

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 us 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 eg 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	North Middlesex Hospital Active Travel Improvements
Lead officer(s) name(s) and contact details	Petros Ximerakis
Team/ Department	Healthy Streets / Place
Executive Director	Sarah Cary
Cabinet Member	Deputy Leader Cllr Ian Barnes
Date of EqIA completion	22nd 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?

Enfield Council are proposing to implement an active travel route along Bull Lane N18, between the A406 North Circular Road underpass and the Enfield borough boundary with Haringey.

The aim of this project is to provide a continuation of Cycleway 1 and a future connection with Cycle Superhighway 1 (CS1) in Haringey. A previous extension of Cycleway 1 between Park Road N18 and the A406 North Circular Road underpass at Tanners End Lane N18 was delivered in early 2021 ('A1010S to North Middlesex Hospital Cycle Route' project – for more information please visit <https://letstalk.enfield.gov.uk/a1010s-nmh>).

The total length of the proposed active travel route will be approximately 0.5km. It will extend from the A406 North Circular Road underpass at Bull Lane to the Enfield borough boundary at the southern end of Bull Lane.

North Middlesex Hospital Active Travel Improvements forms part of the Enfield Healthy Streets programme, which is delivering schemes to enable walking and cycling across Enfield. The project is delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic, to enable a green recovery. Nationally the government has committed to achieving net zero carbon emissions by 2050 and is supporting local authorities to encourage sustainable transport through its Active Travel Fund and the 2020 national walking and cycling strategy, Gear Change. The foundations for this Project Rationale are the Healthy Streets indicators adopted in the Mayor's Transport Strategy (MTS), which in turn provide the basis for Enfield's Healthy Streets programme.

Currently a number of issues in the area where the project is located have been identified as follows:

- Gap in Cycleway 1 connection with Haringey and further with Cycle Superhighway 1 (CS1) which provides a link to central London.
- Lack of infrastructure suitable for all active travel modes.
- Insufficient and unsuitable crossing facilities for all active travel users.
- Footway parking hindering the movement of pedestrians and people with reduced mobility.

Building on the wider policy context and issues described above, the following objectives have been set for this project:

- Improve walking & cycling access to North Middlesex Hospital.
- Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network.

The proposals feature a two-way segregated stepped cycle track on the northern part of Bull Lane (up to the junction with Wilbury Way), new zebra crossings on Bull Lane and Wilbury Way for pedestrians and people who cycle, a bus gate at the southern end of Bull Lane, and modal filters at Amersham Avenue and Shaftesbury Road.

The proposed interventions will:

- Deliver a key active travel link which will provide improved access for key workers and visitors travelling to North Middlesex Hospital.
- Provide a quieter, safer, and more pleasant route that will encourage people to use active travel modes for more of their journeys.
- Reduce the volume of motor traffic on the part of Bull Lane south of its junction with Wilbury Way and Bridport Road, in order to encourage active travel. This can result in some motor vehicle drivers having to use different routes to access their destination.

The authority does not currently have data specifically for people passing through the project area and any protected characteristics they may have. Therefore, the ward profile for the Upper Edmonton Ward has been used as the basis for the demographic data considered in the EqIA.

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 (eg 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.

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

Table 1 presents the age distribution of the ward which covers the project area. This shows the ward generally follows the trend outlined above across Enfield with notable differences in the percentages of residents in the 5-14 age bracket higher than the Borough average, and the percentages of residents in the 65-74 and 75+ age bracket lower than the Borough average.

Table 1: Age distribution (2020) for study area and Borough average

Age distribution-2020	Upper Edmonton ward (%)	Borough of Enfield (%)
0-4	7.4	7.0
5-14	16.5	14.5
15-24	13.0	11.4
25-34	15.4	14.5
35-44	15.2	14.6
45-54	13.1	13.4
55-64	9.8	11.1
65-74	5.2	7.0
75+	4.3	6.4

Source: [ONS mid-year estimate 2020](#)

Figure 1 presents London Travel Demand Survey (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 older people. The highest percentages of walking and cycling can be seen in those aged under 16, with 37 per cent of all trips made on foot or by bike. Those aged 65 and over have the lowest levels of walking and cycling, with 27 per cent of all trips, but the highest percentage of trips driven (or as a passenger in a car or van) at 52 per cent. Public transport use is disproportionately higher in 16 to 19-year-old group, making up 37 per cent of all journeys. This is 15 per cent higher than the nearest age group (those aged under 16).

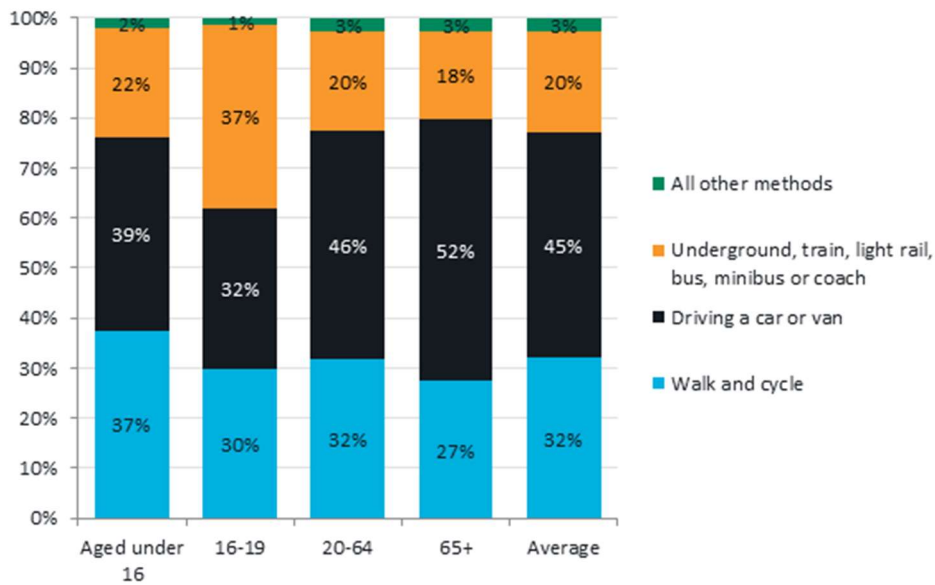


Figure 1: Mode share by Age in Enfield

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 2 below. KSIs are higher than average for those age 60 and over (19 per cent) and those aged under 16 (14 per cent). As such, this indicates that these age groups are disproportionately more likely to suffer severe consequences if they are a casualty in a collision.

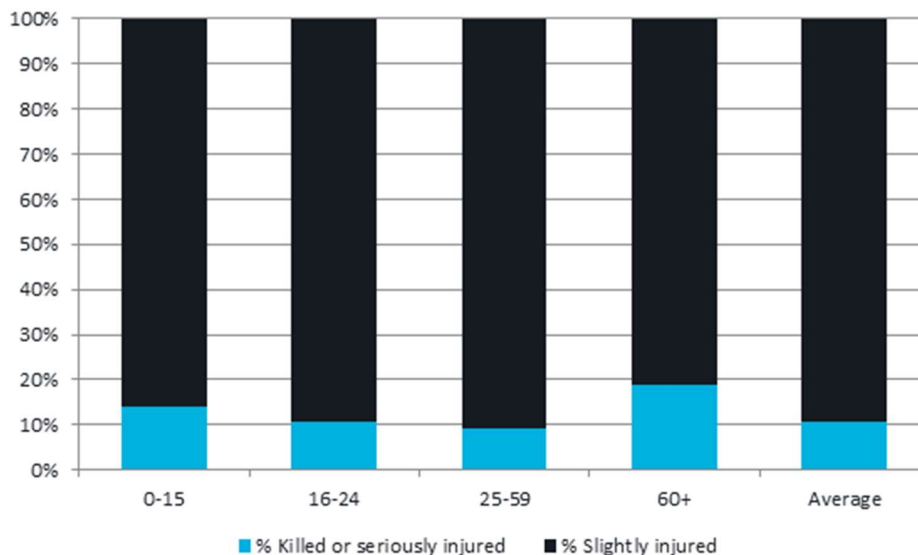


Figure 2: Percentage killed or seriously injured by Age in Enfield

Source: DfT Road traffic statistics (2019)

Differential impact assessment

People of young and old age are more vulnerable to poor air quality¹, and Upper Edmonton ward has younger mean ages when compared to other wards within the borough. An aim of the active travel improvements is to enable a mode shift, ultimately reducing emissions from private vehicle use and increasing active modes of travel, benefitting these age groups through improved air quality.

Younger people in Enfield are less likely to drive than older people in the borough and are more likely to travel via active modes or multi modal travel where for example part of a journey is by train and another part is cycled. Active travel improvements will benefit those who already use active travel modes, and therefore may disproportionately benefit younger people. However, the improvements are also likely to benefit those who do not currently use active travel modes 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 disproportionately benefit younger people, over time there may be longer term benefits across the age groups that rectify this initial imbalance.

Older people are more likely to suffer from slight mobility impairments due to aging, which do not fall under the disability protected characteristic group. This can include slower movement and reaction time, and some may use mobility aids for walking. A reduction in motor vehicle traffic, due to a shift to alternative active modes of travel is likely to be particularly beneficial for those who require extra time to cross the street due to physical or visual impairments. The proposed new zebra crossings will also be beneficial for those with mobility issues, as they will provide additional safe crossing points and allow them to cross at their own speeds since drivers are required to wait.

One of the project objectives is to contribute towards a long-term increase in the levels of active travel. This will in turn reduce the volumes of traffic over time, therefore reducing the threat caused by motor traffic. While these improvements are likely to benefit all ages groups, as those aged under 16 and over 60 are disproportionately killed or seriously injured by motor traffic, they are likely to benefit the most from the changes.

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 redirected from minor roads in the area. 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.

¹ https://www.london.gov.uk/sites/default/files/air_quality_for_public_health_professionals_-_city_of_london.pdf

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 who rely on private cars, taxis, or Dial a Ride.

Mitigating actions to be taken

Investigate the impact on journey times using the immediate alternative routes.

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

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 Enfield has a slightly higher per cent of residents with a long-term health problem/ disability compared to that across London. The Upper Edmonton ward percentages largely reflect those in Enfield, with fewer persons having a long-term health problem/disability 'limiting a little' than the Enfield average. This data is presented in Table 2.

Table 2: Persons with a long-term health problem/ disability in Enfield and Upper Edmonton ward

Persons with long-term health problem/ disability (2011)	Upper Edmonton ward (%)	Borough of Enfield (%)	London (%)
Limiting a lot	7.4	7.3	6.7
Limiting a little	7.7	8.1	7.4

Source: 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 3 below. Mobility impairment represents the highest proportion (77 per cent) followed by impairment due to mental health (12 per cent). 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.

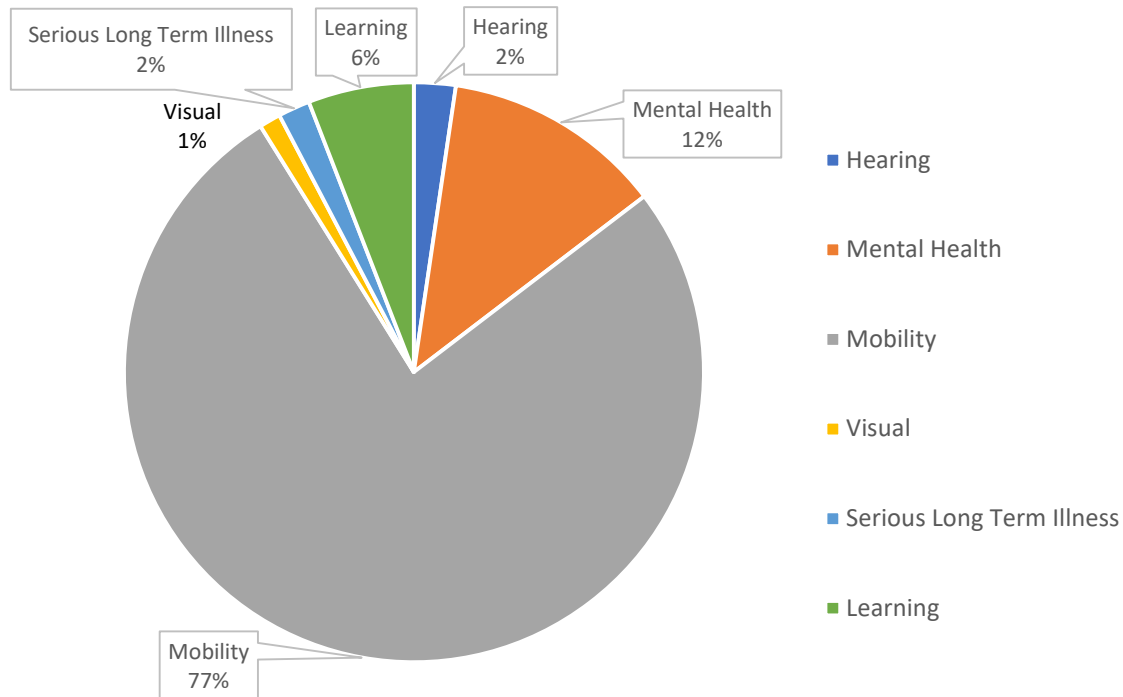


Figure 3: Disability types stated by those with a disability affecting travel

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

Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey² shows that 72 per cent of disabled cyclists use their bike as a mobility aid, and 75 per cent found cycling easier than walking. Survey results also show that 24 per cent of disabled cyclists use their 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 4. When compared to the LTDS mode split of trips made by all people, car use for those with disabilities is lower (42.7 per cent compared to 45 per cent), bus use is greater (17.5 per cent compared to 13.7 per cent) and walking is marginally higher (31.1 per cent compared to 30.8 per cent).

² Wheels for Wellbeing Annual Survey 2018

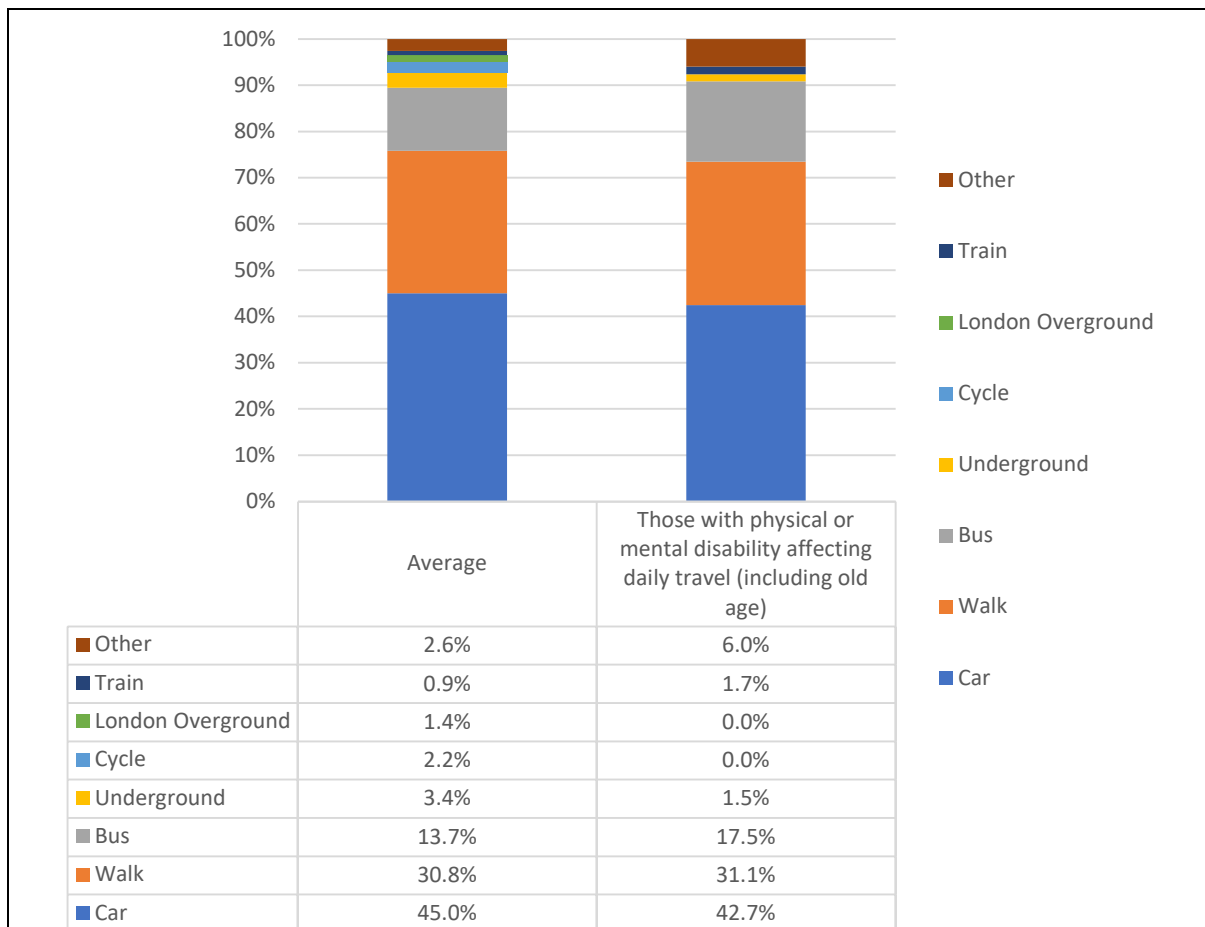


Figure 4: Mode split by those with a physical or mental disability affecting daily travel

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](#).

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 or the opportunity offered to speak to someone over the phone or in person about the scheme.

Differential impact assessment

This particular scheme is more relevant to disability as it is in the area of a major hospital. This will result in increased proportions of carers and disabled people in the area.

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.

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. Part of the cycle route will be shared between cyclists and pedestrians, therefore initially the change could be confusing. However, segregated facilities are being proposed to limit any conflicts between pedestrians and people who cycle, and aid the movement of pedestrians with visual impairments. Moreover, textured ground surface indicators, in the form of tactile paving, are proposed at crossing points and at points where shared spaces begin and end to assist pedestrians who are visually impaired by alerting them of the changes in the surrounding environment.

The proposed two new zebra crossings will also be beneficial for those with visual or mobility issues, as they will provide additional safe crossing points and allow them to cross at their own speeds since drivers are required to wait.

The proposed relocation of vehicle parking bays from the footway to the carriageway will remove the obstructions and increase the space available for walking. This will benefit disabled people, who are more likely to be pedestrians, and particularly wheelchair and mobility scooter users who require additional space as well as visually impaired people who may find it challenging to recognise vehicle obstructions.

The North Middlesex Hospital Active Travel Improvements 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.

Mitigating actions to be taken

Investigate the impact on journey times using the immediate alternative routes.

Monitor demographic responses to consultation for adequate representation of disabled people.

Identify potential alternative travel routes to the local North Middlesex Hospital and monitor whether the scheme is having a disproportionate impact on those who make regular essential trips by car.

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

Post implementation, continue to review and monitor the scheme in collaboration with the Hospital to ensure no adverse outcomes present.

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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.

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.

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 per cent above the national average that year of 11.8, though on par with the Outer London average of 15.0 per 1000 people. Therefore, it is statistically more likely for pregnant and maternal people to reside in Enfield than the national average, however this is near equal to Outer London.

Differential impact assessment

The North Middlesex Hospital has a maternity unit and provides specialist antenatal care. Any scheme in the area will therefore have a more significant effect in relation to pregnancy and maternity.

Reduction to traffic at the southern part of Bull Lane is likely to reduce conflict between different road users on the whole. In addition to the improved walking provisions as a result of the reallocation of the footway parking and new zebra crossings, this traffic reduction 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 are able to use the roadway to circumvent blockages across the pavement (e.g. if the pavement is too narrow to navigate due to bins). It is also noted that advice from the Royal College of Midwives³ highlights the importance of physical activity during pregnancy, such as brisk walking.

The implementation of the proposed bus gate on Bull Lane and modal filters on Amersham Avenue and Shaftesbury Road may negatively impact on journey times by motor vehicle for a portion of those who are pregnant and parents with infants and/or young children who may find it more difficult to walk or cycle, and prefer the use of door-to-door transport services such as private cars, taxis, or Dial a Ride.

Improvements in air quality over time as people make the shift to active travel modes of transport 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.

³ <https://www.rcm.org.uk/media-releases/2019/september/rcm-comments-on-new-cmo-s-guideline-for-physical-activity-during-pregnancy/>

Expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this journey is made by car it may take slightly longer than prior to the project, but where the journey is walked or cycled using the proposed new facilities or through project the area, it is likely to be less polluted and have reduced volumes of traffic.

Mitigating actions to be taken

Investigate and monitor the impact on journey times to the maternity unit at North Middlesex University Hospital.

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

Table 3 presents the population of the study area by ethnicity. The most common ethnicity in the area is 'White British', albeit at a significantly lower percentage compared to the Enfield percentage. This is followed by 'Turkish' and 'Other Black African' ethnicities which appear at a higher percentage than the Enfield percentage.

Table 3: Population of Study area by ethnicity versus Borough

<i>Ethnicity (2019)</i>	Upper Edmonton (%)	Borough of Enfield (%)
White British	15.1	38.3
White Irish	1.0	1.9
Greek	0.8	1.2
Greek Cypriot	2.8	4.7
Turkish	12.7	7.6
Turkish Cypriot	2.1	1.8
Kurdish	2.2	1.2

White Other	7.3	6.7
White& Black Caribbean	1.5	1.3
White and Asian	0.9	1.1
White and Black African	0.8	0.7
Other mixed	2.3	2.0
Indian	3.3	3.3
Pakistani	0.7	0.7
Banglades hi	1.9	1.8
Chinese	0.6	0.7
Other Asian	5.6	3.6
Somali	5.3	2.7
Other Black African	12.2	7.5
Black Caribbean	9.5	5.2
Other Black	4.4	2.5
Other Ethnic Group	6.8	4.2

Source: Census 2011

The 2011 Census indicates that Enfield has the largest proportion of Greek and Turkish speaking people in the country⁴. The top five non-English languages within Enfield are shown in Table 4 and the main language within study area are shown in Table 5.

Table 4: Top five non-English languages within Enfield-2020

Top 5 non-English languages	Enfield (%)
Turkish	6.2
Polish	2
Greek	1.6

⁴ <https://new.enfield.gov.uk/services/your-council/borough-and-wards-profiles/borough-profile-2020-your-council.pdf>

Somali	1.1
Bengali (with Sylheti and Chatgaya)	0.9

Source: [Enfield Borough profile 2020, Enfield Council](#)

Table 5: Main languages of residents within the ward

Main languages of residents	Upper Edmonton (%)
English	65
Turkish	10
Greek	3
Polish	2
Persian/ Farsi	2

Source: *Census 2011*

The most popular languages for which Enfield Council receives translation and interpreting requests are Turkish, Polish, Albanian, Somali, Bulgarian, British Sign Language and Romanian.

The Spring 2020 School Census records 195 languages or dialects being spoken by pupils who live in Enfield. As of Spring 2020, the top five non-English languages spoken by Enfield school pupils are shown in Figure 5.

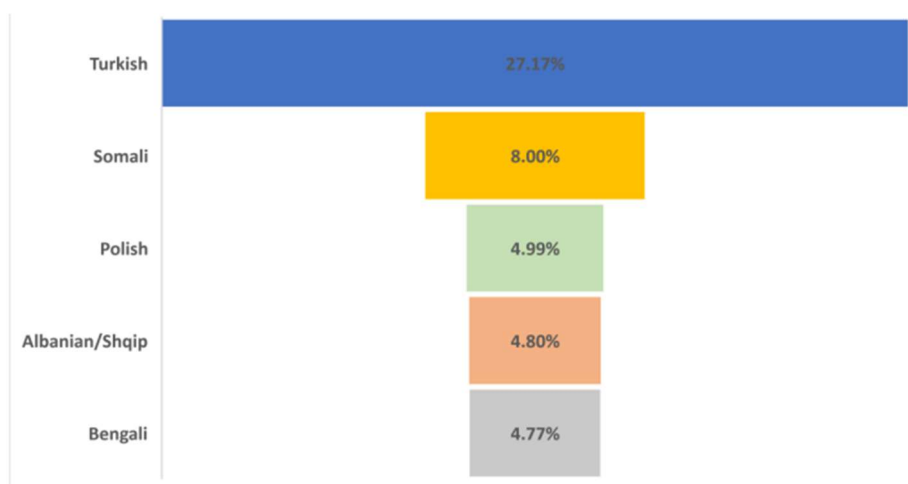


Figure 5: Top five non-English languages spoken by Enfield school pupils

Source: *Spring 2020 Enfield School Census*

Based on average travel modes from the LTDS data presented in Figure 6 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 per cent. 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.

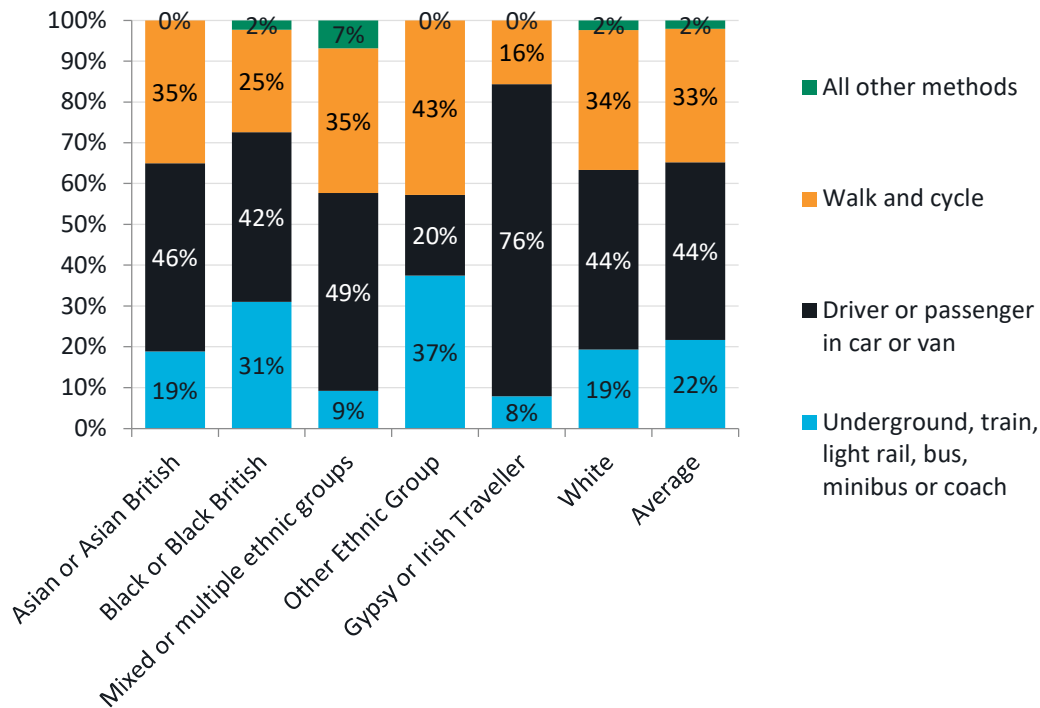


Figure 6: Mode share by ethnicity in Enfield

Source: LTDS (2018/19)

Differential impact assessment

The proposed measures will 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 the southern part of Bull Lane. As such, these impacts may disproportionately impact ‘Black and Black British’ and ‘Other Ethnic Groups’ who are disproportionately likely to use public transport.

With the exception of ‘Other Ethnic Groups’, car usage in Enfield is high. This means that longer journey times 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 these ethnic groups.

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

Mitigating actions to be taken

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. As such, all future consultation and engagement communications should continue to ensure that these groups are reached, for example by offering materials in appropriate languages and/or engaging through relevant community organisations.

Monitor demographic responses to the consultation for adequate representation of different race groups.

Investigate the impact on journey times using the immediate alternative routes.

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

Table 6 presents the population of the Upper Edmonton ward by religion, and Figure 7 presents Census 2011 data on religion and belief in Enfield. The Upper Edmonton ward and Enfield overall is predominantly Christian, with a slightly higher proportion of the population identifying as Christian when compared to the London average. Muslim is the second most common religion or belief identified, with a significantly higher proportion than both the Enfield and London average. The proportion of the population identifying as 'other' or 'none' or did not state their religion in the Upper Edmonton ward is lower than those of Enfield and London. The Upper Edmonton ward and Enfield is also home to smaller

proportions of residents compared to the other faiths including Buddhist, Hindu, Jewish and Sikh.

Table 6: Religion composition of the study area compared to London and Borough

Religion	Upper Edmonton (%)	Borough of Enfield (%)	London (%)
Christian	50.0	53.6	48.4
Buddhist	0.6	0.6	1.0
Hindu	4.2	3.5	5.0
Jewish	0.2	1.4	1.8
Muslim	26.4	16.7	12.4
Sikh	0.3	0.3	1.5
Other/ none/ not stated	18.4	23.8	29.8

Source: Census 2011

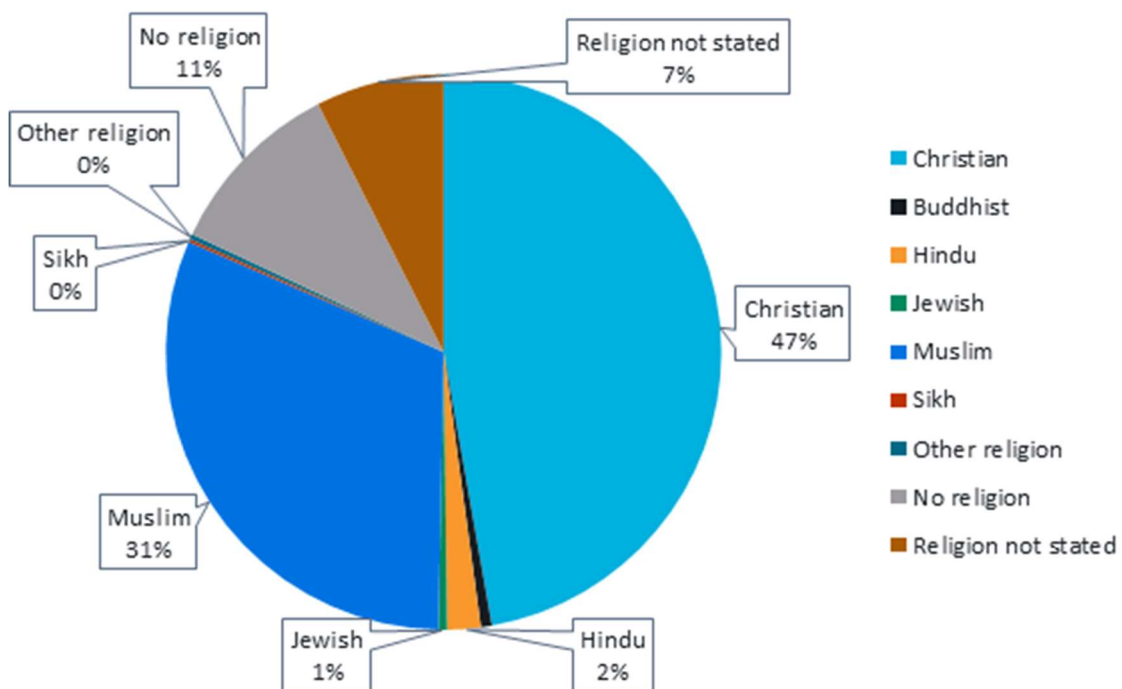


Figure 7: Breakdown of religion/ belief within Enfield

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 that live within the immediate project area and drive to their place of worship, they can still access their destination as they could before the scheme, sometimes using a slightly different route. It is also acknowledged that some residents attend places of worship outside the immediate project area. Journey times by motor vehicle to these locations may be longer.

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 backgrounds⁵. Therefore, creating environments that enable and encourage people to travel via active modes more often can lead to exercise being built into their day, rather than having to go out of their way to achieve it.

The scheme will in particular provide a direct active travel route to Silver Street Community Church, The Christian Pilgrims Church and The Gospel Centre.

Mitigating actions to be taken

Monitor demographic responses to consultation for adequate representation of different religious groups.

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.

Evidence base

Table 7 presents the sex composition of the Upper Edmonton ward.

⁵ <http://content.tfl.gov.uk/barriers-to-cycling-for-ethnic-minorities-and-deprived-groups-summary.pdf>

Table 7: Sex composition of the Upper Edmonton ward

Distribution by sex 2020	Upper Edmonton (%)	Borough of Enfield (%)
Male	49.0	49.1
Female	51.0	50.9

Source: [ONS mid-year estimate 2020](#)

According to the Office for National Statistics (ONS) population estimates, in Enfield 49.1 per cent of residents identify as male and 50.9 per cent as female. This is very similar to the percentage split for London as a whole (49 per cent male, 51 per cent male).

Figure 8 presents the mode share by sex in Enfield. Walking more commonly used as transport by females, making up 33 per cent of all trips. This is 5 per cent higher than males. On average, females drive slightly less than males, making up 44 per cent of trips vs 46 per cent with males. Females are also use the bus more than males (15 per cent vs 13 per cent).

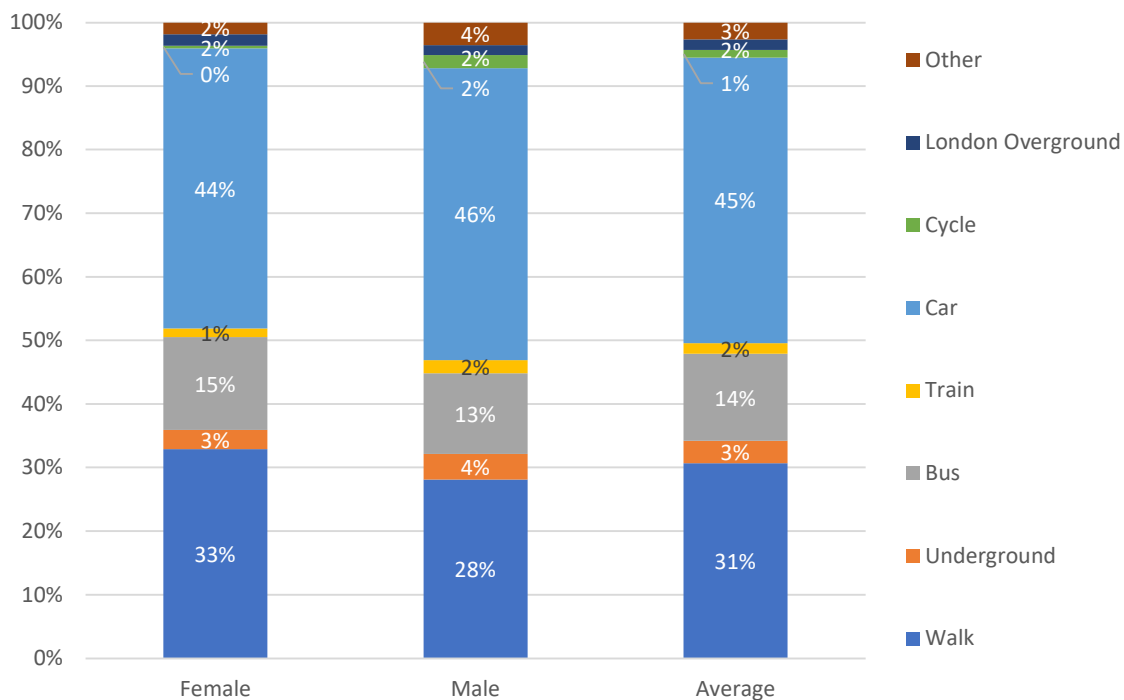


Figure 8: Mode share by sex in Enfield

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 per cent walk at least once a week). Females are also more likely to use buses than males (62 per cent

compared with 56 per cent) but are less likely to use other types of transport including the Tube (38 per cent women compared with 43 per cent males).

Female Londoners take more trips on a weekday than male Londoners, 2.5 compared to 2.3⁶. This pattern however is reversed amongst older adults, with older female Londoners taking fewer weekday trips than older male Londoners, 2.0 compared to 2.2. It is important to recognise that females are more likely than males to be travelling with buggies and/or shopping, and this can affect transport choices.

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

79 per cent of females in London report being able to ride a bike, compared with 91 per cent of males⁷.

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

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

Increasing residents' access to favourable cycling conditions is likely to disproportionately benefit females, particularly due to higher number of trips they make on a daily basis compared to males, as well as the higher proportion of them taking children to and from educational and recreational facilities. The intervention would reduce a significant barrier to cycling.

Following the recent murder of Sarah Everard, a national movement has highlighted the concerns of women and how safe they feel at particular times, notably at night. Reduced traffic volumes create a 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

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

⁷ <http://content.tfl.gov.uk/attitudes-to-cycling-2014-report.pdf>

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 report⁸ suggested a positive improvement in the measured crime rate after introducing traffic reduction measures, similar to the bus gate and modal filters proposed for this scheme, such as those found in 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 and this effect increased with a longer duration since implementation.

Mitigating actions to be taken

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

Engage with the Metropolitan Police and associated Neighbourhood Community Safety teams to identify whether they have any specific security concerns in that area that may be exacerbated by the measures. Collect any information from the Metropolitan Police on crime levels and antisocial behaviour within the project area before and after implementation to ensure safety of those travelling.

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.

Mitigating actions to be taken

N/A

Socio-economic deprivation

⁸ <https://findingspress.org/article/19414-the-impact-of-introducing-a-low-traffic-neighbourhood-on-street-crime-in-waltham-forest-london>

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.

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 9 presents a visual representative of deprivation across Enfield. Upper Edmonton area sits within the southeast of Enfield. In broad terms the eastern areas of Enfield have more levels of deprivation, whereas the west and northwest areas have the least. Figure 9 indicates the Upper Edmonton is among the most deprived wards in England.

The map illustrates deprivation levels for wards in Enfield, when compared with the rest of the 7,180 wards in England for which data were available.

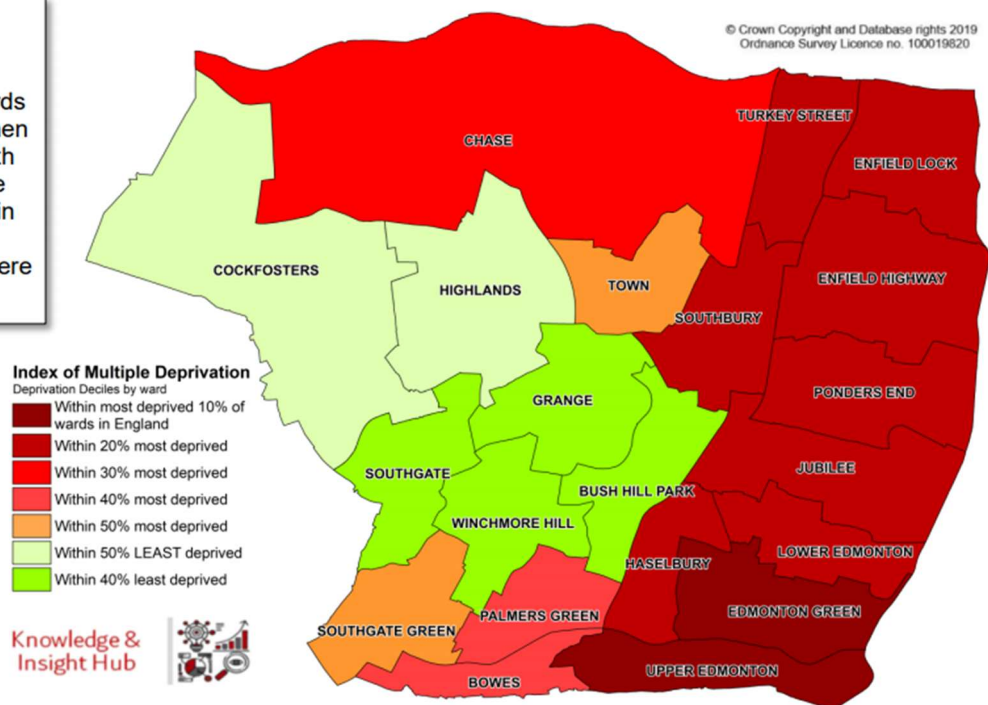


Figure 9: Deprivation in Enfield

Data source: Department for Communities and Local Government 2019

Table 8 presents the Upper Edmonton ward to have significantly higher proportions of households with incomes less than £15,000 and claiming Universal Credit than the borough average.

Table 8: Enfield and Upper Edmonton income, 2020

Income (2020)	Upper Edmonton (%)	Borough of Enfield (%)
Proportion of households with an income of less than £15,000	23.4	15.6
Households claiming Universal Credit (May 2020)	31.2	23.7

Data source: Ward Profiles 2020, Enfield Council

TfL research shows that low income Londoners tend to travel less frequently than Londoners overall – 2.2 trips per weekday on average compared to 2.4 among all Londoners. Among this group, a greater proportion of journeys are completed for the purposes of shopping and personal business: 31 per cent for Londoners with household income of less than £20,000 compared with 22 per cent all Londoners (in line with 31 per cent and 22 per cent observed in 2013/14).⁹

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 per cent).

Differential impact assessment

Active modes of travel 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 project will benefit these alternative methods and therefore are likely to disproportionately benefit those without access to cars.

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 are advertised, with a specific focus on reaching those with lower households' incomes. This may include events in the community or advertising in local community centres, leisure centres or shops. Improved awareness of the upgrades to active travel conditions will increase the chances of people changing their travel behaviours.

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

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?

The project aims to improve conditions for those already walking and cycling and also to help make non-car transport options more attractive by making them safer, more accessible, and more convenient. It is acknowledged that the improvements may come at an ongoing inconvenience to drivers. The altering of traffic flow may add some level of complication to trips and may slightly increase the length of some car journeys made through the study area. However, access to all properties and 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 and air 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.

Because of the proximity with North Middlesex District Hospital, collaborative monitoring should be undertaken to continue to monitor and improve the scheme post installation.

SECTION 5 – Action Plan for Mitigating Actions.

Protected Characteristic	Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
Age and Disability	Longer journey times for people who rely on private cars, taxis, or Dial a Ride.	Investigate the impact on journey times using the immediate alternative routes.	Petros Ximerakis	During post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Age	Under-representation of younger people in consultation responses from other projects	Target engagement at those aged under 40 (and especially under 30) who are often under-represented in engagement.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Social media posts were made on Facebook and Twitter to target younger people. Community engagement events were held at Fore Street Library.

Age, Disability, Race, Sex, and Socio-economic deprivation	Traffic reassignment onto main roads may delay bus services.	Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.	Petros Ximerakis	During post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Disability	Under-representation of disabled people in consultation responses from other projects	Monitor demographic responses to consultation for adequate representation of disabled people	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 The proportion of consultation respondents with disability was representative of the proportion found in the 2011 Census.
Disability	Findings from consultation on other projects showed that disabled people had concerns about reaching locations such as hospitals within the area.	Identify potential alternative travel routes to the local North Middlesex Hospital and monitor whether the scheme is having a disproportionate impact on those who make regular essential trips by car.	Petros Ximerakis	During scheme design stages and post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.

Pregnancy and maternity	Negative impact on women who cannot travel actively to the hospital	Identify impact of journey times to the maternity unit at North Middlesex University Hospital.	Petros Ximerakis	During post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Race	Consultation analysis from other projects highlighted that the proportions of responses from Mixed, Asian, and Black respondents was lower than might be expected from the 2011 Census.	Monitor demographic responses to the consultation for adequate representation of different race groups.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Proportion of BAME respondents to the consultation was 8%. However, 8% of respondents stated a preference to not reveal their ethnic group and 33% of respondents did not answer the relevant question.

Religion and belief	Consultation analysis on previous projects highlighted that there was potential under-representation of those with a religious belief in the consultation period.	Monitor demographic responses to the consultation for adequate representation of different religious groups.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Proportion of respondents with a religious belief to the consultation was 27%. However, 4% of respondents stated a preference to not reveal their religion and 38% of respondents did not answer the relevant question.
Sex	Public perception of personal security due to the reduced 'passive surveillance' of passing motor traffic	Engage with the Metropolitan Police and associated Neighbourhood Community Safety teams to identify whether they have any specific security concerns in that area that may be exacerbated by	Petros Ximerakis	During scheme design stages and post implementation scheme monitoring	Included within scheme budget	At regular intervals post implementation of the scheme

		the measures. Collect any information from the Metropolitan Police on crime levels and antisocial behaviour within the project area before and after implementation to ensure safety of those travelling.				
Socio-economic deprivation	Active modes of travel present a low-cost form of transport and therefore are likely to disproportionately benefit those without access to cars.	Advertise the benefits of this scheme with a specific focus on reaching those with lower households' incomes.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Community engagement events were held at Fore Street Library.

Socio-economic deprivation	Reassignment of motor traffic may disproportionately impact those on lower incomes who are more likely to live on busier roads.	Consider where traffic is likely to be reassigned to, to review the impact on adjacent properties when reviewing traffic data.	Petros Ximerakis	During scheme design stages and post implementation scheme monitoring	Included within scheme budget	22/12/2021 Likely reassignment routes have been identified and will be reviewed following evaluation of monitoring data collected as part of the project 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.	Tina Uhrynowycz	Ongoing	Included within Healthy Streets programme budget	22/12/2021 Several Dr Bike sessions took place at North Middlesex University Hospital during and after the engagement & consultation period. A number of Second-Hand Bike Markets were held during the community

						engagement period.
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