

Equalities Analysis in Lambeth		
Proposal Title	C-19 Response: Ferndale Low Traffic Neighbourhood	
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Who will be involved in approving this decision?	Simon Phillips	
Document History		
Version	Date	Comments
1	14.10.20	Version 1 published
2	30.11.20	Amendments in line with ETO proposal
What is changing?		
<p>Physical changes have been introduced to streets across the Ferndale neighbourhood to reduce motor traffic volumes in order to create space for people to safely walk and cycle. Walking and cycling only access points have been introduced to these streets specified below. Motor vehicles will be able to drive to these points from one end of the road or the other but will not be able to drive through. Low cost adaptable features have been used to introduce this change, whilst allowing the Council to amend and improve these changes through working with the local community to understand improvement opportunities.</p> <p>The changes will apply in the following locations:</p> <ol style="list-style-type: none"> 1. Dalyell Road junction with Combermere Road – diagonal modal filter between north and south arms of the junction. 2. Pulross Road no entry <ol style="list-style-type: none"> a. Pulross Road – no entry for westbound vehicles from a point immediately east of existing zebra crossing. b. Pulross Road – no entry for eastbound vehicles from a point immediately east of the junction with Mordaunt Street 3. Ferndale Road modal filter – no motor vehicles permitted in either direction on Ferndale Road from a point east of Edmundsbury Estate 4. Shannon Grove – no entry for southbound vehicles on Shannon Grove, immediately south of the junction with Nursery Road. 5. Concanon Road – modal filter on Concanon Road at the junction with Santley Street 6. Sandmere Road east – modal filter on Sandmere Road, immediately west of the junction with Tintern Street. 		

7. Sandmere Road west

- c. no entry in to Sandmere Road from Bedford Road
- d. no right turn out of Sandmere Road into Bedford Road.

None of the restrictions listed above apply to emergency service vehicles.

The changes described above will significantly change the way that streets are used; physical changes to the way spaces are laid out should accompany this change in use and be developed over the longer term. This will help to enable the use of this new space by people and business to reinforce messaging around social distancing and support active travel.

As a result of these changes, motor vehicle journeys in and around the area will change in a range of ways. Depending on how traffic movements change there are different potential equality impacts and benefits to be considered.

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This EqIA will be reviewed and updated at key milestones as the project is improved and expanded on.

What do we know about the people who will be impacted by this change?

Borough wide demographic analysis of protected characteristics and how these may be impacted by transport changes to reduce private vehicle dependence can be found on the wider Transport Strategy EqIA available here:

[Lambeth Transport Strategy EqIA](#)

The project is located within the Ferndale and Larkhall wards, and most measures are located at the southern end of the Ferndale ward. Within and around these wards there are specific demographic factors to consider, described below. Whilst these cover much larger geographic areas than the project and the wider affected area they provide the best available data to understand local demographic trends across the local area.

Ferndale

Ferndale is a mixed ward, with affluent areas around Clapham High Street and less affluent areas such as the Stockwell Park estate. Ferndale is the ward in Lambeth with the smallest percentage of open space, and the highest population density. The ward's population is average for Lambeth (16,400), and it has the highest percentage of working-age people and the lowest percentage of older people.

Private renting is common in the ward at 34% of households, and there are average levels of owner occupation (26%) and social renting (37%). A quarter of households are working age people sharing

accommodation (i.e. not living as a family). Employment and registrations of migrant workers are average for the borough. 5% of Ferndale residents speak a Portuguese as their first language. There is also a high proportion of residents with graduate level qualifications.

Ferndale has an average rate of working age benefit claimants (Nov 2014), a low rate of out of work claimants, and a low rate of claimants aged under 25. Dependent children in out-of-work households are average for the borough. There is a high proportion of children in reception year and year 6 who are obese. The crime rate is high for the borough (2015).

There are roughly equal numbers of male and female residents in Ferndale 50.8%; Male and 49.2% Female. – around 7,500 of each. The age profiles are similar: 15.5% of the population are under 20; 62.6% are young working age (20-44); 13.6% are older working age (45-59) and 8.5% are aged 60+.

White people make up 59.6% of the population in Ferndale. 41.7% of Ferndale residents are White British or Irish, in line with inner London (43%). 17.9% of the population are from other white backgrounds. Black people make up around a fourth of the population (25.8%). Ferndale's largest non-white ethnic group is black African (10.8%), followed by black Caribbean (9.9%). Ferndale has a small Asian population compared to many places in Lambeth. Only 5.5% of Ferndale's residents are from Asian backgrounds (including Chinese), less than the Lambeth average (8.4%) and much less than the inner London Average (21%). Mixed/multiple ethnic groups and Other ethnic groups account respectively for 6.7% and 2.4% of the population.

In Lambeth about 60% of people with a limiting health condition are aged over 50; 12% of residents aged 50-64 have a limiting health condition, as do 27% of 64-74s, 46% of 75-84s and 64% of over 85s. 7% of adults classify themselves as having a long-term limiting illness or infirmity, and 5% say they have a disability. 88.3 % of people in Ferndale say their day-to-day activities are not limited by a long-term illness or disability, about 5.9% (882) limited a lot, and 5.8% (872) limited a little. in Ferndale 1,238 (18.8 %) of all households have one person in household with a long-term health problem or disability of which 205 with dependent children (3.1%) and 1033 with No dependent children, (15.7%).

Larkhall

Larkhall has the highest ward population in Lambeth (18,000) and has a high population density. There is a large working age population, with the highest number of working age people in employment, although the age profile does not differ markedly from the borough as a whole. A fifth (22%) of households are working age people sharing accommodation (i.e. not living as a family). There is a high number of jobs in the area, a high rate of NI registration of non-uk workers, and a high rate of employment per head of resident working age population. Median household income is in line with the borough average. There is a high rate of people with degree level qualifications.

Larkhall has an average rate of working age benefit claimants (Nov 2014), an average rate of out of work claimants, and a high rate of claimants aged under 25. Children in benefit households and lone parents not in employment are in high compared with the borough average.

Tenure is in line with the borough as a whole (owner occupiers 25% of households, social rented 41%, and private rented 30%). Almost 85% of dwellings are flats. High proportion of households without English as main language. 5% of Larkhall residents speak Portuguese as their first language. Affluent areas include the area around Larkhall Rise & Chelsham Rise, and Landor road. Poorer areas include the Larkhall, Glaskell Street, and Springfield estates. Life expectancy and childhood obesity are in line with the borough average. 2015 crime rate is average for Lambeth.

There are roughly equal numbers of male and female residents in Larkhall; 50.2% Male and 49.8% Female. – around 8,500 of each. The age profiles are similar: Just under 12.3% of the population are under 20; 57.6 % are young working age (20-44); 13.2% are older working age (45-59) and 13% are aged 60+.

White people make up 56.7% of the population in Larkhall. 39.2% of Larkhall's residents are White British or Irish, in line with inner London (43%). 17.5% of the population are from other white backgrounds. Black people make up around a fourth of the population (26.8%). Larkhall's largest non-white ethnic group is black African (13.4%), followed by black Caribbean (8.4%). 6.4% of Larkhall's residents are from Asian backgrounds (including Chinese), less than the Lambeth average (8.4%) and much less than the inner London average (21%). Mixed/multiple ethnic groups and Other ethnic groups account respectively for 7.6% and 2.5% of the population.

In Lambeth about 60% of people with a limiting health condition are aged over 50; 12% of residents aged 50-64 have a limiting health condition, as do 27% of 64-74s, 46% of 75-84s and 64% of over 85s. 7% of adults classify themselves as having a long-term limiting illness or infirmity, and 5% say they have a disability. 88.1 % of people in Larkhall say their day-to-day activities are not limited by a long-term illness or disability, about 5.8% (1007) limited a lot, and 6.1% (1048) limited a little. in Larkhall 1,380 (19.3 %) of all households have one person in household with a long-term health problem or disability of which 349 with dependent children (4.9%) and 1031 with No dependent children (14.4%).

source:

<https://www.lambeth.gov.uk/sites/default/files/State%20of%20the%20Borough%202016%20Wards.pdf>

<https://www.ons.gov.uk/census/2011census>

COVID Related Equality Considerations

The transport measures introduced in Ferndale are intended to enable residents to travel safely and minimise risk of infection during the pandemic. Therefore, we have also considered the equalities evidence base for Covid-19 in the UK to help think about the risk and benefits of these interventions. There are several ways in which risks and outcomes as a result of COVID-19 differ relative to protected characteristics as identified by this study of June 2020 by Public Health England: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf.

This study presents interim findings and this EqIA will need to be reviewed in light of further research to be released later in the year.

Age

Diagnosis rates increased with age for both males and females. When compared to all-cause mortality in previous years, deaths from COVID-19 have a slightly older age distribution, particularly for males.

Socio-economics and deprivation

People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID-19. High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed. Poor outcomes from COVID-19 infection in deprived areas remain after adjusting for age, sex, region and ethnicity, but the role of comorbidities requires further investigation.

Ethnicity

People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups. Therefore, the disparity in COVID-19 mortality between ethnic groups is the opposite of that seen in previous years.

An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10% and 50% higher risk of death when compared to White British.

These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiring COVID-19, the risk of dying, or both. Other evidence has shown that when comorbidities are included, the difference in risk of death among hospitalised patients is greatly reduced.

Transport Equity and Health

Particularly considering the indicative trends identified in PHE's research into risks and outcomes of COVID-19 and broader demographic data at the local and London level there are direct connections between access to transport and health risks and outcomes that should be considered. For example;

- Lower income households are significantly less likely to have access to a vehicle. Access to a vehicle increases significantly as household income bands increase
- Less than 35% of all residents in and around the project area have access to a private motor vehicle. The area is in the top 20% of London for traffic levels and air pollution.
- Car ownership is highest among white Londoners (43%) in comparison to only 30% of Black Londoners.
- Women are less likely to own a car than men, with 34% of women having access to a car vs 46% of men
- 71% of local residents rely primarily on public transport (pre-Covid) for access to work.

How will they be impacted by the change?

Public transport capacity across London is reduced by as much as 85%. Buses that previously carried up to 87% people are now able to carry a maximum of 20 people, with capacity on trains such as Victoria line and mainline rail services from the Brixton area severely affected. All non-essential public transport use is strongly discouraged.

Individuals that must continue to use public transport are subject to the higher risk of contracting covid-19 associated with the use of confined public spaces and transport. Overcrowding at and around bus stops and train stations exacerbates this risk and further reduces the ability for people to walk safely whilst observing social distancing.

Source: <https://www.gov.uk/government/publications/emg-transmission-and-control-of-sars-cov-2-on-public-transport-18-may-2020>

The overwhelming majority of adult residents in and around the project area do not have access to a private motor vehicle.

Providing safe (both road safety and reduced likelihood of infection) and affordable travel options to people from all demographic and socio-economic backgrounds is essential to improving equity in access to transport as well as reducing infection risk in lower income groups.

Beyond the positive benefits of improving transport equity, there are impacts associated with how motor vehicle movements will change and the health and environmental impacts that may be expected.

Impacts are considered to be derived from 1) changes in traffic levels in surrounding areas and the ambient effects this can create in terms of air quality. 2) changes to individuals' ability to move through the area or access properties.

Traffic Level Changes within the area:

The most recent available pre-implementation traffic data (Flow, 2019) indicates that a high proportion (75% - 100%) of traffic travelling through the project area during peak times does not start or stop their journey in the area rather that they are making longer strategic journeys across London, passing through the neighbourhood. These journeys are not for access to/from local businesses, schools, the town centre, residential properties or other local destinations. Data show 1270 Passenger Car Unit (PCU) use Sandmere Road and 2810 PCU use Solon Road on a given day prior to the LTN implementation. Whilst these figures will vary seasonally and temporally this indicates a likely reduction of at least 950 vehicles less on Sandmere Road and 2100 less vehicles on Solon road.

As a result of the introduction of LTN emergency street layout changes, streets within the Ferndale Low Traffic Neighbourhood area, can expect to see a significant reduction in traffic, especially when compared to pre-covid traffic counts.

Traffic level changes around the area:

The following streets surround the neighbourhood and should be considered as part of the impact area;

- Acre Lane
- Bedford Road
- Landor Road
- Stockwell Road
- Brixton Road

There are a number of ways in which these streets may be affected.

Traffic Levels

As cited above, it is reasonable to anticipate some displacement of traffic as well as changes to travel choices and modes in response to the changes. The way in which vehicles re-route will vary depending on the total length of the journey being made and whether or not it starts or stops in the wider local area. Satnavs and Google Maps will also re-route people based on traffic levels at any given time, dispersing traffic across a broader geographic area. Projects comparable to this typically result in a conservative estimate of 10% traffic reduction across the broader area when compared with the baseline data. This reduction in traffic is associated with traffic evaporation as people use other modes of travel or change their journey patterns. TfL Cityplanner data shows that the area surrounding Brixton has some of the highest walking and cycling potential in London for short car-based trips to be swapped to walking and cycling

Reduced turning movements

Between 2015 and 2017 there were 177 casualties as a result of road collisions in the area. Borough-wide analysis for Lambeth shows that people walking and in particular children are overrepresented in casualties on streets in Lambeth. The leading causes of collisions are recorded as people being "careless, reckless or in a hurry" and "failed to look properly".

In the case of the Ferndale Low Traffic Neighbourhood area, vehicles turn on and off Bedford Road and Acre Lane to pass through the area. Significantly reducing traffic through the area will reduce the number of vehicles that make these turning movements. Existing turning movements into and out of the Ferndale neighbourhood area have an impact on safety and traffic flow.

Clusters of accidents can be seen on the junctions leading into the Ferndale LTN area. Fewer turning movements will reduce the number of vehicles waiting to turn both in and out, reducing the frequency with which straight travelling traffic must queue behind. This reflects an increase in capacity of both streets to support straight travelling flowing traffic and reduce the likelihood of collisions as a result of turning vehicles.

Safety

Collision hotspots are evident across the side road junctions of Acre Lane and Bedford Road as a result of turning movements in and out of these side roads, and in particular, the following junctions;

- Acre Lane x Concanon Road
- Acre Lane x Trinity Gardens
- Bedford Road x Ferndale Road

Significantly reducing the turning movements in and out of these side roads as this project will reduce the likelihood of collisions along these roads by removing the majority of movements that are responsible for these collisions.

Vehicle Access:

All properties within the neighbourhood will remain accessible by motor vehicle, although routes are likely to change depending on the location of a property relative to closure locations. The neighbourhood is within Brixton 'B' controlled parking zone allowing residents to park on either side of closure locations depending on what will be most convenient for them. This may result in a longer walk.

Specific data is not available on the number of people living in the area with mobility related disabilities. Further definition will be required with internal teams at the council and community engagement to understand and support disabled residents to ensure their access to essential services is not disproportionately affected.

Air Quality

Transport derived emissions are the primary source of people being exposed to poor air quality in this area. Once the project has 'bedded in' and is operating as normal it is expected that there will be an overall reduction in traffic across the area as a whole. The distribution and flow of motor traffic around the area as well as specific air quality monitoring of NO₂ will help us understand positive or negative impacts of traffic changes and make improvements to address these.

Impacts by Group

Age

Older people experience a higher risk from C-19 and therefore social distancing is a particularly important factor. The proposal is expected to improve the ability to maintain social distancing by creating more street space that can be used by the whole community, including those without access to motor vehicles. Conversely, older people may be more reliant on travel by motor vehicle and in some cases journey times may increase as a result of the proposal, however all areas will remain accessible at all times. We expect there to be positive impacts associated with improvements to safety and air quality as well as the potential for a higher proportion of this group to walk and cycle than is currently the case.

Children are particularly impacted by poor air quality at the roadside and are also vulnerable to road danger, both of which the proposal aims to address. The proposals offer the potential for more physical activity, including play, in areas where amenities may be limited, offering the potential to address issues of obesity and well-being, and address limited access to green space and play space within the Ferndale area.

Disability

Much of current public realm / road network has the effect of excluding disabled people. The proposal seeks to address this by creating a more inclusive street environment. Reducing road danger also has the potential to enable more people to participate in active travel. For example, cycles can improve mobility and access for disabled people, many of whom do not have access to motor vehicles.

For those that do have access to a car, or rely on taxis or carers in some cases journey times may be increased for some trips and different routes might be needed. Feedback gathered since the trial scheme was launched indicates some individuals have had to change their routes to access essential services and support. This includes parents and carers of disabled children accessing schools and disabled people and carers accessing shops, pharmacies and GP services for essential goods, prescriptions and appointments. We have received feedback from disabled people who rely on motorised transport, and from SEND providers about the impact that the LTN has had on their journeys. Further data is being collected and mitigations developed and implemented accordingly.

All areas will remain accessible, however, and reduced traffic on the local streets is expected to result in a safer, less stressful and more convenient trip making for local journeys by car for those that need to drive. Disability is a broad category and ongoing engagement and monitoring will be needed to identify impacts on different groups.

Gender reassignment

No specific impacts identified

Marriage and civil partnership

No specific impacts identified

Pregnancy and maternity

No specific impacts identified

Race and ethnicity

The proposal is expected to improve access to safe walking and cycling routes for people from BAME groups, who are less likely than white people to have access to a car, and therefore more likely to need alternative forms of travel while access to public transport is restricted. The introduction of measures to improve road safety could also participation among under-represented groups, for example the proportion of BAME groups who choose to cycle. BAME groups are over-represented in indices of deprivation and more likely to be exposed to transport related harmful impacts, such as traffic collisions and poor air quality. The proposal is expected to support local businesses, many owned or led by people from BAME groups, by creating a more attractive street environment as well as more physical space in which to operate.

Religion and belief

No specific impacts identified

Sex

No specific impacts identified

Sexual orientation

No specific impacts identified

Socio-economic status

Providing safe (both road safety and reduced likelihood of infection) and affordable travel options to people from all socio-economic backgrounds is essential to improving equity in access to transport as well as reducing infection risk in lower income groups.

Enabling safe travel is critical to allowing lower income people back to work. Lower income groups are less likely to be working from home, less likely to have access to a private vehicle, so more likely to have a particular need to walk/cycle in a safe environment without increased exposure to c-19. The proposal is expected to result in a more equitable allocation of space that will benefit lower income groups.

How do you plan to promote and deliver any positive impacts of the proposal?

There are a range of support services that will be introduced in areas to increase uptake of walking and cycling, such as the try before you bike and cycle training programme.

We will work with local community organisations to deliver community design programmes that allow local people to redesign existing spaces. Specific focus will be on engaging younger people under 25y/o, from BAME backgrounds, and older people who are typically under-represented in these activities.

Our monitoring activity from a movement and air quality perspective will also help to quantify the benefit that are being delivered and communicate this with local people.

How do you plan to address and mitigate any negative impacts of the proposal?

How we will monitor

This LTN scheme was implemented in response to the impact that the Covid-19 pandemic has had on our transport network. Traffic volumes and patterns have been affected by the pandemic since March 2020. This being the case, we did not commission baseline traffic counts immediately prior to the creation of the LTN and instead will rely on data collected pre-COVID and its impact on traffic flows.

As a guide, scheme operation will be monitored in up to 3 stages.

- **Stage 1: Initial Adjustment** (first few weeks) - Assessment will focus on identifying community issues and traffic problems to make specific design improvements where needed
- **Stage 2: Settling down:** Up to 6 months after implementation
- **Stage 3: Regular Use** Up to 18 months after implementation

This approach will need to be flexible to allow for unforeseen changes in trip rates resulting from COVID and/or other unforeseen scheme impacts.

We will also be collecting qualitative data before and during the implementation of the scheme. Council staff will be regularly contacting residents and business owners to gather information on the impact of the scheme, and the council will use the online engagement site, Commonplace, to

gather feedback directly from residents online. Equalities data will be gathered and analysed as part of this process. This information will be used to assess the impact of the interventions against the policy aims and put in place improvements where necessary.

Travel times for those reliant on vehicles for certain trips

Travel times and journey routes could change or increase for those who are reliant on motor vehicles, including those with protected characteristics in the Equalities Act. An exemption for SEND transport providers will be put in place for all LTNs.

Further measures to address any unforeseen negative impacts that may arise during the experimental period include:

- a) the measures being formally trialled, and impacts monitored. The council can subsequently make rapid changes to the scheme where there is undue risk or severe negative impacts,
- b) no complete physical barricades to vehicles access have been added, just legal restrictions which can be suspended without delay as needed (e.g. if roadworks cause the closure of an alternative route), and
- c) an extended grace period for enforcement of these restrictions has been allowed so that people have time to adjust to new routes if possible, or not, without penalty.

How will you review/evaluate your proposal, mitigating actions and/or benefits? Who will be responsible for this?

Monitoring, analysis, and scheme improvements will take place at 3 stages as described above.

This EIA will be updated with information gathered through the monitoring and engagement process and used to inform any decisions on changes to the scheme.

The Lambeth Council Traffic Manager will be responsible for the review of benefits, impacts and improvements required over the lifecycle of the project.

Section to be completed by Sponsor/Director/Head of Service

Outcome of equality impact assessment	The analysis above does not identify any significant equalities impacts for the proposed changes. However, ongoing monitoring of the scheme will be important to help identify any potential negative impacts arising from the development of the proposals and will provide key information to update this analysis.
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