

Croydon Council Equality Analysis Form

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?

Proposed Crystal Palace and South Norwood Experimental Low Traffic Neighbourhood

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.

The change is a response to past decisions and current trends. It is a response to the Mayor of London’s Transport Strategy (in particular the Healthy Streets objective) and his / TfL’s Streetspace Plan for London. It is a response to the continuing Covid19 Pandemic and to Secretary of State for Transport statements and guidance relating to it.

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).

In the early 2000s, Croydon Council led a partnership of the four Councils whose boroughs meet at the 'Upper Norwood Triangle' to deliver a Single Regeneration Budget programme. The centrepiece of the programme was a project to 'improve' the Triangle itself. Several traffic arrangements were considered. The one selected and implemented was to turn the Triangle into a one-way traffic gyratory. It was known at the time that to do so would increase the traffic going around the Triangle by around 50%. This was not because the scheme was predicted to generate more traffic, rather the same traffic would need to travel along more sides of the Triangle to get to its destination. The strategy to protect the environment within the Triangle from this increased traffic, was to use the traffic signals at each corner of the Triangle to que traffic on the approach arms to the Triangle, rather than within it. Such a strategy only works if traffic cannot find alternative routes to avoid the que, and seeks to sacrifice one 'environment' for the protection of another.

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 changes were not subject to any formal equality assessment. The following equality analysis relates to a proposed trial project (the Crystal Palace and South Norwood Experimental Low Traffic Neighbourhood) that aims 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.

The current temporary Low traffic Neighbourhood was implemented in stages in a reactive manner as a response to the Covid19 Pandemic. Options for the future of the temporary scheme are being considered, including removal or keeping the scheme largely as is. It is proposed to move to trial LTN with camera enforced restrictions, rather than physical closures, with exemptions for vehicles belonging to residents living within the trial LTN.

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 Crystal Palace and Upper Norwood and the South Norwood wards, Cypress 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 LTN area, those living on the main streets that form the edges of the trial LTN, and those living beyond the LTN.
- Businesses including those at the Upper Norwood Triangle
- Non-local authority schools namely Crystal Palace and South Norwood Harris Academies
- St John the Evangelist Church
- The Auckland Surgery
- St Pauls Church, Hamlet Road
- Transport for London
- The emergency services

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 trial is a continued response to the Covid Pandemic following the Secretary of States call for continuing action to help people to walk and to cycle rather than to use public transport or to drive. It is also intended to deliver the Mayor of London's Healthy Streets objective within the trial LTN area. It is 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 '

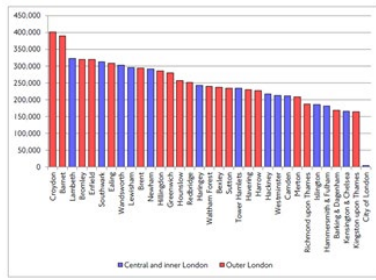
Climate Change and Croydon being Carbon Neutral by 2030

<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 BME groups are under represented amongst cyclists.

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 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

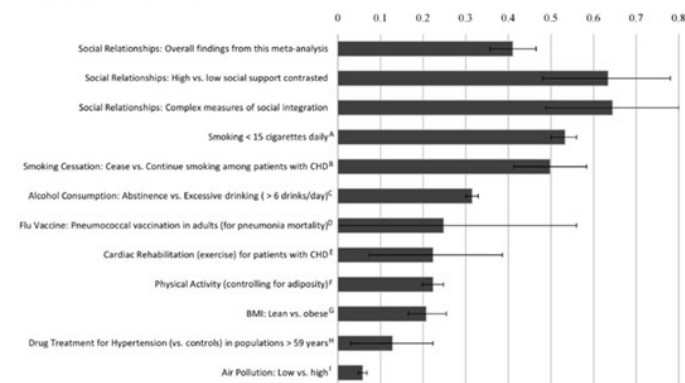
The above three areas of inequality are interrelated. Research <https://journals.plos.org/plosmedicine/article%3Fid=10.1371/journal.pmed.1000316#pmed-1000316-g006> indicates how that lack of social relationships is one of the biggest health risk factors

Social Relationships and Mortality Risk: A Meta-analytic Review

Figure 6

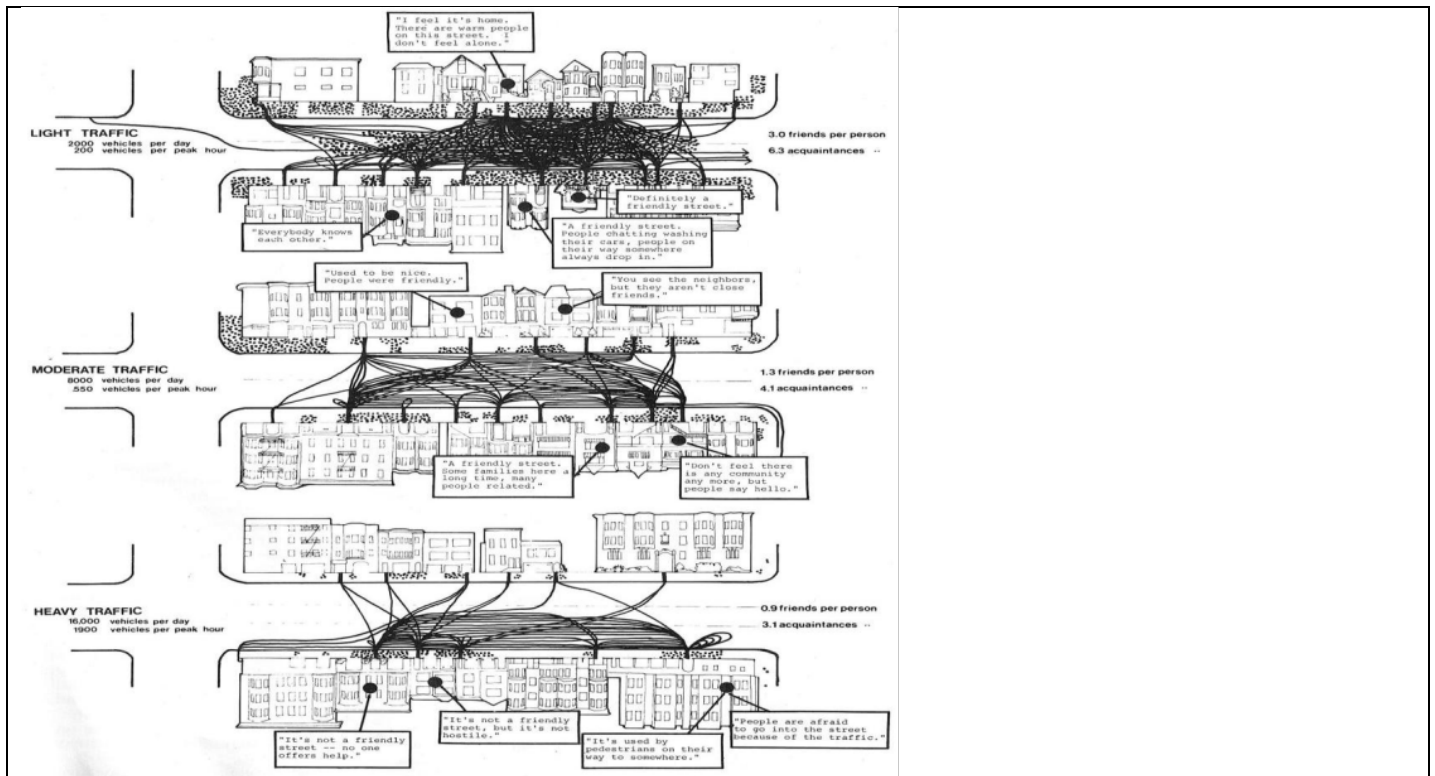
Comparison of odds (NOR) of decreased mortality across several conditions associated with mortality

Note: Effect size of zero indicates no effect. The effect sizes were estimated from meta-analyses: A = Shavelle, Paolitto, Strauss, and Kush, 2009 [205]; B = Critchley and Capewell, 2003 [200]; C = Hopkins, Englin, Mine, and Winter, 1998 [207]; D = Fine, Smith, Carzon, Maffe, Sankaj, Weasfield, Detsky, and Kapoor, 1994 [203]; E = Taylor, Biran, Ebrahim, Joffe, Noorani, Rees et al., 2004 [209]; F, G = Katsmarzyk, Janssen, and Ardern, 2003 [210]; H = Insua, Sacks, Lau, Reibman, Pagano, and Chalmers, 1994 [211]; I = Schwartz, 1994 [212].



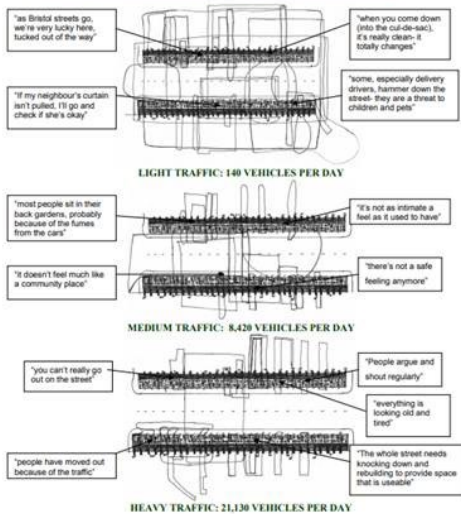
doi: <https://doi.org/10.1371/journal.pmed.1000316.g006>

The number of social relationships in turn is influenced by the speed and volume of traffic in the street where a person lives. Donald Appleyard as far back as 1969, demonstrated that people living on a street with relatively heavy traffic had only one-third as many social connections as people living on a relatively light-traffic street. Subsequent 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.



A decade ago, researchers replicated Appleyard's methodology in Bristol producing the report 'Driven To Excess: Impacts of Motor Vehicles on the Quality of Life of Residents of Three Streets in Bristol UK'. They reported that quality of life in cities and towns is of increasing concern to the public, and to policymakers and a major threat to quality of life is the high volume of motor vehicle traffic, associated with a wide range of mental and physical health detriments. The results 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.

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



TfL's 'Attitudes Towards Walking: Segmentation Study' (2014)

<http://content.tfl.gov.uk/attitudes-to-walking-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

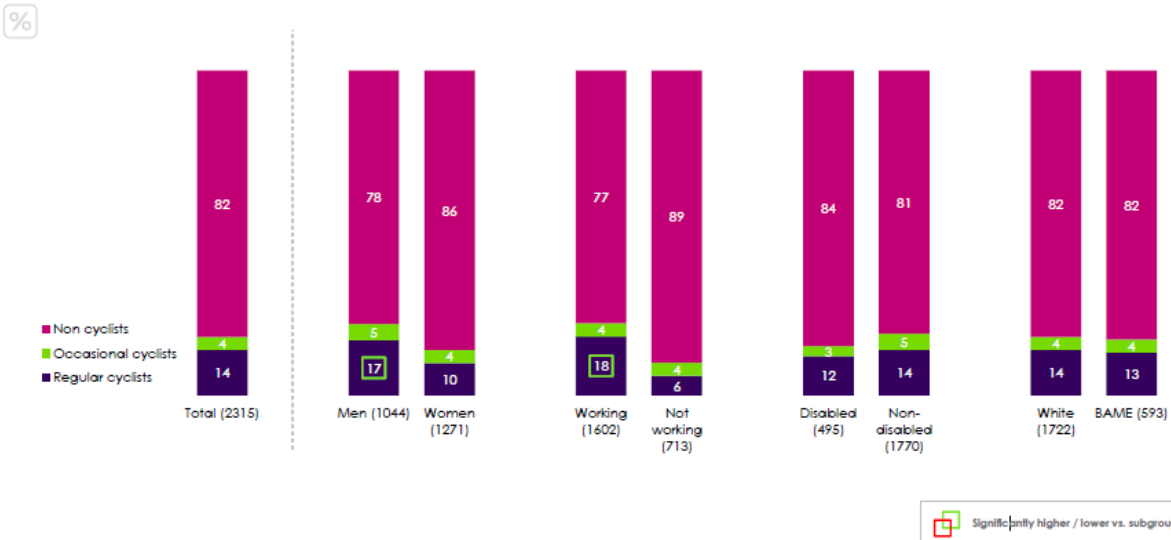
I Further differences are seen by gender

■ Males in a couple with children walk the fewest stages per day, particularly compared to single adult males

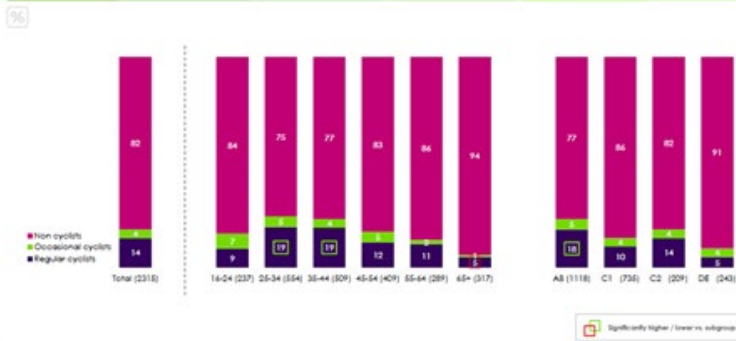
■ Females with children, either in a couple or single, walk more than those without children

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)



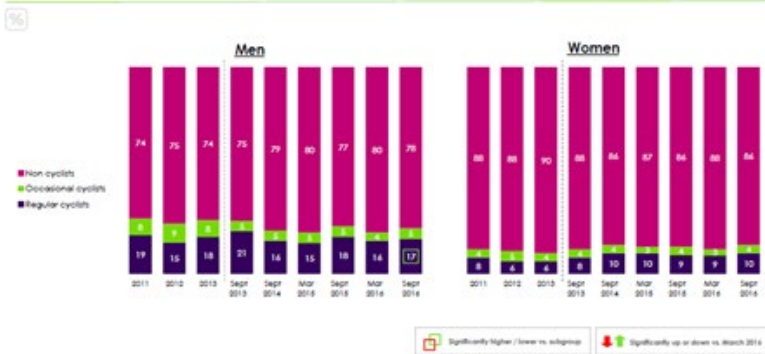
Profile of cyclists (Sept 2016)



Demographic questions
Base: All - Sept 2016

33

Profile of cyclists (trend)



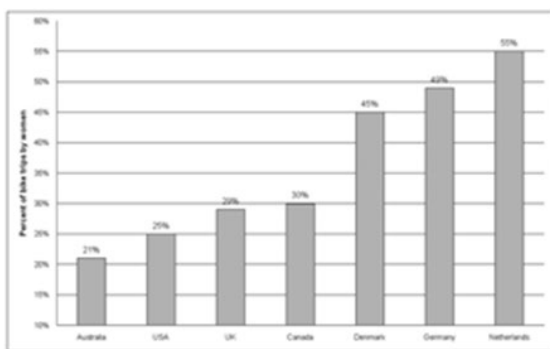
Percentage able to ride a bike (Sept 2016)



QRIE1: Can you ride a bicycle?
 Base: All respondents Sept 2016 (2310)

Significantly higher / lower vs. subgroup

The study **'Making Cycling Irresistible: Lessons from The Netherlands, Denmark and Germany'**, JOHN PUCHER and RALPH BUEHLER (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.



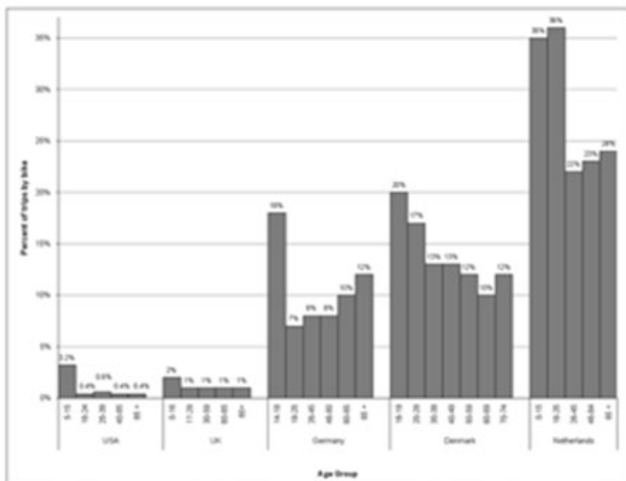
Sources: German Federal Ministry of Transport (2007); U.S. Department of Transportation (2005); Danish Ministry of Transport (2005); Statistics Netherlands (2005); Australian Bureau of Statistics (2007); Department for Transport (2007) and information provided directly by bike planners in Canadian provinces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

While cycling is gender-neutral in those three countries, men dominate cycling in the UK and the USA, where they make 72% and 76% of all bike trips, respectively.

Regarding 'age' the study reported that 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

both the German and Danish elderly is 12 times higher than for British elderly.



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

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

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

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 independent mobility

Cycling by People with a Disability

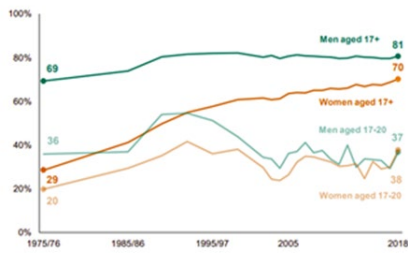
The Wheels for Wellbeing annual survey 'Assessing the needs and Experiences of Disabled Cyclists' (2018) <https://wheelsforwellbeing.org.uk/wp-content/uploads/2019/04/Survey-report-FINAL.pdf> was based on responses from over 200 disabled cyclists across the UK. It reports that 72% of disabled cyclists 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

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.

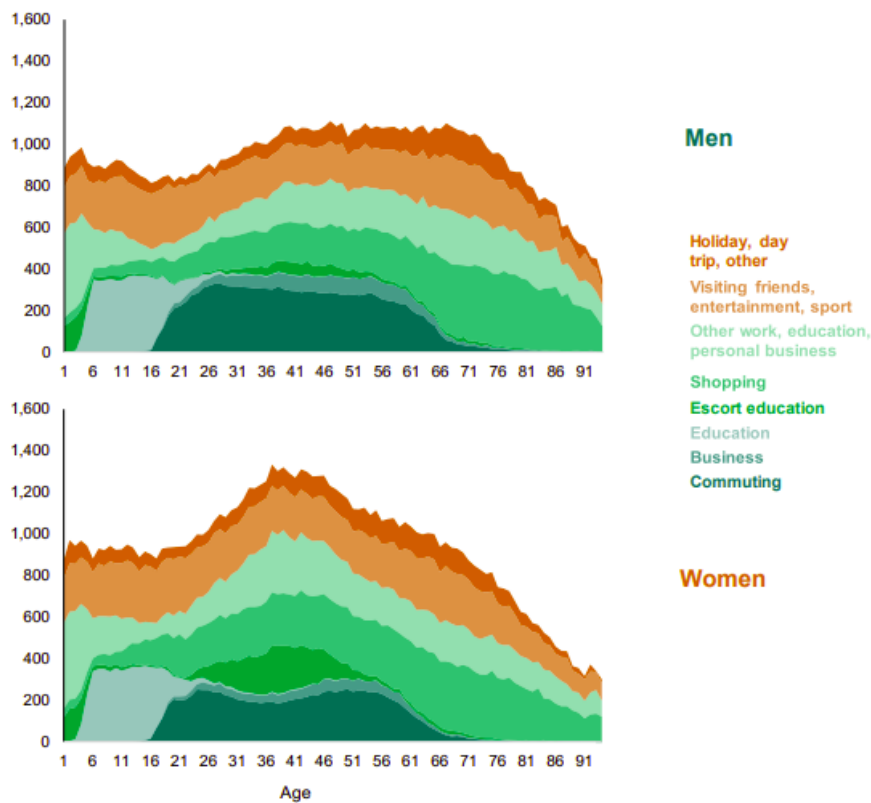
Chart 5: % of people owning a full driving licence: England 1975/76-2018 [NTS0201]



Older women make fewer journeys than older men. Women make more journeys escorting children to education

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



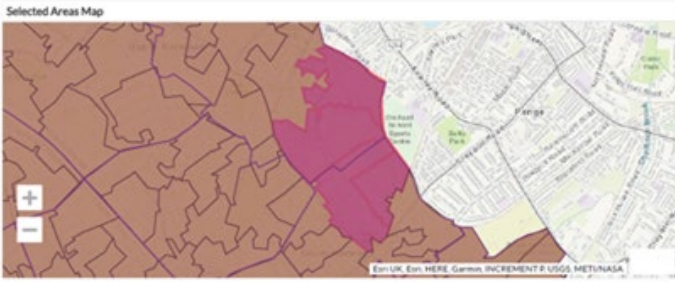
'Young People's Travel – What's Changed and Why? Review and Analysis' (2018)

<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.

1.2.5 Area Baseline: The Croydon Observatory Custom Area Reporter enables selected information to be extracted based on small output areas. Those areas cannot exactly equate to the area of the notional boundary of the temporary and proposed trial LTN. The areas selected /

approximating to the LTN and for which data have been extracted, are indicated below in purple.



Car Availability

39% of households have no car available



1%

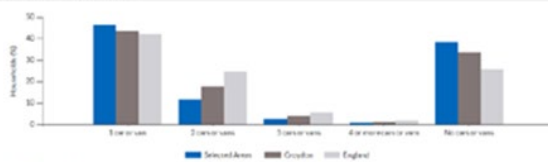
Households with 4+ cars or vans
(2011) [📊](#) [📄](#) [📄](#) [📄](#)



39%

Households with no car/van
(2011) [📊](#) [📄](#) [📄](#) [📄](#)

Number of cars or vans per household



Source: IPAG Census 2011

	Selected Areas		Craydon		England	
	Count	%	Count	%	Count	%
1 car or van	1,374	48.6	63,583	43.6	9,301,776	43.2
2 cars or vans	317	11.6	25,836	17.8	5,441,592	24.7
3 cars or vans	68	2.5	5,571	3.8	1,203,865	5.5
4 or more cars or vans	23	0.8	1,897	1.3	424,883	1.9
No cars or vans	1,052	38.5	48,523	33.5	5,891,251	27.8

Health and Disability



50%

Population with very good health
(2011) [📊](#) [📄](#) [📄](#) [📄](#)



1%

Population with very bad health
(2011) [📊](#) [📄](#) [📄](#) [📄](#)



6%

Population whose activity is limited a lot
(2011) [📊](#) [📄](#) [📄](#) [📄](#)

Age



23%

Percentage of the population aged 0-17
(2019) [📊](#) [📄](#) [📄](#) [📄](#)

Gender



6,301

Total population estimate
(2019) [📊](#) [📄](#) [📄](#) [📄](#)



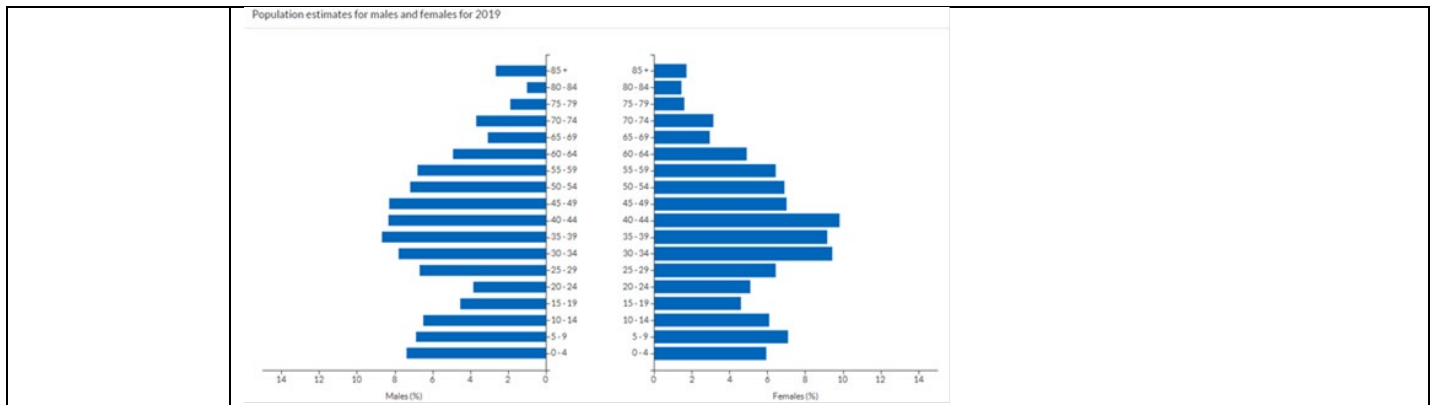
3,034

(48.2%)
Male population estimate
(2019) [📊](#) [📄](#) [📄](#) [📄](#)

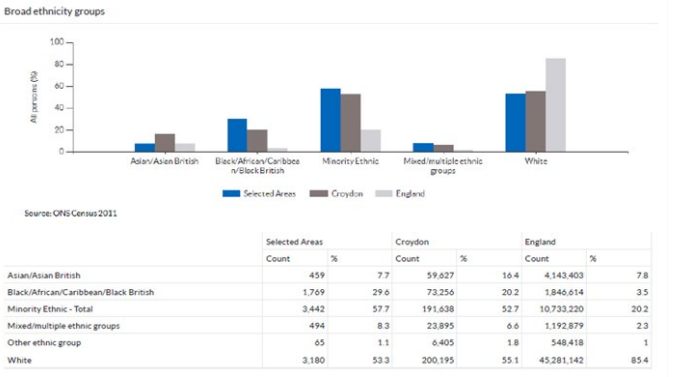


3,267

(51.8%)
Female population estimate
(2019) [📊](#) [📄](#) [📄](#) [📄](#)



Race and Ethnicity



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	Under the proposed trial, residents living within the notional LTN area, having a car registered to their home address and needing to use a car, will be able to use their car with the same ease they enjoyed before the temporary LTN was introduced.	In 2011, the percentage of people living in the area with very bad health or whose activity was limited a lot, was 7%. 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 restriction

	<p>A number of people and the Auckland Surgery have pointed out the need for some older and disabled residents living outside of the LTN area to access the Surgery by car. By moving the bus gate to be by the Surgery, patients will be able to drive to it from either direction in Auckland Road.</p> <p>People with disabilities who currently cycle will be aided by the proposal as will those that do not currently cycle but would like to.</p> <p>Users of the Disabled Persons Freedom Pass should enjoy a quicker and more reliable journey on the 410 as it passes through the trial LTN area. TfL's monitoring of the Temporary scheme suggests that buses on routes bounding the Temporary LTN were not significantly affected by the temporary scheme, compared to the effect of the temporary scaffolding in Church Road.</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 Auckland Road.</p> <p>Taxicard users will have an improved journey via Auckland if in a Taxi. If in a Private Hire vehicle, they will not be able to pass through the 'bus gate' necessitating a different route.</p>	<p>on motor vehicles includes an exemption for district nurses. However, not all carers will be provided with an exemption and for some accessing particular premises by car will require a longer route.</p> <p>People with a disability living beyond the trial LTN area, reliant on cars for travel, needing to access premises within the trial LTN area, may have to take a longer route compared to those walking, cycling or using the 410 bus.</p> <p>People with a disability living beyond the trial LTN area, reliant on cars for travel who previously used Auckland Road to avoid congestion on the A Roads, would not be able to. However in this respect, they would not be disadvantaged relative to non-disabled people living beyond the LTN.</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>
Race/ Ethnicity	None specific (see community Cohesion)	None specific
Gender	TfL's Attitudes to Walking study indicates that 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 and women should both be helped by	None specific

	<p>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. A quarter of the population in the Trial LTN area is under the age of 18 and consequently cannot drive. 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 at Crystal Palace my modern E-bikes.</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 LTN area 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 LTN may wish to drive to visit a friend or relative living within the LTN. If they chose to do so, they will still be able to do so, but the journey time /

	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.	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

1.2.7	<p>In addition to the above are there any other factors that might shape the equality and inclusion outcomes that you need to consider?</p> <p>For example, geographical / area based issues, strengths or weaknesses in partnership working, programme planning or policy implementation</p>
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Crystal Palace is at the top of a hill. There is likely to be need for additional action to help people consider the use of E-Bikes.

1.2.8	<p>Would your proposed change affect any protected groups more significantly than non-protected groups?</p> <p>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.....</p>
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Yes. The project is intended have a significant positive effect on children and young people.

1.2.9 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?

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 project is 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>No, further equality analysis is not required</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>You must include this statement in any report used in decision making, such as a Cabinet report</p>	
<p>Yes, further equality analysis is required</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"> • When you expect to start your full equality analysis • The deadline by which it needs to be completed (for example, the date of submission to Cabinet) • Where and when you expect to publish this analysis (for example, on the council website). <p>You must include this statement in any report used in decision making, such as a Cabinet report.</p>	<p>This document is the start of the Equality Analysis. The Analysis should be informed by research conducted during the trial, research focused on the experiences of those of groups with protected characteristics predicted to be affected by the trial.</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</p>

Decision	Guidance	Response
		<p>informing the Analysis, 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 trial and should be published as part of the documents used in making the recommendation.</p>
Officers that must approve this decision	Name and position	Date
Report author	Ian Plowright, Head of Transport	9/12/2020
Director	Steve Iles, Director of Public Realm	18/12/2020

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)

A Full analysis is required because we already know that the change could have a different / significant impact on individuals with disabilities. A full analysis will enable us the Council to ensure the decision is informed by research conducted during the trial, research focused on the experiences of those of groups with protected characteristics predicted to be affected by the trial. This will provide the opportunity for those most likely to be impacted by the trial to informing the Analysis, the operation of the trial and the design and operation of any scheme that might follow the trial

Name of Officer	Yvonne Okiyo	
Date received by Officer	16.12.20	Please send an acknowledgement
Should a full equality analysis be carried out?	Yes	.