



Ministry  
of Defence



# DRAFT

# Statutory Guidance

# on the Armed Forces

# Covenant Duty

Covering the United Kingdom

Issued under section 343AE(1) of the Armed Forces Act 2006

2022

DRAFT GUIDANCE

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This Guidance has been produced by the UK Government, in consultation with the Devolved Administrations of Northern Ireland, Scotland and Wales, local authorities across the United Kingdom, schools, colleges, the NHS, NHS Trusts and health boards, agencies and commissioning groups, Service charities and Families' Federations, subject matter experts, and members of the Armed Forces Community.

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# About

## Context for this Guidance

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0.1. The Armed Forces Act 2021 amended the Armed Forces Act 2006 ('the Act') by inserting sections 343AA to 343AF. These place a legal duty (the 'Covenant Duty') on specified public persons and bodies ('specified bodies'), to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in the fields of healthcare, education and housing ('relevant functions'). The specified bodies and relevant functions are listed in sections 343AA to 343AD of the Act. The Covenant Duty came into effect on [DATE PLACEHOLDER].

0.2. This Guidance is issued under section 343AE of the Act, which states that the specified bodies must have regard to this Guidance when exercising a relevant function.

## Purpose of this Guidance

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0.3. The purpose of this Guidance is to assist the specified bodies comply with their legal obligations, by providing information about the Duty and those people within the Armed Forces Community who are beneficiaries of the Duty. It highlights the issues these people can face as a result of Service life, and illustrates good practice in the areas of healthcare, education and housing. If specified bodies have any questions about this Guidance or the Duty, they should seek legal advice and/or contact the Ministry of Defence's Armed Forces Covenant Team (see [Appendix 3](#) for contact details).

0.4. This Guidance is specifically about the statutory Covenant Duty. Information about the wider Covenant is available from the sources listed in [Appendix 3](#).

## Intended audience

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0.5. The primary audience for this Guidance is the specified bodies across the UK that are subject to the Duty. This Guidance will be of interest to staff throughout these bodies, but particularly those involved in policymaking, business planning, procurement, delivery, and governance. This Guidance is also aimed at other organisations delivering any of the relevant functions on behalf of the specified bodies. This Guidance will also be of interest to members of the Armed Forces Community, and other organisations that work with them, such as charities.

## Contents of this Guidance

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0.6. [Chapter 1](#) provides an overview of the Covenant Duty, including what it is and to whom and when it applies. It describes in detail some of the unique obligations and sacrifices of Service life, and introduces the concepts of disadvantage and special

provision. The remaining chapters describe in detail some of the disadvantages that can be experienced by members of the Armed Forces Community in the areas of healthcare ([chapter 2](#)), education ([chapter 3](#)), and housing ([chapter 4](#)). Case studies are provided throughout to illustrate ways that the Armed Forces Covenant principles may be considered and applied.

0.7. The appendices provide a list of the specified bodies that are subject to the Duty and the relevant functions to which the Duty applies ([Appendix 1](#)), information about how to become more aware of Armed Forces issues ([Appendices 2 and 3](#)), and information about how to resolve disputes ([Appendix 4](#)).

## Publication information

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0.8. This is the only Statutory Guidance on the Covenant Duty to be published by Her Majesty's Government. Further advice and support on the Armed Forces Covenant and the Covenant Duty is available from the Armed Forces Covenant Team in the Ministry of Defence.

0.9. This Guidance is also available in Welsh. If there is a need for this Guidance to be provided in an alternative format and/or language, please contact the Armed Forces Covenant Team to discuss the requirement. This is the first edition of this Guidance, published on [DATE PLACEHOLDER]. This document remains subject to future updates. Any suggestions for content in future versions can be sent to the Armed Forces Covenant Team.

# Foreword by the Secretary of State for Defence

# Executive Summary

## The Armed Forces Covenant

0.10. The Armed Forces Covenant is a promise by the nation that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. The Covenant was established in its current form in 2011 and since then, thousands of different organisations – including businesses, local authorities, universities, and charities – have chosen to sign a pledge to honour the Covenant and support their Armed Forces Community. As a result of this, there have been many examples around the UK of good practice to remove, mitigate, or prevent incidents of disadvantage from occurring.

## The Armed Forces Covenant Duty

0.11. Building on this good progress, the Armed Forces Act 2021 amended the Armed Forces Act 2006 to create the following legal obligation on specified bodies in all four home nations of the UK. This is the Armed Forces Covenant Duty.

When a specified body exercises a relevant function, it must have due regard to: (a) the unique obligations of, and sacrifices made by, the Armed Forces; (b) the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces, and (c) the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the Armed Forces.

This legal obligation applies to specified bodies whether or not they have signed the Covenant pledge. It is explained further below.

## Specified bodies subject to the Covenant Duty

0.12. The specified bodies that are subject to the Covenant Duty are the bodies listed in sections 343AA(3), 343AB(3), 343AC(3) and 343AD(3) of the Act. They are bodies responsible for providing local services in the areas of healthcare, education and housing, such as local authorities, governing bodies of schools, and NHS bodies. (See [section 1C](#))

## Relevant functions in scope of the Covenant Duty

0.13. The relevant functions in scope of the Duty are functions under or by virtue of the legislative provisions listed in sections 343AA(4)-(6), 343AB(4)-(6), 343AC(4)-(6) and 343AD(4)-(6) of the Act, summarised in sub-paragraphs (a) – (c) below. (See [section 1D](#))

- a. In the settings of NHS Primary Care, NHS Secondary Care, and local authority-delivered healthcare services, the following functions: provision of services; planning and funding; and co-operation between bodies and professionals.
- b. In compulsory education settings, the following functions: admissions; educational attainment and curriculum; child wellbeing; transport; attendance; additional needs support; and, for England only, use of Service Pupil Premium funding.
- c. The following housing functions: allocations policy for social housing; tenancy strategies (England only); homelessness; and disabled facilities grants.

## Due regard

0.14. The Duty is about informed decision-making, and means that specified bodies should think about and place an appropriate amount of weight on the principles of the Armed Forces Covenant when they consider all the factors relevant to how they carry out relevant functions. It is not prescriptive about the actions specified bodies should take in order to comply with their legal obligations, and it does not mandate specific public service delivery outcomes. Bodies might wish to draw on their experience and practice in complying with similar due regard duties. (See [section 1F](#))

## Unique obligations and sacrifices

0.15. These include: danger; geographical mobility; separation; Service law and rights; unfamiliarity with civilian life; hours of work; and stress. (See [section 1G](#))

## Removing disadvantages

0.16. A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life. (See [section 1H](#))

0.17. In healthcare, veterans and Service families might experience more challenges in accessing healthcare, or more delays in receiving treatment, compared to non-Service patients. (See [chapter 2](#))

0.18. In education, Service children might experience an interrupted education, a disrupted social experience, reduced mental wellbeing, a longer journey to school, or not being able to take holidays during normal school holiday periods. Service children with additional needs might suffer delays relating to assessments and plans. (See [chapter 3](#))

0.19. In housing, veterans, Service personnel leaving Service, and Service families might lack knowledge about housing services, not have built up sufficient 'local connection', not be prioritised to receive social housing, experience a lack of available social housing, find it more difficult to communicate with housing bodies, be reluctant to seek early help, or require adaptations to be made to their home when they re-locate. (See [chapter 4](#))

## Special provision

0.20. Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. Special provision may be justified by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental). (See [section 1I](#))

## Service people

0.21. The people who benefit from the Duty are defined collectively as 'Service people' in section 343B(1) of the Act, comprising: currently serving members of the UK regular and reserve forces; currently serving members of British Overseas Territories' Armed Forces who are subject to UK Service law; former members of the UK regular and reserve forces and British Overseas Territory Forces, who are ordinarily resident in the UK ('veterans'); and the 'relevant family members' of people in these groups. (See [section 1J](#))

# 1. The Armed Forces Covenant Duty

## 1A. What is the Armed Forces Covenant?

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1.1. The [Armed Forces Covenant](#) is a promise by the nation, founded on the unique obligations and sacrifices of those who serve, or have served, in the Armed Forces, that they and their families should be treated fairly. This was designed to ensure that the sacrifices made by the Armed Forces Community in the national interest should not come at significant cost when accessing goods and services in the UK.

1.2. The Covenant has existed in its current form since 2011, and each year since then, the UK Government has been statutorily required to present to Parliament a Covenant Annual Report, covering all four home nations of the UK. Thousands of organisations from the public, private and charity sectors have committed their support to the Armed Forces Community by signing a pledge to honour the Covenant,<sup>1</sup> or making other commitments. National and local governments have collaborated with these bodies to improve the lives of members of the Armed Forces Community. This has been done by improving access to existing goods and services, and, in some cases, by creating new bespoke services or pathways as part of special provision. A [collection of resources](#) has been published to help local bodies deliver the Covenant in their area. These cover a range of policy areas, including healthcare, education, housing, and areas that are outside the scope of the Covenant Duty, including employment, remembrance and recognition, for example.

1.3. The Government recognises the valuable contributions of organisations across the UK in support of the Armed Forces Covenant – and service provision to the Armed Forces Community has significantly improved as a result. However, in certain areas of public service provision, delivery of the Covenant remains inconsistent, and some members of the Armed Forces Community can still find themselves disadvantaged as a result. From cases brought to the attention of the Ministry of Defence, Service charities, and ombudsmen, it appears a lack of awareness of issues affecting the Armed Forces Community can be a major factor in some incidents of disadvantage. This led to the creation of the Armed Forces Covenant Duty in 2021. This was achieved by using the Armed Forces Act 2021 to insert the Duty into the Armed Forces Act 2006. Therefore, references throughout this Guidance to the legislation underpinning the Duty are references to the Armed Forces Act 2006 ('the Act').

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<sup>1</sup> [Who has signed the covenant?](#)

## 1B. What is the Armed Forces Covenant Duty?

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1.4. The Armed Forces Covenant Duty is the following legal obligation. When a specified body exercises a relevant function, it must have due regard to:<sup>2</sup>

- a. *the unique obligations of, and sacrifices made by, the armed forces;*
- b. *the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces; and,*
- c. *the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.*

1.5. Sub-paragraphs (a) to (c) are a summary of the Armed Forces Covenant. The Duty builds on – but is distinct from – the pre-existing voluntary Covenant pledge. **This legal obligation applies to all specified bodies, when exercising relevant functions, whether or not that body has signed the Covenant pledge.**

1.6. The Covenant Duty is designed to raise awareness of the principles of the Covenant, the reasons for it, and in turn improve decision-making in respect of the Armed Forces Community. It requires that decisions about the development and delivery of specific services are made with conscious thought to the needs of those members of the Armed Forces Community within scope.

1.7. The Covenant Duty applies across the whole of the UK. However, specified bodies within the different home nations of the UK are subject to different legal frameworks and administrative procedures underpinning the relevant functions in scope of the Duty. The Duty works in accordance with the legal system where the body operates. This is reflected in the list of bodies and functions in scope in each home nation of the UK, set out later in chapter 1, at [sections 1C](#) and [1D](#). The Secretary of State's power to add to these bodies and functions is described in [section 1E](#).

1.8. This is followed by explanations of the key terms in the Duty: 'due regard' in [section 1F](#); 'unique obligations and sacrifices' in [section 1G](#); 'removing disadvantages' in [section 1H](#); 'special provision' in [section 1I](#); and 'Service people' in [section 1J](#). [Section 1K](#) describes what is not in scope of the Duty.

## 1C. Specified Bodies subject to the Covenant Duty

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1.9. The specified bodies subject to the Covenant Duty are listed in the Act<sup>3</sup> and [Appendix 1](#) of this Guidance, and summarised in Table 1 below. Many of the illustrative case studies in chapters 2-4 involved collaborative working between different bodies.

<sup>2</sup> The Armed Forces Act 2021 inserted the due regard Duty into the Armed Forces Act 2006 section 343AA(1) in relation to England, section 343AB(1) in relation to Wales, section 343AC(1) in relation to Scotland, and section 343AD(1) in relation to Northern Ireland.

<sup>3</sup> The Armed Forces Act 2021 inserted these bodies into the Armed Forces Act 2006 section 343AA(3) in relation to England, section 343AB(3) in relation to Wales, section 343AC(3) in relation to Scotland, and section 343AD(3) in relation to Northern Ireland.

1.10. The private and third sectors are not in scope (though some bodies in scope, such as academies, might have charitable status). However, when relevant functions have been contracted out to private companies or third sector organisations, the specified public body responsible for that function needs to ensure that any third parties exercising functions on their behalf are required to comply with the Covenant Duty and do so in practice. Therefore, the responsible public body might wish to reflect the Duty in the contracts it has with contractors exercising relevant functions on its behalf. This Guidance will therefore be of interest to some private and third sector bodies, particularly if they deliver any of the relevant functions on behalf of a public body.

England	<ul style="list-style-type: none"> <li>• Local authorities</li> <li>• Governing bodies of maintained schools and further education institutions</li> <li>• Proprietors of Academies</li> <li>• Non-maintained special schools and special post-16 institutions</li> <li>• NHS England, integrated care boards, NHS Trusts and NHS Foundation Trusts</li> </ul>
Wales	<ul style="list-style-type: none"> <li>• Local authorities</li> <li>• Governing bodies of maintained schools</li> <li>• Local Health Boards, Special Health Authorities, and NHS Trusts</li> </ul>
Scotland	<ul style="list-style-type: none"> <li>• Local authorities and local authority landlords</li> <li>• Integration authorities, Health Boards, Special Health Boards, and the Common Services Agency for the Scottish Health Service</li> <li>• Persons or bodies whose help is requested under section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004</li> </ul>
Northern Ireland	<ul style="list-style-type: none"> <li>• The Northern Ireland Housing Executive</li> <li>• The Education Authority and the Board of Governors of a grant-aided school</li> <li>• The Department of Health (Northern Ireland), but only when exercising the relevant healthcare functions in scope of the Duty that were exercised by the former Regional Health and Social Care Board prior to its dissolution<sup>4</sup></li> <li>• Local Commissioning Groups, and Health and Social Care Trusts</li> </ul>

Table 1. Summary of Specified Bodies subject to the Covenant Duty

<sup>4</sup> The Act makes reference to Northern Ireland's Regional Health and Social Care Board in the list of bodies specified in section 343AD(3) who are subject to the Duty. This Board was dissolved by the Health and Social Care Act (Northern Ireland) 2022, with effect from 1 April 2022, with its functions transferring to the Department of Health (Northern Ireland). Under the 2022 Act's transitional provisions, the Duty will continue to apply to the relevant functions formerly exercised by the Board as now exercised by the Department for Health (Northern Ireland).

## 1D. Relevant Functions in Scope of the Covenant Duty

1.11. The relevant functions in scope of the Covenant Duty are functions under or by virtue of the legislative provisions listed in the Act<sup>5</sup> and [Appendix 1](#) of this Guidance. They are summarised in Table 2 below. The Duty must be complied with when a specified body makes a decision relating to the matters in Table 2, such as when it develops, implements and/or reviews a relevant policy, or makes decisions on its delivery of relevant services.

1.12. Relevant functions in scope of the Duty are the listed functions within the fields of healthcare, education, and housing services. These are key areas where disadvantages to members of the Armed Forces Community have commonly arisen. The focus of the legislation is on local – and, as appropriate, regional – provision of these services.

Healthcare	<ul style="list-style-type: none"> <li>• Provision of services</li> <li>• Planning and funding</li> <li>• Co-operation between bodies and professionals</li> </ul> <p>These healthcare functions are within scope of the Duty in the following settings:</p> <ul style="list-style-type: none"> <li>• NHS Primary Care services, including general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services.</li> <li>• NHS Secondary Care services, including urgent and emergency care, hospital and community services, specialist care, mental health services, and additional needs services (as applicable).</li> <li>• Local authority-delivered healthcare services, including sexual health services and drug and alcohol misuse services.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Admissions</li> <li>• Educational attainment and curriculum</li> <li>• Child wellbeing</li> <li>• Transport</li> <li>• Attendance</li> <li>• Additional needs support</li> <li>• Use of Service Pupil Premium funding (England only)</li> </ul> <p>These education functions are within scope of the Duty in compulsory education settings, that is, primary, secondary, and, for England only, compulsory further education. The Duty does not cover nursery (early years education), higher education, or other voluntary adult education settings.</p>
Housing	<ul style="list-style-type: none"> <li>• Allocations policy for social housing</li> <li>• Tenancy strategies (England only)</li> <li>• Homelessness</li> <li>• Disabled Facilities Grants</li> </ul>

Table 2. Summary of Relevant Functions in Scope of the Covenant Duty

<sup>5</sup> The Armed Forces Act 2021 inserted these legislative provisions into the Armed Forces Act 2006 section 343AA(4-6) in relation to England, section 343AB(4-6) in relation to Wales, section 343AC(4-6) in relation to Scotland, and section 343AD(4-6) in relation to Northern Ireland.

## 1E. Reviewing the Operation of the Duty and Extending its Scope

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1.13. The Act gives the Secretary of State the power to extend, by regulations, the scope of the Duty to include additional bodies and functions.<sup>6</sup> This is so that the Duty can be adapted to meet the changing needs of the Armed Forces Community. The Secretary of State is required to consult the Devolved Administrations and other appropriate stakeholders before making regulations under this power.<sup>7</sup> The Ministry of Defence will keep the operation of the Duty under review and continue to work closely with its Covenant stakeholders.

## 1F. Due Regard

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1.14. The Act does not state what a body must do in order to have due regard. How a body meets the Covenant Duty, and how the Duty is reflected in relevant policies or procedures, are therefore matters for the body in question. It is about informed decision-making, and means that specified bodies should think about and place an appropriate amount of weight on the principles of the Armed Forces Covenant when they consider all the factors relevant to how they carry out relevant functions. Therefore, specified bodies should ensure that mechanisms are in place that prompt decision-makers to assess how their decision might impact on service users from the Armed Forces Community in scope of the Duty. Bodies might wish to draw on their experience and practice in complying with other similar due regard duties.

1.15. Keeping written records of how key policies and decisions have been made, and documenting the factors that were taken into account in each decision, will help bodies demonstrate that they have had due regard to the principles of the Covenant, if challenged.

## 1G. Unique Obligations and Sacrifices

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*Due regard to the unique obligations of, and sacrifices made by, the armed forces.*

1.16. Being part of the Armed Forces offers both challenge and adventure, providing those who serve with much in terms of skills and experience, as well as the opportunity to protect and serve their country. The majority of people leaving the Armed Forces do so empowered with skills, a strong team work ethic, and a resilient approach to life. However, to effectively meet the demands upon them, the Armed Forces Community faces unique obligations and sacrifices. Some of these are described below.

1.17. Members of the Armed Forces Community experience these obligations and sacrifices to different degrees and at different times throughout, and in some cases after, their Service career, as personal circumstances vary.

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<sup>6</sup> The Armed Forces Act 2021 inserted this power into the Armed Forces Act 2006 at section 343AF(1).

<sup>7</sup> The Armed Forces Act 2021 inserted this requirement into the Armed Forces Act 2006 at section 343AF(7).

## 1G1. Danger

1.18. Serving members of the Armed Forces can be exposed to a wide range of threats of violence, and exposure to environments that are physically unsafe for natural, manmade or political reasons, with a danger of death, or short or long-term injury to physical and/or mental health. While some injuries might be temporary, others can be career-ending or life-altering. The Service person's family can also suffer significantly in these circumstances.

## 1G2. Geographical Mobility

1.19. Serving members of the Armed Forces need to be highly geographically mobile and ready to move, depending on the Service need. Sometimes this is in response to a live military operation. Many other moves are routine, regular re-locations around the country and across the globe to ensure the effective running of the Armed Forces. In this case, family members often move with the Service person. The Service person and their family might see their lives uprooted, and a reduction in the availability of support structures, as they move away from wider family and friends. It is likely that the Service person lacks choice on timing and location, and sometimes the move is at short notice. This requirement to re-locate is likely to happen multiple times during a Service career, and the frequency of moves is often higher for Army personnel than for others.

## 1G3. Separation

1.20. Serving members of the Armed Forces might be required to spend significant periods of time away from their family, for weeks or months at a time, for example, if deployed overseas on operations. Operational requirements might mean some Service personnel (especially Naval personnel, such as submariners) cannot contact their families for months at a time, making the separation particularly tough. Or, if the Service person is required to move within the UK or is posted overseas, the family might decide to stay at home. While this helps the family to build roots and local support networks – mitigating some challenges – it also means that families can be separated long-term, or during the working week, from the Service person. The Naval Families Federation has published [more information](#) about the impact of parental absence.

## 1G4. Service Law and Rights

1.21. Members of the Armed Forces are normally expected to carry out a minimum term of Service. Furthermore, operational readiness requires personnel to achieve a high state of discipline and organisation. As such, Service personnel become subject to an additional system of law (Service law). This is fundamental to ensuring the effective operation of the Armed Forces. However, it requires personal sacrifices to be made. For example, personnel cannot simply opt out from a move that inconveniences them. As they are bound to serve certain engagement lengths, they must obtain permission to discharge early, rather than have the right to give notice. Members of the Armed Forces are also not permitted to be politically active or go on strike. These are rights available to most of the wider public, but not to serving members of the Armed Forces.

## 1G5. Unfamiliarity with Civilian Life

1.22. Due to the requirements of Service, the Armed Forces provides Service personnel with many essential services, including accommodation, healthcare, training, sports, clothing, and transport. There is also a separate Service Justice System. Therefore, having spent so much of their time in the Armed Forces environment, Service personnel – and their families who have been accompanying them – might lack knowledge or experience of civilian life. They might not know what services are available to them, or how to gain access to them, or they might have a general sense of disconnection from civilian society.

## 1G6. Hours of Work

1.23. Armed Forces Regular personnel and mobilised Reserves do not receive the full benefits of working hours legislation. They are required to be available for duty 24 hours a day and 365 days a year. They might be required to work unsociable or long hours. Further, they might not be able to take all their leave entitlement, or their booked leave might be cancelled at short notice.

## 1G7. Stress

1.24. Members of the Armed Forces Community might experience stress as a result of the other obligations and sacrifices of Service life. For Service personnel this might be exacerbated by the pressures of the work itself, including having to conduct operations in a range of unfamiliar, dangerous or distressing environments, and the importance of the work of protecting their country. Deployment abroad can be tough on family members, who might experience feelings such as loneliness or worry about the safety of loved ones deployed abroad. The Service partner might have the burden of acting as a single parent while the Service person is deployed. Families might also find themselves suddenly needing to take on additional caring responsibilities in the event of injury or bereavement. Members of the Armed Forces Community might suffer in silence and try to cope with issues alone, due to a perceived stigma of speaking up, or a belief that people outside the Armed Forces will not understand their experiences.

## 1H. Removing Disadvantages

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*Due regard to the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces.*

1.25. A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life.<sup>8</sup>

1.26. This principle is that it is desirable to remove all such disadvantages arising for all members of the Armed Forces Community within scope of the Duty (defined in [section 1J](#)).

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<sup>8</sup> Note that disadvantages do not have to be uniquely experienced by the Armed Forces to be within scope. For example, non-Service children also sometimes move school during the school year.

However, it should not be assumed that everyone associated with the Armed Forces Community experiences disadvantages because of Service life. [Research](#) commissioned by the Forces in Mind Trust and the Local Government Association included a survey of the Armed Forces Community that found that 38% of respondents felt they had been disadvantaged at least once as a result of Service life, indicating that many had not been. Some members of the Armed Forces Community are more likely to experience disadvantage than others. For example, currently serving personnel and their families, due to their greater geographical mobility, may be more likely to experience related disadvantages than veterans who may be more settled in their communities.

1.27. The following chapters describe some of the ways that disadvantage can be experienced by the Armed Forces Community in the areas of healthcare ([chapter 2](#)), education ([chapter 3](#)), and housing ([chapter 4](#)). The unique obligations and sacrifices of Service life from which each disadvantage can arise are identified. Since 2011, when the Covenant was established in its current form, there have been many examples of best practice to remove, mitigate, or prevent incidents of disadvantage from arising. Some of these case studies are described in the healthcare, education, and housing chapters. These case studies do not prescribe mandatory actions, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community.

## 11. Special Provision

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*Due regard to the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.*

1.28. Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. These are actions that result in the provision of something bespoke, or something not normally available to the general public and the Armed Forces Community.

1.29. Special provision may be justified in some cases by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental). This contrasts with the previous principle aimed at removing disadvantages, which is for the benefit of the Armed Forces Community as a whole. This is because the Armed Forces Covenant is not about giving members of the Armed Forces Community advantageous treatment as a matter of course (see [section 1K](#)).

1.30. There are different ways that special provision could be given, when appropriate, including the following.

- a. Implementing a bespoke solution to mitigate an identified disadvantage, for the benefit of a group or individual that has sacrificed the most, where the solution goes above and beyond what is provided for the general public and most members of the Armed Forces Community.
- b. Offering something additional to a group or individual in the Armed Forces Community that has sacrificed the most, not to directly mitigate an identified disadvantage, but more as a general recognition of particularly sacrificial Service to

the country. An example of this is the Integrated Personal Commissioning for Veterans Framework, described in [section 2C7](#).

- c. Establishing different policies or procedures, for the benefit of a group or individual in the Armed Forces Community that has sacrificed the most. An example of this is the priority treatment commitment described in [section 2C1](#).

## 1J. The Armed Forces Community

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1.31. The Duty applies to the following members of the Armed Forces Community, collectively defined in the Act as ‘Service people’:<sup>9</sup>

- a. members of the regular forces and the reserve forces;
- b. members of British overseas territory forces who are subject to Service law;
- c. former members of any of Her Majesty’s forces who are ordinarily resident in the UK; and,
- d. relevant family members [of those in (a) to (c) above].

1.32. These are therefore the groups of people that must be considered when complying with the Duty. These four groups are described below. The term ‘Armed Forces Community’ is used more commonly than ‘Service people’ in the context of the Covenant. Therefore, this Guidance uses the term ‘Armed Forces Community’, or just ‘the Community’, to mean the same four groups of people. Note that the functions carried out by specified bodies could have the potential to affect the whole of this Community, or groups or individual members within it.

### 1J1. Members of the regular forces and the reserve forces

1.33. Under the Act, the ‘regular forces’ are the Royal Navy, the Royal Marines, the regular Army and the Royal Air Force. This group therefore includes all currently serving members of these forces. Citizens of some other countries can join these forces, and they are included in this group.

1.34. This group also includes all currently serving members of one of the volunteer reserve forces (the Royal Naval Reserve, the Royal Marines Reserve, the Army Reserve and the Royal Auxiliary Air Force) or the ex-regular reserve forces (the Royal Fleet Reserve, the Regular Reserve and the Royal Air Force Reserve). The volunteer reserve forces are mainly made up of individuals who have civilian jobs and volunteer to serve as a reservist, which involves training in the evening and on weekends and annual training camps. The ex-regular reserve forces are made up of former members of the regular forces who have civilian jobs but are required to be a member of a reserve force for a set period and may have to undertake training to maintain or augment their skills. Reservists are liable to be compulsorily mobilised for set periods of full-time service, during which time they can be deployed in the same way as regulars; in practice reservists are mostly selected for mobilisation only if they agree to this in advance. Reservists do active service on operations alongside regulars, normally when they are serving under particular types of commitment or have been mobilised.

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<sup>9</sup> These four groups are collectively defined as ‘Service people’ in section 343B(1) of the Armed Forces Act 2006 for the purposes of Part 16A of that Act (Armed Forces Covenant).

1.35. This Guidance uses the terms ‘UK Armed Forces’, ‘Service person’ or ‘Service personnel’ for people in this group. Note therefore that the term ‘Service personnel’ has a different meaning to the term ‘Service people’. People in this group are in scope of the Duty wherever they are located – in the UK or abroad. This contrasts with veterans who are within scope of the Duty only if they are ordinarily resident in the UK (see [section 1J3](#)).

### 1J2. Members of British Overseas Territory Forces who are subject to Service law

1.36. A ‘British Overseas Territory Force’ is ‘any of Her Majesty’s forces that is raised under the law of a British Overseas Territory’.<sup>10</sup> This group therefore comprises the **currently serving members of the British Overseas Territories’ Armed Forces**. For example, a member of the Royal Bermuda Regiment or the Royal Montserrat Defence Force. People in this group are not members of the UK Armed Forces. They are also not to be confused with British Forces Overseas, who are members of the UK Armed Forces that have been posted to other countries.

1.37. People in this group are in scope of the Duty when they are **subject to UK Service law**. This is while they are ‘undertaking any duty with or training with a [UK] regular or reserve force’.<sup>11</sup> There are times when a member of a British Overseas Territory Force is deployed to the UK for a period, for example, to deliver training to UK Armed Forces. They might also be accompanied by their family members depending on the duration of the posting. The UK Armed Forces take care of British Overseas Territory personnel in the UK.

1.38. While it might be rare for specified bodies in the UK to encounter these personnel, specified bodies should regard the British Overseas Territory Forces who are subject to Service law as part of the Armed Forces Community in terms of the Covenant Duty.

### 1J3. Former members of any of Her Majesty’s forces who are ordinarily resident in the UK

1.39. Under the Act, ‘Her Majesty’s forces’ means the UK regular and reserve forces and the British Overseas Territories’ Armed Forces. Therefore, included in this group are: **former members of the UK regular and reserve forces**, that is, former members of the forces listed in [section 1J1](#), noting this includes those who served in the UK Armed Forces as part of Wartime Conscription and National Service; and **former members of British Overseas Territories’ Armed Forces**. A former member of any of these forces is anyone who has served for at least one day. The term ‘Her Majesty’s forces’, as it is used in the Act, does not include the Armed Forces of other Commonwealth countries or wider groups such as the Merchant Navy. Therefore, former members of these other groups are not within scope of the Duty. (Though some could still be considered under the broader Covenant, see [section 1J5](#).)

1.40. People in this group are in scope of the Duty if they are **ordinarily resident in the UK**. The Act does not provide any further definition of ‘ordinarily resident in the UK’.

1.41. These individuals are also known as ‘veterans’ or ‘ex-Service personnel’, and this Guidance uses the term ‘veterans’ for this group. A [2017 study](#) estimated that there are 2.4

<sup>10</sup> Section 343B(4) of the Armed Forces Act 2006

<sup>11</sup> Section 369 of the Armed Forces Act 2006

million veterans in Great Britain, making up an estimated 5% of household residents aged 16+,<sup>12</sup> and that veterans are estimated to be predominantly male (89%) and/or aged 65+ (60%), though both of these characteristics are changing as the veteran population becomes younger and more diverse.

1.42. There are several reasons why someone might leave the Armed Forces, such as expiration of contract, resignation, medical and compassionate reasons, and misconduct. No matter the reason for discharge, all such veterans benefit from the Covenant Duty.

#### 1J4. Relevant family members

1.43. The definition of ‘relevant family members’ for the purposes of the Duty is set out in the Armed Forces (Covenant) Regulations 2022.<sup>13</sup> Note that elsewhere in this Guidance, the term ‘Service families’ is used for ease of reference, therefore, references to Service families are references to ‘relevant family members’.

1.44. Service life primarily impacts on family members as a result of their cohabitation with, or dependency on, a member or former member of the Armed Forces. It is this connection that is therefore the basis of the definition. Functions carried out by specified bodies can affect different groups in different ways. Some functions may have the potential to affect some categories of family members more than others or not at all.

1.45. The following people are prescribed in the Regulations as relevant family members. They are family members of the people in the three other groups in scope of the Duty, and the term ‘Service members’ is used to mean all the people in these three other groups.<sup>14</sup> That is, **‘Service members’ are the current members (serving personnel) described in [section 1J1](#) and [section 1J2](#), and the former members (veterans) described in [section 1J3](#)**. References below to Service members includes references to former Service members.

- a. **Partners:** This comprises the current and former spouses and civil partners of Service members, and any person whose relationship with a Service member is or was formerly ‘akin to a relationship between spouses or civil partners’, such as a cohabiting couple in a committed relationship. It should be remembered that Service members might be required to live away from their partner on posting or deployment for a considerable period (see [section 1G](#)), but this should not be taken as affecting whether they are in such a relationship. This group includes former partners as they can continue to be impacted by Service life following a break-up from a Service member, particularly if they have children together. Including former partners ensures they can receive appropriate consideration as they become independent of the Service member, for example, to take account of the former partner’s first re-location after the end of the relationship. This Guidance uses the term ‘Service partners’ for this group.

<sup>12</sup> The Censuses in England, Wales and Scotland now ask respondents whether they had previously served in the UK Armed Forces. This data will facilitate a more accurate understanding of the size and distribution of the veteran populations in England, Wales and Scotland.

<sup>13</sup> The Armed Forces (Covenant) Regulations 2022 are made under section 343B(4) of the Armed Forces Act 2006.

<sup>14</sup> This is the collective term used for these three other groups in the Regulations and in Section 343B(4) of the Armed Forces Act 2006.

- b. **Children:** This comprises children (including adopted children) under the age of 18 who are children of Service members or Service partners, and any other children under the age of 18 that are otherwise the responsibility of Service members or Service partners. A child is the responsibility of a Service member or Service partner if the Service member or Service partner has parental responsibility for the child, if the child is wholly or mainly financially dependent on the Service member or Service partner, or if the child is someone for whom the Service member or Service partner has assumed regular and substantial caring responsibilities (such as a foster child). This Guidance uses the term 'Service children' for this group.

Whilst the impact of Service life on children of serving members of the Armed Forces may be more easily apparent, children of veterans are included as they can experience disadvantages arising from Service life after their parent(s) have left Service. This could be the continuation of a disadvantage first experienced while their parent(s) were in Service, or a new disadvantage experienced due to the family's resettlement out of the Armed Forces into civilian life.

Note that, while all Service children under 18 fall within the definition of relevant family member via this 'Children' category, upon turning 18 they will continue to meet the definition of relevant family member as a 'Relative' if they meet any of that category's three criteria (i)-(iii) (that is, if they have a dependency on the Service member or Service partner).

- c. **Relatives:** This comprises the relatives (including through adoption) of Service members or Service partners that are:
- (i) **living in the same household** as the Service member. Service members might be required to temporarily live elsewhere, either for a set period of time or during the working week, due to postings or deployments (see [section 1G](#)). In such cases, where the relative would otherwise be living with the Service member (but for the fact the Service member is away for Service reasons) they are still to be considered a member of the Service member's household; or
  - (ii) **wholly or mainly financially dependent** on the Service member or Service partner; or
  - (iii) someone for whom the Service member or Service partner **has assumed regular and substantial caring responsibilities**, such as those with additional needs who may be otherwise unable to care for themselves.

The term 'relative' means:

- (a) a parent, step-parent, son, daughter, stepson, stepdaughter, grandparent, step-grandparent, great-grandparent, step-great-grandparent, grandchild, step-grandchild, great-grandchild or step-great-grandchild;
- (b) the brother, sister, uncle, great-uncle, aunt, great-aunt, niece, great-niece, nephew, great-nephew or first cousin (whether of the full blood or of the half blood or by marriage or civil partnership);
- (c) any person aged 18 or over who was the responsibility of the Service member or Service partner as a child. Being the responsibility of a Service member or Service partner has the same meaning as in the 'Children' category above. This ensures this group will continue to be relevant family members when they are adults where there is a level of dependency.

- d. **Bereaved family members:** When a Service member is deceased, this comprises any person who was a relevant family member under one of the above categories immediately before the Service member's death.

### 1J5. Groups not within scope of the Duty

1.46. For the purposes of the Duty, the Armed Forces Community includes only the four groups above. For Covenant issues that are not part of the Duty, the Armed Forces Community may be defined more broadly. Therefore, in the spirit of the Covenant, although not bound by the Duty to do so, specified bodies may also wish to consider the needs of individuals within these wider groups if individual circumstances merit it. Included in these wider groups are members of the Merchant Navy that have seen duty on defined military operations, and wider family members not within scope of the definition of 'relevant family members' above.

1.47. Some groups are not within scope of either the Duty or the broader Covenant. The Armed Forces of other nations, such as NATO and Commonwealth countries, are not within scope of either the Duty or the broader Covenant (the only other countries in scope are British Overseas Territories). Also, Cadets and Adult Volunteers in the Cadet Forces are not members of the UK Armed Forces, and are not within scope of either the Duty or the broader Covenant.

### 1K. The Armed Forces Covenant Duty: What it is not

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1.48. The Covenant Duty is not prescriptive about the approach a specified body should take in order to comply with their legal obligations. It also does not mandate that any particular conclusions are reached or specific public service delivery outcomes achieved as a result of that consideration. The actions and outcomes that bodies deem appropriate will vary across the country depending on local circumstances.

1.49. The Covenant Duty does not abolish or replace existing Covenant pledges and other commitments. Public and private bodies will still be encouraged to honour these. Similarly, the Covenant pledge will remain open for new bodies to sign up to, should they wish to do so, as there are matters within scope of the wider Covenant that have not been brought within the legal Duty, including the following.

- a. The Duty only applies to specific functions in healthcare, education, and housing. Other functions in these three areas, and functions in other, unrelated areas, are not within the scope of the Duty, though may still be relevant to the wider Covenant.
- b. The Duty only applies to specified bodies. Many organisations that have signed the wider Covenant pledge are therefore not within scope of the legal Duty at all.
- c. The Duty applies to specific groups in the Armed Forces Community. Other groups in the Community may be included within the purposes of the wider Covenant.

1.50. Some issues affecting the Armed Forces Community are not covered by the Covenant so cannot be within scope of the Duty. The Covenant's purpose is to address the negative experiences of the Armed Forces Community, arising from Service life, in the provision of public and commercial services. Many matters affecting the Armed Forces Community do not fall within this category.

1.51. The Covenant Duty does not supersede or replace any other statutory requirement. Those subject to the Duty must balance the requirements of the Duty with the need to deliver services more generally and the need to satisfy other statutory requirements, such as the Public Sector Equality Duty in England, Scotland and Wales, or the statutory duty on public authorities regarding equality of opportunity in s.75 of the Northern Ireland Act 1998.

1.52. Advantageous treatment as a matter of course is not within scope of the Duty, such as offering discounts to all through the Defence Discount Service, or to a broad group through the Veterans Railcard. However, bodies are still free to implement such schemes as part of their support to the Armed Forces Community. Similarly, the Duty does not give an individual any automatic right to the best house, best school, or to jump a queue. However, special provision can sometimes be justified (see [section 11](#)).

## 2. Healthcare

### Summary

2.1. The provision of healthcare to full-time Service personnel is split between the Ministry of Defence and the NHS. Reservists, veterans, and Service families normally receive healthcare via the NHS, while veterans also have access to some dedicated and bespoke support services ([section 2A](#)). People in the Armed Forces Community mostly have similar levels of health to the general population, though some veterans have particular healthcare needs arising from Service. Healthcare disadvantages arising from the unique obligations and sacrifices of Service life are most likely to be experienced by Service families and veterans. They include the following.

- a. **Challenges in accessing healthcare, or the right kind of healthcare.** Service families and veterans might find it harder than non-Service patients to gain access to the healthcare they need, if:
  - (1) healthcare bodies lack awareness of the composition of their local Armed Forces Community and their healthcare needs ([section 2B1](#));
  - (2) healthcare professionals do not know which of their patients are veterans ([section 2B2](#));
  - (3) healthcare professionals do not fully understand, or have experience of treating, health conditions arising from Service ([section 2B3](#));
  - (4) healthcare professionals are unaware of the healthcare services provided for veterans by the NHS, local authorities and third sector ([section 2B3](#));
  - (5) Service families re-locate for Service reasons and lose access to services they received in their previous location ([section 2C5](#));
  - (6) Service families re-locate for Service reasons and lack knowledge of the healthcare and support services available to them in their new local area ([section 2C5](#)); or
  - (7) Service families re-locate for Service reasons and lose access to healthcare professionals with whom they have an established relationship, and who have experience of treating them and understand their individual healthcare needs ([section 2C6](#)).
  
- b. **Delays in receiving treatment.** Service families might have to wait significantly longer for treatment if they are required to re-locate for Service reasons, and:
  - (1) having already spent time on a waiting list in their previous location, they are placed at the back of the waiting list in their new location ([section 2C2](#));
  - (2) they have to join a waiting list to resume treatment that had begun at their previous location ([section 2C3](#));
  - (3) health professionals in the new location decide to conduct a reassessment ([section 2C4](#));
  - (4) there are delays relating to support for Service children with additional needs ([sections 2C4](#) and [3H](#));
  - (5) there is a lack of clarity as to which funding arrangements apply after a re-location ([section 2D](#)); or
  - (6) insufficient information is passed between health systems and healthcare staff, or there are delays in passing on information ([section 2E](#)).

## **2A. The Armed Forces Community and public healthcare services**

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2.2. Responsibility for the healthcare of **full-time Service personnel** is split between the Ministry of Defence and the NHS. MOD's Defence Medical Services provides a range of healthcare services for Service personnel in the UK and overseas, including primary care and mental health care. Secondary care, such as specialist referrals, hospital admissions and emergency care, is normally provided by the NHS.<sup>15</sup>

2.3. **Veterans** primarily receive their healthcare from the NHS, while also having access to some dedicated and bespoke support services. Most veterans have similar levels of health to the general population, but a small minority require ongoing care due to the effects of their Service. Veterans might have healthcare requirements resulting from Service, or they might have pre-existing issues exacerbated by Service.

2.4. **Reservists** that are mobilised into a period of full-time Service receive occupational health advice and care from Defence Medical Services. When not deployed on full-time Service, their healthcare needs are primarily the responsibility of the NHS.

2.5. **Service families** normally receive their healthcare via the NHS in the same way as non-Service families, though they can sometimes receive care from Defence Medical Services. Therefore, Service families living and moving with the Service person are usually required to register with an NHS GP, and access treatment from a dentist, in each location.

2.6. The following sections describe some of the ways that disadvantage can be experienced by the Armed Forces Community in different areas of healthcare. The issues described are not exhaustive as other issues might arise for a variety of reasons.

2.7. Case studies in text boxes have been included as helpful illustrations of some of the ways that bodies have helped to mitigate these disadvantages or, where appropriate, made special provision. **These case studies do not prescribe mandatory actions**, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community, and which bodies might wish to consider when complying with the Duty.

## **2B. Understanding the healthcare needs of the local Armed Forces Community**

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2.8. Healthcare bodies and professionals will need to understand the healthcare needs of the local Armed Forces Community. Without this, the Armed Forces Community might experience **challenges in accessing healthcare, or the right kind of healthcare**.

### **2B1. Understanding local need in order to plan the provision of healthcare services**

2.9. Healthcare bodies with a planning or commissioning role are heavily dependent on having a detailed understanding of local population demographics. Members of the Armed Forces Community can be present anywhere in the country. Healthcare bodies should

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<sup>15</sup> For more information, see [Healthcare for the Armed Forces community: a forward view](#)

therefore have a good awareness of the composition of their local Armed Forces Community and their healthcare needs. This can include local authorities when undertaking their role in producing Joint Strategic Needs Assessments or Population Needs Assessments, which look at current and future health and care needs of local populations.

### Re-assessment of Local Needs

- Following the closure of RAF Cottesmore and the establishment of Kendrew Barracks (an Army base), Rutland County Council identified the need to reassess its health offer to the new Armed Forces Community. The Council's Armed Forces Officer and Public Health team worked with local units to conduct a health needs assessment to understand the different needs of an RAF station vs an Army base, how those needs differ to the local civilian population, and whether military and civilian health services could meet the new demand. It established the local population and their health needs – particularly those impacted by Service life. It used literature reviews for health conditions, policy reviews, primary qualitative data collection (in the form of interviews and focus groups) and quantitative analysis. National data, as well as local data, was used. A [report](#) was published, and a Health & Wellbeing Board was dedicated to the health needs of the Armed Forces Community. The report informed the Council's Joint Strategic Needs Assessment.
- Concerns were raised by the local Armed Forces Community in West Norfolk that there was insufficient dental service provision near the local base, RAF Marham. The views of families, supported by research from Healthwatch Norfolk into local health provision and user needs, were fed into the Norfolk Health Overview and Scrutiny Committee, ensuring the commissioning process reflected local, as well as regional, needs. Led and negotiated by the Norfolk Armed Forces Covenant Board, partner organisations then collaborated to find a solution to meet those needs. NHS England worked closely with RAF Marham and the Defence Infrastructure Organisation to address the gap by opening the first NHS dental practice based on an MOD site.

### Conducting Research to Understand Local Armed Forces Healthcare Needs

- Harborough Locality Integrated Leadership Team has representatives from public and third sector organisations working to enhance individuals' health and wellbeing experiences through collaborative working. A Local Authority and HealthWatch survey of Armed Forces Community members found that many respondents had mental (22%) and physical (29%) health issues directly related to Service, but felt they had a lack of support, access, and understanding from their public service providers. The Locality Integrated Leadership Team responded to the survey findings and reached out to the NHS to improve this experience. They worked with Armed Forces officers and case workers providing healthcare support to members of the Armed Forces Community. The result was an online training workshop to improve health practitioners' awareness of Service life and related health concerns. Anecdotal evidence showed increased engagement with Armed Forces Community clients and referrals to specialist providers.

- Hertfordshire Armed Forces Covenant Board worked with Healthwatch Hertfordshire to undertake to conduct a survey, interviews, and focus groups with 100 local veterans, as well as NHS professionals, funded by Hertfordshire Public Health. This led to an action plan, including action to increase understanding of Service life and the Armed Forces Covenant among secondary care practitioners, promotion of Veteran Aware to local hospitals, and the Royal College of General Practitioners' Veteran Friendly GP Practice scheme to local surgeries.
- Rutland County Council led tri-Council work (with Harborough and South Kesteven District Councils) to commission HealthWatch to create a user-friendly survey of the military community online and on paper over a four-month period. The Rutland Armed Forces Officer worked closely with HealthWatch to construct the survey and promote completion across the community. Supported by a communications strategy (social media, radio, posters, and visiting bases), this led to 700 verified responses and a [report](#) that assisted in policy changes.
- In 2020, research by the Veterans' Gateway found that, out of all issues facing the veteran community, at least 23.27% of searches on its online portal were for mental health services, and at least 6.75% of searches were for physical health issues. In order of highest number of searches, veterans were most concerned about: accessing support; support groups; treatment; drug, alcohol, and rehab services; bereavement; home and physical mobility aids; GPs; blindness; limb loss; and end of life care.
- Reports are also available from wider experts and Armed Forces advocates that identify issues for veterans and families, and make recommendations over how public bodies can respond. For example, the Scottish Veterans Commissioner's reports [Veteran's Health & Wellbeing A Distinctive Scottish Approach](#) and [Are We Getting It Right?](#)

## 2B2. Identifying service users from the Armed Forces Community

2.10. An awareness by the specified bodies of those using their healthcare services who are members of the Armed Forces Community will help to improve the way in which their needs are met. While many veterans are forthcoming about their Service history and the issues they faced, making it simpler for healthcare professionals to recommend treatment pathways, this is not always the case. Some veterans may be less likely to seek out support services and can be reluctant to reveal their prior life in Service, and less forthcoming about the nature of their injuries. This could be because:

- a. They feel a stigma in accessing support, either because it is perceived that accessing support could bring shame on them or the unit they served in, or they believe they are not entitled to the support they require.
- b. They believe that civilian healthcare providers will not understand or support them.
- c. They lack awareness of the support available to which they are entitled.
- d. They might not regard themselves as a veteran, for example if they served a very short amount of time, or if they view their time in Service as a job that was in the past, and not something that affects their current life.
- e. There might be issues in their local area which make it difficult to access support. For example, veterans in parts of Northern Ireland might be particularly unwilling to

come forward and access dedicated support, for fear of stigma and/or recrimination.

Therefore, healthcare professionals might not know which of their patients are veterans, making it less likely that they will be provided with the right kind of healthcare.

### Improving Identification of Veterans on NHS Systems

- In 2018, in response to data highlighting the veterans' code was applied to veteran patients in only 7.9% of cases, Prof. Alan Finnegan created a [study](#) to find ways to motivate veterans to notify primary care staff of their veteran status or register with a GP, and to improve primary care staff's understanding of veterans' health issues. The study found that, after a 6-week intervention period centred on an advertising campaign, the number of patients with a veteran code increased by 200% (180 to 537 in Lancashire).
- Gateshead Armed Forces Network identified that there were very low numbers of veterans registered and coded at GP practices in Gateshead, and Newcastle Gateshead Clinical Commissioning Group (CCG) agreed to carry out a project to increase this. From 2014-15, the project involved the CCG including veteran identification as one of its Quality Indicators that practices could choose to focus on. During 2016-17, veteran identification was also added to the CCG's master templates installed on all practice clinical systems. At the start of the project there were only 368 veterans registered, identified and coded in Gateshead. By February 2019 this had increased to over 7000. As a result of this, GP practices in Gateshead can now better identify veterans with long-term conditions which might be due to Service. This means veterans can then be sent to appropriate NHS services, which could be veteran-specific. The CCG has also been working to further share and extend this best practice across Newcastle, and across the North East Armed Forces Forum (covering 12 local authority areas).

## **2B3. Healthcare professionals' knowledge of healthcare issues relevant to the Armed Forces Community**

2.11. The unique obligations and sacrifices of *danger* and *stress*<sup>16</sup> can result in members of the Armed Forces Community (including veterans and Service families) requiring treatment for physical or mental injuries arising from Service, or for pre-existing issues exacerbated by Service. Service in the Armed Forces may result in a number of conditions, including:

- a. Sensory disorders (such as hearing loss).
- b. Musculoskeletal injuries such as fractures, dislocations, and other conditions.
- c. Amputations, wounds, scarring and non-freezing cold injury (NFCI).
- d. Mental disorders (such as stress, anxiety and depression, post-traumatic stress disorder (PTSD), or moral injury). Some veterans might suffer from Dual Diagnosis, consisting of mental disorder related to Service caused by trauma experienced during active Service, and substance self-medication to manage this.

<sup>16</sup> The unique obligations and sacrifices in *italics* throughout this chapter are explained in [section 1G](#).

2.12. Healthcare professionals might not fully understand the health conditions that can arise from Service, or they might not have experience of treating them. Healthcare professionals might also be unaware of the services provided for the Armed Forces Community by the NHS, local authorities and third sector. These issues can result in members of the Armed Forces Community not being able to access healthcare, or the right kind of healthcare. Ensuring healthcare staff have an awareness of the healthcare services available, and that they and their establishments signpost the Armed Forces Community to these services, can lead to improved health outcomes.

### Improving GPs' Awareness of their Local Veteran Healthcare Needs

- In response to concerns identified by the Armed Forces Community and associated groups, the Royal College of General Practitioners (RCGP) and the UK Government conducted research into ways to better equip GPs with the knowledge to serve the veteran community and their families in their local area. Research identified that it was difficult to identify and manage veterans and their families, which prevented them identifying health issues and signposting them to relevant support as required. It also identified that, in some cases, more awareness of the support services, both within the NHS and externally, was required. The RCGP and UK Government created the veteran-friendly accreditation. This is a voluntary initiative. Accreditation is currently open to GP practices in England, though the RCGP is working with the Devolved Administrations to extend the programme. Accreditation lasts for three years and requires GP practices to do the following.
  - Ask patients registering with the surgery if they have ever served in the British Armed Forces.
  - Code it on the GP computer system.
  - Have a clinical lead for veterans in the surgery, to undertake dedicated training, stay up-to-date with the latest research and innovations, ensure that the practice is meeting the health commitments of the Armed Forces Covenant, and provide advice to colleagues, as well as possibly seeing veterans themselves.
  - Practices should have a Care Quality Commission 'good' rating or higher.
- Westfield Surgery in Leominster, Herefordshire, is accredited as veteran-friendly. By going through the accreditation process, it has been able to support Armed Forces patients in a way it would not otherwise have done. It has a nominated clinical lead for veteran health. It has supported a number of patients through fast-tracking treatment for a military-related injury, and has been able to put lonely veterans in touch with appropriate social contacts. It has established links with local military charities and support agencies. It has successfully encouraged veterans to identify as such on the surgery's systems, for example the telephone messaging asks patients that are veterans to make the surgery aware. Through ongoing training of its staff, it continues to improve its awareness of the specific needs of the Armed Forces Community, enabling correct support or care pathways to be followed.

### Creating a Toolkit for GPs to Improve Services for Veterans

- The RCGP worked in partnership with NHS England and NHS Improvement, consulting the Ministry of Defence and other stakeholders, to conduct and collate

research into the healthcare needs of veterans and their families. The RCGP published its findings in the form of a [toolkit](#) that could be used by GPs to help meet veterans' healthcare needs. The toolkit includes the following.

- Information on the Armed Forces Covenant and NHS Constitution.
- A list of dedicated services for veterans and contact information, both inside and outside the NHS.
- Information on the nature of veteran-sustained physical and mental health injuries.
- Information on requesting a veteran's medical records from the Armed Forces.
- Learning resources, such as webinars, podcasts, and videos.

### Training of Healthcare Staff about Armed Forces Issues

- NHS Education for Scotland identified a lack of awareness in frontline health practitioners of how Service life impacts members of the Armed Forces Community. It approached NHS Highland and the Department for Community Mental Health to develop and trial a 4-hour, online training session on the Armed Forces Community for final-year trainee GPs. Training covered the journey of a Service person through the Defence and NHS medical systems, the barriers and challenges potentially facing veterans and Service families, and introduced the Armed Forces Covenant. It was supported by Q&A sessions. Training also included a GPs' toolkit, links to research hubs and papers on Armed Forces Community healthcare issues, such as non-freezing cold injury. Feedback was positive, with trainees noting it had not been covered in medical school or GP training.
- York St John University has delivered training courses to public service workers in local authorities and health services, who had identified a lack of awareness and understanding of Service life. Participants received resources and training from the University and BLESMA (Military Charity for Limbless Veterans) to better support veterans and their families. The training benefitted those in occupational therapy, physiotherapy, counselling, and psychology.
- The Sussex, Kent & Medway (NHS) Armed Forces Network runs its award-winning, CPD-accredited, [Service Champions Training](#), for attendees from the NHS and other organisations such as local authorities. There are about 50 attendees per month. It is delivered in partnership with local reservists, veterans, and military charities. It is designed for people interested in the services they offer becoming more focussed on the Armed Forces. Through the training, a support network of Service champions is formed to help further develop knowledge and skills across different organisations.
- Some health bodies use internal communication methods to promote Armed Forces Community issues and the Armed Forces Covenant among their staff. In Wales, this has been realised, in part, by the [Welsh Health Circular](#) – a detailed instruction to all health boards and staff in Wales which outlines key information on topics such as identification of veterans, the Covenant, mental health, the Veterans' gateway, limb loss and adaptations.

- NHS Highland also developed an internal, bi-annual newsletter about healthcare and the Armed Forces Community, providing definitions (e.g. what is a veteran), a directory of useful contacts, and upcoming events. It also developed an intranet site with a repository for resources, tools, and information.

### Sharing Good Practice Between Healthcare Providers

- In 2014, [The Chavasse Report](#) analysed care provided to the Armed Forces and veterans to find ways to improve care while raising NHS standards. One of its recommendations was to create a support network of hospitals. This led to the creation of the Veterans Covenant Healthcare Alliance and their Veteran Aware accreditation programme, and the eight manifesto standards that healthcare providers use to aim to improve the healthcare that veterans, and the wider Community, receive from the NHS. The Alliance works closely with NHS Improvement, NHS England, Service charities and the Ministry of Defence. The Alliance seeks to showcase high quality veterans' healthcare, and support NHS Trusts to learn from each other by sharing good practice. This includes committing to the Armed Forces Covenant, raising awareness among staff of veterans' healthcare needs, and establishing clear links with Service charities and local support providers.

## 2C. Provision of services

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### 2C1. Priority treatment

2.13. Members of the Armed Forces Community might suffer physical or mental injuries caused by the unique obligations and sacrifices of *danger* and *stress*. The prioritisation of their care by healthcare providers is always subject to clinical need and will be clinically determined. Members of the Armed Forces Community are not entitled to jump the queue ahead of someone with a higher clinical need. However, there is a commitment that veterans in Great Britain may be considered for priority access to NHS services providing focused treatment for conditions arising from their Service, compared to non-Service patients with the same level of clinical need. This is a clinical decision made by the relevant physician. More information about prioritisation, and veteran-specific services through the NHS, is available for [England](#), [Wales](#) and [Scotland](#).

### 2C2. Waiting lists to start treatment

2.14. Due to the unique obligation and sacrifice of *geographical mobility*, Service families on a waiting list for treatment, or other health services, in one area might be required to move to another area before they are treated. If they are placed at the back of their new waiting list, the Service family might experience **delays in receiving treatment**, and they might have to wait significantly longer for treatment compared to non-Service families who are able to stay in one place. If these waits are further exacerbated by subsequent moves, the Service family could wait years for treatment.

2.15. While the fundamental NHS principle of treatment on the basis of clinical need remains paramount, healthcare staff should be aware that patients from the Armed Forces Community might have already waited a considerable time for treatment in another locality and that their re-location might not have been made by choice. As such, healthcare staff may wish to consider total time spent on waiting lists, both inside and outside the local area, and ensure that the Service family keeps its relative place on the waiting list in their new area, when possible.

2.16. Specified bodies will also find it useful to consider if transfers between providers' waiting lists can be requested to ensure that relative places on waiting lists are maintained. Failing this, the sharing of appointment letters and making specific requests to retain places on waiting lists might also help significantly.

2.17. If a decision on waiting lists can only be made with information provided by the previous clinician, then providing information on the length of time the patient has already waited can help the patient's new clinician in the prioritisation process.

#### Accounting for Time Spent on Previous Waiting Lists

- One Service child had had his orthodontic treatment delayed multiple times due to the family being required to move. Each re-location was after he had moved close to the top of a waiting list in their current area. NHS England investigated the family's concerns, and agreed to liaise with the local NHS primary care service to ensure that the Service child's new treatment time reflected time already waited.

### **2C3. Waiting lists to resume treatment**

2.18. Some health conditions or treatments are of long duration, and the Service family might have to re-locate while in the middle of receiving the course of treatment, or other health services. In this case, the treatment could be interrupted if they have to join a waiting list to resume the treatment in their new location. Healthcare bodies will find it useful to consider how treatment plans can continue with minimal disruption, and continuity of care can be maintained, after re-locations.

### **2C4. Reassessments**

2.19. If a Service family re-locates to a new area due to the unique obligation and sacrifice of *geographical mobility*, the health professionals in the new location might decide to conduct a reassessment of a family member's condition. Health professionals should be aware that the family member might have already experienced a prolonged wait time for treatment, and so any decision to conduct a new assessment, or 'go back to square one', could **add additional delays to their treatment, or cause them additional stress**. In some cases, the Service family member might subsequently be required to move again before treatment can commence or resume.

2.20. This can be a particular concern for those Service children with additional needs. Delays to assessments or reassessments associated with the authorisation of statutory plans can see Service children with such needs suffer a **delay in the provision of support** (see [section 3H](#)).

## 2C5. Local variability in healthcare services

2.21. The provision of healthcare services varies locally and across the different home nations of the UK, to reflect different local approaches to healthcare, and different needs and priorities. Therefore, when members of the Community are required to re-locate, they could move to an area with different healthcare services or access criteria. This could lead to a **lack of access to special services**, such as Speech and Language Therapy, Occupational Therapy, and Child and Adolescent Mental Health Services, that were being provided to the Service family in their previous location.

2.22. The local variability in services, along with the possibility of *unfamiliarity with civilian life*, could also lead to a **lack of knowledge** amongst the Armed Forces Community of the healthcare and support services available to them in their new local area, thereby affecting their ability to access local healthcare services.

### Signposting of Services

- [Forces Connect](#) is a free mobile app that signposts veterans, Armed Forces personnel, Reservists and their families to support and advice on a range of important issues including health, housing and education in their local area. It was developed by [Forces Connect South East](#), a cross-border partnership comprising local authorities in the south east region, local Armed Forces representation, Service charities, and the local NHS Armed Forces Networks, with initial funding from the Armed Forces Covenant Fund Trust. Evaluation has shown that the app, which is currently used by over 11,000 people including the Armed Forces, increased staff confidence and their ability to help the Armed Forces Community.
- Identifying a local lack of awareness of available health services among the Armed Forces Community and health professionals, the Suffolk Covenant Group created a [webpage](#) on their Suffolk Military Covenant website that provides a list of health services available to the Armed Forces Community in the NHS and charity sectors. Both mainstream (Samaritans, NHS) and bespoke, exclusive services (Op COURAGE) are listed with clear explanations and links.
- Rutland County Council and Harborough District Council share a dedicated 'Armed Forces Officer' whose role is to support the local Armed Forces Community. The officer can help with access to healthcare, as well as education and school placements, employment and training opportunities, and access to housing and accommodation.
- The Armed Forces Network and NHS providers in Kent and Sussex have also identified a need to make information accessible to those in the Armed Forces Community with knowledge or language barriers, and has created a public service [toolkit](#) for the Gurkha community.

## 2C6. Relationship with healthcare professionals

2.23. Due to the unique obligation and sacrifice of *geographical mobility*, Service families might have to leave a location where they have an established relationship with

their local healthcare professionals. While Service families could continue to see the same healthcare professionals after they move, in practice this can be unrealistic, and they will usually need to receive care from new healthcare staff, and register with a new GP practice. Where that is the case, although medical records are transferred between healthcare providers, the Service family can **lose access to healthcare professionals with whom they have an established relationship, and who have experience of treating them and understand their individual healthcare needs**. Should they subsequently return to the area, they might find they are unable to re-register with their original GP if the register is full.

## 2C7. Provision of tailored services

2.24. Sometimes, bespoke healthcare services or care pathways may be justified to meet the distinct needs of the Armed Forces Community. Alternatively, it may be beneficial to tailor health advice to members of the Armed Forces Community to take account of the unique obligations and sacrifices of Service life.

### Provision of Bespoke NHS Health Services

- [Op COURAGE](#) is NHS England's bespoke mental health treatment pathway for veterans. This comprises the Mental Health Transition and Liaison Service, High Intensity Service and Complex Treatment Service. Op COURAGE is a national scheme that sees NHS staff working with those in the Service charity sector to deliver therapy, rehabilitation services and, in extreme cases, inpatient care, to hundreds of veterans each year. Those needing urgent help receive same-day referrals. Working with charities helps NHS staff understand the experiences and issues faced by veterans. It also provides a clear pathway for veterans to access and helps to integrate veterans with mental ill health back into everyday life.
- NHS England's Veterans Trauma Network supports veterans with Service-related injury and illness to access appropriate care. The Network works alongside Op COURAGE. The Network provides personalised treatment within the NHS, staffed by military and civilian clinicians who understand the military environment and specialise in military healthcare, and assists families and carers of veterans with physical health problems to access appropriate support services. NHS Wales also operates a Veterans Trauma Network.
- The [Veterans NHS Wales](#) service is a specialised, priority service for veterans in Wales experiencing mental health difficulties resulting from their Service in the Armed Forces. The service was formed in response to the specific and evolving needs of veterans. Not only does the service tackle the disadvantage resulting from their time in the Armed Forces, it also provides specific treatment pathways for unique conditions. [Veterans First Point](#) provides a similar service for veterans living in Scotland.

### Provision of Bespoke Services in the Community

- The Integrated Personal Commissioning for Veterans Framework (IPC4V) is a personalised care approach for a very small number of veterans with complex and enduring physical, neurological and mental health conditions resulting from injury

whilst in Service. The bespoke care they receive ensures they are effectively supported as they transition to civilian life and beyond.

- In Tameside, an allotment project provides veterans with mental health issues, addictions, or isolation, a place to engage in physical activity while having a network of support. In Rhondda Cynon Taff and Vale of Glamorgan, a free movie night was set up for veterans and their families to support those with PTSD who were triggered by local fireworks. Both councils also secured external funding to enable veterans suffering from loneliness, who were prevented from attending their weekly meetup support groups during Covid-19, to purchase computer tablets. Training to use the tablets was provided, and the tablets were linked to a live events calendar.
- Veterans First Point drop-in services are available in six health areas in Scotland, developed by veterans and clinicians for veterans. This offers a 'one stop shop' for help and assistance to veterans and their families, no matter what that need might be, not just for physical or mental health issues, but for housing, socialising, education, employment, and other issues. Veterans can access support centres and in some cases are assigned a peer support worker who can recommend therapies, make referrals, navigate veteran support services or assist with practical steps to get veterans back on their feet.
- Surrey Fire and Rescue Service worked with partners to set up a monthly hub at the Surrey Fire Service. The hub provides a safe place for members of the Armed Forces Community to come together, share stories, make friends and access relevant support (particularly around health and welfare). The hub plays a significant role in establishing a network of likeminded veterans who have not only benefitted from the regular camaraderie and friendly interaction, but on several occasions received life-saving support, a new job and help to find housing.

## 2D. Planning and funding

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2.25. Due to the unique obligation and sacrifice of *geographical mobility*, Service families might be posted abroad. If local service provision abroad is inadequate, overseas Service families might have their healthcare delivered by the Ministry of Defence, through the Defence Medical Services. If local service provision is adequate, international agreements might be in place for free or discounted healthcare services to be provided to the Armed Forces and their families.

2.26. When Service families overseas are then posted back to the UK, they might experience **delays in receiving treatment, or a refusal of treatment**, if it is not clear which funding arrangements should apply to them. The rules for what services are available, and who is eligible for them, might also differ within different areas, and between the four nations of the UK.

### Mid-treatment Patient Returning from Overseas

- A Service child had been undergoing orthodontic treatment while living in Saudi Arabia. When she returned to the UK, five more treatments were still required until the work was completed. As the original moulds were lost, it could not be ascertained whether she would have met the NHS Index of Orthodontic Treatment Need criteria for treatment. Without this proof, the NHS Business Services Authority refused approval for NHS treatment. Defence Primary Healthcare could also not offer any solution. The family approached two orthodontic practices who both said that she did not meet NHS treatment criteria, which was to be expected because she had already been having treatment. The Army Families Federation worked with NHS England and the NHS Improvement Armed Forces Commissioning team and dental commissioners, where it was agreed that the orthodontic work could be completed under NHS funding.

## **2E. Co-operation between bodies and professionals**

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2.27. If, when Service families are required to re-locate, insufficient information is passed between health systems and healthcare staff, or if there are delays in passing on information, this can cause distress, impact continuity of care, and cause **delays in receiving treatment**, or the Service family might even have to start again.

2.28. For personnel transitioning out of Service, Defence Medical Service's integrated digital platform 'CORTISONE', currently being developed, will enable medical records to be safely transferred from Defence Medical Services to the NHS. This will assist practitioners to deliver a consistent and effective standard of care, ensure that assessments better reflect patient histories, and reduce possible disruption to medical care access when leaving the Armed Forces.

2.29. In Scotland, under section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004, education authorities can request help from other agencies in their exercise of functions under that Act. Health Boards in Scotland might be called upon to support education authorities in this way. More information is given in [section 3H](#).

## 3. Education

### Summary

3.1. Service children are normally educated in state-funded schools in the same way as non-Service children. Service personnel, and almost all veterans and Reservists, do not normally themselves engage with the state-funded education sector, unless as the parent of a child in a state-funded school ([section 3A](#)). Many Service children thrive, but the following education-related disadvantages can arise for Service children.

- a. **An interrupted education** can arise if a Service family is required by the Armed Forces to re-locate, and moves between schools are not well managed ([section 3C](#)), or if the child is placed in a new school that uses different curriculums or different exam boards, or if they experience multiple moves at important stages in their education. A child's educational attainment can also be affected if they have to help care for other family members while a serving parent is deployed, and if their mental wellbeing is affected (see below). ([Section 3D](#))
- b. **A disrupted social experience** can arise if a Service family is required by the Armed Forces to re-locate, and the child has to make new friendships in a new school. If the child is not able to be placed in a school inside their local community, they might find it harder to develop out-of-school friendships, or access extra-curricular activities at school. ([Section 3E](#))
- c. **Mental wellbeing can be affected** by a disrupted social experience and the other disadvantages, by losing access to support structures such as friends and teachers, due to a re-location, or if they are unable to be placed in the same new school as their siblings. The separation from a serving parent, and worry for their safety, also affects wellbeing. ([Section 3E](#))
- d. **A longer journey time to school, or a more difficult journey**, can result if a Service family is required to re-locate outside the normal admissions round, and the child cannot be placed in a school close to their new home. ([Section 3F](#))
- e. **Being unable to take holidays with parents during normal school holiday periods** if the serving parent can only return home during term-time ([Section 3G](#))
- f. **Delays relating to support for Service children with additional needs.** ([Sections 2C4](#) and [3H](#))

3.2. A Service partner might have to **take on burdens** such as transporting the child to school, and they might consequently suffer disadvantages such as finding it harder to continue their own employment. ([Section 3F](#))

3.3. Knowledge of which of the children in their school(s) are Service children will underpin successful responses to these issues by the specified education bodies ([section 3B](#)). In England, the Service Pupil Premium is also available to help ([section 3I](#)).

### 3A. The Armed Forces Community and state-funded education services

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3.4. Most **full-time Service personnel, Reservists and veterans** do not normally themselves engage with the state-funded education sector, unless as a parent of a child in a state-funded school. Though, as eligibility to join the Reserve Services begins at 15 years and 9 months,<sup>17</sup> some Reservists may be in state education. Also, in England, where there is a statutory duty to participate in education or training until one's 18th birthday, veterans might also require state-funded education should they be released from Service before they are 18.

3.5. **Service children** are normally educated in state-funded schools in the same way as non-Service children. Many thrive, but they can suffer a range of educational disadvantages as a result of Service life. Service children might have to move school a number of times, as they accompany their serving parent(s). Statistics indicate that on average Service children move schools much more frequently than their non-Service peers during their educational career. School moves might happen in the middle of an academic year, outside the normal admissions round. While non-Service families might face similar issues when moving, Service families are likely to move more frequently, and as a result of a mandatory requirement in Service to their country.

3.6. The following sections describe some of the ways that disadvantage can be experienced by the Armed Forces Community in different areas of education. The issues described are not exhaustive as other issues might arise for a variety of reasons. It should also be noted that Service children can face a number of these disadvantages at the same time. For example, difficulties with admissions to a new school after a re-location could affect both the child's educational attainment and wellbeing. **In this chapter, the word 'school' means all the different types of education institution within scope of the Duty, as listed in [section 1C](#).**

3.7. Case studies in text boxes have been included as helpful illustrations of some of the ways that bodies have helped to mitigate these disadvantages or, where appropriate, made special provision. **These case studies do not prescribe mandatory actions**, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community, and which bodies might wish to consider when complying with the Duty.

### 3B. Identifying Service Children

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3.8. Specified bodies should have an awareness of which children in their school(s), or due to move to their school(s), are Service children. Local authorities should have an awareness of which children in their care are Service children. This will help to improve the way these children's needs are met. As explained in [section 1J4](#), it is not only children of currently serving personnel that are Service children within scope of the Duty, but also children of veterans.

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<sup>17</sup> The RAF Reserve can be joined from 15 years and 9 months old, the Royal Naval Reserve from 16 years old, and the Army Reserve from 18.

### Asking Families

- Highland Council has a dedicated group, the Military Liaison Group (Education), which is a partnership of local Armed Forces representatives and specialist providers and experts, who have built a strong, proactive and committed relationship, and work to an Action Improvement Plan. The Group has made changes to Enrolment Forms, Guidance to Head Teachers, and School Handbooks, to encourage identification of Service children. Enrolment Forms now prompt families to identify whether they are part of the Armed Forces, which Service they are from, and whether Serving, Reservist or veteran, with a link (or hardcopy) to a leaflet ‘Why do we want to know?’. This data helps to ensure that the right targeted support can be given to the child or young person at the right time. Identification is gradually increasing, creating a wider understanding of need.

### Conducting Research

- In 2015, the [SSCE Cymru](#) project commissioned a study into the numbers of Service children in each local authority in Wales, based on 2011 census data. The study also included a survey of schools to capture information on the schools’ awareness of the issues and current practice in supporting Service children. In a subsequent data collection exercise, SSCE Cymru worked with the local authorities and independent schools in Wales to provide a snapshot of the number of schools with Service children, and the number of Service children, in each local authority in Wales as of March 2021.

## 3C. Admissions

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3.9. Due to the unique obligation and sacrifice of *geographical mobility*,<sup>18</sup> Service children might have to move school a number of times. They might experience **an interrupted education** if moves between schools are not well managed. The effectiveness of a pupil’s transfer is affected by the speed with which they are assigned to a new school, the time taken for records to be transferred, and the quality of the information included. Timely transfer of school records (including information on curriculum areas covered and outcomes achieved) means the receiving school has access to vital information about the child and their progress, and avoids delays in the provision of appropriately differentiated teaching and learning, or in any necessary support being made available. Moves between schools in different home nations of the UK can be more complicated than moves between schools in the same home nation, due to differences in the educational systems. This can lead to a less timely transfer of information, and delays in the provision of appropriate teaching or support.

3.10. A number of disadvantages around child wellbeing ([section 3E](#)) and transport to school ([section 3F](#)) could be mitigated if children are able to be placed in a school close to where they live, and if Service children siblings can be placed in the same school, depending on other factors such as their ages, whether primary or secondary, and whether there are places available. Disadvantages around educational attainment ([section 3D](#)) can

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<sup>18</sup> The unique obligations and sacrifices in *italics* throughout this chapter are explained in [section 1G](#).

be mitigated if children can be placed in a school that uses similar curriculums to their previous school.

3.11. The School Admissions Codes for [England](#) and [Wales](#) both include requirements relating to children of Service personnel. The Code for England requires local authorities to ensure that ‘arrangements in their area support the Government’s commitment to removing disadvantage for service children’. Both Codes require admission authorities to allocate a school place to a Service child in advance of the family moving to the area (as long as one is available), provided the application is accompanied by an official letter that declares a re-location date. Where requested by the parent, admission authorities are able to use a unit or quartering address (or, in England, a private address) as the child’s home address when considering an application. The Code for England allows priority in oversubscription criteria to be given to children eligible for the Service Pupil Premium, and both Codes allow exceptions to infant class size limits for children of Service personnel admitted outside the normal admissions round.

3.12. In Scotland, local authorities are responsible for the setting of school admissions policy. This includes the procedures for dealing with requests for places both from parents who live within the school catchment area and those from other areas. The local authority’s admissions policy provides details of any priority arrangements. Parents in Scotland have a right to express a preference when choosing which school they wish their children to attend.<sup>19</sup> Local authorities make every effort to meet that request wherever possible. However, the size of the school, the current roll, and number of children who already live in the catchment area, and other factors, affect the local authority’s ability to grant a placing request.

### Admissions Support

- In response to Service family concerns, Gloucestershire County Council allows Service families to apply two terms in advance of the date the school place is required.
- Service families posted to Gloucestershire are permitted to use the garrison or military base as an address for school applications until a quartering address has been obtained.
- When appealing to an oversubscribed school for an in-year placement, Gloucestershire County Council reviews every Service family case to see if the school’s admission limits can be exceeded. This ensures Service children have the same access to better schools when moving location.

### Provision of Information

- The Association of Directors of Education in Scotland identified a need for a bespoke website to provide information and resources specifically for Service families moving into, around and away from Scottish schools. The significant assortment of information available on various Scottish websites proved overwhelming for families to negotiate as part of their transition process. Mobile

<sup>19</sup> [Choosing a school: a guide for parents, revised November 2016](#)

families who had experienced numerous and frequent moves requested a dedicated portal linking to local authorities and related sources of information and support, initially aligned with locations of postings, accommodation, communities, and local schools. The [Forces Children's Education website](#) was therefore established, providing a gateway to this information, and a first point of contact for Service families. It links directly to local authorities and provides information specific to each.

### 3D. Educational attainment and curriculum

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3.13. As Service families re-locate for Service reasons, Service children might have to move school a number of times. While the educational attainment of Service children as a group is largely on a par with that of non-Service children, their **educational attainment may be affected** if they are placed in a school that uses different curriculums or different exam boards, or if they experience multiple moves at important stages in their education. They might experience gaps in learning or repeat topics already covered in previous schools. The number of moves a Service child might have to make could lead to a greater cumulative effect on their education than would typically be experienced by a non-Service child. If the child's educational attainment is affected, this could in turn affect their progression to their next level of education.

3.14. Due to the unique obligation and sacrifice of *separation*, Service children might have to spend weeks or months, or the working week, away from their serving parent. The impact on their emotional wellbeing might in turn cause their educational attainment to suffer. The separation from the serving parent might also mean that children have to help care for their younger siblings or non-serving parent when the serving parent is away, meaning they have less time to devote to their schoolwork, also causing their educational attainment to suffer.

3.15. If nationals of other countries (such as Gurkhas from Nepal) join the Armed Forces and have family join them in the UK, this can create additional educational attainment issues for Service children if English is an Additional Language (EAL).

#### Forums

- Rutland County Council found a significant proportion of pupils in its area were Service children. Engagement across the council, partner agencies, Rutland Health Watch, local military unit welfare teams, and Service charities, identified concerns that some Service children were underachieving in education, some rates of SEND were higher than the national average, and there was a confused picture of available support. The council co-ordinated a meeting of concerned parties to discuss ways to improve, leading to the creation of a Forces Family Forum. This meets five times per year with attendees from these organisations to provide updates on concerns, as well as guest speakers who provide targeted information and new support connections.

### English as an Additional Language

- A school in South Cerney identified that while Service pupils were achieving normal Spelling, Punctuation and Grammar scores, the group lacked depth in English vocabulary. A large proportion of the Service children were from Nepal, and although they were fluent in English, they lacked technical and colloquial expertise in the language. The school met with the parents via the military base's Welfare Officer, to discuss the issue of English as an Additional Language (EAL). Many parents had not identified their child as having an EAL requirement, believing their child had an effective command of the language – myths were dispelled, and parents were reassured that EAL children would be supported more, not that less would be expected of them. The school agreed to focus on vocabulary with EAL pupils to ensure they could achieve their full potential.

## 3E. Child wellbeing

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### 3E1. Wellbeing

3.16. If Service children are required to move school, they might experience a **disrupted social experience**, and have to make new friendships. If a move happens outside the normal admissions round, and a child is not able to be placed in a school inside their local community, they might find it harder to socialise with their school friends outside of school hours, form friendships in the area in which they live, or access extra-curricular activities at school, such as after school clubs, impacting their social experience.

3.17. A Service child's **mental wellbeing can be affected** if the requirement to re-locate results in the child losing access to support structures such as friends and teachers. If Service families have more than one child, there can be difficulties finding schools that will take all the children, resulting in the separation of the child from their sibling(s), and additional stress. If Service children are required to spend weeks or months, or the working week, away from their serving parent, the separation, and their worry for the safety of a parent deployed abroad, can also significantly affect the child's mental wellbeing. The disrupted social experience, and the other disadvantages in this chapter, such as a longer journey to school, can also affect mental wellbeing.

3.18. In Wales, the [SSCE Cymru](#) project, funded by Welsh Government, works with schools, children and young people, local authorities, education professionals, Armed Forces families and support organisations to gather their views and experiences, build networks across Wales and raise awareness and understanding of the experiences of Service children.

3.19. In Scotland, the [GIRFEC](#) (Getting It Right For Every Child) approach has been used since 2010. It is child-centred and based on an understanding of the child's current situation, including wider influences on them when thinking about their wellbeing. This includes consideration of the impact of transitions, mobility and deployments which affect Service families and children. It requires joined-up working, so services supporting children work in a co-ordinated way to meet their specific needs and improve their wellbeing.

3.20. In Northern Ireland, the Department of Education recently published the [Children & Young People's Emotional Health and Wellbeing in Education Framework](#), which promotes an ethos in education settings that provides early support for those children and young people showing signs of needing extra help to cope with emotional difficulties that may arise.

#### Friendship Nurture Groups

- Teachers at Walbottle Village Primary School near Newcastle, concerned with ensuring Service children integrated into a new educational environment, worked with a Service child in Year 2 to create an environment where Service children could foster new friendships with children already at the school, to aid their wellbeing and create new support structures. The result was the creation of a 'friendship nurture group' which has allowed Service children to create friendships lasting for years.

#### Service Pupils' Champions

- Service Pupils' Champion is a role created by North Yorkshire County Council to provide extra support to its large numbers of Service children. There are two Champions in North Yorkshire working to support the emotional wellbeing and social development of children and young people aged 5-18, especially during periods of active deployment, and at times of transition. The Champions aim to strengthen the pupil voice by promoting and developing the work of Military Kids Club Heroes currently established in many of the schools in North Yorkshire. The Champions provide one-to-one support, anxiety workshops, emotional first aid and support for serving parents, events, information outreach to serving parents with children with additional educational needs, and liaison between bases and schools (for example, advanced warning of incoming Service families).

#### Additional After School Clubs

- A school in South Cerney identified that Service pupils were not accessing after school clubs, as the bus timetable did not enable Service children, commuting from the local military base, to stay beyond the school day. The school liaised with the local base and set up an after-school club (with a third-party sports provider) on base using its facilities. Recognising this was an issue for other local schools with Service children, any spare spaces were offered to those other schools. This supported the community, maximised use of facilities, and brought Service children together. The club expanded to liaise with serving parents, and to include members of the community to improve civilian-military relations.

#### Consulting Service Children on their Needs

- Oxfordshire County Council organised a conference for Service children to share their experiences of life in a Forces family, and how schools could support them. The Service children raised a number of difficulties, and said they wanted headteachers to:
  - Listen to every Service child, provide someone to talk to, and create a Service pupils' council which meets with the headteacher.

- Ease transitions between school and enable introductions with teachers.
- Provide a buddy system for new school joiners.
- Provide a space for Service children to think and work through feelings.
- Set up a school club for Service children for activities and sharing feelings.
- Have a teacher who is a Service Pupils Champion.
- Find ways to share what Service life is like with non-Service pupils and staff.
- Have days where the school celebrates the Armed Forces.

Oxfordshire County Council responded to the feedback and created the [Service Pupil Promise](#) on how they would action the feedback received.

### Providing a Forum for Service Children

- In Autumn 2017, Royal Caledonian Education Trust (now known as Forces Children Scotland) held a series of ‘Teen Talks’ student conferences across Scotland, giving young people from Service families an opportunity to come together and discuss issues important to them. There was an overwhelming view from participants that their views are often overlooked in decisions affecting them. In response, the Trust established and now manages and delivers a Youth Participation Programme which works closely with the Ministry of Defence, community workers and schools, supported by external funding. The programme has seven local forums and a national forum. Groups are led by young people for young people, and increase youth confidence, skills, networking, and opportunities to have a say on policies and services. The programme led to the development of the ‘[Your Mind Matters](#)’ project to assist Service children with their mental health, the ‘[Our Forces Life](#)’ project to raise awareness of Service life among civilian peers, and the ‘[Manifesto for Service children](#)’ published ahead of the Scottish Parliament elections in 2021.

### Providing Information

- Highland Council has a dedicated group, the Military Liaison Group (Education), which is a partnership of local Armed Forces representatives and specialist providers and experts. The Group works with children, young people, and their families, listening and acting on their views. The Group has a dedicated [Armed Forces website](#) providing information, resources, support and training opportunities for families, children and schools. The Group issues a regular newsletter with information updates, links, and resources for families, schools and the Armed Forces Community, which has both a local and national reach.

### Thriving Lives Toolkit for Schools

- The Service Children’s Progression Alliance is a partnership of organisations focused on improving outcomes for Service children, hosted by the University of Winchester and supported by the Ministry of Defence. The Alliance undertook extensive, targeted research, working in collaboration with schools and other partners across the UK to establish a [toolkit](#). This toolkit helps schools ensure they provide effective support to Service children. It provides detailed resources including the evidence base, what schools can do to support their Service children, who can help, and a range of case studies. The toolkit provides a framework of 7

principles through which schools can reflect on their practice and a 3-tier set of CPD resources. The principles are as follows.

1. Clarity of approach – Leaders’ understanding and approach ensure resources and policies improve Service children’s outcomes.
2. Wellbeing is supported – Tailored pastoral provision supports Service children’s mental health and wellbeing.
3. Achievement is maximised – Teaching, assessment and support ensure the continuity of Service children’s learning and progression.
4. Transition is effective – Systems and support ensure seamless transitions for Service children arriving at and leaving school.
5. Children are heard – Service children’s diverse voices are heard and inform the support they receive.
6. Parents are engaged – Strong home-school partnerships help Service families feel valued as part of the school community.
7. Staff are well-informed – Supportive training and networks ensure all staff understand and support each Service child.

Further examples relating to the improvement of Service child wellbeing can be found in [section 3I](#).

## 3E2. Safeguarding

3.21. If Service children move frequently between schools, it will be especially important that any child protection/safeguarding information is shared between schools. This is the responsibility of the safeguarding lead, as set out for England in the statutory guidance [Keeping Children Safe in Education](#), and for Wales, the designated safeguarding person as set out in [Keeping Learners Safe](#). Knowledge of the wellbeing issues described above may support school staff when considering how best to safeguard a Service child. The statutory guidance for England on [Working Together to Safeguard Children](#), and for Scotland, the [National Guidance for Child Protection in Scotland 2021](#), include sections on Service children. For Wales, [Working Together to Safeguard People: Information sharing to safeguard children](#), and its accompanying resources, provide non-statutory advice on information-sharing to safeguard children.

## 3F. Transport

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3.22. If a Service child is required to move schools outside the normal admissions round, the local authority might not be able to place them in a school close to their new home, resulting in them experiencing **a longer journey time to school, or a more difficult journey**.

3.23. This might be mitigated through the normal application of the free school transport policy – the Service child might meet the eligibility criteria for free school transport in [England](#), [Wales](#), [Scotland](#), and [N Ireland](#).

3.24. If a Service child, who is eligible for free home to school transport, is required to move home within a local area, but able to remain at the same school, they might find they no longer qualify for free transport to that school. In 2015, the (then-named) Local

Government Ombudsman [upheld a complaint](#) about a council in England discontinuing school transport for a Service child after the family was required to move elsewhere in the area for Service reasons. One of the Ombudsman's findings was that the council had not properly considered the Armed Forces Covenant. It recommended that the council remedy the situation by putting in place home to school transport for the child as soon as possible, and by paying the family £2,000 to reimburse the costs they had incurred and acknowledge the stress they were caused as a result of the council's faults.

3.25. Bodies responsible for home to school transport may wish to consider using their discretionary powers to provide free or subsidised transport to Service children who do not meet the eligibility criteria. In England, this could include 16–17-year-old Service children attending school or further education as part of their statutory duty to participate in education or training until their 18th birthday, as the level of support provided to them is for local authorities to decide, and the arrangements do not have to include free or subsidised travel.

3.26. When the Service child is not entitled to free school transport, the Service person might not be available to assist with transporting the child to school, due to the unique obligations and sacrifices of *separation* and *hours of work*. Other support structures such as grandparents might also not be available, and this can place **a significant burden on the Service partner**. This can be worse if siblings are placed in separate schools some distance apart, due to lack of school places, as it means juggling different transport arrangements. The need to manage school transport arrangements might mean the Service partner finds it harder to continue their own employment, as it could affect the hours they can work. These challenges may be more difficult for Service families with children who have additional needs.

#### Mitigating Action

- Upon moving to a new area, two sibling Service children were placed in different schools. Their mother described the challenges faced in getting both children to school on time. They were provided with a free taxi service for one child, allowing her to walk the other child to school. The schools also offered free after school care until she could collect one child and until she was at home for the taxi to drop off the other child.

#### Amending the School Transport Policy

- In response to the 2015 decision by the (then-named) Local Government Ombudsman described above, the council committed to improving its practice by:
  - making sure officers and panels identify at an early stage if the Covenant is relevant to an application;
  - amending its school transport policy to stress that the list of examples it provides (of exceptional circumstances in which it will consider exercising its discretion to provide transport) is not intended as a definitive list, and to clearly invite parents to identify if their circumstances are similar to the circumstances listed;
  - amending its school transport appeal forms to ask parents to highlight any reasons why they may not be able to maintain any arrangements they have put in place for the child to get to school.

### Adapting to Local Circumstances

- When transport is provided for pupils in Northern Ireland, they are, in most cases, transported directly from the military base to the school. Northern Ireland's Department of Education liaises with the Armed Forces' designated Family Officer to ensure the Education Authority and the taxi drivers complete the correct compliance checks for access to the military base.

## **3G. Attendance**

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3.27. Due to the unique obligation and sacrifice of *separation*, Service families might be **unable to take holidays, or spend time together, during normal school holiday periods**. Service children might find they have limited time to spend with their serving parent(s) if the parent can only return home during term-time. The unique obligation and sacrifice of *hours of work* might mean that, even if the Service person remains on their UK base location, their duties prevent them taking leave during normal school holiday periods. The Service family might therefore ask the school for permission to take a holiday during term-time.

3.28. As with all children, the decision on whether to authorise term-time holidays for Service children sits solely with the head teacher of the school. While the educational needs of the Service child will always be a critical factor in determining whether term-time absence should be granted, the wider family impacts on Service children should also be considered. It can be difficult for serving parents to obtain permission to take their child out of school during term-time if the school's attendance policy and decision-making fails to take account of the nature of Service life.

3.29. It is for Service families to apply to the school in advance, presenting evidence of how operational needs of the Armed Forces have legitimately prevented a Service family from taking holiday during normal school holiday periods.

3.30. In the past, head teachers have sought advice on applications for school absence from Unit Commanding Officers and their Welfare staff, who are able to provide advice, verification and endorsement as required. The Ministry of Defence has produced [Guidance](#) that provides advice to head teachers regarding school term-time absence for Service children. It includes contact details that can be used if head teachers are unsure how to make contact with the relevant Armed Forces unit.

### Attendance Code

- Northern Ireland's Department of Education has created a specific pupil attendance code referred to as Code J (Extended Leave), that schools can apply in circumstances where time away from school is required to address a range of domestic and family-related issues. Usage of the code does not adversely affect the pupil's attendance record.

### 3H. Additional needs support

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3.31. 'Additional needs' is the term used here to describe children who require further support. This is referred to as Special Educational Needs and Disabilities (SEND) in England, Additional Learning Needs (ALN) in Wales, Additional Support for Learning (ASL) in Scotland, and Special Educational Needs (SEN) in Northern Ireland.

3.32. The challenges that all Service children experience as a result of being required to move schools can be felt even more profoundly by Service children with additional needs. If a statutory plan is already in place, it may take some time for the new authority to make similar arrangements as were in place in the previous location. This can be mitigated if the originating authority is able to provide all necessary child records to the new authority in a timely manner. Some Service families have reported that their children have spent time out of school, or receive inappropriate provision (such as being placed in Pupil Referral Units), due to local authority difficulties securing a school placement that could offer the relevant provision.

3.33. Service children might be required to move between the home nations of the UK or to overseas locations, where local provision and processes to acquire the appropriate support are different to that to which children and families were previously accustomed. Management of additional needs plans can be difficult for Service families who are posted from their home nation to elsewhere in the UK or overseas – when they return, they might need to go through a new assessment process.

3.34. Delays in accessing specialist support and provision for Service children can cause additional challenge for Service families. In addition, over the course of a number of re-locations, the potential disruption to services may impact on the Service child's progress and wellbeing.

3.35. In England, the [SEND code of practice](#), which has statutory force in England, includes guidance relating to Service children and families.

3.36. In Wales, chapter 18 of the [ALN Code for Wales](#) includes guidance relating to educational provision for Service children with ALN. The ALN Code also sets out specific duties for maintained schools, colleges and local authorities when deciding upon ALN and when preparing or reviewing an individual development plan for a Service child or young person.

3.37. In Scotland, the Education (Additional Support for Learning) (Scotland) Act 2004 requires local authorities to identify and address any barriers to learning a child or young person experiences. These barriers can occur for any reason and can be short or long-term in duration. This would include, for example, the anxiety a child may have when a parent is deployed or the impact of interrupted learning due to frequent moves. The statutory guidance in the Code of Practice which accompanies the 2004 Act also provides support in this process, and makes specific reference to Armed Forces families and to transitions. The Scottish Government funds a range of services which seek to support families to access advice and support on ASL. This includes [Enquire](#), the national advice and information service for parents on ASL, and [My Rights, My Say](#), which provides support to children who are seeking to exercise their rights under the 2004 Act.

3.38. Statutory plans are not transferrable to Northern Ireland, so if a Service child with additional needs re-locates to Northern Ireland, to obtain a Statement of SEN they would have to undergo the formal process for Statutory Assessment from the beginning.

#### Agreement of Principles by Multiple Local Authorities in England

- The [Ministry of Defence Local Authority Partnership](#) (MODLAP) is a partnership between the MOD and local authorities in England that have committed to work together to improve the experience and outcomes of Service children with SEND. The MODLAP established a set of principles to provide a framework for the effective management of transfers of Service children with SEND. The principles build on the [SEND code of practice](#).

### **3I. Use of Service Pupil Premium funding (England only)**

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3.39. In England, extra funding to schools with enrolled Service children is available through the Service Pupil Premium (SPP). It can therefore help remove disadvantage. Schools should be aware of best practice in the use of these funds and communicate to concerned parents how funds are being spent. The SPP is only available in England.

3.40. In response to parents' concerns over the use of the SPP, the UK Government worked with schools to establish the best ways schools have used SPP funding. The UK Government published these [findings](#) for the benefit of all schools.

3.41. Examples of good uses of SPP include:

- a. Monitoring Service child progress against other children
- b. Development of intervention strategies
- c. Provision of trained teaching assistants and pastoral support mentors
- d. School trips to increase awareness of the Armed Forces
- e. Membership of Military Kids Club Heroes – a network for Service children in education
- f. Extra-curricular activities
- g. Liaising regularly with Service parents
- h. Building links to local Armed Forces bases

3.42. The template that schools are required to complete and publish, setting out their overall Pupil Premium strategy, now includes an optional field on how the SPP was spent in the previous academic year, and what impact this had on eligible pupils.

3.43. In Wales, Service children are supported by the [Supporting Service Children in Education Cymru Programme](#), funded by the Welsh Government, which includes targeted funding to support individual schools and local authorities.

3.44. Whilst Scotland does not have a direct equivalent of the SPP, all children in Scotland with an additional support need are eligible for support. This includes needs arising from a parent's mobility and deployment in the Armed Forces.

### SPP Resource Directory

- The [West Yorkshire Service Pupil Premium Resource Directory](#) has been produced as part of the West Yorkshire Armed Forces Covenant Project. The Directory pulls together information from the Department for Education, Ministry of Defence, Service Children in State Schools, and the Service Children's Progression Alliance. It has been created to support schools develop their understanding of the Armed Forces Covenant, the Armed Forces Community, and the Service Pupil Premium.
- Shropshire Council has a [portal](#) for Armed Forces support for use by both the Armed Forces Community and public services. One section provides clarity over the purpose of the SPP and recommended uses, pointing to official government advice.

### Sharing Best Practice

- Local schools in Gloucestershire worked together to set up a network for sharing resources, training and ideas around helping Service children to succeed in education. A strong sharing culture was created and a better understanding of approaches and how to nurture Service pupils grew across the cluster. This particularly benefitted smaller schools with less funding and fewer Service children.

# 4. Housing

## Summary

4.1. Only a small minority of the Armed Forces Community will need to access the housing services provided by the housing bodies subject to the Duty ([section 4A](#)). When members of the Armed Forces Community do need to access housing services, the disadvantages they can experience, arising from the unique obligations and sacrifices of Service life, include the following. When these disadvantages are experienced, they are most likely to be experienced by veterans, Service personnel that are about to leave Service and become veterans, and Service families.

- a. **A lack of knowledge about the social housing services available in their local area, or how to access them.** This might make them less likely to seek the housing services to which they are entitled. ([Section 4C1](#))
- b. **Not building up sufficient 'local connection'** in accordance with a local authority's allocation scheme, reducing their access to social housing in the area where they live. ([Section 4C2](#))
- c. **Not being prioritised to receive suitable social housing, or experience a lack of available social housing,** that meets particular housing needs caused by physical or mental injury sustained in Service. ([Section 4C3](#))
- d. **Finding it more difficult to communicate with a housing body,** while on a posting overseas, compared to the housing body's non-Service clients, who are in the UK. ([Section 4C4](#))
- e. **A lack of knowledge about how to navigate the civilian housing sector, welfare system and budgeting,** leading to difficulty gaining or maintaining a social housing tenancy ([section 4D](#)) or increasing their likelihood of becoming homeless ([section 4E](#)).
- f. **A reluctance to seek early help to avoid homelessness,** for reasons such as stigma, shame, or a belief that civilian bodies will not understand their experience, which could also increase their likelihood of becoming homeless. ([Section 4E](#))
- g. **Requiring adaptations to be made to their home when they move to a new area, or lacking knowledge of what grants are available,** how to make applications for them, and what information is required to support their application. This could result in them spending more time in a home that does not meet their needs. ([Section 4F](#))

4.2. Knowledge of which of the people that use their services are members of the Armed Forces Community will underpin successful responses to these issues by the specified housing bodies. ([Section 4B](#))

## 4A. The Armed Forces Community and public housing services

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4.3. Some **full-time Service personnel** live in their own privately owned, or privately rented, housing. If Service personnel are unaccompanied on a posting (either because they are single or because their family stays living elsewhere), the Armed Forces offers them Single Living Accommodation, normally by means of a mess or accommodation block, or suitable substitute accommodation. If Service personnel are accompanied by their family to a posting, the Armed Forces offers them dedicated Service Family Accommodation, or suitable substitute accommodation. Therefore, Service personnel do not themselves normally require social housing.

4.4. However, if **families** of Service personnel do not accompany them on their posting, they might remain living in social housing away from the Service person, and receive more limited support from the Armed Forces. **Reservists** might also live with their family in social housing.

4.5. The majority of **veterans** make a smooth transition from military to civilian life. Only a small minority of veterans struggle to settle down and maintain housing. Veterans might require housing services in terms of social housing, tenancies, and adaptations (as explained below).

4.6. The following sections describe some of the ways that disadvantage can be experienced by the Armed Forces Community in different areas of housing. The issues described are not exhaustive as other issues might arise for a variety of reasons.

4.7. Case studies in text boxes have been included as helpful illustrations of some of the ways that bodies have helped to mitigate these disadvantages or, where appropriate, made special provision. **These case studies do not prescribe mandatory actions**, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community, and which bodies might wish to consider when complying with the Duty.

## 4B. Identifying Service Users from the Armed Forces Community

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4.8. An awareness by the specified bodies of those using their housing services who are members of the Armed Forces Community will help to improve the way in which their needs are met.

4.9. In June 2020, [statutory guidance](#) was published for local authorities in England, titled 'Improving access to social housing for members of the Armed Forces'. This includes a section on how local authorities in England can identify applications from members of the Armed Forces Community, to ensure that they are considered appropriately.

### Better Identification of Members of the Armed Forces Community

- Application forms to Wigan and Leigh Housing now include the question, 'If you or your partner are serving or have formerly served in the Armed Forces, please provide details of your service number'. This is to assist with identification of

members of the Armed Forces Community, to improve the way their needs are met.

- The Cobseo Housing Cluster’s [No Homeless Veterans Campaign](#) aims to ensure veterans are identified at the point of need, and signposted to the enhanced support services available. It encourages public bodies to ‘Think Veteran’ by:
  - Identification – routinely asking every person who applies for housing whether they are a veteran, record and maintain the data, and label veteran-specific information on their website.
  - Support – consider whether they can meet housing needs and any unique needs arising from Service, refer them to the Veterans’ Gateway when all routes are exhausted, and appoint an accountable champion to ensure commitments are met.

[Stories of support](#) provided to veterans and their families are available.

## 4C. Allocations policy for social housing

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### 4C1. Access to housing services

4.10. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*,<sup>20</sup> veterans and Service families might **lack knowledge about the social housing services available in their local area, or how to access them**. This might make them less likely to seek the housing services to which they are entitled.

4.11. Due to the unique obligation and sacrifice of *danger*, veterans and Service families might experience mental health issues which exacerbate their challenges in accessing services from which they could benefit.

#### Employment of Outreach Officers

- In 2012, Gateshead Council identified a lack of members of the Armed Forces Community accessing local authority housing services. A dedicated Armed Forces Outreach officer was funded to connect the council with the local Armed Forces Community, leading to a 25% increase in members of the Armed Forces Community approaching Gateshead Council for housing advice. In 2020/21, as part of a larger regional Armed Forces Outreach Service including Newcastle, Durham and Northumberland local authorities and Believe Housing, the regional service offered support to 424 members of the Community, raised £61,979 to pay rent arrears, assigned correct social housing priority to 93 members, and assisted 76 members to move into social housing.
- In Glasgow, the city’s veterans’ hub Helping Heroes has a housing expert post, funded by Glasgow Housing Association, the city’s largest registered social landlord. Those interviewed in Glasgow identified that having a professional directly employed by the city’s largest registered social landlord means that the

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<sup>20</sup> The unique obligations and sacrifices in *italics* throughout this chapter are explained in [section 1G](#).

steps which many in the Community have to go through in order to get to the right advice are significantly reduced.

- Councils in the Vale of Glamorgan, Cardiff, Rhondda Cynon Taff and Merthyr Tydfil have identified a gap in the provision of tailored advice and information. Posts have been created to provide direct help and advice to the Armed Forces Community on all subjects, including housing, and simple signposting to ensure the Armed Forces Community can access the right public and third sector services for them. The officers are present in the community and organise coffee mornings and other events. This is supported by a website, telephone, and email service. Face-to-face appointments can be booked at the council or at home. Since this Veteran Advice Service launched in 2017 in Cardiff, and 2018 in Vale of Glamorgan, Rhondda Cynon Taf and Merthyr Tydfil, over 4,000 enquiries have been received across the four authorities.

### Signposting of Services

- Recognising that many in the Armed Forces Community have never applied for social housing before, Hull City Council created a dedicated [webpage](#), setting out, in clear terms, how to apply for social housing, criteria (including local connection), prioritisation of applications, and details about statutory rights and requirements.
- In Wigan, the council employs a key worker for veterans and their families, who can help them navigate the public services landscape. They have also mapped all the charities in the borough. This means that they can respond to need effectively and quickly so that if, for example, housing is provided without furniture, the key worker can refer to the Charities Map to understand how they could arrange for some furniture to be provided.

### Managing Tenancies

- A veteran had been medically discharged from the Army after suffering a brain haemorrhage. The veteran lived independently, until stress and depression led to trouble with neighbours, and he went to live with his mother. During this time, he received support from his GP to manage his depression. As his mother suffered from dementia, he began the process of having her tenancy agreement transferred to him. However, his brain injury led to him forgetting to submit the application. The tenancy was not transferred, and he was facing legal proceedings to evict him. The council and the Royal British Legion worked with the Registered Social Landlord to allow him to stay until he secured a new tenancy.

## 4C2. Local connection

4.12. Due to the unique obligation and sacrifice of *geographical mobility*, veterans or Service families might find they have **not built up sufficient 'local connection'** in accordance with a local authority's allocation scheme, reducing their access to social housing in the area where they live. This could prevent them accessing waiting lists for social housing once they leave the Armed Forces and are no longer eligible for Service accommodation.

4.13. [Regulations](#), first introduced in 2012, set out criteria under which members of the Armed Forces Community in England cannot be disqualified from social housing because of a local connection requirement. The June 2020 [statutory guidance](#) for local authorities in England makes clear that local authorities in England are expected to disapply any local connection requirement from divorced or separated spouses or civil partners of Service personnel who are required to move out of accommodation provided by the Ministry of Defence.

4.14. Exemptions to local connection criteria also exist in Wales, provided that the applicant can evidence that they were posted to an area in Wales during their time in the Armed Forces. These exemptions are explained in the Welsh Government's [guidance](#).

4.15. In response to the Scottish Veterans' Commissioner's recommendations, the Scottish Government published a [Practice Guide](#) for social landlords on allocations for people leaving the Armed Forces. It includes guidance on giving priority to Service leavers and on ensuring that veterans are not at a disadvantage when applying for social housing due to Service time spent outside an area. Following consultation, the Scottish Government published a [ministerial statement](#), in March 2021, which sets out the circumstances and general criteria which would act as the reference for exercising the power to modify local connection.

#### Exemption from Residency Criteria

- Central Bedfordshire Council has a housing allocations policy that includes an exemption to residency and employment criteria to all currently serving and former Regular personnel. Ordinarily, applicants must have lived in the area for three years or worked in the area for six months. However, current and former Regular personnel are exempted, and also there is not a five-year time limit on ex-serving personnel making an application.

### **4C3. Availability of suitable social housing**

4.16. Due to the unique obligation and sacrifice of *danger*, veterans might have particular social housing needs caused by physical or mental injury arising from their time in Service. For example, supported housing, or a home which allows wheelchair access. Other members of the Armed Forces Community, such as Service families, might also have urgent social housing needs. However, they might find they are **not prioritised to receive suitable social housing, or experience a lack of available social housing**.

4.17. [Statutory guidance](#) on allocation of accommodation in England, first published in June 2012, and [statutory guidance](#) on allocation of accommodation in Wales, first published in March 2016, both ensure that 'additional preference' – high priority – for social housing is given to certain groups in the Armed Forces Community. Also, the June 2020 [statutory guidance](#) sets out how local authorities in England can ensure that members of the Armed Forces Community suffering from mental ill health (wholly or partly attributable to Service) are given appropriate priority for social housing. It should be noted that a mental health issue as a result of Service can continue or start years after the person has left the Armed Forces.

4.18. The Scottish Government published new and refreshed guidance to improve awareness of the Armed Forces Community's housing needs. The refreshed [Local Housing Strategy guidance](#) encourages local authorities to consider fully the housing requirements of the Armed Forces Community. It was also strengthened to encourage appropriate engagement with relevant organisations, such as Veterans Scotland, to understand better the needs of this Community when developing the Strategies.

4.19. A variety of other reports are available, such as the Scottish Veterans Commissioner's report [Getting Transition Right in Scotland](#), FiMT's report [Working Together to Meet the Housing Needs of Ex-Service Personnel](#), and Riverside and Stoll's [Accommodation for Single Veterans](#).

### Prioritisation

- Veterans in Wigan with medical need related to Service are given priority on the housing waiting list, and spouses going through divorce will also be given priority.
- In Welwyn Hatfield, the waiting list for social housing is around three years. Those not in the Armed Forces Community are able to apply for social housing with this in mind, knowing it will take roughly three years to access housing, however veterans may not be able to do so, as the Armed Forces might have moved them to the area (when they were still in Service) only recently. Welwyn Hatfield Council changed its social housing policy. The banding for Service leavers via giving notice (one of the routes of discharge) was modified to take into account the shorter time frame veterans face when leaving via this route.
- When South Lanarkshire Council's housing allocation policy was introduced in 2009, Service applicants were awarded the highest single award of points available under the policy. The aim being that this would enable an offer of housing to be made when the applicant was discharged. However, in 2010, it was identified that the points awarded to Service applicants were sometimes insufficient to enable an offer of housing to be made. An amendment to the allocation policy was made, to allow Service applicants who meet certain criteria to be awarded the highest priority for housing, and be queued on the Urgent Housing Need list, along with homeless applicants and those with an urgent medical need. In 2019, further amendments to the eligibility criteria were made in relation to Service applicants, to allow connection to the area through previous kinship care arrangements, and to extend the timescale within which priority for housing can be awarded after date of discharge, from six weeks to up to six months.

### Provision of Supported Housing

- A council became aware of an 82-year-old veteran and his wife who were soon to become homeless from their static caravan which was situated for some time on a touring site, not a residential site. The wife had dementia and Alzheimer's and, in accordance with local Armed Forces housing policy, they were fast-tracked to supported housing. A homeless accommodation house was provided, entitlement for benefits was assessed, and the council worked with local groups and the Royal British Legion to fully furnish the home with discounted blinds, furniture and white

goods, while the wife was placed in a care home for two days. The couple believe that the help and kindness they were given extended their time together.

### Dedicated Housing Stock

- Herefordshire has a significant shortage of available housing stock to meet the demand. Herefordshire Council identified and gifted some land in Leominster for a ground-breaking veteran self-build project, partnering with Stonewater Housing (a social housing provider), local builders Harpers, and Alabare charity. Ground was broken at the end of 2018, and the project was completed at the end of 2020. Nine veterans, of whom six were classed as homeless with a range of complex needs, took part, building their own homes whilst also gaining experience, training, and construction qualifications. It had a positive and significant impact on their lives. A total of 19 homes were built, reducing social housing waiting times in the county. Herefordshire Council is now seeking other sites where this can be replicated.
- To help single male veterans, some with a criminal record, and other single males with a non-priority status under homelessness legislation, the Watling Street Project was set up by North Warwickshire Borough Council and Veterans Contact Point with funding from Warwickshire Council. It worked with Cornerstone Partnership (a local housing social enterprise) to lease a 5-bed property to accommodate single males. Four veterans and nine civilians have used the home, and the charity also supports them for up to 12 months after they leave.
- [East Lothian Council](#) created some brand-new properties specially for veterans, comprising six 2-bedroom flats, three of which are fully wheelchair-accessible units on the ground floor. These are council tenancies set aside for the express use of veterans, who were identified and nominated by Veterans Housing Scotland. All six properties have been allocated. These tenancies have all been sustained and the residents have integrated well into their local community.

## 4C4. Communication with Service families

4.20. Due to the unique obligation and sacrifice of *geographical mobility*, Service families who are clients of a housing body might be overseas. They might **find it more difficult to communicate with a housing body than the housing body's non-Service clients**, who are in the UK. For example, they might not be able to access online forms due to military operational requirements preventing access to the Internet, or they might have difficulty phoning the housing body's helplines during normal UK office hours due to time differences.

### Adopting a Flexible Approach

- The Armed Forces Outreach Service based in the North East of England supported a Service person, based in Germany, who was about to discharge from the Armed Forces, and wanted to move back to the North East after his discharge. A flexible, tailored approach was taken. Council offices were used as a contact address, as the computer system had not been designed to register addresses overseas. Once a suitable property was identified, a virtual viewing of the property

was provided, and photos and videos were sent. A family member also viewed the property on his behalf before he accepted the offer of the property. The property sign-up was done via email, and keys were in a lock box for him to collect upon his return. Some of these practices have now been adopted into mainstream working practice for those applying for housing whilst being based overseas, significantly benefitting the Armed Forces Community applying for housing in these circumstances.

## 4D. Tenancy strategies (England only)

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4.21. Local housing authorities in England are required to publish a strategy setting out the matters to which the registered providers of social housing in its district are to have regard. Public bodies might wish to consult private or third sector housing strategies that address the Armed Forces Community, such as [Riverside's Strategy for Veterans](#).

4.22. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*, veterans and Service families might have **a lack of knowledge about the civilian housing sector, welfare system and budgeting**, leading to difficulty gaining or maintaining a social housing tenancy, or they might possess a general sense of disconnection from civilian society and need supported housing.

4.23. Veterans and Service families can have diverse needs from social housing tenancies. Some members, such as vulnerable tenants, require short-term, supported, transitional accommodation with flexible tenancies of less than five years, while others may benefit from long-term secure, or even lifetime, tenancies.

### Lifetime Tenancies

- Dover Council's Tenancy Strategy 2012-16 states that former members of the Armed Forces who qualify for social housing should be offered lifetime tenancies.

### Offering a Variety of Tenancies

- Ealing Council Tenancy Strategy (Draft) 2021 identifies that vulnerable veterans might require short-term supported, transitional accommodation, requiring flexible tenancies of less than five years. It also requires landlords to provide tenancy sustainment support.

### Improving Understanding of Issues

- A not-for-profit housing association in the North of England, Johnnie Johnson Housing, identified a need to improve housing for veterans and awareness of Armed Forces issues. Along with other housing providers, local authorities, and Service charities, they seek to identify areas for service improvement, share best practice, and hear from local and national speakers on Armed Forces issues. The group also employs a network of champions who meet and share best practice which is then shared across their organisations. Key initiatives include the following.

- Creating e-learning projects to improve staff awareness of Armed Forces issues.
- Creating a local online portal to signpost key services that veterans can access.
- Dedicating five new-build properties for veterans who meet specified criteria.
- Making veterans a high-level priority needs category for social housing.

## 4E. Homelessness

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4.24. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*, veterans might **lack knowledge about how to navigate the civilian housing sector**, which could increase their likelihood of becoming homeless at some point in their future. Veterans who are homeless might be less aware of their entitlements or the services available to them. Alternatively, they might be **reluctant to seek early help to avoid homelessness** for reasons such as stigma, shame, or a belief that civilian bodies will not understand their experience, which could increase their likelihood of becoming homeless.

4.25. The majority of veterans make a smooth transition from military to civilian life. Less than 1% of households in England that are owed a homelessness duty have a support need as a result of serving in the Armed Forces.<sup>21</sup> Also, a [Royal British Legion study](#) found that 'There is little evidence to support the notion that military life... is a cause of veterans' homelessness'.<sup>22</sup> However, the unique obligations and sacrifices of *geographical mobility* and *unfamiliarity with civilian life* might reduce a veteran's general ability to cope in civilian life, and exacerbate a vulnerable individual's situation. Service personnel are required to vacate their living quarters after leaving Service, so those who do become homeless should not be considered as having become homeless intentionally.

4.26. Service personnel receive a high level of support to plan and prepare for their discharge from the Armed Forces, and are able to access a number of support services available to veterans who are, or are at risk of becoming, homeless. Service personnel must usually give a 12-month notice period prior to the end of their Service, which includes dedicated periods for resettlement to allow them to prepare for civilian life, including sourcing private accommodation. Service personnel receive three months' notice to vacate their accommodation, with the end of the notice period being their last day of Service, and, in some cases, those requiring further time may be granted it. In most cases of short notice discharge, three months' notice to vacate will still be given even if this goes past the discharge date, the exception to this is in cases of discharge on disciplinary grounds or misconduct, where a minimum of 28 days' notice is given. Housing advice is available to all Service personnel and their families, both during and after Service.

4.27. The Homelessness Reduction Act 2017 requires the Secretary of State for Defence to refer members of the Regular Armed Forces in England, who may be homeless or threatened with homelessness within 56 days, to a local housing authority.

<sup>21</sup> [Live tables on homelessness](#), Table A3 – Number of households owed a homelessness duty by support needs of household.

<sup>22</sup> Page 1 of the linked Royal British Legion study.

4.28. Working with Armed Forces stakeholders, the Welsh Government has developed a [National housing pathway for veterans of the Armed Forces](#) to provide clarity and support for veterans and their families into either home ownership, or renting in the private or social sectors.

4.29. In Scotland, a person should be treated as homeless, even if they have accommodation, if it would not be reasonable for them to continue to stay in it. Local authorities have a legal duty to help people who are homeless or at risk of becoming homeless.

#### Research into Homelessness and the Armed Forces

- Riverside charity is conducting [research](#) alongside the University of York to explore current provision and effectiveness of housing-related information, and advice provided to the Armed Forces Community, with the aim of creating an action plan which addresses veterans' homelessness. Riverside will conduct an international literature review, conduct fieldwork with serving personnel and veterans, and consult with key stakeholders, to identify and map impacts. This will map the journey from someone joining the Armed Forces through to their experiences of homelessness, enabling a view of the right type of interventions to make and when to make them.

#### Signposting of Services about Homelessness

- Rugby Borough Council has a [webpage](#) that provides advice to the Armed Forces Community who are at risk of becoming homeless or who are homeless. It provides clear advice, explaining entitlements, additional preference, advice on how to interact with their services, and other help available from third parties.

## 4F. Disabled Facilities Grants

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4.30. Due to the unique obligation and sacrifice of *danger*, members of the Armed Forces might suffer injuries which require significant adaptations to be made to their homes when they leave Service.

4.31. Family members who are disabled might also require adaptations to be made to their home when they move to a new area, during the Service person's time in Service. While this can also be an issue for non-Service families, Service families can move often due to the unique obligation and sacrifice of *geographical mobility*. This could result in them **spending more time in a home that does not meet their needs**.

4.32. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*, veterans and Service families might **lack knowledge of what grants are available** for themselves or family members, how to make applications for them, and what information is required to support their application.

4.33. When an entitled Service family needing adaptations lives in Ministry of Defence accommodation, the Ministry of Defence ensures that suitable accommodation is provided, in line with its policies. Also, on occasions, the Ministry of Defence may fund adaptations to private accommodation for wounded, injured and sick personnel transiting out of Service.

4.34. Local housing authorities in England and Wales have a statutory duty to provide home adaptations for people of all ages and tenures eligible for a Disabled Facilities Grant, subject to a needs assessment, eligibility criteria and a means test. This can include Armed Forces personnel or their families living in their own accommodation, and veterans.

4.35. Local housing authorities in England and Wales can also publish a local housing assistance policy under powers of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use Government funding for Disabled Facilities Grants more flexibly to best meet local need, including the provision of home adaptations assistance to specific groups. In putting together local policies, local authorities should consider how to address the particular needs of Armed Forces personnel or their families living in their own accommodation, as well as veterans.

4.36. [Guidance](#) has been published for local authorities in England on the effective delivery of the Disabled Facilities Grant. It includes a section on the Armed Forces Community.

4.37. In Scotland, this is called the Scheme of Assistance. The Housing (Scotland) Act 2006 (Scheme of Assistance) Regulations 2008 state that where adaptations required are essential to the disabled person's needs and the required work is structural (or involves permanent changes to the house) the applicant must also be awarded a mandatory grant.

# Appendix 1: Bodies and functions in scope of the Covenant Duty

A1.1. The **specified bodies** who are subject to the Covenant Duty are listed in the Armed Forces Act 2006 at section 343AA(3) in relation to England, section 343AB(3) in relation to Wales, section 343AC(3) in relation to Scotland, and section 343AD(3) in relation to Northern Ireland. They are listed in the table below, grouped by healthcare, education and housing.

A1.2. The **relevant functions** in scope of the Covenant Duty are those functions exercised under or by virtue of the legislative provisions listed in the Armed Forces Act 2006 at section 343AA(4-6) in relation to England, section 343AB(4-6) in relation to Wales, section 343AC(4-6) in relation to Scotland, and section 343AD(4-6) in relation to Northern Ireland. These functions in the fields of healthcare, education and housing are listed in the table below.

A1.3. When terms relating to the specified bodies and relevant functions are further defined in sections 343AA to 343AD of the Act, those definitions have also been included in the table below for ease of reference.

Country	Specified bodies	Relevant functions are functions under or by virtue of the following legislative provisions
<b>Healthcare</b>		
England	<ul style="list-style-type: none"> <li>NHS England</li> <li>Integrated care boards, which means a body established under section 14Z25 of the National Health Service Act 2006.</li> <li>NHS Foundation Trusts</li> <li>NHS Trusts</li> <li>Local Authorities, which means a county council in England, a district council, a London borough council, the Common Council of the City of London, or the Council of the Isles of Scilly.<sup>23</sup></li> </ul>	<ul style="list-style-type: none"> <li>The National Health Service Act 2006</li> <li>Any provision of Part 3 of the Children and Families Act 2014 (children and young people in England with special educational needs or disabilities), so far as it deals with health care provision. 'Health care provision' is to be interpreted as in Part 3 of the Children and Families Act 2014 (see section 21 of that Act).</li> </ul>

<sup>23</sup> Unitary authorities are not explicitly listed in the definition of 'local authority in England' in section 343AA(8) of the Armed Forces Act 2006, and therefore not explicitly listed in this table, as legally they remain either a county council or district council, so are brought within scope of the Duty by the inclusion of these terms.

Wales	<ul style="list-style-type: none"> <li>• A Local Health Board established under section 11 of the National Health Service (Wales) Act 2006</li> <li>• A Special Health Authority established under section 22 of the National Health Service (Wales) Act 2006, other than a cross-border Special Health Authority. 'Cross-border Special Health Authority' means a Special Health Authority which is established under the National Health Service Act 2006 and the National Health Service (Wales) Act 2006 by virtue of (a) paragraph 1(2) of Schedule 2 to the National Health Service (Consequential Provisions) Act 2006, or (b) the power under section 28 of the National Health Service Act 2006 and the power under section 22 of the National Health Service (Wales) Act 2006 being exercised together.</li> <li>• A National Health Service Trust in Wales.</li> <li>• A local authority in Wales, which means the council of a county or county borough in Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• The National Health Service (Wales) Act 2006</li> </ul>
Scotland	<ul style="list-style-type: none"> <li>• An integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9))</li> <li>• A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978</li> <li>• A Special Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978.</li> <li>• The Common Services Agency for the Scottish Health Service</li> </ul>	<ul style="list-style-type: none"> <li>• The National Health Service (Scotland) Act 1978</li> </ul>
Northern Ireland	<ul style="list-style-type: none"> <li>• The Department of Health (Northern Ireland), but only when exercising the relevant healthcare functions in scope of the Duty that were exercised by the former</li> </ul>	<p>Functions under or by virtue of any of the following, so far as the function relates to health care, where 'health care' means all forms of health care provided for individuals, whether relating to physical or mental health:</p>

	<p>Regional Health and Social Care Board prior to its dissolution.<sup>24</sup></p> <ul style="list-style-type: none"> <li>• A Local Commissioning Group appointed under section 9 of the Health and Social Care (Reform) Act (Northern Ireland) 2009</li> <li>• A Health and Social Care trust established by virtue of Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1)), other than the Northern Ireland Ambulance Service Health and Social Care Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• The Health and Personal Social Services (Northern Ireland) Order 1972 (S.I. 1972/1265 (N.I. 14))</li> <li>• The Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1))</li> <li>• The Health and Social Care (Reform) Act (Northern Ireland) 2009 (c.1 (N.I.)).</li> </ul>
<b>Education</b>		
England	<ul style="list-style-type: none"> <li>• Local Authorities, which means a county council in England, a district council, a London borough council, the Common Council of the City of London, or the Council of the Isles of Scilly.<sup>25</sup></li> <li>• Governing bodies of maintained schools, where ‘maintained school’ has the same meaning as in the School Standards and Framework Act 1998 (see section 20 of that Act)</li> <li>• Proprietors of Academies, where ‘Academy’ has the same meaning as in the Education Act 1996 (see section 579(1) of that Act), and ‘proprietor’, in relation to an Academy, has the meaning given by section 579(1) of the Education Act 1996.</li> <li>• Non-maintained special schools, which means a school which is approved under section 342 of the Education Act 1996.</li> </ul>	<ul style="list-style-type: none"> <li>• The Education Act 1996</li> <li>• Part 3 of the School Standards and Framework Act 1998 (school admissions)</li> <li>• s175 of the Education Act 2002 (duties of local authorities and governing bodies in relation to welfare of children)</li> <li>• Any provision of Part 3 of the Children and Families Act 2014, so far as it deals with special educational provision. ‘Special educational provision’ is to be interpreted as in Part 3 of the Children and Families Act 2014 (see section 21 of that Act).</li> </ul>

<sup>24</sup> The Act makes reference to Northern Ireland’s Regional Health and Social Care Board in the list of bodies specified in section 343AD(3) who are subject to the Duty. This Board was dissolved by the Health and Social Care Act (Northern Ireland) 2022, with effect from 1 April 2022, with its functions transferring to the Department of Health (Northern Ireland). Under the 2022 Act’s transitional provisions, the Duty will continue to apply to the relevant functions formerly exercised by the Board as now exercised by the Department for Health (Northern Ireland).

<sup>25</sup> Unitary authorities are not explicitly listed in the definition of ‘local authority in England’ in section 343AA(8) of the Armed Forces Act 2006, and therefore not explicitly listed in this table, as legally they remain either a county council or district council, so are brought within scope of the Duty by the inclusion of these terms.

	<ul style="list-style-type: none"> <li>Governing bodies of institutions within the further education sector, where 'governing body' here has the meaning given by section 90 of the Further and Higher Education Act 1992, and 'institution within the further education sector' is to be interpreted in accordance with section 91(3) of the Further and Higher Education Act 1992.</li> <li>Special post-16 institutions – this term has the same meaning as in the Children and Families Act 2014 (see section 83 of that Act).</li> </ul>	
Wales	<ul style="list-style-type: none"> <li>A local authority in Wales, which means the council of a county or county borough in Wales.</li> <li>The governing body of a maintained school in Wales, where 'maintained school' has the same meaning as in the School Standards and Framework Act 1998 (see section 20 of that Act).</li> </ul>	<ul style="list-style-type: none"> <li>The Education Act 1996</li> <li>Part 3 of the School Standards and Framework Act 1998 (school admissions)</li> <li>Section 175 of the Education Act 2002 (duties of local authorities and governing bodies in relation to welfare of children)</li> <li>Sections 2 to 7 and 9 of the Learner Travel (Wales) Measure 2008</li> <li>Chapters 2 (individual development plans) and 3 (supplementary functions) of Part 2 of the Additional Learning Needs and Education Tribunal (Wales) Act 2018.</li> </ul>
Scotland	<ul style="list-style-type: none"> <li>A local authority in Scotland, which means a council constituted under section 2 of the Local Government etc. (Scotland) Act 1994.</li> <li>A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978</li> <li>A person or body in their capacity as an appropriate agency for the purposes of section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4)</li> </ul>	<ul style="list-style-type: none"> <li>In Part 2 of the Education (Scotland) Act 1980 (rights and duties of parents and functions of education authorities in relation to individual pupils), sections 28A, 28B, 42 and 51</li> <li>Sections 1 and 2 of the Standards in Scotland's Schools etc. Act 2000 (asp 6) (provision of school education: right of child and duty of education authority)</li> <li>The Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4), except sections 15 to 21 of, and Schedule 1 to, that Act</li> <li>Parts 3 (children's services planning) of the Children and Young People (Scotland) Act 2014 (asp 8).</li> </ul>
Northern Ireland	<ul style="list-style-type: none"> <li>The Education Authority established under section 1(1) of</li> </ul>	<ul style="list-style-type: none"> <li>Article 52 (school transport) of the Education and Libraries (Northern</li> </ul>

	<p>the Education Act (Northern Ireland) 2014 (c. 12 (N.I.))</p> <ul style="list-style-type: none"> <li>• The Board of Governors of a grant-aided school in Northern Ireland, where 'grant-aided school' means a grant-aided school within the meaning of the Education and Libraries (Northern Ireland) Order 1986.</li> <li>• The Regional Health and Social Care Board established under section 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (c.1 (N.I.))</li> <li>• A Health and Social Care trust established by virtue of Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1)), other than the Northern Ireland Ambulance Service Health and Social Care Trust.</li> </ul>	<p>Ireland) Order 1986 (S.I. 1986/594 (N.I. 3)</p> <ul style="list-style-type: none"> <li>• In Part 2 (special educational needs) of the Education (Northern Ireland) Order 1996 (S.I. 1996/274 (N.I. 1)), Articles 6 to 16 and 19 to 20A</li> <li>• Article 16(4) and (5) (admission criteria) of the Education (Northern Ireland) Order 1997 (S.I. 1997/866 (N.I. 5))</li> <li>• Articles 17 (duty on boards of governors to safeguard and promote the welfare of pupils) and 22 (admission to special schools of children resident outside Northern Ireland) of the Education and Libraries (Northern Ireland) Order 2003 (S.I. 2003/424 (N.I. 12)).</li> </ul>
<b>Housing</b>		
England	<ul style="list-style-type: none"> <li>• Local Authorities, which means a county council in England, a district council, a London borough council, the Common Council of the City of London, or the Council of the Isles of Scilly.<sup>26</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Part 6 of the Housing Act 1996 (allocation of housing accommodation)</li> <li>• Part 7 of the Housing Act 1996 (homelessness: England)</li> <li>• Part 1 of the Housing Grants, Construction and Regeneration Act 1996 (grants, etc for renewal of private sector housing)</li> <li>• Section 1 of the Homelessness Act 2002 (duty of local housing authority in England to formulate a homelessness strategy)</li> <li>• Section 150 of the Localism Act 2011 (tenancy strategies)</li> <li>• Regulation 3 of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (S.I. 2002/1860) (power of local housing authorities to provide assistance), so far as that regulation deals with the provision of</li> </ul>

<sup>26</sup> Unitary authorities are not explicitly listed in the definition of 'local authority in England' in section 343AA(8) of the Armed Forces Act 2006, and therefore not explicitly listed in this table, as legally they remain either a county council or district council, so are brought within scope of the Duty by the inclusion of these terms.

		financial assistance for a purpose corresponding to any purpose specified in s23 of the Housing Grants, Construction and Regeneration Act 1996 (disabled facilities grants: purposes).
Wales	<ul style="list-style-type: none"> <li>• A local authority in Wales, which means the council of a county or county borough in Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• Part 6 of the Housing Act 1996 (allocation of housing accommodation)</li> <li>• Part 1 of the Housing Grants, Construction and Regeneration Act 1996 (grants, etc for renewal of private sector housing)</li> <li>• Part 2 of the Housing (Wales) Act 2014 (anaw 7)</li> <li>• Regulation 3 of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (S.I. 2002/1860) (power of local housing authorities to provide assistance), so far as that regulation deals with the provision of financial assistance for a purpose corresponding to any purpose specified in section 23 of the Housing Grants, Construction and Regeneration Act 1996 (disabled facilities grants: purposes).</li> </ul>
Scotland	<ul style="list-style-type: none"> <li>• A local authority in Scotland, which means a council constituted under section 2 of the Local Government etc. (Scotland) Act 1994.</li> <li>• A local authority landlord – this term has the same meaning as in the Housing (Scotland) Act 2001 (asp 10) (see section 11(3) of that Act).</li> </ul>	<ul style="list-style-type: none"> <li>• Sections 19 to 21 of the Housing (Scotland) Act 1987 (housing lists etc)</li> <li>• Part 2 of that Act (homeless persons)</li> <li>• Sections 1 and 2 (homelessness: strategies and advice) of the Housing (Scotland) Act 2001 (asp 10)</li> <li>• Section 71(2)(e) of the Housing (Scotland) Act 2006 (asp 1) (adaptation of a house for a disabled person).</li> </ul>
Northern Ireland	<ul style="list-style-type: none"> <li>• The Northern Ireland Housing Executive</li> </ul>	<ul style="list-style-type: none"> <li>• Articles 22 (house allocation scheme) and 22A (allocation only to eligible persons) of the Housing (Northern Ireland) Order 1981 (S.I. 1981/156 (N.I. 3))</li> <li>• Part 2 (housing the homeless) of the Housing (Northern Ireland) Order 1988 (S.I. 1988/1990 (N.I. 23)), except article 15</li> <li>• Chapter 2 of Part 3 of the Housing (Northern Ireland) Order 2003 (S.I. 2003/412 (N.I. 2)), so far as that</li> </ul>

		Chapter relates to disabled facilities grants. 'Disabled facilities grant' has the meaning given by Article 35(4) of the Housing (Northern Ireland) Order 2003.
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# Appendix 2: How bodies can raise awareness of Armed Forces issues

A2.1. While the Duty is not prescriptive about the actions bodies should take in order to promote awareness of the Duty and the issues faced by the Armed Forces Community, the type of actions that they might wish to consider adopting have been included below. These are based on the existing good practice of those bodies already working to deliver the Armed Forces Covenant in their local area.

## Appointing individuals

- Local authorities can appoint an elected member champion.
- Appointing a dedicated officer, staff group, or other lead person, who can advise on and co-ordinate Armed Forces issues across the whole organisation.
- Promoting a single point of contact within the organisation that members of the Armed Forces Community can contact if they require assistance or advice.

## Communication and Engagement

- Organising and/or attending regular meetings with Armed Forces representatives, charities, public sector representatives, the local Armed Forces presence, Armed Forces Covenant networks, and/or organisation champion(s).
- Establishing and/or attending local partnership boards to collaborate with other similar organisations, sharing best practice and information.
- Providing a web page or material with key information and links for members of the Armed Forces Community (such as examples [1](#) [2](#) [3](#)), including details on complaints procedures and signposting relevant organisations such as ombudsmen.
- A clear statement of what members of the Armed Forces Community can expect from the organisation in terms of support (such as this [example](#)).
- A mechanism for reporting actions and achievements.
- A mechanism for prompting further research.
- Training frontline staff.

## Collaboration

- Sharing awareness, data and good practice on the Armed Forces Community within the organisation and other similar organisations.
- Requesting more information from organisations who have dealt with the Armed Forces Community before.

## Research

- Understanding the make-up of the Armed Forces Community in the local area.
- Identifying gaps in knowledge.
- Consulting online information and tools, such as the Veterans' Gateway or the Armed Forces Covenant Fund Trust's Knowledge Network.

- Conducting a Joint Strategic Needs Assessment on the needs of the local Armed Forces Community and, where possible, anticipate the needs of those moving into the local area.
- Undertaking primary evidence capturing exercises, such as a CHAIN style report to capture homeless veterans.
- Collecting and analysing data on the local Armed Forces Community, including by asking service users about their Armed Forces status.
- Consulting national data sources such as the census, and statistics on the locations of Armed Forces pension and compensation recipients and recipients of Service Pupil Premium.
- Consulting research and best-practice guides, such as the Forces in Mind Trust's '[Our Community Our Covenant](#)' report.
- Engaging regularly with service end-users who are members of the Armed Forces Community.

### **Vision**

- Having an action plan that is regularly monitored and reviewed.
- Conducting regular policy reviews.

# Appendix 3: Further information

A3.1. This publication, and other resources related to the Armed Forces Covenant, are available from the Covenant website: [www.armedforcescovenant.gov.uk](http://www.armedforcescovenant.gov.uk). The website contains a freely available learning platform with training tools, advice and wider guidance aimed at (and populated by) service providers, to ensure that they have easy access to the information they require to comply with the Armed Forces Covenant Duty, and more. More guidance can also be found at [The Armed Forces Covenant](#).

A3.2. For advice, information, or guidance on Covenant issues, the Ministry of Defence's Covenant Team can be contacted at: [COVENANT-MAILBOX@mod.gov.uk](mailto:COVENANT-MAILBOX@mod.gov.uk).

## Other Useful Sources

### Statutory Frameworks, Policies and Guidance

#### Healthcare:

- [Healthcare for the Armed Forces Community \(NHS\)](#)
- [NHS 111 Wales](#)
- [Scotland's Health on the Web](#)
- [Health and Social Care Northern Ireland](#)

#### Education:

- [School Admissions Code and Fair Access Protocols \(England\)](#)
- [School Transport: A Guide for Parents \(England\)](#)
- [School admissions \(Wales\)](#)
- [Additional Learning Needs Code \(Wales\)](#)
- [Attendance – Included, engaged and involved \(Scotland\) Part 1](#) and [Part 2](#)
- [Getting it Right for Every Child \(Scotland\)](#)
- [Admissions \(Northern Ireland\)](#)

#### Housing:

- [Guidance on Allocations](#)
- [Improving Access to Social Housing for the Armed Forces](#)
- [Homelessness Code of Guidance for Local Authorities](#)
- [Armed Forces and ex-Service Personnel – A Scottish Housing Guide](#)
- [Welsh Government's Code of Guidance for Local Authorities on the Allocation of Accommodation and Homelessness](#)
- [Welsh Government's National housing pathway for veterans of the Armed Forces](#)

#### Other:

- [Scotland Armed Forces and Veterans Community](#)
- [Veterans Wales](#)
- [Local Government and Social Care Ombudsman's Armed Forces Covenant guidance to councils](#)

### Documents and Research

- [Armed Forces Covenant Annual Report and other useful publications](#)
- [Armed Forces Covenant Local Authority Guide](#) and [other useful resources](#)
- [Armed Forces Families Strategy](#)
- [Duty and Care: Armed Forces Family Mobility and Health Care Report](#)

- [The Emotional Cycle of Deployment](#)
- [Forces Additional Needs and Disability Forum 30th Anniversary Report](#)
- [Forces In Mind Trust 'Our Community Our Covenant' Report](#)
- [Living in our shoes: Understanding the needs of UK Armed Forces families](#)
- [Greater Manchester Armed Forces Covenant Guide](#)
- [Relocating to Scotland](#)
- [Reserve Forces Review 2030](#)
- [Voice of Schools Survey](#)

### **Contacts, Stakeholders and Training**

- [ABF The Soldiers' Charity](#)
- [Armed Forces Covenant Fund Trust](#)
- [Army Families Federation](#)
- [Association of Directors of Education in Scotland \(ADES\)](#)
- [ADES Forces Children's Education](#)
- [BLESMA: The Military Charity for Limbless Veterans](#)
- [Children's Education Advisory Service CEAS \(MOD\)](#)
- [Confederation of Service Charities \(COBSEO\)](#)
- [Defence Medical Welfare Service](#)
- [Forces Children Scotland](#)
- [Forces in Mind Trust](#)
- [Housing e-Learning for Frontline Workers \(Greater Manchester Housing Partnership\)](#)
- [Joint Services Housing Advice Office](#)
- [The Military Human: Understanding Military Culture and Transition \(York St John University\)](#)
- [Naval Families Federation](#)
- [National and Regional Schools Commissioners \(England\)](#)
- [Northern Ireland Housing Executive](#)
- [Northern Ireland Veterans Commissioner's Office](#)
- [Northern Ireland Veterans' Support Office](#)
- [RAF Benevolent Fund](#)
- [RAF Families Federation](#)
- [Reserve Forces' and Cadets' Associations](#)
- [Royal British Legion](#)
- [Royal Naval Benevolent Trust](#)
- [Scottish Veterans Commissioner](#)
- [Service Children's Progression Alliance](#) and [SCiP Alliance Map](#) of Service children
- [Service Children in State Schools](#)
- [SSAFA The Armed Forces Charity](#)
- [Supporting Service Children in Education Cymru](#)
- [Veterans Advisory and Pensions Committees \(VAPCs\)](#)
- [Veterans Covenant Healthcare Alliance](#)
- [Veterans' Gateway](#)
- [Veterans UK](#)
- [War Widows Association](#)

# Appendix 4: Resolving disputes

## Complaints Process

A4.1. The Armed Forces Covenant Duty does not introduce any new enforcement mechanism.

A4.2. In the instance of a dispute over whether a body has complied with the Covenant Duty, this should be raised with the body concerned, following that body's standard complaints process. Public bodies should clearly advertise their complaints procedures to make the process easy to access. In many cases, communicating clearly and proactively with the complainant throughout about the decision taken and reasons why should help to alleviate concerns.

## Unresolved Complaints

A4.3. Should the body's standard complaints process fail to achieve an adequate resolution, complainants may be able to engage in a mediation, appeal, or tribunal process, or to refer the matter to the relevant ombudsman where appropriate. Bodies should clearly signpost these further means of redress to make the process easy to access.

A4.4. Ombudsmen:

- **England:** In England, there are different ombudsman services for different public services. If you have a complaint about the following you may wish to go to:
  - Homelessness, School Transport, School Admissions or SEND: [Local Government and Social Care Ombudsman](#)
  - Housing: [Housing Ombudsman](#)
  - Healthcare: [Parliamentary and Health Service Ombudsman](#)
- **Wales:** [Public Service Ombudsman for Wales](#)
- **Scotland:** [Scottish Public Services Ombudsman](#)
- **Northern Ireland:** [Northern Ireland Public Services Ombudsman](#)
- **Service Complaints:** [Service Complaints Ombudsman for the Armed Forces](#)

A4.5. Complainants and bodies are encouraged to engage with the Armed Forces Covenant Team in the Ministry of Defence to make them aware of an issue. The Ministry of Defence has no formal powers to adjudicate disputes. However, it has substantial experience of dealing with Covenant issues, and by working with complainants, bodies in scope, and other stakeholders such as local Armed Forces Champions, it has been able to resolve many Covenant-related disputes or mediate a solution.

Further advice:

- [Armed Forces Covenant Team \(UK\)](#)
- [Office for Veterans' Affairs \(UK\)](#)
- [Armed Forces Expert Group \(Wales\)](#)
- [Scottish Veterans Commissioner](#)
- [Northern Ireland Veterans Commissioner's Office](#)
- [Northern Ireland Veterans' Support Office](#)

## Unresolved Complaints: Judicial Review

A4.6. It might be possible to seek to challenge any alleged non-compliance with the Covenant Duty by making an application to judicially review a body's actions or omissions. Time limits apply for judicial review and, therefore, legal advice should be sought early. Rules and procedures can differ across the different home nations of the UK. Further guidance on the judicial review process is available at the following sources:

- [‘Judge Over Your Shoulder’ Guide](#)
- [Guide for England & Wales](#)
- [Guide for Scotland](#)
- [Guide for Northern Ireland](#)