# 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** | **A1010S to North Middlesex Hospital Cycle Route** |
| **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 Commencement** | **October 2020** |
| **Last Updated** | **1st March 2022** |

## 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 introduced the 'A1010S to North Middlesex Hospital Cycle Route' by means of Experimental Traffic Orders (ETOs) in Winter 2020/2021. The current trial cycle route extends for approximately 1.4km between Park Road N18 and the A406 North Circular Road underpass at Bull Lane. This strategic cycle route provides a continuation of Cycleway 1 (southern end of the A1010 South project on Fore Street), a connection to North Middlesex University Hospital (NMUH), and a future connection with Cycle Superhighway 1 (CS1) in Haringey via the proposed active travel route along Bull Lane N18.

The interventions introduced as part of the trial featured:

- A camera-enforced modal filter (motor traffic restriction to through access) at Park Road N18 under the railway bridge.
- Provision of a 20mph speed limit on Park Road N18 between its junction with Victoria Road N18 and its junction with Solomon Avenue N18.
- Conversion of the junction between Park Road N18 and Victoria Road N18 from mini roundabout to priority junction.
- Temporary footway buildouts, an additional pedestrian crossing, and a cycle crossing at the junction of Park Road N18 with Victoria Road N18.
- Banned right turn from the southbound direction of Sweet Briar Walk N18 into Denton Road N18.
- Mandatory left turn from the eastbound direction of Denton Road N18 into Sweet Briar Walk N18.
- A protected cycle right turn pocket at Sweet Briar Walk N18 at its junction with Denton Road N18.
- A resurfaced shared use path at the alleyway which connects Silver Street N18 with Dorrit Mews N18.
- A footway buildout and removal of a number of controlled parking spaces at Tanners End Lane N18 outside the entrance to the A406 North Circular Road underpass.
- Temporary cycle wayfinding signage and markings.

The A1010S to North Middlesex Hospital Cycle Route project was 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.

Across London, the 2018 Mayor's Transport Strategy (MTS) sets the overall direction and citywide objectives for transport. The MTS set a target for 80% of all trips to be made on foot, by bicycle or by public transport by 2041. The Healthy Streets indicators adopted in the MTS provide the basis for Enfield's Healthy Streets programme, which is delivering schemes to enable walking and cycling across Enfield. Major components of the programme include the creation of high-quality routes for cycling, connecting neighbourhoods that feel safe for walking and cycling along with school streets and a range of community events and activities.

The A1010S to North Middlesex Hospital Cycle Route forms part of the Enfield Healthy Streets programme, providing a key connecting link for Cycleway 1.

The project sought to address a number of issues in the area where the project is located as follows:

- Lack of cycle connection with Pymmes Park and North Middlesex Hospital from the North through Cycleway 1.

- Lack of infrastructure suitable for all active travel modes.
- Insufficient and unsuitable crossing facilities for all active travel users.
- High motor traffic volume on Park Road, a residential street, used as a cut-through route.

Taking all the above into account, the following objectives have been set for this project:

- Improve walking & cycling access to North Middlesex Hospital and Pymmes Park.
- 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 interventions were introduced to support the above objectives and bring about the following benefits:

- Closing of the gap in cycling infrastructure, thus resulting in more cycle trips taken along all of Cycleway 1.
- Use of the recently delivered cycle parking facilities at North Middlesex Hospital to their full capacity.
- Improvement to the reported parking and traffic issues in the area through a shift of some private car journeys to other sustainable means of transport for key workers and visitors travelling to North Middlesex University Hospital.
- Support of the needs of vulnerable users, pedestrians, and people who cycle through reduction of the dominance of motor traffic in the area.

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. 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. Therefore, the profiles for the Edmonton Green and Haselbury wards have been used as the basis for demographic data.

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

A range of road users may be positively or negatively impacted by this scheme. Listed below are some specific groups who may be affected:

- Residents and visitors travelling to, from and through the area
- Users who live and/or work on or around this location

- Pedestrians, people who cycle, and people who use other active travel modes
- Private vehicle drivers including taxis and passengers, Dial-a-Ride vehicles and private cars
- Local businesses
- Visitors of Enfield

## 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.

**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**

The mean age of Enfield's wards tends to vary by location within the borough. The southern and eastern wards have some of the lowest mean ages in Enfield.

Table 1 presents the age distribution across the two area wards which cover the project area. This shows the area wards generally follow 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 for Edmonton Green, and the percentages of residents in the 65-74 and 75+ age bracket significantly lower than the Borough average for both wards.

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

| Age distribution-2019 | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) |
|---|---|---|---|
| 0-4 | 8.1 | 7.3 | 7.2 |
| 5-14 | 16.3 | 15.3 | 14.4 |
| 15-24 | 12.9 | 13.2 | 11.5 |
| 25-44 | 29.7 | 29.7 | 29.1 |
| 45-64 | 23.5 | 24.1 | 24.6 |
| 65-74 | 5.4 | 5.8 | 7.0 |
| 75+ | 4.1 | 4.7 | 6.4 |

*Source: ONS mid-year estimate 2020*

Figure 1 represents the spatial distribution of the mean age across Enfield's wards. The trend outlined above is evident in the figure below, Haselbury and Edmonton Green, located in the east of Enfield, have some of the youngest mean ages in the borough.

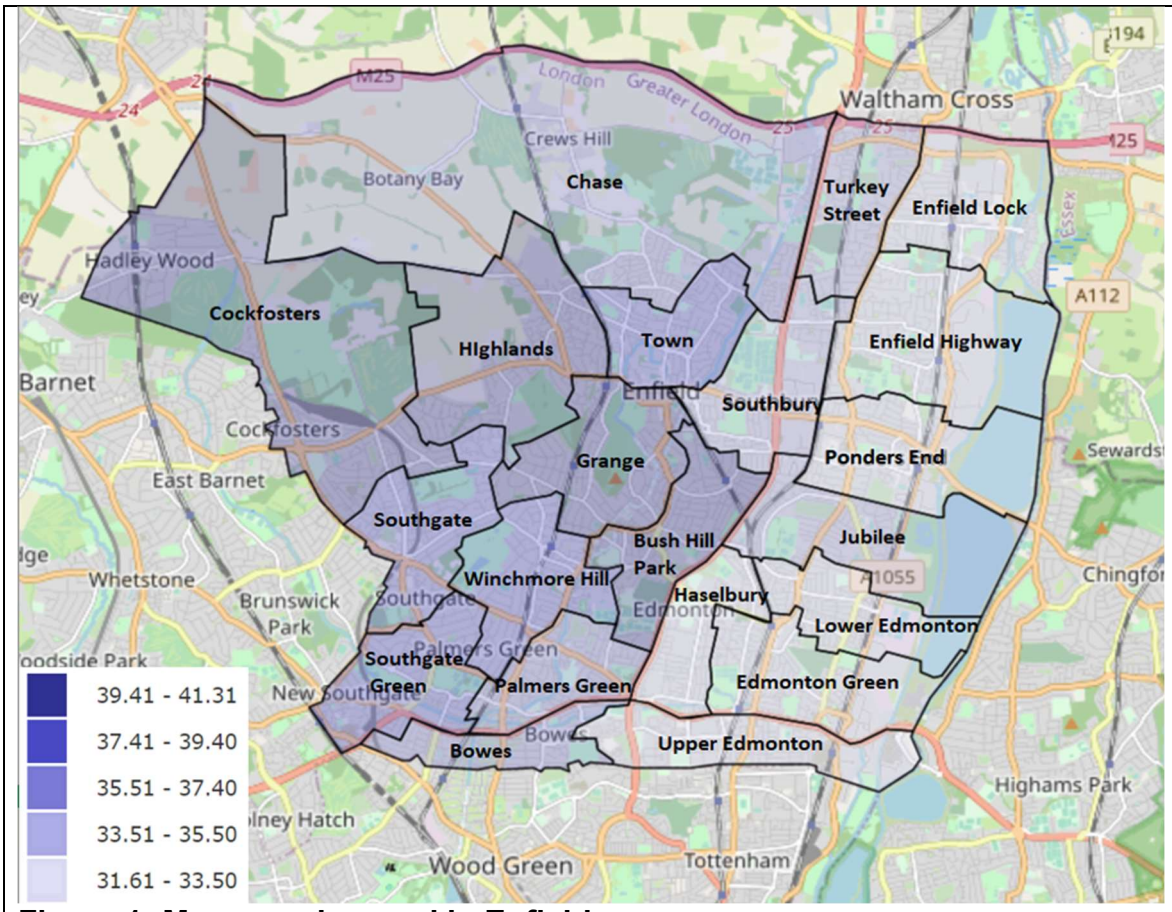



**Figure 1: Mean age by ward in Enfield**

*Source: UK Census 2011*

Figure 2 represents 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 their older counterparts. The highest percentages of walking and cycling can be seen in those aged under 16, with 37 percent of all trips made on foot or by bike. Those aged 65 and over have the lowest levels of walking and cycling, with 27 percent of all trips, but the highest percentage of trips driven (or as a passenger in a car or van) at 52 percent. Public transport use is disproportionally higher in 16 to 19-year-old group, making up 37 percent of all journeys. This is 15 percent higher than the nearest age group (those aged under 16).

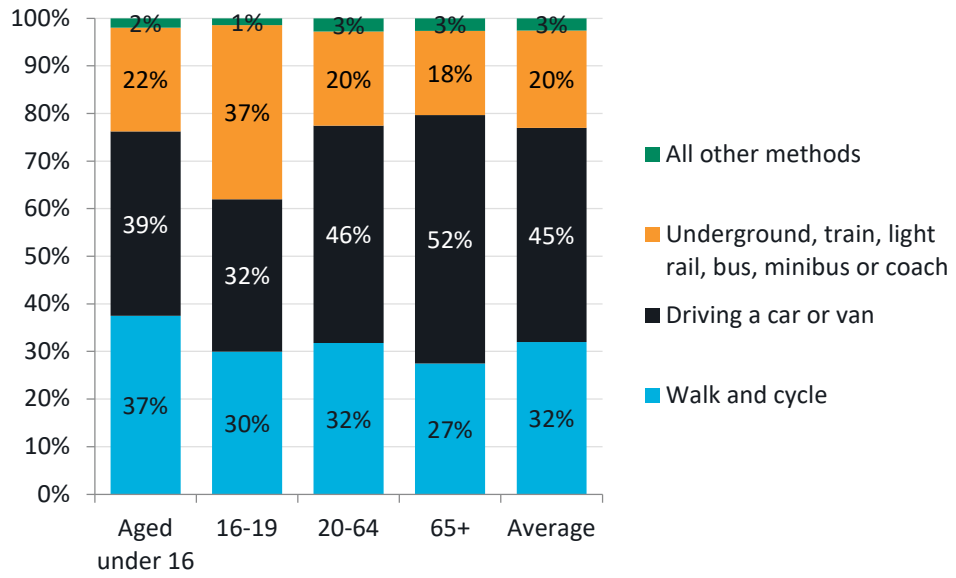



**Figure 2: Mode share by Age in Enfield**

*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 3. KSIs are higher than average for those age 60 and over (19 percent) and those aged Under 16 (14 percent). 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.

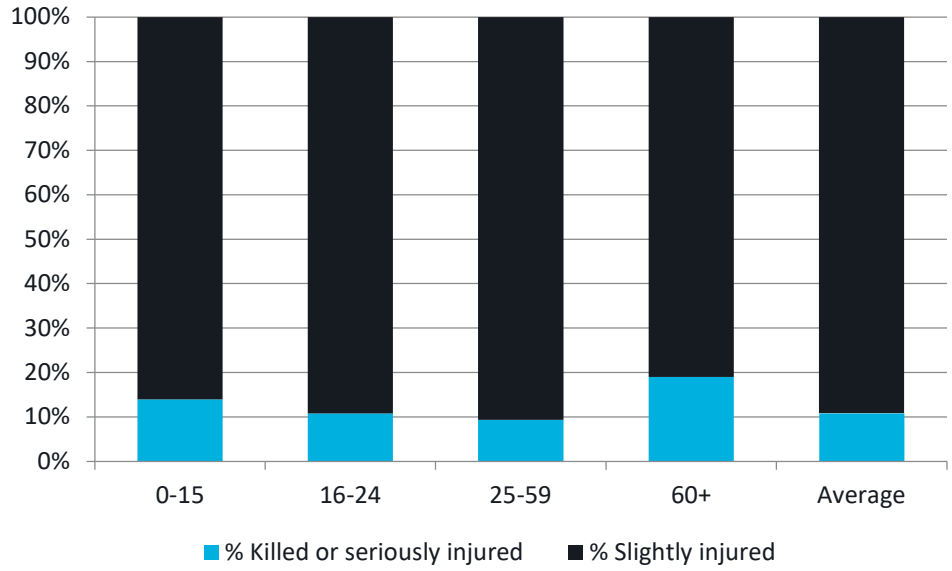



**Figure 3: Percentage killed or seriously injured by Age in Enfield**

*Source: DfT Road traffic statistics (2019)*

**Differential impact assessment**

People of young and old age are more vulnerable to poor air quality[1], and Edmonton Green and Haselbury have some of the youngest mean ages in Enfield. For young children negative air quality can lead to reduced lung development and for the elderly this can lead to a range of long-term health problems, therefore the delivery of a high-quality cycle route will enable 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. Improvements to the cycling facilities will benefit those who already cycle and are 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 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 new pedestrian crossing at Victoria Road and the shortened crossing distance of the existing crossing at Park Road, are likely to be particularly beneficial for those who require extra time to safely cross the street due to physical or visual impairments.

To accommodate safe on-carriageway cycling, Park Road was filtered under the railway bridge to reduce the volume of motor traffic. In Enfield, people aged under 15 and over 60 are disproportionately killed or seriously injured by drivers. The changes to Park Road will reduce the volume of motor traffic, and therefore the likelihood of collisions leading to fatalities or series injuries. Improvements to cyclist safety will predominantly benefit those aged under 16.

Increases in cycling trips through Pymmes Park may cause elderly pedestrians to feel confused or worried about collisions on shared use paths.

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 disproportionally killed or seriously injured by motor traffic, they are likely to benefit the most from the changes.

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

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 Fore Street and surrounding roads as traffic is unable to cut through Park Road. 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 who rely on private cars, taxis or Dial-a-Ride.

**Mitigating actions to be taken**

Consider improvements to the section of the route through Pymmes Park to mitigate any potential conflicts or pinch points.

Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme.

**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**

Census 2011 data shows that Enfield has a slightly higher percent of residents with a long-term health problem/ disability compared to that across London. The Edmonton Green and Haselbury wards reflect similar percentages, although slightly higher than those in Enfield and significantly higher than the London average for the Edmonton Green ward. This data is presented in Table 2.

**Table 2: Persons with a long-term health problem/ disability in Enfield and project area wards**

| Persons with long-term health problem/ disability (2011) | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) | London (%) |
|---|---|---|---|---|
| **Limiting a lot** | 7.9 | 7.1 | 7.3 | 6.7 |
| **Limiting a little** | 8.7 | 8.1 | 8.1 | 7.4 |

*Source: Census 2011*

Disability types stated by those who have a disability affecting daily travel (including old age) is shown in Figure 5 below. Mobility impairment represents the highest proportion (77 percent) followed by impairment due to mental health (12 percent). 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.

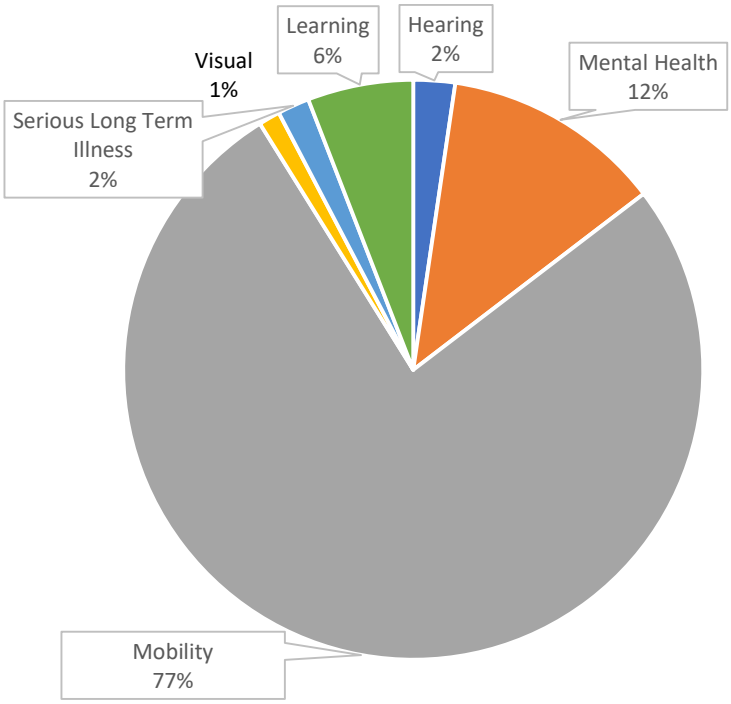
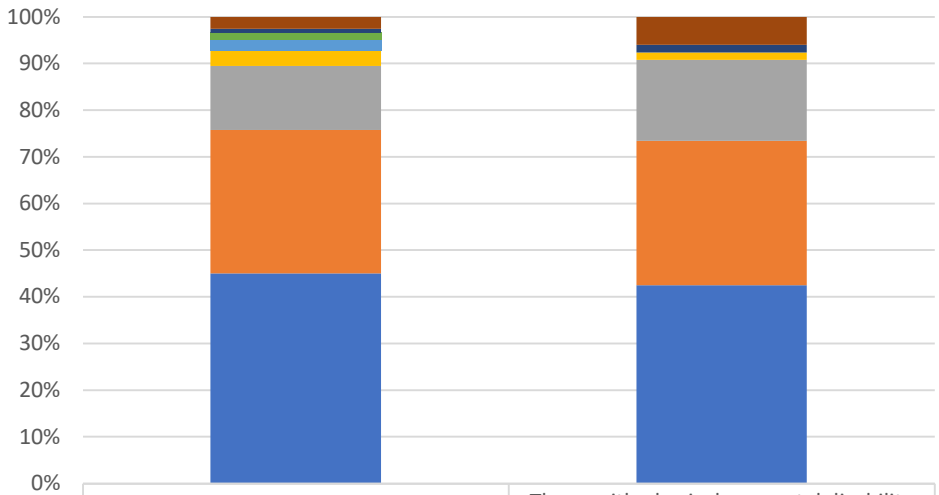



**Figure 4: Disability types stated by those with a disability affecting travel**

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

Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey[2] shows that 72 percent of disabled cyclists use their bike as a mobility aid, and 75 percent found cycling easier than walking. Survey results also show that 24 percent 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 5. When compared to the LTDS mode split of trips made by all people, car use for those with disabilities is lower (42.6 percent compared to 45 percent), bus use is greater (17.5 percent compared to 13.7 percent) and walking is marginally higher (31.1 percent compared to 30.8 percent).




| | 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% |

**Figure 5: Mode split by those with a physical or mental disability affecting daily travel**

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

**Differential impact assessment**

Improved and new cycle infrastructure 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.

Reduction to through traffic at Park Road is likely to reduce conflict between different road users overall. This will create a safer environment, particularly those with physical disabilities.

[2] https://wheelsforwellbeing.org.uk/wp-content/uploads/2019/04/Survey-report-final.pdf

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 and changes to the junction crossings at the end of Park Road with Victoria Road, and at Sweet Briar Walk. Textured ground surface indicators, in the form of tactile paving, have been used 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.

Although likely to benefit from decreased traffic flows, the shared use active travel route may cause confusion. The increases in cycling trips through Pymmes Park may cause disabled pedestrians to feel confused or worried about collisions on shared use paths.

The new pedestrian crossing at Victoria Road and the shortened crossing distance of the existing crossing at Park Road will also be beneficial for those with visual or mobility issues, as they provide additional and safer crossing points.

The restriction to motor traffic at Park Road under the railway bridge will increase the space available for walking, which was previously very narrow. 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 navigate around tight spaces.

The scheme 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**

Ensure that the design of the cycle facilities is suitable for use by those on adapted or non-standard cycles which are often used as mobility aids for disabled people. Both LTN 1/20 and the London Cycle Design Standards (LCDS) contain guidance on accessible designs.

Consider improvements to the section of the route through Pymmes Park to mitigate any potential conflicts or pinch points.

Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme.

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.

**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?<br><br>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.<br><br>There were no specific issues raised by transgender people in the consultation responses. |
| **Mitigating actions to be taken** |
| N/A |

| |
|---|
| **Marriage and Civil Partnership**<br><br>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?<br><br>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.<br><br>No issues were raised in the consultation relating to marriage or civil partnership. |
| **Mitigating actions to be taken** |
| N/A |

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|---|
| **Pregnancy and maternity**<br><br>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 |

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|---|
| 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?<br><br>Please provide evidence to explain why this group may be particularly affected |
| **Evidence base**<br><br>The birth rate in Enfield was 15.1 births per 1000 people in 2016, approximately 28 percent 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.<br><br>**Differential impact assessment**<br><br>Reduction to traffic at Park Road and improvements to cycling infrastructure are likely to reduce conflict between different road users on the whole. In addition to the better walking provisions as a result of the new/improved crossings, this traffic reduction will create a safer environment, particularly for pregnant 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 carriageway 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 Midwives highlights the importance of physical activity during pregnancy, such as brisk walking.[3]<br><br>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. Maternal exposure to PM during pregnancy is particularly harmful to children's health since this is a phase of rapid human growth and development.[4]<br><br>Expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this journey, which is approximately half a mile to the nearest maternity unit, is made by car it may take slightly longer than |

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

[4] https://environhealthprevmed.biomedcentral.com/articles/10.1186/s12199-021-00995-5

prior to the project, but where the journey is walked or cycled through the area, it is likely to be less polluted and have reduced volumes of traffic.

The scheme may negatively impact on journey times by motor vehicle for a portion of those who are pregnant and with parents with infants and/ or young children who may find it more difficult to walk or cycle, and prefer the use of door-to-door transport services such as private cars, taxis or Dial-a-Ride.

**Mitigating actions to be taken**

Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme.

**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 Edmonton Green and Haselbury wards by ethnicity. Based on Census 2011 data, 'White British' is the most common ethnicity for both wards, albeit at a significantly lower percentage compared to the Enfield percentage. This is followed by 'Turkish' ethnicity for both, which appears at a higher percentage than the Enfield percentage. The third most common is 'Other Black African' for Edmonton Green, and 'White Other' for Haselbury.

**Table 3: Population of study area by ethnicity versus Borough**

| Ethnicity (2019) | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) |
|---|---|---|---|
| White British | 15.7 | 17.6 | 38.3 |
| White Irish | 0.9 | 1.4 | 1.9 |
| Greek | 0.3 | 0.9 | 1.2 |
| Greek Cypriot | 1.5 | 4.0 | 4.7 |
| Turkish | 13.4 | 11.7 | 7.6 |

| | | | |
|---|---|---|---|
| Turkish Cypriot | 1.5 | 2.4 | 1.8 |
| Kurdish | 2.1 | 2.5 | 1.2 |
| White Other | 7.4 | 9.3 | 6.7 |
| White& Black Caribbean | 1.5 | 1.5 | 1.3 |
| White and Asian | 1.0 | 1.0 | 1.1 |
| White and Black African | 1.1 | 0.8 | 0.7 |
| Other mixed | 1.9 | 1.9 | 2.0 |
| Indian | 2.5 | 3.6 | 3.3 |
| Pakistani | 0.6 | 0.6 | 0.7 |
| Bangladeshi | 3.6 | 2.6 | 1.8 |
| Chinese | 0.6 | 0.6 | 0.7 |
| Other Asian | 4.8 | 5.6 | 3.6 |
| Somali | 8.0 | 5.9 | 2.7 |
| Other Black African | 12.5 | 8.8 | 7.5 |
| Black Caribbean | 9.0 | 8.8 | 5.2 |
| Other Black | 5.1 | 4.1 | 2.5 |
| Other Ethnic Group | 5.1 | 4.6 | 3.7 |

*Source: Census 2011*

The 2011 Census indicates that Enfield has the largest proportion of Greek and Turkish speaking people in the country[5]. The top five non-English languages are shown in Table 4 and shown by wards 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 |
| Somali | 1.1 |
| Bengali (with Sylheti and Chatgaya) | 0.9 |

*Source: Enfield Borough profile 2020, Enfield Council*

[5] Enfield Borough Profile,2020

**Table 5: Main languages of residents within study area**

| Main languages of residents | Edmonton Green (%) | Haselbury (%) |
|---|---|---|
| English | 67 | 67 |
| Turkish | 11 | 10 |
| Somali | 3 | 3 |
| Polish | 2 | 3 |
| Bengali | 2 | |
| Greek | | 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 6.

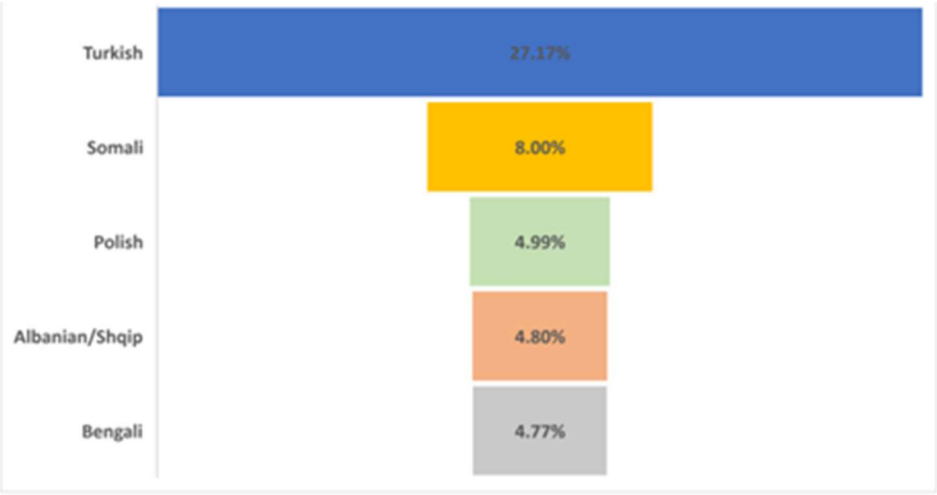



**Figure 6: Top five non-English languages spoken by Enfield school pupils**

*Source: Spring 2020 Enfield School Census*

Based on average travel modes from the LTDS data presented in Figure 7, 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 than the average, with a mode share of between 35 and 43 percent. 'Black or Black

British' and 'Other Ethnic Group' are more likely to use public transport than the average.

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.

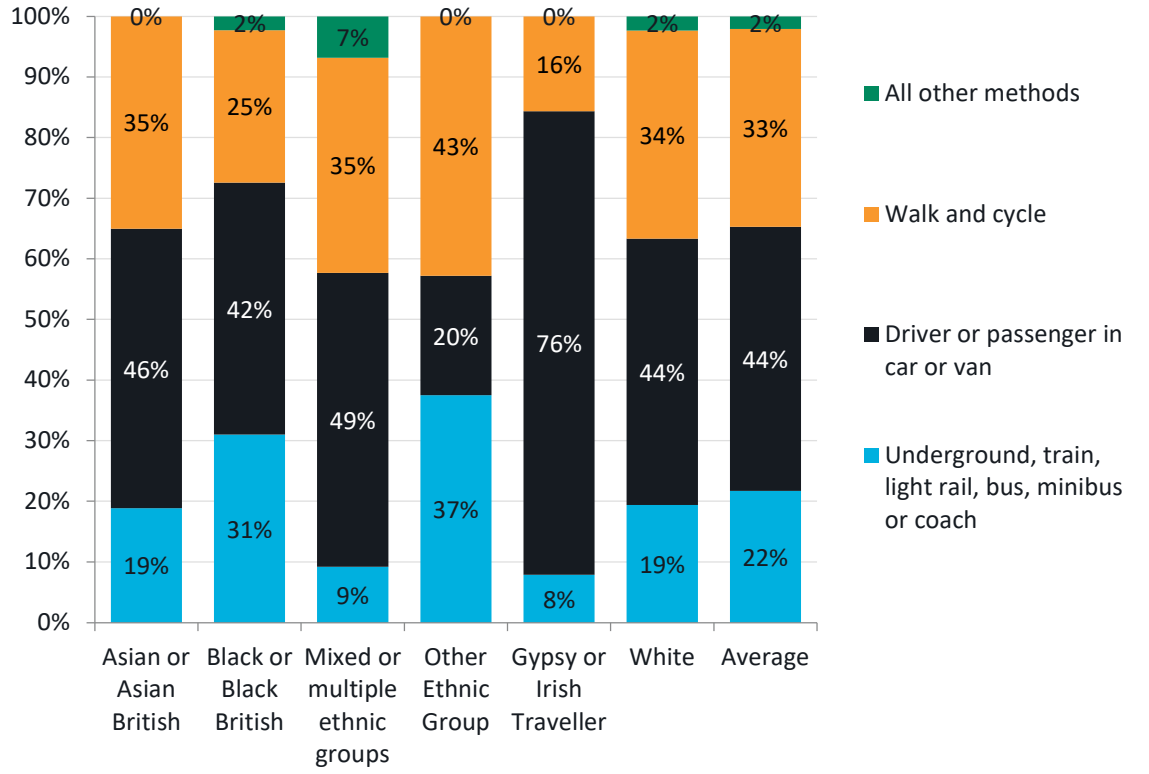



**Figure 7: Mode share by ethnicity in Enfield**

*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 Fore Street as traffic is unable to cut through Park Road. 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 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.

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

Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme.

**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 Edmonton Green and Haselbury wards by religion, and Figure 8 presents Census 2011 data on religion and belief in Enfield. The Edmonton Green, Haselbury, and Enfield overall are 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 in the study area, 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 study area is lower than those of Enfield and London. Both wards and Enfield are 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 | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) | London (%) |
|---|---|---|---|---|
| **Christian** | 48.3 | 49.4 | 53.6 | 48.4 |
| **Buddhist** | 0.4 | 0.4 | 0.6 | 1.0 |
| **Hindu** | 3.5 | 4.8 | 3.5 | 5.0 |
| **Jewish** | 0.1 | 0.3 | 1.4 | 1.8 |
| **Muslim** | 29.1 | 25.7 | 16.7 | 12.4 |
| **Sikh** | 0.3 | 0.4 | 0.3 | 1.5 |
| **Other/ none/ not stated** | 18.3 | 18.9 | 23.8 | 29.8 |

*Source: Census 2011*

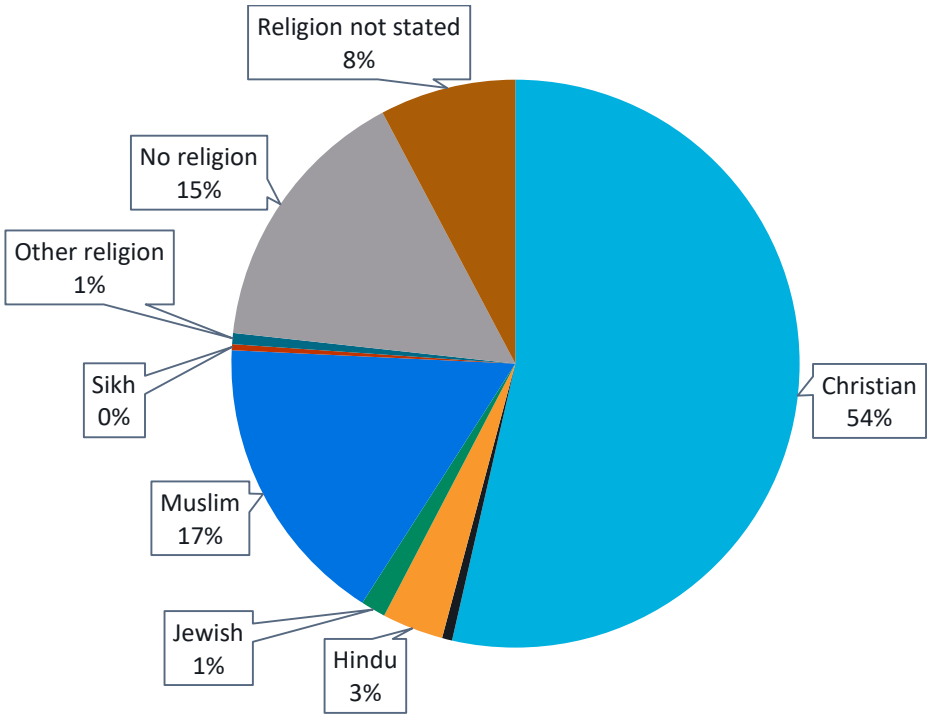



**Figure 8: Breakdown of Religion and Beliefs in Enfield**

*Source: UK Census 2011*

**Differential impact assessment**

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 is one place of worship located near the cycle route, which has been identified and outlined below. There are also a number of places of worship further north along the A1010. This scheme is likely to benefit workshipers who currently walk or cycle to places of worship and create a more welcoming environment for those who do not currently

cycle. As restrictions to motorised traffic are limited, it is not anticipated that this scheme will disproportionately impact people from any particular faith.

*Tanners End Free Church*
Attendees accessing this location by motor vehicle will continue to be able to do that as previously. In addition, the cycle route will enable another mode of travel to access this place of worship. The scheme is not likely to have made the parking situation materially worse for attendees, particularly as only two parking spaces were removed at the southern part of Tanners End Lane whereas Tanners End Free Church is located on Statham Grove.

Religious commitments can sometimes leave little time for sporting activities. For example, a report published in 2011 by TfL mentions that young Muslims that attend mosque after school may not have as much leisure time as those from non-religious backgrounds[6]. 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.

**Mitigating actions to be taken**

N/A

**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 Edmonton Green and Haselbury wards.

**Table 7: Sex composition of the study area wards**

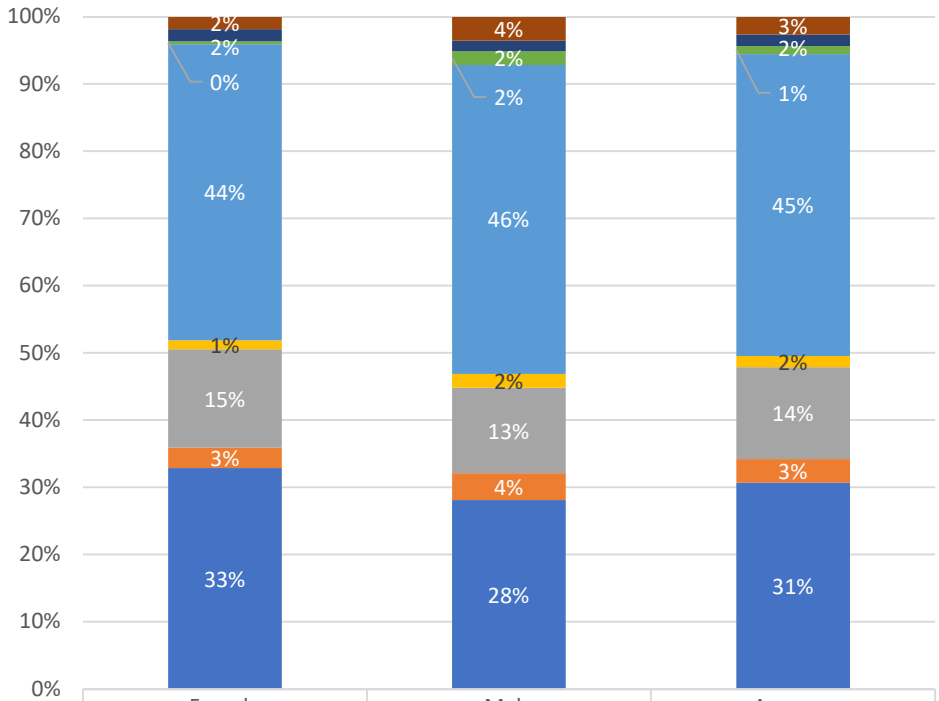
| Distribution by sex 2019 | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) |
|---|---|---|---|
| **Male** | 49.2 | 49.3 | 49.1 |
| **Female** | 50.8 | 50.7 | 50.9 |

*Source*: *ONS mid-year estimate 2020*

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

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

Figure 9 presents the mode share by sex in Enfield. Walking is more commonly used as transport by females, making up 33 percent of all trips. This is 5 percent higher than males. On average, females drive slightly less than males, making up 44 percent of trips versus 46 percent with males. Females are also use the bus more than males (15 percent vs 13 percent).




| | 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% |

**Figure 9: 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 percent walk at least once a week). Females are also more likely to use buses than males (62 percent compared with

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

Female Londoners take more trips on a weekday than male Londoners, 2.5 compared to 2.3[7]. 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 percent compared with 72 percent) or have access to a car (63 percent of all females compared with 66 percent of all males). These factors are likely to be related to the frequency of car use as a driver.

79 percent of females in London report being able to ride a bike, compared with 91 percent of males[8].

The number of female cyclists nationally rose by 50% in 2020 according to DfT statistics[9].

**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 infrastructure are likely 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 every public transport journey starts or ends on foot (or using a mobility aid), improvements in safety and convenience to these networks will improve their access to public transport services. However, this scheme may cause increased congestion in the short to medium term on Fore Street and other surrounding roads as traffic is unable to cut through Park Road. 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 their role in taking children to and from educational and recreational facilities. The interventions would reduce a significant barrier to cycling.

**Mitigating actions to be taken**

[7] https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf
[8] http://content.tfl.gov.uk/attitudes-to-cycling-2014-report.pdf
[9] https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2020

| |
|---|
| Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme. |

| **Sexual Orientation**<br><br>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?<br><br>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.<br><br>No matters were raised in consultation responses relating to sexual orientation. |
| **Mitigating actions to be taken** |
| N/A |

| **Socio-economic deprivation**<br><br>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?<br><br>Please provide evidence to explain why this group may be particularly affected. |
| **Evidence base**<br><br>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 10 presents a visual representative of deprivation across Enfield. It can be seen that the eastern and southern sections of the borough are the most deprived, with the west and north-western sections being the least deprived. Some of the neighbourhoods in the east of the borough are amongst the most deprived in England, including Edmonton Green one of the project wards.

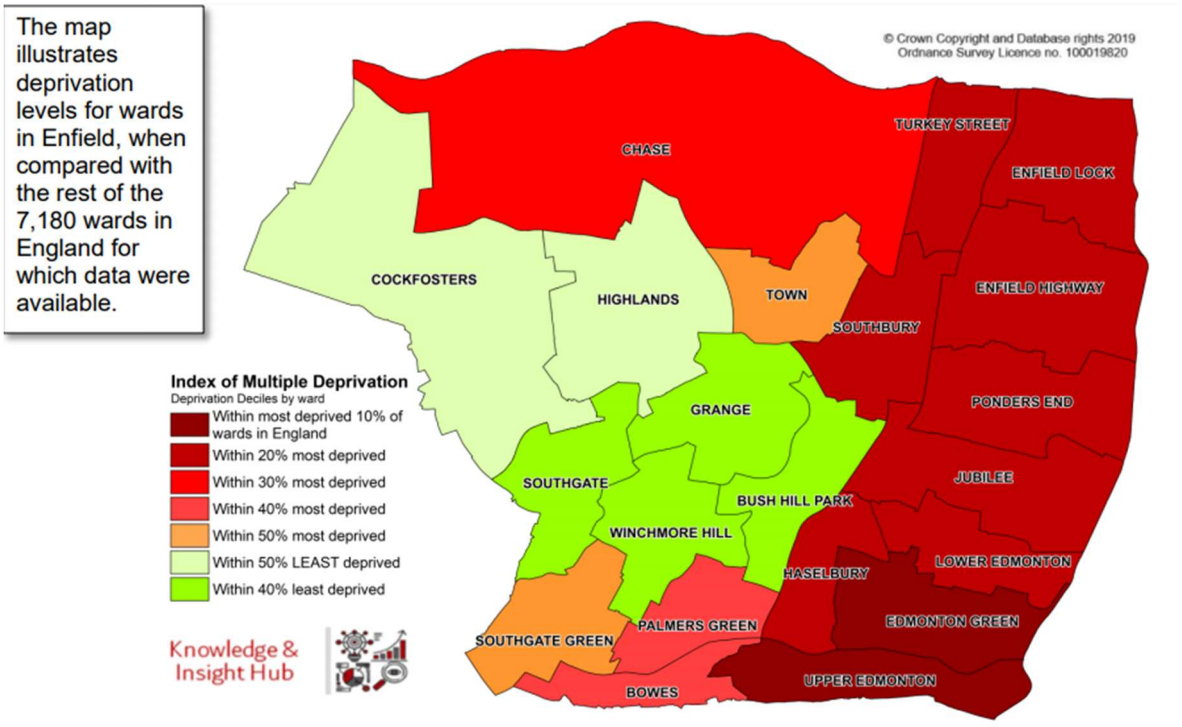



**Figure 10: Deprivation in Enfield**

*Data source: Department for Communities and Local Government 2019*

Table 8 presents the percentage cars in Enfield households. Areas without access to a car broadly mirror the most deprived sections seen in Figure 10, with the east of the borough having some of the highest percentages without access to a car, and the west having the least. Edmonton Green and Haselbury, located in the east of the borough, have one of the highest percentages without access to a car in Enfield.

**Table 8: Percentage of cars in Enfield households**

| Cars in households (2011) | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) |
|---|---|---|---|
| 0 cars | 53.5 | 40.5 | 32.5 |
| 1 car | 35.9 | 40.0 | 43.3 |
| 2+ cars | 10.5 | 19.5 | 24.3 |

*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 percent for Londoners with household income of less than £20,000 compared with 22 percent all Londoners (in line with 31 percent and 22 percent observed in 2013/14)[10].

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 percent).

Table 9 presents Edmonton Green and Haselbury wards having significantly higher proportions of households with incomes less than £15,000 and claiming Universal Credit than the borough average.

**Table 9: Enfield and Project area wards income, 2020**

| Income (2020) | Edmonton Green (%) | Haselbury (%) | Borough of Enfield (%) |
|---|---|---|---|
| Proportion of households with an income of less than £15,000 | 28.1 | 17.7 | 15.6 |
| Households claiming Universal Credit (May 2020) | 45 | 45.7 | 23.7 |

*Data source: Ward Profiles 2020, Enfield Council*

**Differential impact assessment**

In Enfield, there is a very clear correlation between deprivation and access to car ownership, with more deprived parts of the borough such as Edmonton Green and Haselbury having greatly reduced access to car ownership. Cycling presents 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 improvements to cycling conditions are likely to disproportionately benefit those without access to cars.

The rate of car ownership increases as income increases and so people who are on lower incomes are less likely to be adversely affected by reassigned traffic.

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 may disproportionately benefit from the scheme.

Buses are likely to be used by people on lower incomes and where buses are delayed by any increased traffic this is likely to affect this group.

**Mitigating actions to be taken.**

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

Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme.

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?<br><br>Who will be responsible for assessing the effects of this proposal? |
|---|
| On balance, this scheme is likely to promote equalities through the improvement of conditions for those walking, cycling, and wheeling. Not only will the scheme improve the experience for those already using these modes, but it will also help to make non-car transport options more attractive by making them safer, more accessible, and more convenient.<br><br>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. However, this scheme will make walking and cycling a more attractive and accessible option for people, offering genuine alternative to car use which will benefit a wide range of residents and visitors.<br><br>This EqIA is not a static document and will continue to be developed during the course of this project. Monitoring and evaluation will determine whether the scheme has been successful in achieving the objectives and in identifying, and if possible, mitigating the potential inequalities raised in this EqIA. |

## SECTION 5 – Action Plan for Mitigating Actions.

| Protected Characteristic | Identified Issue | Action Required/Comments | Lead officer | Timescale/By When | Costs | Review Date/ Comments |
|---|---|---|---|---|---|---|
| Age, Disability | Confusion or worries about collisions on shared use paths. | Consider improvements to the section of the route through Pymmes Park to mitigate any potential conflicts or pinch points. | Petros Ximerakis | Subsequently to the decision as to whether the scheme will be made permanent or removed. | Funded by existing and future grants | Will be reviewed following decision. |
| Age, Disability, Pregnancy and maternity, Race | Longer journey times for people who rely on private cars, taxis or Dial-a-Ride. | Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme. | Petros Ximerakis | During scheme monitoring | Included within scheme budget | 01/03/2022 Included in monitoring report |
| Disability, Sex | Confusion or worries about collisions on shared use paths. | Ensure that the design of the cycle facilities is suitable for use by those on adapted or non-standard cycles which are often used as mobility aids for disabled people. Both LTN 1/20 and the London Cycle Design Standards (LCDS) contain guidance on accessible designs. | Petros Ximerakis | During scheme design stages | Included within scheme budget | 01/03/2022 Design was designed in line with LTN 1/20 and LCDS guidance |

| | | | | | | |
|---|---|---|---|---|---|---|
| Disability | Changes or removal of the scheme may be present challenges for people with certain disabilities | 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. | Petros Ximerakis | Following scheme monitoring | Included within scheme budget | 01/03/2022<br>To be reviewed after consideration of approval report |
| Race | Poor awareness of local walking and cycling schemes amongst those who do not speak English at all, or it is not their first language | Consultation and engagement communications should aim to ensure that these groups are reached, for example by offering materials in appropriate languages and/or engaging through relevant community organisations | Petros Ximerakis | During community engagement & consultation period | Included within scheme budget | 01/03/2022<br>All materials included instructions in a number of different languages for requesting translated copies in alternative languages |
| Sex, Socio-economic deprivation | Traffic reassignment onto main roads may delay bus services, affecting females in particular and 'Other Ethnic Groups' | Monitor traffic volumes and bus journey times and consider mitigation measures if there is an impact that is caused directly by the scheme. | Petros Ximerakis | During scheme monitoring | Included within scheme budget | 01/03/2022<br>Included in monitoring report |

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 | 01/03/2022 Several Dr Bike sessions took place at North Middlesex University Hospital during and after the consultation period. A number of Second-Hand Bike Markets were held during and after the consultation period. |