for those who are 'age and health restricted' (Department for Transport, 2019)[11] • Fewer people in older age groups cycle as a means of transport; 11% of 16- to 19-year-olds cycled as a means of transport in the last week (preceding the survey date), compared to 1% of people aged 80+
Disability	*Topics: Population, Physical activity, Accessibility, Travel, Travel to work and Active travel* **<u>Population</u> (The Scottish Government, 2022)**[10] • Between 2008 and 2017, the proportion of women who were disabled increased from 28% to 34% • Over the same period, the proportion of men who were disabled increased from 23% to 29% **<u>Physical activity</u> (The Scottish Government, 2020)**[12] • In 2019, 55% of adults in Scotland (aged 16 and over) with a limiting longstanding illness or condition met the Chief Medical Officer's guidelines of 150 minutes of moderate to vigorous physical activity a week, compared to 73% of adults who had no limiting longstanding illness or condition • In 2019, 56% of children in Scotland (aged 2-15) with a limiting longstanding illness or condition completed an average of 60 minutes of moderate to vigorous physical activity per day over the course of a week, compared to 71% of children who had no limiting longstanding illness or condition **<u>Accessibility</u> (Transport Scotland, 2012)** [13] • 7.7 % of the adult population had a long-standing illness, health problem or disability that means they found walking for at least 10 minutes difficult to manage on their own • 1.6% of the adult population had a long-standing illness, health problem or disability that meant they found using a car difficult to manage on their own

[11] Department for Transport (2019) Active Travel Investment Models: Overview of evidence on increasing active travel
[12] The Scottish Government (2020) The Scottish Health Survey 2019
[13] Transport Scotland (2012) Scottish Household Survey 2011

	• 4.7% of the adult population had a long-standing illness, health problem or disability that meant they found using a bus difficult to manage on their own **Travel (Transport Scotland, 2012)**[13] • 60% of disabled adults had travelled the day preceding the 2019 Scottish Household Survey. This is less than those who were not disabled (78%) **Travel to work (Transport Scotland, 2020)** [8] • 13% of disabled adults walked to work compared to 12% of those not disabled • Cycling was the usual mode of travel to work for 1% of disabled adults, while 3% of those not disabled cycled **Active travel (Transport Scotland, 2020)** [8] • 48% of disabled adults had walked for transport on the previous day in 2019. This compares to 73% for adults who were not disabled • 41% of disabled adults walked for pleasure. For those who were not disabled the figure was 69% • Cycling was a method of transport for 2% of disabled adults, and for 6% of those not disabled • Disabled people who reported that their condition affects everyday activities 'a lot' were less likely to cycle as their main mode of travel than those who reported that their condition affects everyday activities 'a little' (Transport Scotland, 2021)[14] • 2% of disabled adults cycled for pleasure, compared with 7% of adults who were not disabled • Disabled people may face a number of barriers to cycling, including inaccessible cycle infrastructure, cost of non-standard cycles, cycles not being legally recognised as mobility aids, lack of cycle facilities to accommodate parking and storage of non-standard cycles, and lack of inclusion in imagery and language used to describe cycling
Gender reassignment	There is limited information on the experiences of gender reassigned people in relation to transport in Scotland. *Topics: Safety* **Safety (Transport Scotland, 2022*)*** [15] • Transgender and gender non-conforming people may have concerns about using public facilities, such as toilets, especially at night when these may be poorly lit, for fear of harassment or discrimination

[14] Transport Scotland (2021) Disability and Transport: Findings from the Scottish Household Survey
[15] Transport Scotland (2022) Social and Equality Impact Assessment (SEQIA) – NTS Delivery Plan

	<u>Transport Poverty</u> (Scottish Trans Alliance, 2008) [16] • A 2007 survey involving 71 transgender individuals in Scotland revealed that 30% reported an income exceeding £20,000, while 48% earned below £10,001. Although this dataset represents a limited sample, it is reasonable to conclude that transgender individuals generally face lower income levels and encounter systemic barriers in obtaining employment and training opportunities, placing them at an increased risk of transport poverty
Pregnancy and maternity	There is limited research relating to pregnancy and maternity and active travel in Scotland. *Topics: Population* **<u>Population</u> (National Records of Scotland, 2019)**[17] • The average age of mothers rose from 26.0 in 1975 to 30.7 in 2019 • Pregnant women are mobility restricted, particularly at later stages of pregnancy and may have concerns or issues with regards to accessibility and safety as well as needing access to facilities whilst feeling nauseous or ill when travelling (Transport Scotland, 2022) [15] **<u>Pollution</u> (Juan Guileria et al, 2023)** [18] • Pregnant women and neonates with exposure to high levels of air pollutants are at increased risk of adverse health outcomes
Race	*Topics: Population, Travel, Travel to work, Active travel, Car access* **<u>Population</u> (The Scottish Government, 2021)** [19] • In 2018, the largest ethnic group was 'White Scottish' at 76.7% • Minority ethnic adults represented 4.6% in 2018 **<u>Travel</u> (Transport Scotland, 2020)** [8] • In 2019, the groups that were least likely to have travelled the previous day to the survey were Asian, Asian Scottish or Asian British (60%), White Polish (63%) and Other (not White, not Asian) (66%) • Most likely to have travelled were White other British (76%), White Scottish (74%) and Other White (74%)

[16] Scottish Trans Alliance (2008) Transgender Experiences in Scotland Research Summary
[17] National Records of Scotland (2019) Scotland's Population Chapter 3: Births
[18] Juan Aguilera et al (2023) Air Pollution and Pregnancy
[19] The Scottish Government (2021) Scottish Surveys Core Questions 2019

	Travel to work (Transport Scotland, 2020)[8] • Other White people (not Scottish, other British or Polish) were most likely to walk to work (23%) and to cycle (10%) and equally most likely to get the train (7%) • Asian, Asian Scottish or Asian British people were most likely to get the bus to work (24%) and equally most likely to get the train (7%) • White other British people were the group most likely to drive to work (68%), with White Scottish people next most likely to drive (65%) **Active travel (Transport Scotland, 2020)**[8] • Other White (not Scottish, British or Polish) (82%), White Polish (75%) and Other (77%) adults had walked most frequently as a means of transport in the previous week in 2019. Least likely to walk were White Scottish (65%) and White Other British (64%) • Levels of cycling are similarly low across all ethnic groups. Other White adults were most likely to have cycled as a means of transport (14%), compared to 3% of Asian, Asian Scottish or Asian British and 4% of White Scottish adults **Car access (The Scottish Government, 2015)**[20] • The ethnic groups most likely to have access to a car or van at the time of the 2011 Census were White: Other British and Pakistani (both 83% of households). The figure for the overall population was 77%. African households, at 47%, were least likely to have access to a car • Pakistani households were the most likely to have access to three or more cars or vans. 20% had three or more cars or vans, compared to a Scottish average of 9%
Religion or belief	*Topics: Population, Travel, Active travel, Car access* **Population (The Scottish Government, 2021)**[19] • In 2018, Christian (Church of Scotland, Roman Catholic and Other Christian) represented 46% of the adult population • Just over half of adults (50%) reported not belonging to a religion • Muslims represented 1.6% of the population, 'Other' religion represented 1.9% of the population and 'Unknown' represented 0.4% of the population

[20] The Scottish Government (2015) Census 2011 Equality Results: Analysis part two

	Travel (Transport Scotland, 2020)[8] • 75% of those with no religion and those from all other religions (neither Christian or Muslim) travelled the day preceding the survey • On average, 72% of Christians travelled the day preceding the survey • 56% of Muslims travelled the day preceding the survey **Active travel (Transport Scotland, 2020)**[8] • Muslims were less likely to walk for pleasure. 48% of Muslim adults walked for leisure at least once a week. This compares to 64% of those with no religion and 62% for the whole population **Car access (The Scottish Government, 2015)**Error! Bookmark not defined. • Sikhs had the highest car access with the majority (52%) having access to two or more cars or vans • Hindus had the lowest car access, with over two fifths (42%) living in households with no access to a car or van
Sex	*Topics: Population, Travel, Travel to work, Safety, Active travel* **Population (National Records of Scotland, 2020)**[9] • In 2019, 51% of the Scottish population were women and 49% men • The youngest age groups had a higher proportion of males as more boys are born than girls. The oldest age groups had a lower proportion of men because women have a longer life expectancy in Scotland **Travel (Transport Scotland, 2020)**[8] • Men and women were almost equally likely to have travelled the previous day in 2019. 74% of men travelled the previous day compared to 73% of women • Women are more likely to make multi-stop trips (trip chaining), often by different modes [21] **Travel to work (Transport Scotland, 2020)**[8] • Men are more likely to cycle to work than women. In 2019, 4% of men cycle to work compare to 1% of women. • Women are more likely to walk to work; 14% of women walk to work compared to 10% of men.

[21] Sustrans Scotland (2018) Are We Nearly There Yet? Exploring Gender and Active Travel

	Safety (Sustrans Scotland, 2018) [21] • Women are twice as likely to report 'frightening near misses' on the road when walking and cycling, compared to men. They are also more likely to be travelling with children, taking non-direct routes and trip chaining, all of which slow down journey times **Active travel (Transport Scotland, 2020)**[8] • A slightly higher proportion of men walk almost every day; 24% of men walked as a means of transport on 6-7 days in the last week in 2019, compared to 20% of women • A higher proportion of men cycle; 6% of men had cycled at least once as a means of transport in the last week, compared to 3% of women • Women report feeling less safe than men when cycling, particularly during hours of darkness, and road-space reallocation to provide dedicated space for cycling is cited as being more important to women than men (Sustrans Scotland, 2018)
Sexual orientation	There is limited information available with respect to Sexual Orientation in relation to transport in Scotland. *Topics: Population, Safety* **Population (The Scottish Government, 2021)**[19] • Around 3% of adults self-identified as lesbian, gay, bisexual or other • 95% of adults self-identified as straight or heterosexual **Safety (Transport Scotland, 2022)**[15] • LGBTQ+ people may have concerns about using public facilities especially at night when these may be poorly lit, for fear of harassment or discrimination. Safety concerns are highted in public transport facilities if they are unstaffed or in relatively remote locations • Sexual orientation is one of the five groups of protected characteristics covered by the hate crime legislation. It is estimated that 17% of LGBT people and one in four disabled LGBT people experienced a hate crime in the 12 months prior to 2017

The baseline evidence set out in **Table 4-1** serves as a foundation for understanding the current situation and identifies disparities among different groups based on protected characteristics.

- Age: The evidence outlines the distribution of the population by age and highlights travel behaviours across different age groups. For instance, it shows that younger people (ages 16-19) are more likely to walk and cycle as a means of transport compared to older populations (ages 80 and over),

who have lower active travel rates. This information acts as a guide to the ATS development, emphasising the requirement that active travel must cater to the needs of all age groups, with a particular emphasis on enhancing accessibility for older adults.

- Disability: Baseline evidence regarding disability highlights the lower levels of active travel participation among disabled adults compared to those without disabilities. It also notes barriers disabled individuals face, such as inaccessible infrastructure. This evidence highlights the need to identify interventions to make travel more inclusive and accessible for people with disabilities.
- Gender Reassignment and Sexual Orientation: Limited data indicates that transgender individuals and people of certain sexual orientations may face specific safety concerns when in public, particularly in poorly lit areas. This insight is vital for ensuring that the ATS incorporates safety measures to support LGBTQ+ individuals.
- Pregnancy and Maternity: The baseline evidence indicates that pregnant women may experience mobility restrictions, especially in later stages of pregnancy. This knowledge underscores the need for facilities and infrastructure that cater to their specific requirements.
- Race: The evidence shows disparities in travel behaviours among different ethnic groups, with certain groups being less likely to travel or engage in active travel. Understanding these differences can help tailor the ATS to better serve diverse communities and address transport poverty.
- Religion and belief: Evidence suggests that certain religious groups are less likely to use active travel and are more likely to suffer from transport poverty. It is important the ATS considers this disparity and includes measures that can address the challenges of certain groups.
- Sex: The evidence indicates differences in travel patterns between men and women, including safety concerns. Women report feeling less safe when cycling, particularly in certain conditions. This information can guide the Strategy to incorporate gender-sensitive approaches to ensure equitable access to active travel for all.

4.2 Public Engagement

Public engagement was completed at two different stages during the development of the ATS: early engagement during the production of the Case for Change and during consultation for the draft ATS. During the Case for Change consultation a workshop was organised for stakeholder groups to ensure considerations about accessibility and/or equality were considered. National and regional stakeholder groups such as Mobility as a Service (MAAS) Scotland, Age Scotland and LGBT Youth Scotland were invited however, low attendance meant the workshop did not go ahead and feedback was sought through other engagement methods.

The following summaries the demographic of individuals that responded to each consultation exercise. Note that not every respondent completed demographic questions in the survey and some questions were multiple select, which may explain discrepancies in percentages. In each case, the number of people is recorded next to percentages.

Early Engagement (222 respondents)

- **Age**: 5% (12 people) aged 16-24, 8% (17 people) aged 65+
- **Gender**: 55% (119 people) Male, 37% (81 people) Female, 1% (3 people) Non-binary, 1 person Transgender Female and 1 person Gender fluid / Non-conforming
- **Sexual Orientation**: 76% (164 people) Straight / Heterosexual, 7% (15 people) Gay or Lesbian, 5% (10 people) Bisexual, 2% (4 people) Other sexual orientation
- **Ethnicity**: 91% (196 people) people White, 1% (2 people) African, Scottish African or British African, 1% (3 people) Other ethnic background, 1 person Mixed or multiple ethnic backgrounds and 1 person Asian, Scottish Asian or British Asian
- **Disability**: 13% (30 people) considered themselves to be disabled; 5% (12 people) have long-standing illness or health condition, 4% (9 people) disabled with physical impairment, 4% (9 people) mental health condition, 4% (9 people) disabled with sensory impairment and 4% (8 people) disabled with learning disability/difficulty

Draft ATS Engagement (62 respondents)

- **Age**: 5% (4 people) aged 16-24, 15% (11 people) aged 65+
- **Gender**: 47% (34 people) Male, 30% (22 people) Female, 3% (2 people) Non-binary, 1 person Other gender not listed
- **Sexual Orientation**: 66% (48 people) Straight / Heterosexual, 5% (4 people) Gay or Lesbian, 3% (2 people) Bisexual, 3% (2 people) Other sexual orientation
- **Ethnicity**: 78% (57 people) people White, 1% (1 person) Asian, Scottish Asian or British Asian
- **Disability**: 10% (7 people) considered themselves to be disabled; 5% (4 people) have long-standing illness or health condition, 3% (2 people) have a physical impairment, 4% (3 people) have a mental health condition, 3% (2 people) have a sensory impairment and 1% (1 person) have a learning disability/difficulty

Table 4-2 below shows evidence gathered from respondents during engagement with respect to active travel. However, it must be noted that the results suggest there was an inherent bias in responses from individuals that already travel actively in both engagement periods. This may have skewed the results, as their perspectives may not fully represent the views of those who do not engage in active travel. Consequently, the findings should be interpreted with caution, considering the potential underrepresentation of opinions from less active travellers.

Similarly, it should be noted that there was a low level of respondents with protected characteristics. As such, the findings may not fully represent the views or experiences of the majority with a given characteristic.

Table 4-2: Evidence from engagement relating to each protected characteristic group

Protected Characteristic	Feedback
Age	**Early Engagement** Of those aged 65+, • 41% use active travel as their main mode of travel for everyday journeys compared to 55% of all other ages • The condition of footways was the most important barrier to address for walking and wheeling (35%), followed by lack of continuous footways and segregated routes (18%). These were the top two barriers for all other age groups. • 47% of people aged 65+ noted not owning a bike as a barrier to cycling, the most reported barrier in this age group. This is compared to just 10% from all other age groups • More walking / wheeling routes segregated from cyclists was the most reported enabler to walk/wheel more (47%) • Less gaps in the cycling network was the most reported enabler to cycling more (35%) • The lack of active travel routes close to public transport was most frequently reported as a barrier to accessing public transport (38%) **Draft ATS Engagement** Of those aged 65+: • 100% walk or wheel at least 4 days per week with the majority walking/wheeling 6-7 days a week (73%). People of all other ages walk or wheel less with only 70% walking/wheeling at least four days per week. • 27% cycle at least 4 days per week, 18% cycle 2-3 days a week and 27% do not cycle during the week. This compares to 22% cycling at least 4 days per week, 14% cycling 2-3 days per week and 29% cycling 0 days per week for people of all other ages • 100% use public transport at least once a week compared to 94% of people of all other ages • The majority ‘strongly supported’ all policy interventions; ‘Integrating Active Travel with Public Transport and Freight Movements’ was the most ‘strongly supported’ policy intervention at 72%

	• No-one opposed any of the policy interventions • 36% said that implementing the proposed policy interventions would likely encourage their use of active travel modes compared to 76% of all other ages • 36% said that implementing the proposed network would not likely encourage their use of active travel modes compared to only 8% of people of all other ages No-one under the age of 16 was represented as part of either engagement.
Disability	**Early Engagement** Of those respondents identifying as having a disability: • 60% use active travel as their main mode of transport compared to 52% of those with no disability • The condition of footways was the most reported barrier to walking/wheeling (70%) and most important to address (36%). Only 37% on non-disabled people reported it as a barrier. • Lack of continuous and joined up routes were the most reported barrier to cycling (64%) followed by behaviour of motorists (58%), high presence of vehicles (55%) and lack of routes separate from vehicles (55%) • Better maintenance of footways (61%) was the most reported enabler to walk/wheel more in their area. This is compared to 47% of non-disabled people. • Less gaps in the cycle network (45%) was the most reported enabler to cycle more in their area • Affordability of public transport was the most reported barrier to using public transport as part of active travel journeys (55% of respondents) and was considered the biggest barrier by 33% of respondents, this trend aligns with non-disabled respondents. The second most significant barrier to using public transport as part of active travel journeys was the lack of cycle spaces on buses, trains and the subway (29%) **Draft ATS Engagement** Of those respondents identifying as having a disability: • 100% walk or wheel at least 2 days per week compared to only 94% of non-disabled people • 60% cycle at least once per week compared to 62% of non-disabled people

	• 100% use public transport at least once per week compared to 86% of non-disabled people • The majority strongly supported the policy interventions with 'Integrating Active Travel with Public Transport and Freight Movements' as the most strongly supported policy at 85% • No-one opposed any of the policy interventions • 57% said that implementing the proposed policy groups would very likely encourage their use of active travel modes compared to 60% of non-disabled people • 43% said that implementing the proposed network would very likely encourage their use of active travel modes compared to 38% of non-disabled people
Gender Reassignment	No data was collected on this characteristic during either engagement.
Pregnancy and Maternity	No data was collected on this characteristic during either engagement.
Race	**Early Engagement** Of those respondents identifying as coming from an ethnic minority background: • 57% use active travel as their main mode of transport compared to 54% of white people • The condition of footways was the most reported (86%) barrier to walking/wheeling, it was the second most reported for white people by 41% of respondents • Condition of footways was considered the most important barrier to address with 43% of respondents agreeing. For white people it was the second most important barrier to address (19% of white people said this) • Behaviour of motorists (86%), lack of joined up continuous routes (86%) and conditions of roads (86%) were the most reported barriers identified to cycling. The behaviour of motorists was considered the most important barrier to address by 43% of respondents. These trends are similar for white people • Better maintenance and safer routes were identified as an enabler to walk/wheel more in their local area by the highest number of respondents (71%) • Safer routes were also identified as an enabler to cycle more by the highest number of ethnic minority respondents (71%). It was the sixth most important for white people at 41%. • Affordability of public transport was the most reported barrier to public transport (43%), which was also stated as the most important barrier to address (43%). This trend was the same for white people.

	• Availability of cycle parking close to public transport was also identified as a barrier (29%) for ethnic minorities **Draft ATS Engagement** Of the one respondent identifying as coming from ethnic minority background: • All 5 policy groups were strongly supported • Implementing the proposed policy groups and network would very likely encourage their use of active travel modes (100% respondents) compared to 61% of non-ethnic minorities
Religion or Belief	No data was collected on this characteristic during either engagement.
Sex	**Early Engagement** Of those who identify as female (including trans female): • 48% use active travel as their main mode of transport compared to 56% of males • Lack of continuous and joined up routes the most reported barrier to walking/wheeling by women (51%). This was considered the most important barrier to address by 23% women followed by conditions of footways (16%). This trend was the same for males. • 43% of females reported feeling unsafe at night was a barrier to walking/wheeling compared to only 12% of males. • The majority of female respondents reported that behaviour of motorists (61%), lack of continuous and joined up routes (62%), lack of separated routes to vehicles (57%) and high levels of traffic (56%) were barriers to cycling. These trends are similar for males. • Safer routes were the most reported enabler for females to walk/wheel (50%) and cycle (51%) in their area more. It was the sixth most important for males (41%) for walking/wheeling and eighth most important for cycling (34%) • The majority of females stated that lack of cycle spaces on buses was the most reported barrier to public transport (45%), followed by affordability of public transport (39%). These were also considered the most important barriers to address, with 25% of women stating affordability of public transport, and 10% stating lack of cycle spaces on buses. Similar trends can be observed for men but the affordability of public transport (56%) is viewed as bigger barrier than the limitations of taking bikes on buses (39%) **Draft ATS Engagement** Of those identifying as female (including trans female):

	• 100% walk/wheel at least once per week with 54% walking/wheeling at least 4 times per week. Compared with men, 90% walk/wheel at least 4 times per week • 73% cycle at least once a week compared with 68% of men • 91% use public transport at least once a week compared with 97% of men • The majority strongly supported all 5 policy group interventions, with 'Governance and Funding' the most strongly supported at 95% • 'Promotion, Travel Behaviour Change, and Information' received opposition by 1 person (5%) • 64% stated that implementing the proposed policy group interventions would very likely encourage their use of active travel modes compared with 59% of men • 32% stated that implementing the proposed network would likely encourage their use of active travel modes compared with 44% of men
Sexual Orientation	**Early Engagement** Of those respondents identifying at non-heterosexual: • 69% use active travel as their main mode of transport compared to 48% of heterosexual people • 45% stated that the conditions of footways and lack of continuous routes were barriers to walking/wheeling. This trend aligns with heterosexual people • Lack of joined up cycle routes was the most reported barrier (76%) followed by lack of routes separate from vehicles (66%), high levels of traffic (59%), behaviour of motorists (55%) and lack of dedicated cycle lanes on roads (52%) • Better maintenance of routes (55%) and safer routes (52%) were the most reported enablers to walk/wheel more for non-heterosexual respondents • Less gaps in the cycle network (59%) and safe routes (59%) were the most reported enablers to cycle more • Affordability of public transport was the most reported barrier to public transport (69%), followed by limitations on taking bikes on a bus (31%), then lack of cycle spaces on buses (28%). Affordability of public transport was also considered the most important barrier to address (59%) **Draft ATS Engagement** Of those respondents identifying at non-heterosexual:

	• 100% walk or wheel at least 2 days per week, with 50% walking/wheeling at 6-7 days per week • 63% cycle at least once per week compared with 70% of heterosexual people • 100% use transport at least once per week compared with 93% of heterosexual people • The majority 'strongly supported' all 5 policy group interventions, with 100% of people strongly supporting 'Integrating Active Travel with Public Transport and Freight Movements' • No-one opposed any of the policy interventions • 63% said that implementing the proposed policy group interventions would very likely encourage their use of active travel modes compared to 61% on heterosexual people • 38% said that they weren't sure if implementing the proposed network would encourage their use of active travel modes compared to 40% of heterosexual people

5 Equality Impact Assessment

5.1 Overview

This EqIA assesses the impact of the policy groups and interventions proposed in the ATS on individuals protected under the Equality Act 2010.

An assessment has been undertaken for each policy group, drawing on baseline evidence regarding individuals with protected characteristics (**Section 4.1**) and relevant stakeholder engagement feedback (**Section 4.2**). Additional sources have been used as appropriate to further inform the assessment.

The assessment questioned how the Strategy could affect protected groups with reference to the needs of the Public Sector Equality Duty.

For the purpose of this EqIA, 'Marriage and Civil partnership' was not assessed as this protected characteristic need only be considered in relation to employment policy or functions.

The decision and summary of this assessment and next steps are set out in **Section 6**.

5.2 Policy Group 1 - Creating an Attractive Environment for Walking, Wheeling, and Cycling

Interventions identified under this heading aim to improve people's lives by making sustainable, liveable, and productive places. It is the aim of the Regional ATS to create a regional active travel network which is safe and attractive for all users, and that offers an inclusive way for people to travel actively regardless of age, gender, disability or other protected characteristics.

The interventions under this heading are listed below:

- Create the SPT Regional Active Travel Network
- Enhance Current Active Travel Infrastructure to Minimum Standards
- Facilitate Complementary Active Travel Infrastructure
- Increase Placemaking and Use of Greenspaces along Active Travel Routes
- Increase Resting Places along Active Travel Routes
- Ensure all Active Travel Routes are Inclusive and Accessible
- Ensure all Active Travel Routes are Well Maintained

Protected Characteristic	Positive Impact	Negative Impact
Age	Delivering a regional active travel network could help address the lack of continuous routes identified as a key barrier by those aged 65+ during early engagement (see **Section 4.2**). The network should enhance active travel routes that connect to public transport links, making these services more accessible (see **Section 4.2**). Enhancing existing infrastructure to minimum standards should improve the safety and accessibility of routes for vulnerable users, particularly those with reduced mobility and/or vision associated with aging.[22] User safety should also be improved through maintenance, which should reduce the risk of trips, slips and falls. This should help vulnerable users maintain confidence using these routes and choosing active travel as a mode of transport.[23] The improved safety and accessibility should help users walk/wheel and/or cycle more, positively impacting their physical wellbeing. Increased provision of resting places should further support this, particularly for those with reduced mobility or fitness as a result of aging.[24] In addition to maintenance, placemaking and greenspaces along active travel routes should improve the attractiveness of the area and thus utilisation of the routes[25]. This may result in an increased footfall on routes, increasing actual and perceived safety for vulnerable age groups through passive surveillance[26]. Placemaking and utilisation of green spaces along active travel routes should also provide individuals with more	It is acknowledged that some users in this group may not be able to access the interventions to the same extent as other users due to health conditions. In addition to this, increased footfall on routes will increase the potential for user conflict, which in turn could raise the risk of vulnerable individuals experiencing slips, trips, or falls as they navigate around others, especially if they have restricted mobility or coordination. It is also recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with motorised vehicles may still be present during the early stages of interventions.

[22] Transport Scotland (2021) Cycling by Design Update 2021
[23] Living Streets (2023) Pedestrian Slips, Trips and Falls: An Evaluation of Their Causes Impact, Scale and Cost
[24] Paths for All (2023) Outdoor Accessibility Guidance
[25] East Dunbartonshire Council (2022) Design and Placemaking: Supplementary Guidance
[26] Living Streets (2024) Feeling Safe on Our Streets. Available at https://www.livingstreets.org.uk/policy-reports-and-research/feeling-safe-on-our-streets/

	opportunities for outdoor recreational activities and socialising, which can support users' mental, physical and social wellbeing. [27]	
Disability	The majority of respondents with a disability stated that the condition of footways was a barrier to walking/wheeling during early engagement (see **Section 4.2**) Enhancing existing infrastructure to minimum standards should improve the safety and accessibility of routes for those with reduced mobility and/or vision as a result of their disability.[22] This should also be improved through maintenance, which may reduce the risk of trips, slips and falls and contribute to the ease of movement when using a wheelchair or mobility scooter.[23] This could encourage them to walk/wheel and cycle more (see **Section 4.2**). In addition to maintenance, placemaking and greenspaces along active travel routes should improve the attractiveness of the area and thus utilisation of the routes[28]. This may result in an increased footfall on routes, increasing actual and perceived safety for vulnerable users through passive surveillance.[26] Furthermore, less gaps in the cycle network was the most reported enabler to cycle more in their area (see **Section 4.2**). The delivery of a regional active network should address this barrier and support an increased uptake in cycling by this user group. The improved safety and accessibility of active travel should help users walk/wheel and/or cycle more, positively impacting their physical wellbeing. Increased provision of resting places should further support this, particularly for those with reduced mobility or fitness as a result of their disability. [24]	It is acknowledged that some users in this group may not be able to access the interventions to the same extent as other users due to health conditions. In addition to this, increased footfall on routes will increase the potential for user conflict, which in turn could raise the risk of vulnerable individuals experiencing slips, trips, or falls as they navigate around others, especially if they have restricted mobility or coordination. It is also recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with motorised vehicles may still be present during the early stages of interventions.
Gender Reassignment	The delivery of a regional active travel network and improvements to existing infrastructure should increase the accessibility and attractiveness of active travel as a mode of transport for all. This could help reduce financial	It is acknowledged that a modal shift as a result of interventions will be gradual. It is thus anticipated that the perceived and actual risk of harassment may still be present during the early stages of interventions.

[27] Paths for All (2024) About Active Travel. Available at https://www.pathsforall.org.uk/about-active-travel
[28] East Dunbartonshire Council (2022) Design and Placemaking: Supplementary Guidance

	pressures present for this group by improving access to low-cost transport options[16]. In addition to maintenance, placemaking and greenspaces along active travel routes should improve the attractiveness of the area and thus utilisation of the routes[28]. This may result in an increased footfall on routes, increasing safety for users through passive surveillance. [26] This may reduce the fear of harassment[15].	It is also recognised that whilst passive surveillance is expected to deter such behaviour during peak hours, the risk of harassment may persist during darker hours when foot traffic is typically lower.
Pregnancy and Maternity	Increased provision of resting places along active travel routes should improve the accessibility of active travel as a mode of transport, particularly during latter stages of pregnancy where reduced mobility is typically observed [22]. This should also be improved through maintenance, which should reduce the risk of trips, slips and falls and contribute to the ease of movement when using a pram or pushchair.[23] In addition to maintenance, placemaking and greenspaces along active travel routes should improve the attractiveness of the area and thus utilisation of the routes.[28] This may result in an increased footfall on routes, increasing actual and perceived safety for vulnerable users through passive surveillance.[26] The increased attractiveness and availability of active travel for all, through the delivery of the regional network, may lead to a modal shift and reduced level of traffic-related emissions. This should have positive implications for pregnant women and neonates who are more susceptible to the adverse health outcomes related to air pollution.[18] Childcare associated trip-chaining[12] could also be reduced through placemaking and utilisation of greenspaces by offering space for children in outdoor recreational activities along routes.	Increased footfall on routes will increase the potential for user conflict, which may restrict ease of movement for users travelling with a pram. It is also recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with motorised vehicles may still be present during the early stages of interventions.
Race	The majority of respondents identifying as having an ethnic minority background stated that safer routes would encourage them to walk/wheel and cycle more (see **Section 4.2**). The delivery of a regional active travel network with improvements to existing infrastructure should	It is acknowledged that a modal shift as a result of interventions will be gradual. It is thus anticipated that the perceived and actual risk of harassment may still be present during the early stages of interventions.

	increase the safety and attractiveness of active travel as a mode of transport for all, resulting in a higher footfall. Higher footfall could help reduce the likelihood and users fear of crime and antisocial behaviour, which is currently a deterrent to walking/wheeling.[29] The increased availability of active travel through this network could help minimise transport-related poverty for minority ethnic groups who are less likely to have access to a car, such as African households.**Error! Bookmark not defined.**	It is also recognised that whilst passive surveillance is expected to deter such behaviour during peak hours, the risk of harassment may persist during darker hours when foot traffic is typically lower. Individuals with ethnic minorities less likely to walk, wheel and cycle and/or have high car access may be not benefit for these interventions to the same extent as other groups.**Error! Bookmark not defined.**
Religion or Belief	The delivery of a regional active travel network and improvements to existing infrastructure should increase the accessibility and attractiveness of active travel as a mode of transport for all. This could help reduce transport poverty among religious groups less likely to have access to a car, such as Hindus, by providing a low-cost alternative. [8]	It is recognised individuals with religious backgrounds less likely to walk, wheel and cycle and/or have high car access, may be not benefit from these interventions to the same extent as other groups.**Error! Bookmark not defined.**
Sex	During engagement, over 50% of women identified the lack of continuous and joined up routes as a barrier to walking/wheeling and that safer routes would make active travel more accessible. As such, a comprehensive regional active travel network should improve the overall experience of for women using active travel as part of their journeys. The enhancement of existing infrastructure to minimum standards should help reduce female's fear of collision with motorised vehicles, which are reported more commonly than men[21] and reduce motor vehicle-related barriers to cycling identified during public engagement (see **Section 4.2**). This could also be improved through the recommendation of lighting, whereby women are more likely to less safe cycling, particularly during hours of darkness.[12] The incorporation of placemaking and greenspaces along well-maintained active travel routes should also improve the attractiveness of the area and thus utilisation of the routes.[28] This may result in an increased footfall on routes, increasing actual and perceived safety for women through passive surveillance.[26]	It is recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with motorised vehicles may still be present during the early stages of interventions. During early engagement, 43% of women reported feeling unsafe at night was a barrier them walking or wheeling. It is recognised that women may feel unsafe at night, particularly if areas are poorly lit which reduces the inclusivity on the environment.

[29] Sustrans (2024) The Walking and Cycling Index: The 'What people think' dashboard. Available at https://www.sustrans.org.uk/the-walking-and-cycling-index/walking-and-cycling-index-data-tool/what-people-think/

	Childcare associated trip-chaining[12] could also be reduced through placemaking and utilisation of greenspaces by offering space for children in outdoor recreational activities along routes.	
Sexual Orientation	The delivery of a regional active travel network with improvements to existing infrastructure should increase the accessibility and attractiveness of active travel as a mode of transport, in line with findings in **Section 4.2**. The incorporation of placemaking and greenspaces along well-maintained active travel routes should also improve the attractiveness of the area and thus utilisation of the routes.[28] This may result in an increased footfall on routes, increasing actual and perceived safety through passive surveillance.[26] This may reduce the fear and likelihood of harassment. [15]	It is acknowledged that a modal shift as a result of interventions will be gradual. It is thus anticipated that the perceived and actual risk of harassment may still be present during the early stages of interventions. It is also recognised that whilst passive surveillance is expected to deter such behaviour during peak hours, the risk of harassment may persist during darker hours when foot traffic is typically lower.
Cross-cutting Cross-cutting refers to the consideration of how different equality issues intersect and affect various groups or individuals	Providing low-cost transport options can benefit economically disadvantaged groups, including ethnic minorities and religious groups with lower car access. This overlap addresses both financial and physical barriers to transportation, promoting social equity. The need for resting places, as highlighted for older adults and those with disabilities, overlaps with the requirements of pregnant women and parents with prams, emphasising the positive impact this may have. The incorporation of greenspaces and placemaking along routes can foster community interactions, enhancing mental and social wellbeing for all users, including families with children. This overlap benefits various groups by providing spaces for recreation and socialising, which can be particularly important for those with limited mobility	Negative impacts overlap for some groups, for example, older women or women of ethnic minority groups may be disproportionally impacted by cross-cutting impacts.

5.3 Policy Group 2 – Integrating Active Travel with Public Transport and Freight Movements

Interventions have been identified under this heading are intended to make it easier for walkers, wheelers, and cyclists to access public transport. Joining-up journeys in this way is key to providing an attractive alternative to car use and encouraging people to use more active and sustainable ways of getting around Strathclyde and beyond.

The interventions identified under this policy are listed below:

- Increase Provision of Multimodal Transport Hubs
- Improve Mobility Accessibility of Public Transport Stops, Services and Terminals
- Provide Wheeling and Cycling Space on Public Transport
- Increase Provision of Active Travel Hubs
- Increase Provision of Cycling and Wheeling Storage
- Promote the Use of Active Travel in Freight Movements

Protected Characteristic	Positive Impact	Negative Impact
Age	As under 16-year-olds cannot drive and those aged 65+ may face health conditions which prevent them from driving, these interventions should improve the convenience and efficiency of sustainable travel. This may help to alleviate transport poverty for those without car access and promote greater independence as well as improving users' overall experience travelling. Promoting the use of active travel in freight movements should also reduce the presence of vehicles on the road. This should reduce the likelihood and severity of accidents for vulnerable users. It should be noted that the majority (72%) of those aged 65+ supported this policy (see **Section 4.2**). This was the most support policy by those aged 65+.	It is acknowledged that some users in this group may not be able to access the interventions to the same extent as other users due to health conditions. An increase in bikes being taken on public transport could present a trip hazard for vulnerable users. It is also recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with cyclists and motorised vehicles may still be present during the early stages of interventions. It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.

Disability	The increased mobility accessibility of public transport, stops, services and terminals should help individuals physically impacted their disability. This intervention may improve the provision of safe crossing points to/from public transport services, which was identified as a barrier during early engagement (see **Section 4.2**). This is further supported through the provision of wheeling spaces on public transport. In addition to this, some disabilities can restrict an individual's ability to drive. The increased accessibility and integration of sustainable and multimodal travel should improve the convenience and efficiency of travel. This may help to alleviate transport poverty for those without car access and promote greater independence as well as improving users' overall experience travelling. Promoting the use of active travel in freight movements should also reduce the presence of vehicles on the road. This should reduce the likelihood and severity of accidents for vulnerable users. The second most significant barrier to public transport for people with disabilities, was the lack of cycle spaces on buses, trains and the subway (see **Section 4.2**). This policy group should help address this barrier. It should be noted that the majority of those identifying as having a disability supported this policy at 85%. This was the most support policy.	It is acknowledged that some users in this group may not be able to access the interventions to the same extent as other users due to health conditions. An increase in bikes being taken on public transport could also create conflict for users who use a wheelchair and present a trip hazard for users with poor coordination. It is recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with motorised vehicles may still be present during the early stages of interventions. Affordability of public transport was the most frequently reported barrier to using public transport by those with a disability at 55% (see **Section 4.2**). However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.
Gender Reassignment	The integration of active travel and public transport should improve the safety and accessibility of multi-modal travel, and offer greater flexibility in the way users can travel. This should be particularly beneficial for users without car access and/or who rely on public transport to get to work, education, healthcare and/or other essential services. Effective integration of active and public transport should reduce the need a car, which may help lessen financial pressure of those facing lower income levels.[16]	No negative impact is anticipated. It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.

Pregnancy and Maternity	The integration of active travel and public transport should improve the safety and accessibility of multi-modal travel and offer greater flexibility in the way users can travel. This should be particularly beneficial for users without car access and/or rely on public transport to get to work, education, healthcare and/or other essential services. Increased provision of cycling and wheeling space will play an important role in making journeys using active travel more accessible for parents with young children in prams.	An increase in bikes being taken on public transport could create conflict for users with a pram if not properly stored. It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.
Race	The integration of active travel and public transport should improve the safety and accessibility of multi-modal travel and offer greater flexibility in the way users can travel. This should be particularly beneficial for users without car access and/or rely on public transport to get to work, education, healthcare and/or other essential services. The availability of cycle parking close to public transport was identified as a barrier to public transport for people who were non-white during engagement (see **Section 4.2**). This policy should help address this barrier.	No negative impact is anticipated. It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.
Religion or Belief	The integration of active travel and public transport should improve the safety and accessibility of multi-modal travel, and offer greater flexibility in the way users can travel. This should be particularly beneficial for users without car access and/or rely on public transport to get to work, education, healthcare and/or other essential services.	Individuals part of religious groups less likely to use active or public transport and/or have high car access, may be not benefit from these interventions to the same extent as other groups.**Error! Bookmark not defined.** It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.
Sex	Women are most likely to undertake multi-stop trips.[8] The integration of active travel and public transport should improve the safety and accessibility of multi-modal travel, and offer greater flexibility in the way users can travel. This should be particularly beneficial for users without car access and/or rely on public transport to get to work, education, healthcare and/or other essential services.	No negative impact is anticipated. However, it is recognised that a modal shift as a result of interventions will be gradual. Whilst segregated infrastructure should help, it is anticipated that the perceived and actual risk of conflict with motorised vehicles may still be present during the early stages of interventions.

	The lack of cycle spaces on buses was the most reported barrier to accessing public transport (see **Section 4.2**). This policy should address this through the intervention of providing cycling and wheeling spaces on public transport. Promoting the use of active travel in freight movements should reduce the presence of vehicles on the road. This should help reduce women's fear of collision with vehicles.[8]	Affordability of public transport was the second most reported barrier to using public transport at 39% (see **Section 4.2**) It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.
Sexual Orientation	The integration of active travel and public transport should improve the safety and accessibility of multi-modal travel, and offer greater flexibility in the way users can travel. This should be particularly beneficial for users without car access and/or rely on public transport to get to work, education, healthcare and/or other essential services. It should be noted that 100% of non-heterosexuals strongly supported this policy (see **Section 4.2**).	No negative impact is anticipated. However, affordability of public transport was the most frequently reported barrier to using public transport at 69% (see **Section 4.2**). It is acknowledged that the affordability of public transport may present a barrier. However, interventions identified in this policy group are infrastructure based and behavioural and have no influence on the cost of public transport.
Cross-cutting Cross-cutting refers to the consideration of how different equality issues intersect and affect various groups or individuals	Improvements in public transport accessibility may benefit older adults and individuals with disabilities, allowing them to travel more conveniently and independently, enhancing their overall quality of life. Similarly, younger adults who cannot drive, will have better access to public transport. This promotes independence and reduces reliance on cars, benefiting women, and particularly women from ethnic minority backgrounds who may have less access to vehicles.	While policy aims to alleviate transportation poverty, the affordability of public transport remains a critical barrier. If the costs do not decrease as a result of the interventions, women and ethnic minority groups — who may already be financially disadvantaged — could find it difficult to access these services, thus limiting the intended benefits. Many older individuals live on fixed incomes and may struggle with transport costs as well. It is noted that the affordability of public transport was identified as a barrier during engagement, and may impact all user groups. Policy interventions seek to improve the accessibility to public transport for walkers, wheelers, and cyclists through infrastructure-based and behavioural interventions only. No interventions relating to the cost of public transport have been proposed, as this it not in the scope of the ATS. As a result, it will have no influence on the affordability of public transport.

5.4 Policy Group 3 - Increasing Access to Bikes

Interventions have been identified under this heading are intended to tackle barriers to cycling, including the upfront costs of buying a bike, and make owning a bike an option for everyone to, ultimately, reduce transport poverty in the region. This incorporates standard, non-standard adapted and ebikes.

The interventions identified under this policy are listed below:

- Extension of Bike Hire Schemes
- Extension of Bike Access Schemes
- Extension of Bike Recycling Schemes

Protected Characteristic	Positive Impact	Negative Impact
Age	During engagement, 47% of people aged 65+ noted not owning a bike as a barrier to cycling, the most reported barrier in this age group. Increasing affordable access to bikes may help remove this barrier. The inclusion of non-standard adapted and e-bikes should also improve the accessibility of active travel for users with restricted mobility and/or fitness levels. This would help vulnerable users engage in low intensity exercise to benefit their physical and mental wellbeing. Increased affordable access to bikes could enable young children to cycle sooner and more often, which would lead to long lasting sustainable travel habits and engaging in regular exercise[30]. This could support a more permanent modal shift across the region. A similar pattern could be seen in the general population, which could lead to a reduction in private vehicles on the road, making it safer for vulnerable users to travel independently.	Whilst segregated infrastructure should help, a rise in the presence of bikes may result in user conflict between active travel users. This would increase the actual and perceived risk of collision, particularly for vulnerable users. It is also acknowledged that some users in this group may not be able to access the interventions to the same extent as other users due to health conditions. As highlighted previously, it is recognised that a modal shift as a result of interventions will be gradual. As such, the perceived and actual risk of conflict with motorised vehicles may also still be present during the early stages of interventions. It is expected that the interventions relating to education and training, set out in Policy Group 4, should help minimise current and future levels of conflict. It is also anticipated that the impact of this policy and ultimate use of bike schemes will be interconnected with the successful delivery of the interventions set out in the other ATS policy.

[30] Cycling Scotland (2024) Inequalities hold our young people back: here's why increasing access to bikes makes a difference. Available at https://cycling.scot/news-and-blog/article/increasing-access-to-bikes-makes-a-difference

Disability	The inclusion of non-standard adapted and e-bikes should improve the accessibility of active travel for users with restricted mobility and/or fitness levels. This would help users engage in low intensity exercise to benefit their physical and mental wellbeing. Affordable access to bikes could lead to an increased uptake in cycling by the wider population, which could lead to a reduction in private vehicles on the road, making it safer for vulnerable users to travel independently	Whilst segregated infrastructure should help, a rise in the presence of bikes may result in user conflict between active travel users. This would increase the actual and perceived risk of collision, particularly for vulnerable users. It is also acknowledged that some users in this group may not be able to access the interventions to the same extent as other users due to health conditions. As highlighted previously, it is recognised that a modal shift as a result of interventions will be gradual. As such, the perceived and actual risk of conflict with motorised vehicles may also still be present during the early stages of interventions. It is expected that the interventions relating to education and training, set out in Policy Group 4, should help minimise current and future levels of conflict. It is also anticipated that the impact of this policy and ultimate use of bike schemes will be interconnected with the successful delivery of the interventions set out in the other ATS policy.
Gender Reassignment	Increased affordable access to bikes should help users without car access and/or who rely on public transport to get to work, education, healthcare and/or other essential services. This could be particularly beneficial for those who face lower incomes, reducing the risk of transport poverty.[15]	No negative impact is anticipated. However, it is anticipated that the impact of this policy and ultimate use of bike schemes will be interconnected with the successful delivery of the interventions set out in the other ATS policy.
Pregnancy and Maternity	The inclusion of non-standard adapted and e-bikes should also improve the accessibility of active travel for users with restricted mobility seen during the latter stages of pregnancy. New parents can experience an increase in outgoing costs, and greater access to affordable bikes can help alleviate this financial burden and reduce the risk of transport poverty.	Increased uptake of cycling may increase the potential for user conflict where segregated infrastructure is not in place, which could increase the actual risk of collision and perceived safety of routes. However, it is expected that the interventions relating to education and training, set out in Policy Group 4, should help minimise current and future levels of conflict.

Race	Increased affordable access to bikes should help users without car access and/or who rely on public transport to get to work, education, healthcare and/or other essential services.	It is anticipated that the impact of this policy and ultimate use of bike schemes will be interconnected with the successful delivery of the interventions set out in the other ATS policy. For example, during engagement, behaviour of motorists was considered a main barrier to cycling by 86% of respondents with a minority ethnic background (see **Section 4.2**) Those currently less likely to cycle may not benefit for these interventions as other groups.[8]
Religion or Belief	Increased affordable access to bikes should help users without car access and/or who rely on public transport to get to work, education, healthcare and/or other essential services.	No negative impact is anticipated. However, it is anticipated that the impact of this policy and ultimate use of bike schemes will be interconnected with the successful delivery of the interventions set out in the other ATS policy.
Sex	Increased access to affordable bikes should significantly benefit individuals without car access or those who rely on public transport to reach work, education, healthcare, and other essential services. This expanded access should particularly empower women by facilitating trip chaining using a sustainable, active mode of transport. For those who already depend heavily on walking or multiple public transport services, having access to bikes can enhance convenience and save time, especially by reducing the time spent walking and waiting for transfers. Users swapping non-active modes as a result of this scheme should also benefit physically by engaging in regular exercise. A similar pattern could be seen in the general population through the delivery of these schemes, which could lead to a reduction in private vehicles on the road and reduce women's fear of pedestrian-vehicular conflict.[21]	As highlighted previously, it is recognised that a modal shift as a result of interventions will be gradual. As such, the perceived and actual risk of conflict with motorised vehicles may also still be present during the early stages of interventions. In addition to this, whilst segregated infrastructure should help, a rise in the presence of bikes may result in user conflict between active travel users. This would increase the actual and perceived risk of collision, particularly for women travelling with young children.
Sexual Orientation	Increased affordable access to bikes should help users without car access and/or who rely on public transport to	No negative impact is anticipated. However, it is anticipated that the impact of this policy and ultimate use of bike schemes will be interconnected with the successful

	get to work, education, healthcare and/or other essential services.	delivery of the interventions set out in the other ATS policy.
Cross-cutting Cross-cutting refers to the consideration of how different equality issues intersect and affect various groups or individuals	The availability of affordable bikes may help women or people of ethnic minorities, particularly those with children or low incomes, to travel more easily to work, education, and essential services. This can alleviate transport poverty and promote independence. Greater access to bikes can significantly benefit young people from all other protected characteristic groups. For example, adapted bikes for young people with disabilities can promote independence, while enhancing physical health and mental well-being.	While policy aims to provide greater access to bikes, the cost of access remains a critical barrier. If the costs do not decrease as a result of the interventions, women and ethnic minority groups — who may already be financially disadvantaged — could find it difficult to access these services, thus limiting the intended benefits. Many older individuals live on fixed incomes and may struggle with transport costs as well.

5.5 Policy Group 4 - Promotion, Travel Behaviour Change, and Information

Interventions have been identified under this heading are focused on overcoming social barriers to active travel and aim to promote wider inclusion and increase the diversity of users. They comprise behavioural interventions and promotional, marketing and branding activities to encourage uptake of active travel.

The interventions identified under this policy are listed below:

- Regional Behaviour Change Programmes
- Support Workplace Incentivisation and Behaviour Change
- Support Provision of Active Travel Officers
- Deliver Active Travel Education and Training Programmes
- Targeted Support for Young and School Age Children to Walk, Wheel and Cycle More
- Targeted Support for Areas with Low Active Travel Uptake
- Targeted Support for Areas with Low Active Travel Uptake

Protected Characteristic	Positive Impact	Negative Impact
Age	The successful delivery of these interventions should result in a modal shift across the wider population, reducing the presence of vehicles on the road. This should lower the likelihood and severity of accidents for vulnerable users. Education and training programmes may reduce the frequency and extent of conflict between with both car users and active travel users, further improving safety for vulnerable users. The improved safety and accessibility of active travel as a mode of transport may help users walk/wheel and/or cycle more, positively impacting their physical wellbeing by offering a regular, low-intensity form of exercise.	No negative impact is anticipated but it is recognised that a modal shift as a result of interventions will be gradual and interconnected with the other policy interventions identified as part of this ATS.
Disability	The successful delivery of these interventions should result in a modal shift across the wider population, reducing the presence of vehicles on the road. This should lower the likelihood and severity of accidents for vulnerable users. Education and training programmes may also reduce the frequency and extent of conflict between with both car users and active travel users, further improving safety for vulnerable users. The improved safety and accessibility of active travel as a mode of transport may help users walk/wheel and/or cycle more, positively impacting their physical wellbeing by offering a regular, low-intensity form of exercise.	As above
Gender Reassignment	The successful delivery of these interventions should result in a modal shift across the wider population whereby active travel becomes the norm for short, everyday journeys. This should help reduce the financial pressure for those who face lower incomes, reducing the risk of transport poverty.[16]	As above
Pregnancy and Maternity	The successful delivery of these interventions should result in a modal shift across the wider population, reducing the	As above

	presence of vehicles on the road. This should lower the likelihood and severity of accidents for vulnerable users. Education and training programmes may also reduce the frequency and extent of conflict between with both car users and active travel users, further improving safety for vulnerable users. The improved safety and accessibility of active travel as a mode of transport encourage users to walk/wheel and/or cycle during pregnancy and maternity, positively impacting their physical wellbeing by offering a regular, low-intensity form of exercise. The reduced level of traffic-related emissions as a result of modal shift should have positive implications for pregnant women and neonates who are more susceptible to the adverse health outcomes related to air pollution. [18]	
Race	The successful delivery of these interventions should result in a modal shift across the wider population whereby active travel becomes the norm for short, everyday journeys. This should help reduce the financial pressure for those less likely to have car access.[31]	As above
Religion or Belief	The successful delivery of these interventions should result in a modal shift across the wider population whereby active travel becomes the norm for short, everyday journeys. This should help reduce the financial pressure for those less likely to have car access.[16]	As above
Sex	The successful delivery of these interventions should result in a modal shift across the wider population, reducing the presence of vehicles on the road. This should lower the likelihood and severity of accidents for users and reduce the perceived risk of conflict.[21] Education and training programmes may also reduce the frequency and extent of conflict between with both car	As above

[31] The Scottish Government (2015) Census 2011 Equality Results: Analysis part two

	users and active travel users, further improving actual and perceived safety of active travel for women.	
Sexual Orientation	The successful delivery of these interventions should result in a modal shift across the wider population whereby active travel becomes the norm for short, everyday journeys. This should lead to increased footfall on active travel routes and passive surveillance, reducing the risk of harassment.[15]	As above
Cross-cutting Cross-cutting refers to the consideration of how different equality issues intersect and affect various groups or individuals	As active travel becomes the norm, those without car access – often including lower-income groups and ethnic minority groups – may experience reduced financial burdens related to transportation, promoting greater independence. A shift toward active travel can create safer and more appealing environments in a cross-cutting context. For example, a possible reduction in the risk of harassment through increased foot traffic and passive surveillance, may benefit younger or older women, or younger women of ethnic minorities.	As above

5.6 Policy Group 5 - Governance and Funding

SPT recognises that appropriate delivery and funding models must be in place to enable local transport authorities to deliver high quality infrastructure and active travel measures. Achieving this requires cross-cutting investment and cross-discipline working and SPT will work with a range of partners to increase the investment in active travel measures over the ATS period.

The intervention identified under this heading is listed below:

- Funding Improvements for Active Travel
- Governance Arrangements for Active Travel

Protected Characteristic	Positive Impact	Negative Impact
Age	Whilst the interventions identified in this policy are considered too strategic to assess at this stage, the appropriate delivery and funding models will be crucial to effectively deliver the interventions under Policy Group 1 to 4 and bring about the associated positive impacts identified for the different users.	Individuals in groups currently less likely to walk, wheel or cycle may not benefit from funding improvements to the same extent as other groups. Impact assessments should be carried out by local transport authorities submitting proposals to deliver infrastructure and active travel measures to identify their potential impact(s) on different user groups.
Disability		
Gender Reassignment		
Marriage and Civil Partnership		
Pregnancy and Maternity		
Race		
Religion or Belief		
Sex		
Sexual Orientation		
Cross-cutting Cross-cutting refers to the consideration of how different equality issues intersect and affect various groups or individuals		

6 Decision & Summary

6.1 Describing How Equality Impact Analysis Has Shaped the Policy Making Process

This EqIA has examined the policy groups and interventions proposed as part of the SPT Regional ATS. These collectively aim for the west of Scotland to be an attractive, resilient and well-connected place with active, liveable communities and accessible, vibrant centres facilitated by high quality, sustainable and low carbon transport shaped by the needs of all.

The engagement and baseline evidence gathering phase outlined in the EqIA has been essential to the policy-making process, ensuring that it benefits all user groups with protected characteristics. Ultimately, this stage has contributed to improved outcomes for individuals and communities by enforcing the Equality Act 2010 and tackling discrimination. The policy development process was undertaken in line with the requirements of the Equality Act 2010 to give due regard to the need to: eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct; advance the equality of opportunity; and promote good relations.

The baseline evidence gathering identified several potential areas of impact for protected characteristic user groups, which informed the policy development process. Here are some examples:

1. Age: The evidence indicated that younger people (ages 16-19) are more likely to walk and cycle compared to older populations (ages 80 and over), who have lower active travel rates. This highlights the need for the ATS to enhance accessibility for older adults.
2. Disability: It was noted that disabled individuals face barriers such as inaccessible infrastructure, leading to lower levels of active travel participation. This evidence emphasises the need for interventions that make travel more inclusive and accessible for people with disabilities.
3. Gender Reassignment and Sexual Orientation: Limited data suggested that transgender individuals and people of certain sexual orientations may face safety concerns in public spaces, particularly in poorly lit areas. This insight is crucial for ensuring that the ATS incorporates safety measures to support LGBTQ+ individuals.
4. Pregnancy and Maternity: The evidence indicated that pregnant women may experience mobility restrictions, especially in later stages of pregnancy. This underscores the necessity for facilities and infrastructure that cater to their specific requirements.
5. Race: Disparities in travel behaviours among different ethnic groups were observed, with certain groups being less likely to engage in active travel. Understanding these differences can help tailor the ATS to better serve diverse communities and address transport poverty.
6. Religion and Belief: Evidence suggested that certain religious groups are less likely to use active travel and are more likely to suffer from transport poverty. The ATS must consider this disparity and include measures to address the challenges faced by these groups.
7. Sex: Differences in travel patterns between men and women were noted, including safety concerns for women when cycling. This information can guide the strategy to incorporate gender-sensitive approaches to ensure equitable access to active travel for all.

These examples illustrate how baseline evidence gathering has shaped the policy development process to ensure compliance with the Equality Act 2010 and promote inclusivity across various protected characteristic groups.

6.2 Decision

The assessment identified that all policy groups within the ATS are likely to have positive impacts on individuals protected under the Equality Act 2010 within the SPT region. Although some potential negative impacts were identified, the ATS is judged to have an overall positive impact.

No further measures are required at this stage to mitigate any adverse impacts, and it is decided to "**Continue the policy**" as the ATS has taken due regard to Public Sector Equality Duty.

The decision to "Continue the policy" indicates that the policy is deemed to have an overall positive impact, despite some identified potential negative impacts. To ensure compatibility with SPT's obligations under the Public Sector Equality Duty (PSED), the following points should be addressed:

- Demonstration of Compatibility with PSED: The assessment identified that all policy groups within the ATS are likely to have positive impacts on individuals protected under the Equality Act 2010. The decision to continue reflects due regard to the PSED, as it aims to promote equality and reduce discrimination.
- Objective Rationale for Continuing: The rationale for continuing the policy is based on the overall positive impact it has on protected characteristic user groups. The policy is designed to improve access and outcomes for various communities, aligning with SPT's commitment to equality in all activities.
- Steps Taken to Reach the Decision: The decision was reached after a thorough Equality Impact Assessment (EqIA) process, which included stakeholder consultation, evidence gathering, and analysis of potential impacts on protected characteristics. The EqIA process involved initial scoping, further evidence collection, and assessment of impacts, leading to an informed decision.
- Steps Taken to Mitigate Impact: While no immediate adverse impacts require mitigation, it is acknowledged that if any disproportionate impacts are identified in the future, mitigation measures will be developed. The EqIA will be updated accordingly, and local authorities will assess the impact of interventions at a local level prior to implementation.
- Future Development of Mitigation Measures: It is recognised that mitigation measures may not be fully defined at this stage and will require further development. This will be referenced in the ongoing monitoring and review process to ensure that any necessary adjustments can be made in response to emerging evidence or changes in the policy.

If there are any changes to the policy in the ATS, the EqIA should be updated, and the decision revised in line with the change. Any new mitigation required should be identified and a mechanism for implementing this organised. In addition to this, local authorities will be responsible for assessing the impact of interventions at a local level prior to implementation. It is recommended that they identify any cross-cutting impacts during this process.

6.3 Monitoring and Review

It is important to monitor and report on the progress of the Regional ATS on an ongoing and established basis to understand what is working well and what may need additional focus.

SPT will work with its constituent councils and other partners to track progress towards achieving the long-term vision for active travel in Strathclyde. This work will follow an established Monitoring & Evaluation Framework, based on the monitoring of the Regional Transport Strategy and the RTS Evaluation Framework.

Local authorities will also monitor the implementation of the interventions through the production of an Annual Monitoring Report. The Regional ATS is accompanied by a Monitoring & Evaluation Plan which will monitor a series of indicators relating to bike ownership, physical activity, car use, road-related casualties and modal share and continue to monitor and identify these indicators across the protected characteristics, household income and urban/ rural/ island classifications where possible.

SWECO