Reference Number: UHB 501 **Version Number:** 1.3	**Date of Next Review:** 28th May 2027 **Previous Trust/LHB Reference Number:** Not Applicable

The Armed Forces Covenant Duty Policy

Policy Statement

Cardiff and Vale University Health Board ('the UHB') recognises its position as a specified body under the Armed Forces Act 2021 ('AFA 21') and our statutory duty to meet the Armed Forces Covenant Duty as described within AFA 21.

Policy Commitment

In exercising our relevant functions as described in AFA 21 we will maintain 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 of such people of membership, or former membership, of the armed forces.

Supporting Procedures and Written Control Documents

This Policy should be read alongside:

- UHB 083: Equality, Diversity and Human Rights Policy.
- UHB 440: All Wales Reserve Forces Training and Mobilisation Policy.
    - Updated in 2025- 2025_NHS Wales Reserve Forces Training and Mobilisation Policy

Scope

This policy applies to all of our staff in all locations including those with honorary contracts. It should also be referred to when ensuring effective business arrangements are in place when working with contractors, partner organisations and other stakeholders.

This policy and its EIA/HIA will be reviewed annually or sooner if there is a substantial change to AFA 21.

The effectiveness of the policy will be determined by an annual survey of Clinical Board's experience of implementing the policy.

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has been completed and this found there to be a positive impact.

Health Impact Assessment	A Health Impact Assessment (HIA) has been completed and this found there to be a positive impact.
Policy Approved by	Board
Group with authority to approve procedures written to explain how this policy will be implemented	Not Applicable
Accountable Executive or Clinical Board Director	Director of Corporate Governance

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments

1	Approved by Board 30/03/2023	03/04/2023	New Document
1.1	Approved by Fiona Jenkins *Executive Director of Therapies & Health Science & Armed Forces Executive Champion for CAVUHB* 28/02/2024	02/04/2024	• Included HEIW Veteran Accreditation Piece • Updated referral wording in line with the Welsh Health Circular - June 2023 • Changed to 'His Majesty' • Updated question to include 'British' when asking if someone has ever served
1.2	Approved by Matt Phillips *Director of Corporate Governance for CAVUHB* 30/05/2025	31/05/2025	Document reviewed. No amendments at this time
1.3	Approved by Matt Phillips *Director of Corporate Governance for CAVUHB* 27/05/2026	27/05/2026	Document reviewed. All Wales Reserve Forces Mobilisation Policy was updated through NHS Employers in Nov 2025- link provided to updated policy document

Background

1. The Armed Forces Covenant ('the 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. Within the Covenant there is also special provision made, in appropriate cases, for those who have sacrificed the most. The Covenant was established in 2011 and since then, thousands of different organisations (including the UHB) chose 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.

2. However, despite the progress made, the Armed Forces Community continued to face disadvantage when accessing public services. Therefore, the AFA 21 amended the Armed Forces Act 2006 to create a legal obligation on specified bodies across the UK to meet the Armed Forces Covenant Duty ('the Covenant Duty').

The Covenant Duty

3. AFA 21 describes 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".*

4. Under AFA 21 the specified bodies subject to the Covenant Duty are any bodies providing local services in the areas of healthcare, education and housing. From a UHB perspective, the Covenant Duty applies to the settings of NHS Primary[1] and Secondary Care[2] across the functions of:

- Provision of services.
- Planning and Funding.
- Co-operation between bodies and professionals[3].

5. Private and 3rd Sector healthcare providers are not within the scope of the duty. However, the UHB should have due regard to the Armed Forces Covenant Duty if commissioning services from private or third sector healthcare providers.

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

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[1] Includes general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services.
[2] Including urgent and emergency care, hospital and community services, specialist care, mental health services and additional needs services.
[3] With regard to the wider determinants of health out with UHB direct control, it is worth noting that Covenant Duty also applies to local authorities' provision of education (including child

other statutory requirements, such as the Public Sector Equality Duty in England, Scotland and Wales.

6. **Due Regard**. The Act does not specify what the UHB must do in order to have due regard. How we meet the Covenant Duty, and how the Duty is reflected in relevant policies, procedures, and service delivery are therefore matters for the UHB. Having due regard is about informed decision making:

   - Ensuring that decision makers assess how their decisions on access to healthcare, provision of services, planning, funding and cooperation might impact on service users from the Armed Forces Community in scope of the Duty.
   - Eliminating or reducing as low as reasonably practicable any identified disadvantage identified from this analysis.
   - In a sense the Act operates in a similar way to the consideration of the nine protected groups in the Equality Act.

7. **Disadvantage**. "Parity not Priority". Most members of the Armed Forces Community will have health and social needs in common with the general population. However, many of the unique characteristics of military life (see Appendix 1) may create a disadvantage.

A disadvantage is when the level of access a Service Person has to 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.

It is notable that disadvantage is also recognised in the NHS Constitution, which states:

wellbeing and additional needs support), housing functions and local authority delivered healthcare services.

"The NHS will ensure that in line with the Armed Forces Covenant, those in the Armed Forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside".

8. **Special Provision.** This 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 seriously injured (whether that injury is physical or mental).

9. **Service People.** Section 343B (1) of AFA 21 provides specific definition of the 'Service People' in the scope of the act [4]. The title 'Service People' in this context covers a broad range of individuals and groups and it may be necessary to confirm the applicability of the Covenant Duty to individuals or groups when applying 'due regard' assessments; a full description of 'Service People' is provided at Appendix 2 to this policy. However, 'Service People' can be broadly described as:

- 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 (often described as 'veterans').
- The 'relevant family members' of people in these groups.

Considerations for taking Due Regard in the Provision of Healthcare

10. **Priority treatment**. 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 determined by the most appropriate clinician. 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 that could provide 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 or clinician, often following a recommendation by the referring physician/clinician.

[4] It is notable that AFA 21 also uses the phrase 'Armed Forces Community' – this has the same functional meaning as Service People

11. **Waiting lists to start treatment**. Service families will on average relocate every 3 years but more frequent re-location is not unusual. Due to this 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 with geographical immobility. Notably these waits may be further exacerbated by subsequent moves, leading to an increasing disadvantage. 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 their re-location is seldom made by personal 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.

12. **Waiting lists to resume treatment**. 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 how continuity of care can be maintained after re-locations.

13. **Reassessments**. If a Service family re-locates to a new area due to 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. This can be a particular concern for 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.

14. **Local variability in healthcare services**. 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 relocate, 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. The local variability in services, along with the possibility of unfamiliarity with the new local area or 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.

15. **Relationship with healthcare professionals**. Due to geographical mobility, Service families might have to leave a location where they have an established relationship with 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.

16. **Provision of tailored services**. Sometimes, bespoke healthcare services or care pathways may be justified to meet the distinct needs of the Armed Forces Community (e.g. Veterans Mental Health services). 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.

17. **Planning and funding**. Due to 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. 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.

18. **Co-operation between bodies and professionals**. 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 treatment again.

Guidance on Access and Referrals for the Armed Forces Community

19. **Veterans.** A veteran is an individual that has served in the Regular Armed Forces, The Reserve Armed Forces, or the British Overseas Territories' Armed Forces for one day or longer and who is normally resident in the UK – this includes individuals conscripted (into the Armed Forces) during World War 2, those who performed National Service and any member of the Merchant Marine who served in a War Zone such as the Falklands Conflict and the Gulf Wars. It is useful to note that within the UK Armed Forces community the title 'Veteran' has historically been used to indicate individuals who saw active service/combat and therefore some individuals with previous military service, particularly older citizens, may not immediately recognise themselves as veterans.

To avoid such confusion all new patients should be asked 'have you ever served in the British Armed Forces?'[5].

New registrations to primary care should identify veteran status through the GMS1W registration form, which was revised in 2015 to include this information. However, it may be prudent to ask the question to identify any veterans who joined the practice prior to this revision.

Personnel leaving the Armed Forces are provided with advice and support for their 'transition' to civilian life and a component of this relates to accessing

[5] Further questioning may allow other sources of support to be signposted and the health and well-being can be seen in context; Which service were you in – Army, Royal Navy, Royal Marines, Royal Air Force?; For how long did you serve? How long ago did you leave? What was your job/role? Where in the world did you serve? Did you have any health problems whilst you were serving, or after you left?

NHS care. When registering with a GP, newly discharged veterans should present 3 documents to assist in the transfer of armed forces medical records:

- An NHS welcome letter explaining the process of transferring from military healthcare to an NHS GP surgery and civilian dentist.
- A Form (FMed 133A) that includes important details for the GP surgery, including a summary of medical treatments, vaccinations and specialist care received whilst serving. Crucially this form also provides the practice with the details needed to request complete military GP medical records from the Defence Medical Services (DMS).
- A paper copy of the Veterans medical records summary.

Further information on this process is available to the Veteran at this link Step-by-step guide for service leavers. The Royal College of GPs also provides advice to GP Practices at this link Veterans' healthcare toolkit: Guidance for GPs (rcgp.org.uk).
Health Education and Improvement Wales (HEIW) launched the Veteran Friendly GP Practice Accreditation Wales in May 2023 to assist primary care with the Armed Forces cohort. Further information and a list of accredited practices can be found via the link Veteran Friendly GP Practice Accreditation in Wales - HEIW (nhs.wales)

20. GPs referring a veteran will consider if in their clinical opinion, the condition may be related to the patient's previous military service. Where this is the case, with the patient's consent, the Armed Forces Community status should be made clear in the referral to enable due regard/special provision considerations by the Trust or Health Board receiving the referral. Relevant, consistent clinical codes or phrases should be included in the referral:

- 13q3: 'Served in Armed Forces'.
- Ua0T3: 'Served in Armed Forces' (the 0 is a zero)
- Or 224355006 which is the SNOMED-CT ID equivalent.

When referring a veteran for further care, the following wording may be used to request priority treatment:

Veteran Priority Referral
This patient is an Armed Forces veteran.
I consider that his/her current condition is probably related to military service.
This referral should be considered for priority treatment under Welsh Health

Circular WHC (2023) 022."

21. **The Regular Armed Forces**. Members of the Regular Armed Forces (Royal Navy/Royal Marines/Army and the Royal Air Force) usually receive primary and occupational health (including dental and community mental health support) from the DMS[6]. When a service person requires care in a secondary or tertiary health facility the DMS will refer the service person to that level of NHS care[7]; this referral process should clearly identify the individual as a member of the Regular Armed Forces and enable due regard/special provision considerations by the Health Board.

22. **Members of the Regular Armed Forces**, as with all citizens, may require access to urgent and emergency care and as such their membership of the Armed Forces Community may not be immediately apparent. However, as soon as membership of the Armed Forces Community is known there should, where relevant, be consideration of due regard/special provision by the UHB.

23. **The Reserve Forces.** Members of the Reserve Forces will usually receive their primary health care from NHS GPs[8]. Members of the Reserve Forces are not obliged by the MOD to inform their GP that they are members of the Armed Forces Community although they are advised to do so. Therefore, when making a referral to secondary or tertiary health care providers, the GP should consider if the condition is relatable to military service. If it is considered relatable to military service this should be included in the referral (see para.20), to enable due regard/special provision considerations by the receiving NHS trust/health board.

24. **Armed Forces Families**. Relevant family members will usually receive their primary care from NHS GPs. GPs referring a patient they have identified as a family member are asked to consider if, in their clinical opinion, any conditions of disadvantage could occur in the ongoing management of care as a result of their forces connection (for example geographical mobility adversely impacting on waiting list). Where this is the case, with the patient's

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[6] Other than on operational deployments or large overseas exercises the MOD no longer has 'firm base' hospital level care.

[7] The DMS will often have commissioning arrangements with specific NHS organisations for the more commonly encountered secondary/tertiary health care needs of their population.

[8] Unless deployed on operations/overseas exercises or if injured on duty. If injured on duty the DMS will manage on going care until the service person is rehabilitated or medically discharged from the service – following the same clinical pathways that are applied to members of the Regular Forces.

agreement, the Armed Forces Community status should be made clear in the referral to enable due regard/special provision considerations by the receiving clinician or health care organisation.

Armed Forces Issues

25. While the Duty is not prescriptive about the action's bodies should take in order to promote awareness of the Duty and the issues faced by the Armed Forces Community, the UHB have adopted the existing good practice of those bodies already working to deliver the Armed Forces Covenant in their local area.

26. The UHB has a lead executive Armed Forces Champion and an Independent Member Armed Forces Champion.

27. The UHB is a member of the Cardiff and Vale Armed Forces Covenant Forum where it is able to liaise with local Armed Forces representatives, service charities, public sector representatives, and other Armed Forces Covenant networks and organisation champions. Membership of this group enables:

- The sharing of awareness, data and good practice on the Armed Forces Community within the UHB.

- Consistent understanding the make-up of the Armed Forces Community in the local area.

Useful Information

Veteranstraumanetwork@wales.nhs.uk

Healthcare for the Armed Forces Community (NHS)

Veterans Wales (NHS)

Veterans' Survey - Office for National Statistics (ons.gov.uk)

Armed Forces Covenant (GOV.UK)

Veterans Covenant Healthcare Alliance

Veterans UK (GOV.UK)

The Armed Forces Covenant: 10 years on (senedd.wales)

Veterans' healthcare toolkit: Veteran friendly GP practice accreditation (rcgp.org.uk)

The Royal British Legion | Armed Forces Charity

Mental Health Services for Veterans | Combat Stress

SSAFA, the Armed Forces charity

Armed Forces Covenant Veterans Support and Advice

Appendix 1

The Unique Characteristics of Service Life

1. Service life often places significant demands on the Armed Forces Community – requiring them to meet obligations and make sacrifices at different times, and some cases after, their Service career. These unique obligations and sacrifices are broadly described in this appendix in order to inform decisions related to disadvantage when required by the Armed Forces Covenant Duty.

2. **Danger**. Serving Personnel (SP) may be exposed to a wide range of threats of violence and/or exposure to austere environments. In isolation or together these factors can create a danger of death, or short- or long-term physical/mental ill health. Some ill health might be temporary but it can also be career ending and life altering. The SPs family can also suffer significantly in these circumstances.

3. **Geographical Mobility**. SPs are required to be highly geographically mobile and ready to move according to the Service need – often at short notice. This may be due to a live military operation but may also be part of routine regular re-locations around the country or abroad; in these circumstances family members often move with the SP. It is likely that the SP will lack much choice on the timing of such moves or the location, and such

moves are likely to happen multiple times in a career. The frequency of moves is often higher for Army personnel. The Armed Forces will try to avoid frequent or rapid moves where it might create undue impact on the welfare of the SP or their family but ultimately the 'service need' may take priority and the SP cannot, within Service Law, opt out of an assignment if it inconveniences them.

4. **Separation**. SPs are likely to spend significant periods away from their family. Operational requirements might mean that some SP (particularly Royal Naval personnel such as submariners) cannot contact their families for months at a time and this can increase the impact of separation. Some service families may decide not to follow the SP if they are posted overseas or to different locations in the UK. This approach has the benefit of building local roots and local support, and often enable better continuity of education and healthcare, but it can also increase the separation between the SP and the family.

5. **Unfamiliarity with Civilian Life**. The Armed Forces provide a variety of essential services to SPs which include accommodation, primary (and occupational) health, training, sports and elements of transport. There is also a separate Service Justice System. Therefore, SPs and the families that accompany them might lack detailed knowledge or experience of civilian life. They might be unaware of what services are available to them, or how to access them, or they might feel a general sense of disconnection from civilian society.

Appendix 2

Defining Service People

1. The Duty applies to the following members of the Armed Forces Community, collectively defined in the Act as 'Service people':

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 His Majesty's forces who are ordinarily resident in the UK; and,

d. relevant family members [of those in (a) to (c) above].

2. 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.

3. **Members of the regular forces and the reserve forces.** 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 (for example Gurkhas, and Commonwealth Citizens), and they are included in this group.

4. 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). 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. People in this group are in scope of the Duty wherever they are located – in the UK or abroad.

5. **Members of British Overseas Territory Forces who are subject to Service law.** A 'British Overseas Territory Force' is 'any of His Majesty's forces that is raised under the law of a British Overseas Territory'. 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. 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'. There are times when a member of a British Overseas Territory Force is deployed to the UK for a period, for example, to receive training from 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. 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.

6. **Former members of any of His Majesty's forces who are ordinarily resident in the UK.** Under the Act, 'His 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 (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. 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'. These individuals are also known as 'veterans' or 'ex-Service personnel'. 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.

7. **Relevant family members.** The definition of 'relevant family members' for the purposes of the Duty is set out in the Armed Forces (Covenant) Regulations 2022. 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. The following people are prescribed in the Regulations as relevant family 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 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.

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). 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.

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. 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;

(ii) wholly or mainly financially dependent on the Service member or Service partner;

(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:

(i) 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;

(ii) 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);

(iii) 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 if there is a retained 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.

8. **Groups not within scope of the Duty** For the purposes of the Duty, the Armed Forces Community includes only the four groups above. 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).

- 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.