



Ministry  
of Defence

## **Public Sector Equality Duty (PSED) Assessment for *The Armed Forces Covenant Duty***

Date: 03/06/2021

Completed by: Armed Forces Covenant Team

Signed off by: James Greenrod (SCS1 Head of Armed Forces People Support) (MOD)

### **Introduction**

This document records the analysis undertaken by the Department to enable Ministers to fulfil the requirements placed on them by the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010. The PSED requires the Minister to pay due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

## Brief outline of policy or service

### What happens currently:

The Armed Forces Covenant is a promise by the nation that those who serve or who have served in the Armed Forces, and their families, should be treated fairly and with respect. The Covenant was launched in 2011 and is a voluntary commitment which can be made by organisations in the private and public sectors. The Covenant focusses on ensuring that members of the Armed Forces Community are not disadvantaged in accessing goods and services in comparison to any other citizen and will continue to do so.

### What will our policy do?

The Ministry of Defence (MOD) proposes to impose a duty to have due regard to the principles of this Covenant, on certain public bodies, when they are exercising specified public functions in the fields of Education, Healthcare, and Housing.

In exercising a relevant healthcare function, relevant education function or relevant housing function, a person or body specified in the legislation must have due regard to:

- the unique obligations of, and sacrifices made by, the armed forces
- the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces, and
- 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.

The Department generally uses the term “Armed Forces Community” when referring to “service people”. The definition of service people in the legislation is wide, but for the purposes of this duty, the Department considers that the relevant members of the Armed Forces Community are likely to be the following sub-groups

- Members of the regular and reserve forces;
- Former members of any of Her Majesty’s forces who are ordinarily resident in the UK, and who have the required immigration status; and
- Relevant family members, including:
  - Partners of the above (including those who are in an established long-term relationship with the current or former service person) and former partners where applicable (e.g. those moving to a first home independent of their serving partner); and
  - Child dependants of the above (including Partners) up to 18 (and up to 25 years if they possess a valid Education, Health and Care Plan or devolved equivalent).

The duty will apply across the UK in relation to the exercise of specific functions in the areas of public education, healthcare and housing, by specified bodies. As a result of the different frameworks which exist in each of the four nations of the UK, the precise functions may vary slightly depending on the devolved nation in focus. Broadly speaking, the Covenant Duty will cover functions related to the following areas:

- Education (compulsory school age)
  - Admissions;
  - Home-to-School Transport;
  - Special Educational Needs and Disabilities (SEND) Support Provision;
  - Service Pupil Premium;

- Wellbeing.
- Healthcare
  - Relevant duties relating to the provision of health care as set out in the National Health Service Act 2006, the National Health Service (Wales) Act 2006, National Health Service (Scotland) Act 1978), Health and Personal Social Services (Northern Ireland) Order 1972, the Health and Personal Social Service (Northern Ireland) Order 1991, and the Health and Social Care (Reform) Act (Northern Ireland) 2009.
- Housing
  - Allocation policy for social housing;
  - Disabled Facilities Grants, specifically in the operation of waiting lists;
  - Homelessness;
  - Tenancy Strategies (England-only).

### Why are you proposing these changes?

The Government is concerned that while good procedures and initiatives have been put in place in support of the Armed Forces Community, there are still variations in delivery across the country, with the result that members of the Armed Forces Community may still be disadvantaged in accessing public services.

Where cases of alleged comparative disadvantage have been investigated, in many cases a lack of awareness of the unique features of service in the Armed Forces (and how this affects this Community's ability to access services and the requirements they have of them) appears to be a primary cause. The Government therefore made a manifesto commitment to strengthen the Covenant by (further) incorporating it into law.

### What are you hoping to achieve by making these changes?

The four key aims of the legislation are:

- to increase awareness of the unique obligations facing the Armed Forces Community and understanding of how these can affect their requirements of and ability to access key public services (i.e. education, healthcare and housing).
- to embed this understanding in public sector decision-making for the policy, commissioning, and delivery of public services in relation to the Armed Forces Community.
- to encourage greater consideration for the Armed Forces Community in terms of service provision, where this is appropriate and possible.
- to increase awareness of other relevant guidance and best practice.

## **Evidence and analysis**

To assess whether our policy discriminates against those with protected characteristics, fails to advance equality of opportunity, or foster good relations, we consulted a range of sources.

- We consulted representatives of multiple representative groups within MOD to understand whether our policy discriminated against those with protected characteristics – where gaps in understanding continued to be identified, we consulted various publications.

- We consulted multiple statistics to understand the composition of characteristics in the Armed Forces Community compared to the UK public to understand disproportionality of impact;
- Finally, extensive discussions took (and continue to take) place between the MOD and a wide range of Government departments and agencies, local and unitary authorities, devolved administrations and third sector organisations, including expert bodies, to understand our policy's general impact on the sectors in scope.

### **Consultation with Representative Groups**

The policy was formulated by UK Government and saw extensive engagement with persons from the following stakeholder groups:

- Charities and third sector organisations
- Local authorities and Local Government representative bodies
- Northern Ireland Executive
- Ombudsmen services
- Regional authorities, such as NHS England, Association for Directors Education Scotland
- Scottish Government
- Specialist groups, such as the Royal Colleges and Societies
- Welsh Government

We received views from the following protected characteristic representative groups on the policy proposal's impact on protected characteristics:

- Ministry of Defence Directorate of Diversity & Inclusion
- Army LGBT+ Network;
- Army Servicewomen's Network;
- Army Parents Network;
- Army BAME Network;
- Royal Air Force Diversity & Inclusion Team;
- Royal Navy Servicewomen's Networks;
- Royal Navy Commonwealth Network

We did not specifically consult non-Armed Forces groups. However, due to the specific research and evidence gathering conducted, as well as the wider, extensive engagement we have had with special interest groups such as the NHS, local authorities, charities and more, we are confident that we have a sufficient understanding of the general impacts our policy will have on people outside of the Armed Forces Community with protected characteristics.

### **Publications**

A list of sources used can be found at the end of this assessment.

### **Statistics**

To understand scale of identified impacts, and whether protected characteristics would be disproportionately affected, we consulted the following statistics:

- Census UK (2011);
- Sexual Orientation UK (2018);
- UK Armed Forces Biannual Diversity Statistics (2018);
- UK Armed Forces Biannual Diversity Statistics (Oct 2019);
- Armed Forces Continuous Attitudes Survey (AFCAS) (2019);

- Families Continuous Attitudes Survey (FAMCAS) (2019);
- Populations Projections: UK Armed Forces Veterans Residing in Great Britain (2020).

# 1. Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the 2010 Act.

The Armed Forces Community, both as a whole and as specific cohorts, suffers disadvantages, caused by their service or former service, in accessing public services. The Department's experience is that these are made worse because of a lack of understanding by public bodies delivering those public services of how life in the Armed Forces can result in specific disadvantages.

Our policy will ensure that public bodies exercising the identified functions must have due regard to the Covenant principles when formulating policy, designing processes/procedures and making decisions at the individual level in relation to those functions. The Covenant duty will operate alongside other duties imposed on the relevant public bodies, such as equality duties. As the Covenant duty requires that the public body have due regard to the principles, but does not mandate specific outcomes, we consider that it should not result in any breach of other duties. Public bodies will consider all factors relevant in relation to all the obligations to which they are subject, giving them the weight which is due in the specific circumstances, and coming to a fully informed decision on how to proceed.

We have considered the possible impact of this policy with particular reference to people with protected characteristics who may also have a need to access the services we have identified as core to improving the day to day life of the Armed Forces Community. These are detailed in the table below, which set out our analysis of the need(s) and potential impact we have identified.

As our analysis shows, it is possible that instances may arise where the interests of the Armed Forces Community, or a sector of it, may need to be balanced against the interests of another group of people, who have protected characteristics. In this regard, we note that the Covenant duty requires bodies to have due regard to the Covenant principles, without mandating outcomes. Public bodies will need to weigh up the different factors and the interests of the different groups in order to determine how they should proceed, in compliance with all their obligations, as they do already. However, that process will now be fully and properly informed, with knowledge and understanding of the needs of, and difficulties faced by, the Armed Forces Community.

Discussions with representative groups have made clear that, whilst improvements have been made in the years the Covenant has been active, members of the Armed Forces Community are still comparatively disadvantaged in terms of not having sufficient access to public services and not having public services that take their unique needs sufficiently into account. The purpose of the Covenant duty is to ensure that those developing policy and making decisions will do so in a more informed way, with an understanding of these issues embedded into the process. It is also important to note, the Armed Forces Community is diverse and most, if not all decisions made to benefit this community may benefit those within it with protected characteristics.

<b>Equality Group</b>	<b>Reason and evidence to support your assessment for each of the equality groups.</b>
Age	<b>Needs of those within this protected group:</b> Education – the protected characteristic of age is not covered by the provisions in the Equality Act relating to Schools, but it is a factor for

	<p>further education which comprises 16-18 year olds. As our policy covers service children of school age, our policy will likely not affect those of other age groups in terms of education.</p> <p>Healthcare – those at the oldest (65+) and youngest age ranges (0-15) are more likely to be in need of healthcare services.</p> <p>Housing – in England 22% of people aged 65+ rent social housing, representing a third of the sector<sup>1</sup>. In Scotland, “single pensioner” and “older smaller” households represented 27% of the sector in 2017 falling from 37% in 1999 – with single pensioner being the second highest need category behind single adults. A 2017 report in Wales highlighted specific needs for better quality and suitably located housing to create resilient and connected communities to improve wellbeing, noted limited activity due due to health problems in 70% of those aged 70+, and that this age demographic would increase by 39% between 2016 and 2039.</p> <p><b>What is/are the impact(s):</b> Those in the high and low age ranges have a high level of need for services that are in scope of the Covenant duty. These services are provided within an environment of finite resources.</p> <p>Whilst the duty will require public authorities to consider the needs of the Armed Forces Community, the nature of the duty will enable decisions to be made which lead to increased support for that community without necessarily adversely impacting upon the services provided to others in this protected group. It adds to pre-existing duties including those under the Equality Act and the Public Sector Equality Duty so that public bodies will consider and balance the interests of the Armed Forces Community alongside the interests of those with protected characteristics (both within and outside of that community).</p> <p>This may result in a difference of treatment where there is justification for doing so, for example the existence of additional pathways or treatment for veterans (70% of whom are estimated to be aged 70+) suffering from unique physical and mental health issues arising from service .</p>
Disability	<p><b>Needs of those within this protected group:</b> Education – children and young people may have special educational needs (additional learning needs or additional support for learning requirements), requiring increased contact hours, attendance at special schools, adaptations. They may also suffer from discrimination by their peers, meaning they have increased need for wellbeing services.</p> <p>Healthcare – those with disabilities are more likely to require access to healthcare, not just for their disability, but also due to the increased risk of developing other health problems over the course of their lives.</p> <p>Housing – across the UK, almost a quarter of disabled people in 2019</p>

1

[https://england.shelter.org.uk/data/assets/pdf\\_file/0013/41440/factsheet\\_older\\_people\\_and\\_housing\\_may\\_2007.pdf](https://england.shelter.org.uk/data/assets/pdf_file/0013/41440/factsheet_older_people_and_housing_may_2007.pdf)

	<p>rented social housing compared with 8.2% of non-disabled people. However, adaptations will not be an issue for disabled persons as disabled persons will still be the beneficiaries of public expenditure whether or not they come from the Armed Forces Community.</p> <p><b>What is/are the impact(s):</b>  Those with disabilities have high levels of need in all sectors in scope and the introduction of the Armed Forces Community as a group will add to the matters requiring specific consideration when making decisions affecting this protected group.</p> <p>We are not able to establish the number of persons in the wider Armed Forces Community (encompassing veterans and service families) who possess one or more disabilities as the consolidated data does not exist beyond that for serving personnel. It is considered unlikely that serving personnel will have major physical or mental disabilities before joining the Armed Forces given the entry requirements. However, this is not necessarily the case for other members of the community, such as their family members (who may have either congenital or acquired disabilities) and veterans (who may have sustained a physical or mental disability during or after their time in Service). The disadvantages caused by service, especially those related to job mobility, particularly impact those with disabilities (for example reduced SEND support when moving) and, in the case of disabled veterans with injuries attributable to Service, there may be a case for considering whether special provision is justified. Public bodies will be assisted by statutory guidance which will include the type of medical conditions which veterans in particular may suffer as a result of service, so that they can make fully informed decisions affecting this protected group.</p> <p>Again, the nature of the duty will give public authorities the flexibility to balance the interests of the wider Armed Forces Community with the interests of this protected group so as to avoid any disproportionately adverse impact arising from any decision to improve services to the Armed Forces Community.</p>
Gender re-assignment	<p><b>Needs of those within this protected group:</b>  Education – those with gender dysphoria will likely require a disproportionate level of wellbeing support for a variety of reasons including mental health support and protection from bullying. Those identified as being eligible for hormone treatment will require further support.</p> <p>Healthcare – transgender individuals will require disproportionately more access to healthcare services for those who undergo hormone treatment or surgery as well as related health issues, for example metabolic syndrome.</p> <p>Housing – please refer to the section on ‘sexual orientation’ which takes a holistic view of the issues facing those who are LGBT+.</p> <p><b>What is/are the impact(s):</b>  Those who have undergone or are undergoing gender reassignment</p>



	<p>require a considerable amount of support from the public services in scope of our proposed policy. Whether this is the provision of specialist services to directly support them in their transition (hormone therapy, surgery) or to additional support in services available to all to help them deal with the external pressures they face (e.g. counselling).</p> <p>It is not envisaged that the policy will adversely impact this protected group given the Covenant duty does not mandate specific outcomes. When prioritising the needs of those within their communities, public bodies will need to continue to balance competing interests and assess the impact on protected groups of any decision which takes into account the interests of the Armed Forces Community.</p>
<p>Marriage and civil partnership (for eliminating discrimination only)</p>	<p>It is assessed that this policy has no impact on persons solely because of their marriage or civil partnership status.</p> <p>Education – The protected characteristic of Marriage and Civil Partnership is not covered in the Equality Act provisions relating to Schools or Further and Higher Education.</p> <p>Healthcare – according to the NHS, it is not clear whether this group has disproportionate and specific health service needs resulting from their relationships and past studies have been unable to prove a direct healthcare requirement resulting from marriage or civil partnership.</p> <p>Housing – the policy covers homelessness, disabled facilities grants, allocations and tenancy strategies. We have not been able to locate any evidence that identifies housing needs resulting exclusively from being married/civil partners nor is it clear the extent to which those in this group utilise social housing. Married and civil partners are not required to cohabit by law and 53% of service personnel (46% reservists) are also married or civil partners (which will, to some extent, continue to be the case when they become veterans) compared to 50.4% of the general UK population so no disproportionate impact is expected.</p>
<p>Pregnancy and Maternity</p>	<p><b>Needs of those within this protected group:</b></p> <p>Education – parents / expectant parents of school age will have increased and additional needs from schools, including reasonable adaptations and wellbeing support.</p> <p>Healthcare – this group has a high and unique dependency on healthcare services to support pregnancies to term and post-natal child development.</p> <p>Housing – pregnant and new mothers have specific needs of social housing. Emergency accommodation may not be suitable (e.g. B&amp;Bs) and transfers to new social housing or adaptations to existing stock may be required. As such, this group has a priority need for housing. No statistics were found regarding rate of social housing use but it is assumed due to their priority need that social housing use is high in this group.</p> <p><b>What is/are the impact(s):</b></p> <p>Given the needs of this group to access the relevant public services, the formal introduction of the Armed Forces Community as an entity to which</p>

	<p>public bodies must have specific consideration could potentially have an impact on public service delivery to mothers, fathers, and expectant parents.</p> <p>However, the Covenant duty will operate alongside other duties imposed on public bodies enabling needs and impacts to be assessed and appropriate action taken.</p>
Race	<p><b>Needs of those within this protected group:</b></p> <p>Education – whilst race is not explicitly linked to a particular educational need, a 2006 report found that minority ethnic pupils were more likely to come from deprived areas compared to white British counterparts, impacting on their educational attainment. For those deprived students increased focus on wellbeing and teaching is something to consider to correct this imbalance.</p> <p>Healthcare – a London-based report found that races categorised as ‘other’ (i.e. not including Black, Asian or White) are more likely to be in need of (and use) health services at a disproportionate amount compared to their composition in the population. Reasons for this vary among academic literature, occasionally being contradictory. Studies cite deprivation, not cultural differences, increasing chance of illness and shorter life, of which people from minority backgrounds are more likely to experience. However, in the specific case of mental health, those identifying as Black/Black British were 20% more likely to access services, with MIND citing (not exclusively) systemic racism and cultural barriers as the cause. This is further complicated when subgroups, including sex and geography, are introduced - white women were more likely to commit suicide than black Caribbean and South Asian women, but whilst white British men were more likely to be associated with suicide risk indicators, black African males had a higher risk of completed suicide.</p> <p>Housing – those of BAME backgrounds are, in some cases, more than twice as likely to require social housing compared to those of White British heritage with only Indian and Chinese requiring less housing.</p> <p><b>What is/are the impact(s):</b></p> <p>The Armed Forces Community has a higher proportion of white people, at serving personnel level (91.8%) who are consequently more likely to benefit from measures intended to benefit the Armed Forces Community. The rates are similar in the Veteran Community, however, the partner and child sub-groups will likely be more diverse to a degree, assuming statistics on interracial relationships run at the same trend in the Armed Forces as the wider UK population.</p> <p>The proposed policy does not mandate specific outcomes – only that consideration of the Armed Forces Community as a specific needs group takes place alongside duties arising from the Equality Act. The relevant authority will need to continue to assess the impact any decision they make may have on any ethnic group and decide whether action they take is justified.</p>

Religion or Belief	<p><b>Needs of those within this protected group:</b>  Education – those of particular religions/faiths will require support to enable them to practice their beliefs, whilst there is an increased risk of bullying requiring wellbeing services. Muslim students are at increased risk of performing poorly at degree level, likely requiring increased contact hours during earlier school years to mitigate. State funding is provided at least in part, to the maintenance and sometimes establishment of faith schools.</p> <p>Healthcare – certain faith groups may have specific needs of their health services or require their services to be delivered in a specific way (including: palliative care, nutrition, modesty, contraception and abortion sensitivities, mental health, drugs and treatments) more so than non-faith groups. It is also worth noting that many health requirements are connected to ethnicity or culture rather than faith (such as lower BMI thresholds for Asian women on account of their increased genetic risk of certain diseases).</p> <p>Housing – it was difficult to locate recent data. However, in 2007, social housing tenants were significantly likely to identify as Muslim, likely due to a combination of immigration status, household income, demographic factors, employment, residency, perceptions of social housing, aspirations, safety, and local housing markets.</p> <p><b>What is/are the impact(s):</b>  The Armed Forces Community in Northern Ireland is more likely to be from a Protestant / Unionist background, whilst, across the UK, the Armed Forces Community is more likely to be Christian (66.3%) than other faith groups/atheists.</p> <p>The proposed policy requires that consideration of the needs of the Armed Forces Community takes place before making a relevant decision in certain areas of public education, healthcare and housing provision. It better ensures that public authorities are aware of the needs of the Armed Forces Community at the local level, so that local needs are better prioritised. Whilst it is designed to lead to improve service provision for the Armed Forces Community, as the community has several issues with access and quality, it does not mandate outcomes, with decisions still fully within the control of the public authority responsible. Any decision made will also have to equally consider the needs of other groups, satisfying other legal requirements such as the Equality Act and the Public Sector Equality Duty.</p> <p>And, authorities will be able to look for ways to increase support to Armed Forces Community in a given service which have no or limited impact on the service experience of other protected groups.</p>
Sex	<p><b>Needs of those within this protected group:</b>  Education – although data does not exist, it is likely that service children are evenly split between male and female following the national norm. As such, it is unlikely that there will be a discriminatory or disproportionate impact.</p>

Healthcare – women are more likely to use healthcare services than men, however, it is difficult to determine whether this is due to a disproportionate need as men are less likely to visit healthcare settings for a variety of reasons when they are students or of working age. A big chunk of healthcare disparity is that there are more women’s services available, with men less likely to visit a doctor for reproductive reasons, breast cancer and cervical screening, and being less likely to be responsible for family health. Men are also more likely to prioritise their work over their health with men being 75% more likely to work full-time than women (which presents a need for increased ease of access to healthcare services).

However, at the same time, despite women having a longer life expectancy on average than men, according to the Department for Health and Social Care, women spend less of their life in good health. Similarly, it is considered that there is strong evidence of a need for improvement in services for female patients, with fertility, maternity and menopause care specifically cited. It is also considered that less is known about many female-specific conditions and how to treat them.

Housing – women are the household reference person (adult household members who pay the most or all housing costs) in nearly 57% of social tenancies, likely signifying that women have a disproportionate need for social housing.

**What is/are the impact(s):**

Women have a disproportionate need for housing and this is also true, to a certain extent, for healthcare.

Serving personnel, who are predominantly male, will have their healthcare delivered by Defence Medical Services which is not open to the general public. However, the Veteran community, the largest sub-group within the Armed Forces Community are also very likely to be predominantly male. Therefore, any measures implemented as a result of the Covenant Duty which are favourable to Veterans, are likely to disproportionately benefit people who are male.

However, this is not the case when looking at measures to benefit partners and children within the Armed Forces Community who will be predominantly female.

The Covenant Duty will prompt public authorities to ensure that they consider the needs of the Armed Forces Community, with the hope, but not guarantee, that this prioritises the Armed Forces Community more appropriately, whilst also taking account of other needs groups. If it is assessed by the public authority in question that more priority needs to be given to members of the Armed Forces Community, this should be because such needs exist. Consideration increases awareness whilst still allowing public authorities the flexibility to deliver within local priorities. The proposed policy does not mandate outcomes for any group.

Should the Armed Forces Covenant Duty improve access to public

	<p>services for partners and spouses this will primarily benefit women, particularly as these groups have issues accessing healthcare whilst being a member of the Armed Forces Community due to mobility commitments which leads to prolonged wait times.</p>
<p>Sexual orientation</p>	<p><b>Needs of those within this protected group:</b></p> <p>Education – it is unclear what specific educational needs persons who are LGB+ have. However, such individuals can be at increased risk of bullying because of their LGB+ status and will require increased staff interventions through contact hours and support/wellbeing. It is not clear what proportion of service children are of LGB+ status and whether this differs from the proportion of children from civilian families who are LGB+, so it is not clear whether a disproportionate impact will be experienced, and in particular the extent to which that impact is related to service.</p> <p>Healthcare – LGB+ persons experience health inequalities and disproportionately require specific health services compared to the general population (e.g. increased risk of specific cancers, mental health, pregnancy and fertility). In some cases, healthcare needs of LGB+ persons can be more due to inequalities around health awareness as, at least in the case of pregnancies in the US, whilst the trend is that heterosexual women are significantly more likely to become pregnant (and more in need of such services) compared to their bisexual or lesbian counterparts, there is a trend that LGB+ teens have been more likely to fall (or make someone) pregnant due to lack of targeted awareness campaigns.</p> <p>Housing – the number of LGB+ homeless applicants has been on the rise proportionately as part of a general groundswell in homelessness since 2010, however, our consultation with persons who are LGBT has determined that this is due to the prioritisation of families for social housing and not due to direct discrimination.</p> <p><b>What is/are the impact(s):</b></p> <p>It appears, based on research, that those persons whose sexual orientation is Lesbian, Gay, Bisexual and possibly others, do not require unique services in education, health and housing – rather, these persons have a disproportionately higher need to access the services that the Covenant Duty plans to include in its legislative scope.</p> <p>As at October 2020, only 21.9% of the regular armed forces declared their sexual orientation, making it hard to determine with a sufficient level of accuracy the sexual orientation of the Armed Forces. Similarly, no data exists as to the sexual orientation of Veterans and members of forces families (i.e. partners and children of current or former service persons).</p> <p>There are factors that may have affected the makeup of sexual orientations of current and former serving persons, such as the historical ban on LGB+ persons serving in the Armed Forces, which was lifted in 2000 – however, the extent to which this holds true today cannot be confirmed without data, and there is the possibility that former serving persons may have ‘revealed’ their sexual orientation later in life.</p>

	<p>In the event that the Armed Forces Community does possess a similar makeup of sexual orientations to the wider public, should the policy lead to more positive outcomes for the Armed Forces Community (as is expected), this will likely benefit those persons of minority sexual orientations (i.e. LGB+), such as improved access to healthcare.</p>
--	--

## **2. Advance equality of opportunity between people who share a particular protected characteristic and people who do not share it.**

It is assessed that many members of the Armed Forces Community are disadvantaged by public bodies as their needs are not sufficiently understood due to lack of awareness of the disadvantages caused by Service life. This policy will better ensure the Armed Forces Community's needs are taken in account when policy is developed. As the policy promotes increased understanding of those disadvantages faced by the Armed Forces Community in the areas of healthcare, housing and education that are specifically due to the nature of Service life, it is assessed that this should result in enhanced service provision in terms of access and quality for this group.

However, we understand that various levels of disadvantage exist. Whilst the Armed Forces Community is more homogenous than the wider UK population, many in this community will also belong to groups of people who share particular protected characteristics (e.g. race, sex, age). As such, ensuring that the disadvantages that such people can also suffer due to service by requiring the relevant public bodies to consider the Covenant principles is likely to lead to improved outcomes for those persons and to advance equality of opportunity. One of the aims of this duty is to increase awareness and understanding of all parts of the AF community, which may not always be clear to public bodies delivering services to them now. As such, we intend to highlight how intersectionality (in this case, being in the Armed Forces as well as being a member of a protected group) can compound disadvantage experienced by certain members of the Armed Forces Community within our statutory guidance. For example, we have identified that the perception that veterans are primarily male can prevent female veterans from accessing the services they need and in the manner they require, because they are not identified.

The new duty is a duty to have due regard to the Covenant principles, so that policies and decisions that may impact on the Armed Forces community are made on the basis of a fuller understanding of their needs. In our view, that additional information and understanding is likely to allow public bodies to design services for groups within the Armed Forces Community with protected characteristics, so that equality of opportunity is increased, both within the community and in the wider population.

### 3. Foster good relations between people who share a particular protected characteristic and people who do not share it.

We have identified three key risks to maintaining good relations between groups who share protected characteristics and those who do not:

1. Our policy may concern certain groups who share protected characteristics, as they may have a perception that the **policy advantages the Armed Forces Community** as opposed to correcting disadvantage caused by service.
  - This is not the purpose of the duty, which aims to ensure that the needs of the Armed Forces Community (including those within it who share the relevant protected characteristics) are considered by those making policy and decisions which impact upon them.
  - It will be important to have an effective communications strategy, making it clear that, in most cases, the duty will contribute to ensuring that the disadvantages caused by service to members of the Armed Forces Community are properly considered.
  - In some cases, special provision for members of the Armed Forces Community may be considered justifiable. In such cases, a clear explanation of the effects of service which have justified the provision would be given.
2. Our policy may be **used by certain groups to target minority racial and faith groups**. For example, where immigration is blamed for a lack of housing for homeless veterans. These issues are pre-existing but there is a risk that a misunderstanding of what our policy is trying to achieve could be used to worsen tensions.
  - We will ensure that this risk is monitored as we create and deliver our communications strategy to reduce or eliminate the likelihood of this happening.
3. The particular historical context of Northern Ireland, with the result that the Armed Forces Covenant is controversial in at least part of the community there, may mean that this duty has the potential to increase tensions between groups who share a particular religion or belief and those who do not. The Armed Forces Community in Northern Ireland is likely to be drawn almost entirely from one group of people with the protected characteristic of religion or belief, or will be perceived to be so. The third principle especially, which provides for the consideration of whether special provision may be justified could be perceived negatively by those in that part of the community who are not generally drawn to the Armed Forces.
  - The duty to have due regard to the Covenant principles is specifically designed to allow public bodies at a local level the flexibility to design policies which are appropriate to their own communities. Public bodies in NI are also subject to equality duties, and to duties under section 75 of the Northern Ireland Act 1998, which should help to reassure all parties.
  - Communication about the purpose of the duty should also help to mitigate any unease among members of the community who do not share the same protected characteristics.



## Decision making

### Summary of arguments:

The policy itself (duty to have due regard to Covenant principles) does not have a negative impact on people with protected characteristics. The policy solely mandates increased consideration and not specific outcome(s).

There will be areas in public services where disadvantages which can arise from Service will be one of a number of competing considerations which a public body must consider. As such, this policy could potentially have an impact on groups with a protected characteristic. However, given the nature of the duty to have due regard, and its interaction with other duties, any impact should be justified and proportionate.

Whilst this policy does not advance equality of opportunity across the board it aims to help all of those in the Armed Forces Community, including those with protected characteristics, by raising awareness of the specific challenges faced by the entire community in accessing public services.

There are further risks to good relations between certain groups. However, as the duty itself does not require any specific outcome(s), we assess that any outcome resulting from increased consideration that benefits the Armed Forces Community over other protected groups would be justifiable on the facts of that case. We will also work closely with these groups where required, particularly in the case of Northern Ireland, and adopt a communications strategy which promotes the positive impact of our policy.

### Recommendation:

**Proceed with the proposal and continue to monitor and mitigate any potential for negative impacts on people with protected characteristics who are not also members of the Armed Forces Community.**

## Monitoring and evaluation

MOD will monitor equality impacts resulting from the Duty as part of an Equalities Impact Assessment post-implementation review to be undertaken as required.

## Additional Sources

The following additional sources of information were consulted when facilitating this impact assessment:

Issue	Source	Author	Link
Diversity in the UK public	Census UK (2011)	Office for National Statistics	<a href="https://www.ons.gov.uk/census/2011census">https://www.ons.gov.uk/census/2011census</a>
Diversity in the Armed Forces Community	UK Armed Forces Biannual Diversity Statistics (2018)	Ministry of Defence	<a href="https://www.gov.uk/government/statistics/uk-armed-forces-biannual-div">https://www.gov.uk/government/statistics/uk-armed-forces-biannual-div</a>
Diversity in the Armed Forces Community	UK Armed Forces Biannual Diversity Statistics (2019)	Ministry of Defence	<a href="https://www.gov.uk/government/statistics/uk-armed-forces-biannual-div">https://www.gov.uk/government/statistics/uk-armed-forces-biannual-div</a>
Diversity in the Armed Forces Community	UK Armed Forces Biannual Diversity Statistics (2020)	Ministry of Defence	<a href="https://www.gov.uk/government/statistics/uk-armed-forces-biannual-div">https://www.gov.uk/government/statistics/uk-armed-forces-biannual-div</a>
Diversity in the Armed Forces Community	Tri-service reserves continuous attitude survey: 2019	Ministry of Defence	<a href="https://www.gov.uk/government/statistics/tri-service-reserves-continuou">https://www.gov.uk/government/statistics/tri-service-reserves-continuou</a>
Diversity in the Armed Forces Community	Reserves Continuous Attitude Survey Results 2020	Ministry of Defence	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/u">https://assets.publishing.service.gov.uk/government/uploads/system/u</a>
Diversity in the Armed Forces Community	UK Armed Forces Quarterly Service Personnel Statistics 1 January 2020	Ministry of Defence	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/u">https://assets.publishing.service.gov.uk/government/uploads/system/u</a>
Diversity in the Armed Forces Community	Armed Forces Continuous Attitudes Survey (AFCAS) 2019	Ministry of Defence	<a href="https://www.gov.uk/government/statistics/armed-forces-continuous-atti">https://www.gov.uk/government/statistics/armed-forces-continuous-atti</a>
Diversity in the Armed Forces Community	Families Continuous Attitudes Survey (FAMCAS) 2019	Ministry of Defence	<a href="https://www.gov.uk/government/statistics/tri-service-families-continuou">https://www.gov.uk/government/statistics/tri-service-families-continuou</a>
Diversity in the Armed Forces Community	Populations Projections: UK Armed Forces Veterans Residing in Great Britain	Ministry of Defence	<a href="https://www.gov.uk/government/publications/population-projections-uk">https://www.gov.uk/government/publications/population-projections-uk</a>
Diversity in the Armed Forces Community	JSP 889 Policy for the Recruitment and Management of Transgender Personnel in the Armed Forces	Ministry of Defence	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/u">https://assets.publishing.service.gov.uk/government/uploads/system/u</a>
Diversity in the Armed Forces Community	MOD to review Armed Forces exemption from UN Convention on the Rights of Persons with Disabilities	Ministry of Defence	<a href="https://www.gov.uk/government/news/mod-to-review-armed-forces-exe">https://www.gov.uk/government/news/mod-to-review-armed-forces-exe</a>
Diversity in the Armed Forces Community	A Force for Inclusion: Defence Diversity and Inclusion Strategy 2018-2030	Ministry of Defence	<a href="https://www.gov.uk/government/publications/defence-diversity-and-inc">https://www.gov.uk/government/publications/defence-diversity-and-inc</a>
Diversity in the UK public	Live Births (2018)	Office for National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeaths</a>
Diversity in the UK public	Conception statistics, England and Wales	Office for National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeaths</a>
Diversity in the UK public	Sexual Orientation, UK 2018	Office for National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity">https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity</a>
Diversity in the UK public	Gender Identity Update	Office for National Statistics	<a href="https://www.ons.gov.uk/methodology/classificationsandstandards/mea">https://www.ons.gov.uk/methodology/classificationsandstandards/mea</a>
Diversity in the UK public	Trans people in the UK	Government Equalities Office	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/u">https://assets.publishing.service.gov.uk/government/uploads/system/u</a>
Diversity in the UK public	LGBT activism and the census: a battle half-won?	LSE	<a href="https://blogs.lse.ac.uk/gender/2019/02/11/lgbt-activism-and-the-censu">https://blogs.lse.ac.uk/gender/2019/02/11/lgbt-activism-and-the-censu</a>

Diversity in the UK public	Absence of sexual orientation from 2011 census	What do they know	<a href="https://www.whatdotheyknow.com/request/absence_of_sexual_orientation">https://www.whatdotheyknow.com/request/absence_of_sexual_orientation</a>
Diversity in the UK public	Census 2011 Results	Humanists UK	<a href="https://humanism.org.uk/campaigns/religion-and-belief-some-surveys-">https://humanism.org.uk/campaigns/religion-and-belief-some-surveys-</a>
Diversity in the UK public	Census 2011: Inter-ethnic relationships	Office for National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriages/2014-07-03">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriages/2014-07-03</a>
Healthcare	Annual Patient Equality and Diversity Report 2016/2017	Imperial College Healthcare NHS Trust	<a href="https://www.imperial.nhs.uk/~media/website/about-us/publications/equ">https://www.imperial.nhs.uk/~media/website/about-us/publications/equ</a>
Healthcare	Marriage Health Claims are Inconclusive	NHS	<a href="https://www.nhs.uk/news/mental-health/marriage-health-claims-are-inc">https://www.nhs.uk/news/mental-health/marriage-health-claims-are-inc</a>
		Nicswell	<a href="https://www.nicswell.co.uk/health-news/marriage-health-claims-are-inc">https://www.nicswell.co.uk/health-news/marriage-health-claims-are-inc</a>
Healthcare	National Data Opt-Out: Equality Impact Assessment	NHS	<a href="https://digital.nhs.uk/services/national-data-opt-out/equality-impact-ass">https://digital.nhs.uk/services/national-data-opt-out/equality-impact-ass</a>
Healthcare	KEY DATA: UNDERSTANDING OF HEALTH AND ACCESS TO SERVICES	Men's Health Forum	<a href="https://www.menshealthforum.org.uk/key-data-understanding-health-a">https://www.menshealthforum.org.uk/key-data-understanding-health-a</a>
Healthcare	Access to health care and minority ethnic groups	King's Fund	<a href="https://www.kingsfund.org.uk/sites/default/files/field/field_publication_fi">https://www.kingsfund.org.uk/sites/default/files/field/field_publication_fi</a>
Healthcare	Mental health statistics: prevalence, services and funding in England	Carl Baker – House of Commons Library	<a href="https://commonslibrary.parliament.uk/research-briefings/sn06988/">https://commonslibrary.parliament.uk/research-briefings/sn06988/</a>
Healthcare	Eyes on Evidence : ethnicity may influence signs of suicide risk	National Institute for Health and Care Excellence (NICE)	<a href="https://www.evidence.nhs.uk/document?id=1629326&amp;returnUrl=Search">https://www.evidence.nhs.uk/document?id=1629326&amp;returnUrl=Search</a>
Healthcare	Religion or belief: A practical guide for the NHS	Department of Health	<a href="https://www.clatterbridgecc.nhs.uk/application/files/7214/3445/0178/Re">https://www.clatterbridgecc.nhs.uk/application/files/7214/3445/0178/Re</a>
Healthcare	Women's health: Female patients to be asked about 'gender health gap'	BBC News	<a href="https://www.bbc.co.uk/news/health-56300404">https://www.bbc.co.uk/news/health-56300404</a>
Healthcare	Let's remove barriers to men's healthcare	Men's Health Forum	<a href="https://www.menshealthforum.org.uk/lets-remove-barriers-mens-health">https://www.menshealthforum.org.uk/lets-remove-barriers-mens-health</a>
Healthcare	When a mental health condition becomes a disability	Gov.uk	<a href="https://www.gov.uk/when-mental-health-condition-becomes-disability">https://www.gov.uk/when-mental-health-condition-becomes-disability</a>
Healthcare	Pregnancies more common among LGB youths (US)	Reuters (US)	<a href="https://www.reuters.com/article/us-pregnancy-teen-lgbt-idUSKBN0NZ">https://www.reuters.com/article/us-pregnancy-teen-lgbt-idUSKBN0NZ</a>
Healthcare	Lesbian and bisexual women's likelihood of becoming pregnant: a systematic review and meta-analysis (US)	NCBI (US)	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299536/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299536/</a>
Housing	Renting social housing	Ministry of Housing, Communities and Local Government	<a href="https://www.ethnicity-facts-figures.service.gov.uk/housing/social-housi">https://www.ethnicity-facts-figures.service.gov.uk/housing/social-housi</a>
Housing	Our Housing AGenda: meeting the aspirations of older people in Wales	The Expert Group on Housing an Ageing Population in Wales	<a href="https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrgan">https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrgan</a>
Housing	Social Tenants in Scotland (2017)	Housing and Social Justics Directorate – Scottish Government	<a href="https://www.gov.scot/publications/social-tenants-scotland-2017/pages/">https://www.gov.scot/publications/social-tenants-scotland-2017/pages/</a>
Housing	Older people and housing	Shelter	<a href="https://england.shelter.org.uk/_data/assets/pdf_file/0013/41440/facts">https://england.shelter.org.uk/_data/assets/pdf_file/0013/41440/facts</a>

Housing	Social housing allocation and immigrant communities	Equality and Human Rights Commission	<a href="https://www.equalityhumanrights.com/sites/default/files/4_social_housi">https://www.equalityhumanrights.com/sites/default/files/4_social_housi</a>
Education	Public Sector Equality Duty Guidance for Schools in England	Equality and Human Rights Commission	<a href="https://www.equalityhumanrights.com/sites/default/files/psed_guide_fo">https://www.equalityhumanrights.com/sites/default/files/psed_guide_fo</a>
Education	What equality law means for you as an education provider	Equality and Human Rights Commission	<a href="https://www.equalityhumanrights.com/sites/default/files/what_equality">https://www.equalityhumanrights.com/sites/default/files/what_equality</a>
Education	Ethnicity and Education: The Evidence on Minority Ethnic Pupils aged 5–16	Department for Education and Skills	<a href="https://dera.ioe.ac.uk/6306/7/0208-2006dom-en_Redacted.pdf">https://dera.ioe.ac.uk/6306/7/0208-2006dom-en_Redacted.pdf</a>
Education	Faith Schools	The School Run	<a href="https://www.theschoolrun.com/what-are-faith-schools#:~:text=How%20">https://www.theschoolrun.com/what-are-faith-schools#:~:text=How%20</a>
		Humanists UK	<a href="https://humanism.org.uk/campaigns/schools-and-education/faith-schoo">https://humanism.org.uk/campaigns/schools-and-education/faith-schoo</a>
Education	White British males from low socioeconomic status backgrounds	Office for Students	<a href="https://www.officeforstudents.org.uk/advice-and-guidance/promoting-e">https://www.officeforstudents.org.uk/advice-and-guidance/promoting-e</a>
Other	Disabled veterans being let down by benefits system – Royal British Legion	The Guardian	<a href="https://www.theguardian.com/society/2020/nov/24/disabled-veterans-b">https://www.theguardian.com/society/2020/nov/24/disabled-veterans-b</a>
Other	Religion or belief: A guide to the law	Equality and Human Rights Commission	<a href="https://www.equalityhumanrights.com/sites/default/files/religion-or-beli">https://www.equalityhumanrights.com/sites/default/files/religion-or-beli</a>