CHAPTER 30

DIVERSITY AND INCLUSION

(Sponsor: NAVY CULTURE-DANDI SO1)

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CHAPTER 30

DIVERSITY AND INCLUSION

3001. Policy Statement

a. The Ministry of Defence (MOD) Diversity and Inclusion (D&I) policy commits to fostering a diverse, equitable and inclusive environment where all people are treated with dignity and respect. The policy recognises the value of difference, seeks to eliminate discrimination, and supports a range of staff networks to ensure all voices are represented. Guided by the Equality Act 2010, the MOD aims to maintain a workplace free from bullying, harassment and unacceptable behaviour (UB), while promoting equal opportunities for all.

b. This commitment spans all areas of the Royal Navy (RN) including recruitment, training and career development, enabling the RN to attract talent from across society and better reflect the communities it serves. Overall, the MOD seeks to be an employer in which everyone feels included, supported, and respected within a legally compliant and inclusive culture.

c. To maximise operational advantage, the RN including the Royal Marines (RM) and the Royal Fleet Auxiliary (RFA) must recruit, retain and develop the best people. The RN creates conditions in which everyone feels valued, respected and included, so they can reach their full potential.

d. The Naval Service's approach to diversity has evolved beyond compliance with the Equality Act 2010. Today, the RN treats diversity as a strategic strength that enhances operational effectiveness. Diverse backgrounds, experiences, and perspectives improve decision-making, innovation, and trust within teams.

e. The RN is committed to upholding D&I across the Naval Service, and does not tolerate any unlawful discrimination, bullying or harassment against any person on the grounds of the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. All personnel are to receive equality of opportunity in employment, training, career management and promotion, based solely on ability, performance and aptitude. The prevention and resolution of bullying and harassment must not be undermined by tradition, custom or any perceived need to maintain morale. All personnel are expected to always uphold the highest standards of behaviour.[1]

f. In addition to the overarching policy statements that set out the MOD and RN approach to D&I, a range of Joint and single Service policies exist to support and enhance the overall lived experience of personnel. These policies are available through unit D&I(A)s, unit administration staff, the MOD Intranet, the RN D&I Toolkit[2], or unit Executive organisations. The RN also maintains six Diversity Networks that offer guidance and support aligned to specific personal characteristics, RN Networks are detailed at paragraph 3013.

[1] Guidance and examples of UB are contained within Joint Service Publication (JSP) 763.
[2] https://modgovuk.sharepoint.com/teams/50700

3002. Legislation

a. **Purpose and Scope.** The RN is committed to full compliance with the Equality Act 2010, the Public Sector Equality Duty (PSED), the Armed Forces Act 2006, and all other relevant employment and equality legislation.

b. JSP 887[3] sets out Defence-wide direction on the implementation of PSED and the requirement to conduct Equality Analysis (EA). It outlines the processes, standards, and good practice necessary to ensure that consideration of equality impacts is embedded in all decisions, activities, and outputs that affect people.

c. This policy mandates that RN policy owners and decision makers understand and apply their duties under the PSED, ensuring that equality impacts are assessed as part of lawful, evidence-based decision making.

d. **Application of Equality Analysis.** In accordance with JSP 887, policy owners and decision makers must consider the requirements of the PSED before, during, and after the development or review of:

(1) Policies, strategies, and procedures (new or existing).

(2) Programmes and projects.

(3) Procurement activity.

(4) Budgetary and financial decisions.

(5) Resource allocation.

(6) Commissioning and decommissioning processes.

(7) Service design and implementation activities.

e. This requirement applies to all areas of Defence and is not limited to Diversity and Inclusion specialists.

[3] https://modgovuk.sharepoint.com/sites/IntranetHeadOffice/Documents/JSP887_Policy.pdf

f. **Stakeholder Engagement.** Effective EAs depend on meaningful engagement with relevant stakeholders. Engagement helps identify potential impacts on protected groups and supports the development of appropriate mitigations before decisions are implemented.

g. Early involvement of Subject Matter Experts (SMEs)[4] ensures proposals are informed, evidence based, legally compliant, and reflective of the diverse lived experiences across the RN workforce.

h. **The Equality Analysis (EA) Process.** The EA provides a structured, transparent, and auditable record of how equality considerations have shaped a proposal. It ensures that the potential impacts on protected groups and any required mitigations are clearly evidenced in the final decision.

i. The EA process must begin at the earliest stage of decision making and be continuously refined throughout development to ensure that 'due regard' has been appropriately applied[5]. Supporting materials and tools are available on the Equality Duty Toolkit website[6], and the EA template is provided at Annex 30G.

j. **Equality Considerations.** All EAs must consider the potential impacts on all nine protected characteristics under the Equality Act 2010. JSP 887 further directs that analysis should also consider wider factors relevant to inclusion and outcomes[7], applying an intersectional approach and avoiding assumptions or "tick box" methods.

k. Decision makers must pay 'due regard' to the three statutory aims of the PSED:

(1) Eliminate unlawful discrimination, harassment, and victimisation.

(2) Advance equality of opportunity.

(3) Foster good relations between people with different protected characteristics

l. **Statutory Exemptions and Record Keeping**. The Armed Forces have specific exemptions under the Equality Act regarding age and disability. These exemptions must be applied proportionately and in line with operational requirements. An age or disability related restriction may be used only when all the following conditions are met:

(1) There is a genuine and evidenced operational need.

(2) The action taken is necessary and justified.

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[4] Diversity & Inclusion teams, Trade Unions, sS staff Networks & Forums, HR Business Partners, legal advisors, and colleagues.

[5] EAs should be held with the decision owner and reviewed with any proposed updates to the associated policy.

[6] https://modgovuk.sharepoint.com/sites/peopleequalityanalysis/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fpeopleequalityanalysis%2FShared%20Documents%2FEquality%20Analysis%20Template%20and%20Toolkit%2F20230106%20Equality%20Duty%20Toolkit%2Epdf&parent=%2Fsites%2Fpeopleequalityanalysis%2FShared%20Documents%2FEquality%20Analysis%20Template%20and%20Toolkit

[7] For example, socioeconomic and regional background; caring responsibilities.

(3) No less discriminatory or more inclusive alternate option exists.

(4) The decision is fair, evidence based, and tailored to the individual.

(5) Any restriction is narrowly defined, no broader than required to meet the operational need and never applied as a blanket rule.

m. Completed EAs must be retained as part of the formal decision record and reviewed alongside any future updates or revisions to the associated policy, programme, or activity.

3003. Policy Advice and Guidance

a. The policy contained in this chapter is underpinned by the First Sea Lord's D&I Commitment issued to all Units/Establishments.

b. Advice on RN D&I policy and procedures should be sought from the Unit D&I(A) in the first instance. Alternatively, Unit D&I(A)s, those in the Chain of Command and Line Managers (LMs) may also seek D&I advice and guidance from the RN D&I Team via the mailbox[8] or D&I SharePoint Toolkit[9].

3004. Climate Assessments

a. **Background.** Climate Assessment (CA) policy, directed by the MOD, is designed to provide Commanding Officers (COs) with an independent assessment of the lived experience of their people and the opportunity to address areas where change is required as identified by the CA report. CAs are Whole Force, meaning all members of the RN, RM, RFA, Civil Servants (CS) and MOD contractors will participate.

b. CAs highlight key issues, risks and action for future work as well as good practice. This allows COs to understand the lived experience of their personnel and the extent to which it meets acceptable standards. The CA is designed to focus on the perception of social contexts and their impacts. A range of questions are asked to focus on key climate areas such as:

(1) Leadership support.

(2) Equity and fairness.

(3) Inclusive working practices.

(4) Personal diversity experiences and belonging.

c. **Direction and Guidance.** All COs should expect their unit/establishment to undertake a minimum of one CA during their tenure.

[8] NAVYPEOPLE-DANDIMailbox@mod.gov.uk
[9] https://modgovuk.sharepoint.com/teams/50700

d. Mandatory CA activity consists of an online LimeSurvey accessible through both OpNet/DII/MoDNet and Personal Electronic Devices (PEDs). This allows all personnel in a unit/establishment the opportunity to be involved in the process. COs will be supported by the Climate Insight Team to encourage full participation by unit personnel.

e. Any findings identified in the CA report where change and leadership are required, must be addressed through a CO's Action Plan.

f. **Application Process.** COs will be contacted by the CA Team normally within three months after assuming Command or when the unit is out of date for a CA. Where the CO wishes to initiate a CA to be conducted outside of the mandatory requirement, an email should be sent to the CA Team mailbox: NAVYPEOPLECLIMATEASSESSMENTS@mod.gov.uk.

g. The following steps detail the normal order of events in the CA process:

(1) **Step 1.** COs will be contacted and asked to complete a contact form detailing the demographics of the unit and assign a Point of Contact (POC).

(2) **Step 2.** POCs will receive instructions to support pre-survey engagement activity as directed by the Climate Insight Team.

(3) **Step 3.** A link to the Lime Survey for the CA will be submitted to POCs for distribution to unit personnel which is normally live for two weeks to ensure an appropriate snapshot.

(4) **Step 4.** Following the completion of sufficient survey returns, a report with the findings will be forwarded to the CO with guidelines for the requirement of an Action Plan. This must be actioned and returned to the Culture Insights Team (CIT) within six months.

h. COs are required to fully support the conduct of CAs in their unit/establishment, and to make available the necessary resources to achieve a successful outcome.

i. Whilst a mandatory requirement, the CA should be viewed as a positive mechanism that provides COs with a valuable insight of Command, leadership, culture and the lived experience within their unit. The CA findings can be reviewed to ensure they align with the objectives set out in the RN Culture Blueprint.[10]

[10] https://modgovuk.sharepoint.com/sites/IntranetNavy/Documents/Forms/AllItems.aspx?id=%2Fsites%2FIntranetNavy%2FDocuments%2FCulture%5FBlueprint%2Epdf&parent=%2Fsites%2FIntranetNavy%2FDocuments

3005. Training

a. D&I awareness training is mandatory for all SP within the RN and Maritime Reserves (MR). Formal D&I training is delivered through the Defence Learning Environment (DLE) products and authorised facilitated sessions.The four RN mandated levels of training are:

(1) **Level 1: Core Training.** Level 1 is to be delivered to all members of the RN, whether regular or reserve during their core training and provides baseline understanding of D&I, inclusive behaviours, and legal responsibilities:

(a) Initial Naval Training: Professional Behaviours Package (Ratings).

(b) Phase 2 Training (if the training pipeline is 2 years or longer).

(2) **Level 2: Advanced Training.** Naval Core Learning Module 4 (NCL4) D&I is mandatory for all RN and RM personnel and must be completed every two years. NCL4 reinforces key MOD and RN policy and legal responsibilities.

(3) **Level 3: Specialist Training.** Level 3 training is provided to D&I(A)s and Diversity and Inclusion Practitioners (D&I(P)s).This training develops the knowledge and skills required to advise the Chain of Command (CoC), support complex D&I issues, contribute to cultural improvement activity and interpret Defence policy and legislation relevant to behaviour, culture and inclusion.

(4) **Level 4: Senior Leadership Training.** Level 4 training is designed for military officers at OF5 level and above and senior CS (SCS1 and above). This training focuses on how senior leadership decisions can influence Defence culture, comply with legal and policy obligations and build the leadership behaviours required to drive and sustain an inclusive organisation.

b. A full summary of available D&I Training and validity periods can be found in Annex 30A, which reflects the current mandated delivery models for Naval Core Learning.

c. **Delivery.** With effect from 14 Apr 26, NCL4 D&I is delivered primarily as a self-paced online module via DLE. Face-to-Face delivery may only be conducted where DLE access is restricted, by a qualified D&I(A), and with prior approval from the RN D&I Team via NAVY PEOPLE-DANDI Mailbox (MULTIUSER).

d. **Presentation.** Once guidance has been sought from the RN D&I Team, the offline NCL4 presentation material and Handbook insert will be available for download from the RN D&I Advisors Toolkit[13]. The presentation is not to be amended or tailored by units or D&I (A)s. Where requirement for bespoke or additional D&I Training is identified, D&I (A)s are to engage the RN D&I Team for direction and support.

e. In Tri-Service units, there is no longer a requirement to attend alternative single-Service D&I training. NCL4 is delivered online via the DLE and is accessible to all RN and RM personnel regardless of unit composition or location.

f. **Recording and Compliance.** Individuals remain responsible for completing NCL4 within the required timeframe. The Chain of Command (CoC) must ensure reasonable opportunities for completion are provided and monitor compliance through appropriate reporting mechanisms.

g. Completion of NCL4 via the Defence Learning Environment (DLE) will automatically award the relevant Joint Personnel Administration (JPA) competency. Attendance at authorised face-to-face sessions must continue to be recorded manually by unit administration on JPA under the following competence:

Naval Core Learning|NCL 4 – D&I|Navy

h. Personnel who are in date for NCT4 at the point of transition are not required to complete the DLE package until their existing competence has lapsed.

j. **Holistic Allies Training.** Holistic Allies Training (HAT) has been developed by MOD in response to the requirement set out in the Defence Allies Policy, published in Dec 20. HAT online workshops are not mandatory and are aimed at all RN/RM SP (regular and MR), of all Ranks and Rates. The workshops are provided by live online tutorial, hosted on MS Teams for the duration of one working day.[14]

k. The HAT workshop will provide you with knowledge and tools to be an effective ally to all personnel across Defence (Tri-Service/MOD) and will equip qualified personnel with skills that are applicable in day-to-day working environments.

l. All Royal Navy Inclusion Allies (RNIA) members are expected to complete the MOD HAT course within 18 months of signing their RNIA Pledge.

[13] https://modgovuk.sharepoint.com/teams/50700/SitePages/Advisors%20Toolkit.aspx
[14] https://modgovuk.sharepoint.com/teams/50700/SitePages/The-RN-Inclusion-Allies-Portal.aspx

3006. Unit Organisation

a. **Commanding Officers D&I Statement.** All COs are to publish and maintain a Unit D&I Statement that sets out their intent, expectations, and commitment to fostering a professional, respectful, and inclusive culture. The statement is to be personally drafted by the CO and must reflect their leadership approach, values, and personal commitment to D&I.

b. The D&I Statement is to be visible within the unit and communicated through routine Command activity. It is to be reviewed annually or on CO supersession.

c. A CO's D&I Statement reinforces adherence to Royal Navy values, standards, and legal responsibilities; strengthens team cohesion; enhances operational effectiveness; and supports an environment in which all personnel feel respected, safe, and able to contribute fully. It also provides a consistent reference point for expected behaviours, supporting efforts to prevent unacceptable behaviour and enabling coherent, values based leadership.

d. COs requiring guidance, examples, or support in drafting or implementing their statement are encouraged to contact the RN D&I Policy Team.

e. **Command D&I Lead.** Each unit will have a Command D&I Lead; this is a flagged position and normally the Second in Command of the unit (XO, 2I/C); however, in 3 watch units both the First Lieutenant and Executive Officer positions will be flagged. The Command D&I Lead position is required to attend the D&I XO Desig Workshop delivered during CO/XODC. The Command D&I Lead is responsible for the following:

(1) Management and continuation of the quarterly unit D&I Action Group (DIAG).

(2) In conjunction with the unit D&I(A)s, to ensure the mandatory RN D&I training is delivered through a regular training schedule and maintaining unit NCL4 currency.

(3) Ensure the unit remains up to date with all D&I policy.

(4) Maintenance of links to Defence and RN Staff Networks.

(5) The provision of a wide variety of bespoke D&I training and opportunities for the unit.

(6) Ensure continuity of the unit D&I organisation during handover to relief.

f. **D&I Action Group (DIAG).** Units are to convene a quarterly DIAG, chaired by the Command D&I Lead and supported by the Lead D&I(A). The DIAG is responsible for monitoring the unit's D&I climate, reviewing progress against the Unit D&I Action Plan, assuring the delivery of mandated D&I training, and identifying emerging risks or trends requiring Command attention. Heads of Department and relevant stakeholders are to attend as required to support coherent delivery of the CO's D&I intent.

g. **Application Process and Administration.** Personnel applying for D&I(A) & D&I(P) courses are to apply directly to the onboarding team at the Defence Academy, Shrivenham. They are required to submit a recommendation of suitability from their Unit XO, EWO, RSM, or 1LT, confirming that there is a Service requirement for them to undertake the qualification, together with evidence of the completed pre-work.[15]

h. **Eligibility.** Priority allocations are given to key personnel and units without the statutory quota of D&I(A)s/D&I(P)s. Exec teams should be satisfied that nominees can fulfil all required TORs. There is no rank restriction for either course, but units must ensure their applicants have the emotional intelligence and maturity to deliver the role competently.

i. The direct application process gives units freedom to nominate appropriate personnel. Units are to note that not all applications will be successful due to prioritisation; any appeals should be directed to the Defence Leadership Centre (DLC). All course changes or cancellations must be submitted by email directly to DLC. The RN D&I Team monitors all no shows and cancellations and will engage with Command teams if consistent patterns are identified. The only acceptable reasons for non-attendance on D&I(A) or D&I(P) courses once booked are:

(1) Operational requirement.

(2) Compassionate leave.

(3) Sickness.

j. **Post-Course Administration**. Newly qualified D&I (A)s should contact the RN D&I Team[17] to arrange post-course support and guidance tailored for the RN.

k. **Requalifying Process.** The RN D&I Team can approve one five-year extension to D&I (A)s. To be awarded an extension the D&I(A) is required to submit (via email) an updated D&I Fundamentals certificate and a COs statement to confirm the applicant is active in their role as D&I(A) within the unit organisation to NAVY PEOPLE-DANDI Mailbox (MULTIUSER). After the first extension, all D&I(A)s are required to re-complete the courses as detailed above. The D&I(P) qualification has no end date and does not require a requalifying process.

[15] (In date NCL4, D&I Fundamentals DLE certification and Active Bystander certification).
[17] NAVYPEOPLE-DANDIMAILBOX@MOD.GOV.UK

3007. Diversity and Inclusion Advisers (D&I(A)s)

a. D&I(A)s are a critical component of the RN's D&I Organisation. Careful selection, appropriate training, and continued professional development of D&I(A)s are essential to maintaining an inclusive culture and to preventing and addressing UB across the RN.[18]

b. **Role and Selection of Unit D&I(A)s.** D&I(A)s provide impartial advice to Command, managers, and individuals on D&I policy, UB, and the informal and formal processes for addressing BHDV[19] complaints. In the event of a complaint, D&I(A)s are to ensure that all parties understand the relevant processes, responsibilities, and available sources of support.

c. D&I(A)s are to always remain impartial when advising both the management chain and individuals. They are to provide advice and support to all parties involved in a matter, including complainants, respondents, companions, Assisting Officers, and the CoC. Where an issue falls outside the D&I remit (for example, misconduct, discipline, or Unacceptable Sexual Behaviour (USB)), the D&I(A) must signpost to the appropriate policy owner and take no further action in the case.

d. D&I(A)s are responsible for supporting early and informal resolution of issues wherever appropriate and feasible, and for ensuring that follow-up actions or reports are completed in accordance with JSP 831 timelines. All advice provided is to be recorded in accordance with JSP 763 and JSP 831.

e. D&I(A)s are the unit's principal source of D&I policy advice and are responsible for coordinating and assuring the delivery of mandated D&I training. Units are to maintain appropriate training records to ensure personnel remain in date

f. The D&I(A) role is not an administrative function and is not to be automatically assigned to Logistics Officers. Where a Logistics Officer fulfils the role of Command Legal Adviser (CLA), they are not to be appointed as a D&I(A) due to the potential conflict of interest.

g. COs and OICs are not to undertake the D&I(A) or D&I(P) roles. Commanders are, however, to ensure they remain in date for mandatory training and are familiar with RN and MOD D&I policy.

h. The minimum rank for appointment as a D&I(A) should normally be PO/Sgt. Exceptions may be made where a lower rank is assessed by Command as appropriate to the unit, establishment, or role. D&I(A)s should be selected based on their skills and attributes, including integrity, discretion, sound judgement, strong listening skills, impartiality and compassion. D&I(A)s should not normally be tied to specific line numbers.

[18] They operate in accordance with JSP 763 and JSP 831. The Terms of Reference for D&I(A)s are detailed in JSP 763 Part 2, Annex C.
[19] Bullying, Harassment, Discrimination and Victimisation.

i. It is recognised that in some cases personnel may assume the D&I(A) role as a natural consequence of their primary appointment. This may include:

(1) Executive Warrant Officers.

(2) Base Warrant Officers.

(3) Submarine and Mine Countermeasures Coxswains.

(4) Naval Reserve Unit Warrant Officers / Whole Ship Coordinators.

(5) RM G1 Discipline Advisers.

(6) RM Reserve Unit Sergeant Majors / G1 Advisers.

j. D&I(A)s are required to have successfully completed the Defence Leadership Centre D&I(A) course and must remain in date with mandated training and current MOD and RN policy. In addition to JSP 763 requirements, RN policy recognises D&I(A) competency for a maximum period of five years, subject to continued currency and professional development.

k. **Climate Monitoring, Communication and Awareness.** D&I(A)s are to support the continuous monitoring of the unit's D&I climate, assess the effectiveness of training and interventions, and escalate trends or concerns to Command and the appropriate D&I teams. D&I(A)s may be required to act as points of contact for CA activity.

l. D&I(A)s are to ensure that personnel and civilian employees can readily access information on D&I policy, confidential support services, helplines, and reasonable adjustment processes through unit communications and noticeboards.

m. **Number and Organisation of D&I(A)s.** The number of D&I(A)s appointed is to be proportionate to the size, complexity, and operating model of the unit or establishment. As a minimum:

(1) All ships and submarines are to appoint at least two D&I(A)s. One should normally be the BWO, EWO, Coxswain, or equivalent.

(2) For three watch organisations and multicrew units, there are to be at least two D&I(A)s per crew rotation to ensure continuous coverage.

(3) For Offshore Patrol Vessels (OPVs), it is recommended that the Coxswain and First Lieutenant fulfil the D&I(A) roles to ensure representation across watches.

(4) Larger units should operate a federated D&I(A) network, typically comprising six to eight trained personnel, to provide resilience and accessibility.

n. **Lead D&I(A) Responsibilities and Governance.** Where more than one D&I(A) is appointed, the CO is to nominate a Lead D&I(A). The Lead D&I(A) holds corporate responsibility for the coherence, assurance, and coordination of the unit's D&I function. In addition to the responsibilities of all D&I(A)s, the Lead D&I(A) is to:

(1) Maintain oversight of local D&I activity and ensure that all approaches for advice are logged appropriately.

(2) Collate anonymised data and submit monthly summary returns in accordance with RN and TLB D&I reporting requirements.

(3) Brief the CO on D&I activity and emerging themes as part of continuous climate monitoring, ensuring confidentiality is always maintained.

(4) Manage the local network of D&I(A)s and D&I(P)s.

3008. Diversity and Inclusion Practitioners (D&I(P)s)

a. D&I(P)s are trained personnel who work closely with the D&I(A)s & CoC to promote inclusion, address UB, and provide first-line advice and support to SP and civilian employees on diversity, inclusion, and the informal and formal complaints processes. D&I(P)s operate in accordance with JSP 763 and JSP 831.

b. Appointment as a D&I(P) is dependent upon successfully completing the Defence Leadership Centre's D&I(P) course and maintaining training currency and policy knowledge in accordance with MOD and Royal Navy requirements.

c. **Role and Selection of Unit D&I(P)s.** Units and establishments are to appoint a minimum of two D&I(P)s. Best practice is to select personnel from a range of ranks/rates, branches/specialisations and backgrounds to ensure breadth of perspective, accessibility and representation.

d. D&I(P)s are to be selected based on leadership qualities, approachability, integrity, discretion, sound judgement, and practical common sense. RN guidance suggests D&I(P)s should normally be within the rank/rate range LH/Cpl to Lt Cdr. This RN guidance does not supersede JSP 763 role requirements.

e. D&I(P)s should participate in the unit's DIAG and engage with the D&I(A) network to ensure coherence of activity, consistent messaging, and appropriate escalation of trends or concerns.

f. **Support to the D&I(A) and Climate Monitoring**. D&I(P)s support the Lead D&I(A) and management in delivering their CO's D&I commitments and implementing the unit D&I Action Plan.

g. **Training and Communications.** D&I(P)s are to support the D&I(A) in the delivery of mandated D&I training to ensure personnel are familiar with D&I principles and understand what constitutes UB. Where directed, D&I(P)s are responsible for delivering Active Bystander Training face-to-face locally.

h. D&I(P)s are to ensure D&I publicity and educational materials are available, accessible and current. D&I communications and noticeboards are to be maintained and must, as a minimum, include up-to-date information on:

(1) Local D&I(A)s and D&I(P)s (names and contact routes).

(2) MOD/Service BHDV helplines.

(3) Mental health support (e.g., mental health first aiders where used) and relevant helplines (e.g., Combat Stress).

(4) Civil Service Employee Assistance Programme helpline (where applicable).

(5) Service specific helplines and charities.

(6) Welfare services.

(7) Padres/chaplains (where applicable).

(8) Relevant police services (where applicable).

(9) Staff and community networks (whole force, Service-specific, or civilian).

(10) Trade Union information (in workplaces with civilian employees).

i. D&I(P)s should support unit level D&I engagement activity, including awareness and education events[20] in coordination with the D&I(A) network and the Command D&I Lead.

j. **Boundaries of Role**. D&I(P)s are not to deputise for a D&I(A) or Lead D&I(A). Only trained and appointed D&I(A)s may perform the duties of a D&I(A). D&I(P)s are to operate within the limits of their training and competence.

k. **Currency and Continuous Professional Development.** D&I(P)s are to complete the Defence Leadership Centre D&I(P) course before appointment and maintain currency through refresher activity and ongoing awareness of MOD and RN policy updates. The D&I(P) qualification does not expire once awarded.

[20] e.g. National Inclusion Week, Black History Month, Commonwealth Day

3009. Diversity and Inclusion Documentation

a. A Unit's Lead D&I(A) is the custodian of the Unit D&I Logs, which will be used as a record to report all incidents of bullying, harassment and discrimination. It should also include a record of all approaches to the D&I(A) by personnel seeking advice. This must include incidents reported by LMs and Divisional Officers. On learning of such incidents, D&I(A)s are to ensure they are recorded in the D&I Complaints Log (unless confidentiality arrangements exist). D&I(As) and anyone using the D&I Logs must ensure they comply with GDPR requirements, detailed within JSP 441.

b. Full details of the D&I Logs required to be held on every unit/establishment and the retention periods has been included at Annex 30B.

3010. Management of Service Complaints Containing Allegations of Bullying and Harassment

a. The procedure for handling Informal complaints and Service Complaints involving allegations of bullying or harassment is set out in JSP 763 (MOD Behaviours and Informal Complaints Resolution Policy) and JSP 831 (Redress of Individual Grievance: Service Complaints).

b. RN implementation processes for these policies are detailed in Chapter 23, Representations and Complaints. For the RFA, personnel should refer to the RFA Standards Team and BHDV for guidance; however, informal resolution routes remain broadly consistent with those applicable to RN SP and CS.

3011. Mediation

a. Mediation is recognised as a highly effective means of resolving disputes at the lowest appropriate level, without the need for more formal or lengthy procedures.

b. Mediation is a structured and, within Service protocols, confidential process that offers a supportive and facilitated environment for parties to explore their differences and work towards rebuilding constructive working relationships as quickly as possible. It can be considered at any stage of the complaint process and is often most effective when introduced early.

c. It is delivered by the Complaints Investigation and Mediation Team (CIMT), who can be contacted at NAVYLEGAL-MediationService@mod.gov.uk or via the MyNavy App. Where CIMT capacity is limited, a trained mediator may be engaged from within or outside the Service. Further guidance on mediation in the RN is provided in JSP 763, with additional advice for RN D&I(A)s contained in Annex 30C.

3012. Transgender and Non-Binary Service Personnel

Annex 30D contains guidance on supporting RN and RM Transgender and Non-Binary SP. Following recent legal judgments relevant to the Equality Act 2010, COs are to contact the NAVY PEOPLE-DANDI Mailbox (MULTIUSER) for advice. The D&I Policy Team will review and support on a case-by-case basis.

3013. Royal Navy Staff Networks and Advocates

a. **Purpose and Scope.** RN Staff Networks exist to support Defence and RN D&I objectives by providing evidence based insight, amplifying employee voice, and contributing to the delivery of the MOD D&I Strategy. They represent the views of their members, not protected characteristics more broadly. Full details of RN Staff Networks can be found on the RN D&I Networks Portal[21].

b. **Network Governance.** The RN D&I Team is responsible for governance, assurance and policy compliance of all RN Staff Networks, including the RFA.

c. Hd RN Culture holds approval authority for the creation, expansion, restructuring and role composition of RN Networks. Proposals for new Networks must demonstrate clear purpose, strategic alignment and adequate personnel resource.

d. RN Networks must comply with JSP 890.

e. **Network Structure and Leadership.** RN Networks must maintain a committee structure proportionate to their activity, with RN approved roles as required. Additional roles require RN D&I approval.

f. Network Chairs provide strategic leadership and coordinate delivery of Network aims. Succession planning is required and Chair tenure should normally not exceed three years.

g. **Succession Actions Checklist:**

(1) Current incumbent informs the Advocate and RN Hd D&I of their desire to step down and anticipated date.

(2) Share information relating to progress and upcoming succession planning activities with the D&I Team.

(3) Prepare a job advert for the upcoming Chair(s) role including a role profile and application deadline; share with D&I Team for approval before advertising.

(4) Publicise the final job role via Staff Network channels.

(5) In conjunction with the Staff Network Advocate, incumbent Chairs and / or Committee and RN Hd D&I agree an appropriate successor and start date.

[21] https://modgovuk.sharepoint.com/teams/50700/SitePages/The-Royal-Navy-Networks%27-Portal.aspx

(6) Provide a detailed handover to the appointed successor. Where possible, this should include a period of shadowing.

h. **RN Advocates.** Each RN Network is supported by an Advocate or Champion who provides senior influence, strategic guidance, and a conduit to RN leadership. Regular engagement is required to:

(1) Ensure visibility of Network activity

(2) Identify barriers requiring elevation; and

(3) Align activity with RN priorities.

i. The list of RN Advocates can be found on The RN Advocate Portal[22].

j. **Core Requirements for Network Operation.** Each Network must maintain and routinely update:

(1) Mission/Vision Statement

(2) Terms of Reference

(3) Annual Action Plan

(4) Financial Forecast and Business Cases.

k. Documents are to be shared with the RN D&I Team.

l. Network activity must align to the MOD D&I Strategy and support PSED obligations through evidence-based insight.

m. Networks must ensure inclusive membership practices. Data must be held securely, JPA and MyHR must not be used to identify members, and anonymity must be protected via BCC[23] unless consent exists.

n. **Finance and Resourcing.** Funding for RN Network activity is controlled by the RN D&I Team. No expenditure should be committed without approval. The D&I Budget cannot be used for T&S or food/drink; social events must be self-funded. Permitted expenditure includes reusable branding materials. Charitable support may be sought where appropriate.

o. **Business Cases.** RN templates and governance requirements must be used. All payments must be routed via SO2 D&I; reimbursement is not permitted. Business Case templates have been included at Annex 30E.

p. **Communications and Branding.** Network communications must comply with MOD and RN branding guidance. RN Comms approval is required from the P&T

[22] https://modgovuk.sharepoint.com/teams/50700/SitePages/The-RNs-Advocate-Portal.aspx
[23] BCC (Blind Carbon Copy) is an email function that hides the identities and email addresses of all recipients. It ensures members' details are not visible to others, thereby protecting anonymity and preventing the unintended disclosure of personal or sensitive information.

Engagement Team for official social media accounts. Comprehensive Network communications guidance can be found in Annex 30F.

q. **Events and External Representation.** Events must align to Network Action Plans and RN/MOD D&I strategy. Cross Network collaboration is encouraged, and major events require prior approval. Network members representing Defence externally must comply with RN media/public engagement policy.

r. **Performance and Recognition.** Reporting Officers (RO) should recognise Network activity in performance reporting. ROs should identify the skills required to perform a Network function against the Definition of Merit for promotion and key performance and potential attributes contained in JSP 757. For Service Personnel, contributions may be considered in annual appraisals without reference to protected characteristics; for Civil Servants, Network engagement should be reflected in MyHR objectives.

ANNEX 30A

ROYAL NAVY DIVERSITY AND INCLUSION TRAINING SUMMARY

1. Introduction

This Annex provides a full summary of all RN D&I Training provided. For questions in relation to training contact the RN D&I Team NAVY PEOPLE-DANDI Mailbox (MULTIUSER).

Table 30A-1. D&I Training Summary

Training Name	Delivery Mechanism	Periodicity	Notes
Defence D&I Fundamentals v3 (D&I (F))	DLE	Once in career	During initial training. *As a pre-requisite to D&I(A) & (P) courses*
Active Bystander Training v2	DLE	Biennial	Mandatory to Civil Servants and Opt in training available to all RN. *As a pre-requisite to D&I(A) & (P) courses*
Naval Core Learning Module 4 (NCL4) – Diversity and Inclusion	DLE Face to face delivery by qualified D&I(A) with prior RN D&I Team approval only	Biennial	Mandatory for all RN and RM personnel *As a pre-requisite to D&I(A) & (P) courses*
Head of Department Leadership course	Face to face by SME	Once in career	Delivered by Culture & Leadership D&I Team
Executive Warrant Officer Leadership Course	Face to face by SME	Once in career	Delivered by Culture & Leadership D&I Team
Commanding Officer/Executive Officer Desig Course	Face to face by SME	Prior to each command appointment/when required.	Delivered by Culture & Leadership D&I Team
Senior Officers LEAD to Succeed Course (L2S)[1]	Face-to-face at Defence Leadership centre, Shrivenham.	Three yearly	1 Day plus 0.5 days self-directed learning. Optional for OF5-OF9
D&I Advisor[2]	Online by Defence Academy.	Five yearly	3.5 Days
D&I Practitioner[3]	Online by Defence Academy.	Once in career	2 Days
Holistic Allies Training[4]	Online by Defence Academy.	Once in career	1 Day Opt in training and available to all RN and Civil Servants.

[1] https://www.da.mod.uk/courses/leadership-education-and-development-to-succeed/
[2] https://www.da.mod.uk/courses/diversity-and-inclusion-adviser/
[3] https://www.da.mod.uk/courses/diversity-and-inclusion-practitioner/
[4] https://www.da.mod.uk/courses/holistic-allies-training/

ANNEX 30B

ROYAL NAVY UNIT DIVERSITY AND INCLUSION LOGS - STANDARDISED DOCUMENTATION

1. Introduction

This annex advises all RN Units on the format for the composition of the Unit D&I Logs.

2. Requirement

a. COs, Station Commanders and Heads of Establishment are to maintain records of all bullying, harassment, and discrimination incidents and complaints (formal and informal), that involve:

(1) MOD Service personnel only, or

(2) Service and civilian personnel, but not incidents involving only MOD civilian personnel, even when these occur on military establishments.

b. This direction does not override existing policy authorising D&I(A)s within Navy Command to provide advice to MOD civilian personnel on bullying and harassment matters; in the same way they would for SP. When doing so, D&I(A)s must request that the individual informs DBS, so that the matter can be formally recorded.

c. If an issue cannot be resolved informally, the complainant or the line manager managing the complaint must refer the case to DBS for further action.

3. Recommended Content

a. JSP 763 provides detail on how to maintain the D&I logs but does not suggest an appropriate format for their composition. Best practice in the RN is to hold 2 logs:

(1) **The D&I Log.** The D&I Log contains all relevant material that is not Official Sensitive and is used as a working document.

(2) **The D&I Complaints Log.** The Complaints Log contains completed Official Sensitive forms; this log is to be stored in a secure location and is to include any archive complaint paperwork.

b. The lists below outline what should be retained in each log, but they are not exhaustive and any additional material that the D&I(A) considers will benefit the D&I organisation can be kept in the D&I Logs.

c. **The D&I Log Contents:**

(1) Contents Page.

(2) CO/XO Signature Sheet - The D&I(A) comments section should indicate if any complaints (or nil) were raised in that month.

(3) CO's D&I Statement and CO's Temporary Memorandum detailing their Unit's D&I organisation.

(4) **Training Log.** To include D&I training and any other type of training conducted outside the mandatory requirement and unit events e.g. Induction briefs, notices and information on Daily Orders and/or noticeboards, bespoke training and events. Cancelled or postponed training should also be recorded with an explanation given. Nominal lists of attendees may be retained in this section if required by the unit.

(5) **Action Plan.** To assist a Unit to progress within the D&I Matrix. The log may be used to plan for D&I notices, briefs and training etc.

d. **The D&I Complaints Log.**

(1) **Whole Force Incident Log.** This documents any approach for advice and support. The report form should be written at the time of interview, be at a minimum classification of 'Official Sensitive-Personal' and be kept securely. This form is also used for the incident follow up information.

(2) **Incident Follow-Up.** To be used four weeks after an individual has told a D&I Adviser, they wish to use the informal complaints resolution process to monitor the progress in resolving the issue.

(3) **Monthly Summary Log.** An anonymous outline report of incidents brought to the attention of a D&I(A) over the month. This is to be completed online which will ensure a copy is sent to the CO / Director / Head of Establishment, and the data is available centrally for TLBs. This draws on the information recorded in the incident log. This log can still be completed using a paper template for those without internet access, but the expectation is that this will be uploaded online when internet access is available. The D&I Reporting Incident Log can be accessed online[1].

(4) **Archive Section.** All complaint data from 2 to 10 years old is to be kept in this section. Older data is to be managed and stored iaw JSP 441 Part 2.

e. Templates for the Complaints Log are provided in the following appendices. D&I (A/Ps) requiring further information should approach their Lead D&I Adviser, relevant network / forum or contact the RN D&I Policy Team.

[1] https://apps.powerapps.com/play/e/a8c6609d-3a44-4f0c-a6ae-740081e733c3/a/1121e508-af90-4d50-9882-f7880382ba12?tenantId=be7760ed-5953-484b-ae95-d0a16dfa09e5&source=portal&screenColor=rgba%2837%2c%2062%2c%20143%2c%201%29

4. Digital Log

a. There is an ever-increasing requirement for organisations to be ‘paperless’. If approved by the Unit Command (at CO’s discretion), the D&I Logs can be electronically stored, but the monthly checks and signatures must still take place to ensure that the correct procedures are being carried out. The XO/CO is still to put their comments as normal in the electronic signature sheet and annotate the Comments box when ‘checking in’ the document that they have sighted the log. The log may be an XO Monthly Book (providing that the XO does not maintain the log) but must also be a Quarterly Book for CO.

b. If a Unit is unable to provide electronic signatures (coded signatures), all complaint digital paperwork is to be annotated with:

“Seen and agreed by …… in the presence of …….. date …….....”

5. Record Keeping

Records are to be retained within a unit / department / establishment for a period of 7 years (details of Service Complaint investigation and outcomes are to be kept until the Complainant reaches 100 years of age) and disposed of in accordance with JSP 441.

6. Large Units

In large organisations such as Naval Bases, Training Establishments and Air Stations etc. where several units are located on one site, the following policy is to be applied. Where a Logistics Officer (LO) is assigned and acts as Command Legal Adviser, an autonomous D&I organisation should be established. It is best practice for the Base Warrant Officer to hold a master Complaints Log in order for the Base Commander to have visibility of trends across the entire base. It is also best practice for the sub-units, utilising the parent unit organisation, to have sufficient D&I(A)/D&I(P)s for their own needs, to support the wider Base D&I organisation and to contribute to a site-wide D&I network.

7. MCM Crew Log

Due to the nature of crew rotations between ships in MCM1 and MCM2 Squadrons, D&I Logs are to remain with the crews as they move ship and are not to remain onboard.

APPENDIX 1 TO ANNEX 30B

CO/XO MONTHLY D&I SIGNATURE SHEET

Unit Name .....

Month	D&I(A) Comments	CO Signature	CO Comments
January 20**			
February 20**			
March 20**			
April 20**			
May 20**			
June 20**			
July 20**			
August 20**			
September 20**			
October 20**			
November 20**			
December 20**			

1. The D&I(A) comments section should indicate if any complaints (or nil) were raised in that month, e.g. Jan 2024 - “One complaint, see Executive Summary Sheet for details” or “Nil complaints” and therefore no Executive Summary Sheet is required.

2. XO should sign the D&I Log monthly (unless they are maintaining the log) and CO quarterly or six-monthly.

3. The CO **must always** sign the Executive Summary Sheet when a complaint is raised during that month.

APPENDIX 2 TO ANNEX 30B

TRAINING LOG

Unit Name .....

Date	Event	Audience	Delivered by	Signature

1. The D&I(A) is to record all D&I training conducted within the Unit. To include planned training and if subsequently cancelled, an explanation given for the cancellation is to be annotated in the Log.

2. All mandatory D&I training is to be delivered by a qualified and in date D&I(A) with support from unit D&I(P)s.

APPENDIX 3 TO ANNEX 30B

D&I ACTION PLAN

UNIT/SHIP Name
D&I Action Plan – Updated DD MMM YY

Serial No	Subject	Action Points	Frequency/ Deadline	Action Lead
Policy				
1.	*External D&I Policy Statements*	*a. Review all relevant (MOD, Navy Command etc) policy statements to ensure that they are being correctly implemented onboard.*	*Annual (Jan) or post RiP as required*	*D&I(A)*
2.				
3.				
4.				
Command Leadership and Commitment				
5.	*Meet cultural and religious needs of all personnel*	*a. Organise work routines wherever possible to allow time off for prayer and religious festivals.* *b. Ensure arrangements continue to be made to accommodate female personnel onboard.* *c. Meet dietary requirements of all personnel.* *d. Challenge any form of unacceptable behaviour.*	*a. Monthly* *b. Ongoing* *c. Daily* *d. Daily*	*a. D&I(A)* *b. Executive Team* *c. LCS* *d. Command Chain*
6.				
7.				
8.				

Serial No	Subject	Action Points	Frequency/ Deadline	Action Lead
Training				
9.	*Provision of internal training*	*a. Hold monthly discussion groups with Ship's company.* *b. Include D&I in the weekly training subject on daily orders.* *c. Conduct mandatory D&I training for personnel OOD for JPA competency.* *d. Include D&I as a topic for Divisional meetings.*	*a. Monthly* *b. Every 8 weeks* *c. Every 6 months* *d. Every term*	*a. b. c. D&I(A)* *d. Divisional Officers*
10.				
11.				
12.				
Best Practices				
13.	*Work allocation*	*a. Ensure that all allocation of work is fair and conducted without discrimination.*	*Ongoing*	*HODs*
14.				
15.				
16.				
Communications				
17.	*Internal Communications*	*a. Ensure that any internal communications (Daily orders etc) are compliant with current unit D&I Policy.*	*Daily*	*D&I(A)*
18.				
19.				
20.				
Qualified Personnel				
21.	*D&I Advisors and Practitioners*	*a. Roles to be offered to all ranks and grades.* *b. Ensure required number of D&I Advisors and Practitioners is met.* *c. Provide time for CPD.*	*Ongoing*	*D&I(A)*
22.				
23.				
24.				

APPENDIX 4 TO ANNEX 30B

WHOLE FORCE INCIDENT LOG

Serial No:	1. Incident type:
2. Nature of bullying or harassment: (*see codes overleaf or leave blank if box 1 and 3 capture it*)	3. Is the incident related to a Protected Characteristic in the EA 2010?: Not related, Age, disability, gender reassignment, marriage / civil partnership, pregnancy / maternity, race, religion or belief, sex, sexual orientation (*circle as appropriate*)
4. Date of incident:	5. Date of discussion:
6. Individual's Details: Name, Service, Number, Rank / Rate / grade, Sex (M / F / Prefer to self-describe):	7. Do they consider themselves to belong to a minority group?:
8. Respondent (*details if known*): Name, Service, Number, Rank / Rate / grade, Sex (M / F / Prefer to self-describe). Does the Respondent belong to a minority group?:	9. Witness(es) (*if applicable*): Name, Service, Number, Rank / Rate:
10. Summary of incident: *(briefly explain what happened – use additional pages if needed)*	
11. Redress sought by Complainant:	
12. Advice given, including action taken: (*Adviser should outline all options available, including redress and appropriate signposting)*	
Name / Signature / Date - D&I Adviser	Name / Signature / Date - Complainant

Nature of the bullying or harassment	Code Reference
Comments about personal appearance	1
Spreading gossip or making false accusations	2
Intimidation or verbal aggression	3
Humiliated in front of team or others	4
Negative micromanagement	5
Removal of job responsibilities, unconstructive criticism, or impossible / changing expectations	6
Treated less favourably to others	7
Ignored, excluded, marginalised	8
Undermining, or taking credit for work	9
Denied time off for personal ill health	10
Denied time off for family or caring responsibilities	11
Disclosure of personal / sensitive information to colleagues without consent	12
Unhelpful comments about mental health or being off sick	13
Use of inappropriate language e.g. swearing or using offensive terms / nicknames	14
Something else not listed here	15

APPENDIX 5 TO ANNEX 30B

INCIDENT FOLLOW UP

1. D&I Advisers should use the checklist below to follow up with individuals who have approached them for advice four weeks on from the initial discussion. D&I(As) can choose the most appropriate way to do this, whether through email or by having a face-to-face conversation. D&I(As) are required to make a note of the key points outlined below and keep it with the associated incident log, noting the date of the follow-up.

2. Suggested follow-up questions

a. Has the behaviour now stopped, or has it continued in some way? If it has continued, has any action been taken to resolve this?

b. What steps were taken following our conversation? (e.g. decided to try a method of informal resolution or started a formal complaint).

c. Was mediation used during the course of resolving the issue?

d. Has the issue now been resolved successfully or is resolution ongoing?

e. If the issue is still ongoing, what are the next steps?

f. What was the outcome and are you satisfied? If not, could you outline why?

g. What lessons do you think have been learned by your unit / team because of this incident? Do you think appropriate steps have been taken to avoid similar incidents happening in the future?

h. Is there anything else about this incident you would like to raise?

APPENDIX 6 TO ANNEX 30B

LEAD D&I ADVISER MONTHLY SUMMARY LOG

Names and identifying details of parties are NOT to be recorded on this form				
Date of log:			Serial Number:	
Date incident raised:				
Type of log (*circle as appropriate*)	o o o	New incident Existing incident No new incidents		
Type of approach:	o o	General advice Informal complaint	o o	Formal Complaint Civilian BHD formal complaint
Issue type:	o o o	Bullying Harassment Sexual harassment	o o	Discrimination Victimisation
Is the issue related to a Protected Characteristic outlined in the 2010 Equality Act?:	o o o o o	Not related Age Disability Gender reassignment Marriage and civil partnership	o o o o o	Pregnancy and maternity Race Religion or belief Sex Sexual orientation
Nature of the bullying / harassment:	o o o o o o o o o o o o o o o	Comments about personal appearance Spreading gossip or making false accusations Intimidation or verbal aggression Humiliated in front of team or others Negative micromanagement Removal of job responsibilities, unconstructive criticism, or impossible / changing expectations Treated less favourably to others Ignored, excluded, marginalised Undermining, or taking credit for work Denied time off for personal ill health Denied time off for family or caring responsibilities Disclosure of personal / sensitive information to colleagues without consent Unhelpful comments about mental health or being off sick Use of inappropriate language e.g. swearing / using offensive terms or nicknames Something else not listed here		
Gender of Complainant:	o o o	Man Woman Prefers to self-describe		

Does the Complainant consider themselves to belong to a minority group?:	○ Yes (give details - see categories listed above) ○ No
Brief outline of incident:	
Current status of complaint:	○ Closed (record date here) ○ Open (note date for follow up here)
Mediation used?	○ Yes ○ No
Was the issue resolved successfully?	○ Yes ○ No ○ No, led to a formal complaint

ANNEX 30C

GUIDANCE TO D&I(A)s WHEN CONSIDERING/RECOMMENDING MEDIATION

1. Introduction

a. **Informal Bullying and Harassment Complaints.** As a D&I(A) your role is to advise both (or all) parties of the mediation process in order to resolve the complaint. For those intractable *Informal* bullying and harassment complaints where the content is considered sufficiently serious, you are to scope the nature of the complaint and mediator provision with the Complaints Investigation and Mediation Team (CIMT) prior to commencing any mediation and can be contacted at NAVYLEGAL-MediationService@mod.gov.uk.

b. **Formal Bullying and Harassment/Service Complaints.** As a D&I(A) your role is to advise the Deciding Officer on whether mediation is, or has been, a consideration when resolving a *Formal* bullying and harassment Complaint or a Service Complaint which has a bullying and harassment element that may be resolvable through mediation. You are to advise both Parties of the mediation process as a means of resolving the complaint/part of the complaint. The D&I(A) is to scope the complaint with the CIMT to determine whether it should be considered for resolution by accredited mediators. It is important to remember that mediation can be used at any stage of the Formal Complaints process. For effective mediation, both Parties must be willing to participate in good faith to attempt to work out an agreement and resolve the complaint.

c. **Workplace Based Disputes.** As a D&I(A) you may be asked to advise Line Management as to whether a specific workplace-based dispute might be resolved through mediation. If you, Line Management and the Parties consider mediation to be an option, you are to contact the CIMT to scope the suitability of mediation for resolution of the dispute. You are also required to advise the Parties of the mediation process as a means of resolving the dispute.

2. Factors to Consider

Mediation can only work as a voluntary process and must be agreed by all parties. Its use should be on a case-by-case basis and it cannot be ‘forced’ upon Parties. Factors to be considered include:

a. The history and dynamics leading up to the complaint. It is advised that mediation at an early stage is more likely to be effective than if utilised in the later stages of a complaint. If both Parties agree to mediation, then to ensure the best likelihood of success mediation should occur as soon as possible after the agreement has been given.

b. The possibility of physical threat or verbal aggression. Agreement on non-violence, respectful and dignified behaviour (including, where appropriate, respect for rank) and the maintenance of Service discipline throughout are essential and are pre-requisites for mediation.

c. The nature of the relationship between the Parties. A substantial difference in rank or status may mean that mediation is not a practical option. In general, mediation should only be used if there is no more than a two rank/grade separation between the Parties.

d. The intensity of feeling. If antipathy is extreme, mediation may not work.

e. The willingness of all Parties to participate in the process. Mediation cannot be one-sided; everyone needs to be able to contribute something constructive to achieve resolution.

f. The nature of the dispute/complaint; for example, cases of sexual harassment may involve criminal offences and are not suitable for mediation.

g. Staff Legal Advisers *may* recommend that mediation be offered to the parties involved in a Service Complaint.

3. Resolution

There will be maximum opportunity for achieving resolution through mediation in cases where the following conditions exist:

a. There are low levels of anger and verbal intimidation.

b. There have been no breaches of Service discipline rules.

c. No other Formal action is anticipated/underway which would conflict with the mediation process.

d. Allegation(s) made are being offset by counter-allegation(s) that would be raised within the mediation process.

e. Both Parties are willing to contribute to a resolution.

f. There is room for improvement in relationships.

g. The Parties may not have been initially prepared to have face-to-face interaction with each other but are more inclined to do so with external help.

4. Care of U18s

In the event of an U18 Service person being involved in mediation, Commanding Officers are to provide an accompanying chaperone, e.g. Assisting Officer or any impartial, responsible person that the U18/Command chooses to nominate. The chaperone is present to ensure that the U18 person fully understands the process and to act in an advisory capacity to the individual. The chaperone should not be involved in any debate or offer an opinion during the mediation process, other than to act *in loco parentis* for the individual and monitor their emotional state. The chaperone should respect the full level of confidentiality applicable to mediation. The other Party in the mediation should also be consulted prior to commencement of the mediation process to ensure that they are content for the nominated individual to act as a chaperone.

5. When Not To Use Mediation

Mediation is not usually appropriate if, for example:

a. There is a difference of greater than two ranks/grades between the Parties. In instances where there is a rank difference greater than two ranks, the protocol for mediation should be discussed with the CIMT before being given final approval; in the event of a *formal* bullying and harassment/Service Complaint, this is to be by the Deciding Officer.

b. The nature of the relationship between the Parties is such that, from the perspective of all Parties, it is unsafe to participate.

c. Formal procedures need to be applied e.g. if potential criminal behaviour/activity is suspected, and Service Police involvement may be required.

d. Internal administrative, disciplinary or restoring efficiency procedures need to be applied e.g. if contravention of the Code of Social Conduct, other serious misconduct, or unsatisfactory performance may be involved.

e. Factors leading up to the dispute/complaint are long-standing and complex, and the Parties have become so embittered and entrenched, that progress is very unlikely.

f. The mediator, given their experience, considers that the situation is not suited to mediation.

6. Recording of Outcomes

The following actions are required to record mediation:

a. **Informal Bullying and Harassment Complaints.** The outcome, whether successful or unsuccessful, is to be recorded in the summary sheet for an Informal bullying and harassment complaint, retained within the Unit D&I Log.

b. **Formal Bullying and Harassment/Service Complaints.** A copy of the Mediator's letter to the Deciding Officer specifying the outcome is to be retained in the Unit D&I Log. The appropriate Declarations of Confidentiality will be retained by the CIMT.

ANNEX 30D

TRANSGENDER AND NON-BINARY SERVICE PERSONNEL

1. Introduction. This annex provides guidance for the support of RN transgender (trans) and non-binary Service Personnel (SP) including during transition/affirmation of their gender.

2. Supporting Trans and Non-Binary Service People.

a. JSP 889 contains the policy for the "Recruitment and Management of Transgender Service Personnel". The RN remains committed to making diversity and inclusion integral to all our policies, functions, and services. The RN values the unique contribution of all its people and will treat everyone with dignity and respect.

b. The Royal Navy (RN) D&I Policy Desk should be the first point of contact for individuals and Chain of Command (CoC) for assistance in interpreting JSP 889. The process for supporting trans SP through their transition/affirmation is well established and the RN D&I Policy Desk has experience in helping manage this period to be as smooth as possible for both the individual and CoC.

c. Where an individual shares that they are non-binary, a supportive, inclusive, approach is required. A person who is non-binary may possess the protected characteristic (PC) of gender reassignment, JSP 889 should be referred to in the first instance. The individual may choose to follow the trans referral route contained within JSP 889 with potential referral to a Gender Dysphoria Clinic (GDC) for affirmative therapy, or they may elect not to; the decision of whether to seek referral or not in no way invalidates their gender identity.

d. Not all trans and non-binary people want or can have medical support for their transition/affirmation. For those that do, there are prolonged waiting times to be seen by an NHS GDC, so some individuals may seek private treatment. As with any private treatment, SP should inform their Medical Officer or GP who will be able to discuss medical support available in-service and seek to ensure they are fully supported in receiving appropriate care in the form of shared care agreements. GPs should follow the procedure contained within BRd 1992 (0317 refers).

e. The lived experience of each trans or non-binary person will be very different and all trans and non-binary people should be supported as individuals, using the policy as a handrail. For specific support, the RN D&I Policy Desk is always available to CoC and individuals.

3. Confidentiality.

a. All personnel should be aware that gender reassignment (more broadly, 'being trans') is a PC under the Equality Act 2010. It is also protected under the Gender Recognition Act 2004 (GRA). The GRA states it is an offence for a person to disclose "protected information" to others where that information was "received in an official capacity." Protected information includes a person's trans status or gender history. Annex A of JSP 889 provides a comprehensive legal overview including confidentiality, privacy and data protection for SP protected under the PC of gender reassignment.

b. The RN is committed to maintaining trans and non-binary SP's confidentiality and data protection rights. A trans or non-binary SP's protected information should never be shared without either express (written) permission from the individual or following advice from a Service lawyer.

4. Using a Pragmatic Approach. Pragmatic and considered actions by the CoC can make life easier for trans and non-binary people. With some individuals not being open about their gender identity and infrastructure being used by people from external organisations, units should consider making changes proactively. The following examples provide Commanding Officers (COs) with ways in which they might support trans and non-binary people sympathetically without adversely impacting on operational capability (OC).

a. **Sanitary Provision.** Consideration should be given to ensure trans men and those with masculine gender identities have access to sanitary provision, by including sanitary waste facilities in all gender facilities.

b. **Dress and Appearance.** RN Dress Regulations (BRd 3(1) Part 6) provides definitive guidelines for dress and appearance standards. To support non-binary SP in expressing their gender, non-binary SP can choose to adopt either of the current men's or women's dress and appearance standards, whichever fits their gender more comfortably as affirmed by them. Where a SP's gender is fluid, the SP should adopt the uniform standard which most comfortably fits their gender at that time; this may change over time, as affirmed by the individual.

(1) SP are not permitted to mix the men's and women's uniform items or standards together, including hair under current policy

(2) Trans and non-binary SP are entitled to a gratuitous uplift of gendered uniform items. For example, tricorn or peaked cap, skirts, white shirts, etc, as appropriate.

(3) COs can support trans and non-binary SP by facilitating issue of uniform and ensuring maintenance of confidentiality about the person's gender history. For example, the CO or SP could inform the Logistics Officer/clothing store of requirements for an additional uniform issue. A bespoke appointment can be arranged to maintain confidentiality and avoid any unnecessary questions, or potential embarrassment, at the counter.

c. **Health and Safety.** Individuals who use gender affirming prosthetics[1] should always consider their own health and safety during their use. All roles in the RN contain inherent risk and these increase in operational environments. Individuals may wish to temporarily remove any such items where their continued use could cause greater injury, or impact their own capability, for example during firefighting or at Action Stations. If necessary, contact the RN D&I Policy Desk for further support.

d. **Accommodation.** COs are to contact the RN D&I Policy Desk to seek guidance when considering the allocation of accommodation spaces in their unit.

e. **Appraisal Writing.** In addition to the D&I Guidance in JSP757[2] ROs should discuss inclusive language with their reporting subjects who are trans or non-binary. The SP may wish to have either their affirmed pronouns used in the report, or non-specific pronouns like they/them/theirs, or phrase the report so pronouns are not necessary; by referring to them as 'the SP,' for example. These preferences should be respected in the appraisals process. If SP feel this is not being adhered to, SP should bring this to the ROs attention.

f. **CDT.** Any trans or non-binary person undergoing CDT and requiring more privacy should report to the CDT Lead on the day. The CDT Lead will be able to offer a more private space to provide a sample and an option of male or female monitor, as preferred.

g. Where possible such adjustments should be considered before a trans or non-binary person joins a Unit. This removes the risk of an individual being accidentally "outed" by the CoC as they incorporate such changes in response to their joining. Units should be aware that they may not know if a person is trans prior or during their draft. Decisions based on assumptions should be avoided.

5. Provision of all-Gender Toilet Facilities in RN Ships and Establishments. Where infrastructure allows, COs should provide some gender-neutral toilet facilities in their units. Gender-neutral toilets are toilets that anyone of any gender can use. They are the standard on planes and trains and should not take more than signage change to set-up. Gendered toilets are not welcoming for some people who do not fit gender norms.

a. Anyone, whether cisgender, trans or non-binary, may be challenged or questioned in such spaces if their appearance does not fit stereotypes of what a man or woman looks like. These challenges are often inappropriate, as well as distressing or embarrassing for the individuals concerned. Everyone should have access to a toilet they feel able to use safely. Many trans and non-binary people avoid using public toilets, sometimes by avoiding food and drinks. In a workplace, this may impact on the person's performance and can lead to medical issues. This would clearly have an adverse effect on OC. Additionally; not all trans and non-binary people are open about their identity. It is a positive and inclusive step to provide all-gender facilities where possible.

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[1] Including but not limited to all types of STPs, packers, binders and wigs.
[2] JSP 757 Part 1, Chapter 4 Para 6 states: "The RO is obliged (and in some cases legally bound) to comply with D&I principles. All comments relating to physical attributes must be gender free and avoid reference to age, disability, Specific Learning Difficulties (SpLD), race, nationality, religion or ethnic background. Equally no reference should be made regarding marital status, pregnancy, other family circumstances or leave relating to maternity, paternity or adoption. ROs should also be cognisant of the preferred gender pronouns of the subject when writing both the MPAR and the OJAR/SJAR."

6. Dress Codes for Social Functions

a. The culture in UK society is becoming more diverse and inclusive, so too must our social dress codes. While the incidence of such requests may be small, the consequences of intolerance could be significant. Recognising that the RN has undertaken to become a diverse and inclusive employer, it therefore needs to be able to balance the maintenance of tradition with the need to accommodate changes in culture; the maintenance of tradition never trumps the requirement to act fairly and lawfully towards our people.

b. When setting the standard of dress at social events the maintenance of traditions and standards should be considered but choice should be permitted. Understanding that some people do not always identify with societal gender binary norms and tailoring the choice of clothing will create a more inclusive environment. For example, women may prefer not to wear a dress to social functions and may prefer to wear black tie, a non-binary person may wish to wear a dress or black tie; refusing to allow people to attend functions in their choice of clothing may be indirectly discriminatory.

c. Mess Presidents should examine their dress codes, including where previously ‘or female equivalent’ has been used as guidance. Not only is ‘female equivalent’ unclear, but it is also exclusive and restrictive. The key principle is to be specific about the standard required but inclusive of everyone. For example: “Dress Code: mess dress, black tie, evening dress or appropriate equivalent” would provide choice for all and create an inclusive environment for a formal evening function. A similar approach could be adopted for other, less formal standards of dress.

7. RN LGBTQ+ Network - Peer Support. RN LGBTQ+ is the sexual orientation, gender identity and expression network of the RN. It aims to foster an inclusive Service in which our people feel comfortable, valued, and empowered to be themselves and express their orientation and identity, realise their career potential, and contribute fully to the Service. The network provides for all staff, irrespective of their sexual orientation and gender identity across the Whole Force. They offer a confidential listening/advice and support service for those who seek help and are not comfortable with approaching their CoC. They can also offer peer-to-peer support through networking and social events. The network can be contacted at NAVY-LGBTQNetworkMAILBOX@mod.gov.uk.

8. Inclusive Language

a. While trans and non-binary people have always existed, the language to describe them and their experiences has not. The language surrounding and involving gender is developing and moving quickly. Many terms involve nuance and sensitivity so when talking (or writing) with (or about) trans and non-binary people it is important to use the correct language as affirmed by the individual (or group) you are communicating with (or about).

b. As people affirm their gender, they may choose a new name and ask you to use new pronouns to refer to them. A pronoun is a word we use instead of a name. Common pronouns are he, she, they, and you. Respecting pronouns is one of the simplest and easiest things you can do to support trans and non-binary people. A person's pronouns may change over time, based on their gender expression, or as they progress with their transition. Some people may use a mix of pronouns, for example he/they, where it is okay to use either set of pronouns interchangeably to refer to them. It is customary for some people to change their title and last name when they get married. If a colleague transitions, you should treat it as a similar readjustment and begin using their new name and pronouns as soon as they share them with you.

c. Hearing leaders and CoC using inclusive language can be very affirming for trans and non-binary people (whether open or not) and foster a culture of inclusiveness and belonging in the unit. Ways to improve inclusivity are:

(1) Consider putting your pronouns in your email signature.

(2) Consider starting to introduce yourself with pronouns.

(3) These are often low-risk actions that can have a significant impact on the inclusivity of your unit. It demonstrates that you are understanding of gender and committed to respecting people for who they are.

d. While mistakes during an adjustment period are understandable, it is important to deal with them in the correct way and ensure they are not repeated. Two common mistakes are:

(1) Misgendering: when a person is referred to with the wrong pronouns.

(2) Deadnaming: when a person is referred to by the name that they used before they transitioned (their 'deadname').

e. Whilst often unintentional, and no harm is intended, repetition over time or from multiple people can cause harm. If you make a mistake and deadname or misgender someone it is important to correct yourself, or be open when challenged, apologise, and move on. Deliberately misgendering someone is unacceptable and may constitute bullying or harassment. Incidents should be reported to the CoC and managed IAW JSP 763: The MOD Bullying and Harassment Complaints Procedures.

f. If you do not know which pronouns to use for a person, consider whether you need to know them: is it relevant for your interaction? If it is, simply ask them in a discrete but straightforward way: "Excuse me, what pronouns do you use?". Using rank is an effective way to avoid gendered language entirely, particularly in groups who are unfamiliar with each other. This is already widespread and normalised within the RN rank structure, e.g. when addressing a CPO as "Chief" or a LH as "Leader". Until a group is comfortable with which pronouns to use, you should consider encouraging this principle across all ranks: "Good Morning Lt," or "Hello Cdr" are no less respectful than "Hello Ma'am".

g. Where gender critical beliefs are held by individuals it is within their right to view gender as binary and related to birth sex as a personal philosophical belief. This however does not give the right for manifestation as unacceptable behaviours, bullying, harassment or discrimination. A person holding gender critical beliefs should still respect a trans or non-binary SPs pronouns if informed of them. Refusal to do so directly undermines cohesion of the unit and may constitute unacceptable behaviour.

ANNEX 30E

BUSINESS CASE TEMPLATES

1. Business Cases (BC) are used across the RN to provide a clear, auditable justification for proposals that require the allocation of time, funding, or other organisational resources. They ensure consistency of decision making, demonstrate alignment with Defence and RN strategic objectives, and evidence value for money.

2. Within RN D&I Networks, BCs are required for activities such as events, external engagement, training, travel, or other requests that draw upon Defence resources. Submissions allow Networks to articulate the purpose, expected benefits, costs, and contribution to operational effectiveness through improved inclusion and organisational culture.

3. Two approved templates are available for use: *the Standard Business Case* and the *Short Business Case*.

a. **The Standard Template.** Is used for higher-value, higher-risk, or more complex proposals, and requires detailed articulation of justification, options, risk analysis, benefits realisation, and delivery planning.

b. **The Short Template.** Provides a streamlined format for low-cost or low-risk activity, where only essential information is required in relation to the Networks financial plan to enable timely decision-making.

c. Both formats ensure proportionality while maintaining governance, transparency, and assurance across RN D&I activity.

4. Standard Business Case Template

a. **Date: [INSERT DATE HERE]**

b. **To:** Director, Conduct, Equity and Justice Directorate (Approving Authority)

c. **Copy To:** Defence Network Consultancy Team Leader, Conduct, Equity and Justice Directorate

d. **Business Case – For: [INSERT TITLE HERE]**

(1) **Issue.** Financial approval is sought for: short summary of requirement including What, Why, When and Who (especially target audience) and Outcome expected.

(2) **Recommendation.** The Approving Authority is invited to:

Approve expenditure of £XXXX.XX for:

Note: This event will positively support the department's objectives on D&I.

(3) **Timing.**

(a) Options of URGENT/ROUTINE - approval needed by XX/XX/XXXX and why.

(b) Please be aware, your Business Case must be approved before the event can take place - if the event goes ahead without approval, then the D&I team cannot be held responsible for the cost.

e. **Background To Requirement.**

(1) In no more than a couple of paragraphs, broadly set out the capability sought through this project and its role within wider departmental initiatives/ programmes. Also cover, if applicable, the project history and the wider governmental context for this project. Avoid jargon unfamiliar to the D&I team and explain any acronyms on first appearance.

(2) Breakdown of costs and activity. If it is an event, include where will it be publicised, who has been invited, and the proposed programme. If using an external company, three separate quotes are required with business justification on why the chosen supplier has been selected. Please ensure costs are cited with vat included.

f. **Benefits.**

(1) State the benefits and how the proposal aligns with the D&I strategy 'Force for Inclusion'[1]. The outcome expected should be included here and any method by which the outcome will be measured/assessed.

(2) Explain here how supporting this event/purchase will contribute to Defence's commitment to Armed Forces and Civil Service values and initiatives including the recently published Civil Service Diversity and Inclusion Strategy. Explain how your proposal will assist inclusion and diversity for Defence.

g. **Presentational Aspects.** Please add any detail on media or communications coverage you are planning, internally or externally.

h. **Procurement Route.**

(1) Please stipulate clearly how purchases will be made, for example Purchase will be made by CP&F for MOD contracted companies, ePC for external companies (or MOD contracted companies not registered on CP&F), the fee earner/ TNC process for speakers, or charged to a UIN.

[1] https://modgovuk.sharepoint.com/sites/defnet/HOCS/Documents/20180806-MOD_DI%20Plan_A4_v14_Final-U.pdf#search=Force%20for%20inclusion

(2) The Network must state how it will procure the item or service they are requesting D&I to fund. If you are unsure on procurement routes and payment options, please contact the supplier who can advise you what payment methods they accept. You can also email the Business Management Team at people-businessmgtmailbox@mod.gov.uk, or seek advice from your local Finance Business Partner.

i. **Summary.**

(1) By submitting this business case I acknowledge that I have read and am abiding by JSP 462, and JSP 332 for low value purchases.

Signed:

With contact details:

(2) Submit BC to DNCT at people-diversity-inclusion@mod.gov.uk one financial quarter (3 months) in advance of an event to avoid disappointment).

5. Short Business Case Template

Short Business Case (BC) Template (max 1 page)	
This BC is to secure *funding* from -	
Title	
Description of Requirement	
Cost	
Name of requirement owner	
Business Area	
UIN	
Procurement route	
Justification for spend/Who has directed this?	
Impact of non-approval (1-2 sentences)	

ANNEX 30F

RN NETWORK COMMUNICATION GUIDANCE

1. Aim. The aim of this Annex is to set out the RN policy, governance and minimum standards for communications and engagement by RN Staff Networks, and to align Network activity with Naval service priorities, brand and security requirements. This Annex has been developed in consultation with RN Comms.

2. Scope. This Annex applies to all RN and RM D&I Networks and any appointed Communications POCs, including Whole Force personnel and contractors when acting on behalf of the Service.

3. Policy.

a. **Governance & Responsibilities.**

(1) Director People & Training (P&T) owns the RN approach to people engagement and sets direction for coherent communications across P&T functions.

(2) P&T Engagement Team was established to bring cohesion and strategic prioritisation to communications and engagement initiatives across P&T and to filter these into RN Communications (RN Comms). The team advises Networks and assures alignment to wider organisational priorities.

(3) People Liaison Team (PLT) conducts front-line engagement to understand our people and to keep them informed on P&T themes; acts as a two-way mechanism for feedback to improve lived experience.

(4) RN Comms provides advice/guidance, brand assurance, content approvals and amplification across RN channels. A named RN Comms focal point will be promulgated on internal platforms.

b. **Annual Communications Cycle and Process.**

(1) Maintain an annual communications grid of key announcements, events and milestones.

(2) Produce a communications plan for each activity/event (OASIS method)

(3) Notify P&T Engagement Team and RN Comms of planned activity to enable alignment and amplification.

(4) Book photography/imagery support as early as possible and not less than two weeks in advance.

(5) Post-activity, measure impact against objectives and capture lessons.

c. **Communications Planning (OASIS).** Networks will use the OASIS framework: Objectives (SMART), Audience (specific and insight-led), Strategy (approach, tone and key messages), Implementation (channels and content), Scoring (measures of success).

d. **Inclusive Communications Standards.**

(1) Use plain, accessible language; avoid jargon and unexplained RN acronyms.

(2) Reflect diverse voices and perspectives; use representative imagery.

(3) Provide alternative text (ALT text) for images and captions/subtitles for video.

(4) Follow accessibility good practice for fonts, contrast and readability.

e. **External Social Media Use.** When posting on official or personal accounts in an official capacity, adhere to platform-appropriate style and RN brand. The following platform-specific guidance applies.

(1) **LinkedIn:**

(a) Engage with personnel content and celebrate milestones; showcase people, roles and skills.

(b) Prioritise video and image/graphic carousels (multi-page PDFs upload as carousels).

(c) Collaborate with partners and stakeholders to increase reach.

(d) Focus on hyperlocal content, regional stories, communities and industry partners.

(2) **X (Twitter):**

(a) Keep copy within 280 characters: short, clear, and simple.

(b) Prioritise video and images, tag relevant accounts in images where appropriate.

(c) Use a maximum of two relevant hashtags when aligned to a specific campaign/awareness moment.

(3) **Meta (Facebook):**

(a) Share hard news in a format aligned to reputable news outlets and link through to authoritative sources.

(b) Share good news regularly; build authentic relationships by responding to positive comments.

(c) Prioritise video; avoid posting more than three times a day.

(4) **Instagram:**

(a) Post in correct formats (9:16 for Reels/Stories; 4:5 for carousels).

(b) Use appropriate tone in line with RN brand; be timely with trends.

(c) Respond to users; use hashtags appropriately to extend reach; test posting times.

f. **Managing Negative Commentary.**

(1) Monitor posts after publication and triage responses.

(2) Use constructive criticism as lessons learned opportunities.

(3) For genuine complaints, respond or challenge where appropriate; peer responses may self-moderate.

(4) For malicious/offensive content, block/report the user and delete the comment in line with platform rules.

g. **Internal Communications Channels.** Authorised channels include RN DefNet, Defence Connect, MyNavy and the Whole Force Weekly Update. Tailor tone and content to the intended audience (military and/or civil service), keep copy concise and value led. Avoid over-reliance on national days/months as primary hooks; prioritise policy/personnel updates. Where appropriate, include lived-experience case studies and relevant links to single/tri-Service policy.

h. **Measuring Impact and Learning.**

(1) Reach: social reach, article views, newsletter distribution.

(2) Engagement: attendance numbers, comments, shares, clicks, email open/click-through rates.

(3) Feedback: surveys, focus groups, informal check-ins.

(4) Conduct a short post-activity wash-up to capture lessons and feed the next plan.

i. **Example of Effective Practice (for illustration).**

(1) Plan with Networks at least one month in advance to allow alignment and asset creation.

(2) Nominate a single comms POC to work with RN Comms.

(3) Hold regular planning calls with relevant stakeholders/partners/funders to maintain alignment.

(4) Provide daily content updates during major events so internal, news and digital teams know what to share.

(5) Use a single email thread or collaboration space to streamline content flow and approvals.

4. Compliance. All activity must comply with Defence writing and branding guidance, security and data protection requirements, the Service's social media direction, and any extant policy on D&I. Nothing in this Annex authorises disclosure of protected or personal information.

5. Records and Reporting. Networks are to retain communications plans, assets, approvals and evaluation summaries in accordance with Defence records policy. Quarterly summaries of activity and impact should be provided to the P&T Engagement Team as requested.

6. Security & Data Protection.

a. Apply the correct protective marking to all content and ensure pre-publication checks for OPSEC and PERSEC.

b. Obtain consent and safeguarding checks before publishing personal stories or imagery.

c. Use official channels and approved tools for collaboration and file sharing.

7. Review. This Annex will be reviewed quarterly by the RN D&I Policy Team in consultation with RN Comms and the P&T Engagement Team.

ANNEX 30G

EQUALITY ANALYSIS

1. Introduction

a. Guidance to support completion of EAs can be found on the Equality Analysis SharePoint[1].

b. Guidance on the Public Sector Equality Duty in Defence can be found in JSP 887.

CONTACT DETAILS	
1. Name of proposal owner	
2. Department, Faculty, Unit or Section	
3. Contact name and email	

STAGE ONE: PROPOSAL DETAILS	
1. Name of policy, function or practice (proposal) being assessed	
2. Reason for EA (check as appropriate) Please check the appropriate box	☐ New policy, function or practice ☐ Change to an existing policy, function or practice ☐ Review of existing policy, function or practice x Other (please state)
3. Date when the proposal is anticipated to come into effect	
4. Purpose of the proposal or review	
5. Who does the proposal impact?	
6. Legislative or other legal requirements?	
7. Who will deliver, communicate and implement the policy or proposal?	

[1] https://modgovuk.sharepoint.com/sites/peopleequalityanalysis/SitePages/Public-Sector-Equality-Duty-(PSED).aspx.

STAGE TWO: EVIDENCE BASE AND CONSULTATION		
4. Information sources What data has been used to evaluate impact on people sharing protected characteristics		
5. Gaps in evidence Please identify any gaps in evidence which prevented a proper assessment of the proposal.		
6. Engagement		
Consultation(s)	**Date(s)**	
	Audience	
	Main issues raised	
Consultation(s)	**Date(s)**	
	Audience	
	Main issues raised	
Other engagement(s)	**Date(s)**	
	Audience	
	Main issues raised	

STAGE THREE: ASSESSING IMPACT AND ACTION PLANNING							
7. What are the potential or actual impacts of the policy or proposal when assessed against each of the following protected characteristics?							
Reviewed characteristic[2]	***Positive impact***	***No impact***	***Negative impact***	**Detail of impact** *Explain whether, and if so, how, the proposal will affect people differently according to their expression of this characteristic.* *Will the policy need to be adapted to support the differential needs of the Protected Characteristics? This section should be completed whether the impact is positive or negative.* *With positive impact, detail the actions you will take to promote the positive impact to the organisation in the next column.*	**How will you mitigate or remove any negative impacts, promote any positive impacts, or adapt your policy to peoples' needs?** *You must have due regard to the need to:* *(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.* *(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.* *(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.* *If a negative impact is identified, explain the business need or direction given and why the proposed measures are appropriate and proportionate to achieve that. Where you identify a negative impact*	**Owner of action** *Identify who is responsible for mitigation or elimination if negative impacts have been identified or promote positive impacts identified.*	**Timescale** *Provide brief timescale for completion of mitigation or elimination if negative impacts have been identified or promote positive impacts identified.*

[2]The provisions of the Equality Act 2010 relating to work, contain exceptions so far as relating to age, sex or disability in service in the Armed Forces. Please see the Equality Duty Toolkit for further information - https://modgovuk.sharepoint.com/sites/peopleequalityanalysis/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fpeopleequalityanalysis%2FShared%20Documents%2FEquality%20Analysis%20Template%20and%20Toolkit%2F20230106%20Equality%20Duty%20Toolkit%2Epdf&parent=%2Fsites%2Fpeopleequalityanalysis%2FShared%20Documents%2FEquality%20Analysis%20Template%20and%20Toolkit.

					which cannot be objectively justified identify what changes you will make to your proposal to address this.		
Age	☐	☐	☐	*N/A*	*N/A*		
Disability	☐	☐	☐	*N/A*	*N/A*		
Gender reassignment	☐	☐	☐	*N/A*	*N/A*		
Marriage and civil partnership[3]	☐	☐	☐	*N/A*	*N/A*		
Pregnancy and maternity	☐	☐	☐	*N/A*	*N/A*		
Race	☐	☐	☐		*N/A*		

[3] Marriage and Civil Partnership is a protected characteristic under the Equality Act 2010 but is not a “relevant protected characteristic” for the purposes of PSED and does not need to be considered for full compliance with the duty.

				N/A			
Religion or belief	☐	☐	☐	*N/A*	*N/A*		
Sex	☐	☐	☐	*N/A*	*N/A*		
Sexual orientation	☐	☐	☐	*N/A*	*N/A*		
Applies to all characteristics	☐	☐	☐	*N/A*	*N/A*		
Other [4]	☐	☐	☐				

[4] Any further characteristics outside of those specified in the Equality Act that may be relevant, e.g. Part time workers, carers.

STAGE FOUR: OUTCOME
8. Please select one of the outcomes below for how the proposal will be progressed
☐ **No impact identified at this time.** *As a result of assessing the policy against the protected characteristics, no equality impact(s) have been identified.*
☐ **Continue the proposal without adjustments for adverse impact.** *One or more adverse equality impacts have been identified. However, the proposal meets critical business need AND is an appropriate and proportionate means to achieve that aim.*
☐ **Continue the proposal making adjustments where required.** *One or more equality impacts have been identified. Mitigating actions to address this will be taken.* *(as detailed in Table 14)*
☐ **Stop the proposal because adverse impacts cannot be prevented or objectively justified.** *One or more adverse impacts have been identified which cannot be objectively justified and it is not possible to make adjustments to address the adverse impact; it may be necessary to stop the proposal.*

PROPOSAL COMPLETION	
Signed by Proposal Owner (1* or above) ***The proposal owner is responsible for ensuring that all actions and review dates are met and the Equality Analysis is updated accordingly.*** ***The proposal owner is responsible for ensuring that the EA has been quality assured.***	Signature: Date:
Signed by MODLA ***Necessary only for major new policy and legislative proposals.***	Signature: Date:

c. **Next Steps**. Once the EA is signed, ensure the EA and the evidence informing the assessment is saved according to the guidance available online[5].

[5] modgovuk.sharepoint.com/sites/peopleequalityanalysis/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2Fpeopleequalityanalysis%2FShared Documents%2FEquality Analysis Template and Toolkit%2F20210913-Storing your Equality Analysis-OF%2Epdf&parent=%2Fsites%2Fpeopleequalityanalysis%2FShared Documents%2FEquality Analysis Template and Toolkit