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## Resolution Policy

### (Formerly Grievance Policy)

***Incorporates following previous policies: HR11 Grievance Policy, HR15 Investigation Policy and HR09 Dignity at Work Policy***

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***Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.***

Purpose of Agreement	The Resolution Policy outlines a timely, supportive, proactive approach to resolving workplace issues that provides long lasting solutions to those involved.
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If you require this document in a different format such as large print or audio, please contact HR Consultancy.

**Amendments Summary:**

Amend No	Issued	Page	Subject	Action Date

**Review Log:**

Version Number	Review date	Name of reviewer	Ratification Process	Reason for amendments
1	March 2020	Hannah West, HR Consultant Vicky Butler, HR Consultancy Manager	Policy Steering Group, Clinical Executive Group	Policy re-write. Combined Grievance & Investigation policy to create Resolution Policy. Creation of supporting SOP's, containing details on process.

## **SUMMARY OF POLICY**

### **What it is:**

A different approach to resolving workplace issues, aligned to our values that supports an open and honest environment where workplace issues are talked through, addressed and resolved at the earliest opportunity.

### **What it isn't:**

Whilst this policy was previously known as the Grievance Policy (and also incorporates the previous Investigation Policy and Dignity at Work Policy) it outlines a very different, more positively focused approach to resolving workplace issues, that depends on the circumstances of the situation, recognising that one size does not fit all.

### **Where to go for further information:**

- The policy should be read alongside the Resolution Standard Operating Procedure. This procedure provides guidance on the approaches that can be taken to resolve concerns.
- Reference should also be made, when applicable, to the Investigation Standard Operating Procedure and Appeals Standard Operating Procedure.
- In addition, a toolkit is available containing a suite of documents to assist in the application of this policy and the supporting procedures.

### **Good practice:**

We expect our people involved in the application of this policy to follow the Principles of Good Practice (outlined in Section 1.3) and the requirement for confidentiality (outlined in Section 1.4).

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## RESOLUTION POLICY

### 1.0 INTRODUCTION

#### 1.1 PURPOSE

At Solent NHS Trust we believe that a positive environment and good working relationships have a significant impact on well-being and engagement leading to better performance and reduced stress and absence. We want our people to be able to bring their whole self to work. One way in which we can support our people to do so is to create an open, honest environment where workplace issues are talked through, addressed and resolved at the earliest opportunity, in a safe constructive way, that provides lasting solutions to those involved.

As such, we are committed to the resolution of disputes, concerns or complaints raised by, or identified, by our people through a number of measures, at the earliest opportunity, with a gradual transition from the traditional grievance approach to one of positive early resolution.

It is recognised that conflict and disputes in the workplace are sometimes inevitable and when they are managed well it leads to healthy, resilient and positive relationships. Resolution that is owned by our people is more likely to provide lasting solutions. The purpose of this policy is to create an open and honest environment that empowers our people to raise a "Request for Resolution" for any workplace concerns that they have as soon as possible and to work together with colleagues to resolve them.

This policy should be read alongside the Resolution Standard Operating Procedure (SOP) which provides guidance on the approaches that can be taken to resolve concerns.

Reference should also be made to the Investigation SOP and Appeals SOP for situations that may require this.

#### 1.2 SCOPE

The Resolution Policy applies to conflicts, disputes, complaints and allegations within the workplace. Resolution can take many forms and the Resolution SOP provides guidance on the possible options available, depending on the circumstances.

The policy can be used to resolve all types of issues including concerns, problems, disagreements, disputes, complaints, collective complaints, issues relating to bullying and/or harassment or grievances. In the policy and SOP, we may use one of these terms to mean any or all of them and also use the general term "issues".

The purpose of the Resolution Policy is to provide an accessible, inclusive and constructive way for people to have their issues heard, with a view to learning, resolving or correcting any mistakes or wrongdoing. In line with the Freedom to Speak Up policy, where there is a concern about inappropriate patient care, health and safety or fraud, bribery or corruption at work employees may contact their Freedom to Speak Up Guardian who will give guidance and signpost accordingly.

This policy encourages early resolution and empowers our people to work together in a supportive, safe environment to reach resolution. It is an expectation that employees will cooperate in exploring early resolution as an alternative to a formal process, however it is recognised that in exceptional circumstances a formal approach may be necessary. The Resolution Decision tree in the toolkit should be applied to support consistent decision making and guidance.

Throughout the application of this policy and the supporting Resolution Standard Operating Procedure the health and wellbeing of our people will always be thoroughly considered.

This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust and secondees (including students), in line with the Solent NHS Trust Equality, Diversity, Inclusion and Human Rights Policy.

### **1.3 PRINCIPLES OF GOOD PRACTICE**

The following principles should be applied to every issue raised under this policy:

- Ensure HEART values guide actions and behaviours throughout the application of this policy.
- Ensure the health and wellbeing of all involved is considered throughout the process.
- It is expected that most issues will be resolved informally, however it is recognised that employees have the right to raise concerns formally.
- Ensure decisions are supported by a consistent framework and that they are well informed, justified and appropriate for the circumstances (see decision trees in [toolkit](#)).
- Ensure identification of key members (stakeholders) involved/affected in the application of the policies and procedures, to ensure regular communication is maintained.
- Ensure timely, detailed, clear, sensitive and compassionate communication throughout.
- Be underpinned by thorough and consistent decision-making.
- Ensure objectivity is maintained at every stage of the process by decision makers.
- Ensure any perceived or identified conflict of interest is responded to.
- Be carried out without unreasonable delay. Further guidance on anticipated timescales is outlined within the relevant procedure.
- Be sensitive and respectful to all involved members.
- Seek to explore and not to pre-judge.
- Seek to establish facts.
- Be part of a learning culture where appropriate feedback is given and utilised to improve the service.
- Have accurate notes captured where appropriate, complying with the principles of General Data Protection Regulations (GDPR) and in accordance with the notes template and guidance in the [toolkit](#).
- Ensure records are retained in accordance with the records management guidance document in the [toolkit](#).
- Ensure, in the case of a formal approach timescales are regularly reviewed and not drawn-out.
- Where a formal approach is taken, ensure decisions are not taken by one person alone.
- Provide an appropriate briefing/closure for all involved i.e. those identified in the stakeholder mapping.

## 1.4 CONFIDENTIALITY

All people involved in the application of this policy and the supporting procedures must ensure confidentiality throughout the process and thereafter when the resolution has been reached. We want to ensure that all people involved feel able to openly engage in the resolution processes and be able to assure them that the information shared within those processes remains confidential. As such, we take breaches of confidentiality very seriously.

Further guidance on confidentiality and record management can be found within the relevant SOP's and toolkits.

## 1.5 EXCLUSIONS

This policy will not apply to concerns relating to:

- Any malpractice or negligence by the Trust – this should be raised to a person's line manager in the first instance or reference can be made to the Trust's Freedom to Speak Up policy.
- Issues or genuine concerns that fraud, bribery or corruption within the NHS is taking place – this should be referred to the Trust's local counter-fraud specialist.
- Harassment or violence received from patients, service users, relatives and other agencies linked to the workplace – these will be dealt with separately in line with the Trust's Policy for Security and Management of Violence and Aggression (PMVA).
- Bandings – employees should use Agenda for Change appeal procedure or in the case of medical and dental employees the procedures contained within their terms and conditions of employment.
- Issues entirely outside of the control of the Trust, for example personal pension or income tax issues.
- Salary matters which are not locally negotiable/imply changing national or local conditions of employment or a statutory requirement.
- Issues that have already been formally addressed through the resolution approach, will be excluded unless the outcomes agreed by Management have not been actioned.

## 2.0 SUPPORT AVAILABLE

It is recognised that for all of our people involved, the processes may be unusual or unfamiliar and therefore immediate and/or ongoing support may be required. The following support is available in addition to support offered by a person's line manager. Note that if people feel unable to speak to their line manager, they may approach an alternative manager.

### 2.1 EMPLOYEE ASSISTANCE PROGRAMME

The Employee Assistance Programme provides free and confidential advice and support to all employees regardless of the situation; this can be sourced by the individual directly or through the individual's line manager, Occupational Health or HR Consultancy for immediate and on-going support.

## **2.2 STAFF SIDE REPRESENTATIVES / WORKPLACE COMPANIONS**

Employees will have the right to be accompanied by a Staff Side (Union) Representative or workplace colleague at any formal meetings held in line with the Resolution Policy. It is the employee's responsibility to arrange accompaniment, if they require support with this, they should contact their line manager or another appropriate manager. Having a companion has many benefits including providing the employee with advice and support and aiding the employee's understanding of the situation. Please see [toolkit](#) for further guidance on the right to be accompanied.

## **2.3 OCCUPATIONAL HEALTH**

Employees can self-refer to the Trust's Occupational Health team at any time. Manager referrals will be made for any employee who either requests or is identified as needing such support. Where indicated, Occupational Health will advise on an individual's fitness to attend meetings. Employees are required to attend and engage with Occupational Health appointments.

## **3.0 ADDITIONAL CONSIDERATIONS**

Outlined below are additional considerations, which may need to be taken into account within the application of this policy.

### **3.1 ACCESSIBLE INFORMATION**

If a communication barrier is identified, the appropriate manager must ensure that they discuss with the employee the relevant support available to them. This may include the arrangements for accessing an interpreter if there are language barriers or accessible information such as large print or audio documents, if required.

### **3.2 FORMAL PROCESS WHILST WORKING ON JOINT APPOINTMENTS**

Any formal process involving an employee who works across two organisations will be determined by the employing organisation and in some cases a joint process may be appropriate.

### **3.3 RAISING A CONCERN OR COMPLAINT DURING A FORMAL PROCESS / COUNTER ALLEGATIONS**

Where a person who is going through any other formal process (such as formal conduct or formal absence management for example) raises an issue or counter allegations under this policy, a decision will be made as the appropriate approach, dependent on the circumstances.

The considerations will be based on the relevance and severity of the issue, which may make it inappropriate for the relevant formal process to continue, but in most cases the procedures will run parallel. It is considered in most cases that a delay to concluding a formal process and any subsequent interventions/actions may not always be in the best interests, or conducive to, the wellbeing of those involved and affected by the process itself.

### **3.4 COMPLAINTS RAISED BY FORMER EMPLOYEES**

Employees are encouraged to raise any issues at the earliest opportunity. If a former employee of the Trust makes a complaint about an issue related to their Trust employment, they should write to the Trust as soon as possible after leaving, but within three months of the last incident. The complaint will be managed under the Trust's Complaints Policy.

### **3.5 COLLECTIVE REQUESTS FOR RESOLUTION**

If the same "Request for Resolution" is raised by more than one person, an appropriate approach will be agreed, dependent on the circumstances.

### **3.6 VEXATIOUS OR MALICIOUS REQUESTS FOR RESOLUTION**

On a rare occasion, it may be found through investigation that a request for resolution has been raised with vexatious or malicious intent. A vexatious or malicious complaint is one that is unreasonable, without foundation and made with the intent to cause upset or hurt. This goes against our values and approach to resolution and, whilst the aim of positive resolution may prevent such instances arising, if following investigation there is reason to believe that a request for resolution has been raised with vexatious or malicious intent, this will be taken seriously and the person making the request may be subject to formal action.

### **3.7 RECORDING OF MEETINGS**

Employees are not permitted to make electronic audio and/or visual recordings at any meetings held under this policy. We take any such breaches seriously. Employees, or their companions, may take notes at the meeting. A copy of the formal meeting notes will be sent to the employee. Where meetings are being recorded as a reasonable adjustment (see 3.8) the meeting chair will be responsible for making the recording.

### **3.8 REASONABLE ADJUSTMENTS**

A reasonable adjustment is a change to remove or reduce the effect of a person's disability so they can do their job (ACAS).

Reasonable adjustments will be considered and implemented where reasonably possible, to ensure that people with a disability are not disadvantaged throughout the implementation of this policy and the supporting procedures. Employees should make their manager aware if they feel they require any reasonable adjustments to be made. Guidance will be sought from Occupational Health to determine any recommended reasonable adjustments.

### **3.9 FREEDOM TO SPEAK UP**

There may be occasions where a matter requiring resolution is brought to the attention of a Freedom to Speak up guardian. Concerns raised with a Freedom to Speak Up Guardian are confidential, however if appropriate, the Freedom to Speak Up guardian may signpost the person to the Resolution Policy and Standard Operating Procedure.

## **4.0 ROLES AND RESPONSIBILITIES**

For further details of the roles and responsibilities of all individuals involved in the processes that support this policy please see Appendix A of the relevant supporting procedures. Please see the Investigation SOP, Resolution SOP and Appeals SOP, as applicable.

### **4.1 ROLE OF THE LINE MANAGER**

The line manager is the manager who is directly responsible for managing the individual that the allegation, complaint, concern or incident has been raised by or against.

### **4.2 ROLE OF HR CONSULTANCY**

The role of HR Consultancy is to work in partnership with the managers involved to enable a thorough and robust approach to resolution.

### **4.3 ROLE OF THE STAFF SIDE REPRESENTATIVES OR ACCOMPANYING WORKPLACE COLLEAGUE (COMPANION)**

The role of the staff side representative or accompanying workplace colleague (companion) is to provide support and guidance to the employee throughout the process.

## **5.0 TRAINING**

Policy awareness is the responsibility of the Managers; it should be raised through local induction and identified as a training need where appropriate. All employees should be aware that policy is available via the intranet and via their Line Manager.

## **6.0 EQUALITY AND DIVERSITY AND MENTAL CAPACITY ACT**

An impact Needs/Requirements Assessment has been completed for this policy and no equality or diversity issues were identified, see appendix 1.

Solent NHS Trust is committed to safeguarding employees against discrimination in the workplace. Reasonable adjustments will be made to ensure employees with a disability, as defined by the Equality Act 2010, are not placed at a disadvantage throughout the investigation process.

## **7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

Solent NHS Trust strives to be a learning organisation and carry out regular, anonymised case reviews to continually improve.

The effectiveness of this policy will be monitored by reviewing requests for resolution and any appeals received to ensure the correct procedure is followed. Any learning points and trends will be identified by HR Consultancy who will make recommendations to the Chief People Officer about potential changes. The nominated sub-group of the Workforce and OD Committee, the Workforce Development Group, will have an overview of the workforce statistics collated.

## **8.0 REVIEW**

This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial

basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

This policy may need to be read in conjunction with the following policies and procedures:

Resolution Standard Operating Procedure  
Investigation Standard Operating Procedure

Appeals Standard Operating Procedure  
Suspension, Exclusion or Transfer Policy  
Suspension Exclusion or Transfer Procedure  
Improving & Managing Conduct Policy  
Improving & Managing Conduct Standard Operating Procedure  
Performance Management Policy  
Attendance & Wellbeing Policy  
Equality, Diversity, Inclusion and Human Rights Policy  
Serious Incidents Requiring Investigation Policy  
Freedom to Speak Up – Raising Concerns Policy  
Policy for Managing Performance of Medical and Dental Staff  
Policy on Management of Allegations of Abuse against Staff under Safeguarding Procedure  
Local Counter Fraud, Bribery and Corruption Policy

This list is not exhaustive.

This Resolution Policy is based on The Model Resolution Policy produced by David Liddle, CEO of The TCM Group.

This policy has been developed in line with:

- ACAS guidelines - [www.acas.org.uk](http://www.acas.org.uk)
- [NHS Improvement – ‘A Just Culture Guide’ - https://improvement.nhs.uk/resources/just-culture-guide/](https://improvement.nhs.uk/resources/just-culture-guide/)
- [NHS Employers – www.nhsemployers.org](http://www.nhsemployers.org)
- [NHSI – Improving People Practices](#)
- [Managing Conflict – A Practical Guide to Resolution in the Workplace \(a paperback edition\) by David Liddle](#)
- [The NHS People Plan 2020/2021](#)

## Appendix 1

# Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

## Equality Impact Assessment (EIA)

### Step 1: Scoping and Identifying the Aims

Service Line / Department	People Services/HR Consultancy	
Title of Change:	Resolution Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Incorporate NHSI guidance, just culture principles, person centred approach and to separate policy and procedure (SOP).	

### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	

Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Internal stakeholders – including managers, employees, Occupational Health, Unions.
Have you taken into consideration any regulations, professional standards?	Yes	ACAS Code, NHSI recommendations as per Dido Harding letter, NHS People Plan, Just Culture Guide

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	Fair and consistent application of policy		
Who will be responsible for monitoring and regular review of the document / policy?	HR Consultancy		

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

<b>Equality Assessor:</b>	H. West	<b>Date:</b>	09/10/2020
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## Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. <b>Disability</b>	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Communication formats (visual &amp; auditory)</li> <li>• Reasonable adjustments.</li> <li>• Vulnerable to harassment and hate crime.</li> </ul>	Further guidance can be sought from: Solent Disability Resource Group
2. <b>Sex</b>	A man or woman	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Domestic Violence</li> <li>• Equal pay</li> <li>• Under (over) representation</li> </ul>	Further guidance can be sought from: Solent HR Team
3. <b>Race</b>	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Language</li> <li>• Cultural traditions</li> <li>• Customs</li> <li>• Harassment and hate crime</li> <li>• "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic</li> </ul>	Further guidance can be sought from: BAME Resource Group
4. <b>Age</b>	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> <li>• Assumptions based on the age range</li> <li>• Capabilities &amp; experience</li> <li>• Access to services technology skills/knowledge</li> </ul>	Further guidance can be sought from: Solent HR Team
5. <b>Gender Reassignment</b>	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> <li>• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
6. <b>Sexual Orientation</b>	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> <li>• Lifestyle</li> <li>• Family</li> <li>• Partners</li> <li>• Vulnerable to harassment and hate crime</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
7. <b>Religion and/or belief</b>	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> <li>• Disrespect and lack of awareness</li> <li>• Religious significance dates/events</li> <li>• Space for worship or reflection</li> </ul>	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8. <b>Marriage</b>	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Childcare</li> <li>• Flexible working</li> <li>• Adoption leave</li> </ul>	Further guidance can be sought from: Solent HR Team
9. <b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> <li>• Employment rights during pregnancy and post pregnancy</li> <li>• Treating a woman unfavourably because she is breastfeeding</li> <li>• Childcare responsibilities</li> <li>• Flexibility</li> </ul>	Further guidance can be sought from: Solent HR team