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| **Why do an Equalities Impact Assessment (EqIA)?**   1. Equalities Impact Assessment(EqIA) is part of Oxford City Council’s [**Public Sector Equality Duty (PSED)**](https://www.gov.uk/government/publications/public-sector-equality-duty) **(Equality Act 2010).**   The General PSED enables Oxford City Council to:   * 1. **identify and remove discrimination,**   2. **identify ways to advance equality of opportunity,**   3. **foster good relations.**  1. An EqIA must be done before making any decision(s)that may have an impact on people and/or services that people use and depend on. 2. An EqIA form is one of many tools that can simplify and structure your equalities assessment. 3. We are passionate about equalities, and we highly recommend that [Corporate Management Team (CMT)](https://www.oxford.gov.uk/info/20050/how_the_council_works/332/staff_and_management_structure) reports and all projects must attach an EqIA.   For questions, queries, and a chat about how to do your EqIA, please email your EDI officers:  1. Mili Kalia – [milkalia@oxford.gov.uk](mailto:milkalia@oxford.gov.uk)  2. Sobia Afridi- [safridi@oxford.gov.uk](mailto:safridi@oxford.gov.uk)  Please do refer to our [SharePoint Page](https://oxfordcitycouncil.sharepoint.com/:u:/r/sites/WellbeingDiversityEngagement/SitePages/Equality-Impact-Assessments-(EqIA).aspx?csf=1&web=1&share=Ec7Q_Wh7ej9HtzxYQ29j_ZIBEQsQX9t4KgEx0USJXUs0vg&e=oydDLH) for support such as FAQs and Examples, etc. | **A good EqIA has the following attributes:**   1. **Comprehensively considers the** [**9 protected characteristics.**](https://oxfordcitycouncil.sharepoint.com/:u:/r/sites/WellbeingDiversityEngagement/SitePages/Protected-Charecteristics--Equality-Act-2010.aspx?csf=1&web=1&share=EUkKKzPHHZZBs6_-7WEGnCcBCuFwLVIrTeIWZ8Ftg5u3lA&e=BjVXog)  |  |  | | --- | --- | | 1. **Age** | **6. Race & Ethnicity** | | 1. **Disability** | **7. Religion or Belief** | | 1. **Gender Reassignment** | **8. Sex** | | 1. **Marriage & Civil Partnership** | **9. Sexual Orientation** | | 1. **Pregnancy & Maternity** |  |  1. It has **considered equality of treatment** towards service users, residents, employees, partners, council suppliers & contractors, and Council Members 2. Sufficiently considered **potential and real impact** of proposal or policy on service users, residents, employees, partners, council suppliers & contractors, and Council Members. 3. **Systematically recorded and reported** any potential and real impact of your proposal or policy on service users, residents, employees, partners, council suppliers & contractors, and Council Members 4. **Collected, recorded, & reported sufficient information and data** on how your policy or proposal will have an impact. 5. Offers **mitigations or adjustmen**ts if a PSED has been impacted. 6. Provides clear **justifications** for your decisions. 7. It is written in **plain English** with simple short sentence structures. | |
| **Section 1: General overview of the activity under consideration** | |

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| **1.** | **Name of activity being assessed.**  **For example:**  -New policy,  -Review of existing policy,  -Changes in service(s),  -New project(s), etc. | Spend of CIL money towards the review of existing Controlled Parking Zones | | **2.** | | **The implementation date of the activity under consideration:** | | 31/03/2027 | |
| **3.** | **Directorate/Department(s):** | Development Directorate, Regeneration and Economy | | **4.** | | **Service Area(s):** | | Planning and Regulatory Services | |
| **5.** | **Who is (are) the assessment lead(s):**  **Please provide:**  -Name  -Email address | Rachel Nixon  rnixon@oxford.gov.uk | | **6.** | | **Contact details, in case there are queries:**  **Please provide:**  -Name  -Email address | | Rachel Nixon  rnixon@oxford.gov.uk | |
| **7.** | **Is this a new or ongoing EqIA?** | New  Extension to existing EqIA | | **8.** | | If this is an extension of a previous EqIA, please indicate where the previous EqIA is located and share the link to the said EqIA. | | N/A | |
| **9.** | **Date this EqIA started:** | 23/10/2024 | |  | |  | |  | |
| **10.** | **Will this EqIA be attached to** [Corporate Management Team (CMT)](https://www.oxford.gov.uk/info/20050/how_the_council_works/332/staff_and_management_structure) **reports/updates, which will be published online?** | |  | | **11.** | | **Give a date (tentative or otherwise) when this assessment will be taken to the** CMT. | |  |

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| **Section 2: About the activity, change, or policy that is being assessed.** | | | | | | | | | | | | | | | | | |
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| **12.** | **Type of activity being considered:** Check the most appropriate. | | | Budget | Decommissioning | | | | Commissioning | | | | Change to an existing activity. | | | | |
| New Activity | | | | Others. Please | | | | | | | | | |
| **13.** | **Which priority area(s)** [**within Oxford City Council’s Corporate strategy (2020-2024)**](https://www.oxford.gov.uk/info/20328/our_strategy_2020-24#section6) **does this activity fulfil?** Please check as needed. | | | Enable an inclusive economy. | | | Deliver more affordable housing. | | | | Support thriving communities. | | | | Pursue a zero carbon Oxford. | | |
| **14**. | **Which priority area(s) within** [**Oxford City Council’s Equality, Diversity & Inclusion Strategy (2022)**](https://www.oxford.gov.uk/info/20356/equality_diversity_and_inclusion_strategy) **does this activity fulfil?** Please check as needed. | | | Responsive services and customer care. | | | Diverse and engaged workforce. | | | | Leadership & organisational commitment. | | | | Understanding and working with our communities. | | |
| **15.** | **Outline the aims, objectives, & priorities of the activity being considered.** | | | Aims:  The transfer of CIL funding to Oxfordshire County Council to spend on the review of existing Controlled Parking Zones (CPZ) within the city | | | | Objectives:  A CPZ review gives an opportunity to check whether the CPZ is having the desired effect in providing prioritized parking for residents, local businesses, and their visitors/customers and preventing long-stay parking by non residents in the area. It also provides the opportunity to assess whether any improvements could be made to help improve the situtation for example changes to parking bays, changing to signage, changes to the hours of operation | | | | | |  | | | |
| **16.** | **Please outline the consequences of not implementing this activity.** **For example,**  -Existing activity does not fulfill  Corporate Objectives,  -existing activity is discriminatory  and not fulfilling Council’s PSED,  … to name a few. | | | CIL funds are not transferred to the County Council and therefore the proposed review does not happen. Residents, local businesses and their visitors and customers could therefore continue to experience any existing problems with parking caused by non-residents or commuter parking. | | | | | | | | | | | | | |
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| **Section 3: Understanding service users, residents, staff and any other impacted parties.** | | | | | | | | | | | | | | | | | |
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| **17.** | **Have you undertaken any consultations in the form of surveys, interviews, and/or focus groups?**  **Please provide details—**  -when,  -how many, and  -the approach taken. | | Oxfordshire County Council will be undertaking the review under Highway Legislation. | | | | | | | | | | | | | | |
| **18.** | **List information and data used to understand who your residents or staff are and how they will be impacted.**    **These could be-**  -third-party research,  -census data,  -legislation,  -articles,  -reports,  -briefs. | | It is understood that the review has been informed using data received on the number of complaints/ requests made for existing Controlled Parking Zones within the city along with other indicators which include the age of the zone and information based on collated deprivation indexes for each zone. The review gives opportunities to implement changes that could improve social mobility for city residents, including the provision of car club bays and also improve barriers to walking and cycling within zones. | | | | | | | | | | | | | | |
| **19.** | **If you have not done any consultations or collected data & information, are you planning to do so in the future?**  **Please list the details –**  -when,  -with whom, and  -how long will you collect the relevant data. | | Oxford City Council will monitor the CIL spend by asking Oxfordshire County Council to provide details of the costs incurred with regards to the review. The County Council will also be asked to keep ward members informed of progress and any changes that are implemented. Details of the mechanism for doing this are are to be agreed between the two authorities. | | | | | | | | | | | | | | |
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| **Section 4: Impact analysis.** | | | | | | | | | | | | | | | | | |  |
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| **20.** | **Who does the activity impact?** **Check as needed.**  The impact may be positive, negative or unknown. | **Service Users** | | | | Yes | | | | No | | Don’t Know | | | |
| **Members of staff** | | | | Yes | | | | No | | Don’t Know | | | |
| **General public** | | | | Yes | | | | No | | Don’t Know | | | |
| **Partner / Community Organisation** | | | | Yes | | | | No | | Don’t Know | | | |
|  |  | **City Councillors** | | | | Yes | | | | No | | Don’t Know | | | |
|  |  | **Council suppliers and contractors** | | | | Yes | | | | No | | Don’t Know | | | |

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| **21.** | | | |  | | **Does the activity impact positively or negatively on any protected characteristics as stated within Equality (Act 2010)?**    Check as needed and provide evidence-driven conclusions**.**  **Good Practice** is to keep it simple and list your, evidence, insights, and mitigations. | | | | | | | | | | | | | | | | | | | | | | |
| **Protected**  **Characteristic** | | | | | | | **Positive** | | | | **Negative** | | | | | **Neutral** | **Don’t know** | **Data/information/evidence supporting your assessment** | | | | | | **Analysis & insight**  **Mitigations** | | | | |
| **Age** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Disability**  **(Visible and invisible)** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Gender**  **re-assignment** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Marriage & Civil Partnership** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Race, Ethnicity and/or Citizenship** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Pregnancy & Maternity** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Religion or Belief** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Sex** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Sexual Orientation** | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Other**  **(voluntary consideration)**  **For example:**  Migrant, refugee, or asylum seekers | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Other**  **(voluntary consideration)**  **For example:**  Socio-economic status (income, wealth, etc.) | | | | | | |  | | | |  | | | | |  |  | Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
| **Other**  **For example:**  - Unpaid carers  - Prison population  - Homeless population  -Council suppliers & contractors  -Cabinet Members | | | | | | |  | | | |  | | | | |  |  | List the other groups  Evidence | | | | | | What is the data telling us about impact on this group?  How will you mitigate disporportinate impact (positive or negative)? | | | | |
|  | | | | | | |  | | | |  | | | | |  |  |  | | | | | |  | | | | |
|  | **Section 5: Conclusion(s) of your Full Impact Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **22.** | | |  | | **Conclusions.** Check as needed. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Stop and reconsider the activity. | | |  | | | | |  | | Adjust activity before beginning the activity and continue to monitor. | | | | | | |  | No major change(s) or adjustments  and continue with activity but continue to monitor. | | |  | | No major change(s) or adjustments and continue with the activity. No need to monitor in the future. | |
|  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **23.** | | | **Please explain how you have reached your conclusions above.** | | | | | |  | The above assessment has not identified any adjustments or changes necessary. The request is for CIL monies to be transferred to Oxfordshire County Council who would undertake the review of the existing Controlled Parking Zones in the city within their remit as local highway authority. The City Council is supportive of this. | | | | | | | | | | | | | | | | | | | |
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|  | **Section 6: Monitoring and review plan.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **The responsibility for maintaining a monitoring arrangement of the EqIA action plan lies with the service/team completing the EqIA.**  **These arrangements must be built into the performance management framework such as KPIs or Risk Registers.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24.** | | | **Who or which team or service area will be responsible for monitoring equalities impact**?  **For example-**  - team,  -directorate,  -service area,  -Equalities Steering Group,etc. | | | | | | | | |  | | Planning and Regulatory Services | | | | | | | | | | | | | | | |
| **25.** | | | **Who (individual, team, or service area) will be responsible for carrying out the EqIA review?** | | | | | | | | |  | | Planning Policy | | | | | | | | | | | | | | | |
| **26.** | | | **How often will the equality impact be reviewed for this activity?**  **For example-**  -quarterly,  -yearly, etc. | | | | | | | | |  | | Yearly | | | | | **27.** | | **Date when the EqIA will be reviewed again.** | | | |  | | | | |
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| **Section 7: Sign-off** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Suggested list of people to include are:**   1. Project lead/manager. 2. Head of service area or team. 3. Person who completed the EqIA. 4. EDI Lead. 5. EDI Specialist. 6. For joint projects, please consider the following: 7. Other project leads 8. Other service area and/or team lead/managers.   **This is not an exhaustive list.**   |  |  |  | | --- | --- | --- | | Name: Rachel Nixon  Job Title: Principal Planner | Name: David Butler  Job Title: Head of Planning and Regulatory Services | Name: Full Name  Job Title: Type here | | Signature:  --------------------------------------- | Signature:  ----------------------------------------- | Signature:  -------------------------- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Name: Full Name  Job Title: Type here | | | | | | | | | | | | Name: Full Name  Job Title: Type here | | | | | | Name: Full Name  Job Title: Type here | | | | | | |
| Signature:  ------------------------------------------ | | | | | | | | | | | | Signature:  ---------------------------------------- | | | | | | Signature:  ---------------------------------- | | | | | | |
| Name: Full Name  Job Title: Type here | | | | | | | | | | | | Name: Full Name  Job Title: Type here | | | | | | Name: Full Name  Job Title: Type here | | | | | | |
| Signature:  ------------------------------------------ | | | | | | | | | | | | Signature:  ----------------------------------------- | | | | | | Signature:  ---------------------------------- | | | | | | |

**You have now reached the end of the assessment.**

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**Please appended this to any reports and project files for reference.**