

## Equality Impact Assessments - equality through public services



### Our approach

Equality impact assessments (EIAs) are our chosen way for working out the effect our policies, practices or activities (the word activity will be used throughout this form as an umbrella term) might have on different groups before we reach any decisions or take action. They are an important service improvement tool, making sure that our services are as effective as they can be for everyone Camden serves. They also help to prevent us from taking action that might have outcomes we did not intend.

It is essential that you start to think about the EIA process before you develop any new activity or make changes to an existing activity. This is because the EIA needs to be integral to service improvement rather than an 'add-on'. If equality analysis is done at the end of a process it will often be too late for changes to be made.

If a staff restructure or organisational change is identified as necessary following the review of an activity then an EIA needs to be completed for **both** stages of the process, i.e. one when the activity is reviewed and one when the restructure or organisational change is undertaken.

Members taking decisions must read this EIA and the Council's EIA guidance, "Equality impact assessments - equality through public services, a step-by-step guide" in conjunction with the EIA; the guidance is included as part of this Appendix.

### Stage one - what is being analysed and who is responsible for the equality impact assessment?

This section should be completed to help you plan how you will analyse an activity.

Name of the activity being analysed	Torrington Place / Tavistock Place route – Trial Traffic Scheme
Service and directorate responsible	Transport Strategy, Supporting Communities
Names and posts of staff undertaking the assessment	Charlotte May, Principal Transport Planner Jacqueline Saunders, Interim Team Manager, Transport Policy
Date assessment completed	February 2017
Name of person responsible for sign off of the EIA	David Joyce, Director of Regeneration and Planning, Supporting Communities

## Stage two - planning your equality analysis

This section of the form should be completed when you are developing your proposals for assessing the activity.

The information you will need to collect should be proportionate to the activity that you are looking at. A small change in policy, for example, does not need to be supported by the same amount of evidence and analysis as a major change in service provision.

### Outline the activity being assessed

#### Introduction

In November 2015, the Council decided to begin a trial of new traffic arrangements which removed motor traffic in the westbound direction along the east-west route between Gower Street and Judd Street that includes Torrington Place, Byng Place, Gordon Square, Tavistock Square and Tavistock Place. For the purposes of this assessment and for ease of reference, these streets are referred to as 'the corridor'. The removal of westbound traffic allowed more space to be given to cycling and reduced through motor traffic. The proposal covers part of the Bloomsbury ward and part of the Kings Cross ward.

Following the introduction of the trial, the Council carried out a public consultation exercise in September and October 2016 on whether:

- (a) the trial arrangements should be retained with additional improvements including wider pavements and "stepped" cycle lanes. Stepped cycle lanes run between the pavement and the road. They are lower than the pavement and higher than the carriageway for traffic or:
- (b) the street should be returned to its former layout.

Feedback on the trial between November 2015 and September 2016 is outlined in Appendix B together with an information leaflet delivered along the corridor and in the surrounding area prior to the commencement of the trial. A report on the results of the subsequent public consultation is included in Appendix C as well as the public consultation materials.

This EIA includes the assessment of the impacts on people with protected characteristics should a decision be made to retain the trial, with potential improvements such as widening pavements and introducing stepped cycle lanes to be considered at a later date.

#### Outcomes

The trial arrangement has provided the following benefits, or positive impacts, along the corridor from data collected and consultation responses:

- more protected space for cycling improving perception of safety and increasing capacity for the number of cyclists;
- increased numbers of people cycling including and people diverting from other routes including new cyclists, pregnant women, people with young children, older people and disabled people;
- being a place where disabled cyclists and people walking and cycling with children feel safe or safer than they did before;
- reduced traffic dominance;
- improved pedestrian crossings;

- improved air quality and well-being;
- quieter environment.

However, a number of disadvantages, or negative impacts, have also been identified as a result of the trial and during public consultation:

- displaced traffic onto neighbouring streets;
- congestion and longer journeys for motor vehicles including to hospitals and for hospital appointments; affecting older people, disabled people, young people and pregnant women in particular;
- difficulty in being picked up or set down by taxis or other vehicles;
- increase in cost of taxi fares due to increased journey times;
- reported increase in noise and reduction in air quality on some neighbouring streets;
- increased dangerous behaviour of cyclists.

## Policy considerations

The project aims to support the Council's strategic objective **to invest in our communities to ensure sustainable neighbourhoods and create conditions for economic growth** as set out in The Camden Plan 2012-17 (<https://www.camden.gov.uk/ccm/navigation/council-and-democracy/camden-plan/>).

The recommended outcomes of the project are aligned to the key objectives of Camden's Transport Strategy (<http://camden.gov.uk/ccm/content/transport-and-streets/transport-strategies/camdens-local-implementation-plan/>), including Objective 1: Reduce car use, Objective 2: Facilitate an increase in cycling and modal shift by providing high quality, safe routes and Objective 5: improve the public realm acknowledges that streets are places where people socialise and interact, dwell and enjoy in their own right.

The proposal covers physical and access changes to the streetscape. Therefore pedestrians, wheelchair users and people who have pushchairs, as well as road user groups including cyclists, car users, taxi drivers and taxi passengers would be affected by the proposal. Residents who live in the areas or nearby would also be affected if the trial arrangements were retained in terms of a continuing restriction in access by motor vehicles and associated impacts, as well as improved access by bicycle.

This Equality Impact Assessment (EIA) is being carried out in relation to the proposal in order to identify the potential positive and negative impacts on groups with protected characteristics, as defined by the Equality Act 2010, so as to enable the Council, and individual decision makers such as Cabinet Members in particular, to make sure that they personally have due regard to all the needs set out in section 149 of the Equality Act, to ensure that the Council complies with all its equality duties, and as part of the Council's commitment to reducing inequality, which is reflected in both the Camden Plan, the outcomes of Camden's Equality Taskforce and Camden's Transport Strategy.

## Public Sector Equality Duty (section 149 of the Equality Act 2010)

Section 149, which sets out the Council's Public Sector Equality Duty, provides:

### “149 Public sector equality duty

(1) A public authority must, in the exercise of its functions, have due regard to the need to—

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- (a) tackle prejudice, and
- (b) promote understanding.

(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) The relevant protected characteristics are—

age;  
disability;  
gender reassignment;  
pregnancy and maternity;  
race;  
religion or belief;  
sex;  
sexual orientation.

(8) A reference to conduct that is prohibited by or under this Act includes a reference to—

- a) a breach of an equality clause or rule;
- b) a breach of a non-discrimination rule.

(9) [Schedule 18](#) (exceptions) has effect.”

(There are no relevant exceptions in Schedule 18.)

In relation to disability, the Council must ensure that it acts in accordance with section 29 of the Equality Act 2010, which provides:

"(6) A person must not, in the exercise of a public function that is not the provision of a service to the public or a section of the public, do anything that constitutes discrimination, harassment or victimisation.

(7) A duty to make reasonable adjustments applies to—

...(b) a person who exercises a public function that is not the provision of a service to the public or a section of the public."

In relation to disability, the Council's decision makers should bear in mind need to have drawn to their attention the relevant parts of the United Nations Convention on the Rights of Persons with Disabilities, which refer to:

(1) Promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity (Article 1).

(2) (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (b) Non-discrimination; (c) Full and effective participation and inclusion in society; (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; (e) Equality of opportunity; (f) Accessibility; (g) Equality between men and women; (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities. (Article 3)

(3) In order to promote equality and eliminate discrimination, taking all appropriate steps to ensure that reasonable adjustment is provided. (Article 5)

(4) To enable persons with disabilities to live independently and participate fully in all aspects of life, taking appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, among other things, Buildings, roads, transportation and other indoor and outdoor facilities, and other

services, including emergency services. (Article 9(1))

(5) Personal Mobility: taking effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

(a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;

(b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost (Article 20)

(6) With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, taking appropriate measures:

(a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels; (b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources; (c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues; (d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system; (e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities. (Article 30(5)).

In relation to children the Council's decision makers should bear in mind parts of the United Nations Convention on the Rights of the Child which refer to:

(1) respecting and ensuring the rights set forth in the Convention to each child without discrimination of any kind, irrespective of the child's, or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status (Art 2)

(2) ensuring the child such protection and care as is necessary for his or her well-being (Art 3)

(3) recognising that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (Art 23)

(4) recognising and seeking to implement the right of the child to the enjoyment of the highest attainable standard of health, including taking appropriate measures: to diminish infant and child mortality; to combat disease, taking into consideration the dangers and risks of environmental pollution (Art 24)

(5) recognising the right of the child to leisure, to engage in play and recreational activities appropriate to the age of the child; encouraging the provision of appropriate and equal opportunities for recreational and leisure activity (Art 31).

The assessment will set out actions that will be taken to mitigate or minimise any negative impacts. Where mitigating action cannot be taken, or the impacts cannot be wholly mitigated, the reason why will be explained. This Equalities Impact Assessment follows one carried out as part of the decision making process on whether or not a trial should be undertaken in November 2015.

(1) Data about groups with protected characteristics

Data on protected characteristics of individual respondents was not collected as part of the public consultation, although some individual respondents provided such information. However, the Census 2011 provides some equality data on the resident population in Bloomsbury and King's Cross wards as well as reports and studies referenced below. So it is possible to make some assumptions on the impacts that the proposal would have on resident groups with protected characteristics. In addition, local groups representing people with protected characteristics were contacted during the consultation, and following the consultation in order to prepare this assessment. Where these groups responded, their comments are addressed in the consultation section below. It is also acknowledged that pedestrians and road users who are not residents in the Bloomsbury and Kings Cross wards would be affected by the proposal and so other sources of information, including Freedom Pass and Taxicard usage data<sup>1</sup>, have been collated and analysed to help inform this Equality Impact Assessment.

**Age**

Bloomsbury

	Area No	Area %	Camden %
<b>All Ages</b>	<b>10,892</b>	<b>100%</b>	<b>100%</b>
0-4	294	2.7%	6.0%
5-15	483	4.4%	10.1%
16-29	4,914	45.1%	26.6%
30-44	2,412	22.1%	27.0%
45-59	1,326	12.2%	15.2%
60-74	990	9.1%	10.1%
75-89	434	4.0%	4.5%
90+	39	0.4%	0.5%

King's Cross

	Area No	Area %	Camden %
<b>All Ages</b>	<b>11,843</b>	<b>100%</b>	<b>100%</b>
0-4	561	4.7%	6.0%
5-15	1,157	9.8%	10.1%
16-29	5,043	42.6%	26.6%
30-44	2,481	20.9%	27.0%
45-59	1,366	11.5%	15.2%
60-74	840	7.1%	10.1%
75-89	362	3.1%	4.5%
90+	33	0.3%	0.5%

According to data from the 2011 census, 7.1% of the population of Bloomsbury ward, and 14.5% of the population of Kings Cross ward is under 16. The Camden average for the proportion of the population that is under 16 is 16.1%.

13.4% and 10.4% of the population of the Bloomsbury and King's Cross wards respectively is over 60. This compares to the borough average of 15.1%.

<sup>1</sup> The London Taxicard scheme provides subsidised taxi transport for people who have serious mobility or visual impairment and who have difficulty using public transport.

For public transport users, there are two Freedom Passes; one for people aged 64 or above and one for disabled people under 64. The Freedom Pass allows people free travel across London and free local bus journeys nationally.



The proportion of older residents and under 16s in the project area is lower than the borough average.

### *Freedom Pass and Taxicard usage data*

The Freedom Pass and Taxicard usage data shows that older people use buses more often than taxis. With regard to Camden, 9.2 million public transport trips were made by Camden residents with an older person's Freedom Pass in 2014/15 (the latest available data from Transport for London). Of these 6.9 million (76%) were made by bus over other forms of public transport.

The Camden Transport Strategy Equalities Impact Assessment states that, on the whole, older people are less likely to travel than younger people; the number of journeys made declines with age and the trips get shorter, due to changing needs, income and disability/reduced mobility. Older people's travel purposes also differ from younger people, mainly due to retirement from work. Older people are also more dependent on public transport and walking, particularly women – who also comprise the majority of older people.<sup>2</sup> Therefore, transport strategies should seek to improve the walking environment and access to public transport.

For older people in Camden, transport is a key issue. When consultation was conducted in the development of the London Borough of Camden's Older People's Plan, 2008, reliable and accessible transport was often cited as a crucial element for quality of life, enabling people to visit friends and families and take part in activities. The Blue Badge, Freedom Pass and Taxicard schemes were appreciated by many as a lifeline. There were calls for better parking solutions for people's family and visiting carers and also for accessible transport services at night so that people could take part in evening activities.

The quality of public transport provision, and particularly buses, was also cited as a major concern. However, there was also recognition that Camden is privileged to have access to a wide range of transport options.

## **Disability**

### Bloomsbury

	Area No	Area %	Camden %
<b>All people</b>			
Day-to-day activities limited	1,337	12.3%	14.4%
Not limited	188,507	1730.7%	85.6%

### King's Cross

	Area No	Area %	Camden %
<b>All people</b>			
Day-to-day activities limited	1,583	13.4%	14.4%
Not limited	188,507	1591.7%	85.6%

In the 2011 census, 12.3% of the population of Bloomsbury ward and 13.4% of King's Cross ward self-reported as having an activity-limiting illness. This compares with a Camden average of 14.4%.

The main modes of transport used by disabled Londoners at least once a week are walking

<sup>2</sup> GLA 2014 Round "Camden Development, Capped AHS" for mid-2015

(78%), bus (56%), car as a passenger (47%) and car as a driver (26%). Disabled Londoners are less likely to use a car as a driver (26%) than non-disabled Londoners (41%) and are slightly less likely to use the car as a passenger (47%) compared to (48%). A slightly lower level of use as between disabled and non-disabled Londoners is also seen for the black cabs (4% and 5% respectively) but a slightly higher level of use for other taxis / minicabs (8% compared to 6% for non-disabled people). 15% of disabled Londoners cycle at least once a week in the summer compared to 18% of non-disabled Londoners.<sup>3</sup>

### *Freedom Pass and Taxicard usage data*

The data shows that disabled people use buses more often than taxis. Trips by bus specifically are higher amongst disabled residents than the London population – 0.44 compared with 0.40 per person per day.<sup>4</sup>

For disabled people under the age of 64, 2.8 million public transport trips were made by Camden residents registered for the Freedom Pass, of which 2.2 million (79%) were made by bus. The bus is clearly an important transport mode for disabled people and improvements to bus stop accessibility, bus journey times and reliability would provide significant benefits for people who rely on them.

According to Taxicard usage data to date for 2015/16, the average number of trips made per month by Camden residents is 3,965, making the number of trips per year approximately 47,500. (The London Taxicard scheme provides subsidised door to door journeys, via a capped allowance, in licensed taxis and private hire vehicles for London residents who have serious mobility or visual impairments).

The volume of trips made by Taxicard users is clearly far lower than the number of trips made by Freedom Pass users (the ratio is 1:25).

### **Gender reassignment**

There is no data available on the numbers of people in the area under this protected characteristic. Primary Care Trusts and Specialist Commissioning Groups do collect data on the number of commissioning decisions made in relation to gender reassignment treatment. However, this data is not publicly available and also does not include the number of people in the trans population who are refused treatment or who may require treatment but are not able to access it.<sup>5</sup>

### **Pregnancy and maternity**

There is no data available on the numbers of people in the area under this protected characteristic, although 2011 census data shows that compared to a borough average of 6.4% lone parents households, there is a higher proportion of lone parent households in Kings Cross ward (8.6%) and a lower proportion in Bloomsbury ward (3.4%).

In terms of numbers of births, there are approximately 3,120 births a year in Camden, equivalent to a fertility rate of 52 births per 1,000 women. Bloomsbury and Kings Cross wards have lower birth rates than Camden as a whole.<sup>6</sup> Compared to England and London, Camden has a high

<sup>3</sup> Travel in London: Understanding our diverse communities, TfL, 2015

<sup>4</sup> Transport for London, Travel in London Report 7, 2015

<sup>5</sup> A review of access to NHS gender reassignment services (England only), Equality and Human Rights Commission, 2011

<sup>6</sup> Joint Strategic Needs Assessment, Camden Council, 2013

proportion of births to older mothers (34% to mothers over 35 years of age compared to 26% (London) and 20% (England), increasing the risk of conditions such as Downs Syndrome and other congenital abnormalities, requiring more frequent screening and intervention. Camden also has a higher rate of caesarean sections. This information indicates that there is a need for good hospital access and access for emergency services.

## Race

### Bloomsbury

	Area No	Area %	Camden %
<b>All ethnic groups</b>	<b>10,892</b>	<b>100%</b>	<b>100%</b>
White	6,491	59.6%	66.3%
Mixed/Multiple Ethnic Groups	500	4.6%	5.6%
Asian or Asian British	2,712	24.9%	16.1%
Black or Black British	731	6.7%	8.2%
Other Ethnic Group	458	4.2%	3.8%
<b>Black &amp; Minority Ethnic Groups<sup>1</sup></b>	<b>4,401</b>	<b>40.4%</b>	<b>33.7%</b>
<b>All Minority Ethnic Groups<sup>2</sup></b>	<b>6,688</b>	<b>61.4%</b>	<b>56.0%</b>

### King's Cross

	Area No	Area %	Camden %
<b>All ethnic groups</b>	<b>11,843</b>	<b>100%</b>	<b>100%</b>
White	6,015	50.8%	66.3%
Mixed/Multiple Ethnic Groups	650	5.5%	5.6%
Asian or Asian British	3,467	29.3%	16.1%
Black or Black British	1,280	10.8%	8.2%
Other Ethnic Group	431	3.6%	3.8%
<b>Black &amp; Minority Ethnic Groups<sup>1</sup></b>	<b>5,828</b>	<b>49.2%</b>	<b>33.7%</b>
<b>All Minority Ethnic Groups<sup>2</sup></b>	<b>8,098</b>	<b>68.4%</b>	<b>56.0%</b>

According to data from the 2011 census, the proportion of Black and Minority Ethnic (BME) groups in Bloomsbury and King's Cross wards is 40.4% and 49.2% respectively. These exceed the Camden BME average of 33.7%.

TfL research<sup>7</sup> also shows that BME Londoners are less likely than other groups to cycle. Improvements to provision for walking and cycling in Bloomsbury and King's Cross could therefore benefit BME groups and encourage more people from this protected group to cycle. The proposal could therefore have a positive impact on the health of the ethnicity protected group.

Use of cars among BAME Londoners is lower than for white Londoners. Use of buses is particularly high among black Londoners, with 77% catching the bus at least once a week.

## Religion or belief

Published data and information about Religion and Beliefs is available from the 2011 Census. However the figures for Camden are subject to being updated by ONS due to an error made in the original calculations. The published figures are provided below but should be treated with an element of caution.

<sup>7</sup> Travel in London Reports, Analysis of Cycling Potential (2010)

## Bloomsbury

	Area No	Area %	Camden %
<b>All (including Not Stated and No Religion)</b>	<b>10,892</b>	<b>100%</b>	<b>100%</b>
Christian	3,343	30.7%	34.0%
Buddhist	231	2.1%	1.3%
Hindu	267	2.5%	1.4%
Jewish	151	1.4%	4.5%
Muslim	948	8.7%	12.1%
Sikh	38	0.3%	0.2%
Other religion	72	0.7%	0.6%
No religion	3,049	28.0%	25.5%
Religion not stated	2,793	25.6%	20.5%

## Kings Cross

	Area No	Area %	Camden %
<b>All (including Not Stated and No Religion)</b>	<b>11,843</b>	<b>100%</b>	<b>100%</b>
Christian	3,551	30.0%	34.0%
Buddhist	235	2.0%	1.3%
Hindu	201	1.7%	1.4%
Jewish	100	0.8%	4.5%
Muslim	2,137	18.0%	12.1%
Sikh	47	0.4%	0.2%
Other religion	63	0.5%	0.6%
No religion	2,945	24.9%	25.5%
Religion not stated	2,564	21.6%	20.5%

As shown in the published data, there is a higher proportion of Muslims in the King's Cross ward (18.0%) than the average for the borough (12.1%), but a lower proportion in Bloomsbury (8.7%).

Camden is home to a wide range of other faiths including Christian, Muslim, Sikh, Jewish, Hindu and Buddhist. The largest faith population is Christian at 34% of the population. Muslims comprise the second largest faith group; in 2011, 12.1% of people living in Camden classified themselves as Muslims.

The Camden Transport Strategy EIA notes that many of the issues associated with ethnicity also apply to faith. While much of the research does in fact group these two equalities groups together, religion is considered a more defining characteristic for some minority 'ethnic' groups than ethnicity (Camden: Census Fact Sheet 2001).

Religious observance may affect when and where people travel. Places of worship and faith based schools are major destinations for large populations from different groups, particularly on certain dates and at certain times of the day. It is therefore important that routes to and around these destinations are safe.

## **Sex/gender**

### Bloomsbury

	Area No	Area %	Camden %
<b>Male</b>	5,686	52.2%	49.0%
<b>Female</b>	5,206	47.8%	51.0%

### Kings Cross

	Area No	Area %	Camden %
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Male	5,926	50.0%	49.0%
Female	5,917	50.0%	51.0%

According to data from 2011 census, there are more men than women in Bloomsbury ward, and approximately equal proportions of men and women in King's Cross ward.

In Camden as a whole, there are more older women than older men, more boys than girls, while the working-age population is split 51/49 women to men. Results of a Camden Talks survey in 2010 show that both men and women rate road safety almost equally, with 36% of men and 35% of women saying it was a priority concern. However, in the case of women, this was their top priority, whereas for men 38% rated improvements to congestion as their top priority.

Research shows that women's multiple roles, often encompassing both work and family responsibilities, mean that their travel needs can be far more complex than those of men. Women are likely to be the chief carers of children, elderly, sick and disabled. Therefore their journeys are likely to involve travelling with an additional, dependent and/or vulnerable person: women make 67% of all escorting trips and are almost five times as likely as men to be making trips with children aged under five. In addition women make 77% of all escorted trips to school (TfL: An Action Plan for Women, 2004).

Both distance to work and the amount of time available for work means many more women look for work close to home and take lower paid, part-time work than men. Women comprise 70% of the workforce working part-time, and work trips are likely to be within the same borough (TfL: Action Plan for Women, 2004). These trips are therefore more amenable to cycling.

Women's transport needs tend to differ to those of men because of these multiple roles. Their lifestyles involve more complex and multiple journey "chains". They often take shorter, more frequent and more local routes as well as commuter journeys, and are more dependent on buses and walking (Local Travel Demand Survey, TfL, 2011). Household survey data shows that women make 24% of their journeys by public transport and make 15% more trips than men, mainly due to a higher number of walking and bus trips. Women are therefore already heavy users of public transport.

In terms of cycling, protected cycle routes have higher proportions of women, as well as older people and children, than unprotected cycle routes.<sup>8</sup>

### *Safety and personal security*

Perceptions of road safety and personal security can have a significant impact on the way that both men and women travel. Women's choice of how, and how far, to travel due to cost and time, may be further limited by fears about personal security. Women are four times more likely as men to be worried about safety at night (TfL: An Action Plan for Women, 2004). This will impact on their choices, and possibly restrict the places they visit and times of travel, or they may choose not to travel at all. Women are also more likely than men to say that fear of crime has an impact on their quality of life.

Although women walk longer distances and more frequently, men are more likely to be killed or seriously injured on all modes of transport, including as pedestrians (DfT, 2003).

### **Sexual orientation**

<sup>8</sup> Diversifying and normalising cycling in London, UK: An exploratory study on the influence of infrastructure, Aldred and Dales, 2016

There is no data available on the numbers of people in the area under this protected characteristic. However, the Government's Treasury Department estimated that 6% of the UK population was lesbian, gay and bisexual in 2005, when conducting research into the impact of the Civil Partnerships Act. Estimates suggest that the figure in London is in the region of 10%<sup>9</sup> with an approximate lesbian, gay and bisexual population in Camden of around 22,500.<sup>6</sup> The GLA report noted that hate crime continues to blight the lives of many lesbian, gay and bisexual people and that a number of issues make personal safety a particular concern for the community including a lack of lighting or poor visibility at bus stops, stations and car parks, physical environments that feel unsafe, e.g. long subways, isolated bus stops, and security concerns about travelling from stations and bus stops, particularly at night. The GLA report recommends that in order to help design out crime and create an environment which makes lesbian, gay and bisexual people, feel safer and less vulnerable to homophobic hate crime, in line with the London Plan, routes and spaces should be legible, overlooked and well-maintained to maximise activity throughout the day and night and pedestrian, cyclists and vehicular routes should be well-defined and integrated and limit opportunities for concealment.

National research estimates that there are between 300,000 and 500,000 transgender people living in the UK, or between 0.6% and 1% of the population<sup>10</sup> which would equate to between 1,446 and 2,411 people in Camden (assuming a population of 241,059<sup>11</sup>). It should be noted that this figure does not include the number of people in the trans population who are refused treatment or how may require treatment but are not able to access it. It would appear to be a reasonable assumption that personal safety issues that affect lesbian, gay and bisexual people also affect transgender people.

## **(2) Information gathered about impacts of the proposal.**

Traffic modelling was undertaken prior to a decision being made on whether or not to go ahead with the trial in November 2015. Extensive traffic monitoring was carried out before and during the implementation of the trial to assist in assessing the impact on traffic along the corridor and in the surrounding area. The numbers of pedestrians and cyclists along the corridor were also monitored. The data showed that the numbers of pedestrians before and during the trial was broadly similar, but that the number of cyclists increased in the morning and evening rush hours by up to 52%

Full results of the traffic monitoring are shown in the consultation material at <https://consultations.wearecamden.org/corporate-services/torrington-place-tavistock-place-route-proposed-im/> under "related – detailed information". Traffic along the corridor and in some neighbouring streets decreased, but traffic was displaced to some other routes. It should be noted that some traffic displacement was due to the large number of construction projects in the area, as well as utility works, involving road or lane closures for substantial periods during the trial and specifically during the traffic monitoring period. The key streets with substantial percentage increases in traffic at particular times of the day are listed below:

- Endsleigh Gardens (east of Gordon Street) eastbound – from 50 vehicles an hour to 327 vehicles an hour between 12 noon and 1pm (increase of 554%)
- Endsleigh Place (east of Taviton Street) eastbound – from 24 vehicles an hour to 136

<sup>9</sup> Assessment of the GLA's impact on lesbian, gay and bisexual equality, GLA, 2011

<sup>10</sup> Reed, Rhodes, Schofield and Wylie, Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution Gender Identity Research in Education Society, 2009

<sup>11</sup> ONS Mid-year Population Estimates, © Crown Copyright - OGL, 2016.

vehicles an hour between 5.45 and 6.45pm (increase of 467%)

- Grafton Way (East of Whitfield Street) westbound – from 51 vehicles an hour to 235 vehicles an hour between 8.45 and 9.45am (increase of 361%)
- Gower Place (west of Gower Court) westbound – from 51 vehicles an hour to 187 vehicles an hour between 8.45 and 9.45am (increase of 267%)
- Tavistock Square (north of Tavistock Place) – from 67 vehicles an hour to 285 vehicles an hour (increase of 325%)
- Tavistock Square West (south of Endsleigh Place) northbound – from 61 vehicles an hour to 305 vehicles an hour between 8.45 and 9.45am (increase of up to 400%)

The increase in traffic on these streets is largely due to fewer routes being available for access to Euston Station and University College London Hospital.

### (3) Information gathered about air quality impacts

Nitrogen dioxide monitoring was carried out at two sites along the corridor, on Gordon Square and Tavistock Place, and at a third site where the Council has a permanent monitoring station, at Russell Square. Nitrogen dioxide, which is harmful to human health, is the key air pollutant of concern in Central London, where many streets breach the annual mean health-based limit of 40 microgrammes per cubic metre. The main source of nitrogen dioxide is motor traffic. Air quality monitoring information gained over seven months at the three sites in the project area where nitrogen dioxide emissions have been measured indicates improvements in air quality (compared with four months before the trial), of between 9% and 20%.

Monitor Location	Before trial 01/07/2015 – 08/11/2015	During trial 24/11/2015 – 01/07/2016	Absolute change	% Change
Gordon Square	51.38	46.67	4.71	-9%
Russell Square	46.60	41.78	4.82	-10%
Tavistock Place	33.11	26.23	6.88	- 21%

The traffic modelling undertaken prior to the trial underestimated the traffic displacement experienced after it was implemented. This underestimate is due (in part) to the fact that modelling makes various assumptions about what journeys will be generated, their origins and destinations and the routes people will choose and therefore can only be an indicator of what may happen in reality. In addition, as set out above, it is likely that a proportion of the traffic displacement was due to the large number of construction projects being undertaken in the area, as well as utility works.

As a result of the underestimation of the traffic displacement, air quality monitoring was not carried out more widely. Following requests from local residents during public consultation, and following the traffic monitoring during the trial, air quality monitors were installed in February 2017 at the following sites Endsleigh Gardens, Judd Street and Coram Street, where traffic volumes were measured as having increased substantially or residents had expressed concerns over traffic volumes. Unfortunately, therefore, there is no air quality monitoring information at these sites covering the period before the trial. However, the current levels of nitrogen dioxide emissions will be compared against the locations above after a period of at least three months and will be taken into account in consideration of any possible and appropriate mitigation measures at a later date such as area-wide traffic management or point closures.





After the pre-consultation engagement described in Appendix B, public consultation on the Torrington Place to Tavistock Place experimental traffic changes was undertaken in September and October 2016 to seek views from people who live, work and study in the area, as well as local groups, institutions, statutory groups and people who pass through the area (including taxi drivers and cyclists). Information on protected groups was not collected as part of the consultation. A total of 15,095 people responded to the consultation and 79% of respondents supported retaining the current street layout, with improvements, while 21% did not support the proposals, and 1% expressed no opinion.

However, a number of concerns were expressed about the proposal, during consultation.

10% of respondents were concerned about displaced traffic, longer motor vehicle journey times and increased taxi fares affecting journeys (such as those to the hospital) for older people, disabled people, pregnant women and children. Over half of the respondents mentioning displaced traffic were taxi drivers, about a quarter were residents and the remainder were hospital staff or other groups such as business owners or employees, students, or people passing through the area.

4% of respondents were concerned about a reduction in air quality on surrounding streets. Of these respondents the majority were taxi drivers (58%), followed by residents (19%), hospital staff (1%) and other groups.

1% of all respondents expressed concern that the trial layout on the Torrington Tavistock corridor was causing or could cause delays to emergency services. Of those expressing these concerns, over half were taxi drivers, about a third were residents and the remainder were hospital patients or employees.

1% of respondents were concerned about the impact of the trial layout on disabled people including the increased cost of taxi fares and the difficulty of accessing the Tavistock hotel or other locations on the southern side of the corridor using a wheelchair ramp. These respondents included taxi drivers, disabled people, hospital patients and residents with disabled visitors. A further 2% of respondents mentioned taxi drop-off and loading /servicing issues along the route.

Of respondents who identified as using wheelchair and mobility scooters, 40% were in favour of retaining the trial layout, 53% were against retaining the trial scheme and 7% had no opinion.

Organisations that were consulted under the protected groups and a summary of their response, where provided, are listed below. In addition, responses from individuals that made comments in relation to the protected groups are included.

### Age

The groups below were contacted during the consultation or in preparing this assessment:

#### *Young people*

- *Argyle Primary School, Tonbridge Street, WC1H 9EG* – The school had neither a positive nor a negative view of the proposal.
- *Calthorpe Project Children's Facilities, Gray's Inn Road, WC1X 8LH* - no response was received.
- *Camden Chinese Community Centre Youth Club, Tavistock Place, WC1H 9SN* - no response was received.
- *Chadswell Healthy Living Centre, Harrison Street, WC1H 8JF* - running groups and classes for young and older people and Bengali, Chinese and Somali people - no response was received.

- *Coram Fields under 3s and under 5s drop in sessions, Guilford Street, WC1N 1DN* - no response was received.
- *Kings Cross Neighbourhood Centre, Argyle Street, WC1H 8EF* – services and activities for young, older and disabled people in the Bangladeshi, Chinese and Somali communities - no response was received.

Fifty-three individual respondents also mentioned travelling with their children or grandchildren along the route or in the area including the following forty-seven positive comments:

- Safer for cycling with young children due to the width allowing overtaking and clarity of the layout for other road users (15).
- Safe enough to travel with my children on my bike or their own bikes — something I would not have done before (12).
- Safer to walk and cycle along the route with my children with less pollution and a generally nicer environment (7)
- The new layout has given me the confidence to cycle to appointments with my 3 year old daughter who is a patient at UCH, ensuring we get there in time and setting a positive example of an active lifestyle for her.(1)
- Since the trial started, walking and cycling in the area is much more enjoyable and safe. Although there appears to be more traffic on some other roads, overall, it feels much better distributed throughout the area, with less idling traffic and congestion, and air quality feels better as a result. I have two young children and it is far easier and safer to move around the neighbourhood now. It is also quieter. (1)
- Until recently, I have cycled into Gordon Square to bring my two children to nursery. I welcome the improvements along the route although feel that one (perhaps unanticipated) consequence has been that both traffic and cyclists travel faster to the detriment of pedestrians - especially those crossing the road at crossings. (1)
- This trial has made it possible for me to travel this route with my children with a cargo bike. I previously felt this to be impossible. I don't hold up traffic and angry taxi drivers don't shout abuse at me and my daughter which they seem to have done regularly before (3)
- It makes it far easier and safer to walk in the local area and cross the roads with my children. (2)
- The improved cycle route is especially great when cycling with children who are too confident to cycle on the pavement, but too small to cycle on the road.(1)
- My 5 and 2yr olds and I can breathe more easily and less coughing as there is less heavy traffic. Definite reduction since the summer; coughs for almost one year solidly then stopped slowly since new layout. (1)
- I have worked in this area since 1996. I now transport a grandchild at least twice a week from home near the British Museum to his nursery. There has never been a time when the traffic has been calmer, when drivers have been more attentive to the huge diversity of local road users and when both pedestrians and cyclists have felt safer and cleaner. (1)
- The new road layout has successfully diminished traffic congestion outside our windows which are less than 2 metres from the highway. This has had a positive effect on all our family's health. My disabled son has not needed to use his inhaler as frequently as before, in fact hardly ever now. As well as respiratory problems, he has sensory processing difficulties. Congestion and car horn noises which used to be the norm daily until 11pm meant that running engine noise and horn usage caused him to be extremely unsettled and unable to focus. This current road layout has transformed the quality of our lives. Tavistock Place is also a safer area for pedestrians, which is an important factor to us as our son grows up and begins to walk in the area independently.(1)
- My son's asthma has got considerably better in the short space of time the trial has been in place. I believe the levels of nitrogen oxides and diesel particulates before the trial were excessively dangerous, to the point of contravening the EU regulations on emissions. (1)

Six respondents commenting negatively on the trial with regard to travelling with young children:

- This has impacted on picking up our grandchildren from school in Kilburn or Highgate as we have to allow up to an additional hour on our travel time.(1)
- I have to take my son to his appointments at UCH and the McMillan centre - we have been late on numerous occasions following the "improvements" made to this area, we leave earlier and earlier, but still get there later. (1)
- These changes have actually increased traffic in the area and can be dangerous for our children going to school. (1)
- I have two small children at home and in the event of a serious emergency with one of them delays caused by the trial layout could be fatal as the closest hospital the Great Ormond Street has no A & E (1)
- Taking my son to hospital would only be few min drive down, now it almost takes me over 30-40min by car if he is unwell. Or even by bus we sometimes have to get off and start to walk. (1)
- At the moment, the scheme is not fit for children to ride on because of incursions by the taxi rank and loading bays, and conflict with turning oncoming motors at junctions. (1)

Additionally one respondent asked that the pavements be widened next to Tavistock Square Gardens where he walks with his son as it is too narrow especially as this is a busy route for people walking from the buses into town/Tottenham Court Road.

#### *Older people*

- *Age UK, Tavistock Square, WC1H 9NA*- no response was received.
- *Chadswell Healthy Living Centre, Harrison Street, WC1H 8JF* - running groups and classes for young and older people and Bengali, Chinese and Somali people - no response was received.
- *Kings Cross Neighbourhood Centre, Argyle Street, WC1H 8EF* – services and activities for young, older and disabled people in the Bangladeshi, Chinese and Somali communities - no response was received.

In addition to the longer journeys times to hospitals, mentioned above, twenty- comments were made by individuals in relation to older people:

#### Positive comments:

- I am an elderly (78) cyclist and semi-retired academic at UCL. I now wobble and found the previous two-way-single-lane cycle path dangerous and stopped using it. I am much more confident using the one-way cycle lanes and have resumed using the Santander bikes outside my front door. (1)

#### Negative comments:

- Cyclists ignore red lights and ride on pavements or ride aggressively cycling. (6)
- Rubber blocks need to be adequately signposted/painted to ensure that especially older people can see/are aware of them and that they are not trip hazards.(2)
- As an elderly resident (age 75) I need my car quite regularly. It is increasingly difficult to use my car without tangling with Euston Road and its traffic jams. I used to be able to drive into and across Central London without using Euston Road. Now I cannot. Traffic jams on Judd Street are far worse and there is a marked increase in the traffic using Thanet Street. Much of this traffic travels far faster than 20 mph in what is supposed to be a quiet

residential street. This increase is due to the combined effect of the changes in Torrington Place and the non-availability of a left turn eastbound traffic at the Marchmont Street traffic lights. Trial has tipped the balance too far in favour of cyclists' convenience, frustrating motorists who then drive faster when they get the chance (such as down Thanet Street) (1).

- Elderly residents can no longer come out of the front door and hail a taxi (from Tavistock Place). One neighbour is 91 and has a lot of outpatient appointments at UCLH. It is very difficult for him to walk to Woburn Place to get a taxi, and the cost is much greater because the obvious route via Tottenham Court Road is no longer available. (1)
- No access for elderly people using Dial a Ride services. (1)
- Elderly mother was knocked down by a cyclist. (1)
- Older people are more at risk from being hit by a cyclist as they have to cross the road when being unloaded from a mobility coach.(1)
- The loading zone on Torrington Place is not sufficient for disabled and elderly residents to access their homes. Better signage would help but a better solution is pedestrianisation. (1)
- The trial has caused many difficulties for elderly residents like my husband and myself. Endsleigh Street & Gardens are so busy & noisy now & Tavistock Square no longer a haven of peace where office workers like to lunch. Upper Woburn Place and Southampton Row are so jammed with cars & cyclists that buses take inestimable time to reach our important appointments. (1)
- A major difficulty for elderly residents of Gordon Mansions is taxi set down. Since the trial there is hardly any scope for taxi set down for Gordon Mansions residents in Torrington Place. The only set down is in Huntley Street, but Huntley Street itself has now become short of space. Please consider a dedicated Gordon Mansions set down/delivery bay. (1)
- Would you be able to liaise with the Taxi Drivers Association and the providers of SatNavs to help drivers find better routes for local traffic to help reduce taxi fares? (1)
- More difficult for older people to cross the road since cycle lanes have been separated.(1)
- Keep kerbs as these enable easier access for disabled and elderly people to vehicles (1)
- Roads should be wide enough to enable a parked taxi to load such customers or allow an ambulance to load their casualty.(1)
- Those who live around Judd Street such as myself live in one of the few mixed residential areas in central London, and we are an aging population increasingly associated with mobility and disability problems. More cycle lanes are of no value to us. Safe and clean streets are. (1)

## Disability

The groups below were contacted during the consultation or in preparing this assessment:

- *Centre for Accessible Environments, Red Lion Court, EC4A 3EB* – no response was received.
- *Deaf Parenting UK Harmond Centre drop in, c/o Gordon Square, WC1H 0PD* – no response was received.
- *Guide Dogs UK, Melton Street NW1 2EJ* - .Guide Dogs would like to retain the trial layout but share the concerns of the Royal National Institute for the Blind below.
- *Kings Cross Neighbourhood Centre, Argyle Street, WC1H 8EF* – services and activities for young, older and disabled people in the Bangladeshi, Chinese and Somali communities - no response was received.
- *MIND in Camden* – no response was received
- *Royal National Institute for the Blind (RNIB)* – The RNIB would like a full professional access audit to be undertaken prior to the detailed design being finalised, in line with the requirements of the Equality Act 2010. RNIB was concerned about the access to the Tavistock Hotel for wheelchair users and along the route without any attempt by the

Council to address the problem. They were also concerned about cyclists jumping red lights as this is a particular problem for blind and partially-sighted people. They would like the Council to collect data on minor collisions and near misses. They expressed concern that an EIA was not carried out prior to the consultation on closing Judd Street at its junction with Euston Road (as a link to the north-south cycle superhighway) and that if Judd Street were closed, adjacent streets would become rat-runs and would place blind and partially-sighted people at higher risk when using informal crossings. RNIB supports wider pavements but would like to see the width specified. RNIB also supports direct crossings and removal of unnecessary street furniture. RNIB is concerned about raised junctions and the stepped cycle lane in terms of kerb height and would like a detectable kerb of at least 60mm. Tactile paving has been omitted from the plans but RNIB assumes that this will be in line with national guidance in terms of colours used at different crossing points and with a tail of 1200mm at controlled crossings. RNIB would like the cycle track to be a different colour to the road but if that is not possible, it needs to be of sufficient contrast to the pavement. The kerb height at Byng Place is not sufficiently detectable as it is only 50mm. RNIB would prefer the cycle lane to be differentiated by a change in colour and level difference as there is significant potential for pedestrian/cycle conflict. Increase cycle parking around Byng Place as cycles are currently chained to street furniture causing an obstruction. RNIB is concerned about the provision of loading areas at grade (on the pavement) as blind or partially-sighted people are at risk of bumping into moving or stationary vehicles. RNIB would like a detectable kerb of at least 60mm with sufficient tonal contrast. RNIB would like clarification on materials used throughout including for paving, carriageway and delineation. Materials should be hard-wearing, slip-resistant and satisfactorily reinstated by utility companies. If the scheme goes ahead, its construction needs to be managed carefully with regard to the needs of blind and partially-sighted people and RNIB would like to work with the Council in this regard.

- *Royal Association for Deaf People Advice Service, 5 Pancras Square, N1C 4AG* - no response was received.
- *Visually Impaired in Camden (VIC), Somers Town Community Centre, Ossulston Street, NW1 1EE* – no response was received.
- *Wheels for Wellbeing, Brixton Road, SW9 7AA* – Would like to retain the current layout. As an inclusive cycling charity, Wheels for Wellbeing welcomes the current street layout. The design encourages more and different kinds of people to cycle through the area by increasing cycling capacity and improving safety for cyclists, as well as reducing noise and traffic pollution. The old layout was too narrow for trikes and hand-cycles, particularly at peak times in the morning and evening. Even if physically possible, being constricted within a narrow track excludes people who use larger cycles because of anxiety over becoming stuck, causing an incident, or just getting in everyone's way. The new layout is far more inclusive and more likely to encourage under-represented and less confident groups of cyclists, including disabled and elderly cyclists, to cycle along the road. Opening up cycling infrastructure to under-represented groups in this way will help ensure the council is meeting its obligation towards disabled cyclists as part of the Public Sector Equality Duty (PSED) and Equality Act 2010. The taxi rank located in Tavistock Square should not pose any issues, given that people should (always) alight on the pavement side and that taxis will be facing oncoming cycles, thus making for good visibility.

Forty-one comments were also made by wheelchair or mobility scooter users or other individual respondents on the impact of the scheme on disabled people and other than those mentioned at the beginning of this section, these are set out below.

Positive comments:

- As a passenger in a car who then transfers into a wheel-chair I welcome all traffic calming,

reducing measures. (1)

- As a hand-cyclist, I ride a wider cycle than the majority of cyclists. The 2 way cycle lanes were much too narrow before, especially as this is a very heavily used set of lanes. I am not a super-fast cyclist and therefore many 2 wheeler cyclists choose to overtake me. Both for my and their comfort and safety this requires a good amount of space. This was not allowed for in the previous layout. (1)
- The new layout is far superior. It is also much less confusing for less confident cyclists (and for pedestrians too!!). Stepped tracks are good though you need to give good attention to detail so getting on and off the track (especially if on 3 wheels - trikes, hand-cycles but also cargo-bikes and trailers) is smooth (not a sharp edged transition). Best is if the track is visually distinctive (both as distinct from the highway and from the pavement), to ensure that any public realm user is able to clearly see the cycle track, whether during the day or at night and whether or not they have any degree of sight loss. (1)
- New design is easier to see all road users. Less congested than before. Huge improvement. It works! (1)
- Segregated routes provide essential mobility routes for people with disabilities who use cycling as a mobility aid (1)
- Safe cycling is very rare in London; this is one place i feel safe as a disabled cyclist in London. (1)
- I used to be disability adviser at the Institute of Education. The two-way cycle path was confusing for cyclists and pedestrians who looked the wrong way when crossing the road. I worked with blind students and two were hit by cyclists as they were listening for traffic from the other direction.(1)
- I have a disabled partner and we ride a tandem to work three days a week and when we go to the hospital at queens square. When we cannot cycle, we drive and we have a Camden green parking badge. Under these circumstances I have to use the streets impacted by the cycle route and whilst I have had to change my route I believe that the general increase in safety for all road users has improved as a result of this arrangement. (1)
- The streets are so much quieter and most importantly, the bicycle lanes & streets generally are not so hazardous now. Bicycles far outnumber cars on the street & the old one-cycle-lane system was too busy for me in particular, being disabled and unable to keep up cycling with the crowd in the single lane as it was. I am now delighted to be able to cycle (when fit enough) in the new wider, less crowded conditions. (1)
- I work for an organisation where more than 10% cycle to work nearby and 0% drive. We should be aiming to expand these measures to a wider area, perhaps even limiting the motor traffic to delivery and disabled drivers only. (1)
- The new road layout has successfully diminished traffic congestion outside our windows which are less than 2 metres from the highway. This has had a positive effect on all our family's health. My disabled son has not needed to use his inhaler as frequently as before, in fact hardly ever now. As well as respiratory problems, he has sensory processing difficulties. Congestion and car horn noises which used to be the norm daily until 11pm meant that running engine noise and horn usage caused him to be extremely unsettled and unable to focus. This current road layout has transformed the quality of our lives. Tavistock Place is also a safer area for pedestrians, which is an important factor to us as our son grows up and begins to walk in the area independently. (1)
- I have been permanently disabled in a hit and run accident in London caused by an inconsiderate driver. I continue to cycle but I recognise how vulnerable cyclists are and easily open to permanent injury and disability from selfish drivers. It is extremely important to provide dedicated cycle ways that are separated from cars. I always choose a dedicated cycle way rather than a shared road, if at all possible, or quieter routes. I would urge you to make the trialled and proposed changes permanent as they make me safer as a pedestrian and as a cyclist. (1)

## Negative comments:

- Keep kerbs as these enable easier access for disabled and elderly people to vehicles. (1)
- Roads should be wide enough to enable a parked taxi to load such customers or allow an ambulance to load their casualty.(1)
- The cyclists using the new lane are frequently rude and abusive, particularly to people with a disability like me (visual) when I am trying to cross. Since the new lane has been introduced, cyclists have frequently swerved across directly from the new lane to the pavement side. If the new layout is to continue, please install CCTV to help pedestrians who like me are increasingly petrified when we have to cross the cycle lanes into work. (1)
- As a disabled person I find it much more expensive if a taxi coming from the east or south, (Queen Square, Rosebery Avenue, Covent Garden or Waterloo Station) to Huntley Street cannot turn left at Bedford Way or Tavistock Square. Taxis only should be allowed to turn left here to drop off at the Tavistock Hotel and go west through to Tottenham Court Road and then to the hospital or to Huntley Street. (1)
- Camden Council needs to address the needs of the disabled drivers (with no other viable means of transport). How is it ranking those needs within its prioritisation process? (1)
- Against having pavements at the same level as cycle lanes, as some cyclists ride on the pavement to overtake. It is also difficult for people with visual impairments to orientate themselves if there is inadequate differentiation, making them more anxious about going out. (1)
- As I am slightly disabled, I use a mobility walking aid. I have to take great care as I have been tipped over my walker by terrible paving. I know the bumps are for the blind at crossings which are wonderful and ideal for the blind, but a nightmare for the walking aid wheels and there are so many. Keeping bicycles off pavements would help. (1)
- Concerned about the removal of the barriers between the road and the cycle lane, and about places where the road, pavement and cycle lane will be at the same level. As a mobility scooter user, it is already extremely unsafe when I am trying to cross the road - making this part-'shared spaces' area will make it even less safe and I will feel even less protected from cyclists who do not look where they are going. Safer for pedestrians in its previous setup, although I'm sure there are other setups that give priority to cyclists but also protect disabled users of the pavement that have not been considered here.(1)
- Why not go further and ban motor traffic except for deliveries and people with access disabilities? (1)
- Please consider the needs of elderly or disabled persons with limited mobility, impaired hearing, and impaired vision - bicycles are silent, deadly accidents waiting to happen, because cyclists do not follow the rules of the road, cannot be seen or heard easily and swiftly run you over.(1)
- The loading zone on Torrington Place is not sufficient for disabled and elderly residents to access their homes. Better signage would help but a better solution is pedestrianisation. (1)
- As a person with mobility, balance and coordination difficulties, I am unable to cycle. Getting around the area is problematic. Crossing roads with double cycle lanes plus traffic as per this proposal is extremely difficult for me. I walk slowly using two sticks; and I also have only peripheral vision in my left eye. Manoeuvring myself in a situation where vehicles of all kinds are coming from all directions is terrifying to me. I can only imagine how a wheelchair user would feel in this scenario! (1)
- Disabled people who use the buses on these routes can only travel in one direction. The cycle lanes with their raised kerbs at junctions are a hindrance for people in wheel chairs.(1)
- The area can be improved by changing signals on lights and also penalising cyclists who seem to not care who they injure by going through red lights. I have been knocked out of my wheelchair when crossing the road by a cyclist previously in this area. (1)

- Getting to the uch is impossible - missed two appointments. (1)
- There is too much disruption caused to local communities (i.e. residents, businesses, etc.) for the sake of cyclists who are inconsiderate to others and who are usually just passing through. They can't decide whether they are pedestrians or road users and therefore are extremely hazardous at traffic lights. I am a carer and on several occasions have narrowly missed being hit by cyclists who are jumping lights, which are in my favour. If anything happened to me, my mother (89) would have to go into a home. On one occasion narrowly missed colliding with my mother's wheelchair which I was pushing across the road (again the lights were in our favour) because the cyclist had jumped the lights. And yet for some reason everything is turned upside down to accommodate these people or should I say pests. (1)
- As a wheelchair user I have twice now in the last six months struggled to get a taxi from the Tavistock hotel. Really really disgraceful behaviour from a forward thinking council. (1)
- My sister having been hit 2 times and my brother once and I in my wheelchair being hit by a taxi, I think better and safer provision needs to be made for non-vehicular should be given the safest possible means to move around. (1)
- Lorries must be stopped from using the lanes and pavements as loading bays. I once saw a wheelchair user have to go into the middle of the road to get around a lorry. The loading time restrictions at present are routinely broken on the western end. (1)
- The permanent closure will only force traffic to other routes and increase the overall pollution. As a car driver to the area I know that this will mean I will not be able to frequent local businesses. The change in the road traffic will not improve either for bus users either. Local traders will be affected for the market on Saturdays at the Brunswick Centre as they will lose customers. Residents are already paying a hefty cost for parking and those people who rely on visitor like a number of pensioners will be left adrift as visitors will be put off visiting. Isolation of old people in Camden is now at the worst because of changes in meals on wheels and the loss of community centres. (1)
- The local hospitals will also be hit as I am a user as well. Patients like myself frequently time our appointments to the hospitals on the same day - for example going to UCH to get blood test which then means going to Queens Square later for scan and then back to UCH to get medication. Patients rely on ambulances/hospital transport and if this is made permanent this will cause more problems for the local trusts. (1)
- The area can be improved by changing signals on lights and also penalising cyclists who seem to not care who they injure by going through red lights. I have been knocked out of my wheelchair when crossing the road by a cyclist previously in this area. The permanent closure will only force traffic to other routes and increase the overall pollution. As a car driver to the area I know that this will mean I will not be able to frequent local businesses. The change in the road traffic will not improve either for bus users either. Local traders will be affected for the market on Saturdays at the Brunswick Centre as they will lose customers. Residents are already paying a hefty cost for parking and those people who rely on visitor like a number of pensioners will be left adrift as visitors will be put off visiting. Isolation of old people in Camden is now at the worst because of changes in meals on wheels and the loss of community centres. (1)
- Yes this is so awkward for disabled people that try to get out of their cars. (1)
- I am reliant on taxis which are becoming extremely expensive. Disabled residents and visitors are negatively affected by the huge costs of car and taxi travel. (1)
- Because I am disabled, I receive a generous 'taxi card' allowance from Camden Council. Because of this I can not only attend the Macmillan Cancer Centre (as many as three times a week) but can also get beyond my limited walking ability. This wonderful freedom is now removed by enforced immobility in Euston Road (no alternative) late or missed appointments and no pleasure in the journey. (1)
- I have a disabled Aunt who occasionally uses taxis to get to various sites in the area, it is



impossible to lower the ramp and drop her off on the kerb as the cycle lanes preclude this from happening. (1)

- I had to drop someone in a wheelchair who wanted to go to the Tavistock hotel. I had to drop them off with their bags 50 metres away with the luggage. (1)

Other comments included:

- Need to improve access for older people and disabled people along the corridor without increasing traffic (1)
- Could there be designated pick up /drop off areas for disabled people who cannot walk far or stand for long? (1)

### **Gender reassignment**

- *Beaumont Society, Old Gloucester St, WC1N 3XX* – offering help and support for the transgender community - no response was received.
- *LGBT forum Camden* – no response was received.

### **Pregnancy and maternity**

- *Coram Fields under 3s and under 5s drop in sessions, Guilford Street, WC1N 1DN* - no response was received.
- *Calthorpe Project Children's Facilities, Grays Inn Road, WC1X 8LH* - no response was received.
- *National Childbirth Trust, Euston Square, NW1 2FB* - no response was received.

In addition four women responded as individuals to the consultation mentioning pregnancy stating that they felt safe enough to ride on the wider cycle lanes in the current trial layout whilst pregnant, that they diverted to use these cycle lanes rather than travel on the tube whilst pregnant, or that they had been unable to use the previous layout whilst pregnant as it was so unsafe and narrow.

### **Race**

- *Camden Chinese Community Centre Youth Club - Tavistock Place* - no response was received.
- *Chadswell Healthy Living Centre, Harrison Street, WC1H 8JF* – running groups and classes for young and older people and Bangladeshi, Chinese and Somali people - no response was received.
- *Hopscotch Asian Women's Centre, Hampstead Road, NW1 2PY* – no response was received.
- *Kings Cross Neighbourhood Centre, Argyle Street, WC1H 8EF* – services and activities for young, older and disabled people in the Bangladeshi, Chinese and Somali communities - no response was received.

### **Religion or belief**

- *Camden Faith Communities Partnership, Wakefield Street, WC1N 1PG* - no response was received.
- *The Catholic Apostolic Church Trust, Gordon Square, WC1E 7JJ* - Would like to return to pre-trial layout. There are problems getting a taxi now it is one way. Support the wider pavements but not sure that cycle lanes on both sides of the road works, particularly on Torrington Place (at the Tottenham Court Road end), as there is no provision for delivery and/or parking.

- *Forward in Faith, the English Chapel, Gordon Square, WC1H 0AG* – would like to retain trial layout. Support the wider pavements.
- *Holy Cross Church, Cromer Street, WC1H 8JU* - no response was received.
- *Kings Cross Mosque, Cromer Street, WC1H 8DU* - no response was received.
- *League of Jewish Women, Albert Street, NW1 7NE* - no response was received.
- *Lumen United Reform Church, Tavistock Place, WC1H 9RS* – would like retain the trial layout with improvements and are of the view that the cycle lane is much safer.
- *Muslim World League London Office, Goodge Street, W1T 4LU* - no response was received.
- *West Central Liberal Synagogue, Maple Street, W1T 4BE* - no response was received.

## Sex

- *Hopscotch Asian Women's Centre, Hampstead Road, NW1 2PY* - no response was received.
- *League of Jewish Women, Albert Street, NW1 7NE* - no response was received.
- *London West End Women's Institute, Little Russell Street, WC1A 2HR* - no response was received.

## Sexual orientation

- *LGBT forum Camden* – no response was received.

## Other

- *University College Hospital London, Euston Road, NW1 2BU* – staff who cycle to work support the proposal but hospital is concerned about increase in east-west journey times between sites; from Queen Square to UCH campus have increased from 10 minutes to 45 minutes and from Grays Inn Road to UCH campus from 15 minutes to 37 minutes. Would like traffic options explored that ease journey times from east to west. Wish to see good provision for cyclists but need a solution that does not cause delay and stress for patients. What guarantees can be given that emergency service vehicles and patient experience on reaching/departing the hospital are not compromised?
- *National Hospital for Neurology and Neurosurgery – Hospital Transport Department, Queen Square, WC1N 3BG* - Would like to return to pre-trial layout. Our patients travel to and from the main Hospital in Euston Road to Queen Square and their travel journey time has increased due to the road being made into a one way street, thus backing up traffic on the main Bloomsbury Road. Pre-trial layout worked best as it did not create traffic jams along Torrington Place and Bloomsbury.
- *London Ambulance Service* – Scheme causes delays in arriving at incidents.

## Have you identified any information gaps?

Data on protected characteristics was not collected as part of the public consultation in that respondents were not asked to state whether they had any of the protected characteristics (although a number of respondents did indicate that they had one or more of the protected characteristics, such as age, disability, pregnancy and maternity. However, the Census 2011 provides some equality data on resident population in the Bloomsbury and King's Cross wards, and information from reports and studies has been used to gather data on other characteristics including pregnancy and maternity and sexual orientation. There is no public source of data in relation to gender reassignment.

Although there are, as indicated, gaps in the information available such as air quality monitoring data for the roads to which traffic has been displaced during the trial, which is not yet available, it is considered that the information set out above is sufficient to carry out this Equalities Impact Assessment.

## Stage three - analysing your equality information and assessing the impact

This section of the EIA should be completed when you are reviewing this activity and considering different options for future delivery.

Analysing the evidence outlined above, could the activity have a negative or positive impact on protected groups?

### **Positive impacts**

The Torrington Place to Tavistock Place Experimental Traffic Changes trial project supports a more balanced transport network, in which motor traffic, with its significant health and environmental impacts, is less dominant. The trial seeks to contribute to making transport in Camden safer, more affordable and reliable and to create a more attractive street environment, in which healthier and more sustainable options such as walking and cycling are more appealing ways to get around. The proposal to retain the trial would appear have a **positive impact** along the corridor on pedestrians, including some users of wheelchairs and mobility scooters and people who have pushchairs, as well as cyclists, particularly cyclists with adapted bicycles. The project has a positive impact on the majority of residents in the local area and in the borough who do not have access to cars, and who are reliant upon walking, cycling and access to public transport, which this assessment has shown to include women, older people, younger people, and disabled people. There could be additional positive impacts if the improvements outlined in the consultation were made, including the potential to construct wider pavements providing more space for some protected groups.

This Equality Impact Assessment has identified that there would be the following **positive impact on protected groups**, particularly for **young people, older people, disabled people and people with impaired mobility, women, pregnant women and ethnic groups** if the trial layout were retained, as a result of:

- An additional pedestrian crossing on the corridor making the street easier and safer to cross for all users, particularly people using wheelchairs and mobility scooters. A more pleasant walking environment along the route with lower emissions, noise and motorised vehicles, adding to health and well-being for all (in particular women, older people and disabled people, who tend to make a higher proportion of journeys on foot), and encouraging people to spend more time in the street and interact with one another, fostering good relationships between protected groups and other groups of people. Improved cycle facilities with more space and increased safety, encouraging protected ethnic groups and women to cycle. There would also be benefits for older people who wish to cycle for reasons including tackling physical inactivity and social isolation, and for people with disabilities. A cycle can be an important mobility aid (many disabled people find cycling easier than walking), as well as a mode of transport, and the wider cycle tracks proposed as part of this scheme are better able to accommodate adapted cycles, which are often wider than standard bicycles.
- Access to motor vehicles, including taxis, would be maintained on the corridor and passenger pick-up / drop-off would be permitted on the south side of the corridor..
- Foster good relations between people sharing a protected characteristic and people who

do not in that the trial has made it possible for people to travel with children and a cargo bike, rather than the situation previously which involved holding up traffic (both other, overtaking cyclists and drivers of motor vehicles), feeling unsafe or “in the way” and receiving abuse from drivers.

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## **Age**

### Younger people

The retention of the trial layout would have a positive impact on **younger people** specifically in terms of:

- Reducing road danger.
- Improving the environment for walking and cycling and therefore encouraging independent mobility.
- Improving east-west walking routes to school in particular by reducing through traffic and therefore making Gower Street and Woburn Place easier to cross and therefore reducing pedestrian severance.
- Safer for cycling with young children either on the same bicycle, with a cargo-bicycle or independently due to the width allowing overtaking and clarity of the layout for other road users.
- Safer to walk and cycle along the route with children with less pollution, noise and a generally more pleasant environment.
- Encouraging active lifestyles in young children by enabling people to feel safe enough to cycle enough with children who had not cycled along the corridor before.
- Easier to cross the roads with children.
- Calmer traffic and potentially]more considerate drivers as a result.

### Older people

The retention of the trial layout would have a positive impact on older people in terms of:

- Allowing older people who are less steady to ride more comfortably and confidently due to the increase in width, and reduction in conflicts due to the cycle lanes being separated.

## **Disability**

The retention of the trial layout would have a positive impact on **disabled people** specifically in terms of:

- Segregated routes provide essential mobility routes for people with disabilities who use cycling as a mobility aid.
- Being a location where disabled cyclists feel safe.
- Being safer for visually-impaired people as the previous two-way cycle lane was confusing and dangerous as they were listening for traffic from the other direction.
- Allowing space for disabled people who were previously unable to keep up cycling with the crowd in narrow, crowded, single lane, making it easier for disabled people to participate in the leisure activity of cycling.

## **Pregnancy and maternity**

The retention of the trial would have a positive impact on **pregnancy and maternity** as identified by respondents to the consultation who stated that they:

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- felt safe enough to ride on the wider cycle lanes in the current trial layout whilst pregnant;
- diverted to use these cycle lanes rather than travel on the tube whilst pregnant; and that

- they had been unable to use the previous layout whilst pregnant as it was so unsafe and narrow.

The Joint Strategic Needs Assessment commented on the impact maternal lifestyle can have on the chance of having a healthy baby, including physical activity and maintaining a healthy weight before and during pregnancy. If the proposal were to be taken forward, it would encourage physical activity through improving conditions for walking and cycling along the route.

## **Race**

With reference to **race** as a protected group, the analysis in this EIA shows that the proportion of residents from BME groups living in Bloomsbury and King's Cross is higher than the borough average. Positive impacts from the proposal to retain the trial are anticipated in the medium to long term. TfL research<sup>12</sup> shows that BME Londoners are less likely than other groups to cycle and so improvements to provision for walking and cycling in Bloomsbury and King's Cross area could therefore benefit BME groups and encourage more people from this protected group to cycle, with the associated health and other benefits.

## **potential improvements**

If the trial were retained there would be opportunities for further improvements to be made, there could potentially also be the following further **positive impacts on protected groups**, particularly for **young people, older people, disabled people and people with impaired mobility and women**:

- Wider pavements on Tavistock Place and Torrington Place allowing more space for powered wheelchairs and mobility scooters in particular.
- Raised/blended junctions (raising the road to the level of the pavement on side road junctions and continuing the paving material across the road to give greater priority to pedestrians) throughout the area making it easier to cross for wheelchair users and people with pushchairs.
- Pedestrian crossings all round junctions at signalised junctions, with tactile and rotating cones throughout the area.
- The project has the potential to advance equality and foster good relations between protected groups and other groups in the local community by encouraging sustainable healthy travel amongst a wider variety including people who shared a protected characteristic and people who do not

## **Negative Impacts**

This Equality Impact Assessment recognises there may be some **negative impacts** gathered from consultees, by officers or from the monitoring results on protected groups including **young and older people, disabled people, and pregnant women** in particular.

The potentially **negative** impacts (NI) that have been identified by consultees, followed by the officer response and proposed mitigation, where necessary and possible, include:

- **NI1: Longer journeys for motor vehicles, such as hospital transport and taxis making**

<sup>12</sup> Travel in London Reports, Analysis of Cycling Potential (2010)

**westbound journeys, including to hospitals in the area. UCLH is concerned about increase in east-west journey times between sites; from Queen Square to UCLH campus have increased from 10 minutes to 45 minutes and from Grays Inn Road to UCLH campus from 15 minutes to 37 minutes. Would like traffic options explored that ease journey times from east to west to reduce delay and stress for patients. National Hospital for Neurology and would like to return to pre-trial layout due to increased journey times between National Hospital and Queen Square. London Ambulance Service concerned about delays to response times.**

- **Officer response:** Officers are aware that longer journey times affect people who share protected characteristics more than those who do not. For this reason, a number of options, some of which were suggested by local residents and residents' groups, businesses and the Licensed Taxi Drivers' Association, have been explored to try to reduce east-west journey times such as between University College London Hospital on Euston Road and the National Hospital in Queen Square. The traffic impacts of making the Tavistock / Torrington corridor westbound, rather than eastbound and making a section of the Tavistock / Torrington corridor two-way between Gordon Square west and Woburn Place have been modelled. Neither of these options resulted in a significant decrease in displaced traffic or in improved journey times, and therefore it is not proposed that these are progressed at this stage. Results of the traffic modelling are set out in Appendix D. In addition, the feasibility of making the whole Tavistock / Torrington corridor two-way was also explored. However, it was not possible to allow sufficient space for two-way traffic and two cycle lanes without reducing the current pavement width.
- **Proposed mitigation:** This is set out under NI2 below. In relation to the London Ambulance Service, officers would work with them and Transport for London to aim to find ways to minimise delays through the area.
- **NI2: Reduction in air quality and increase in noise on streets where traffic has increased as a result of the trial layout, including Endsleigh Gardens, Endsleigh Place, Grafton Way, Gower Place, Tavistock Square and concerns about an increase in traffic on Judd Street.**
  - **Officer response:** With regard to air quality monitoring on streets where traffic has increased, following requests from local residents during public consultation, and following the traffic monitoring during the trial, air quality monitors have been installed on Endsleigh Gardens, Judd Street and Coram Street, where traffic volumes were measured as having increased substantially or residents had concerns over traffic volumes. Unfortunately, there is no air quality monitoring information at these sites covering the period before the trial. However, the current levels of nitrogen dioxide emissions will be compared against the locations above after a period of at least three months and will be taken into account in consideration of any possible and appropriate mitigation measures at a later date. Noise monitoring has not been undertaken as a result of the trial. Traffic flow has been monitored before and during implementation of the Torrington Tavistock trial. Along the Torrington Tavistock corridor, the volume of traffic passing through has decreased, due to removal of the westbound traffic lane, although throughput of traffic in the eastbound direction has increased slightly. Monitoring suggests that reallocation of the westbound traffic lane and other construction and utility works in

the area has displaced some traffic to other streets. In order to attempt to reduce the displacement of traffic, the impact of a number of other proposals for traffic schemes in the area such as the closure of Judd Street and a section of Brunswick Square has been investigated. The results of the investigation in terms of traffic modelling are summarised in Appendix D. The traffic modelling shows that the closure of Judd Street and Brunswick Square could help to reduce the volume of traffic on Judd Street but would lead to an increase in traffic on some sections of Grays Inn Road and Euston Road at peak times, which are more appropriate for larger volumes of traffic than side streets but may increase some journey times to hospitals in the area. A decision on whether or not Judd Street and Brunswick Square should be closed will be taken at a later date. Endsleigh Gardens, Endsleigh Place and Taverton Street have seen an increase in traffic as they are on the main access route to Euston Station, particularly for taxis, due to turning restrictions limiting access from Euston Road. Before the trial, through traffic wishing to access Euston Station would have been distributed more evenly throughout the area.

- **Proposed mitigation:** Mitigation measures for Endsleigh Gardens, Endsleigh Place, Grafton Way, Gower Place, Tavistock Square could include area wide traffic management, or point closures in some locations to limit access by motor vehicle to some affected streets. Any mitigation measures developed would aim to prevent through traffic using residential or side streets as a short cut, but permit access by residents, businesses and servicing vehicles. Such measures could make some local journeys less direct: facilitating access by motor vehicle and reducing the dominance of motor traffic are potentially conflicting objectives. However, the local area may be affected by High Speed 2 (HS2) construction works and associated traffic movements from 2017 onwards and issues such as the HS2's proposal to relocate the Euston Station feeder taxi rank to Endsleigh Gardens for a period of time during construction. Were a decision to be made to retain the trial street layout along the Torrington Tavistock corridor, measures to mitigate for displaced traffic would be investigated following the necessary information being issued by HS2, as well as traffic flow and air quality monitoring. If feasible measures were identified, further consultation would be carried out with protected groups, residents, businesses and other stakeholders.
- **NI3: Increase in taxi fares paid due to some longer westbound journeys.**
  - **Officer response:** Taxis and minicabs are important elements of London's transport mix. The Council acknowledges that removing a lane of traffic along the corridor has increased journey times to some destinations, with a knock on effect on taxi fares, which has a negative impact on protected groups. However, it is difficult to attribute all of this to one scheme when unavoidable construction, utility works and delays elsewhere in the London road network also play a role. It is necessary to balance the needs of protected groups using taxis, with those of protected groups walking, using wheelchairs and mobility scooters and cycling, and the need to address road danger, health and environmental considerations.
- **NI4: Taxi drop off / pick up on one side of the road only.**
  - **Officer response:** As with other traffic, taxis and private hire vehicles (PHVs) are not permitted to travel westbound on the corridor between Judd Street and Gower Street. Loading and parking restrictions are in place along the corridor. However,



taxis, minicabs (private hire vehicles) and other vehicles are still permitted to pick up and drop off passengers on the south side of road, unless they are deploying a ramp and then they would need to access a left-hand side kerb, which may then require them to use a side street. Although it is acknowledged that this is a negative impact, the maximum distance a wheelchair user being set down or collected by taxi would have to travel on the north side of the corridor if the trial were made permanent would be 46m. The Guidelines for Inclusive Mobility (<https://www.gov.uk/government/publications/inclusive-mobility>) recommend that people with mobility impairments should be able to rest at intervals of 50m and therefore although a maximum distance of 46m to travel from a drop-off or to a pick up point on the north side of the corridor would inconvenience some disabled people, it is not an unreasonable distance to travel. In relation to the taxi rank outside the Tavistock Hotel, which was in place before the trial, where a ramp is required to pick-up / drop-off disabled passengers, taxis can set down at the hotel side entrance on Bedford Way (in the southbound direction) or on Woburn Place (in the northbound direction). It is again acknowledged that this may inconvenience some disabled people. If the trial were retained and further improvements such as stepped cycle tracks were progressed,, taxis would be able to pull onto the stepped cycle tracks to set down or pick up passengers, if necessary, as would ambulances and other emergency services.

- **Proposed mitigation:** Additional seating would be considered along the corridor to allow resting places for older and disabled people and pregnant women.
- **NI5: The loading zone on Torrington Place is not sufficient for disabled and older residents to access their homes.**
  - **Officer response:** It is not currently proposed to increase the size of the loading area on Torrington Place (south side). Loading activity has been monitored and this loading area has been subject to enforcement activity as it has been used for parking rather than loading.
  - **Proposed mitigation:** If the trial were retained, enforcement would continue to ensure that it is used for loading only. The situation would be monitored and if necessary, consideration would be given to modifying the size of the bay, if the trial were retained. However, the safety concerns of cyclists using the route would need to be considered as the presence of the loading bay requires cyclists to leave the cycle lane, join the carriageway, and then re-join the cycle lane, which increases the risk of a collision.
- **NI6: People can now only travel by bus in one direction.**
  - **Officer response:** Neither the trial arrangement nor the proposal to retain the trial with the potential for subsequent improvements affects the direction or location of bus routes as there are no bus routes travelling along the corridor, only north-south across the corridor, on Woburn Place / Tavistock Square and on Gower Street. The comment may be referring to the transfer of buses from Gower Street to Tottenham Court Road to allow two-way buses on Tottenham Court Road, under the West End Project. This was the subject of a previous consultation exercise and EIA and a decision was made in January 2015 to take forward the project to detailed design and implementation, including the changes to bus routing.

## Age Young people

The potentially **negative** impacts on **young people** in particular that have been identified include:

- **NI7: Late for appointments taking son to UCLH and the MacMillan Centre.**
- **NI8: In the event of a serious emergency with one of my children delays caused by the trial layout could be fatal as the closest hospital the Great Ormond Street has no A & E.**
- **NI9: Taking my son to hospital used to only be few min drive but now it takes over 30-40min by car. By bus we sometimes have to get off and start to walk.**
  - **Officer response:** It is acknowledged that longer journey times have a negative impact on young people particularly in relation to journeys to the hospital. The officer response to comments NI7, 8, 9 and 10 is the same as for NI1 and NI2 above. Transport for London has not reported any additional delays to bus journey times as a result of the trial.
- **NI10: Impacted on picking up our grandchildren from school in Kilburn or Highgate as have to allow up to an additional hour travel time.**
- **NI11: Changes have increased traffic in the area and dangerous for children going to school.**
  - **Officer response:** Although displaced traffic could have a negative impact on journeys to school, the Council is working with schools to reduce car journeys on the school run and encourage walking, cycling and public transport. Officers continually explore innovative opportunities to reduce traffic around schools including the recent Healthy School Streets projects to restrict access to schools by private car, improving air quality and creating healthier streets.

### **Older people**

The potentially **negative** impacts on **older people** in particular that have been identified include:

- **NI12: Cyclists ignore red lights, ride on pavements, ride aggressively or knock older people over.**
  - **Officer response:** In order to try to address the issue of cyclists' behaviour, the Council offers cycle training free of charge to anyone who lives, works or studies in Camden which covers safe and respectful interaction with other road users such as pedestrians. The Council actively encourages cyclists to undertake training via social media campaigns and events.
  - **Proposed mitigation:** Where specific locations have been raised in terms of conflict between pedestrians and cyclists, such as at Byng Place or on the zebra crossing on Torrington Place, officers will examine whether there is a need to consider and assess options to improve sightlines, encourage cyclists to slow down, or better show the separation between areas for cyclists and areas for pedestrians.
- **NI13: Rubber blocks are trip hazard for older people of people with impaired mobility.**
  - **Officer response:** The rubber blocks are an effective way of protecting space for cycling and cheap to implement as a trial. However, some rubber blocks were removed where there are higher volumes of pedestrians, i.e. on Torrington Place, to reduce the risk of trips.
  - **Proposed mitigation:** If the trial were retained, the rubber blocks are an effective way of protecting space for cycling but also allowing taxi or other passenger drop-offs or pick-ups when necessary. Officers will explore options to make the rubber blocks more visible such as cleaning them more frequently or replacing damaged blocks. If the trial were retained opportunities for potential improvements may include stepped cycle tracks, but that would need careful consideration.
- **NI14: As an elderly resident, I need to use my car quite regularly. Used to be able to drive into and across Central London without using Euston Road and its traffic jams**

**but cannot any longer. Traffic has increased on Judd Street. Traffic and speed have increased on Thanet Street due to frustrated drivers going faster when they have the chance.**

- **Officer response:** It is acknowledged that longer journey times have a negative impact on older people, who may be reliant on a car to travel around. However, the officer response to comment NI14 is the same as for NI1 and NI2 above. In relation to traffic travelling faster on Thanet Street, the Council undertakes annual speed surveys on over 130 borough roads to monitor speed, particularly compliance with the borough-wide 20mph speed limit. Where speed is identified as a problem the Council will consider additional physical measures, including Vehicle Activated Signs (VAS – flashing warning signs). Officers are also working with the police to progress a Community Speedwatch project, working with the local community to monitor speed at known hotspots. We are also investigating further opportunities for partnership working with the police around enforcement based on data from the VAS.
- Proposed mitigation: Thanet Street would be included in the annual speed surveys, should the trial become permanent.
- **NI15: Older residents can no longer come out of the front door and hail a taxi (from Tavistock Place), including to go to appointments at UCLH. Difficult for some people to walk to Woburn Place to get a taxi, and the cost is now much greater.**
  - **Officer response:** Officers acknowledge that there is a negative impact on older people in relation to taking taxis and the cost of fares. The officer response to this comment is the same as for NI3 and NI4.
  - **Proposed mitigation:** The proposed mitigation is the same as for NI4.
- **NI16: No access for older people using Dial a Ride services.**
  - **Officer response:** Dial a Ride services would have the same access only the corridor as taxis and other vehicles picking up and dropping off, as set out under NI4.
- **NI17: Older people are more at risk from being hit by a cyclist as they have to cross the road when being unloaded from a mobility coach.**
  - **Officer response:** Crossing facilities have been provided at regular intervals along the route as part of the trial layout and these would remain in place if the trial were retained. There would be a negative impact on older people if they were travelling by mobility coach and needed to access the north side of the road as they would need to cross the road, if the trial were retained. However, the volume of motor traffic along the corridor has reduced and there would be only one lane of motor traffic as opposed to two previously and therefore even though the volume of cyclists has increased, it is likely that it would be safer to cross the road if the trial were retained than in the previous layout.
- **NI18: Trial has caused many difficulties for older residents. Endsleigh Street and Gardens are so busy and noisy now and Tavistock Square no longer a haven of peace where office workers like to lunch. Upper Woburn Place and Southampton Row are so jammed with cars and cyclists that buses take inestimable time to reach our important appointments.**
  - **Officer response:** It is acknowledged that displaced traffic has a negative impact on older people. The officer response is the same as for NI1 and NI2. As above, Transport for London has not reported any additional delays to bus journey times as a result of the trial.
- **NI19: A major difficulty for older residents of Gordon Mansions is taxi set down. Since the trial there is hardly any scope for taxi set down for Gordon Mansions residents in Torrington Place. Only set down is in Huntley Street, but Huntley Street itself has now become short of space. Consider a dedicated Gordon Mansions set**

#### **down/delivery bay on Torrington Place.**

- **Officer response:** A dedicated set down area at this location would compromise the cycle lane, its users and their safety. However, there are loading facilities on both sides of Huntley Street, adjacent to Torrington Place and these would be retained if the trial were made permanent.
- **Proposed mitigation:** Officers would work with local residents and UCLH to aim to ensure that loading facilities continue to be available on Huntley Street.
- **NI20: More difficult for older people to cross the road since cycle lanes have been separated.**
  - **Officer response:** Some comments from protected groups during the consultation stated that it was harder to cross the road in the trial situation due to cycle lanes on either side of the road and others stated that it was easier because it was less confusing. A number of consultation responses from other groups stated that there were frequent near misses between pedestrians and cyclists as pedestrians were not expecting cyclists to be travelling two-way on the north side of the corridor and that separating the cycle lanes had made it much safer. Whether or not keeping the cycle lanes separate would make it easier or more difficult for protected groups to cross the road if the trial layout were retained, crossing one lane of traffic rather than two lanes would be safer for all protected groups.
- **NI21: People living around Judd Street are an aging population increasingly associated with mobility and disability problems. More cycle lanes are of no value; safe and clean streets are.**
  - **Officer response:** The response is the same as for NI2.
  - **Proposed mitigation:** This is the same as for NI2.

#### **Disabled people**

The potentially **negative** impacts on **disabled people** in particular that have been identified include:

- **NI22: Access concerns for visually-impaired people including need for professional access audit prior to detailed design, lack of access to Tavistock Hotel for wheelchair users and along the route, cyclists jumping red lights, means of reporting near-misses or minor collisions, lack of EIA before consultation on closing Judd Street with associated displaced traffic, lack of specification of pavement width, tactile paving and detectable kerbs, shared cycle and pedestrian areas, loading at pavement level, materials and colour or surface contrast, provision of additional cycle parking and construction arrangements.**
  - **Officer response:** The concerns above were raised by the RNIB and Guide Dogs in support of the RNIB. Most of these, including the issues of pavement width, detectable kerbs, parking at pavement level, materials, colour or surface contrast and construction arrangements would be addressed through ongoing engagement with the RNIB over the design details should the trial be retained, and also if further improvements are considered for implementation It should be noted that although no tactile paving was shown in the consultation material, all tactile paving in the borough is installed with sufficient contrast. Following these discussions, a professional access audit may also be considered. An EIA is currently being carried out on the closure of Judd Street. The impacts of the closure of Judd Street, should

this be approved, in combination with other schemes in the area that are awaiting a decision have been assessed and the output is shown in Appendix D. It should be noted that the decision on these schemes will be taken at a later date. The issue of taxi access to the Tavistock Hotel is covered under the response to NI4.

- **Proposed mitigation:** Ongoing engagement with the RNIB. Professional access audit would be undertaken, if the trial were to remain permanent and if required, following discussions with RNIB. Visually-impaired people can contact the Transport Strategy team at the Council with reports of near misses or minor collisions. With regard to shared cycle and pedestrian areas, officers will examine whether there are options to better show the separation between areas for cyclists and areas for pedestrians, such as at Byng Place. Provision of additional cycle parking would be considered as part of potential improvements.
- **NI23:** Against having pavements at the same level as cycle lanes, as some cyclists ride on the pavement to overtake. Difficult for people with visual impairments to orientate themselves if there is inadequate differentiation, making them more anxious about going out.
  - **Officer response:** The response is covered by NI22.
  - **Proposed mitigation:** This is the same as NI22.
- **NI24:** The cyclists using the new lane are frequently rude and unpredictable, particularly to people with a visual impairments when they are trying to cross. Please install CCTV to help pedestrians who are increasingly petrified when crossing the cycle lanes into work.
- **NI25:** Cyclists do not follow rules, cannot be seen or heard easily and can swiftly run over older and disabled people.
- **NI26:** Penalise cyclists for jumping red lights and for narrowly missing or knocking people out of their wheelchairs when crossing the road.
  - **Officer response:** The response to NI24, NI25 and NI26 is covered by NI12. The Council has no powers to use cctv to enforce against inconsiderate behaviour by cyclists. Only the Police can enforce against contraventions by cyclists, in the same way as motorists. However, if the trial were retained and potential improvements taken forward such as improving delineation in shared areas such as Byng Place, and an increase in the range of people using the protected cycling facilities, included from protected groups, then cyclists' behaviour would improve.
- **NI27:** Crossing roads with double cycle lanes plus traffic as per this proposal is extremely difficult for people with mobility, balance and coordination difficulties. Manoeuvring in a situation where vehicles of all kinds are coming from all directions is terrifying.
  - **Officer response:** The response is covered in NI20.
  - **Proposed mitigation:** If the trial were retained, a professional access audit may be considered.
- **NI28: Tactile paving causes problems for people with walking aids.**
  - **Officer response:** Officers are aware that tactile paving can be uncomfortable or uneven for some people with walking aids. However, people with visual impairments rely on it for navigation and as a warning of the existence of a crossing point. It is installed as a standard requirement in the borough at all crossing points. Its use is covered by "Guidance on the use of Tactile Paving Surfaces, 1998, Department of the Environment, Transport and the Regions".
- **NI29: Increase in distance for taxi passengers that require a ramp for access between Judd Street and Gower Street including Tavistock Hotel to travel to / from a taxi (if their destination is on the south side of the corridor) and awkward for**

**disabled people to try to get out of their cars.**

- **Officer response:** The response is the same as for NI4.
- **Proposed mitigation:** This is the same as for NI4.
- **NI31: Much more expensive for disabled people to take a taxi coming from the east or south, (Queen Square, Rosebery Avenue, Covent Garden or Waterloo Station) to Huntley Street as taxis cannot turn left at Bedford Way or Tavistock Square. Taxis only should be allowed to turn left here to drop off at the Tavistock Hotel and go west through to Tottenham Court Road and then to the hospital or to Huntley Street.**
  - **Officer response:** The response to the cost of taxi fares is the same as for NI3. In terms of allowing taxis only to go westbound, One of the objectives of the trial was to reduce through traffic. Allowing taxis to travel westbound, as well as allowing general traffic to travel eastbound would be unlikely to meet this objective. In addition, if only taxis were able to travel westbound, it is likely that additional taxi trips would be attracted, further increasing the volume of traffic in the area. In addition, as set out above, allowing two-way traffic as well as cycle lanes would lead to a reduction in pavement widths, which would not be acceptable. As neither of these situations would be in line with Council policy and objectives for the corridor, they are not being recommended as part of this assessment.
- **NI32: Needs of disabled drivers have not been addressed.**
  - **Officer response:** Officers are aware that the proposal to retain the trial impacts negatively on disabled drivers as it would increase some journey times, including to hospitals in the area. However, as set out in section 2 above, 26% of disabled Londoners use a car as a driver and 41% use the car as a passenger at least once a week; the main modes of transport used by disabled Londoners are walking (78%) and bus (56%). Therefore although the proposal impacts negatively on some disabled drivers, it has a positive impact on some disabled people who are walking through the area. If further improvements were to be made, including widening the pavements, disabled people using wheelchairs or mobility scooters as well as visually impaired people would also benefit.
  - **Proposed mitigation:** Disabled parking bays would not be affected by the proposal to retain the trial layout along the corridor. However, Blue and Green Badge parking in the area would be reviewed in terms of usage and whether or not it is necessary or possible to provide additional bays if the trial were retained with opportunities for further improvements.
- **NI33: Concerned about the removal of the barriers between the road and the cycle lane, and about places where the road, pavement and cycle lane will be at the same level, especially for wheelchair users and mobility scooter users to cross the road. Making this a shared space will make it even less protected from cyclists who do not look where they are going. Safer for pedestrians in its previous setup, although there may be other setups that give priority to cyclists but also protect disabled users of the pavement.**
  - **Officer response:** If the trial were retained with potential improvements including stepped cycle lanes, there would be a kerb height difference between the pavement and the cycle lane and between the cycle lane and the road, to distinguish between space for pedestrians, cyclists and motor vehicles.
  - **Proposed mitigation:** A professional access audit would be considered as part of potential improvements covering access for wheelchair and mobility scooter users, if

the trial were to be retained.

- **NI34: Missed hospital appointments due to traffic delays.**
  - **Officer response:** The response is covered by NI1 and NI2.
- **NI35:** Struggled to get a taxi from the Tavistock Hotel.
- **NI36: Cycle lanes prevent taxis dropping disabled passengers off as it is impossible to lower the ramp and drop them off on the kerb.**
- **NI37: Have to drop off passengers to the Tavistock Hotel who are wheelchair users 50m away with their luggage.**
  - **Officer response:** The response is covered by NI4.
  - **Proposed mitigation:** The mitigation is covered by NI4.
- **NI38: Retention of trial will force traffic to other routes, increase overall pollution, and prevent people from using local businesses. Bus users will be affected as well as local traders and older people will have fewer visitors.**
  - **Officer response:** Officers accept that traffic has been displaced due to the trial. Air quality monitoring is being undertaken in the surrounding area in order to compare against that undertaken along the corridor, should the trial be retained. In terms of support from businesses, 57% of businesses responding to the consultation would like to retain the trial layout and 43% would not. Transport for London has not reported any additional delays to bus journey times as a result of the trial. Some visitors to older people travelling by car may be less likely to visit if the trial were retained. However, a number of respondents to the consultation stated that they were travelling to the area by cycle or hand-cycle which they did not feel confident or safe to do before the trial.
  - **Proposed mitigation:** The mitigation is covered by NI2.
- **NI39: Disabled residents and visitors who are reliant on cars or taxis are negatively affected by the huge costs of car and taxi travel.**
  - **Officer response:** This response is covered by NI4.
- **NI40:** Arriving late or missing appointments at the Macmillan Cancer Centre when travelling by taxi. Taxicard allowance is used up on Euston Road and freedom it gives has been removed.
  - **Officer response:** Officers are aware that there may be a negative impact on older and disabled people using Taxicard on certain journeys. However, this impact would have to be balanced against the proportion of disabled people affected by improvements for walking and cycling along the corridor.

#### Gender reassignment, religion or belief, and sexual orientation

There is no data available to be able to analyse the impacts on the gender reassignment protected group. However no unlawful discrimination or disproportionately negative impacts are anticipated for this group or for the protected groups of religion or belief and sexual orientation.

## Equality impact summary

Please use this grid to summarise the impacts outlined above.

Protected group	Summarise any possible negative impacts that have been identified for each protected group and the impact of this for the development of the activity	Summarise any positive impacts or potential opportunities to advance equality or foster good relations for each protected group
Age	<p>Traffic restrictions on the westbound lane of the corridor may increase fares for older people who require taxis. However, the proportion of this group that uses taxis is low. Traffic restrictions would also increase motor vehicle journey times to hospitals for young people and older people. Displaced traffic with associated reductions in air quality may have an effect on the health of young and older people.</p>	<p>Less traffic, and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive to encourage their uptake, contributing to increased physical activity, independent mobility and social inclusion. Crossing the road would be easier and safer, which would benefit people of all ages. East-west walking and cycling routes to school would be improved, and it would be safer for cycling with young children helping to encourage active lifestyles. If the trial were made permanent, there would be scope to widen the pavements in places.</p>
Disability	<p>Traffic restrictions on the westbound lane of the corridor may increase fares for disabled people who require taxis. However, the proportion of this group that uses taxis is relatively low. Traffic restrictions on the westbound lane of the corridor would affect some disabled people being dropped off by taxis who need to use a ramp. Alternative locations for drop-off would be available although there would be an increased distance to travel of</p>	<p>Less traffic and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive, contributing to increased physical activity, independent mobility and social inclusion. Crossing the road would be easier and safer for some disabled people, which would benefit both disabled people and non-disabled people. Wider cycle lanes may encourage more disabled people to cycle as adapted bikes require more space. Segregated routes would provide</p>



	<p>up to 46m. Traffic restrictions would increase motor vehicle journey times to hospitals for disabled people. Displaced traffic with associated reductions in air quality may have an effect on the health of disabled people. Access concerns for visually-impaired people include tactile paving and detectable kerbs, shared cycle and pedestrian area, parking at pavement level, materials and colour or surface contrast, provision of additional cycle parking and construction arrangements.</p>	<p>essential mobility routes for people with disabilities who use cycling as a mobility aid, and disabled cyclists would feel safer. It would be safer for visually-impaired people as the previous two-way cycle lane was confusing. If further improvements were to go ahead, wider pavements with less street clutter would make it easier for visually impaired people to travel around.</p>
Gender reassignment	N/A	<p>Less traffic and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive to encourage their uptake. Crossing the road would also be easier and safer</p>
Pregnancy and maternity	<p>Traffic restrictions would increase motor vehicle journey times to hospitals for pregnant women or women with young children. Displaced traffic with associated reductions in air quality may have an adverse effect on the health of pregnant women and mothers.</p>	<p>Less traffic and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive. Crossing the road would also be easier and safer. Physical activity and maintaining a healthy weight before and during pregnancy increases the chances of having a healthy baby.</p>
Race	N/A	<p>Less traffic and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive to encourage their uptake. Crossing the road would also be easier and safer. Protected groups may become more likely to cycle.</p>
Religion or belief	N/A	<p>Less traffic and wider cycle lanes</p>

		would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive to encourage their uptake Crossing the road would also be easier and safer.
Sex	N/A	Less traffic and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive to encourage their uptake Crossing the road would also be easier and safer. There is growing body of evidence that women are more likely to cycle where provided with infrastructure that protects them from traffic.
Sexual orientation	N/A	Less traffic and wider cycle lanes would improve the environment for walking and cycling along the corridor, making both modes safer and more attractive to encourage their uptake Crossing the road would also be easier and safer. In order to help design out crime and create an environment which makes lesbian, gay and bisexual people feel safer and less vulnerable to homophobic hate crime, routes and spaces would be legible, overlooked and well-maintained and pedestrian, cyclists and vehicular routes would be well-defined and integrated, limiting opportunities for concealment.

## Stage four - planning for improvement

This section of the form should be completed when you are developing plans for the future delivery of the activity.

The actions identified below can also be included in your service plan to help mainstreaming and for performance management purposes. They should also be included in any decision making reports relating to the activity you are analysing. You may find it helpful to document the actions in an [action plan](#).

### What actions have been identified:

- to mitigate against or minimise any negative impacts?
- to advance equality, and therefore improve the activity?

The positive and negative impacts have been discussed with the Cabinet Member, Regeneration, Transport and Planning, the Executive Director, Supporting Communities and the Director, Regeneration and Planning. The strategy for measures to mitigate any negative impacts is as follows:

*Incorporation of suggestions made as part of the public consultation should the trial be retained, with the opportunity for further improvements:*

- Additional seating would be considered along the corridor to allow resting places for older and disabled people and pregnant women.
- Byng Place – improve delineation between cyclists and pedestrians
- Zebra crossings along the corridor – investigate measures to improve visibility for cyclists and pedestrians and reduce cyclists' speed.
- Proposals for setting down and alighting arrangements for taxis and other vehicles would be developed
- Make the rubber blocks separating the cycle lane from the motor traffic lane more visible by cleaning them more frequently or replacing damaged blocks.
- Include Thanet Street in the annual speed surveys.

*Monitoring to allow for changes to be made in response to identified needs should the trial be retained:*

- Traffic flows, air quality and collisions would continue to be monitored. This data would be reviewed together with the impacts of HS2 and other construction traffic on the area in order to investigate possible and appropriate mitigation measures to address displaced traffic and associated impacts on air quality, noise and casualties. Mitigation measures to be considered could include area wide traffic management, or point closures in some locations to limit access by motor vehicle to some affected streets.
- The operation of the loading bay on Torrington Place would be monitored in terms of level of use and the interaction between loading vehicles and cyclists, to inform a decision on whether or not it should be modified. .
- Blue and Green Badge parking in the area would be reviewed in terms of usage and whether or not it is necessary or possible to provide additional bays.

*Ongoing engagement with groups representing people with protected characteristics.*

- Officers would work with the London Ambulance Service and Transport for London to aim to find ways to minimise delays to emergency services through the area.
- Officers are engaging with RNIB on scheme proposals in the area and will do so as part of the EIA for the proposal to close Judd Street. For the trial layout for Torrington Place / Tavistock Place route – Trial Traffic Scheme, officers will engage with the RNIB with a view to undertaking an access audit for visually impaired people and other disabled people.
- Officers would work with local residents and UCLH to aim to ensure that loading facilities continue to be available on Huntley Street.

The views of the Cabinet Member and senior officers were that although there were negative impacts on groups of people with protected characteristics, that the positive impacts of the proposal to retain the trial layout with the potential for further improvements, together with the mitigation strategy proposed and ongoing engagement with groups representing those with protected characteristics outweighed the negative impacts and would address most of the issues raised.

The proposal aims to accommodate the needs of all road users including protected groups, and where possible to do so in line with the Council's Transport Strategy and road user hierarchy, which prioritise walking, cycling and public transport users. While there are the negative impacts discussed in this EIA, the overall benefits that would be delivered by the proposal are also significant: this is in the context of there being limited space physically available on the street, and so compromise is required. Retaining two-way access for motor traffic would prevent reallocation of the additional space required to address the problems facing pedestrians and cyclists, who comprise the majority of road users.

Following this assessment, we consider that the correct balance is for the proposals to provide improvements where they would have the greatest benefit. This balance would achieve a significant shift of space towards cycling to meet rising demand, and if further improvements were made, they could enhance walking and the public realm even further. It is considered that the proposal to retain the trial layout, with the potential for further improvements, would represent the best balance that can be achieved to meet the various demands of users whilst also contributing to meeting wider Camden objectives, particularly health objectives related to road danger and deteriorating air quality.

The project is designed to minimise some of the potential impacts, for example in maintaining access throughout the corridor and permitting pick-up and drop-off. Overall the project is therefore considered to have a positive impact, with efforts made to monitor and review negative impacts and investigate mitigation measures, where possible and appropriate.

Officers will continue to work with local residents, businesses and organisations in the area to ensure that their own, customers' and members' needs are catered for, where possible, within the agreed objectives and scope of the scheme.

## Stage five - outcome of the EIA

Use this stage to record the outcome of the EIA. An EIA has four possible outcomes.

Outcome of analysis	Description	Select as applicable
Continue the activity	The EIA shows no potential for discrimination and all appropriate opportunities to advance equality and foster good relations have been taken.	
Change the activity	The EIA identified the need to make changes to the activity to ensure it does not discriminate and/ or that all appropriate opportunities to advance equality and /or foster good relations have been taken. These changes are included in the planning for improvement section of this form.	X
Justify and continue the activity without changes	The EIA has identified discrimination and / or missed opportunities to advance equality and / or foster good relations but it is still reasonable to continue the activity. Outline the reasons for this and the information used to reach this decision in the box below.	
Stop the activity	The EIA shows unlawful discrimination.	
<p>Reasons for continuing with an activity when negative impacts or missed opportunities to advance equality have been identified.</p> <p>The proposal makes significant gains, including for protected groups, such as providing a safer and more attractive street environment, making cycling and walking safer and more attractive ways to get around. The proposal prioritises the majority who do not have access to cars, and who are reliant upon walking, cycling and access to public transport.</p> <p>In these ways the project will assist in addressing health and access inequalities in the borough. The project is designed to minimise some of the potential impacts, for example in maintaining access throughout the corridor and permitting pick-up and drop-off. Overall the project is therefore considered to have a positive impact, with efforts made to avoid or mitigate any negative impacts.</p>		

## Stage six - review, sign off and publication

### Review

Your EIA will have helped you to anticipate and address the activity's likely effect on different protected groups. However the actual effect will only be known once it is introduced. You may find you need to revise the activity if negative effects do occur. Equality analysis is an ongoing process that does not end once an activity has been agreed or implemented.

Please state here when the activity will be reviewed, and how this will be done, for example through the service planning process, when the service is next procured etc. This will help you to determine whether or not it is having its intended effects. You do not necessarily need to repeat the equality analysis, but you should review the findings of the EIA, consider the mitigating steps and identify additional actions if necessary.

For restructures or organisational change a review should take place once the restructure has been completed. In addition to the areas identified above your review should include an evaluation of how the staff profile after the organisational change compares to Camden's profile, the division profile and the staff profile prior to the change. Your HR change adviser will provide you with the necessary data.

Date when EIA will be reviewed: August 2017 \_\_\_\_\_

### Sign off

The EIA must be quality assured within the directorate before sign-off by the Director.

Quality assured by:	Louise McBride
Quality assured by OD for organisational change / restructures:	
Signed off by:	David Joyce
Date:	
Comments (If any)	

### Publication

If the activity will be subject to a Cabinet decision, the EIA must be submitted to committee services along with the relevant Cabinet report. Your EIA should also be published on Camden Data. All EIAs should now be uploaded to the [SharePoint site](#).