

## Why do an Equalities Impact Assessment (EqIA)?

1. Equalities Impact Assessment (EqIA) is part of Oxford City Council's **Public Sector Equality Duty (PSED) (Equality Act 2010)**.

The General PSED enables Oxford City Council to:

- a. **identify and remove discrimination,**
  - b. **identify ways to advance equality of opportunity,**
  - c. **foster good relations.**
2. **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.
  3. An **EqIA form is one of many tools** that can simplify and structure your equalities assessment.
  4. We are passionate about equalities, and we highly recommend that **Corporate Management Team (CMT) reports and all projects must attach an EqIA.**

## A good EqIA has the following attributes:

1. **Comprehensively considers the 9 protected characteristics.**

|                                 |                                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------|
| 1. Age                          | 6. Race & Ethnicity                                                                            |
| 2. Disability                   | 7. Religion or Belief                                                                          |
| 3. Gender Reassignment          | 8. Sex                                                                                         |
| 4. Marriage & Civil Partnership | 9. Sexual Orientation                                                                          |
| 5. Pregnancy & Maternity        | <b>NEW- Socio-economic inequalities (voluntary adoption)</b>                                   |
|                                 | <b>NEW- Sanctuary seeking status leading to intersecting inequalities (voluntary adoption)</b> |

2. It has **considered equality of treatment** towards service users, residents, employees, partners, council suppliers & contractors, and Council Members
3. Sufficiently considered **potential and real impact** of proposal or policy on service users, residents, employees, partners, council suppliers & contractors, and Council Members.
4. **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
5. **Collected, recorded, & reported sufficient information and data** on how your policy or proposal will have an impact.
6. Offers **mitigations or adjustments** if a PSED has been impacted.

7. Provides clear **justifications** for your decisions.
8. It is written in **plain English** with simple short sentence structures.

## Section 1: General overview of the activity under consideration

|     |                                                                                                                                       |                                                                            |     |                                                                                                                                     |                                                                                                                            |
|-----|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 1.  | <b>Name of activity being assessed.</b>                                                                                               | Spend of CIL money towards the review of existing Controlled Parking Zones | 2.  | <b>The implementation date of the activity under consideration:</b>                                                                 | 31/3//2027                                                                                                                 |
| 3.  | <b>Directorate/Department(s):</b>                                                                                                     | Place                                                                      | 4.  | <b>Service Area(s):</b>                                                                                                             | Planning and Regulation                                                                                                    |
| 5.  | <b>Who is (are) the assessment lead(s):</b><br><b>Please provide:</b><br>-Name<br>-Email address                                      | Rachel Nixon<br>rnixon@oxford.gov.uk                                       | 6.  | <b>Contact details, in case there are queries:</b><br><b>Please provide:</b><br>-Name<br>-Email address                             | Rachel Nixon<br>Rnixon@oxford.gov.uk                                                                                       |
| 7.  | <b>Is this a new or ongoing EqlA?</b>                                                                                                 | Ongoing<br><input type="checkbox"/>                                        | 8.  | If this is an extension of a previous EqlA, please indicate where the previous EqlA is located and share the link to the said EqlA. | Appendix 3 of Item 86 Cabinet 11/12/2024<br><a href="#">Equality Impact Assessment- Appendix 3 CPZ and CIL Spend 3.pdf</a> |
| 9.  | <b>Date this EqlA started:</b>                                                                                                        | 14/8/2026                                                                  |     |                                                                                                                                     |                                                                                                                            |
| 10. | <b>Will this EqlA be attached to <a href="#">Corporate Management Team (CMT)</a> reports/updates, which will be published online?</b> | No                                                                         | 11. | <b>Give a date (tentative or otherwise) when this assessment will be taken to the CMT.</b>                                          |                                                                                                                            |

## Section 2: About the activity, change, or policy that is being assessed.

|     |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |                                                                               |                                                                          |                                           |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 12. | <b>Type of activity being considered:</b><br><br>Check the most appropriate.                                                                                                    | <input checked="" type="checkbox"/> x Budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Decommissioning                | <input type="checkbox"/> Commissioning                                        | <input type="checkbox"/>                                                 |                                           |
|     |                                                                                                                                                                                 | <input type="checkbox"/> Others. Please specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                               |                                                                          |                                           |
| 13. | <b>Which priority area(s) <u>within Oxford City Council's Corporate strategy (2024-2028)</u> does this activity fulfil?</b><br><br>Please check as needed.                      | <input type="checkbox"/> X Good, affordable homes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> X Strong, fair economy         | <input checked="" type="checkbox"/> x Thriving Communities                    | <input type="checkbox"/> X Zero Carbon Oxford                            | <input type="checkbox"/> Well run council |
| 14. | <b>Which priority area(s) within <u>Oxford City Council's Equality, Diversity &amp; Inclusion Strategy (2022)</u> does this activity fulfil?</b><br><br>Please check as needed. | <input type="checkbox"/> Responsive services and customer care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Diverse and engaged workforce. | <input checked="" type="checkbox"/> X Leadership & organisational commitment. | <input type="checkbox"/> Understanding and working with our communities. |                                           |
| 15. | <b>Outline the aims, objectives, &amp; priorities of the activity being considered.</b>                                                                                         | <p>Aims: The transfer of CIL funding to Oxfordshire County Council to spend on the review of existing Controlled Parking Zones (CPZ) within the city</p> <p>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 situation for example changes to parking bays, changing to signage, changes to the hours of operation</p> |                                                         |                                                                               |                                                                          |                                           |

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>16. Please outline the consequences of not implementing this activity.</b><br/> <b>For example,</b><br/>         -Existing activity does not fulfill Corporate Objectives,<br/>         -existing activity is discriminatory and not fulfilling Council's PSED,<br/>         ... to name a few.</p> | <p>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</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Section 3: Understanding service users, residents, staff and any other impacted parties.

|                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>17. Have you undertaken any consultations in the form of surveys, interviews, and/or focus groups?</b></p> <p><b>Please provide details—</b><br/>         -when,<br/>         -how many, and<br/>         -the approach taken.</p>                                                                                   | <p>Oxfordshire County Council will be undertaking the review under Highway Legislation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>18. List information and data used to understand who your residents or staff are and how they will be impacted.</b></p> <p><b>These could be-</b><br/>         -third-party research,<br/>         -census data,<br/>         -legislation,<br/>         -articles,<br/>         -reports,<br/>         -briefs.</p> | <p>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 residents or staff are and how they will be impacted. 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</p> |

|            |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                             |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>19.</b> | <p><b>If you have not done any consultations or collected data &amp; information, are you planning to do so in the future?</b></p> <p><b>Please list the details –</b><br/>         -when,<br/>         -with whom, and<br/>         -how long will you collect the relevant data.</p> | <p>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 to be agreed between the two authorities.</p> |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Section 4: Impact analysis.

|            |                                                  |                                          |                              |                             |
|------------|--------------------------------------------------|------------------------------------------|------------------------------|-----------------------------|
| <b>20.</b> | <b>Who does the activity impact?</b>             | <b>Service Users</b>                     | Yes <input type="checkbox"/> | <input type="checkbox"/>    |
|            | <b>Check as needed.</b>                          | <b>Members of staff</b>                  | Yes <input type="checkbox"/> | <input type="checkbox"/>    |
|            | The impact may be positive, negative or unknown. | General public                           | Yes <input type="checkbox"/> | <input type="checkbox"/>    |
|            |                                                  | <b>Partner / Community Organisation</b>  | Yes <input type="checkbox"/> | <input type="checkbox"/>    |
|            |                                                  | <b>City Councillors</b>                  | Yes <input type="checkbox"/> | <input type="checkbox"/>    |
|            |                                                  | <b>Council suppliers and contractors</b> | <input type="checkbox"/>     | No <input type="checkbox"/> |

| 21.                                   | Does the activity impact positively or negatively on any protected characteristics as stated within Equality (Act 2010)? |                          |                               |                          |                                                                                                   |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|---------------------------------------------------------------------------------------------------|
| Protected Characteristic              | Positive                                                                                                                 | Negative                 | Neutral                       | Don't know               | Data/information/evidence supporting your assessment<br><br>Analysis & insight<br><br>Mitigations |
| Age                                   |                                                                                                                          | <input type="checkbox"/> | x                             | <input type="checkbox"/> |                                                                                                   |
| Disability<br>(Visible and invisible) |                                                                                                                          | <input type="checkbox"/> | x<br><input type="checkbox"/> | <input type="checkbox"/> |                                                                                                   |
| Gender                                |                                                                                                                          | <input type="checkbox"/> | x                             | <input type="checkbox"/> |                                                                                                   |

|                                    |                                                                                     |                          |                               |                          |                                                                                       |  |
|------------------------------------|-------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|---------------------------------------------------------------------------------------|--|
| re-assignment                      |                                                                                     |                          |                               |                          |                                                                                       |  |
| Marriage & Civil Partnership       | <input type="checkbox"/>                                                            | <input type="checkbox"/> | x                             | <input type="checkbox"/> |                                                                                       |  |
| Race, Ethnicity and/or Citizenship |                                                                                     | <input type="checkbox"/> | x<br><input type="checkbox"/> | <input type="checkbox"/> |                                                                                       |  |
| Pregnancy & Maternity              | <input type="checkbox"/>                                                            | <input type="checkbox"/> | x                             | <input type="checkbox"/> |                                                                                       |  |
| Religion or Belief                 |  | <input type="checkbox"/> | x                             | <input type="checkbox"/> |  |  |

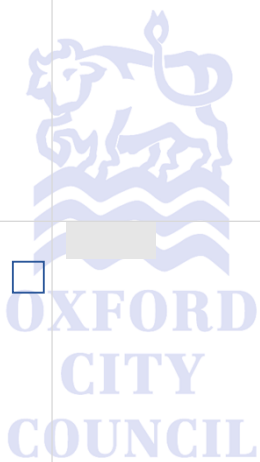
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---|--------------------------|--|
|                                                                                                                                                                                                                                 |                          |                          |   |                          |  |
| <b>Sex</b>                                                                                                                                                                                                                      |                          |                          | x | <input type="checkbox"/> |  |
| <b>Sexual Orientation</b>                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | x | <input type="checkbox"/> |  |
| <b>Socio-economic inequalities such as:</b><br><br>- income and factors that impact income.<br>-access to jobs<br><br>This was voluntarily adopted by <a href="#">Oxford City Council on the 13<sup>th</sup> of March 2024.</a> | <input type="checkbox"/> | <input type="checkbox"/> | x | <input type="checkbox"/> |  |
| <b>Other (voluntary consideration)</b><br><br><b>Sanctuary seeking status leading to intersecting</b>                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | x | <input type="checkbox"/> |  |

|                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |   |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---|--------------------------|--|
| <p><b>inequalities experienced by</b></p> <p><b>For example:</b></p> <p>asylum seeker, refugee, person with insecure immigration status</p> <p><u>Oxford City Council became a local authority of sanctuary in December 2024, thereby committing to learn from our experiences, embed inclusive practices and share efforts to create a culture of welcome and safety for all.</u></p> |                          |                          |   |                          |  |
| <p><b>Other</b></p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>- Unpaid carers</li> <li>- Prison population</li> <li>- Homeless population</li> <li>-Council suppliers &amp; contractors</li> <li>-Cabinet Members</li> </ul>                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | x | <input type="checkbox"/> |  |

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## Section 5: Conclusion(s) of your Full Impact Assessment

|     |                                                                    |                                   |                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                       |                                                                                                                              |
|-----|--------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 22. | <b>Conclusions.</b>                                                |                                   |                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                       |                                                                                                                              |
|     | <input type="checkbox"/>                                           | Stop and reconsider the activity. | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                           | Adjust activity before beginning the activity and continue to monitor. | No major change(s) or adjustments and continue with activity but continue to monitor. | <input type="checkbox"/> No major change(s) or adjustments and continue with the activity. No need to monitor in the future. |
| 23. | <b>Please explain how you have reached your conclusions above.</b> |                                   | The above assessment has not identified any adjustments or changes necessary. The request is to add a further controlled parking zone to the list of zones being reviewed by Oxfordshire County Council in their remit as local highway authority. The review is being funded by CIL monies as agreed by Cabinet in December 2024. |                                                                        |                                                                                       |                                                                                                                              |

## Section 6: Monitoring and review plan.

The responsibility for maintaining a monitoring arrangement of the EqlA action plan lies with the service/team completing the EqlA.  
These arrangements must be built into the performance management framework such as KPIs or Risk Registers.

|     |                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                               |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24. | <p>Who or which team or service area will be responsible for monitoring equalities impact?</p> <p><b>For example-</b></p> <ul style="list-style-type: none"> <li>- team,</li> <li>-directorate,</li> <li>-service area,</li> <li>-Equalities Steering Group,etc.</li> </ul> |        | Planning and Regulation                                                                                                                                                       |
| 25. | <p>Who (individual, team, or service area) will be responsible for carrying out the EqlA review?</p>                                                                                                                                                                        |        | Planning Policy                                                                                                                                                               |
| 26. | <p>How often will the equality impact be reviewed for this activity?</p> <p><b>For example-</b></p> <ul style="list-style-type: none"> <li>-quarterly,</li> <li>-yearly, etc.</li> </ul>                                                                                    | Yearly | <div data-bbox="1153 845 1265 1072">27.</div> <div data-bbox="1265 845 1489 1072">Date when the EqlA will be reviewed again.</div> <div data-bbox="1489 845 1758 1072"></div> |

## Section 7: Sign-off

Name: Rachel Nixon

Job Title: Principal Planner

Signature:

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Name: David Butler

Job Title: Director of Planning and  
Regulation

Signature:

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Name: Full Name

Job Title: Type here

Signature:

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Name:

Job Title:

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Name: Full Name

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

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

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