



Domestic Violence and Abuse Policy

Document Reference	POL072
Document Status	Approved
Version:	V4.0

DOCUMENT CHANGE HISTORY		
Initiated by	Date	Author (s)
Safeguarding Team	[March 2018]	Safeguarding Team
Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
0.1	16 th March 2018	Reviewed and Amended by Safeguarding Team
0.2	23 rd March 2019	Approved by the Safeguarding Group
0.2	18 th October 2019	Approved by Clinical Quality & Safety Group
1.0	31 st October 2019	Approved by Management Assurance Group

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Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
1.1	August 2020	Reviewed by Safeguarding group and external peers
1.2	1 st October 2020	Reviewed and approved by Safeguarding Group Chairs meeting
2.0	20 th October 2020	Reviewed and approved at Compliance and Risk Group
2.1	4 th December 2020	Recommendation by Safeguarding Chair's action
3.0	16 th December 2020	Reviewed and approved at Compliance and Risk Group
3.1	10 May 2022	Safeguarding Group
4.0	15 August 2022	Approved by Compliance and Risk Group

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Document Reference	Directorate: Clinical Directorate - Safeguarding
Recommended at Date	Safeguarding Chairs Action 10 May 2022
Approved at Date	Compliance and Risk Group 15 August 2022
Valid Until Date	September 2024
Equality Analysis	Completed
Linked procedural documents	EEAST Policies and Procedures Safeguarding Adults Policy Safeguarding Children and Young People Policy Disciplinary Policy Whistleblowing Policy Positions of Trust Policy Supervision Policy Capacity to Consent Policy Volunteer Responders Policy Occupational Health and Wellbeing Policy
Dissemination requirements	All Staff, including Volunteers and Commissioned Services, via email, intranet and through Line Managers for staff who do not have access to IT.
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair

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discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

Domestic abuse is a serious crime that has a major impact on the victim and potentially on all the members of the family, including extended family. It has long lasting effects on the mental and physical health of all victims including children and adults who reside in households where domestic abuse occurs.

Working Together to Safeguard Children (2015), The Care Act (2014) and the Domestic Abuse Act (2021) provide the legal requirements in relation to domestic abuse. The Care Act (2014), Domestic Violence, Crime and Victims Act (2004) and the Domestic Abuse Act (2021) recognise domestic abuse as a type of abuse for adults at risk and places a duty on professionals to report domestic abuse as a crime as well as safeguarding the adult at risk.

Domestic abuse occurs in all areas of society regardless of, age, wealth, social status, gender, sexuality, and ethnicity.

2. Purpose

The purpose is to ensure that the Trust has an effective Policy and Procedures to protect children & adults from domestic abuse and to ensure they know what to do if it occurs.

This Policy should be used in conjunction with the Information Sharing Policy, Mental Capacity Act Policy, the Trust's Safeguarding Policy for Children and Young People and the Trust's Safeguarding Adults Policy. There is also a HR policy for staff who either experience or perpetrate domestic abuse.

3. Duties

3.1 Chief Executive Duties

Accountability for patient's protection is ultimately with the Trust's Chief Executive Officer (CEO). The CEO is responsible for ensuring that the health needs of children, young people & adults are at the

forefront of local planning and that high quality health services that meet identified quality standards provided.

To ensure that the role and responsibilities of the board in relation to safeguarding are met.

To appoint an Executive Director Lead for Safeguarding.

The CEO is responsible for ensuring safe and robust operational arrangements in place for safeguarding in all the services that are provided.

The Trust Board will receive reports either directly or through the Trust Committee structure.

3.2 Trust Responsibilities

In supporting the responsibilities, as set out in this document, the Trust should, through the Safeguarding Team, keep itself and all staff up to date by means of both its mandatory training requirements, and the regular dissemination of information as a result of changes in legislation, new practice and recommendations from Domestic Homicide Reviews (DHRs) or Serious Case Reviews (SCRs).

The Trust Board will receive reports either directly or through the Trust Committee structure. EEAST have a Trust Board Champion for Safeguarding (Executive Director), Non-Executive Director who have responsibility for Safeguarding.

3.3 Safeguarding Team Duties

Details of the safeguarding team can be found on the Trust directory. We have a generic safeguarding secure email address safeguarding@eastamb.nhs.uk

The safeguarding team are made up of designated professionals who have the appropriate level of training and supervision to carry out the role.

The Safeguarding Team are required to have external supervision and meet the correct level of training as per the Intercollegiate Documents for children and adults.

The Safeguarding Lead is a member of the National Ambulance Safeguarding Group (NASaG) this links all UK Ambulance Trusts.

Specifically in relation to Domestic Abuse, the Safeguarding team:

- Routinely provide information to MARACs across the region about high-risk domestic abuse patients that the Trust has had contact with.
- Participate in all Domestic Homicide Reviews that are commissioned where the Trust has had engagement with those involved

3.4 All Employees Duties

Health professionals have a significant role to play in responding to domestic abuse. 80% of women experiencing domestic abuse will seek help from health services and they are often a woman's first, or only, point of contact.

The NHS has a key role in providing care and support to victims of domestic abuse, their children and babies through a wide range of health care services, including services for physical and mental health. Staff working in the NHS can help to identify victims and potential victims and perpetrators of domestic abuse and provide, signpost or refer them to appropriate support.

As well as understanding domestic abuse and the indicators of abuse, it is essential that staff both understand and recognise those adults, children, and young people that they come into contact with, and who are at risk. Recognising vulnerability itself is a key element in identifying that a person is being abused.

All staff, volunteers and commissioned services in the Trust have a legal responsibility to share any safeguarding concerns about the welfare of any adult or child/children that they may have, or they may become aware of when acting on behalf of the Trust.

4.0 Definitions

The Domestic Abuse Act 2021 defines domestic abuse as:

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

(a) A and B are each aged 16 or over and are personally connected to each other, and

(b) 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 below);

(e) psychological, emotional or other abuse;

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

“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.

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).

Men, women, and children all can be victims of abuse and can also perpetrate abuse. This policy applies to all.

Additionally, the Domestic Abuse Act 2021 sets out the legal definition that a person commits an offence of non-fatal strangulation if they intentionally strangle another person, and non-fatal suffocation where a person does any other act that affects someone’s ability to breathe and constitutes battery.

Section 76 of the Serious Crime Act 2015 created an offence of controlling or coercive behaviour in an intimate or family relationship. This offence is constituted by behaviour on the part of the perpetrator which takes place “repeatedly or continuously”. The victim and alleged perpetrator must be “personally connected” at the time the behaviour takes place. The behaviour must have had a “serious effect” on the victim, meaning that it has caused the victim to fear violence will be used against them on “at least two occasions”, or it has had a “substantial adverse effect on the victims’ day to day activities”. The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she “ought to have known” it would have that effect.

Over the years there has been a lot of campaigning to recognise and raise awareness of violence and abuse as experienced in Black, Asian and Minority Ethnic communities (BAME or BME), in particular linked to forced marriages, honour-based violence and female genital mutilation (FGM). For Asian women, we know that their particular experiences of domestic violence and abuse are greatly influenced and exacerbated by cultural dynamics, pressures and issues around cultural perceptions of expected behaviour - often justified as an issue of ‘honour’, which not only impacts on a women’s mental health but also on the way they can disclose and seek help.

In circumstances where there is a language barrier, it is important for staff to enrol the help of a suitable interpreter **who is not connected to the family or the community and who is obtained through language line.**

Further information;

Asian Women, Domestic Violence and Mental Health - A Toolkit for Health Professionals

www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-036.pdf

Research shows that 1 in 4 lesbian, gay, bisexual, and transgender (LGBT) people will experience domestic abuse. Domestic violence in

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LGBT communities is recognised as being under reported or reported incorrectly.

Section 1 - Procedure and Guidance for Dealing with Domestic Abuse

The procedure will focus on domestic abuse in relation to;

- a) Children living in a domestic abuse household, (including the unborn child and those not living permanently at the property
- b) "Adults at risk" who are experiencing domestic abuse
- c) Adults experiencing domestic abuse

SPOC referral number 0345 602 6856. Please remember a SPOC referral does not trigger an immediate response to protect a victim, this has to be initiated by staff at the scene where there is an immediate risk of serious or life-threatening harm to someone - normally by taking them to a place of safety or requesting Police attendance.

It is important to note that adult victims and children are at the highest risk of serious abuse and homicide when they have left/escaped a perpetrator

It is important that staff, including volunteers and commissioned services, remember that it is their duty to make a safeguarding referral where it meets the appropriate SPOC criteria, and they **MUST NOT** leave making a referral solely to other agencies including the Police who may also be present on scene or the hospital staff who take over the care of the patient. If Police are not on scene, then domestic abuse incidents should also be reported to them as a crime on 101.

Staff should seek to create opportunities to speak to patients without the presence of others to facilitate the opportunity to disclose and use professional interpreters where needed. Health professionals who rely on family members or partners for interpretation services when enquiring about domestic abuse must be aware of the significant risk that people experiencing domestic abuse may be. Patients are less likely to disclose abuse with

someone they know in the room. It may increase the risk to the victim if they disclose abuse in front of the perpetrator or someone who could share that information with the perpetrator. Furthermore, this practice may endanger migrant women who are already more vulnerable for a multitude of reasons such as having no recourse to public funds and/or no domestic abuse services that provide support in their language. Health professionals are often the only professionals with an optimal opportunity to speak privately and safely with survivors of domestic abuse and therefore should ensure that where possible, only professional and independent interpreters are used.

Staff should record and share information about suspected and actual abuse accurately and robustly to enable other health professionals to spot the signs of abuse, enquire appropriately about abuse, and/or provide suitable care and referrals. Recording and sharing information also enables better working across agencies/services (e.g., health service and social care).

Children involved in/living in a domestic abuse household.

It is important to recognise that living with domestic abuse will have a direct impact on a child's physical and mental health. The impact of a perpetrator's coercive control on the non-abusive parent has an equally devastating effect on children within the family. Whether present in the house during particular incidents of domestic abuse or not, children and young people will be experiencing the effects of the perpetrator's everyday patterns of controlling and coercive behaviour. The isolation from family and friends, the tension and fear within the home and lack of access to financial independence for the non-abusive parent will all directly impact on the child/children's development and quality of life.

Children are often the unheard or forgotten victims of domestic violence and abuse. Their experiences, whether direct or indirect, can have a profound impact on their health, development, and wellbeing.

Children living in homes where domestic violence and abuse is a feature are more likely to be abused physically or sexually by the same perpetrator (NSPCC).

Domestic abuse is more likely to begin or escalate during pregnancy and even if children are not directly abused research has shown that there are emotional effects for children witnessing domestic violence.

A safeguarding referral must also be made for an unborn baby where the female is known to be pregnant and has experienced domestic abuse.

Staff should not leave children with an alleged perpetrator if transporting the victim to hospital. In a life-threatening emergency or where the children cannot be removed to a safe place, the children should be transported with the patient. Where this is not practical, the Police must be notified immediately to conduct a welfare check on the children as soon as possible.

Older people and Adults at risk who are experiencing domestic abuse.

A key feature of domestic abuse is the fact that the abuser has the power and control over the victim. This means that adults with care and support needs who live in their own home or in a care setting are at an increased risk.

The victim may;

- Be reliant on their abuser(s) for their day-to-day care and/or mobility
- Not have control over their finances (benefits may be paid to their abuser for their care)
- Find it hard to protect themselves
- Find it harder to access help
- Find it more difficult to escape an abusive situation
- Be socially isolated because of their disability or health issues and the abuser's ability to control their social life

- Have fewer opportunities to disclose because their abuser(s) is always present

An adult at risk is anyone 18 years and over who has a health condition which creates needs for care and support (whether or not the local authority is meeting any of those needs) AND is experiencing, or at risk of, abuse or neglect AND as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. By care and support it means assistance is needed with at least 2 activities of daily living.

Staff have a duty to protect adults at risk from abuse and **must make** a report via the Trust's Single Point of Contact (SPOC) (which will follow the safeguarding referral pathway). Any adult at risk who has Capacity must consent to a referral being made. It is illegal to refer someone who has capacity without their consent and is an infringement of their right under the Human Rights Act to privacy. However, lack of consent will not be a barrier to reporting where one or more of the following exceptions apply;

- Another adult with care and support needs is put at risk
- There is a child/children at risk
- Care staff are implicated or
- Coercion is suspected.

For further information on this please make reference to the Trust's current Mental Capacity Act Policy.

Staff should listen to any disclosure and carefully document this. If possible, talk to the patient away from the alleged perpetrator if they are still on scene. No pressure should be placed on the victim of domestic abuse to disclose and care should be taken not to press for detail if the alleged perpetrator may overhear. A verbal handover of concerns should also be given to staff at the receiving hospital if the patient is conveyed. This would include information regarding known or suspected domestic abuse. It is the clinician's responsibility to highlight any safeguarding concern to the hospital. If the patient is not transported, consideration must be given to the

level of risk to the patient, and if this is significant, or if a crime has been committed, the Police must be contacted.

If safe staff can give information on support (can be found on MiDOS). Any signposting needs to be documented.

Domestic Homicide Reviews (DHR'S)

Domestic Homicide Reviews were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004).

Where EEAST are identified as having an involvement with a victim, alleged perpetrator or family member involved in a domestic homicide, the Trust will participate in the Domestic Homicide Review process.

All learning or recommendations from the Trust's Independent Management Review (IMR) and from the full domestic homicide review will be implemented and shared with Trust staff.

Section 2 - References

This Policy supports legislation and guidance from:

Domestic Abuse Act (2021)

[Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2021/26/contents/enacted)

Working Together to Safeguard Children (2015),
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working Together to Safeguard Children 20170213.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf).

The Care Act (2014),
<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Serious Crime Act (2015),
<https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

Domestic Violence, Crime and Victims Act (2004),
<https://www.legislation.gov.uk/ukpga/2004/28/contents>

The Adoption and Children Act (2002),
<https://www.legislation.gov.uk/ukpga/2002/38/contents>

The Children Act (1989) & (2004),
<https://www.legislation.gov.uk/ukpga/1989/41/contents>
<https://www.legislation.gov.uk/ukpga/2004/31/contents>

The Statutory Guidance Framework 2015,
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling or coercive behaviour - statutory guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf)

Health and Safety at Work Act (1974),
<https://www.legislation.gov.uk/ukpga/1974/37/contents>

Management of Health and Safety at Work Regulations (1992),
<https://www.legislation.gov.uk/uksi/1992/2051/contents/made>

Violence against women and girl's strategy 2016-2020 (March 2016),

Mental Capacity Act (2005)

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Female Genital Mutilation Act (2003),

http://www.opsi.gov.uk/acts/acts2003/ukpga_20030031_en_1

Human Rights Act (1998)

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

Forced Marriage (Civil Protection) Act (2007)

<http://www.legislation.gov.uk/ukpga/2007/20/contents>

The Safeguarding Framework (2009)

<https://www.adass.org.uk/AdassMedia/stories/Publications/Guidance/safeguarding.pdf>

Appendix A – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Any changes in Safeguarding legislation which may have an impact on the policies in EEAST	Safeguarding Meeting which is held bi-monthly	Engagement with our Local Safeguarding Boards and on distribution lists for emails	The policies are reviewed yearly which allows for the dynamic changes within the safeguarding remit	Changes in Legislation or recommendations from learning	Safeguarding Meeting which is held bi-monthly.	This will be led by EEAST Safeguarding Lead and monitored through the Safeguarding meeting	There are a number of ways this can be implemented. This will be led through the Safeguarding Lead, this can be disseminated through training, clinical app, comms bulletins, mandatory updates
Changes/ updates on reporting allegations against staff	Safeguarding Meeting which is held bi-monthly	Engagement with LADO/ Designated officers	The policies are reviewed yearly which allows for the dynamic changes within the safeguarding remit	Changes in Legislation or recommendations from learning	Safeguarding Meeting which is held bi-monthly.	This will be led by EEAST Safeguarding Lead and monitored through the Safeguarding meeting	There are a number of ways this can be implemented. This will be led through the Safeguarding Lead, this can be disseminated through training, clinical app, comms bulletins, mandatory updates

Appendix B – Equality Analysis

EIA Cover Sheet																			
Name of process/policy	Domestic Violence and Abuse Policy																		
Is the process new or existing? If existing, state policy reference number	Existing – POL072																		
Person responsible for process/policy	Safeguarding Lead																		
Directorate and department/section	Clinical Directorate – Safeguarding Team																		
Name of assessment lead or EIA assessment team members	Safeguarding Team																		
Has consultation taken place? Was consultation internal or external? (please state below):	Yes – Safeguarding Group including external ICB colleagues.																		
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state)</td> </tr> <tr> <td colspan="2">Training programme.</td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state)		Training programme.	
Guidelines																			
Written policy involving staff and patients	X																		
Strategy																			
Changes in practice																			
Department changes																			
Project plan																			
Action plan																			
Other (please state)																			
Training programme.																			

Equality Analysis																			
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The policy contains the processes for managing concerns in relation to domestic violence and abuse, as well as a range of supporting material.</p> <p>This policy outlines the responsibility of the East of England Ambulance Service NHS Trust, as well all staff, volunteers and commissioned services in relation to domestic violence and abuse.</p> <p>The policy aims to ensure that the Trust has an effective Policy and Procedures to protect children & adults from domestic abuse and to ensure they know what to do if it occurs.</p>																			
<p>Who does the policy/procedure/practice/event impact on?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Race</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">Religion/belief</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">Marriage/Civil Partnership</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Gender</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Disability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sexual orientation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Age</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Gender re-assignment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Pregnancy/maternity</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>	Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>
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Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>														
<p>Who is responsible for monitoring the policy/procedure/practice/event?</p> <p>Safeguarding Lead</p>																			
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>None</p>																			
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No</p>																			

Equality Analysis

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? No.

If yes please provide evidence/examples:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No, if so please provide evidence/examples:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Action Plan/Plans - SMART

Specific

Measurable

Equality Analysis

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who N/A

How N/A

By N/A

Reported to N/A