Equality Impact Assessment



| Name of project, policy, | Taxi Fees and Charges Amendments 2024/25 |
|-------------------------------|--|
| function, service or proposal | |
| being assessed: | |
| The main objective of (please | Taxi Fees and Charges Report 2024/25 |
| insert the name of accessed | |
| document stated above): | |

What impact will this taxi fees report have on the following groups? Please note that you should consider both external and internal impact:

- External (e.g. stakeholders, residents, local businesses etc.)
- Internal (staff)

| | | Negative | Positive | Neutral | Comments |
|--|----------|----------|----------|---------|----------|
| Please use only 'Yes' where applicable | | • | | | |
| | External | | | Yes | |
| <u>Gender</u> | Internal | | | Yes | |
| Gender Reassignment | External | | | Yes | |
| Gender Keassignment | Internal | | | Yes | |
| Age | External | | | Yes | |
| | Internal | | | Yes | |

| <u>Marriage and civil</u> partnership | External | Yes |
|---|----------|-----|
| | Internal | Yes |
| Disability | External | Yes |
| | Internal | Yes |
| Race & Ethnicity | External | Yes |
| | Internal | Yes |
| Sexual Orientation | External | Yes |
| | Internal | Yes |
| Religion or Belief (or no | External | Yes |
| <u>Belief)</u> | Internal | Yes |
| | External | Yes |
| Pregnancy & Maternity | Internal | Yes |
| Other Groups (e.g. any other vulnerable groups, rural isolation, deprived areas, low | External | Yes |
| income staff etc.) | Internal | Yes |

| Please state the group/s: | | | |
|---------------------------|--|--|--|
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| | | | |

| Is there is any evidence of disproportionate adverse impact on any groups? | | | No | Comment | |
|---|-----------|--|-----------------|---------|---------------------|
| | | | No | Comment | |
| Is there an opportunity to mitigate or alleviate any such impacts? | | | | | |
| Are there any gaps in information available (e.g. evidence) so that a complete assessment of different impacts is not possible? | | | No | Comment | |
| In response to the information provided above please provide a set of proposed action including any consultation that is going to be carried out: | | | | | |
| Planned Actions | Timeframe | | Success Measure | | Responsible Officer |
| | | | | | |
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Authorisation and Review

| Completing Officer | Kevin Nealon |
|--------------------------------------|--------------|
| Authorising Head of Service/Director | Mel Cryer |
| Date | 27.03.24 |
| Review date (if applicable) | 2025 |