

**Croydon Council  
Equality Analysis Form  
Healthy Neighbourhoods  
Version 1 (September 2021)**

**Stage 1**

At this stage, you will review existing information such as national or local research, surveys, feedback from customers, monitoring information and also use the local knowledge that you, your team and staff delivering a service have to identify if the proposed change could affect service users from equality groups that share a “protected characteristic” differently. You will also need to assess if the proposed change will have a broader impact in relation to promoting social inclusion, community cohesion and integration and opportunities to deliver “social value”.

Please note that the term ‘change’ is used here as shorthand for what requires an equality analysis. In practice, the term “change” needs to be understood broadly to embrace the following:

- Policies, strategies and plans
- Projects and programmes
- Commissioning (including re-commissioning and de-commissioning)
- Service Review
- Budgets
- Staff structures (including outsourcing)
- Business transformation programmes
- Organisational change programmes
- Processes (for example thresholds, eligibility, entitlements, and access criteria)

You will also have to consider whether the proposed change will promote equality of opportunity; eliminate discrimination or foster good relations between different groups or lead to inequality and disadvantage. These are the requirements that are set out in the Equality Act 2010.

**1.1 Analysing the proposed change**

**1.1.1 What is the name of the change?**

**Recommended Experimental Croydon Healthy Neighbourhoods**

**1.1.2 Why are you carrying out this change?**

Please describe the broad aims and objectives of the change. For example, why are you considering a change to a policy or cutting a service etc.

Healthy Neighbourhoods (also known as Low Traffic Neighbourhoods) have been formed as part of Transport for London's Streetspace programme and the call for swift action from the Secretary of State for Transport. The programme was set by TfL and central government for local authorities to introduce schemes on a temporary basis, which would allow for social distancing and for people to safely walk, cycle and exercise outdoors especially during the pandemic.

The change is a response to:

- past decisions and current trends of increased traffic on residential roads
- the Mayor of London's Transport Strategy (in particular the Healthy Streets objective) and his / TfL's Streetspace Plan for London.
- the continuing Covid19 Pandemic and to Secretary of State for Transport statements and guidance relating to it including to retain schemes whilst fully evaluating their effects.

Past decisions were taken without any formal consideration of the equality implications. These include parliament in the 1930's allowing streets to be given over to motor vehicles, the consequences of which began to be considered formally in the 1960's. In 1961 Ernest Marples MP chaired a Steering Group for a Ministry of Transport study looking at the 'Long Term Problem of Traffic in Towns'. The study considered the '*Deterioration of Environment*' identifying the issues relating to '*drivers are seeking alternative routes, mainly through residential areas, in order to avoid congested areas on main roads*'. The study highlighted some of the effects this was having relating to 'age', namely children. It reported '*Journey to school. In 1962, 4,287 child pedestrians between the ages of 5 and 9 years were killed or seriously injured*'. It proposed traffic levels that were compatible with play in the street and with a reasonable quality of environment. It suggested the creation of Environmental Areas (areas free of extraneous traffic) in between the Distributor Roads which would largely need to be rebuilt as major urban highways in order to accommodate the predicted levels of traffic.

This approach was clearly not fully taken forward in the UK. The response to the high road casualty rate in children age 5 to 9, has largely been to deny them access to the street and to curtail their independent mobility (unlike in the Netherlands where in response to the 'Stop Child Murder' public campaign in the 60s and early 70s, Woonerf or Living Streets in which the car is the visitor, were created).

Since 2009, vehicle miles on London's streets has grown significantly. The growth has been entirely on the minor unclassified roads / streets, such that the minor street network is now carrying almost as much traffic as the A Road network. The above growth was not subject to any formal equality assessment. The following equality analysis relates to proposed projects to address some of the effects arising from above.

### **1.1.3 What stage is your change at now?**

See **Appendix 1** for the main stages at which equality analyses needs to be started or updated.

Croydon's Temporary Low Traffic Neighbourhoods were implemented in stages in a reactive manner as a response to the Covid19 Pandemic. Options for the future of the temporary schemes are being considered, including removal or keeping the schemes largely as they are. It is proposed to move to trial/Experimental Croydon Healthy Neighbourhoods with camera enforced restrictions, rather than physical closures, with exemptions for vehicles belonging to residents living within the trial CHNs.

## **1.2 Who could be affected by the change and how**

### **1.2.1 Who are your internal and external stakeholders?**

For example, groups of council staff, members, groups of service users, service providers, trade unions, community groups and the wider community.

The main internal stakeholders are the Council administered, Mobility Forum, the Cycle Forum, the Public Transport Liaison Panel, the Councilors for the locally affected wards, school, the SEN Transport Service, Public Health, the Active Lifestyles Service and Council contractors including Veolia.

External stakeholders include:

- Residents living within the proposed trial CHN areas (including existing low traffic streets within the LTN areas, those living on the main streets that form the edges of the trial CHNs, and those living beyond the LTNs.

- Businesses including those within the proposed trial CHN areas and on the main streets that form the edges of the trial CHNs
- Church and other faith groups
- Primary and Secondary School
- Doctors Surgeries
- Transport for London
- The emergency services
- Adjoining Borough Councils (where appropriate)

**1.2.2 What will be the main outcomes or benefits from making this change for customers / residents, staff, the wider community and other stakeholders?**

The proposed trials are a continued response to the Secretary of States call for continuing action to help people to walk and to cycle and use public transport rather than to drive. They are also intended to deliver the Mayor of London's Healthy Streets and Vision Zero objectives within the trial CHN areas. They are intended to provide quieter streets facilitating healthy and active travel, play and social interaction / community building. By facilitating active travel the proposal is a part of enabling people to exercise as part of their daily travel routine, to help them be a healthy weight, to stay healthy longer, to improve air quality and to help address the climate change emergency.

**1.2.3 Does your proposed change relate to a service area where there are known or potential equalities issues?**

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response If you don't know, you may be able to find more information on the Croydon Observatory (<http://www.croydonobservatory.org/>)

Yes. It relates to:

**Public Health** and known health inequalities in Croydon, inequalities strongly associated with deprivation

<https://www.croydonobservatory.org/wp-content/uploads/2016/11/JSNA-Geographical-Health-Inequalities-2009-10.pdf> and the Health and Wellbeing Strategy aiming to tackle the inequalities <https://democracy.croydon.gov.uk/documents/s13992/Health%20and%20Wellbeing%20Strategy%20-%20Final.pdf> the objectives of which include:

- Ensure children and young people have the best physical and emotional environments for growing up.
- Reduce health inequalities by developing strong, inclusive and well-connected communities.
- Make improving mental health and wellbeing everyone's business.
- Get more people more active, more often. Reducing social isolation and driving improvement in health through social, cultural and physical activities.
- Support people to remain healthy and independent for longer by preventing the conditions that cause ill health.

**Air Quality Management** and the known (largely age related) inequalities relating to poor air quality. The Mayor of London's Environment Strategy tells us that:

- ‘Human health is affected by poor air quality. This is particularly true for disadvantaged people like children, older people, and those with pre-existing health conditions.’
- ‘... younger children are among the most vulnerable to its health impacts. Eight and nine year-olds living in cities with high levels of fumes from diesel cars have up to ten per cent less lung capacity than normal.’
- ‘... air pollution has a big impact on health at all life stages, from development in the womb to the end of life. A baby born in 2010 and exposed to that same level of air quality for its entire life would lose around two years of life expectancy. .... There is also strong evidence that poor air quality affects children’s lung development, and emerging evidence that improving air quality can reverse those effects. There is also increasing evidence of the link between exposure to pollution and dementia.’

Hence the relevance of the Council’s Air Quality Management Plan

<https://www.croydon.gov.uk/environment/pollution/air-pollution/final-air-quality-action-plan-2017>

and in particular the action:

- ‘Provision of infrastructure to support walking and cycling ‘

**Climate Change** and Croydon being Carbon Neutral by 2030:

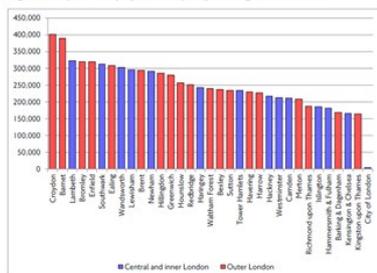
<https://www.croydonclimate.org.uk/about-croydon-climate-crisis-commission> .

Unlike older people, those who are children and young people today will increasingly experience the effects of Climate Change.

## Transport Planning

Cycling is potentially available to nearly all. TfL has assessed Croydon having the greatest Cycling Potential (largest number of journeys that could be cycled) of all London boroughs. However, Croydon has the lowest cycle mode share of all the London Boroughs at 1%. Consequently a lot of Croydon people from all groups are being denied the health, access an economic benefits of cycling.

Figure 4.2: potentially cyclable trips by borough of residence



It is known that there are fewer women cyclists although in Croydon more women take up Cycle Training. Children, young people, older people and members of certain BAME groups are under represented amongst cyclists.

## Disability Pave The Way, Transport for All, January 2021

Transport for All published research into the experiences of people with disabilities regarding LTNs. It reports the barriers to Active Travel for disabled people are Medical, Physical (infrastructure), Financial, Attitudinal, and Societal. Of the Physical / Infrastructure barriers, there are:

- Pavements cluttered by obstacles.
- Pavements that are steep, uneven, or bumpy
- The lack of dropped kerbs
- A lack of alcoves or benches mean that people are unable to stop and rest.
- Hazards - such as cycle lanes that are integrated with the pavement, or a widening gap between road and pavement
- A confusing streetscape layout, with one-way systems, poor signage, shared space and excess bollards,
- Road crossings must have appropriate tactile paving and dropped kerbs, be clear of obstruction from signs or clutter, and be at regular junctions to avoid

overcrowding

The findings include

- 15% of participants raised concerns about the impact of LTNs on their ability to use taxis.
- Effect of increased journey time on visitors providing support or care 27% of participants reported concerns about an increased journey time for visitors.

The Transport for All report includes:

LTNs, in their current format, are too much 'stick' and not enough 'carrot': they bring negative impacts for those who continue to use cars, and too few incentives or changes that increase disabled people's opportunities to access Active Travel. The lack of consultation and meaningful engagement with disabled residents has created a toxic and divided atmosphere where disabled people feel ignored and demonized. However, some disabled people do benefit greatly from these schemes, and the aims of reducing pollution, reducing traffic, and reducing road danger are important to disabled people. We don't believe ripping them out and returning to normal is the way forward. Indeed, the 'normal' we had before was not accessible enough either. Instead, what we need is a series of short-term measures to address and mitigate the negative impacts arising from LTNs. This needs to happen alongside some wide-reaching long-term solutions - to address the many barriers that disabled people face to Active Travel and to encourage take up of walking, wheeling and cycling, and to create an accessible public transport system as a viable alternative to car-use. Local authorities and transport bodies alike must demonstrate that co-production with disabled people is at the heart of all consultations and policy-making.

Meaningful engagement with disabled people in the community,

Equalities analysis should be undertaken by a professional with expertise in disabled access, and coproduced with disabled residents where possible. The EQIA should be specific to the scheme, and detailed and thorough enough to identify the problematic areas and put forward solutions to mitigate impact

Accessible implementation:

- We recommend that a full audit is undertaken for each scheme to ensure compliance with accessibility standards, including preventing planters from blocking dropped kerbs, ensuring planters/bollards are placed far enough apart to allow wheelchairs through, sufficient tactile signage, etc.
  - Softer approach: In some areas, it may be appropriate to trial timed closures, or alternatively a gradual phase in of restrictions (rather than all at once). This could only be done so long as these changes are communicated extremely efficiently to ensure residents are confident about what changes are happening and when.
  - Dispensation for disabled people: We suggest that ANPR cameras are used to filter traffic, allowing access for specific vehicles. It is important to note that not all disabled people who require accommodations have a Blue Badge. Of our participants, only 51% hold a Blue Badge. For that reason, we recommend Local Authorities implement a scheme that grants dispensation for disabled people requiring accommodation to access their home by any vehicle they choose, including taxis. This should be independently arbitrated by an organisation or individual with expertise in access and trained in Disability Equality.

<https://www.transportforall.org.uk/wp-content/uploads/2021/01/Pave-The-Way-full-report.pdf>

**1.2.4 Does your proposed change relate to a service area where there are already local or national equality indicators?**

You can find out from the Equality Strategy <http://intranet.croydon.net/corpdept/equalities-cohesion/equalities/docs/equalitiesstrategy12-16.pdf> ). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response

## Croydon Council 'Opportunity and Fairness Plan' 2016-2020

[https://www.croydon.gov.uk/sites/default/files/articles/downloads/Opportunity\\_and\\_Fairness\\_Plan.pdf](https://www.croydon.gov.uk/sites/default/files/articles/downloads/Opportunity_and_Fairness_Plan.pdf) In particular addresses the inequality around:

SOCIAL ISOLATION: A CONNECTED BOROUGH WHERE NO ONE IS ISOLATED

COMMUNITY COHESION: VIBRANT, RESPONSIBLE AND CONNECTED COMMUNITIES

HEALTH: HELP PEOPLE FROM ALL COMMUNITIES LIVE LONGER, HEALTHIER LIVES (in particular 'Create and develop healthy and sustainable places and communities')

[https://lbcccloudadcroydongov.sharepoint.com/sites/col-15/ic/Documents/WEB\\_200009\\_Equalities\\_Annual\\_Report%202019.pdf](https://lbcccloudadcroydongov.sharepoint.com/sites/col-15/ic/Documents/WEB_200009_Equalities_Annual_Report%202019.pdf)

The above three areas of inequality are interrelated. Research

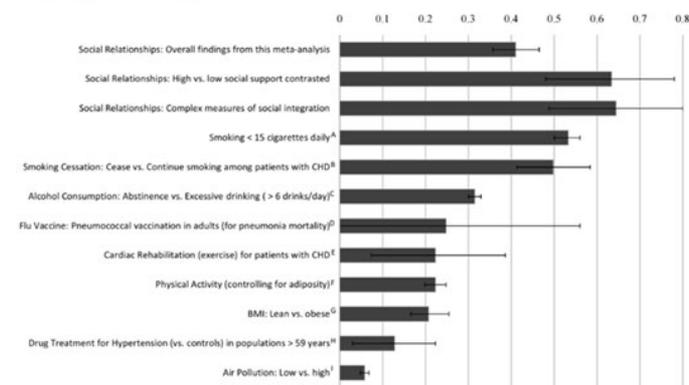
<https://journals.plos.org/plosmedicine/article%3Fid=10.1371/journal.pmed.1000316#pmed-1000316-g006> indicates how that lack of social relationships is one of the biggest health risk factors

### Social Relationships and Mortality Risk: A Meta-analytic Review

Figure 6

Comparison of odds (INOR) of decreased mortality across several conditions associated with mortality

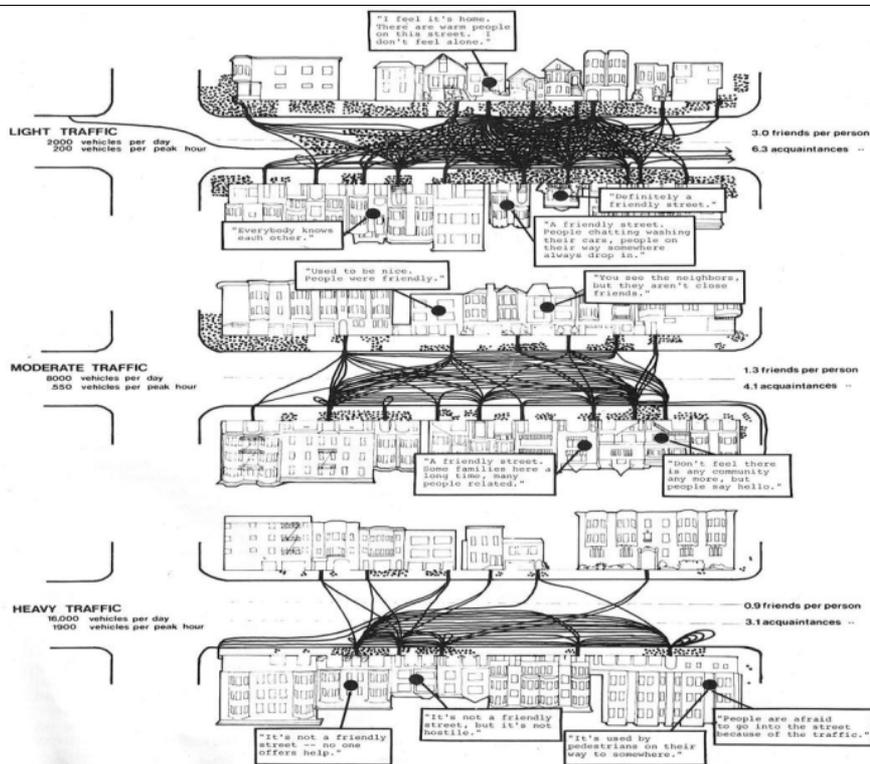
Note: Effect size of zero indicates no effect. The effect sizes were estimated from meta-analyses: A = Shavelle, Paolitto, Strauss, and Kusch, 2008 [205]; B = Critchley and Capewell, 2003 [206]; C = Holman, English, Mine, and Winter, 1996 [207]; D = Fine, Smith, Carson, Melle, Sankey, Weissfeld, Detsky, and Kapoor, 1994 [208]; E = Taylor, Brown, Ebrahim, Jolliffe, Noorani, Rees et al., 2004 [209]; F, G = Katzmarzyk, Janssen, and Ardern, 2003 [210]; H = Insua, Sacks, Lau, Lau, Reitman, Pagano, and Chalmers, 1994 [211]; I = Schwartz, 1994 [212].



doi: <https://doi.org/10.1371/journal.pmed.1000316.g006>

by the speed and volume of traffic in the back as 1969, demonstrated that people one-third as many social connections as recent studies investigated street design,

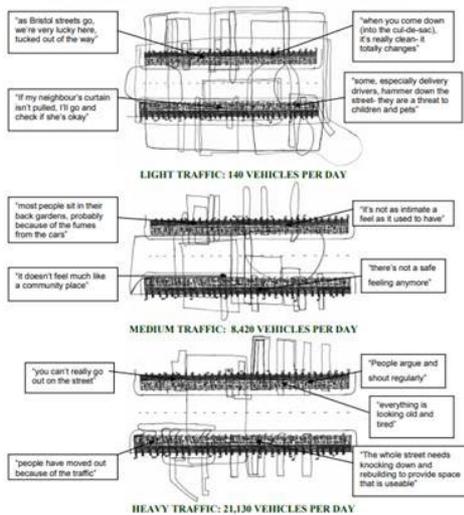
traffic, and neighbourhood quality of life; work that culminated with the publication of *Livable Streets* (Appleyard, 1981). *Livable Streets* revealed the social impacts of motor traffic in fine detail through interviews and street observations, demonstrating that casual conversations, children's play, and other street-based social life tend to be suppressed, particularly as vehicle volumes and speeds increase. The 1969 study included the iconic diagram which visually represented the erosion of social interaction as traffic volumes increase.



confirmed that Appleyard's findings are applicable to the UK in the 21st century; specifically that the number of friends and acquaintances reported by residents was significantly lower on streets with higher volumes of motor traffic. The extent of people's 'home territories' also diminished as motor traffic increased. Other notable outcomes from the research include the finding that individuals' perceptions of road safety in their neighbourhood may be disproportionately influenced by the traffic conditions on their street of residence, especially affecting the degree of independence granted to children.

logy in Bristol producing the report of Life of Residents of Three Streets owns is of increasing concern to the e is the high volume of motor vehicle cal health detriments. The results

Figure 3. Composite Home Territory Diagrams for Interviews from each Street



**Walking: Segmentation Study' (2014)**  
[king-2014-summary.pdf](#) reports on the key 'drivers' of

walking. These are gender, age & lifestage, car ownership, income and whether live in central, inner or outer London, concluding:.

- I Females travel more stages per day and walk more stages per day compared to males, although females travel and walk a shorter distance per stage compared to males

- I People aged 20-44 walk more stages per day than older people

- I Combining age and gender makes the differences greater (see Figure 2):

- Females aged 20-44 walk the most stages per day. There is a particular difference in walking activity between females and males aged 35-44

- I Lifestage appears to be a key differentiating factor:

- Single adults, with or without children, walk more stages per day than adults in couples
- ┆ Further differences are seen by gender
- Males in a couple with children walk the fewest stages per day, particularly compared to single adult males
- Females with children, either in a couple or single, walk more than those without children

TfL undertook an annual Attitudes Towards Cycling survey <http://content.tfl.gov.uk/attitudes-to-cycling-2016.pdf> which contains a good many indicators relating to gender, age ethnicity

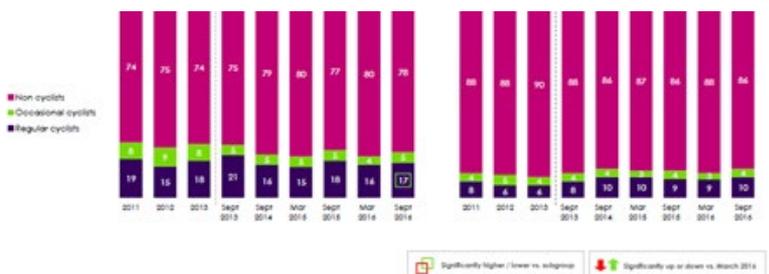
### Profile of cyclists (Sept 2016)



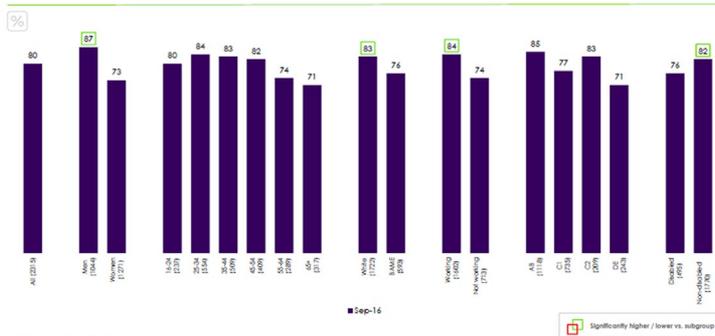
### Profile of cyclists (Sept 2016)



Demographic questions  
Base: All - Sept 2016



Percentage able to ride a bike (Sept 2016)

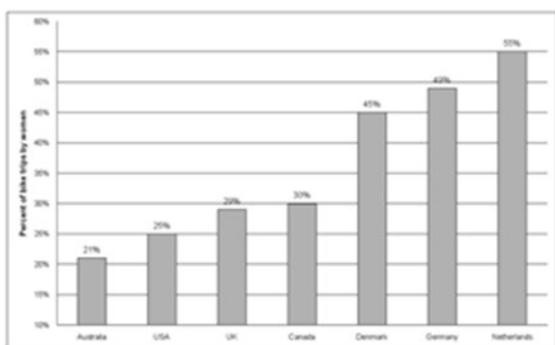


QRIE: Can you ride a bicycle?  
 Base: All respondents Sept 2016 (2016)

Significantly higher / lower vs. subgroup

ns from The Netherlands, Denmark and (2008) looked at gender and age differences

in cycling across countries. On the difference rates of cycling amongst men and women, the study reported that not only do the Netherlands, Denmark and Germany have high and growing levels of cycling, but their cyclists comprise virtually all segments of society. Women are just about as likely to cycle as men, making 45% of all bike trips in Denmark, 49% in Germany and 55% in the Netherlands.

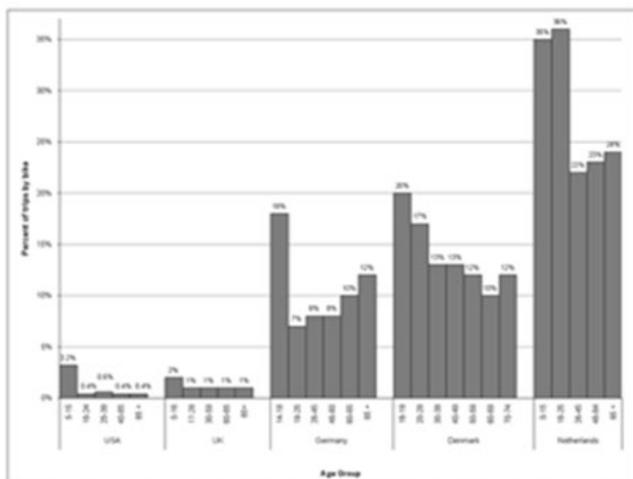


Sources: German Federal Ministry of Transport (2007); U.S. Department of Transportation (2003); Danish Ministry of Transport (2005); Statistics Netherlands (2005); Australian Bureau of Statistics (2007); Department for Transport (2007) and information provided directly by bike planners in Canadian provinces and cities

Figure 8. Women's share of total bike trips in Australia, the USA, the UK, Canada, Denmark, Germany and the Netherlands (2000-2005).

countries, men dominate cycling in the UK and the like trips, respectively.

another dimension of cycling's universality in the Netherlands, Denmark and Germany is the representation of all age groups. Children and adolescents have the highest rates of cycling in almost every country. As shown in Figure 9, however, cycling levels in the Netherlands, Denmark and Germany remain high even among the elderly. In Germany, the bike share of trips rises steadily from 7% among 18- to 24-year olds to 12% for those 65 and older. The bike share of trips declines with age in Denmark, but even among those aged 70-74 years old, cycling accounts for 12% of all trips, the same as among Germans who are 65 and older. The Dutch elderly double that percentage, making 24% of all their trips by bike. Cycling rates are low for all age groups in the USA, but they also decline with age: from 3.2% among children 5-15 years old to only 0.4% of trips for those 40 and older. Similarly, the bike share of trips falls from 2% among British children to 1% among older age groups. The bike share of trips for the Dutch elderly is 24 times higher than for British elderly. The bike share of trips for



Sources: German Federal Ministry of Transport (2007); U.S. Department of Transportation (2003); Danish Ministry of Transport (2005); Statistics Netherlands (2005); Department for Transport (2007)

Figure 9. Cycling share of trips by age group in the USA, the UK, Germany, Denmark and the Netherlands (2000-2002).

higher than for British elderly.

## **Age Differences in Independent Mobility**

The Policy Studies Institutes study 'Children's Independent Mobility: A Comparative Study in England and Germany 1970 – 2010' [http://www.psi.org.uk/images/uploads/CIM\\_Final\\_report\\_v9\\_3\\_FINAL.PDF](http://www.psi.org.uk/images/uploads/CIM_Final_report_v9_3_FINAL.PDF)

reported on the dramatic decline in children's independent mobility in England relative to Germany and the psychological and other consequences this was having for English children. The study also looked at race and gender difference in children's independent mobility.

The Policy Studies Institute (and others) has continued to research this topic including a study <https://www.nuffieldfoundation.org/project/independent-mobility-and-child-development-2> which looked at the degree to which children of different ages have the freedom to travel to school, friends, shops and other destinations unaccompanied by adults across ten countries in order to identify factors affecting the independent mobility of children and the implications for child development.

### **Summary of results**

- Overall, Finland is the top-performing country across almost every independent mobility indicator in this study, coming second only to Germany for children's self-reported freedom to travel on local buses alone.
- In 2013, Unicef published a comparative overview of child well-being across twenty-nine OECD and EU countries (Unicef, 2013) using national data from 2009 and 2010, coinciding with the start of data collection for this study of children's independent mobility. The Policy Studies Institute report found that there is a positive correlation between Unicef well-being scores and the rank scores measuring children's degree of freedom to travel and play without adult supervision in these countries. There is also a positive correlation between the education attainment of children, based on national Programme for International Student Assessment (PISA) rankings in 2009 and children's degree of freedom to travel and play without adult supervision in these countries.
- Of the three factors examined, traffic seems to be the strongest factor affecting the granting of independent mobility, with 'strangers' showing a weak effect and community supervision not being a factor. However, the correlation between traffic deaths and the ranking of countries for independent mobility is weak. On the other hand, almost all of the countries with the highest levels of children's independent mobility have national policies to promote walking or cycling, and the local authorities in these countries are permitted to set lower speed limits than those defined at the national level.

Arising from the research findings and discussion, the report makes four observations and seven recommendations.

### **Observations**

1. Unsafe environments for children are widely tolerated
2. Withholding independent mobility may only defer risk to older children
3. Action is needed to address parental concerns, road user behaviour, the physical environment, social and cultural factors
4. Change in transport policy and behaviour may be resisted but it actually happens all the time

### **Recommendations**

1. Implement and enforce stringent road safety measures
2. Reduce car dependency and the dominance of traffic in the public realm
3. Put the needs of children at the heart of urban development 'cities that work for children, work for everyone'
4. Explicitly incorporate children's independent mobility into policy
5. Adopt Daylight Saving Time to allow children to better utilise daylight hours and reduce road casualties
6. Invest in research to consolidate and develop knowledge on children's independent mobility
7. Create a national challenge fund to catalyse and drive action to improving children's

## Cycling by People with a Disability

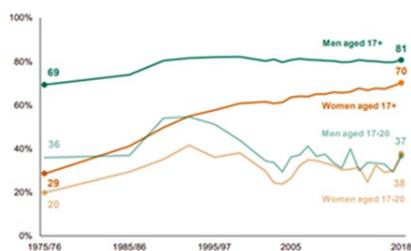
The Wheels for Wellbeing annual survey 'Assessing the needs and Experiences of Disabled Cyclists' (2018) <https://wheelsforwellbeing.org.uk/wp-content/uploads/2019/04/Survey-report-FINAL.pdf> was based on responses from over 200 disabled cyclists across the UK. It reports that 72% of disabled cyclists use their bike as a mobility aid, and 75% found cycling easier than walking. Survey results also show that 24% of disabled cyclists bike for work or to commute to work and many found that cycling improves their mental and physical health. Inaccessible cycle infrastructure was found to be the biggest barrier to cycling.

## Age and Gender Difference in Travelling

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/823068/national-travel-survey-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/823068/national-travel-survey-2018.pdf)

In England as a whole, the percentage of women having a driving licence has increased considerably since the mid 1970's but is still below the percentage of men. The trend is different amongst the youngest drivers.

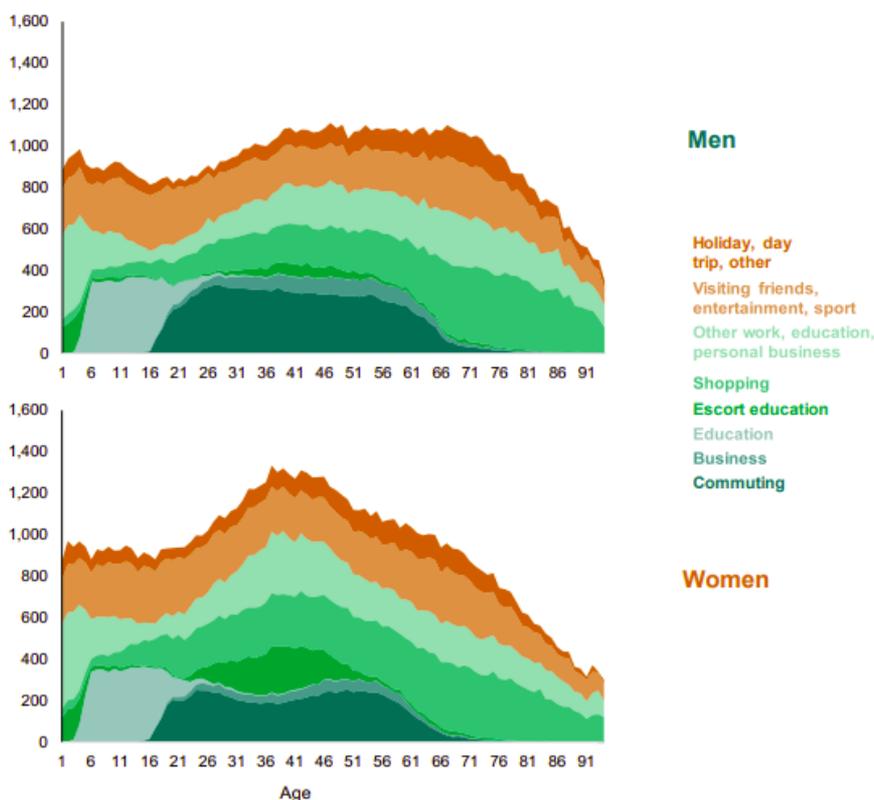
Chart 5: % of people owning a full driving licence: England 1975/76-2018 [NTS0201]



means than older men. Women make more journeys escorting

Chart 22: Average trips per person per year, by purpose, age and gender: England 2002/2018 average [based on NTS0611]

Trips per person per year



'Young People's Travel – What's Changed and Why? Review and Analysis' (2018) <https://www.gov.uk/government/publications/young-peoples-travel-whats-changed-and-why>  
 Young adults (age 17 to 29) in Great Britain and other countries are driving less now than young adults did in the early 1990s.

## Travel in London: Understanding our diverse communities 2019

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

This TfL document contains information on a series of equality indicators. Some example extracts are shown below

### Frequency of walking (2016/17) [11]

%	All	White	BAME	Black	Asian	Mixed	Other
<b>Base</b>	<b>(17,560)</b>	<b>(11,173)</b>	<b>(6,099)</b>	<b>(1,984)</b>	<b>(3,049)</b>	<b>(470)</b>	<b>(596)</b>
5 or more days a week	84	82	86	86	86	87	82
3 or 4 days a week	5	6	5	4	5	4	6
2 days a week	4	4	3	4	3	2	2
1 day a week	2	3	2	2	2	2	3
At least once a fortnight	0	0	0	0	0	0	1
At least once a month	1	1	0	0	0	0	0
At least once a year	0	0	0	0	0	1	0
Not used in last year	1	1	1	1	1	0	0
Never used	3	3	2	2	2	5	5

LTDS data in this report excludes children aged under five.

### Proportion of Londoners (aged 17+) with a full car driving licence (2016/17) [11]

%	All	White	BAME	Black	Asian	Mixed	Other
<b>Base</b>	<b>(14,899)</b>	<b>(9,831)</b>	<b>(4,831)</b>	<b>(1,554)</b>	<b>(2,501)</b>	<b>(308)</b>	<b>(468)</b>
Holds a full car driving licence	65	71	54	48	57	57	55

Figures include all Londoners aged 17 and over.

### Household access to a car (2016/17) [11]

%	All	White	BAME	Black	Asian	Mixed	Other
<b>Base</b>	<b>(17,560)</b>	<b>(11,173)</b>	<b>(6,099)</b>	<b>(1,984)</b>	<b>(3,049)</b>	<b>(470)</b>	<b>(596)</b>
0 cars	35	35	36	45	27	41	44
1 car	44	44	44	42	47	41	40
2+ cars	21	21	20	13	26	18	16

LTDS data in this report excludes children aged under five.

### Proportion of Londoners who cycle (November 2017) [16]

%	All	White	BAME
<b>Base</b>	<b>(2,367)</b>	<b>(1,597)</b>	<b>(770)</b>
Cyclist (used a bike to get around London in the last 12 months)	17	18	17
Non-cyclist (not used a bike to get around London in the last 12 months)	83	82	83

### Dial-a-Ride membership by ethnicity (2016) [2, 30]

%	All disabled Londoners	Dial-a-Ride members	65-79 years-old	80-89 years-old	90+ years old
Base (excludes unknown data)	-	(39,166)	(9,404)	(14,177)	(8,573)
White	66	68	56	72	88
BAME	34	32	44	28	12

### Proportion of Londoners using types of transport at least once a week (2016/17) [11]

%	Disabled	Disabled 16-64	Disabled 65+	Non-disabled (All)	Non-disabled 65+
Base	(1,729)	(789)	(863)	(15,831)	(1,828)
Walking	81	88	70	96	95
Bus	58	64	48	60	72
Car (as a passenger)	42	40	41	45	41
Car (as a driver)	24	26	25	39	52
Tube	21	30	13	43	35
National Rail	9	12	5	17	15
Overground	7	10	3	12	8
PHV (minicab)	10	12	8	10	4
Taxi (black cab)	3	3	3	2	2
DLR	3	5	2	5	1
Tram	2	3	1	2	2
Motorbike	-	1	-	1	1
Net: Any public transport (bus, Tube, National Rail, DLR, London Overground, tram)	61	69	52	74	78

LTDS data in this report excludes children aged under five.

Regarding road danger and road casualties, it reports that BAME Londoners are more at risk of being killed or seriously injured on London's roads, with children in this group being on average 1.5 times more likely to be affected than non-BAME children. BAME Londoners are less likely than white Londoners to say that they feel safe from accidents when walking around London during the day (22 per cent BAME feel 'very safe' compared with 30 per cent white).

**1.2.6 Analyse and identify the likely advantage or disadvantage associated with the change that will be delivered for stakeholders (customers, residents, staff etc.) from different groups that share a "protected characteristic"**

Please see Appendix 2 (section 1) for a full description of groups.

	Likely Advantage 😊	Likely Disadvantage ☹️
Disability	By generally moving away from the planter based roads closures implementing the Temporary LTNs to camera enforced 'No Motor Vehicles' restrictions and signs, residents with the proposed CHNs with disabilities who cannot walk or cycle, would not be disadvantaged by the Experimental CHNs. Under the proposed trials, residents living within the notional CHN areas, having a car registered to their	The proposal is intended to help people choose to travel actively to help stay healthy longer. For those that already are in very bad health and needing care, the proposed trial restrictions on motor vehicles includes an exemption for district nurses. However, possible not all carers will be provided with an exemption and for some accessing particular premises by car will require a longer route.

	<p>home address and needing to use a car, will be able to use their car with the same ease they enjoyed before the Temporary LTNs were introduced. Blue Badge holders will be able to nominate two vehicles for exemption permits</p> <p>Users of Dial-a-Ride and SEN Transport buses, and people with a disability using Community Transport, should have a quicker and more reliable journey via LTNs.</p> <p>Taxicard users will have an improved journey via LTNs if in a Taxi during the Experimental CHNs compared within the Temporary LTNs. However, if in a Private Hire Vehicle, they will not be able to pass through the control points necessitating a different route.</p>	<p>People with a disability living beyond the trial CHN areas, reliant on cars for travel, needing to access premises within the trial CHN areas, may have to take a longer route compared to those walking, cycling or using the bus.</p> <p>People with a disability living beyond the trial CHN areas, reliant on cars for travel who previously used LTN areas to avoid congestion on the A and B Roads, would not be able to. However in this respect, they would not be disadvantaged relative to non-disabled people living beyond the LTNs.</p> <p>Users of Dial-a-Ride and SEN Transport buses, and people with a disability using Community Transport, may have an increased journey time, if the journey previously involved going via streets that will be subject to the 'No Motor Vehicle' restrictions.</p> <p>SEN Transport drivers using cars, and Private Hire cars hired for SEN Transport will not be able to pass through the 'No Motor Vehicle' restrictions</p> <p>Those using taxis and minicabs may incur extra journey distance, time and cost if taxis and minicabs are unable to pass through all the camera enforced restrictions.</p>
Race/ Ethnicity	<p>LTNs/CHNs are intended to create quieter, safer street space. Hence they have the potential to lessen the disadvantage experienced by members of BAME groups (particularly children) when it comes to road casualty rates</p> <p>(see also Community Cohesion)</p>	None specific
Gender	TfL's Attitudes to Walking study indicates that women travel more stages per day and walk more	None specific

	<p>stages per day compared to men, although women travel and walk a shorter distance per stage compared to men. Men and women should both be helped by the improved walking environment, but helped differently. Women helped to make the more frequent but shorter trip stages they walk.</p> <p>Both the TfL Attitudes to Cycling research and Sustrans' 'What Stops Women Getting on Their Bikes' study, report that fear of road danger is the biggest thing deterring women cycling. Providing quieter and safer street space is intended to address this.</p>	
Transgender	None specific	None specific
Age	<p>The proposed trial is intended to create a network of quieter and safer streets to foster walking and cycling. Children and young people are amongst those likely to be benefiting the most. Many will be living in the households in the area which do not have access to a car or a van. Nationally, young adults are significantly less likely to hold a driving licence and driving less than they did in the past. Aiding walking and cycling including to public transport will benefit this group.</p> <p>Children are the group whose independent mobility has been curtailed the most as streets have been taken over by more and more cars. Providing quieter and safer streets provides space in which children can more easily regain their independent mobility, play and socialise. The same quieter streetspace can help them get a little closer to the levels of cycling seen amongst their north European counterparts.</p> <p>Quieter streets may well be a factor in enabling older people to keep cycling or to choose cycling</p>	None specific. Disadvantage may be Disability related. See 'Disability above'

	<p>and could help the percentage of cycle trips made by older people get a little closer to some of those in northern Europe, something made feasible in hilly areas by modern E-bikes (although at a financial cost as with the private motor car).</p> <p>The degree to which children's access to active travel and to play in the street puts them at risk of being overweight and associated medical conditions, both in childhood and later in life. Behaviours (including travel behaviour) learnt in childhood are often taken into later into life. Facilitating active travel in early life is part of ensuring good health as an adult and older adult.</p> <p>The Mayor's Healthy Streets objective is a key part of his approach to tackling climate change. Those that are young today, are the ones that will be experiencing the worst effects of climate change when older adults.</p> <p>As people get older, particularly beyond the age of 70 when the driving licence has to be renewed every five years, fewer may have driving licenses / be driving.</p>	
Religion /Belief	None specific	None specific
Sexual Orientation	None specific	None specific
Pregnancy and Maternity	Information has not been found specifically relating to Pregnancy and Maternity. However TfL's Attitudes Towards Walking research indicates that women with children, either in a couple or single, walk more than those without children, and it is likely that amongst these women, some will be pregnant and / or in maternity	Some women in the latter stages of pregnancy, may feel walking is difficult, but If they have a car available may still be able to drive. Those living outside of the trial CHN areas but needing to reach premises within the LTN may have an extended driving route / journey time but will still have access.
Social inclusion issues	The work of Appleyard in the 1960s and replicated in Bristol a decade ago shows how the number of friends and acquaintances a resident of a	Many living outside of the trial CHNs may wish to drive to visit a friend or relative living within the CHN. If they chose to do so, they will still be able to do so, but the

	street has declines, as the volume of traffic increases. Creating a quieter and calmer street environment is a means of increasing social inclusion and reducing isolation.	journey time / distance might be increased.
Community Cohesion Issues	See above. The street has historically been where much of the life of the town/city takes place. It was community space which also happened to have a movement function. Lowering traffic levels has the potential for the role of the street as community space to return to a degree depending on the residual traffic level. This in turn fosters community cohesion and enables the fostering of good relations between members of groups with protected characteristics and others (something difficult to achieve if everyone travels to and from their own home, in their own car).	See above
Delivering Social Value	The trial project is intended to support delivery of the Mayors Health Streets objective, in turn delivering value and savings in relation to mental and physical health	None

<b>1.2.7</b>	<b>In addition to the above are there any other factors that might shape the equality and inclusion outcomes that you need to consider?</b>  For example, geographical / area based issues, strengths or weaknesses in partnership working, programme planning or policy implementation
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Where LTNs/CHNs are in hilly areas there is likely to be need for additional action to help people consider the use of E-Bikes. Also the need for seating/rest spaces.

<b>1.2.8</b>	<b>Would your proposed change affect any protected groups more significantly than non-protected groups?</b>  Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. For a list of protected groups, see Appendix.....
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Yes. The projects are intended have a significant positive effect on children and young people, especially those from BAME groups.

<b>1.2.9</b>	<b>As set out in the Equality Act, is your proposed change likely to help or hinder the Council in advancing equality of opportunity between people who belong to any protected groups and those who do not?</b>
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In practice, this means recognising that targeted work should be undertaken to address the needs of those groups that may have faced historic disadvantage. This could include a focus on addressing disproportionate experience of poor health, inadequate housing, vulnerability to crime or poor educational outcomes *etc.*

**Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.**

Yes. The projects are intended to increase the opportunity for children to travel independently and to socialise and play.

**1.2.10 As set out in the Equality Act, is the proposed change likely to help or hinder the Council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the groups that share a protected characteristic?**

In practice, this means that the Council should give advance consideration to issues of potential discrimination before making any policy or funding decisions. This will require actively examining current and proposed policies and practices and taking mitigating actions to ensure that they are not discriminatory or otherwise unlawful under the Act

**Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.**

Do Not Know. No means have been identified by which the trial scheme might help or hinder the Council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the groups that share a protected characteristic.

**1.2.11 As set out in the Equality Act, is your proposed change likely to help or hinder the Council in fostering good relations between people who belong to any protected groups and those who do not?**

In practice, this means taking action to increase integration, reduce levels of admitted discrimination such as bullying and harassment, hate crime, increase diversity in civic and political participation *etc.*

**Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response**

Yes. The proposed change has the potential to very strongly help foster good relations between people who belong to most of the protected groups and those who do not, by better enabling friendships and acquaintances to develop in streets with less traffic, and enabling the street to regain some of its historic community space function.

### 1.3 Decision on the equality analysis

**If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different / significant impact on groups that share a protected characteristic (compared to non-protected groups) or because you don't know whether it will (and it might).**

Decision	Guidance	Response
<p><b>No, further equality analysis is not required</b></p>	<p>Please state why not and outline the information that you used to make this decision. Statements such as ‘no relevance to equality’ (without any supporting information) or ‘no information is available’ could leave the council vulnerable to legal challenge.</p> <p><b>You must include this statement in any report used in decision making, such as a Cabinet report</b></p>	<p>Ongoing identification and monitoring of equality impacts during experimental schemes.</p>
<p><b>Yes, further equality analysis is required</b></p>	<p>Please state why and outline the information that you used to make this decision. Also indicate</p> <ul style="list-style-type: none"> <li>• When you expect to start your full equality analysis</li> <li>• The deadline by which it needs to be completed (for example, the date of submission to Cabinet)</li> <li>• Where and when you expect to publish this analysis (for example, on the council website).</li> </ul> <p><b>You must include this statement in any report used in decision making, such as a Cabinet report.</b></p>	<p>The Analysis should be further informed by research conducted during the recommended trials, research focused on the experiences of those of groups with protected characteristics predicted to be affected by the trial.</p> <p>The recent active listening processes failed to achieve representative samples of the local communities. The experiments should be undertaken along with consultation to include professional polling and other techniques to achieve representative samples of the local populations (including the views of children and young people)</p> <p>There should be a dialogue with Dial-A-Ride, Community Transport and SEN Transport operators and with users to help refine the operation of the trial and this Analysis.</p> <p>The Croydon Mobility Forum has been unable to meet during the Pandemic. The Forum should be engaged with during the operation of the trial, its views informing the Analysis,</p>

Decision	Guidance	Response
		<p>the operation of the trial and the design and operation of any scheme that might follow the trial</p> <p>The Equality Analysis should be concluded before any decision is made on the outcome of and the future for the trials and should be published as part of the documents used in making the recommendation.</p>
<b>Officers that must approve this decision</b>	<b>Name and position</b>	<b>Date</b>
<b>Report author</b>	Ian Plowright, Head of Transport	
<b>Director</b>	Steve Iles, Director of Public Realm	

#### 1.4 Feedback on Equality Analysis (Stage 1)

Please seek feedback from the corporate equality and inclusion team and your departmental lead for equality (the Strategy and Planning Manager / Officer)

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<b>Name of Officer</b>	Yvonne Okiyo	
<b>Date received by Officer</b>		
<b>Should a full equality analysis be carried out?</b>		

## **2 Use of evidence and consultation to identify and analyse the impact of the change**

### **Use of data, research and consultation to identify and analyse the probable impact of the proposed change**

This stage focuses on the use of existing data, research, consultation, satisfaction surveys and monitoring data to predict the likely impact of proposed change on customers from diverse communities or groups that may share a protected characteristic.

**Please see Appendix 2 (section 2) for further information.**

<b>2.1</b>	<b>Please list the documents that you have considered as a part of the equality analysis review to enable a reasonable assessment of the impact to be made and summarise the key findings.</b>
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	This section should include consultation data and desk top research (both local and national quantitative and qualitative data) and a summary of the key findings.
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Documents are referenced in section 1 above. The results of the consultation, feedback prior to the consultation and feedback at the Traffic Management Advisory Committee will also be used

In summary key findings so far include:

- Children and young people are the ones who's independent mobility has been curtailed the most by changes in the way streets are managed and used, and consequently are amongst those potentially benefitting the most from Low Traffic Neighbourhoods
- BAME children suffer higher rates of killed or seriously injured road casualties compared with non BAME children and hence potentially will benefit more / most from Experimental CHNs.
- Significant numbers of the population of proposed Experimental LTNs areas are under the age of 18 and consequently do not drive
- Young adults are less likely than older adults to have a driving licence or own a car
- The process of active listening on the future for the LTNs, failed to reach children and many young people.
- High traffic streets / low people streets impact on Community cohesion and on mental health
- In northern Europe more people cycle when they children and when they are late in life.
- The temporary LTNs are likely to have led to increased journey distance and times for disabled people using Minicabs, taxis, Dial-a-Ride, Community Transport and SEN Transport. It is also likely to be causing increased journey time and distance for those care givers traveling to attend to the needs of sick and disabled residents within the Temporary LTNs. Those who have a blue badge permit are also likely to have experienced increased journey times when trying to travel into or out of the Temporary LTNs by car.

**2.2** Please complete the table below to describe what the analysis, consultation, data collection and research that you have conducted indicates about the probable impact on customers or staff from various groups that share a protected characteristic.

Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source
Age	<p>Children and young people are the ones who's independent mobility has been curtailed the most by changes in the way streets are managed and used, and consequently are amongst those potentially benefitting the most from Low Traffic Neighbourhoods in terms of independent mobility and also enjoying the mental and physical health benefits of active travel, now and in later life when they take learned travel habits into the future.</p> <p>A significant proportion within the area of the proposed Experimental CHNs are under the age of 18 and consequently do not drive. Young adults are less likely than older adults to have a driving licence or own a car. Hence these groups are expected to benefit from measures to assist travel by means other than the car.</p> <p>Walking is the most frequently used mode of transport including amongst those over 80. Frequency of travel as a car passenger and as a car driver is considerably lower than the frequency of walking trips. Frequency of travel as a car passenger remains fairly constant across the age ranges. Frequency of travel as a car driver peaks at the age 65-69 but declines rapidly by the age 80+ reflecting the rapid decline in driving licence holding over the age of 80+. The age range 65-69 is also when frequency of walking trips peaks.</p>	<p>The active listening exercise on the future for the Temporary LTNs failed to reach children and many young people.</p> <p>See left</p>	<p>See the various sources in section 1.</p> <p>Consultations</p> <p>Travel in London: Understanding our diverse communities 2019, TfL</p>
Disability	The most frequently used form of transport used by disabled	The current Temporary LTNs can result in longer	Travel in London: Understanding our

Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source
	<p>people is walking. The frequency of cycling amongst disabled and non-disabled people are similar. Initiatives such as the proposed Experiment LTN intended to help people choose to walk and cycle are likely to benefit both disabled and non-disabled people</p> <p>Helping people to choose to travel actively is intended to help them stay healthy and to stay healthy for longer helping to prevent the development of disabilities including those that potentially arise from diabetes.</p> <p>Active travel helps to improve mental wellbeing as does reducing traffic in streets, in turn allowing greater community cohesion. Both can help tackle mental health problems.</p> <p>Increased space for cycling infrastructure helps to support the use of adapted and non-standard bikes and trikes.</p> <p>72% of disabled cyclists use their bike as a mobility aid, and 75% found cycling easier than walking. Measures to assist cycling, if implemented well will increase the independent mobility of disabled people who cycle.</p>	<p>journeys for disabled people using taxis, minicabs, dial-a-ride, SEN Transport Service vehicles and community transport minibuses</p> <p>Concern has been expressed at the increased journey time and distance incurred by some care givers attending residents with the Temporary LTNs</p> <p>The current Temporary LTNs has made it more difficult for some people reliant on the car to access health facilities</p> <p>Drivers with Blue Badge permits living beyond the boundary of the Temporary LTNs and needing to access people and places within the LTNs may have increased journey time and distance.</p>	<p>diverse communities 2019, TfL</p> <p>TfL Attitudes Towards Cycling</p> <p>Consultation response and other feedback</p> <p>'Assessing the needs and Experiences of Disabled Cyclists' Wheels for Wellbeing</p>
Gender	<p>Women travel more stages per day and walk more stages per day compared to men, although women travel and walk a shorter distance per stage compared to men. Men in a couple with children walk the fewest stages per day, particularly compared to single adult men. Women with children, either in a couple or single, walk more than those</p>	<p>Walking is the most frequently used mode of travel for both women and men. Men drive more frequently. Women more frequently travel as car passengers than men. The use of cars by both men and women is likely to be affected by the proposed Experimental CHNs.</p>	<p>Travel in London: Understanding our diverse communities 2019, TfL</p> <p>TfL's 'Attitudes Towards Walking: Segmentation Study'</p>

Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source
	<p>without children Women and men are expected to benefit from an improved walking environment but perhaps somewhat differently.</p> <p>More men currently cycle than do women. Consequently more men are likely to benefit from the proposed Experimental CHNs</p> <p>Women are expected to be amongst those benefiting from the improved walking and cycling as they make more trips for escort education</p>	<p>However, the majority of journeys made by car in London are short journeys. The proposed Experimental CHNs are intended to help men and women to choose to travel actively rather than use the car for short trips, with the intention of benefiting the health of both</p> <p>Fewer women cycle than do men. However, the most common reason given by women for not cycling is fear of road danger. Creating quieter streets is intended to help women choose to cycle</p> <p>Women are more likely to escort school children to their educational establishments. Therefore it is women who are more likely to have to reconsider their travel behaviours.</p>	<p>TfL's 'Attitudes Towards Cycling' reports</p>
<p>Race/ Ethnicity</p>	<p>The frequency of walking trips is consistently high across all ethnic groups. However, walking at least once a week to</p> <ul style="list-style-type: none"> <li>• get to work / school / college</li> <li>• visit friends and relatives</li> <li>• take a child to school</li> </ul> <p>is considerably higher amongst members of BAME groups than amongst White Londoners</p>	<p>BAME Londoners are less likely than white Londoners to say that they feel safe from accidents when walking around London during the day. People from BAME groups may not feel as inclined to walk or cycle within the proposed Experimental CHNs. The effect on perceptions of Road Safety /Road danger amongst members of BAME groups should form part of the monitoring of the Experimental CHNs</p>	<p>Travel in London: Understanding our diverse communities 2019, TfL</p>

Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source
Pregnancy and maternity	Pregnant women are not expected to benefit directly from the proposed Experimental CHN other than having a quieter street environment in which they can choose to take exercise close to home.		

2.3	<p><b>Are there any gaps in information or evidence missing in the consultation, data collection or research that you currently have on the impact of the proposed change on different groups or communities that share a protected characteristic? If so, how will you address this?</b></p> <p>Please read the corporate public consultation guidelines before you begin:  <a href="http://intranet.croydon.net/finance/customerservices/customerserviceprogramme/stepbystepguide.asp">http://intranet.croydon.net/finance/customerservices/customerserviceprogramme/stepbystepguide.asp</a>.</p>
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Ongoing work to identify views of the wider community. The recent active listening process did not illicit view from a representative sample of the populations local to the Temporary LTNs / proposed Experimental CHNs. Consultation (including professional polling) to be undertaken as part of the recommended trials/experiments, should be designed to achieve representative samples of views representing those of the local community.

2.4	<p><b>If you really cannot gather any useful information in time, then note its absence as a potential disadvantageous impact and describe the action you will take to gather it.</b></p> <p>Please complete the table below to set out how will you gather the missing evidence and make an informed decision. Insert new rows as required.</p>
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Group's with a "Protected characteristic" and broader community issues	Missing information and description of potential disadvantageous impact	Proposed action to gather information
A criticism levelled at the Temporary LTN is that it has caused a worsening of air quality experienced disproportionately by members of the BAME groups	There is no hard/clear evidence with which to support or counteract this criticism	The monitoring of the Experimental CHNs should be designed to seek to try and answer this question or at least provide a deeper and clearer insight
Transport for All has levelled a general criticism at the LTNs implemented across London re engagement with disabled	Transport for All is suggesting that not enough is known about the effects ad potential effects on people with disabilities	Transport for All and members of the Croydon Mobility Forum to be engaged with in the

people		development of the engagement and monitoring strategies for the Experimental CHNs.
The residents and business consultations on the future for the Temporary LTN failed to reach children and many young people.	Lack of knowledge regarding the experiences of children and young people	The engagement strategy and monitoring strategy for the proposed Experimental CHNs should be designed to reach and include children and young people.

### Stage 3 Improvement plan

#### Actions to address any potential disadvantageous impact related to the proposed change

This stage focuses on describing in more detail the likely disadvantageous impact of the proposed change for specific groups that may share a protected characteristic and how you intend to address the probable risks that you have identified stages 1 and 2.

**3.1 Please use the section below to define the steps you will take to minimise or mitigate any likely adverse impact of the proposed change on specific groups that may share a protected characteristic.**

Equality Group (Protected Characteristic)	Potential disadvantage or negative impact e	Action required to address issue or minimise adverse impact	Action Owner	Date for completing action
Disability  Since this preparation of this Equality Analysis in December 2020, Transport for All has published its report 'Pave the Way' based people with disabilities' experiences of LTNs. The opportunity has been taken to update this Analysis	Inaccessible street Environment	Transport for All lists the factors hindering disabled people engaging in active travel, the second of which is the condition of physical infrastructure, such as uneven footways. Whilst the proposed experimental CHNs are not expected to worsen the condition of footways etc, CHNs are perhaps opportune times and locations to make improvement to seek to maximise the opportunity for people with disabilities to engage in active travel. A street access audit should be undertaken to identify potential improvements such as footway repairs, installing	Head of Highways  and The Council's Access Officer	When the lessening of the Pandemic and related restrictions allow

		<p>dropped kerbs and reducing street clutter. The audit should be undertaken with members of the Mobility Forum when/as the lessening of the Pandemic allows.</p>		
	Participation in consultation	<p>Transport for All has raised concerns around the nature of consultation that has been undertaken in relation to LTNs across London. Further engagement and focussed research would be undertaken as part of /during the proposed Experimental CHNs. The consultation / engagement strategies and monitoring strategies should be developed with the involvement of Transport for All and members of the Croydon Mobility Forum.</p>	Head of Transport	Before the final draft of the consultation and engagement strategies
	Journey Times for Taxis and Dial-a-Ride	<p>Transport for All report that 15% of those participating in its research reported LTNs impacting on their ability to use taxis. It is not clear from the report whether 'taxis' includes Private Hire Vehicles / minicabs. The Taxicard scheme uses minicabs as well as Taxis. TfL's research shows that people with disabilities make more journeys by minicab than taxis. However exempting buses and taxis from the proposed camera enforced 'No Motor Vehicle' would enable the same exemption to be applied to taxis and dial-a-ride vehicles etc as proposed at the control points</p> <p>Transport for All report concerns about the increased journey time for people giving care. This is something also highlighted</p>	Head of Highways	Before the operation of the Experimental LTN

		<p>by the consultation into the future for the Temporary LTN and relayed at TMAC. Exemptions to the restrictions implementing the proposed experimental LTN should be provided for those giving care to residents within the LTN</p> <p>There is not a ready solution to the issue of potentially longer journeys by disabled people using minicabs. The Transport for All proposed scheme that would grant dispensation for disabled people requiring access to their home by any vehicle they choose, could be the solution but it is suggested that this needs to be developed across London with TfL perhaps facilitated by London Council's</p> <p>Half the participants in the Transport for All research had a blue badge parking permit. Access to the proposed health facilities could be further improved by allowing blue badge permit holders to apply for an exemption permit similar to the scheme where blue badge holders are able to apply for a 100% discount for the Congestion Charge for up to two vehicles they register with TfL.</p>	<p>Head of Transport</p> <p>The Council's Access Officer,</p> <p>TfL and potentially London Council's</p> <p>Head of Highways</p>	<p>As soon as possible if achievable. Dialogue to start with TfL, London Councils and Transport for All in March 2021.</p> <p>Before the operation of the Experimental CHNs</p>
Age				
Gender				
BME				

<b>3.2</b>	<b>How will you ensure that the above actions are integrated into relevant annual department or team service plans and the improvements are monitored?</b>
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They will be reported on when reporting the results of and review of the Experimental LTNs

<b>3.3</b>	<b>How will you share information on the findings of the equality analysis with customers, staff and other stakeholders?</b>
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The results will be published as part of reporting to the Traffic Management Advisory Committee (TMAC) including when reporting the results of and review of the Experimental LTN and making any decision on the future of the Experimental LTNs.

**Section 4 Decision on the proposed change**

<b>4.1</b>	<b>Based on the information in sections 1-3 of the equality analysis, what decision are you going to take?</b>
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Decision	Definition	Yes / No
<b>We will not make any major amendments to the proposed change because it already includes all appropriate actions.</b>	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our proposed change already includes all appropriate actions to advance equality and foster good relations between groups.	No
<b>We will adjust the proposed change.</b>	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change. We are going to take action to make sure these opportunities are realised.	Yes
<b>We will continue with the proposed change as planned because it will be within the law.</b>	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change.  However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.	No
<b>We will stop the proposed change.</b>	The proposed change would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.	No

<b>4.2</b>	<b>Does this equality analysis have to be considered at a scheduled meeting?</b> If so, please give the name and date of the meeting.
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TMAC as / when LTNs TROs are sought.

<b>4.3</b>	<b>When and where will this equality analysis be published?</b>  An equality analysis should be published alongside the policy or decision it is part of. As well as this, the equality assessment could be made available externally at various points of delivering the change. This will often mean publishing your equality analysis before the change is finalised, thereby
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enabling people to engage with you on your findings.

It will be published as an appendix to the report to TMAC.

**4.4 When will you update this equality analysis?**

Please state at what stage of your proposed change you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not

The Analysis will be updated in stages when the access audit has been undertaken, when dialogue has happened with Transport for All and the Croydon Mobility Forum members, when the research into and monitoring of effects of the Experimental LTN is concluding, when the Consultation (including professional polling to achieve a representative sample of views from across the local populations) is concluding and recommendations on the future for the Experimental CHNs are being prepared.

**4.5 Please seek formal sign of the decision from Director for this equality analysis?**

This confirms that the information in sections 1-4 of the equality analysis is accurate, Comprehensive and up-o-date.

<b>Officers that must approve this decision</b>	<b>Name and position</b>	<b>Date</b>
<b>Head of Service / Lead on equality analysis</b>	Ian Plowright, Head of StrategicTransport	1 October 2021
<b>Director</b>	Steve Iles, Director of Public Realm	8 October 2021

**Email this completed form to [equalityandinclusion@croydon.gov.uk](mailto:equalityandinclusion@croydon.gov.uk), together with an email trail showing that the director is satisfied with it.**