

## Annex B to Enfield Healthy Streets Framework dated Jun 2021

# Enfield Healthy Streets – Equalities Approach

### Overview

This document sets out how the council will make equality and inclusion central to the development of Enfield Healthy Streets. Enfield Council is committed to delivering a fairer Enfield and aims to tackle inequality and foster inclusive neighbourhoods. The principles of equality and inclusion are fundamental to the Enfield Healthy Streets policy framework. We demonstrate this commitment by:

- Complying with the Equality Act;
- Complying with the council's equality policy;
- Investing in effective assessments of equality impact;
- Challenging the unequal status quo through perseverance, innovation and creativity; and
- Welcoming scrutiny and challenge.

Enfield Healthy Streets can make a valuable contribution to transport equity, equality and inclusion in the borough. Active travel is a low-cost form of transport and enabling and supporting residents to travel sustainably will help them to access local services, education, training and employment.

### Equalities approach at a programme level

The Healthy Streets Programme engaged the support of Transport for All, a national not-for-profit organisation that aims to inform, educate and challenge transport planners and providers about the needs of disabled people and older people. This Equalities Approach has been developed in discussion with Transport for All and they will provide training and support to the Enfield Healthy Streets team during programme implementation.

Planners and designers within and working for Enfield Council will draw on the growing body of knowledge and reference work on accessible design during the development of Enfield Healthy Streets projects. The council's work will be informed by best practice and guidance as we seek to make our designs and approach inclusive.

The core team delivering Enfield Healthy Streets undertakes equalities training provided by the council. This training covers the equalities considerations, responsibilities and obligations placed on the council as well as good practice for incorporating equalities within project development.

### Community engagement

The council will seek to adopt a co-production approach to the delivery of Enfield Healthy Streets. Co-production involves working in partnership with the public or service users in the design and delivery of projects or services. The UK's public participation charity, Involve, sums up the ethos of co-production by saying "just like users need the support from public services, so service providers need the insights and expertise of its users in order to make the right decisions and build effective

services”<sup>1</sup>. Co-production will be a cornerstone of how the council will identify projects to bring forward and then develop the feasibility designs once project concepts have been established.

Because of the Healthy Streets programme’s focus on transport and mobility, additional resource will be dedicated to engagement with disabled people. The council will set up a Healthy Streets Disability Reference Group, which will be invited to provide comment and insight on programme and project proposals. It is anticipated the HSDRG would consist of up to 15 people and the aim is to have representation and insight across the range of impairment types. The HSDRG would be invited to comment and contribute to the development of project Equality Impact Assessments (EQIAs) with members paid for their time and contribution. The group would meet periodically (e.g. bi-annually) to discuss programme-level equalities issues and to review current projects in development.

### **Equalities approach in the design of individual projects**

EQIAs will be required at the level of individual projects within the overall Enfield Healthy Streets framework. Enfield Healthy Streets aims to align itself with EQIA best practice by considering how those with protected characteristics may be affected by a project from the very early stages of project development (i.e. from feasibility design stage). Individual EQIAs will be published for each project.

Once the need for a project has been identified, the project will be progressed in the following sequence prior to detailed design and formal consultation:

1. **Prepare initial design:** to address the issues identified and the objectives of the projects.
2. **Engagement surveys:** deploy community engagement surveys. We will check the demographic data collected as part of community engagement surveys and review against borough and ward profiles to check for representativeness. Additional engagement will be sought with underrepresented groups.
3. **Engagement meetings:** with relevant organisations/groups representing people with protected characteristics to discuss their experiences of the current situation, potential solutions and any comments they have on the initial design.
4. **Review impact and iterate designs:** review the data and impact of the project across all groups and consider any changes necessary. Depending on the scale of changes to the initial designs it may be necessary to re-engage with the community via surveys or meetings as in Steps 2 and 3 above.
5. **Reporting:** prepare a report for political approval describing the engagement process and findings and how these have been incorporated within the design.

### **Monitoring and evaluation**

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<sup>1</sup> <https://www.involve.org.uk/resources/methods/co-production>

A Monitoring and Evaluation (M&E) plan will cover the portfolio of projects delivered as part of Enfield Healthy Streets. The M&E plan will help us to understand the impact of the programme extent to which the activities delivered as part of Enfield Healthy Streets are achieving the aims of the programme. Each project will have its own monitoring plan setting out the data to be collected and how this will contribute towards understanding the outcomes of the project. Through the programme and project M&E we will seek to understand how the impact of the programme on Enfield residents across demographic groups and those with protected characteristics.

### **Review and update of this Equalities Approach**

As the Enfield Healthy Streets programme is developed and implemented the programme will review this Equalities Approach in the light of emerging projects, lessons learned, best practice from elsewhere and feedback from residents and people with protected characteristics. This review will also include periodic updates from the Healthy Streets programme to the Council Equalities Board.

The analysis that follows contains information about protected characteristic groups in the borough and how people from these groups could be affected by the implementation of the programme. The contextual data will be reviewed annually to take account of new data where available. At the same time, the impact assessments and mitigating actions will be reviewed and adjusted as necessary.

## **Equalities Analysis**

This analysis has been developed in discussion with the national disabled people's charity, Transport for All. The analysis presented here aims to provide context about protected characteristic groups in Enfield and how the potential impacts of Enfield Healthy Streets projects will be considered in the design and delivery of projects.

Information has been gathered regarding groups with protected characteristics in Enfield. London Travel Demand Survey (LTDS) and Census 2011 data have been the two primary data sources, though other data sources have been used, and are referenced throughout. For each protected characteristic, data has been collected and analysed, with comparisons made at borough, regional and national level where relevant.

Data presented in this Equalities Analysis generally relates to conditions prior to the Covid-19 pandemic. This is appropriate for the purposes of this analysis, as it relates to a policy that is expected to have a lifespan that outlives the current pandemic. Nevertheless, as restrictions associated with the pandemic recede, any changes in travel patterns should be monitored, to determine whether they may change the conclusions of this Equality Analysis.

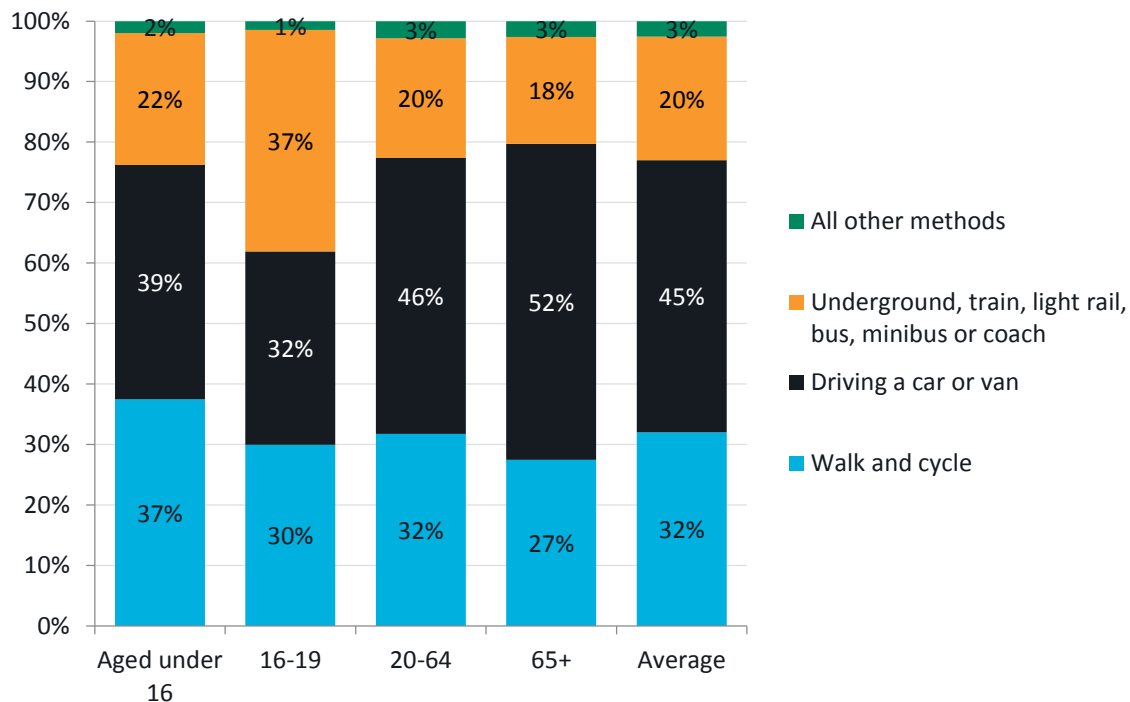
We considered data and potential impacts relating to marriage and civil partnerships as a protected characteristic and concluded the Healthy Streets framework would not have a disproportionate effect on people in this protected characteristic group, therefore this has not been included in the detailed assessment below.

## **Age**

### *Context*

Figure 1 presents LTDS data on how people travel around Enfield within each age category. Younger people in Enfield walk and cycle more and drive less than older people. The highest percentages of walking and cycling can be seen in those aged under 16, with 37 per cent of all trips made on foot or by bike. Those aged 65 and over have the lowest levels of walking and cycling, with 27 per cent of all trips, but the highest percentage of trips driven (or as a passenger in a car or van) at 52 per cent. Public transport use is disproportionately higher in 16 to 19-year-old group, making up 37 per cent of all journeys. This is 15 per cent higher than the nearest age group (those aged under 16).

**Figure 1: Mode of travel by age in Enfield**



Source: LTDS (2016/17, 2017/18 and 2018/19)

### *Differential impact assessment*

- **Air pollution:** people of young and old age are more vulnerable to poor air quality<sup>2</sup>. For young children negative air quality can lead to reduced lung development and for older people this can lead to a range of long-term health problems, therefore a reduction in emissions from private vehicle use and increases in active modes of travel will benefit these age groups disproportionately through improved air quality.
- **Road danger:** achieving Vision Zero (zero road deaths) in Enfield will require improvements to the pedestrian and cycling environment to eliminate the threat caused by motor traffic, namely larger vehicles such as vans or HGVs. This may include changes to crossing facilities, restricting motor vehicle access, creating wider footways or segregated cycle lanes. While these improvements are likely to benefit all age groups, as those aged under 16 and over 60 are disproportionately killed or seriously injured by motor traffic, they are likely to benefit the most from the changes.
- **Mode choice:** younger people in Enfield are less likely to drive and more likely to walk and cycle. Improvements to walking and cycling networks across

<sup>2</sup> [https://www.london.gov.uk/sites/default/files/air\\_quality\\_for\\_public\\_health\\_professionals\\_-\\_city\\_of\\_london.pdf](https://www.london.gov.uk/sites/default/files/air_quality_for_public_health_professionals_-_city_of_london.pdf)

the borough would benefit those who already cycle by providing safe routes. By enabling cycling among those who don't currently cycle, Enfield Healthy Streets may benefit those who do not currently cycle as a result of improved health, accessibility, financial outcomes. Improvements for pedestrians will benefit both older and younger people who use public transport, as they are likely to walk to/from the nearest public transport stop.

- **Walking:** improvements to the walking environment are likely to benefit disproportionately those who are aged 65 and over, who on average make 27 per cent of journeys on foot. Older people may also be more likely to experience mobility impairment, affecting movement and reaction time, and some may use mobility aids for walking. Additional and improved space for walking is likely to be particularly beneficial for those who find it difficult to negotiate narrow or crowded footways.

Road space may need to be reallocated away from motorised traffic. Furthermore, the delivery of Quieter Neighbourhoods may mean that roads are closed to through-traffic. While these measures are likely to create safer, healthier streets for residents of Enfield, it may lead to longer journey times for people who rely on private cars, taxis or Dial a Ride.

It is acknowledged that projects may also lead to short- or medium-term delays to motor traffic on arterial roads as traffic is reassigned from minor roads. People aged 65 and over are more likely to rely on private cars, taxis or Dial a Ride to go about their daily lives and access essential services. Some projects may temporarily increase congestion as they are implemented, which may have a negative impact on emergency services response times, consequently affecting older people who are more likely than average to require medical support.

#### *Mitigating actions*

- Quieter Neighbourhood projects should retain access for emergency services so that they are not delayed in attending to call outs.
- Early engagement should be targeted at residents who are Blue Badge holders and those with carers. This will enable concerns about access to be identified before the project is implemented so that mitigation measures can be put into place if necessary.
- Additional or improved space for pedestrians or cyclists should be accessible to all users.

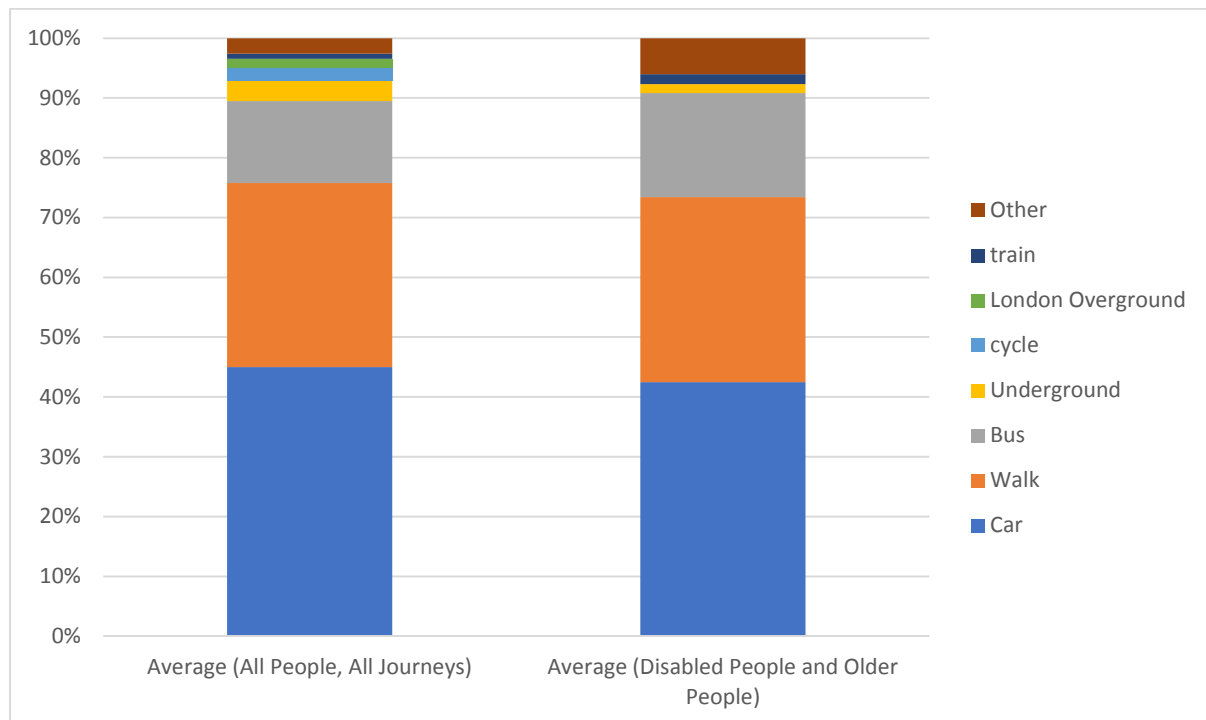
### **Disabled people**

#### *Context*

In Enfield, Census 2011 data shows that 81.1 per cent of residents stated that they are not limited by a long term health issue or disability. This is slightly higher than the average for England and Wales (79.8 per cent) but lower than in Greater London (83.2 per cent). 18.9 per cent of the population of Enfield stated that they had a limiting long-term illness or disability.

The average mode split across all journeys of disabled residents and older residents is shown in Figure 2 in comparison to the average across all people and journeys. When compared to the LTDS mode split of trips made by all people, car use for disabled people is lower (42.6 per cent compared to 45 per cent), bus use is greater (17.5 per cent compared to 13.7 per cent) and walking is marginally higher than average (31.1 per cent compared to 30.8 per cent).

**Figure 2: Mode split of journeys by disabled people compared to average for all journeys in Enfield**



Source: LTDS (2016/17, 2017/18 and 2018/19)

### *Differential impact assessment*

- The Healthy Streets Framework aims to improve conditions for all pedestrians through amendments to Enfield's streets such as footway widening. This will particularly benefit those with mobility impairments that require mobility aids.
- Improved and new cycling infrastructure will benefit disabled riders and could potentially help enable disabled people to try cycling.
- The implementation of certain projects, for example Quieter Neighbourhoods, may negatively affect journey times for a portion of those with mobility impairments who may find it more difficult to walk or cycle, and therefore prefer the use of door-to-door transport services such as private cars, taxis or Dial a Ride.
- Enfield Healthy streets will improve walking and cycling infrastructure and is likely to reduce conflict between different road users on the whole. This will

create a safer environment, particularly for disabled people who are more likely to be pedestrians.

- The Royal National Institute of Blind People (RNIB) campaigns for inclusive street design and has raised concerns about the use of some design interventions that mix pedestrians and cyclists, such as shared space projects and bus stop bypasses/bus stop boarders. If any such project is delivered in order to achieve the objectives of Enfield Healthy Streets, it is possible that this will disproportionately impact on those who are partially sighted, blind, or have mobility issues.

Mitigating actions:

- Public realm projects should include appropriate measures (such as tactile paving, kerbs and/or contrasting surfacing) at junction crossings, as well as along any raised table area. This will make it easier for visually impaired people using a long cane to differentiate between the different pavement elements.
- For projects such as Quieter Neighbourhoods, we will seek to engage early with Blue Badge holders and anyone else within the affected area who self-identifies as disabled, or who cares for a disabled person. This will enable identification of concerns or recommendations for improving access to be collected before the project is implemented so that mitigation measures can be put into place if necessary.
- Consultation and engagement should be accessible to disabled people. Text, graphics and figures should be readable by screen readers, and content should be made available in alternative formats for those with visual impairments. This may include BSL, Easyread, braille or the opportunity to speak to someone over the phone or in person about the project.

### **Gender reassignment: differential impact assessment**

#### *Context*

There is no data available on the numbers of people within Enfield who have had undergone gender reassignment.

The national estimate, provided by the Gender Identity Research and Education Society, estimate around 1 per cent of the population to be gender nonconforming. In Enfield Borough, with a Census 2011 population of 333,869, this equates to 3,339 individuals who are gender nonconforming.

Increases in people walking and cycling may improve the sense of safety in streets and public places for this protected characteristic group.

Mitigating actions to be taken:

- Monitor responses from this demographic throughout the monitoring and evaluation phase of projects.

### **Pregnancy and maternity: differential impact assessment**

#### *Context*



The birth rate in Enfield was 15.1 births per 1000 people in 2016, approximately 28 per cent above the national average that year of 11.8, though on par with the Outer London average of 15.0 per 1000 people. Therefore, there are statistically more likely to be pregnant and maternal people who reside in Enfield than the national average, however this is near equal to Outer London.

#### *Differential impact assessment*

- Most journeys in Enfield involve walking or cycling, either because they are completely walked or by walking/cycling leg to reach public transport. Enfield Healthy Streets will improve conditions for people walking and cycling, through reallocation road space, widening footways or improving crossing points. This is likely to disproportionately benefit those travelling with prams, who may find it difficult to negotiate crowded and narrow footways. It will benefit those walking with small children, enabling them to walk side-by-side more easily.
- The implementation of certain projects, for example Quieter Neighbourhoods, may negatively impact on journey times for a portion of those who are pregnant and with parents with infants and/or young children who may find it more difficult to walk or cycle and therefore use private cars, taxis or Dial a Ride.
- Improvements to walking and cycling infrastructure are likely to reduce conflict between different road users on the whole. This will create a safer environment, particularly for pregnant and parents with infants and/or young children.
- Improvements in air quality are likely to disproportionately benefit infants and children who are more vulnerable to polluted air than adults due to their airways being in development, and their breathing being more rapid than adults.

#### Monitoring and mitigation:

- Monitor responses from this protected characteristic group throughout the monitoring and evaluation phase of projects.

## **Race**

### *Context*

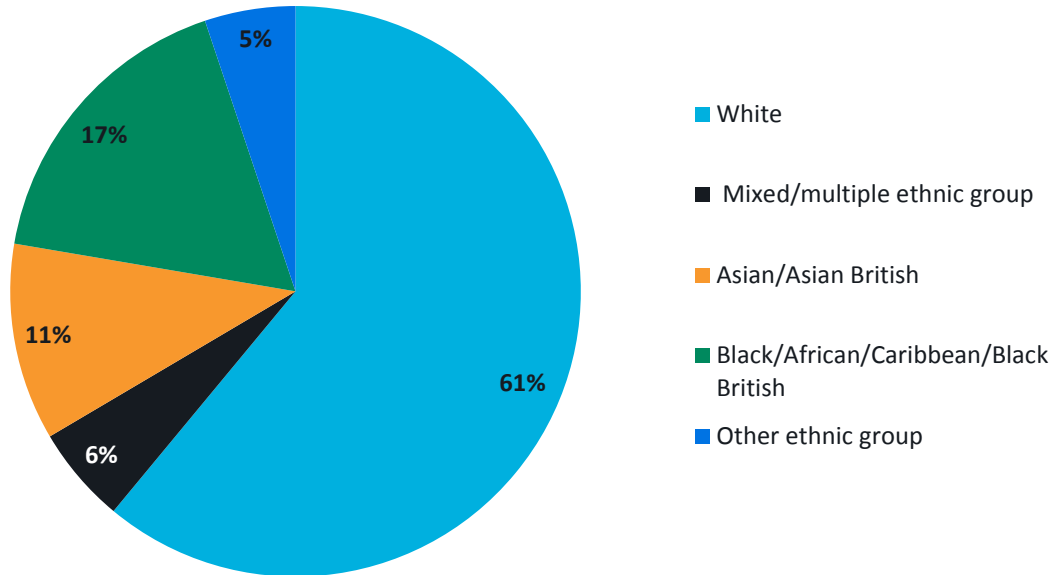
Figure 3 presents the population of Enfield by ethnicity. Based on Census 2011 data, 61 per cent of Enfield's residential population is 'White', which is marginally higher than the London average of 59.1 per cent.

The second most populous ethnicity is 'Black/African/Caribbean/Black British', of which 17 per cent of the population identify. This is 3.7 per cent higher than the London average. Asian/Asian British makes up 11 per cent of Enfield's population compared to 18.4 per cent across London<sup>3</sup>.

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<sup>3</sup> <http://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf>

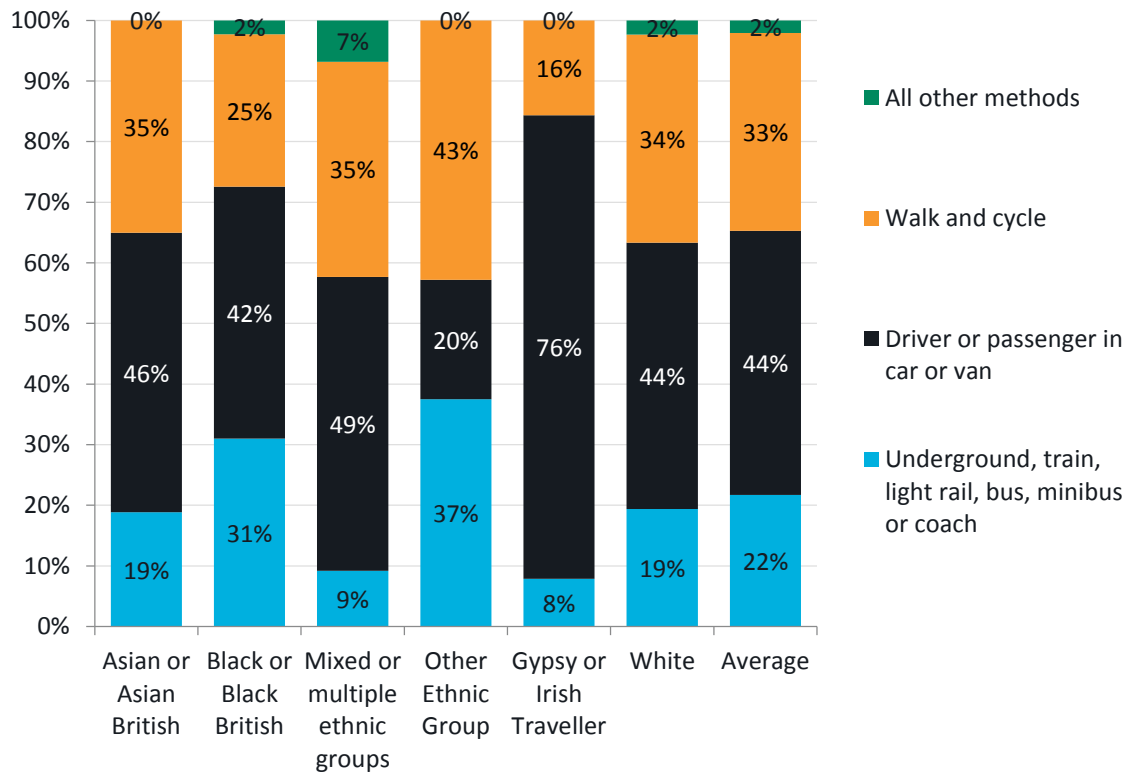
**Figure 3: Population of Enfield by Ethnicity**



*Source: UK Census 2011*

TfL data for Greater London shows that bus use among Black, Asian or Ethnic Minorities (BAME) Londoners is higher at 65 per cent compared with 56 per cent of white Londoners who use the bus at least once per week. Black Londoners using the bus at least once per week is significantly higher at 73 per cent. Mode share by ethnicity, based on LTDS 2018/19 analysis is shown in Figure 4 for trips ending in Enfield.

**Figure 4: Mode Share by ethnicity for trips ending in Enfield**



Source: LTDS (2018/19)

Based on average travel modes from the LTDS data, all ethnic groups except for 'Other Ethnic Group' are more than likely to drive or be driven in a car or van than use any other mode. 'Other Ethnic Group', 'Asian or Asian British' and 'Mixed or multiple ethnic groups' are most likely to walk and cycle, with a mode share of between 35 and 43 per cent. It is important to note that the sample size of LTDS data is relatively small, therefore these percentages may not accurately reflect the travel behaviours of each ethnic group.

#### *Differential impact assessment*

- Enfield Healthy Streets are likely to improve conditions for pedestrians and cyclists. This will disproportionately benefit ethnic groups who are ('Asian or Asian British', 'Mixed or multiple ethnic groups' and 'Other Ethnic Groups', as well as 'Black and Black British' and 'Other Ethnic Groups') who are disproportionately more likely to use public transport (since people must walk or cycle to access public transport services).
- The measures to reduce reliance upon private car ownership and usage should benefit all ethnicities. With the exception of 'Other Ethnic Groups', car usage in Enfield is high, particularly for 'Gypsy or Irish Travellers' and 'Mixed or multiple ethnic groups'. Through the delivery of safe and convenient walking and cycling routes, the Policy Framework has the potential to offer

genuine alternatives to car journeys and reduce the reliance on cars within these ethnic groups.

- Road space may require reallocation away from general traffic and Quieter Neighbourhoods may mean certain roads are closed to through-traffic. While these measures are likely to create safer, healthier streets for residents of Enfield, it may lead to longer journey times for people in private cars. It is acknowledged that projects may also lead to short- or medium-term delays to motor traffic on arterial roads as traffic is displaced from minor roads.
- Private car usage is particularly popular for 'Asian or Asian British', 'Mixed or multiple ethnic groups' and 'Gypsy or Irish Traveller', as such, these groups are likely to be disproportionately affected. However, it is important to note that reducing car dominance and car usage is a key aspect of Enfield Healthy Streets, and as such it is acknowledged that this disproportionate impact is necessary to facilitate a shift across Enfield to more sustainable, healthy and equitable modes.

#### Monitoring and mitigation:

- There is often poor awareness of local walking and cycling projects amongst those who rarely walk, cycle or travel outside their immediate area, particularly in those who do not speak English at all, or it is not their first language. Consultation and engagement will seek to reach all groups, for example by offering materials in appropriate languages and or engaging through relevant community organisations.
- At project engagement and consultation stage, officers work with community organisations to better understand what is driving high car usage and how projects could assist with reducing car usage and encouraging mode shift among black and minority ethnic groups.

### **Religion and belief**

#### *Context*

Data from the Census 2011 shows 54 per cent of the population is Christian. 23 per cent of people do not follow a religion or did not state a religion. 17 per cent of residents identify as Muslim, making it the second most popular religion or belief. Enfield is also home to smaller proportions of residents compared to the other faiths including Buddhist (0.6 per cent), Hindu (3.5 per cent), Jewish (1.4 per cent) and Sikh (0.3 per cent).

On certain dates and at certain times of the day, religious services and observances can have an impact on travel patterns. Places of worship and faith-based schools are major destinations for large populations from different groups.

#### *Differential impact assessment*

- By developing Enfield Healthy Streets inclusively, the council seeks to include within the beneficiaries of the programme those who follow a religion and regularly attend places of worship or faith-based schools. The council is committed to engaging with people of all faiths and beliefs as part of the implementation of the programme and projects.

- Religious commitments can sometimes leave little time for sporting activities, for example, as young Asian Muslims attend mosque after school, they do not have as much leisure time as those from non-religious backgrounds. Therefore, creating environments that enable and encourage people to walk and cycle more often can lead to exercise being built into their day, rather than having to go out of their way to achieve it.

### Monitoring and mitigation

- Early engagement with places of worship to ensure that project designs consider the specific needs of their religious community.
- Places of worship should be given specific consideration during the design phase of projects to ensure that any specific access issues are identified and subsequently addressed.

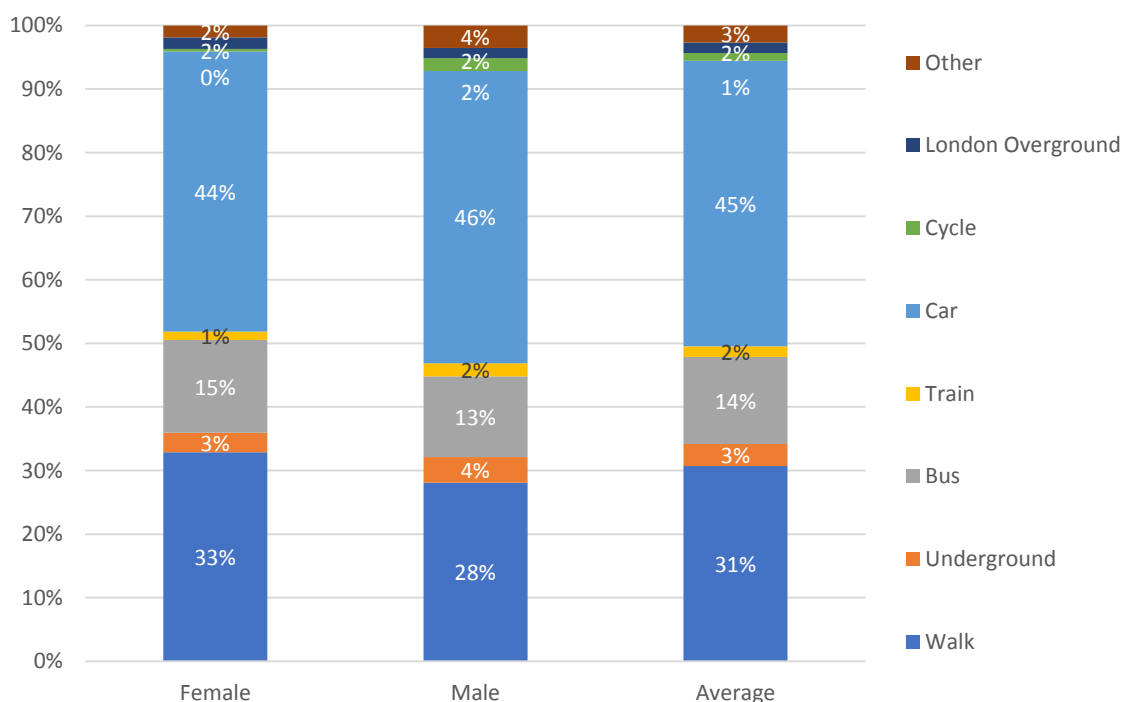
## Sex

### Context

According to the Census 2011, in Enfield 48.9 per cent of residents identify as male and 51.1 per cent as female. This is very similar to the percentage split for London as a whole (49 per cent male, 51 per cent male).

Figure 5 presents the mode share by sex in Enfield. Walking is the most commonly used type of transport by females, making up 33 per cent of all trips. This is 5 per cent higher than males. On average, females drive slightly less than males, making up 44 per cent of trips vs 46 per cent with males. Females are also use the bus more than males (15 per cent vs 13 per cent).

**Figure 5: Mode Share by Sex in Enfield**



Across Greater London, research undertaken by TfL shows walking is the most commonly used type of transport by females (95 per cent walk at least once a week). Females are also more likely to use buses than males (62 per cent compared with 56 per cent) but are less likely to use other types of transport including the Tube (38 per cent women compared with 43 per cent males).

Female Londoners make more trips on a weekday than male Londoners, 2.5 compared to 2.3<sup>4</sup>. This pattern however is reversed amongst older adults, with older female Londoners taking fewer weekday trips than older male Londoners, 2.0 compared to 2.2. It is important to recognise that females are more likely than males to be travelling with buggies and/or shopping, and this can affect transport choices.

Females aged 17 or over who are living in London are less likely than males to have a full driving licence (58 per cent compared with 72 per cent) or have access to a car (63 per cent of all females compared with 66 per cent of all males). These factors are likely to be related to the frequency of car use as a driver.

79 per cent of females in London report being able to ride a bike, compared with 91 per cent of males<sup>5</sup>.

According to a YouGov survey, 55 per cent of female Londoners have experienced sexual harassment on the transport system compared to 21% of male Londoners. The UN Women (UK) All Party Parliamentary Group reported that 71% of women had experienced harassment in public places. Harassment, fear of harassment and personal safety fears have an impact on how females experience public places and affects decisions about how and when to travel.

#### *Differential impact assessment*

- Achieving Vision Zero in Enfield will require improvements to the pedestrian and cycling environment to eliminate the threat caused by motor traffic, namely larger vehicles such as vans or HGVs. This may take the form of improved crossing facilities, restricting motor vehicle access, creating wider footways or segregated cycle lanes. While these improvements are likely to benefit all sexes, as females make more trips and walk more often than males, they are likely to disproportionately benefit from these improvements.
- Females are less likely to drive in Enfield and are more likely to walk than males. They are also less likely to cycle. Improvements made to the safety and convenience of cycling infrastructure across the borough is likely to reduce the barriers to cycling disproportionately faced by females and increase the percentage of females choosing to cycle.
- Females are more likely to use the bus than males. As every public transport journey starts or ends on foot or cycle, improvements in safety and convenience to these networks will improve their access to public transport services. On the contrary, certain projects may involve reallocation or road

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<sup>4</sup> <https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf>

<sup>5</sup> <http://content.tfl.gov.uk/attitudes-to-cycling-2014-report.pdf>

space or increased congestion (in the short to medium term) on routes which buses frequent. As such, these impacts may disproportionately impact females who use buses more often than males.

- Increasing residents' access to cycles is likely to disproportionately benefit females, particularly due to the higher number of trips females tend to make on a daily basis compared to males, as well as their role in taking children to and from educational and recreational facilities.

## **Socio-economic deprivation**

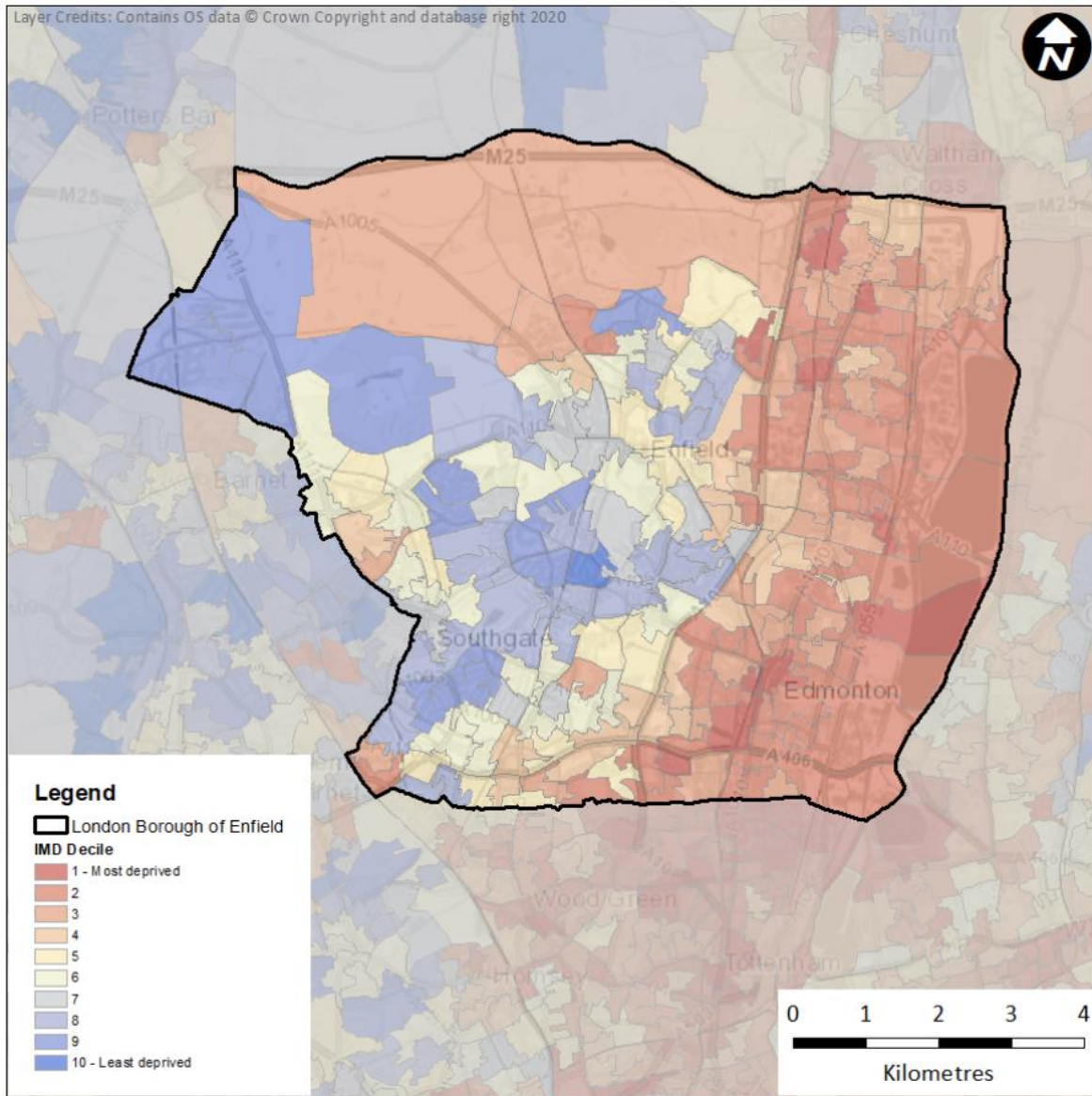
### *Context*

As outlined in the Enfield Transport Plan (2019), Enfield is one of the most deprived Outer London boroughs. Enfield is the 12th most deprived London borough, up from 14th in 2010. The borough's overall ranking in the 2015 Indices of Multiple Deprivation remained unchanged from 2010 at 64th most deprived out of 326 English local authorities.

Figure 6 presents a visual representative of deprivation across Enfield. It can be seen that the eastern and northern sections of the borough are the most deprived, with the western and southwestern sections being the least deprived. Some of the neighbourhoods in the east of the borough are amongst the most deprived in the UK.

Figure 7 presents the percentage of households without access to a car or van. Areas with higher levels of access to a car or van broadly mirror the least deprived sections seen in Figure 6, with the east of the borough having some of the highest percentages without access to a car/van, and the west having the least.

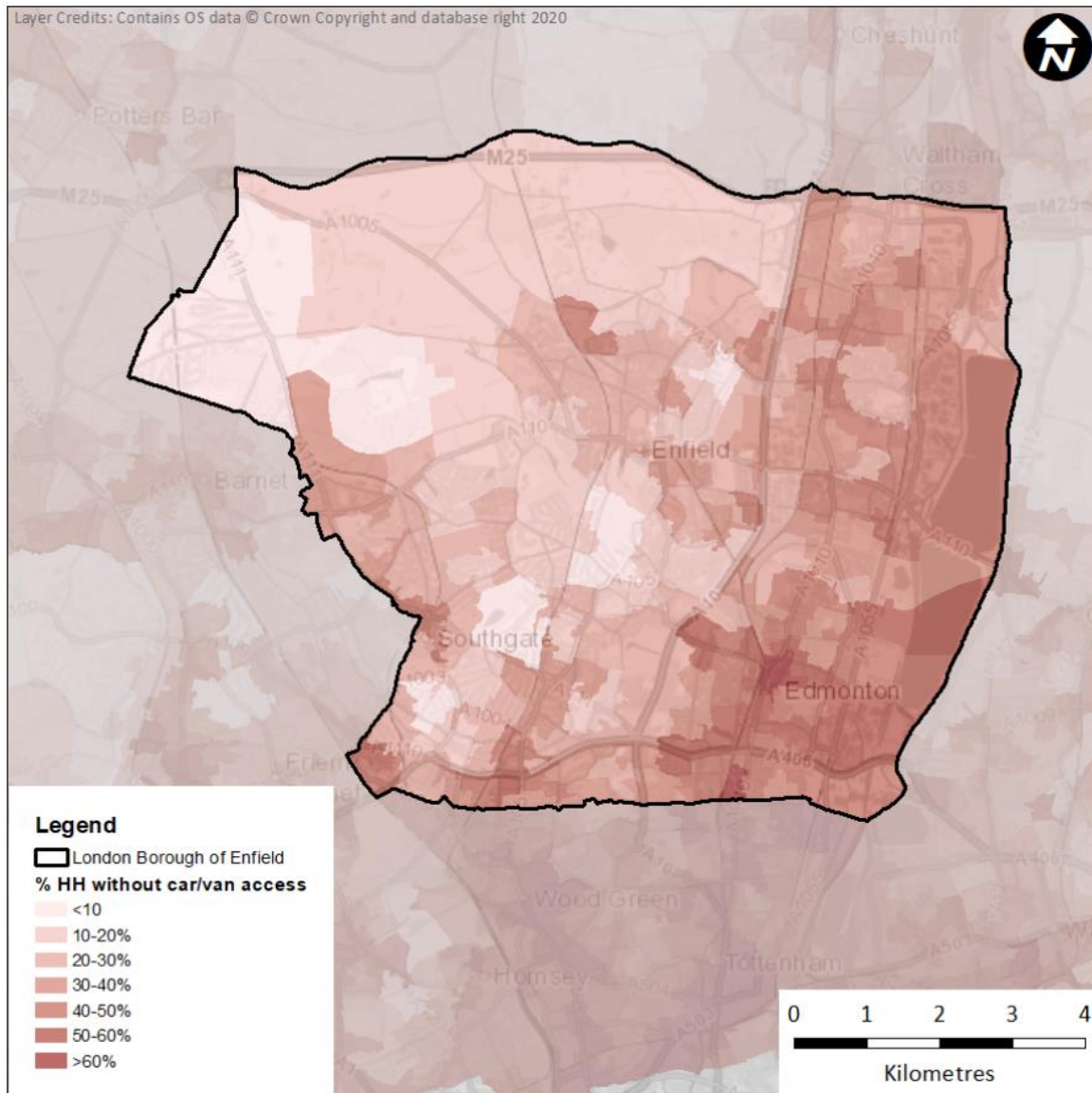
**Figure 6: Deprivation in Enfield**



Data source: Department for Communities and Local Government 2019



**Figure 71: Percentage of Enfield Households Without Access to a Car or Van**



Data source: UK Census 2011

TfL research shows that low income Londoners also tend to travel less frequently than Londoners overall – 2.2 trips per weekday on average compared to 2.4 among all Londoners. Among this group, a greater proportion of journeys are completed for the purposes of shopping and personal business: 31 per cent for Londoners with household income of less than £20,000 compared with 22 per cent all Londoners (in line with 31 per cent and 22 per cent observed in 2013/14)<sup>6</sup>.

<sup>6</sup> <https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf>

With regard to cycling, TfL research found that BAME groups may be distanced from cycling due to a lack of culturally accessible facilities or provision, low levels of bicycle ownership, limited places to store or clean a bike, and having to carry a bike up several flights of stairs. Furthermore, 57 per cent of ethnic minority groups are excluded from participation by poverty. For those on a very low income, the cost of a bike may be a significant barrier to cycling<sup>7</sup>.

Londoners in lower income households are more likely to use the bus at least weekly; seven in 10 Londoners in households with an annual income of less than £20,000 do so (69 per cent).

In Enfield, there is a clear correlation between deprivation and access to car ownership, with more deprived parts of the borough having lower levels of access to a car or van than less deprived areas. Walking and cycling are low-cost forms of transport and can connect people safely and quickly to local centres, as well as to stations as part of multi-modal longer distance journeys (e.g. into inner London).

#### *Monitoring and mitigation*

- When designing individual projects, the structure of road network will be considered, including where traffic might be moved to inadvertently if roads are closed to through-traffic, to reduce the risk of disadvantaged areas being disproportionately affected by traffic and pollution as a result of a project.
- Ensure that lower income households are made aware of any opportunities to secure funding for cycles. This may include events in the community or advertising in local community centres, leisure centres or shops.

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<sup>7</sup> <http://content.tfl.gov.uk/barriers-to-cycling-for-ethnic-minorities-and-deprived-groups-summary.pdf>