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 nine different 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	**Fox Lane Area Quieter Neighbourhood**
Lead officer(s) name(s) and contact details	**Richard Eason**
Team/ Department	**Place – Healthy Streets**
Executive Director	**Sarah Cary**
Cabinet Member	**Leader of the Council Cllr Caliskan**
Date of EqIA Commencement	**July 2020**
Last Updated	**25th January 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 has heard concerns from residents and Ward Councillors in the Fox Lane area for many years about the impact of motor traffic passing through the area. A conversation with the community on potential solutions started back in 2014 as part of the then Cycle Enfield programme. However, these discussions were paused whilst there was a focus on delivery of the major Cycle Enfield project.

This work was re-commenced in 2018 with a trial where roads were not closed but planters were placed at junctions to form a narrowing of the road in an attempt to discourage people from cutting through the area and reduce vehicle speeds. At the time of this implementation, a commitment to the community was made that if the trial was not successful then alternative approaches would be trialled. The trial commenced in December 2018 and was removed in April 2019 after the impact on traffic volumes and vehicle speeds were not consistent with the objectives of the trial.

The current trial is delivering on this commitment to the community to continue the work that was initiated through earlier engagement. The project now forms part of the Enfield Healthy Streets programme which is delivering projects to help enable more walking and cycling across Enfield. The project is delivered in the context of local, regional and national policies which 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 are the Healthy Streets indicators adopted in the Mayor's Transport Strategy 2018.

Building on the project's history and wider policy context, the project has the following high level objectives:

- Create healthier streets in the Fox Lane area in line with the Healthy Streets indicators
- Significantly reduce the volume of through motor traffic on minor roads within the project area
- Enable a longer-term increase in the levels of walking and cycling within and through the project area.

Enfield Council has implemented various restriction points with the intention to deny a route to motorised through traffic along Fox Lane, Meadway and connecting roads.

Fox Lane, Meadway and their connecting roads are unclassified roads. They are typically narrow and have close-fronting homes. Removing through traffic within these neighbourhoods establishes more attractive conditions for walking and cycling within the neighbourhood, with modal filters for cycling at the closure points further boosting the convenience of cycling over car use for local trips. The placement of filters maintains access for buses.

These proposals follow engagement with London Fire Brigade, London Ambulance Service and Metropolitan Police as well as Enfield Waste Collection services. Camera controls, rather than a physical barrier, are included on Meadway, Fox Lane and Conway Road to avoid hindering emergency access in and out of the area to/from the south and reducing response times. Where closure points and

islands are placed, the removal of some adjacent kerbside parking/ loading space was required so that parking does not restrict access around narrowed sections of road or occupy space needed to be left clear for drivers to turn vehicles around.

The proposals are supported by experimental traffic orders so that the Council can assess their impact further, consider representations and make amendments if necessary. Experimental traffic orders allow for schemes to be implemented and a consultation to take place whilst they are live. In contrast, permanent Traffic Regulation Orders cannot easily be amended or removed after implementation. This allows a true consultation to take place in respect of the actual impact. During the experiment, changes can be made to the measures in place and the law requires further consultation following changes before any scheme can be converted to a permanent scheme. In November 2020, the Conway Road filter was converted to a camera enforced filter in a direct response to feedback from emergency services.

The effects of the implementation are monitored throughout the experimental phase. The authority does not currently have data specifically for people passing through the project area and any protected characteristics they may have; so, the ward profiles for the Southgate, Southgate Green, Winchmore Hill and Palmers Green Wards have been used as the basis for demographic data as parts of each of these wards make up the Fox Lane project area.

Consultation on this scheme has been running since the 12th October 2020 and will close on 11 July 2021. Analysis on the responses to date is underway.

The Fox Lane Area QN project and consultation is similar in nature to that of the Bowes Primary Area QN, albeit the project's background and physical location differs. The consultation for the Bowes Primary Area project ran from 28 September 2020 to 2 May 2021. In addition to observations and experience to date on the existing trial, we have drawn on observations from that consultation with respect to responses from protected characteristics under the Equality Act 2010 and also structured this EqIA in a similar format.

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 northern and eastern wards have some of the lowest mean ages in Enfield and the southern and western wards where the Fox Lane area is located have some of the highest mean ages.

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

Table 1: Age distribution (2019) for study area and Borough average

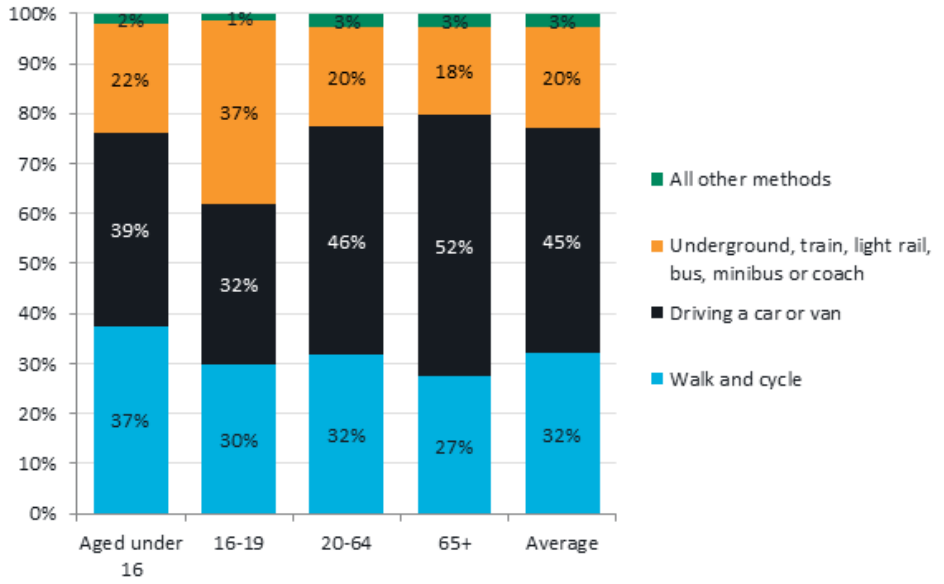
Age distribution-2019	Southgate (%)	Southgate Green (%)	Winchmore Hill (%)	Palmers Green (%)	Borough of Enfield (%)
0-4	6.6	5.8	6.6	6.5	7.2
5-14	13.4	11.4	11.4	11.2	14.4
15-24	10	10.1	9.0	10.7	11.5
25-34	15	15.8	14.0	16.8	14.8
35-44	16.4	14.6	15.1	15.7	14.4
45-54	13.8	13.9	14.7	13.2	13.6
55-64	9.9	11.6	12.5	11.3	10.7
65-74	6.7	8.7	8.6	7.9	7.0
75+	8.2	8	8.0	6.6	6.4

Data source: ONS mid-year estimate 2019

Figure 1 presents LTDS data on how people travel around Enfield within each age category.

In general, younger people in Enfield walk and cycle more, and drive less than 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 disproportionally 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).

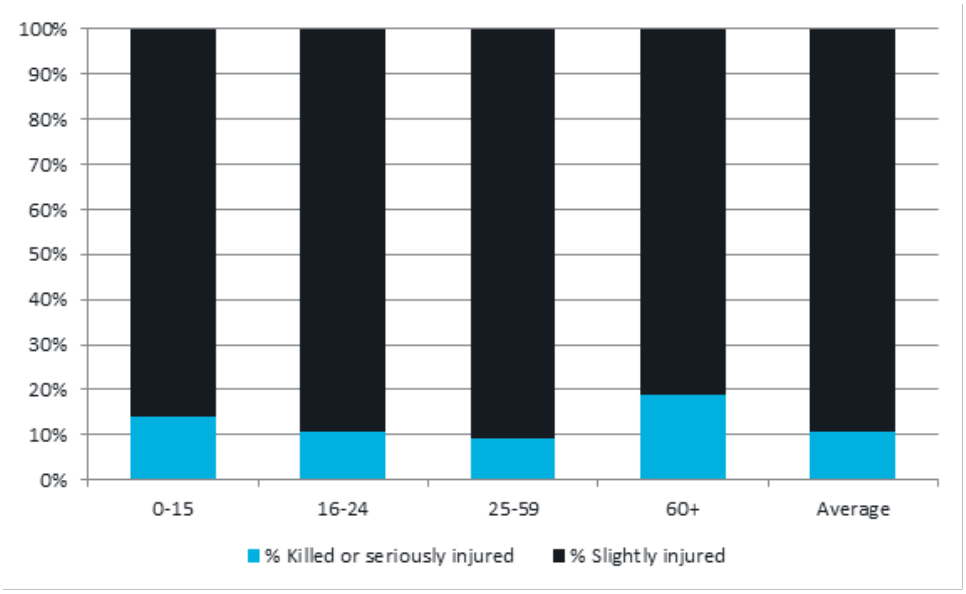
Figure 1: Mode share by Age in Enfield



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). A 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 2: Percentage killed or seriously injured by Age in Enfield



Source: DfT Road traffic statistics (2019)

Differential impact assessment

- People of younger and older ages are more vulnerable to poor air quality[1], and Southgate, Southgate Green and Winchmore Hill typically have higher mean ages when compared to other wards within the borough. An aim of the Quieter Neighbourhood is to enable mode shift, ultimately reducing emissions from private vehicle use and increasing active modes of travel. This will benefit these age groups disproportionately through improved air quality.

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

- Engaging with younger people has been challenging despite promotion of the surveys in media used by younger people.

- Reductions in motor vehicle traffic are expected to create safer streets with an improved experience for pedestrians – such as reduced noise and air pollution and reduced fear of being involved in a collision. These improvements to the walking environment are likely to disproportionally benefit those who are aged 16 and under who currently make 37 per cent of journeys by walking (or to a lesser degree, cycling). Furthermore, those aged 16-19 who make 37 per cent of trips by public transport are also likely to disproportionately benefit, as many public transport journeys start or end on foot or cycle.

- Comments from surveys and observational evidence from site visits indicate that children are now playing more regularly in the street as a result of the decreased traffic in the area and increased feelings of safety.

- Older people are more likely to suffer from slight mobility impairments due to ageing, 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 is likely to be particularly beneficial for those who require extra time to cross the street due to physical or visual impairments.

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

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

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

- 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.

- The proportions of respondents in each age group reporting either perceived positive or negative impacts of the QN were generally very similar across the bandings (with around 50% to 60% of respondents reporting perceived negative impacts). There was no discernible trend in the slight variation in negative responses between age groups. However, it appears that older respondents were more likely to respond positively to this question, with the 80+ age group having the highest proportion of positive respondents (32%) and the 16-29 age group having the lowest proportion of positive respondents (22%). Except for the 40-49 age group, the proportion of positive respondents decreased with decreasing age. However, the difference between these proportions is still relatively small.

- Although perceptions were more favourable for those inside the QN across all age groups, differences between age groups were minimal for both those inside and outside the QN. Within the QN, there appears to be a minor tendency toward older respondents perceiving the QN positively, however the percentage perceiving the QN negatively were consistent across age groups. Outside the QN, respondents in both the oldest and youngest age groups had the highest proportions of negative perceptions of the QN, with slightly lower proportions of those with negative perceptions in the 40 to 69 age group.

- According to the Consultation Analysis report, the 50–59-year age group had the highest proportion of respondents (24%), followed by the 40–49-year age group (23%) and the 60–69-year age group (21%). The next most

represented age groups were 30-39 (13%), 70-79 (10%), and 16-29 (7 %). Only 2% respondents were over the age of 80, making it the only age group over 40 to be under-represented, though to the same extent as the 16-29 (7%) and 30-39 (13%) age groups. Those under 30 represent around 35% of the population but only represent 7% of responses.

- Some of the opposition to the scheme was related to its effects on mobility, according to the Consultation Analysis report. Public transportation or active travel were mentioned as not being a suitable alternative due to age by 10 respondents (out of 292 open question responses to the related question) (50% of these comments came from inside the QN).

- Discussions with the RMT representative for London Taxi Drivers indicated that drivers were reluctant to enter the area and in some cases this was based on a misunderstanding that areas simply were not accessible to them. He indicated that following drop offs exiting the area through traffic was problematic and affected timeliness of pickups.

- In several responses, younger people articulated concern for the impact of the scheme on older or disabled people rather than comment on a negative impact on themselves.

- In respect of the survey responses, for those inside the QN, there seems to be a slight trend of older respondents being more likely to perceive the QN positively, although the proportions perceiving the QN negatively were quite consistent across the age groups. Whereas, for respondents outside the QN, both the two oldest and two youngest groups showed the highest proportions of negative perceptions of the QN, with slightly lower proportions of those with negative perceptions those aged 40 to 69.

Mitigating actions to be taken

- Continue to 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 four Fox Lane area wards reflect similar percentages to those in Enfield, except for Winchmore Hill which has fewer persons with a long-term health problem/ disability 'limiting a lot' than the Enfield average, and Southgate which has fewer persons with a long-term health problem/disability 'limiting a little' than the Enfield average. This data is presented in Table 2.

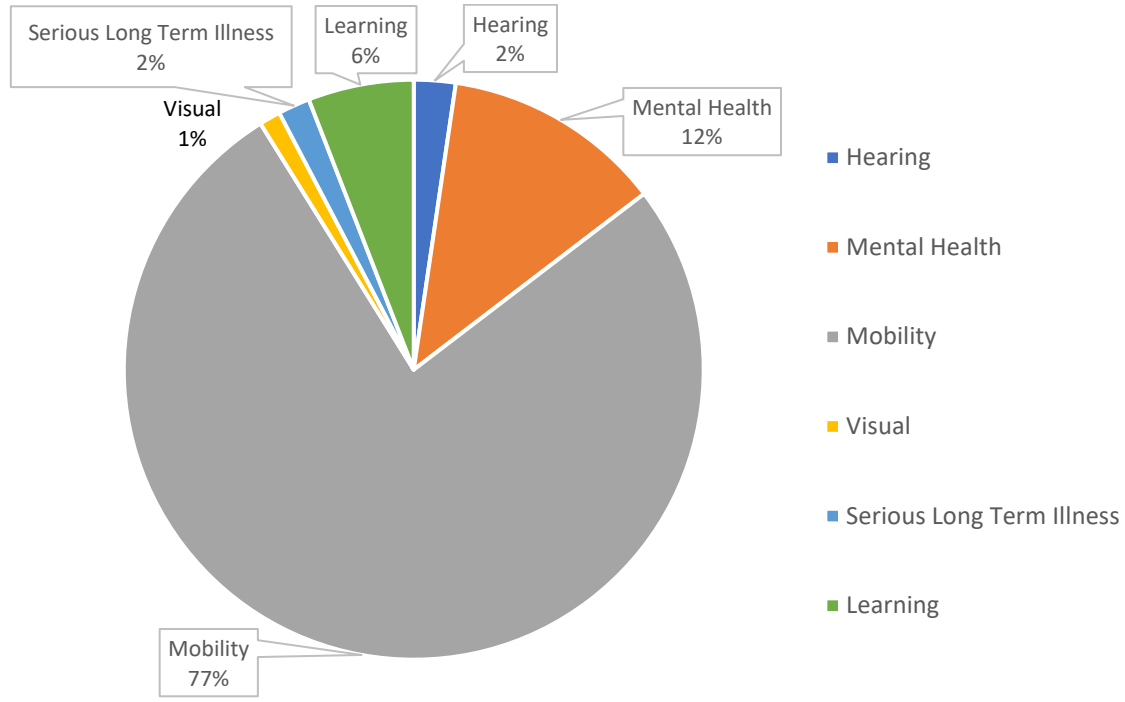
Table 2: Persons with a long-term health problem/ disability in Enfield and Fox Lane area wards

Persons with long-term health problem/ disability (2011)	Southgate (%)	Southgate Green (%)	Winchmore Hill (%)	Palmers Green (%)	Borough of Enfield (%)	London (%)
Limiting a lot	7.0	7.1	6.3	7.4	7.3	6.7
Limiting a little	7.5	8.1	8.0	8.2	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.



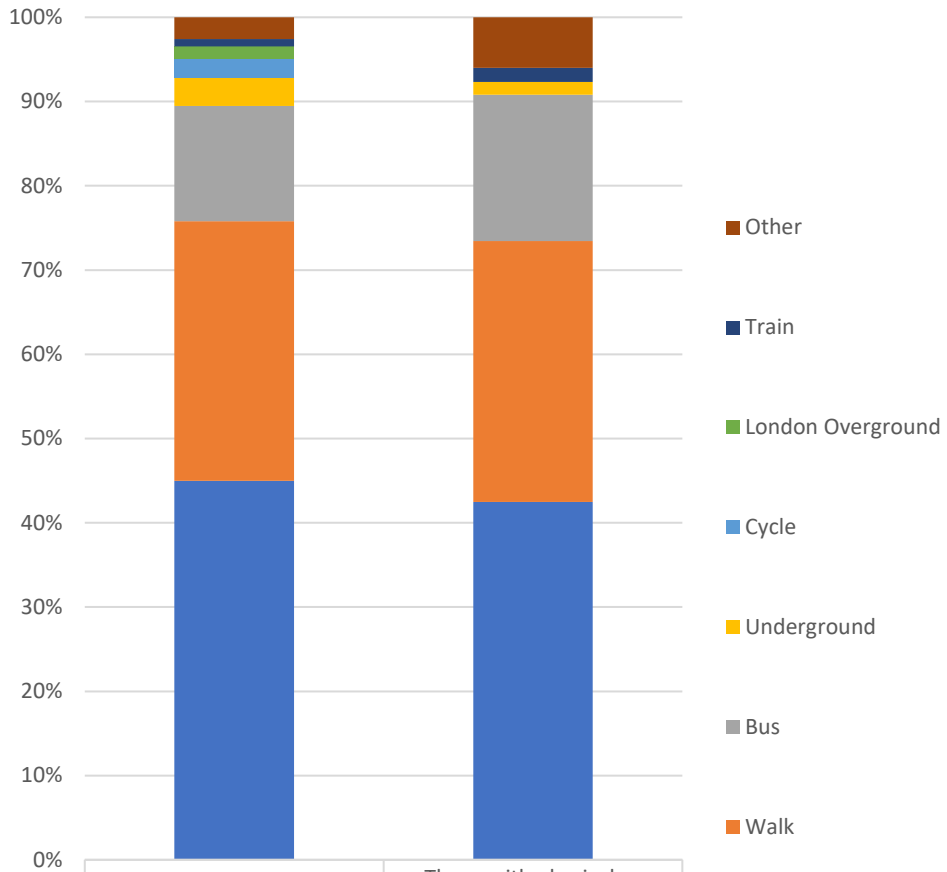
Source: LTDS (2016/17, 2017/18 and 2018/19)

Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey[2] 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' 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 in Figure 4. When compared to the London Travel Demand Survey mode split of trips made by all people, car use for those with disabilities is lower (42.6 per cent compared to 45 per cent), bus use is greater (17.5 per cent compared to 13.7 per cent) and walking is marginally higher (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.



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

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

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

Text, graphics and figures have been made available in alternative formats for those with visual impairments and in some cases completion of surveys etc has been completed over the phone.

Differential impact assessment

- Following the implementation of the experimental phase, the public were able to give their views on the scheme in several ways. A survey was opened with several questions which gathered views and responses were taken by email and in writing. This survey was published on October 12th, 2020 and closed on July 11th, 2021.

- A second survey was developed for disabled people and promoted by writing to blue badge holders in the scheme area. The Disabled People and Carers Survey was designed to be completed either directly by people with disabilities or on their behalf by a carer and was available both online and on paper. Enfield Council got 50 replies from 50 people who took the online survey, and 5 paper surveys were returned. Both forms of this survey were available for just over a month; between 26th February and 31st March 2021. There was a relatively even split between those who answered as carers and those who did not, with 31 respondents (56%) answering as carers and 21 respondents (38%) not answering as carers. Three respondents chose to leave the question unanswered (5%).

- Alternative methods of contributing were made available where requested for accessibility reasons.

- Twelve percent of those who stated they had a disability or were responding on behalf of someone who had a disability said they had a physical or mobility impairment. 8 respondents (20%) said they had a learning disability, while 6 respondents (15%) said they had a long-term disease or health condition. With 9 respondents (23 %) picking the "Other" option, a quite large proportion considered that their impairment or disabilities did not fit into one of the Council's categories. A further eight (20%) respondents elected not to disclose the nature of their condition.

- Following this survey several focus groups were run in order to understand the scheme impact on disabled people and carers in more detail.

- In the responses to the surveys, disabled people and carers tended to show they were happy or unhappy with the scheme based on whether they lived inside the scheme area or not more than any other factor. Other common views were increased journey times in motor vehicles, noise, concerns around health impact in relation to pollution.

- Carers identified that when cars were used, it may have been to transport large boxes of medical or care equipment and not just for convenience.

- Of the respondents who said they had a disability, 72% perceived that the trial had had a 'very negative' or 'somewhat negative' impact on them, whilst 22% perceived that they had experienced a 'very positive' or 'somewhat positive' impact. Overall, respondents with disabilities appear to perceive the QN more negatively than the other survey respondents, although both respondents with and without disabilities inside the QN perceive its impacts more positively their counterparts outside of the QN. In fact, for respondents without disabilities living inside the QN, more respondents felt the impacts had been positive (45%) than negative (36%).

- Public transportation or active travel were mentioned as not being a suitable alternative due to disability by 16 residents (50% of these comments came from inside the QN). 9 respondents referred to a perceived reduction in mobility for disabled people; 11% of these comments came from respondents inside the QN.

- Journey times were described as more impactive by respondents who may are incontinent or where profound learning disabilities, dementia or other mental health conditions meant that being in the car for longer periods of time resulted in attempts at self-harm or severe anxiety. Similar issues were described by people who find being seated for long periods uncomfortable. Carers expressed that the increase in journey times by car had made it more complex to care for dependents as a result.

- Where journey times were raised as an issue, in some cases these appeared to relate to journeys which are quite short. In one case a respondent remarked that a 2-5 minute journey was now 30 minutes long. In another a respondent described how their hairdresser travelled from a mile away by car.

- Issues were raised relating to taxi or ride hailing services. Respondents reported that services refused to undertake journeys into the area or cancelled pickups at short notice. Discussions were held with the RMT representative for the area. He described how some drivers believed the area to be closed off completely rather than just a reduction in permeability. He explained drivers of certain services are required to attend by law, but others are not. For those drivers, driving to the next job is problematic when you are in a heavily congested area.

- Other respondents reported similar experiences with delivery services or providers of care services. Some disabled people reported concern that a regular trusted carer they have built a relationship with may not continue to provide care for them.

- In focus groups, people reported longer journey times to hospital or medical appointments.

- Some asthma sufferers reported in the main roads around the scheme that they felt their condition had worsened, but in focus groups some inside the scheme area reported significant improvement in their condition.

- In respect of Autistic Spectrum Disorders, some respondents who drive described driving as how they manage anxiety. They stated that this was more stressful now with more traffic in the surrounding area and this had impacted on their general feelings of stress and anxiety. One respondent described how they felt that their needs were predictable routes with no traffic jams. However, some people described that the calmer and quieter environment within the scheme area had been more beneficial to children with autistic spectrum disorders; reporting that their children now felt safer walking and moving around the area.

- Other parents of disabled children reported that it was easier to walk around the area without having to 'dodge traffic' and another remarked that children could now play in the street.

- Respondents with mental health conditions relating to anxiety, depression or Obsessive-Compulsive Disorder commented that the increased journey times as a result of congestion or increased distance negatively impacted how they felt. However, some respondents in the area indicated that the quieter environment made them feel less anxious and threatened.

- People with mobility or balance issues expressed various views. Some expressed that the lower volumes of traffic in the area meant they had more time to cross the road. Previously one respondent described how they had been abused by motorists before the scheme for crossing too slowly. However other respondents described that they were unable to take advantage of the scheme benefits as journeys on foot were too far for them to walk.

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

- Enfield Disability Action provided a response where they articulated that they had been told by disabled people and carers that they were experiencing increased journey times and the impact this had on some people. They also articulated that users of mobility provided vehicles now found it harder to get around the area and found it harder to secure alternative forms of transport such as taxis. They also reported that some services such as homecare, deliveries of medication and groceries had been negatively affected.

- For people who are deaf or hard of hearing, they described how the reduction in traffic noise in the area made their hearing aids work better and they can more easily distinguish the sound of an approaching vehicle in a quieter environment. There were also benefits in their houses as sounds such as conversations or the television are easier to hear.

- Visually impaired people will be pedestrians in the affected area, users of public transport or passengers in other vehicles. Visually impaired people will have varying degrees of ability to see the changes in the environment around them. This will include changes to traffic flows or directions of traffic. Although likely to benefit from decreased traffic flows, the initial change could be confusing. During the consultation visually impaired people commented on other measures unrelated to the scheme in the area where pedestrians and cyclists may come into conflict.

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

- 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. Some responses articulated that they had been trying to adopt more active travel modes since the introduction of the scheme and had improved their health as a result.

Mitigating actions to be taken

- If any changes to the scheme or its removal is recommended, consideration should be given to residents who may have challenges adapting to changes in their surroundings.

- A specific exemption scheme should be considered for implementation in relation to disabled people and appropriate carers to mitigate the impacts of the scheme on disabled people.

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. There were no specific issues raised by transgender people in the consultation responses.
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. No issues were raised in the consultation relating to marriage or 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

- Reduction to through traffic is likely to reduce conflict between different road users overall. This will create a safer environment, particularly for pregnant people and parents with infants and/or young children. This will also provide benefits to pedestrians travelling with prams who require additional time to navigate curbs when crossing the street. Quieter streets also mean that those traveling with prams can use the roadway 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[3] highlights the importance of physical activity during pregnancy, such as brisk walking.

- The implementation of the Quieter Neighbourhoods 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.

- Discussions with the RMT representative for London Taxi Drivers indicated that drivers were reluctant to enter the area and in some cases this was based on a misunderstanding that areas simply were not accessible to them. He indicated that following drop offs exiting the area through traffic was problematic and affected timeliness of pickups.

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

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

- Small changes in distance from the source, street layouts and physical barriers can make a big difference to exposure. For example, pollution levels next to a busy road can vary from the part of the pavement nearest to the traffic to the part of the pavement farthest away, and will be much lower on a parallel side street. Intense sources such as busy junctions lead to the creation of localised pollution 'hotspots' where very high levels of pollution are reached.[4]

- Maternal exposure to PM during pregnancy is particularly harmful to children's health since this is a phase of rapid human growth and development.[5]

- Expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this journey, which is approximately two miles to the nearest maternity unit, is made by car it may take slightly longer than prior to the project, but where the journey is walked or cycled through the experimental area, it is likely to be less polluted and have reduced volumes of traffic.

- The analysis from similar consultation for the Bowes Primary Area Quieter Neighbourhood project, showed that across all genders, the proportions of responses from people pregnant or with young children stating they had experienced a 'somewhat negative' or 'very negative' impact were very similar to those who were not pregnant or with young children.

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

- Of the respondents inside the QN who were pregnant or had young children, 32% stated they had experienced a 'somewhat negative' or 'very negative' impact, while 48% said they had experienced a 'somewhat positive' or 'very positive' impact.

Mitigating actions to be taken

Long term public health impact monitoring should be considered for those living in the LTN area.

[4] https://www.local.gov.uk/sites/default/files/documents/6.3091_DEFRA_AirQualityGuide_9web_0.pdf
[5] https://environhealthprevmed.biomedcentral.com/articles/10.1186/s12199-021-00995-5

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 Fox Lane Area Wards by ethnicity. The most common ethnicity in the area is 'White British', followed by 'White Other'. The third most populous ethnicity is Greek Cypriot of which all four Fox Lane area wards have a higher percentage than the Enfield percentage.

Table 3: Population of Study area by ethnicity versus Borough

Ethnicity (2019)	**Southgate (%)**	**Southgate Green (%)**	**Winchmore Hill (%)**	**Palmers Green (%)**	**Borough of Enfield (%)**
White British	42.7	39.9	59.7	32.8	38.3
White Irish	2.3	2.8	3.7	2.9	1.9
Greek	1.9	1.9	1.7	2.4	1.2
Greek Cypriot	8.3	7.4	6.5	9.3	4.7
Turkish	3.1	3.3	2.6	6.3	7.6
Turkish Cypriot	1.6	1.3	1.6	2.7	1.8
Kurdish	0.4	0.6	0.4	0.7	1.2
White Other	9.5	10.3	5.1	10.7	6.7
White& Black Caribbean	1.1	0.9	0.9	1.0	1.3
White and Asian	1.7	1.6	1.3	1.4	1.1
White and Black African	0.5	0.8	0.7	0.7	0.7
Other mixed	2.2	2.0	1.8	2.3	2.0
Indian	5.6	7.2	3.6	5.7	3.3
Pakistani	1.2	1.1	0.6	1.5	0.7
Bangladeshi	0.6	1.6	0.5	1.1	1.8
Chinese	2.6	1.4	0.5	0.5	0.7

Other Asian	4.0	3.6	2.0	3.6	3.6
Somali	0.5	0.7	0.3	1.6	2.7
Other Black African	2.5	3.5	1.4	3.5	7.5
Black Caribbean	1.9	2.4	2.2	4.0	5.2
Other Black	0.7	1.5	0.9	1.7	2.5
Other Ethnic Group	5.1	4.2	1.9	3.7	3.7

Source: Census 2011

The 2011 Census indicates that Enfield has the largest proportion of Greek and Turkish speaking people in the country[6]. 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

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

Table 5: Main languages of residents within the four Fox Lane area wards

Main languages of residents	**Southgate (%)**	**Southgate Green (%)**	**Winchmore Hill (%)**	**Palmers Green (%)**
English	80	78	86	73
Turkish	3	3	2	5
Greek	2	3	2	4
Polish	2	2	2	3
Persian/ Farsi	1	2	1	2

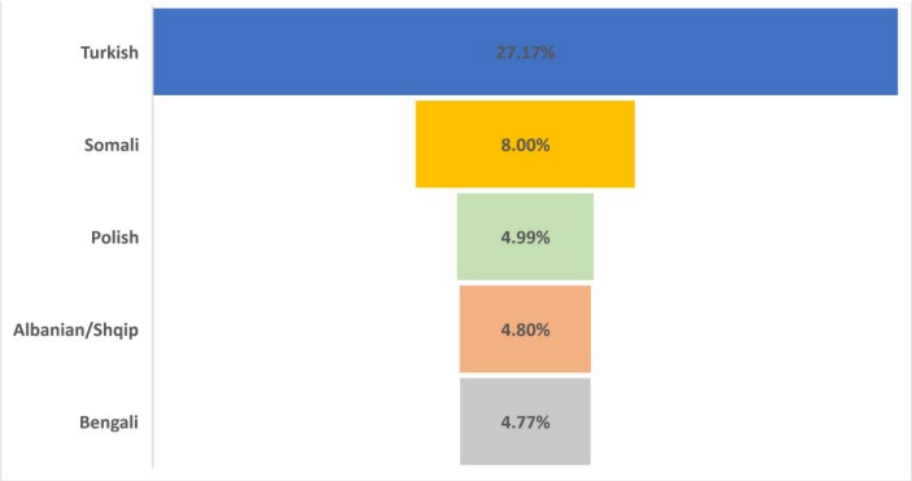
Source: Census 2011

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.

[6] Enfield Borough Profile,2020

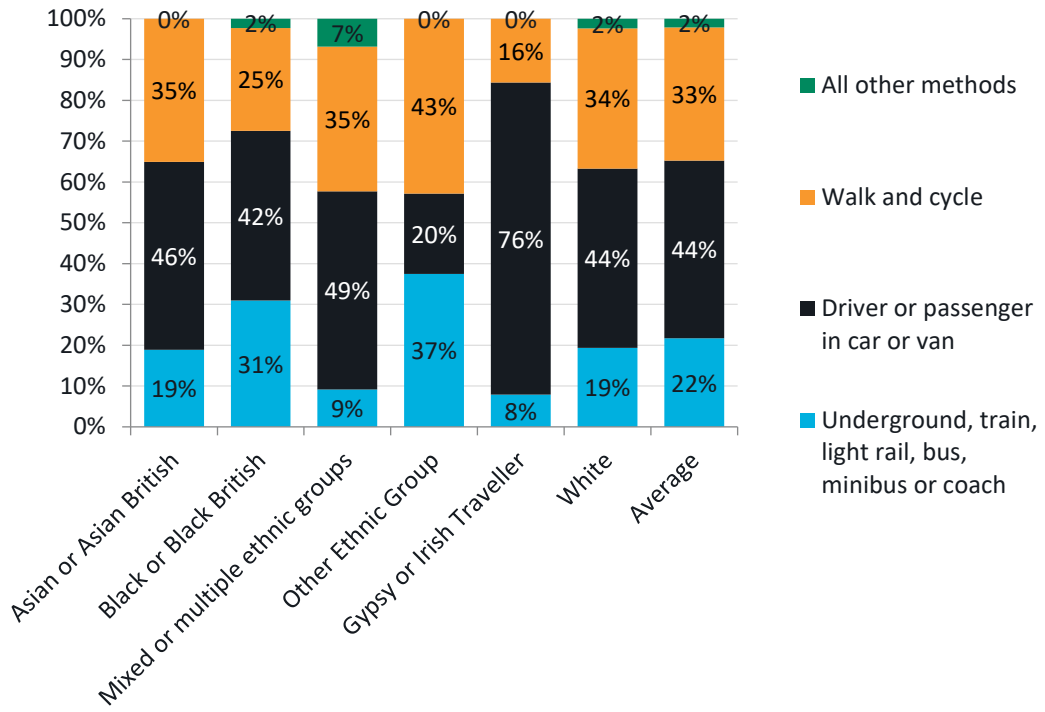
Figure 5: Top five non-English languages spoken by Enfield school pupils



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 are likely to improve conditions for pedestrians and cyclists, by reducing conflicts with motorised vehicles. This will disproportionately benefit ethnic groups who are disproportionately likely to walk ('Asian or Asian British', 'Mixed or multiple ethnic groups' and 'Other Ethnic Groups'), as well as 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport (as every public transport journey starts or ends on foot or cycle). On the contrary, this scheme may cause increased congestion in the short to medium term on arterial roads as traffic is reassigned from minor roads within the Fox Lane area. 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, particularly for 'Gypsy or Irish Travellers'. For this reason, the scheme may disproportionately affect this ethnic group – such as causing slightly longer journey times for trips made by car. This could have some financial impacts such as increased cost of travel and increased commuting times. However, the delivery of this scheme has the potential to offer genuine alternatives to car journeys and reduce the reliance on cars within 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.

- In the survey, when comparing respondents from inside and outside the QN, the proportions of each ethnic group perceiving the QN to be positive or negative relative to one another were similar, although those inside the QN had a more positive perception of the QN.

- The Black ethnic group showed the highest level of perceived positive impacts overall, with 10 respondents (29%) perceiving that the QN had impacted them 'very positively' or 'somewhat positively', and 20 respondents (57%) feeling that the QN had impacted them 'very negatively' or 'somewhat negatively'.

Mitigating actions to be taken

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

- The Healthy Streets Programme will continue to promote active travel among under-represented ethnic groups such as the Gypsy, Roma and Traveller groups.

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

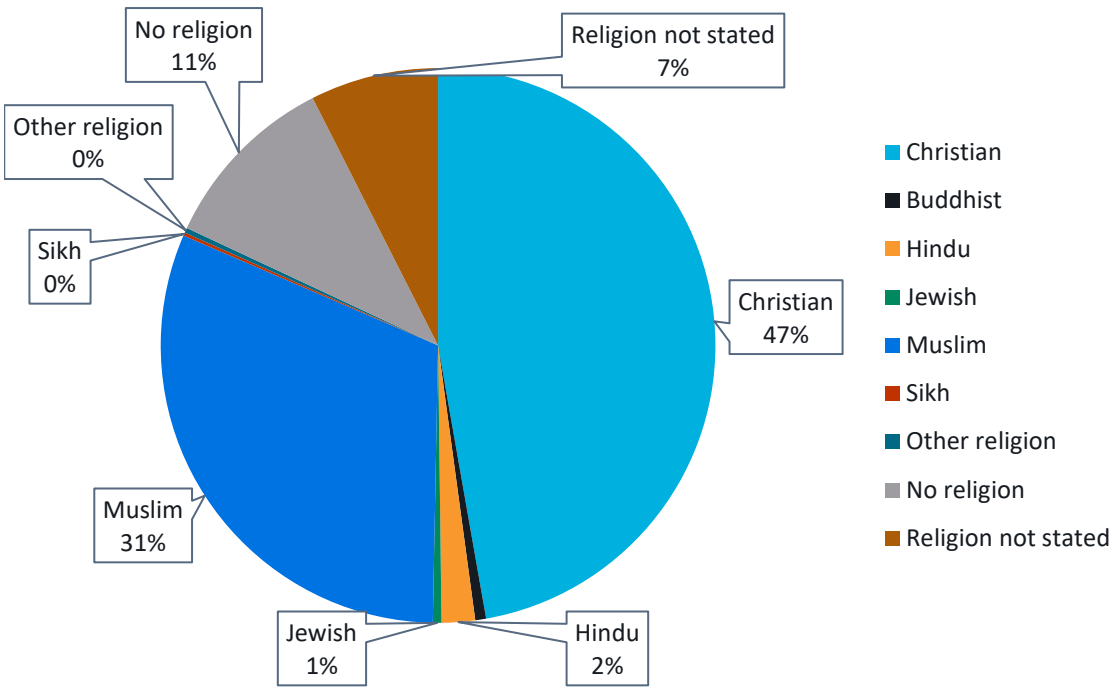
Table 6 presents the population of the Fox Lane Area wards by religion, and Figure 7Figure 7 presents Census 2011 data on religion and belief in Enfield. The four Fox Lane area wards and Enfield overall is predominantly Christian, with a slightly higher proportion of the population identifying as Christian when compared to the London average. Muslim is the second most common religion or belief identified, however this is less than the proportion of the population identifying as 'other' or 'none' or did not state their religion. The four Fox Lane area wards 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	Southgate (%)	Southgate Green (%)	Winchmore Hill (%)	Palmers Green (%)	Borough of Enfield (%)	London (%)
Christian	50.6	52.1	58.6	51.1	53.6	48.4
Buddhist	1.0	1.0	0.5	0.5	0.6	1.0
Hindu	5.1	5.3	3.1	4.7	3.5	5.0
Jewish	4.2	3.6	2.2	1.1	1.4	1.8
Muslim	10.0	10.4	8.1	16.8	16.7	12.4
Sikh	0.7	0.6	0.5	0.4	0.3	1.5
Other/ none/ not stated	28.4	27.1	27.1	25.3	23.8	29.8

Source: Census 2011

Figure 7: Breakdown of religion/ belief within Enfield



On certain dates and at certain times of the day, religious services and observances can have an impact on travel patterns. Places of worship and faith-based schools are major destinations for large populations from different groups.There are two places of worship in the Fox Lane area which have been identified and outlined below. Access to these places of worship is fully maintained, but the route by motor vehicle may change due to the restrictions in place. Residents accessing these locations may now require to take a different route if accessing by motor vehicle, however access is fully maintained.

The Bourne Methodist Church
Attendees accessing this location by motor vehicle from the south or east will no longer be able to use the minor roads within the project area, such as Meadway or Fox Lane, as through roads. Instead, attendees will need to arrive via High Street or Green Lanes, and then onto the Bourne. This may increase journey times for these attendees. Access from the north and west is likely to remain unchanged.

Palmers Green United Reformed Church
Located on Fox Lane to the west of the camera enforced modal filter, attendees arriving from the south and east of Fox Lane by motor vehicle will be required to now access from the north or west, resulting in longer journey times. Residents living within the Fox Lane area will benefit from easy walking and cycling access.

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 Quieter Neighbourhood and drive to their place of worship, they can still access their destintation as they could before the scheme. It is also acknowledged that some residents attend places of worship outside the immediate proejct area which are not listed above. 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 backgrounds[7]. 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.

- Respondents were questioned about their religious beliefs. The respondents who left the question blank made up the most significant proportion of the sample (34 %). The largest religious group was Christians (30%), closely followed by those who said they had no religion (26%). Other religious groups represented by a small number of respondents included Buddhists (10 respondents), Hindus (32 respondents), Jews (66 respondents), and Muslims (86 respondents). The number of persons who do not identify with a religion is substantially more significant in survey responses than in the Census. In contrast, the proportion of those who identify as Christian, or Muslim is slightly lower. When comparing these figures, 34% left the question blank; thus the exact distribution of religions among survey participants cannot be determined.

- Where religious organisations provided responses, they articulated the impact they felt had fallen on people with other protected characteristics such as older people, new mothers and disabled people.

- In the survey,respondents were asked about their religion. The largest segment of the sample was from respondents who left the question blank (1,009 – 34%). The largest religious group was Christian with 889 respondents (30%), which was closely followed by those who indicated that they had no religion (773 – 26%). A small number of respondents belonged to other religious groups, including Buddhist (10 respondents), Hindu (32 respondents), Jewish (66 respondents), and Muslim (86 respondents)3. A

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

further 107 responses were from people who preferred not to answer the question. Table 3-5 below displays these proportions, excluding those who left the question blank, in comparison to the data from the 2011 Census below. This shows that the proportion of people without a religion is much higher in the survey responses than in the Census, whilst proportion of those indicating themselves to be Christian or Muslim is slightly lower. When comparing these statistics, it must be remembered that 1,009 (34%) respondents left the question blank, so we cannot be sure of the exact distribution of religions amongst survey respondents.

Mitigating actions to be taken

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 Fox Lane area wards.

Table 7: Sex composition of the Fox Lane Area wards

Distribution by sex 2019	Southgate (%)	Southgate Green (%)	Winchmore Hill (%)	Palmers Green	Borough of Enfield (%)
Male	48.8	50.2	50.3	49.8	48.9
Female	51.2	49.8	49.7	50.2	51.1

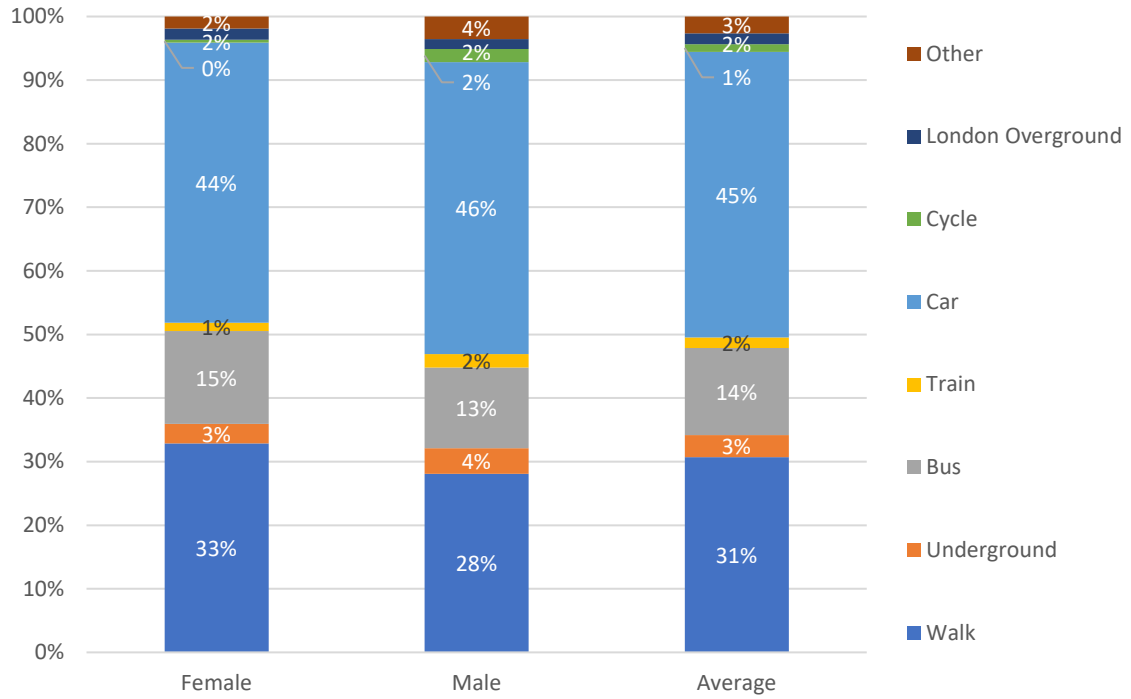
Source: ***ONS mid-year estimate 2019***

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

Figure 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 2.3[8]. 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.

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

79 per cent of females in London report being able to ride a bike, compared with 91 per cent of males[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 reduce the barriers to cycling disproportionally faced by females and increase the percentage of females choosing to cycle.

- Females are more likely to use the bus than males. As many public transport journeys start or 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 Fox Lane 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 daily compared to males, as well as their role in taking children to and from educational and recreational facilities. The intervention would reduce a significant barrier to cycling.

- Following the murder of Sarah Everard, a national movement 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 own. There is some concern that this perceived risk impacts women's willingness to make trips by active travel modes after dark. In contrast, an academic report[10] however suggested a positive improvement in the measured crime rate after introducing low traffic neighbourhoods. The report examined the impact on street crime of introducing low traffic neighbourhoods in Waltham Forest which was associated with a 10% decrease in total street crime and this effect increased with a longer duration since implementation.

- In survey responses, some women articulated that they felt safer, but others articulated that they felt less safe as a result of the trial. Reasons given for feeling less safe included a perception of being at greater risk of being a victim of crime in quieter streets, but people felt more safe as road users.

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

• The number of female cyclists nationally rose by 50% [11]in 2020 according to DfT statistics.
Mitigating actions to be taken
• Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.

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

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

[11] https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2020

Will this change to service/ policy/ budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged?

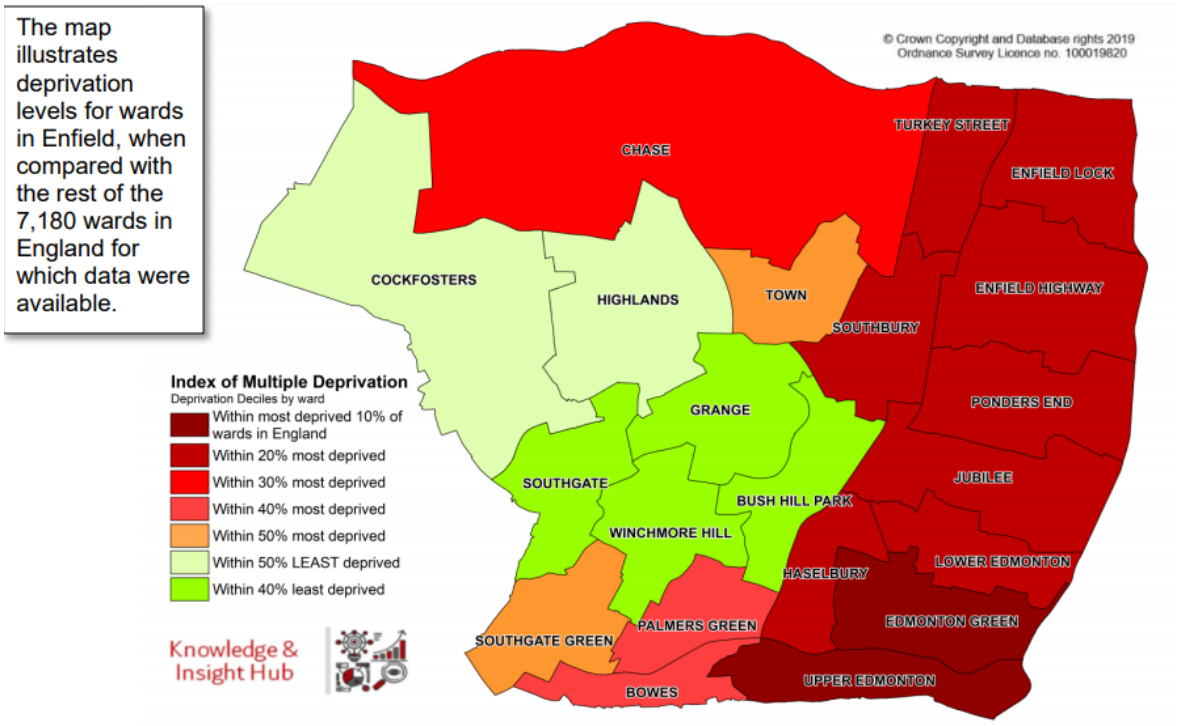
Please provide evidence to explain why this group may be particularly affected.

Evidence base

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

Figure 9 presents a visual representative of deprivation across Enfield. The Fox Lane area sits within the southwest of Enfield. In broad terms the eastern areas of Enfield have more levels of deprivation, whereas the west and northwest areas have the least. Figure 9 indicates the Fox Lane area has a diverse spread of deprivation levels. This is shown in Figure 9.

Figure 9: Deprivation in Enfield



Data source: Department for Communities and Local Government 2019

Table 8 presents the four Fox Lane area wards to have significantly lower proportions of households with incomes less than £15,000 and claiming Universal Credit than the borough average.

Table 8: Enfield and Fox Lane area wards income, 2020

Income (2020)	Southgate (%)	Southgate Green (%)	Winchmore Hill (%)	Palmers Green (%)	Borough of Enfield (%)
Proportion of households with an income of less than £15,000	8.6	8.9	7.5	9.6	15.6
Households claiming Universal Credit (May 2020)	15.2	18.6	14.6	21.2	23.7

Data source: Ward Profiles 2020, Enfield Council

TfL research shows that low income Londoners also tend to travel less frequently than Londoners overall – 2.2 trips per weekday on average compared to 2.4 among all Londoners. Among this group, a greater proportion of journeys are completed for the purposes of shopping and personal business: 31 per cent for Londoners with household income of less than £20,000 compared with 22 per cent all Londoners (in line with 31 per cent and 22 per cent observed in 2013/14)[12].

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

Differential impact assessment

- Cycling and walking present a low-cost form of transport and can connect people safely and quickly to local centres, as well as to stations as part of multi-modal longer distance journeys (e.g. into inner London). As such, the Quieter Neighbourhood improvements will benefit cycling and walking and therefore 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.

- Primary roads are more likely to experience the impacts of reassigned traffic in the short term. These roads may have pockets of denser housing on them which tend to be occupied by people with lower incomes. These people may experience the impacts associated with higher volumes of traffic such as noise and congestion.

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

- 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.

- 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.

- By far the income group with proportionally the most negative responses in the survey was the "Below £10,000" group, with 79% (28 respondents) indicating they had been negatively impacted by the QN, compared to the average of 56%.

Mitigating actions to be taken.

- 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 of come at an ongoing inconvenience to drivers. The altering of traffic flow will add some level of complication to trips and will increase the length of many car journeys made through the study area. However, access to all 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, air and noise quality, and engagement with emergency services. Consultation and engagement activities are planned to reflect relevant recommendations in this EqIA. The outcomes of monitoring, consultation and engagement will help to inform

whether the project has been successful in achieving its objectives and in identifying, and if possible mitigating, the potential inequalities raised in this EqIA.

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

SECTION 5 – Action Plan for Mitigating Actions.

Protected Characteristic	Identified Issue	Action Required/ Comments	Lead officer	Timescale /By When	Costs	Review Date/ Comments
Age	Longer journey times for people who rely on private cars, taxis or Dial-a-Ride.	Investigate the impact on local private hire vehicles and taxis with respect to journey times, cost and accessibility.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Met with RMT comments in text above
Age	Under-representation of younger people in consultation responses	Target engagement at those aged under 40 (and especially under 30) who are often under-represented in engagement, as was observed in similar consultation for the Bowes Primary Area Quieter Neighbourhood project. This could be achieved through measures such as targeted advertising on social media, or at locations frequented by the younger generation such as leisure centres or gyms.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Social media engaged for consultation. Youth strategy formulated for Healthy Streets Programme; rebranding underway
Age Disability	Traffic reassignment onto main roads may delay bus services, affecting younger people in particular	Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Included in monitoring report

Disability	Findings consultation showed that disabled people had concerns about reaching locations such as hospitals, pharmacies and dentists within the area.	Identify travel patterns to local hospitals to monitor whether the scheme is having a disproportionate impact on those who make regular essential trips by car. This could be reviewed via focus groups with disabled residents.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Discussed in focus groups, updated above.
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.	[redacted]	Following scheme monitoring	Included within scheme budget	20/01/22 To be reviewed after consideration of final report
Race	Consultation analysis on a similar project highlighted that the proportions of responses from Mixed, Asian and Black respondents was lower than might be expected from the 2011 Census.	Continue to monitor demographic responses to the consultation for adequate representation of different race groups. Further consultation and engagement to be guided by community organisations.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Demongraphic breakdown of of responses received and contained in final report. EQIA updated.

Race	Car usage in Enfield is high, particularly for 'Gypsy or Irish Travellers'. For this reason, the scheme may disproportionately affect this ethnic groups – such as causing longer journey times for trips made by car.	It is recommended that Enfield officers work internally with the Gypsy Roma Traveller (GRT) lead to discuss the unique characteristics of this ethnic group. Consideration should be given as to how schemes could assist with reducing car usage and encouraging mode shift.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Long term engagement with ethic groups to be developed as part of branding rework and engagement strategy for programme.
Race	Traffic reassignment onto main roads may delay bus services, affecting 'Other Ethnic Groups' in particular.	Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Bus journey times examined in monitoring report
Religion and belief	Consultation analysis on a similar project highlighted that there was potential under-representation of those with a religious belief in	Continue to monitor demographic responses to the consultation for adequate representation of different religious groups. Target engagement at places of worship that were under-represented.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Breakdown of religion and belief contained in survey breakdown.

	the consultation period.					
Religion and belief	The scheme is likely to increase journey times for some worshippers when accessing their place of worship by motor vehicle.	Direct engagement with places of worship to review the specific needs of their religious community.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Some responses received from places of worship in the community.
Sex	Traffic reassignment onto main roads may delay bus services, affecting females in particular	Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Bus journey times examined in monitoring report
Sex	Public perception of personal security due to the reduced 'passive surveillance' of passing motor traffic	Continue to engage with the Metropolitan Police and monitor crime and antisocial behaviour within the QN area since implementation.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Included as part of monitoring. Academic research reviewed.
Socio-economic deprivation	Reassignment of motor traffic may disproportionately impact those on lower incomes who are more likely to	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	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Traffic reassignment monitored during experimental phase and

	live on busier roads.	disadvantaged areas are more likely to use more frequently.				discussed 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.	[redacted]	During-scheme monitoring	Included within scheme budget	20/01/22 Increased Dr Bike services delivered.Further planned for 2022