
Domestic Abuse Policy

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Purpose of Agreement	This policy sets out how Solent NHS Trust (Solent) will ensure that its patients, employees, and those in the care of patients and employees, such as adults at risk and children, are supported and protected. This policy is intended to ensure that the response by Solent to Domestic Abuse fully supports victims and maintains and enhances public confidence and contributes to the Trust’s overall safeguarding agenda. The policy sets out the appropriate action required in respect of perpetrators and alleged perpetrators of Domestic Abuse that are service users or identified through service users or staff.
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Amend No	Issued	Page	Subject	Action Date
1		7, 8, 9, 12	Updated SolNet links within Policy	11.06.2019

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	26.02.19	Fiona Holder	Policy Steering Group, Assurance Committee	Policy reviewed and updated in live with National and Local Guidance and Legislation
3	20/06/2019	Fiona Holder	Not official chairs action	Minor updates to links on page 7, 8, 9, 12 only ⁴
4	April 2022	Kim Weekes	Chair's action – approved extension request to July 2022 to allow time to review	No risk in extending
5	May 2022	Kim Weekes	Policy Steering Group, Clinical Executive Group	Standard 3 year review

SUMMARY OF POLICY

The purpose of this domestic abuse policy is to ensure staff are aware of their responsibilities to safeguard victims of domestic abuse (including children) and the children of the perpetrator/alleged perpetrator. This policy aims to provide a safe, consistent, and quality approach to domestic abuse victims, perpetrators and their families. It requires staff to adopt the Solent 'Think Family' approach to safeguarding and that we consider the impact of domestic abuse on all the family and those that visit the home. Appendix A contains the definition of Domestic Abuse.

Solent as both an employer and service provider has a crucial role to play in responding to domestic abuse. Health professionals are frequently in the frontline in their work, dealing with the physical, emotional and psychological consequences of domestic abuse on victims, including children. They are ideally placed to raise the issue of domestic abuse with service users and routinely provide information or refer on to appropriate support agencies (NICE, 2016).

The identification, assessment and appropriate response are the responsibility of all Solent NHS staff.

Solent Staff have a responsibility to:

- Ensure that they are familiar with potential signs and indicators of domestic abuse in adults and children. Appendix B gives practitioners some insight into some of these signs however this list is not conclusive, nor does it automatically indicate domestic abuse is happening and should be used as a guide
- Ensure they have an awareness of the Domestic Abuse Act 2021 and their responsibilities within this and of the accompanying Statutory Guidance Framework
- Ensure they have an awareness of the organisations Domestic Abuse policy
- Comply with the [Domestic Violence and Abuse Pathway for Health Services](#). (Please see Appendix D)
- Work alongside other professionals and agencies in the prevention, assessment and investigation of abuse, using the skills, knowledge and powers of all relevant agencies appropriately in line with this policy and procedure
- Record all information, discussion and decision making in accordance with this policy and other internal policies ([The DoLS and The Mental Capacity Act Policy](#) CLS02) (soon to be updated and known as Liberty Protection Safeguards (LPS) and The Mental Capacity Act)
- To provide information, as per organisation's Safeguarding and Information Governance policies, to protect those at risk under safeguarding
- Attend safeguarding training in accordance with the requirements set out within the organisation's Safeguarding Children, Young People and Adult Policy (2022), Safeguarding Strategy and the Induction and Essential Training Policy.

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DOMESTIC ABUSE POLICY

1. INTRODUCTION & PURPOSE

- 1.1 Domestic abuse can affect anyone, regardless of age, disability, nationality, educational level, socio-economic status, gender identity, gender reassignment, race, religion or belief, sex or sexual orientation. Domestic abuse can also manifest itself in specific ways within different communities. (Domestic Abuse Statutory Guidance Framework, 2021)
- 1.2 There are some 2.3 million victims of domestic abuse a year aged 16 to 74 (1.6 million women and 757,000 men) and more than one in ten of all offences recorded by the police are domestic abuse related. (Domestic Abuse Act 2021: overarching factsheet).

Relationship abuse happens at all ages, not just in adult relationships. Young people can experience domestic abuse in their relationships, regardless of whether they are living together. Women aged 16 to 19 years were more likely to be victims of any domestic abuse in the last year than women aged 25 years or over. Similarly, men aged between 16 to 19 were most likely to experience domestic abuse than at any other age. (Domestic Abuse Statutory Guidance Framework).

There is no widely accepted prevalence data for individuals over the age of 75, however SafeLives estimate that in the year October 2015 – October 2016 approximately 120,000 individuals aged 65+ had experienced one form of domestic abuse (SafeLives, 2016). 1 in 5 victims of domestic homicide are aged 70 years or over (ONS, 2021). It is acknowledged that there is a systemic invisibility to the prevalence of domestic abuse in older people.

- 1.3 Seven women a month are killed by a current or former partner in England and Wales. 130,000 children live in homes where there is high-risk domestic abuse, 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others (SafeLives (2015). 3,356 cases were discussed at MARAC in Hampshire in the year ending 2021. Of these 286 were male victims. In the same year there were 5,167 children discussed at MARAC in Hampshire (SafeLives, 2021)

Both men and women may perpetrate or experience domestic violence and abuse. However: it is more commonly inflicted on women by men, especially severe and repeated violence and sexual assault (NICE, 2014). In a study based on reports to police, only 5% of cases involved female perpetrators in heterosexual relationships (DH, 2017). It is worth noting though that men are less likely to report abuse to the police, and are more likely to say this is because they consider it too trivial or not worth reporting (NICE, 2018).

In the year ending March 2021, the number of domestic abuse-related incidents recorded by the police in England and Wales (613,929 incidents) increased by 6% compared with the year ending March 2020 where there were 581,649 incidents. This timeframe coincides with the Coronavirus pandemic and ended the trend of consecutive annual decreases seen in recent years.

- 1.4 Domestic abuse is a complex issue that needs sensitive handling by a range of professionals. The cost of domestic abuse is estimated to be approximately £66bn for victims of domestic abuse in England and Wales for the year ending March 2017 (Domestic Abuse Act 2021: overarching factsheet.) In both human and economic terms, the cost is so significant that even marginally effective interventions are cost effective. It is widely recognised that domestic abuse can have a significant impact upon the health of those experiencing it. Most victims,

children and perpetrators will see a health professional at some stage; therefore, health professionals are viewed as being in a unique position to undertake a significant role in domestic abuse screening, signposting, and providing on-going support.

- 1.5 Solent as both an employer and service provider has a crucial role to play in responding to domestic abuse. Health Professionals are frequently in the frontline in their work dealing with both the physical, emotional, and psychological consequences of domestic abuse on victims and children; they are also ideally placed to raise the issue of domestic abuse with service users and routinely provide information or refer to appropriate support agencies (NICE, 2016). Multi-agency partnership working at both an operational and strategic level is the most effective approach for addressing domestic violence and abuse. Training and ongoing support from within an organisation are also needed for individual practitioners. Without training in identifying domestic violence and abuse and responding appropriately after disclosure, healthcare professionals may fail to recognise its contribution to a person's condition and provide effective and safe support. (NICE, 2016) Domestic abuse is a healthcare issue because:
 - *80% of women in a violent relationship seek help from health services, usually GPs, at least once and this may be their first or only contact with professionals
 - *30% of domestic abuse starts and/or escalates during pregnancy
 - *One in four women in contact with mental health services are likely to be experiencing domestic abuse (House of Commons Briefing Paper, 2021)
- 1.6 As an employer, Solent will inevitably employ individuals who are affected by domestic abuse – as a result Solent must ensure all reasonable efforts are made to provide staff with the support they need and want, including an appropriate managed response for those employees who are perpetrators or / alleged perpetrators. Further information can be found in the 4LSAB Multi-Agency Guidance on Managing Allegations Against People in a Position of Trust.
- 1.7 This Policy compliments and supports the current Solent Safeguarding Children, Young People and Adults at Risk Policy (2022). It also links and supports other Solent and local/national policies and procedures which are listed in Section 11.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to all Solent NHS Trust Staff, both clinical and non-clinical, bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity, Inclusion and Human Rights Policy (HR53). It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 The Trust is committed to creating a culture in which equality, diversity and human rights (EDHR) are promoted actively and unlawful discrimination is not tolerated. The Trust recognises that the experiences and needs of every individual are unique and strives to respect and value the diversity of its patients, service users, carers, public and employees.
- 2.3 Domestic Abuse is defined in The Domestic Abuse Act available [here](#) (See Appendix A)

3. PROCESS/REQUIREMENTS

- 3.1 The responsibilities of NHS organisations for the welfare and safeguarding of children, safeguarding adults and sharing information are set out in Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (August 2019). For children, it reflects the guidance in Working Together to Safeguard Children 2018.
- 3.2 Responsibilities for safeguarding adults are set in legislation by The Care Act 2014 and through regulations. The main difference between adults at risk and children is that adults have a legal right to make decisions where they have the capacity to do so, even if their choices seem unwise. However, decisions that put an adult at risk of significant harm fall under safeguarding.
- 3.2 The Domestic Abuse Act 2021 includes 'honour-based' violence, female genital mutilation (FGM) and forced marriage. Please refer to Solent NHS Trust current Safeguarding Children, Young People and Adults at Risk Policy (2022), and the FGM pathways which are available here:
[FGM Reporting Duty Flowchart Adults \(2016\)](#)
[FGM Reporting Duty Flowchart Children \(2016\)](#)
- 3.3 Care Giver Stress
- 3.3.1 Care giver stress is a condition of exhaustion, anger, rage or guilt that results from unrelieved caring for a chronically ill or disabled dependent and differs from domestic abuse in that it is non-intentional, so needing a different approach. The caregiver may need support recognising their stress and there is a statutory duty to carry out carer's assessment to establish a carer's need to sustain a caring role. However, any abuse of an adult with care and support needs should be reported via the Safeguarding Referral Flowchart (see Safeguarding pages on SolNet) in order for there to be an appropriate and proportional response.

4. ROLES & RESPONSIBILITIES

- 4.1 Executives and Directors:
The Chief Executive has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to. The Chief Executive has elected the Chief Nurse to strategically lead the safeguarding agenda which includes Domestic Abuse.
- 4.2 Directors, Clinical Directors, Operational Directors, Heads of Quality and Professions are responsible for:
Ensuring that their directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national, and local guidance for domestic abuse.
- 4.3 Senior Managers in Service Lead Management Teams:
Managers should ensure that they and all their staff have read and are made aware of their roles and responsibilities in relation to this policy and be aware of what actions they need to

take to identify any additional training and support needs required to enable their teams to perform their duties.

4.4.1 Safeguarding Team:

The safeguarding team are responsible for ensuring that support and guidance is available in respect of domestic abuse issues to staff and managers, and that our domestic abuse training offer is compliant with both Children and Adult Intercollegiate documents (See Section 11).

4.4.2 The Safeguarding Team represent Solent NHS Trust within local Multi-Agency Risk Assessment Conferences (MARAC) and are involved with the workstreams coming out of both the MARAC and High Risk Domestic Abuse (HRDA) meetings that address the current risks and safety planning of victims (including children) and perpetrators. The safeguarding team represent the Trust within local Domestic Abuse Multi–Agency forums and the Domestic Abuse Boards for Portsmouth and Southampton.

4.5 All Staff

The identification, assessment and appropriate response are the responsibility of all Solent NHS staff. Solent Staff have a responsibility to:

- Ensure that they are familiar with potential signs and indicators of high risk of domestic abuse in adults and children. Appendix A gives practitioners some insight into some of these signs however this list is not conclusive, nor does it automatically indicate domestic abuse is happening and should be used as a guide
- Ensure they have an understanding of their legal responsibility as determined within the Domestic Abuse Act 2021
- Ensure they have an awareness of the organisations Domestic Abuse policy
- Comply with the Domestic Violence and Abuse Pathway for Health Services available [here](#)
- Work alongside other professionals and agencies in the prevention, assessment and investigation of abuse, using the skills, knowledge and powers of all relevant agencies appropriately in line with this policy and procedure
- Record all information, discussion and decision making in accordance with this policy and other internal policies (Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act Policy)
- To provide information, as per organisation’s Safeguarding and Information Governance policies, in order to protect the individual under safeguarding
- Attend safeguarding training in accordance with the requirements set out within the organisation’s Safeguarding Children, Young People and Adult Policy, Safeguarding Strategy and the Induction and Mandatory Training Policy.

5. MULTI-AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

5.1.1 These are held routinely to ensure those victims who are at highest risk of severe domestic violence and where there is threat to life are adequately protected by the Police and partner agencies.

5.1.2 A member of the safeguarding team will attend MARAC’s for families where there are children, in Southampton and Portsmouth and co-ordinate the information sharing process for Solent prior to and after the conference.

- 5.1.3 Solent staff will be required (where appropriate) to provide information about victims, perpetrators or children when requested by the safeguarding team.
- 5.1.4 Solent staff (where appropriate) have a duty to act on any actions generated from MARAC conferences that are disseminated within the conference minutes or from the safeguarding team. If actions cannot be completed, then service managers need to consult with the safeguarding team and MARAC chairperson.
- 5.1.5 High Risk Domestic Abuse (HRDA) Southampton undertakes routine meetings for those HRDA cases within its Multi-Agency Safeguarding Hub (MASH).
- 5.1.6 Domestic abuse cases that reach the threshold of high risk (usually identified by completion of a DASH assessment) are subject to a similar process as referrals into children's social care.
- 5.1.8 Complex HRDA cases can also be referred onto MARAC, in these cases Solent staff continue to have a responsibility to share information to safeguarding team as requested and a member of the safeguarding team attends these.
- 5.1.9 Solent staff (where appropriate) have duty to act on any actions generated from HRDA meetings/ minutes, if actions cannot be completed then service managers need to consult with the safeguarding team and HRDA chairperson.
- 5.1.10 All children and young people who are exposed to domestic abuse and/or subject to MARAC or HRDA are victims within their own right and must be considered by staff in safeguarding supervision.
- 5.1.11 Where it is appropriate and safe for the victim and staff member all efforts should be made to undertake a risk assessment of the abuse being experienced. This however must never be undertaken in the presence or with the knowledge of the perpetrator. The Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model, is a nationally recognised tool for professionals to use to support victims, assess and manage levels of risk and plan interventions.
[DASH Risk Checklist](#)
[Young People's DASH Risk Checklist](#)

5.2 Perpetrators of Domestic Abuse and Violence

- 5.2.1 In order to reduce domestic abuse the perpetrators behaviour needs to change through relevant behaviour change and criminal justice interventions. Perpetrators are ordinary users of the health service, which means health professionals are in a key position to receive disclosures from them or to identify them as perpetrators and assist in the interruption of their harmful behaviours. Mental health problems and substance misuse may be factors in abusive behaviours but are not the sole causes of perpetrators behaviours, therefore substance misuse and mental health services should not work in isolation from perpetrator services. Staff should consider signposting or getting advice from services that are available to support perpetrators, always considering if your actions put victims (this includes children) at a greater risk. If uncertain of risk or actions, always seek guidance from line managers and/or safeguarding team.

5.2.2 While domestic abuse is most often experienced by women and perpetrated by men, it can happen to anyone, and can be perpetrated by anyone. Perpetrators of domestic abuse also need help; they may be individuals with very complex needs, including their own histories of abuse or neglect. Men interviewed following attendance at domestic abuse perpetrator programmes between 2004 and 2005 were most likely to contact health services as their first port of call for help-seeking (House of Commons Briefing Paper, 2021).

5.2.3 For further information access paragraphs 432 – 438 inclusive of the [Domestic Abuse Statutory Guidance Framework](#) (pages 134-135). See Appendix B

5.3 Staff Experiencing Domestic Abuse

5.3.1 It is inevitable that some of our workforce will suffer domestic abuse. Solent NHS Trust therefore aims to create a supportive working environment in taking all reasonable steps to combat the reality and impact of domestic abuse on those being abused. Please refer to Responding to an employee who is experiencing domestic violence and abuse (Appendix D).

5.3.2 In cases where both the victim and perpetrator of domestic abuse work for Solent NHS Trust appropriate action may need to be taken to ensure that the victim and perpetrator do not come into contact in the workplace.

5.3.3 On occasions a third party may disclose information that a member of staff is experiencing domestic abuse without that person's knowledge or consent to do so. In such situations a discussion should be held with the Head of Safeguarding or/and People Services to agree what actions, if any are required.

5.4 Employees who are accused of Domestic Abuse

5.4.1 Domestic abuse perpetrated by staff will not be condoned under any circumstances, nor will it be treated as a private matter. Solent NHS Trust recognises that perpetrators of domestic abuse may need help to change their behaviour and therefore will support and encourage employees to address violent and abusive behaviours of all kinds. This will include providing information about the support services available.

5.4.2 The 4LSAB Multi-Agency Guidance on Managing Allegations Against People in a Position of Trust (June 2020) and Solent NHS Trust Policy on Management of Allegations of Abuse Against Staff under Safeguarding Procedures provide guidance actions that should be taken.

5.4.3 Action may also need to be taken to minimise the potential for the perpetrator to use their position to find out details about the whereabouts of the victim. This may include a change of duties or withdrawing access to certain computer programmes, which will be reviewed at the end of the process. This is not an exhaustive list of possible actions.

6. **INFORMATION SHARING AND CONFIDENTIALITY**

6.1 Confidentiality is not absolute; there may be circumstances where the safety of the victim and their children overrides their right to confidentiality. The Data Protection Act 2018, as the UK's implementation of the General Data Protection Regulation (GDPR), is not a barrier to sharing information and would be based on the assessed risk in each case. See Safeguarding Children, Young People and Adults at Risk Policy, 2022.

7. TRAINING

- 7.1 Joint adult and children domestic abuse training is available to all staff identified by their managers who require the knowledge to undertake screening, assessment and referrals. Managers can refer to The Role of Healthcare Services in Addressing Domestic Abuse (House of Commons Briefing Paper, 2021) and Domestic Violence and Abuse: Quality standard 116 (NICE 2016) for further guidance of levels of competencies and skills practitioners require.
- 7.2 Staff are encouraged to access other multi-agency training offered by other agencies especially those delivered by specialist domestic abuse services.

8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 8.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the organisations Equality, Diversity, Inclusion and Human Rights Policy.
- 8.2 The assessment, found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith or sexual orientation. See Appendix (Appendix E).

9. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 9.1 Compliance with the policy will be reported through the Safeguarding Steering Group.
- 9.2 The Head of Safeguarding will report compliance to the Chief Nurse on a quarterly basis through the Safeguarding Steering group.
- 9.3 Services will escalate to the Chief Nurse, through governance structures, any barrier to implementation of this policy.
- 9.4 Non-compliance with this policy must be reported.

10. REVIEW

- 10.1 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.

11. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 11.1 This policy should be read in conjunction with:
 - Safeguarding Supervision Policy
 - Giving our people the freedom to speak up and to raise concerns Policy
 - Improving and Managing Conduct Policy
 - Special Leave Policy
 - Stress Risk Assessment SOP
 - Managing Stress at Work Policy
 - Managing Attendance and Wellbeing Policy
 - Incident Reporting, Investigation and Learning Policy

- Equality, Diversity, Inclusion and Human Rights Policy
- Safeguarding Children, Young People and Adults at Risk Policy
- Policy on the Management and Allegations of Abuse against Staff under Safeguarding Procedures
- Resolution Policy

11.2 Sources of information

- Domestic Abuse Act 2021. Available at: [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2021/44)
- Domestic Abuse Draft Statutory Guidance Framework, July 2021. Available at: [Domestic Abuse Act statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97821/draft-statutory-guidance-framework.pdf)
- Domestic Abuse Act 2021: overarching factsheet (updated 31 January 2022). Available at: [Domestic Abuse Act 2021: overarching factsheet - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97821/draft-statutory-guidance-framework.pdf)
- Working Together to Safeguard Children and young people – a guide to interagency working to safeguard and promote the welfare of children and young people. Available at: [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97821/draft-statutory-guidance-framework.pdf)
- House of Commons Library (Briefing Paper No. 6337, November 2018) Domestic Violence in England and Wales. Available at: [Domestic Violence in England and Wales \(parliament.uk\)](https://www.parliament.uk/publications/2018-11-29/6337)
- House of Commons Library (Briefing Paper No. 9233, May 2021) The role of healthcare services in addressing domestic abuse. Available at: [The role of healthcare services in addressing domestic abuse \(parliament.uk\)](https://www.parliament.uk/publications/2021-05-11/9233)
- Domestic Violence and Abuse: Quality Standard [QS116], NICE, 2016. Available at: [Overview | Domestic violence and abuse | Quality standards | NICE](https://www.nice.org.uk/guidance/qs116)
- Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2017. ONS, 2018. Available at: [Domestic abuse: findings from the Crime Survey for England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2017)
- Domestic abuse victim characteristics, England and Wales: year ending March 2020. ONS, 2020. Available at: [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020)
- Domestic Abuse victim characteristics, England and Wales: year ending March 2021. ONS, 2021. Available at: [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2021)
- Domestic Abuse in England and Wales overview: November 2021, ONS 2021. Available at: [Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2021)
- Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (August 2019) NHS England and NHS Improvement. Available at: [NHS England policy template 3 - no photo on cover](https://www.nhs.uk/england/policies-and-standards/safeguarding-accountability-and-assurance-framework)
- Getting it right first time: policy report. Bristol: SafeLives. SafeLives, 2015.
- [Marac data 2020-2021 England and Wales | Safelives](https://www.safelives.org.uk/marac-data-2020-2021-england-and-wales) Cases discussed at MARAC by police force area and region, 2021. SafeLives, 2021.
- The Care Act, 2014, London HMSO. Available at: [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/18)

- Care and support Statutory Guidance – Using the Care Act Guidance – Updated January 2022. Available at: [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/care-and-support-statutory-guidance)
- Adult safeguarding: Roles and Competencies for Healthcare staff – 2018 (aka The Intercollegiate Document for Adults). Available at: [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org/uk/standards/intercollegiate-document-for-adults)
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff - 2019 (aka The Intercollegiate Document for Children). Available at: [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org/uk/standards/intercollegiate-document-for-children)
- Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance – Updated June 2020. Available at: [Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance | Hampshire Safeguarding Adults Board \(hampshiresab.org.uk\)](https://www.hampshiresab.org.uk/4lsab-multi-agency-safeguarding-adults-policy-and-guidance)
- 4LSAB Multi-Agency Guidance on Managing Allegations Against People in a Position of Trust – June 2020. Available at: [Responding To Self-Neglect And Persistent Welfare Concerns \(hampshiresab.org.uk\)](https://www.hampshiresab.org.uk/4lsab-multi-agency-guidance-on-managing-allegations-against-people-in-a-position-of-trust)
- Hampshire Domestic Abuse Strategy 2017-2022. Available at: <http://www.hampshiresab.org.uk/wp-content/uploads/DA-Strategy-Hampshire-Domestic-Abuse-Strategy-2017-22-1.pdf>
- Southampton Against Domestic & Sexual Abuse Multi Agency Strategy 2017-20. Available at: [Southampton Against Domestic & Sexual Abuse Multi Agency Strategy 2017-20](https://www.southampton.gov.uk/media/10000/2017-20-against-domestic-sexual-abuse-multi-agency-strategy.pdf)
- Portsmouth Domestic Abuse Strategy - 2020-2023 Refresh February 2022. Available at: [Domestic Abuse Strategy - Appendix A.pdf \(moderngov.co.uk\)](https://www.moderngov.co.uk/2022/02/16/portsmouth-domestic-abuse-strategy-2020-2023-refresh/)
- Data Protection Act 2018. Available at: [Data Protection Act 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2018/12/section-1)

Appendix A - Part 1 of The Domestic Abuse Act 2021 defines “domestic abuse” for the purposes of the Act:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (see subsection (4));
- (e) psychological, emotional, or other abuse

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to—

- (a) acquire, use, or maintain money or other property, or
- (b) obtain goods or services.

(5) For the purposes of this Act A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

References in this Act to being abusive towards another person are to be read in accordance with this section. For the meaning “personally connected”, is defined as:

they are, or have been, married to each other; they are, or have been, civil partners of each other; they have agreed to marry one another (whether or not the agreement has been terminated); they have entered into a civil partnership agreement (whether or not the agreement has been terminated); they are, or have been, in an intimate personal relationship with each other; they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2)); they are relatives.

For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if—

the person is a parent of the child, or the person has parental responsibility for the child.

Children as victims of domestic abuse

This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse. Any reference in this Act to a victim of domestic abuse includes a reference to a child who— sees or hears, or experiences the effects of, the abuse, and is related to A or B.

A child is related to a person for the purposes of subsection (2) if—

the person is a parent of, or has parental responsibility for, the child, or the child and the person are relatives.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation or other abuse that is used to harm, punish, or frighten their victim.

The [Domestic Abuse Act 2021](#) includes controlling and coercive behaviour, 'honour-based' abuse, forced marriage and female genital mutilation (FGM):

- Coercive or controlling behaviour - Paragraphs 53 – 58 inclusive of the Domestic Abuse Statutory Guidance Framework (pages 25-27 of the DA Act 2021).
- Honour Based Abuse - Paragraphs 72 – 75 inclusive of the Domestic Abuse Statutory Guidance Framework (pages 32-33 of the DA Act 2021).
- Forced Marriage - Paragraphs 158-161 inclusive of the Domestic Abuse Statutory Guidance Framework (page 53 of the DA Act 2021).
- FGM - Paragraph 162 of the Domestic Abuse Draft Statutory Guidance Framework (pages 53-54 of the DA Act 2021).

Appendix B - Potential Signs of Domestic Abuse

The [NICE Domestic abuse quality standard \(QS116\)](#) highlights symptoms or conditions which are indicators of possible domestic abuse: (this list is not exhaustive and practitioners must not disregard other presenting factors that may be of concern, nor do they automatically indicate domestic abuse but should raise suspicion and prompt practitioners to make every attempt to see the person alone to ask about their welfare).

1. symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
2. suicidal tendencies or self-harming
3. alcohol or other substance misuse
4. unexplained chronic gastrointestinal symptoms
5. unexplained gynecological symptoms, including pelvic pain and sexual dysfunction
6. adverse reproductive outcomes, including multiple unintended pregnancies or terminations
7. delayed pregnancy care, miscarriage, premature labour and stillbirth or concealed pregnancy
8. genitourinary symptoms, including frequent bladder or kidney infections
9. vaginal bleeding or sexually transmitted infections
10. chronic unexplained pain
11. traumatic injury, particularly if repeated and with vague or implausible explanations
12. problems with the central nervous system – headaches, cognitive problems, hearing loss
13. repeated health consultations with no clear diagnosis. The person may describe themselves as 'accident prone' 'silly'
14. intrusive 'other person' in consultations, including partner or spouse, parent, grandparent or an adult child (for elder abuse).

Potential signs of children experiencing domestic abuse

This list is not exhaustive, and practitioners must not disregard other presenting factors that may be of concern nor do they automatically indicate domestic abuse but should raise suspicion and prompt practitioners to follow Solent DA policy, NICE Guidelines (when to suspect child abuse and neglect) and Solent Safeguarding Children, Young People and Adults at Risk Policy:

1. incontinence or soiling issues due to emotional distress, especially if children have not previously had any issues
2. delay in development especially speech and language
3. Eating disorders, faltered growth or obesity.
4. Being withdrawn, depressed or suffering from anxiety.
5. Sudden behavior changes, maybe from confident to withdrawn or calm to aggressive.
6. Particularly clingy to a parent or others becoming notably distressed when removed from that person.
7. Aggressive behavior including language that would indicate the child was acting out what they had witnessed.
8. Sleeping issues including persistent nightmares
9. Risk taking behavior, including drug use, alcohol, missing from home, unhealthy sexual relationships, and gang involvement.
10. Missing or poor educational attendance
11. Change in educational attainment, poor concentration and focus including hyperactivity.
12. obsessive behaviors
13. self-harm and thoughts about suicide

14. children missing appointments, an avoidance with professionals
15. Changes in presentation or behavior when in the presence of certain people such as the perpetrator and or the victim.

Any disclosures made by adults or children indicating domestic abuse should be taken seriously and practitioners will need to follow the [Domestic Abuse Pathway](#) for their responsibilities and response.

Appendix C - Indicators of Risk in Domestic Abuse

The top seven risk indicators nationally, based on findings from the Domestic Homicide Reviews are:

1. Victims' perception of risk or harm
2. Pregnancy or new birth
3. Stalking/ harassment
4. Separation/ child contact
5. Sexual abuse
6. Escalation of abuse
7. Isolation

Other indicators of high risk to consider are:

- Attempted strangulation
- Victim's fear
- Perpetrator's mental health and or alcohol/ drug problems
- Perpetrator's jealous and or controlling behaviour
- Perpetrator has threatened or attempted suicide
- Perpetrator has a criminal history
- Perpetrator has hurt someone else including children or former partner
- Abuse to pets
- Stopping the victim seeking medical attention or being seen alone

Again this list is not definitive and practitioners should where appropriate and safe undertake a DASH assessment to establish in more detail the level of risk involved and support required.

Safelives.org.uk accessed 4th January 2019

Appendix D – Responding to an Employee Who is Experiencing Domestic Violence & Abuse

Guidance applies to all employees of Solent NHS Trust

All employees who are experiencing Domestic Violence & Abuse will be treated with dignity and respect at all times.

By adopting appropriate employment practice we will make every effort to support employees who experience experiencing Domestic Violence & Abuse

1. INTRODUCTION

Solent NHS Trust is committed to supporting employee's health and wellbeing at work. The purpose of this document is to support employee's experiencing domestic abuse, aid managers seeking to help employee's experiencing domestic abuse, and assist colleagues of those experiencing domestic abuse.'

Solent NHS Trust therefore recognises that this serious and widespread problem has a potentially detrimental effect on the wellbeing and work performance of many of our staff. We have therefore introduced this guidance to ensure that as an employer we respond in the best way possible to the problem. This means offering support and assistance to employees who experience domestic abuse thereby promoting the wellbeing of our workforce and ensuring the best possible service delivery to our customers. (From this point onwards in this policy Domestic violence and Abuse will be referred to as Domestic abuse). This guidance was developed from the Home Office Publication: 'DOMESTIC VIOLENCE: Break the Chain' (2014)

2. THE EFFECTS OF DOMESTIC ABUSE

An employee who is experiencing domestic abuse may not feel able to tell their manager or colleagues. Managers may therefore first become aware of the problem when the employee's behaviour at work starts to change.

a drop in performance

lateness

absenteeism

increased requests for time off work

any form of behavioural change

As with any performance issue at work it is important that the problem is identified as soon as possible and the appropriate help offered. This will be likely to mean that the member of staff is able to deal with the problem more effectively, and that performance at work will be less affected.

3. RESPONDING TO AN EMPLOYEE WHO IS EXPERIENCING DOMESTIC ABUSE

If an employee confides in you that they are experiencing domestic abuse you should adopt a sensitive and non-judgemental approach:

- **SAFETY IS PARAMOUNT**
- **Listen** to the employee and believe what they tell you. Establish what support the employee may want.
- **Ensure that discussions with the employee take place in private and that as far as possible you respect their confidence** (see section 5 for further guidance).

- **Understand that the employee may wish someone else to be with them when they talk to you.** This could include for example a trade union representative, work colleague, a member of the Occupational Health team or member of the HR Consultancy Team.
- **Explain to the employee the importance of keeping their line manager informed.** This is because there may be health and safety issues which need to be addressed, and there may also be implications for the employees' performance at work which the line manager needs to be aware of.
- Refer to Solent's [Domestic Abuse Pathway](#)
- **Providing** counselling service information details of Employee Assistance Programme and the Occupational Health team.

4. CONFIDENTIALITY

Any breach of confidentiality could have serious consequences for the safety of the employee concerned, 2 women a week are killed by their partner or former partner, and 1 man every two weeks. Therefore, any disclosure relating to domestic violence must be kept confidential. This means it must not be revealed to anyone other than those directly involved in responding to the situation. The employee **must** be told who will be informed, and why. As far as is reasonably possible information should only be passed on with the employee's consent. An employee's personal information should NEVER be disclosed to a third party without their consent.

If the employee indicates that a child or vulnerable adult may be at risk Social Care must be informed immediately. It is preferable to obtain the employee's consent to this but if they will not give consent Social Care must still be informed. See [Domestic Abuse Pathway](#).

Solent NHS Trust has a duty to ensure a safe working environment for all our employees. If the alleged perpetrator presents a threat to the employee whilst at work, it may be advisable to inform the employee's colleagues and consider security arrangements. Careful consideration should however be given to this, and the matter fully discussed with the employee concerned to agree what will be said and to whom. Colleagues must be told that this information is confidential and that any breach of confidentiality may lead to disciplinary action, in line with the Trust's Improving and Managing Conduct Policy (HR13).

5. ARRANGEMENTS TO ASSIST EMPLOYEES EXPERIENCING DOMESTIC ABUSE

The following arrangements could be available to assist employees experiencing domestic abuse depending on individual circumstances:

- **Emergency/Compassionate Leave**

To deal with personal crises the Special Leave Policy (HR46) enables managers to authorise up to 3 days paid leave in a rolling 12-month period, with discretion to grant further unpaid leave in exceptional circumstances (See the Special Leave Policy).

- **Unpaid Leave**

The Special Leave Policy allows a manager to authorise unpaid leave where this would not be detrimental to the needs of the service, in accordance with the Special Leave Policy.

- **Advances on Pay/Alternative Arrangements for Salary Payments**

An employee who leaves a violent partner may experience considerable financial hardship. In cases of financial hardship sympathetic consideration should be given to making an advance against pay. Please contact Solent's People Services Hub (HR).

If the employee's partner has access to their finances and is exerting financial pressure, the People Services Hub should be approached to make arrangements for an alternative method of salary payment with Payroll. The team will require details of an alternative bank account that the employee wishes their salary to be paid into. However, if the request is received within 48 hours of the employee's payment date, then it may not be possible to recall the payment from the bank. As such, requests should be made with as much notice as is reasonably possible.

Temporary or Permanent Adjustments to the Employee's Post

With the agreement of both the line manager and the employee concerned and according to the needs of the service, a temporary or permanent adjustment can be made to an employee's contract of employment to assist them in managing their situation. Examples of adjustments may include changes to the number or pattern of hours worked, or changes to the duties carried out. Further details are available in the Flexible Working Policy.

If the employee normally works with clients who are subject to domestic abuse it may be necessary to consider a reallocation of cases for a period of time.

Managers can seek guidance from the People Services Hub (HR) on any temporary or permanent adjustments to the employee's post. Consideration should also be given to making an Occupational Health referral.

Alternative Employment

In certain circumstances, particularly if the employee is at risk of violence/abuse from a partner whilst at work, consideration may be given to temporarily moving the employee to an alternative post, for example, at a different location. In such circumstances, an employee may wish to make a permanent move to an alternative post. Where possible the line manager with the support of the People Services Hub will look to accommodate such requests for alternative work, in line with usual recruitment and selection processes.

Attendance at Appointments

An employee experiencing domestic abuse may request time off work to attend an appointment with a support agency, see a solicitor, arrange rehousing, visit a child's school etc. Any such requests should be treated sympathetically.

The decision as to whether or not such appointments can be claimed as time off with pay is at the discretion of the manager in accordance with the Special Leave Policy. Managers may however also wish to consider the use of flexible working, working off site etc. to assist the employee.

Learning and Development

Please contact the Solent's Learning and Development Team for further information. They will support with personal training for example assertiveness and work related training

Counselling

Solent's 'Employee Assistance Programme' provides free and confidential advice, information and counselling support. This service is available 24 hours a day, 7 days a week and there is no cost to the

employee. The service provides staff with a free and confidential helpline and is designed to help staff with a range of problems either at work or in their personal lives.

Referral to Occupational Health

In many cases such as physical harm, or emotional problems such as anxiety or depression, when an employee requires further advice or support or in scenarios whereby a manager is concerned about how best to support the employee it may be appropriate to refer the employee to Occupational Health. Details of how to make a manager's referral or a self-referral can be found on SolNet on the Occupational Health Services page.

Attendance at Court

If an employee is required to attend court as a witness, or to obtain an injunction, paid leave may be granted, (see the Special Leave Policy), or consideration could be given to using annual leave or time off in lieu.

6. PERPETRATORS OF DOMESTIC ABUSE

Employees should be aware that domestic abuse is a serious matter which can lead to a criminal conviction.

In circumstances where an employee is believed to have brought the Trust into disrepute as a result of committing domestic abuse action could be taken against the employee using a fair process which may be in line with the disciplinary policy

Employees' perpetrating domestic abuse who seek help from the employer should be referred to Occupational Health, reminded of the Employee Assistance Programme and signposted to services offering perpetrator support such as The Hampton Trust - 0800 234 6266

7. OTHER SOURCES OF HELP AND SUPPORT

As per [Domestic Abuse Pathway](#):

Southampton: PIPPA : 023 8091 7917 (Medium or High Risk)

Portsmouth: Stop Domestic Abuse: 023 9206 5494

Hampshire: Stop Domestic Abuse: 0330 016 5112

IOW: You First: 0800 234 6266

Victim Care: 0808 178 1641

Further advice and support can be gained by contacting:

Employee Assistance Programme – 0800 243 458 or email assistance@workplaceoptions.com

Website: www.workplaceoptions.com Username: Solent Password: employee

Occupational Health – 0300 123 3392 or make a self-referral by following the link on SolNet – Occupational Health Services page. Alternatively email snhs.owles@solent.nhs.uk - this inbox is checked regularly.

People Services Hub (HR) – 0300 123 3946 or hrconsultancy@solent.nhs.uk

Solent's Safeguarding Teams (Adults and Children) **0300 123 3917**

On the Safeguarding Team intranet page: [Domestic Abuse – Think Family tab](#) - staff can find more information here including the Domestic Abuse Pathway and the DASH risk assessment tools.

Appendix E – Equality Impact Assessment

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**

You can find further information via the e-learning module [here](#)

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Corporate	
Title of Change:	Domestic Abuse 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	To ensure that all staff are aware of up to date legislation and resulting requirements / responsibilities.	

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?)	No	
Have you taken into consideration any regulations, professional standards?	Yes	These are referenced / linked within the policy where appropriate.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?			

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.

Equality Assessor:	Kathryn Barber	Date:	09/05/2022
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Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	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"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3. Race	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"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4. Age	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"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5. Gender Reassignment	" 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"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6. Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7. Religion and/or belief	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"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8. Marriage	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"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9. Pregnancy and Maternity	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"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team