



Equality Impact Assessment- Stage 2 Template

Table 1: Defining the Policy

Title of Policy:	Reduce bus service subsidies
Service:	Community and Regulatory
Team:	Roads and Transportation
What is the purpose of the proposed policy or changes to established policy? Withdraw Council subsidised evening and weekend bus services. To reduce expenditure on poorly utilised services.	
Who is affected by the policy or who is intended to benefit from the proposed policy and how? Users of the C68/C69/C70 bus services in the evening and at the weekend. This will provide a cost saving to the Council.	
How have you, or will you, put the policy into practice? Who will be responsible for delivering it? Council require to approve and implement. Roads and Transportation Manager will deliver.	

Table 2

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

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

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

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

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

Protected Characteristic	Impact (H,M,L or U)*	Description of Impact
Disability	Low	A withdrawal of evening and weekend services. Demand Responsive Transport (DRT) is being implemented in Muckhart and Dollar along with West Kinrosshire and this will cover areas not served by existing commercial services.

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

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

Approved by:

Name (Head of Service)	
Date	