

Equality Impact Assessment Form

Please ensure that you refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team

Details
Name of Initiative to be assessed: Delegated Power – Taxi licensing
Name of responsible officer: Simon Jones
Group/Directorate: Customer Services
Service Area: Licensing
Date: 27 th June 2018

(a) WHAT ARE YOU ASSESSING FOR IMPACT ?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal	Information/ Position statement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Please name and describe below

Delegation of power to Senior Officers from Planning Regulatory & Licensing Committee

(c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?

If so, please identify what and how?

Yes – case law

(d) Does the initiative directly affect service users, employees or the wider community?

Yes Continue assessment
 No No need to continue screening or carry out an EqlA

Screening/Relevance Test: Is an equality impact assessment required?

Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqlA. Please highlight the positive impact the decision will have on the protected characteristics.

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	Positive
Disability	Positive
Gender Reassignment	Positive
Marriage & Civil Partnership	N/A
Pregnancy and Maternity	N/A

Equality Impact Assessment Form

Race	Positive
Religion or Belief	N/A
Sex	N/A
Sexual orientation	N/A
Carers	N/A
Welsh Language	N/A

If after completing the EqlA screening/relevance test you determine that this service/function/policy/project is not relevant for an EqlA you must provide adequate explanation below (Please use additional pages if necessary).

This delegation is required to comply with case law, to free up Council time and resources and to aid the smooth running of the Council's licensed taxi trade. It will affect only those in the taxi trade and only a small number of those.

Are you happy that you have sufficient evidence to justify your decision?

Yes NoX.....

Signed _____ Position _____

N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqlA.

Equality Impact Assessment Form

Full Equality Impact Assessment

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.

In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.

If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

Please highlight positive impacts and actions that have been identified as a result of the assessment process.

Evidence Sources

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

Decision Log – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made))

Equality Impact Assessment Form

Review

Date of Next Review:

If review is not required, explain why.

Approved by:

Signature:

Job Title:

Approval date:

Date of Update:

Update recording