

# Equality Impact Assessment



|                                                                                                                                                                                                                                                                                                    |                                          |                 |                 |                |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|-----------------|----------------|-----------------|
| Name of project, policy, function, service or proposal being assessed:                                                                                                                                                                                                                             | Taxi Fees and Charges Amendments 2025/26 |                 |                 |                |                 |
| The main objective of (please insert the name of accessed document stated above):                                                                                                                                                                                                                  | Taxi Fees and Charges Report 2025/26     |                 |                 |                |                 |
| <p>What impact will this taxi fees report have on the following groups? Please note that you should consider both external and internal impact:</p> <ul style="list-style-type: none"> <li>• External (e.g. stakeholders, residents, local businesses etc.)</li> <li>• Internal (staff)</li> </ul> |                                          |                 |                 |                |                 |
| Please use only 'Yes' where applicable                                                                                                                                                                                                                                                             |                                          | <b>Negative</b> | <b>Positive</b> | <b>Neutral</b> | <b>Comments</b> |
| <b><u>Gender</u></b>                                                                                                                                                                                                                                                                               | External                                 |                 |                 | Yes            |                 |
|                                                                                                                                                                                                                                                                                                    | Internal                                 |                 |                 | Yes            |                 |
| <b><u>Gender Reassignment</u></b>                                                                                                                                                                                                                                                                  | External                                 |                 |                 | Yes            |                 |
|                                                                                                                                                                                                                                                                                                    | Internal                                 |                 |                 | Yes            |                 |
| <b><u>Age</u></b>                                                                                                                                                                                                                                                                                  | External                                 |                 |                 | Yes            |                 |
|                                                                                                                                                                                                                                                                                                    | Internal                                 |                 |                 | Yes            |                 |

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

|                                                 |  |  |  |  |  |
|-------------------------------------------------|--|--|--|--|--|
| Please state the group/s:<br><br>_____<br>_____ |  |  |  |  |  |
|                                                 |  |  |  |  |  |
|                                                 |  |  |  |  |  |

| Is there is any evidence of a high disproportionate adverse or positive impact on any groups?                                                     |           | No              | Comment             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|---------------------|
| Is there an opportunity to mitigate or alleviate any such impacts?                                                                                |           | No              | Comment             |
| 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 |
|                                                                                                                                                   |           |                 |                     |
|                                                                                                                                                   |           |                 |                     |
|                                                                                                                                                   |           |                 |                     |
|                                                                                                                                                   |           |                 |                     |

**Authorisation and Review**

|                                             |                                                    |
|---------------------------------------------|----------------------------------------------------|
| <b>Completing Officer</b>                   | <b>Kevin Nealon – Community Protection Manager</b> |
| <b>Authorising Head of Service/Director</b> | <b>Mike Avery – Director of Place</b>              |
| <b>Date</b>                                 | <b>01/04/25</b>                                    |
| <b>Review date ( if applicable)</b>         | <b>2026</b>                                        |