

Equality Impact and Outcome Assessment (EIA) Template - 2018

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users¹. They analyse how all our work as a council might impact differently on different groups². They help us make good decisions and evidence how we have reached these decisions³.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age¹³) or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact:

- **BHCC: Communities, Equality and Third Sector Team on ext 2301**
- **CCG: Engagement and Equalities team (Jane Lodge/Meg Lewis)**

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed⁴.

Title of EIA⁵	Money Management Procurement	ID No.⁶	HASC22
Team/Department⁷	Health & Adult Social Care		
Focus of EIA⁸	<p>This EIA is intended to cover the procurement of a provider to deliver money management services</p> <p>It is our duty to ensure that commissioned services prevent discrimination and enable equal access to support and the ability to live safely and independently.</p>		

2. Update on previous EIA and outcomes of previous actions⁹

What actions did you plan last time? (List them from the previous EIA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action plan below)
(This is first EIA for Money Management commission.)		

3. Review of information, equality analysis and potential actions

Protected characteristics groups from the Equality Act 2010	What do you know ¹⁰ ? Summary of data about your service-users and/or staff	What do people tell you ¹¹ ? Summary of service-user and/or staff feedback	What does this mean ¹² ? Impacts identified from data and feedback (actual and potential)	What can you do ¹³ ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age ¹⁴	<p><i>Service users:</i></p> <ul style="list-style-type: none"> <i>Over 64 years - 40%;</i> <i>55-64 years - 20%;</i> <i>45-54 years - 25%;</i> <i>26-44 years - 13%;</i> <i>Under 26 – one individual</i> 	<p><i>Service User interviews December 2018 include clients aged 30–80. Very positive feedback. No concerns from service users or stakeholders about support in relation to age.</i></p>	<p><i>Demand for the service has been increasing by an average 15 cases a year. Trend is expected to continue in line with a predicted increase of 21% in the population of over 70 year olds between 2016-2026.</i></p>	<p><i>The newly tendered contract will include the ability to increase the capacity in line with the changing demographic.</i></p>
Disability ¹⁵	<ul style="list-style-type: none"> <i>Mobility issues - 60%;</i> <i>Mental health needs - 55%;</i> <i>Learning disability / autistic spectrum condition / acquired brain injury - 33%;</i> <i>Progressive disability / chronic illness - 28%;</i> <i>Dementia - 15%;</i> <i>Sensory impairment - 7%;</i> <i>Alcohol misuse - 9%;</i> <i>Drug misuse - 2%.</i> <p><i>33% of service users are in receipt of secondary mental health services.</i></p>	<p><i>Case studies demonstrate the need for flexible, personalised support.</i></p> <p><i>Example (1) diagnosed mental health needs : client rings provider every weekday to arrange a purchase or just to talk.</i></p> <p><i>Example (2) physical health : weekly visiting support to deliver cash, manage bills, for a client disabled through</i></p>	<p><i>As above, capacity will need to increase to support the number of people living longer and with health issues including dementia.</i></p> <p><i>We may have expected higher figures for people misusing alcohol or drugs with accrued levels of debt.</i></p> <p><i>In recent years, 6% of cases (c. 10 individuals) have come from</i></p>	<p><i>Develop specification to ensure fair assessment and referral process regardless of disability and health need.</i></p> <p><i>Commissioning Team review of quality management processes to verify support is meeting service user need.</i></p> <p><i>Promote service to all organisations working with vulnerable adults.</i></p>

Protected characteristics groups from the Equality Act 2010	What do you know¹⁰? Summary of data about your service-users and/or staff	What do people tell you¹¹? Summary of service-user and/or staff feedback	What does this mean¹²? Impacts identified from data and feedback (actual and potential)	What can you do¹³? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<i>Linked to the age data above, 95% of service users aged 55 or over have long term health issues.</i>	<i>domestic abuse.</i> <i>Example (3) frailty: “I am housebound, I never go out and I feel quite isolated. However with support ... I know that things are taken care of and while my memory gets worse every day I do feel reassured that there is ... looking after me.”</i>	<i>supported accommodation.</i> <i>However, with evidenced increase in substance misuse among older adults (Public Health Rapid Needs Assessment 2018), we may see this cohort grow.</i>	<i>The service is flexible and able to provide support in people’s homes and other venues to ensure it is accessible to those with physical health need or who are housebound. This flexibility will continue to be part of the newly tendered service</i>
Gender reassignment¹⁶	<i>5-6 individuals out of a caseload of 160 self-identify as Trans</i>	<i>One client who self-identifies as gender fluid has offered to be interviewed. To take place January 2019.</i>	<i>No impact.</i>	<i>Contract management will include monitoring support for Trans individuals, including linking in with community groups.</i>
Pregnancy and maternity¹⁷	<i>Cases of households with children doubled on previous years to 11% in 2018-19.</i> <i>Cases of single parents increased by 6% on previous years.</i>	<i>No concerns registered to date.</i>	<i>With rising number of cases, need to understand nuances in support required for families, other agencies involved, etc.</i>	<i>The new service specification will highlight the services role in general wellbeing, child protection, working with other professionals, social services.</i>
Race/ethnicity¹⁸ Including migrants,	<i>Annual snapshots average to</i>	<i>BAME % is close to</i>	<i>No impact.</i>	<i>Contract management</i>

Protected characteristics groups from the Equality Act 2010	What do you know¹⁰? Summary of data about your service-users and/or staff	What do people tell you¹¹? Summary of service-user and/or staff feedback	What does this mean¹²? Impacts identified from data and feedback (actual and potential)	What can you do¹³? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
refugees and asylum seekers	<p><i>9% BAME. A third of BAME clients are White non-British.</i></p> <p><i>Representation of Mixed and Asian communities is very low (c. 3 individuals).</i></p> <p><i>Not included in the above are asylum seekers supported with subsistence payments. This number increased from 15 in April 2017 to 20 in April 2018.</i></p>	<p><i>Brighton & Hove local figure (10%).</i></p> <p><i>The city is a destination for migrants from outside the UK (JSNA 2016).</i></p> <p><i>No concerns from service users or stakeholders.</i></p>		<p><i>will include monitoring support or minority groups, engagement of interpreters.</i></p> <p><i>Observe referrals against latest figures for new migrants to Brighton & Hove.</i></p>
Religion or belief¹⁹	<p><i>From data collected for around half of clients: Christian - 25%; None / Atheist / Agnostic – 13%; Buddhist / Muslim / Other : up to 5%</i></p>	<p><i>Current action on provider to increase data collection rate.</i></p>	<p><i>Review potential impact following improved data collection.</i></p>	<p><i>Improved monitoring to be included in the new contract.</i></p>
Sex/Gender²⁰	<p><i>Number of female clients consistently exceeds male clients in ratio 55% : 45%</i></p>	<p><i>No concerns.</i></p>	<p><i>Ratio as expected : From JSNA 2016: During 2012-14, females living 4.5 years longer than males, but only 0.5 years difference in</i></p>	<p><i>No action needed.</i></p>

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			<i>healthy life expectance.</i>	
Sexual orientation²¹	<i>From data collected for 75% of clients: Lesbian / Gay / Bisexual- 7% Unsure - 3% Unwilling to disclose -11%</i>	<i>Current action on provider to increase data collection rate.</i>	<i>Review potential impact following improved data collection.</i>	<i>Improved monitoring to be included in the new contract.</i>
Marriage and civil partnership²²	<i>85% of casework is delivered to individuals. Up to 10% of cases in co-habiting households; the remainder an increasing proportion of single parents</i>	<i>No concerns.</i>	<i>This is expected: less need for support to co-habiting households, where one adult can take a carer role.</i>	<i>No action needed.</i>
Community Cohesion²³	<i>The service has a duty to contribute to general wellbeing through direct interventions or engaging partner services to resolve neighbour issues</i>	<i>No incidents on which to assess this.</i>	<i>Ensure early intervention and partnership working continues.</i>	<i>Specification will highlight the services responsibility for wellbeing, working with other professionals, community support services.</i>
Other relevant groups²⁴ Vulnerability to Exploitation	<i>People at risk of financial or other exploitation. People suffering harassment or abuse.</i>	<i>No concerns in regard to service user safety or requiring intervention of Safeguarding Board,</i>	<i>A quality service means that issues of safeguarding are addressed</i>	<i>Specification : protection from abuse and safeguarding duties form a key part of the</i>

Protected characteristics groups from the Equality Act 2010	What do you know¹⁰? Summary of data about your service-users and/or staff	What do people tell you¹¹? Summary of service-user and/or staff feedback	What does this mean¹²? Impacts identified from data and feedback (actual and potential)	What can you do¹³? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p><i>Financial abuse is raised as a concern in 50% of cases referred.</i></p> <p><i>The service will address this directly through support planning and safeguarding procedures.</i></p> <p><i>The service will be alert to other forms of abuse and engage specialist support, eg, Rise.</i></p>	<p><i>received in recent history.</i></p> <p><i>Complaints to Adult Social Care very rare.</i></p>	<p><i>comprehensively and service users remain safe.</i></p>	<p><i>specification.</i></p>
Cumulative impact²⁵				
Assessment of overall impacts and any further recommendations²⁶				
<ul style="list-style-type: none"> • <i>Review referral process to ensure speed of access and fair charging</i> • <i>Impact on service delivery from expanded contract, combined funding threads</i> • <i>Annual review of capacity to meet changing population</i> • <i>Bi-annual review of staff caseload, support and training</i> • <i>Monitoring support and case studies of service users from small minority groups</i> • <i>Promotion of new service to other support organisations</i> • <i>Contract monitoring process to be in place to include service user and staff feedback</i> 				

4. List detailed data and/or community feedback that informed your EIA

Title (of data, research or engagement)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
Service diversity monitoring	<i>Annual snapshot at end of September</i>	<i>Gaps in provider recording of Religion/belief and Sexual Orientation. Unable to link data between strands, eg, age and disability.</i>	<i>Current action on provider to ensure Religion and Sexual Orientation asked of each individual. Review progress end June 2019. Develop monitoring techniques to enable linking of data, eg, through online system such as CareFirst. Work to start during contract mobilisation.</i>
Case studies	<i>Quarterly outcomes reports</i>	<i>5-year archive of reports.</i>	<i>Continue collecting narrative feedback. Reporting will change to twice a year under new contract, in line with other support services.</i>
Stakeholder survey	<i>Summer 2018, completed by provider</i>	<i>Included :</i> <ul style="list-style-type: none"> • <i>Adult Social Care Assessment team (sole referrer)</i> • <i>Social Workers</i> • <i>Community Mental Health Team</i> • <i>Support Workers</i> • <i>City advice services</i> 	<i>Further stakeholder consultation by B&HCC, January 2019.</i>
Service User Interviews	<i>Dec '18 - Jan '19</i>	<i>Service users asked if willing to be interviewed. Out of 14 responses, 8 with different needs, age, gender (inc.</i>	<i>To complete January 2019.</i>

Title (of data, research or engagement)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
		<i>reassignment), selected for interview.</i>	
Joint Strategic Needs Assessments	2016 - 2018	<i>Reports consulted:</i> <ul style="list-style-type: none"> • <i>Population</i> • <i>Gender</i> • <i>Ethnicity</i> • <i>International Migrants in Brighton & Hove 2018</i> • <i>Older Adults (aged 65 years and over), Substance Misuse and Supported Housing Rapid Needs Assessment 2018</i> 	N/A

5. Prioritised Action Plan²⁷

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
Representation of faith groups, sexual orientation	<i>Provider action in place</i>	<i>Improved understanding</i>	<i>Improved data collection rate</i>	<i>January – June 2019</i>
Protection from Abuse	<i>Key element of service specification</i>	<i>Continued early intervention</i>	<i>Service users report feeling safe</i>	<i>Ongoing contract monitoring</i>
Early intervention	<i>Review referral process</i>	<i>Streamlined assessment, referral and triage</i>	<i>Referrer and provider feedback</i>	<i>Regular monitoring Oct '19 – Mar '20</i>
Fair charging	<i>Equal system for financial assessment</i>	<i>Set of rules applied across all referrals</i>	<i>Financial Assessment team and provider feedback</i>	<i>Regular monitoring Oct '19 – Mar '20</i>
Staff – Impact of new specification	<i>Review staff support and training</i>	<i>Good level of support, training and reflective practice offered to staff</i>	<i>Staff feedback</i>	<i>2019/20</i>
Community groups	<i>Promote new service</i>	<i>Wide awareness of resource</i>	<i>More organisations referring</i>	<i>Part of 6 monthly contract monitoring from March 2020</i>
All service users	<i>Develop IT to enable cross-linking of equalities strands</i>	<i>Greater understanding of service user diversity and actions needed to better meet needs</i>	<i>Improved service user equality profile</i>	<i>Build into contract management model</i>

Guidance end-notes

¹ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

² Our duties in the Equality Act 2010

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity.** This means the need to:
 - Remove or minimise disadvantages suffered by equality groups
 - Take steps to meet the needs of equality groups
 - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
 - Tackle prejudice
 - Promote understanding

³ EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

⁴ **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

⁵ **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

⁶ **ID no:** The unique reference for this EIA. If in doubt contact your CCG or BHCC equality lead (see page 1)

⁷ **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

⁸ **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

⁹ **Previous actions:** If there is no previous EIA or this assessment if of a new service, then simply write 'not applicable'.

¹⁰ **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?¹⁰
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: <http://www.bhconnected.org.uk/content/needs-assessments> and Community Insight: <http://brighton-hove.communityinsight.org/#>) and national ones where they are relevant.

¹¹ **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
 - (a) consult when proposals are still at a formative stage;
 - (b) explain what is proposed and why, to allow intelligent consideration and response;
 - (c) allow enough time for consultation;
 - (d) make sure what people tell you is properly considered in the final decision.

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- Try to consult in ways that ensure all perspectives can be considered.
 - Identify any gaps in who has been consulted and identify ways to address this.

¹² Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims
 - Do the effects amount to unlawful discrimination? If so the plan must be modified.
 - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

¹³ Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

¹⁴ **Age:** People of all ages

¹⁵ **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

¹⁶ **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

¹⁷ **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

¹⁸ **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

¹⁹ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

²⁰ **Sex/Gender:** Both men and women are covered under the Act.

²¹ **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

²² **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

²³ **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

²⁴ **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

²⁵ **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

²⁶ **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

²⁷ **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.