Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socio-economic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected e.g. equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups and consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

The completed EqIA should be included as an appendix to relevant EMT/ Delegated Authority/ Cabinet/ Council reports regarding the service activity/ policy/ strategy/ budget change/ decision. Decision-makers should be confident that a robust EqIA has taken place, that any necessary mitigating action has been taken and that there are robust arrangements in place to ensure any necessary ongoing actions are delivered.

SECTION 1 – Equality Analysis Details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	**Bowes Primary & Surrounding Streets Quieter Neighbourhood Area**
Lead officer(s) name(s) and contact details	**Richard Eason**
Team/ Department	**Place – Healthy Streets**
Executive Director	**Sarah Cary**
Cabinet Member	**Leader of the Council Cllr Caliskan**
Date of EqIA Commencement	**1st July 2020**
Last Updated	**7th December 2021**

SECTION 2 – Summary of Proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision **Please summarise briefly:** What is the proposed decision or change? What are the reasons for the decision or change? What outcomes are you hoping to achieve from this change? Who will be impacted by the project or change - staff, service users, or the wider community?
The consultation survey for this project ran from 28 September 2020 to 2 May 2021. Consultation analysis was ongoing during this period and a report (referred to as 'Consultation Analysis' in this EqIA) provides a detailed analysis and summaries of the responses. In recognition of comments from disabled people and carers during the consultation period, an additional consultation exercise was launched in March

2021 which specifically targeted disabled people, carers, those receiving care, and Blue Badge holders that live within the Bowes Primary area.

Residents in the Bowes Primary & Surrounding Streets Quieter Neighbourhood Area have raised concerns with Enfield Council over traffic issues in the area for many years. In 2018, MP Bambos Charalambous presented a petition to Parliament on behalf of the Bowes ward, calling for a live trial of a low traffic neighbourhood. This petition was signed by 377 local residents. In response to this petition, in 2019 the Council engaged residents in the Bowes Primary & Surrounding Streets Quieter Neighbourhood Area through a Perception Survey to better understand the issues that they were experiencing.

In total 263 residents participated and provided these top responses:

- Concerns about streets being used as rat-runs.
- Concerns about speed and volume of traffic; and
- Concerns about pollution.

78% of participants thought vehicle speeds are a serious problem and 87% of participants said the volume of traffic is a serious problem[1]. The full findings from the survey can be found at **https://letstalk.enfield.gov.uk/BowesQN**

Enfield Council has implemented various restriction points with the intention to:
1) deny a route to motorised through-traffic along Warwick Road and connecting estate roads
2) deny a route to motorised through-traffic along the northern section of Palmerston Road and connecting estate roads.

The Council extended into the Enfield part of Brownlow Road, and the estate to the east, the 20mph speed limit to complement the same speed limits in the adjacent areas to the south of A406 to the south and west. This offers better consistency to drivers and should reduce the sense of traffic domination on Brownlow Road. A second phase is planned to remove through-traffic, except buses, on Brownlow Road by way of a further restriction point on Brownlow Road and potentially a point closure on Westbury Road which will be subject to where the bus gate on Brownlow Road will be located.

Warwick Road, Palmerston Road and their connecting estate roads are unclassified roads. They are typically narrow and have close-fronting homes. Through traffic is better accommodated on the perimeter roads that border the area, namely: A406 North Circular Road, A105 Green Lanes, and A109 Bounds Green Road. Removing through traffic within these neighbourhoods has established more attractive conditions for walking and cycling within the neighbourhood, with modal filters for cycling at the closure points further boosting the convenience of cycling over car use for local trips. Access for buses is also planned to be maintained on Brownlow Road which further priorities use of public transport of private car.

[1] https://letstalk.enfield.gov.uk/2794/widgets/9476/documents/4491

Lowering the level of traffic on Palmerston Road aims to make it better suited for on-road cycling, helping complete a cycle route into Haringey that already links to Palmers Green and Enfield Town to the north. Reducing the overall volume of traffic to levels that better match the character of these narrow, densely populated streets also aims to improve air quality within the zone.

These proposals followed ongoing engagement with London Fire Brigade, London Ambulance Service and Metropolitan Police as well as Enfield Waste Collection services. Camera controls, rather than a physical barrier, are included on Warwick Road to avoid hindering emergency access and waste collection services in and out of the estate to/from the south and reducing response times. In this regard the proposals represent an improvement over the existing width restriction. Where closure points and islands are placed, the removal of some adjacent kerbside parking/loading space will be required so that parking does not foul access around narrowed sections of road or occupy space needed to be left clear for drivers to turn vehicles around. The proposals, including the localised parking controls, are supported by experimental traffic orders so that the Council can assess their impact further, consider representations and make amendments if necessary.

A conscious decision has been made to trial the proposals experimentally. Experimental traffic orders allow for schemes to be implemented and a consultation to take place whilst they are live. This allows a true consultation to take place in respect of the actual impact. During the experiment, changes can be made to the measures in place and the law requires further consultation following changes before any scheme can be converted to a permanent scheme.

The effects of the implementation are being monitored throughout the experimental phase. The authority does not currently have data for people passing through the scheme area and any protected characteristics they may have; so the ward profile for the Bowes Ward has been used as the basis for demographic data.

SECTION 3 – Equality Analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

1. Age
2. Disability
3. Gender reassignment.
4. Marriage and civil partnership.
5. Pregnancy and maternity.
6. Race
7. Religion or belief.
8. Sex
9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

"Differential impact" means that people of a particular protected characteristic (e.g. people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and, where possible, provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.

Information has been gathered regarding groups with protected characteristics in Enfield as a whole, and for Bowes specifically (referred to as the 'Study area'). 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.

The project team consider that there would be no disproportionate impact on Gender Reassignment, Sexual Orientation or Marriage and Civil Partnerships as protected groups, therefore they have been excluded from the assessment. This is based on the evidence from consultation responses which show no clear trends or patterns

indicating an issue in these protected characteristic groups. The project team will reassess this if deemed necessary.

Age

This can refer to people of a specific age e.g.18-year olds, or age range e.g. 0 – 18-year olds.

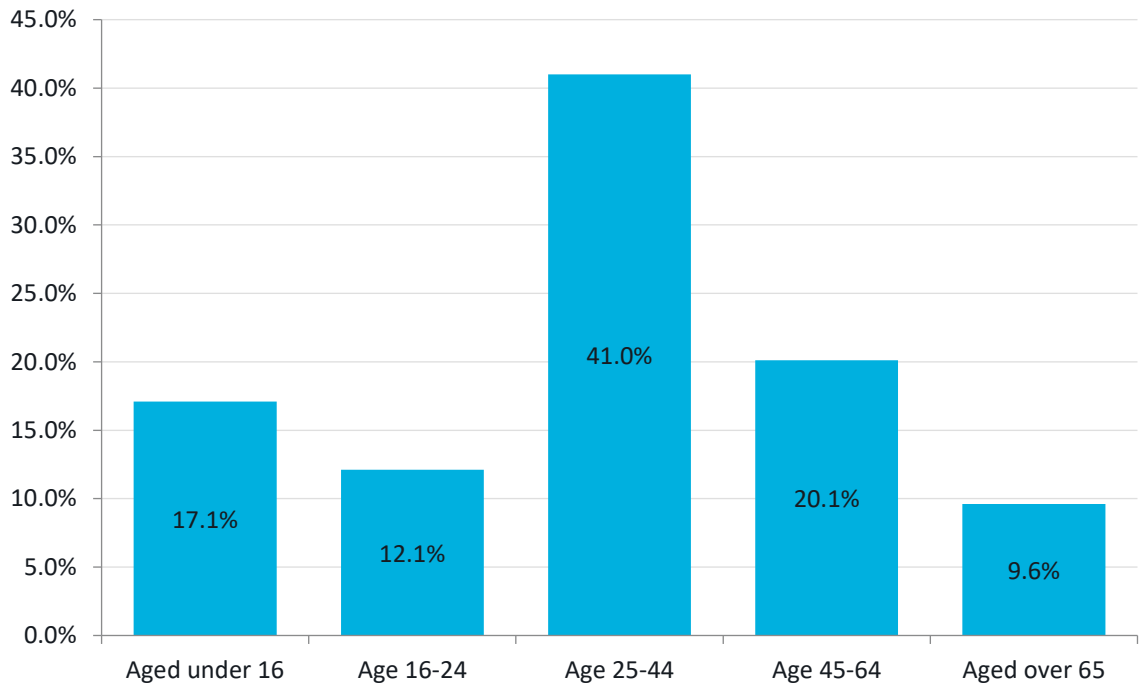
Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

As demonstrated within Figure 1, the majority of residents within Bowes are aged 25-44, making up 41% of all residents. There is an almost even split of those aged older and younger than that age bracket, with 29.2% aged under 24, and 29.7% aged over 45.

Figure 1: Age distribution within study area

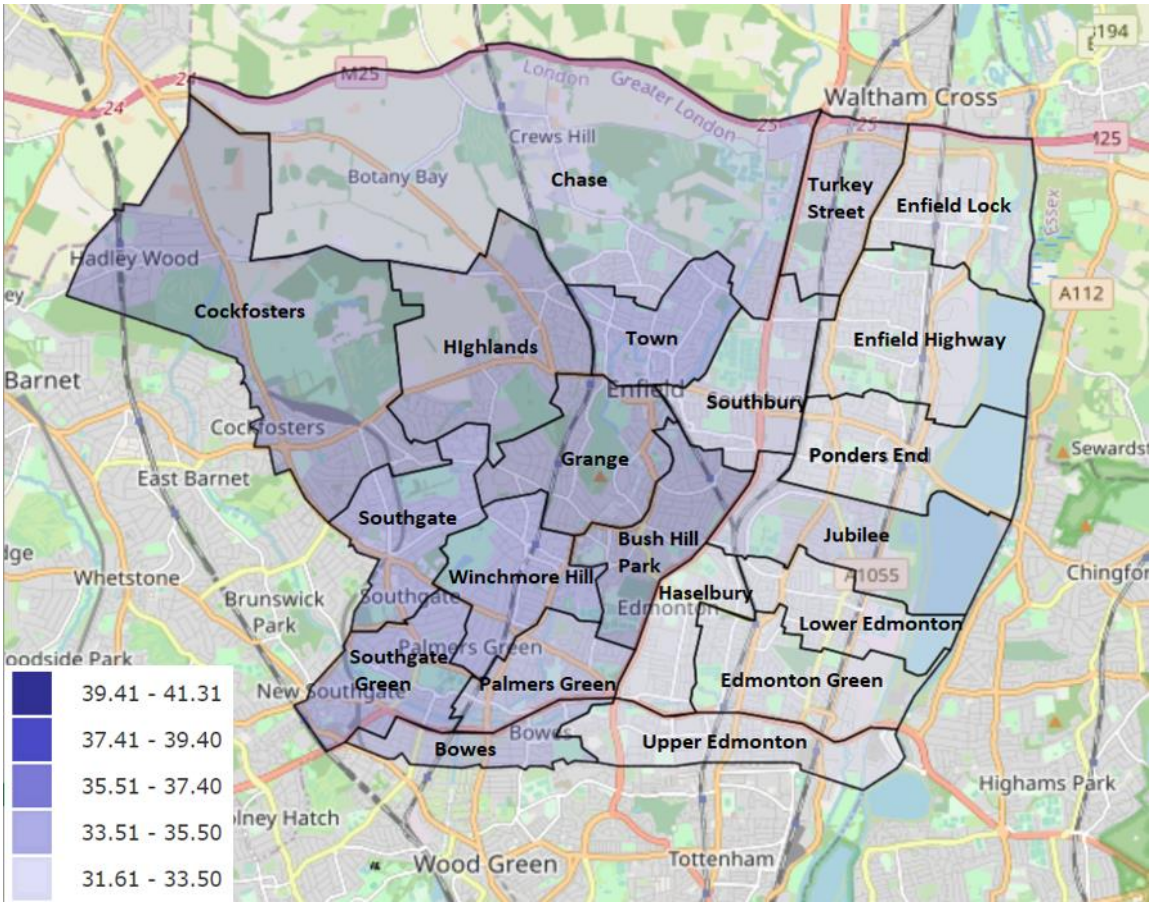


Source: UK Census 2011

Figure 2 presents the spatial distribution of the mean age across Enfield's wards. A clear trend can be observed whereby the northern and eastern wards have some of the lowest mean ages in Enfield and the southern and western wards some of the

highest. Bowes, located in the southwest of Enfield, has one of the oldest mean ages in the borough.

Figure 2: Mean age by ward in Enfield



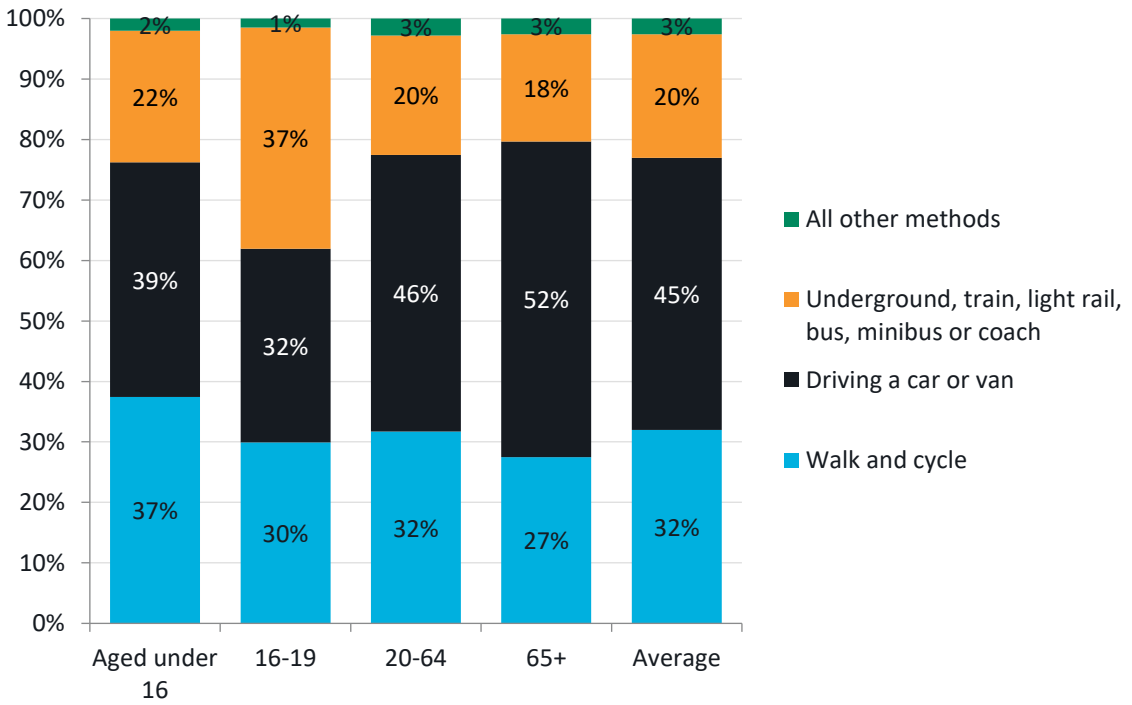
Source: UK Census 2011

Figure 3 presents LTDS data on how people travel around Enfield within each age category.

In general, younger people in Enfield walk and cycle more, and drive less than their elderly counterparts. Young people are less likely to be impacted as a driver and this is reflected in lower levels of response in the engagement surveys. The highest percentages of walking and cycling can be seen in those aged under 16, with 37% of all trips made on foot or by bike. Those aged 65 and over have the lowest levels of walking and cycling, with 27% of all trips, but the highest percentage of trips driven (or as a passenger in a car or van) at 52%. Public transport use is disproportionally higher in 16 to 19-year-old group, making up 37% of all journeys. This is 15% higher than the nearest age group (those aged under 16). Furthermore, as per the latest data from 2016, the average age to start driving in the UK was 26, and this is expected to have reduced further over the previous five years[2].

[2] https://www.insurancefactory.co.uk/news/August-2016/Average-age-to-start-driving-increases-to-26

Figure 3: Mode share by Age in Enfield



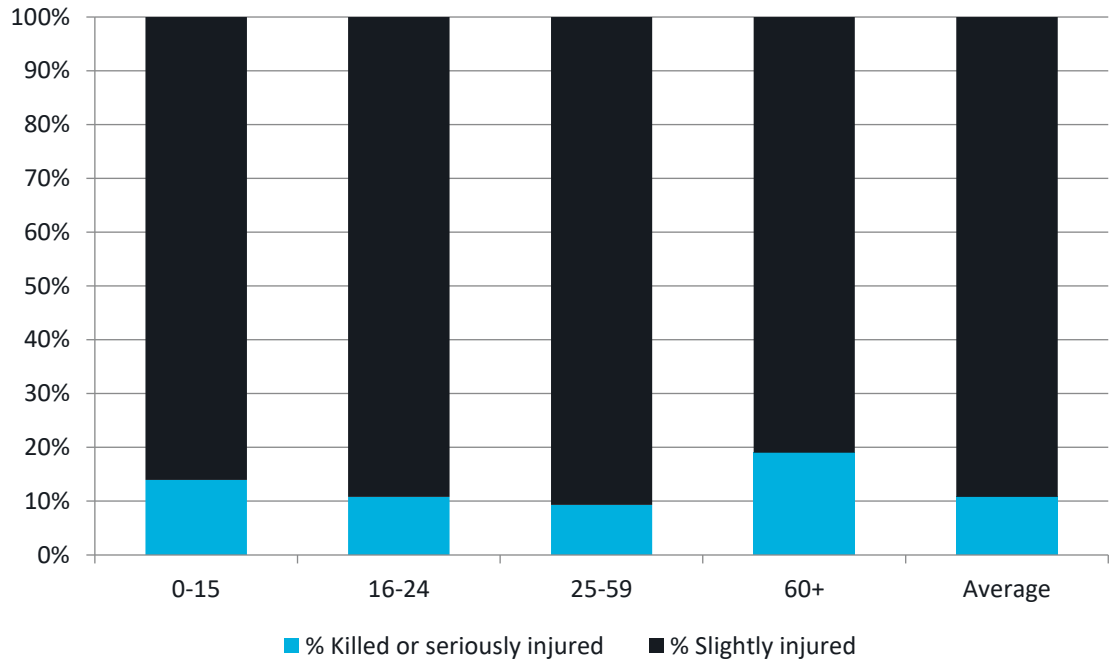
Source: LTDS (2016/17, 2017/18 and 2018/19)

The proportion of Killed or Seriously Injured (KSIs) and Slightly Injured casualties per age category is shown in Figure 4 below. KSIs are higher than average for those age 60 and over (19%) and those aged Under 16 (14%). As such, this indicates that these age groups are disproportionately more likely to suffer more severe consequences if they are a casualty in a collision. Lower speeds and volumes of traffic reduce the chance of children being killed or seriously injured.

Across the UK, 10-14 age group road accidents make up over 50% of all external causes of death. 15-19 years olds experience almost double the risk of death from road traffic accidents (82.5 deaths per million population) in comparison to the general population (42.2 deaths per million population). For males in this age group the risk is higher still at 127.3 deaths per million population[3].

3 http://www.racfoundation.org/assets/rac_foundation/content/downloadables/road%20accident%20casualty%20comparisons%20-%20box%20-%20110511.pdf

Figure 4: Percentage killed or seriously injured by Age in Enfield



Source: DfT Road traffic statistics (2019)

Differential impact assessment

People of young and old age are more vulnerable to poor air quality[4], and Bowes has one of the oldest mean ages in Enfield. The delivery of this Quieter Neighbourhood aims to enable mode shift, ultimately reducing emissions from private vehicle use and increasing active modes of travel, benefit these age groups disproportionately through improved air quality.

Younger people in Enfield are less likely to drive than older people in the borough, are more likely to walk and cycle. Improvements to volumes of traffic in Bowes will benefit those who already cycle, and therefore may disproportionately benefit younger people. However, the improvements are also likely to benefit those who do not currently cycle by providing safer and more attractive conditions to do so. This may allow for a selection of residents which is more evenly dispersed across the age groups to partake in active travel modes – and reaping the health benefits associated with a more active lifestyle. Therefore, while the changes may initially benefit younger people, over time there may be longer term benefits across the age groups that rectifies this initial imbalance.

The proportions of respondents in the survey in each age group reporting either perceived positive or negative impacts of the QN were generally very similar across the bandings (with around 50% of respondents reporting perceived negative impacts), except for the 80 years and over age group, which consisted of 7 negative responses (78%). However, this outlier must be treated with caution, given this group's very low sample size of nine. The lower age groups (20 up to 49 years of

age) showed higher proportions of responses from respondents that reported perceived positive impacts from the QN.

Variations between age groups were small for both respondents inside and outside the QN, although perceptions were slightly more positive for those inside the QN across all the age groups. The relative proportions of positive and negative perceptions for each age group were broadly similar across those inside and outside the QN.

Reductions in motor vehicle traffic are expected to create safer streets with an improved experience for pedestrians – such as reduced noise and air pollution and reduced fear of being involved in a collision. These improvements to the walking environment are likely to disproportionally benefit those who are aged 16 and under who currently make 37% of journeys by walking (or to a lesser degree, cycling). Furthermore, those aged 16-19 who make 37% of trips by public transport are also likely to disproportionately benefit, as every public transport journey starts or ends on foot or cycle. The scheme should also reduce northbound bus journey times due to the reduction of through traffic in the area which will benefit younger age groups who make most of their trips via public transport or walking/cycling.

On the contrary, this scheme may cause increased congestion in the short to medium term on arterial roads as traffic is reassigned from minor roads within Bowes. As such, these impacts may disproportionately impact younger age groups. This could be mitigated with Bowes Primary school by further developing active travel measures to take advantage of the safer QN environment.

Older people are more likely to suffer from slight mobility impairments due to aging, which do not fall under the disability PCG. This can include slower movement and reaction time, and some may use mobility aids for walking. A reduction in motor vehicle traffic is likely to be particularly beneficial for those who require extra time to cross the street due to physical or visual impairments. The NHS however state that the over 65 age group are the most sedentary age group and should continue to engage in moderate exercise at 150mins a week to prevent mental and physical decline.

The Quieter Neighbourhood measures will significantly reduce the volumes of traffic through the area, reducing the threat caused by motor traffic, particularly from larger vehicles such as vans or HGVs who can no longer pass through the area. While these improvements are likely to benefit all ages groups, as those aged under 16 and over 60 are disproportionally killed or seriously injured by motor traffic, they are likely to benefit the most from the changes.

While these measures are likely to create safer, healthier streets for residents of Enfield, they may lead to longer journey times for people who rely on private cars, taxis or Dial-a-Ride. The scheme may also lead to short- or medium-term delays to motor traffic on arterial roads as traffic is reassigned from minor roads in Bowes.

[4] https://www.london.gov.uk/sites/default/files/air_quality_for_public_health_professionals_-_city_of_london.pdf

Private cars, taxis or Dial-a-Ride are particularly popular for people aged 65 and over. Travelling can also be uncomfortable for some people, particularly for the elderly, therefore extended journey times could exacerbate this issue. It is noted that some people may be more likely to use a private car as travel patterns and preferences change due to the pandemic. This may lead to increased journey times for those who rely on private cars, taxis or Dial-a-Ride. The Consultation Analysis report highlighted an under-representation of younger people responding to the consultation, and an over-representation of older people. In the 2011 Census, those aged 16-29 and 30-39 made up 25% and 21% of all age groups, however in the survey, only 4% of respondents said they were aged 16-29, and 16% aged 30-39. In older people, the opposite trend can be seen. In the Census 2011, 14% of people stated they were aged between 40-49, 10% between 50-59, and 6% between 60-69, however the survey received 29%, 22% and 20% of responses from those age groups, respectively. The Consultation Analysis report also highlighted some of the opposition to the scheme related to the impacts of the scheme on mobility and alternatives to private car use. 44 responses (out of 447 open question responses to the corresponding question) referred to public transport or active travel not being a suitable alternative due to disability or age (of these, 13 were disabled, and 16 were aged over 60).
Mitigating actions to be taken
Continue to work with Bowes Primary School to develop safer active journeys to school.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include:
Physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.

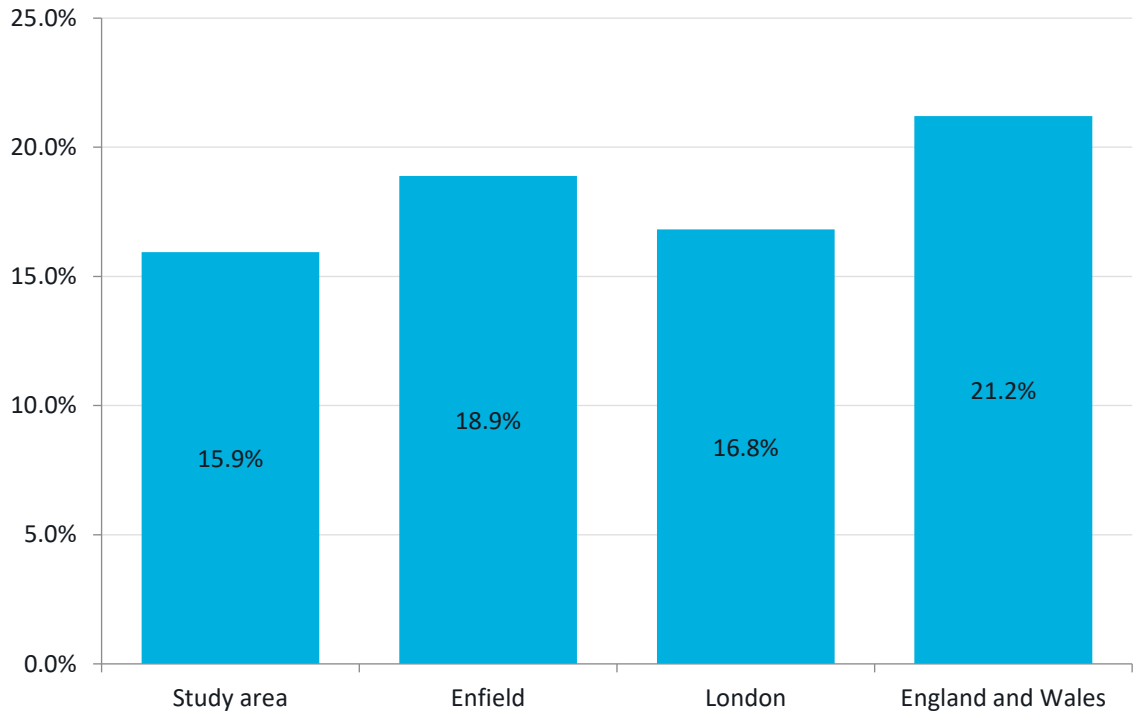
Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people with disabilities?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

In Enfield, Census 2011 data shows that 81.1% of residents feel that they have no limitations on their activities. This is slightly higher than both England and Wales (79.8%) but lower than in Greater London (83.2%). 18.9% of the population of Enfield stated that they were limited by a long-term health problem or disability. In Bowes ('Study area') this percentage is lower, at 15.9% of the population.

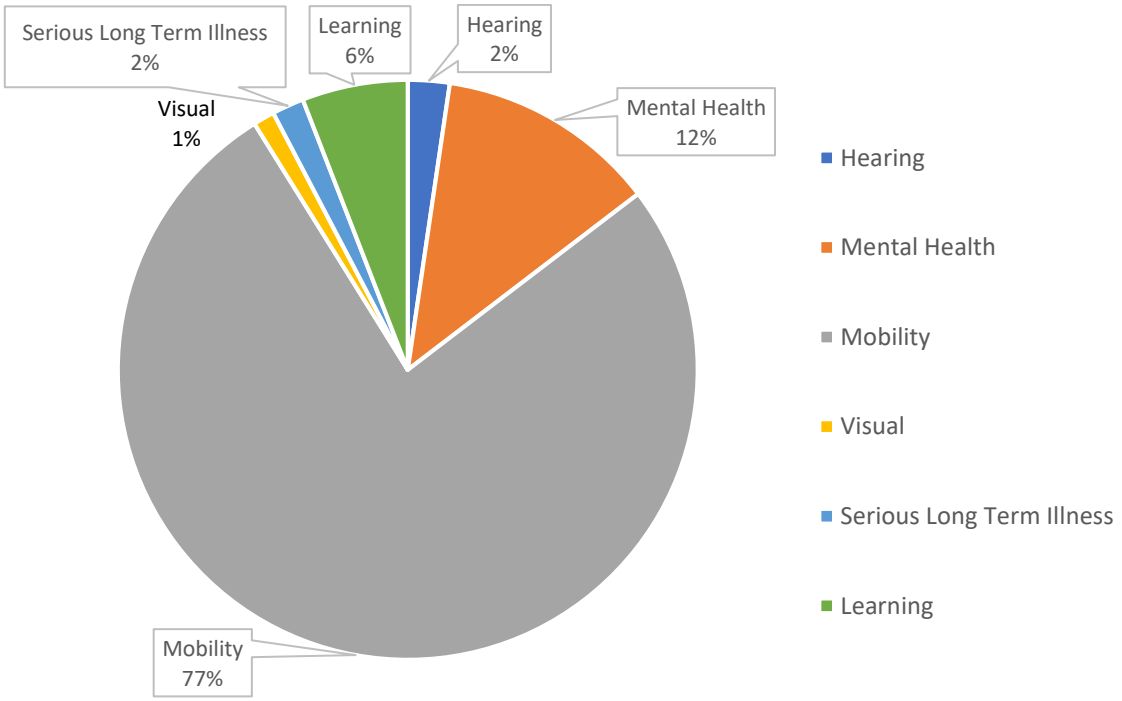
Figure 5: Percentage limited by a long-term health problem or disability in Enfield



Source: UK Census 2011

Disability types stated by those who live in Enfield and have a disability affecting daily travel (including old age) is shown in Figure 6 below. Mobility impairment represents the highest proportion (77%) followed by impairment due to mental health (12%). It should be noted that this data is based on a small sample, therefore results should be taken as a general indication only. It is important to note that various physical and mental disabilities can lead to travel limitations.

Figure 6: Disability types stated by those with a disability affecting travel



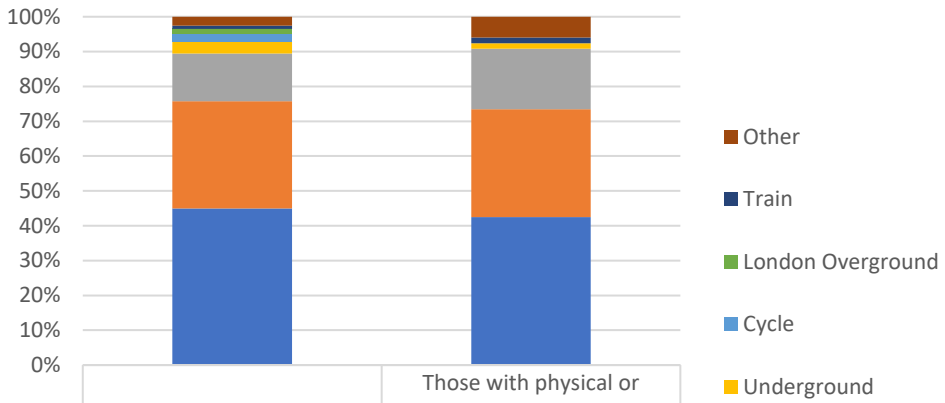
Source: LTDS (2016/17, 2017/18 and 2018/19)

Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey[5] shows that 72% of disabled cyclists use their bike as a mobility aid, and 75% found cycling easier than walking. Survey results also show that 24% of disabled cyclists' bike for work or to commute to work and many found that cycling improves their mental and physical health. Inaccessible cycle infrastructure was found to be the biggest barrier to cycling.

Mode split for people with a physical or mental disability is shown in Figure 7. When compared to the LTDS mode split of trips made by all people, car use for those with disabilities is lower (42.6% compared to 45%), bus use is greater (17.5% compared to 13.7%) and walking is marginally higher (31.1% compared to 30.8%).

[5] Wheels for Wellbeing Annual Survey 2018: https://wheelsforwellbeing.org.uk/wp-content/uploads/2019/04/Survey-report-final.pdf

Figure 7: Mode split by those with a physical or mental disability affecting daily travel



	Average	Those with physical or mental disability affecting daily travel (including old age)
Other	2.6%	6.0%
Train	0.9%	1.7%
London Overground	1.4%	0.0%
Cycle	2.2%	0.0%
Underground	3.4%	1.5%
Bus	13.7%	17.5%
Walk	30.8%	31.1%
Car	45.0%	42.7%

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

Let's Talk is the software platform engagement is conducted on. It meets and exceeds WCAG 2.1, the current global web accessibility standard[6].

Text, graphics and figures should be able to be read by screen readers, and all content should be made available in alternative formats for those with visual impairments. Braille can be made available on request (though it is acknowledged that only a small proportion of visually impaired people use braille) or the opportunity offered to speak to someone over the phone or in person about the scheme.

Disabled people make less trips than those with no disability, with the difference increasing above the age of 65. Both disabled and non-disabled adults rely predominantly on car travel, but for disabled people in a third of journeys they are likely to be the passenger whereas a non-disabled person is a passenger in around one fifth of journeys. There are lower rates of commuting with disabled people which is expected as a result of the lower proportion of disabled people in full or part time employment. [7]

Differential impact assessment

Improved cycling conditions will benefit disabled cyclists and could potentially encourage people with disabilities to try cycling, if their disability allows. Some disabled people rely upon cycling as their primary means of mobility.

The project aims to decrease motor vehicle traffic in a residential area, creating a safer environment, particularly for disabled people who are more likely to be pedestrians. Quieter roads will also benefit those whose physical impairments necessitate more time to cross the road, or whose mobility aids may require use of the road, such as mobility scooters.

Quieter Neighbourhoods may negatively impact on journey times for 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.

Visually impaired people will be pedestrians in the affected area, users of public transport or passengers in other vehicles. Visually impaired people will have varying degrees of ability to see the changes in the environment around them. This will include changes to traffic flows or directions of traffic. Although likely to benefit from decreased traffic flows, the initial change could be confusing.

Within the Bowes area is Bowes Primary School which hosts Special Educational Needs children and has an Additionally Resourced Provision for pupils with autism. Some children may experience discomfort with the changes to the local environment especially where this may cause a change in route.

Any changes or removal of the scheme may disproportionately impact residents with certain impairments or disabilities as adapting to changes in their environment can present challenges.

Reduction to through-traffic is likely to reduce conflict between different road users on the whole. This will create a safer environment, particularly those with physical disabilities. Quieter streets also mean that those traveling with wheelchairs or mobility scooters are able to use the roadway if they choose to circumvent blockages across the pavement (e.g. if the pavement is too narrow to navigate due to bins).

A letter to Blue Badge holders was sent to residents in the area on 26 February 2021. The letter invited residents to participate in a survey, separate to the main consultation survey. This survey aimed to find out more about how people with disabilities and carers perceive the scheme. A paper copy of the survey was included in the letter delivery. Additionally, all respondents to the main consultation survey who indicated they have a disability, receive care, or provide care to someone in the area, were sent an email advising them of the additional survey and how to participate.

[6] https://www.w3.org/TR/WCAG/

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972438/transport-disability-and-accessibility-statistics-england-2019-to-2020.pdf

Findings from this disabled people/Blue Badge holder consultation showed that disabled people had concerns about reaching locations such as Bounds Green Group Practice, Bounds Green Underground station, North Middlesex Hospital, Brownlow Road pharmacy and dentists within the area. It was noted that they perceived increases in journey times, increases in traffic, and some responses referred to respondents being unable or finding it much harder to visit friends or family, or to welcome visitors to their own home.

The carers also had concerns about reaching similar destinations, including North Middlesex Hospital, the GP on Gordon Road (Bounds Green Group Practice) as well as a pharmacy or pharmacies in the area. There was a noted perceived increase in journey times, as well as responses referring to respondents finding it harder to access healthcare or for carers to gain access to patients.

The responses recorded were broadly representative of the types of disabilities that people have within Bowes. While those who identified as having a learning disability/difficulty appear to be under-represented, it is possible that a percentage of these people chose the option of 'Other'. It is understood that this may be caused in part by the electronic survey only allowing respondents to select a single disability, rather than multiple, therefore they chose 'Other' and listed numerous disabilities.

Following this disability specific consultation, a report was produced and is attached at appendix A. Respondents indicated whether they would be willing to participate in focus groups.

Three separate focus groups were held with disabled people following this survey in June to delve further into the issues raised in the survey. The attendance at the focus groups was predominantly carers for disabled people and almost all were regular car users.

During the focus groups, the carers described the types of support they provide. In some cases, carers reside with the person they care for, which is particularly true in the case of disabled children. In a few cases, carers described taking car journeys with things like washing or hot food to another address within a mile or so as part of they care they deliver. Their experience had been the journey took longer and at times they may have waited in heavier traffic. An increase in traffic volumes from increased car ownership or use would potentially create a similar effect as the current traffic volumes will not remain constant as since 2008 traffic has continued to increase and has nearly doubled in ten years. Clearly at this rate a similar effect would be felt by the carers in the increased volumes of traffic, notwithstanding the fact that the impact seems to be more immediately felt by them. General issues with congestion and traffic were raised and there was recognition that the situation before the measures was not flowing without congestion.

Attendees were asked about travel to hospitals and expressed general concerns about travel times, but did suggest that travelling to Whittington and Royal Free were journeys which had been impacted.

One member of the group commented that they had used an asthma inhaler twice a day for many years and since the implementation of the LTN they had not used it more than every couple of weeks. No public health data about severity of asthma symptoms in the area is available.

Much of the discussion during focus groups centred on the limitation on travel choices available to disabled people. For example, people with back injuries may find it painful and uncomfortable to use buses or those with walking aids may be unable to get to a bus stop without places to stop and rest. Once at the bus stops, several people remarked that the bus stop seating was not suitable for them to recover and wait for the bus.

Carers also described situations where friends who may have assisted with caring duties previously find the journey by car more difficult now. Attendees also described circumstances where ride hailing services or taxis cancelled journeys at short notice when they had been booked in advance. The team held a meeting with a representative of London Cab Drivers and there seemed to be a misunderstanding that drivers could not enter the area at all. This was corrected in the meeting and conveyed to back to black cab drivers.

Anxiety around the time it might take to return home was cited by some as a factor in making choices to leave the area to social journeys.

Carers described that in some cases therapists include travel time within their appointment, meaning that therapy time has been reduced. The way care costs are funded in some cases means that families are given a care budget to source services. This means providers can deliver the service subject to their own terms and conditions.

In some cases, the initial changes were described as confusing for some people who may have learning difficulties or autistic spectrum disorders. Bowes Primary School has been engaged with on the scheme and is the local SEN provision for ASD's.

Some disabled people with complex needs undertake a significant number of journeys for appointments and to regular locations such as school. They may use a car in order to transport a wheelchair, complex mobility aid or medical equipment. For people with complex needs, journeys in the car can be very uncomfortable or distressing. Whilst the journeys may be considered short in distance for a person who is not disabled, shorter journeys in distance are likely to be disproportionately impacted by the scheme.

In order to better understand the experience of disabled people, the Programme Director and Project Manager visited the home of a disabled resident who had been involved in several events relating to the scheme. During the visit he was able to indicate to them the day to day challenges in moving around the area.

Mitigating actions to be taken
If any changes to the scheme or its removal is recommended, consideration should be given to residents who may have challenges adapting to changes in their surroundings. Consider installing benches or other seating in locations around the area to allow people to stop and rest. Consider installing suitable seating near bus stops to allow places to disabled people to wait for the bus in a more comfortable way. Consider long term monitoring of public health outcomes. Consider a review of how information is conveyed to drivers about access to the zone. Minimise further changes to avoid confusion. Monitor traffic impact to ascertain the actual impact on traffic flow and journey times. An exemption scheme should be explored and considered for deployment to mitigate the impact on shorter journeys which may be undertaken by disabled people and the people providing care for them.

Gender Reassignment This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on transgender people? Please provide evidence to explain why this group may be particularly affected.
It is considered that this scheme is unlikely to have a disproportionate impact on grounds of Gender Reassignment and no issues of note were raised during the experimental period from that group.
Mitigating actions to be taken
N/A

Marriage and Civil Partnership Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people in a marriage or civil partnership? Please provide evidence to explain why this group may be particularly affected
It is considered that this scheme is unlikely to have a disproportionate impact on grounds of Marriage and Civil partnership and no issues of note were raised during the experimental period from that group.
Mitigating actions to be taken
N/A

Pregnancy and maternity Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity? Please provide evidence to explain why this group may be particularly affected
Evidence base

The birth rate in Enfield was 15.1 births per 1000 people in 2016, approximately 28% 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

Reduction to through-traffic is likely to reduce conflict between different road users overall. This will create a safer environment, particularly for pregnant people and parents with infants and/or young children. This will also provide benefits to pedestrians travelling with prams who require additional time to navigate curbs when crossing the street. Quieter streets also mean that those traveling with prams can use the roadway if they choose to circumvent blockages across the pavement (e.g. if the pavement is too narrow to navigate due to bins).

The implementation of the Quieter Neighbourhood scheme may negatively impact on car journey times for a portion of those who are pregnant and with parents with infants and/or young children who may prefer the use of door-to-door transport services such as private cars, taxis or Dial-a-Ride.

Improvements in air quality are likely to disproportionately benefit infants and children who are more vulnerable to breathing in polluted air than adults due to their airways being in development, and their breathing being more rapid than adults.

Expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this travel is made by car it may take slightly longer, but where the journey is walked or cycled through the experimental area, it is likely to be less polluted and have reduced volumes of traffic. The Royal college of Midwifes recommends exercise such as brisk walking for new and expectant mothers. Furthermore, exposure to poor air quality while at home for long periods should reduce over time as a result of lower traffic volumes inside the area.

The Consultation Analysis showed that across all genders, the proportions of responses from people pregnant or with young children stating they had experienced a ‘somewhat negative’ or ‘very negative’ impact were very similar to those who were not pregnant or with young children.

Mitigating actions to be taken

Continued monitoring of journey times.

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people of a certain race?

Please provide evidence to explain why this group may be particularly affected

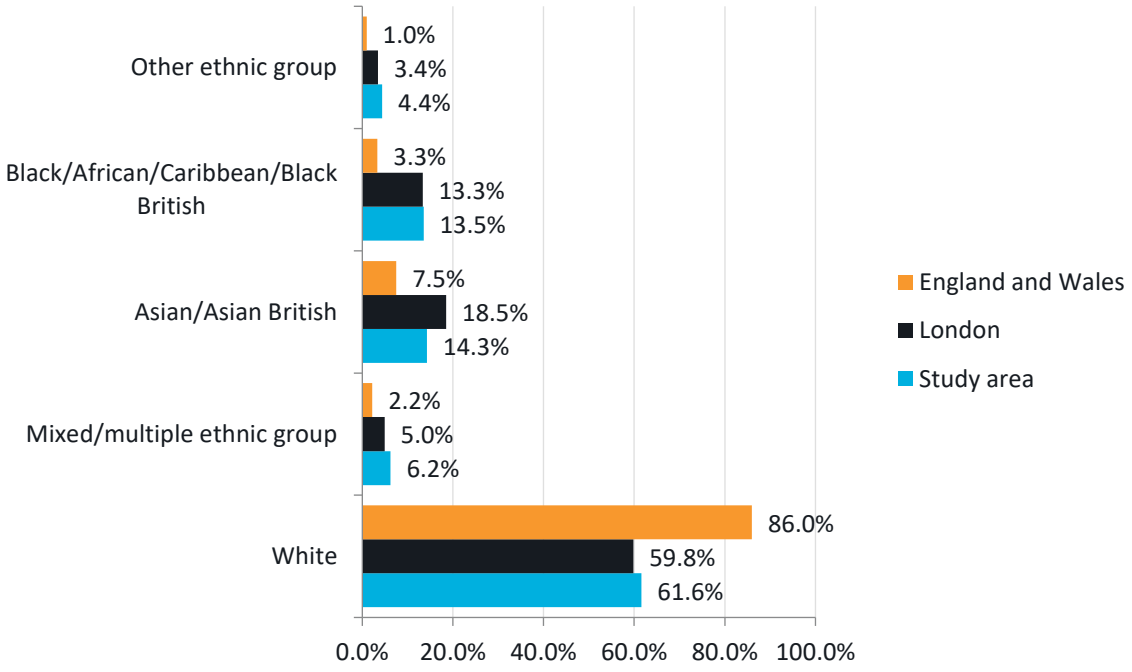
Evidence base

Figure 8 presents the population of Bowes ('Study area') by ethnicity. Based on Census 2011 data, 61.6% of Bowes residential population is 'White', making it the most common ethnicity in the area. This is very similar to the average across London, with Bowes being 1.8% higher than the average across London of 59.8%.

The second most populous ethnicity is 'Asian/Asian British', of which 14.3% of the population identify. This is only 0.8% higher than the next most populous ethnicity 'Black/African/Caribbean/Black British' at 13.5% of the population.

Within the Bowes ward 23.3% of households do not have English as a first language – with Polish, Turkish, Greek, and Gujarati comprising the most common languages otherwise spoken.

Figure 8: Population of Study area by ethnicity (versus London; England and Wales)

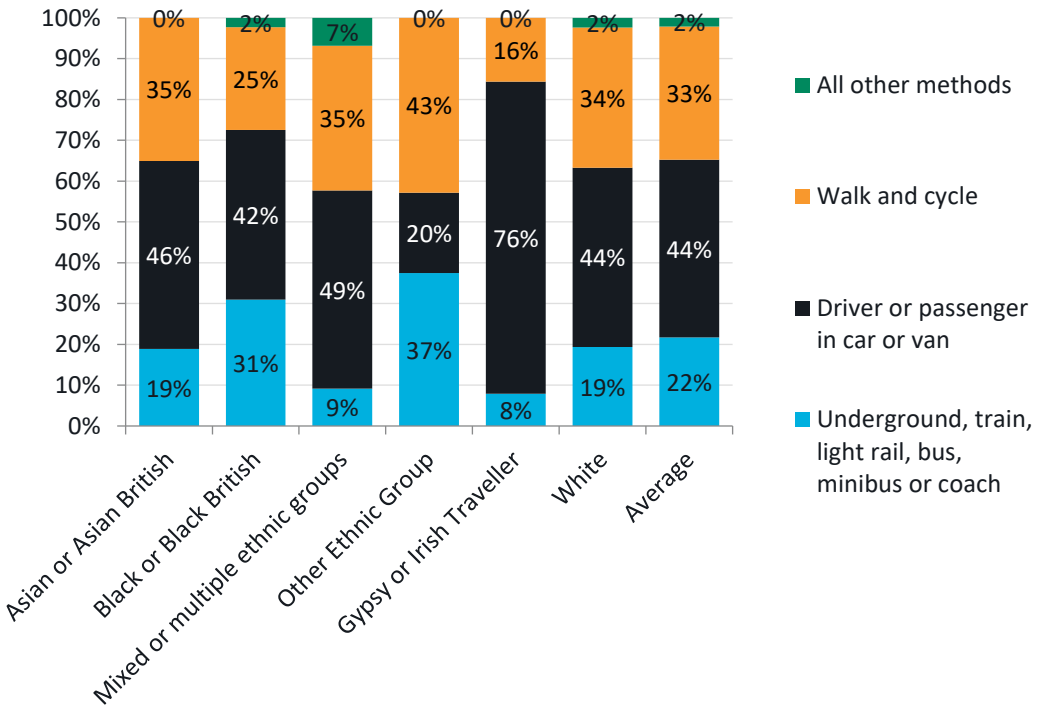


Source: UK Census 2011

Based on average travel modes from the LTDS data presented in Figure 9, in Enfield 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%. It is important to note that the sample size of LTDS data is small, therefore these percentages may not accurately reflect the travel behaviours of each ethnic group.

Figure 9: Mode share by ethnicity in Enfield



Source: LTDS (2018/19)

Differential impact assessment

The proposed measures are likely to improve conditions for pedestrians and cyclists, by reducing conflicts with motorised vehicles. This will disproportionately benefit ethnic groups who are disproportionately likely to walk ('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 likely to use public transport (as every public transport journey starts or ends on foot or cycle). On the contrary, this scheme may cause increased congestion in the short to medium term on arterial roads as traffic is reassigned from minor roads within Bowes. As such, these impacts may disproportionately impact 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport.

Apart from those self-identifying as 'Other Ethnic Groups', car usage in Enfield is high, particularly for 'Gypsy or Irish Travellers'. For this reason, the scheme may disproportionately affect this ethnic group – such as causing slightly longer journey times for trips made by car. This could have some financial impacts such as

increased cost of travel and increased commuting times. However, the delivery of this scheme has the potential to offer genuine alternatives to car journeys and reduce the reliance on cars within this ethnic group.

It is important to note that reducing car dominance and car usage is a key aspect of Enfield's broader transport strategy, 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.

The Consultation Analysis highlighted that the proportions of responses from Mixed, Asian and Black respondents was lower than might be expected from the 2011 Census, with Black respondents particularly under-represented (only 1% responding to the consultation identified as Black vs 14% identifying as Black the Census 2011).

The Consultation Analysis also show that a higher proportion of responses from people from Asian backgrounds said that the scheme had 'very negatively' or 'somewhat negatively' impacted them (70%) than average (51%). The White ethnic group showed the highest level of positive impacts, with 28% of responses stating that the schemes had impacted them 'very positively' or 'somewhat positively'. Around half of the Asian respondents were also disabled with an average age of 50 yrs.

Consultation and engagement communications materials have been offered in several languages on request.

There is often poor awareness of local walking and cycling schemes 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.

Mitigating actions to be taken

Promote active travel to non-English speaking communities.

It is recommended that Enfield officers work internally with the Gypsy Roma Traveller (GRT) lead to discuss the unique characteristics of this ethnic group. Consideration should be given as to how schemes could assist with reducing car usage and encouraging modal shift.

Continue to monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.

Religion and belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.

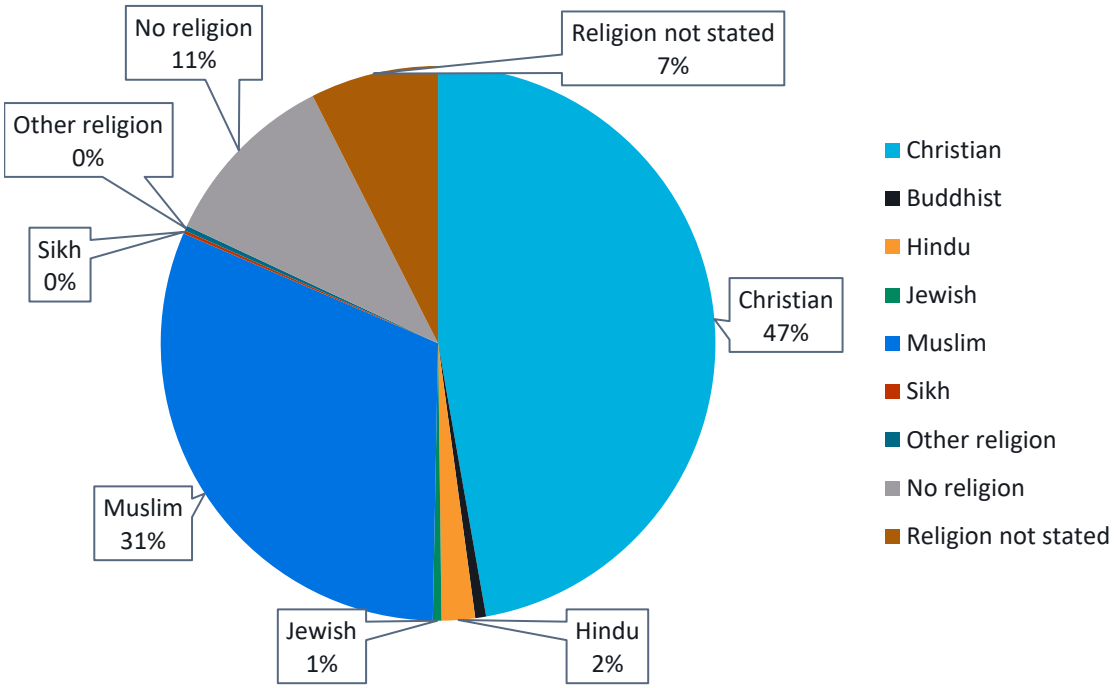
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who follow a religion or belief, including lack of belief?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

Figure 10 presents Census 2011 data on religion and belief in Enfield. Enfield is a predominantly Christian borough, with 47% of the population identifying as Christian. 23% of people do not follow a religion or did not state a religion. 17% of residents identify as Muslim, making it the second most common religion or belief. Enfield is also home to smaller proportions of residents compared to the other faiths including Buddhist (0.6%), Hindu (3.5%), Jewish (1.4%) and Sikh (0.3%).

Figure 10: Breakdown of religion/belief within Enfield



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.There are several places of worship in the Bowes area which have been identified and outlined below. Access to these places of worship will be fully maintained, but the route by motor

vehicle may change due to the restrictions in place. It is acknowledged that the route taken by worshippers accessing places of worship outside the Bowes area may also change.

Palmers Green & Southgate Synagogue
Anyone now arriving to the Synagogue by car from the York Road is prevented from driving to the site up Brownlow Road. However, there is currently limited parking provision at the Synagogue (3 vehicles approx.) and two bus stops are located outside the Synagogue. There is no additional nearby parking apparent and the residential premises nearby have significant crossovers. The scheme should also reduce northbound bus journey times due to the reduction in through traffic.

St Michael at Bowes
Located at junction at Palmerston Road and Whittington Road. Reasonable off-road parking available. Attendees by car now have to leave using the same route as when arriving to the church, as they would be unable to exit from Palmerston Road onto the Westbound North Circular. This may increase some journey times for those travelling by car.

Trinity-at-Bowes Methodist Church
Located on Palmerston Road and adjacent to North Circular. TfL made recent changes as part of which they have prohibited turning left into Palmerston Road when travelling Westbound on A406. There is a reasonable parking provision at the church, and so whilst leaving the church would present a slightly longer journey time, the arrival would be swifter owing to less traffic attempting to join the North Circular from Palmerston Road.

Riverside Community Church
Only on-street parking apparent. Positioned near the end of Russell Road. Attendees by car now have to leave using the same route as when arriving to the church, as they would be unable to exit from Palmerston Road onto the Westbound North Circular.

Elim Pentecostal Church
Only on-street parking apparent. Positioned near the end of Russell Road. Attendees by car now have to leave using the same route as when arriving to the church, as they would be unable to exit from Palmerston Road onto the Westbound North Circular.

Nanak Darbar North London
Only on-street parking apparent. Positioned in High Road New Southgate. From the centre of the Quieter Neighbourhood is around a one-mile journey.

St Marys Church
Limited on street parking. Trinity Road has a historic modal filter in place which prevents through-traffic.

Differential impact assessment Improving conditions for walking and cycling is likely to positively benefit those who follow a religion and regularly attend places of worship. Destinations such as this are generally local and have large walking and cycling catchments. Although it is acknowledged that this scheme is likely to increase journey times for some worshippers who drive to their place of worship, Which remain accessible via car as prior to the implementation of the scheme. Religious commitments can sometimes leave little time for sporting activities, for example, as young Asian Muslims attend mosque after school, they do not have much leisure time as those from non-religious backgrounds[8]. Therefore, creating environments that enable and encourage people to cycle more often can lead to exercise being built into their day, rather than having to go out of their way to achieve it. The Consultation Analysis highlighted that there was potential under-representation of those with a religious belief in the consultation period. The proportion of people who identified as having no religion (and the proportion of those not answering the question) is a much higher percentage than what was captured within the 2011 Census. The proportion of responses from Christians, Hindus and Muslims are all lower than would be expected from the 2011 Census data. This may affected by ward-specific changes since the Census was collected in 2010. However, no comments of significance relating to relgion or places of workship were received in the consultation responses.
Mitigating actions to be taken
Any future engagement should target places of worship that were under-represented within the initial consultation period.

Sex Sex refers to whether you are a man or woman.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on men or women? Please provide evidence to explain why this group may be particularly affected.

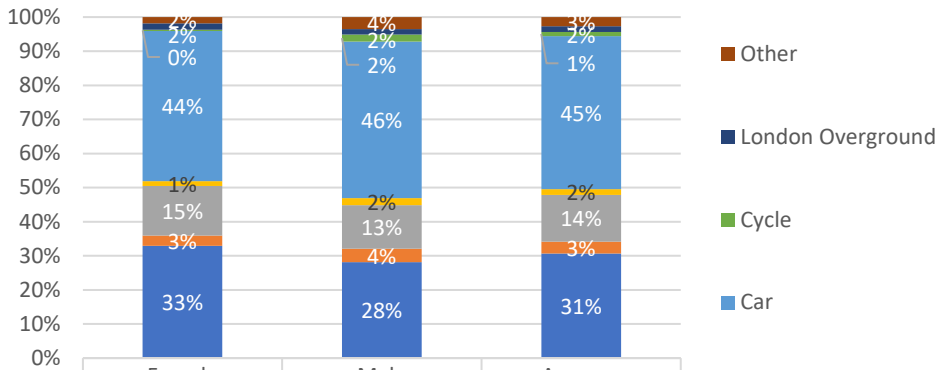
[8] http://content.tfl.gov.uk/barriers-to-cycling-for-ethnic-minorities-and-deprived-groups-summary.pdf

Evidence base

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

Figure 11 presents the mode share by sex in Enfield. Walking is the most commonly used type of transport by females, making up 33% of all trips. This is 5% higher than males. On average, females drive slightly less than males, making up 44% of trips vs 46% with males. Females are also use the bus more than males (15% vs 13%).

Figure 11: Mode share by sex in Enfield



	Female	Male	Average
Other	2%	4%	3%
London Overground	2%	2%	2%
Cycle	0%	2%	1%
Car	44%	46%	45%
Train	1%	2%	2%
Bus	15%	13%	14%
Underground	3%	4%	3%
Walk	33%	28%	31%

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

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

Female Londoners take more trips on a weekday than male Londoners, 2.5 compared to 2.3[9]. This pattern however is reversed amongst older adults, with older female Londoners taking fewer weekday trips than older male Londoners, 2.0

[9] https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf

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% compared with 72%) or have access to a car (63% of all females compared with 66% of all males). These factors are likely to be related to the frequency of car use as a driver.

79% of females in London report being able to ride a bike, compared with 91% of males[10].

Differential impact assessment

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 to reduce the barriers to cycling disproportionally faced by females and increase the percentage of females choosing to cycle.

Females are more likely to use the bus than males. As many public transport journeys start or end on foot or cycle, improvements in safety and convenience to these networks will improve their access to public transport services. On the contrary, this scheme may cause increased congestion in the short to medium term on arterial roads as traffic is reassigned from minor roads within Bowes. As such, these impacts may disproportionately impact females who use buses more often than males.

Increasing resident access to favourable cycling conditions is likely to disproportionately benefit females, particularly due to higher number of trips they make daily compared to males, as well as their role in taking children to and from educational and recreational facilities. The intervention would reduce a significant barrier to cycling.

Following the murder of Sarah Everard, a national movement highlighted the concerns of women and how safe they feel at particular times of the day, notably at night. Reduced volumes of motor vehicle traffic create a significantly quieter environment which can heighten the apprehension of threat. This perception particularly impacts women making trips by foot or bicycle, as part of a public transport journey or a trip on its own. There is some concern that this perceived risk impacts women's willingness to make trips by active travel modes after dark. In contrast, an academic report[11] however suggested a positive improvement in the measured crime rate after introducing low traffic neighbourhoods. The report examined the impact on street crime of introducing low traffic neighbourhoods in Waltham Forest which was associated with a 10% decrease in total street crime,

[10] http://content.tfl.gov.uk/attitudes-to-cycling-2014-report.pdf
[11] https://findingspress.org/article/19414-the-impact-of-introducing-a-low-traffic-neighbourhood-on-street-crime-in-waltham-forest-london/

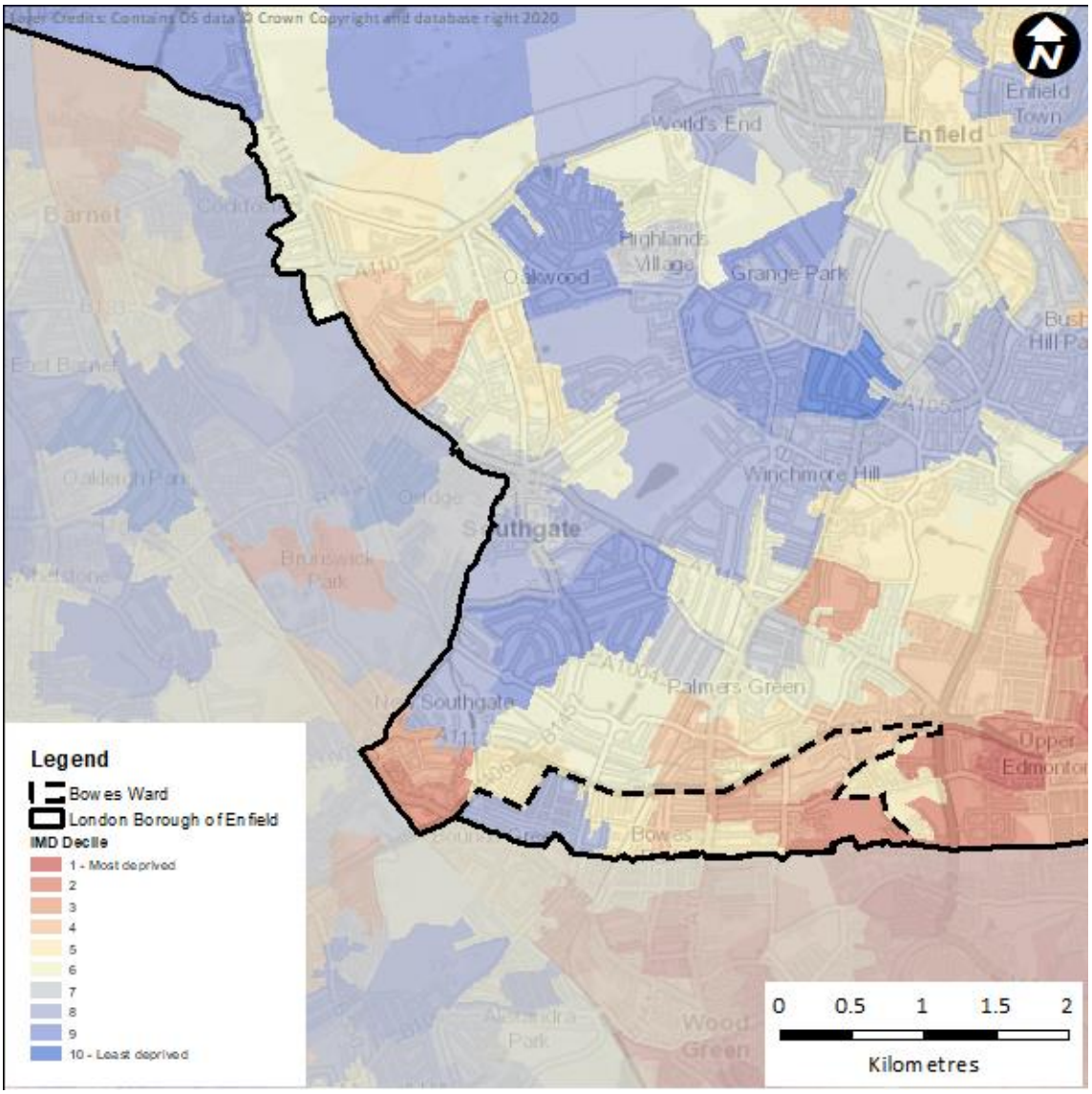
with significant decreases in violence and sexual offences specifically, and this effect increased with a longer duration since implementation.
Mitigating actions to be taken
Continue to monitor bus journey times using TfL data, and consider mitigation measures if there is an impact. Continue to engage with the Metropolitan Police and monitor crime and anti-social behaviour within the QN area since implementation. Provide reassurance messages around personal safety, crime and disorder

Sexual Orientation This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation? Please provide evidence to explain why this group may be particularly affected.
It is considered that this scheme is unlikely to have a disproportionate impact on grounds of Sexual Orientation. No matters were raised during the consultation survey.
Mitigating actions to be taken
N/A

Socio-economic deprivation This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged? Please provide evidence to explain why this group may be particularly affected.
Evidence base As outlined within the Enfield Transport Plan (2019), Enfield is one of the most deprived Outer London boroughs. Enfield is now the 12th most deprived London borough, whereas it was 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 12 presents a visual representative of deprivation across Enfield. Bowes sits within the southwest of Enfield. In broad terms the eastern areas of Enfield have more levels of deprivation, whereas the west and northwest areas have the least. However, Figure 12 shows that the area of interest has a diverse spread of deprivation levels – with the western portion of the area being one of the least deprived within the borough, and the rest of the scheme sitting between 5 and 3 on the IMD Decile, making it some of the most deprived.

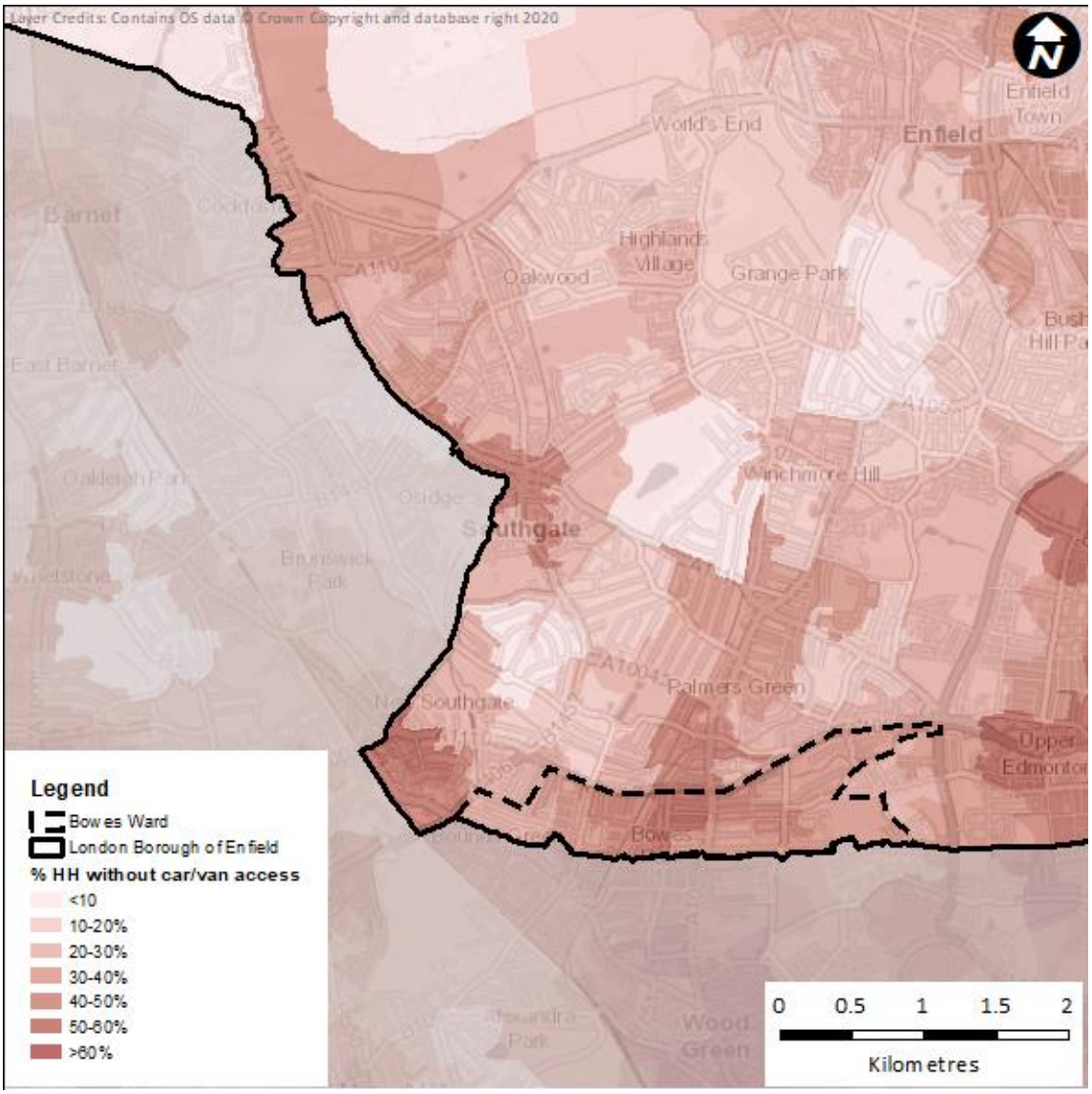
Figure 12: Deprivation in Enfield



Data source: Department for Communities and Local Government 2019

Figure 13 presents the percentage of households without access to a car or van. Across the borough, areas with lower access to a car or van broadly correlate with indices of deprivation. This is reflected within the scheme area, as there are lower levels of access to car/van in the eastern portion – which is also the area with the highest levels of deprivation. The rest of the scheme areal has average levels of access to a car or van at around 30-50% without access.

Figure 13: 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% for Londoners with household income of less than £20,000 compared with 22% all Londoners (in line with 31% and 22% observed in 2013/14)[12].

Londoners in lower income households are the most likely equality group 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%).

Differential impact assessment

While Bowes is not one of the most deprived areas in Enfield, nor does it have the highest levels of households without access to a car/van, there is still a significant percentage of residents in this category. Cycling and walking present a low-cost form 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). As such, the Quiet Neighbourhood improvements to Bowes will benefit cycling and walking and therefore are likely to disproportionately benefit those without access to cars. Primary roads are more likely to experience the impacts of reassigned traffic in the short term. These roads may have pockets of dense housing on them and so the impact on the residents needs to be considered. People on lower incomes are less likely to be able to afford to adapt to the measures (e.g. buying a new bike), therefore may not experience the full benefits of the scheme compared to those from higher income backgrounds. This may mean that those on higher incomes disproportionately benefit from the scheme.
Mitigating actions to be taken.
It is recommended that the benefits of this scheme and active travel are advertised, with a specific focus on reaching those with lower households' incomes. Specific consideration should be given to where traffic is likely to be reassigned to, to review the impact on adjacent properties when reviewing traffic data. This includes consideration for impact on buses which people from more disadvantaged areas are more likely to use more frequently. Encourage lower income households to make use of free bike repair services, such as Dr Bike, and opportunities to access affordable cycles, such as second-hand bike markets.

SECTION 4 – Monitoring and Review

How do you intend to monitor and review the effects of this proposal? Who will be responsible for assessing the effects of this proposal?

[12] https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf

The project aims to improve conditions for those already walking and cycling and also to help make non-car transport options more attractive by them safer, more accessible, and ultimately, more convenient. It is acknowledged that these improvements come at an ongoing inconvenience to drivers. The altering of traffic flow will add some level of complication to trips and will increase the length of many car journeys made through the study area. However, access to all locations is maintained. This impact will be felt disproportionately by individuals who rely upon cars as their primary or only mode of transport, which is common for elderly or disabled people and certain ethnic groups. It is important to carry out quality consultation with those who rely upon cars to minimise any adverse impacts.

The monitoring and evaluation for this project is critical for many of the recommendations set out in this EqIA. Alongside consultation and engagement, these are the primary means of monitoring benefits and disbenefits of the project. Activities include monitoring of traffic volumes including bus journey times, air and noise quality, and engagement with emergency services. Consultation and engagement activities are planned to reflect relevant recommendations in this EqIA. The outcomes of monitoring, consultation and engagement will help to inform whether the project has been successful in achieving its objectives and in identifying, and if possible mitigating, the potential inequalities raised in this EqIA.

This EqIA is not a static document will continue to be developed during the course of this project.

SECTION 5 – Action Plan for Mitigating Actions.

Protected Characteristic	Identified Issue	Action Required/Comments	Lead officer	Timescale /By When	Costs	Review Date/ Comments
Age	Under-representation of younger people in consultation responses	Any future engagement should target those aged under 40 (and especially under 30) who have been highly under-represented, to gain better insights into whether there are any specific disproportionate impacts (either positive or negative) on younger people. This could be achieved through measures such as targeted advertising on social media, or at locations frequented by the younger generation such as leisure centres or gyms.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Further engagement opened for 21 days in November 2021
Age	Traffic reassignment onto main roads may delay bus services, affecting younger people in particular	Continue to monitor bus journey times using TfL bus journey time data, and consider mitigation measures if there is an impact.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 monitoring plan examining bus journey times
Age Disability	Longer journey times for people who rely on private cars, taxis or Dial-a-Ride.	Investigate the impact on local private hire vehicle and taxi with respect to journey times, cost and accessibility.	Christina Gordon	During-scheme monitoring	Included within scheme budget	21/07/21 Meeting held with Black cab representative

Disability	Consultation showed that disabled people had concerns about reaching locations such as hospitals, pharmacies and dentists within the area.	Identify travel patterns to local hospitals to monitor whether the scheme is having a disproportionate impact on those who make regular essential trips by car. This could be reviewed via focus groups with disabled residents.	Christina Gordon	During-scheme monitoring	Included within scheme budget	15/06/21 Focus groups held, updated text.
Disability	Some children may experience discomfort with the changes to the local environment especially where this may cause a change in route.	Maintain contact with Bowes Primary School to discuss any changes and to review impacts.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Scheme maintained in current form with minimal changes
Disability	Changes or removal of the scheme may present challenges for people with certain disabilities.	If any changes to scheme or its removal is recommended, consideration should be given to residents who may have challenges in their surroundings.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Scheme maintained in current form with minimal changes
Race	Consultation analysis highlighted that the proportions of responses from	Any future engagement to target community organisations.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Further engagement opened for

	Mixed, Asian and Black respondents was lower than might be expected from the 2011 Census.					21 days in November 2021
Race	Car usage in Enfield is high, particularly for 'Gypsy or Irish Travellers'. For this reason, the scheme may disproportionately affect this ethnic groups – such as causing longer journey times for trips made by car.	It is recommended that Enfield officers work internally with the Gypsy Roma Traveller (GRT) lead to discuss the unique characteristics of this ethnic group. Consideration should be given as to how schemes could assist with reducing car usage and encouraging modal shift.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 GRT accomodatio n needs asssessmen t reviewed. No issues. Specific mode shift targeting as part of broader programme.
Race	Traffic reassignment onto main roads may cause short term delays to bus services, affecting 'Other Ethnic Groups' in particular.	Continue to monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Monitored as part of monitoring plan

Religion and belief	Consultation analysis highlighted that there was potential under-representation of those with a religious belief in the initial consultation period.	Any future engagement should target places of worship that were under-represented within the initial consultation period.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Review of responses did not yield any concerns. Further consultation period open.
Religion and belief	The scheme is likely to increase journey times for some worshippers that live within the QN	Any future engagement should target places of worship to review the specific needs of their religious community.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Review of responses did not yield any concerns. Further consultation period open.
Sex	Traffic reassignment onto main roads may cause short term delays to bus services, affecting females in particular	Continue to monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Monitored as part of monitoring plan

Sex	Public perception of personal security due to the reduced 'passive surveillance' of passing motor traffic.	Continue to engage with the Metropolitan Police and monitor crime and anti-social behaviour within the QN area since implementation.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Monitored as part of monitoring plan.
Socio-economic deprivation	People on lower incomes are less likely to be able to afford to adapt to the measures (e.g. buying a new bike).	Encourage lower income households to make use of free bike repair services, such as Dr Bike, and opportunities to access affordable cycles, such as second hand bike markets.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 A number of Dr Bike sessions and bike markets held since scheme introduced
Socio-economic deprivation	Reassignment of motor traffic may disproportionately impact those on lower incomes who are more likely to live on busier roads.	Specific consideration should be given to where traffic is likely to be reassigned to, to review the impact on adjacent properties when reviewing traffic data. This includes consideration for impact on buses which people from more disadvantaged areas are more likely to use more frequently.	Christina Gordon	During-scheme monitoring	Included within scheme budget	11/11/21 Traffic impact monitored as part of plan.

Report Title

ENFIELD Council

Bowes Primary Quieter Neighbourhood Disabled People and Carers Consultation Analysis

Final Report

May 2021

itp

Bowes Primary Quieter Neighbourhood

Disabled People and Carers Consultation Analysis

Final Report

Version 2-0

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Enfield Borough Council

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Project Information Sheet

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Appendices

1. Introduction

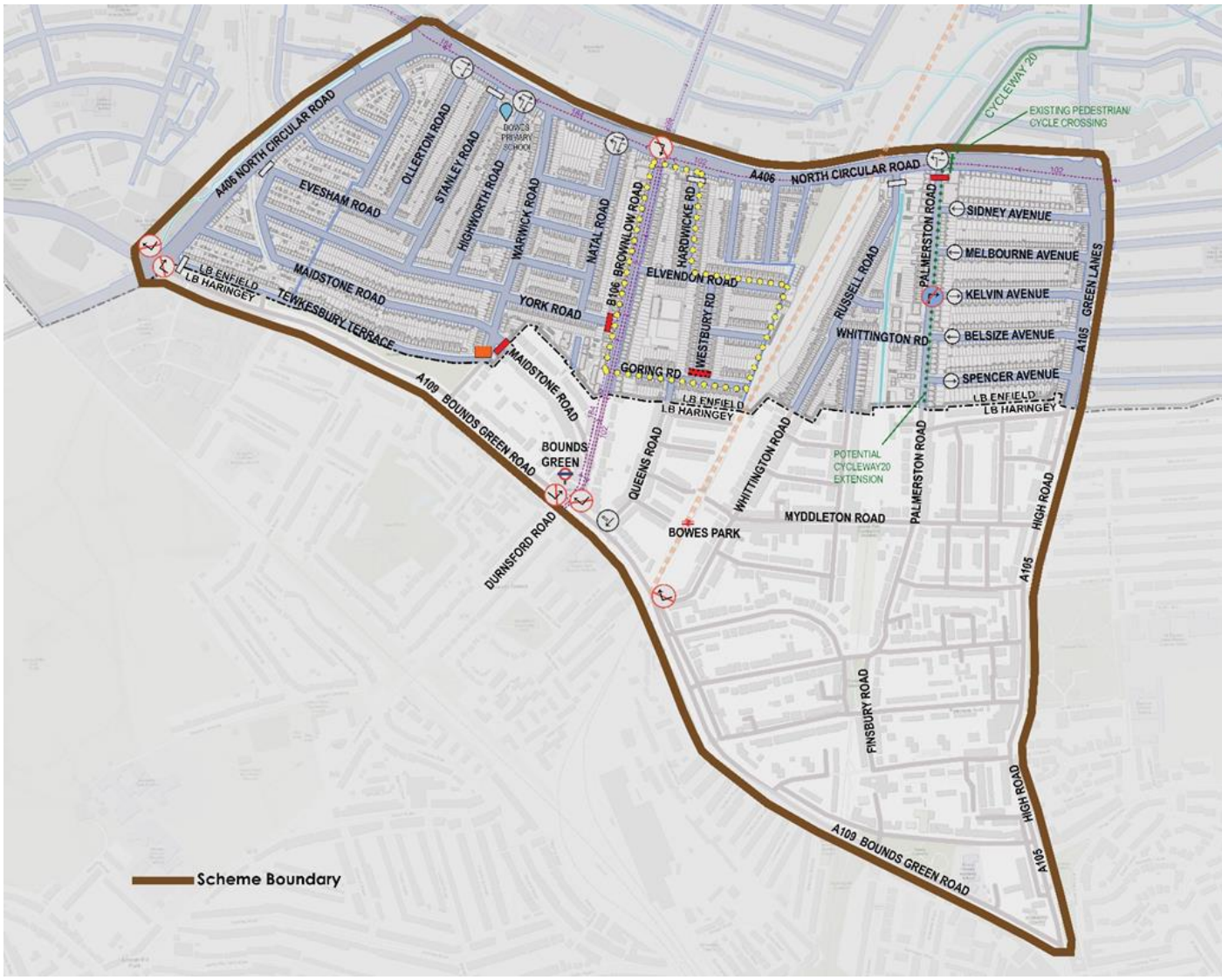
1.1 In 2019, the London Borough of Enfield engaged with residents in the Bowes Primary & Surrounding Streets Quieter Neighbourhood area through a Perception Survey to better understand the issues that they were experiencing. The most common responses to this survey were problems relating to traffic volumes and speeds, and non-residential traffic cutting through the area.

1.2 Informed by this and following the outbreak of the COVID-19 pandemic, the Council used Experimental Traffic Orders (ETO) to implement a range of measures in the area using funding from TfL's Streetspace programme – creating a Quieter Neighbourhood (QN). The QN covers the boundary between Enfield and Haringey. The creation of the QN has involved installation of road closures to motor vehicles at the following locations:

- Maidstone Road at its junction with Warwick Road
- York Road at its junction with Brownlow Road
- Palmerston Road northbound at its junction with the A406 North Circular Road
- Existing width restriction on Warwick Road, near its junction with Maidstone Road, replaced with point closure for all vehicles except for emergency vehicles and service vehicles

1.3 The full scope of the QN is shown in Figure 1-1.

Figure 1-1: Map of the Bowes Primary and Surrounding Streets Quieter Neighbourhood



1.4 The ETO allowed residents to provide feedback on the scheme via an online consultation survey. This consultation survey was opened on 28th September and closed on 2nd May 2021. ITP coded and analysed this survey on a rolling basis, so that a report could be provided to the Council shortly after its closing date for their consideration on the following Phases of the scheme.

1.5 In addition to this consultation survey, which was open to all members of the public, a survey specifically targeted at disabled residents and carers was distributed to Blue Badge holders and those who had indicated in the main survey that they were either disabled themselves or a carer. The Disabled People and Carers Survey was available both online and in paper format and was designed to be completed either directly by people with disabilities or on their behalf by a carer. The online survey received 70

responses from 63 respondents and there were 54 paper surveys returned to Enfield Council. Both forms of this survey were available for just over a month; between 27th February and 31st March 2021.

1.6 This report collates the analysis of the responses to the Disabled People and Carers Survey. When the report for the main consultation is published, this report will be appended to it. A copy of the survey questionnaire is provided in Appendix A.

About ITP

1.7 ITP is an award-winning UK transport planning and research consultancy. We have provided consultation analysis support for various UK and London local authorities, as well as for TfL on multiple projects. In this context, we analyse consultation responses in an independent, unbiased way to ensure that all residents' views are heard and represented. We work with the Council to provide feedback that can inform alterations to the scheme in line with the views of the local community, as well as providing reporting that can re-assure residents that their voices are considered. This report presents the findings of our analysis, without comment or recommendation, for the Council to make an independently informed decision going forward.

Structure of this report

1.8 This report covers the analysis of all information submitted on the scheme regarding the closed and open questions of the consultation survey, both online and in paper form. The structure of the report is as follows:

- **Section 2: Methodology** – covers the approach we took to analysing the sample characteristics and conducting the thematic analysis of the open questions.
- **Section 3: Sample characteristics** – provides an overview of the characteristics of the survey respondents.
- **Section 4: Positive aspects of the QN** – covers responses to the first open question regarding what aspects, if any, of the QN the respondents liked.
- **Section 5: Negative aspects of the QN** – covers responses to the open question regarding what aspects, if any, of the QN the respondents disliked.
- **Section 6: General comments** – covers responses to the open question asking for general feedback on the scheme.
- **Section 7: Impact on accessibility of specific locations** – covers responses to the third, fourth and fifth open questions, all assessing the impact of the QN on the accessibility of specific locations.

- **Section 8: Communications** – covers responses to the sixth open question regarding what the Council could do to better improve communications in the future.
- **Section 9: Conclusion** – covers a summary of the report and next steps.

2. Methodology

2.1 Unlike the main consultation survey, the Disabled People and Carers Survey used only open questions to gauge respondents' opinions of the QN, rather than a mixture of open and closed questions. There were a small number of closed questions included in the survey used to gather the characteristics of the survey sample including data relating to respondents' year of birth, their home location (street name) and (where applicable) the nature of their disability or (if completing the survey on behalf of a disabled person) the relationship between the respondent and the disabled person they were responding on behalf of.

2.2 As the questions in the online and paper surveys were identical, they have been analysed as one data set, with responses to the paper surveys entered by Enfield Council staff into the online survey database.

2.3 All responses were either provided by an individual or on behalf of an individual. No responses were provided on behalf of a stakeholder group.

Analysing responses

Closed questions

2.4 Responses to the closed questions were analysed in MS Excel, allowing frequency counts and percentages of each response to be calculated.

Open questions

2.5 The consultation also asked seven open questions, which allowed respondents to give free-form responses. Not every person who responded to the survey provided answers to all the open questions. Every single response to an open question was read and coded by an experienced analyst.

2.6 The responses to these questions were subject to *thematic analysis*. Thematic analysis usually involves creating a list of common themes from a small sample of responses, and then using this list to 'code' responses. The list of common responses is referred to as a 'coding frame'. However, as this survey relates to similar issues covered by the main consultation analysis for the Bowes Primary and Surrounding Streets Quieter Neighbourhood, and because the sample sizes were no more than 120 responses, a combined coding frame collated from the four open questions of the main survey was used to form a comprehensive coding frame for this survey. The coding frame was altered where necessary to capture the themes occurring in this survey. For instance, a set of codes was created for specific locations where appropriate.

2.7 This approach allows us to categorise and group responses that mention the same or similar themes, giving overall proportions of people who agree with that sentiment. Any codes referenced by less than 2% of the overall sample were not considered in this analysis, to ensure a focus on key themes.

2.8 Codes were primarily arranged into three categories – Support, Oppose and Suggest. 'Support' codes relate to responses which gave positive or supportive comments about aspects of the scheme. 'Oppose' codes related to responses which raised concerns or opposed the scheme for a variety of reasons. 'Suggest' codes related to responses which gave specific suggestions for how to improve the scheme. Responses were not necessarily wholly supportive or opposing – all individual elements of the responses were coded separately.

2.9 In addition to these three categories, type of disability and specific locations were also coded where relevant. The disability typology included the six categories given in the closed question asking respondents to specify their disability, as well as any additional disabilities that did not fall into one of these six categories. Specific locations were coded for the three open questions assessing the impact of the QN on the accessibility of specific locations. Over 50 codes were used for each open question, providing a huge amount of extremely detailed data.

2.10 There is an amount of subjectivity with response coding, as an analyst is reading and coding each response. However, to minimise the impact of this, one analyst worked on the coding of all survey responses provided to minimise the potential variation in how these responses were coded.

Repeat responses

2.11 Respondents were able to send multiple responses to the online survey, and/or respond to the paper survey if they wished. Every unique survey response has been read and coded, regardless of whether that person had already sent a response. However, for the online surveys, only the respondent's first response has been included in the analysis of the report.

2.12 Repeat respondents were identified in the online survey by matching responses with the respondent's username and identifying how many responses came from usernames that had already submitted a response. As the paper surveys were all input by the same user at Enfield Council, there was no way of identifying repeat responses to the paper survey or those who had answered both the online and paper survey. However, this was not considered a significant issue, as only one copy of the paper survey was sent to each Blue Badge holder and there were only 7 repeat responses (10%) to the online survey.

Data in this report

2.13 The data shown in this report includes all data received up to the closing date of the consultation – 31st March 2021.

3. Sample characteristics

3.1 This section provides an overview of the characteristics of respondents to the survey. Some people did not respond to all the closed questions, and this has also been reported for each question.

3.2 As mentioned in the introduction, the survey received responses from 117 unique respondents, 63 of whom submitted online responses and the other 54 of whom responded to the paper survey. With such a small sample size, which is often reduced further by respondents leaving questions blank, the statistics presented in this report must be treated with caution. It also means that comparisons with the broader population or across multiple variables would be unreliable, so this has not been undertaken.

Carers

3.3 There was a relatively even split of respondents answering as a carer and from those who weren't, with 50 respondents (43%) answering as carers and 59 respondents (50%) not answering as carers. The question was left blank by 8 respondents (7%).

3.4 It is important to note that some responses from those answering as carers were, in fact, responses provided on behalf of people with disabilities. So, in the case of these responses, the views reflected in the open questions regarding the QN should have been the views of people with disabilities, not the carers answering the surveys.

Nature of respondents' disabilities

3.5 Respondents were asked if they were answering the survey as a disabled person, or on behalf of a disabled person. 98 responses (82%) were either given by a disabled person, or by a carer on behalf of a disabled person, with only 14 responses (14%) submitted by a carer, providing their own thoughts on the QN. There were also 5 responses (4%) which were left blank for this question.

3.6 Those that had reported that they were either disabled, or responding on behalf of a disabled person, were then given the opportunity to provide the broad nature of their disability or disabilities. These are presented in Table 3-1 below. Of those who reported that either they had a disability, or that they were responding on behalf of someone with a disability, over half (61) of these respondents (62%) reported having a physical or mobility impairment. 28 respondents (29%) reported having a long-standing illness or health condition and 11 respondents (11%) reported having a learning difficulty.

Table 3-1: Types of disability described by survey respondents

Disability type	No of respondents	% of respondents who reported that they had a disability (n=98)
Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches.	61	62%
Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	28	29%
Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder	11	11%
Hearing impairment, such as being deaf or having a serious hearing impairment	6	6%
Visual impairment, such as being blind or having a serious visual impairment	7	7%
Mental health condition, such as depression or schizophrenia	3	3%
Other	9	9%
Blank	2	2%

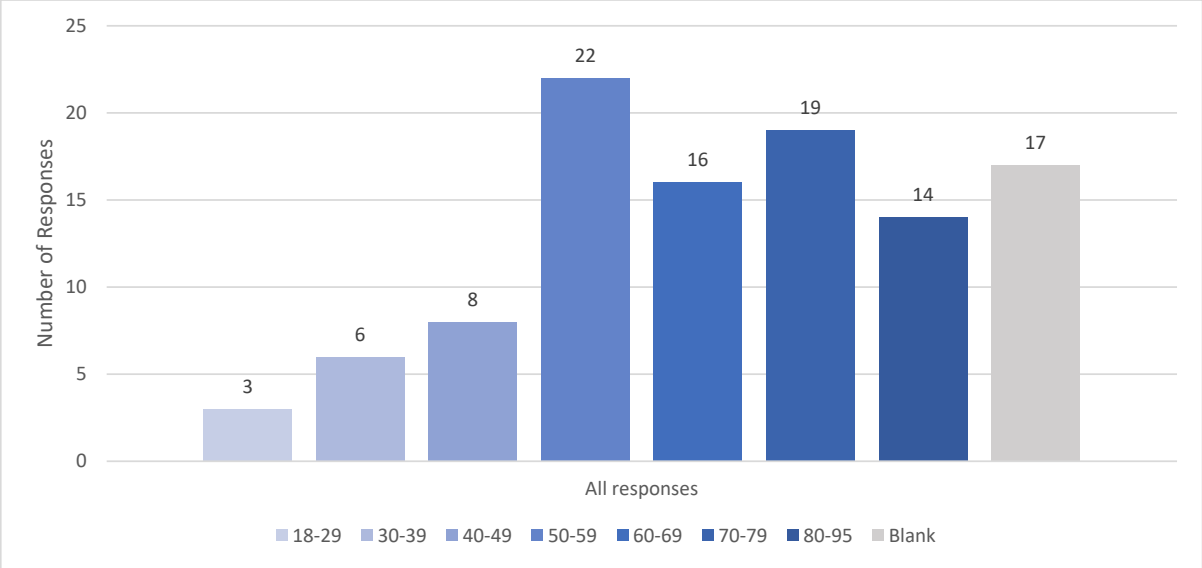
Age of respondents

3.7 The age of respondents was taken from the year of birth reported in the surveys, rather than also using the year of birth provided when signing up to Enfield Council's website, as some users were answering on behalf of someone else.

3.8 Figure 3-1 shows the number of respondents in ten-year age bands, except for 18 to 29, and 80 to 95. The respondents to this survey were overwhelmingly 50 years old or older, with 81% of respondents (71) in one of the oldest four age bands. The age band featuring the most respondents was the 50 to 59 years band, with 22 respondents (25%) within this age range. This was closely followed by the 70 to 79 years band with

19 respondents (22%). Only 3 respondents (4%) were aged under 30. It should be noted that 17 respondents (15% of all respondents) did not provide their age.

Figure 3-1: Number of responses from people in each age band

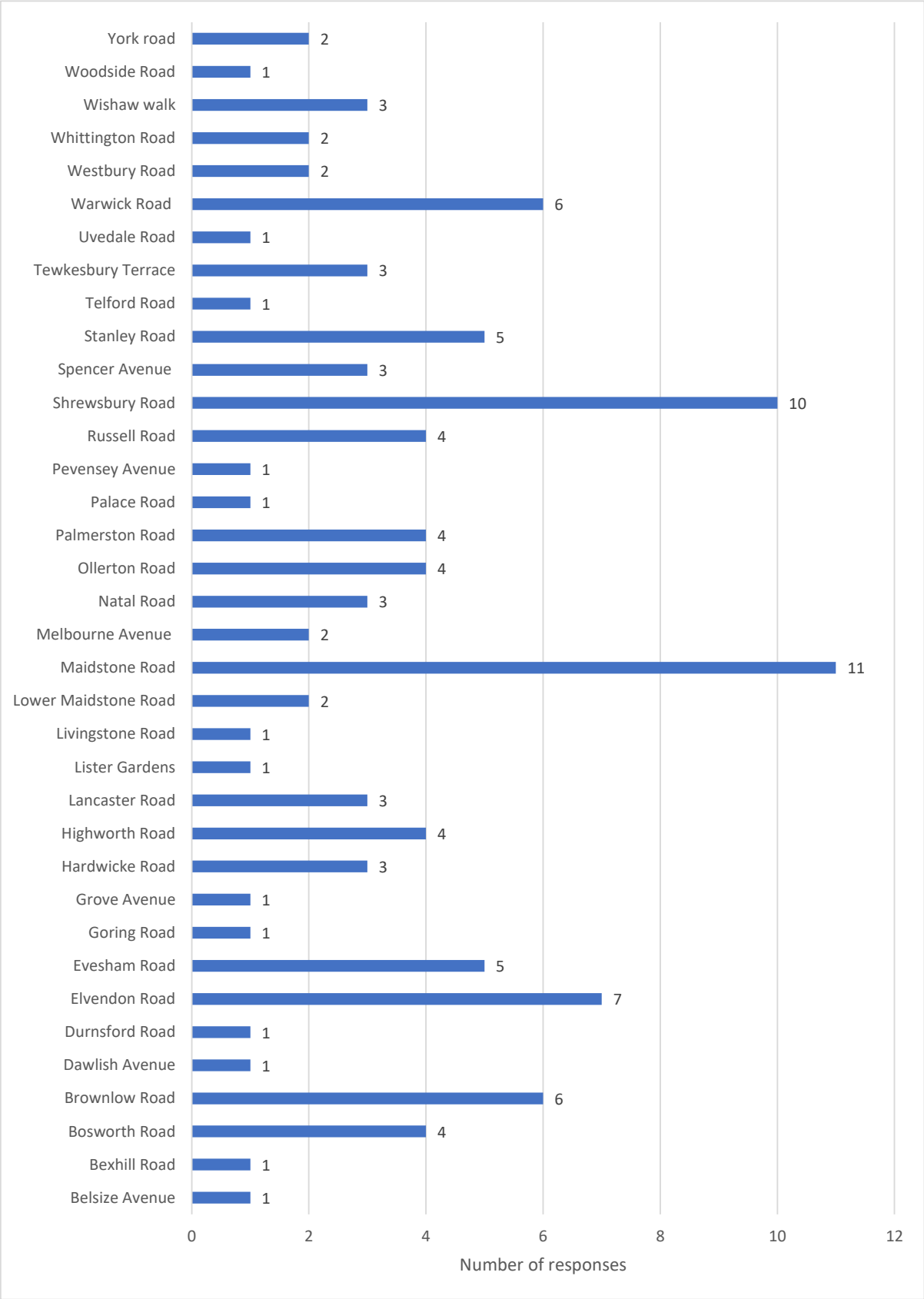


Respondents' location

3.9 Postcode data for responses could not be used to give an approximate location of responses as post codes were not asked for in the survey questions, and post code data from respondents' sign-up details could not be attributed to their responses as they may have been responding on behalf of someone else. Therefore, the street names provided in one of the closed questions were used to gain an approximate idea of the locations of responses.

3.10 The majority of respondents came from within the Bowes Primary QN, with 96 respondents (86% of those who provided their street name) submitted by respondents reporting to live on a street or road within the QN. As Figure 3-2 shows, the street with the most respondents was Maidstone Road with 11 (10%), closely followed by Shrewsbury Road with 10 respondents (9%). Brownlow Road and Warwick Road were home to 6 respondents (5%) each. It should be remembered that the sample size of 117 respondents for this survey is relatively small meaning that, with so many possible streets of origin and 7 respondents (6%) who didn't provide their street name, the relative proportions of respondents from each street should be considered with caution.

Figure 3-2: Number of responses from streets of respondents' homes



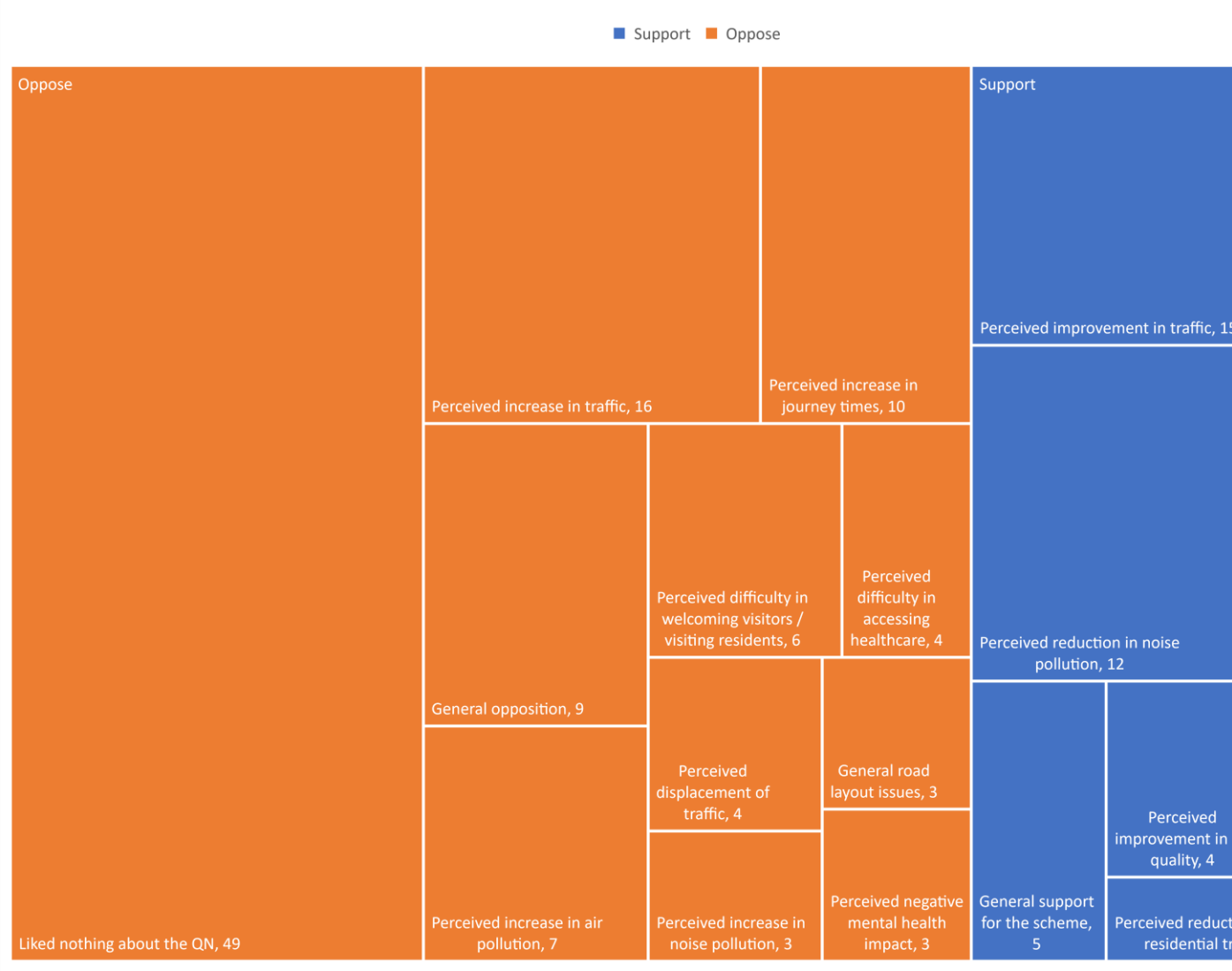
4. Positive aspects of the QN

4.1 Respondents were asked 'Overall, what have you liked and enjoyed, if anything, about the Bowes Primary and Surrounding Streets Quieter Neighbourhood?', as an open response answer. There were 112 responses to this question, and the average word count was 27 words. The 2% cut-off minimum for this question was 3 responses (i.e. only codes with 3 responses or more are included here). It should be noted that not all responses answered this question directly; regardless, responses not referring directly to things they liked about the QN have been considered and coded within this section (including aspects that people disliked).

4.2 Figure 4-1 shows that the most common responses were from those not answering the question directly and choosing to give a negative response, with 49 respondents (42%) saying that they did not like any aspect of the QN. The most common supportive comment related to a perceived decrease in traffic in the QN, with 15 respondents (13%) reporting this. This was closely followed by those who had perceived there to have been a reduction in noise pollution in the QN, with 12 respondents (10%) reporting this.

4.3 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes. Some of the codes have been abbreviated in Figure 4-1, so a full list of codes and their frequencies is reported below it.

Figure 4-1: Overall, what have you liked and enjoyed, if anything, about the Bowes Primary and Surrounding Streets QN?



Support

- 15 responses referred to a perceived **improvement in traffic in the QN**
- 12 responses referred to a perceived **reduction in noise pollution**
- 6 responses referred to a perceived **improvement in the safety of streets**
- 5 responses offered **general support for the scheme** (with phrases such as "I am 100% in favour")
- 4 responses referred to a perceived **reduction in air pollution or an improvement in air quality**
- 3 responses referred to the scheme **encouraging a mode shift** (e.g. respondents using their car less and walking more of their journeys)

- 3 responses referred to a perceived **reduction in non-residential traffic cutting through the area**

Oppose

- 49 responses referred to **liking nothing about the scheme**
- 16 responses referred to a perceived **increase in traffic**
- 10 responses referred to a perceived **increase in journey times**
- 9 responses referred to a **general opposition to the scheme** (e.g. "I don't like it")
- 7 responses referred to a perceived **increase in air pollution**
- 6 responses referred to respondents being **unable or finding it much harder to visit friends or family, or to welcome visitors to their own home**
- 4 responses referred to **respondents finding it harder to access healthcare or for carers to gain access to patients**
- 4 responses referred to a perceived **displacement of traffic** (within Bounds Green or to Haringey)
- 3 responses referred to a perceived **increase in noise pollution**
- 3 responses referred **generally to road layout issues with the QN**
- 3 responses referred to the respondents or someone else's **mental health being negatively impacted by the QN**

Suggest

4.4 There were no suggestions made in the responses to this question that met the minimum threshold of three responses.

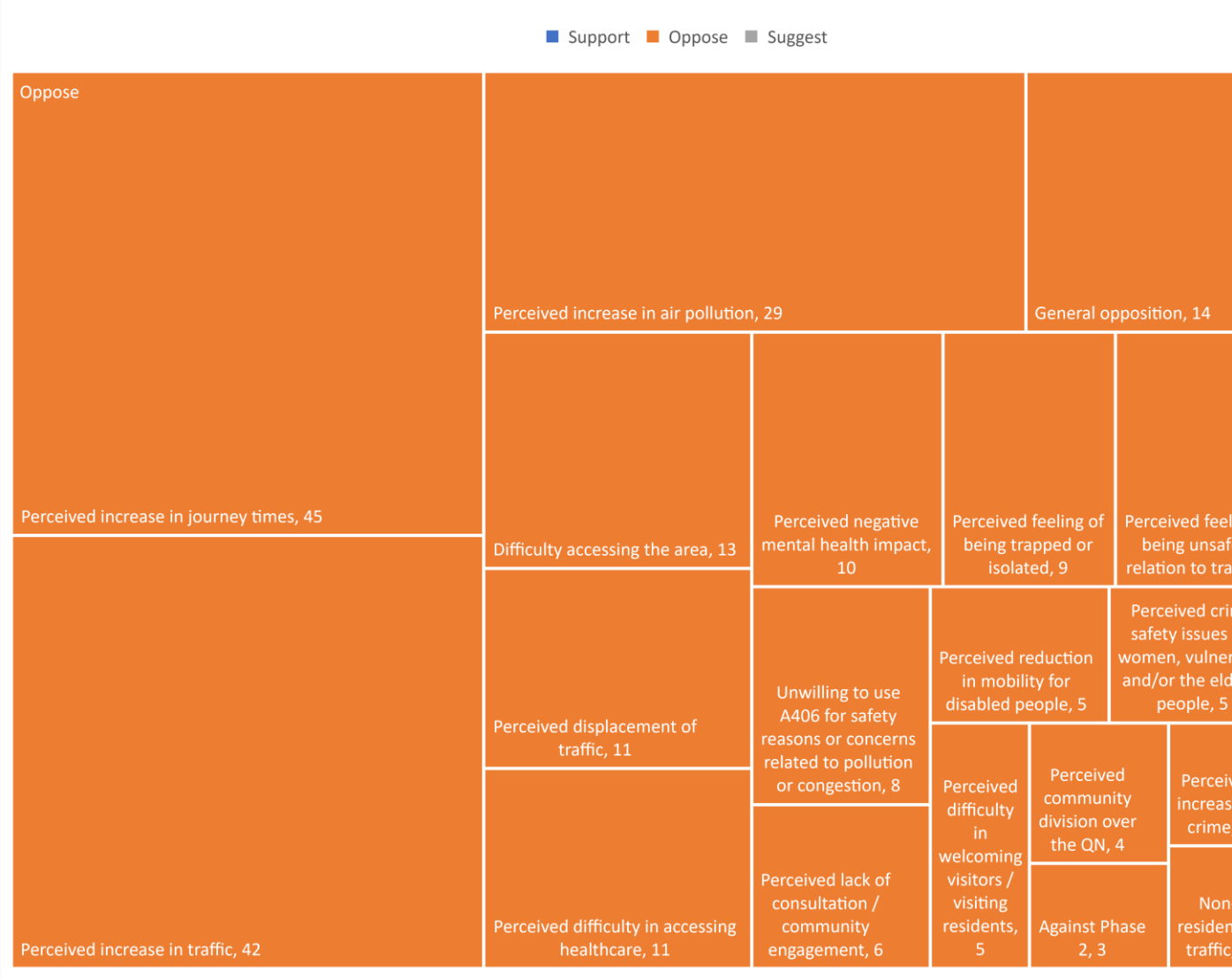
5. Negative aspects of the QN

5.1 Respondents were asked 'Overall, what have you disliked, if anything, about the Bowes Primary and Surrounding Streets Quieter Neighbourhood?', as an open response answer. There were 112 responses to this question, and the average word count was 71 words. The 2% cut-off minimum for this question was 3 responses (i.e. only codes with 3 responses or more are included here). It should be noted that not all responses answered this question directly; regardless, responses not referring directly to things they disliked about the QN have been considered and coded within this section.

5.2 Figure 5-1 shows that the most common opposition to the scheme was a perceived increase in journey times, with 45 respondents (38%) reporting this. This was closely followed by a perceived increase in traffic in the QN, with 42 respondents (36%) reporting this.

5.3 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes. Some of the codes have been abbreviated in Figure 5-1, so a full list of codes and their frequencies is reported below it.

Figure 5-1: Overall, what have you disliked, if anything, about the Bowes Primary and Surrounding Streets QN?



Support

- 8 responses **offered general support for the scheme** (e.g. "no issues")

Oppose

- 45 responses referred to a perceived **increase in journey times**
- 42 responses referred to a perceived **increase in traffic**
- 29 responses referred to a perceived **increase in air pollution**
- 14 responses referred to a **general opposition to the scheme**
- 13 responses referred to having **difficulty accessing the area**

- 11 responses referred to **respondents finding it harder to access healthcare or for carers to gain access to patients**
- 11 responses referred to a perceived **displacement of traffic** (within Bounds Green or to Haringey)
- 10 responses referred to the respondent's or someone else's **mental health being negatively impacted by the QN**
- 9 responses referred to **feeling trapped or isolated**
- 9 responses referred to **feeling unsafe in relation to traffic**
- 8 responses referred to being **unwilling or unhappy to use A406** (for reasons such as perceiving it to be unsafe, polluted or too congested)
- 6 responses referred to a perceived **lack of consultation or poor community engagement**
- 5 responses referred to a **perceived reduction in mobility for disabled people**
- 5 responses referred to **the QN being unsafe for women, the vulnerable and/or the elderly due to a perceived increase in crime or susceptibility to crime**
- 5 responses referred to respondents being **unable or finding it much harder to visit friends or family, or to welcome visitors to their own home**
- 4 responses referred to a perceived **division in the community caused by the scheme**
- 3 responses were **generally against the proposed Brownlow Road closure and/or Phase 2 as a whole**
- 3 responses referred to the respondent's or someone else's **physical health being negatively impacted by the QN**
- 3 responses referred to a perceived **increase in crime in the LTN area since its introduction**
- 3 responses referred to a perceived **increase in or failure to reduce non-residential traffic cutting through the area**

Suggest

- 4 responses suggested **stopping or not continuing with the scheme**

Disabilities mentioned

- 6 responses referred to a **physical/mobility impairment**, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches

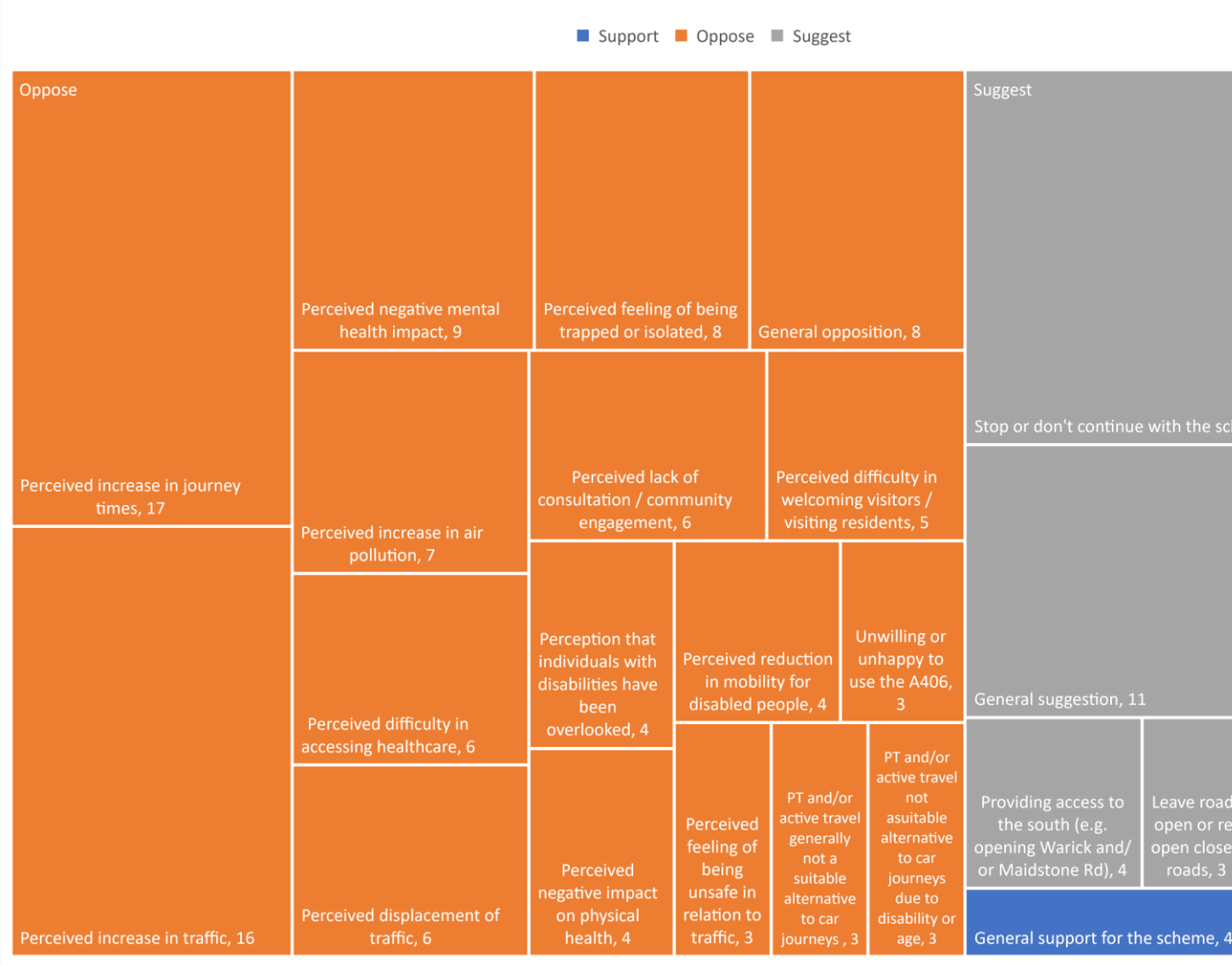
6. General comments

6.1 Respondents were asked 'Do you have any other comments about this scheme that you would like to share?', as an open response answer. There were 104 responses to this question, and the average word count was 52 words. The 2% cut-off minimum for this question was 3 responses (i.e. only codes with 3 responses or more are included here). It should be noted that not all responses answered this question directly; regardless, responses not referring directly to things they disliked about the QN have been considered and coded within this section.

6.2 As Figure 6-1 shows, the codes in opposition to the scheme were generally reflective of those seen in the previous section, with 17 respondents reporting a perceived increase in journey times (15%) and 16 respondents reporting a perceived increase in traffic (14%), making them the most common oppositions. However, there were also a number of suggestions provided in answer to this question, with 22 respondents (19%) suggesting the scheme should be stopped.

6.3 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes. Some of the codes have been abbreviated in Figure 6-1, so a full list of codes and their frequencies is reported below it.

Figure 6-1: Do you have any other comments about this scheme that you would like to share?



Support

- 4 responses offered **general support for the scheme** (with phrases such as "I am 100% in favour")

Oppose

- 17 responses referred to a perceived **increase in journey times**
- 16 responses referred to a perceived **increase in traffic**
- 9 responses referred to the respondent's or someone else's **mental health being negatively impacted by the QN**
- 8 responses referred to **feeling trapped or isolated**
- 8 responses referred to a **general opposition to the scheme**

- 7 responses referred to a perceived **increase in air pollution**
- 6 responses referred to **respondents finding it harder to access healthcare or for carers to gain access to patients**
- 6 responses referred to a perceived **displacement of traffic** (within Bounds Green or to Haringey)
- 6 responses referred to a perceived **lack of consultation or poor community engagement**
- 5 responses referred to respondents being **unable or finding it much harder to visit friends or family, or to welcome visitors to their own home**
- 4 responses referred to a perception that **individuals with disabilities have been overlooked by the scheme**
- 4 responses referred to the respondent's or someone else's **physical health being negatively impacted by the QN**
- 4 responses referred to a **perceived reduction in mobility for disabled people**
- 3 responses referred to being **unwilling or unhappy to use the A406** (for reasons such as perceiving it to be unsafe, polluted or too congested)
- 3 responses referred to **feeling unsafe in relation to traffic**
- 3 responses referred generally to a perception that **public transport and/or active travel not being a suitable alternative to car journeys**
- 3 responses referred to a perception that **public transport and/or active travel not being a suitable alternative to car journeys due to disability or age**

Suggest

- 22 responses suggested **stopping or not continuing with the scheme**
- 11 responses offered **a general suggestion**
- 5 responses suggested **residents-only access** (e.g. via ANPR)
- 4 responses suggested **re-opening Maidstone Road and/or Warwick Road closures or generally suggested providing access to the south**
- 3 responses made a **general suggestion of leaving roads open or re-opening closed roads** (these included comments suggesting leaving all the roads in the QN open and comments that were not specific about the roads they were suggesting should be left open)
- 3 responses suggested **conducting a full consultation with residents**

Disabilities mentioned

6.4 There were no disabilities that were mentioned frequently enough to meet the minimum threshold of three responses.

7. Impact on accessibility of specific locations

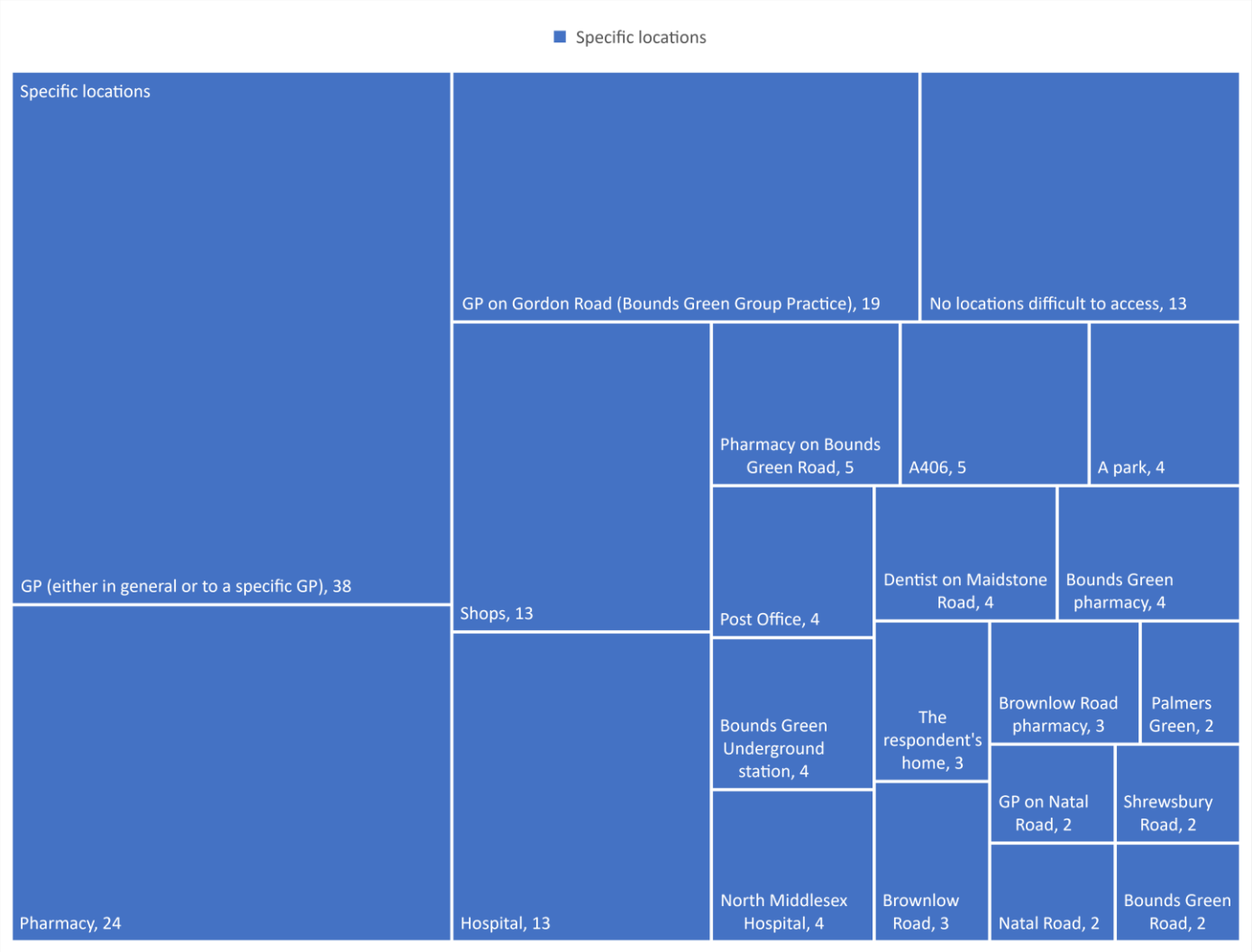
Disabled respondents / respondents answering on behalf of a disabled person

7.1 Respondents who were disabled, or were answering on behalf of a disabled person, were asked 'Are there any specific locations within or around the Bowes Primary and Surrounding Streets Quieter Neighbourhood that you are currently having trouble accessing as a result of the scheme? For example, doctors' surgeries, hospitals or pharmacies (please provide specific locations)', as an open response answer. There were 94 responses to this question, and the average word count was 49 words. The 2% cut-off minimum for this question was 2 responses (i.e. only codes with 2 responses or more are included here). It should be noted that not all responses answered this question directly; regardless, responses not referring directly to the impact on accessibility of specific locations as a result of the QN have been considered and coded within this section.

7.2 Whilst some respondents did offer some opposing and suggestive comments, Figure 7-1 only displays the specific locations that respondents perceived to have been made harder to access due to the scheme, as this was the main focus of the question. 38 respondents (32% of all respondents) mentioned a General Practice (GP), either specifically or generally, being difficult to access, with 19 of these respondents (59% of those who mentioned a GP) referring to the Bounds Green Group Practice in particular. Medical locations were the most common responses, with 24 respondents (21%) reporting having difficulties reaching a pharmacy and 13 respondents (11%) reporting having difficulties reaching a hospital, in addition to those who reported difficulties accessing a GP.

7.3 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes. As only specific locations have been included in Figure 7-1, a full list of codes and their frequencies is reported below it.

Figure 7-1: Are there any specific locations within or around the Bowes Primary and Surrounding Streets Quieter Neighbourhood that you are currently having trouble accessing as a result of the scheme?



Specific locations mentioned

- 38 responses referred to a **GP** (either in general or to a specific GP)
- 24 responses referred to a **pharmacy or pharmacies**
- 19 responses referred to the **GP on Gordon Road (Bounds Green Group Practice)**
- 13 responses referred to **no locations being difficult to access**
- 13 responses referred to **shops**
- 13 responses referred to a **hospital**
- 5 responses referred to a **pharmacy on Bounds Green Road**
- 5 responses referred to the **A406**

- 4 responses referred to a **park**
- 4 responses referred to a **Post Office**
- 4 responses referred to **Bounds Green Underground station**
- 4 responses referred to **North Middlesex Hospital**
- 4 responses referred to the **dentist on Maidstone Road**
- 4 responses referred to the **Bounds Green pharmacy**
- 3 responses referred to the respondent's **home**
- 3 responses referred to **Brownlow Road**
- 3 responses referred to the **Brownlow Road pharmacy**
- 2 responses referred to **Palmers Green**
- 2 responses referred to **the GP on Natal Road**
- 2 responses referred to **Natal Road**
- 2 responses referred to **Shrewsbury Road**
- 2 responses referred to **Bounds Green Road**

Support

7.4 There were no supportive comments that met the cut-off minimum for this question.

Oppose

- 26 responses referred to a perceived **increase in journey times**
- 7 responses referred to a perceived **increase in traffic**
- 7 responses referred to respondents being **unable or finding it much harder to visit friends or family, or to welcome visitors to their own home**
- 4 responses referred to **respondents finding it harder to access healthcare or for carers to gain access to patients**
- 4 responses referred to being **unwilling or unhappy to use the A406** (for reasons such as perceiving it to be unsafe, polluted or too congested)
- 4 responses referred to the respondent's or someone else's **mental health being negatively impacted by the QN**
- 3 responses referred to **feeling trapped or isolated**
- 2 responses referred to having **difficulty accessing the area**
- 2 responses referred to a perceived **increase in air pollution**
- 2 responses referred generally to a perception that **public transport and/or active travel not being a suitable alternative to car journeys**

- 2 responses referred to a perception that **public transport and/or active travel not being a suitable alternative to car journeys due to disability or age**

Suggest

- 2 responses offered **a general suggestion**
- 2 responses made a **general suggestion of leaving roads open or re-opening closed roads** (this included comments suggesting leaving all the roads in the QN open and comments that were not specific about the roads they were suggesting should be left open)

Disabilities mentioned

- 7 responses referred to a **physical/mobility impairment**, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches
- 3 responses referred to a **need to be able to go to the toilet quickly**

People responding as carers or medical professionals

7.5 Respondents who were carers or medical professionals providing support to someone in the Bowes Primary and Surrounding Streets Quieter Neighbourhood were asked 'Are there any specific locations you are having trouble with accessing due to the scheme within or around the area? For example, doctors' surgeries, hospitals or pharmacies (please provide specific locations)', as an open response answer. There were 52 responses to this question, and the average word count was 41 words. There was effectively no cut-off minimum for this question as the 2% cut-off minimum for this question would have been 1 response. It should be noted that not all responses answered this question directly; regardless, responses not referring directly to the impact on accessibility of specific locations as a result of the QN have been considered and coded within this section.

7.6 The responses to this question were reflective of those in previous questions, with medical locations proving to be the most common locations that respondents felt had become difficult to access, and a perceived increase in journey times (13 respondents, 11%) and traffic (4 respondents, 3%) being two of the most popular opposing codes. Given the nature of the locations that were most often mentioned, it is unsurprising that the second most common opposing code related to healthcare being difficult to access, with 6 respondents (5%) answering as carers or medical professionals mentioning this.

7.7 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes.

Specific locations mentioned

- 14 responses referred to a **GP** (either in general or to a specific GP)
- 9 responses referred to the **GP on Gordon Road (Bounds Green Group Practice)**
- 7 responses referred to a **pharmacy or pharmacies**
- 6 responses referred to a **hospital**
- 6 responses referred to **Warwick Road**
- 3 responses referred to **North Middlesex hospital**
- 2 responses referred to **no locations being difficult to access**
- 2 responses referred to the **dentist on Maidstone Road**
- 2 responses referred to **shops**
- 2 responses referred to a **pharmacy on Bounds Green Road**
- 2 responses referred to **Brownlow Road**
- 2 responses referred to **Maidstone Road**
- 1 response referred to **pharmacies in Winchmore Hill**
- 1 response referred to **schools**
- 1 response referred to **parks**
- 1 response referred to the respondent's **home**
- 1 response referred to the **GP on Natal Road**
- 1 response referred to **Finchley Memorial Hospital**
- 1 response referred to **Shrewsbury Road**
- 1 response referred to the **pharmacy on Alexandra Park Road**
- 1 response referred to the **surgery on Colney Hatch Lane**
- 1 response referred to the **Bounds Green pharmacy**
- 1 response referred to **Muswell Hill**
- 1 response referred to **N2**
- 1 response referred to **supported accommodations**
- 1 response referred to the **A406**
- 1 response referred to **a pharmacy in Palmers Green**
- 1 response referred to **Bounds Green Road**
- 1 response referred to the **Royal Free Hospital**
- 1 response referred to **UCLH**

- 1 response referred to **Health Care Harlow**

Support

7.8 There were no supportive comments for this question.

Oppose

- 13 responses referred to a perceived **increase in journey times**
- 6 responses referred to **respondents finding it harder to access healthcare or for carers to gain access to patients**
- 4 responses referred to a perceived **increase in traffic**
- 3 responses referred to a perception that **emergency vehicle access is being hampered**
- 3 responses referred to the respondent's or someone else's **mental health being negatively impacted by the QN**
- 2 responses referred to being **unwilling or unhappy to use the A406** (for reasons such as perceiving it to be unsafe, polluted or too congested)
- 2 responses referred to perceived **parking issues within the QN**
- 2 responses referred to having **difficulty accessing the area**
- 1 response referred to a perception that the QN has had **negative impact on the respondent's work**
- 1 response referred to the respondent's or someone else's **physical health being negatively impacted by the QN**
- 1 response referred to a perception that the QN is making it **harder to access childcare or school, or referred to time pressures for working mothers**
- 1 response referred to a perceived **impact on house saleability or a perception that people feel like they need to move away from the QN**

Suggest

7.9 There were no suggestions made in the responses to this question that met the minimum threshold.

Disabilities mentioned

- 2 responses referred to a **need to be able to go to the toilet quickly**
- 2 responses referred to a **physical/mobility impairment**, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches
- 2 responses referred to **medical conditions affecting cognitive functioning**, such as dementia

- 1 response referred to a **visual impairment**, such as being blind or having a serious visual impairment
- 1 response referred to a **life-threatening condition requiring immediate medical attention**

Respondents supported by a carer/medical professional

7.10 Respondents who were receiving support from a carer or medical professional were asked 'Has the scheme had any impact on their ability to provide you with support or care?' as an open response answer. This question could also be answered from the perspective of the carer, giving their view on their ability to provide support. There were 45 responses to this question, and the average word count was 32 words. There was effectively no cut-off minimum for this question as the 2% cut-off minimum for this question would have been 1 response. It should be noted that not all responses answered this question directly; regardless, responses not referring directly to the impact on accessibility of specific locations as a result of the QN have been considered and coded within this section.

7.11 In terms of specific locations mentioned, by far the most common response was a care recipient's home, with 16 respondents reporting that they were having trouble accessing this due to the scheme. Again, the opposing comments were reflective of previous questions, with a perceived increase in journey times (20 respondents, 17%), a perceived difficulty accessing healthcare (14 respondents, 12%) and a perceived increase in traffic (8 respondents, 7%) being the most common opposing comments.

7.12 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes.

Specific locations mentioned

- 16 responses referred to a care recipient's **home**
- 2 responses referred to a **GP** (either in general or to a specific GP)
- 2 responses referred to a **pharmacy or pharmacies**
- 1 response referred to the **GP on Gordon Road (Bounds Green Group Practice)**
- 1 response referred to the respondent's **home**
- 1 response referred to a **hospital**
- 1 response referred to **St Michael's Primary Care Centre**
- 1 response referred to **Muswell Hill**
- 1 response referred to **Maidstone Road**

- 1 response referred to **York Road**

Support

- 2 responses offered **general support for the scheme** (with phrases such as "I am 100% in favour")

Oppose

- 20 responses referred to a perceived **increase in journey times**
- 14 responses referred to **respondents finding it harder to access healthcare or for carers to gain access to patients**
- 8 responses referred to a perceived **increase in traffic**
- 6 responses referred to a perception that the QN has had **negative impact on the respondent's work**
- 3 responses referred to perceived **parking issues within the QN**
- 3 responses referred to a perception that **emergency vehicle access is being hampered**
- 3 responses referred to the respondent's or someone else's **mental health being negatively impacted by the QN**
- 2 responses referred to having **difficulty accessing the area**
- 2 responses referred to a perception that **tradesmen, deliveries and/or taxis are struggling to get to properties**
- 1 response referred to a **general opposition to the scheme**
- 1 response referred to a perceived **increase in air pollution**
- 1 response referred to a perception that **individuals with disabilities have been overlooked by the scheme**
- 1 response referred generally to a perception that **public transport and/or active travel not being a suitable alternative to car journeys**
- 1 response referred to a perception that **public transport and/or active travel not being a suitable alternative to car journeys due to disability or age**

Suggest

7.13 There were no suggestions made in the responses to this question that met the minimum threshold.

Disabilities mentioned

- 1 response referred to a **physical/mobility impairment**, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches

- 1 response referred to a **long-standing illness or health condition**, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- 1 response referred to **time-sensitive treatments**
- 1 response referred to **dialysis**

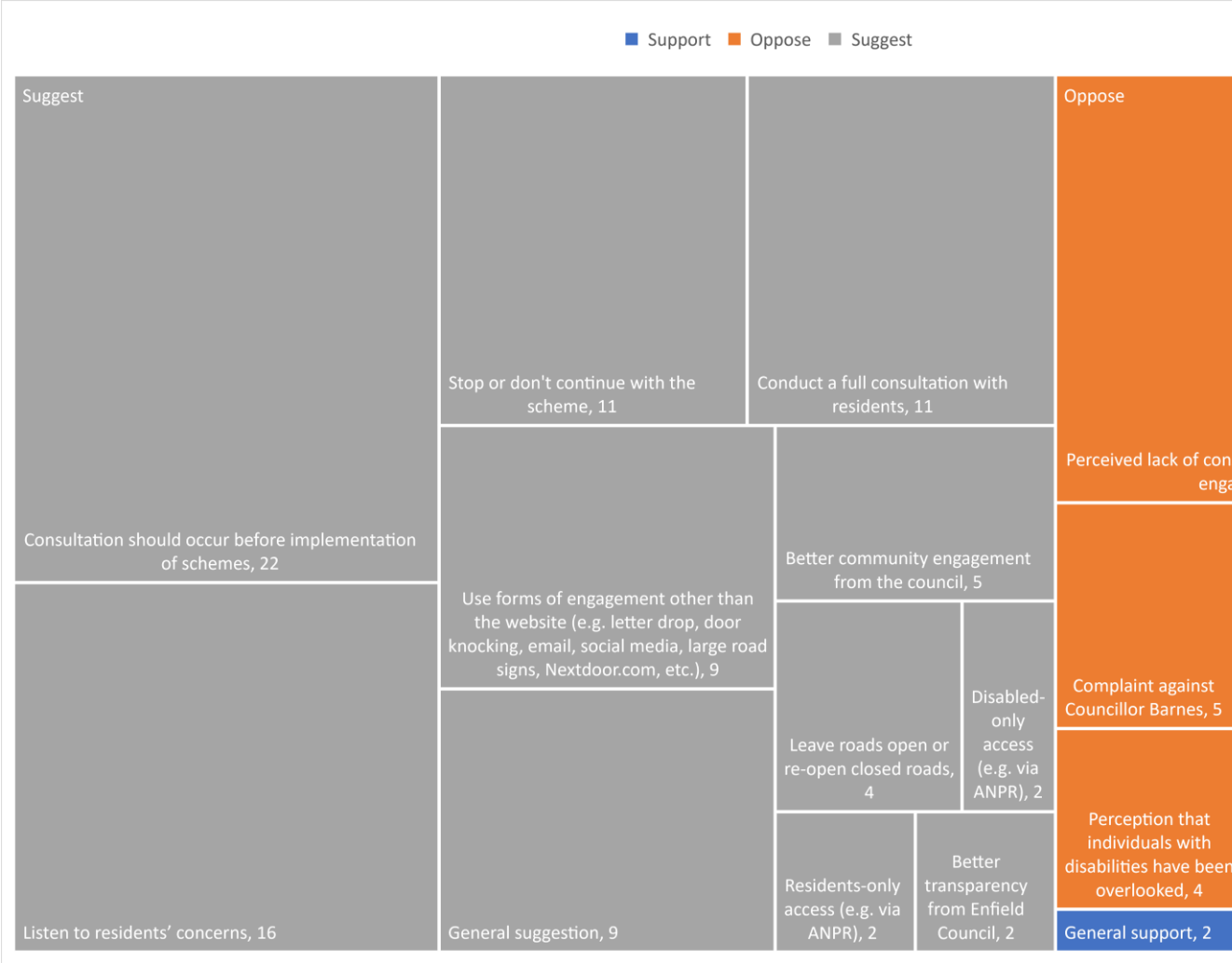
8. Communications

8.1 Respondents were asked 'What more, if anything, could the Council do to improve how it communicates with you and involves you in the design making process of the scheme?', as an open response answer. There were 96 responses to this question, and the average word count was 40 words. The 2% cut-off minimum for this question was 2 responses (i.e. only codes with 2 responses or more are included here). It should be noted that not all responses answered this question directly; regardless, responses not referring directly to things they disliked about the QN have been considered and coded within this section.

8.2 As Figure 8-1 shows, the most common response to this question was a desire for consultation to occur before the implementation of any future schemes, rather than being conducted retrospectively, with 22 respondents (19%) sharing this view. This was also partly reflected in the fact that the most popular opposing comment to the question was a perceived lack of consultation or poor community engagement from Enfield Council, with 20 respondents (17%) reporting this.

8.3 Please note, the sum of the numbers given in this section is not equivalent to the total responses to this question. This is because most answers referenced more than one of the codes. Some of the codes have been abbreviated in Figure 8-1, so a full list of codes and their frequencies is reported below it.

Figure 8-1: What more, if anything, could the Council do to improve how it communicates with you and involves you in the design making process of the scheme?



Support

- 2 responses offered **general support for the scheme** (with phrases such as "I am 100% in favour")

Oppose

- 20 responses referred to a perceived **lack of consultation or poor community engagement**
- 5 responses mentioned a **complaint against Councillor Barnes**
- 4 responses referred to a perception that **individuals with disabilities have been overlooked by the scheme**
- 2 responses referred to a **general opposition to the scheme**
- 2 responses referred to a perceived **increase in journey times**

- 2 responses referred to a perceived **displacement of traffic** (within Bounds Green or to Haringey)
- 2 responses referred to a perceived **exclusion of individuals whose first language is not English** from the consultation
- 2 responses referred to the respondent's or someone else's **mental health being negatively impacted by the QN**

Suggest

- 22 responses suggested that the **consultation should occur before implementation of schemes**
- 16 responses suggested **listening to residents' concerns**
- 11 responses suggested **stopping or not continuing with the scheme**
- 11 responses suggested **conducting a full consultation with residents**
- 9 responses suggested **using forms of engagement other than the website** (e.g. letter drop, door knocking, email, social media, large road signs, Nextdoor.com, etc.)
- 9 responses offered **a general suggestion**
- 5 responses suggested **better community engagement from the council**
- 4 responses made a **general suggestion of leaving roads open or re-opening closed roads** (this included comments suggesting leaving all the roads in the QN open and comments that were not specific about the roads they were suggesting should be left open)
- 2 responses suggested **disabled-only access** (e.g. via ANPR)
- 2 responses suggested **residents-only access** (e.g. via ANPR)
- 2 responses suggested **better transparency from Enfield Council**

Disabilities mentioned

8.4 There were no disabilities that were mentioned frequently enough to meet the minimum threshold of three responses.

9. Conclusion

9.1 To conclude, this report has laid out the thematic analysis of responses of disabled people and carers received by the Council in relation to the Bowes Primary Quieter Neighbourhood scheme. The analysis that has been undertaken has aimed to remain objective and has reported numbers without weighting and with minimal data manipulation. The frequencies and proportions of the thematic analysis in this report should be treated with caution, given the relatively low sample size of 117.

9.2 With that in mind, there are some themes that occurred throughout the questions which may indicate that they would have been reported by a significant amount of disabled people and carers, had the sample size been large enough. These were a perceived increase in journey times, a perceived increase in traffic and a perceived difficulty in accessing healthcare, all in relation to the QN.

9.3 Similarly, whilst the small sample sizes mean the following must be treated with caution, a common theme between carers and medical professionals, and disabled respondents seemed to be that medical locations, namely GPs, pharmacies and hospitals, were perceived to be harder to access due to the scheme. For respondents receiving care, their own home was the most frequently mentioned location perceived as difficult to access due to the scheme.

9.4 Again, while the sample size was small, there appeared to be a desire for the Council to conduct a consultation before any schemes are implemented in the future, as this was the most common response to the question regarding communication.

9.5 This report will be submitted to the Council in April 2021 for their consideration on the following Phases of the scheme, and decisions will follow. The report may also be used to inform neighbouring schemes in Haringey.

Appendix A

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