Draft Report
April 2024

Chancery Lane Traffic Management Order - Equality Impact Assessment (EqIA)

City of London Corporation
24677301

steer

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1 Introduction

Background

1.1 This Equality Impact Assessment (EqIA) relates to the Experimental Traffic Order (ET) on Chancery Lane within the City of London (CoL). An EqIA is a process designed to ensure that a policy, project, or scheme does not unlawfully discriminate against any protected characteristic as defined by the Equality Act 2010. This EqIA has been produced by the independent transport and infrastructure consultancy, **Steer**.

1.2 On the 20th February 2023 the CoL implemented an ETO on Chancery Lane, between Carey Street and Southampton Buildings. The ETO restricts access to motorised vehicles, Monday – Friday and 7am-7pm, except for taxis and vehicles requiring access to properties, parking and loading facilities. This ETO forms part of the CoL's Pedestrian Priority Streets Programme and aims to improve the public realm on Chancery Lane, whilst minimising adverse impacts on neighbouring streets.

1.3 The CoL is now preparing a report to Committee to make the ETO a permanent Traffic Management Order (TMO). To assist with understand the implications of this decision, this EqIA provides an assessment of the potential equality impacts that could arise from making the ETO permanent.

Context

Existing ETO

1.4 The existing ETO was introduced in February 2023, and involved the following changes to Chancery Lane:

- No motor vehicles between 7.00am and 7.00pm Mondays to Fridays except for emergency vehicles, taxis (black cabs) and vehicles requiring access to properties, parking and loading facilities are exempt from the timed restrictions.
- Vehicles travelling northbound from Fleet Street can turn onto Fetter Lane to access streets to the east of Chancery Lane or continue north onto High Holborn.

1.5 That there is an existing one-way system on Chancery Lane from Fleet Street, including a cycle contraflow.

Proposed TMO

1.6 The proposed TMO would make the ETO restrictions permanent. No changes are proposed between the ETO layout and the permanent TMO.

1.7 A drawing of the existing ETO is presented in **Figure 1.1** (overleaf):

Figure 1.1: Proposed TMO

Assumed impact on transport and movement

1.8 The impacts identified throughout this EqIA are derived from the assumption that the proposed TMO will have the following impacts on transport and movement in the area:

- Making the existing restrictions to motor traffic permanent will lock in the benefits to people cycling and walking of a quieter and safer environment.
- Motor traffic journeys will need to continue to use alternative routes to avoid the restrictions, which could take longer than before the ETO was implemented.

2 Scoping

2.1 A scoping assessment has been undertaken to identify whether the proposed TMO could have disproportionate impact(s) on people with one or more protected characteristics. “Disproportionate impact” means that groups of people who share a protected characteristic may be significantly more affected by a change than other people.

2.2 Protected characteristics are defined by the Equality Act 2010. The 'protection' refers to protection from discrimination. There are nine characteristics protected by the Equality Act:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

2.3 As this TMO is aimed at making Chancery Lane more attractive to people walking and dwelling, as well as making it safer and less polluted, it is considered that the TMO is likely to impact people’s movement and experience of the street. Groups that have a significant intersection with movement and space, i.e., those that travel in distinguishably different ways, are most likely to be affected.

2.4 It is not considered that the ‘Gender reassignment’, ‘Sexual orientation’ or ‘Marriage and civil partnership’ protected characteristics have a significant intersection with movement and space. As such, they have not been included in the baseline data or the detailed analysis of equality impacts that follows.

2.5 This exercise considers both potential positive and negative impacts, and, where possible, provides evidence to explain how and why a group might be particularly affected. Error! R eference source not found. (overleaf) provides a summary of the scoping assessment.

Table 2.1: Scoping assessment

Protected characteristic	Disproportionate impact unlikely	Disproportionate impact possible	Commentary
Age – people in particular age groups (particularly over 65s and under 16s)		✔	There could be a disproportionate impact which this EqIA will investigate. A person's ability to use the transport network can be reduced as a result of age and age-related health conditions.
Disability – people with disabilities (including different types of physical, learning or mental disabilities)		✔	There is likely to be a disproportionate impact which this EqIA will investigate. A person's use of the transport network can be shaped by certain impairments.
Gender reassignment – people who are intending to undergo, are undergoing, or have undergone a process or part of a process of gender reassignment	✔		People undergoing gender reassignment are unlikely to be disproportionately impacted by the scheme.
Marriage and civil partnership – people who are married or in a civil partnership	✔		People who are married or in a civil partnership are unlikely to be disproportionately impacted by the scheme.
Pregnancy and maternity – people who are pregnant or have given birth in the previous 26 weeks		✔	There could be a disproportionate impact which this EqIA will investigate. A person's use of the transport network can be shaped by pregnancy and the caring duties in the first 26 weeks.
Race – people of a particular race or ethnicity (including refugees, asylum seekers, migrants, gypsies and travellers)		✔	There could be a disproportionate impact which this EqIA will investigate. Use of the transport network and/or occupation can differ depending on ethnic group.
Religion or belief – people of particular faiths and beliefs		✔	There could be a disproportionate impact which this EqIA will investigate. Use of the transport network by those practising different religions may vary across different days (e.g., Sunday worship, when public transport services are reduced).
Sex – whether people are male or female		✔	There could be a disproportionate effect which this EqIA will investigate. Use of the transport network and/or occupation may differ depending on sex.
Sexual orientation – whether a person's sexual orientation is towards the same sex, a different sex, or both.	✔		People of a particular sexual orientation are unlikely to be disproportionately impacted by the scheme.

3 Review of consultation feedback

Background

3.1 The CoL collected feedback on the Chancery Lane ETO as part of the Fleet Street Healthy Streets Plan consultation. A six-week consultation on the Fleet Street Healthy Streets Plan ran from Tuesday 9th May 2023 to Tuesday 20th June and was open to responses from anyone.[1]

3.2 As part of this consultation, open question responses in reference to Chancery Lane specifically have been collected for further analysis. This exercise sought to identify any relevant concerns that should be included within the impact assessment.

Methodology

3.3 All open-text responses to the public consultation question about the Chancery Lane ETO have been reviewed. There were 38 written responses to this question: 19 responses were negative, and the remainder were positive or neutral.

Analysis

3.4 **Table 3.1** and **Table 3.2** present analysis of comments received during the consultation period. Responses have been categorised into different comment types relating to the disadvantages and advantages respondents highlighted as a result of the ETO. The frequency of each comment type has been listed.

3.5 The comments regarding the disadvantages include concerns about limiting access for residents and businesses, longer journey times and concerns that congestion will worsen as it would be diverted to nearby streets. Concerns relating to taxi use referred to the scheme reducing access to taxis, and the disproportionate impact on those who use taxis for essential mobility.

3.6 11 per cent of responses misinterpreted the details of the ETO, as these responses assumed that taxis were restricted from accessing Chancery Lane. A further 11 per cent of respondents also misinterpreted the scheme as restricting access for residents and businesses from using properties and loading bays located on Chancery Lane. This suggests a misunderstanding of the ETO from some respondents, or that respondents were unaware of exemptions to the motor vehicle restrictions.

[1] **Fleet Street Area Healthy Streets Consultation (cityoflondon.gov.uk)**

Table 3.1: Negative comments received during consultation

Theme	Responses
Disproportionate impact on taxi trade	1
Disrupts access to residential buildings and businesses	7
Diverts congestion to other areas	5
Longer journey times	2
Less access to affordable transport	1
Reduced taxi availability	1
Taxis should be able to use Chancery Lane to enhance access for disabled people	1

3.7 Comments regarding the advantages of the ETO include the improvements for the safety of people walking and cycling on Chancery Lane, as well as the environmental improvements as a result of reduced air pollution levels.

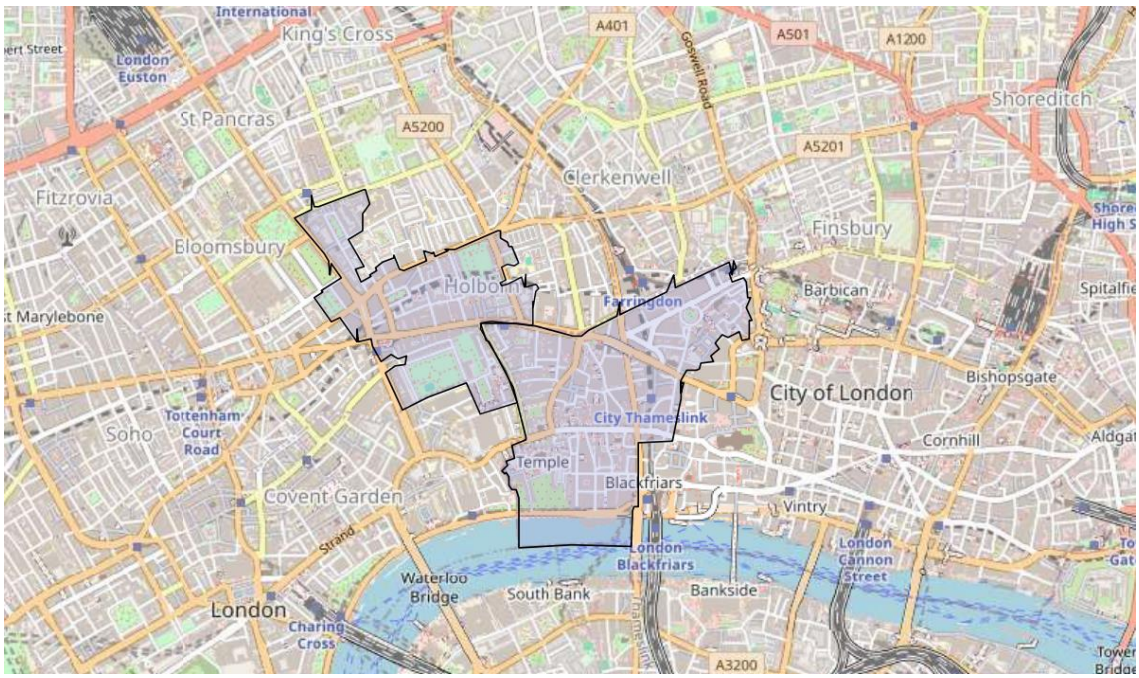
Table 3.2: Positive comments received during consultation

Theme	Responses
Reduction of congestion on Chancery Lane	1
Improves pollution levels	3
Improves safety of walkers and cyclists	5
Support for taxi exemption	1
Scheme will bring general improvements to the area	1

4 Data sources

4.1 For this assessment, information has been gathered about protected characteristics for the City of London 001G Lower Layer Super Output Area (LSOA) Camden 028B Lower Layer Super Output Area (LSOA). Throughout this EqIA, this is referred to as 'the study area'. Information has also been gathered about the City of London Middle Layer Super Output Area (MSOA) as well as data for London as a whole.

Figure 4.1: City of London 001G, and Camden 028B (LSOA)



Source: Nomis, 2024

Figure 4.2: City of London MSOA

Source: Nomis, 2024

4.2 The CoL is a small and densely populated area with high levels of walkability and numerous public transport stations. This means that any given street is likely to be used by people from across the CoL. Therefore, it is important to consider an area that is wider than the immediate surroundings of the scheme; this requirement is satisfied with the use of LSOA data. Data at the MSOA level is used as a substitute for LSOA data for specific data sets where no greater level of detail is provided. London as a whole is included in the assessment to provide greater context to the data for residents living in the CoL.

Data sources and limitations

4.3 London Travel Demand Survey (LTDS) and Census 2011/2021 data are the two primary data sources used throughout this assessment. Supplementary data sources have also been used and are referenced throughout. For each protected characteristic, data has been collated and analysed, with comparisons made at LSOA, Borough/MSOA, London and national levels, where relevant.

4.4 While Census data is a useful tool for understanding and comparing travel characteristics of an area with another, it does have limitations; particularly that the 2011 dataset is dated, and even more so given the changes brought about by the Covid-19 pandemic. On the other hand, 2021 Census data is expected to have been influenced by alterations to ways of living and moving during the Covid-19 pandemic period. Where relevant 2021 Census data has been made available, it is used in this EqIA.

4.5 LTDS data provides granular data within the CoL, however it is not wholly representative of the wider population as it is calculated using sample sets and subsequently scaled up. LTDS is an annual survey of a sample of households across Greater London including the CoL. The survey records detailed information about the household, the people that live there, and the trips they make. Every year, approximately 8,000 households take part in the survey which is then

weighted using an interim expansion factor to approximate the data for the entire population of London, thus providing an insight into how Londoners travel on a weekly basis. Due to the London-wide nature of this survey, it has not been possible to limit the analysis to trips ending in the Chancery Lane area, as the low sample size means that it would not be appropriate. In addition, at the time of preparing this document, the full LTDS 2022/23 dataset was unavailable.

Traffic count analysis

4.6 In addition to the data outlined above, analysis has been undertaken of traffic counts collected on Chancery Lane for three 24-hour periods in November 2023. This analysis has provided information on the traffic composition of Chancery Lane, as well as peak times. This information has been used to inform the impact assessment.

4.7 This analysis can be found within **Appendix A.**

5 Baseline equality data

General

5.1 The CoL has a very large workforce in comparison to its usual residential population. The 2021 Census recorded the residential population as 8,600 people and the 2011 Census recorded the workforce as 357,000 people[2] – over 40 times the usual residential population which demonstrates the significant movement in and out of the CoL every day.

5.2 More recently, the 2022 workforce was estimated to be 615,000[3]. The CoL estimates that 29,000 jobs were added to CoL between 2021 and 2022, and the number of jobs has grown within the CoL by 13 per cent, from 2019 to 2022. The CoL also shows the highest workplace density out of all boroughs in Greater London. Office buildings are the primary land use, which make up more than 70 per cent of all buildings in the CoL. In absolute terms, the CoL has the second greatest workforce after the City of Westminster, with a gender split of 62 per cent males and 38 per cent females in 2023[4].

5.3 When compared to Greater London, the CoL has a higher proportion of professional occupations, associated professional and technical occupations, skilled trades occupations, and administrative and secretarial occupations. Professional and associate professional/technical occupations represent over half of occupations within the CoL.

5.4 2021 Census data shows most people in employment in the CoL work mainly at or from home, as shown in **Figure 5.1**.This is followed by public transport use (11 per cent). Active travel also comprises a relatively high percentage of travel (14 per cent on foot, and 4 per cent cycling).

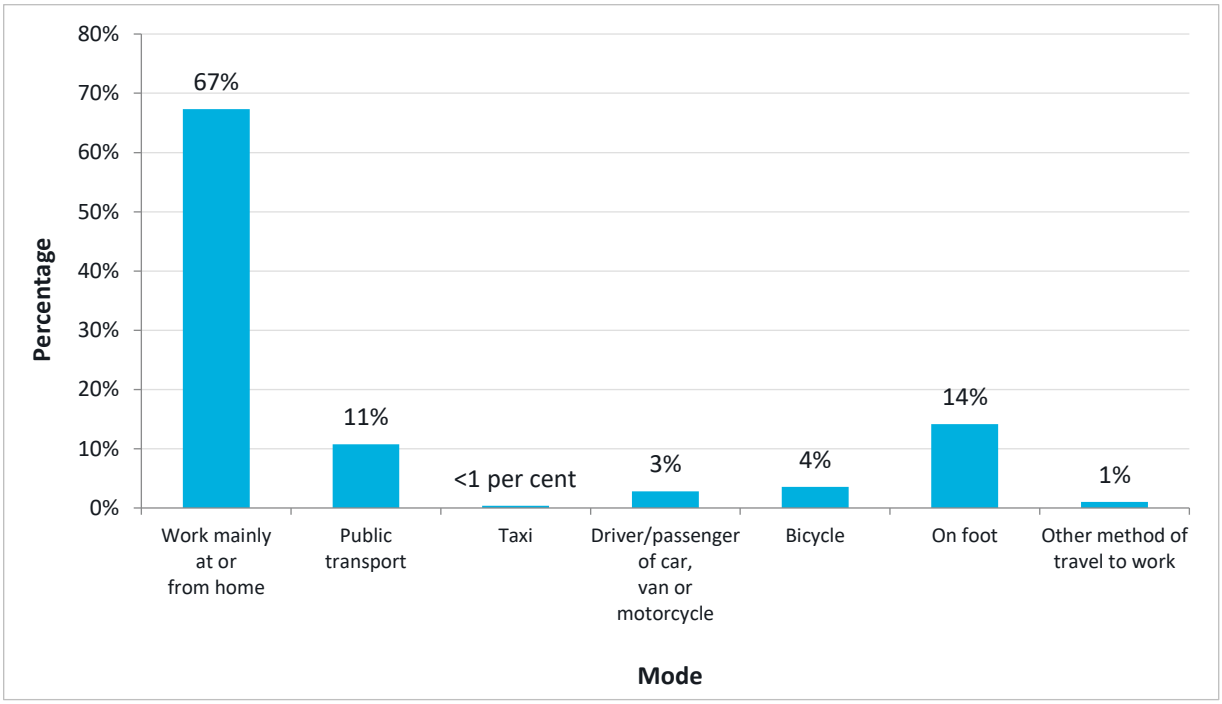
5.5 Please note that these figures have changed significantly since 2021 due to the change in working arrangements and patterns attributed to the COVID-19 pandemic, however the CoL can only act on the latest data available.

[2] 2021 Census data indicates that 67,224 people recorded their workplace destination within CoL, which similarly represents a significantly higher workforce population in comparison to the resident population. However, 2021 Census data does not capture the workforce accurately due to the effects of the Covid-19 pandemic and associated restrictions on movement and social gatherings at the time of recording (see **https://www.nomisweb.co.uk/sources/census_2021_od**)

[3] **City of London Factsheets February 2023**

[4] **City of London Factsheets February 2023**

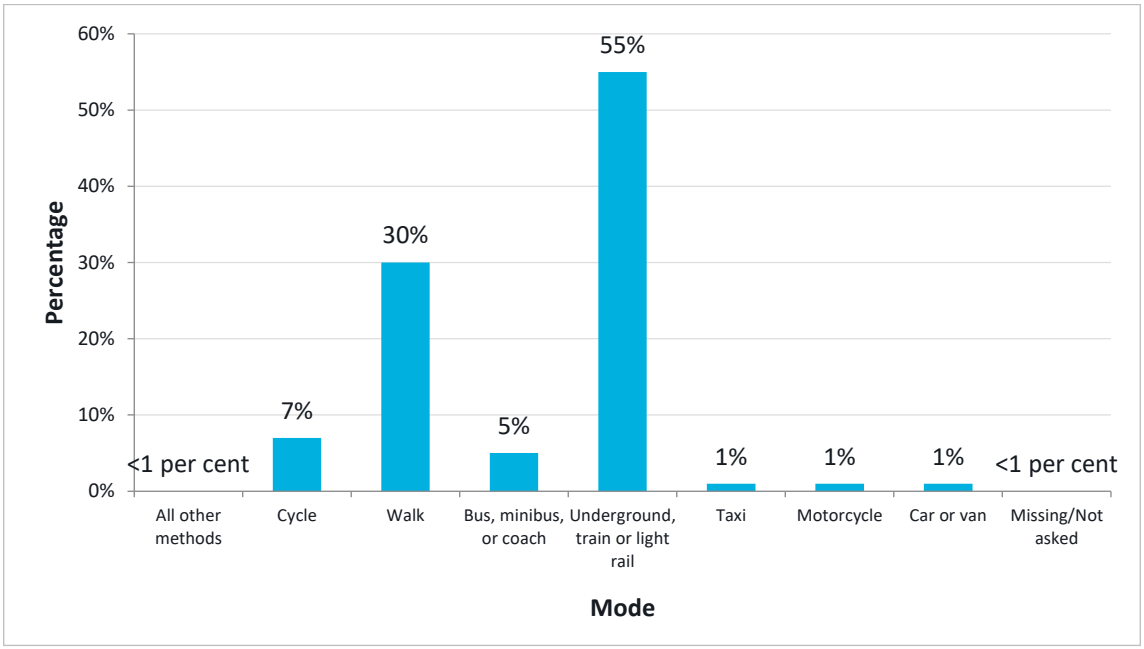
Figure 5.1: Method of travel to work for people in employment in CoL



Source: 2021 Census

5.6 When analysing LTDS for all trip purposes, the following mode split for travel into the CoL was obtained. As shown in **Figure 5.2**, of all trips ending in the CoL, 60 per cent are made using public transport. 55 per cent of trips are made using the Underground or other rail modes and 5 per cent are made by bus. It can also be seen that walking has a much higher proportion for all trips (30 per cent) when compared to the 2011 Census Travel to Work data (5 per cent).

Figure 5.2: Method of travel to CoL for all purposes



Source: LTDS 2019/20

5.7 Please note that this mode split involves other trip types in addition to 'travel to work' trips. Based on the 2019/20 LTDS data for trip purposes to the CoL, 71 per cent of trips were for Work (usual workplace and other) and 29 per cent of trips were for other purposes (such as leisure and shopping).

Age

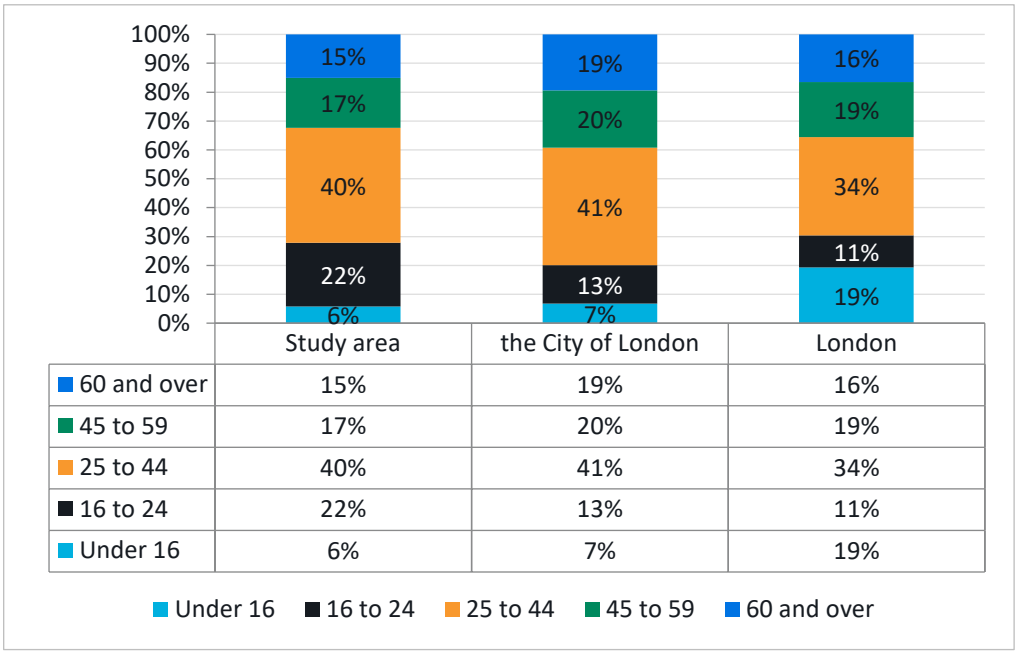
Definition according to the Equality Act 2010

1. In relation to the protected characteristic of age:
    a. A reference to a person of a particular age group
    b. A reference to persons who share a protected characteristic is a reference to persons of the same age group
2. A reference to an age group is a reference to a group of persons defined by a reference to age, whether by reference to a particular age or to a range of ages.

Baseline equalities data

5.8 **Figure 5.3** illustrates the age distribution of residents across the study area, in comparison to the CoL and London, using Census 2021 data. The greatest proportion of residents in the study area were in the 25-44 age group (40 per cent). This was similar to the CoL (41 per cent) and slightly higher than London (34 per cent). There is a similar proportion of people aged under 16 in the study area (6 per cent) in comparison to the CoL (7 per cent), though there is a higher proportion of people aged 16-24 in the study area (22 per cent) in comparison to the CoL (13 per cent). Furthermore, the proportion of people aged over 60 is slightly lower in the study area (15 per cent) in comparison to the CoL (19 per cent).

Figure 5.3: Age distribution in the study area, compared to City of London and Greater London in 2021.



	Study area	the City of London	London
60 and over	15%	19%	16%
45 to 59	17%	20%	19%
25 to 44	40%	41%	34%
16 to 24	22%	13%	11%
Under 16	6%	7%	19%

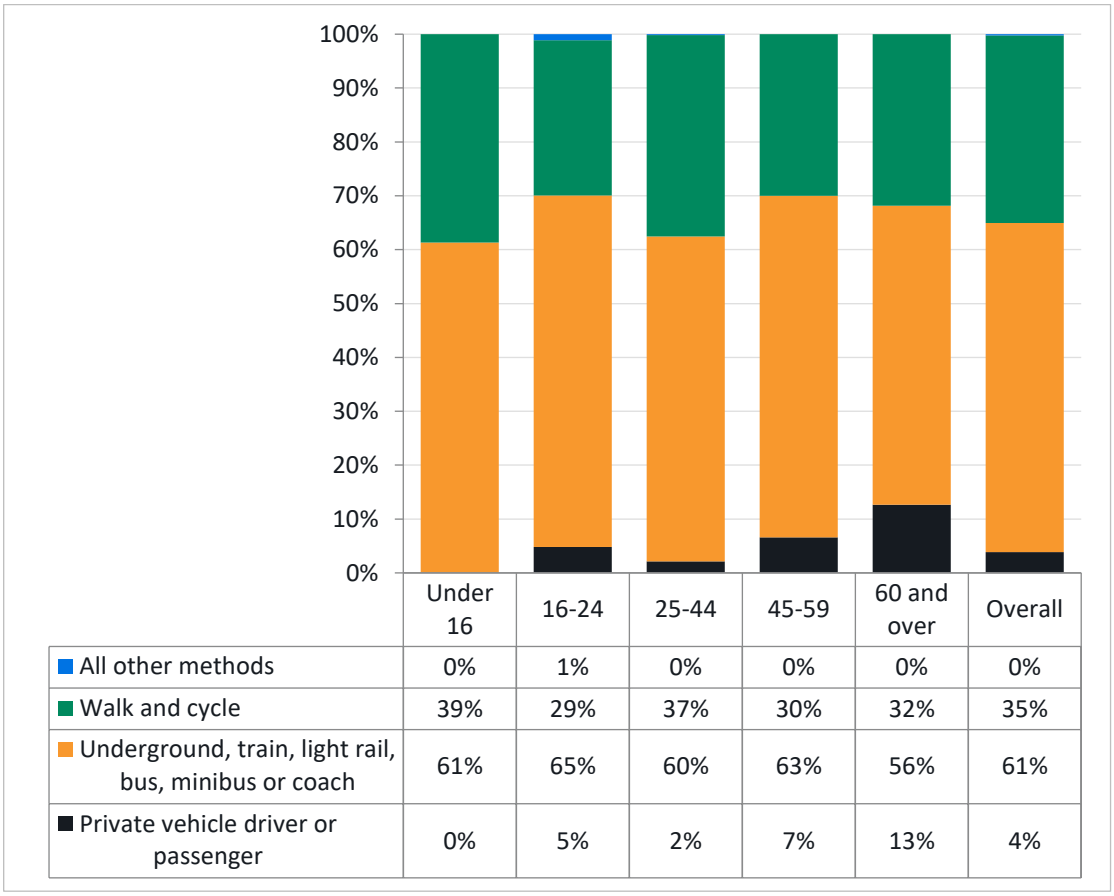
Source: Census 2021

5.9 **Figure 5.4** presents LTDS data on how people travel around the CoL within each age group, and **Figure 5.5** presents this same information for London as a whole.

5.10 The highest usage of active travel modes (walking and cycling) is among people aged under 16 (39 per cent), followed by people aged 25-44 (37 per cent). In addition, 29 per cent of people aged 16–24 walk or cycle. This pattern is consistent with data for Greater London. Public transport is the most popular travel mode in the CoL, used by over 50 per cent of residents in each age group. This is higher than the Greater London public transport mode share across all age groups.

5.11 The use of private vehicles in the CoL is relatively low, comprising 4 per cent of all journeys. However, use of private vehicles varies by age, and over 60s use private vehicles more than any other age group (13 per cent).

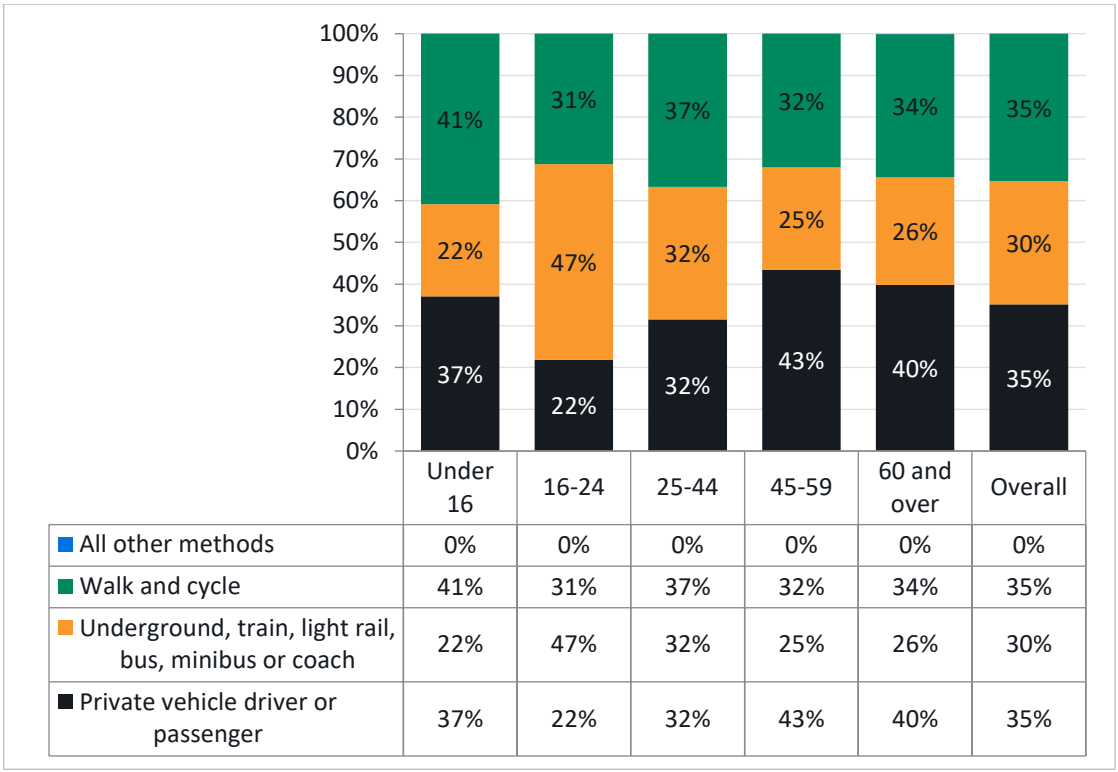
Figure 5.4: Mode share by age in City of London



	Under 16	16-24	25-44	45-59	60 and over	Overall
All other methods	0%	1%	0%	0%	0%	0%
Walk and cycle	39%	29%	37%	30%	32%	35%
Underground, train, light rail, bus, minibus or coach	61%	65%	60%	63%	56%	61%
Private vehicle driver or passenger	0%	5%	2%	7%	13%	4%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 5.5: Mode share by age in Greater London

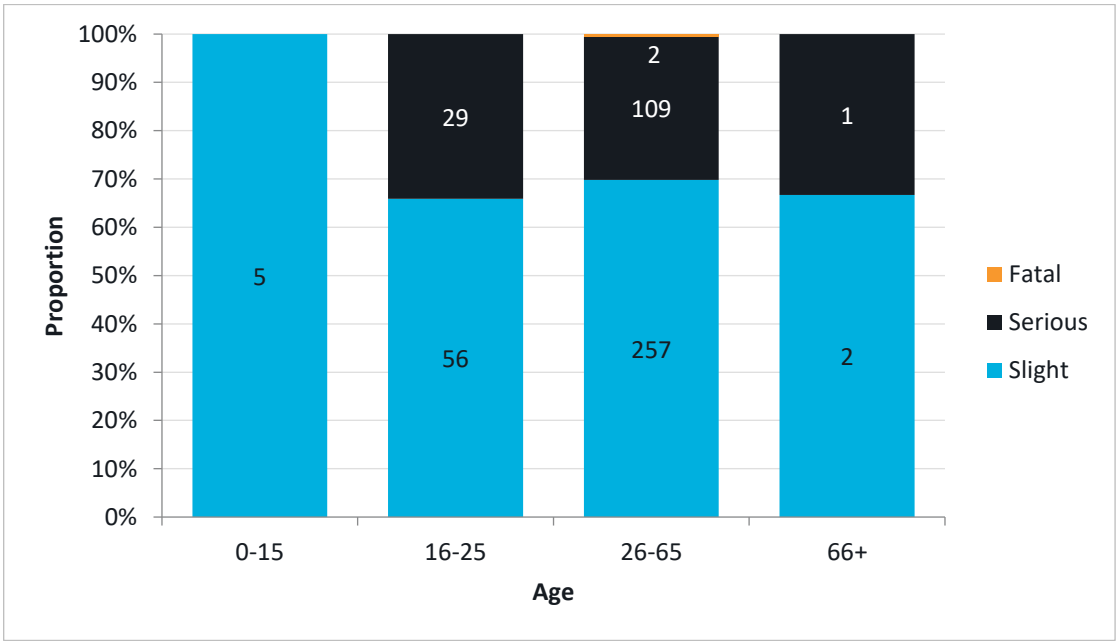


	Under 16	16-24	25-44	45-59	60 and over	Overall
All other methods	0%	0%	0%	0%	0%	0%
Walk and cycle	41%	31%	37%	32%	34%	35%
Underground, train, light rail, bus, minibus or coach	22%	47%	32%	25%	26%	30%
Private vehicle driver or passenger	37%	22%	32%	43%	40%	35%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

5.12 Killed and Seriously Injured (KSIs) and Slightly Injured casualties by age category, for the CoL, are shown in **Figure 5.6** below. This data is from 2020 – 2022.

Figure 5.6: Proportion of KSI and Slight casualties involved in collisions per age category, in CoL



Source: STATS19 2020-2022

5.13 Recorded KSIs are highest for the 26 -65 age group, followed by the 16 – 25 age group. The proportion of serious injuries is slightly higher amongst the 16-25 age group, in comparison to the 26 – 65 age group. This indicates that this age group may be disproportionately more likely to suffer more severe consequences if they are a casualty in a collision.

5.14 Across the UK, 10-14 age group road accidents make up over 50 per cent of all external causes of death. Moreover, 15–19-year-olds experience almost double the risk of death from road traffic accidents (82.5 deaths per million population) in comparison to the general population.

Disability

Definition according to the Equality Act 2010

1. A person (P) has a disability if:

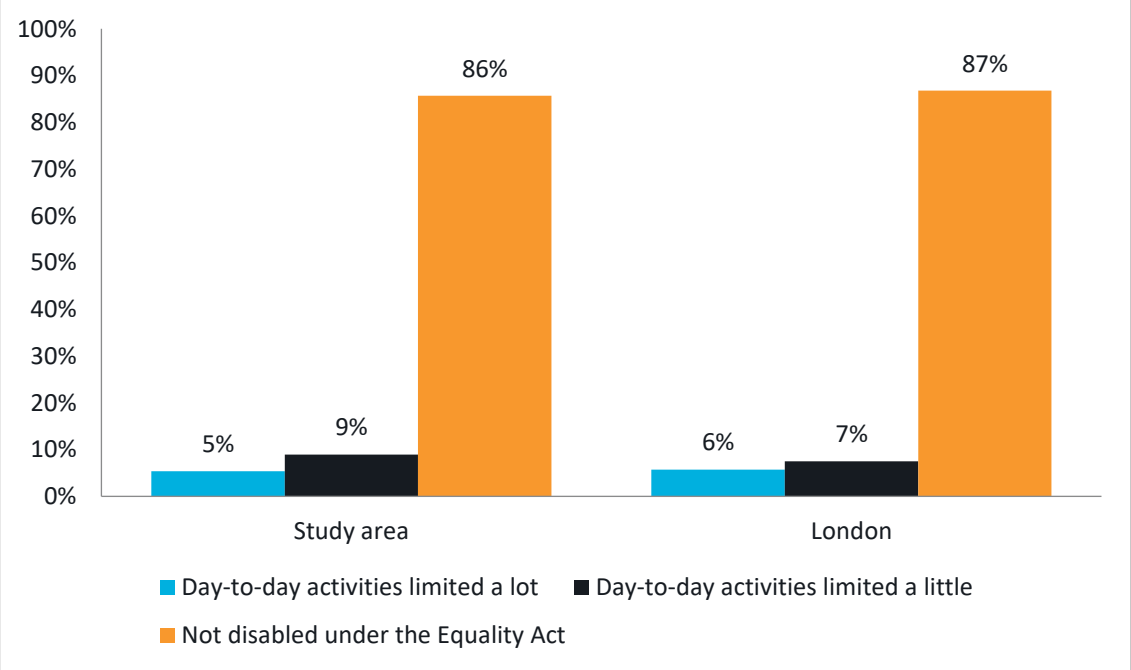
   a. P has a physical or mental impairment, and
   b. the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

Baseline equalities data

5.15 According to 2021 Census data, in the CoL, 89 per cent of residents responded that they have no limitations in their activities – this is higher than both in England and Wales (83 per cent) and Greater London (87 per cent). In the areas outside the main housing estates, around 95 per cent of residents responded that their activities were not limited. 11 per cent of the CoL's residential population stated that they were either in fair, bad or very bad health.

5.16 In comparison, the number of residents in the study area for whom daily activities are 'limited a lot' account for 5 per cent of the population, compared to 6 per cent for Greater London. Further 9 per cent of residents is the study area said they were 'limited a little', compared to 7 per cent for Greater London.

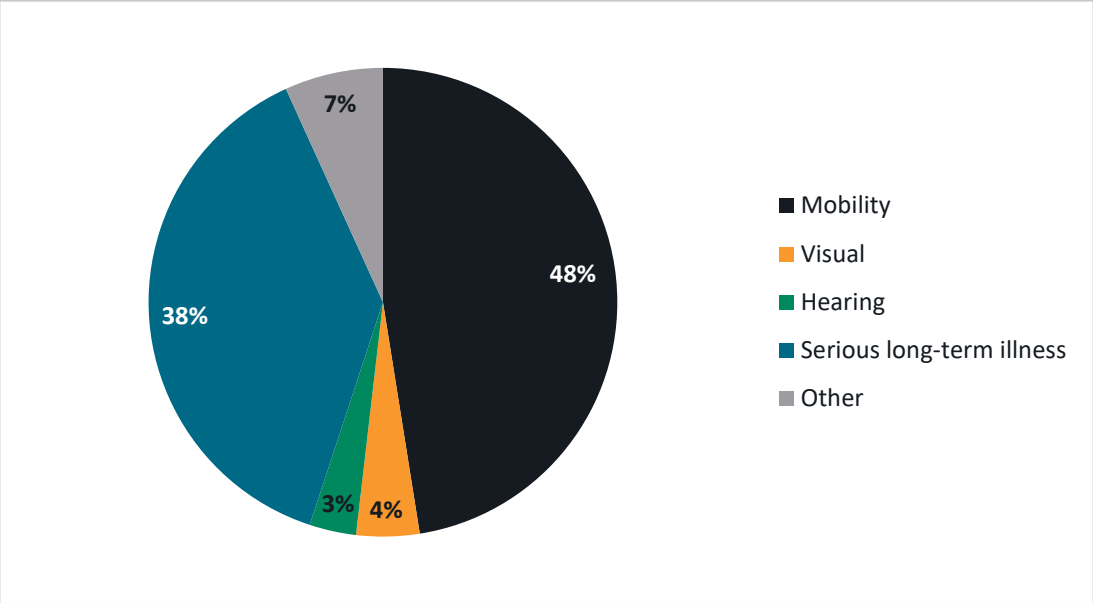
Figure 5.7: Population limited by long-term health problems or disabilities in the study area and Greater London



Source: Census 2021

5.17 In addition, physical and mental disabilities may affect travel patterns and behaviours. Disability types which affect daily travel of CoL residents are shown in **Figure 5.8**. Disability due to serious long-term illness represents the highest proportion of responses, followed by mobility related disability. It should be noted that this data is based on a very small sample (1.3 per cent of sample size for trips ending in the CoL), therefore results should be considered in this context.

Figure 5.8: Disability types stated by those who have a disability affecting daily travel to CoL

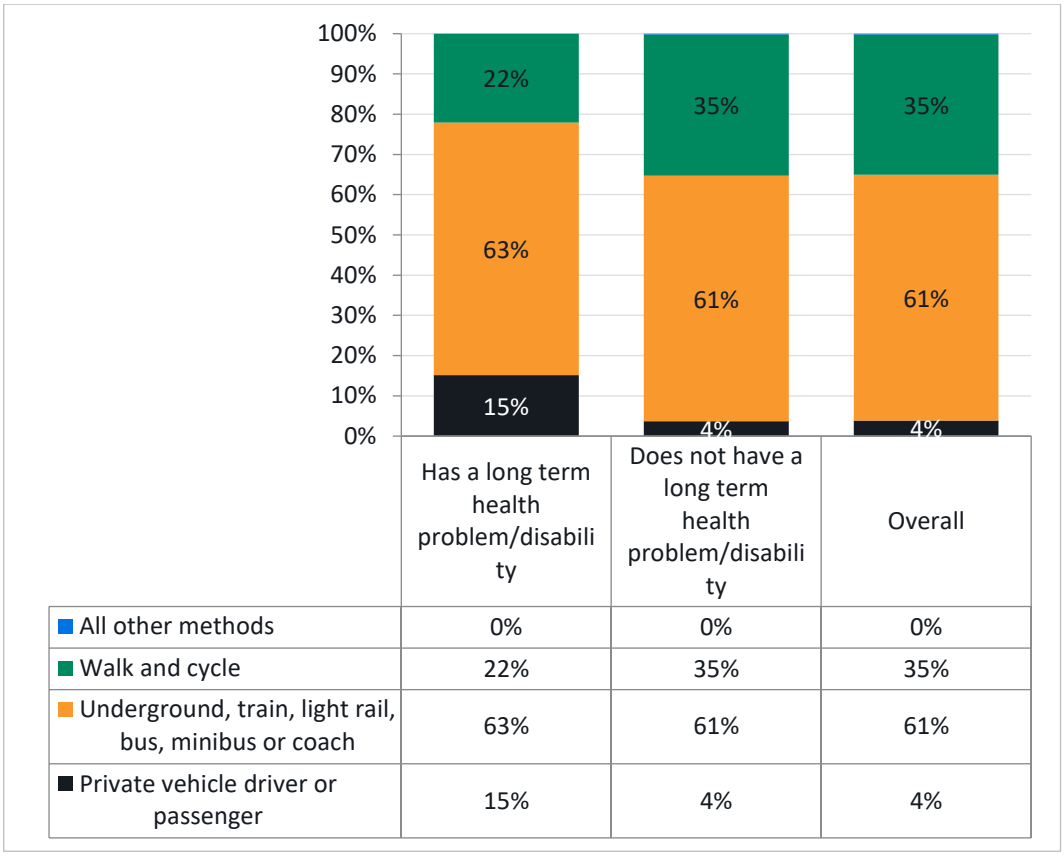


LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

5.18 The mode share for people with a long-term health problem or disability in the CoL and Greater London is shown in **Figure 5.9** and **Figure 5.10** respectively. In the CoL, the public transport mode share is greater (63 per cent) for people with a long-term health problem or disability those without (61 per cent). This is a significant contrast with Greater London, as the public transport mode share for people with a long-term health problem or disability is less than those without (27 per cent vs 30 per cent, respectively).

5.19 In the CoL, the car/van mode share is greater for people with a long-term health problem or disability (15 per cent) in comparison to those without (4 per cent). In addition, the active travel (walking and cycling) mode share for people with a long-term health problem or disability walk or cycle (22 per cent) is lower than for people without a long-term health problem or disability (35 per cent). In comparison, in Greater London, 34 per cent of people with a long-term health problem or disability use active travel. This mode share in the CoL represents a smaller proportion of active travel for people with a long-term health problem or disability.

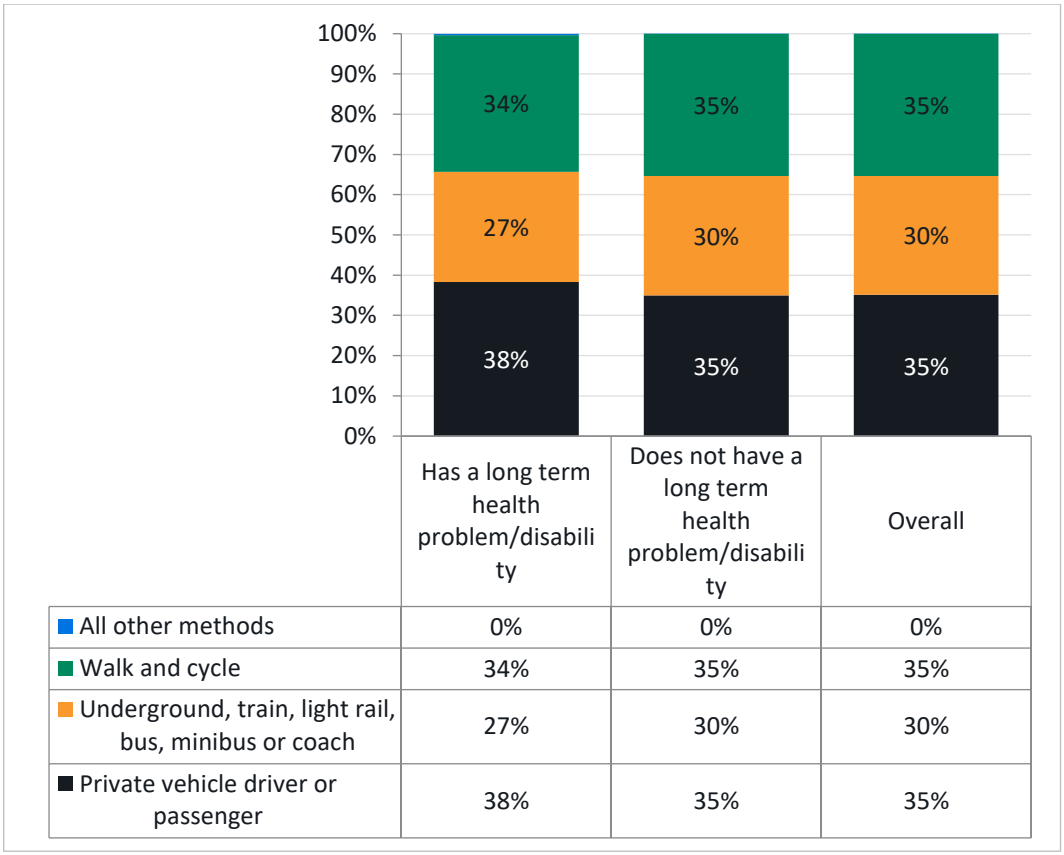
Figure 5.9: Mode share of those with a long-term health problem or disability in City of London



	Has a long term health problem/disability	Does not have a long term health problem/disability	Overall
All other methods	0%	0%	0%
Walk and cycle	22%	35%	35%
Underground, train, light rail, bus, minibus or coach	63%	61%	61%
Private vehicle driver or passenger	15%	4%	4%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 5.10: Mode share of those with a long-term health problem or disability in Greater London



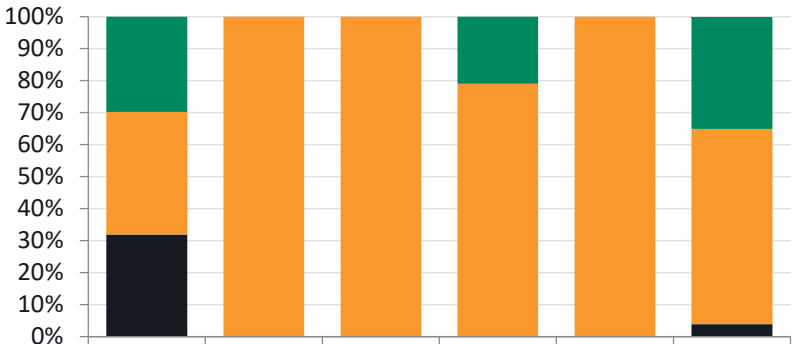
	Has a long term health problem/disability	Does not have a long term health problem/disability	Overall
All other methods	0%	0%	0%
Walk and cycle	34%	35%	35%
Underground, train, light rail, bus, minibus or coach	27%	30%	30%
Private vehicle driver or passenger	38%	35%	35%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

5.21 The mode share for people with specific disabilities in City of London and Greater London is shown in **Figure 5.11** and **Figure 5.12** respectively. Public transport is the dominant mode of travel for people with visual and hearing impairments, serious long-term health conditions and 'other' impairments; it makes up 100 per cent of the mode share for people with visual and hearing impairments, however this must be taken into the context of the small sample size that this data is derived from. The modal split for individuals with mobility impairments is more even, with only 38 per cent using public transport, 32 per cent using cars/vans, and 30 per cent using active travel.

5.22 Compared to the CoL, mode share across disability types for Greater London shows a much greater uptake of active travel and private vehicle use, along with a lower public transport mode share. Groups with mobility (46 per cent) and learning (42 per cent) impairments are most likely to use private vehicles, while those with mental health impairments are most likely to undertake active travel (47 per cent).

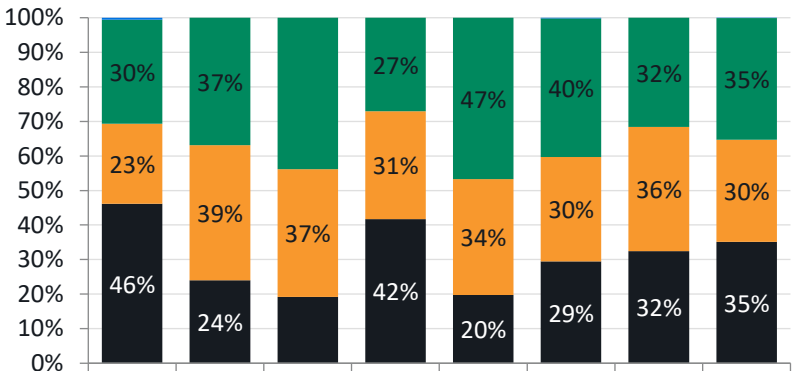
Figure 5.11: Mode share of those with a specific disability affecting daily travel in City of London



	Mobility	Visual	Hearing	Serious long-term illness	Other	Overall
All other methods	0%	0%	0%	0%	0%	0%
Walk and cycle	30%	0%	0%	21%	0%	35%
Underground, train, light rail, bus, minibus or coach	38%	100%	100%	79%	100%	61%
Private vehicle driver or passenger	32%	0%	0%	0%	0%	4%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 5.12: Mode split by those with a specific impairment affecting daily travel in Greater London



	Mobility	Visual	Hearing	Learning	Mental health	Serious long-term illness	Other	Overall
All other methods	1%	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	30%	37%	44%	27%	47%	40%	32%	35%
Underground, train, light rail, bus, minibus or coach	23%	39%	37%	31%	34%	30%	36%	30%
Private vehicle driver or passenger	46%	24%	19%	42%	20%	29%	32%	35%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

5.23 Focusing on disabled cyclists, the Wheels for Wellbeing annual survey (2019/20)[5] showed that 65 per cent of disabled cyclists use their cycle as a mobility aid, and 64 per cent found cycling easier than walking. Survey results also show that 31 per cent of disabled cyclists' cycle for work or to commute to work and many found that cycling improves their mental and physical health.

Inaccessible cycle infrastructure was found to be the biggest barrier to cycling, followed by the prohibitive cost of adaptive cycles and the absence of legal recognition of the fact that cycles are mobility aids on par with wheelchairs and mobility scooters. These results are presented on a national level, yet it should be noted that the data is based on a small sample and results should be taken as an indication only.

Pregnancy and maternity

Definition according to the Equality Act 2010

5.24 As per the Equality Act 2010, pregnancy is the condition of being pregnant or expecting a baby, and maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth.

Baseline equalities data

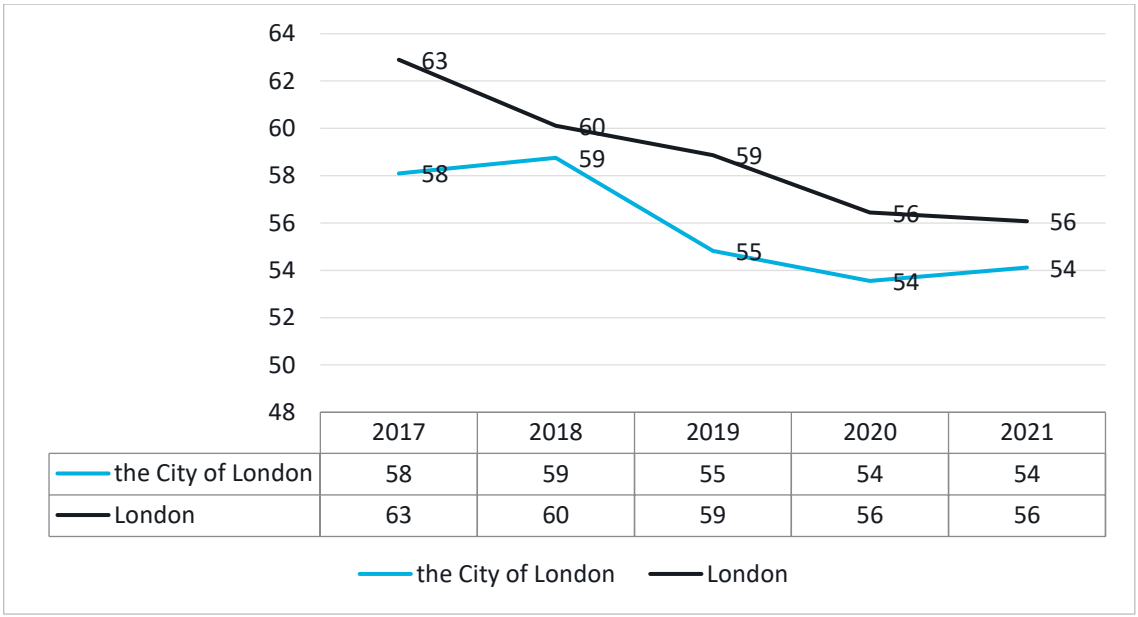
5.25 In 2021, the General Fertility Rate (GFR) in City of London and Hackney[6] was 54.1 births per 1,000 women aged 15-44, while the GFR for London was 56 per 1,000 women. This suggests that slightly fewer women of this age group were likely to be pregnant or have given birth in 2021 in the CoL and Hackney, compared to the Greater London average.

5.26 Data shows that overall, the number of live births has been gradually falling in City of London and Hackney, and in London as a whole. During this time, the GFR for City of London and Hackney remained consistently below the Greater London average. In 2018, there was a slight increase in the fertility rate in the Borough, before continuing to fall, yet it remained below the Greater London rate.

[5] **https://wheelsforwellbeing.org.uk/wp-content/uploads/2020/07/WFWB-Annual-Survey-Report-2019-FINAL.pdf**

[6] City of London has been grouped with Hackney after 2004 in the dataset: **Births and Fertility Rates, Borough - London Datastore**

Figure 5.13: General Fertility Rate per year in City of London compared to the Greater London average



Source: ONS. Births and Fertility Rates, Borough

Race

Definition according to the Equality Act 2010

1. Race includes:

    a. colour;
    b. nationality;
    c. ethnic or national origins.

2. In relation to the protected characteristic of race -

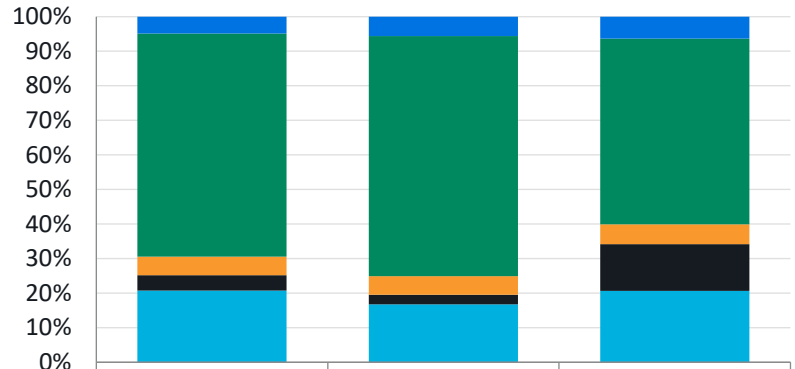
    a. a reference to a person who has a particular protected characteristic is a reference to a person of a particular racial group;
    b. a reference to persons who share a protected characteristic is a reference to persons of the same racial group.

Baseline equalities data

1.5 **Figure 5.14** presents the population of the study area and City of London by ethnicity. Based on Census 2021 data, 69 per cent of the borough's population is 'White', making it the most common ethnicity. This is much higher than the Greater London average share of 54 per cent. The second most common ethnicity is 'Asian' making up 17 per cent and 20 per cent of the residential population in the borough and study area respectively.

1.6 14 per cent of residents in Greater London are 'Black', compared to only 4 per cent of residents in the study area. In the study area, 5 per cent identify as 'Mixed', which is the same share compared to in the borough and Greater London.

Figure 5.14: Study area and City of London ethnicity compared to London



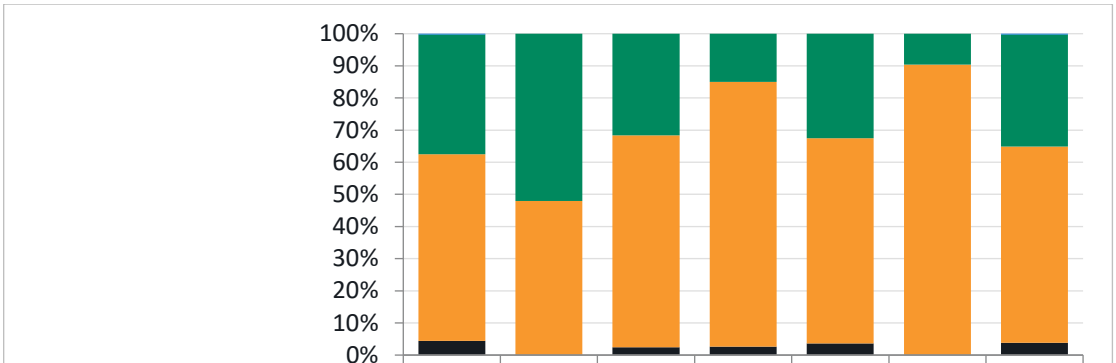
	Study area	the City of London	London
Other ethnic group	5%	6%	6%
White	65%	69%	54%
Mixed or Multiple ethnic groups	5%	5%	6%
Black, Black British, Caribbean or African	4%	3%	14%
Asian or Asian British	21%	17%	21%

Source: Census 2021

1.7 Based on average travel modes to the CoL from the 2019/20 LTDS data, Other Ethnic Groups are more likely to use public buses (29 per cent). Other Ethnic Groups are also more likely to drive (6 per cent). White people are more likely to cycle (8 per cent). Mixed Multiple Ethnic groups are much more likely to walk (71 per cent), while Black or Black British people and Asian or Asian British people are much more likely to use the underground or other rail modes (94 per cent and 66 per cent, respectively). Again, it should be noted that these percentages may not be precise due to low sample sizes.

1.8 Overall, in the CoL, levels of car use are lower across all ethnicities compared to the London average (Figure 5.16), while levels of public transport use are higher. While 'Asian or Asian British' residents are most likely to use the car in London, this is not the case for City of London, where only 2 per cent say they use the car. 'Black or Black British' residents are most likely (41 per cent) to use public transport in London, and they are second most likely to (82 per cent) in City of London.

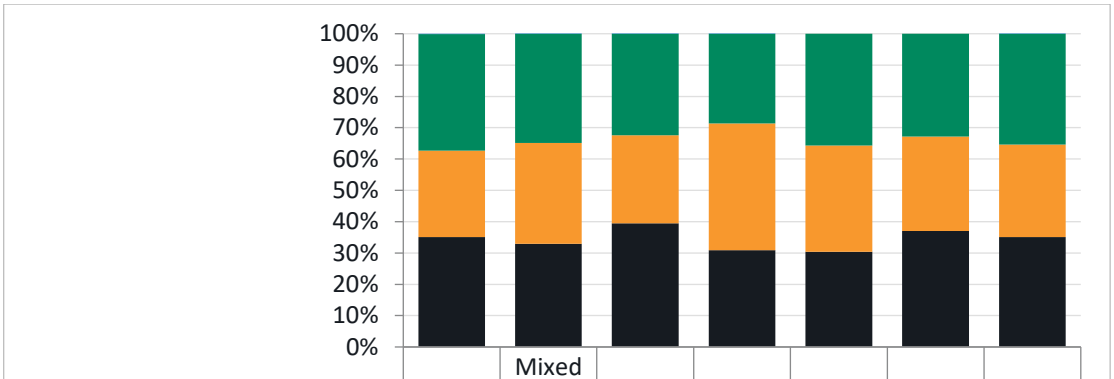
Figure 5.15: Mode share by ethnicity in City of London



	White	Mixed or multiple ethnic groups	Asian or Asian British	Black or Black British	Other Ethnic Group	Gypsy or Irish Traveller	Overall
All other methods	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	37%	52%	32%	15%	33%	10%	35%
Underground, train, light rail, bus, minibus or coach	58%	48%	66%	82%	64%	90%	61%
Private vehicle driver or passenger	4%	0%	2%	3%	4%	0%	4%

Source: LTDS average 2019/20

Figure 5.16: Mode share by ethnicity in Greater London



	White	Mixed or multiple ethnic groups	Asian or Asian British	Black or Black British	Other Ethnic Group	Gypsy or Irish Traveller	Overall
All other methods	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	37%	35%	32%	29%	36%	33%	35%
Underground, train, light rail, bus, minibus or coach	28%	32%	28%	41%	34%	30%	30%
Private vehicle driver or passenger	35%	33%	39%	31%	30%	37%	35%

Source: LTDS average 2019/20

Religion or belief

Definition according to the Equality Act 2010

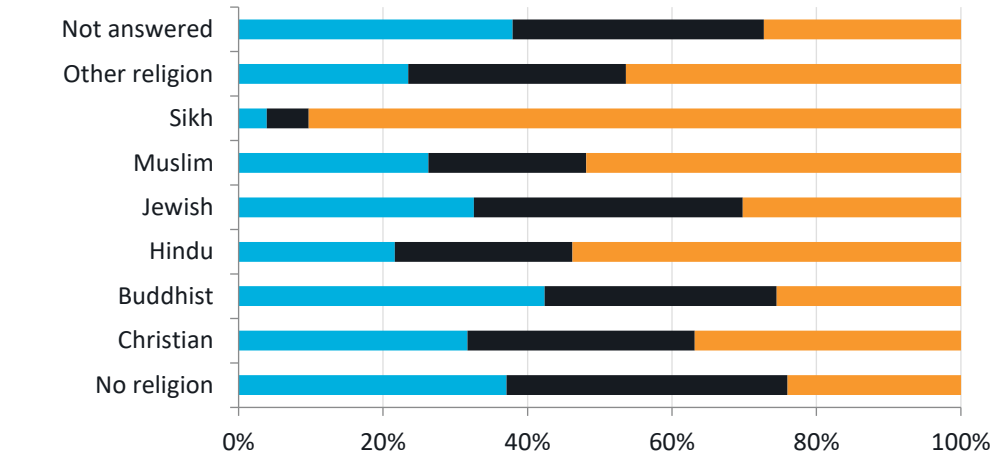
1. Religion means any religion and a reference to religion includes a reference to a lack of religion.
2. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
3. In relation to the protected characteristic of religion or belief:
    a. a reference to a person who has a particular protected characteristic is a reference to a person of a particular religion or belief;
    b. a reference to persons who share a protected characteristic is a reference to persons who are of the same religion or belief.

Baseline equalities data

5.27 Census 2021 data on religion in the study area, City of London, and Greater London is presented in Figure 5.17. Nearly half (43 per cent) of the population in the study area and in the CoL (44 per cent) selected 'no religion', compared to a substantially smaller proportion (27 per cent) in Greater London.

5.28 Over a third of residents (34 per cent) in the study area identified as Christian, compared to 41 per cent in Greater London. 3 per cent of residents in the study area identified as Muslim, compared to slightly more (6 per cent) in City of London. 4 per cent of the population in the study area identified as Hindu, with a slightly smaller proportion (2 per cent) in the CoL.

Figure 5.17: Religion composition in the study area, City of London, and Greater London



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	Not answered
Study area	42%	35%	1%	2%	2%	8%	0%	0%	10%
the City of London	44%	35%	1%	2%	2%	6%	0%	1%	9%
London	27%	41%	1%	5%	2%	15%	2%	1%	7%

Source: Census 2021

Sex

Definition according to the Equality Act 2010

1. In relation to the protected characteristic of sex:

    a. a reference to a person who has a particular protected characteristic is a reference to a man or to a woman;
    b. a reference to persons who share a protected characteristic is a reference to persons of the same sex.

Baseline equalities data

5.29 **Figure 5.18** presents Census 2021 data for population by sex. In the study area, a greater proportion of residents identified as male, 52 per cent, than as female, 48 per cent. In the CoL there are also more males than females, with a greater difference in proportions. There is a more even split in Greater London, with a slightly higher proportion of females (51 per cent) than males (49 per cent).

Figure 5.18: Population breakdown by sex in the study area, City of London, and Greater London

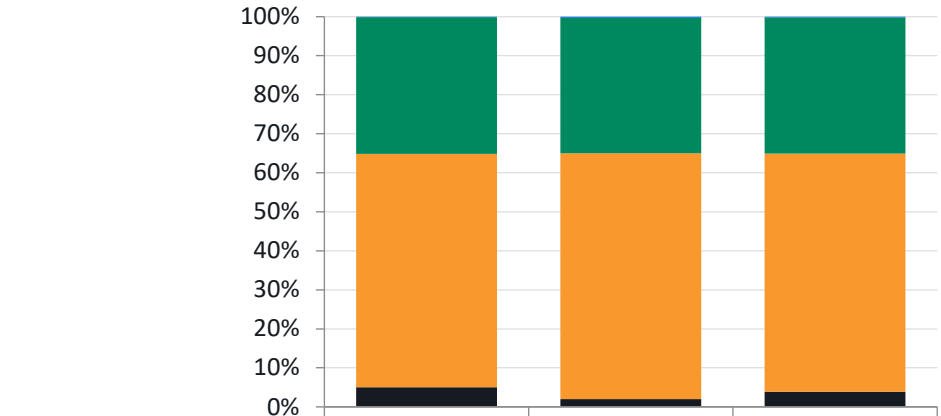
	Study area	the City of London	London
Female	48%	45%	51%
Male	52%	55%	49%

Source: Census 2021

5.30 **Figure 5.19** presents the mode share by sex in the CoL based on LTDS data. Males are more likely to use a car (5 per cent) than females (2 per cent), however males are less likely to use public transport (60 per cent) than females (63 per cent). The likelihood of using active travel modes, such as walking or cycling are even for both sexes.

5.31 Compared to the CoL, overall, both males and females are more likely to use a car and less likely to use public transport in London (**Figure 5.20**). The likelihood of walking and cycling is also even for both sexes in London, and in very similar proportions to the CoL.

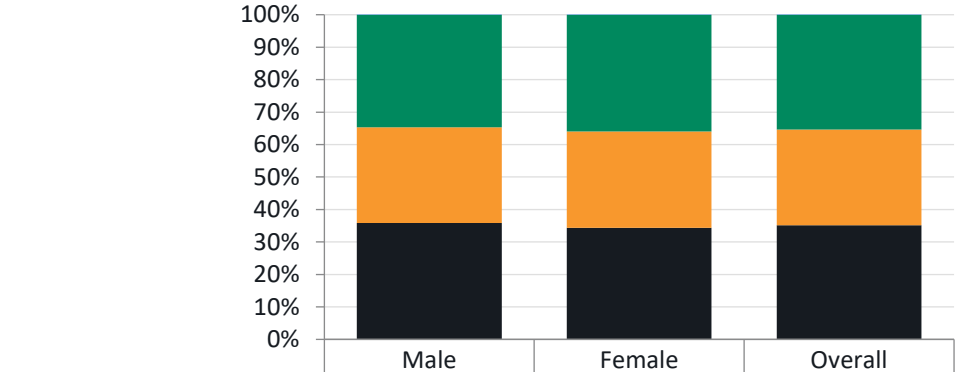
Figure 5.19: Mode share by sex in City of London



	Male	Female	Overall
All other methods	0%	0%	0%
Walk and cycle	35%	35%	35%
Underground, train, light rail, bus, minibus or coach	60%	63%	61%
Private vehicle driver or passenger	5%	2%	4%
Missing/Not asked	0%	0%	0%

LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 5.20: Mode share by sex in Greater London



	Male	Female	Overall
All other methods	0%	0%	0%
Walk and cycle	35%	36%	35%
Underground, train, light rail, bus, minibus or coach	29%	30%	30%
Private vehicle driver or passenger	36%	34%	35%
Missing/Not asked	0%	0%	0%

Source: LTDS average 2019/20

5.32 Across Greater London, research undertaken by TfL[7] shows that females are more likely to use buses than males (62 per cent compared to 56 per cent) but are less likely to use other types of transport including the Tube (38 per cent of females compared to 43 per cent of males).

5.33 Female travel needs can be more complex than males due to a range of factors; the increased likelihood of travelling with a buggy and/or shopping affects the travel choices females make, females are also more likely to be carers of children[8], further affecting the transport choices they make. Female Londoners make more trips per weekday than male Londoners (2.5 trips compared to 2.3 trips). This pattern, however, is reversed amongst older adults, with older female Londoners making fewer weekday trips than older male Londoners (2.0 compared to 2.2).

5.34 Females aged 17 or over who are living in London are less likely than males to have a full driving licence (58 per cent compared to 72 per cent) or have access to a car (63 per cent compared to 66 per cent). These factors are likely to be related to the frequency of car use as a driver. Almost four in five (79 per cent) females in London report being able to ride a bike, compared to 91 per cent of males.

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

6 Impact assessment

6.1 **Table 6.1** summarises the potential positive and negative impacts of the TMO on people with one or more protected characteristic. These are assessed in further detail in this chapter.

Table 6.1: Summary of impact assessment

Potential impact(s)	Protected characteristic(s) impacted
Positive	
Road safety improvements	• Age • Disability • Pregnancy and maternity • Race • Religion or belief
Air quality improvements	• Age • Disability • Pregnancy and maternity
Improved walking environment	• Age • Disability • Pregnancy and maternity • Race • Religion or belief
Retaining essential motor vehicle access	• Age • Disability • Pregnancy and maternity
Negative	
Journey times for private cars and PHVs	• Age • Disability • Pregnancy and maternity

Potential positive impacts

Road safety improvements

6.2 Retaining the restriction to motorised vehicle traffic is likely to lead to a safer environment for those walking and cycling along the street. Analysis of link counts carried out during the ETO period evidences that there are reduced volumes of motor traffic during the Monday – Friday, 7am – 7pm restrictions, and that on weekdays, car usage increases after the 7pm restriction ends (see **Figure 7.1, Figure 7.2**).

6.3 As reduced motor vehicle traffic is associated with improved road safety, or perception of road safety, making the ETO permanent would embed a reduction in motor vehicle through-traffic, thereby delivering road safety benefits.

Protected characteristics impacted

- Age
- Disability
- Pregnancy and maternity
- Race
- Religion or belief

Summary of potential impacts

6.4 The permanent reduction in motor traffic on Chancery Lane is likely to reduce conflict between different road users overall. People aged 16-24 in the CoL are more likely to be seriously injured in road incidents than any other age group. In the UK, 15–19-year-olds experience almost double the risk of death from road traffic accidents (82.5 deaths per million population) in comparison to the general population. In addition, people aged under-16 are more likely to use active travel than any other age group. Therefore, the lower volumes of motor traffic are likely to benefit this age group through reducing the risk of conflict.

6.5 Improvements to road safety may also disproportionately benefit disabled people. In the CoL, 22 per cent of people with a long-term health problem/disability walk or cycle. 30 per cent of people with a mobility-related disability walk and/or cycle. Subsequently, improving the road network to enhance active travel will provide a positive impact for disabled people who walk and cycle, as restricting general through traffic can reduce the risk of conflict between road users.

6.6 Improvements to road safety through reducing vehicle through traffic may also disproportionately benefit pregnant women. Pregnant people may have reduced mobility and thus require longer times to cross the road. In addition, pedestrians travelling with prams who may require additional time to navigate kerbs when crossing the street. ‘Mixed or multiple ethnic groups’ may also benefit, as they are currently more likely to walk or cycle (52 per cent) more than any other ethnic group in the CoL.

6.7 Making the motorised vehicle traffic restriction permanent is likely to lead to a safer environment for those walking and cycling along the street to access nearby places of worship, including Solace of God Church and St Dunstan-in-the-West. Destinations such as this typically have local catchments, making them more likely to be within walking and cycling distance of regular attendees.

Air quality improvements

6.8 Retaining the restrictions to through traffic on Chancery Lane is likely to 'lock in' the improved air quality due to a reduction in emissions from motor vehicles.

Protected characteristics impacted

- Age
- Disability
- Pregnancy and maternity

6.9 Both younger and older age groups are disproportionately vulnerable to poor air quality and pollution. For older people, exposure to high levels of air pollution can lead to a range of long-term health problems, while young children may suffer from reduced lung development. Therefore, a reduction in emissions from non-zero emission vehicles is likely to benefit these age groups through cleaner air. Air quality improvements may disproportionately benefit disabled people who are particularly vulnerable to air pollution and/or those reporting stamina or breathing impairments[9].

6.10 Improvements in air quality are likely to disproportionately benefit pregnant women. There is growing evidence showing that prenatal exposure to air pollution is associated with a number of adverse outcomes in pregnancy[10]. Polluted air is harmful for babies in the womb and can cause premature birth or low birth weight – both factors are associated with higher infant mortality. Furthermore, new-born babies, babies in prams and children are more vulnerable to breathing in polluted air than adults due to their airways being in development, and their breathing being more rapid than adults.

Improved walking environment

6.11 Through a permanent reduction in through traffic, people should find it easier to find a gap in traffic to cross the road at both formal and informal crossing points.

Protected characteristics impacted

- Age
- Disability
- Pregnancy/maternity
- Race
- Sex

6.12 This may disproportionately benefit some older and/or some disabled people who may require additional time to cross the road due to mobility impairments. Reducing through traffic is likely to improve the walking experience, reducing stress or anxiety associated with higher volumes of motor traffic. This benefit would also be extended to pregnant people and mothers with new-born children, as they may have reduced mobility due to pregnancy or travelling with prams, and thus require additional time to cross the road.

[9] https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution#how-air-pollution-harms-health

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

6.13 Furthermore, a reduction in motor traffic may provide additional comfort when making trips on foot particularly at peak hours when pedestrian volumes are at their highest and footways at their busiest. Spilling over onto the carriageway is easier to do when motor traffic volumes are relatively low. This could disproportionately benefit women, particularly due to higher number of trips they make daily compared to men, as well as their role in taking children to and from educational and recreational facilities[11]. This benefit would be more likely to positively impact 'Mixed or multiple ethnic groups' who are currently more likely to walk or cycle (52 per cent) more than any other group in the CoL.

Retaining essential motor vehicle access

6.14 The TMO retains essential motor vehicle access to all buildings and properties on Chancery Lane. **It is acknowledged that the TMO will not directly enhance access, but it would guarantee that people who depend on cars or taxis wouldn't experience any drawbacks in accessing properties on Chancery Lane.**

Protected characteristics impacted

- Age
- Disability
- Pregnancy and maternity

6.15 Disabled people are likely to benefit from making this exemption permanent, as people with a long-term health problem or disability in the CoL are more likely to be a private vehicle driver or passenger than those who do not have a long-term health problem/disability. This is particularly pronounced for people with a disability related to mobility, as the private vehicle mode share for with a mobility-related disability in the CoL is 32 per cent. In addition, people aged 60 and over are more frequently private vehicle drivers and passengers (13 per cent) than other age groups. Making the ETO permanent through this TMO would ensure that these people do not experience any restrictions to access. The reduced volumes of other motor traffic may also create a quieter and more comfortable environment to enter/exit vehicles.

6.16 There is limited research related to mode of travel and pregnancy, however, pregnant women may also benefit from this exemption. This is because pregnant women may choose to make more trips via private vehicle due to physical or mental symptoms associated with pregnancy.

6.17 In addition, as licenced taxis are exempt from restrictions, taxis retain a more direct route through this part of the CoL. This would provide a positive impact for disabled people, who more likely to use a taxi. Transport for London's (TfL) EqIA evidence base for the Taxi (Black Cab) Fares and Tariffs Review 2022[12] outlined frequency of taxi use amongst disabled Londoners, Londoners who are wheelchair users, and non-disabled Londoners. Wheelchair users were found to be more likely to use a taxi at least once a week (6 per cent), than other disabled Londoners and non-disabled Londoners (both 3 per cent).

[11] **https://www.gov.uk/government/statistics/national-travel-survey-2021/national-travel-survey-2021-trips-by-purpose-age-and-sex#:~:text=In per cent202021 per cent2C per cent20males per cent20made per cent209,miles per cent20per per cent20person per cent20by per cent20females**).

[12] **Appendix 4 EQIA evidence base.pdf (tfl.gov.uk)**

Potential negative impacts

Journey times for private cars and PHVs

6.18 While the TMO is likely to create a healthier street for residents and visitors, it won't reduce the extra travel time or distance for private cars and taxis compared to before the ETO. This is because drivers will need to use different routes to avoid Chancery Lane during the weekday (Monday-Friday, 7am-7pm) restrictions.

6.19 **It's important to note that the TMO likely won't make conditions worse for drivers - it will simply maintain the changes brought in by the ETO.** It should also be acknowledged that the change in journey time is unlikely to be substantial as alternative routes to head north are available within 100 metres of Chancery Lane.

Protected characteristics impacted

- Age
- Disability
- Pregnancy and maternity

6.20 Longer journey times can be uncomfortable for some older, and/or disabled people, for example, those who live with impairments associated with movement or joint pain that might be exacerbated by longer journeys. They can also be problematic for disabled people who live with anxiety, or those who require quick access to toilets.

6.21 Longer journey times can be uncomfortable for some pregnant people due to the physical and mental symptoms of pregnancy. Given the percentage of people that drive through the CoL, however, this is likely to be a very small number of people making this journey.

6.22 **While the TMO is unlikely to make conditions worse for these people, it would 'lock in' any negative effects caused directly by the ETO.**

7 Summary

7.1 The introduction of the TMO would build upon the positive effects already seen with the ETO. These benefits include a reduction in the amount of traffic travelling through the area, which in turn improves road safety and air quality. This is likely to be especially advantageous for certain groups - such as disabled people, pregnant women, and older and younger residents – who can be more acutely impacted by these issues.

7.2 In weighing the pros and cons, the positive impacts introduced by the TMO are considered to outweigh any potential drawbacks. While it's recognised that the TMO 'locks in' the extend journey times for those travelling by private car or private hire vehicle (PHV) compared to before the ETO, it's important to take into consideration that private vehicle usage within the CoL is generally low, and that travel times by car are unlikely to have been significantly affected due to the availability of alternative routes in the immediate vicinity of Chancery Lane.

Appendix A – Traffic Count Analysis

Background

7.3 Manual Classified Counts (MCC) were undertaken for three 24-hour periods in November 2023 (Wednesday 22nd, Thursday 23rd, Saturday 25th and November). The counts do not include pedestrian counts.

7.4 The arms of Chancery Lane that were studied were:

- Northbound: Cursitor Street to Southampton Buildings
- Southbound: Southampton Buildings to Cursitor Street

Analysis

Northbound

Traffic composition

7.5 Taxis were the highest proportion of northbound road users on weekdays. In comparison, cars were the highest proportion of northbound road users on the Saturday.

- A higher proportion of taxis were recorded on Wednesday (41.4 per cent) and Thursday (39.2 per cent) in comparison to the proportion recorded on Saturday (24.6 per cent).
- Higher car usage recorded on Saturday (61.5 per cent, in comparison with 22.5 per cent and 25.6 per cent on Wednesday and Thursday respectively)

7.6 The count also recorded higher northbound cycle usage on Wednesday and Thursday (approximately 20 and 21 per cent respectively), in comparison to approximately 5 per cent on the Saturday. The scale of this change is likely due to more commuters cycling to work during weekdays, in comparison to the weekend.

Time of day

7.7 The count showed that, on Wednesday and Thursday, the total number of vehicles peaked around 19:00. The Saturday recorded a first peak of vehicles at 14:00, with a secondary peak at approximately 19:30 (see **Figure 7.1**).

7.8 Car usage peaks around 7 – 7.30pm across all days, indicating that 7am – 7pm restriction is working to reduce through traffic during the day (see **Figure 7.2**). In contrast, taxi usage remained more consistent across the day (see **Figure 7.3**). These results suggest that, under the current ETO, people are still using taxis to travel via Chancery Lane. Retaining this restriction would have positive benefits for people who disproportionately rely on taxis for essential mobility.

Figure 7.1: Total vehicles recorded throughout the day (northbound arm)

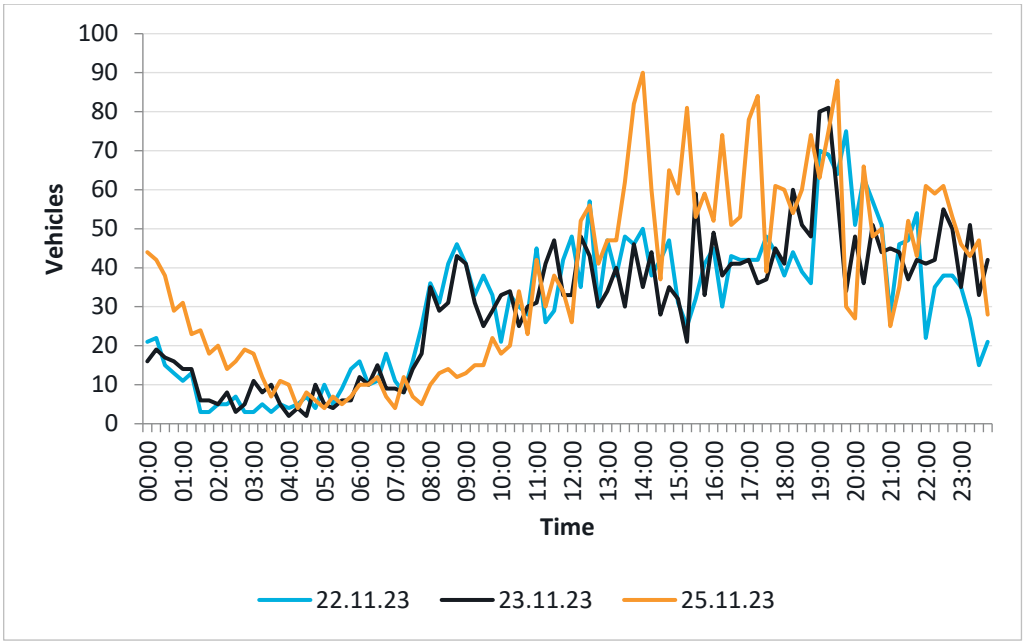


Figure 7.2: Cars recorded throughout the day (northbound arm)

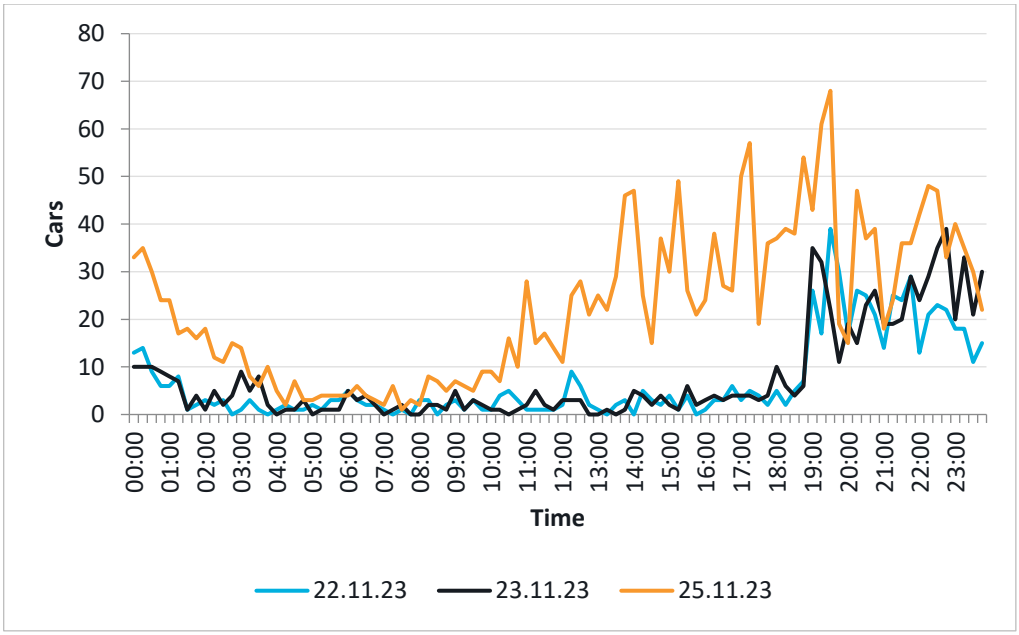
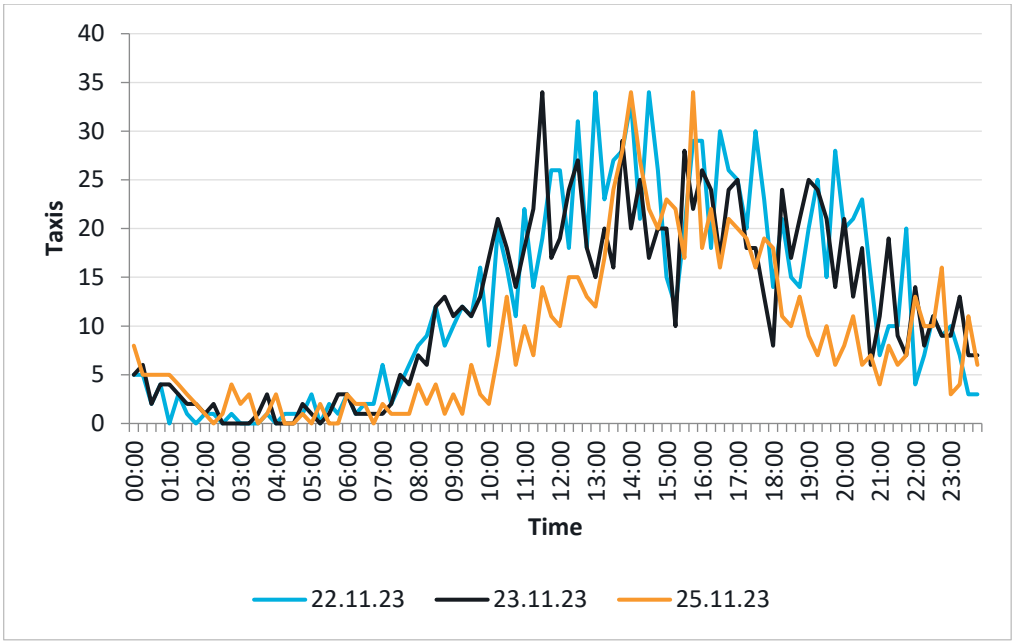


Figure 7.3: Taxis recorded throughout the day (northbound arm)

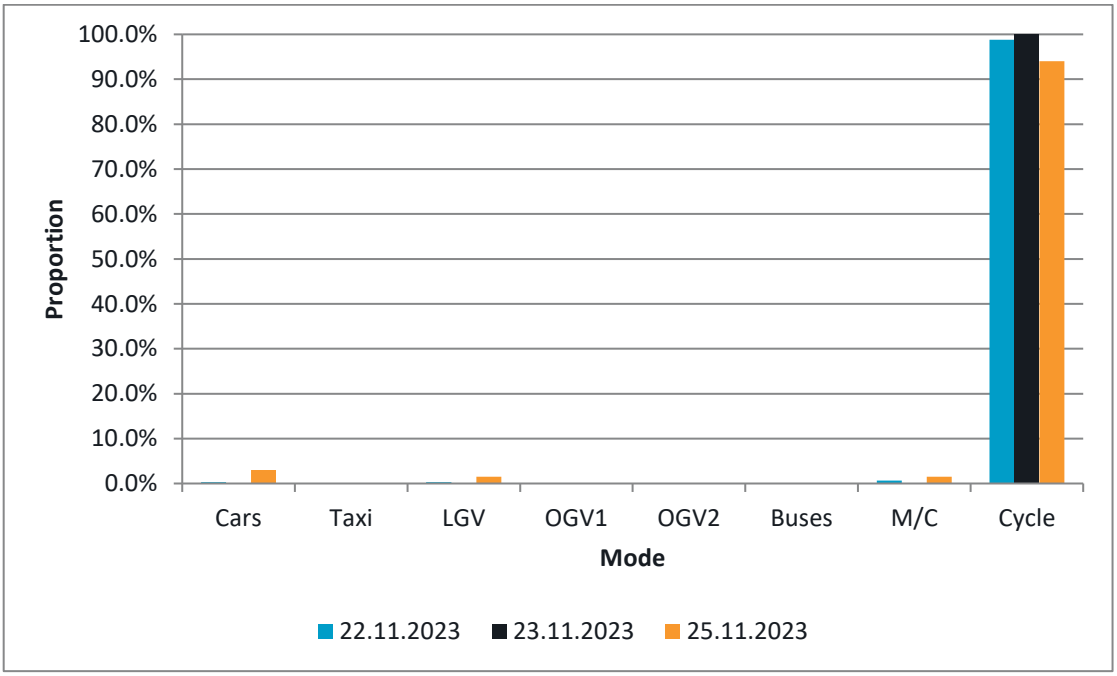


Southbound

Traffic composition

7.9 Cyclists formed the highest proportion of southbound road users. 94 per cent was the lowest proportion recorded (Saturday).

Figure 7.4: Road users (southbound)



7.10 There was a higher car usage recorded on Saturday (3 per cent versus 0.3, and 0 per cent on Wednesday and Thursday respectively). To note, Saturday recorded only 67 vehicles, with 4 vehicles recorded that were not cycles. These included:

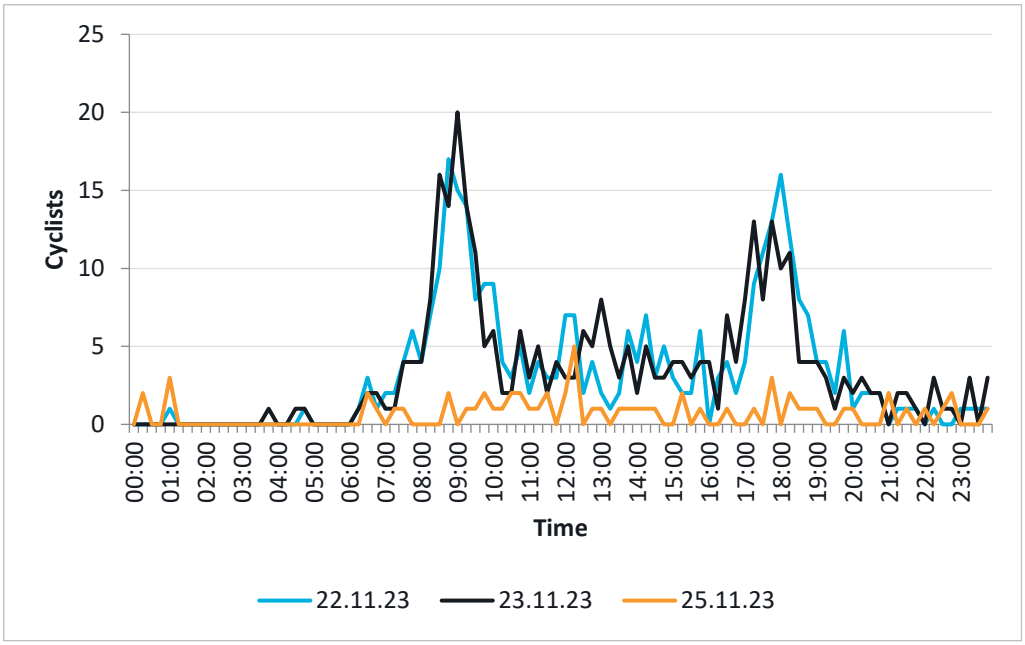
- One LGV
- Two cars
- One motorcycle.

7.11 This small proportion of motor vehicles suggests a small amount of road user error/non-compliance from not following the existing one-way system.

Time of day

7.12 On the weekdays, the number of cyclists peaked between 08:00 – 09:00, with a secondary peak at 18:00. The pattern and volume of cyclists across the Wednesday and Thursday is relatively similar, which likely due to regular commuters travelling via this route and mode. A comparatively low level of cyclists was recorded on the Saturday count, with numbers of cyclists peaking around 12:00.

Figure 7.5: Cyclists recorded, by time of day (southbound arm)



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