Equality Analysis

Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet. Text in blue is intended to provide guidance – you can delete this from your final version.

| What are the proposals being assessed? | A review of the proposed charges by Parking Services for on street pay and display, off street pay and display and permit to help deliver key strategic council priorities including public health, air quality and sustainable transport |
| Which Department/ Division has the responsibility for this? | Parking Services, Environment and Regeneration |

Stage 1: Overview

1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc.)

   Merton wishes to ensure that the highest priority is given, to its responsibilities to deliver cleaner local air at a time when the current situation has been described as a global public health emergency. We are delivering a new Air Quality Action Plan that is ambitious in its aims and already demonstrates that we as an authority will use all of the powers available to us, not only to challenge and tackle this problem; but also to work towards delivering our legal responsibilities to protect the public.

   The council recognises the part that it has to play, in developing and delivering a framework to tackle air quality, demand for parking, and congestion in the borough. It does not stand alone on these issues. All of the other London boroughs are seeking to implement new parking policies to tackle similar problems.
There are very few direct levers available to stimulate a change in driver behaviour, and the council believes that the rationale for setting the new parking charges is about giving people the right nudge and opportunity to make different choices.

From November 2018 through to January 2019, Cabinet considered and agreed a series of reports setting out its approach to Public Health, air quality and sustainable transport – a strategic approach to parking charges. These reports set out the key strategic drivers that will affect parking policy for the future.

Then, and now, Members are requested to exercise their statutory duty to secure the expeditious, convenient and safe movement of traffic, and the provision of suitable and adequate parking facilities in the context of the public health agenda. This includes the shift to more active and sustainable transport modes (such as walking, cycling and public transport) the impact of vehicle emissions and congestion on air quality, and demand for kerbside space, which form the backdrop of the policy direction.

This report supports the previous rationale of seeking to adjust driver behaviour and to ensure that we can provide a modern, efficient and environmentally sustainable transport policy for residents, visitors and businesses, now and in the future.

The report explains the Public Health vision to protect and improve physical and mental health outcomes for the whole population in Merton, and to reduce health inequalities. At the heart of the strategy is the concept that the environment is a key driver for health. It can be summarised by ‘making the healthy choice the easy choice’.

In setting out its measures of success, the new charging policy aims to deliver reduced car ownership and usage across the borough, encourage more people to undertake alternative forms of active travel, purchase fewer resident permits and lead to a rebalancing of our streets - to benefit residents and businesses alike.

Local authorities are not permitted to use parking charges solely to raise income. When setting charges, we must instead focus on how the charges will contribute to delivering the Council’s traffic management and other policy objectives.

2. How does this contribute to the council’s corporate priorities?

   It contributes in the following ways:

   1. Reduce congestion
2. Improve road safety
3. Improve air quality and meet EU quality standards
4. To meet the actions set out in the Merton Health and Wellbeing Strategy 2019
5. Less sedentary behaviour
6. Improve physical and mental health outcomes
7. Reduce health inequalities
8. Adopt a healthy street approach
9. Promote healthier life styles and encourage more active travel
10. To ensure good parking management
11. To support the local economy
12. Providing funding for parking and wider transport scheme improvements

Merton’s Health and Wellbeing Strategy 2019-24

A key theme within the Health and Wellbeing Strategy is Healthy Place. A recent Healthy Places Survey led by the Council’s Environment and Regeneration department 1 revealed the top priorities identified by residents for creating healthy places which includes air quality, green infrastructure and open spaces including parks, good cycling and walking routes, paths and lanes. Better air quality: Improving air quality is important because 6.5% of mortality in Merton is attributable to poor air quality. 2 By helping to reduce vehicle emissions and supporting the shift to sustainable and active modes of transport, parking policy can improve air quality, which in turn will have positive benefits for people’s health.

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2 Data available here: https://fingertips.phe.org.uk/search/air%20pollution#page/0/gid/1/pat/6/par/E12000007/ati/101/are/E09000002/iid/30101/age/230/sex/4
There is ample evidence on the impact of air quality on health. Over time, poor air quality is associated with a range of mortality and morbidity outcomes. Exposure to poor air quality is associated with a range of cardiovascular, respiratory and cerebrovascular health effects and recent evidence suggests there may be a link between air pollution and a person being at increased risk of developing dementia. Evidence suggests a link between exposure to air pollution and cognitive performance.

In Scotland, a recent study found spikes in poor air quality to be associated with increased hospital admissions and GP surgery visits.

Safer, less congested roads:
In 2016, there were 579 people slightly injured and 44 people killed or seriously injured due to road traffic accidents in Merton. By reducing congestion, incentivising people to use sustainable modes of transport, and using the revenue raised through parking charges to improve transport infrastructure, parking charges can help to reduce the number of road traffic accidents in Merton, leading to fewer deaths from road traffic accidents and a reduction in hospital-related admissions from road traffic injuries.

The INRIX 2017 Global Traffic Scorecard ranked the UK as the 10th most congested country in the world and the 3rd most congested in Europe. London has remained the UK’s most congested city for the 10th year in a row, ranked second in Europe after Moscow.

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8 Travel in London 10 supplementary Information

charges for on street parking can help reduce the congestion caused by drivers cruising the streets in search of a place to park. This is also good for the economy- it has been estimated that motorists in London spend around 74 hours per year in congestion at peak times, costing them individually £2,430 per year, or £9.5 billion across the city.10

Improved physical and mental health of Merton residents:
In Merton, levels of physical activity has dropped by two percentage points in two years.11 Furthermore based on Department for Transport statistics for 2016/17 the proportion of adults doing any walking or cycling once a week is 77.9% down from 81.5% for 2015/16.

By supporting the shift to more sustainable and active modes of transport, improving air quality and generally making streets more pleasant places for Merton residents to spend their time, parking policy can help increase the physical and mental health of Merton residents. This can help reduce levels of childhood and adult overweight and obesity. In Merton, one in five children entering reception are overweight or obese and this increases to one in three children leaving primary school in Year 6 who are overweight or obese.

Healthy places:
The ‘healthy streets’ approach defines a healthy street as one with: things to see and do; places to stop and rest; shade and shelter; clean air; and pedestrians from all walks of life. It must be easy to cross; and feel safe, relaxing and not too noisy. Put simply, it needs to be an environment in which people choose to walk and cycle. Action against these indicators ultimately improves health, and parking policy has a role to play for example, by helping improve air quality, and incentivising people to walk, cycle and use public transport.

Merton Air Quality Action Plan 2018-2023
Merton’s Air Quality Action Plan 2018-2023 strongly supported by Members is a key policy document, which clearly sets out the links between vehicle use and air quality in the Borough. Air

11Levels of physical activity has dropped rom 38 percent of residents doing at least two x 10 minutes of active travel a day in 2013/14 to 2015/16 to 36 percent in 2014/15 to 2016/17.
pollution is recognised, as a major contributor to poor health with more than 9000 premature deaths attributed to poor air quality in London. Air pollution is associated with a number of adverse health impacts: it is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are often less affluent.

Air quality has been identified as a priority both nationally and within London, where pollution levels continue to exceed both EU limit values and UK air quality standards. Pollution concentrations in Merton have historically and continue to breach the legally binding air quality limits for both Nitrogen Dioxide (NO2) and Particulate Matter (PM10). The air quality-monitoring network run by Merton has shown that the UK annual mean NO2 objective (40μg/m3) continues to be breached at a number of locations across the borough. In some locations the NO2 concentration is also in excess of the UK 1-hour air quality objective (60μg/m3) which indicates a risk not only to people living in that area but also for those working or visiting the area.

In Merton an Air Quality Management Area (AQMA) has been declared for the whole borough. The AQMA has been declared for the following pollutants: Nitrogen Dioxide: we are failing to meet the EU annual average limit for this pollutant at some of our monitoring stations and modelling indicates it is being breached at a number of other locations. We may also be breaching the UK 1-hour Air Quality Objective based on measured concentration for NO2 being in excess of 60μg/m3 at some locations within the borough. There are four focus areas in the borough. These are in the main centres of Mitcham, Morden, Raynes Park and Wimbledon.

Parking and Traffic Management
This proposed Parking Charges report sets out the important role Parking and transport policy has in managing the roads and wider travel needs of the public. Merton’s policy links closely with the local Implementation Plan and the Mayors Transport Strategy, which sets out objectives in detail.

3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.

The proposal will affect all residents, businesses, workers and visitors to the borough, across all socio-economic groups.
In order to set the context for the proposal the following profile has been used.

Merton’s profile
Merton has a diverse and growing population. In 2018, Merton has an estimated resident population of 209,400, which is projected to increase by about 3.9% to 217,500 by 2025. The age profile is predicted to shift over this time, with notable growth in the proportions of older people (65 years and older) and a decline in the 0-4 year old population.

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>7.4%</td>
</tr>
<tr>
<td>5-17</td>
<td>15.7%</td>
</tr>
<tr>
<td>18-64</td>
<td>64.5%</td>
</tr>
<tr>
<td>65-84</td>
<td>10.7%</td>
</tr>
<tr>
<td>85+</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Source: GLA Housing led projection, data from 2016 SHLAA

In 2018, east Merton has an estimated resident population of 110,200 which is projected to increase to 113,900 by 2025 (a 3.3% increase) compared to west Merton, which has an estimated resident population of 99,200 which is projected to increase to 103,600 by 2025 (a 4.5% increase). East Merton generally has a larger younger population of 0-29 year olds compared to west Merton, which generally has a larger population of people, aged 35 and over.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-4</td>
<td>106,045 (51%)</td>
<td>103,370 (49%)</td>
</tr>
<tr>
<td></td>
<td>5-17</td>
<td>16,077 (49%)</td>
<td>16,733 (51%)</td>
</tr>
<tr>
<td></td>
<td>18-64</td>
<td>68,266 (50.5%)</td>
<td>66,914 (49.5%)</td>
</tr>
<tr>
<td></td>
<td>65-84</td>
<td>11,840 (53%)</td>
<td>10,500 (47%)</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>2,287 (63%)</td>
<td>1,343 (37%)</td>
</tr>
</tbody>
</table>

In 2018, Merton has an estimated 135,200 working age population (18-64 year olds), which make up 64.5% of the total population. By 2025 this is predicted to increase in numbers to almost 140,000 (although decrease slightly as a proportion of the total population, to 64.3%). Almost 72,000 of this age group currently reside in east Merton compared to 63,200 in west Merton. There is expected to be an increase by 2025 to 73,800 in east Merton and 66,200 in west Merton.

Merton has 22,350 people aged 65-84 years old (10.7% of the total population). By 2025, this is predicted to increase to 24,350 (11.2%). 10,350 live in east Merton compared to 12,000 in west Merton. By 2025 there is expected to be an increase to 11,550 in east Merton and almost 12,800 in west Merton.

An estimated 3,650 people aged 85 years and over (1.7% of the total population) currently live in Merton. By 2025, this is predicted to increase to almost 3,950 (1.8%). In 2018, 1,450 live in east Merton compared to almost 2,200 in west Merton. By 2025 there is expected to be an increase to 1,550 in the east compared to 2,400 in the west of Merton.

Currently, 77,740 people (37% of Merton’s population) are from a Black, Asian, or Minority Ethnic (BAME) group; by 2025, this is predicted to increase to 84,250 people (38% of Merton’s population). English, Polish and Tamil are the most commonly spoken languages in Merton.

Race and ethnicity

The 2011 Census identified that:

- 48.4% of the population are white British, compared to 64% in 2001.
- 35% of Merton’s population is from a Black, Asian and Minority Ethnic (BAME) groups (this includes non-white British).

The findings of the 2011 when compared to 2001 Census identified:

- -10% decrease in the overall White population
- -6% increase in the Asian,
- -3% increase in the Black population
- -2% increase in Mixed groups

According to the Greater London Authority (GLA): 2015 round ethnic group projections there are currently 77,740 people (37% of Merton’s population) from a BAME group. This is projected to increase by 2025 to 84,250 people (+1%).
The health of people in Merton is generally better than the London and England average. Life expectancy is higher than average and rates of death considered preventable are low. This is largely linked to the lower than average levels of deprivation in Merton.

Significant social inequalities exist within Merton. The eastern half has a younger, less affluent and more ethnically mixed population. The western half is less ethnically mixed, older and more affluent. Largely as a result, people in East Merton have worse health and shorter lives.

Life Expectancy at birth in Merton is 80.4 years for males and 84.2 years for females. In east Merton, life expectancy in men is 78.9 years compared to 82.1 years in west Merton. Women’s life expectancy is 83.3 years in the east compared to 85.0 years in west Merton. There is a gap of 6.2 years in life expectancy for men between the 30% most deprived and 30% least deprived areas in Merton, and the gap is 3.4 years for women.

Healthy life expectancy at birth in males is 65.4 years and 66.3 years in females, therefore many residents are living a considerable proportion of their lives with ill health. The gap between the 30% most and 30% least deprived areas is also significant: 9.4 years for men, 9.3 for women so someone living in a deprived ward in the east of the borough is likely to spend more than 9 years more of their life in poor health than someone in a more affluent part of the borough, which will impact on the last years of working life, on family life and on a healthy and fulfilling retirement.

Economic factors are highly correlated with health outcomes, and socio-economic status is a major determinant of both life expectancy and healthy life expectancy. The 2015 IMD (Index of Multiple Deprivation) score shows that Merton as a whole is less deprived (14.9) compared to London (23.9) and England (21.8). However, east Merton has an average IMD score of 21.1 compared to west Merton which is 8.2.

Socio-economic status

The 2015 IMD (Index of Multiple Deprivation) score shows that Merton as a whole is less deprived (14.9) compared to London (23.9) and England (21.8). However, east Merton has an average IMD score of 21.1 compared to west Merton which is 8.2.

Wards in Merton split by deprivation decile

The table below shows the wards in Merton split by deprivation decile, based on the 2015 IMD deciles.
Lower incomes and lower employment are bad for health. Being in work is generally good for health, although good working environments are important. In 2017, 3.4% of the working age population (16-64) claimed out of work benefits in Merton, which equates to 140,000 people; however, rates are significantly higher in the east of the borough (4.7%), compared to west Merton (1.9%), and although the Merton average is lower than London (4%) and England (3.7%), these east Merton rates are higher than the regional and national figures. In 2015 in Merton, the employment rate was 78.8%, which is higher than London (72.9%), England (73.9%) and all statistical and geographical neighbours with the exception of Richmond and equal to Wandsworth. Between 2010 and 2016 there has been a 28.2% rise in the number of jobs available in Merton, from 78,000 to 100,000 jobs. Job density – the number of jobs available per
A number of disabled working age Merton residents receive benefit support. In November 2016, 900 disabled Merton residents claimed benefits. This equates to 0.7%, which is the same as London.

Merton along with most London Boroughs is currently failing its annual legal air quality targets for both NO2 and Particulates (PMs); this problem is most severe around the major transport routes. There is emerging evidence that schools in London which are worst affected by air pollution are in the most deprived areas, meaning that poor children and their families are exposed to multiple health risks.

Around 17.3% of adults, aged 19+ are doing less than 30 minutes of moderate intensity physical activity a week (2016/17). This is a lower proportion than London (22.9%) and England (22.2%), but still equates to around 28,000 people. The latest figures include adults from the age of 19 whereas previous data included those from the age of 16, therefore it is not possible to compare the two to identify trend. A worrying proportion (56.7%) of adults in Merton aged 18 and over are overweight or obese (2016/17). This has fallen slightly from 2015/16, but equates to over 90,000 people, and is a higher proportion of the population than London (55.2%) but lower than England (61.3%).

4,500 primary school children (aged 4-11) are estimated to be overweight or obese (excess weight). One in 5 children entering reception are overweight or obese and this increases to 1 in 3 children leaving primary school in Year 6 who are overweight or obese. The gap in levels of obesity between the east and the west of the borough is currently 10% (2013/14-2015/16), and increasing. This significant health inequality affects children’s health and potentially their life chances. There are also ethnic variations in obesity prevalence; nationally, evidence indicates that a child is more likely to have excess weight if they are from a BAME background. However, there is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors.

In terms of Merton residents living with a disability, an estimated 10.8% of people in Merton were diagnosed with a long-term illness, disability or medical condition in 2014/15. This is lower than London (12.6%) and England (14.1%). In 2015, 13.5% of Merton 16-64 year olds were recorded as Equalities Act core disabled or work limiting disabled, which is lower than England (19.2%) but more similar to London (16.1%) and comparators. It is estimated that 10.1% of Merton’s working
age population (16-64 years) population have a physical disability (14,000 people) which is slightly higher than London (9.9%) but lower than England (11.1%). There are just over 400 adults in Merton recorded with a learning disability in 2016/17, 313 of whom live in stable and appropriate accommodation. This is three quarters (75.2%) of Merton’s population with a learning disability and is higher than London (71.3%) but slightly lower than England (76.2%).

There are a variety of factors that affect people’s ability to live independently with a disability, such as access to education, employment and community; including planning, accessibility and transport.

### Physical disability

<table>
<thead>
<tr>
<th>Level of disability</th>
<th>Age</th>
<th>2018</th>
<th>2025</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>18-64</td>
<td>10,120 (7.3%)</td>
<td>10,960 (7.5%)</td>
<td>8% increase</td>
</tr>
<tr>
<td>Serious</td>
<td>18-64</td>
<td>2,870 (2.1%)</td>
<td>3,181 (2.2%)</td>
<td>11% increase</td>
</tr>
</tbody>
</table>

### Visual impairment

<table>
<thead>
<tr>
<th>Level of disability</th>
<th>Age</th>
<th>2018</th>
<th>2025</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate or severe</td>
<td>65+</td>
<td>2,290 (8.7%)</td>
<td>2,648 (8.9%)</td>
<td>16% increase</td>
</tr>
<tr>
<td>Serious</td>
<td>18-64</td>
<td>90 (0.1%)</td>
<td>95 (-.1%)</td>
<td>6% increase</td>
</tr>
</tbody>
</table>

### Hearing loss

<table>
<thead>
<tr>
<th>Level of disability</th>
<th>Age</th>
<th>2018</th>
<th>2025</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some hearing loss</td>
<td>18-64</td>
<td>11,540 (8.3%)</td>
<td>12,970 (8.9%)</td>
<td>12% increase</td>
</tr>
<tr>
<td>Severe hearing loss</td>
<td>18-64</td>
<td>761 (0.5%)</td>
<td>837 (0.6%)</td>
<td>10% increase</td>
</tr>
<tr>
<td>Some hearing loss</td>
<td>65+</td>
<td>15,760 (60.2%)</td>
<td>18,080 (60.7%)</td>
<td>15% increase</td>
</tr>
<tr>
<td>Severe hearing loss</td>
<td>65+</td>
<td>2,073 (7.9%)</td>
<td>2,372 (8.0%)</td>
<td>14% increase</td>
</tr>
<tr>
<td>Learning disability Age</td>
<td>2018</td>
<td>2025</td>
<td>Percentage change</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>18-64</td>
<td>3,390 (0.4%)</td>
<td>3,550 (0.4%)</td>
<td>5% increase</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>545 (2.1%)</td>
<td>621 (2.1%)</td>
<td>14% increase</td>
<td></td>
</tr>
</tbody>
</table>

Daily activities, 65 and over
Over half of people in Merton aged 65 and over are not limited in daily activities. Merton shows a higher score for daily activities not limited than London (48%) and England (48%).

<table>
<thead>
<tr>
<th>Level of limitation (daily activities, 65 years and over)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not limited</td>
<td>50%</td>
</tr>
<tr>
<td>Limited a little</td>
<td>27%</td>
</tr>
<tr>
<td>Limited a lot</td>
<td>23%</td>
</tr>
</tbody>
</table>


Religion or belief

<table>
<thead>
<tr>
<th>Religion or belief</th>
<th>% of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>56.1</td>
</tr>
<tr>
<td>Muslim</td>
<td>8.1</td>
</tr>
<tr>
<td>Religion</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Hindu</td>
<td>6.1</td>
</tr>
<tr>
<td>Buddhists</td>
<td>0.9</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.4</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.2</td>
</tr>
<tr>
<td>Not religious</td>
<td>20.6</td>
</tr>
</tbody>
</table>

Source: GLA 2016-based demographic projections round, housing led model

Sexual orientation

From the 2014 Integrated Household Survey, 2.6% of London’s population answered Lesbian, Gay, Bisexual or Transgender as their sexual identity. This would equate to approximately 5500 people in Merton.

Pregnancy and maternity

The following infographics show data on pregnancy and maternity in Merton.

![Infographics showing pregnancy and maternity data]

General Fertility Rate

- 70.5 per 1000
- N=3,246
- Higher than London (64) and England (62.5)

Under 18 conceptions

- 16.5 per 1000
- N=49
- Lower than London (17.1) and England (18.8)

Low birth weight (all)

- 7%
- N=225
- Similar to London (7.6%) and England (7.3%)

BAME mothers

- 36%
- N=1,115
- Lower than London (46%) and higher than England (23%)

Caesarean section

- 27.5%
- N=843
- Lower than London (29%) and similar to England (27%)

Breastfeeding 6-8 weeks

- 69%
- N=2,109
- Higher than London (53%) and England (44%)

Mothers over 35 giving birth

- 33%
- N=1,008
- Higher than London (29%) and England (22%)

Smoking at delivery

- 4%
- N=116
- Lower than London (5%) and England (11%)

Infant mortality

- 2.9 per 1000
- N=29
- Lower than London (3.2) and England (3.9)
Marriage and civil partnership

2011 Census data shows us that a majority of Merton’s population were either single (40%, lower than London at 44%) or married (45%, higher than London at 40%). By 2018, the number of Civil Partnerships is expected to have risen considerably, however the exact numbers will not be shown until the 2021 Census.

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percentage of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>72,157</td>
<td>45%</td>
</tr>
<tr>
<td>Single</td>
<td>64,689</td>
<td>40%</td>
</tr>
<tr>
<td>Divorced</td>
<td>11,083</td>
<td>7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>8,187</td>
<td>5%</td>
</tr>
<tr>
<td>Separated</td>
<td>4,173</td>
<td>2%</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td>551</td>
<td>1%</td>
</tr>
</tbody>
</table>

4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?


The council has a duty under the Local Government Act 2000 to promote the social economic and environmental wellbeing of its residents. The proposals meet a number of these duties. We are mindful that whilst other partners have similar duties to work with us on our objectives, Merton Council has overall responsibility for setting parking charges within its jurisdiction.
5. What evidence have you considered as part of this assessment?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

The Council acknowledges that convenient parking should be provided for residents to enable them to park near their homes, where practicable, and parking provision is also necessary to meet the needs of people who have no other alternative other than to use their vehicle e.g. individuals with disabilities.

The November 2018, December 2018, January 2019 and June 2019 Cabinet reports set out the Public Health, Air Quality and sustainable Transport – a strategic approach to parking charges which set out the proposals in detail, specifically the contribution appropriate tariffs can make in contributing to the objectives.

The key evidence can be found at:

January 2019

December 2018,

November 2018,

A number of key factors were considered in the review of on and off-street parking and permits, which included:

(i) Ease of access to public transport (PTAL)
(ii) Air Quality hotspots
(iii) Areas of high congestion
(iv) Enforcement requirements

This evidence was considered in light of the Merton profile detailed in section 3 above.
In order to fully understand how the proposals would affect users and residents, the Council undertook a comprehensive consultation exercise to gain the views of residents and stakeholders. This enabled the Council to make informed decisions and to develop the proposed policies.

Merton is committed to undertaking comprehensive consultation to gain the views of residents and stakeholders. This enables the Council to make informed decisions and to develop our policies.

The Parking Charges consultation commenced on Friday 29th March and ended Sunday 5th May 2019. As this consultation formed part of a statutory consultation process, there were a number of legal obligations, as well as a commitment to bringing the proposals to as wide an audience as possible.

To ensure the council could generate as much feedback as possible, representations were invited in writing via the web page, or by email to a dedicated email box. In addition, an online survey was available which asked prescribed questions and tick box responses, which were recorded. Circa 3,000 representations were received. Due to the number of responses received, the council extended its review period to the 18th June 2019. This ensured that full consideration was given to all representations, and to allow any further comments from the resident and business associations to be included.

The Council published a 2-page feature article in My Merton, which was delivered to every household within the borough in March/April 2019 to align with the consultation period. As well as the online consultation and the My Merton article the council also attended Community Forum meetings during the period of the consultation; followed the statutory Traffic Management Order process of displaying notices in roads within all of the CPZ areas, on pay, display machines, and in all council owned car parks, in addition a statutory notice was placed in the newspaper.

Copies of all proposals and background papers were made available on deposit at all libraries and at the Civic Centre for public inspection/reference. We consulted with statutory and non-statutory consultees. On the council’s home page, we displayed a link to the consultation web pages. The web pages gave full details of the proposal along with background papers and reports. The pages also included a section, which aimed to address frequently asked questions.

A number of statutory bodies were consulted as part of the Traffic Management Order making process. The only response received was from the Metropolitan Police who raised no objections.
6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

<table>
<thead>
<tr>
<th>Protected characteristic (equality group)</th>
<th>Tick which applies</th>
<th>Tick which applies</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive impact</td>
<td>Potential negative impact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>X</td>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>

**Positive Impact**

The proposals support the previous rationale of seeking to adjust driver behaviour and to ensure that we can provide a modern, efficient and environmentally sustainable transport policy for residents, visitors and businesses, now and in the future.

The proposals support the Public Health vision to protect and improve physical and mental health outcomes for the whole population in Merton, and to reduce health inequalities. At the heart of the strategy is the concept that the environment is a key driver for health. It can be summarised by ‘making the healthy choice the easy choice’.

In setting out its measures of success, the new charging policy aims to deliver reduced car ownership and usage across the borough, encourage more people to undertake alternative forms of active travel.
travel, purchase fewer resident permits and lead to a rebalancing of our streets - to benefit residents and businesses alike.

This includes the shift to more active and sustainable transport modes (such as walking, cycling and public transport) the impact of vehicle emissions and congestion on air quality, and demand for kerbside space, which form the backdrop of the policy direction.

**Potential Negative Impact**

None identified. However please refer to ‘Disability’ below, as there is an acceptance that elderly people are more likely to be infirm, have mobility problems or have a disability than younger people.

<table>
<thead>
<tr>
<th>Disability</th>
<th></th>
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</table>

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**Potential Negative Impact**

Negative Impact: Any increase in parking charges has the potential to negatively impact on those with a disability.

Note. There is an acceptance that elderly people are more likely to be infirm, have mobility problems, but may not be considered disabled. For the purpose of this EIA the mitigation for problems commonly caused by age such as being infirm or mobility problems have been addressed under disability.

| Gender Reassignment | X | X |

**Positive Impact**

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**Potential Negative Impact**

None identified

| Marriage and Civil Partnership | X | X |

**Positive Impact**

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<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th></th>
<th>Positive Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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</tr>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>X</th>
<th>Positive Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A number of respondents stated that living near public transport does not mean it is easily accessible for all e.g. lack of lifts or escalators, not user friendly for families, or those needing to carry buggies.</td>
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**Potential Negative Impact**

None identified

<table>
<thead>
<tr>
<th>Religion/ belief</th>
<th></th>
<th></th>
<th>Positive Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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**Potential Negative Impact**

None identified

During the course of the consultation, a local faith group submitted a petition and stated that the proposed new charges will affect a number of people attending their prayers. Whilst the council notes this position it does not feel that the proposals disproportionately affect the protected characteristic of religion under these circumstances.

The council considers that the impact is proportionate to the legitimate aim sought to be achieved through the policy.
**Sex (Gender)**

<table>
<thead>
<tr>
<th>Positive Impact</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

**Potential Negative Impact**

None identified

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**Sexual orientation**

<table>
<thead>
<tr>
<th>Positive Impact</th>
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</thead>
<tbody>
<tr>
<td>The proposals support the previous rationale of seeking to adjust driver behaviour and to ensure that we can provide a modern, efficient and environmentally sustainable transport policy for residents, visitors and businesses, now and in the future.</td>
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**Potential Negative Impact**
None identified

<table>
<thead>
<tr>
<th>Socio-economic status</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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</tbody>
</table>

**Positive Impact**

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**Potential Negative Impact**

Any increase in parking charges has the potential to negatively impact on those from certain socio economic backgrounds.

Significant social inequalities exist within Merton. The eastern half has a younger, less affluent and more ethnically mixed population. The western half is less ethnically mixed, older and more affluent. Largely as a result, people in East Merton have worse health and shorter lives.

The improvement action plan below sets out a number of mitigations to address the above points.

The council considers that the impact is proportionate to the legitimate aim sought to be achieved through the policy.
7. If you have identified a negative impact, how do you plan to mitigate it?

The mitigations for disability, pregnancy & maternity and socio-economic status are set out in the Action Plan below.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

   Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet for further information about these outcomes and what they mean for your proposal

   ☑️ **Outcome 2** – The EA has identified adjustments to remove negative impact or to better promote equality.

   ☐ **Outcome 1** – The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed.

   ☐ **Outcome 3** – The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

   ☐ **Outcome 4** – The EA shows actual or potential unlawful discrimination.
### Stage 5: Improvement Action Plan

8. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

<table>
<thead>
<tr>
<th>Negative impact/ gap in information identified in the Equality Analysis</th>
<th>Action required to mitigate</th>
<th>HOW WILL YOU KNOW THIS IS ACHIEVED? E.G. PERFORMANCE MEASURE/TARGET)</th>
<th>By when</th>
<th>Existing or additional resources?</th>
<th>Lead Officer</th>
<th>Action added to divisional/team plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>A number of respondents stated that living near public transport does not mean it is easily accessible for all e.g. lack of lifts or escalators, not user friendly for families, or those needing to carry buggies. The Council works closely with TfL and Network Rail to ensure that the Highway infrastructure accommodates the efficiency of public transport services. This includes accessibility. Merton is aiming to ensure that every resident has access to car club vehicles. There are 193,500 car club members in London and around ten car clubs. Transport for London (TfL) has committed to aiming for one million members by 2025. They offer a convenient and affordable service, while at the same time reducing overall car usage. Car clubs can provide you with an alternative means of accessing a car when you need one, without all the cost or hassle of owning one yourself. You can find car club cars parked on street throughout Merton. There are three car club companies available to the public in the borough, Blucity, Zipcar and other TfL operators.</td>
<td>Access improvements to public transport infrastructure. Increased number of car club members. Reduction in individual car ownership.</td>
<td>Sept 2019</td>
<td>Existing</td>
<td>Ben Stephens</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Significant social inequalities exist within Merton. The eastern half has a younger, less affluent and more ethnically mixed population. The western half is less ethnically mixed, older and more affluent. Largely as a result, people in East Merton have worse health and shorter lives.

Healthy life expectancy at birth in males is 65.4 years and 66.3 years in females, therefore many residents are living a considerable proportion of their lives with ill health. The gap between the 30% most and 30% least deprived areas is also significant: 9.4 years for men, 9.3 for women so someone living in a deprived ward in the east of the borough is likely to spend more than 9 years more of their life in poor health than someone in a more affluent part of the borough, which will impact on the last years of working life, on family life and on a healthy and fulfilling retirement.

Economic factors are highly correlated with health outcomes, and socio-economic status is a major determinant of both life expectancy and healthy life expectancy. The 2015 IMD (Index of Multiple Deprivation) score shows that Merton as a whole is less deprived (14.9) compared to London (23.9) and England (21.8). However, East Merton has an average IMD score of 21.1 compared to West Merton which is 8.2.

Any increase in parking charges has the potential to negatively impact those on lower incomes, however in mitigation, it is recognised that the poorer areas of the borough do not have as good transport links as the more affluent areas of the borough, and in recognition of this, any increases in these areas would be less. For example, Wimbledon has a wider range of transport options than Colliers Wood and South Wimbledon, which in turn have more transport options that for example Mitcham. This is presented in the form of ‘Public Transport Accessibility Levels’ as set out by TfL and formed part of the review.
It is therefore easier in principle for a person living in Wimbledon Town Centre to use alternative sustainable or active modes of transport, compared to residents in the east of the borough, where the ‘need’ to own a car could be argued as being higher. Merton is aiming to ensure that every resident has access to car club vehicles. There are 193,500 car club members in London and around ten car clubs. Transport for London (TfL) has committed to aiming for one million members by 2025. They offer a convenient and affordable service, while at the same time reducing overall car usage.

Car clubs can provide you with an alternative means of accessing a car when you need one, without all the cost or hassle of owning one yourself. You can find car club cars parked on street throughout Merton.

There are three car club companies available to the public in the borough, Bluecity, Zipcar and other TfL operators.

For example, research commissioned by Zipcar in 2016 indicated that the average annual cost of owning and running a car in London is approximately £3,500. The proposed increase in permit prices would be equivalent to around 0.14% - 2.5% of that average annual cost of owning/running a car in London, dependent on the location of the CPZ.

There are a number of instances where charges have been reduced, particularly in respect of Electric Vehicles, which have a positive impact on health. Season tickets for local residents and workers have also been subjected to greater reductions.

An alternative cheaper, healthier form of transportation and one that a number of respondents highlighted was that more people would cycle if they were able to hire bikes in Merton.

There is significant potential to encourage residents to cycle more, especially for short commuter and leisure trips. The council is therefore working with
Note that the full impact of the decision may only be known after the proposals have been implemented; therefore, it is important the effective monitoring is in place to assess the impact.

Stage 6: Reporting outcomes

10. Summary of the equality analysis
This section can also be used in your decision-making reports (CMT/Cabinet/etc.) but you must also attach the assessment to the report, or provide a hyperlink

<table>
<thead>
<tr>
<th>This Equality Analysis has resulted in an Outcome</th>
<th>2</th>
<th>Assessment</th>
</tr>
</thead>
</table>

Please include here a summary of the key findings of your assessment.

A review of the proposed charges by Parking Services for on street pay and display, off street pay and display and permit to help deliver key strategic council priorities including public health, air quality and sustainable transport

There are both negative and positive impacts identified by the EIA.

**Positive Impact**

The proposals support the previous rationale of seeking to adjust driver behaviour and to ensure that we can provide a modern, efficient and environmentally sustainable transport policy for residents, visitors and businesses, now and in the future.

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We have also identified a number of negative impacts, these include;

- Disability - Any increase in parking charges has the potential to negatively impact on those with a disability.
- Note. There is an acceptance that elderly people are more likely to be infirm, have mobility problems, but may not be considered disabled. For the purpose of this EIA the mitigation for problems commonly caused by age such as being infirm or mobility problems have been addressed under disability. Age – referenced with disability, as there is an acceptance that elderly people are more likely to be infirm, have mobility problems or have a disability than younger people.
- Pregnancy and maternity - A number of respondents stated that living near public transport does not mean it is easily accessible for all e.g. lack of lifts or escalators, not user friendly for families, or those needing to carry buggies.
- Socio economic status - Any increase in parking charges has the potential to negatively impact on those from certain socio economic backgrounds.
Significant social inequalities exist within Merton. The eastern half has a younger, less affluent and more ethnically mixed population. The western half is less ethnically mixed, older and more affluent. Largely as a result, people in East Merton have worse health and shorter lives.

During the course of the consultation, a local faith group submitted a petition and stated that the proposed new charges will affect a number of people attending their prayers. Whilst the council notes this position it does not feel that the proposals disproportionately affect the protected characteristic of religion under these circumstances.

Officers have reviewed the equity of the proposals and accept that there will be some residents who may be negatively impacted. However, in light of the mitigations set out above the level of impact is assessed as likely to be low. The council considers that the impact is proportionate to the legitimate aim sought to be achieved through the policy.

What course of action are you advising as a result of this assessment?
Section 5 – Improvement Action Plan sets out the actions and timescales proposed to be undertaken.
<table>
<thead>
<tr>
<th>Stage 7: Sign off by Director/ Head of Service</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment completed by</td>
<td>Add name/ job title</td>
<td>Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Improvement action plan signed off by Director/ Head of Service</td>
<td>Add name/ job title</td>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>