EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

Grovesend Road – Gillingstool Active Travel Corridor

Contents

Contents 1
SECTION 1 – INTRODUCTION 1
SECTION 2 - RESEARCH, ENGAGEMENT AND CONSULTATION 2
2.1. Research 2
2.2 Public engagement and consultation 7
2023 Consultation 7
2024 Consultation 9
2026 Community co-design workshop 18
2026 Consultation on revised scheme design 18
SECTION 3 - IDENTIFICATION OF DISPARITIES, IMPACTS, AND ISSUES 18
SECTION 4 - ACTIONS TO BE TAKEN 22
SECTION 5 - EqIAA OUTCOME 23
SECTION 6 - SOURCES OF EVIDENCE INFORMING THIS EqIAA 24

SECTION 1 – INTRODUCTION

This scheme has been identified by South Gloucestershire Council (SGC) to deliver a high-quality walking, cycling and wheeling route between Thornbury town centre and the A38 primarily along Grovesend Road and Gillingstool. The route currently has no dedicated cycle facilities and substandard walking facilities.

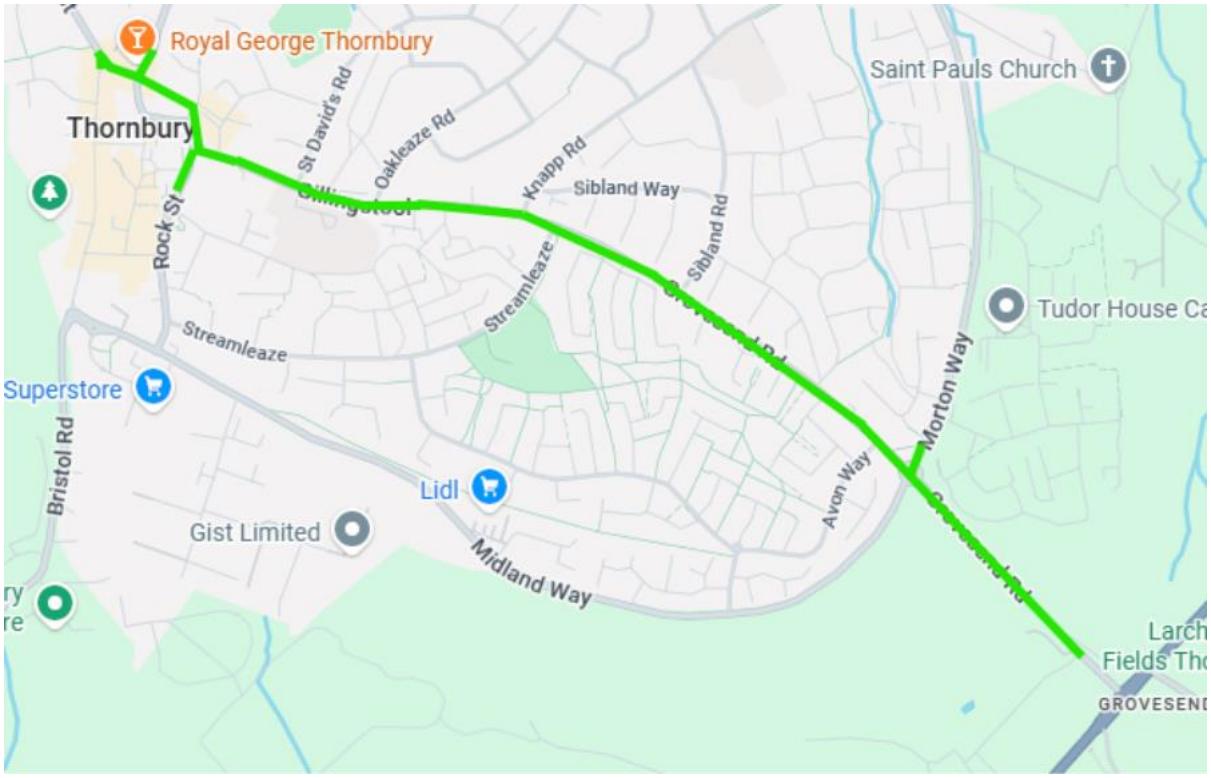
The scheme will be designed to a high standard, minimising maintenance costs, impact on existing green infrastructure and maximising scheme lifespan. It will form part of a high quality, direct walking, cycling and wheeling link from the town of Thornbury to the North Fringe of Bristol, via the A38, and onwards to central Bristol, contributing towards key local and regional priorities. Additionally, the scheme has its own merits, providing an important new active travel link through Thornbury and enhancing linkages between other neighbouring communities.

The aims of the project are to provide improved access to sustainable modes of transport, opening up healthier and low-cost methods of travel through the improvement and provision of new walking and cycling infrastructure, along with enhancements to bus stops.

The project objectives are:

- Improve the experience for walking, cycling and wheeling
- Improve safety and accessibility along the length of the route for active mode users
- Improve local and strategic connectivity for active mode users
- Maintain acceptable level of service for other highway users
- Enhance access to green space
- Improve bus stop facilities and accessibility

Figure 1.1 Map of the route



SECTION 2 - RESEARCH, ENGAGEMENT AND CONSULTATION

South Gloucestershire Council has a clear set of priorities for equality which identify key priority areas for the advancement of equality for all as follows:

1. Health and Wellbeing
2. Educational attainment and experience
3. Poverty & financial hardship
4. Housing
5. Adult Social Care

6. Children's Social Care
7. Employment
8. Accessibility, especially in terms of digital inclusion, transport, the built and natural environment, and access to the wider economy
9. Tackling inequalities as part of work to address the Climate and Nature Emergency
10. Hate Crime

This project will directly contribute to work against Priority Area 8 and indirectly contribute to Priority Area 1 and 9. Through our ongoing engagement and consultation work, feedback tells us that there are particular considerations in respect of this work in relation to Age, Disability and Sex.

2.1. Research

The project has drawn from key equality and diversity related research, as set out below:

Characteristic and/or issue	Key findings
Sex	Improved cycling infrastructure through a combination of segregated single and bi-directional cycle tracks, along with shared use paths, providing a high degree of separation from motor traffic is likely to be important for increasing levels of cycling amongst under-represented population groups such as women. Improvements to the walking environment and facilities at bus stops can help to alleviate safety concerns for those with protected characteristics regarding the use of public transport, particularly for those that need to travel at certain times of the day.
Children & Young People	Independent mobility appears to be an important independent determinant of weekday physical activity for both boys and girls. Physical activity and factors such as independent mobility are likely to be influenced by the type of neighbourhood (housing density, land use mix, available green space) as well as perceptions of neighbourhood. Parents may be much more likely to allow independent mobility if they perceive their environment to be safe and traffic density to be low. There is a significant positive relationship between physical activity, improved cognitive performance and academic achievement. Research has found a possible link between traffic-related air pollution outside people's homes and the onset of asthma in children

	during the first eight years of life. Higher levels of nitrogen dioxide, PM2.5 and soot (generated by greater traffic volumes) were more likely to be recorded at the homes of those children who developed asthma and asthma symptoms. Research has shown that far more English children were accompanied by an adult on the journey home from school in 2010 than in 1971. In 1971, 86 per cent of the parents of primary school children surveyed said that their children were allowed to travel home from school alone. By 1990, this had dropped markedly to 35 per cent, and there was a further drop to 25 per cent being allowed to do so in 2010. In 2010, in England there was a marked increase in adult accompaniment on non-school journeys, with 62 per cent of the journeys in 2010 being accompanied, compared to 41 per cent in 1971. Public Transport is often integral to the way children and young people travel to and from education, leisure and work. Improvements to the reliability, safety and accessibility of public transport infrastructure are similarly echoed between adults and children and young people.
Older Age	The intensity of physical effort during cycling on an electrically assisted bicycle is sufficiently high to contribute to the physical activity guidelines for moderate-intensity health-enhancing physical activity for adults. The risk of increasing falls among a largely sedentary older population can be reduced through physical activity. Walking, as the most readily available physical activity, can contribute to the prevention of falls through maintaining or increasing leg muscle and bone strength. Cycling is a form of physical activity with particular benefits for older people. It is non-weight bearing and therefore has less impact on the joints than jogging or other running sports, and several studies of disease causation have shown significant risk reduction for all-cause and cancer mortality, cardiovascular disease, colon and breast cancer, and obesity morbidity in middle-aged and elderly cyclists. Cycling may also contribute to improved quality of life for older people, by enhancing social networks and building empowerment, and can be incorporated easily into a daily routine. Successful methods used to promote cycling to older people include:

	Age-targeted cycling skills courses, encouragement for Bicycle User Groups to reach out to older people, widespread availability of cycling maps, advertising the multiple benefits of cycling and continued improvement to cycle paths. Fear of cars and other motorised traffic is a strong barrier to cycling across all age groups so investment in infrastructure should also have benefits across the population. Local buses are more commonly used amongst older people, with statutory concessions providing access to essential services. Public transport in general is an important mode of travel that helps tackle social exclusion and maintain wellbeing.
Disability (including mental health)	Psychologists have long recognised the potentially detrimental effect of the commute. Most studies of the commute and stress find that active travel, followed by public transport use are the least stressful modes and that active travel is often reported as a positive experience in terms of stress management. The intensity of physical effort during cycling on an electrically assisted bicycle is sufficiently high to contribute to the physical activity guidelines for moderate-intensity health-enhancing physical activity for adults. There are more accessible options for cycling today than ever before. These include hand cycles, trikes, wheelchair friendly cycles, side-by-side cycles, one up one down cycles, recumbents, tandems, and steer from rear tandems. As such there is large potential for promoting facilities and options which are suitable for a wide range of impairment types. Public transport plays an integral part in promoting independence, particularly amongst disabled people. Despite this, those with disabilities are far less likely to travel and use public transport than non-disabled people, even though they are more likely to use buses more frequently. Barriers to public transport, particularly accessibility at bus stops, are a key factor. Improvements to boarding and alighting, and bus journey times, are likely to improve conditions significantly.
Safety	Research has noted that there would be substantial implications of a policy approach which seeks to mitigate barriers to walking and cycling so that (door to door) networks can be travelled on foot or

	bicycle without disproportionate risk. This is important information in respect of promotion for females, younger and older people. Evidence also informs us that design principles and good management can address conflicts that can occur within shared spaces (e.g. cyclists and pedestrians). This is important information in respect of promotion for disabled people and both younger and older people. As abovementioned, feelings of safety impact significantly on the use of public transport, particularly for those with protected characteristics such as gender or race. Improvements to both bus and walking infrastructure, such as lighting, can support with modal shift and improve peoples perception of safety when considering sustainable modes of transport.
Economic Benefit	Economic analysis of cycling interventions suggests that average benefit per additional cyclist is £590 per year, and that small increases in cycling numbers can justify investment in new cycling infrastructure principally due to the health benefits which accrue. There is a high cost to employers from absenteeism and potentially even greater costs from presenteeism. Increasing physical activity through active travel opportunities and activities during the workday are highly likely to be cost effective in improving health. Within schemes, there is also an identified benefit in relation to tourism. Using the principle that diverse groups have diverse needs and promoting opportunities accordingly has the potential to maximise usage amongst visitors to our areas.
Health	The most substantive epidemiological study to date was carried out in Copenhagen involving 13,375 women and 17,265 men aged 20-93 who were randomly selected from a population of 90,000 living in central Copenhagen. Of this cohort, 14,976 cycled regularly to work, for about three hours per week on average. The researchers concluded that: “Even after adjustments for other risk factors, including leisure time activity, those who did not cycle to work experienced a 39% higher mortality rate than those who did.”

	This is a very important finding. It provides direct evidence from a large-scale study that regular cyclists are likely to have a lower risk of death compared to non-cyclists, irrespective of other physical activity they do. Additionally, later analysis has shown higher death rates among those who reduced their level of cycling compared to those who continue to cycle. Walking is the most basic form of physical activity humans can undertake to maintain good health. A key paper setting out the benefits of walking was published in 1997 and remains an important resource for walking promotion. This set out that regular walking reduces the risk of cardiovascular and respiratory diseases, type 2 diabetes, some cancers, deaths from all causes, and helps to counter depression and maintain mental wellbeing. Countries with the highest levels of active travel generally have the lowest obesity rates. Mixed use developments, at high density, with good connectivity for walking and cycling significantly affects body weight and reduce the risk of weight gain. The order of the difference in fitness in favour of cyclists is equivalent to that enjoyed by being five years younger (cycling in general) or up to 10 years younger (for regular cyclists) A growing body of research reveals that road transport noise can cause sleep disturbance, cardiovascular disease, elevated hormone levels, psychological problems, and even premature death; studies on children have identified cognitive impairment, worsened behaviour, and diminished quality of life. People with existing mental or physical health problems are the most likely to be sensitive to traffic noise. Fifty-five per cent of those living in urban areas with more than 250,000 inhabitants in the EU - almost 67 million people endure daily road noise levels above the lower EU benchmark for excess exposure.

2.2 Public engagement and consultation

Two previous consultations have been undertaken in 2023 and 2024, which gathered valuable feedback from the public and elected members and identified various design considerations.

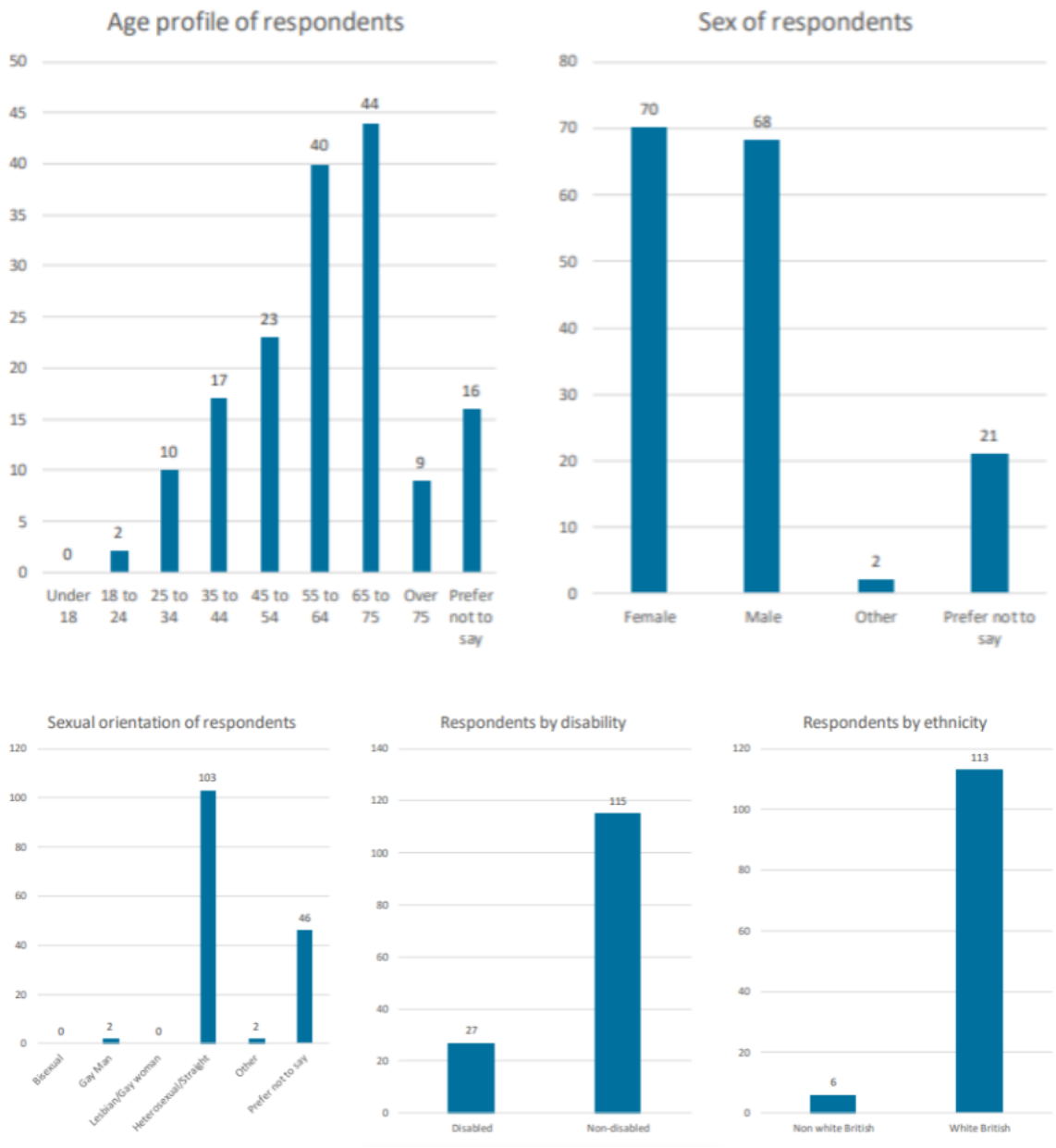
2023 Consultation

The 2023 consultation consisted of a survey held on an online citizen engagement platform (Commonplace) that ran from 23 February to 24 March 2023 and garnered 161 responses. The survey found that in general, 42.2% of respondents were in support of the scheme and 52.8% opposed the scheme.

Demographics

The questionnaire asked the respondents' age, sex, sexual orientation, disability and ethnicity. The figures 2.2.1 to 2.2.5 below set out the responses to these questions.

Figures 2.2.1 - 2.2.5 (clockwise from top left) Responses to demographic questions



The sample was biased towards an older demographic with 33% of the respondents aged 65 and above. This figure is compared to the demographic data: 23% of residents are aged 65 or over within Thornbury and 19% for the whole of South Gloucestershire.

Survey results relating to demographics

Support for the scheme:

- Younger people aged up to 44 were significantly more likely to strongly support the proposals than those aged 65+ (48%, n=14 up to 44 compared to 21%, n=11 65+).
- There were no other statistically significant differences in response of those who support the proposals other than those respondents who chose not to tell us their demographics were more strongly opposed than those who chose to tell us.

Likely change to behaviour:

- Male respondents were significantly more likely to say they were very likely to make more journeys by bicycle or e-bike compared to female respondents (35% male, n=22 compared to 14% female, n=9).
- Those who preferred not to tell us their demographics answered more negatively, with more people saying they wouldn't change their behaviour and fewer people saying they were very likely to change.

Specific issues raised relating to equalities

One of the main objections to the scheme related to the potential impact on access to Thornbury Baptist Church and the associated on-street blue badge parking and loading. Currently, blue badge holders park on double yellow lines outside of the church, which they are legally able to do for up to 3 hours. Many residents raised the point that mobility-impaired residents would struggle to attend Thornbury Baptist Church if parking in this location was removed or restricted. The revised scheme design, whilst narrowing the carriageway at this location to facilitate wider walking and cycling facilities, retains the double yellow line waiting restrictions. This would in effect enable blue badge holders to continue to park there.

Residents also raised concerns regarding removing any loading bays where food could be transported to the Thornbury Foodbank, which is present within the grounds of Thornbury Baptist Church. Loading and unloading is permitted on double yellow lines and so this would not be restricted.

2024 Consultation

The 2024 consultation aimed to gain more detailed feedback which could feed into design alterations and included a survey and co-design workshop. This engagement was undertaken as part of wider engagement for the Getting Around in Thornbury Project and comprised of a community survey and a community workshop.

The survey engagement period ran for five weeks from Tuesday 07 May 2024 to Monday 10 June 2024, and a workshop was held on 27 June 2024 at Turnberries Community Centre.

A total of 408 responses were received to the survey, including the questions about the proposed Grovesend Road - Gillingstool active travel corridor. It was found that the majority of respondents support safe active travel routes in principle and various suggestions were generated for scheme design. The co-design workshop was attended by 17 members of the community that were selected based on expressing an interest to attend a workshop through the survey.

Demographics

Table 2.2.1 provides a comparison of the survey respondents by gender, ethnicity and age with the Census 2021 data for Thornbury. The following aspects are to be considered:

- There is a slight under representation of females in the survey sample.
- In terms of ethnicity, the survey sample is relatively close to the Census 2021 data, indicating that it is broadly representative of the local area.
- There is a significant underrepresentation of under 18 year olds and a lower under representation of 19 to 29 year old, followed by 30 to 30 year olds, compared to the 2021 Census data.
- A significant over representation of 60 to 79 year olds is also observed.

Table 2.2.1 Demographic summary

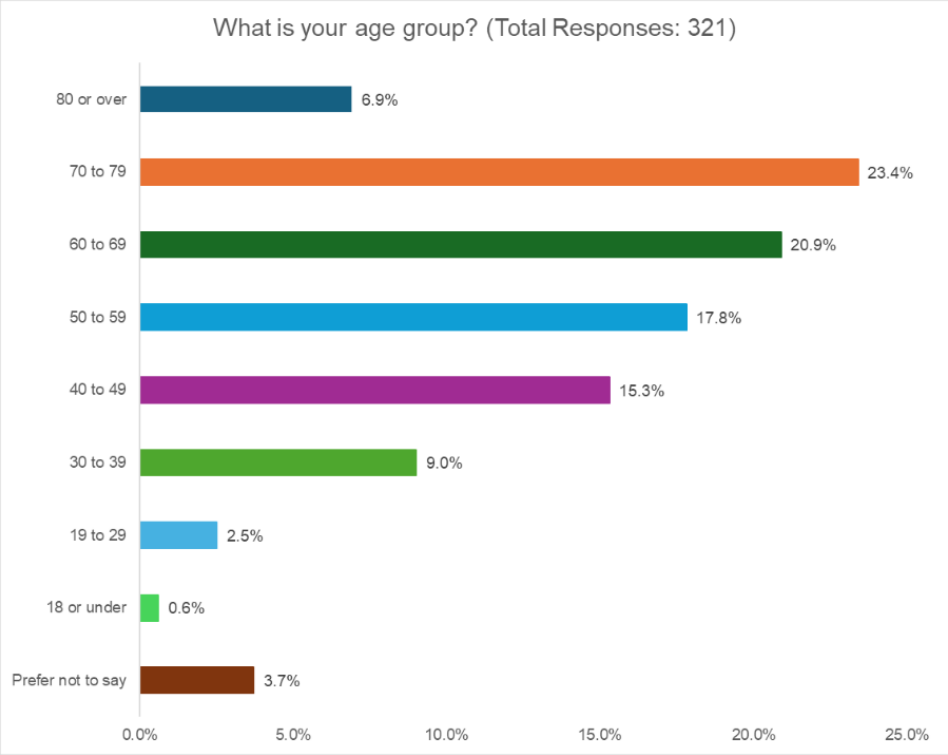
Demographic category	Survey respondents	Census 2021	Difference
Gender			
Male	48.4%	48.5%	-0.1%
Female	45.4%	51.5%	-6.1%
Ethnicity			
White- English/Welsh/Scottish/Northern Irish/British	91.9%	91.3%	0.6%
White- Other	2.3%	4.8%	-2.5%
Mixed/Multiple - White and Black Caribbean	1.2%	0.6%	0.6%
Mixed/Multiple- Other	0.4%	0.6%	-0.2%
Black/African/Caribbean/Black British African	-0.4%	0.3%	0.1%
Mixed/Multiple- White and Asian	0.4%	0.6%	-0.2%
Age			
18 or under	0.6%	22.0%	-21.4%
19 to 29	2.5%	11.2%	-8.7%
30 to 39	9.0%	12.6%	-3.6%
40 to 49	15.3%	12.1%	3.2%
50 to 59	17.8%	13.2%	4.6%
60 to 69	20.9%	11.1%	9.8%
70 to 79	23.4%	10.4%	13.0%

80 or over	6.9%	7.5%	-0.6%

Age

As shown in Figure 2.2.6, over 69% of the respondents were over the age of 50 years old. This does not represent an accurate demographic split of Thornbury, as 43% of the population within Thornbury is 50 years or older. However, Thornbury does have a greater prevalence of over 50 year olds, which is above the national average of 38%.

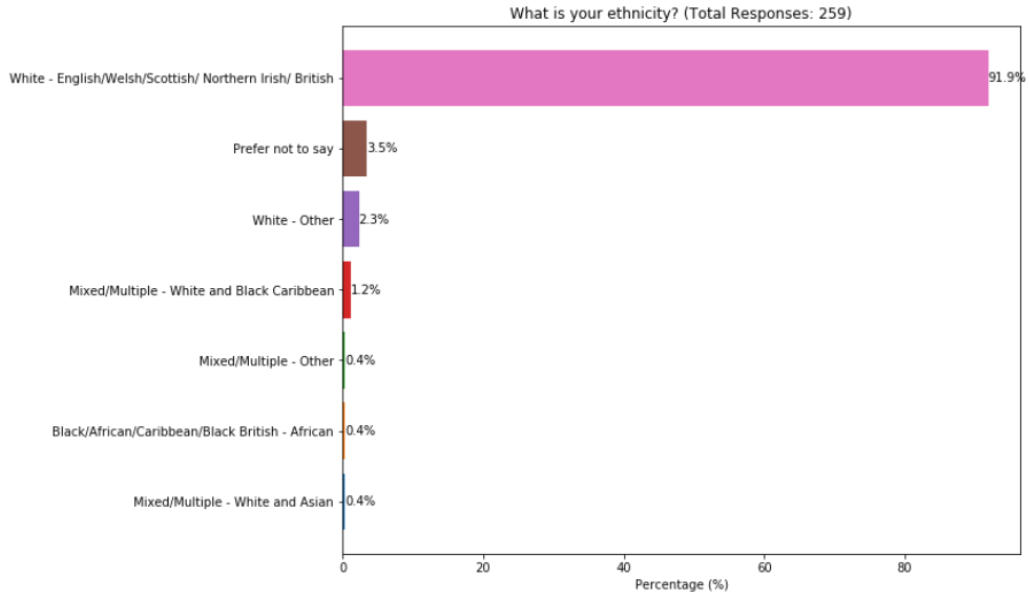
Figure 2.2.6 Survey question - What is your age group?



Ethnicity

As shown in Figure 2.2.7, over 90% of the respondents were White. The population of Thornbury is 96% White compared to the national England average of 81%. The combined total of the White respondents is 94%, presenting a value close to the representation within Thornbury.

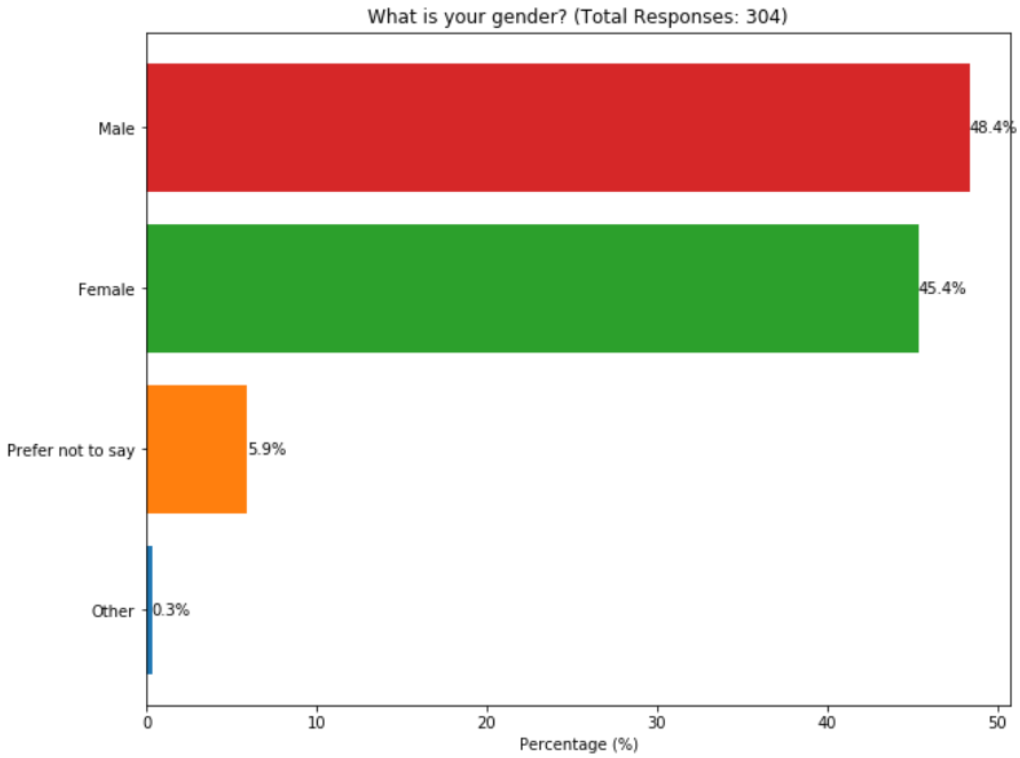
Figure 2.2.7 Survey question - What is your ethnicity?



Gender

There was a relatively even split between male and female respondents, 48% and 45%, respectively (Figure 2.2.8). The demographic data within Thornbury shows that 52% of Thornbury are female and 49% are male. It is important to note that the demographic data from the 2021 Census uses the category of Sex and not Gender. This does not present options for “Prefer not to say” or “Other”.

Figure 2.2.8 Survey question - What is your gender?



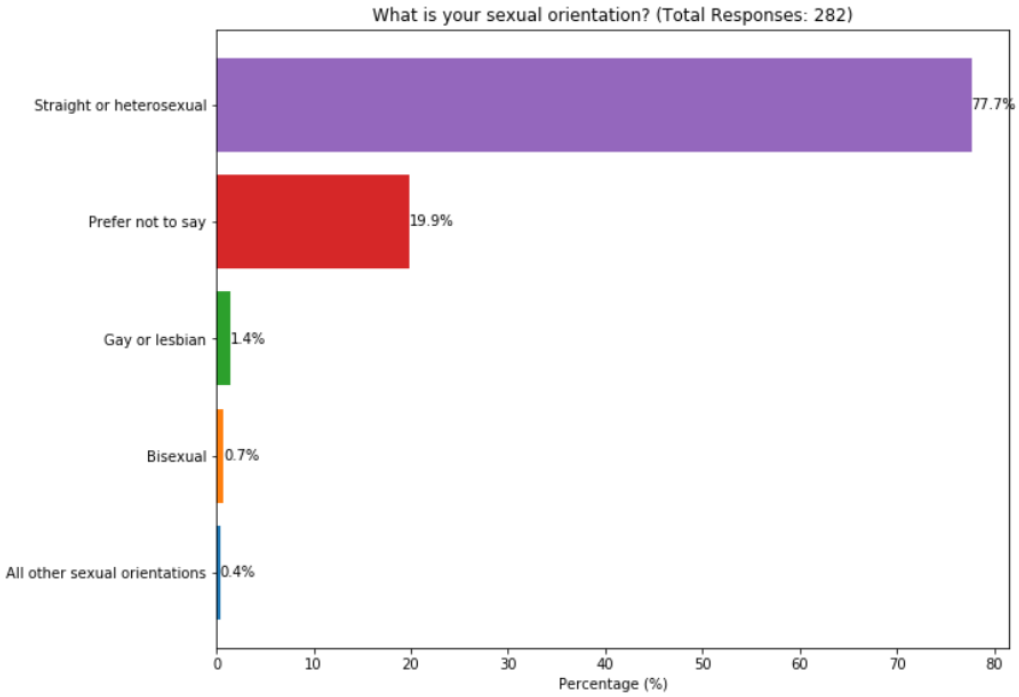
Sexual orientation

Sexual orientation data was collected as part of the demographic data on the survey as it assists with ensuring representation within our engagement outputs. This is particularly important when considering minority representation within AtkinsRéalis' Getting Home Safely audits that we have carried out as part of the wider Getting About in Thornbury project. These audits seek to provide information to enable spaces to be designed to provide safe active travel routes for everyone in our communities.

Nationwide Census Data reported that 93% of respondents aged 16 or over answered the question on sexual orientation, while the remaining 8% chose not to. From this 89% of respondents identified as straight or heterosexual. Around 1.5 million people (3%) identified as gay, lesbian, bisexual, or another sexual orientation (LGB+).

From the Census 2021 data it was established that Thornbury North and Thornbury South MSOAs had 3% and 2% of individuals identify as LGB+, respectively. 3% of survey respondents identified as LGB+, which is slightly below the average for both Thornbury and England (Figure 2.2.9).

Figure 2.2.9 Survey question - What is your sexual orientation?



Survey results in relation to demographics

Figure 2.2.10 shows a comparison between mode of travel in relation to disability status. It shows that the route is frequently used by individuals with a disability – 60% of those with a disability use the route at least a few times a week.

Figure 2.2.10 How often do you travel along Grovesend Road/Gillingstool?

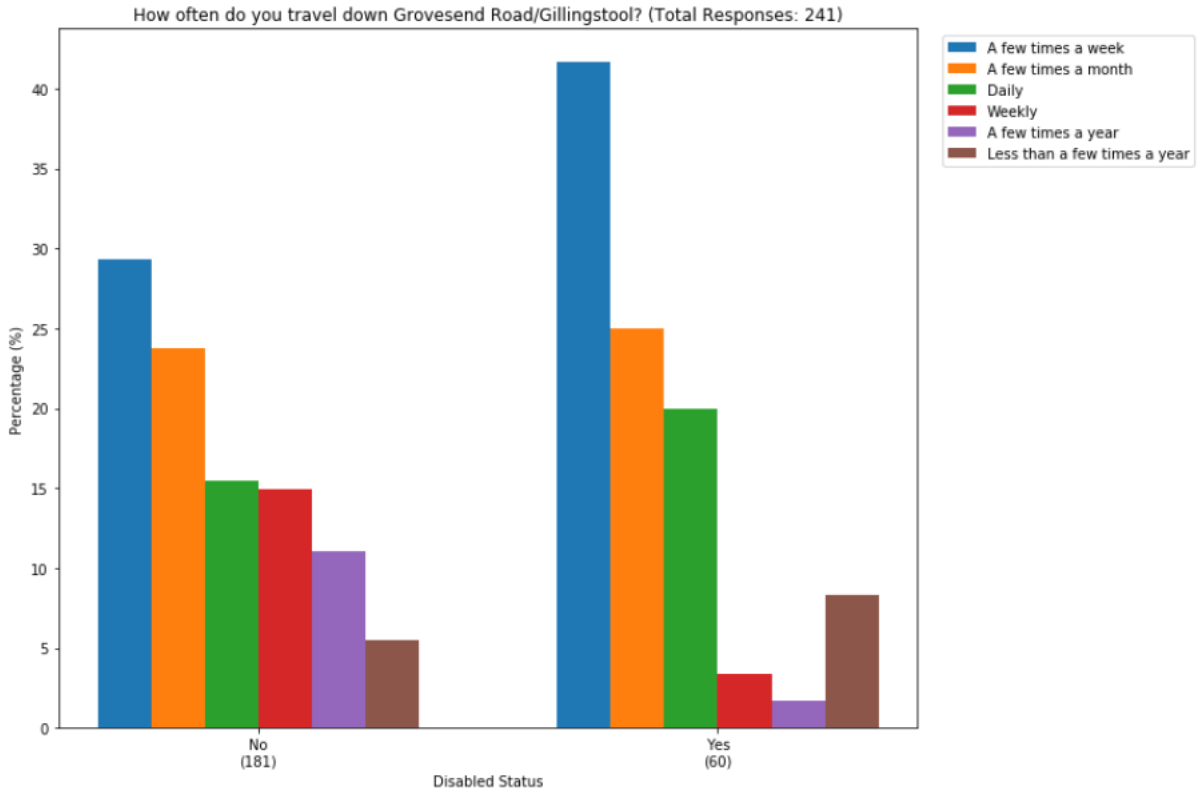


Figure 2.2.11 compares the mode of travel along Grovesend Road / Gillingstool in relation to disability status. There is a slightly higher proportion of respondents with disability travelling along the route by car (over 50%). Conversely, there is a higher proportion of respondents without disability walking/wheeling or cycling along the route, indicating that the accessibility of active travel for residents with disability could be improved. Additionally, it is worth noting that that individuals with a disability are more likely to be reliant on public transport such as bus, community transport or taxi and hence public transport provision should be another area of focus in terms of improvements.

Figure 2.2.11 How do you usually travel along Grovesend Road / Gillingstool classified by disabled status

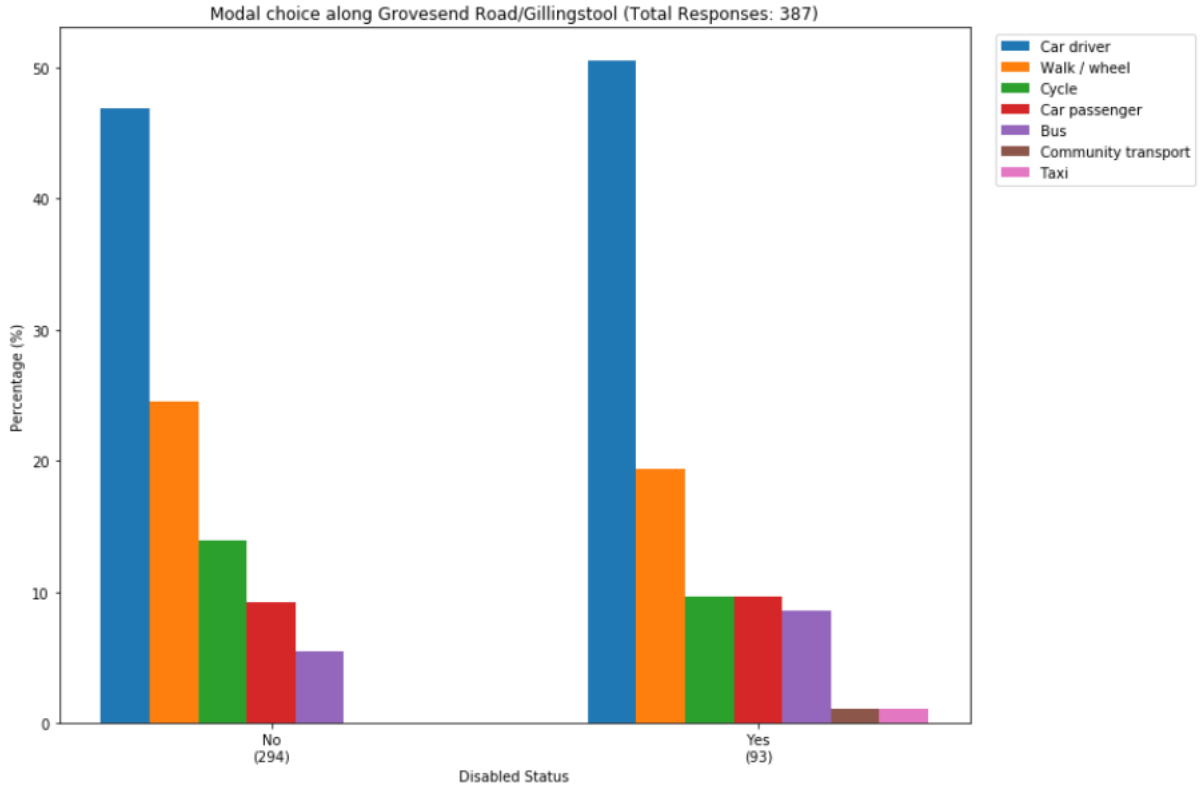


Figure 2.2.12 compares the question of whether respondents felt that safer cycle routes would encourage more cycling by age. Respondents who indicated that they, or people in their household, would be most likely to cycle if safer routes were provided are aged between 40 and 49. A significant percentage of people between the ages of 50 and 59 also shared this view, but a larger proportion of this age group stated that they do not believe safer routes would encourage people to cycle.

The older demographic (respondents over the age of 60) felt more strongly that safer cycle routes would not encourage more people to cycle. However, the second most frequent response across this age group was that they could see safer routes benefiting others, but not people in their household.

Overall, there were fewer responses from people under the age of 39 but the responses across this demographic suggest that there is support for safer cycle routes to encourage more people to cycle. It can also be observed that there is a correlation with age and the 'no' category – the number of people who think safer cycle routes would not encourage more people to cycle - increases with age. This suggests that there is support for safer cycle routes amongst the age groups that are more likely to cycle. This is supported by the survey results as 68% of all respondents feel the measures would encourage people to cycle more but looking at those under 50 the percentage rises to 86%.

Figure 2.2.12 Would you or any people in your household be encouraged to cycle in Thornbury if safer routes like this were provided? – classified by age

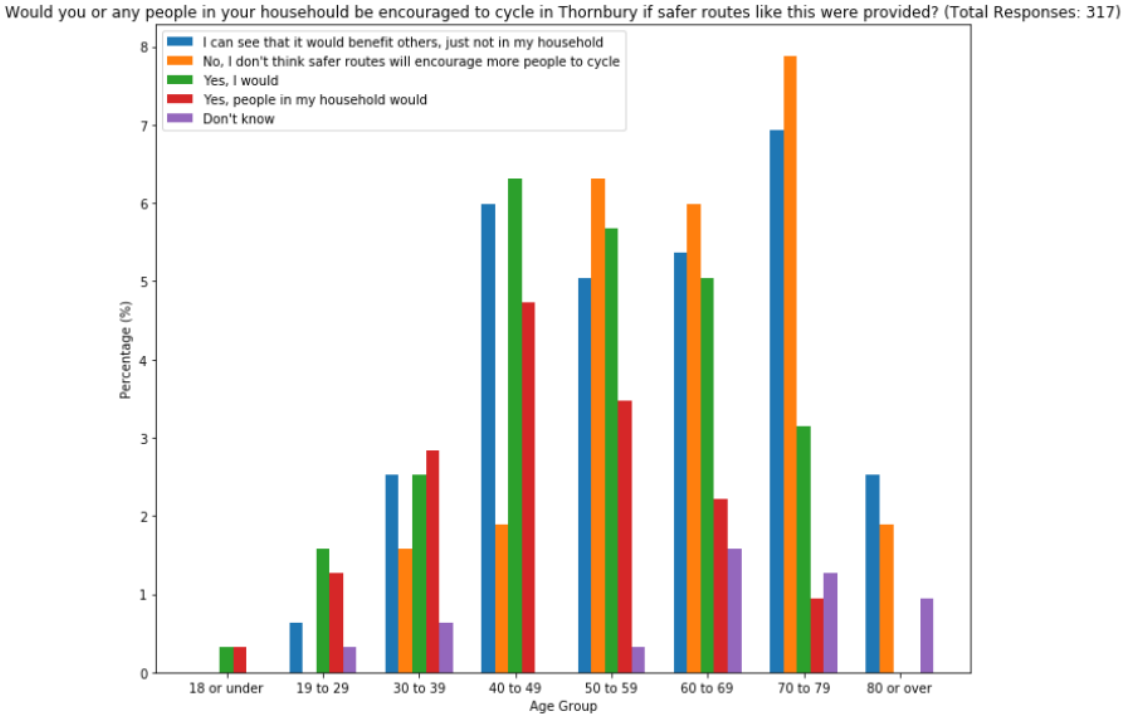
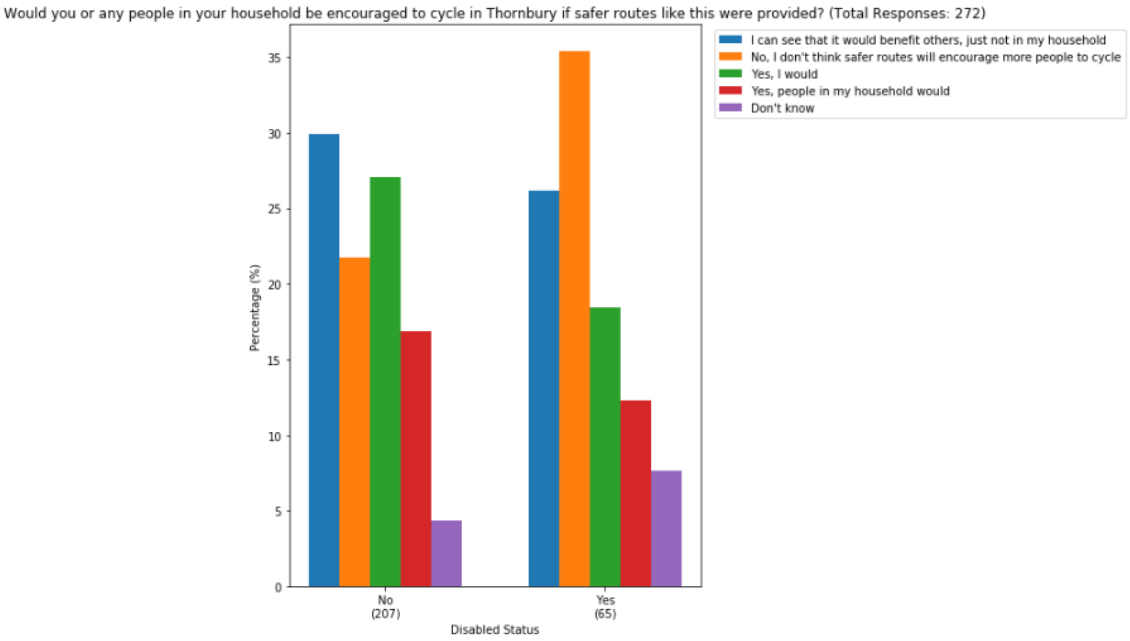


Figure 2.2.13 compares the question of whether respondents felt that safer cycle routes would encourage more cycling by disability status. Respondents who indicated that they are disabled felt more strongly that safer cycle routes would not encourage more people to cycle, however, taking all the positive responses, more people who are disabled felt that safer routes would encourage more people to cycle, either referring to themselves directly, people in their household, or others. Those who do not have a disability also felt more positively than negatively that safer routes would encourage people to cycle. This suggests that overall there is support for safer cycle routes to encourage more people to cycle, although people who are disabled have stronger negative views on this than those without a disability.

Figure 2.2.13 Would you or any people in your household be encouraged to cycle in Thornbury if safer routes like this were provided, classified by disability status



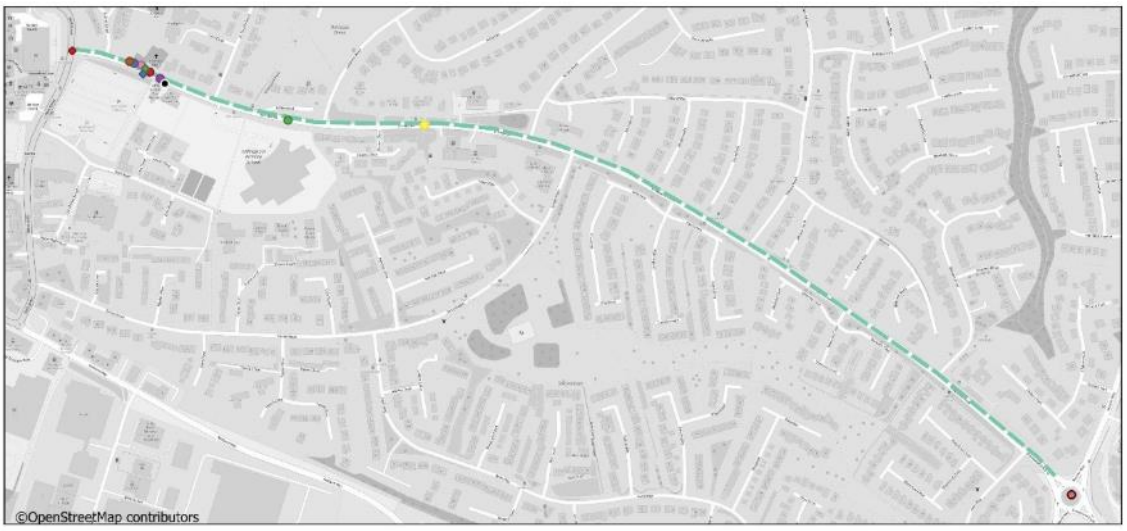
Specific issues raised relating to equalities

2.5% of respondents stated that disabled blue badge parking and drop-off should be maintained where it currently exists as part of the scheme. This feedback will be considered in the scheme's design.

3% of respondents stated that driving is the only viable option for elderly and disabled people when carrying shopping. This does consideration does not conflict with the scheme's aim of maintaining acceptable level of service for other highway users e.g. motorists.

Figure 2.2.14 shows the most common location specific themes from the survey. The location which raised the most concern amongst the respondents was the Baptist Church, with responses indicating that there is a need to retain the current crossing, access and blue badge parking.

Figure 2.2.14 Suggestions for Grovesend Road / Gillingstool



Key

Issues
- Impose a time limit on blue badge parking
- Manage parking during drop-off times
- Pinch point / narrow pavement
- Proposals create safety problems
- Retain access
- Retain current crossing
- Retain disabled badge drop off/parking
- More separation between pedestrians and cyclists

Opportunities
- Additional blue badge only parking
- Junction improvements needed
- Need better / safer crossings
- Reduce speed limit
- Improve subway

Workshop

There was no specific feedback provided at the workshop in relation to equalities.

2026 Community co-design workshop

As part of a process to redesign the scheme, a community co-design workshop was held on 26th March 2026 to provide an opportunity for selected local stakeholders to discuss current issues, review initial concept plans and help shape the scheme's development. The invitees were idenitfied and invited to help represent the views of various interest groups and provide a broad range of perspectives from across the community. In selecting invitees, consideration was given to ensuring representation from different user groups, including people who may be affected differently by the proposals, such as older people, disabled people, and people with different travel needs and experiences. Efforts were also made to achieve equal gender representation where possible. While demographic data was not collected, the invitation process was designed to bring together a diverse range of voices and experiences to help inform the co-design discussions and ensure that the needs of different sections of the community were considered.

2026 Consultation on revised scheme design

A public consultation on a revised design will take place between 16th November 2026 and 10th January 2027. Stakeholder and community engagement is planned to encourage all sections of the community to participate to ensure a diverse and representative range of views are received. Attention will be given to feedback received from different type of users including those with protected characteristics.

SECTION 3 - IDENTIFICATION OF DISPARITIES, IMPACTS, AND ISSUES

The table below summarises the impacts that the project as a whole is expected to have in respect of Protected Characteristic groups with reasons.

Characteristic	Negative Impact	Positive impact	No impact	Unsure of impact	Reason
Age		X			The scheme seeks to enhance accessibility and safety for everybody, including disabled people, and older people. It is therefore anticipated that the project will have a positive impact on this group. Care will also be needed to avoid short term negative impacts associated with disruption caused by scheme construction. Clear communication of construction periods and roads affected will be provided.
Disability		X			The scheme seeks to enhance accessibility and safety for everybody, including those with disabilities. The design of the scheme will incorporate the needs of disabled people, with routes designed in accordance with Inclusive Mobility. As such, a positive impact is anticipated. Care will also be needed to avoid short term negative impacts associated with the disruption caused by scheme construction, as well as a reduction in blue badge parking and drop-off spaces.

Marriage and civil partnership		X			It is not anticipated that people from these groups would be differentially impacted, but all groups would benefit from improved accessibility, safety, and active travel infrastructure.
Pregnancy and maternity		X			The scheme seeks to enhance accessibility and safety, and this is likely to result in a positive impact.
Race		X			It is not anticipated that people from these groups would be differentially impacted, but all groups would benefit from improved accessibility and active travel infrastructure. However, the Equality and Human Rights Commission has reported a significant increase in race-based hate crimes, and this is mirrored by SARI who work across our region providing support for victims of any type of hate crime. We will ensure that street lighting options are considered within the scheme wherever necessary, along with improvements to bus stop infrastructure, cycling and walking routes.
Religion or belief		X			It is not anticipated that people from these groups would be differentially impacted but all groups would benefit from improved accessibility and transport improvements. However, the Equality and Human Rights Commission has reported a significant increase in race and religion/belief-based hate crimes. We will ensure that street lighting options are considered within the scheme wherever necessary along with improvements to bus stop

					infrastructure, cycling and walking routes.
Sex		X			It is not anticipated that these groups would be differentially impacted, but all groups would benefit from accessibility, safety and improved active travel infrastructure improvements. However, research has shown that different sexes have different needs from the built environment. In particular, women report a lower likelihood of feeling safe than men. We will ensure that street lighting options are considered within the scheme wherever necessary along with improvements to bus stop infrastructure, cycling and walking routes.
Sexual orientation		X			It is not anticipated that people from these groups would be differentially impacted, but all groups would benefit from accessibility and active travel improvements. However, the Equality and Human Rights Commission has reported a significant increase in homophobic hate crimes. We will ensure that

					street lighting options are considered within the scheme wherever necessary along with improvements to bus stop infrastructure, cycling and walking routes.
Gender reassignment		X			It is not anticipated that people from these groups would be differentially impacted, but all groups would benefit from accessibility and active travel improvements. However, the Equality and Human Rights Commission has reported a significant increase in transphobic hate crimes. We will ensure that street lighting options are considered within the scheme wherever necessary along with improvements to bus stop infrastructure, cycling and walking routes.
Socio-economic groups		X			People who earn less or are unemployed are less likely to own or have access to a car and may therefore be more reliant on other forms of transport such as buses, cycling and walking. The project provides a safe, direct and attractive walking and cycling route, along with improvements to bus stops that will have a positive impact for this group.
Armed Forces Community		X			It is not anticipated that people from this group would be differentially impacted, but all groups would benefit from accessibility, safety and walking/ cycling, infrastructure improvements.

SECTION 4 - ACTIONS TO BE TAKEN

Actions to address the key issues highlighted above are listed below

We will:

- Undertake Road Safety Audits at appropriate points during the design and implementation of the project.
- Ensure all designs for infrastructure improvements follow relevant guidance, where applicable, including Government Advice Note LTN 1/20 – Cycle Infrastructure Design.
- Continue to engage equalities groups in South Gloucestershire on proposals and scheme designs.
- Ensure lighting is in line with regulations and provides sufficient light to ensure users feel safe.
- Ensure gradients along route are in line with required design standards.
- Clear signage advertising, notifying, and advising of the route.
- Promotion of the new routes with community groups such as the Cycle Forum.
- Ensure that construction is planned to minimise and avoid disruption and ensure that local communities are kept informed about when and where construction is planned.

SECTION 5 - EqIAA OUTCOME

Outcome	**Response**	**Reason(s) and Justification**
Outcome 1: No major change required.		
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	X	This scheme will contribute to several SGC Priority Areas for tackling inequalities. However, the needs of Protected Characteristic groups require close attention within this project. As such, we will deliver the actions set out in Section 4 of this EqIAA and we will continue to monitor and take into consideration equalities impacts as the project progresses.

Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.		
Outcome 4: Stop and rethink.		

SECTION 6 - SOURCES OF EVIDENCE INFORMING THIS EqIAA

https://www.southglos.gov.uk/council-and-democracy/census/key-facts-and-figures/

https://www.gov.uk/government/publications/cycle-infrastructure-design-ltn-120

https://equalityhumanrights.com/en

South Gloucestershire Council Revenue Budget and Capital Programme 2024/25 EqIAA

Transport for Everyone: an action plan to promote equality (publishing.service.gov.uk)

https://researchbriefings.files.parliament.uk/documents/SN00601/SN00601.pdf