

Equality Impact Assessment

This document contains a template for an Equality Impact Assessment (EqIA). An EqIA is a working document that will inform decision-makers and those who come up with solutions about the impacts of your proposal on equality groups. They provide evidence of how we as a council have reached a decision and how we have factored in equalities the decision about a proposal.

An EqIA should be done when:

- introducing a new service, policy or scheme (whether or not the service is statutory);
- proposing to remove all or part of a service, policy or scheme;
- making a change to a the way a service is provided;
- making any decision that will affect people's life or the quality of it.

If you need any help to complete an EqIA, please email <u>equalities@stockport.gov.uk</u>



Title of report or proposal	Skid Resistance Policy Statement					
Lead officer(s)	Andrew Suggett		Date	03-05-2022		
Aims and desired outcome Are you trying to solve an existin						
The key features of the policy undertake to address sites whether the state of the policy of the pol	Id procedures for the measurement and main or are that it identifies the following: the skid technich require remedial action and explains how a Council to show that we have applied the WI	sting process, the investigatory levelocity remedial action is prioritised. The	vels being use	d, the actions the Council will		
Scope of the proposal Include the teams or service are	as from the Council and outward-facing services of	or initiatives				
Highways and Transportati	on					
	tions you have been / will be exploring? s cases, issues papers or options appraisals					
A Skid resistance policy is ne	cessary and no other options have been expl	ored				
Who has been involved in t Please list any internal and exter						
Andrew Suggett has based th	ne document updates on government guidanc	:e.				

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.

Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

The Policy looks at the way the Council carries out SCRIM testing to identify locations which need remedial work on its highways.

Under Section 41A(1) of the Highways Act 1980, as amended by the Railways and Transport Safety Act 2003 the authority, who are the Highway Authority, for a highway maintainable at the public expense are under a duty to maintain the highway.

The policy outlines how areas of concern will be identified and dealt with and benefits all highway users.

The policy affects all people in the borough as they all have some risk of coming to harm due to risk of skid on the highway. The services in the policy aim to reduce this risk via a risk management approach based on knowledge about higher risk areas in the borough following testing. The policy has been updated to reflect the changes set in place by the new Code of Practice.

People of Different Ages.

Despite the different preferences of transport mode for different ages of population the risk posed by vehicles losing control due to slippery surface is wider than the driver of the vehicle involved. It is not considered that older or younger people are differently effected by the policy or the way in which the testing and repair is done.

Men/ Woman/ Transgender

Despite the different preferences of transport mode for different genders of population the risk posed by vehicles losing control due to slippery surface is wider than the driver of the vehicle involved. It is not considered that older or younger people are differently effected by the policy or the way in which the testing and repair is done.

People with Disabilities

Despite extra transport difficulties that people with disabilities may face the risk posed by vehicles losing control due to slippery surface is wider than the driver of the vehicle involved. It is not considered that people with permanent or temporary disabilities are differently effected by the policy or the way in which the testing and repair is done.

Race and religion There is no evidence based on data collected by citizens' panel and other data collection including Office of National Statistics that this would be a relevant issue for Skid Policy.
BMEG
There is no evidence based on data collected by citizens' panel and other data collection including Office of National Statistics that this would be a relevant issue for Skid Policy.
Sexuality
There is no evidence based on data collected by citizens' panel and other data collection including Office of National Statistics that this would be a relevant issue for Skid policy.
Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?
N/A

Step 1: Establishing and developing the baseline

To assess the impacts of your proposal, you first need to understand how things are now. This will vary depending on your proposal, but consider who will be affected by the proposed changes: for example, who currently accesses a service or lives in an area? What works well for them? Are you aware of any issues? Are there any groups that are underrepresented?

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Age	Stockport remains one of the slower growing boroughs in the Greater Manchester area. The population of Stockport has more older people and fewer younger adults than the national or Greater Manchester average. The predicted rise in the older population has been a trend for the last two decades. This increase has occurred as expected, so that the 65+ population has grown by 18% since 2008. Different areas within Stockport have seen different trends in population over the last decade. The all age population of the most deprived areas has increased more rapidly than in the least deprived areas.	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation
Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	43.4% of children with SEND codes in Stockport are educated in mainstream schools. This is higher than the England and North West averages, although broadly comparable with our statistical neighbours. Rates of Special Educational Need are highest (16 to 19%) in the wards of Brinnington & Central (18.8%), Davenport & Cale Green (17.6%) and Edgeley & Cheadle Heath (17.2%) which are the wards with highest levels of poverty and deprivation.	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation
Gender reassignment A person whose individual experience of gender may not correspond to the	No Data	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
sex assigned to them at birth.			
Maternity and pregnancy	Fertility rates for all women have been stable over the last five years, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women.	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation
	Infant mortality rates fell to 4.6 per 1,000 live births in 2004-06, and continued at a lower rate through to 2013-15.		
	However in recent years [2013-2017] rates have been higher, though not as high as in 2003-05 and not a statically significant change ¹		
Marriage and Civil Partnership		Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation
Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes	Stockport was less ethnically diverse than the national average with 92% of the population identifying themselves as white in the 2011 Census compared to 86% nationally. People who describe themselves as Asian Pakistani are the largest Black or Minority Ethnic (BME) group in Stockport, around 6,600 in 2011. Over time however the diversity of the population is increasing and the number of people identifying themselves as from a BME group almost doubled from 2001 to 2011, to 22,500 and is likely to have increased since.	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation

¹ 2020 JSNA Healthy Lifestyles September 2019 <u>https://stockport-haveyoursay.citizenspace.com/public-health/jsna-2020-healthy</u> lifestyles/supporting_documents/2020%20JSNA%20%20Healthy%20Lifestyles.pdf

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Gypsy and Traveller populations			
Religion or Belief	The distribution of the BAME population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heatons South are particularly diverse. These areas are also those with higher than average rates of people whose religion is Muslim; 50% of Muslims in Stockport live in one of these three wards. Gatley also has a community of residents whose religion is Jewish. Stockport has seen an increase in both the Muslim population and people of no religion between 2001 and 2011. On the whole these populations are younger than average.	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation
Sex	There are more Females than males in the borough. Males in Stockport are now expected to live to 79.9 years and females to 83.3 years, rates similar to the national average. The gap in life expectancy between the genders has narrowed as male life expectancy has grown more quickly than female life expectancy. Males typically live 18.2 years past healthy life expectancy, and females 18.6 years past healthy life expectancy.	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation
Sexual orientation People who are lesbian, gay or bisexual	No Data	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Socioeconomic status	While we recognise that English local authority Indices of Multiple Deprivation (IMD) scores (ONS, 2019) does not rank Stockport as a whole as being highly deprived, whilst ranking other areas of the Greater Manchester conurbation as being deprived, Stockport does consider it important to insure that it considered the impact of decisions on the more deprived areas of its borough and to address these affects where possible. Stockport has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low. Brinnington and Lancashire Hill (Central) are the most deprived areas in the borough. These areas are also amongst some of the most deprived areas in England. More areas in Stockport rank in the 1% most deprived nationally than average, and 7,250 people in Stockport live in these areas of highest deprivation. 17% of the Stockport's areas are ranked in the most deprived national quintile. Areas of deprivation cluster to the centre and north of the borough. Stockport now has the most deprived electoral ward in Greater Manchester, as well as continuing to have the least deprived ward. Levels of child poverty are especially high in these areas. An estimated 34,560 in Stockport are affected by income deprivation: 9,400 older people live in relative poverty 8,050 children live in low- income households. 83% of working age	Process is based on carriageway conditions and does not consider local factors beyond empirical measures.	No – Policy has no impact on access or participation

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	benefit claims are linked to ill health or disability. Housing, despite being significantly cheaper in areas of deprivation, is relatively less affordable in these areas than in other less deprived areas. Stockport's number of areas in England's most deprived 1% is just over double the national average. The count of these most exceptionally deprived areas has increased to four, from three in 2015. The 2019 IMD Employment domain shows that the percentages of working age people affected by employment deprivation are highest in: Lancashire Hill (42%), Brinnington - Northumberland Road (37%), Brinnington - Blackberry Lane (35%), The town centre (33%), The south part of Offerton Estate (31%), Adswood - Bridge Hall (30%) In 2019, 12.9% of people aged over 60 were affected by income deprivation, around 9,400 people across Stockport. On average 83% of working age people claiming benefits do so because of a disability. 52% of Employment and Support Allowance claims are for people with mental and behavioural disorders. A significant majority of homes in Stockport are owner occupied. According to the 2019 housing survey, the majority of these are now owned outright. In Brinnington, Town Centre and Hillgate however, the percentage of owner occupation is significantly lower than elsewhere in the		

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	borough. Town Centre and Hillgate has significantly more flats than other areas in the borough, over 90% of all dwellings. There is a known correlation between car ownership and income. Therefore despite have in the highest ratio of cars to population according to the data collected in the Office for National Statistics Census 2011 there are still areas of low car ownership per population and these, when mapped, align with Stockport's more deprived areas. It is therefore not surprising the walking and public transport are also the main modes of transport for those lower income households.							
Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known		N/A	N/A					
	You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.							
Carers		N/A	N/A					
Those experiencing homelessness		N/A	N/A					
Veterans		N/A	N/A					

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Asylum seekers and refugees		N/A	N/A

Step 2: Identifying impacts the proposal will have compared with the baseline

To explore the impacts of your proposal, you should use your baseline as a comparison with how things would be after your proposal. Think about how this would differ from the baseline for people with each protected characteristic. Include any sources of data you have used (including desktop research and engagement activity).

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
Add more rows where needed		Is the impact positive or negative?	How have you become aware of an impact or inequality? Is it from research, have you been advised by another party, has a member of the public or a stakeholder made you aware, did someone from this or another characteristic make the claim?	What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?	Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?
	Age – older people	N/A			
	Age – younger people	N/A			
	Disability Consider people with physical	N/A			

Impact	Characteristic	Positive or	Impact source	Impact details and rationale	Additional information
no.		negative impact	impact source		
	disabilities, sensory impairments, learning disabilities and mental health issues				
	Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	N/A			
	Maternity and pregnancy	N/A			
	Marriage and Civil Partnership	N/A			
	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This	N/A			

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	also includes Gypsy and Traveller populations				
	Religion or Belief	N/A			
	Sex	N/A			
	Sexual orientation Consider how the proposed policy may differently i mpact people who are lesbian, gay or bisexual	N/A			
	Socioeconom ic status	N/A			
			e below characteristics whore of these groups.	nere you have relevant data, especially if your proposal i	s predicted to
	Those experiencing homelessnes s	N/A			
	Veterans	N/A			
	Asylum seekers and refugees	N/A			

Step 3: Identifying mitigating factors to minimise negative impacts

Step 2 identified potential impacts your proposal may have on people with different protected characteristics. If there are negative impacts, then you must consider how you could mitigate against (lessen) these negative impacts.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
	Give a brief summary of the issue/inequality /impact	What is being suggested to mitigate for this. What is the rationale behind the suggestion?	Where does this suggestion come from? Have you consulted the characteristic(s) affected for solutions?	What evidence is there that the suggestion would solve the problem? How have you learned this? Has this been done elsewhere?	Within the financial envelope, how feasible is this solution? What are the cost implications? Could it indirectly affect anyone else? Can any other body help with the solution? If yes, how?
N/A	N/A	N/A	N/A	N/A	N/A

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

It is strongly recommended to engage with people with protected characteristics to sense-check your conclusions before you indicate an outcome in this EqIA. Including feedback from this engagement activity will ensure your baseline assessment and your impacts are accurate, and that your mitigating actions are helpful and the best use of resources. It ensures that the proposal has been designed so that it is fair as possible to everybody.

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.

The policy improves the safety of all residents and visitors to the borough. The purpose of the policy is to have a process (driven by risk and empirical data)
to address areas of the highway where slippery surfaces may increase the risk of accidents and accompanying injury. Injury could be incurred by drivers,
passengers or bystanders/ other vehicles nearby no specific group is of greater risk. Slippery surfaces could occur in any area of the borough dependent on
the nature of the route. The process to address the issue is uniform across the borough in the form of warnings and appropriate surfacing actions. The
actions would not change the road to make it worse or better in preference of any group but return it to an expectable level of grip for safety tolerances.

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

N/A

Are there any adverse impacts that can be justified on the grounds	s of promoting equality	of opportunity for on	e group, or for any ot	her reason?
Please state why.				

N/A

Are there any other proposals or policies that you are aware of that could create a cumulative impact? This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

N/A

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.						
Α.	No major barriers identified, and there are no major changes required – proceed.	\boxtimes				
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.					
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.					
D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.					
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.					
Please describe briefly how this EqIA will be monitored. When will this be reviewed? What mitigating actions need to be implemented and when?						

If any issues are highlighted during the life of the policy specific to a equality issue this will be investigated.